The Public Records (Scotland) Act 2011

NHS Forth Valley

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

6th May 2020

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

4. Authority Background

NHS Forth Valley is governed by a Board of Directors and is accountable to the Cabinet Secretary for Health and Well-being through the Scottish Government Health Directorate. The Board controls an annual budget of £550 million, and is responsible for providing health services and improving the health for the population of Forth Valley.

NHS Forth Valley employs around 7000 staff from a wide range of professional and support occupations in an acute hospital, four community hospitals and 56 health centres.

Forth Valley has a population of nearly 300,000 and covers a geographic area from Killin and Tyndrum in the North and Strathblane and Bo'ness in the South.

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.

Progress Update Review (PUR) Template: NHS Forth Valley

Element	Status of elements under agreed Plan 09SEP16	Status of evidence under agreed Plan 09SEP16	Progress assessment status 30JUL19	Progress assessment status <date>	Keeper's Report Comments on Authority's Plan 09SEP16	Self-assessment Update 05MAR19	Progress Review Comment, 30JUL19	Self-assessment Update as submitted by the Authority since 30JUL19	Progress Review Comment <Date>
1. Senior Officer	G	G	G	G	Update required on any change	**Chief Executive -** Cathie Cowan **Senior responsible officer** – Andrew Murray, Medical Director	The Assessment Team thanks NHS Forth Valley for this update which we have noted.	**No Change**	No immediate action required. Update required on any future change.
2. Records Manager	G	G	G	G	NHS Forth Valley is committed to designating individuals within each Directorate to support the work of the records manager. The 'Future Developments' section of the RMP notes that job statements need to be created for these nominated individuals. The Keeper commends this approach of using 'local champions' and would welcome receiving a sample job statement once these are available.	**Operational responsibility for Records Management** - Deirdre Coyle, Head of Information and Governance **Technical support and advice** - Lorna Rodgers, Head of Health Records Services	The Assessment Team thanks NHS Forth Valley for this update which we have noted.	**In the process of recruiting a Corporate Records Manager who will sit within the Health Records Service.** **This will then become the Health Record and Corporate Record Department.** **(See evidence folder - SLT paper submitted June 2019 – 2.1)**	This is excellent news. The Keeper will be pleased to learn that NHS Forth Valley is recruiting this extra resource. The Assessment Team request that they are provided with the name of the successful candidate when in post in order that we can keep our Contacts up-to-date. The Assessment Team acknowledged receipt of the *Information Governance Resources Paper* provided as evidence of senior management approval to recruit.
3. Policy	G	G	G	G	Update required on any change	**Health Records Strategy and Records Management Policy** This was reviewed and updated in 6/12/2018. This reflects the introduction of GDPR and incorporates the Health Records Strategy and Records Management into one	In their original submission NHS Forth Valley committed to updating relevant policy documents on a regular basis. The Assessment Team appreciates the confirmation that this is being done.	**No Change**	In their original submission NHS Forth Valley committed to updating relevant policy documents on a regular basis. The Assessment Team acknowledges that this is routinely being done (se also last PUR).

