The Public Records (Scotland) Act 2011

Healthcare Improvement Scotland

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

17 March 2022

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 Healthcare Improvement Scotland. The outcome of the assessment and relevant feedback can be found under sections 6 – 8.

4. Authority Background

HIS are the national healthcare improvement organisation for Scotland and part of NHSScotland. They work with staff who provide care in hospitals, GP practices, clinics, NHS boards and with patients, carers, communities and the public. Their work drives improvements in the quality of healthcare people receive by:

- supporting and empowering people to have an informed voice in managing their own care and shaping how services are designed and delivered

- delivering scrutiny activity which is fair but challenging and leads to improvements for patients

- providing quality improvement support to healthcare providers

- providing clinical standards, guidelines and advice based upon the best available evidence.

Their work programme supports the healthcare priorities of the Scottish Government, in particular those of NHSScotland's *Healthcare Quality Strategy* and the *2020 Vision*.

http://www.healthcareimprovementscotland.org/

The Scottish Health Council was established by the Scottish Executive in April 2005 to promote public involvement in the NHS in Scotland to achieve a "mutual NHS" - where the NHS works in partnership with patients, carers, and the public.

The Scottish Health Council is a committee of Healthcare Improvement Scotland but has a distinct identity. It is responsible for supporting the engagement of people and communities in shaping health and care services in Scotland.

From April 2020 the Scottish Health Council will operate under the name Healthcare Improvement Scotland, Community Engagement.

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): Healthcare Improvement Scotland

Element	Status of elements under agreed Plan 30OCT15	Progress status 14APR21	Progress status 17MAR22	Keeper's Report Comments on Authority's Plan 30OCT15	Self-assessment Update 21JAN21	Progress Review Comment 14APR21	Self-assessment Update as submitted by the Authority since 14APR21	Progress Review Comment 17MAR22
1. Senior Officer	G	G	G	Update required on any change.	Scottish Health Council (SHC) rebranded as HIS, Community Engagement in April 2020. The legal status of the SHC has not changed, HIS-Community Engagement is the operating name but the legal entity remains SHC. Lynsey Cleland will cease to be the Director of HIS Community Engagement (Scottish Health Council senior officer) early in 2021 and recruitment for a replacement will be undertaken. Once the new person is in post HIS will inform NRS.	The Keeper's Assessment Team thank Healthcare Improvement Scotland for this update on the rebranding of the authority and confirmation that that the legal status of Scottish Health Council (SHC) has not changed. The Act specifies, under Section 1(2)(a)(i), that an authority is required to identify the individual responsible for the management of the authority's public records by providing a name and job title. The Assessment Team look forward to notification of the successful outcome of the recruitment process.	Ruth Jays is currently Interim Director of Community Engagement. She took up this post on 4th May 2021.	The Keeper's Assessment Team thanks you for this update which has been noted.
2. Records Manager	G	G	G	The authority demonstrates a strong commitment under this Element to discuss and share records management issues through the chairing of the Records Management Working Group. The Keeper commends this approach. An action to be taken is the appointing of a network of Information Asset Owners (IAOs) to ensure policies and procedures are implemented. The Keeper would welcome updates on the progress being made in this development.	A new Senior Information Governance Officer (Lynne Smith) was appointed in November 2020 who will lead on records management for HIS. The number of information asset owners (IAOs) has reduced from about 80 to 33. Awareness raising sessions have been held via MS Teams between Oct and Dec 2020 to give a general overview of the role and responsibilities of the IAO and their Information Asset Administrators (IAAs). The sessions have also been offered to IAAs and the members of the RMWG. There has been good attendance at these sessions. A survey will be conducted early in 2021 to get formal feedback on how useful the session was and to assess if sessions on more specific topics might be useful (e.g. retention and disposal). The RMWG continues to meet every 2 months. Members of this group have been involved in developing the Directorate RM improvement plans with input from their IAOs.	The appointment of a new Senior Information Governance Officer is noted by the Assessment Team. The reduction of the number of Information Asset Owners (IAOs) is also noted, as is the implementation of awareness raising sessions via MS Teams. For training see element 12 below. Bimonthly meetings of the internal Records Management Working Group and the creation of Directorate RM improvement plans	Lynne Smith, Senior Information Governance Officer, was awarded a Practitioner Certificate in Scottish Public Sector Records Management in June 2021 after completing a training course and submitting a portfolio of evidence of CPD. The Senior Information Governance Officer continues to chair the Records Management Working Group (RMWG) which meets every 2 months. All HIS Directorates are represented on the group	Thank you for this update on the named Records Manager's competency, CPD, and continuing engagement in an internal RMWG. The Assessment Team continues to have confidence in HIS's commitment to this Element.

