# The Public Records (Scotland) Act 2011

# NHS Grampian

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

# 11th May 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 Grampian. The outcome of the assessment and relevant feedback can be found under sections 6 – 8.

## 4. Authority Background

NHS services for the half-million people who live in Grampian are provided by NHS Grampian, and are overseen by one single NHS Board. The Board is supported from headquarters at Summerfield House in Aberdeen. Senior managers for the functions which cover the whole of Grampian are based there, including financial overview, corporate planning, and central responsibility for protection and promotion of public health.

NHS Grampian consists of acute services, corporate services and three Integration Joint Boards and works closely with the local authorities. NHS Grampian is also very closely linked with both the University of Aberdeen and The Robert Gordon University, especially in the fields of research, workforce planning and training.

Grampian NHS Board came into operation in 1 April 2004, following the dissolution of Grampian's two NHS Trusts and the creation of the one organisation - NHS Grampian. The single Grampian NHS Board is responsible for improving the health of the Grampian population, and for delivering the health care required.

5. **Assessment Process**

A PUR submission is evaluated by the Act's Assessment Team. The self-assessment process invites authorities to complete a template and send it to the Assessment Team one year after the date of agreement of its RMP and every year thereafter. The self-assessment template highlights where an authority's plan achieved agreement on an improvement basis and invites updates under those 'Amber' elements. However, it also provides an opportunity for authorities not simply to report on progress against improvements, but to comment on any new initiatives, highlight innovations, or record changes to existing arrangements under those elements that had attracted an initial 'Green' score in their original RMP submission.

The assessment report considers statements made by an authority under the elements of its agreed Plan that included improvement models. It reflects any changes and/or progress made towards achieving full compliance in those areas where agreement under improvement was made in the Keeper's Assessment Report of their RMP. The PUR assessment report also considers statements of further progress made in elements already compliant under the Act.

Engagement with the PUR mechanism for assessment cannot alter the Keeper's Assessment Report of an authority's agreed RMP or any RAG assessment within it. Instead the PUR Final Report records the Assessment Team's evaluation of the submission and its opinion on the progress being made by the authority since agreeing its RMP. The team's assessment provides an informal indication of what marking an authority could expect should it submit a revised RMP to the Keeper under the Act, although such assessment is made without prejudice to the Keeper's right to adopt a different marking at that stage.

**Key:**

| G | The Assessment Team agrees this element of an authority's plan. | A | The Assessment Team agrees this element of an authority's progress update submission as an 'improvement model'. This means that they are convinced of the authority's commitment to closing a gap in provision. They will request that they are updated as work on this element progresses. | R | There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Assessment Team may choose to notify the Keeper on this basis. |
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## 6. Progress Update Review (PUR) Template: NHS Grampian

| Element | Status of elements under agreed Plan 14SEP18 | Status of evidence under agreed Plan 14SEP18 | Progress assessment status 11MAY21 | Keeper's Report Comments on Authority's Plan 14SEP18 | Self-assessment Update as submitted by the Authority since 14SEP18 | Progress Review Comment 11MAY21 |
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| 1. Senior Officer | G | G | G | Update required on any change. | Professor Caroline Hiscox was appointed Chief Executive, October 2020.<br><br>The executive sponsor of this function remains Professor Nick Fluck, Medical Director, Caldicott Guardian and SIRO.<br><br>The Information Governance team, in which the Corporate Records Manager is located, has undergone significant change since the submission of the RMP.<br><br>Alan Bell took up the new post of Head of Information Governance and Data Protection Officer, 28 October 2019, reporting to Professor Fluck.<br><br>Roohi Bains role is now Information Governance Manager and Deputy Data Protection Officer, reporting to Mr Bell. | The Keeper's Assessment Team thanks NHS Grampian for this update regarding responsible personnel which has been noted.<br><br>The Team notes the provision of additional resource to the Information Governance Team which is welcome. Please let us know when the new Senior Information Governance Officer is in post, particularly if they will be the 'Key Contact' for PRSA going forward.<br><br>The inclusion of information governance in "many different working groups and committees" is an excellent example of embedding a culture of robust records management throughout the organisation. The Keeper will be pleased to hear that this is being pursued. |

| | | | | | An additional Senior Information Governance Officer post is planned in 2021 to act as operational team lead, responsible to Mr Bell and Ms Bains.

Significant work has also been undertaken to reshape governance oversight in this domain. The terms of reference for the Information Governance Steering Group have been reviewed and it has been confirmed as the key oversight committee in this domain, chaired by the SIRO. Exception and assurance reports are also provided to the Compliance Group of System Leadership Team, chaired by the Director of Facilities and eHealth.