						document providing a strategic framework for all health records and patient services activities. 3.1 Health Records Strategy and Management Policy **Corporate Records Management Policy** This has been updated and is due to go to the Information Governance Group for approval in March 2019.	The Team acknowledge the receipt of the authority's Health Records Strategy and Management Policy V3.0 06/12/2018. They have retained this in order that they may keep the Board's submission up-to-date. The Assessment Team acknowledges the planned update to the Corporate Records Management Policy. They look forward to being kept updated on this work in subsequent PURs.	**Approved 17/04/2019 (see evidence folder 3.1)**	The Assessment Team acknowledged receipt of the new version of the *Corporate Records Management Policy*. This document will be retained in order that the Board's submission can be kept up-to-date.
4. Business Classification	**A**	**G**	**A**	**A**	NHS Forth Valley does not have an operational Business Classification Scheme (BCS) but is committed to implementing one using the example of NHS Scotland. Identified as a priority project by the Records Management Plan Implementation Working Group, a draft BCS will be trialled between September 2016 and March 2017, with full roll-out throughout the authority starting in April 2017. The Keeper requests that he is kept updated as work progresses on this project. The Records Management Improvement Plan further outlines the authority's intention to create an Information Asset Register. This is commended by the Keeper, who would welcome news of development of this document. The Keeper can agree this element on an	The RMP Implementation Working Group (RMP IWG) developed the BCS and this was considered and approved by the CMT in November 2016, 4.1 Business Classification Scheme 4.2 RMP update to NHS Board March 2017 Worked had commenced to trial Sharepoint as a Document Management System including the BSC, however, this has not been progressed due to the national implementation of Office365. Project management support to lead the implementation of an IAR was highlighted and agreed at the Senior Leadership Team and NHS Board in March 2018. This was sourced from NHS NSS. 4.3 Extract from Minute of SLT – march 2018 4.4 Extract from Minute of NHS Board – March	In their original submission, the Board committed to developing a Business Classification Scheme and the Keeper's Assessment Team are pleased to acknowledge that this was done. However, along with other Scottish Health Boards, NHS Forth Valley are in the early stages of structuring their records management around a national SharePoint/Office 365 solution. The Keeper has been kept informed of this development at a national level. NHS Forth Valley is also developing an Information Asset Register based on a NHS National Services Scotland template. The Keeper is familiar with this template and his Assessment Team agree that it is appropriate.	**No Change** **Recruitment underway for a Corporate Records Manager. Project Management Team set up for implementation of Office 365** **Information Asset Register system is being developed with supplier. Best in breed approach taken.** **Information Asset Administrator has been recruited awaiting completion of process by Recruitment Department. IG Project Manager interviews pending, cancelled due to COVID.**	The Assessment Team notes that NHS Forth Valley are developing an Information Asset Register (IAR). The IAR will have a major effect on Elements 4, 5 and 11, as well as tackling some requirements of the Data Protection Act 2018. It is reasonable to expect that the process of disseminating this to staff will take some time. This should start with senior management. Once senior management understand the purpose and the benefit of this work it will be easier to achieve effective compliance. The Assessment Team looks forward to updates in subsequent PURs. This element remains at Amber while this work is ongoing. The Keeper will be pleased that extra resource, in the form of a manager and administrator for the project,

					'improvement model' basis. This means that the authority has identified a gap in provision (lack of an operational BCS) and has evidenced a commitment to closing that gap. This agreement is conditional on the basis that the Keeper is kept informed of the project's progress.	2018 The IAR will also provide a tool to form the basis of our BCS describing our organisation's functions and activities and a method to manage our records. With assistance and input from the RMP IWG guidance has been developed to detail the data which will be captured regarding the various departmental assets including; functions, retention period, earliest record, where/format it is stored etc. The data capture spreadsheet is being trialled by the RMP IWG and once finalised these question will be used to develop the electronic system for the IAR. 4.5 Guidance for IAR	The Assessment Team acknowledge that they have received several documents as evidence that the IAR project is progressing. The Assessment Team agree that a robust Information Asset Register will be a vital tool when the authority's public records are migrated to the new SP/365 system. The roll out of the new National solution is bound to be incremental and further time must be allowed for it to bed in and become fully operational. This element remains at 'amber' for the moment as this work progresses.	**(See evidence folder – Job Description 4.1)**	has been allocated. The Assessment Team acknowledged receipt of the *Information Asset Administrator Job Description*. This document will be retained in order that the Board's submission can be kept up-to-date. 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 reminds all NHS Health Boards of the importance of appropriate polices, governance and staff training in making this major project a success. We note that NHS Forth Valley is already amending their information security guidance suite with this in mind (see text under element 8).
5. Retention Schedule	A	G	A	A	The 'Latest Developments' section of this element states that retention schedules and associated procedures will be developed on a Departmental or Directorate basis to ensure that records are properly managed. The RMP Implementation Plan indicates that work to implement these retention schedules and procedures will commence in November 2016. The Keeper requests that he is kept informed of the progress of this project. The Records Management	Two sub groups of the RMP IWG were formed to review current processes and develop an easy to use Retention and Destruction Arrangements template which also incorporated a Destruction Log. A Destruction Process flowchart was also developed outlining the process for dealing with retention/permanent preservation/destruction. These are included in the IAR Guidance (Evidence 4.5) and will be used by departments to collate the necessary information regarding their assets to complete the IAR.	The Assessment Team acknowledge that NHS Forth Valley are working towards the development of a full retention schedule (both health and corporate). This will be particularly important when migrating to the national SP/365 solution (see element 4 above). This element remains at 'amber' for the moment as the work progresses. The Keeper is aware that NHS Scotland is producing an updated NHS Records Management Code of	**No Change**	No immediate action required. Update required on any future change.