					Evidence: • Slides for IAO Awareness Sessions.	demonstrate continued commitment to developing records management practices.	and members are involved in developing Directorate records management improvement plans. The TORs and membership of the RMWG will be reviewed in 2022.	
3. Policy	G	G	G	The Records Management Policy outlines the planned training in records management which will be delivered to all new staff. The Keeper welcomes this initiative and would be interested in having sight of an example of this training module once it has been implemented.	Records management policies continue to be reviewed and updated. Policies were last reviewed/updated in Feb 2020. The retention policy is currently being updated to incorporate the NHS Scotland Health and Social Care RM Code of Practice 2020.	The continued review of records management policies is acknowledged by the Assessment Team. We welcome the update that the NHS Scotland Health and Social Care RM Code of Practice 2020 has been incorporated into the authority's retention policy. See element 5 below.	HIS has a number of policies relating to records management. Some of these were reviewed and updated in 2021: • Records Management Policy • Document Naming policy • Records Retention and Disposal policy A new policy covering audio visual recordings was introduced in 2021. Evidence: *HIS Audio Visual Recording policy*	The Keeper expects each public authority's Records Management Plan to include a records management policy statement that reflects its business functions and defines the legislative, regulatory and best practice framework within which the authority operates. The Team notes that HIS's Records Management Policy and the accompanying policies mentioned here fulfil this requirement. Update required on any change.
4. Business Classification	A	A	A	A Business Classification Scheme (BCS) is currently being developed, with work on finalising the functions to be included in the BCS to be completed by October 2015. The roll out will involve migration of content to the new structure and relevant staff training. This is commended by the Keeper and he requests updates on the project once it has been completed. The Keeper can agree this element on an 'improvement model' basis. This means that the authority have identified a gap in provision (the BCS is not fully operational in the organisation) and have made a firm commitment to closing this gap.	Lynne Smith has continued to contribute to NHSS RM Forum work on the national BCS/retention document. This has included consultation with staff across HIS to review functions and record types. Some suggestions for missing record types have been forwarded to the RM Forum. NHS Scotland has started to implement O365. HIS staff have migrated their email and are making use of MS Teams for collaborative work and meetings. HIS has set up an O365 and MS Teams champions group to support O365 implementation. Information for all staff is provided via a page on the staff intranet. The next phase of the implementation of O365 which is due to start in 2021 will address the migration of information and records to SharePoint online. This is likely to take several years to implement fully.	The Assessment Team acknowledge HIS's continued contribution to the NHSS RM Forum in developing central information governance documentation and passing on results of internal staff consultations and reviews. The Assessment Team thank HIS for the update on NHS Scotland's progress with the migration of emails and use of MS Teams. The use of a champions group to support this work and provision of staff information on the intranet site is welcomed	Lynne Smith continues to contribute to work to update the NHSS BCS. A second version has now been agreed by the NHSS RM Forum (16/12/21). This will be used in the implementation of Sharepoint in M365. There is no timeline yet for the HIS migration to Sharepoint. This is organised at NHSScotland level and is outwith the control of HIS.	Thank you for this update on the work undertaken to update the NHS Scotland Business Classification Scheme. This is an important aspect of a wider implementation of M365 for HIS's long-term electronic records management strategy which is likely to take time to bed-in properly. This element remains at Amber while this work is ongoing.