To support a holistic approach to records and information management, the Information Governance and eHealth teams are represented at senior level on many different working groups and committees and the executive sponsors and senior managers of both teams work in close collaboration. | |

| 2. Records Manager | G | G | G | Ms Bains is the interim Records Manager. The RMP states that NHS Grampian intends to recruit a full-time permanent Records Manager to fulfil this roll in the longer term. Once appointed, the Records Manager will report to the Information Governance Manager. NHS Grampian has committed to informing the Keeper once the new Records Manager has been appointed. NHS Grampian will need to provide the Keeper with evidence of this appointment, such as a Job Description clearly showing a responsibility for records management or a letter from the individual identified in Element 1 identifying the Records Manager as having responsibility for records management as required by the Act.<br><br>The Keeper expects to be informed of the results of this recruitment process | Eleanor Williams was appointed Corporate Records Manager, August 2019, and reports to Ms Bains at present. The role has the expected responsibilities in respect of PR(S)A compliance.<br><br>Health Records Management (ie the management of patient records) is a function of the eHealth team.<br><br>The Health Board Archivist is a member of the eHealth team.<br><br>The close collaboration between Information Governance and eHealth is also well-established at this level. | Thank you for this update which we have noted.<br><br>There are good examples, under element 3, of the records management team engaging with other aspects of the business including several emphasizing the work of Ms Bains.<br><br>The Assessment Team notes that the Corporate Records Manager is contributing to the Health Records Stewardship project (see element 4).<br><br>For Health Board Archivist see under element 7. |

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| | | | | and supporting evidence showing this appointment as the completion date was given as January 2018. | | |
| 3. Policy | **G** | **A** | **A** | The RMP states that the Policy was due for review in August 2017 but this review has been delayed to allow for the recruitment of a full-time permanent records manager and also for the dissemination and acceptance of the NHS Scotland Records Management Code of Practice 2012 (evidence 03.03). The RMP states that this is still the current Records Management Policy. The RMP indicates an estimated date of June 2018 for the completion of the review of the Policy. The Keeper can accept that version 2.1 is the current operational Policy and requests he is sent the updated Policy once it is available.<br>A list of 17 proposed titles for a series of fact sheets describing how to manage, store, destroy and archive | Policy review<br>The Records Management Policy was to be reviewed during 2020, following the structural changes in the team noted above.<br><br>This piece of work was paused during the response to COVID-19. It will be completed along with a review of all policies in the Information Governance sector during the first quarter of 2021 and submitted to the NHS Grampian Policy approval process. Information Governance Steering Group has been advised of this and will provide assurance on completion.<br><br>Retention<br>NHS Grampian aligns with The Scottish Government Records Management Health and Social Care Code of Practice (Scotland) 2020. This revised version of the code was published in June 2020. NHS Grampian's practices will align with this Code. | NHS Grampian has a new reviewed Records Management Policy as advertised in the Keeper's original 2018 agreement. However, partly because of the interruption to normal business caused by the Covid-19 pandemic this Policy has not been fully authorised and cannot therefore be considered operational.<br><br>Although the Covid-19 response provides an entirely understandable justification for the delay, an operational Records Management policy should be considered as the formal commitment to which all other aspects of the records management provision responds and can be judged against. The authorisation and roll-out of the Records Management Policy should remain a priority for the IG Team.<br><br>NHSG have confirmed the existing Records Management policy is currently under revision and the Corporate Records Manager is developing a programme to revise records management guidance documentation. NHSG also note National assurance documentation, for example |

| | | | | records has been provided (evidence 03.05). The RMP also states that these guidance documents need to be produced along with the Policy. The updating of the guidance document is anticipated to be completed by the end of 2018. The Keeper requests that he is sent these as evidence once they are available.<br><br>The Keeper can agree this Element on an 'Improvement Model' basis. This means that the authority has identified a gap in provision (the lack of an up-to-date Records Management Policy and associated records management guidance documents) and has identified how it intends to close this gap. Once the Keeper receives the updated and approved documents he should be able to 'fully' agree this Element. | It was discussed with a view to implementation at NHS Grampian's Health Records Group in August 2020 and this work is ongoing under the oversight of Information Governance Steering Group, to which the Health Records Group reports.<br><br>Guidance<br>Guidance has not been revised pending the change to the Code Practice, noted above, the development of a national Business Classification Scheme to be applied across the NHS Scotland and the accelerated roll-out of the NHS Scotland Microsoft Office 365 tenancy during the response to COVID-19.<br><br>Bespoke advice is provided regularly by Information Governance to other parts of the Health Board. Examples include the input of the Corporate Records Manager to the Health Records Stewardship project; the issue and acceptance of advice from the Data Protection Officer on a records matter; and the soft-launch of an asset registration process where significant information is to be held within Microsoft Teams. | concerning Office 365, is in development and will inform this work.<br><br>This element remains at Amber while this work is ongoing.<br><br>For retention see under element 5 below. |

