

**The Public Records (Scotland) Act 2011**

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

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

**7 February 2019**

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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 Final 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. 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 Golden Jubilee Foundation and, although geographically situated in the NHS Greater Glasgow and Clyde catchment area, it operates outwith that NHS territorial Board.

The authority states: “The Golden Jubilee Foundation is unique within the NHS. A national institution, independently run by its own NHS Board, the Golden Jubilee Foundation 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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**Progress Update Review (PUR) Template: National Waiting Times Centre Board**

Element	Status of elements under agreed Plan, Apr 2017	Status of evidence under agreed Plan, Apr 2017	Progress assessment status, <Date>	Keeper's Report Comments on Authority's Plan, Apr 2017	Self-assessment Update as submitted by the Authority since Apr 2017	Progress Review Comment, <Date>
1. Senior Officer	<b>G</b>	<b>G</b>	<b>G</b>	Update required on any change.	No Change	No immediate action required. Update required on any future change.
2. Records Manager	<b>G</b>	<b>G</b>	<b>G</b>	Update required on any change.	No Change	No immediate action required. Update required on any future change.
3. Policy	<b>G</b>	<b>G</b>	<b>G</b>	Update required on any change.	No Change	No immediate action required. Update required on any future change.
4. Business Classification	<b>A</b>	<b>G</b>	<b>A</b>	...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	GJF is currently planning the 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.	This update is noted with thanks. SharePoint is one 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

				<p>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</p>		<p>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.</p>
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				progresses.		
5. Retention Schedule	G	G	G	Update required on any change.	No Change	No immediate action required. Update required on any future change.
6. Destruction Arrangements	A	G	A	<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</p>	<p>GJF has now implemented an Information Asset Register and continues to populate with the Board's assets.</p> <p>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).</p> <p>This year we have delivered specific IAO training to all our IAOs, highlighting their responsibilities to the assets they own (material attached).</p> <p>Our IAOs have also signed a Declaration of Responsibilities regarding their assets (template attached).</p> <p>We also now have a</p>	<p>There has been considerable progress towards the controlled destruction of electronic records.</p> <p>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 assets are disposed of</p>

				<p>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</p>	<p>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.</p>	<p>appropriately in line with the retention schedule.</p> <p>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.</p> <p>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.</p>
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				progresses (see element 4).		
7. Archiving and Transfer	<b>G</b>	<b>G</b>	<b>G</b>	Update required on any change.	No Change	No immediate action required. Update required on any future change.
8. Information Security	<b>G</b>	<b>G</b>	<b>G</b>	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. We are now Cyber Essentials Certified	The authority is maintaining and improving its standards of information security. This is commendable best practice.

					(attached) and are now aiming towards Cyber Essentials Plus Certification.	
9. Data Protection	G	G	G	Update required on any change.	<p>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:</p> <ul style="list-style-type: none"> <li>• ICO registration now updated to reflect DPO (attached)</li> <li>• Individuals Rights response templates (attached),</li> <li>• Corporate Induction Training Material (attached).</li> <li>• Data Protection Impact Assessment template, DPIA (attached)</li> <li>• Patient information leaflet (attached)</li> <li>• Board Privacy Notice</li> </ul>	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.

					<a href="https://www.nhsgoldenjubilee.co.uk/accessibility/privacy/">https://www.nhsgoldenjubilee.co.uk/accessibility/privacy/</a>	
10. Business Continuity and Vital Records	<b>G</b>	<b>G</b>	<b>G</b>	Update required on any change.	No Change	No immediate action required. Update required on any future change.
11. Audit Trail	<b>G</b>	<b>G</b>	<b>G</b>	Update required on any change.	No Change	No immediate action required. Update required on any future change.
12. Competency Framework	<b>G</b>	<b>G</b>	<b>G</b>	Update required on any change.	Update to Information Governance Manager's training to reflect GDPR. <ul style="list-style-type: none"> <li>GDPR Practitioner (attached)</li> </ul>	It is positive to see that the Information Governance Manager is being supported to maintain her professional development.
13. Assessment and Review	<b>G</b>	<b>G</b>	<b>G</b>	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.
14. Shared Information	<b>G</b>	<b>G</b>	<b>G</b>	Update required on any change.	Updated Information Sharing Agreement template to reflect GDPR (attached). This version is	The updated Information Sharing Agreement is noted with thanks. This keeps the authority's submission up to

					now being used as we enter in to new agreements post May 25 <sup>th</sup> 2018.	date, which is very helpful.
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Version

The progress update submission which has been assessed is the one received by the Assessment Team on 1 November 2018. The author of the progress update submission is Sharon Stott, Information Governance Manager and Data Protection Officer.

The progress update submission makes it clear that it is a submission for the National Waiting Times Centre Board.

7. PRSA Assessment Team’s Summary

The Assessment Team has reviewed the National Waiting Times Centre Board’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 National Waiting Times Centre Board continues to take its records management obligations seriously and is working to bring all elements into full compliance. There is evidence of best practice in data protection, data sharing and information security, and it is understandable that this has been prioritised in response to new legislative requirements and increased awareness of cyber security risks. The development and use of the business classification scheme and procedures for consistent disposal of paper and electronic records in line with the retention schedules has not yet been completed but the appointment of additional staff demonstrates a commitment to this work. The Assessment Team would be glad to see further development in due course and commends the progress evident throughout the Board’s approach to records management.

The Public Records (Scotland) Act 2011 does not require authorities to provide regular updates against progress. The Keeper, however, encourages such updates and welcomes this progress update review.

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 resubmitted it plan under section (5)(6) of the Act. If

this were a statutory submission it is likely that the RAG status would not change.

Where 'no change' has been recorded under the update on provision by the authority, the Assessment Team is happy to agree that these elements require no further action for the time being.

#### 8. PRSA Assessment Team's Evaluation

Based on the progress update assessment the Assessment Team considers that the **National Waiting Times Centre Board** 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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**Elsbeth Reid**  
Public Records Officer