The Public Records (Scotland) Act 2011

National Waiting Times Centre Board Commonly known as 'the NHS Golden Jubilee'

Progress Update Review (PUR) Report by the PRSA Assessment Team

5th October 2020

Contents

1. Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (the Act) received Royal Assent on 20 April 2011. It is the first new public records legislation in Scotland since 1937 and came into force on 1 January 2013. Its primary aim is to promote efficient and accountable record keeping by named Scottish public authorities.

The Act has its origins in *The Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950-1995* (The Shaw Report) published in 2007. The Shaw Report recorded how its investigations were hampered by poor recordkeeping and found that thousands of records had been created, but were then lost due to an inadequate legislative framework and poor records management. Crucially, it demonstrated how former residents of children's homes were denied access to information about their formative years. The Shaw Report demonstrated that management of records in all formats (paper and electronic) is not just a bureaucratic process, but central to good governance and should not be ignored. A follow-up review of public records legislation by the Keeper of the Records of Scotland (the Keeper) found further evidence of poor records management across the public sector. This resulted in the passage of the Act by the Scottish Parliament in March 2011.

The Act requires a named authority to prepare and implement a records management plan (RMP) which must set out proper arrangements for the management of its records. A plan must clearly describe the way the authority cares for the records that it creates, in any format, whilst carrying out its business activities. The RMP must be agreed with the Keeper and regularly reviewed.

2. Progress Update Review (PUR) Mechanism

Under section 5(1) & (2) of the Act the Keeper may only require a review of an authority's agreed RMP to be undertaken not earlier than five years after the date on which the authority's RMP was last agreed. Regardless of whether an authority has successfully achieved its goals identified in its RMP or continues to work towards them, the minimum period of five years before the Keeper can require a review of a RMP does not allow for continuous progress to be captured and recognised.

The success of the Act to date is attributable to a large degree to meaningful communication between the Keeper, the Assessment Team, and named public authorities. Consultation with Key Contacts has highlighted the desirability of a mechanism to facilitate regular, constructive dialogue between stakeholders and the Assessment Team. Many authorities have themselves recognised that such regular communication is necessary to keep their agreed plans up to date following inevitable organisational change. Following meetings between authorities and the Assessment Team, a reporting mechanism through which progress and local initiatives can be acknowledged and reviewed by the Assessment Team was proposed. Key Contacts have expressed the hope that through submission of regular updates, the momentum generated by the Act can continue to be sustained at all levels within authorities.

The PUR self-assessment review mechanism was developed in collaboration with stakeholders and was formally announced in the Keeper's Annual Report published on 12 August 2016. The completion of the PUR process enables authorities to be credited for the progress they are effecting and to receive constructive advice concerning on-going developments. Engaging with this mechanism will not only maintain the spirit of the Act by encouraging senior management to recognise the need for good records management practices, but will also help authorities comply with their statutory obligation under section 5(1)(a) of the Act to keep their RMP under review.

3. Executive Summary

This Report sets out the findings of the Public Records (Scotland) Act 2011 (the Act) Assessment Team's consideration of the Progress Update template submitted for the National Waiting Times Centre Board Commonly known as 'the Golden Jubilee Foundation'. The outcome of the assessment and relevant feedback can be found under sections 6 – 8.

4. Authority Background

The National Waiting Times Centre Board is commonly known as the NHS Golden Jubilee and, although geographically situated in the NHS Greater Glasgow and Clyde catchment area, it operates outwith that NHS territorial Board.

The authority states: "The NHS Golden Jubilee is unique within the NHS. A national institution, independently run by its own NHS Board, the NHS Golden Jubilee is helping to re-define the concept of the public hospital, with a vision of "Leading Quality, Research and Innovation" for NHS Scotland. Set in a modern, purpose built environment the facility combines a top quality hospital with hotel, and conference facilities and centres for research, clinical skills and innovation. This integrated approach, with a focus on continuous learning and strong links to academia and industry, creates a crucible for innovation and a vibrant network for the spread of learning and best practice. Our patient-led approach to healthcare encourages an ethos that is open, questioning and participative; everyone is encouraged to speak out and be actively involved in the quest for continuous improvement and innovation."