| | | | | Improvement Plan also identifies a commitment to ensure that Directorate corporate records are identified and included in its Document Storage, Retention and Disposal Policy. The Keeper requests sight of this Policy once it has been finalised and approved.

The Keeper can agree this element on an 'improvement model' basis. This means that the authority has identified an area for improvement (lack of organisation wide retention schedules and identifying records to be selected for permanent preservation) and has provided evidence showing a commitment to closing the gap in provision. As part of this agreement, the Keeper will need to be kept informed of progress in this area. | Awaiting updated version of the Records Management Code of Practice to confirm/amend retention periods applied.

5.1 Retention Schedule template
5.2 Destruction Process Flowchart | Practice which will impose a new set of retention decisions on public records managed by NHS Boards. | **No Change** | |
|---|---|---|---|---|---|---|---|---|
| 6. Destruction Arrangements | **A** | **A** | **A** | **A** | The 'Future Developments' section of this element states that the description for the process of disposing of paper confidential waste in the Waste Disposal Policy needs to be expanded. The Keeper requests that he is sent an updated version of this Policy once it is available.

NHS Forth Valley is currently awaiting guidance in order to tackle the issue of the deletion of electronic records on new and legacy systems. A declared objective is to ensure that appropriate mechanisms are put in place for the secure disposal of electronic | The updated Waste Disposal Operational Policy was approved in June 2017

6.1 Waste Disposal Operational Policy | In their original submission NHS Forth Valley committed to create an updated Waste Disposal Policy. The Keeper's Assessment Team are pleased to acknowledge that this has been done and that they have received a new version (Waste Disposal Operational Policy v5.01 12/07/2017). They have retained this in order that they may keep the Board's submission up-to-date.

Along with many other Scottish public authorities the controlled, timely and secure destruction of digital records remains | **No Change** | No immediate action required. Update required on any future change. |

					records. The development of destruction protocols and procedures for all formats of records forms a part of the High Level Implementation Plan. The Keeper requests sight of these once completed. The Plan notes that retention arrangements for emails are currently being reviewed. The Keeper would be interested in hearing about the results of these reviews. The Keeper can agree this element on an 'improvement model' basis. This means that the authority has identified a gap in provision (destruction of electronic records) and has identified how it intends to close the gap. As part of this agreement the Keeper will need to be kept informed of the progress of work to close this gap.	As above	a potential weakness. NHS Forth Valley will be in a better position to address this when the Information Asset Register and SP/365 solution is fully implemented. This element remains at 'amber' for the moment as this work progresses.		
7. Archiving and Transfer	**A**	**A**	**G**	**G**	The Keeper requests sight of evidence of an agreement between NHS Forth Valley and an archive service which shows a commitment to transfer records selected for permanent preservation to a suitable archive on an on-going basis. The High Level Implementation Plan states that such a procedure will be in place by September 2016. The Keeper requests that he is sent evidence of this once completed. The Keeper can agree this element on an	A Memorandum of Understanding is in place with Stirling University – July 2017. 7.1 Memorandum of Understanding An Archivist was recruited by Stirling University to deal with NHS Forth Valley's archives and works one day a week on our records. Annual meetings take place along with updates regarding the work being undertaken. 7.2 Email from Karl Magee regarding NHS Forth valley Archivist	The Assessment Team acknowledge that NHS Forth Valley now has a formal agreement with their chosen archive repository and thanks them for providing the Keeper with a copy of the relevant MoU in evidence. If this were a formal re-submission under section 5 of the Public Records (Scotland) Act it is likely that the Keeper would be able to upgrade this element of the NHS Forth Valley's Records Management Plan to a 'green' RAG status.	**No Change**	No immediate action required. Update required on any future change.

