

The Public Records (Scotland) Act 2011

NHS Golden Jubilee (National Waiting Times Centre Board)

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

08 October 2021

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

Element	Status under agreed Plan 05APR17	Progress status 05OCT20	Progress status 08OCT21	Keeper's Report Comments on Authority's Plan 05APR17	Self-assessment Update 31JUL20	Progress Review Comment 05OCT20	Self-assessment Update as submitted by the Authority since 05OCT20	Progress Review Comment 08OCT21
1. Senior Officer	G	G	G	Update required on any 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: <ul style="list-style-type: none">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.	No Change.	Thank you for letting the Assessment Team know there have been no changes to this element.
2. Records Manager	G	G	G	Update required on any 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: <ul style="list-style-type: none">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.	NHSGJ Information Governance Manager has taken the additional role of Vice Chair of the National NHS Scotland Records Management Forum. This will be for a period of 2 years and commenced in April 2021.	Thank you for this update.
3. Policy	G	G	G	Update required on any 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: <ul style="list-style-type: none">Jubilee Life and eDigestComms Plan draftPolicy on PoliciesEDRMS 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.	NHSGJ continues to be committed to a planned approach to the management of records within the organisation from creation to disposal. The Board continues to review and develop policies and guidelines to support staff with records management. In the last 12 months, considerable time has been spent, by the Information Governance Assistant, with the support of the Information Governance Manager, reviewing and ensuring that existing documentation and guidelines are current and up to date.	The Assessment Team acknowledges that NHSGJ is taking steps to maintain its records management policy framework. Periodical reviews of this framework are also encouraged. Working collaboratively with other NHS Boards is also to be commended as this is likely to result in a broader understanding of the NHS Scotland records management challenges and their remedies. The Assessment Team look

							NHSGJ continue to work and develop guidance and supporting documentation in collaboration with the wider NHSScotland to support a consistent “Once for Scotland” approach. This includes documentation such as the NHS Scotland Intra Information Sharing Accord.	forward to further updates on the implementation of ‘Once for Scotland’ in consecutive PURs.
4. Business Classification	A	A	A	<p>...this <i>Business Classification Scheme</i> is not yet fully operational in the Board. The <i>Plan</i> 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.</p> <p>The Keeper agrees this element of the National Waiting Times Centre Board’s <i>Records Management Plan</i> under ‘improvement model’ terms. This means that the authority has identified a gap in their records management provision (the <i>Business Classification Scheme</i> is not fully 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.</p>	<p>NHS Golden Jubilee is working at a National level with NHS Records Management Forum to develop a “once for Scotland” Business Classification Scheme and Retention Schedule. The Keeper’s Assessment Team have been involved in this process.</p> <p>The Board also has an O365 Implementation Group that manages this programme of work, which also includes, data cleanse and data migration.</p> <p>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.</p> <p>Evidence provided is as follows:</p> <ul style="list-style-type: none"> NHSS BCS Retention Schedule NHS GJ O365 Project Brief Information Governance Assistant Job Description. Information Governance Assistant mandatory training certificate. 	<p>The Keeper is aware that all NHS Boards are migrating their systems to a O365 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 policies, governance and staff training in making this major project a success.</p> <p>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.</p> <p>The Assessment Team looks forward to updates in subsequent PURs.</p> <p>This element remains at Amber while this work is ongoing.</p> <p>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.</p> <p>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).</p>	<p>Work continues to be developed at a National level with the Business Classification Scheme and Retention Schedule. These are reviewed and updated at the monthly informal meetings for RM leads.</p> <p>The National NHS Records Management Forum continues to engage with the various different bodies involved in the implementation of M365.</p> <p>Locally, the Information Governance Assistant has attended PRSA Surgeries and Workshops to gain knowledge and understanding of the Act and the requirements of the organisation. The Information Governance Assistant supports IAO/As with records management, this includes supporting the delivery of training.</p>	<p>Thank you for this update on the national-level ‘Once for Scotland’ development of Business classification Scheme and Retention Schedule.</p> <p>Working in collaboration with the NNHS Records Management Forum is reassuring as the M365 implementation is likely to take time. Continuing engagement with the PRSA through their surgeries is also commended, as this shows commitment to compliance and continuous improvement.</p> <p>This element remains at Amber while this work is ongoing.</p> <p>The Assessment Team looks forward to updates in subsequent PURs.</p>
5. Retention Schedule	G	G	G	Update required on any change.	As stated in Element 4, the Board is implementing a “once for Scotland” NHS Scotland Business Classification Scheme and 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	As stated in Element 4, the Board is implementing a “once for Scotland” NHS Scotland Business Classification	Thank you for this update confirming that NHSGJ continues to have appropriate

