NHS Shetland

Meeting:	**Shetland Board**
Meeting date:	**13 December 2022**
Title:	**NRS - Public Records (Scotland) Act Progress Update Review - Final Report**
Agenda reference:	**Board Paper 2022/23/54**
Responsible Executive/Non-Executive:	**Colin Marsland, Director of Finance and Senior Information Risk Owner (SIRO)**
Report Author:	**David Morgan, Head of Information Governance, Freedom of Information Lead and Data Protection Officer**

1.   Purpose

This is presented to the Board/Committee for:

- Awareness

This report relates to:

- Annual Operating Plan
- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person-centred

2.   Report summary

2.1. Situation

The Public Records (Scotland) Act 2011 (the Act) requires NHS Shetland to agree a Records Management Plan (RMP) with the Keeper of the Records of Scotland (the Keeper) and for the RMP to be kept under review.

NHS Shetland agreed its RMP in May 2018.

An organisation can demonstrate its responsibility to keep its RMP under review by participating in the Keeper's Progress Update Review (PUR) process.

NHS Shetland's submitted its first PUR in October 2019. PURs were not submitted in 2020 and 2021.

This report contains the PUR submitted by NHS Shetland in May 2022, together with the Keeper's assessment of the organisation's progress.

The letter accompanying the report concludes that NHS Shetland continues to take its statutory obligations seriously and that it is working to bring all the elements of its records management arrangements into full compliance with the Act.

2.2. Background

The Public Records (Scotland) Act 2011 (the Act) received Royal Assent on 20 April 2011 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 requires NHS Shetland to prepare and implement a records management plan (RMP) which must set out proper arrangements for the management of its records. The plan must clearly describe the way NHS Shetland 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.

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 Progress Update Review (PUR) self-assessment 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 NHS Shetland to be credited for the progress it is making and to receive constructive advice concerning on-going developments. Engaging with this mechanism not only maintains the spirit of the Act by encouraging senior management to recognise the need for good records management practices, but also helps NHS Shetland comply with its statutory obligation under section 5(1)(a) of the Act, namely to keep our RMP under review.

2.3. Assessment

2.3.1. Quality / patient care

Together with all other NHS Boards, the pandemic presented NHS Shetland with significant challenges in the management of its public records. The rapid and unplanned rollout of Microsoft 365 continues to have operational and governance implications for the quality and effective management of NHS Shetland's records. In reviewing the PUR, the Keeper was mindful, and understanding, of the impact of the pandemic on the ability of NHS organisations to progress their RMP obligations.

The attached PUR provides a summary of the current state of each of the 14 elements of the RMP, together with the Keeper's assessment of the organisation's commitment to progressing the implementation of the plan.

The Keeper's Assessment Team agreed that the proper record management arrangements outlined by the fourteen elements in the Records Management Plan continue to be properly considered by the organisation. The Assessment Team commended NHS Shetland's efforts to keep its RMP under review.

2.3.2. Workforce

NHS Shetland does not have a Corporate Records Manager. This is a significant gap in the resources the organisation needs to fulfil its records management obligations.

The need for a Corporate Records Manager (CRM), together with a plan to consolidate and improve the overall management of the organisation's records, was described in the IG Department Business Case presented to EMT in November 2021. The plan anticipated the recruitment of a CRM in 2023-24.

Recruitment of an experienced and qualified CRM will provide the leadership and capacity required to address the records challenges arising from the pandemic and enable NHS Shetland to achieve the objectives and obligations set out in the RMP.

The knowledge and skills of a qualified CRM are essential for the effective deployment of Microsoft 365 (M365).

2.3.3. Financial

The funding required to recruit a CRM was described in the IG Department Business Case presented to EMT in November 2021.

2.3.4. Risk assessment/management

Without a CRM, NHS Shetland will struggle to make meaningful progress in responding to the records management challenges caused by the pandemic. It will lack the expertise required to maximise the opportunities created by the deployment of M365. It will face significant difficulties in bringing its records management arrangements into full compliance with the Public Records (Scotland) Act.

2.3.5. Equality and Diversity, including health inequalities

Not applicable

2.3.6. Other impacts

Effective records management underpins and supports good governance and service efficiency. Establishing an efficient records management culture will facilitate time and costs savings across all areas of the organisation.

2.3.7. Communication, involvement, engagement and consultation

This is an internal report and has only been discussed with relevant local stakeholders.

2.3.8. Route to the meeting

The draft version of the report (unchanged) has been considered by the following groups:

Information Governance Sub-Group (IGSG) on 14 June 2022

Digital and Informatics Support Group (DISG) on 06 September 2022

Finance and Performance Committee (FPC) on 24 November 2022

2.4. Recommendation

- **Awareness** – For Members' information only.

