

# **The Public Records (Scotland) Act 2011**

## **Historic Environment Scotland**

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

**05 December 2022**

## Contents

1. The Public Records (Scotland) Act 2011.....	3
2. Progress Update Review (PUR) Mechanism.....	4
3. Executive Summary.....	4
4. Authority Background.....	5
5. Assessment Process.....	6
6. Records Management Plan Elements Checklist and PUR Assessment.....	7-34
7. The Public Records (Scotland) Act Assessment Team's Summary.....	35
8. The Public Records (Scotland) Act Assessment Team's Evaluation.....	36

## 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 Historic Environment Scotland. The outcome of the assessment and relevant feedback can be found under sections 6 – 8.

#### 4. Authority Background

Historic Environment Scotland has taken on the responsibilities previously held by Historic Scotland and by the Royal Commission on the Ancient and Historical Monuments of Scotland (RCAHMS). The new organisation is a non-departmental public body. A board of trustees, appointed by Scottish Ministers, governs Historic Environment Scotland which has charitable status, in keeping with other national cultural institutions such as National Galleries of Scotland, the National Library of Scotland, National Museums Scotland and the Royal Botanic Garden Edinburgh.

Historic Environment Scotland plays a role as a regulator and as the statutory adviser to Scottish Ministers. Statutory functions within the planning system are part of their responsibilities for the historic environment. Managing change through scheduling, listing and other designations is intended to help maintain and enhance Scotland's distinctive historic places.

Historic Environment Scotland conservation specialists conduct technical research into the built environment, provide guidance and support training and skills development. Owners and occupiers of traditional buildings, as well as professionals, can come to them for advice on how to maintain, repair, make changes to and save energy in such properties. They also contribute advice to the Scottish Government's strategy to tackle climate change and reduce Scotland's carbon footprint, as well as carrying out research into climate change and its impacts on the historic environment.

They are responsible for the management of over 300 "properties in care", under a formal Scheme of Delegation from Scottish Ministers as well as over 5 million archive items and collections. Historic Environment Scotland are one of the largest operators of paid-for visitor attractions in Scotland and are therefore a contributor to Scotland's economy.

Historic Environment Scotland are also responsible for internationally significant collections including more than 5 million drawings, photographs, negatives and manuscripts, along with 20 million aerial images of worldwide locations.

<https://www.historicenvironment.scot/>

## 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:

<b>G</b>	The Assessment Team agrees this element of an authority's plan.	<b>A</b>	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.	<b>R</b>	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Assessment Team may choose to notify the Keeper on this basis.
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## 6. Progress Update Review (PUR) Template: Historic Environment Scotland

Element	Status of elements under agreed Plan 06JUN18	Progress review status 20DEC21	Progress review status 05DEC22	Keeper's Report Comments on Authority's Plan 06JUN18	Self-assessment Update 24SEP21	Progress Review Comment 20DEC21	Self-assessment Update as submitted by the Authority since 20DEC21	Progress Review Comment 05DEC22
1. Senior Officer	G	G	G	Update required on any change.	<p>No change in nominated post or individual.</p> <p>The Information Management Strategy - Corporate Information will be reviewed as part of a larger piece of work during 2021/22.</p>	<p>Thank you for letting us know that there have been no changes to the named senior officer responsible for records management.</p> <p>The Keeper's Assessment Team also thanks you for this update on the planned review of Corporate Information Management Strategy.</p>	<p>No change in nominated post or individual.</p> <p>The Information Management Strategy - Corporate Information has been reviewed and where required updated.</p> <p>The Information &amp; Data Management Strategy which will eventually replace the Information Management Strategy has been drafted, peer reviewed and submitted to the Senior Management Team (SMT) for review and comment. It is currently being reviewed and updated following SMT comments.</p>	<p>The Assessment Team notes there have been no changes in nominated post or individual under Element 1.</p> <p>Thank you also for the update regarding the corporate Information Management Strategy documentation review and its upcoming replacement with the wider-scope Information &amp; Data Management</p>

								Strategy.
2. Records Manager	G	G	G	Update required on any change.	No change in nominated post or individual.  The Statement of Responsibility for Records Management has been reviewed and updated.	Thank you for confirming that there have been no major changes to this element. Update required on any change.	No change in nominated post or named individual.  No changes to the Statement of Responsibility for RM. It is due for review in July 2023 but should there be any developments within HES that affect the Statement it will be updated accordingly.	The Assessment Team acknowledges that there have been no changes to this Element.  Thank you also for confirming there have been no changes to the Statement of Responsibility for Records Management.  Update required on any change.
3. Policy	G	G	G	Update required on any change.  The <i>Records Management Policy</i> is scheduled for review before April 2020.	The Records Management Policy is not due for review until August 2022. Should there be any developments within HES that affect the policy it will be updated accordingly.	Thank you for confirming that the Records Management Policy remains – and is actively being kept – up to date.	The Records Management Policy has been reviewed and where required, updated.	Thank you for confirming that the Records Management Policy remains current. Update required on any change.
4. Business Classification	A	A	A	<b>The need for a more controlled electronic records solution is explained in <i>Plan</i></b>	The Business Classification Scheme and Records Retention Schedule remain live documents and are	The Assessment Team thanks you for	The Business Classification Scheme and Records Retention	Thank you for this update on the the



