The Public Records (Scotland) Act 2011

NHS Shetland

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

31st January 2024

Contents

1. Public Records (Scotland) Act 2011

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

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

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

2. Progress Update Review (PUR) Mechanism

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

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

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

3. Executive Summary

This Report sets out the findings of the Public Records (Scotland) Act 2011 (the Act) Assessment Team's consideration of the Progress Update template submitted for NHS Shetland. The outcome of the assessment and relevant feedback can be found under sections 6 – 8.

4. Authority Background

Shetland NHS Board is responsible for health care for a population of around 23,000. Local Hospital and Community Services are provided from the Gilbert Bain Hospital. In addition, visiting consultants from NHS Grampian provide out-patient clinics as well as in-patient and day-case surgery to supplement the service provided by locally-based Consultants in General Medicine, General Surgery, Anaesthetics and Psychiatry.

Board Objectives:

- To continue to improve and protect the health of the people of Shetland
- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient
- To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service
- To provide best value for resources and deliver financial balance
- To ensure sufficient organisational capacity and resilience

https://www.shb.scot.nhs.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.

6. Progress Update Review (PUR) Template: NHS Shetland

Element	Status of elements under agreed Plan 08MAR18	Progress review status 11OCT22	Progress review status 31JAN24	Keeper's Report Comments on Authority's Plan 08MAR18	Self-assessment Update 30MAY22	Progress Review Comment 11OCT22	Self-assessment Update as submitted by the Authority since 11OCT22	Progress Review Comment 31JAN24
1. Senior Officer	G	G	G	Update required on any change.	The Executive Lead is now Michael Dickson, Chief Executive of NHS Shetland.	The Assessment Team thanks you for this update which has been noted.	With effect from 01 July 2023, the Executive Lead is now Brian Chittick, Chief Executive of NHS Shetland.	The Assessment Team thanks NHS Shetland for this update which has been noted.
2. Records Manager	G	G	G	Update required on any change.	The responsible person is still David Morgan. The post title is now 'Head of Information Governance/DPO'. NHS Shetland recognises the need to recruit a qualified and experienced Corporate Records Manager (CRM). The recruitment of a CRM is established in an IG business case that was planned for implementation over the next three years. However, this timescale is at risk because of the	The change in post title is noted with thanks. Thank you also for notifying the Keeper's Assessment Team of the positive news that NHS Shetland intends to recruit a Corporate Records Manager in the future. The resource challenges identified with the timeline of the planned post have also been noted. We look forward to	NHS Shetland recognises it needs to recruit a qualified and experienced Corporate Records Manager (CRM). The plan to recruit a CRM in 2023-24 was established in an agreed IG Department business case.	Thank you for this update on Corporate Records Manager recruitment process. The Team acknowledges that NHS Shetland may not be able to push forward with this in the current financial year due to financial pressures, but hopes progress can be made in 2024-25. The

					significant financial pressures now faced by Boards. **Appendix 1 – Proposed Departmental Structure**	hearing how this progresses in subsequent PURs. The receipt of accompanying evidence (Information Governance Department - Organisational Structure for Business Case) is also noted with thanks.	NB Recruitment in 23-24 is unlikely because of the continuing financial pressures faced by Boards. **Appendix 1 – Proposed Departmental Structure**	Team's Key Contact and the person responsible for day-to-day records management under Element 2 remains NHS Shetland's Head of Information Governance / DPO. The proposed restructure of the department is also noted with many thanks.
3. Policy	G	G	G	Update required on any change.	The Records Management Action Plan (**Appendix 2**) has not been updated since the submission of the 2019 PUR. Please see the update provided for Element 13. The RM Policy is overdue for review. Item 3.2 of the RM Action Plan had a 2019 target for the review and refresh of all of RM and IG related policies and procedures. The 2019 target was not met. Work in this area stalled due to the diversion of resources to	The Assessment Team thank you for this update. It is disappointing to hear that records management Action Plan is no longer fully up to date due to lack of review, but understandable in the circumstances of the pandemic and the resulting resource diversion. Thank you for providing this document as evidence. A further comment	The RM Policy remains overdue for review. However, work is now underway to review, refresh and align all Records Management and IG policies. The timescale for this work is set out in the updated	Thank you for this update. While NHS Shetland's Records Management Policy re mains overdue for review, a formal records management policy or policy statement is in place. The planned refresh, review and realignment of all RM and IG policies is a very