3. List of appendices

- Appendix 1 – NRS - Public Records (Scotland) Act Progress Update review - Letter - 11 October 2022

- Appendix 2 - NRS - Public Records (Scotland) Act External Review Progress Review Report

Michael Dickson
NHS Shetland Board Headquarters
Upper Floor Montfield
Burgh Road
Lerwick
Shetland
ZE1 0LA

11th October 2022

Dear Mr Dickson,

Progress Update Review (PUR) Final Report: NHS Shetland

Thank you for your authority's submission of a Progress Update Review (PUR) for assessment and comment by the Public Records (Scotland) Act 2011 Assessment Team. We commend participation by authorities in undertaking, and reporting on, regular self-assessments and reviews of their records management arrangements. We anticipate that through uptake of the PUR tool, a stronger sense of collaboration and mutual support will be achieved between authorities and the Assessment Team. This will continue to enhance the culture of records management across Scotland's public authorities.

The Assessment Team has now evaluated the submission and consider that NHS Shetland continues to take their statutory obligations seriously and are working to bring all the elements of their records management arrangements into full compliance with the Act and fulfil the Keeper's expectations.

I enclose the Assessment Team's findings in the accompanying Report. We would welcome you publishing this Report as an indication of the good work and progress your authority is making in its record management arrangements and to aid colleagues by sharing good practice with other authorities. The National Records of Scotland will publish the Report on its website in due course.

The PUR process is offered to all public authorities each year on the anniversary of the agreement of their Records Management Plan. NHS Shetland can therefore expect to receive its next PUR invitation in March 2023.

Yours sincerely

Iida Saarinen
Public Records Support Officer
Direct Email: iida.saarinen@nrscotland.gov.uk

A40927115 - NRS - Public Records (Scotland) Act (PRSA) - NHS Shetland - Progress Update Review (PUR) - Final Report Letter - 11 October 2022

Preserving the past **|** Recording the present **|** Informing the future

The Public Records (Scotland) Act 2011

NHS Shetland

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

11th October 2022

Contents

1. Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (the Act) received Royal Assent on 20 April 2011. It is the first new public records legislation in Scotland since 1937 and came into force on 1 January 2013. Its primary aim is to promote efficient and accountable record keeping by named Scottish public authorities.

The Act has its origins in *The Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950-1995* (The Shaw Report) published in 2007. The Shaw Report recorded how its investigations were hampered by poor recordkeeping and found that thousands of records had been created, but were then lost due to an inadequate legislative framework and poor records management. Crucially, it demonstrated how former residents of children's homes were denied access to information about their formative years. The Shaw Report demonstrated that management of records in all formats (paper and electronic) is not just a bureaucratic process, but central to good governance and should not be ignored. A follow-up review of public records legislation by the Keeper of the Records of Scotland (the Keeper) found further evidence of poor records management across the public sector. This resulted in the passage of the Act by the Scottish Parliament in March 2011.

The Act requires a named authority to prepare and implement a records management plan (RMP) which must set out proper arrangements for the management of its records. A plan must clearly describe the way the authority cares for the records that it creates, in any format, whilst carrying out its business activities. The RMP must be agreed with the Keeper and regularly reviewed.

2. Progress Update Review (PUR) Mechanism

Under section 5(1) & (2) of the Act the Keeper may only require a review of an authority's agreed RMP to be undertaken not earlier than five years after the date on which the authority's RMP was last agreed. Regardless of whether an authority has successfully achieved its goals identified in its RMP or continues to work towards them, the minimum period of five years before the Keeper can require a review of a RMP does not allow for continuous progress to be captured and recognised.

The success of the Act to date is attributable to a large degree to meaningful communication between the Keeper, the Assessment Team, and named public authorities. Consultation with Key Contacts has highlighted the desirability of a mechanism to facilitate regular, constructive dialogue between stakeholders and the Assessment Team. Many authorities have themselves recognised that such regular communication is necessary to keep their agreed plans up to date following inevitable organisational change. Following meetings between authorities and the Assessment Team, a reporting mechanism through which progress and local initiatives can be acknowledged and reviewed by the Assessment Team was proposed. Key Contacts have expressed the hope that through submission of regular updates, the momentum generated by the Act can continue to be sustained at all levels within authorities.

The PUR self-assessment review mechanism was developed in collaboration with stakeholders and was formally announced in the Keeper's Annual Report published on 12 August 2016. The completion of the PUR process enables authorities to be credited for the progress they are effecting and to receive constructive advice concerning on-going developments. Engaging with this mechanism will not only maintain the spirit of the Act by encouraging senior management to recognise the need for good records management practices, but will also help authorities comply with their statutory obligation under section 5(1)(a) of the Act to keep their RMP under review.

