

Public Records (Scotland) Act 2011

**National Waiting Times Centre Board
Commonly known as 'the Golden Jubilee Foundation'
Assessment Report**

The Keeper of the Records of Scotland

5th April 2017

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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 fully 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 record keeping 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. Executive Summary

This report sets out the findings of the Keeper's assessment of the RMP of the **National Waiting Times Centre Board** by the Public Records (Scotland) Act 2011 Assessment Team following its submission to the Keeper on **28th October 2016**.

The assessment considered whether the RMP of the National Waiting Times Centre Board was developed with proper regard to the 14 elements of the Keeper's statutory Model Records Management Plan (the Model Plan) under section 8(3) of the Act, and whether in this respect it complies with it and the specific requirements of the Act.

The outcome of the assessment and the Keeper's decision on whether the RMP of the National Waiting Times Centre Board complies with the Act can be found under section 7 of this report with relevant recommendations.

3. Authority Background

The National Waiting Times Centre Board is commonly known as the Golden Jubilee Foundation and, although geographically situated in the NHS Greater Glasgow and Clyde catchment area, it operates outwith that NHS territorial Board:

The authority states: "The Golden Jubilee Foundation is unique within the NHS. A national institution, independently run by its own NHS Board, the Golden Jubilee Foundation is helping to re-define the concept of the public hospital, with a vision of "Leading Quality, Research and Innovation" for NHSScotland.

Set in a modern, purpose built environment the facility combines a top quality hospital with hotel, and conference facilities and centres for research, clinical skills and innovation. This integrated approach, with a focus on continuous learning and strong links to academia and industry, creates a crucible for innovation and a vibrant network for the spread of learning and best practice.

Our patient-led approach to healthcare encourages an ethos that is open, questioning and participative; everyone is encouraged to speak out and be actively involved in the quest for continuous improvement and innovation.”

The Act of Parliament which created the Golden Jubilee allows for the creation of an overarching Board, which is responsible for setting strategic direction, monitoring performance against objectives and ensuring high standards of corporate governance. The Board has its own committee structure and can delegate responsibilities to these as it considers fit. Currently there are six Executive Directors and eight Non Executive Directors, including the Chair and Employee Director.

The Board members are personally and corporately accountable for the Board's actions and decisions. They also scrutinise plans and proposals and hold the Chief Officer and Senior Leadership Team (SLT) to account.

<http://www.goldenjubileefoundation.org/>

4. Keeper’s Assessment Process

The RMP was assessed by the Public Records (Scotland) Act Assessment Team on behalf of the Keeper. Assessors used the checklist elements listed in section 5, to establish whether the National Waiting Times Centre Board’s RMP was developed with proper regard to the elements of the Model Plan and is compliant with the Act. The assessment also considered whether there was sufficient supporting evidence of such compliance.

Key:

G	The Keeper agrees this element of an authority’s plan.		A	The Keeper agrees this element of an authority’s plan as an ‘improvement model’. This means that he is convinced of the authority’s commitment to closing a gap in provision. He will request that he is 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 Keeper may choose to return the RMP on this basis.
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5. Model Plan Elements: Checklist

National Waiting Times Centre Board
Commonly known as ‘the Golden Jubilee Foundation’
(for simplicity this authority is referred to as ‘The Board’ in the assessment below)

Element	Present	Evidence	Notes
1. Senior Officer <i>Compulsory element</i>	G	G	<p>The Board have identified Julie Carter, Director of Finance and SIRO, as the individual with overall responsibility for records management in the organisation.</p> <p>This is confirmed by a <i>Covering Letter</i> from Ms. Carter dated 21st September 2016.</p> <p>The Keeper agrees that the SIRO is an appropriate individual to undertake this role.</p>
2. Records Manager <i>Compulsory element</i>	G	G	<p>The Board have identified Sharon Stott, Information Governance Manager, as the individual with day-to-day responsibility for implementing the <i>Records Management Plan</i>.</p> <p>This is confirmed by the Board’s <i>Job Description Information Governance Manager</i> which indicates the Information Governance Manager’s responsibility “To coordinate the development and implementation of the Records Management Plan for NHS NWT CB, as specified by the Public Records (Scotland) Act 2011.”</p> <p>The identification of Mrs Stott to this role is also confirmed by a letter of endorsement by the Board’s SIRO (see element 1).</p>

