The Public Records (Scotland) Act 2011

NHS Ayrshire and Arran

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

02 August 2021

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 Ayrshire and Arran. The outcome of the assessment and relevant feedback can be found under sections 6 – 8.

4. Authority Background

NHS Ayrshire & Arran is one of fourteen regional health boards in NHS Scotland which is responsible for the protection and the improvement of the population's health and for the delivery of frontline healthcare services. It provides health care to almost 400,000 people across North, East and South Ayrshire (including the islands of Arran and Cumbrae). More than 10.000 staff work across 11 acute/community hospital sites, within community services and health and social care partnerships.

The organisation's objectives are, working together to:

- deliver transformational change in the provision of health and social care through dramatic improvement and use of innovative approaches;
- protect and improve the health and wellbeing of the population and reduce inequalities, including through advocacy, prevention and anticipatory care;
- create compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people using our services having a positive experience of care to get the outcome they expect;
- attract, develop, support and retain skilled, committed, adaptable and healthy staff and ensure our workforce is affordable and sustainable; and deliver better value through efficient and effective use of all resources.

http://www.nhsaa.net/

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 Ayrshire & Arran

Element	Status of elements under agreed Plan 03OCT16	Progress status 02AUG20	Progress status 02AUG21	Keeper's Report Comments on Authority's Plan 03OCT16	Self-assessment Update 08JAN20	Progress Review Comment 02AUG20	Self-assessment Update as submitted by the Authority since 02AUG20	Progress Review Comment 02AUG21
1. Senior Officer	G	G	G	Update required on any change.	No change This remains as: John Burns, Chief Executive.	No immediate action required. Update required on any future change.	The Senior Officer for NHS A&A changed on 1st July 2021 and is now Hazel Borland, Interim Chief Executive	Thank you for updating us on the named senior officer which has been noted.
2. Records Manager	G	G	G	Update required on any change.	No change This remains as: Robert Bryden, Health of Health Records Services and Natali Higgins, Information Governance Manager (Corporate Records).	No immediate action required. Update required on any future change.	No change. This remains Robert Bryden, Health of Health Records Services, and Natali Higgins, Information Governance Manager (Corporate Records).	No action required. Update required on any future change.
3. Policy	G	G	G	Update required on any change.	**Health Records** No change, the Personal Health Records Policy is due to be reviewed in November 2021. **Corporate Records** No change. The Corporate Records Management Policy is due for review in May 2020. The policy continues to be published on both the organisations staff intranet and public internet. The policy itself and some of the content, e.g. lifecycle, is highlighted within NHS A&A's LearnPro module training and face to face training sessions.	Thank you for the update regarding health and corporate records policies. The Assessment Team agrees that the Health Board continues to provide appropriate guidance and support for staff creating, processing and managing records.	**Health Records** No change, the Personal Health Records Policy is due to be reviewed in November 2021. **Corporate Records** The Corporate Records Management Policy has recently been updated and was approved by the Information Governance Committee on the 9th June.	Thank you for letting us know that the Corporate Records Management Policy has been reviewed, and that the Personal Health Records Policy will be reviewed within the next six months. The Assessment Team is keen to be updated on any significant changes in consecutive PURs.
4. Business Classification	A	A	A	NHS Ayrshire and Arran are committed to developing and implementing a functional, three-tiered Business Classification Scheme to improve the systematic management of their records. Whilst this must remain a business decision for authorities, the use of a functional classification scheme is considered good practice. The Keeper is similarly pleased to see that local business units will be consulted in the planning of this document.	The Information Asset Register has been introduced across the whole organisation. In excess of 200 meetings have taken place with managers and staff are in the process of registering assets. The organisation is taking a high level approach to this initially and over 800 assets have been registered at this point. The Information Asset Register holds information on both, assets which contain personal identifiable information and assets	In previous updates NHS Ayrshire and Arran have indicated that they were pursuing an Information Asset Register structure around the management of their public records. The Assessment Team acknowledge that this action has now been completed. The achievement of this objective marks a measurable improvement in the records management provision in the authority.	As noted in previous updates and discussions with the PRSA Team, NHS A&A altered the action plan to focus on the implementation of an information asset register prior to commencing the development of a business classification scheme. The information asset register was implemented during 2018-2019 and continues to be populated by staff. At present there are approx. 1000 assets registered.	Thank you for letting the Assessment Team know that NHS A&A has prioritised an IAR over a Business Classification Scheme, the planned changes of platform, and that a national NHSS Business Classification Scheme will be adopted by the NHS A&A. The ongoing implementation of O365