The Act of Parliament which created the Golden Jubilee allows for the creation of an overarching Board, which is responsible for setting strategic direction, monitoring performance against objectives and ensuring high standards of corporate governance. The Board has its own committee structure and can delegate responsibilities to these as it considers fit. Currently there are six Executive Directors and eight Non-Executive Directors, including the Chair and Employee Director.

The Board members are personally and corporately accountable for the Board's actions and decisions. They also scrutinise plans and proposals and hold the Chief Officer and Senior Leadership Team (SLT) to account.

http://www.goldenjubileefoundation.org/

5. Assessment Process

A PUR submission is evaluated by the Act's Assessment Team. The self-assessment process invites authorities to complete a template and send it to the Assessment Team one year after the date of agreement of its RMP and every year thereafter. The self-assessment template highlights where an authority's plan achieved agreement on an improvement basis and invites updates under those 'Amber' elements. However, it also provides an opportunity for authorities not simply to report on progress against improvements, but to comment on any new initiatives, highlight innovations, or record changes to existing arrangements under those elements that had attracted an initial 'Green' score in their original RMP submission.

The assessment report considers statements made by an authority under the elements of its agreed Plan that included improvement models. It reflects any changes and/or progress made towards achieving full compliance in those areas where agreement under improvement was made in the Keeper's Assessment Report of their RMP. The PUR assessment report also considers statements of further progress made in elements already compliant under the Act.

Engagement with the PUR mechanism for assessment cannot alter the Keeper's Assessment Report of an authority's agreed RMP or any RAG assessment within it. Instead the PUR Final Report records the Assessment Team's evaluation of the submission and its opinion on the progress being made by the authority since agreeing its RMP. The team's assessment provides an informal indication of what marking an authority could expect should it submit a revised RMP to the Keeper under the Act, although such assessment is made without prejudice to the Keeper's right to adopt a different marking at that stage.

Key:

G	The Assessment Team agrees this element of an authority's plan.		A	The Assessment Team agrees this element of an authority's progress update submission as an 'improvement model'. This means that they are convinced of the authority's commitment to closing a gap in provision. They will request that they are updated as work on this element progresses.		R	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Assessment Team may choose to notify the Keeper on this basis.

Progress Update Review (PUR) Template: National Waiting Times Centre Board Commonly known as 'NHS Golden Jubilee '

Element	Status of elements under agreed Plan 05APR17	Progress assessment status 07FEB19	Progress assessment status 05OCT20	Keeper's Report Comments on Authority's Plan 05APR17	Self-assessment Update 01NOV18	Progress Review Comment 07FEB19	Self-assessment Update as submitted by the Authority since 07FEB19	Progress Review Comment 05OCT20
1. Senior Officer	G	G	G	Update required on any change.	No Change	No immediate action required. Update required on any future change.	NHS Golden Jubilee (NHSGJ) now has a new SIRO, Mr Colin Neil. There has been training delivered to the new Board SIRO. We have provided the following evidence: • **Updated signed SIRO letter.**	The Keeper's Assessment Team thanks NHS Golden Jubilee for this update which has been noted. The Assessment Team acknowledges that a new letter has been supplied in evidence of this change. They will store this in order that they may keep the Golden Jubilee's submission up-to-date.
2. Records Manager	G	G	G	Update required on any change.	No Change	No immediate action required. Update required on any future change.	The Information Governance Manager's role has been reviewed in line with the introduction of GDPR and the new Data Protection Act 2018. The Information Governance Manager has regular monthly one to one meetings with the SIRO. Evidence provided: • **Information Governance Manager's updated Job Description.**	The Keeper's Assessment Team thanks the Golden Jubilee for this update around the responsibilities of the officer identified against element 2. These have been noted. The Assessment Team acknowledges that a new Information Governance Manager Job Description has been supplied in evidence of these changes. They will store this in order that they may keep the Golden Jubilee's submission up-to-date.
3. Policy	G	G	G	Update required on any change.	No Change	No immediate action required. Update required on any future change.	The Board continues to review and develop existing Policies and Guidelines to support staff with regard to records management. NHSGJ has recently developed a new Electronic Document Records Management System (EDRMS), moving from QPulse to SharePoint. This was communicated to all staff, evidence provided: • **Jubilee Life and eDigest** • **Comms Plan draft** • **Policy on Policies** • **EDRMS Screenshot** This highlights the continual support and management of all staff with regard to good records management.	In their original submission the Golden Jubilee committed to keeping their information governance policies and guidance documents under review and the Assessment Team acknowledges that this is being done. This is particularly important during a time of transition (see element 4 below). The Assessment Team notes that new evidence documents around communicating changes to staff are available and acknowledges that copies have been supplied.
4. Business	A	A	A	…this *Business Classification*	GJF is currently planning the	This update is noted with thanks. SharePoint is one	NHS Golden Jubilee is working at a National level with NHS Records Management Forum to	The Keeper is aware that all NHS Boards are migrating their systems to a O365