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| | <span style="color:green">■</span> | <span style="color:orange">■</span> | <span style="color:orange">■</span> | | The Corporate Records Manager will undertake a review of guidance during 2021. | |
| 4. Business Classification | **A** | **G** | **A** | NHS Grampian is committed to developing and rolling-out an Information Asset Register (IAR). Information Asset Owners (IAOs) have been identified in each Directorate and developed a technical tool within SharePoint to allow this. A series of screenshots of the IAR under development have been submitted (evidence 04.01). This work has an estimated completion date of mid-2018. The keeper requests that he is kept informed of the progress of this work.<br><br>The RMP states that NHS Grampian will also develop a Business Classification Scheme (BCS). This work will be guided by the IAR once it has been populated and will also draw on examples of BCSs from other territorial NHS Boards | Business Classification Scheme (BCS)<br>The Corporate Records Manager has worked as part of the national group developing the NHS Scotland business classification scheme. NHS Grampian anticipates implementing this scheme further to the ongoing roll-out of Office 365.<br><br>Unstructured data<br>The national BCS will be used to improve the classification of unstructured data as the NHS moves from on-premises solutions to the NHS Scotland Office 365 tenancy. The national NHS Scotland Office 365 project is ongoing and NHS Grampian is engaging with that project at various levels. This national project has superseded the work in this domain originally reported in the RMP.<br><br>Information Asset Ownership<br>Information Asset ownership is assigned at System Leadership Team (executive) level. Additional work will be | Progress in the development of the NHS Corporate Information Asset Register has continued although at a slower pace than predicted in the original submission due to the health board having to fully resource their response to the Covid-19 pandemic. It is good that any developments have been forthcoming and those noted in this PUR are commendable steps in the right direction.<br><br>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 might start with senior management. Once senior management understand the purpose and the benefit of this work it will be easier to achieve effective compliance.<br><br>The Assessment Team looks forward to updates in subsequent PURs.<br><br>This element remains at Amber while this work is ongoing. |

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as well as other SharePoint pilots. This has an estimated completion date of mid-2019. The Keeper requests that he is kept informed of the progress of this work.

Also submitted is a fact sheet providing guidance on how to classify records (evidence 04.02) which is one of the fact sheets mentioned in Element 3 which requires updating. This provides guidance on how to name files and apply security classifications to records.

The RMP recognises the issues around unstructured shared drives. One area which is addressing these issues is the Senior Leadership Team which has developed a business case for a standardised filing system pilot (evidence 04.03). The business case identifies the need for a corporate approach to recordkeeping with

undertaken during 2021 to reinforce understanding of that role amongst relevant executives under the oversight of Information Governance Steering Group, given recent organisational changes.

Information Asset Register (IAR)
Progress in this domain has been slower than hoped since August 2019 when the Corporate Records Manager was appointed, largely due to the refocusing of the system during the response to COVID-19. However, several significant pieces of work have been undertaken under the wider umbrella of the development of the IAR:

- Immediately prior to the onset of COVID-19 a pilot IAR process was undertaken with Workforce to map their assets against a draft BCS for the HR function. This was completed and was due to be extended to other functions when the suspension of normal activity occurred. However, this proof of concept work will inform developments during 2021;

As with all other Health Boards, NHS Grampian is now transitioning to the NHS M365 cloud-based records management solution. This is still at the early pilot stage, but will represent a major change in the way records are managed in the authority. The Keeper is monitoring the roll-out of M365 solution in many different areas of the Scottish Public sector and is paying particular attention to the NHS Scotland single tenancy arrangement.

The adoption of M365 is bound to be incremental and take several years to bed-in properly. The Assessment Team acknowledge that NHS Grampian have correctly identified the importance of staff training and guidance in making this major project a success.

The Assessment Team looks forward to updates in subsequent PURs.

This element remains at Amber while this work is ongoing.