				The Action Plan has identified a target date of 3-5 years in which to complete the Scheme and then roll it out to departments. The Keeper recognises that due to the size of this organisation progress will inevitably be made on an incremental basis. However he expects to see continual progress in the coming years and requests that he is kept informed as work continues in this area. This authority is also considering the use of an electronic document management system such as SharePoint. The Keeper asks that he is notified should any decision be taken. The Keeper agrees this element of NHS Ayrshire and Arran's records management plan under 'improvement model' terms. This means that the authority has identified a gap in provision (a full business classification scheme has not yet been rolled-out in the organisation) and have put measures in place to close that gap. The Keeper's agreement is conditional on him receiving updates as the BCS project progresses.	which are of vital importance to the organisation. NHS Scotland has agreed a contract with Microsoft for the implementation of Microsoft Office 365 (O365) across all 22 Boards in Scotland. The SharePoint application which is included within the O365 package will form the EDRM system for NHS Scotland. If this is implemented within the Board, provided that the appropriate polices, governance and staff training are in place, this could significantly improve the organisations management of corporate records. As part of the implementation of O365, the NHSS Records Management Forum will develop a national business classification scheme which it is intended will be adopted by all Boards. The Information Governance Manager (Corporate Records) is Co-Chair of the Forum and will be directly involved in the development of this.	The Information Asset Register is now being populated at a local level (the involvement of local business areas in the work is vital). The Assessment Team looks forward to updates in subsequent PURs. This element remains at Amber while this work is ongoing. The Keeper is aware that all NHS Boards are migrating their systems to a O365 solution. This is bound to be incremental and take several years to bed-in properly. The Assessment Team acknowledge that NHS Ayrshire and Arran have correctly identified the importance of "appropriate polices, governance and staff training" in making this major project a success. The Assessment Team recognise that NHS Ayrshire and Arran's Information Governance Manager (Corporate Records) has been consistently engaged in developments in NHS Scotland centrally through the NHSS Forum. This version are developing a BCS and an update to the Code of Practice while closely monitoring the O365 implementation.	The Information Governance Team is at present undertaking a review of the current register with consideration being given to moving to a new system. The system has been rolled out across NHSS as a tool to host DPIAs however does have another module which can be used to host the IAR. Discussions are taking place locally and nationally. Of note there is the technical ability to import the current IAR into the system which is being considered therefore there will be no requirement to recreate the information which has already been collected. The NHSS Records Management Forum has developed a national business classification scheme. The first version was published in February 2020 and since then members have been reviewing and updating the BCS where required. The national BCS will be adopted as NHS A&A's BCS. The implementation of Microsoft O365 is ongoing. Various discussions are taking place nationally with regards to the implementation of SharePoint which will form the organisation's EDRMS. NHS A&A await clarification from the national team on the RM functionality which will be available for use (based on the licence agreement) and the outcome of the SharePoint proof of concept pilots being undertaken. This will then allow the NHSS RM Forum to consider how the BCS could be built into the system.	is also noted with thanks. This will likely be a time-consuming exercise. It is positive to hear that the authority is assessing its capabilities for electronic records management purposes, and intends to follow a nationwide lead on this. This element will remain at Amber while the work is ongoing.
5. Retention Schedule	G	G	G	Update required on any change.	Overall there has been no change. As per the previous update the organisation continues to follow the retention schedule provided within the Scottish Government Records Management: NHS Code of Practice (Scotland) Version 2.1. The Head of Health Records and the Information Governance Manager (Corporate Records) have participated in the ongoing review and update of the Code of Practice.	Thank you for the update regarding changes to the retention schedules. This is a recognition that a retention schedule is a 'living document' and will be subject to continual minor change year on year. As noted above the Assessment Team recognise that NHS Ayrshire and Arran's Head of Health Records Services and Information Governance	**Health Records** Following the publication of the Scottish Government Records Management Health & Social Care Code of Practice (Scotland) 2020 on 1st June 2020 work has been undertaken to review the retention schedule for personal health records. An updated retention schedule was produced in August 2020 and work was undertaken to provide guidance to Health Records staff involved in the selection of records for destruction. **Corporate Records**	The Assessment Team is grateful for this update on retention schedules review based on the Scottish Government Records Management Health & Social Care Code of Practice (Scotland) 2020. It is clear that, based on this update, the authority continues to recognise the importance of a uniform and robust records retention