Classification				*Scheme* is not yet fully operational in the Board. The *Plan* states (page 15): "The BCS will act as a foundation for a future document filing structure at the GTF [the Board], with a commitment for the implementation of this structure within the next 2 years." The Keeper agrees this action and requires that the Board update him as this project progresses. The Keeper notes that the Board committed to do this in a Senior Management Team meeting (October 2016) where the minutes record "Updates on the expected timeline for work on the implementation of the Business Classification Scheme will be shared with the Keeper of the Records" The Keeper thanks the Board for this commitment. The Keeper agrees this element of the National Waiting Times Centre Board's *Records Management Plan* under 'improvement model' terms. This means that the authority has identified a gap in their records management provision (the *Business Classification Scheme* is not fully	migration to Office 365 and the adoption of SharePoint as the Board's EDRMS which will support the BCS. The Board will submit yearly reviews within the PUR regarding this progress.	technological solution to developing an EDRMS and the Assessment Team would encourage informal benchmarking with other health boards as this is developed and used. The Assessment Team have also noted that the job description for the GDPR Support Officer (supplied as evidence for Element 6) includes supporting the BCS. This shows a commitment to develop and improve the BCS over time and the Assessment Team look forward to hearing further about the Office 365 and SharePoint Project in future PURs.	**develop a "once for Scotland" Business Classification Scheme and Retention Schedule. The Keeper's Assessment Team have been involved in this process.** **The Board also has an O365 Implementation Group that manages this programme of work, which also includes, data cleanse and data migration.** **The Information Governance Manager/DPO now has additional support with a newly appointed Information Governance Assistant. This is a fixed term post for 2 years and supports with all areas of information governance including records management.** **Evidence provided is as follows:** • **NHSS BCS Retention Schedule** • **NHS GJ O365 Project Brief** • **Information Governance Assistant Job Description.** • **Information Governance Assistant mandatory training certificate.**	solution. This is bound to be incremental and take several years to bed-in properly. The Assessment Team acknowledge that NHS Golden Jubilee have correctly identified the importance of appropriate polices, governance and staff training in making this major project a success. The Assessment Team recognise that NHS Golden Jubilee's Information Governance Manager has been consistently engaged in developments in NHS Scotland centrally through the NHSS Forum. This body are developing a BCS and an update to the Code of Practice while closely monitoring the O365 implementation. The Assessment Team looks forward to updates in subsequent PURs. This element remains at Amber while this work is ongoing. The Assessment Team notes that the Information Governance Manager has additional support with the appointment of an Information Governance Assistant. This is very welcome and we will report this improvement to the Keeper. **Please let the Assessment Team know if you feel a short PRSA introductory call from us would be useful for this officer. We may be able to arrange something on Teams although we are yet to have full functionality.** The Assessment Team acknowledges that they have received evidential details of the new post which they will keep on file. They have also received a copy of the local O365 project programme (July 2020).