| | | | | | 'improvement model' basis as NHS Forth Valley has identified University of Stirling Archives as its place of deposit and has previously deposited historical records there, albeit as a one-off transfer. Both bodies have entered into a Data Processing Agreement regarding this transfer which took place in 2012. The Keeper commends this consideration of historical records but does not consider this to be evidence of a longer-term agreement between NHS Forth Valley and University of Stirling Archives for the permanent preservation of records identified in NHS Forth Valley's retention schedules. The Keeper will need to see evidence of such an agreement showing that the Archive has indicated that it is happy to take archival records from NHS Forth Valley at the appropriate time on an on-going basis. The Keeper therefore requests that NHS Forth Valley begins negotiations with University of Stirling Archives as soon as practicably possible regarding the development of such an agreement. The Keeper will expect to receive a copy of this agreement by the end of February 2017. Should this not be forthcoming the Keeper may re-consider his agreement of this Element and as archiving is specifically mentioned in the Public Records (Scotland) Act 2011 he may re-consider his agreement | 7.3 Feb 2018 update from Archivist

As previously mentioned under Element 5, details regarding how to send items/documents for permanent preservation are included in the Destruction Flowchart along with the contact details established for Stirling University. | | | |

	G	G			of the RMP.			
8. Information Security	G	G	G	G	As the Information Security Policy was due for review in March 2016 when the assessment was underway, the Keeper would appreciate being sent an updated version once it becomes available. The Email Acceptable Use Policy is also currently undergoing review. The Keeper would similarly appreciate being sent an updated version of the Policy once it has been approved. The Internet Acceptable Use Policy is undergoing review during the period of assessment. As such the Keeper would appreciate being sent an updated version of this Policy when it becomes available. NHS Forth Valley's Moveable Media Acceptable Use Policy is likewise under review. The Keeper would welcome having sight of the updated Policy once this has been approved.	**Information Security** This remains a priority and the policy was reviewed and issued in August 2016. 8.1 Information Security Policy The Email Acceptable Use policy, Internet Acceptable Use Policy and Moveable Media Acceptable Use Policy have been reviewed a number of times since the RMP was approved with the current version issued in January 2019. 8.2 Email Acceptable Use Policy - issued January 2019 8.3 Internet Acceptable Use Policy – March 2018 8.4 Moveable Media Acceptable Use policy – issued January 2019	In their original submission NHS Forth Valley committed to updating relevant policy documents on a regular basis. The Assessment Team appreciates the confirmation that this is being done. The Team acknowledge the receipt of updated documents from the authority's information security policy and guidance suite. They have retained these in order that they may keep the Board's submission up-to-date.	**Information Security** **The main Information Security Policy was extensively re-written in 2019 with a focus on responsibilities and controls relating to the Network and Information Systems Regulation 2018.** **Information Security Policy V6.00 issued December 2019** **Remote Access Policy V1.00 issued December 2019** **Several Information Security policies will be updated in 2020 to reflect our change in working practices with Office 365** **(See evidence Folder 8.1 and 8.2)**	In their original submission NHS Forth Valley committed to updating relevant policy documents on a regular basis. The Assessment Team acknowledges that this is routinely being done (se also last PUR). The Assessment Team acknowledged receipt of the new *Information Security Policy* and the *Remote Access Policy*. These documents will be retained in order that the Board's submission can be kept up-to-date.
9. Data Protection	G	G	G	G	Update required on any change	The Data Protection Policy was updated to reflect the new GDPR requirements. 9.1 Data Protection Policy	As with all other Scottish public authorities NHS Forth Valley have been required to review and update their data protection procedures in light of the 2018 legislation. The Assessment Team acknowledges that the public facing NHS Forth Valley website has been updated appropriately: https://nhsforthvalley.com/privacy-policy/	**No Change**	No immediate action required. Update required on any future change.