| | | | | | **Health Records**
The Operational Procedure for the Destruction of Personal Health Records was updated to Version 4.1 in September 2018 to include updated guidance on the retention of records relating to bleeding disorders.

Corporate Records
As per the previous update the retention schedule for corporate records is included in the local Corporate Records Retention & Disposal Policy. This policy is available on both the public website, staff intranet and is highlighted within the LearnPro training module and face to face training sessions. | Manager (Corporate Records) have been consistently engaged in developing the updated Code of Practice through the NHSS Forum. | Following the publication of the Scottish Government Records Management Health & Social Care Code of Practice (Scotland) 2020 on 1st June 2020, a significant piece of work has been undertaken within the organisation to review the new retention schedule for implementation. On initial review of the retention schedule by the Information Governance Manager (Corporate Records) it was felt that staff would benefit from three additional columns being added to the schedule to identify:

• what changes had been made from the 2012 version. Of note the schedule has changed significantly from the previous version.
• which department would be the master copy holder (and therefore have to retain the document for the full retention period
• what a recommended duplicate retention period would be. This was added to support the ethos of reducing unnecessary duplication across the organisation.

A short life working group was formed of members of the Corporate Records Management Group. The group were tasked with:

• discussing and reviewing the new/updated retention periods within their respective departments, the IGM liaised directly with departments not represented.
• agreeing which departments were master copy holders for each record type
• agreeing a duplicate copy retention period

The output of the short life working group and an updated Corporate Records Retention & Disposal Policy was circulated to Corporate Records Management Champions during December for comment and approval. The final draft was approved by the Information Governance Committee on 8th February 2021.

The policy has been uploaded to the staff intranet, was circulated by the Chief | procedures. The Assessment Team is happy to keep this element at Green. |