				rolled-out in the authority), and the Keeper acknowledges that they have put processes in place to close that gap. His agreement is conditional on being updated as the project progresses.				
5. Retention Schedule	G	G	G	Update required on any change.	No Change.	No immediate action required. Update required on any future change.	As stated in Element 4, the Board is implementing a "once for Scotland" NHS Scotland Business Classification Scheme and Retention Schedule. The Board currently has an NHSGJ Retention Schedule in place which was provided with the RMP. This Retention Schedule is regularly reviewed and updated. This will be replaced with the new NHS Scotland BCS and Retention Schedule once completed. The Board also adheres to the Scottish Government Records Management Code of Practice. Evidence provided is as follows: • **Records Management Code of Practice** • **NHSS BCS Retention Schedule** •	The Golden Jubilee confirm that they are still operating under the Retention Schedule agreed by the Keeper in 2017 although with relevant updates. This is a recognition that a retention schedule is a 'living document' and will be subject to continual minor change year on year. However, we are aware that this situation is likely to change as part of the major transitional work described in element 4. However, the Keeper can be confident that the public records of the authority are currently fully covered by an operational retention process and this element remains 'green'.
6. Destruction Arrangements	A	A	G	Paper (external): The authority holds paper records with a third party storage supplier. A redacted contract has been supplied for the Keeper's consideration. The records held with supplier are not currently subject to destruction under the agreed (30 year) retention schedules. The Keeper requires the Board to address the future arrangements for the disposal (destruction or archiving) of these records an update him when	GJF has now implemented an Information Asset Register and continues to populate with the Board's assets. To date we have approx. 150 assets registered. We have carried out several Records Management workshops across 2017 to staff which includes IAOs and IAAs (material attached). This year we have delivered specific IAO training to all our IAOs, highlighting their	There has been considerable progress towards the controlled destruction of electronic records. The authority has supplied evidence of progress in developing an Information Asset Register and of the training and acceptance of responsibilities of the Information Asset Owners and Information Asset Assistants. The relevant staff are clearly aware of the requirement to undertake data cleansing and to dispose of records appropriately. The IAOs have signed declarations which include agreement to take responsibility for ensuring that information	The Board's Information Asset Owners provide 6 monthly reports to the Board's Information Governance Group, which is chaired by the SIRO, evidencing the management of their information assets, this also captures the appropriate data cleansing that has been carried out for both electronic and paper records. Evidence provided is as follows: • **IAO 6 monthly report** • **Work Plan Template** Due to the current COVID pandemic situation, there has been some slippage on the June 2020 submission deadline, however this is being managed by the Information Governance Manager and SIRO. The role of the Information Governance Assistant also support the IAOs with their records management and 6 monthly reports.	The Keeper agreed the original Golden Jubilee Records Management Plan on an improvement model basis partly on the grounds that the authority did not have operational procedures for the controlled, irretrievable and secure destruction of their public records fully rolled-out throughout the business. He was convinced that processes were in place to remedy this. The Assessment Team is pleased to acknowledge that the authority now appears to be using information asset owners to achieve compliance in this element. The achievement of this objective marks a measurable improvement in the records management provision in the authority. If this was a formal re-submission it is likely that this element of the Plan would turn from Amber to Green.

	🟧	🟧	🟩	appropriate. Electronic: The Board make the following statement regarding the controlled destruction of electronic records: "As part of the ongoing assessment and review of Records Management at GJF, a records audit will be undertaken and an Information Asset Register will be created. This register will identify Information Asset Owners and Information Asset Administrators who will take the lead in supporting a data cleanse within the organisation. This will be in conjunction with the development and adoption of a formalised Board procedure for all staff to adhere to on the retention and destruction of electronic records, including email." The Keeper agrees that the development of an information asset register will assist in the implementation of the systematic destruction of records held electronically. … He agrees the destruction of electronic records section of this element on 'improvement model' terms. This means that he is	responsibilities to the assets they own (material attached). Our IAOs have also signed a Declaration of Responsibilities regarding their assets (template attached). We also now have a dedicated resource, GDPR Support Officer, to assist the IAOs with data cleansing (Job Description attached). This post holder has been in post now for approx 6 months and has made considerable headway regarding data cleansing and continues to move forward with this work, embedding a culture change and consistent practice in relation to retention and data cleanse.	assets are disposed of appropriately in line with the retention schedule. The GDPR Support Officer job description has also been supplied. This shows a broader records management function than the job title implies, and covers responsibilities for corporate records management functions as well as data protection. If this were a statutory submission it is likely that the RAG status of this element would remain Amber because the procedures for systematic destruction of electronic files and the application of retention schedules to the paper records stored externally has not yet been evidenced as complete. However, there is good progress towards these aims and towards developing consistent practice.		The Golden Jubilee has provided the Keeper with evidence of the arrangements in place for their Information Asset Owners to record the controlled destruction of public records in their local business areas.