				<p><b>Annex A “HES suffers from a continued growth of largely unmanaged, unstructured electronic document and record storage.”</b></p> <p><b>Scoping work for an electronic document records management system has been undertaken and approval has now been granted. HES have committed to keep the Keeper updated as this project progresses. The Keeper thanks HES for this commitment. The Plan states (page 10): “eDRMS is likely to be introduced in the next 1-3 years which will include information from the file plans and based on the new BCS and RRS which be validated with the business prior to implementation.” This timescale is supported by other statements in the Plan (for example page 25). The Keeper agrees this</b></p>	<p>updated accordingly by the RM Team.</p> <p>The Document Centre (eDRMS) project continues to progress with 8 out of 9 directorates now working out of the Document Centre.</p> <p>There are a number of follow on pieces of work which will fall out of the move to the Document Centre including work to review the legacy information left on the shared network drives, identifying appropriate storage technology for specialist files, understanding how to link DC functionality with other M365 tools such as Teams and Outlook. Planning on this work is currently underway.</p> <p>The Project Team continue to support the migration to the Document Centre with drop-in sessions. Short videos and training guides are available on a dedicated page on the HES Intranet. News articles are regularly published with information to support the migration and those that have migrated.</p> <p>IAO’s advised that they should continue to update their respective assets over the past year.</p>	<p>confirming that the BCS and RRS remain current.</p> <p>It is positive to hear that the Document Centre (eDRMS) project continues to progress at a steady pace. It is also good to hear about the follow-on initiatives stemming from the move. It sounds like HES is very close to completing this project, and it is to be commended that it has been advanced significantly regardless of the pandemic.</p> <p>If this was a formal resubmission, this element would likely be changed from Amber to Green as soon as the</p>	<p>Schedule remain live documents and continue to be updated accordingly by the RM Team.</p> <p>The Document Centre (eDRMS) project continues to progress with the majority of all HES business areas now fully working out of the Document Centre.</p> <p>Planning continues on reviewing the legacy information left on the shared network drives, identifying appropriate storage technology for specialist files, understanding how to link DC functionality with other M365 tools such as Teams and Outlook.</p> <p>A project has commenced to scope out the migration of specialist GIS and CAD files from shared network drives to a secure Azure hosted service.</p> <p>Similarly, a project has commenced to review</p>	<p>Business Classification Scheme, Records Retention Schedule, and the ongoing eDRMS project.</p> <p>Based on this update, the Assessment Team remain confident that HES is taking steps to implement the new system with care. If this was a formal resubmission, this element would likely be changed from Amber to Green as soon as the eDRMS move was considered formally completed. While HES is very close to achieving this, this element remains at Amber while the</p>
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				<p>is a reasonable timescale and accepts that full implementation will be incremental after any system is introduced. He will request updates periodically.</p> <p>The Keeper can agree this Element on an 'improvement model' basis. This means that the authority has identified gaps in provision (information asset register not fully operational and eRDM, although approved, is not yet introduced). However he recognises that HES have identified how they intend to close this gap and committed to do so. The Keeper's agreement is dependent upon him being kept informed of progress with this work when required. The Keeper acknowledges that HES have committed to doing this (<i>Plan</i></p>		<p>eRDMS move was considered formally completed. The PUR status remains at Amber while the eRDMS implementation is ongoing.</p>	<p>and migrate legacy HR information from two separate systems to an Oracle cloud database</p> <p>The Project Team continue to support the migration to the Document Centre with drop-in sessions. Short videos and training guides remain available on a dedicated page on the HES Intranet and Keystone, our training portal. News articles and hints and tips continue to be regularly published with information to support the migration and those that have migrated.</p> <p>IAO's have been advised that they should continue to update their respective assets over the past year. The restructure in HES has however impacted on the IAO network and new IAOs require to be appointed to manage the corporate information within their respective directorates / teams.</p>	<p>eRDMS implementation is still ongoing.</p>
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5. Retention Schedule	G	G	G	Update required on any change.	<p>The Retention Schedule remains a live document and is updated when required.</p> <p>The Information Asset register continues to be kept up to date, and now holds approximately 1600 assets.</p> <p>The project to migrate all users from network personal drives to OneDrive was successfully concluded in January 2021.</p>	<p>The Assessment Team thanks you for this update on Retention Schedule and the Information Asset Register. It is also positive to hear that all users are now working on OneDrive rather than network personal drives.</p> <p>Update required on any change.</p>	<p>The Retention Schedule remains a live document and is updated when required.</p> <p>The Information Asset register continues to be kept up to date. Work has also progressed to link this in with our ROPA (see Element 9)</p>	<p>The Assessment Team thanks you for this update on the Retention Schedule and the IAR. Update required on any change.</p>
6. Destruction Arrangements	A	A	A	<p><b>Electronic: (see element 4) Plan Annex A states: “HES suffers from a continued growth of largely unmanaged, unstructured electronic document and record storage... the technical infrastructure in place does not provide the necessary functionality to allow for the effective management of the</b></p>	<p>8 out of 9 directorates have now migrated to the Document Centre and RecordPoint rules have been implemented across all business areas that have migrated.</p> <p>All Waste Management Contracts are now managed centrally by our Climate Change Team. Due to contract end dates, a hybrid environment will result in our previous confidential waste supplier Shred-It continuing to service our confidential waste needs in some</p>	<p>The Assessment Team is grateful for this detailed update on record destruction arrangements. It sounds like HES has the arrangements well under control, regardless of the change in confidential paper waste service supplier.</p>	<p>All but one directorate have fully migrated to the Document Centre and RecordPoint rules have been implemented across all business areas that have migrated.</p> <p>Retention &amp; Disposal guidance has been reviewed and where required updated. It will however need further updating once RecordPoint becomes fully operational.</p>	<p>It is clear from this update that HES is continuing to make commendable progress in this area. The Assessment Team agrees that further updates to Retention and Disposal guidance are essential once</p>