					the pandemic response. It has recently restarted but progress is slow due to workload pressures and resource constraints.	on this is provided under Element 13 (Assessment and Review). As a records management policy statement remains in place, regardless of the lapse of review of key accompanying documents, this Element will remain at Green. The Team would nevertheless urge NHS Shetland to review and update the key plans and policies with lapsed scheduled review dates as soon as reasonably feasible.	Records Management Action Plan. Progress is slow due to workload pressures and resource constraints. **Appendix 2 – RMP Action Plan v1.6**	positive step, even if slow progress is expected. It is also good to hear that an Action Plan and an action tracker is in place to monitor progress. This has been received by the Assessment Team with thanks.
4. Business Classification	**A**	**A**	**A**	The work to develop the BCS is included in the Records Management Action Plan (evidence 012) and has an estimated completion date of October 2018. The Keeper requests that he is kept informed of the progress of this work. NHS Shetland has committed to using the Progress Update Review (PUR) mechanism to review progress and inform the Keeper.	This section of the Records Management Action Plan has not been updated since the submission of the 2019 PUR. NHS Shetland has adopted the NHS Scotland BCS. It has implemented the OneTrust (1T) software platform to support its GDPR compliance work. This tool is being used to build the organisational IAR and the national BCS	Thank you for letting us know that NHS Shetland has now adopted NHS Scotland Business Classification Plan, and implemented (or in the process of implementing) new 1T software to assist in its GDPR compliance, data mapping, and building an Information Asset Register. Thank you also for sharing a	As noted in our 2022 PUR, NHS Shetland plans to implement SharePoint as its EDRMS (via the national NHS Scotland rollout of M365). The pace of the national rollout of M365	Element 3 stipulates that the authority's records are known and are identified within a structure, ideally founded on function. As it evolves, the M365 implementation will very likely have an overarching impact on IAR Business

				The commitment to undertake the implementation of an EDRMS is confirmed by an extract from the 2017/18 eHealth Work Plan presented to the eHealth Informatics Support Group (evidence 017).	structure and retention periods have been integrated into the 1T IAR building process. **Appendix 3 – OneTrust** Data Flow Mapping has also been transferred to 1T, however this task has been made more complex with the unplanned /unscheduled rollout of MS Teams as part of NHS Scotland's response the COVID-19 pandemic. NHS Shetland plans to implement SharePoint (via the national NHS rollout of M365) as its EDRMS. The national rollout of M365 has proved challenging. To date, NHS Shetland has not received a timetable for SharePoint implementation.	screenshot of OneTrust with the Assessment Team. The upcoming SharePoint and M365 implementation will be a major project, and upcoming challenges have already been identified by the authority. It is clear that NHS Shetland has progressed in this element, but due to the upcoming M365 roll-out, there will likely be further disruption to existing frameworks as the BCS and IAR are adjusted accordingly. This Element will remain at Amber, but NHS Shetland is commended for the steps taken in the right direction pre-M365 implementation. The PRSA Team look forward to hearing how this has progressed in subsequent PURs.	continues to present challenges for the organisation. NHS Shetland awaits details of the timetable that will support its implementation of SharePoint. The national M365 Operational Delivery Group (ODG) conducted a feedback exercise in the spring of 2023. A response to that feedback is due to be presented by the ODG in early August. Early indications suggest that the concerns of Boards have been heard and that plans are being	Classification arrangement development. The Assessment Team thanks NHS Shetland for indicating that SharePoint (M365) will be implemented as the Board's records management solution in line with the rest of NHS Scotland. It is understood that this implementation will be gradual and take years to bed in properly. The Assessment Team appreciates that NHS Shetland is not yet able to provide a schedule for this implementation. It is good to hear, however, that it continues its engagement with the National M365 Operational Delivery Group, including a