3. Executive Summary

This Report sets out the findings of the Public Records (Scotland) Act 2011 (the Act) Assessment Team's consideration of the Progress Update template submitted for NHS Shetland. The outcome of the assessment and relevant feedback can be found under sections 6 – 8.

4. Authority Background

Shetland NHS Board is responsible for health care for a population of around 23,000. Local Hospital and Community Services are provided from the Gilbert Bain Hospital. In addition, visiting consultants from NHS Grampian provide out-patient clinics as well as in-patient and day-case surgery to supplement the service provided by locally-based Consultants in General Medicine, General Surgery, Anaesthetics and Psychiatry.

Board Objectives:

- To continue to improve and protect the health of the people of Shetland
- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient
- To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service
- To provide best value for resources and deliver financial balance
- To ensure sufficient organisational capacity and resilience

https://www.shb.scot.nhs.uk/

5. Assessment Process

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

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

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

Key:

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

6. Progress Update Review (PUR) Template: NHS Shetland

Element	Status of elements under agreed Plan 08MAR18	Progress review status 17OCT19	Progress review status 11OCT22	Keeper's Report Comments on Authority's Plan 08MAR18	Self-assessment Update 05JUN19	Progress Review Comment 17OCT19	Self-assessment Update as submitted by the Authority since 17OCT19	Progress Review Comment 11OCT22
1. Senior Officer	G	G	G	Update required on any change.	The Executive Lead is now Simon Bokor-Ingram, Interim Chief Executive of NHS Shetland.	The Keeper's Assessment Team thanks NHS Shetland for this update which has been noted.	The Executive Lead is now Michael Dickson, Chief Executive of NHS Shetland.	The Assessment Team thanks you for this update which has been noted.
2. Records Manager	G	G	G	Update required on any change.	The responsible person is still David Morgan, however the post title is now 'Information Governance Manager/DPO'.	The Assessment Team thanks NHS Shetland for this update which has been noted.	The responsible person is still David Morgan. The post title is now 'Head of Information Governance/DPO'. NHS Shetland recognises the need to recruit a qualified and experienced Corporate Records Manager (CRM). The recruitment of a CRM is established in an IG business case that was planned for implementation over the next three years. However, this timescale is at risk	The change in post title is noted with thanks. Thank you also for notifying the Keeper's Assessment Team of the positive news that NHS Shetland intends to recruit a Corporate Records Manager in the future. The resource challenges identified with the timeline of the planned post have also been noted. We look forward to hearing how this progresses in subsequent PURs.

	<td style="background:green"></td>	<td style="background:green"></td>	<td style="background:green"></td>			because of the significant financial pressures now faced by Boards. **Appendix 1 – Proposed Departmental Structure**	The receipt of accompanying evidence (Information Governance Department - Organisational Structure for Business Case) is also noted with thanks.
3. Policy	**G**	**G**	**G**	Update required on any change.	No Change.	No immediate action required. Update required on any future change. The Assessment Team acknowledges the receipt of *NHS Shetland Records Management (High Level) Action Plan* which underlines the authority's commitment to pursue the improvements described in this PUR. We have saved this document in order that the NHS Shetland submission remains up-to-date.	The Records Management Action Plan (**Appendix 2**) has not been updated since the submission of the 2019 PUR. Please see the update provided for Element 13. The RM Policy is overdue for review. Item 3.2 of the RM Action Plan had a 2019 target for the review and refresh of all of RM and IG related policies and procedures. The 2019 target was not met. Work in this area stalled due to the diversion of resources to the pandemic	The Assessment Team thank you for this update. It is disappointing to hear that records management Action Plan is no longer fully up to date due to lack of review, but understandable in the circumstances of the pandemic and the resulting resource diversion. Thank you for providing this document as evidence. A further comment on this is provided under Element 13 (Assessment and Review).

							response. It has recently restarted but progress is slow due to workload pressures and resource constraints.	As a records management policy statement remains in place, regardless of the lapse of review of key accompanying documents, this Element will remain at Green. The Team would nevertheless urge NHS Shetland to review and update the key plans and policies with lapsed scheduled review dates as soon as reasonably feasible.
4. Business Classification	A	A	A	The work to develop the BCS is included in the Records Management Action Plan (evidence 012) and has an estimated completion date of October 2018. The Keeper requests that he is kept informed of the progress of this work. NHS Shetland has committed to using the Progress Update Review (PUR) mechanism to review progress and inform the Keeper.	An updated Records Management Action Plan is attached as evidence in Appendix 1.

Completion of the BCS has not progressed as quickly as planned due to resources being diverted to work on the development of a) an organisation wide Information Asset register and b) Data Flow | The development and roll-out of a business classification scheme was bound to be an incremental and time-consuming process and the Assessment Team accepts that the original target of October 2018 has been missed. The authority has explained that other information governance work (especially around GDPR) has taken priority. This is understandable. | This section of the Records Management Action Plan has not been updated since the submission of the 2019 PUR.