	 	 	 	satisfied that the authority has put in place a programme to close an acknowledged gap in provision. His agreement is conditional on his being updated as this project progresses (see element 4).				
7. Archiving and Transfer	**G**	**G**	**G**	Update required on any change.	No Change	No immediate action required. Update required on any future change.	**No Change**	No immediate action required. Update required on any future change.
8. Information Security	**G**	**G**	**G**	Update required on any change.	GJF is considered to be an Operators of Essential Services OES, in that if services were disrupted, there would be a profound impact on the society or the economy. GJF is now working with Scottish Government towards compliance with the NIS Directive, which is the security of Networks and Information Systems. This aims to raise levels of the overall security and resilience of network and information systems. We are now registered with the National Cyber Security Centre NCSC and receive regular updates and alerts from them in relation to cyber incidents along with guidance and fixes.	The authority is maintaining and improving its standards of information security. This is commendable best practice.	**As an Operator of Essential Services, NHSGJ is required to be compliant with the NIS Directive Audit, this aims to raise levels of overall security and resilience of Network and Information Systems.** **The Board will be audited for compliance with the NIS Directive on November 2020.** **The Board is currently working towards compliance of this audit, gathering all appropriate evidence.** **The NIS Directive Audit is a standing agenda item on the Board's Information Governance Group and supported at a senior level.** **The Board continues to be Cyber Essentials accredited.** **Evidence provided is as follows:** - **Pre-Audit Preparation Guidance** - **IGG Agenda June 2020** - **Cyber Essentials Certificate**	In 2017 the Keeper agreed that the Golden Jubilee had properly considered the security of their records. The information security arrangements are to be reviewed and audited in 2020 and the Assessment Team looks forward to an update on that audit in subsequent PURs. The Assessment Team acknowledges receipt of documents relating to the audit and other information security updates in evidence.

	G	G	G		We are now Cyber Essentials Certified (attached) and are now aiming towards Cyber Essentials Plus Certification.			
9. Data Protection	G	G	G	Update required on any change.	Since GDPR came in to force on May 2018 there have been many updates to Board documents. Some of these updates have been minor, for example ensuring the new Data Protection Act 2018 is being referred to, however, there has also been some significant changes made to documents, these include: • ICO registration now updated to reflect DPO (attached) • Individuals Rights response templates (attached), • Corporate Induction Training Material (attached). • Data Protection Impact Assessment template, DPIA (attached) • Patient information leaflet	Updating procedures and training for all staff is good practice. Some of these changes are required by the new data protection legislation but others show that the authority is being proactive in ensuring that staff understand their responsibilities. The induction training provided includes relevant practical scenarios which should serve to reduce the risk of a data breach. The Assessment team would encourage the authority to share this training with other NHS Boards and other relevant bodies.	**During the current COVID Pandemic, the Board is being asked, more frequently, for health data to support audit and research projects, with expected quicker turnarounds to provide this data.** **Whilst we understand the importance of clinical audit and research, especially during these unprecedented times, we cannot lose sight of the importance of robust data protection.** **To support these rapid data requests NHSGJ is currently using the Scottish Government recommended IG Rapid Assessment Form. This allows us to quickly review and identify any potential risk to data processing before carrying out a full DPIA at a later date.** **Evidence provided is as follows:** • **IG Rapid Assessment Form** **In 2019, the board carried out a series of workshops to support System Administrators manage end users of clinical and non-clinical systems that contain patient and staff identifiable information. The outcome of these workshops sees the Board robustly managing end user access, ensuring the appropriate access and level of access for each end user, ensuring that access is revoked when no longer required.** **A Standard Operating Procedure was developed from the workshops and followed by all System Administrators.** **Evidence provided is as follows:** • **System Administrator SOP** **As preciously evidenced in the earlier elements, The Information Governance Manager/DPO has additional support, with a 2 year fixed term post of Information Governance Assistant. The post holder provides a wide range of support, including data protection and records management, which is outlined in the job description provided.**	As with all other Scottish public authorities the NHS Golden Jubilee have been required to review and update their data protection procedures in light of the 2018 legislation. The Assessment Team acknowledges that the public facing Board website has been updated appropriately. The Assessment Team notes that the Information Governance Manager is the authority's designated Data Protection Officer. The Assessment Team acknowledge the update regarding the extraordinary pressures placed on health boards during the current Covid19 crisis. This, of course, applies to the information assets of the board. The Golden Jubilee have clearly recognised this and adopted best practice solutions such as the Rapid Assessment Form. The Assessment Team acknowledges receipt of a sample of this form. The Assessment Team notes that the Information Governance Manager has additional support with the appointment of an Information Governance Assistant. The Assessment Team acknowledges that they have received evidential details of the new post which they will keep on file. **For staff workshop see under element 12**