							developed to address them. This Element will remain at Amber as the work continues. The Assessment Team looks forward to being updated on progress in this Element in subsequent PURs.
5. Retention Schedule	**A**	**A**	**A**	The Records Management Procedure: non-clinical records The Procedure will undergo a full review prior to April 2018. The Keeper requests that he is sent the updated version once it becomes available. Procedure for the Retention and Destruction of Personal Health Records The Procedure is currently under review and it advises that staff should contact their local records management representative for up-to-date advice. The Keeper requests that he is sent the updated version once it becomes available. The RMP states that retention rules are not	This section of the Records Management Action Plan has not been updated since the submission of the 2019 PUR. NHS Shetland has adopted the revised national retention schedule issued by Scottish Government in June 2020. As intimated in the 2019 PUR, NHS Shetland has now purchased proprietary software (Netwrix Auditor) to enable it to undertake comprehensive audits of all electronic network assets. **Appendix 4 - Netwrix Auditor**	Thank you for letting us know that NHS Shetland has adopted the revised SG National Retention Schedule, and that the authority has purchased a specific software tool to allow for comprehensive audits of network assets held electronically (the provided overview document is acknowledged with thanks). It is understood that this system is not yet fully deployed due to diversion of resource necessitated by the pandemic and working from home.	Work on reviewing all paper and digital records to achieve, and maintain, compliance with established retention and disposal schedules is in progress, however this is still slow. The previously reported work to remediate the emergency rollout of many new electronic assets and ad-hoc records storage	Thank you for letting us know that progress is being made, albeit slowly. While established retention and disposal schedules are being followed manually in the current hybrid system with paper records and digital records held on shared drives, it is clear that the implementation of SharePoint and M365 will have a significant impact on this area. The Team notes that the target date has been revised

					locations is ongoing. In recognition of the challenges we face in this area, we have proposed a more realistic target date of 31/03/2027 in the updated RMP Action Plan (**Appendix 2**). On a more positive note, NHS Shetland has successfully digitised an extensive collection of acetate x-ray film. This has improved access to the records, created additional space in the estate and reduced a significant fire risk.	to 31/03/2027. It is excellent to hear of recent success in digitising acetate x-ray film in order to keep the informational content accessible whilst recognising the significant fire risk posed by the original format. This Element will remain at Amber while work continues. Subsequent PURs may give NHS Shetland a convenient opportunity to update the Keeper on continuing progress.

currently being applied to electronic records held on shared drive networks, emails or some business systems. This will be addressed under Action 5.2 of the Records Management Action Plan (evidence 012) which has an estimated completion date of December 2020.

The 'Improvement Action' section of this Element states that NHS Shetland intends to develop a detailed Information Asset Register (IAR) and a comprehensive BCS as part of the implementation of an EDRMS. This work will allow the consistent application of retention schedules. The development of the IAR is due for completion in October 2019. Work has already commenced on populating the IAR and NHS Shetland intends to produce a completed draft IAR by the end of March 2018.
The Keeper can agree this Element on an 'Improvement Model' basis. This means that the authority has identified a gap in provision (the lack of consistent application of

This system has yet to be fully deployed because IT staff were diverted to support the major IT effort required to establish and support homeworking and the provision of remote healthcare solutions in response to the pandemic.

The pace of work on the Retention Schedule will pick up as we return to BAU operations, however that still seems some distance away given the 'mop up' work required to remediate the emergency rollout of many new electronic assets and ad-hoc records storage locations.

In addition, significant work will be required to identify, classify, review and apply retention labels to the ad-hoc creation of records in the M365 cloud environment.

The network of Information Asset Leads described in the 2019 PUR were also diverted to the pandemic response.

On a more positive note, NHS Shetland has formally assigned managers IAO

It is evident from this update that NHS Shetland understands the complexity and the scope of work remaining in order to meet the Keeper's expectations. The moving of documents and the attached metadata from shared drives to the new M365 Cloud environment will require significant time and effort. Even though the diversion of resources during the pandemic has halted progress in many areas, NHS Shetland maintains awareness of the challenges and continues to address them. The work on assigning formal Information Asset Owners and the plans to deploy and support Information Asset Administrators is also welcome news, noted with thanks.