For training see under element 12 below.

| | | | | records currently being stored across a variety of drives, both personal and corporate, and a lot of duplication. The business case recommends the piloting of a 6 month project to agree naming conventions for files and to adhere to these. The Keeper requests that he is informed of the results of this pilot project.<br><br>The RMP states that other business areas are utilising Building Information Modelling (BIM) standard relating to information and records management in facilities management. The high level guidance has been supplied (evidence 04.04).<br><br>The RMP describes that part of the EPR programme involves identifying and managing core health records which sit outside the EPR. A list of these records has been submitted (evidence 04.05). | • The Corporate Records Manager continues to work with the Formulary Team within Pharmacy to map their assets as another phase of the work first undertaken with Workforce;<br>• The draft national BCS has been used to inform an asset registration process for the placement of information within Microsoft Teams which has been soft launched in the final quarter of 2020 and will be developed moving into 2021;<br>• The draft national BCS has also been used to inform an approach to an enhanced system catalogue, arranged by function. Initial work on the catalogue is ongoing and will be developed during 2021.<br><br>Health Records Stewardship A project is ongoing, led by the Chair of the Health Records Group to which the Corporate Records Manager and the Health Board Archivist are contributing. | |
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| | | | | Clinical records are systematically classified using clinical coding, guidance for which is provided on NHS Grampian's intranet (evidence 03.07). Procedures also exist for the scanning of mental health records (evidence 04.06).<br><br>The Keeper can agree this Element on an 'Improvement Model' basis. This means that the authority has identified a gap in provision (a lack of a fully rolled-out IAR and BCS) and has identified how it intends to close this gap. This agreement is dependent upon the Keeper being regularly informed on the progress of work to close this gap. | | |
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| 5. Retention Schedule | **A** | **G** | **A** | The RMP states that NHS Grampian uses the retention schedules included in the NHS Scotland Records Management Code of Practice (evidence 03.03). This is confirmed in Section | As noted, NHS Grampian aligns with the Scottish Government Records Management Health and Social Care Code of Practice (Scotland) 2020. Work is ongoing within NHS Grampian on the implications of the new Code under the | NHS Grampian has adopted the new NHS Scotland Code of Practice. The suggestion in this PUR is that the retention decisions in the Code are not yet being fully applied.<br><br>As this is the case the element retains its Amber status. |

| | | | | 8.2 of the Records Management Policy (evidence 03.01). These schedules are either applied directly to records created and managed by NHS Grampian or are adapted and used locally. Specific guidance has been created for the destruction of X-Rays, HR records and facilities and estate management records and these schedules have also been submitted (evidence 05.02-05.04).

The RMP also states that NHS Grampian recognises that it needs to apply retention schedules more comprehensively and consistently across the organisation. The Action Plan section of the Element describes the actions to be taken by NHS Grampian to work towards this. The adoption of retention schedules will be revisited once the revision of the NHS Scotland Records Management Code of | oversight of Health Records Group, of which the Corporate Records Manager and Health Board Archivist are members.

Nationally, work is underway to align the Code with the BCS and Office 365 projects and NHS Grampian is contributing to those discussions through a variety of channels. | The roll-out of the M365 solution explained at element 4 above, will affect the way that retention will be applied to record types. The mechanics of that are yet to be fully tested. However, the Keeper would be able to agree that retention decisions are applied to NHS Grampian records once the Code of Practice recommendations have been fully adopted. |

Practice has been completed in early 2018. Once the new retention schedules have been adopted, NHS Grampian will commence a programme of creating retention schedules for specific business areas. This will be on-going from the revision of the Code of Practice. The mapping of retention schedules to the IAR and BCS has estimated completion dates of end of 2018 and mid-2019 respectively.

The Keeper can agree this Element on an 'Improvement Model' basis. This means that the authority has identified a gap in provision (the lack of comprehensive consistently applied retention schedules) and has identified how it intends to close this gap. This agreement is dependent upon the Keeper being kept updated on the progress of work to close this gap.