			<p>The Information Governance Manager is responsible for providing guidance on data protection (<i>Data Protection Policy</i> introduction) and is the named contact for the Data Protection Register responsible for renewing registration (see element 13).</p> <p>The Information Governance Manager is the author of the <i>Information Governance Policy</i>, the <i>Health Records Policy</i> (see element 3), the <i>Data Protection Policy</i>, the <i>Access to Health Records</i> procedure, the <i>Release of Health Records and Patient Information</i> guidance (see element 9), the <i>Disposal of Confidential/Sensitive and Personal Identifiable Waste</i>, the <i>Procurement, Installation, Repair, Relocation and Disposal of Computer Systems and Equipment</i> guidance, (see element 6), the <i>Email and Internet Use</i> guidance, the <i>Control of Access to Computer Systems</i> policy, the <i>Access to the Server Room</i> guidelines the <i>IM&T Security Policy</i>, the <i>Network Access Procedure</i>, the <i>Freedom of Information & Public Services Reform Policy</i> and the <i>Secure Use of Passwords</i> guidance (see element 8) the <i>Safeguarding the Confidentiality of Personal Data Processed by Third Party Contractor</i> guidance (see element 9) and the <i>Information Sharing Protocol</i> (see element 14).</p> <p>The above would suggest that Ms Stott has a detailed understanding of records management provision in the authority.</p> <p>The Keeper agrees that the Information Governance Manager is an appropriate individual to undertake this role.</p>
<p>3. Policy Compulsory element</p>	<p>G</p>	<p>G</p>	<p>The Board have an <i>Information Governance Policy</i> which has been supplied to the Keeper. This is version 2.0. dated June 2016.</p> <p>The Board have a <i>Policy for the Effective Management of Records</i> which has been supplied to the Keeper. This is version 4.0 dated September 2016.</p>

			<p>The Board have a <i>Health Records Policy</i> which has been supplied to the Keeper. This is version 2.0 dated October 2016.</p> <p>The three <i>Policies</i> are simultaneously operational and are complementary.</p> <p>The <i>Policies</i> are supported by a letter of endorsement from the Director of Finance and SIRO which accompanied the <i>Plan</i>. She states in her letter that “These policies have been approved by our Information Governance Committee, our eHealth Steering Group with final approval by the Board’s Senior Management Team.”</p> <p>All three policies explain the purpose and benefits of robust records management. The <i>Health Records Policy</i> mentions the Public Records (Scotland) Act 2011.</p> <p>The Keeper has been provided with screen shots of the Board’s intranet ‘QPulse’ to demonstrate staff access to these policies and to other information governance documents and training.</p> <p>The Keeper agrees that the submitted <i>Plan</i> supports the <i>Policies</i> mentioned above.</p> <p>The introduction to the <i>Health Records Policy</i> mentions the Data Protection Act 1998 and subject access requests (see element 9).</p> <p>The Keeper agrees that, as required by the Public Records (Scotland) Act 2011 (the <i>Act</i>), the Board has approved records management policies in place which reflects its corporate approach to records management.</p>
4. Business Classification	A	G	<p>The introduction of the <i>Plan</i> (page 4) notes that one of its purposes is to ensure the efficient and systematic control of records.</p>