This Element will remain at Amber as

				retention schedules) and has identified how it intends to close this gap. This agreement is conditional on the Keeper being kept up-to-date on the progress of work to close this gap.	responsibilities and IAO training sessions are currently in progress. Work has begun on reviewing the most efficient way of deploying and supporting IAAs. The intention is to use MS Teams to create an online IAA network and to provide one-to-many RM and IG education and support resources for Admin colleagues.	the work on the Retention Schedules is still incomplete. Elements 4 and 6 are also very closely connected to Element 5, and the future implementation of M365 will have major implications on all of these. We look forward to updates on progress in subsequent PURs.	
6. Destruction Arrangements	**A**	**A**	**A**	The RMP (under Element 5) states that at present NHS Shetland does not actively apply retention rules to electronic records stored on shared network drives, emails or some line-of-business systems. It is anticipated that the development of an EDRMS based on a detailed BCS will greatly improve the capability to systematically delete electronic records in accordance with the retention schedules. It is anticipated that the implementation of the EDRMS will be completed by June 2021. NHS Shetland has committed to update the	This section of the Records Management Action Plan has not been updated since the submission of the 2019 PUR. The rollout of the web-based Disposal Register for Corporate Records was disrupted by the pandemic response. The rollout will be restarted with the return to BAU and the support of the IAAs described in the plans for Element 5.	Thank you for this update which is closely tied to Elements 4 and 5. It is regrettable but understandable that the Corporate Records' Disposal Register roll-out was disrupted due to the pandemic. This Element will remain at Amber. The Assessment Team looks forward to updates on progress in subsequent PURs.	The rollout of the web-based Disposal Register for Corporate Records is scheduled to take place this year with support from a refreshed and renamed Information Management Working Group (IMWG). IMWG is currently being reconstituted and renamed	The Corporate Records Disposal Register rollout is noted with thanks. The Assessment Team looks forward to further updates on its implementation, especially taking into account the upcoming M365 rollout. Thank you for the update regarding the reconstituted IM Working Group, now called Information Guidance Group

				Keeper on progress by using the PUR mechanism. The RMP also states that NHS Shetland intends to develop a disposal register to record the fact that records scheduled for destruction have been securely disposed of. This action is built in to the Records Management Action Plan (evidence 012) and has an estimated completion date of October 2019. The Keeper requests that he is sent a sample of the register once it has been developed. The Keeper can agree this Element on an 'Improvement Model' basis. This would mean that the authority has identified a gap in provision (the lack of audit trail provision for the destruction of paper records and the lack of ability to delete electronic records in accordance with retention schedules) and has identified how it intends to close this gap. This agreement is dependent upon the Keeper being updated as the work to close the gap progresses.			the Information Governance Guidance Group (IG3). It will meet via an MS Teams channel and provide a fresh focal point for RM and IG support and communication. This online 'community of practice' will be a more effective way of sharing RM/IG information and training and provide more timely mutual support than the previous monthly 'in person' meetings could achieve. There were limitations on the number of staff who could attend/participate in the 'in	(IG3). It looks like the changes implemented will result in a more fit-for-purpose set up, and it is good to see communities of practice evolving according to need. This Element will remain at Amber while work continues. Subsequent PURs may give NHS Shetland a convenient opportunity to update the Keeper on continuing progress.

							person' meetings because of our remote and rural setting. The new IG3 community will also help with implementation of our recent ICO Audit recommendations which called for increased support for Information Asset Administrators (IAAs).	
7. Archiving and Transfer	**G**	**G**	**G**	The 'Improvement Action' section of this Element states that NHS Shetland will work with NHS archivists and Shetland Archives to develop a selection policy for paper and electronic records created by NHS Shetland. **The Keeper requests that he is sent a copy of the selection policy once it has been finalised and approved.**	This section of the Records Management Action Plan has not been updated since the submission of the 2019 PUR. The NHS Grampian Archivist visited Shetland in March 2022 and together with Shetland Archives supported local staff with the identification, appraisal and cataloguing of Corporate Records suitable for transfer to Shetland Archives.	Thank you for this update of a recent identification, appraisal and cataloguing activity regarding Corporate Records suitable for transfer to Shetland Archives. The provided evidence is also acknowledged with thanks. Many thanks also for indicating that the drafting of the selection policy is planned, and will	The selection policy document will be developed as part of the policy refresh and alignment described in the Element 3 update. As requested, The Keeper will be sent a copy of the approved policy once it is available.	Thank you for this update on progress with regard to ongoing selection policy development. The Team looks forward to receiving this policy on behalf of the Keeper when it becomes available.