| 6. Destruction Arrangements | A | A | A | The Protection of Information Policy is being revised to reflect this new arrangement and the Keeper requests that he is sent a copy of the Policy once it has been finalised and approved.<br><br>The RMP states that documents and data stored on shared drives currently relies on selection and destruction being carried out by individual staff. This has led to significant numbers of records being retained indefinitely. As part of the work to implement the BCS, NHS Grampian intends to impose maximum retention periods to networked storage areas. This has an estimated completion date of the end of 2018.<br><br>NHS Grampian also uses a number of legacy electronic clinical systems which do not have retention and disposal functionality. This is part of a nationwide | The implementation of the national NHS Scotland Office 365 tenancy has altered consideration of matters under this element considerably. The intention is that all Health Boards will move to the cloud for their unstructured data. As this will require a data cleanse prior to transfer, careful consideration will be required nationally on destruction.<br><br>The proper disposition of Health Records continues to be managed by the Health Records team of eHealth in line with the Scottish Government Code.<br><br>As legacy systems are phased out, retention and destruction arrangements will be considered.<br><br>NHS Grampian has recently approved a Digital Strategy which will inform digital innovation and system selection over the next five years. A Digital Transformation Delivery Group has been formed to direct that activity, chaired by the Director of Facilities and eHealth, and including key stakeholders such as the General Manager, eHealth, the Head of Information | For the M365 transition see element 4 above.<br><br>The Assessment Team agrees that a major structural transition like this presents an ideal opportunity to undertake a data cleansing project.<br><br>It is important that the controlled, secure and irretrievable destruction of hard-copy records, hardware and continuity back-up copies is not overlooked during this transitional period. In the Keeper's original 2018 agreement he indicated that he was satisfied that records in these formats were subject to appropriate destruction regimes.<br><br>The Assessment Team notes that a document 'Protection of Information' was due for review and roll-out. NHSG have confirmed this action has not been completed but the Corporate Records Manager will be taking this forward in conjunction with other key stakeholders.<br><br>As work is ongoing this element will remain at Amber. |

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| | | | | NHS Scotland issue and NHS Grampian is taking part in discussions with a view to providing a solution.<br><br>The Keeper is able to agree this Element on an 'Improvement Model' basis. This mean that the authority has identified a gap in provision (the lack of control over the destruction of electronic records and the need to update the Protection of Information Policy) and has described how it intends to close this gap. As a condition of this agreement, the Keeper will require to be regularly updated on the progress of this work and will need to be sent the updated Protection of Information Policy when it becomes available. | Governance and Data Protection Officer, and the Head of ICT Services. | |
| 7. Archiving and Transfer | G | A | A | The RMP states that NHS Grampian and Aberdeen University are currently re-visiting the Memorandum of Understanding (MoU) | The Health Board Archivist is co-located with the University of Aberdeen and a new MoU and Data Processing Agreement will be developed during early 2021 to confirm | NHS Grampian have identified the University of Aberdeen as the repository for those record selected for permanent preservation.  The Keeper has agreed the University is a proper repository under his |

| | | | | and Data Processing Agreement relating to the transfer of records. NHS Grampian has stated that discussions are still on-going and has committed to sending the Keeper a copy of these documents once finalised. A copy of the draft Data Processing agreement has been supplied (evidence 07.R01) as well as the current MoU, dated April 2013 (evidence 07.R02) which is in the process of being reviewed.<br><br>Also submitted is a fact sheet providing guidance to staff on how to archive records (evidence 07.04). This is one of the fact sheets mentioned in Element 3 which requires updating and the Keeper would be grateful if he could be sent the fact sheet once it has been updated.<br><br>As part of its Action Plan NHS Grampian will look to increase the presence of information | the relationship between the Board and the University in this domain.<br><br>This will be completed as part of wider work on reviewing relationships with the University in several areas of data collaboration.<br><br>As with other activity, this is an area that has not been progressed since the appointment of the Corporate Records Manager due to the refocusing required during the COVID-19 response. | guidance: https://www.nrscotland.gov.uk/files//record-keeping/public-records-act/supplementary-guidance-on-proper-arrangements-for-archiving-public-records.pdf<br><br>At the time of the Keeper's original agreement the archiving agreement between the Health Board and the University was being reviewed and the Keeper chose to agree this element as an 'improvement model' while awaiting the updated version.<br><br>For understandable reasons this agreement has not progressed in the last year. The Assessment Team is sympathetic to the situation. However, it would be hoped that this can be rectified by the time of the next PUR.<br><br>The Health Board Archivist is embedded in the University.<br><br>The Assessment Team notes that the Health Board Archivist is contributing to the Health Records Stewardship project (see element 4) and is a member of the eHealth team. |