			<p>The introduction to the <i>Information Governance Policy</i> (section 1) states that “It is of paramount importance to ensure that information is efficiently managed.”</p> <p>The <i>Health Records Policy</i> (see element 3) requires that “All health records must have an agreed structured filing system which must be followed at all times.”</p> <p>To this end the Board have adopted a <i>Business Classification Scheme</i> which has been provided to the Keeper. This <i>Scheme</i> has been developed with input from operational departments. The Keeper commends the principle of involving local business units in the creation of a <i>Classification Scheme</i> as liable to lead to a stronger business tool. The <i>Business Classification Scheme</i> follows a function/activity/transaction structure.</p> <p>However, this <i>Business Classification Scheme</i> is not yet fully operational in the Board. The <i>Plan</i> states (page 15): “The BCS will act as a foundation for a future document filing structure at the GTF [the Board], with a commitment for the implementation of this structure within the next 2 years.” The Keeper agrees this action and requires that the Board update him as this project progresses. The Keeper notes that the Board committed to do this in a Senior Management Team meeting (October 2016) where the minutes record “Updates on the expected timeline for work on the implementation of the Business Classification Scheme will be shared with the Keeper of the Records” The Keeper thanks the Board for this commitment.</p> <p>The authority operates a hybrid system holding records in paper and in electronic format.</p> <p>The Keeper agrees this element of the National Waiting Times Centre Board’s <i>Records Management Plan</i> under ‘improvement model’ terms. This means that the authority has identified a gap in their records management provision (the</p>
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			Business Classification Scheme is not fully rolled-out in the authority), and the Keeper acknowledges that they have put processes in place to close that gap. His agreement is conditional on being updated as the project progresses.
5. Retention schedule	G	G	<p>The National Waiting Times Centre Board have a full <i>Retention Schedule</i> for clinical and for administrative records which has been supplied to the Keeper. This is version 0.4 dated August 2016.</p> <p>These are based on the <i>Scottish Government NHS Code of Practice</i> published at http://www.gov.scot/Publications/2012/01/10143104/0.</p> <p>The Keeper agrees that the National Waiting Times Centre Board have an approved and operational retention schedule that covers the expected record types created by a health board.</p>
6. Destruction Arrangements <i>Compulsory element</i>	A	G	<p>The Board's <i>Effective Management of Records Policy</i> (page 3) "acknowledges its responsibilities to maintain, retain and <u>destroy</u> records in accordance with this [PRSA] and other legislation".</p> <p>The introduction of the <i>Plan</i> (page 4) refers to one of its purposes to ensure the timely destruction of records and states (page 17): "The GJF [the Board] has procedures for managing the confidential destruction of expired records, in a way that is auditable and irreversible."</p> <p>To this end the authority has the following procedures in place:</p> <p><u>Paper (internal)</u>: Paper records are destroyed internally, using local shredders, or under contract with a third party shredding company. A contract and a certificate of destruction, proving that these external arrangements are operational, have been</p>

