The Public Records (Scotland) Act 2011

Mental Welfare Commission for Scotland

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

31st March 2023

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 the Mental Welfare Commission for Scotland. The outcome of the assessment and relevant feedback can be found under sections 6 – 8.

4. Authority Background

The Commission's aim is to ensure that care, treatment and support are lawful and respect the rights and promote the welfare of individuals with mental illness, learning disability and related conditions. Their duties are set out in the Mental Health (Care and Treatment) (Scotland) Act 2003.

The Adults with Incapacity (Scotland) Act 2000 provides a framework for safeguarding the welfare and managing the finances of adults (people aged 16 or over) who lack capacity due to mental illness, learning disability and related conditions.

They have supervisory, investigative and advisory duties under this Act in relation to welfare guardianship and welfare powers of attorney.

5. Assessment Process

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

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

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

Key:

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

6. Progress Update Review (PUR) Template: Mental Welfare Commission for Scotland

Element	Status of elements under agreed Plan 20AUG14	Progress review status 24FEB20	Progress review status 31MAR23	Keeper's Report Comments on Authority's Plan 20AUG14	Self-assessment Update 10DEC19	Progress Review Comment 24FEB20	Self-assessment Update as submitted by the Authority since 24FEB20	Progress Review Comment 31MAR23
1. Senior Officer	G	G	G	Update required on any change.	The senior accountable officer at the Commission for RM activity is unchanged. The Head of the National Confidential Forum is Jayne Laidlaw. Day to day management of records at the Forum is responsibility of Gillian Middleton, NCF Manager. We will notify the NRS of any updates.	No immediate action required. Update required on any future change. Thank you for the update relating to the role of Gillian Middleton in the NCF. This has been noted.	No change in nominated post. The senior responsible officer is still the CEO, but as we updated the Keeper by email dated 16/10/ the Commission's new Chief Executive is Julie Paterson. Regarding the National Confidential Forum (the NCF), this body was established as a Committee of the Commission in 2014 under the Victims and Witnesses (Scotland) Act 2014 and came to an end on 28 June 2021 under the terms of the Redress for Survivors (Historical Child Abuse in Care) (Scotland) Act 2021. During its lifespan, the NCF was a committee of the MWC and did not exist as a separate legal entity from the Commission. The Commission remains the data controller of the records produced by the NCF. Selected records have been transferred to the NRS for its permanent preservation. The Senior Accountable Officer for the records created during its lifespan is Julie Paterson.	The Assessment Team thanks you for letting us know there have been no changes to the person with overall responsibility for Mental Welfare Commission's Records Management Plan. Update required on any future change. Thank you also for the detailed update regarding the now-disbanded National Confidential Forum and its relationship to the Mental Welfare Commission. It is particularly reassuring to hear that records selected for permanent preservation have been selected and transferred, and that the CEO remains the Senior Accountable Officer for NCF records as well.
2. Records Manager	G	G	G	Update required on any change.	The person responsible for the day to day operation RM activity in the MWC is Paloma Alvarez, Information Governance Manager. The person responsible for the day to day operation RM activity in the NCF is Gillian Middleton (see above). Evidence: **Annex 1**. IGM Job description **Annex 2**. IGM Courses attended (Excellent at Public Records Management 6/12/2018 and **Annex 3** Building PRSA success 31/05/2019.	Thank you for the update regarding the individual identified with day-to-day responsibility for implementing the Plan in MWC. This has been noted. Thank you for the update regarding the NCF (which is not a separately scheduled authority under the Act). The Assessment Team acknowledges the receipt of evidence of qualification, responsibility and access to training for	No change in nominated post or named individual. There has been no changes. The person responsible for the day-to-day responsibility for implementing the plan is Paloma Alvarez, Commission' Information Governance Manager. The National Confidential Forum (the NCF) came to an end on 28 June 2021 under the terms of the Redress for Survivors (Historical Child Abuse in	Thank you for confirming that the person responsible for day-to-day records management at MWC remains unchanged. Thank you also for the clarification regarding the status of NCF