					Appendix 5 – Archivist Visit The next step is for the IG Team to work-up the selection policy document and take this through the Board's policy approval process. As requested, The Keeper will be sent a copy of the approved policy.	forwarded to the Keeper's Assessment Team once approved.		
8. Information Security	**G**	**G**	**G**	**All NHS Shetland records management/information governance policies and procedures are being reviewed and updated.**	This section of the Records Management Action Plan has not been updated since the submission of the 2019 PUR. NHS Shetland is now subject to a comprehensive information security audit by the Health Competent Authority (HCA). All IT security policies have been reviewed and an action plan (confidential) is in place to address the findings of the HCA audit. **Appendix 6 – HCA NISR Audit** Work on reviewing the records management and information governance policies was delayed by the pandemic response, but has recently restarted.	Thank you for sharing the news of a recent HCA audit with the Assessment Team. It's very positive to hear that – while the Records Management Action Plan remains to be reviewed and updated – IT security policies have been recently reviewed, and work has been started on updating IG and RM policies.	This area remains under regular review and the Board has recently restructured its governance arrangements (June 2023) to increase its understanding and oversight of this increasingly important feature of healthcare delivery.	The Assessment Team thanks you for this update on governance restructure. It is good to hear that focus on robust information security arrangements is being maintained.

9. Data Protection	G	G	G	**All NHS Shetland records management/information governance policies and procedures are being reviewed and updated as part of the RMP Action Plan. The Keeper requests that he is sent the Policy once it has been updated in order to keep the submission up-to-date.**	This section of the Records Management Action Plan has not been updated since the submission of the 2019 PUR. This work has not progressed as anticipated due to staff being deployed to support the pandemic response. An example of the work on updating policies and procedures that illustrates our commitment to improving the public's access to their health records is available at: https://www.shb.scot.nhs.uk/board/policies/SubjectAccessRequest-SAR-Procedure.pdf Please see the data protection related updates described in Elements 4, 8 and 9.	Thank you for this update. It is unfortunate that the pandemic response has forced the redeployment of staff to address critical functions during the pandemic, but this perfectly understandable. Thank you for linking to the Subject Access Request procedure guidance – this is great way to ensure information about access to one's own health records is readily available. The updates under Elements 4, 8 and 9 are noted. The Assessment Team has no specific concerns about this Element. Update required on any change.	The Board has updated its public website and information about access to records is now available at: https://www.nhsshetland.scot/rights/accessing-information.	Thank you for highlighting that guidance on records access continues to be made available on NHS Shetland's website.
10. Business Continuity and Vital Records	G	G	G	Update required on any change.	This section of the Records Management Action Plan has not been updated since the submission of the 2019 PUR. NHS Shetland has	Thank you for this update. The Team note that NHS Shetland has recently appointed a dedicated Resilience and Business Continuity	This work is ongoing and the staff have participated in further 'table top' training exercises.	Element 10 stipulates that record recovery, prioritising vital records, is an integral part of the authority's

				strengthened its Business Continuity resources by appointing a dedicated Resilience and Business Continuity (RBC) Officer. The RBC Officer is supporting local 'Exercise in a Box' sessions to help prepare and test our response to a cyber incident. **Appendix 7 – Exercise in a Box** The IG Team are working in partnership with the RBC Officer to ensure that departmental BCPs specify their business critical information assets and that these are classified as red, amber, green, with associated restoration timescales. These classifications are being recorded in the OneTrust IAR.	Officer. This, and the training they provide (evidence acknowledged with thanks) will likely have a positive impact on the disaster-preparedness of the authority. It is also good to know that this work ties closely with the OneTrust IAR currently being developed.	**Appendix 3 - Cyber Attack Exercise**	business continuity planning. Thank you for indicating that work on maintaining and improving performance under this Element continues. The Assessment Team also notes the receipt of email detailing a recent cyber security exercise with thanks.
11. Audit Trail	**A**	**A**	**A**	NHS Shetland has explained that it is seeking to reduce its reliance on paper records by scanning both clinical and corporate records. A photograph of the scanning equipment has been provided (evidence 056).	This section of the Records Management Action Plan has not been updated since the submission of the 2019 PUR. Please see the EDRM related updates provided for Elements 4 and 5. The local implementation	Thank you for this update on NHS Shetland's progress on record audit trails. It is acknowledged that the authority is currently implementing a M365 application eDiscovery to enhance audit	As noted in the updates to Elements 4, 5 & 6, progress in this area is linked to the development of the IAR/EDRM systems and the challenges faced with	Element 11 focuses on the tracking and version control of public records. The location of records should be known, and any changes to the records recorded.