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| | G | A | A | about the Archive Service within the Information Governance pages of the intranet. A tab has been created on the page to link to the web pages for the NHS Grampian Archive. The Keeper commends this intention, which has a completion date of mid-2018, and would welcome being provided with a screenshot of the relevant intranet pages as evidence.<br><br>The Keeper can agree this Element on an 'Improvement Model' basis. This means that the authority has identified a gap in provision (key documents require updating) and has identified how they intend to close this gap. Once the Keeper receives copies of these documents he should be able to 'fully' agree this Element. | | |
| 8. Information Security | G | A | G | One of the requirements of the Framework is that each Board should have an | Responsibility for Information Security resides with the eHealth team of NHS | In 2018 the Keeper agreed this element of NHS Grampian's RMP as an improvement model on the understanding that several |

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Information Security Policy. NHS Grampian's Information Security Policy is currently being updated to reflect the requirements of the Framework and to align it to the International Standard ISO 27001: 2013. NHS Grampian has stated that the consultation on amending the Policy is still on-going and that it will be forwarded to the Keeper once approved.

The RMP states that there is mandatory e-learning for all staff in information security. NHS Grampian has supplied screenshots of the mandatory e-learning module on Information Security (evidence 08.R01). The training relates to the physical, technical and procedural processes in place within NHS Grampian. The Keeper commends this commitment to providing staff with training so that they are aware of their responsibilities.

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Grampian. During the last year the team has:
- Revised the Board's Cyber-Security framework and control model;
- Updated the Information Security policy;
- Revised the regular reporting on cyber issues to relevant governance committees;
- Established a Cyber Security Group
- Undertaken a desktop review with the Competent Authority further to the National Information Systems (NIS) regulations. The output of this review is being used to inform enhancements to the framework mentioned above. NHS Grampian will undergo a full NIS audit in May 2021.

Cyber security and information governance remain mandatory training modules for all staff. Regular communications are issued on this topic by Information Governance and eHealth in collaboration with Corporate Communications. eHealth held a Cyber Security week during 2020 to promote

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policies in the authority's information security framework were being updated.

The Assessment Team is happy to acknowledge that this has now been done.

The achievement of this objective marks a measurable improvement in the records management provision in the authority.

If this was a formal re-submission it is likely that this element of the Plan would turn from Amber to Green.

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| | | | | Provided he receives the updated Information Security Policy, the Keeper should be able to 'fully' agree that NHS Grampian has procedures in place to protect its information and systems. | learning on cyber security topics. | |
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| 9. Data Protection | **G** | **A** | **G** | NHS Grampian also has a Data Protection Policy (evidence 09.01) which outlines its commitment to complying with the requirements of the Data Protection Act 1998. It also describes how it will comply with the Act and assigns responsibilities for ensuring this. The Policy is due for review and NHS Grampian has indicated that this has not yet taken place. The intention is to review all information governance policies at the same time to ensure consistency across the NHS North of Scotland Group, which comprises NHS Grampian, NHS Western Isles, NHS Orkney and NHS Shetland. This was | A Data Protection Officer was appointed 28 October 2019. The former Acting Data Protection Officer has been confirmed as Deputy DPO, enhancing resource in this domain.<br><br>NHS Grampian has updated its Data Protection Policy, which has been reviewed by relevant stakeholders. It is expected to receive final approval early 2021.<br><br>The revised Data Protection Policy has been shared with other Data Protection Officers in the North of Scotland for their consideration.<br><br>All other policies are due for review, further to the policy review process noted in 3. above, which was paused during the response to COVID-19. | As with all other Scottish public authorities NHS Grampian have been required to review and update their data protection procedures in light of the 2018 legislation.<br><br>The Assessment Team acknowledges that the public facing Health Board website has been updated appropriately: Data Protection (nhsgrampian.org)<br><br>This includes information on how to make a subject access request.<br><br>NHS Grampian is registered with the Information Commissioner: ZA523736<br><br>The authority has identified a Data Protection Officer and their contact details are appropriately advertised. (NB the website still shows you having an 'Interim' head of IG and DP. I assume Alan Bell is not interim) |

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| | | | | agreed at a meeting of the Group in April 2018 (evidence 09.R01). The response also states that the submitted policies are still currently in use within NHS Grampian. The Keeper can accept this.<br><br>NHS Grampian also has an Access to Personal Information Policy (evidence 09.03) which provides guidance to staff on how to deal with requests for personal information (Subject Access Requests). The Policy is due for review and NHS Grampian has indicated that this has not yet taken place. The intention is to review all information governance policies at the same time to ensure consistency across the NHS North of Scotland Group, which comprises NHS Grampian, NHS Western Isles, NHS Orkney and NHS Shetland. This was agreed at a meeting of the Group in April 2018 (evidence 09.R01). The response also states | NHS Grampian deploys nationally agreed NHS Scotland tools for much of its activity in this domain, for example the Data Protection Impact Assessment template. This template is undergoing revision at present and NHS Grampian is contributing to that work. | The Keeper should now be able to agree that NHS Grampian are compliant under this element and If this was a formal re-submission it is likely that this element of the Plan would turn from Amber to Green. |