	<td style="background:green">**G**</td>	<td style="background:green">**G**</td>	<td style="background:green">**G**</td>			the MWC Information Governance Manager. This is excellent evidence and would be required if this were a formal re-submission for the Keeper's consideration.	Care) (Scotland) Act 2021. Selected records have been transferred to the NRS for its permanent preservation. The MWC remains the data controller of the records produced by the NCF. The Commission's Information Governance Managers will deal with any RM activities regarding these records.	(see comments under Element 1). Update required on any future change.
3. Policy	<td style="background:green">**G**</td>	<td style="background:green">**G**</td>	<td style="background:green">**G**</td>	The Keeper would be interested to see examples of training provided to staff on information governance issues, including records management.	The Records Management Policy has been reviewed annually. Last revision June 2019. There has not been significant changes. Last changes added are: 1. Introduce reference to GDPR. 2. Reference to the online training available on LearnPro.	In their original submission, the Mental Welfare Commission committed to keeping their information governance policies and guidance under review. The Assessment Team are pleased to acknowledge that this is being done. For GDPR see element 9.	Our records management policy is updated annually, last revision dated December 2021.	Thank you for confirming that the Records Management Policy remains operational, and that this continues to be annually updated. Update required on any future change.
4. Business Classification	<td style="background:orange">**A**</td>	<td style="background:green">**G**</td>	<td style="background:green">**G**</td>	Although a comprehensive Business Classification Scheme (BCS) has been created it is not yet operational and is currently in draft form. MWC intend to roll out the BCS in 2014-15. The Keeper can agree this element on an 'improvement model' basis that MWC's proposals for implementing a BCS on its records seems robust, provided that he is kept informed of this work as it progresses.	The Commission has reviewed its draft business classification scheme (BCS) taking into consideration the NRS recommendation for the approval of the 2014 Record Management Plan and the recommendations to the Progress Update Review (PUR) submitted in 2017. The BCS includes all the functions and activities of the Commission, Appointed folders owners responsible for maintaining the structure in their areas and applying retention appropriately. The Commission approach has been to merge the Business Classification Scheme with the retention schedules. Each record series has its retention period indicated. The BCS has been developed through a process of business analysis which involved extensive research and consultation and meetings with each functional group within the Commission, the Information Asset Owners and the Head of Corporate services. The document has been divided in 3 titles **Title 1**. Introduction and Business support. (Corporate services, HR, Finance, Complaints, RM, IT etc.) **Title 2.** MWC statutory duties. **Title 3**. General guidelines, references and appendix (Mail process, email retention, documents for permanent preservation to be sent to NRS etc.)	In 2014 the Keeper agreed this element of the Mental Welfare Commission's Records Management Plan under Improvement Model terms. This was with regard to the development and roll-out of a business wide Business Classification Scheme. The Assessment Team recognise that this target has now been met and it is likely that if this were a form resubmission (as suggested in the PUR text) this element may achieve a Green RAG status. The Assessment Team notes that the Business Classification Scheme is based around the functions of the authority. This must remain a business decision for MWC, but the Keeper has acknowledged that a functional arrangement, like this one, is currently considered best practice. The Assessment Team notes the involvement of local business areas in the development of the BCS. This is to be commended as liable to encourage accuracy and buy-in. The Assessment Team notes the intention to combine the business classification scheme and retention schedule. This is also to be commended as liable to create a stronger business tool. In short, the achievement of this objective marks a measurable improvement in the records management provision in the authority.	There are no major changes. We keep working on the approved business classification scheme to ensure it offers a reliable description of the Commission current business areas.	The Assessment Team acknowledges that there have not been any major changes to this Element, and that the Business Classification Scheme in use continues to reflect the functions of the authority.

