

The Public Records (Scotland) Act 2011

NHS Golden Jubilee

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

20th May 2025

Table of Contents

1. The Public Records (Scotland) Act 20113

2. Progress Update Review (PUR) Mechanism4

3. Executive Summary5

4. Authority Background6

5. Assessment Process7

6. Progress Update Review (PUR) Template8

7. The Public Records (Scotland) Act Assessment Team’s Summary 15

8. The Public Records (Scotland) Act Assessment Team’s Evaluation 16

1. The 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 Review 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 seven Executive Directors and nine 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.nhsgoldenjubilee.co.uk>

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

NHS Golden Jubilee

Element	Status under agreed Plan 05APR17	Progress review status 09DEC22	Progress review status 20MAY25	Keeper's Report Comments on Authority's Plan 05APR17 https://www.nrscotland.gov.uk/files/record-keeping/public-records-act/keepers-assessment-report-national-waiting-times-centre.pdf	Progress Review Comment 09DEC22	Self-assessment Update as submitted by the Authority since 09DEC22	Progress Review Comment 20MAY25
1. Senior Officer	G	G	G	Update required on any change.	Thank you for letting the Assessment Team know there have been no updates to this Element. Update required on any change.	New Director of Finance in post, Jonny Gamble. Jonny will also be Senior Officer who has overall strategic accountability for records management. Evidence submitted: <ul style="list-style-type: none"> Letter from SIRO 1.1 	Thank you for this update. We have now revised your details on our contacts spreadsheet to show Mr Gamble as the individual with overall responsibility for the records management plan. The Keeper has previously indicated that a change of an individual identified against a particular element of an RMP does not invalidate that RMP, provided that the role remains substantially similar. The Keeper's Assessment Team acknowledges receipt of a letter of confirmation. This will be held on the relevant case file to allow the Keeper to keep the original submission up-to-date.
2. Records Manager	G	G	G	Update required on any change.	Update required on any change.	Although the Records Manager remains the same, the Job Description has changed. New Job Description attached. Evidence submitted: <ul style="list-style-type: none"> HoF Digital Governance JD 	Thank you for this update. The Keeper's Assessment Team acknowledges receipt of the new Records Manager Job Description. This will be held on the relevant case file to allow the Keeper to keep the original submission up-to-date.
3. Policy	G	G	G	Update required on any change.	The Assessment Team thanks you for this update on NHSGJ's Records Management policy suite accessibility, review schedule, and review procedure. Thank you also for letting us know that key policies are currently under review. The Assessment Team trusts the review of these will be completed as soon as practicable.	Update provided regarding change of accountable officer. NHSGJ continue to develop and review policies in line with business development and change in legislation. The Board has combined 2 existing policies, "Health Records Policy" and "Effective Management of Records Policy" to one overarching	Thank you for this update. In the Keeper's original agreement it was noted that NHS Golden Jubilee had indicated a process for ensuring that relevant information governance policies are kept under review. It is welcome to see confirmation that this is being appropriately pursued. The Keeper's Assessment Team acknowledges receipt of the new Records