				<p>records created by HES e.g. retention and disposal...”</p> <p><b>Until the <i>Information Asset Register/eRDM system</i> is operational in HES (see element 4), the destruction of electronic records will be awkward to sufficiently monitor. HES acknowledges this in the <i>Plan</i>: “...there is no ability to implement an audit facility on the shared drives and staff are able to edit, rename, delete and hold multiple copies of file.” The <i>Plan</i> goes on: “HES is committed to improving the way in which electronic documents are managed throughout the organisation.” (both quotes <i>Plan</i> page 23).</b></p> <p><b>The use of shared drives is an area where many Scottish public authorities encounter difficulty when attempting to</b></p>	<p>capacity until August 2023. Thereafter all confidential Waste will be managed centrally via the Climate Change Team and the supplier Enva Waste. This helps HES meet its legal obligations, corporate objectives and Climate Action Plan targets but all confidential paper waste will continue to be securely shredded. IT destruction will be managed separately with Iron Mountain who offer a service that conforms to data storage device destruction that follows HES policies. All hardware has storage devices removed, wiped and shredded as per DIN 66399 Standard Class 2/5. As with the previous submission, Covid has hampered our regular processes.</p> <p>The Retention &amp; Disposal Guidance has been reviewed and where required, updated. This guidance will need updated to reflect the move to Document Centre and introduction of RecordPoint but this will form part of a larger scale review of RM policies and procedures during 2021/22.</p> <p>A further piece of work will be undertaken to review the</p>	<p>Thank you for confirming that the Retention &amp; Disposal Guidance has been reviewed as far as possible before a full move to Document Centre and introduction of RecordPoint is implemented. It is also good that legacy information on shared network drives is due to be addressed.</p> <p>If this was a formal resubmission, this element would likely be changed from Amber to Green as soon as the eRDMS move was considered formally completed. While HES is very close to achieving this, this element remains at Amber while the</p>	<p>Confidential paper waste destruction continues to occur with uplifts at regular intervals.</p> <p>IT have recently completed a recycling exercise conducted by Capito under the Scottish Procurement Client Device framework contract which will be the process going forward. Scope of that exercise included:</p> <ul style="list-style-type: none"> <li>• Devices transported in secure vehicles to secure facility</li> <li>• Devices logged on Asset Register</li> <li>• Where applicable devices securely wiped with Blancco software or media granulated where media cannot be wiped</li> <li>• WEEE Compliant Recycling on all items</li> <li>• Where applicable Data Wipe Certificates issued</li> <li>• Asset Register documentation</li> </ul>	<p>RecordPoint has been fully implemented. The upcoming review of legacy information on network drives and focus on Teams sites content destruction are also noted with thanks.</p> <p>Thank you also for sharing an overview of the IT recycling exercise, which indicates focus on both data security and the environment.</p> <p>If this was a formal resubmission, this element would likely be changed from Amber to Green as soon as the eRDMS move was considered formally completed.</p>
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				<p><b>impose robust provision. The Keeper acknowledges that HES have correctly identified this gap in provision.</b></p> <p><i>The Retention and Disposal Guidance</i> was scheduled for review before April 2019.</p> <p><b>The Keeper can agree this element of the <i>Plan</i> under 'improvement model' terms. This means that the authority has recognised gaps in their records management provision, but have put processes in place to close those gaps. The Keeper's agreement is conditional on his being updated on progress as appropriate.</b></p>	<p>legacy information left on the shared network drives (See Element 4).</p>	<p>eRDMS implementation and the associated review of policies and procedures are still ongoing.</p>	<p>provided to HES</p> <ul style="list-style-type: none"> <li>SEPA documentation provided to HES</li> </ul> <p>Work to review legacy info on network drives will commence shortly along with a number of projects to review and migrate specialist and legacy information (see element 4)</p> <p>MS Teams owners were recently advised that the mandatory 2 year retention on documents within their Teams sites was approaching and advised to migrate documentation required to be retained to DC otherwise they would shortly be deleted.</p>	<p>While HES is very close to achieving this, this element remains at Amber while the eRDMS implementation is still ongoing.</p>
7. Archiving and Transfer	A	G	G	<p><b>The Keeper agrees this element of HES' <i>Records Management Plan</i> under 'improvement model' terms. This</b></p>	<p>The MoU (Agreement) with NRS has been completed and signed by HES and has been sent back to the NRS Procurement Team who are arranging for it to be signed</p>	<p>The Assessment Team is pleased to hear that an MoU is now in the final stages</p>	<p>The Archives and Collections Accommodation Project (now Archive project) continues to work</p>	<p>Thank you for confirming that an MoU and SLA with NRS are in place and</p>