			<p>supplied as evidence.</p> <p>Furthermore, the Keeper has been provided with a document: <i>Standard Operating Procedures: Culling Paper Health Records</i> 'Steps for Record Culling'. This is version 01.0 August 2016. This document gives detailed staff instructions for operating the retention schedule for health records. A screen-shot has been provided to show that this system is in operation.</p> <p>The Keeper has also received a copy of the Board's <i>Disposal of Confidential/Sensitive and Personal Identifiable Waste</i> guidance (version 4.0 February 2017). This details the secure destruction of hard-copy records and the data-cleansing of redundant hardware. It does not consider deletion of electronic records held on the Board's shared network (nor e-mails).</p> <p><u>Paper (external)</u>: The authority holds paper records with a third party storage supplier. A redacted contract has been supplied for the Keeper's consideration. The records held with supplier are not currently subject to destruction under the agreed (30 year) retention schedules. The Keeper requires the Board to address the future arrangements for the disposal (destruction or archiving) of these records an update him when appropriate.</p> <p><u>Electronic</u>: The Board make the following statement regarding the controlled destruction of electronic records: "As part of the ongoing assessment and review of Records Management at GJF, a records audit will be undertaken and an Information Asset Register will be created. This register will identify Information Asset Owners and Information Asset Administrators who will take the lead in supporting a data cleanse within the organisation. This will be in conjunction with the development and adoption of a formalised Board procedure for all staff to adhere to on the retention and destruction of electronic records, including email." The Keeper agrees that the development</p>
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			<p>of an information asset register will assist in the implementation of the systematic destruction of records held electronically.</p> <p><u>Hardware</u>: Records are permanently and securely removed from redundant hardware under contract with a third party waste company. A contract and a certificate of destruction, proving that these arrangements are operational, have been supplied as evidence.</p> <p><u>Back-Ups</u>: The Board, quite properly, keeps back-ups of electronic records for business continuity purposes. This is done at a secondary site (<i>Plan</i> page 29). The Board have provided a detailed explanation, and flow chart, showing the destruction cycle of back-up copies.</p> <p>The Keeper has been provided with screen shots of the Board’s intranet ‘QPulse’ to demonstrate staff access to policies and other information governance documents and training.</p> <p>The Keeper agrees that that the National Waiting Times Centre Board have procedures in place for the secure and irretrievable destruction of records held in hard-copy format, for back up copies and for ‘cleansing’ hardware. He agrees the destruction of electronic records section of this element on ‘improvement model’ terms. This means that he is satisfied that the authority has put in place a programme to close an acknowledged gap in provision. His agreement is conditional on his being updated as this project progresses (see element 4).</p>
<p>7. Archiving and Transfer <i>Compulsory element</i></p>	<p>G</p>	<p>G</p>	<p>The introduction of the <i>Plan</i> (page 4) refers to one of its purposes to ensure the protection of historically important records.</p> <p>The National Waiting Times Centre Board’s archiving provision is with the National Records of Scotland (NRS).</p>

			<p>The Board has a MoU with the NRS for permanent preservation of records. This has been supplied to the Keeper and is confirmed by NRS client managers. Transfer to the NRS Digital Archive has not yet started.</p> <p>The Keeper has been provided with the Board's <i>Archiving and Transfer Policy</i> (version 1, October 2016).</p> <p>The Keeper agrees that the National Waiting Times Centre Board has arrangements in place to transfer records to an appropriate archive.</p>
8. Information Security <i>Compulsory element</i>	G	G	<p>The Board have an <i>Information Security Policy</i> which has been provided to the Keeper (Version 1.0, August 2016)</p> <p>The <i>Information Security Policy</i> is supported by an extensive suite of other policies and guidance, such as the <i>IM&T Security Policy</i> and the <i>Homeworking Policy</i>. Several of these documents have been provided to the Keeper.</p> <p>The Keeper has been provided with screen shots of the Board's intranet 'QPulse' to demonstrate staff access to policies and other information governance documents and training.</p> <p>Physical security of hard-copy records is explained in the <i>Health Records Policy (see element 3)</i> section 4.</p> <p>The Keeper agrees that the Board have properly considered the security of their records.</p>
9. Data	G	G	<p>The Board have a <i>Data Protection Policy</i> which has been provided to the Keeper</p>

Protection			<p>(Version 3.0, February 2017)</p> <p>Data protection and subject access instructions are made available to the public online at: http://www.nhsgoldenjubilee.co.uk/patients-and-visitors/data-protection/ and through a booklet <i>How to See Your Health Records</i> which has been provided to the Keeper.</p> <p>The Board are registered as data controller under their formal title 'National Waiting Times Centre Board': Z7996020</p> <p>The <i>Policy</i> explains the (current) 8 principles of data protection.</p> <p>The Keeper has been provided with screen shots of the Board's intranet 'QPulse' to demonstrate staff access to policies and other information governance documents and training.</p> <p>The CEO of the authority is the senior manager responsible for compliance with the Data Protection Act 1998.</p> <p>The Keeper agrees that the Board properly recognise their responsibilities under the Data Protection Act 1998.</p>
10. Business Continuity and Vital Records	G	G	<p>The National Waiting Times Centre Board has an overarching <i>Business Continuity Policy</i> (provided version - 4 August 2013) and separate business unit (Department) <i>Business Continuity Booklets</i> which describe local provision. A template of this <i>Booklet</i> has been provided. The Keeper agrees that these consider the recovery of information.</p> <p>These continuity arrangements support the aspiration stated in the introduction to the <i>Plan</i> (page 4) that systematic management of records should "provide continuity</p>