	G	G	G		• (attached) • Board Privacy Notice https://www.nhsgoldenjubilee.co.uk/accessibility/privacy/			
10. Business Continuity and Vital Records	G	G	G	Update required on any change.	No Change.	No immediate action required. Update required on any future change.	**No Change**	No immediate action required. Update required on any future change.
11. Audit Trail	G	G	G	Update required on any change.	No Change.	No immediate action required. Update required on any future change.	**The Sharepoint EDRMS is a centralised electronic repository for all policy documentation.** **Sharepoint has an inbuilt version control and will also automatically record any amendments made to existing documents.** **The IAO of the assets on the EDRMS is the Head of Clinical Governance who manages a breached document process to ensure consistent review and update of documents.** **Evidence provided is as follows:** • **Document review and update checklist** •	Thank you for this update. In their original submission NHS Golden Jubilee committed to keep its information governance policy documents under review and the Assessment Team acknowledge that this is being done. The Assessment Team acknowledge receipt of the authority's document review checklist. The O365 migration should greatly increase the control over document tracking although it will take some time for this to be universally applied in the authority. (For further comments regarding the O365 migration see element 4 above). The Keeper would agree that SharePoint has inbuilt version control. However, there is still a requirement for staff to follow naming conventions so that the search functionality can be fully utilised. The Assessment Team notes that the Keeper has previously been supplied with a detailed *Document Version Control and Naming Convention* guidance document (version 1 August 2016).
12. Competency Framework	G	G	G	Update required on any change.	Update to Information Governance Manager's training to reflect GDPR. • GDPR Practitioner (attached)	It is positive to see that the Information Governance Manager is being supported to maintain her professional development.	**Update to Information Governance Manager/DPO training to support records management. Currently attending Records Management Practitioner training which is due to be completed October 2020.** **Evidence provided is as follows:** • **Records Management Practitioner training material.**	The Keeper expects to see evidence that Staff creating, or otherwise processing records, are appropriately trained and supported. There is abundant evidence that the Golden Jubilee take this aspect of their records management provision seriously.