				<p><b>means that he acknowledges that the authority has identified a gap in provision [there is no formal transfer agreement with the archive] and have put processes in place to close that gap. The Keeper's agreement is conditional on his PRSA Assessment Team being provided with a copy of the signed MOU when available.</b></p>	<p>on behalf of NRS.</p> <p>The Archives and Collections Accommodation Project continues to work towards moving the archive collection and corporate files to a new archive building. Restrictions around Covid have hampered efforts to undertake preparation for this project. The current anticipated move date is 2025.</p> <p>The SLA with NRS for the retrieval of electronic archive files remains in place.</p> <p>The Archiving and Transfer Arrangements Statement has been reviewed and where required, updated.</p>	<p>of being formalised.</p> <p>Thank you also for updating us on the Archives and Collections Accommodation Project, the Service-Level Agreement for the retrieval of electronic archive files, and the Archiving and Transfer Arrangements Statement, which are noted.</p> <p>As an MoU with NRS is now in place, it is likely this element's RAG status would be changed from Amber to Green if this was a formal resubmission. We have changed the PUR RAG status accordingly.</p>	<p>towards moving the archive collection and corporate files to a new archive building. The project is about to enter a detailed design stage which will involve the use of specialist consultants to transform the chosen building to meet archival standards and to understand the construction costs required.</p> <p>The SLA with NRS for the retrieval of electronic archive files remains in place.</p> <p>The Archiving and Transfer Arrangements Statement has been reviewed and where required, updated.</p> <p>The MoU (Agreement) was signed by NRS in December 2021 and is now fully in place.</p> <p>The HES Archives have retained their Archive Service Accreditation which confirms that they've met the UK</p>	<p>operational, and that the Archiving and Transfer Arrangements Statement remains up to date. The update on the Archive project, a major endeavour, is also gratefully acknowledged.</p> <p>The Assessment Team would also like to congratulate HES on its successful Archive Service Accreditation retention.</p>
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							standard for professional collections management and access to the archive.	
8. Information Security	G	G	G	Update required on any change.	<p>IG appointed a new Information Security Manager in February 2021.</p> <p>Information Security awareness training issued in June 2020 achieved an 84% completion rate. A new version of this training module, which is CPD certified, has been commissioned and was issued to all staff on 21 June 2021. All staff with a HES account have been advised that they must complete the training given the various ways HES information can now be accessed. Staff have also been advised that failure to complete the training will lead to their HES account being locked. As at the end of August 2021, there was a 96% completion rate.</p> <p>The IronScales email security platform continues to be deployed. The phishing simulation tool attached to this platform providing anti-phishing and customised training has been also deployed with Directorate</p>	<p>The Assessment Team thanks you for this comprehensive update on information security. It appears that HES is taking multiple commendable steps to ensure the safety and integrity of its records. The frequent benchmark of international standard compliance is especially positive. The external audits and the maintenance of the Cyber Essential Plus certification also indicate that HES is adhering to best practice in this area.</p>	<p>The Information Security Team have mapped HES against ISO27001 standards and shared the outcomes of that mapping with SMT.</p> <p>As a result of this mapping, the Information Security Team are now progressing a project to review the security posture of our 3<sup>rd</sup> party suppliers and are implementing a Governance Risk and Compliance tool to assist with this.</p> <p>The Information Security team are also participating as a partner in the existing IT project to address Logging, Monitoring and Threat Detection. The intention would be to build the Control requirements into the scope of the project to ensure we are following best practice</p>	<p>This is a very detailed positive update which shows HES not only continues to consider information security in all its operations, but also continues to invest in constant improvement.</p> <p>There are no concerns regarding the status of this Element. The frequent benchmark of international standard compliance, the ongoing work to maintain Cyber Essentials Plus certification, and the continuing investment in</p>

					<p>campaigns being run. A HES wide campaign has been initiated. In addition, a targeted campaign to the HES senior management team has been instigated given their public visibility.</p> <p>Protocol Policy System was updated in November 2021. This update contained a refreshed home menu, new guidelines, new security awareness video content, animated overlay to assist with viewing associated compliance mappings of statements, and the option to now merge full policies. We have also, in line with ISO27001, taken the opportunity to start to assign owners to the IT polices contained within this system with a view to ensuring that the technical controls outlined are being managed appropriately as well as review the content of the policies to ensure they remain applicable to HES.</p> <p>SMT have approved the benchmarking of HES information security controls against Annex A of the ISO27001 standard which has commenced.</p> <p>The CEO issued in January</p>		<p>from an information security perspective.</p> <p>The Information Security team have also recommended that a working group be established with colleagues from IT to review and implement the necessary cryptography controls that are set out in the ISO standards</p> <p>To further enhance our PCI-DSS compliance, we have decided to engage a 3<sup>rd</sup> party to validate our return for 2022/23 which will provide further reassurance to the SIRO that HES is meeting the required PCI-DSS standards.</p> <p>All PCI-DSS documentation reviewed and updated where required</p> <p>The Information Security Team have worked with colleagues in IT to procure a secure system to allow for the taking of</p>	<p>this area are especially positive steps.</p> <p>Update required on any change.</p>
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				<p>2021 on IG's behalf a staff message on the importance of protecting HES information in light of the SEPA breach.</p> <p>Our "Keystone" digital learning library has guidance for staff on cyber security and how to process and handle data &amp; information effectively.</p> <p>PCI DSS compliance audit successfully carried out and approved by the SIRO.</p> <p>PCI DSS vulnerability scanning continuing quarterly with no beaches reported.</p> <p>The PCI DSS Policy was reviewed and updated in November 2020. All other associated documentation has been reviewed and updated as appropriate.</p> <p>J/M/L audit completed, and findings passed to the ADWG.</p> <p>Work is progressing on revising 3rd party supplier security questionnaires and processes to ensure the safety and security of HES information when engaging with suppliers.</p> <p>HES was externally audited</p>		<p>credit card details via MS Teams taking the HES network out of scope.</p> <p>Info Sec training results from the 2021 campaign showed that 95% of the organisation completed and passed the training. Training was reviewed and updated and re-issued to all staff on 20<sup>th</sup> June 2022</p> <p>The Information Security Team are reviewing the Protocol Policy System with a view to migrating away from the platform in 2023 and managing the policies in-house. In the meantime, technical owners of all the policies have been appointed</p> <p>Colleagues in IT have rolled out Multi-Factor Authentication to HES staff with the option of staff using the Microsoft Authenticator app, RSA token or text message.</p> <p>The Information Security Manager has run 3 internal phishing</p>	
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in April 2021 on the effectiveness of its cyber security approach in relation to cyber risk management and user education and awareness activities. The review also included a high-level assessment of the adequacy of staff guidance on security risks and network security controls implemented in response to Covid-19. The review identified several areas of good practice but also some areas for improvement. Work is progressing to close these gaps.

Cyber Essentials + Certification is being completed .

An Intranet article was published in June 2021 on Handling HES Information at Home.

The project to restrict portable storage devices across HES has been implemented. Whitelisting of devices only occurs on the production of a robust business case and the approval of IG.

The App Assessment Template has been reviewed and where required, updated.

campaigns to raise awareness of the dangers of phishing. A 4<sup>th</sup> campaign is scheduled for end August 2022 following completion of the Info Sec Awareness training.

The Information Security Team have reviewed and assessed over 450 separate instances of software on the HES network as part of a compliance check to ensure that the software does not pose any threats to HES systems or information.