							Executive and was highlighted within an all staff communication email.	
6. Destruction Arrangements	A	G	G	NHS Ayrshire and Arran recognise that procedures for the secure and irretrievable destruction of administrative records (predominantly held electronically) are not implemented throughout the organisation. The authority has acknowledged the need to develop a Corporate Records Destruction Procedure and roll this out to all functional areas. Moreover, arrangements for auditing compliance with these procedures will be put in place. The Keeper believes that NHS Ayrshire and Arran have identified a gap in provision and have committed to putting processes in place to close that gap. The Keeper requests that he is kept informed of progress under this element and that he is provided with a copy of the guidance procedures once approved. The Keeper is able to agree this element of NHS Ayrshire and Arran's records management plan under 'improvement model' terms. This means that he acknowledges the authority has identified a gap in provision (in this case, lack of staff guidance on the routine deletion of records held electronically), but he agrees that they have put in place measures to close that gap. His agreement is conditional on his being updated as the project progresses.	Both documents continue to be used within the organisation. In August 2019 a joint statement was circulated throughout the organisation via the daily communications email bulletin (Daily Digest) to remind staff that they must refer to the appropriate disposal policy when appraising records. **Health Records** The Operational Procedure for the Destruction of Personal Health Records was updated to Version 4.1 in September 2018 to include updated guidance on the retention of records relating to bleeding disorders. **Corporate Records** There have been no changes to the policy or processes previously mentioned. The data cleanse of corporate records is ongoing across the organisation. This continues to be led by the Directorate Corporate Records Management Champions through the sub group action plans. Following a recent update at the Corporate Management Team* meeting, Directorates were given a six month period to review the paper records, appraise them for disposal and improve storage conditions. A further update was provided to the Corporate Management Team in December regarding the progress made. The Information Governance Manager (Corporate Records) regularly provides advice regarding retention periods not covered within the Scottish Government retention schedule and advises what departments require to consider when appraising documents. They routinely visit departments at their request to support them with the appraisal of paper or electronic documents.	The Keeper agreed the original NHS Ayrshire and Arran Records Management Plan on an improvement model basis partly on the grounds that the authority could not be confident that staff were destroying digital records at the end of their retention periods. He was convinced that processes were in place to remedy this. The Assessment Team is pleased to acknowledge that the authority now appears to be compliant in this element. Clearly, once all the public records of the authority which are currently managed on designated shared drives have been migrated to the O365 system the routine and controlled destruction of these electronic records should be more robust. However, this functionality will probably not be universally operational for some time. In the meantime it will remain important that staff are correctly prompted to destroy records appropriately. The example of the paper record review shows that NHS A&A are pursuing this. If this was a formal re-submission it is likely that this element of the Plan would turn from Amber to Green.	**Health Records** The Operational Procedure for the Destruction of Personal Health Records has been updated to include information concerning the arrangements for destruction of personal health records via a third party provider. This has been published 21 April 2021. **Corporate Records** As per the above update, the updated Corporate Records Retention & Disposal Policy v02.0 has been published which explains to staff how long they should retain documents but also how to carry out the appraisal and disposal process. During 2020, the Information Governance Manager (Corporate Records) created training and guidance on data cleansing emails. This was rolled out across the organisation in order to support staff to prepare for the migration of their mailbox into the O365 platform. Although emails do not generally constitute a record it was recognised that the Information Governance Manager (Corporate Records) was best suited to provide the guidance and assurance to staff about what information could be easily deleted and how this could be done efficiently. The guidance was widely circulated and 35 sessions were held which were attended by approx 750 staff members, one to one support was also provided where required. Additionally an H:\Drive Data Cleanse Guideline was produced to inform staff what information it is appropriate to store in their H:\Drive (personal home drive) and what action should be taken with other information they are storing there. This document was approved by the Corporate Records Management Group and circulated via the Corporate Records Management Champions.	The Assessment Team thanks you for this update on record destruction arrangements. That particular attention has been paid to third-party provider-held personal health records is particularly positive. Thank you also for the update on newly-disseminated staff guidance regarding email retention and personal home drives, as well as the completed review of the Corporate Records Retention & Disposal Policy. NHS A&A is demonstrably recognising the importance of accountable and efficient destruction arrangements and is continuing to take steps in the right direction. The Assessment is content to keep this element at Green.