	G	G	G	G			The Team acknowledge the receipt of the authority's Data Protection and Confidentiality Policy v5.09 06/09/2018. They have retained this in order that they may keep the Board's submission up-to-date.		
10. Business Continuity and Vital Records	G	G	G	G	The 'Future Developments' section of this element states that NHS Forth Valley will develop business continuity plans specifically for records in each department/directorate. The Keeper would be interested to see a sample of one of these once they have been implemented.	Work continues in this area. The IAR (Evidence 4.5) includes the need for information regarding relevant business continuity plans. Once the system is set up this will provide reporting provision to allow an understanding of current processes and development as necessary.	The Assessment Team acknowledges that, while remaining compliant under this element, the Board is developing enhancements. The Keeper would commend the inclusion of record recovery information in an Information asset Register. This element remains 'green' as originally agreed, but they look forward to being kept updated on the IAR work in subsequent PURs.	**Information Asset Register system is being developed with supplier. Best in breed approach taken. The new IAR takes account of record recovery.**	**See element 4 above.** The expansion of an Information Asset Register to identify record recovery processes is commendable (and not an approach universally adopted). The Assessment Team would be pleased to see an example of what this looks like at the time of the Board's next PUR.
11. Audit Trail	A	G	G	G	NHS Forth Valley is committed to creating and implementing audit trail functionality in each Directorate by the end of November 2016. Similarly, document version control procedures will be rolled out across the organisation and guidance issued for records that contain sensitive personal information. The Keeper commends these initiatives and requests that he is kept informed	**Policies and Procedures** Pentana (formerly Covalent) has been implemented for all NHS Forth Valley clinical and corporate policies and procedures. This is an integrated organisation-wide document repository to ensure compliance and efficient administration. It has the ability to audit changes and electronically sends reminders when review dates are due (eg. 90days/30days before	The text of the PUR suggest that NHS Forth Valley can be confident that they are able to track their public records and identify the correct version of a record when located. This confidence should be increased by the migration to the national SP/365 solution (see element 4 above) which should impose further metadata on digital	**No Change**	No immediate action required. Update required on any future change.