The App Assessment template has been reviewed and updated to cover requests for both apps and software to be installed on HES systems

Cyber Essentials + re-certification is currently in progress

All actions identified as during the cyber audit have been completed

				<p>The Travel Abroad with a HES Device guidance has been reviewed and where required, updated.</p> <p>In order to protect HES information, we disabled the sharing feature in OneDrive (sharing of links to the documents) to any non-HES email address).</p> <p>A security gap around account authentication for our cloud-based systems was identified. To close this gap, a multi-factor authentication solution (MFA) has been approved by IG to allow HES staff access HES information from untrusted networks. This better protects our accounts and our data from digital theft and risks associated with cyber-attacks. Colleagues in IT are now progressing the technical controls for this.</p> <p>Colleagues in IT have commenced a BYOD project with a view to allowing staff, if they wish, to use personal devices for HES purposes. IG are fully involved in the project scoping.</p> <p>The Information Security team have started to review</p>		<p>and follow up actions set out in the Information Security ISO27001 action plan are currently underway which are being tracked by Internal Audit.</p>	
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					their approach to risk management in order to horizon scan for risks that may occur in the future.			
9. Data Protection	G	G	G	<p>Update required on any change.</p> <p>The <i>GDPR Subject Access Request Procedure</i> guidance was scheduled for review before March 2019.</p> <p>The <i>Data Protection Policy</i> was scheduled for review before May 2019.</p>	<p>No change in the Data Protection Officer.</p> <p>The Data Protection Policy has been reviewed and where required, updated.</p> <p>Our Legal Team have reviewed and updated the Privacy Impact Assessment templates to allow for sharing information outwith the UK following Brexit.</p> <p>The Subject Access Request Procedure and all other associated forms and guidance have been reviewed and where required, updated.</p> <p>The Surveillance Systems Code of Practice and all other associated forms and guidance have been reviewed and where required, updated.</p> <p>The CCTV Privacy Impact Assessment templates have been reviewed and where required, updated.</p> <p>The HES Internal Scheme of Delegation was updated in</p>	<p>As with element 8 above, this update is very thorough, and indicates continuing focus on compliance with relevant data protection legislation. The Assessment Team has no concerns in this area based on this very positive update.</p>	<p>No change in the Data Protection Officer.</p> <p>The data protection audit carried out by external auditors showed that HES was, in general, meeting its data protection responsibilities. Some minor changes to guidance and documentation along with some forms and templates were suggested and subsequently implemented.</p> <p>Work has progressed on the implementation of a Record of Processing Activities (ROPA) and linking that in with the Information Asset Register (See Element 5)</p> <p>All data protection policies and procedures have been reviewed and updated following the audit.</p>	<p>The Assessment Team thanks you for this detailed update. As with Element 8, it is clear that HES is committed to continuous improvement. An update is required on any major change to provision.</p>

February 2021 and published on the HES Intranet

Data Protection mandatory training was issued to all HES staff in December 2020. Overall, a completion rate of 87% was achieved.

We are reviewing and updating our Register of Processing Activities to demonstrate what information we process.

The HES Privacy Notice on the website was updated on the 8<sup>th</sup> June 2021.

New data processing agreement and data sharing templates have been introduced along with guidance notes on how to complete both.

All the outcomes of the IG led personal data audit will be implemented by Autumn 2021.

HES was audited in August 2021 on its data protection compliance by external auditors. Their report is due around Autumn 2021, but early indications are that HES is meeting its data protection obligations.

Data Protection Archives Code of Practice Policy has been approved and published

Mandatory data protection eLearning training was issued to all HES staff in December 2021. Training results showed a 97% completion rate across the organisation.

Mandatory Data Protection training will be issued to all staff in May 2023.

The Data Protection team are scoping a project to review and rationalise all HES privacy notices to have them located in one central location

The HES Privacy Notice on the website is in the process of being updated.

					The IG Team have approved 17 PIAs since the last submission where projects or processes have had an impact on personal information.			
10. Business Continuity and Vital Records	A	G	G	<p>The HES <i>Plan</i> states (page 23) in regard to business continuity “This is an area that needs development”. HES is a fairly new organisation and the Plan goes on to state: “All plans require to be updated following the creation of HES and the change of IT systems.” <b>The Keeper agrees this action and requests he is provided with a sample of the updated business continuity procedures when available.</b></p> <p><b>The Keeper can agree this element of the Historic Environment Scotland plan under ‘improvement model’ terms. This means that the authority has explained how they intend to close a gap</b></p>	<p>The Information Asset Register updated with critical records identified.</p> <p>Business Risk Impact Analysis assessments have been completed by Directorates. These are held by Business Managers and define business critical functions together with who is responsible for them, how they can be carried out and, where they can be carried out.</p> <p>Business and Regulatory Impact Assessments are in place. Throughout the duration of the Covid pandemic, HES has referenced the BC Policy and Practice Document as a means of managing multiple impact events.</p> <p>Organisational oversight of BCP remains under the control of the Director of Corporate Services although this will change following an internal directorate re-organisation.</p>	<p>Thank you for this update on business continuity and vital records.</p> <p>It appears that record recovery, prioritising vital records, is an integral part of HES’ business continuity planning.</p>	<p>HES still maintains an Information Asset Register.</p> <p>BC is now a specific and recognised function in the new HES structure and sits within Finance and Corporate Services.</p> <p>Even though BC principles remain the same, the scale of change in HES means our previous planning does not fit our new structure. As a result of this, HES have contacted a third party to:</p> <ul style="list-style-type: none"> <li>• Update BC plans;</li> <li>• Transfer all current relevant data from the existing plans to a new format single plan and work with HES to fill any information gaps which may be found;</li> <li>• Provide training for key personnel on</li> </ul>	<p>Thank you for this update. The Team acknowledges that an IAR is being maintained, and that Business Continuity is now a recognised function in the new organisational structure.</p> <p>It is positive to hear that HES has identified a potential weakness in current arrangements due to restructuring, and devised a plan to address this (in this case, through a third-party</p>