						by the Assessment Team. Progress is clearly underway with implementation of O365 and we understand this will be gradual and take some time. This element remains at Amber while this work is ongoing.		The Assessment Team look forward to updates on the progress of M365 implementation and the BCS in consecutive PURs.
5. Retention Schedule	G	G	G	The authority has developed and implemented both a Retention Schedule and a Retention and Disposal Policy. These will be reviewed in June 2017 and the Keeper would be interested in receiving updates following these reviews. The arrangements for destruction of records at the end of their retention period will also be reviewed. Again the Keeper would welcome updates concerning the result of this review once it has been completed.	The HIS retention and disposal policy and the HIS retention schedule are being updated in line with the Scottish Government Records Management Health and Social Care Code of Practice (Scotland) that was published on 2nd June 2020. The updated policy is due to go to the HIS Partnership Forum Policy Sub-group for approval in early 2021.	Thank you for this update. We would welcome notification of approval of this policy in subsequent PUR submissions.	The updated HIS record retention and disposal policy was approved by the HIS Partnership Forum Policy Subgroup in February 2021 and has been added to the HIS intranet so that it is available to all staff.	Thank you for this update on Retention and Disposal Policy review and dissemination. Update required on any change.
6. Destruction Arrangements	G	A	A	The authority has developed a Retention and Disposal Policy which applies to records in all formats and there are guidelines in place for staff to follow when undertaking disposal tasks. However there is a recognition of the need to amend destruction policies so as to standardise practice across the authority. The Keeper welcomes the plan to test adherence to the amended policy and procedures in one business area before rolling these out across the organisation. He would like updates on the progress of this work. The Keeper can agree this element on an 'improvement model' basis. This means that the authority has identified a gap in provision (the consistent destruction of electronic and paper records across the organisation) and has outlined how it intends to close this gap. This agreement is conditional based on the Keeper being kept informed as work progresses.	A call for disposal logs to be submitted will be made in early 2021 as in previous years. The submission of a disposal log has been highlighted as an action on the Directorate RM improvement plans. A centralised register has not been progressed this year but is something that is still being considered.	The Assessment Team note that annual calls for the submission of disposal logs are continuing and that this has been highlighted as an action on the Directorate RM improvement plans. We would be interested to hear how work progresses on the establishment of a centralised disposal register in future PURs. This element remains at Amber while this work is ongoing.	A call for disposal logs to be submitted to the IG team will be made in early 2022 as in previous years. A centralised register has not been progressed this year but is still under consideration.	The Assessment Team is grateful for this update on annual call for disposal logs. We look forward to hearing about progress with regard to the planned centralised register in consecutive PURs. This element remains at Amber while this work is ongoing.
7. Archiving and Transfer	G	G	G	Update required on any change.	Our MOU with NRS has been in place for 5 years and is now due for review. We have now engaged with NRS to renew the MOU. Once the new MOU is in place we will look at putting in place a process to start submitting HIS Board papers and minutes.	The Assessment Team thank HIS for this update and for notification of use of the NRS Web Archiving Service.	The Depositor agreement with NRS is currently with NRS for their approval.	The Assessment Team is very pleased to hear that the new Depositor Agreement is progressing, and