NHS Shetland has adopted the NHS Scotland BCS. It has implemented the OneTrust (1T) software platform to support its GDPR compliance work. This tool is being used to build the organisational IAR and the national BCS | Thank you for letting us know that NHS Shetland has now adopted NHS Scotland Business Classification Plan, and implemented (or in the process of implementing) new 1T software to assist in its GDPR compliance, data mapping, and building an Information Asset Register. Thank you also for sharing a screenshot of OneTrust with the |

| | | | | The commitment to undertake the implementation of an EDRMS is confirmed by an extract from the 2017/18 eHealth Work Plan presented to the eHealth Informatics Support Group (evidence 017). | Mapping as part of GDPR compliance. The completion of tasks a) & b) will assist with the production of the BCS and lay the foundation for the EDRMS work.

Evidence of the IAR and Data Flow Mapping work is provided in Appendix 2. | NHS Shetland are not alone in developing an Information Asset Register (principally to reveal records containing personal information?). This could expand to encompass all public records of the authority. The Keeper agrees that an Information Asset Register should assist with the production of the BCS and lay the foundation for the EDRMS work as suggested. | structure and retention periods have been integrated into the 1T IAR building process.

Appendix 3 – OneTrust

Data Flow Mapping has also been transferred to 1T, however this task has been made more complex with the unplanned /unscheduled rollout of MS Teams as part of NHS Scotland's response the COVID-19 pandemic.

NHS Shetland plans to implement SharePoint (via the national NHS rollout of M365) as its EDRMS. The national rollout of M365 has proved challenging. To date, NHS Shetland has not received a timetable for SharePoint implementation. | Assessment Team.

The upcoming SharePoint and M365 implementation will be a major project, and upcoming challenges have already been identified by the authority. It is clear that NHS Shetland has progressed in this element, but due to the upcoming M365 roll-out, there will likely be further disruption to existing frameworks as the BCS and IAR are adjusted accordingly.

This Element will remain at Amber, but NHS Shetland is commended for the steps taken in the right direction pre-M365 implementation. The PRSA Team look forward to hearing how this has progressed in subsequent PURs. |

| 5. Retention Schedule | A | A | A | *The Records Management Procedure: non-clinical records*

The Procedure will undergo a full review prior to April 2018. The Keeper requests that he is sent the updated version once it becomes available.

Procedure for the Retention and Destruction of Personal Health Records

The Procedure is currently under review and it advises that staff should contact their local records management representative for up-to-date advice. The Keeper requests that he is sent the updated version once it becomes available.

The RMP states that retention rules are not currently being applied to electronic records held on shared drive networks, emails or | Review delayed – we are awaiting publication of the updated NHS Scotland Retention Schedule (currently the 2012 version).

2019/20, NHS Shetland will purchase propriety software that will enable it to undertake comprehensive audits of all electronic assets; this process will identify asset owners, set retention flags, when the record was last accessed, security permissions, detect the presence of personal data, unusual activity etc. An example of this tool is provided in Appendix 3.

The complete organisational IAR is still in development. Due to the size and | **See element 4 .**

As part of the development of an Information Asset Register and prior to the potential migration to a new records management system **(SharePoint/O365?)** , NHS Shetland are reviewing the retention decisions applied to record types in the authority.

This review has been delayed by the development of the new NHS Code of Practice (and retention periods) which is being produced by the Scottish Government. The Keeper is kept up-to-date with the development of this tool.

In order to help control the management of 'electronic assets' NHS Shetland are undertaking an audit. This will inform the *Information Asset Register* **(see element 4)**. To | This section of the Records Management Action Plan has not been updated since the submission of the 2019 PUR.

NHS Shetland has adopted the revised national retention schedule issued by Scottish Government in June 2020.

As intimated in the 2019 PUR, NHS Shetland has now purchased proprietary software (Netwrix Auditor) to enable it to undertake comprehensive audits of all electronic network assets.

Appendix 4 - Netwrix Auditor

This system has yet to be fully deployed because IT staff were diverted to support the major IT effort required to establish and support homeworking and the provision of remote healthcare solutions in | Thank you for letting us know that NHS Shetland has adopted the revised SG National Retention Schedule, and that the authority has purchased a specific software tool to allow for comprehensive audits of network assets held electronically (the provided overview document is acknowledged with thanks). It is understood that this system is not yet fully deployed due to diversion of resource necessitated by the pandemic and working from home.