				<p><b>in provision and the Keeper agrees that the process suggested is appropriate. His agreement would be conditional on his being updated on progress.</b></p>	<p>Annual certificates of assurance have signed by the CEO.</p> <p>The HES IT Disaster Recovery site has been moved from a data centre in Inverness to one in Edinburgh as geographically it was too remote to support.</p>		<p>incident management and use of new plan format and run scenario exercise to help with understanding;</p> <ul style="list-style-type: none"> <li>• Develop plans at team or department level using the Z fold approach; and</li> <li>• Recommend how business continuity management can be embedded in the organisation going forward and what resources are needed</li> </ul> <p>HES IT have tested the network, power and firewall resilience to ensure that systems remain operational in the event of downtime. For some critical systems there is datacentre resilience which is tested twice a year.</p> <p>Annual certificates of assurance are being completed by Directors and Senior Management.</p>	<p>provider). Regular testing of resilience of multiple systems is also acknowledged with thanks.</p> <p>Update required on any change.</p>
	<b>A</b>	<b>G</b>	<b>G</b>	<b>HES notes that the</b>	Naming Convention and	The Keeper's	Naming Convention and	The

11. Audit Trail				<p><b><i>Naming Conventions for Electronic Records</i> guidance is not fully embedded in the organisation. The <i>Plan</i> states (page 25): “Staff will be introduced to and trained in these rules and procedures in 2017/18 in order to improve how HES captures, stores, names and disposes of its records.”</b></p> <p><b>Furthermore, the <i>Plan Annex A</i> states: “the technical infrastructure in place does not provide the necessary functionality to allow for the effective management of the records created by HES e.g. retention and disposal, access and security and audit trail”. Until the eDRMS solution/<i>Information Asset Register</i> is fully implemented, controlled electronic record tracking remains a problem area for HES. The</b></p>	<p>Version Control guidance has been updated to reflect the move to Document Centre.</p> <p>The Assessment Team noted in the previous PUR comments that they would expect to see a Naming Convention Policy imposed alongside the new structure. HES has opted to provide guidance on how to name files correctly, rather than implement a prescriptive naming policy. The organisation deals with a large variety of information that serves many purposes and it was felt that to design a policy that accounted for all information would be a significant undertaking. Instead HES has opted for the slogan “Keep it short, keep it simple, keep it meaningful.” alongside nine rules for formulating a good file name. All staff are expected to follow this guidance and are asked to rename legacy files in line with this guidance where possible.</p> <p>Online Document Centre training has occurred throughout the year covering naming, retention and disposal.</p>	<p>Assessment Team acknowledges the updates on updated guidance on Naming Convention and Version Control. It is entirely appropriate to implement a naming convention that suits the authority’s needs.</p> <p>The additional updates on training and guidelines, including those relevant to MS Teams, are also welcomed.</p> <p>Updates on any changes are welcomed in consecutive PURs.</p>	<p>Version Control guidance is not due for review until January 2023 but should there be any developments within HES that affect the guidance it will be updated accordingly.</p> <p>The HES guidance alongside the nine rules for formulating a good file name mentioned in the PUR update last year remains in place. Staff are reminded in the DC training and in intranet updates on how to name a file.</p> <p>The Email Management guidelines have been reviewed and where required, updated. Should there be any further developments within HES that affect the guidance it will be updated accordingly</p> <p>MS Teams owners were recently advised that the mandatory 2 year retention on documents within their Teams sites was approaching and</p>	<p>Assessment Team thanks HES for these updates. Thank you also for the confirmation that Naming Convention and Version Control guidance is being kept up to date. This is very positive.</p> <p>The continuing implementation of eDRMS and the gradual retirement of shared network drives, still ongoing, will have an impact within the scope of this Element, even though this is likely going to be positive in the long run. The Assessment Team look forward to hearing how this project progresses in subsequent</p>
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				<p><b>Plan states (also page 25): “...there is no ability to implement an audit facility on the shared drives and staff are able to edit, rename, delete and hold multiple copies of files.”</b></p> <p>HES operate a registry system to record the movement of the majority of their hard-copy records.</p> <p>The <i>Business Impact Assessment – Registry</i> was scheduled for review before February 2019.</p> <p><b>However, they acknowledge that this hard-copy record tracking system is out-of-date (Plan page 12) and that a small section of hard-copy records, held away from the main store, are not included in the registry. This is addressed in Annex A of the Plan (Plan page 34) with a commitment to “re-evaluate the</b></p>	<p>The physical files project has remained paused due to Covid but the RM team have been working on files already registered now that they are allowed back into the office.</p> <p>The Email Management Guidelines have been reviewed and were required, updated.</p> <p>The use of MS Teams has increased the ability to store corporate information. As a result, a mandatory 2-year retention policy has been imposed in all Teams sites and Teams owners are required to move all corporate information to the Document Centre.</p>		<p>advised to migrate documentation required to be retained to DC otherwise they would shortly be deleted.</p>	<p>PURs.</p>
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**physical records management needs across HES.” The Keeper will request information an update on this situation when appropriate.**

*The Naming Conventions for Electronic Records Guidance was scheduled for review before March 2019.*