					of the progress of this project. The 'Future Developments' section of this element states that the authority are considering the use of the Covalent Performance Management System which could assist in providing audit trail information. The Keeper would be interested to receive updates concerning these plans. The Keeper is able to agree this element on an 'improvement model' basis. This means that NHS Forth Valley has identified a gap in provision (the lack of organisation-wide audit trail provision) and has provided the Keeper with evidence on how it intends to close the gap. As part of this agreement the Keeper will need to be kept informed of progress.	due date. 11.1 Screen shot of Pentana **IT systems** All systems require basic audit trail security. This begins with principles which should be applied when developing or procuring new systems and audit trail system functionality to ensure efficient surveillance and investigation of all system transactions. This ensures compliance with NHS Forth Valley policies and procedures regarding misuse. 11.2 Principles of Audit Trails - updated and issued January 2019 **Corporate Records** The IAR (Evidence 4.5) will provide the means to identify those records which move around the organisations and allow a review to understand and confirm processes in place are adequate and if any further action is necessary. **Clinical Records** Trakcare is a patient management system which is due to be implemented March 2019. This will replace existing systems and records the movement of clinical records throughout NHS Forth Valley. It records information and ensures appropriate naming conventions/version controls.	public records created by the Board. The Keeper's Assessment Team acknowledges the information provided about the Pentana audit management software. They agree that it should assist the control of formal policy and guidance documents. Furthermore, the Keeper agrees that many line-of-business systems (such as Trakcare) include a document tracking facility. If this were a formal re-submission under section 5 of the Act it is possible that the Keeper might agree to change the RAG status for this element from Amber to Green. However, he would need to see evidence of the different tracking systems and staff guidance utilised to achieve compliance.		
12. Competency Framework	**A**	**G**	**A**	**A**	The High Level Implementation Plan states the need to identify key	A LearnPro module for Records Management has been developed and it is anticipated that	The Keeper's Assessment Team acknowledge the development of the	**The roll out has stalled, the module requires to be updated and the Director of HR has agreed that it should be role specific mandatory**	Thank you for this update. The Keeper has been quite

	A	**G**	**G**	**G**	competencies relating to records management and to include these within job descriptions. The target date for completion of this work is December 2016. The Keeper requests that he is sent the job descriptions of the individuals identified in Element 2 once these have been finalised. The 'Future Developments' section of this element declares that staff training in information governance and security will be extended to staff across all departments/directorates. The Keeper applauds this endeavour and would welcome updates on the progress of this project. The Keeper is able to agree this element on an 'improvement model' basis. This means that the authority has identified a gap in provision (the inclusion of records management competencies into the job descriptions of relevant staff and the rolling out of records management training) and has committed to closing this gap. As part of this agreement, the Keeper requests that he is kept informed of progress in this area.	confirmation will be received soon that this will a mandatory module. The key outcomes from the LearnPro module are: • Why records are important • How to use records and keep them secure • How and why a record should be indexed • Where a record should be filed • How long a record should be retained and how they should be disposed of Once this is in place work will begin to include records management in job descriptions and extend information governance and security training to staff across all departments/ directorates.	LearnPro Records Management module. They look forward to hearing more about the roll-out of this mandatory training in future PURs. NHS Forth Valley have not yet supplied samples of job descriptions including records management competencies. The Assessment Team notes that this action had a 2016 target date. It is understood that the training development has taken priority. This element remains at 'Amber' awaiting confirmation that the competencies work has been carried out (particularly for the individuals identified in element 2).	**at this stage. The Records Management Implementation Group continues to lobby for this to be made mandatory for all staff. Each manager would have to go to Learn-pro and allocate this to individual members of staff which is not a priority at the moment due to COVID-19 outbreak.** **(Please see evidence folder Job Descriptions for Corporate Records Manager, Head of Information Governance)**	clear that all staff creating, or otherwise processing records, should be appropriately trained and supported. I suppose a debate could be had around the word 'appropriate', but I think it is safe to say we at the PRSA Team would support the principle for mandatory training for all staff. Please let us know if there is anything we can do in practice to further your lobbying efforts. Also it is worth noting that LearnPro has been rolled out in other territorial health boards in Scotland (for example NHS Highland) who would we are sure be willing to share their experience if asked (you may have already done this). Obviously, while the result of the internal discussion regarding LearnPro is still not resolved, this element remains at Amber. At the time of the last PUR the Assessment Team noted that they had not received Job Descriptions for key staff. They are happy to report that these have now been received and will be retained on file to keep the NHS Forth Valley submission up-to-date.
13. Assessment and Review	**A**	**G**	**G**	**G**	NHS Forth Valley has provided details concerning who will carry out reviews of the RMP, how often, and to whom they will report. The High Level Implementation Plan has also identified the need to investigate	Due to the introduction of the Progress Update Report (PUR) the decision was taken to use this as the method to review progress at this time. Annual updates on progress and	The Assessment Team note the utilisation of the Progress Update Review mechanism as the reporting tool for the obligatory review of the Records Management plan. The Keeper would	**No Change** **Continue to carry out PUR for submission to the Keeper**	The Assessment Team notes that NHS Forth Valley have previously explained the review and reporting structure in a way that is liable (if evidenced) to elicit a Green RAG status if this were a formal resubmission.