					The Commission is planning to resubmit the reviewed plan with the final version of the Business Classification Scheme voluntarily during the first quarter of 2020. The Commission will add an addenda with the National Confidential forum business classification scheme to the 2020 plan.			
5. Retention Schedule	**A**	**G**	**G**	The Retention Schedule is likewise being developed by MWC prior to implementation. In order to achieve this MWC have established a series of working groups and have identified Records Management Champions for each functional area within the organisation. The Keeper commends this approach and would welcome updates on progress. The Keeper can agree on an improvement model basis that MWC's proposals for implementing retention schedules on its records seem robust, provided that he is kept informed of this work as it progresses.	**As above** The Commission approach has been to merge the Business Classification Scheme with the retention schedules. The new BCS will show the retention period for all records created by the Commission. As the new BCS-retention schedule is more detailed than the previous versions, during its elaboration we have identified some areas that require further assessment by the OMG (operational management group) and the operational groups, this is a work in progress that we are planning to conclude during the first quarter of 2020. We will submit an updated document regarding the NCF retention schedule.	**See element 4 above.** The text of the PUR refers to tweaks to the retention schedule and to the inclusion of NCF records. This is a recognition that a retention schedule is a living document and will be subject to continual minor change year on year.	No change. We have introduced some minor changes on the approved retention policies as a result of the work done in selecting and deleting records due for deletion and routine housekeeping. We have not yet completed the deletion of obsolete records but the work is in progress. This activity is overseen by the IGM as part one of the preparatory works necessary to identify our future eRDM solution requirements and future migration. See element 11.	The Assessment Team thanks you for this update on minor changes to retention policies, and letting us know that the deletion of obsolete records is still in progress while the MWC explores a future eDRM system.
6. Destruction Arrangements	**G**	**G**	**G**	Update required on any change.	Unchanged for MWC regarding hard copies. For hardware destruction the Commission has been using Computer Recycling Services Ltd.	Thank you for the update regarding your hardware destruction service provider.	Unchanged for MWC regarding hard copies. For hardware destruction the Commission has been using Computer Recycling Services Ltd.	Thank you for telling the Assessment Team that there have been no changes to this Element. Update required on any future change.
7. Archiving and Transfer	**G**	**G**	**G**	MWC has been in touch with the Client Managers at National Records of Scotland (NRS) to establish a Memorandum of Understanding (MoU) for the transfer of records selected for permanent preservation. A draft MoU has been submitted in evidence. The Keeper requests that once the finalised MoU is signed off by MWC's Board it is then submitted to the assessment team for	**Unchanged** The current MoU is still valid and into force. The NRS inspected the Commission reports in 2018 and the records listed in the attached document (annex 4 and 5) were transferred to the NRS. Evidences **Annex 4.** 2018/1/210 NRS records receipt. **Annex 5.** 2018/1/268 NRS records receipt Acc. The MOU will need to be reviewed and updated. The Commission would appreciate if this job could be done before the resubmission of the new Record Management plan in 2020.	The Assessment Team acknowledge the receipt of evidence that the transfer arrangements between the authority and its archive repository are operational. As suggested in the PUR, the National Records of Scotland have recently rolled-out a GDPR compliant MoU. Organisations depositing their records with NRS for permanent preservation are encouraged to upgrade their agreement to the new version. In order to expedite this, with a resubmission in mind, the Assessment Team suggests that MWC e-mail the lead officer in the NRS client management unit:	The MWC and the keeper of the Records of Scotland signed a new Agreement for the transfer and archive of records on 9 March 2022. The agreement has been published on our website. We transferred National Confidential Forum corporate records and participants redacted testimonies to the NRS for its permanent preservation in March 2022. Web link	Thank you for confirming that an up-to-date, formalised Transfer Agreement is in place with NRS, and that NCF records have also been transferred for permanent preservation. This is commended. Thank you also for providing a link to this as published on your website.

				inclusion in MWC's evidence package.		neil.miller@nrscotland.gov.uk asking to be sent the new MoU for consideration and sign-off. Neil will let you know who your client manager is and has indicated that he is happy to prioritise MoU's for authorities looking to submit the new version as evidence in element 7 of their Records Management Plan submission.		

8. Information Security	G	G	G	Update required on any change.	The Commission has reviewed the following policies in 2019.
					
					- IT Security Policy 2019
					- IT Code of Conduct 2019
					- Data Protection Policy 2019
					 -Information Risk
					  Management Policy 2019
					
					The Commission has recently renewed the cyber essential certificate (26/06/2019) and is working towards obtaining the cyber essential plus certificate.
					
					Mobile device policy is currently under revision.
					
					Annex 6. Cyber essentials certificate.
						In their original submission MWC committed to keeping its information governance policies and guidance under review. The Assessment Team acknowledge that this is being done.
						
						The Assessment Team acknowledges receipt of the authority's Cyber Essentials certificate and looks forward to recognising the 'plus' award in subsequent PURs.
						
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							The Commission review its policies periodically. Since the last PUR submission, the following policies have been reviewed:
							
							  - IT Security Policy. September 2021.
							  - IT Code of Conduct. March 2022.
							  - Data Protection Policy. August 2022.
							  - Information Risk Management.
							    October 2021
							
							Internal audit: All our security policies, procedures and systems have been reviewed during the ICT General Controls Assurance audit in 2021. Internal audit reports outcomes are reported to the Audit performance and Risk Committee (previously Audit, Risk and information Committee). No IT security concerns were raised during the audit. There were 5 recommendations which the Commission has agreed to review and implement as necessary.
							