| | | | | **To improve the tracking of paper corporate records NHS Shetland will implement a tracking system based on one in operation at the University of Edinburgh (evidence 057). The Keeper looks forward to receiving updates on the progress of this work as part of the PUR process.** NHS Shetland has in place a Policy for the Transportation of Health Records **The Keeper requests that he is sent the updated version once it becomes available. All NHS Shetland records management/information governance policies and procedures are being reviewed and updated as part of the RMP Action Plan.** **The Keeper requests that he is sent the Policy once it has been updated in order to keep the submission up-to-date.** Framework for Document Development **The Keeper requests that he is sent the updated version once it becomes available. All** | of Microsoft's eDiscovery module for M365 will provide powerful audit functions for digital corporate records, however there are continuing concerns as to how this will work in practice in the national tenancy. NHS Shetland is also in the final stages of implementing the latest cloud-based release of FairWarning. This proprietary product can detect unauthorised staff access to the digital records of co-workers and neighbours. **Appendix 8 - FairWarning** The Keeper requested a copy of updated version of the Framework for Document Development. This document (and associated appendices) is available for download at the top of this page: https://www.shb.scot.nhs.uk/board/policies.asp The request copy of the Policy for the Transportation of Health Records is available at: https://www.shb.scot.nhs.uk/board/policies/Transpo | functions for digital corporate records. NHS Shetland correctly recognises that this is unlikely to provide a straightforward solution in the authority's wider context. Thank you also for letting the Assessment Team know about the implementation of FairWarning, and the accompanying evidence. This is also very relevant to Element 8. The Assessment Team is grateful for the copy of a reviewed Framework for Document Development, as well as the Policy for the Transportation of Health Records; these have been received with thanks. This element will continue to remain at Amber while the authority works towards the | M365 deployment. Despite the above noted challenges, NHS Shetland has made progress in this area with the recent deployment of Microsoft Purview. When required, the organisation can now conduct an audit of any documents within the NHS Shetland M365 tenancy. To ensure there is robust governance surrounding the use of this powerful audit tool, NHS Shetland has developed an access authorisation procedure. A copy of the procedure is | Thank you for this update on audit trail arrangements. As NHS Shetland has identified, when set up properly in line with a robust Information Asset Register or similar, the M365 implementation will have a significant impact on the automation of retention, disposal and audit trail capabilities. It is good to hear that some benefits from this challenging process have materialised in the form of improved audit capabilities relying on Microsoft Purview. That an access authorisation process has been developed to accompany this change is excellent news, and The Assessment Team notes the receipt |

| | | | | **NHS Shetland records management/information governance policies and procedures are being reviewed and updated as part of the RMP Action Plan. The Keeper requests that he is sent the Framework once it has been updated in order to keep the submission up-to-date. The RMP also states that there is limited audit trail provision for records managed on shared drives.**

 The project to develop and implement an EDRMS is intended to significantly improve the level of provision in this area. This work is built in to the Records Management Action Plan (evidence 012) and has an estimated completion date of June 2021. The Keeper requests that he is kept informed of the progress of this work.

 The Keeper can agree this Element on an 'Improvement Model' basis. This means that the authority has identified gaps in provision (the lack of | rtationOfHealthRecords-Mar2020.pdf

 Please note: this policy is under review as it requires a further update to align it with the Scottish Government Records Management Health and Social Care Code of Practice (Scotland) 2020. | implementation of an IAR/EDRM system. NHS Shetland has taken positive steps towards greater audit trail capabilities, but until the national roll-out of M365 within the NHSS health Boards is complete, only partial audit trail capabilities remain. We look forward to an update on the progress of this. | provided in provided as evidence.

 Appendix 4 - Account Access Authorisation Form 1.0 | of this document with thanks.

 This Element will remain at Amber while work on the M365 implementation continues. Subsequent PURs may offer a convenient opportunity to update the Keeper on continuing progress. |