It is evident from this update that NHS Shetland understands the complexity and the scope of work remaining in order to meet the Keeper's expectations. The moving of documents and the attached metadata |
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| | | | some business systems. This will be addressed under Action 5.2 of the Records Management Action Plan (evidence 012) which has an estimated completion date of December 2020. | complexity of NHS Shetland this has proved to be a significant task and it is unlikely that we will meet our ambitious target of October 2019. The Board's network of Information Asset Leads (previously called 'Records Management Champions') are working to a) verify the accuracy of the departmental IARs that make up the overarching IAR and b) ensure they are regularly updated. | facilitate the audit the authority has purchased specialist software. The Assessment Team acknowledges that they have received the specifications of this software. They thank NHS Shetland for sharing this information. | response to the pandemic. | from shared drives to the new M365 Cloud environment will require significant time and effort. Even though the diversion of resources during the pandemic has halted progress in many areas, NHS Shetland maintains awareness of the challenges and continues to address them. The work on assigning formal Information Asset Owners and the plans to deploy and support Information Asset Administrators is also welcome news, noted with thanks. |
| | | | The 'Improvement Action' section of this Element states that NHS Shetland intends to develop a detailed Information Asset Register (IAR) and a comprehensive BCS as part of the implementation of an EDRMS. This work will allow the consistent application of retention schedules. The development of the IAR is due for completion in October 2019. Work has already commenced on populating the IAR and NHS Shetland intends to produce a completed draft IAR by the end of March 2018. The Keeper can agree this Element | | | The pace of work on the Retention Schedule will pick up as we return to BAU operations, however that still seems some distance away given the 'mop up' work required to remediate the emergency rollout of many new electronic assets and ad-hoc records storage locations.

In addition, significant work will be required to identify, classify, review and apply retention labels to the ad-hoc creation of records in the M365 cloud environment.

The network of Information Asset Leads described in the 2019 PUR were also diverted to the pandemic response.

On a more positive note, NHS Shetland has formally assigned managers IAO | This Element will remain at Amber as the work on the Retention Schedules is still incomplete. Elements 4 and 6 are also very closely connected to Element 5, and the future implementation of M365 will have major implications on all of |

				on an 'Improvement Model' basis. This means that the authority has identified a gap in provision (the lack of consistent application of retention schedules) and has identified how it intends to close this gap. This agreement is conditional on the Keeper being kept up-to-date on the progress of work to close this gap.			responsibilities and IAO training sessions are currently in progress. Work has begun on reviewing the most efficient way of deploying and supporting IAAs. The intention is to use MS Teams to create an online IAA network and to provide one-to-many RM and IG education and support resources for Admin colleagues.	these. We look forward to updates on progress in subsequent PURs.
6. Destruction Arrangements	**A**	**A**	**A**	The RMP (under Element 5) states that at present NHS Shetland does not actively apply retention rules to electronic records stored on shared network drives, emails or some line-of-business systems. It is anticipated that the development of an EDRMS based on a detailed BCS will greatly improve the capability to systematically delete electronic records in accordance with the retention schedules. It is anticipated that	Work on the development of a test EDRMS will commence in June 2019. In 2019/20, NHS Shetland will purchase propriety software that will enable it to undertake comprehensive audits of all electronic assets; this process will identify asset owners, set retention flags, when the record was last accessed, security	The Assessment Team acknowledges the receipt of *Electronic Document Disposal Register and Guidance* which underlines the authority's commitment to pursue the improvements described in this PUR. We have saved this document in order that the NHS Shetland submission remains up-to-date. In order to help control the management of 'electronic assets' NHS Shetland are	This section of the Records Management Action Plan has not been updated since the submission of the 2019 PUR. The rollout of the web-based Disposal Register for Corporate Records was disrupted by the pandemic response. The rollout will be restarted with the return to BAU and the support of the IAAs described in the plans for Element 5.	Thank you for this update which is closely tied to Elements 4 and 5. It is regrettable but understandable that the Corporate Records' Disposal Register roll-out was disrupted due to the pandemic. This Element will remain at Amber. The Assessment Team looks forward to updates on progress in subsequent PURs.

			the implementation of the EDRMS will be completed by June 2021. NHS Shetland has committed to update the Keeper on progress by using the PUR mechanism. The RMP also states that NHS Shetland intends to develop a disposal register to record the fact that records scheduled for destruction have been securely disposed of. This action is built in to the Records Management Action Plan (evidence 012) and has an estimated completion date of October 2019. The Keeper requests that he is sent a sample of the register once it has been developed. The Keeper can agree this Element on an 'Improvement Model' basis. This would mean that the authority has identified a gap in provision (the lack of audit trail provision	permissions, detect the presence of personal data, unusual activity etc. An example of this tool is provided in Appendix 3. Medical Records already has a disposal register. NHS Shetland has now developed a web-based Disposal Register for Corporate Records. Evidence of this is presented in Appendix 4.	undertaking an audit. This will inform the *Information Asset Register* **(see element 4)**. To facilitate the audit the authority has purchased specialist software. The Assessment Team acknowledges that they have received the specifications of this software. They thank NHS Shetland for sharing this information. The Assessment Team acknowledges that NHS Shetland have developed a Disposal Register for corporate (rather than clinical) records. This was a target in the original submission and it is commendable that this has been done. The development of the ERDM work **(see element 4)** should greatly enhance the authority's ability to control the deletion of electronic records when required. For the moment this element remains at amber, but the Assessment Team is	