					*The Corporate Management Team meetings chaired by the Chief Executive and all Directors attend.			
7. Archiving and Transfer	A	G	G	NHS Ayrshire and Arran have selected Ayrshire Archives as the repository for records selected for permanent preservation. An action under this element has been identified as the creation of a Memorandum of Understanding between the authority and Ayrshire Archives to formalise these transfer arrangements. The Keeper commends this initiative and asks that he is sent a copy of this MoU as soon as possible. The Keeper is able to agree element 7 on 'improvement model' terms while he awaits a signed MoU.	The Memorandum of Understanding has been agreed and signed by both organisations. A full register of historic records has been created and a meeting will be arranged with Ayrshire Archives in early 2020 to discuss the records and services provided, including exploration of the potential arrangements for digital records.	In their original submission NHS Ayrshire and Arran identified Ayrshire Archives as an appropriate repository for the public records selected for permanent preservation. They set an objective of formalising transfer arrangements through a memorandum of understanding between the archive service and the health board. The Assessment Team is pleased to acknowledge that this has now been done. If this was a formal re-submission it is likely that this element of the Plan would turn from Amber to Green.	No change. Unfortunately due to the Covid-19 pandemic it has not been possible to arrange a meeting of NHS A&A and Ayrshire Archives. It is hope that this meeting will take place in the last quarter of 2021.	The Assessment Team acknowledges the impact that the COVID-19 pandemic has had on all business activities. The Team is particularly keen to hear of arrangements for the long-term preservation of digital records in consecutive PURs.
8. Information Security	G	G	G	The authority has stated a future aim of bringing themselves into compliance with ISO-27001. The Keeper will be notified when the authority is confident of having attained this standard. The Keeper welcomes this approach and looks forward to hearing from the authority.	In 2018 NHS Ayrshire & Arran achieved Cyber Essentials accreditation. NHS Scotland Health Boards have been tasked with complying with the Information Security Policy Framework (ISPF) which is aligned to ISO 27001. NHS A&A have carried out a gap assessment and are working with various departments to gather evidence of compliance of work on areas where there are gaps. The Competent Authority (the Scottish Government) will be auditing NHS A&A against this in 2020.	The Assessment Team notes that the authority has recently been awarded Cyber Essential Plus certification: NHS Ayrshire & Arran Ailsa Hospital, Dalmellington Road, Ayr, KA6 6AB Sector: Human Health and Social Work Certificate 3075927977800023 Certificate Level: Cyber Essentials Date issued: 19/03/2019 Thank you for the update regarding the Scottish Government security audit. The Assessment Team looks forward to an update on this in subsequent PURs.	NHS A&A continue to work through the Information Security Policy Framework (ISPF) gap assessment to gather evidence and undertake the actions required. Due to the Covid-19 pandemic the audit against the NIS/ISPF requirements was in the form of a desktop audit. However the Scottish Government then undertook full audit in June and NHS A&A are awaiting the feedback and outcome report.	Thank you for this update. The Assessment Team acknowledges that regardless of the pandemic, NHS A&A have taken steps towards more robust information security arrangements through a desktop audit, and that a full audit has recently been undertaken. The Team look forward to hearing about the results of this audit, as well as the consequent actions taken, in the next PUR.
9. Data Protection	G	G	G	Update required on any change.	The fundamental requirements to promote compliance with the updated Data Protection Legislation have been completed, with the exception of the completion of the Information Asset Register, the ongoing maintenance is now considered business as usual.	As with all other Scottish public authorities NHS Ayrshire & Arran have been required to review and update their data protection procedures in light of the 2018 legislation.	No change. The Information Governance Team continue to work through an information governance action plan. This is alongside business as usual tasks such as: • Data breach investigations • Data protection impact assessments	Thank you for letting the Assessment Team know there have been no major changes to this element, and that plans and procedures are in place to address data protection