				audit trail capabilities in NHS Shetland's shared drives and paper records) and has identified how it intends to close these gaps. This agreement would be dependent upon the Keeper being kept informed of progress.				
12. Competency Framework	G	G	G	Update required on any change.	This section of the Records Management Action Plan has not been updated since the submission of the 2019 PUR. NHS Education Scotland have recently appointed an individual to manage the programme of work relating to the review and update of the NHS Scotland Health and Care Information Governance Competency Framework. NHS Shetland is encouraged by this national commitment to describe and support a comprehensive training and development plan for records management and information governance staff. Our intention is to update the mandatory RM and IG online training modules	The Assessment Team thanks you for this update on staff records management competencies. It is great to hear that NHS Scotland Health and Care Information Governance Competency Framework will be reviewed and updated, and can be utilised by all NHS Scotland's Boards, including NHS Shetland. Thank you also for indicating that NHS Shetland intends to update the mandatory staff records management and information governance online training module in order to better align	NHS Scotland is continuing its work on developing a set of competencies for records management and information governance that align with its overarching Digital Health and Care Strategy. In the meantime, NHS Shetland has adopted the Records Management Competency Framework (RMCF) developed by the NHS	The Assessment Team thanks you for this update on records management and information governance competencies, developed to align with the Digital Health and Care Strategy. This sounds very appropriate. It is great to hear that NHS Shetland is also implementing shorter-term goals based on collaborative work done within the NHS Scotland Records Management Forum, which is very commendable.

					and align our local role-based training to the national Framework.	its content with a shared approach of the NHSS Boards.	Scotland Records Management Forum. The RMCF is being used to inform NHS Shetland's training and recruitment decisions. **Appendix 5 – Extract from the November 2022 Minute of IGSG.**	The Assessment Team thanks NHS Shetland for providing an extract of IGSG minutes. These have been received with thanks.
13. Assessment and Review	**G**	**A**	**A**	Update required on any change.	This Records Management Action Plan has not been updated since the submission of the 2019 PUR. NHS Shetland has well-established governance mechanisms to assess and review its RMP progress. These mechanisms were suspended as part of the emergency response to the pandemic. NHS Shetland regrets that it has been unable to progress much of its RMP work over the past 2 years. **Whilst the new M365**	Thank you for notifying the Assessment Team that the Records Management Action Plan has not been reviewed since 2019. That this is due to the pandemic emergency response is understandable. The further complications stemming from the rapid and unplanned implementation of various M365 tools are not unique to NHS Shetland; it is	[No update provided.] **Additional update provided 30/01/2024:** NHS Shetland has not undertaken a full and formal review of its RMP since its agreement in 2019, however the RMP Action Plan is **reviewed /updated**	In 2022, it was noted that there was a lapse in the scheduled review of Records Management Plan and key policies (including Records Management Policy, reported to be overdue for review under Element 3). NHS Shetland was urged to address this matter as soon as practicable. The Assessment Team would like to enquire whether

| | | | | **'tools' contain valuable records management features, the unplanned introduction of the M365 environment has disrupted our RMP and introduced additional records management and resourcing challenges.**

Governance mechanism are gradually returning to pre-pandemic functioning. Our intention is to revisit and reset our RMP the end of a much needed summer leave season. | good to see that the authority recognises the work required in this area.

In terms of M365 as a records management solution, The PRSA has developed guidance which may help NHS Shetland ask the right questions during the process: M365 Guidance (nrscotland.gov.uk). | **monthly** at the Information Governance Group and is reviewed on an annual basis by the Finance and Performance Committee, a standing Committee of NHS Shetland Board. | the RMP has undergone a review since its agreement in 2019.

NHS Shetland should be commended for its regular participation in the PUR process.

Comments on the additional update 30/01/2024: Thank you for letting us know that RMP Action Plan is regularly reviewed. While this does ensure that the Action Plan remains fit for purpose, a regular scheduled review of the Records Management Plan is required for full compliance under Element 13.

This Element will remain at Amber until a formal review schedule is implemented on |

	G							the RMP. We look forward to future updates on this in future PURs.
14. Shared Information	G	G	G	Update required on any change.	No Change. NHS Shetland continues to develop and refine its information sharing processes in accordance with its obligations under DPA 2018 and UK GDPR. Please see the update for Element 9.	Thank you for telling the Assessment Team that there have been no major changes to this Element, and that NHS Shetland continues to develop its information sharing processes.	No Change. NHS Shetland continues to develop and refine its information sharing processes in accordance with its obligations under DPA 2018 and UK GDPR.	This update has been noted with thanks. 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 3rd July 2023. The progress update was submitted by Head of Information Governance, FOI Lead & DPO.

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

PRSA Assessment Team's Summary

The Assessment Team has reviewed NHS Shetland'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

NHS Shetland 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.

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

Based on the progress update assessment the Assessment Team considers that **NHS Shetland** 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

Iida Saarinen
Public Records Officer