				for the destruction of paper records and the lack of ability to delete electronic records in accordance with retention schedules) and has identified how it intends to close this gap. This agreement is dependent upon the Keeper being updated as the work to close the gap progresses.		confident that NHS Shetland is taking reasonable steps to structure its public records in such a way that they can be confident that digital records are destroyed in a controlled, irretrievable and secure manner as they reach the end of their retention period **(see element 5)**. The Assessment Team looks forward to receiving an update on this work in subsequent PURs.		
7. Archiving and Transfer	**G**	**G**	**G**	The 'Improvement Action' section of this Element states that NHS Shetland will work with NHS archivists and Shetland Archives to develop a selection policy for paper and electronic records created by NHS Shetland. **The Keeper requests that he is sent a copy of the selection policy once it has been finalised and approved.**	No Change.	No immediate action required. Update required on any future change. However, the Assessment Team acknowledges that it has been supplied with the NHS Shetland Action Plan **(see element 3)** which commits the authority to "Audit and review existing record collections to identify records of historic and enduring value to be transferred to Shetland Archives".	This section of the Records Management Action Plan has not been updated since the submission of the 2019 PUR. The NHS Grampian Archivist visited Shetland in March 2022 and together with Shetland Archives supported local staff with the identification, appraisal and cataloguing of Corporate Records	Thank you for this update of a recent identification, appraisal and cataloguing activity regarding Corporate Records suitable for transfer to Shetland Archives. The provided evidence is also acknowledged with thanks. Many thanks also for indicating that the drafting of the selection policy is planned, and will

| | | | | | | | They look forward to receiving an update on this work in subsequent PURs. | suitable for transfer to Shetland Archives.

Appendix 5 – Archivist Visit

The next step is for the IG Team to work-up the selection policy document and take this through the Board's policy approval process. As requested, The Keeper will be sent a copy of the approved policy. | forwarded to the Keeper's Assessment Team once approved. |
| 8. Information Security | **G** | **G** | **G** | **All NHS Shetland records management /information governance policies and procedures are being reviewed and updated.** | No Change. | No immediate action required. Update required on any future change. | This section of the Records Management Action Plan has not been updated since the submission of the 2019 PUR.

NHS Shetland is now subject to a comprehensive information security audit by the Health Competent Authority (HCA). All IT security policies have been reviewed and an action plan (confidential) is in place to address the findings of the HCA | Thank you for sharing the news of a recent HCA audit with the Assessment Team. It's very positive to hear that – while the Records Management Action Plan remains to be reviewed and updated – IT security policies have been recently reviewed, and work has been started on updating IG and RM policies. |

							audit. **Appendix 6 – HCA NISR Audit** Work on reviewing the records management and information governance policies was delayed by the pandemic response, but has recently restarted.	
9. Data Protection	**G**	**G**	**G**	**All NHS Shetland records management /information governance policies and procedures are being reviewed and updated as part of the RMP Action Plan. The Keeper requests that he is sent the Policy once it has been updated in order to keep the submission up-to-date.**	No Change.	As with all other Scottish public authorities NHS Shetland have been required to review and update their data protection procedures in light of the 2018 legislation.	This section of the Records Management Action Plan has not been updated since the submission of the 2019 PUR. This work has not progressed as anticipated due to staff being deployed to support the pandemic response. An example of the work on updating policies and procedures that illustrates our commitment to improving the public's access to their health records is available at:	Thank you for this update. It is unfortunate that the pandemic response has forced the redeployment of staff to address critical functions during the pandemic, but this perfectly understandable. Thank you for linking to the Subject Access Request procedure guidance – this is great way to ensure information about access to one's own health records is readily available. The updates under

							https://www.shb.scot.nhs.uk/board/policies/SubjectAccessRequest-SAR-Procedure.pdf Please see the data protection related updates described in Elements 4, 8 and 9.	Elements 4, 8 and 9 are noted. The Assessment Team has no specific concerns about this Element. Update required on any change.
10. Business Continuity and Vital Records	**G**	**G**	**G**	Update required on any change.	No Change.	No immediate action required. Update required on any future change.	This section of the Records Management Action Plan has not been updated since the submission of the 2019 PUR. NHS Shetland has strengthened its Business Continuity resources by appointing a dedicated Resilience and Business Continuity (RBC) Officer. The RBC Officer is supporting local 'Exercise in a Box' sessions to help prepare and test our response to a cyber incident. **Appendix 7 – Exercise in a Box**	Thank you for this update. The Team note that NHS Shetland has recently appointed a dedicated Resilience and Business Continuity Officer. This, and the training they provide (evidence acknowledged with thanks) will likely have a positive impact on the disaster-preparedness of the authority. It is also good to know that this work ties closely with the OneTrust IAR currently being developed.