					The Information Governance team continue to progress a wider information governance action plan which encompasses the implementation of the IAR and wider remit of the information governance team.	The Assessment Team acknowledges that the public facing Heath Board website has been updated appropriately: https://www.nhsaaa.net/data-protection-notice/ For comments regarding the *Information Asset Register* see element 4 above.	• Information sharing assessments / agreements • Training, guidance and support for staff The organisation has privacy notices in place for both the public and members of staff. There are robust mechanisms in place for responding to Subject Access Requests.	considerations, including Subject Access Requests. It is positive to see that NHS A&A is consistently taking its data protection responsibilities seriously.
10. Business Continuity and Vital Records	G	G	G	Update required on any change.	No change. NHS A&A has organisational wide business continuity strategies, departmental business continuity plans and IT disaster recovery plans in place.	No immediate action required. Update required on any future change. In 2016 the Keeper agreed that the record recovery procedures in NHS A&A were appropriate and is content that these procedures are still in place.	No change. NHS A&A has organisational wide business continuity strategies, departmental business continuity plans and IT disaster recovery plans in place.	No immediate action required. Thank you for confirming that NHS A&A has appropriate plans and strategies in place to ensure business continuity and to safeguard vital records.
11. Audit Trail	A	A	A	NHS Ayrshire and Arran recognise the importance of having arrangements in place for the auditing and tracking of records. Not only will the development of the Business Classification Scheme greatly improve such arrangements but this programme of work will also be accompanied by the rolling-out of policies surrounding document control and naming conventions. A methodology to gauge compliance with these policies will also be introduced. The Keeper commends these endeavours and requests that he is updated as work in this area progresses. The Keeper agrees this element of NHS Ayrshire and Arran's records management plan under 'improvement model' terms. This means that he acknowledges that an authority has identified a gap in records management provision, in this case a lack of board-wide record tracking, but is convinced that the authority has committed to a process to close that gap. The Keeper's agreement is conditional on him receiving updates as the project progresses.	**Health Records** No change. **Corporate Records** The Corporate Records Naming Convention & Version Control Guideline was reviewed in August 2019 however it was agreed that no changes were required. The next review is due in 2021. Face to face training has also been created to complement the guideline (see element 12). Controlled Document Policy - No change. The SharePoint Implementation Group has been stood down from meetings at present due to the pending implementation of O365. However the membership continues to review and approve proposed changes and inclusions to the SharePoint AthenA site. The Corporate Records Electronic Storage Guideline was approved in March 2019 and is accessible on the staff intranet. The guideline is promoted through records	Thank you for this update. The Assessment Team notes that a new information governance document, *Corporate Records Electronic Storage Guideline* is operational in the authority. In their original submission NHS A&A committed to keep its information governance policy documents under review and the Assessment Team acknowledge that this is being done. The O365 migration should greatly increase the control over document tracking although it will take some time for this to be universally applied in the authority. However, in the short term the Assessment Team would expect the populated Information Asset Register to strengthen this element. (For comments regarding the O365 migration and the Information Asset Register see element 4 above).	**Health Records** No change, update remains as per the update provided within the 2018 progress update review report which was as follows: *TrakCare Patient Management System is deployed throughout the board to record the physical movement of acute, mental health and maternity paper based personal health records. Accredited electronic systems are used to record clinical information, impose naming conventions/version control at time of record creation and during updating. SCI Store and Clinical Portal Systems use the NHS Scotland Clinical Document Indexing Standard thereby ensuring there is uniformity in storage and retrieval of clinical documents.* **Corporate Records** Following requests from staff a Corporate Records File Plan Guideline was produced to inform staff of what they should consider when building a folder structure or undertaking a review of their current structure. This document was approved by the Corporate Records Management Group and circulated via	Thank you for letting us know there have been no major changes to Health Records audit trail arrangements. The Corporate Records File Plan Guideline also sounds like a very worthwhile endeavour, allowing for a more universal approach to file plan structures to be implemented. The implementation of O365 and a SharePoint application is also noted with thanks, as are the guidelines and policies directing staff in their day-to-day work.