			<p>in the event of a disaster”.</p> <p>However the Keeper notes that the <i>Business Continuity Planning Policy and procedure</i> a key document in this element should have been reviewed before August 2016. On this issue, the Board have provided the following statement: “we are currently continuing to undertake a review of existing processes and as a result of the new Resilience Standards for NHS Scotland being implemented in Autumn 2016, the Golden Jubilee National Hospital Resilience Group are meeting with the National Resilience team in mid March 2017 to inform our local action plan.” The Keeper agrees this action and requests that a new version of the Policy is forwarded when possible.</p> <p>The introduction of the <i>Plan</i> (page 4) refers to one of its purposes to ensure the protection of vital records. The Keeper agrees that the Board’s <i>Retention Schedule</i> (see element 5) identifies ‘vital’ records.</p> <p>The Board have chosen not to provide the Keeper with specific disaster recovery plans due to the sensitive nature of their contents. The Keeper accepts that this action is appropriate. The Board have, instead, provided a letter from their SIRO (see element 1) which confirms the existence of these plans and states “I am satisfied that robust processes are in place within the Golden Jubilee Foundation to ensure Business Continuity and protect Vital Records.”</p> <p>For back-ups, see under element 6 above.</p> <p>The Keeper agrees that the National Waiting Times Centre Board has an operational business continuity plan that properly considers the recovery of records in an emergency. He also agrees that consideration has been given to the identification of ‘vital records’.</p>
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11. Audit trail	G	G	<p>The introduction of the <i>Plan</i> (page 4) refers to one of its purposes to ensure the systematic management of records to allow the organisation to know what records they have, and “locate them easily”.</p> <p>Although the Keeper agrees that many of the line-of-business systems used by the Board (such as Trakcare) will impose suitable naming conventions/version control at the time of record-creation to adequately track records subsequently, the tracking ‘audit trail’ of many records has to be done manually on shared drives.</p> <p>In order to control the naming conventions used in shared drives throughout their many service areas the Board have a detailed <i>Document Version Control and Naming Convention</i> guidance document which has been supplied to the Keeper (version 1 August 2016).</p> <p>It is one of the identified specific benefits of the guidance document that following it will allow staff “to retrieve documents quickly and efficiently.”</p> <p>An intranet screen-shot has been provided as evidence that staff have access to this guidance.</p> <p>A hard-copy record tracking system, in the form of a registry is part of the Board’s processes. Specific to Health records, the Board use a barcode system for record tracking (which is commended). A sample of case-notes tracking has been provided as evidence that this system is in operation. The procedure for security and tracking of clinical hard-copy records is explained in the <i>Health Records Policy (see element 3)</i> section 4.</p> <p>The Keeper agrees that the National Waiting Times Centre Board has procedures in place that will allow them to locate their records and assure themselves that the</p>

			located record is the correct version.
12. Competency Framework for records management staff	G	G	<p>The National Waiting Times Centre Board have provided the job profile of the Information Governance Manager (see element 2) which states that the post holder will “coordinate the development and implementation of the Records Management Plan for NHS NWT CB, as specified by the Public Records (Scotland) Act 2011.”</p> <p>This is supported by a paper from the Senior Management Team meeting which requests “The Executive Team is asked to approve the allocation of the Information Governance Manager as the named responsible person for the implementation of the Public Records Act supported by local heads of services.”</p> <p>The Keeper has been provided with several pieces of evidence showing Mrs Stott’s proficiency in information governance. The Keeper thanks Mrs Stott for sharing these with him.</p> <p>The Board have committed that “further training and development support is provided to the Information Governance Manager, ensuring that the organisation can be fully supported in all aspects of records management.” The Keeper welcomes this commitment.</p> <p>The Keeper has been provided with samples of the information governance e-learning programme.</p> <p>The Keeper agrees that the Board recognises the importance of records management as a distinct area of responsibility for certain staff (particularly the individual identified at element 2) and has shown a commitment to providing appropriate training for other employees.</p>