							The Commissions renews its cyber essential accreditation annually. We have recently received the documentation and are currently in the process of renewing this year accreditation.
								Thank you for letting us know that the policies relevant to information security are being kept up to date through regular review.
								
								Thank you also for telling us about the 2021 ICT General Controls Assurance audit, and that recommendations from this will be reviewed and implemented as necessary.
								
								It is reassuring to hear that MWC continues to maintain its Cyber Essential Accreditation status. Whilst not a requirement, accreditation schemes can provide a helpful benchmark and assist in maintaining and improving relevant processes.

9. Data Protection	G	G	G	Update required on any change.	The **Commission's Data Protection Policy was reviewed in 2019**. It sets out the approach taken to data protection legislation. The Data Protection policy is equally applicable to NCF staff and members. Both organisations are committed to comply with the data protection legislation and follow organisation wide policies and procedures to guarantee compliance with the data protection principles and data subject rights.
					
					There is a compulsory **induction in data protection** and information security, and periodic training sessions are delivered to
						As with all other Scottish public authorities the Mental Welfare Commission for Scotland 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 MWC website has been updated appropriately for example the link mentioned in the PUR and via: https://www.mwcscot.org.uk/publications?type=98
							No major changes. We keep reviewing our policies periodically.
							
							  - Data Protection Policy. Last reviewed August 2022.
							  - Information Risk Management. Last reviewed October 2021
							  - Data breach policy 2022.
							  - Privacy notice for member of the public 2021
							  - Data subject request form 2021.
								Thank you for letting us know that the listed policies relevant to data protection are being kept up to date through regular review.
								
								Thank you also for giving details on the 2019/20 ICT General Controls Assurance audit. It is reassuring

					reinforce those areas in which the Commission could be vulnerable. During the last 12 month this training has been focussed on: **Working from home risks**, **Data Protection Impact assessment**, and how to recognise and **handle a Data subject access request**. The organisation has embedded **PIA (DPIAs) as part of its internal project** management process and our tendering/procurement processes to promote the "*privacy by design*" agenda. The Commission and the NCF privacy notices were **reviewed before the introduction of the GDPR and published on their websites** to ensure that this information is accessible to individuals; including a short film accessible from the Commission's website. See link below. **https://www.mwcscot.org.uk/about-us/about-your-personal-information**		Internal audit: All our security policies, procedures and systems have been reviewed during the ICT General Controls Assurance audit in 2019/2020 (Tiaa auditors): Assurance Review of EU General Data Protection Regulation. Internal audit reports outcomes are reported to the Audit performance and Risk Committee (previously, Audit, Risk and information Committee). Two recommendations were made; on staff training and data mapping. The Commission responded to both recommendations and the actions agreed have been completed. Ongoing training: All new staff completes the LearnPro training on Data Protection. The training needs to be passed every two years. Mandatory training performance is one of the key indicators of the recently implemented Quality and Performance report. In March 2022 94.2% of the staff have passed the training. An additional tailored training on data protection was provided by the IGM to some staff members (April 2022) Information Asset Owners (IAOs) have received an additional half day training on IAO's role, records management, data protection and FOISA (August/September 2022).	to hear that recommendations have been addressed and actions implemented to improve provision. For comments on training, see Element 12.
10. Business Continuity and Vital Records	G	G	G		MWC has set out its current arrangements for the protection of its Vital Records. There is, however, no indication as to what steps they would take to recover these Records or what would happen in the event of a disaster. It may be the case that this is set out in the BCM Strategy, which is mentioned in the policy. If so, the Keeper would like to see this document (redacted if necessary).	**There has not been significant changes** We are in the process of updating our disaster recovery procedures following the upgrade of our servers. We will inform the keeper with the re-submission of the plan.	Thank you for this update. The Assessment Team notes that a new record recovery system may be developed due to an IT upgrade. We look forward to an update on this in subsequent PURs.	Provision remains as previously described. We run daily backups of all mission critical servers this includes an off-site copy. The data is validated once a month by running test restores. We are currently awaiting a quote to extend this by having a disaster recovery solution stored in Azure.	The Assessment Team is grateful for this update on business continuity arrangements. It is also good to hear of plans to expand MWC's disaster-preparedness through an Azure-based recovery solution. Update required on any future change.
11. Audit Trail	A	A	A		For records sitting outside the IMP system, MWC	We are working towards achieving a greater visibility in tracking records.	The Assessment Team agrees that the adoption of a robust structure (see	The HR department is using the software platform YouManage.	The Assessment Team notes that