					Several organisational websites are using the web archive services provided by NRS. These include the following: • HIS Corporate website www.healthcareimprovementscotland.org • Community Engagement https://www.hisengage.scot/publications/ • iHub https://ihub.scot/ • Palliative Care Guidelines https://www.palliativecareguidelines.scot.nhs.uk/ • Scottish Antimicrobial Prescribing Group (SAPG) https://www.sapg.scot/	Confirmation of the new MOU/Depositor Agreement with NRS and an update on the transfer of records would be welcome in subsequent PURs.	Evidence: *20210830 – NRS – Healthcare Improvement Scotland – Agreement v1.1*	note the receipt of this draft Agreement with thanks.
8. Information Security	G	G	G	The Keeper commends the authority's endeavours in this area, including the work being done to ensure that their *Information Security Policy* complies with the requirements of ISO 27001. This *Policy* is to be reviewed in February 2017. Similarly commendable is the development of an *Information Asset Register* detailing the information assets being used in each business area. The intended date for completion of the *Register* is December 2015. The Keeper would be interested in receiving updates on these projects and would especially like to see a sample of the completed *Register*.	The Information Security policy continues to be reviewed and updated. It is next due for review in Aug 2021. The information asset register continues to be held in a central location on the HIS intranet. The Network and Information Regulations (NIS) audit: A SLWG within HIS identified the evidence for the NIS audit and submitted this at the end of 2020. More than 100 documents were submitted as evidence. This is a desk top audit and the reviewer will be in touch with his findings. Following this there will be an on-site visit in November 2021.	The continued review of the Information Security policy is noted by the Assessment Team. Confirmation of the continued availability of the information asset register on the HIS intranet site is acknowledged by the Assessment Team. For assessment and review see element 13 below.	The Information Security policy is currently being reviewed. The HIS Executive Lead for Digital completed the SBRC Cyber Executive Education Programme in 2021. The Network and Information Regulations (NIS) audit update: Following the desk top audit of 2020 a number of recommendations/actions were identified by the reviewer. Work on addressing these actions was undertaken in 2021 and a further audit took place virtually on 30th Nov & 1st Dec 2021. Some notable actions included: • Introduction of a cyber security training module for all staff • Update of Information Asset Register • Addressing issues with legacy infrastructure The aim is to move to a more holistic, risk based approach to information security rather than focussing simply on IT aspects.	Thank you for this update on Information Security Policy review, and training undertaken by the HIS Executive Lead for Digital in information security. The Assessment Team is grateful also for this update on the actions following the 2020 and 2021 Network and Information Regulations desktop audits. It is positive news that these have been undertaken, actioned, and appropriately followed up as indicated. HIS's aim to move to a more risk-based, holistic approach to information security is welcomed by the Assessment team. Especially with regard to the gradual implementation of M365 for digital records management purposes, an all-encompassing approach will be beneficial.

								Work is underway at a national level to test various features of the M365 security and compliance centre to see what can be applied across the single NHS Scotland tenancy. Some of these features will help to enhance information security.	
9. Data Protection	G	G	G	The *Data Protection Policy* is currently being reviewed to ensure it remains up-to-date and will be presented to the Policy Sub-Group in November 2015. The Keeper requests that he is sent the new version once it has been approved in order to keep the submission up-to-date. Work is also being done to revise the privacy section of the website and this will include an updated notice and Subject Access form. This will be completed by the end of 2015. The Keeper requests that he is sent the URL of the page once work on the privacy section has been completed. Provided he receives the updated *Data Protection Policy* the Keeper can agree that this authority have appropriate measures in place to protect personal and sensitive information.	The data protection policy is due for review in May 2021. The guidance and template for data protection impact assessments was updated in March 2020. See element 13 for details about the internal audit carried out in 2019.	The Assessment Team thank you for this update on the continued review of policies and guidance documentation.	The HIS Data Protection policy and guidance on "Protecting the personal data of our staff" were updated in 2021. A guide on "Working with personal data" was also produced and is available to staff on the HIS intranet. Evidence: *Working with personal data*	Thank you for this update on keeping Data Protection policies and guidance under regular review, as well as producing new guidance.
10. Business Continuity and Vital Records	G	G	G	The authority has conducted a business impact analysis and has identified the areas where risk is the greatest. A draft plan has been submitted for the Human Resources Unit identifying specific actions to be taken and priorities in the event of a disaster occurring. The Keeper commends this commitment to business continuity arrangements and requests that he is sent a copy of a final approved version once it is operational. The action plan included within the Plan outlines the work to be done on developing procedures to ensure that vital records are identified within the systems used by the authority. Progress will be reviewed by the Information Governance Group in November 2015, after which the	Due to the current pandemic situation a COVID-19 resilience group was formed. This has been meeting twice weekly since mid-March 2020. This group discusses resilience, business continuity and sustainability for the whole of Healthcare Improvement Scotland. This group is ensuring HIS complies with all NHS Scotland and Scottish Government requirements.	Updates on the impact on and response of authorities to the Covid-19 pandemic is welcomed by the Assessment Team. We would be interested to hear more about the discussions of the resilience group in subsequent PURs.	The COVID-19 resilience group continued to meet during 2021. In December 2021 the HIS Resilience working group was reconvened. This group will oversee the work of the sub groups for sustainability, cyber security and business continuity. New ToRs for the group are being drafted. Evidence: *HIS Resilience Working Group TOR draft v0.1*	The Assessment Team appreciates this update on COVID-19 Resilience Group and the HIS Resilience Working Groups, and the receipt of the Terms of Reference draft for the latter is noted with thanks.