<p>13. Assessment and Review</p>	<p>G</p>	<p>G</p>	<p>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.)</p> <p>With this requirement in mind, the Board has determined that the implementation of the Plan will be reviewed quarterly and be subject to an overall review in October 2017 and annually thereafter.</p> <p>The Information Governance Group (see under General Comments below) is responsible for this review – the Plan is a standing item on their agenda – and reporting is to the Senior Management Team (who approved the <i>Plan</i> in October 2016).</p> <p>The Board have provided the Keeper with a copy of their <i>Records Management Assessment Tool</i> which they intend to utilise when reviewing the implementation of the <i>Plan</i>.</p> <p>The <i>Plan</i> commits the authority to review evidential documents (page 34). The Keeper acknowledges that policies and procedures submitted in evidence have review dates included in their control sheets and commends this:</p> <p>The <i>Data Protection Policy</i>, the <i>Disposal of Confidential/Sensitive and Personal Identifiable Waste</i>, the <i>IM&T Security Policy</i>, the <i>Access to Health Records</i> procedure and the <i>Procurement, Installation, Repair, Relocation and Disposal of Computer Systems and Equipment Policy</i> were due for review by February 2017. The <i>Freedom of Information & Public Services Reform Policy</i>, the <i>IM&T Security Policy</i>, the <i>Email and Internet Use</i> guidance and the <i>Network Access Procedure</i> are due for review by March 2017. Several of these have been updated during the Keeper’s assessment process and he thanks the Board for supplying new versions as an update.</p>
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			<p>The <i>Disposal of Media Containing Sensitive Data</i> guidance is due for review by July 2017.</p> <p>The <i>Digital and Social Media Policy</i> is due for review by March 2018.</p> <p>The <i>Information Governance Policy</i> is due for review by June 2018.</p> <p>The <i>Homeworking Policy</i>, the <i>Secure Use of Passwords</i> guidance and the <i>Access to the Server Room</i> guidelines are due for review by July 2018.</p> <p>The <i>Information Security Policy</i>, the <i>GJF Business Classification Scheme</i>, the <i>Standard Operating Procedures: Culling Paper Health Records</i>, the <i>Safeguarding the Confidentiality of Personal Data Processed by Third Party Contractor</i> guidance, the <i>Release of Health Records and Patient Information</i> guidance, the <i>Document Version Control and Naming Convention Guidance</i>, the <i>Information Sharing Protocol</i>, the <i>Safe Removal of Clinical Information for Research and Audit</i> guidance and the <i>GJF Retention Schedule</i> are due for review by August 2018.</p> <p>The <i>Policy for the Effective Management of Records</i> and the <i>Transport Policy</i> are due for review by September 2018.</p> <p>The <i>Health Records Policy</i>, the <i>Policy for the transfer of patient identifiable/commercially sensitive data</i> and the <i>Archiving and Transfer Policy</i> are due for review by October 2018.</p> <p>The <i>Security Policy</i> is due for review before November 2018.</p> <p>The <i>Code of Practice on the use of closed circuit television & video</i> is due for review by April 2019.</p>
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			<p>The authority's registration with the Information Commissioner must be renewed by 28 August 2017.</p> <p>The Keeper agrees that review dates and responsibilities have been explained.</p>
14. Shared Information	G	G	<p>"The duty to share information can be as important as the duty to protect patient confidentiality" (Caldicott principle 7 https://nhsnss.org/pages/corporate/caldicott_guardians.php)</p> <p>As is the case with all Scottish Health Boards, the Board routinely shares information with other bodies while carrying out its functions.</p> <p>It does this using <i>Information Sharing Protocols</i> and with <i>Service Level Agreements</i> with other NHS Boards. Samples of both styles of agreement have been provided to the Keeper and he agrees that they consider information governance among their clauses.</p> <p>The Keeper agrees that the National Waiting Times Centre Board properly considers information governance when implementing information sharing arrangements with third parties.</p>