					management sub groups and at face to face training sessions. The governance process for the creation of new drives has been implemented and all requests for new 'shared' drives are reviewed by records management champions to ensure there is a legitimate requirement for the drive and to ensure it is the best solution.	The Assessment Team notes the continued use of local records management 'champions'. This is to be commended. Until the *Information Asset Register* is completed and rolled-out this element remains at Amber (it is likely to match element 4). The Assessment Team looks forward to updates in subsequent PURs.	the Corporate Records Management Champions. Other than the implementation of the above guidance there has been no change or further progress with this element as we await the full roll out of O365 with a particular view to meeting audit trail requirements for corporate records within the SharePoint application. The following documents continue to be implemented across the organisation: • Corporate Records Naming Convention & Version Control Guideline • Controlled Document Policy • Corporate Records Electronic Storage Guideline	
12. Competency Framework	G	G	G	The Plan states that staff will be trained in information governance principles, whilst existing e-learning modules will be revised. The Keeper commends these commitments and requests that he has sight of the updated training modules once available.	**Head of Health Records Services** The Board's Strategic Transformation Programme has been re-named 'Caring for Ayrshire'. The Electronic Patient Records Implementation Group has been stood down and a new group Digital Systems Operational Group has been convened in its place. The Head of Health Records Services co-chairs this group along with an Associate Medical Director **Information Governance Manager (Corporate Records) (IGM)** No change, the IGM continues to attend: • A&A Learning@Lunch Management Sessions • NRS Sessions • IRMS Events The IGM Chairs the NHS A&A Corporate Records Management Group and the Ayrshire Records Management Pan Ayrshire Group. Additionally they Co-Chair the NHS Scotland Records Managers Forum. **All staff in NHS A&A** **Health Records** No change	The Keeper expects to see evidence that Staff creating, or otherwise processing records, are appropriately trained and supported. There is abundant evidence that NHS A&A take this aspect of their records management provision seriously. In the original submission the authority committed itself to revamp their training modules and the Assessment Team acknowledges that this has been done (at least once). The Assessment Team notes the impressive uptake in records management training in the authority. This applies to online and face-to-face training both of which appear to be well rolled-out to staff. The learning opportunities afforded the Information Governance Manager has also been noted and should be commended. It seems from this (and previous) submissions that the personal development of this officer is well supported.	**Head of Health Records Services** The Board's Strategic Transformation Programme has been re-named 'Caring for Ayrshire'. A clinical portal programme board has been established with representation from across primary and secondary care services to agree and progress the strategy for electronic patient records within the Board. This group has wide representation including clinical, senior management, administrative, and digital services personnel. **Information Governance Manager (Corporate Records) (IGM)** During 2020 the IGM focussed their leaning around the governance and records management aspects of O365 by • attending 27 Productivity & Compliance Workshops hosted by Microsoft • attending the training course: All You Need To Know: Office 365 Records Management with Leadership through Data • taking part in meetings regarding O365 hosted by IRMS • joining many webinar hosted by external companies • reading blogs/articles	Thank you for updating the Assessment Team on staff training and support. There is ample evidence that both the Information Governance Manager and the wider staff are well supported in terms of records and information management training. It is also good to see that the implementation of O365 and the changes it brings about are properly considered when planning training provision.

Corporate Records
The Corporate Records Management LearnPro module has been completed by approx. 1300 staff. The completion of the module 'role specific mandatory' and staff are encouraged to complete it at face to face training and through directorate sub group action plans.

It was recognised that staff would benefit from face to face training sessions on naming conventions. A course was created and seven sessions were held in the organisation which were well attended and received positive feedback.

It was then recognised that staff would also benefit from training on retention and disposal. It was therefore decided to create a training course which would provide staff with training on the records life-cycle, principles, implications, naming conventions, retention and disposal. Fifteen sessions have been held which have been attended by approximately 170 staff in total. Evaluations for the sessions are very positive and 12 session have been arranged in 2020. These sessions are targeted at all staff handling corporate records and have been attended by staff at all levels.

The Information Governance Team held 'IG Week' in November 2019 in order to raise the profile of the team and meet with staff. Information stands covering:
- Data protection
- Freedom of information
- IT Security
- Health records
- Corporate records
were held on three separate full days at the three main hospital sites. This provided staff with the opportunity to find out about the services provided. Postcards were produced to outline 10 golden rules for good information governance. Throughout the week

They also undertook and successfully completed their portfolio for the Practitioner Certificate in Scottish Public Sector Records Management.

All staff in NHS A&A

Health Records
No change, update remains as per the update provided within the 2018 progress update review report which was as follows:
In addition to the MAST Safe Information Handling module, Health Records staff receive departmental based induction/ training covering operational procedures for management of personal health records.

The content of the health records training programme is constantly refreshed so that it is kept in step with changes to clinical services processes and any statutory changes.