	🟩	🟩	🟩				The IG Team are working in partnership with the RBC Officer to ensure that departmental BCPs specify their business critical information assets and that these are classified as red, amber, green with associated restoration timescales. These classifications are being recorded in the OneTrust IAR.	
11. Audit Trail	**A**	**A**	**A**	NHS Shetland has explained that it is seeking to reduce its reliance on paper records by scanning both clinical and corporate records. A photograph of the scanning equipment has been provided (evidence 056). **To improve the tracking of paper corporate records NHS Shetland will implement a tracking system based on one in operation at the University of Edinburgh**	NHS Shetland has implemented a tracking procedure for paper records based on the system used by the University of Edinburgh. Evidence of this is presented in Appendix 5. Policy update work is continuing The updated Framework for Document Development is in almost complete. Security classification section to be	**See element 4.** The steps, regarding the tracking of paper records, committed to in the original submission have now been taken. The Assessment Team acknowledges the receipt of *Procedure for Tracking Paper Records – Clinical and Non-clinical* **(version 0.1 - is this draft?)** which underlines the authority's commitment to pursue the improvements described in this PUR. We have saved this document	This section of the Records Management Action Plan has not been updated since the submission of the 2019 PUR. Please see the EDRM related updates provided for Elements 4 and 5. The local implementation of Microsoft's eDiscovery module for M365 will provide powerful audit functions for digital corporate records, however there are continuing concerns	Thank you for this update on NHS Shetland's progress on record audit trails. It is acknowledged that the authority is currently implementing a M365 application eDiscovery to enhance audit functions for digital corporate records. NHS Shetland correctly recognises that this is unlikely to provide a straightforward solution in the authority's wider context.

(evidence 057). The Keeper looks forward to receiving updates on the progress of this work as part of the PUR process. NHS Shetland has in place a Policy for the Transportation of Health Records **The Keeper requests that he is sent the updated version once it becomes available. All NHS Shetland records management information governance policies and procedures are being reviewed and updated as part of the RMP Action Plan.** **The Keeper requests that he is sent the Policy once it has been updated in order to keep the submission up-to-date.** Framework for Document Development **The Keeper requests that he is sent the updated version once it becomes**	added before and final approval. In 2019/20, NHS Shetland will purchase propriety software that will enable it to undertake comprehensive audits of all electronic assets; this process will identify asset owners, set retention flags, when the record was last accessed, security permissions, detect the presence of personal data, unusual activity etc. An example of this tool is provided in Appendix 3.	in order that the NHS Shetland submission remains up-to-date. Tracking all public records held digitally is more of a problem particularly regarding corporate records on shared drives. However, the work explained under element 4 should greatly enhance the authority's control of this aspect of records management provision. This element remains at 'amber' until the IAR/EDRM solution is developed and rolled out. At that point the ability of the authority to locate digital records (and identify versions) should be greatly enhanced. The Assessment Team looks forward to receiving an update on this work in subsequent PURs. As before The Keeper requests that he is sent the updated version of the *Framework for Document Development* once it	as to how this will work in practice in the national tenancy. NHS Shetland is also in the final stages of implementing the latest cloud-based release of FairWarning. This proprietary product can detect unauthorised staff access to the digital records of co-workers and neighbours. **Appendix 8 - FairWarning** The Keeper requested a copy of updated version of the Framework for Document Development. This document (and associated appendices) is available for download at the top of this page: https://www.shb.scot.nhs.uk/board/policies.asp The request copy of the Policy for the Transportation of	Thank you also for letting the Assessment Team know about the implementation of FairWarning, and the accompanying evidence. This is also very relevant to Element 8. The Assessment Team is grateful for the copy of a reviewed Framework for Document Development, as well as the Policy for the Transportation of Health Records; these have been received with thanks. This element will continue the remain at Amber while the authority works towards the implementation of an IAR/EDRM system. NHS Shetland has taken positive steps towards greater audit trail capabilities, but until the national roll-out of M365 within the NHSS health Boards is complete,