National Waiting Times Centre Board
Commonly known as ‘the Golden Jubilee Foundation’
(for simplicity this authority is referred to as ‘The Board’ in the assessment below)

Version: This assessment is on the *Records Management Plan* (the *Plan*) of the Golden Jubilee Foundation (scheduled as the National Waiting Times Centre Board) version 1.1 approved by the Senior Management Team in February 2017.

The *Plan* is accompanied by a letter of endorsement by Julie Carter, SIRO, dated 21st September 2016. Ms Carter has also signed the *Plan* itself **(see element 1)**.

In the introduction, the *Plan* provides an explanation of records management in the authority and of the Public Records (Scotland) Act 2011.

The Board recognise records as a business asset (for example *Information Governance Policy* section 1) The Keeper welcomes this recognition.

The RMP is based on the Keeper’s, 14 element, Model Plan <http://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan>.

Third Parties: The Act makes it clear that records created by a contractor in carrying out a scheduled authority’s functions are public records (Part 1 section 3.1 (b)). The Board have made clear “The Golden Jubilee Foundation does not generally engage third parties to deliver core functions. The primary role of the organization is to relieve waiting list pressure for territorial NHS Health Boards receiving allocations of agreed numbers of patients annually. However, at present a contract is in place with a diagnostic imaging company. Any records created by the diagnostic imaging company in the provision of this service are returned to the GJF Radiology department for management.” The Keeper accepts that public records created by the third party are retained within the management systems of the Board.

Information Governance Group

The terms of reference for this group have been provided to the Keeper.

The Information Governance Group are responsible for reviewing the *Plan* (**see element 13**) and reporting on its implementation to the Senior Management Group annually. They receive reports on the implementation quarterly.

The Information Governance Group approved the *Policy for the Effective Management of Records* (**see element 3**) the *Health Records Policy*.

The Group is responsible for specifying *Policy* monitoring (see for example *Health Records Policy* page 4).

It is clear that this group have a fundamental part to play in the records management procedure in the authority and the Keeper thanks the Board for detailing their role.

6. Keeper's Summary

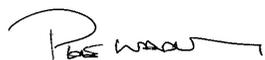
Elements 1 - 14 that the Keeper considers should be in a public authority records management plan have been properly considered by the National Waiting Times Centre Board. Policies and governance structures are in place to implement the actions required by the plan.

7. Keeper's Determination

Based on the assessment process detailed above, the Keeper **agrees** the RMP of the **National Waiting Times Centre Board**.

- The Keeper recommends that the National Waiting Times Centre Board should publish its agreed RMP as an example of good practice within the authority and the sector.

This report follows the Keeper's assessment carried out by,



.....
Pete Wadley
Public Records Officer

.....
Robert Fotheringham
Public Records Officer

8. Endorsement of Report by the Keeper of the Records of Scotland

The report has been examined and is endorsed under the signature of the Keeper of the Records of Scotland as proof of compliance under section 1 of the Public Records (Scotland) Act 2011, and confirms formal agreement by the Keeper of the RMP as submitted by the National Waiting Times Centre Board. In agreeing this RMP, the Keeper expects the National Waiting Times Centre Board to fully implement the agreed RMP and meet its obligations under the Act.

A handwritten signature in black ink, appearing to read 'Tim Ellis', written in a cursive style.

Tim Ellis
Keeper of the Records of Scotland