				authority has agreed to inform the Keeper of progress.			
11. Audit Trail	A	A	A	The authority recognises the need to improve compliance in some business areas and to standardise practice across the organisation. The implementation of the BCS and the roll-out of the Customer Relationship Management system have been identified as aids in closing gaps in provision. The Keeper would welcome updates on the progress of these projects.

The RMP also states that a review of paper storage will take place by August 2015 with the aim of minimising physical storage requirements and duplication. Following this review new policies and guidelines will be developed in areas such as organising records, closing files, and tracking records removed from storage. The Keeper commends this review and would like to receive updates following on this work.

The Keeper can agree this element on an 'improvement model' basis. This means that the authority has identified a gap in provision and has outlined how it intends to close this gap. This agreement is conditional based on the Keeper being kept informed as work progresses. | No major updates in this area.

The next phase of the implementation of O365 which is due to start in 2021 will address the migration of information and records to SharePoint online. This is likely to take several years to implement fully. | As noted under element 4 above, progress is clearly underway with the implementation of O365 and we understand this will be gradual and take time. The migration from shared drives to SharePoint online will allow for greater management of version control and naming conventions.

This element remains at Amber while this work is ongoing. | A number of CRM systems are used within HIS. One CRM system (DCRS) has been moved to a cloud-based environment during 2021. Several other CRM systems are due to move to a cloud based environment in the first quarter of 2022.

The migration of information and records to SharePoint has not taken place yet. Timing of this is outwith the control of HIS. | The Assessment Team thanks HIS for this update on Customer Relationship Management systems used within the authority. It is positive that these systems are being streamlined for a more unified approach to digital records retention, version control, tracking, and disposal.

We look forward to updates about SharePoint migration timescales, when these are known, in consecutive PURs.

This element remains at Amber while this work is ongoing. |
| 12. Competency Framework | G | G | G | The Keeper commends the commitment to providing information governance staff training in areas including data protection and freedom of information. An action point identified is the development and implementation of a records management training and awareness raising programme for all staff by December 2015. The Keeper would be interested to see a sample of this once it has been implemented. | Lynne Smith, a member of the HIS team undertook records management practitioner training in 2020.

Lynne Smith will be undertaking training on FOI in 2021 as required for her new role as Senior Information Governance Officer.

A number of awareness raising sessions for IAOs, and IAAs were run from Oct-Dec 2020. The need for further sessions will be explored during 2021.

Completion rates for the IG and RM training modules are monitored quarterly. Results are shared with directors. Completion rate of the RM module at October 2020 was 93%. | Thank you for the update on Lynne Smith's participation in training to meet the requirements of her new role as Senior Information Governance Officer.

The provision of awareness raising sessions for IAOs and IAA is commended by the Assessment Team and we acknowledge receipt of IAO Awareness Sessions slides.

The increased annual uptake in records management training modules is a good | Lynne Smith, Senior Information Governance Officer, was awarded a Practitioner Certificate in Scottish Public Sector Records Management in June 2021 after completing a training course and submitting a portfolio of evidence of CPD.

Lynne also undertook FOI training during 2021, is a member of the NHSS FOI Forum and has taken on role of co-chair of the forum.

The IG and RM training modules (available on LearnPro) were reviewed | The Assessment Team thanks you for this update on Senior Information Governance Officer's CPD in public sector records management and FOI legislation. Their close involvement within the NHSS FOI Forum is also noted with thanks.