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				intends to impose its BCS on to electronic records once it has migrated to a new server in 2014-15. The Keeper agrees that MWC has recognised a need for improvement in this area and he is assured that MWC has shown a commitment to closing the gap in provision in this area. The Keeper requests that he is kept informed of progress in implementing the BCS on MWC's new server.	The Commission has migrated the files to the new structure in the new server and staff received training on naming convention and control versions. This is done through our online training In addition, the Commission has an intranet section called "manage records" where good record management guidelines are updated periodically. Commission's file naming protocol is already available on the intranet accessible for staff. HR department will start using a new HR software platform "YouManage" during 2020. This system will improve the company performance and will allow a better record of Commission's employee's personal files. We recognise that there is space for improvement regarding this element.	element 4) should provide greater control over document tracking. However, there is still a need for staff to name records correctly (and for appropriate training) to ensure all records can be traced and properly identified in the file structure. There seems to be strong evidence that this is being done with training, evidence and naming convention guidance all being present in the authority. The Assessment Team notes the comments about 'YouManage'. The Keeper has previously indicated that he accepts that line-of-business systems have their own record tracking (audit trail) functionality. The Assessment Team expect that the relevant staff will be properly trained in record tracking within this system. The Assessment Team note the MWC's comment that "We recognise that there is space for improvement regarding this element". Although they have, quite correctly, issued staff with version control/naming convention instructions, the authority has not yet reviewed how those instructions are being implemented in practice throughout the organisation. Until MWC can be confident that staff are universally applying instructions that will allow records to be efficiently tracked, this element remains at Amber. The Assessment Team looks forward to an update on this work in subsequent PURs.	Electronic records sitting outside the IMP system are stored on shared network servers in a folder structure that follows our BCS. Achieving a green status on audit trail has been proven very difficult without an EDRMS environment. The Commission is currently looking for an EDRMS solution as part of the wider project to replace our core IT system and has a team aiming to deliver this through a managed procurement process. The delivery is also dependent on budget approval. Timeframe for delivery 3 years. In the meantime, we keep providing good records management guidelines to all staff and will reinforce the role of Commission's Information Assets Owner (See element 12 about staff and IAO training on records management).	MWC continues to use 'YouManage'. The Keeper has previously indicated that line-of-business systems have their own record tracking (audit trail) functionality, and that this is acceptable. It is positive that replacing the current core IT system in the next three years is currently being explored. In the meantime, the provision of good records management guidelines, supported by training. MWC correctly identifies that achieving a green status on audit trail will be difficult without an EDRMS environment with efficient, built-in audit trail tracking capabilities. Until MWC can be confident that staff are universally applying current file naming guidelines and other file management instructions that will allow records to be efficiently tracked, this element remains at Amber. It is clear from this update, however, that improvement in this Element is on MWC's radar. The Assessment Team looks forward to an update on this work in subsequent PURs.
12. Competency Framework	G	G	G	A draft Information and Records Management Competencies document (Appendix 21), drawn up by	The Commission has fully implemented its plan.	The Keeper expects to see evidence that Staff creating, or otherwise processing records, are appropriately trained and supported.	The Information Governance Manager attends events organised by the PRSA team and others regularly.	Thank you for sharing with us, under Element 9, that all