**The Keeper is able to agree this element of Historic Environment Scotland’s records management plan on improvement model terms. This means that the authority have identified a gap in their records management provision (in this case, naming and tracking of records on shared drives is not satisfactorily controlled and the system for tracking physical records needs revisiting as the management system is at end-of-life and does not**

				encompass all paper records). The Keeper agrees that HES has committed to programmes designed to alleviate the situation and close the gap. The Keeper's agreement is conditional on his receiving updates when requested.				
12. Competency Framework	G	G	G	<p>The Keeper accepts that HES have thus made a commitment to introduce records management training for staff (for example <i>Plan</i> page 15 which talks about record destruction training). The Keeper commends this as being complimentary to that already developed for data protection and information security. <b>He would be pleased to receive further details when available.</b></p> <p>The <i>Statement of Responsibility for Records Management</i> is scheduled for review by July 2019.</p>	<p>The Head of IG has successfully gained a MSc in Records Management and Information Rights from Dundee University.</p> <p>The Head of IG now holds the role as Chair of the IRMS Scotland Group.</p> <p>The Data Protection Officer is on the IRMS committee as Director of Training managing training provider relationships with IRMS.</p> <p>The Records Manager has successfully gained an MLitt in Archives and Records Management and is also a member of the IRMS Executive.</p> <p>IG Staff continue to undertake training where possible and this continues to be recorded on training</p>	<p>The qualifications obtained by the Head of IG and the HES Records Manager are very commendable and speak of high level of expertise, further showcased by wider staff involvement within the Information and Records Management Society.</p> <p>Based on this update, the commitment to competency framework</p>	<p>The Head of IG is the current Marketing Director for IRMS.</p> <p>The Head of IG has presented at the last two IRMS conferences</p> <p>IG staff continue to undertake training relevant to their roles and interests.</p> <p>All eligible HES staff enrolled in mandatory Data Protection and Information Security Awareness Training</p> <p>Three simulated phishing campaigns have been run over the past year. Those who click a link in the simulation are invited</p>	<p>Thank you for confirming the IG team's continuing engagement with IRMS, and the provision of staff training on records management matters. Update required on any change.</p>

				<p>logs.</p> <p>IG Staff continue to attend webinars and conferences (online) in an effort to ensure they remain current with the practices in their particular specialism.</p> <p>All eligible HES staff enrolled in mandatory Data Protection and Information Security Awareness Training.</p> <p>FoI/EIR training has been developed and will be launched in the autumn of 2021.</p> <p>Keystone, our online learning platform expanded to include cyber security and information handling.</p> <p>Training and guidance on Document Centre is available for all staff on the HES Intranet along with drop in sessions for both new and existing users.</p> <p>The Statement for Responsibility for Records Management has been reviewed and updated.</p> <p>A dedicated page on the HES Intranet has been set up for staff on using MS Teams. This contains</p>	<p>through staff training is evident and highly commendable.</p>	<p>to watch a short video on the dangers of phishing.</p> <p>Document Centre training continues to be available for HES staff</p> <p>Mandatory PCI DSS eLearning training is available for those business areas that interact with card payments.</p> <p>External FoI training has been sourced via our Legal Team for FoI leads and other interested staff</p>	
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				<p>guidance on using Teams and Channels as well as guides and videos on using Teams for meetings.</p> <p>Refreshed PCI DSS training implemented for those business areas that interact with card payments.</p>			
13. Assessment and Review	G	G	G	<p>Update required on any change.</p> <p>The outcomes of the Fol &amp; EIR review have been implemented.</p> <p>An external audit of HES's cyber assurance posture was carried out during 2021. The audit noted the current controls in place but offered some recommendations for improvement which are being implemented.</p> <p>HES is currently undergoing an external audit on our data protection posture.</p> <p>The PUR itself is a useful tool to allow us to review and assess activities carried out since the previous submission(s) and plan for future activities.</p>	<p>Thank you for confirming that the outcomes of the Fol and EIR review have now been implemented. It is also positive to hear that HES has run an external audit on cyber assurance posture, with recommendations actively being implemented, and is currently undergoing an external audit on data protection posture.</p> <p>The PRSA Team are also pleased to hear that the PUR mechanism is proving a helpful tool for HES.</p>	<p>The external audits on both our Cyber Assurance and Data Protection proved to be beneficial as improvements to both have been implemented.</p> <p>The external assessment of our PCI-DSS compliance will give the SIRO confidence that HES is meeting its responsibilities.</p> <p>As mentioned in previous updates, the PUR is a useful and beneficial tool for the IG Team.</p>	<p>The Assessment Team is grateful for this positive update – it is great to hear that external assessments have proved beneficial and catalysts for improvement. HES' continuing regular participation in the PUR process is also commendable.</p> <p>Update required on any change.</p>

14. Shared Information	A	G	G	<p>The <i>Information Management Strategy</i> goes on to devote a section to “Information as a Shared Resource” (section 9.6)</p> <p><b>However, HES have acknowledged the need to impose consistency and oversight to the information sharing process and state in the <i>Plan</i> (page 32/33): “This is an area that requires further development” “HES will look to define specific arrangements for information sharing, including the establishment of clear information sharing protocols...”</b></p> <p>The <i>Information Management Strategy</i> (see element 3) notes that “Information Sharing Agreements should be put in place, where appropriate, with guidance from the Records Management Team.” (section 4.4).</p>	<p>Data Sharing Agreements continue to be signed where appropriate. As mentioned in Element 9, new templates and guidance notes have been implemented.</p> <p>HES is setting up a dedicated project management office where all projects will be reviewed and approved. IG will ensure that as part of the project approval process and where data may be shared or where there may be an impact on personal data, Project Managers will be instructed to ensure that appropriate data sharing agreements are in place and that Privacy Impact Assessments are also completed.</p> <p>Fusion (CMIS project) went live with the HR and Financial elements in October 2020. Full desk instructions on using both modules including How to Guides, key contacts and videos have been placed on the HES intranet. A series of drop-in clinics were also organised to assist colleagues with the transition from the previous system(s). Future phases of the CMIS project remain in the pipeline.</p>	<p>The Assessment Team thanks HES for this detailed update, touching on multiple important aspects of data sharing.</p> <p>It is especially good to hear that Information Sharing Agreements and Privacy Impact Assessments are part of organisation-wide project approval process. It appears that HES has also extensively addressed the weaknesses raised in the initial assessment.</p> <p>This PUR RAG status has been turned from Amber to Green to reflect significant progress made in this area.</p>	<p>Data Sharing / Processing Agreements continue to be signed where appropriate. These have been recently reviewed and updated.</p> <p>MS Teams is starting to be used for the sharing of information between HES and external 3<sup>rd</sup> parties involved in projects although IG have put some controls around its use.</p> <p>The Information Security Team have put access controls in place for other file sharing platforms such as WeTransfer and ShareFile.</p> <p>The Heritage Hub project successfully completed the procurement phase and officially signed the contract with the preferred supplier in May 2022. Planning and discovery have formally started with build to commence later in the year with the aim of a prototype being available</p>	<p>The Assessment Team thanks you for providing this update on HES’ information-sharing procedures. The Keeper’s Model Plan states that “Authorities who share, or are planning to share, information must provide evidence that they have considered the implications of information sharing on good records management.” This update indicates that HES continues to adhere to the requirements of this Element.</p>
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Formalised data sharing agreements are also supported in the *Data Protection Policy* (see element 9) section 9.2.