					Update required on any change.	<p>Policy, making it clearer to staff their responsibilities for records management. This Policy has been provided as evidence</p> <p>Updated policies provided:</p> <ul style="list-style-type: none"> Records Management and Retention Policy 	Management and Retention Policy. This will be held on the relevant case file to allow the Keeper to keep the original submission up-to-date.
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>Thank you for this update which reflects commendable progress made collaboratively across the Scottish NHS Health Boards, and that conversations will remain ongoing with regard to meticulous implementation.</p> <p>The receipt of a copy of the NHS Scotland national Business Classification System Retention Schedule is acknowledged with thanks.</p> <p>This Element will remain at Amber until the Business Classification Scheme has been fully implemented. This can only take place after SharePoint and the M365 digital records management system is fully operational. As recognised by NHSGJ, it is likely to take some time to reach completion.</p> <p>The Assessment Team looks forward to updates in subsequent PURs and commends NHSGJ for continuing to make steady progress.</p>	<p>The implementation of Microsoft365, Sharepoint and One Drive, continues to be developed. NHS Golden Jubilee continue to engage with IAOs to ensure good data management, this also includes ensuring information and records that are no longer needed or have met their retention period, are managed appropriately. This will also ensure that only the necessary records are migrated over to One Drive and Sharepoint. A Short Life Working Group has also been stood up to review and decide the best, most appropriate option of Sharepoint implementation that will support the Business Classification Scheme. Updates will continue to be provided as part of our yearly PURs.</p> <p>Evidence submitted</p> <ul style="list-style-type: none"> NHSS DRAFT BCS Change Request SOP v00.2 <p>Please note – The change request SOP is currently a draft version until final version is approved.</p>	<p>Along with many Scottish public authorities the Board is implementing M365 as a records management solution</p> <p>This process is bound to take time to be rolled out properly and is embedded in staff business as usual procedures. It is important that M365 is implemented in a structured way and that the Board's Business Classification Scheme can be used as a structure to develop the required SharePoint sites.</p> <p>It is a very good idea to take the opportunity of such a change in record-keeping systems to weed out obsolete records that no longer have any business purpose.</p> <p>As NHS Golden Jubilee is currently in a 'transition' period the Keeper would probably be minded to retain the improvement model, 'amber', status of this element. It is important to note that the current 'amber' grading does not indicate a concern around the record management provision in the authority. In fact, the Keeper judges that, if appropriately implemented, the M365 transition may represent an improvement in record keeping.</p> <p>The Keeper's Assessment Team acknowledges receipt of the latest Change Request SOP. This will be held on the relevant case file to allow the Keeper to keep the original submission up-to-date.</p>
5. Retention Schedule	G	G	G	Update required on any change.	Thank you for sharing this update with the Assessment Team. It is good to hear that the national retention schedule has now been adopted, and that a unified change	NHS Golden Jubilee has fully adopted the updated Scottish Government Records Management Code of Practice. The Information Asset Owner training that the	The PRSA Assessment Team are familiar with the development of the new NHS Records Management Code of Practice and the Keeper is content that it provides

					request process is also soon to be implemented. Thank you also for letting us know that NHSGJ is assisting with the review of Scottish Government RM Code of Practice.	information governance team deliver has been updated to reflect the change in the CoP. TheCoP was also discussed at the most recent Digital and Information Governance Group meeting (agenda attached), where records management is a standing agenda item. Evidence submitted: <ul style="list-style-type: none"> Records Management Code of Practice 1. Information Governance Group Agenda Sep 2024 	appropriate retention decisions for the management of public records. As NHS Golden Jubilee have adopted this COP, this element remains compliant and retains its Green RAG status. The Keeper's Assessment Team acknowledges receipt of the Records Management Code of Practice and the IGG Agenda. These will be held on the relevant case file to allow the Keeper to keep the original submission up-to-date.
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 electronically.</p> <p>... 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).</p>	<p>This update is a very positive one – it is great to hear that the PUR process has prompted the widened provision of records management training to senior management, and that this has proved beneficial.</p> <p>Thank you also for confirming that Information Asset Owners continue to keep the Information Governance Group up to date on a regular basis.</p> <p>The implementation of M365 will have significant implications on automated digital records retention and destruction processes. It is good to hear that NHSGJ continues to consider the implications of the M365 project.</p>	No change. Training continues to be delivered and frequent engagement from Managers, IAO/As regarding records management and destruction arrangements.	No immediate action required. Update required on any future change.
	G	G	G	Update required on any change.	Thank you for confirming that an	No Change. This remains the	Thank you for confirming that an MoU