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| | | | that the submitted policies are still currently in use within NHS Grampian. The Keeper can accept this.<br><br>NHS Grampian has submitted its Caldicott Guardian Approval Policy (evidence 09.04). This Policy details the procedures in place for requests for use of patient identifiable information and aims to ensure this is done in accordance with the Caldicott Principals. The Policy is due for review and NHS Grampian has indicated that this has not yet taken place. The intention is to review all information governance policies at the same time to ensure consistency across the NHS North of Scotland Group, which comprises NHS Grampian, NHS Western Isles, NHS Orkney and NHS Shetland. This was agreed at a meeting of the Group in April 2018 (evidence 09.R01). The response also states that the submitted | | |

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| | | | | policies are still currently in use within NHS Grampian. The Keeper can accept this.<br><br>The Keeper can agree that NHS Grampian has procedures in place to protect the personal information it creates and manages provided he is sent the abovementioned policies once they have been updated and signed off. | | |
| 10. Business Continuity and Vital Records | A | G | A | NHS Grampian has also provided its Major Incident Plan (evidence 10.02) which provides a framework to incidents which may have an impact on the ability to provide health care to the people of Grampian. It has been enacted and tested a number of times over the past decade. The Plan is due for review in February 2017. Due to staffing issues the review of the Plan has been delayed. It is expected to be completed by the end of the 2018-19 financial year. NHS Grampian has stated that this | This work is led by Civil Contingencies and Information Governance contributes via the work NHS Grampian's Security Group.<br><br>The Major Incident Plan and Business Continuity plans will be progressed during 2021, following a pause during the response to COVID-19.<br><br>The continued development of the Information Asset Register and roll-out of Office 365, both aligned with the national Business Classification Scheme, will enhance robustness in this domain. | In his 2018 agreement the Keeper graded this element of the NHS Grampian RMP as an 'improvement model'. He did so on the grounds that the authority had not yet identified 'vital' records for priority recovery in case of an emergency and had not yet reviewed their Major Incident Plan which was, at the time of submission, out of date.<br><br>The adoption of M365 records management solution by all NHS Health Boards (see above) should in some way alleviate the first of these issues: As long as the 'priority' records are held on that system recovery should be all but instantons as the records will be held 'in the cloud'. NHS Grampian should consider whether any vital records are held outwith the M365 system when it is rolled-out and |

| | | | | version of the Plan is still the one currently in operation.<br><br>The Action Plan section of this Element sets out a commitment to identify vital records and put in place measures to protect these as part of the work to develop its IAR and BCS. This has a completion date of the end of 2018. The Keeper commends this action and requests that he is kept informed of the progress of this work.<br><br>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 identification of vital records and measures to protect these) and has identified how it intends to close the gap. The Keeper requests that he is kept informed of the progress of work to close the gap and requests that he is sent the updated Major | | make specific arrangements to protect any such records.<br><br>As the new solution is not yet operational this element remains at Amber.<br><br>On the second point, the Assessment Team notes that the Major Incident Plan and Business Continuity Plan will be reviewed and rolled-out in 2021. **Where it is understandable that the Covid-19 emergency has delayed work on several aspects of the agreed plan, it seems strange that the development and approval of business continuity arrangements has been disrupted rather than fast-tracked by an actual business continuity emergency. Furthermore the original target date for this work was the end of the 2018-19 financial year, well before the advent of the pandemic. The lack of movement on this issue may be a cause for concern for the Keeper.**<br><br>The Assessment Team looks forward to an update on this in subsequent PURs. |

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| | | | | Incident Plan when it becomes available. | | |
| 11. Audit Trail | A | A | A | NHS Grampian has provided some of the guidance it has created for managing both paper and electronic records. Factsheets 5 (How to Manage your Paper Records) and 12 (How to Manage your Electronic Records). These provide staff with guidance on how to create, maintain and dispose of records. The RMP, however, states that use of this guidance is not consistent across the organisation. They also need to be updated, which is recognised in Element 3. The updating of the guidance documents is anticipated to be completed by the end of 2018. The Keeper requests that he is sent these as evidence once they are available

The RMP states that SharePoint 2016 has been used for a number of pilot projects within NHS Grampian headquarters, for | Please see the responses above. In particular, the enhanced functionality of Office 365 and the improvements in the Information Asset Register will be key to developments in this domain.