					options for measuring compliance with the agreed RMP and records management systems. The Action Plan states that this authority will evaluate ARMS as a tool for undertaking this work and that a self-assessment mechanism will be developed by June 2017. The Keeper looks forward to being informed of the results of this project. The Director of Finance has announced that a full review of the RMP will be included within the internal auditors programme for 2017/18. The Keeper commends this initiative and would be pleased to receive updates on this work. The Keeper is able to agree this element on an 'improvement model' basis. This means that the authority has identified a gap in provision (the lack of a mechanism for measuring compliance with RMP) and has committed to closing this gap. As part of this agreement, the Keeper requests that he is kept informed of progress in this area.	implementation are provided to the NHS Board, with regular updates also provided to the Senior Leadership team (formerly Corporate Management team CMT) (Evidence 4.2, 4.3 and 4.4). Once established the IAR will provide a mechanism to measure compliance with RMP and understand areas for further development.	suggest that NHS Forth Valley complete this annually and submit it to his Assessment Team for comment. The Assessment Team also acknowledge the recognition that the development of the Information Asset Register (see element 4) will provide a suitable structure for measuring some aspects of the Plan at a local level. The Assessment Team acknowledge that the authority has shared relevant senior management reports as evidence that the reporting procedure is operational. If this were a formal re-submission under section 5 of the Act it is likely that the Keeper would agree to change the RAG status for this element from Amber to Green.		They also acknowledge that the continual engagement with the PUR process indicates that the Board take the continual review of their RMP (as required by the Act) seriously.
14. Shared Information	G	G	G	G	NHS Forth Valley has entered into an Accord with a number of authorities and this Accord has been submitted as evidence. As the Accord is set for review in February 2017, the Keeper requests a copy of the revised Accord once it has been approved.	Procedures for the efficient sharing of information both within the organisation and with external partners continue to be essential, especially as the integration landscape develops. The Information Sharing Toolkit replaced the Accord The IAR will provide the	The Assessment Team acknowledge that the 'template' used for information sharing has changed since the original submission (as it has with many health boards). They agree that the new 'toolkit' appropriately considers information governance and therefore this element retains its 'green' RAG	**No Change**	No immediate action required. Update required on any future change.

					mechanism to review the current Information Information Sharing Agreements and Data Processing Agreements in place. For those assets which do not have them Information Governance will then be able to liaise with staff to understand if this is required and assist where necessary	status.		

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

<u>Version</u>

The progress update submission which has been assessed is the one received by the Assessment Team on 4th April 2020. The progress update was submitted by Deirdre Coyle, Head of Information Governance.

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

PRSA Assessment Team's Summary

The Assessment Team has reviewed NHS Forth Valley'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.

<u>General Comments</u>

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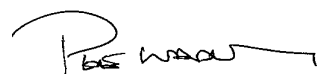
The Keeper cannot change the status of elements formally agreed under a voluntary submission, but he can use such submissions to indicate how he might now regard this status should the authority choose to resubmit its plan under section (5)(6) of the Act.

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

Based on the progress update assessment the Assessment Team considers that **NHS Forth Valley** continue to take their statutory obligations seriously and are working hard to bring all the elements of their records management arrangements into full compliance with the Act and fulfil the Keeper's expectations.

- The Assessment Team recommends authorities consider publishing PUR assessment reports on their websites as an example of continued good practice both within individual authorities and across the sector.

This report follows the Public Records (Scotland) Act Assessment Team's review carried out by,

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Pete Wadley
Public Records Officer

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