					<p>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.</p> <p>Evidence provided is as follows:</p> <ul style="list-style-type: none">Records Management Code of PracticeNHSS BCS Retention Schedule	<p>will be subject to continual minor change year on year.</p> <p>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'.</p>	<p>Scheme and Retention Schedule.</p> <p>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.</p> <p>The Board also adheres to the updated Scottish Government Records Management Code of Practice.</p>	<p>systems in place for records retention. The Team are reassured by the adherence to the Scottish Government RM Code of Practice.</p> <p>We look forward to an update on the progress of this uniform NHS Scotland approach regarding retention schedules in consecutive PURs.</p>
6. Destruction Arrangements	A	G	G	<p><u>Paper (external)</u>: 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 appropriate.</p> <p><u>Electronic</u>: 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</p>	<p>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.</p> <p>Evidence provided is as follows:</p> <ul style="list-style-type: none">IAO 6 monthly reportWork Plan Template <p>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.</p> <p>The role of the Information Governance Assistant also support the IAOs with their records management and 6 monthly reports.</p>	<p>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.</p> <p>The achievement of this objective marks a measurable improvement in the records management provision in the authority.</p> <p>If this was a formal re-submission it is likely that this element of the Plan would turn from Amber to Green.</p> <p>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.</p>	<p>No change. The work highlighted in last year's PUR continues. Training also continues to be delivered to all Board IAOs and IAAs, this includes retention and destruction of records.</p>	<p>Thank you for letting us know that there have been no significant changes to this element. The Assessment Team encourages NHSGJ to keep providing the records management training at higher levels of staff as this is likely to result in better organisation-wide outcomes.</p>

				electronically. ... He agrees the destruction of electronic records section of this element on 'improvement model' terms. This means that he is 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.	Update required on any change.
8. Information Security	G	G	G	Update required on any change.	<p>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.</p> <p>The Board will be audited for compliance with the NIS Directive on November 2020.</p> <p>The Board is currently working towards compliance of this audit, gathering all appropriate evidence.</p> <p>The NIS Directive Audit is a standing agenda item on the Board's Information Governance Group and supported at a senior level.</p> <p>The Board continues to be Cyber Essentials accredited.</p> <p>Evidence provided is as follows:</p> <ul style="list-style-type: none"> • Pre-Audit Preparation Guidance • IGG Agenda June 2020 • Cyber Essentials Certificate 	<p>In 2017 the Keeper agreed that the Golden Jubilee had properly considered the security of their records.</p> <p>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.</p> <p>The Assessment Team acknowledges receipt of documents relating to the audit and other information security updates in evidence.</p>	<p>NHSGJ is currently in the process of a NIS Directive audit. We have submitted evidence and received some interim feedback, however the audit is scheduled to be completed at the end of 2021, with the site visit scheduled for Nov 2021. A final report will be submitted to the Board by the auditor early 2022 which will highlight recommendations for the Board to complete.</p> <p>The NIS Directive Audit continues to be a standing agenda item on the Board's Information Governance Group and is supported at a senior level.</p> <p>Cyber Risk and Assurances are now a standing agenda item on the Board agenda with a cyber-presentation scheduled for the next Board meeting in September 2021.</p> <p>The Board continues to be Cyber Essentials accredited.</p>	<p>That NHSGJ is currently undertaking a Network and Information Systems Directive audit is welcome news. We look forward to hearing about the results of this in consecutive PURs.</p> <p>That Cyber Risk and Assurances are a standing item on the Board agenda is also noted with thanks. The Cyber Essentials Accreditation status of the Board is also to be commended.</p>
9. Data Protection	G	G	G	Update required on any change.	<p>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.</p> <p>Whilst we understand the</p>	<p>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.</p> <p>The Assessment Team acknowledges that the public facing Board website has been updated appropriately.</p>	<p>Since the departure of the UK from the European Union, the Board recognises the development of the existing EUGDPR to fully support a UKGDPR. The Board continues to be advised and supported by the DPO</p>	<p>Thank you for this reassuring update on GDPR adherence, and awareness of relatively recent changes to this. It is also good to see that NHSGJ is actively liaising with other</p>