Corporate Records
Staff continue to complete the Corporate Records Management LearnPro module. It is intended to undertake a review of the module once O365 has been fully implemented.

Due to the Covid-19 pandemic in 2020, many face to face training courses were cancelled. However training was then provided face to face over video call using the Microsoft Teams application. A further four sessions were held during the last quarter of the year and over 240 staff have now attended these sessions. Further sessions have not yet been arranged for 2021 due to the potential changes that will occur with the implementation of O365.

	G	G	G		14 face to face sessions were held to remind staff of the fundamental rules for good information governance.			
13. Assessment and Review	G	G	G	NHS Ayrshire and Arran have committed to undertaking a review of their RMP in May 2017 and annually thereafter. There are also scheduled dates for the review of several specific policies such as the *Information Governance Framework* and for arrangements including the auditing of compliance with the procedures for recording the destruction of corporate records. Compliance with the Plan and these accompanying policies and provisions will be assessed by the Information Governance Manager and Records Management Group in collaboration with internal auditors and local service areas. The Keeper welcomes this approach and asks that he is informed of the findings of these self-assessments and audits, particularly if they result in changes to records management arrangements. As the *eHealth Disaster Recovery Plan* and accompanying procedures were due to be reviewed during the period of this assessment, the Keeper asks that he receives any new version of these documents as soon as possible.	No change. NHS A&A will continue to use the progress update review (PUR), to annually review its status against the Records Management Plan. The local records management improvement plan is regularly reviewed/updated and continues to be submitted with an accompanying paper to all Information Governance Committee meetings.	It is a requirement of the Public Records (Scotland) Act 2011 that "An authority must— (a) keep its records management plan under review" (PRSA Part 1 5.1.a.) In their original submission NHS Ayrshire and Arran set a review date on the *Plan* of May 2017 and annually thereafter. The Assessment Team is pleased to acknowledge that this is being done. The authority's participation in the PUR process in 2018 and 2020 demonstrates a commitment to reviewing its RMP.	No change. NHS A&A will continue to use the annual Progress Update Review reporting mechanism as well as the implementation of the Corporate Records Management Improvement Plan.	Thank you for letting the Assessment Team know that NHS A&A will continue to engage with the PUR mechanism, as well as the Corporate Records Management Improvement Plan. Please update us on any changes in consecutive PURs.
14. Shared Information	G	G	G	Update required on any change.	No change. NHS A&A continues to share information in line with Data Protection Legislation. Information Sharing Protocols remain in place with partner agencies. All sharing of information is subject to the appropriate level of risk assessment.	No immediate action required. Update required on any future change.	No change. NHS A&A continues to share information in line with Data Protection Legislation. Information Sharing Agreements remain in place with partner agencies. All sharing of information is subject to the appropriate level of risk assessment.	Thank you for letting the Assessment Team know that there have been no significant changes to this element. The Assessment Team is content that NHS A&A continues to address its obligations with care with regard to 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 18 May 2021. Minor updates were submitted on 30 July 2021. The progress update was submitted by Natali Higgins, Information Governance Manager.

The progress update submission makes it clear that it is a submission for **NHS Ayrshire and Arran**.

The Assessment Team has reviewed NHS Ayrshire and Arran's Progress Update submission and agrees that the proper record management arrangements outlined by the various elements in the authority's plan continue to be properly considered. The Assessment Team commends this authority's efforts to keep its Records Management Plan under review.

General Comments

NHS Ayrshire and Arran continues to take its records management obligations seriously and is working to bring all elements into full compliance.

Section 5(2) of the Public Records (Scotland) Act 2011 provides the Keeper of the Records of Scotland (the Keeper) with authority to revisit an agreed plan only after five years has elapsed since the date of agreement. Section 5(6) allows authorities to revise their agreed plan at any time and resubmit this for the Keeper's agreement. The Act does not require authorities to provide regular updates against progress. The Keeper, however, encourages such updates.

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

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

Based on the progress update assessment the Assessment Team considers that NHS Ayrshire and Arran 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