7. Archiving and Transfer					MoU with NRS continues to be operational. Update required on any change.	National Records of Scotland as archivists to NHSGJ. A Memorandum of Understanding has been agreed between NHSGJ and National Records Scotland to house any records that may be of national interest.	with NRS continues to be operational. Update required on any change.
8. Information Security	G	G	G	Update required on any change.	The Assessment Team is grateful for this update on the results of the recent NIS Directive audit. It is positive that NHSGJ is taking action based on these results, namely by commencing the recruitment process for a Cyber Compliance Officer. The Team looks forward to hearing of further progress made in this area in subsequent PURs.	<p>Information security continues to be one of the priorities within the organisation. The Board is audited annually against the Scottish Government Public Sector Cyber Resilient Framework, which aligns to the NIS Directive and the ISO27001. The Board has seen a continual increase in compliance against the 427 controls and has met the KPIs assigned to the Boards by Scottish Government. New Policies were developed to support the last audit of 2023/24 and have been provided as evidence.</p> <p>The Digital Governance Team also continues to expand, with responsibilities including information security. Job Descriptions for all 5 new post holders have been provided.</p> <p>Evidence submitted:</p> <ul style="list-style-type: none"> • Data Protection Impact Assessment Guidance • Information Security policy • Network Access Procedure • V1.0 NHSGJ Clear Desk Clear Screen Policy • Data Protection Impact Assessment Template • Protection of stored data from unauthorised access • V1.0 NHS GJ Access Control Policy <p>Job Descriptions</p> <ul style="list-style-type: none"> • Job Description Business Support Manager 	<p>As noted above, it is important that an authority keeps its policy and guidance documents under review and it is welcome that NHS Golden Jubilee clearly does this.</p> <p>This is particularly important around the area of information security. It is vital that an authority guarantees that it can react to changes in information security threat and that it has policies in place that ensure all the public records it manages are retained within appropriate security controls (for example by implementing an annual audit). It is clear from this PUR that NHS Golden Jubilee understand this.</p> <p>Many of the recent information security breaches stem from human error. It is therefore important that staff are trained on the authority's information security requirements and that this training is routinely repeated. Again, it seems clear for statements throughout this PUR that NHS Golden Jubilee are actively pursuing appropriate staff training.</p> <p>The Keeper's Assessment Team acknowledges receipt of all the evidence documents listed in the compliance statement column. These will be held on the relevant case file to allow the Keeper to keep the original submission up-to-date.</p>

						<ul style="list-style-type: none"> • Job Description - Business Continuity Manager • JD - Cyber Security Compliance Officer • JD Information Governance Analyst • JD Information Governance Administrator 	
9. Data Protection	G	G	G	Update required on any change.	Thank you for updating the Assessment Team on the upcoming ICO audit covering all NHS Scotland Boards, and agreeing to share the results with the Assessment Team in the next PUR.	<p>NHSGJ received a positive audit result from the ICO,</p> <ul style="list-style-type: none"> ◦ Overall assurance of reasonable ◦ 76% assurance across high and reasonable ◦ 17% limited assurance ◦ 7% very limited assurance ◦ 12 recommendations received. <ul style="list-style-type: none"> 2 Urgent 5 High 4 Medium 1 Low <p>All recommendations have now been completed and closed off. Some of these actions resulted in additional staff, noted above in Element 8, Introduction of the Digital Tool OneTrust to support the completion of DPIAs, Updates to Privacy Notices and SIRO training</p>	<p>Thank you for this update.</p> <p>The engagement with the ICO during an audit is commended and the positive outcome of that audit has been noted.</p> <p>NHS Golden Jubilee publish a Privacy policy online: Privacy Policy :: NHS Golden Jubilee This includes details of service user's rights as a data subject.</p> <p>The individual identified at element 2, who also submitted this PUR is the NHS Golden Jubilee Data protection Officer.</p> <p>This element retains its Green RAG status.</p>
10. Business Continuity and Vital Records	G	G	G	Update required on any change.	Thank you for this positive update on increasingly robust Business Continuity overseeing arrangements through the establishment of a Board Resilience Group, and the planned Business Continuity Manager post.	<p>NHSGJ continues to develop and update Business Continuity Plans ensuring records management is a core part of the plans. The Digital Governance Team have now successfully recruited a Business Continuity Manager, Job Description shared above in Element 8. A Business Continuity Policy has been developed.</p> <p>Evidence submitted:</p> <ul style="list-style-type: none"> • Business Continuity 	<p>Thank you for this update and for providing the new Business Continuity Management Policy. The PRSA Assessment Team confirm that it includes appropriate guidance on recovering digital systems containing public records in an emergency and requiring that business areas have specific processes (and local business continuity plans) in place.</p> <p>As with the other evidence documents provided alongside the PUR, the business continuity policy will be retained on the NHS Golden Jubilee case file for reference.</p>