								In the original submission the authority committed itself to review their training provision and the Assessment Team acknowledges that this has been done (at least twice since 2017). For example In 2019, the board carried out a series of workshops to support System Administrators of systems that contain patient and staff identifiable information. The Assessment Team acknowledge they have received a copy of the Standard Operating Procedure developed from these workshops. The learning opportunities afforded the Information Governance Manager has also been noted and should be commended. It seems from this (and previous) submissions that the personal development of this officer is well supported.
13. Assessment and Review	**G**	**G**	**G**	Update required on any change.	Update to Information Governance Group's Terms of Reference (attached)	The new Terms of Reference supplied show that there is high level support for all information governance activities within the organisation, which is best practice.	**The Board's Information Asset Register has been successfully implemented and utilised by IAOs and IAAs for several years now.** **All IAOs take responsibility of their Information Assets with regular reviews and appropriate culling, they also submit 6 monthly reports (template provided under Element 6 evidence) to the Board Information Governance Group, and this is managed by the SIRO with support from the Information Governance Manager.** **The Board's RMP and yearly PURs are a standing agenda item on the Board's Information Governance Group.** **Going forward, it has also been approved at the Board's Information Governance Group that the appropriate staff appraisals will include records management as part of their objectives.**	It is a requirement of the Public Records (Scotland) Act 2011 that "An authority must— (a) keep its records management plan under review" (PRSA Part 1 5.1.a.) The original submission from the Golden Jubilee showed ample procedures to keep their records management provision under review. The Information Governance Group Terms of Reference submitted at the last PUR only strengthened that provision. The Assessment Team notes that there is an intention to add records management as a specific objective in staff annual objectives. This is welcome. The Assessment Team would appreciate being informed when this is done. They will be happy to report this to the Keeper who will commend. The authority's participation in the PUR process in 2018 and 2020 demonstrates a commitment to reviewing its RMP.

| 14. Shared Information | G | G | G | Update required on any change. | Updated Information Sharing Agreement template to reflect GDPR (attached). This version is now being used as we enter in to new agreements post May 25th 2018. | The updated Information Sharing Agreement is noted with thanks. This keeps the authority's submission up to date, which is very helpful. | **No Change**

*Please Note – The Board is aware of the new Element 15, Public Records Created or Held by Third Parties.
Although this PUR does not contain an element 15, we are aware of this for our next 5 yearly submission. | No immediate action required. Update required on any future change.

Thank you for the reference to the new Element 15. You are right that there is no need to include this in a PUR which is an assessment against the elements of the current agreed plan. However, the Keeper would like to acknowledge that the Golden Jubilee addressed this issue in their original agreed plan (2017): "The NHS Golden Jubilee does not generally engage third parties to deliver core functions. The primary role of the organization is to relieve waiting list pressure for territorial NHS Health Boards receiving allocations of agreed numbers of patients annually. However, at present a contract is in place with a diagnostic imaging company. Any records created by the diagnostic imaging company in the provision of this service are returned to the GJF Radiology department for management." The Keeper accepts that public records crated by the third party are retained within the management systems of the Board." |

7. The Public Records (Scotland) Act Assessment Team's Summary

Version

The progress update submission which has been assessed is the one received by the Assessment Team on 31st July 2020. The progress update was submitted by Sharon Stott, Information Governance Manager.

The progress update submission makes it clear that it is a submission for the National Waiting Times Centre Board Commonly known as 'the NHS Golden Jubilee'.

The Assessment Team has reviewed the Golden Jubilee's Progress Update submission and agrees that the proper record management arrangements outlined by the fourteen elements in the authority's plan continue to be properly considered. The Assessment Team commends this authority's efforts to keep its Records Management Plan under review.

General Comments

The NHS Golden Jubilee continues to take its records management obligations seriously and is working to bring all elements into full compliance.

Section 5(2) of the Public Records (Scotland) Act 2011 provides the Keeper of the Records of Scotland (the Keeper) with authority to revisit an agreed plan only after five years has elapsed since the date of agreement. Section 5(6) allows authorities to revise their agreed plan at any time and resubmit this for the Keeper's agreement. The Act does not require authorities to provide regular updates against progress. The Keeper, however, encourages such updates.
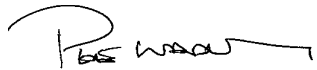
The Keeper cannot change the status of elements formally agreed under a voluntary submission, but he can use such submissions to indicate how he might now regard this status should the authority choose to resubmit its plan under section (5)(6) of the Act.

8. The Public Records (Scotland) Act Assessment Team's Evaluation

Based on the progress update assessment the Assessment Team considers that the NHS Golden Jubilee continue to take their statutory obligations seriously and are working hard to bring all the elements of their records management arrangements into full compliance with the Act and fulfil the Keeper's expectations.

- The Assessment Team recommends authorities consider publishing PUR assessment reports on their websites as an example of continued good practice both within individual authorities and across the sector.

This report follows the Public Records (Scotland) Act Assessment Team's review carried out by,

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Pete Wadley
Public Records Officer