**The Keeper requires sight of these new protocols when available.**

**The Keeper can agree this element of Historic Environment Scotland's records management plan on 'improvement model' terms. This means that the authority has recognised a gap in their records management provision and have put process in place to close that gap. The Keeper agrees the improvements suggested are appropriate, but will request updates as the project progresses.**

The new HES Intranet also went live on the 30 September 2020 which included a complete restructure and refresh of all content. Page Owners are currently reviewing and updating content as appropriate.

The importance of and completion of Data Sharing agreements along with the completion of PIA's have been incorporated in the mandatory data protection training for all staff.

A briefing note explaining the importance of engaging with IG before the sharing of any data has been issued to Business Managers for distribution within the Directorates.

IG continue to maintain close relationships with Legal regarding DSAs.

PICAMS continues to be developed and updated and is supporting the resumption effort by incorporating resumption information. Recent updates include:

- A view of resumption status for each Property in Care on its respective site page (accessible to

in early 2023.

PICAMS continues to be developed and updated with new features. The team recently undertook a "hackathon" which gave users across the organisation the chance to give suggestions for new features and to experiment with the hackathon concept. This then allowed the team to add in extra information that will be useful for colleagues across HES. They are working with the designers and developers on other suggestions that came from the hackathon and will decide where and how these should be best displayed on the system.

Fusion (CMIS project) has now been live for over 18 months. The Fusion team have recently introduced a new Line Manager Dashboard (along with a quick guide on how to use it) which allows line

all staff)

- An overview of resumption status across properties (all staff)
- A series of dashboards and reports giving a quick, strategic overview of opened and closed properties and progress (all staff)
- A way to edit resumption data in PICAMS, replacing the tracking spreadsheet managed by the Tier 1 Compliance team
- Visibility of sites and their opening status on a map

Phase 1 of PICAMS has now drawn to a close and Phase 2 which has just been approved by the Scottish Government will look to initially support HES's compliance framework through a combination of improvements to processes and workflows and access to key information.

The Heritage Hub project continues to progress. As at June 2021 the project had begun a procurement exercise. Subject to this being successfully completed, it is hoped to start to create the project team in November.

managers to view information on their direct reports to benefit their team management and planning, ensuring they can provide the support needed by their team.

The Project Management Office is now up and running and IG have started to work with the team to ensure that project managers embed IG processes into their project plans.

The Information and Data Management Strategy makes specific reference on how best to share and exploit the information we have to enrich Scotland's historic environment



					The use of MS Teams has increased the ability to store corporate information. As a result, a mandatory 2-year retention policy has been imposed in all Teams sites and Teams owners are required to move all corporate information to the Document Centre.			
15. Freedom of Information	G	G	G	Update required on any change.	<p>Regular statistics continue to be provided to the Scottish Information Commissioner.</p> <p>The outcomes of the internal review mentioned in the last update have been delayed due to Covid but are due to be implemented by the Autumn of 2021.</p> <p>Fol/EIR training for HES staff has been developed and will be issued in the Autumn of 2021.</p> <p>The Fol Policy is not due for review until 2022 but should there be legislative developments that affect the policy it will be updated accordingly.</p>	The Keeper's Assessment Team thanks you for this update on Freedom of Information compliance and staff training within HES. We especially look forward to hearing about the implementation of the outcomes of the internal review in consecutive PURs.	<p>Regular statistics continue to be provided to the Scottish Information Commissioner.</p> <p>The outcome of the review mentioned in the last update are being implemented. Examples include:</p> <ul style="list-style-type: none"> <li>introduce and implement a naming convention to be applied to completed responses.</li> <li>Linking these to the Request log so responses are easier to find.</li> <li>Ensuring our Communication Team has sight of all draft responses to journalists prior to</li> </ul>	Thank you for this voluntary update on FOISA arrangements. It is particularly good to hear that the delayed review has now been completed, and that an action plan has been devised to address any weaknesses identified.

- issue,
- Establishing a process whereby our Legal team is contacted when appropriate.
  - Reviewing the support process provided to FOI Leads,
  - Consideration of a charging policy for EIR requests.

The re-organisation in HES has required the recruitment of new FOI Leads and training has been provided to those staff.

External FOI training has been sourced via our Legal Team for FOI leads and other interested staff.

The FOI / EIR Policy has been reviewed and updated where appropriate.

## 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 25 August 2022. The progress update was submitted by Andy Sharp, Information Manager.

The progress update submission makes it clear that it is a submission for **Historic Environment Scotland**.

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

### General Comments

Historic Environment 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 Historic Environment Scotland continues 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