				an external consultant, has been submitted. The Keeper would like to know whether this document forms the basis of further work in incorporating these competencies into all staff job descriptions, and if so, how this will be done and the timescale involved.	The Information Governance Manager receives adequate training (see evidence attached in **for element 2.**) All new staff need to complete an online learning course **(LearnPro)** in Records Management, Data Protection and Information Security, and Cyber security. The training needs to be passed every two years but the training material is always available for further consultation. Test results are recorded and retained and interval for refresher training established. The Commission added two core competencies as part of the **new PDP process.** These competencies cover. Data handling and records management. Staff are expected to demonstrate competency in this areas. **Annex 7-** PDP form**.** **Annex 8-** E-learning training examples.	There seems to be ample evidence that MWC takes this aspect of their plan seriously with mandatory training in Records Management, Data Protection and Information Security. The Assessment Team notes the information governance training detailed under element 9 above. Also, the authority seems to provide training of the management of records. For example naming conventions etc.in element 11 and data sharing in element 14. The Assessment Team acknowledge receipt of evidence of staff training and development including the new PDP framework that includes records management. This latter is particularly commendable.	All new staff completes the LearnPro training on Records Management. The training needs to be passed every two years. Mandatory training performance is one of the key indicators of the recently implemented Quality and Performance report. In March 2022, 88.4% of the staff has passed the record management training. In addition, senior managers/Information Asset Owners attended a half day external in-house training (August and September)	staff members complete LearnPro training on Data Protection and Records Management, and that some staff members have received additional IGM training on data protection. It is also very appropriate that IAOs have received additional training on FOISA, records management and data protection. It is also positive that MHC Information Governance manager continues to engage with events organised by the PRSA team.
13. Assessment and Review	G	G	G	MWC have established a Records Management Review Group (RMRG) to implement the RMP and monitor its effectiveness. The Keeper commends this commitment to internal review of records management arrangements and would welcome updates on the work being achieved by RMRG.	There are not major changes regarding this element. The Commission is currently working on the improvement of the BCS and retention schedules. The executive team discusses record management issues during the Operational Management Groups quarterly. The information governance manager will bring matters to their attention. **Annex 9.** OMG minutes extract September 2019 **Annex 10.** OMG extract minutes November 2019 (draft, pending of approval)	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.) The authority's participation in the PUR process in 2017 and 2019 demonstrates a commitment to reviewing its RMP. In 2014 the Keeper agreed that the review process in MWC was suitable for compliance with the Act and there is nothing to suggest this has changed. It is noted that information governance policies supporting the Records Management Plan are routinely reviewed and updated (for example see element 8). The Assessment Team acknowledge receipt of evidence of records management being reported to senior management (as explained in the 2017 PUR).	The Commission is engaged with the PRSA PUR reporting process. Internally, twice a year records management matters are reported to the Audit performance and Risk Committee (previously Audit, Risk and Information Governance). In addition, IGM keeps bringing relevant matters to the ELT (Executive Leadership Team when needed, previously, Operational Management Group).	The MWC is commended for its continuing engagement with the PUR process. It is also great to hear that both the Audit Performance and Risk Committee and the Executive Leadership Team are being kept up to date with any records management issues. It is also noted that information governance policies supporting the Records Management Plan are routinely reviewed and updated (see Elements 3, 8 and 9).
14. Shared Information	G	G	G	Update required on any change.	The Commission and the NCF have appropriate protocols in place to securely assess when information can be shared lawfully and securely. It is necessary to undertake a risk assessment	Thank you for this update. As with other elements in the plan it is clear that the procedures and policies are routinely reviewed and, where necessary,	Development and provisions continues as set in the 2019 PUR updated. In 2021-2022 the Commission has been updating the Liaison Agreements,	Thank you for this update. It is evident that MWC continues to take great care when drafting liaison

					before any personal or corporate sensitive information is shared. Staff that need to deal with data sharing are trained on it. Regarding the methods used for transferring data, this is covered in the Information Risk Management policy. The Commission has detailed guides for sending personal information out of the organisation. All staff receive information security training on induction and periodic refresher training. Data Sharing agreements and MOUs are used to record specific requirements for and the circumstances for information sharing, ensuring that data is shared fairly and lawfully. The data sharing protocol form was reviewed in 2019. There is a diagram available on the intranet explaining the differences between FOI access, data subject access request and data sharing agreement as it was noticed that staff did not fully understand the differences between them and the terms were incorrectly used. **Annex 11-** Diagram and intranet explanation for sharing information**.**	upgraded. This maintenance is vital to the continuing success of a records management programme and it seems clear that the resources are made available in MWC to pursue this. The Assessment Team acknowledges receipt of the MWC Data Sharing Diagram. This is a clear guide for staff that must be beneficial. It is strong evidence again that this authority properly considers a culture of good records management.	memorandum of understanding and sharing agreements with other public bodies. Where possible we have used the Scottish Government sharing agreement toolkit. Main agreements can be accessed online under the **How we work with other organisations sections.**	agreements, MoUs and sharing agreements in order to take privacy considerations into account. The continuing use of SG Sharing Agreement Toolkit is noted with thanks. Thank you also for providing a link to MWC's main agreements with other organisations, available on the website. MWC continues to show strong evidence that a culture of good records management is continuing to be implemented.

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 11th November 2022. The progress update was submitted by Paloma Alvarez, Information Governance Manager.

The progress update submission makes it clear that it is a submission for the **Mental Welfare Commission for Scotland**.

PRSA Assessment Team's Summary

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

General Comments

The Mental Welfare Commission for Scotland continues to take its records management obligations seriously and is working to bring all elements into full compliance.

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

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

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

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

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

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

Iida Saarinen
Public Records Officer