						Management Policy The Board has also begun a gap analysis against ISO22301 for self-assessment.	
11. Audit Trail	G	G	G	Update required on any change.	<p>Thank you for this positive update on ongoing migration of records to the new platform (M365). Once fully implemented, this will assist NHSGJ to better track audit trail information.</p> <p>The Assessment Team also appreciates the update on the current clinical and non-clinical records access monitoring system (Fairwarning), and that this is undergoing an upgrade. This suggests that robust arrangements continue to be in place while the M365 implementation is ongoing.</p>	<p>No change. The Board fully utilises the Fairwarning platform, which monitors end user access across Board systems. The Board also uses Microsoft Intune which helps protect data on managed mobile devices.</p>	<p>Thank you for this update.</p> <p>No immediate action required. Update required on any future change.</p>
12. Competency Framework	G	G	G	Update required on any change.	<p>It is very reassuring to hear that the Information Governance Manager is engaging with training relevant to the new M365 platform while its implementation is still in progress. This will be beneficial in the long run in terms of understanding how the new system functions and where the possible challenges are likely to lie.</p> <p>The Assessment Team is grateful for the update on continuing commitment to staff records management training, particularly highlighting the requirements of the legal framework.</p>	<p>NHS GJ delivers IAO training across the Board to both Information Asset Owners and Information Asset Administrators. This training material is regularly reviewed and updated.</p> <p>Evidence submitted:</p> <ul style="list-style-type: none"> Information Asset Owner Training <p>All staff within the organisation are aware of their responsibilities within records management. Mandatory training, including records management, is compulsory for all staff to undertake, with renewal of this every 2 years.</p>	<p>The Keeper expects staff creating, or otherwise processing records, to be appropriately trained and supported.</p> <p>There is repeated examples in this PUR that show this aspect of records management provision is properly considered by NHS Golden Jubilee.</p> <p>For example: compliance text against element 5 and 6 and the SIRO training mentioned at element 9</p> <p>The Keeper's Assessment Team acknowledges receipt of NHS Golden Jubilee's Information Asset Owner Training slide deck. This will be held on the relevant case file to allow the Keeper to keep the original submission up-to-date.</p>
13. Assessment and Review	G	G	G	Update required on any change.	<p>Thank you for letting us know that there have been no major updates to this Element.</p> <p>The authority's continuing participation in the PUR process is commended.</p>	<p>No change. The Board's RMP and review of records and systems continues to be a standing agenda item at the Digital and Information Governance Group. We will continue to engage with the Keeper's Assessment Team, submitting annual Progress Update Reviews.</p>	<p>Section 1(5)(i)(a) of the Act says that an authority must keep its RMP under review. The Keeper's Assessment Team acknowledge that this requirement is being appropriately pursued by NHS Golden Jubilee.</p> <p>They welcome the authority's continued engagement with the Keeper's Progress Update Review (PUR) process.</p>

							At the time of the original agreement (2017) The Keeper agreed that NHS Golden Jubilee (at that time referred to as the National Waiting Times Centre Board) had made a firm commitment to review their <i>RMP</i> as required by the Act and have explained who will carry out this review and by what methodology.
14. Shared Information	G	G	G	Update required on any change.	The Assessment Team thanks you for this update on information-sharing arrangements, including the review and update of NHS Scotland's Intra-Information Sharing Accord. It is positive to hear that NHSGJ continues to work with other Scottish NHS Boards to share approaches and improve records management practices at national level.	No change. NHSGJ continues to share information, appropriately, with other organisations ensuring appropriate information governance and risk assessment measures are followed and in place.	No immediate action required. Update required on any future change.

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 25th November 2024. The progress update was submitted by Sharon Stott, Head of Digital Governance.

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.

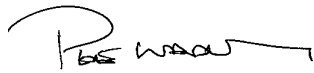
The Keeper cannot change the status of elements formally agreed under a voluntary submission, but he can use such submissions to indicate how he might now regard this status should the authority choose to resubmit its plan under section (5)(6) of the Act.

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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Pete Wadley
Public Records Officer