					<p>importance of clinical audit and research, especially during these unprecedented times, we cannot lose sight of the importance of robust data protection.</p> <p>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.</p> <p>Evidence provided is as follows:</p> <ul style="list-style-type: none"> IG Rapid Assessment Form <p>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.</p> <p>A Standard Operating Procedure was developed from the workshops and followed by all System Administrators.</p> <p>Evidence provided is as follows:</p> <ul style="list-style-type: none"> System Administrator SOP <p>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.</p>	<p>The Assessment Team notes that the Information Governance Manager is the authority's designated Data Protection Officer.</p> <p>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.</p> <p>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.</p> <p>For staff workshop see under element 12</p>	<p>regarding these continual changes to regulation. The Board's DPO is a member of the NHS Scotland Information Governance Forum and receives continual guidance and updates from that Forum, the ICO and other recognised authorities in relation to the ever changing landscape regarding international data transfer adequacy agreements, ensuring the Board's data processing is compliant.</p> <p>The NHSGJ current data protection training material has now been adopted across all national Boards. The programme will be taken to the national IG Forum for consideration for it to be adopted across all NHS Scotland Boards.</p>	<p>bodies in order to keep up with all changes to the UK data protection landscape.</p> <p>Data Protection training provision and the NHSGJ training materials' distribution across all national Boards is also noted with thanks. This is an excellent way to share best practice with colleagues.</p>
10. Business Continuity and	G	G	G	Update required on any change.	No Change .	No immediate action required. Update required on any future change.	No Change.	Update required on any change.

Vital Records								
11. Audit Trail	G	G	G	Update required on any change.	<p>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.</p> <p>Evidence provided is as follows:</p> <ul style="list-style-type: none"> Document review and update checklist 	<p>Thank you for this update.</p> <p>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.</p> <p>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).</p> <p>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 <i>Document Version Control and Naming Convention</i> guidance document (version 1 August 2016).</p>	No Change.	Update required on any change.
12. Competency Framework	G	G	G	Update required on any change.	<p>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.</p> <p>Evidence provided is as follows:</p> <ul style="list-style-type: none"> Records Management Practitioner training material. 	<p>The Keeper expects to see evidence that Staff creating, or otherwise processing records, are appropriately trained and supported.</p> <p>There is abundant evidence that the Golden Jubilee take this aspect of their records management provision seriously.</p> <p>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).</p> <p>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.</p> <p>The Assessment Team acknowledge they have received a copy of the Standard Operating Procedure developed from these workshops.</p> <p>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.</p>	<p>No change. Training continues to be delivered to staff in relation to their responsibilities regarding creating and processing records. All staff are required to complete the mandatory data protection training every 2 years, this training includes robust records management.</p> <p>There also continues to be specific training delivered to Board IAO/A regarding the further responsibilities that are required of them.</p>	The Assessment Team is grateful for this update on continuing commitment to staff training, including at Board level.

13. Assessment and Review	G	G	G	Update required on any change.	<p>The Board's Information Asset Register has been successfully implemented and utilised by IAOs and IAAs for several years now.</p> <p>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.</p> <p>The Board's RMP and yearly PURs are a standing agenda item on the Board's Information Governance Group.</p> <p>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.</p>	<p>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.)</p> <p>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.</p> <p>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.</p> <p>The authority's participation in the PUR process in 2018 and 2020 demonstrates a commitment to reviewing its RMP.</p>	<p>The Board's RMP and review of records and systems continues to be a standing agenda item at the Information Governance Group.</p> <p>We publish our RMP and PUR reports from the Keeper's Assessment Team on our public facing website.</p>	Thank you for this update which has been noted. The authority's continuing participation in the PUR process is also commended.
14. Shared Information	G	G	G	Update required on any change.	<p>No Change.</p> <p>*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.</p>	<p>No immediate action required. Update required on any future change.</p> <p>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 created by the third party are retained within the management systems of the Board."</p>	There is no change to this element, however I would like to refer to the NHS Scotland Intra Information Sharing Accord, as previously mentioned. This Accord supports NHS Boards to share information as part of their BaU. These sharing of information are still appropriately risk assessed using the DPIA questionnaire.	Thank you for letting the Assessment Team know there have been no significant changes to this element, as well as the update on NHS Scotland IntraInformation Sharing Accord and its continuing support of business-as-usual operations.

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 30 July 2021. The progress update was submitted by Sharon Stott, Information Governance Manager & Data Protection Officer (DPO).

The progress update submission makes it clear that it is a submission for **NHS Golden Jubilee**.

The Assessment Team has reviewed NHS Golden Jubilee's Progress Update submission and agrees that the proper record management arrangements outlined by the various 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

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 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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