The updates regarding Information Governance, Records Management and Cybersecurity training modules for all staff, |

							indicator of staff engagement. These updates demonstrate information governance training and staff awareness raising programmes continue to be developed and delivered by HIS.	and updated with some minor changes. A cybersecurity module was introduced for all staff. Completion rates for the IG and RM training modules are monitored regularly. The completion rate of the RM module in November 2021 was 96%. A review will be carried out of IG training /awareness raising provided for all staff and specific staff groups in the coming year.	as well as the high completion rates, also sound very encouraging. These are all very positive steps and, with the upcoming review as well, show that the authority continues to demonstrate continuing commitment to the improvement and maintenance of its staff competencies in the management of public records.
13. Assessment and Review	G	G	G	The authority have a newly constituted Records Management Working Group to implement and oversee the RMP and will use the ARMS methodology for assessing compliance. The Keeper recognises the ARMS tool as a wholly appropriate method for ensuring records management provision is properly assessed and he would welcome updates on any reviews conducted and possible changes in policy which have occurred.	The new format for Directorate level RM improvement plans has been introduced this year. This was to introduce consistency across directorates and to align the actions within these plans with the organisational RM plan. Evidence: • Directorate RM Improvement plan template and guidance • Example of Evidence Directorate RM improvement plan. See element 8 for information about the NIS audit. Internal audit 2019 The internal audit carried out in 2019 made 3 recommendations under GDPR and Information Governance – policies and procedures. A summary of the recommendations and actions undertaken are given below: 1. Consider the resourcing and resilience of the IG team. This has now been addressed with the recruitment of a Senior Information Governance Officer in Nov 2020. 2. Training modules - review non-completion and resolve any underlying causes. Consider the use of national modules for information handling for staff with greater responsibilities in IG issues. The completion rates of the HIS training modules continues to be monitored on a quarterly basis and non-completion is followed up. The suite of training modules used by HIS is being reviewed as they are being moved to a new platform. The opportunity will be taken to refresh the modules. The use of the Intermediate Level	The Assessment Team thank you for this update and acknowledge receipt of the Directorate RM Improvement plan template, guidance and an example Evidence Directorate RM improvement plan. This revised self-assessment mechanism, tailored to the authority's RMP and with the requirement for the submission of evidence, is commended by the Assessment Team. The Assessment Team look forward to an update on the outcome of The Network and Information Systems Regulations (NIS) audit in subsequent PURs. (see element 8 above) Thank you for the update and summary from the internal audit of 2019. HIS's response to address the recommendations appears to be comprehensive. The continued commitment to the ongoing review and assessment of	Directorate level improvement plans were produced for a second year. The PUR is a useful process for reviewing the HIS RMP on an annual basis. A Corporate level RM improvement plan template was also used this year to help identify actions for 2022. Evidence: *20220107 HIS Corporate RM Improvement Plan*	The Assessment Team is delighted to hear that HIS is finding the the PUR process useful in the regular review of their Records Management Plan. Thank you for letting us know of both directorate- and corporate-level records management improvement plans. The receipt of the latter is also noted with thanks. It is clear that HIS remains committed to the ongoing review and assessment of records management policies and procedures.

					Safe Information Handling national module for certain sub-groups of staff who have greater involvement in IG issues will be considered once this is available. 3. Review the roles of the IG group and IAO structure. The IAO list has been reviewed and revised. Awareness raising sessions to outline the role and responsibilities of the IAOs and their IAAs were run from Oct to Dec 2020.	records management policies and procedures is clearly evidenced.		
14. Shared Information	G	G	G	The authority demonstrates a strong commitment to ensuring the security and privacy of shared information. By December 2015 the authority intends to have developed guidance on information sharing protocols. The Keeper commends this initiative and would be interested to see this guidance once completed.	No update for this area.	No immediate action required. Update required on any future change.	When HIS works with other bodies it puts in place information sharing agreements as required. HIS makes use of the Scottish Information Sharing toolkit and the Intra-NHS Scotland Information Sharing Accord. Several teams within HIS have completed information sharing agreements during 2021.	Thank you for updating the Assessment Team on this Element. It is positive to hear that HIS continues its commitment to the security and privacy of shared information.

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 19 January 2022. The progress update was submitted by Lynne Smith, Senior Information Governance Officer.

The progress update submission makes it clear that it is a submission for **Healthcare Improvement Scotland**.

The Assessment Team has reviewed Healthcare Improvement Scotland'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

Healthcare Improvement Scotland 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 Healthcare Improvement Scotland 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 Support Officer