As noted in 3. above, guidance will be revised in the near-term. | Thank you for this update.

The M365 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).

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. |

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| | G | A | G | example with the Chief Executive's correspondence. NHS Grampian is currently investigating other corporate areas which would benefit from the use of SharePoint. SharePoint is able to provide better audit trail functionality than NHS Grampian's current network drives. The Keeper requests that he is kept informed of the progress of this work.<br><br>The Keeper can agree this Element on an 'Improvement Model' basis. This means that the authority has identified a gap in provision (the lack of consistent audit trail provision across the organisation) and has identified how it intends to close this gap. This agreement is dependent upon the Keeper being kept informed of progress as this work moves forward. | | |
| 12. Competency Framework | **G** | **A** | **G** | The post of Records Manager is currently being recruited for and | As noted above, key roles and oversight routes have been filled and confirmed | There has been considerable new resource in the Information Governance |

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| | | | as a result a Job Description will be created, agreed and a copy sent to the Keeper. NHS Grampian has also committed to supporting the new Records Manager in their Continuing Professional Development. The Job Description and Person Specification for this post have been supplied (evidence 12.R01-R02) both showing a responsibility for records management and compliance with the Public Records (Scotland) Act 2011. These are both under review and the Keeper requests that he is sent the finalised versions once they have been finalised.<br><br>Once he receives the finalised Job Description of the new Records Manager, the Keeper should be able to fully agree this Element. As the appointment of the new Records Manager is currently on-going, the | during late 2019-2020 and significant elements of work progressed, despite the changes in focus necessitated by the response to COVID-19. For additional detail, please see 1. above. | staff resource in NHS Grampian since the Keeper agreed their original RMP in September 2018. This is a good news story and the Keeper will welcome this measurable improvement in the records management provision in the authority.<br><br>It is also clear from the text of other elements that consideration is properly given to staff training. For example around the role of Information Asset Owners.<br><br>If this were a formal re-submission it is likely that this element of the Plan would turn from Amber to Green. |

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| | G | **O** | G | Keeper would be grateful if he could be informed once an appointment has been made. | | |
| 13. Assessment and Review | G | G | G | Update required on any change. | PR(S)A compliance has been considered by Audit Committee as part of their scheduled programme. They continue to be updated, including on the fact of this PUR.<br><br>The outputs of the PUR will be considered by Information Governance Steering Group. Updates on records and information management are considered by that oversight committee.<br><br>Exceptions reporting is escalated to Compliance Group as required.<br><br>Executive sponsorship is provided by the Medical Director, Caldicott Guardian and SIRO. | 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.)<br><br>In their original submission NHS Grampian stated that the Records Manager will be responsible for regularly assessing and reviewing the RMP against the agreed Action Plan. Progress and issues will be reported to the Information Governance Steering Group and to the SIRO. There is nothing in this PUR to suggest that this is not being done.<br><br>The authority's participation in the PUR process demonstrates a commitment to reviewing its RMP. |
| 14. Shared Information | G | G | G | Update required on any change. | NHS Grampian aligns with the national infrastructure on this topic including using nationally developed Data Protection Impact Assessment and Information Sharing Agreement templates. | The Assessment Team thanks NHS Grampian for this update on the national information sharing processes that have been adopted (such as the Accord and the Joint Controller Agreement). |

| | | | | | Data Processing Agreements are deployed using templates provided by NHS Scotland's Central Legal Office. | The Team agrees that there are arrangements in place to allow NHS Grampian to properly ensure information governance when they share information with their partners. |
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| | | | | | During 2020 the *Intra NHS Scotland Information Sharing Accord* was deployed to codify information sharing between NHS Scotland Health Boards. | |
| | | | | | NHS Grampian has also successfully agreed the deployment of the *Joint Controller and Information Sharing Agreement between NHS Scotland Health Boards and General Practitioner Contractors* between NHS Grampian and independent GP contractors in the region. | |

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 18th December 2020. The progress update was submitted by Eleanor Williams, Corporate Records Manager.

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

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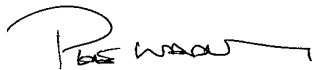
The Keeper cannot change the status of elements formally agreed under a voluntary submission, but he can use such submissions to indicate how he might now regard this status should the authority choose to resubmit its plan under section (5)(6) of the Act.

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

Based on the progress update assessment the Assessment Team considers that NHS Grampian 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