				available. All NHS Shetland records management /information governance policies and procedures are being reviewed and updated as part of the RMP Action Plan. The Keeper requests that he is sent the Framework once it has been updated in order to keep the submission up-to-date. The RMP also states that there is limited audit trail provision for records managed on shared drives. The project to develop and implement an EDRMS is intended to significantly improve the level of provision in this area. This work is built in to the Records Management Action Plan (evidence 012) and has an estimated completion date of June 2021. The Keeper requests that he is kept		becomes available and The *Policy for the Transportation of Health Records*. The Keeper requests that he is sent the updated version once it becomes available.	Health Records is available at: https://www.shb.scot.nhs.uk/board/policies/TransportationOfHealthRecords-Mar2020.pdf Please note: this policy is under review as it requires a further update to align it with the Scottish Government Records Management Health and Social Care Code of Practice (Scotland) 2020.	only partial audit trail capabilities remain. We look forward to an update on the progress of this.

				informed of the progress of this work. The Keeper can agree this Element on an 'Improvement Model' basis. This means that the authority has identified gaps in provision (the lack of audit trail capabilities in NHS Shetland's shared drives and paper records) and has identified how it intends to close these gaps. This agreement would be dependent upon the Keeper being kept informed of progress.				
12. Competency Framework	**G**	**G**	**G**	Update required on any change.	No Change.	No immediate action required. Update required on any future change. The Assessment Team has been supplied with the NHS Shetland Action Plan **(see element 3)** which shows a commitment to "Undertake a Learning Needs Analysis (LNA) to	This section of the Records Management Action Plan has not been updated since the submission of the 2019 PUR. NHS Education Scotland have recently appointed an individual to manage the programme of work	The Assessment Team thanks you for this update on staff records management competencies. It is great to hear that NHS Scotland Health and Care Information Governance Competency Framework will be

						identify the extent of the workforce learning required for staff to be capable of fulfilling the records management responsibilities of their role" and to "Establish a training programme that will support the acquisition and maintenance of foundation, intermediate and advanced levels of records management competency".	relating to the review and update of the NHS Scotland Health and Care Information Governance Competency Framework. NHS Shetland is encouraged by this national commitment to describe and support a comprehensive training and development plan for records management and information governance staff. Our intention is to update the mandatory RM and IG online training modules and align our local role-based training to the national Framework.	reviewed and updated, and can be utilised by all NHS Scotland's Boards, including NHS Shetland. Thank you also for indicating that NHS Shetland intends to update the mandatory staff records management and information governance online training module in order to better align its content with a shared approach of the NHSS Boards.
13. Assessment and Review	**G**	**G**	**A**	Update required on any change.	No Change.	No immediate action required. Update required on any future change.	This Records Management Action Plan has not been updated since the submission of the 2019 PUR. NHS Shetland has well-established	Thank you for notifying the Assessment Team that the Records Management Action Plan has not been reviewed since 2019. That this is due to the pandemic

governance mechanisms to assess and review its RMP progress. These mechanisms were suspended as part of the emergency response to the pandemic. NHS Shetland regrets that it has been unable to progress much of its RMP work over the past 2 years.

Whilst the new M365 'tools' contain valuable records management features, the unplanned introduction of the M365 environment has disrupted our RMP and introduced additional records management and resourcing challenges.

Governance mechanism are gradually returning to pre-pandemic functioning. Our intention is to revisit and reset our RMP the end of a much

emergency response is understandable. The further complications stemming from the rapid and unplanned implementation of various M365 tools are not unique to NHS Shetland; it is good to see that the authority recognises the work required in this area.

In terms of M365 as a records management solution, The PRSA has developed guidance which may help NHS Shetland ask the right questions during the process: M365 Guidance (nrscotland.gov.uk).

This Element has been changed from Green to Amber due to the lapse in the scheduled review of key records management plans and policies. It is understood, however, that NHS

							needed summer leave season.	Shetland will aim to address this as soon as practicable. We look forward to being updated on progress in the next PUR.
14. Shared Information	**G**	**G**	**G**	Update required on any change.	Completion of a DPIA is now a mandatory component of NHS Shetland Project Initiation Documents. An example of this tool is provided in Appendix 3.	**For DPIA see element 9** No immediate action required. Update required on any future change.	No Change. NHS Shetland continues to develop and refine its information sharing processes in accordance with its obligations under DPA 2018 and UK GDPR. Please see the update for Element 9.	Thank you for telling the Assessment Team that there have been no major changes to this Element, and that NHS Shetland continues to develop its information sharing processes.

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 30th May 2022. The progress update was submitted by David Morgan, Information Governance Manager, FOI Lead & DPO.

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

PRSA Assessment Team's Summary

The Assessment Team has reviewed **NHS Shetland** 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

NHS Shetland 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.

Where 'no change' has been recorded under the update on provision by the authority, the Assessment Team is happy to agree that these elements require no further action for the time being.

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

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

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

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

Iida Saarinen
Public Records Support Officer