The Public Records (Scotland) Act 2011

Historic Environment Scotland

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

11 January 2021

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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 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:

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

Progress Update Review (PUR) Template: Historic Environment Scotland

Element	Status of elements under agreed Plan 06JUN18	Progress assessment status 24APR20	Progress assessment status 11JAN21	Keeper's Report Comments on Authority's Plan 06JUN18	Self-assessment Update Year 1 06SEP19	Progress Review Comment Year 1 24APR20	Self-assessment Update Year 2 as submitted by the Authority since 24APR20	Progress Review Comment 11JAN21
1. Senior Officer	**G**	**G**	**G**	Update required on any change.	No change in nominated post or named individual. The Information Management Strategy – Corporate Information has been reviewed and updated (PUR2019/001)	No immediate action required. Update required on any future change. The assessment team thanks HES for evidence of the policy revision work undertaken for this element.	No change in nominated post or named individual	No immediate action required. Update required on any future change.
2. Records Manager	**G**	**G**	**G**	Update required on any change.	There has been a change in personnel since June 2018. The post was advertised in January 2019 with a revised job description and person specification (PUR2019/002) following the resignation of the previous post holder. Ryan Kerr is now the Head of Information Governance. The Statement of Responsibility for Records Management has been updated to reflect the change in personnel (PUR2019/003).	The authority has been diligent in alerting the Keeper to change under this element, and in providing appropriate supporting evidence. The Keeper thanks the authority for informing him of change. Update required on any future change.	No change in nominated post or named individual	No immediate action required. Update required on any future change.
3. Policy	**G**	**G**	**G**	Update required on any change. The *Records Management Policy* is scheduled for review before April 2020.	The Records Management Policy has been reviewed and updated (PUR2019/004)	No immediate action required. Update required on any future change. The assessment team thanks HES for evidence of the policy revision work undertaken for this	The Records Management Policy has been reviewed and updated (PUR2020/001)	In their original submission HES committed to keeping their information governance policies and guidance documents under review and the Assessment Team acknowledges that this is being done.

						element.		
4. Business Classification	**A**	**A**	**A**	**The need for a more controlled electronic records solution is explained in *Plan* Annex A "HES suffers from a continued growth of largely unmanaged, unstructured electronic document and record storage."** **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 is a reasonable timescale and accepts that full implementation will be incremental after any system is introduced. He will request updates periodically.** **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**	The Business Classification Scheme has been reviewed as part of the updated Records Retention Schedule (PUR2019/005) The eDRMS business case has been finalised (PUR2019/006) and was approved by the HES Board in April 2019 (PUR2019/007). HES has appointed In-Form Consult to provide specialist support to the eDRMS project and to deliver a comprehensive information management solution based on SharePoint Online and RecordPoint. Work has now begun on project planning with the recruitment of key staff to support the project over the coming months. An extract from the eDRMS project plan is attached (PUR2019/008) Staff have been advised of the project commencement through an Intranet article (PUR2019/009) The Information Assurance Board Terms of Reference have been reviewed and updated (PUR2019/010). The Information Assurance Board, made up of a network of senior staff assigned the role of Information Asset Owner has been launched. These individuals are responsible for promoting and enforcing good information	It is clear that the authority remains committed to delivering a robust BCS as part of the transition to a fully functioning eDRMS. It is further clear that this is being designed in line with that which was agreed by the Keeper in 2018. There is no question this comprehensive solution will benefit the authority and will, when operational and supported by all the necessary evidence, achieve the Keeper's agreement. The additional control and security that will be gained from this solution is without doubt. The assessment team recognises the considerable effort and resource being committed towards compliance here. It is clear the authority is investing heavily in work to streamline information governance and maximise the benefits of this for operational purposes, business efficiencies and compliance goals. The assessment team commends the authority on its commitment to improve and looks forward to receiving further updates on this essential work. Were this a formal resubmission under	The Business Classification Scheme & the Records Retention Schedule are live documents which are kept up to date by RM Team (PUR2020/02 & PUR2020/003) The RM Team have added a change log to the retention schedule to better track amendments made (PUR2020/004) eDRMS project is now progressing but there have been some delays due to Covid and is expected to be completed towards the end March 2021. However, since the end of the pilot in Jan 2020, 5 out of 9 Directorates are now working exclusively out of Document Centre with over 80,000 documents migrated. The eDRMS project team have created a series of short online "how to videos" for those who have migrated (PUR2020/005). The eDRMS team have also published a Document Centre User Guide (PUR2020/006) Other supporting documentation will be uploaded to the Intranet. All training is currently done via Skype for Business for staff when they go live following migration. In addition, we have also started to do refresher training sessions which will be led by the project team. We have set up a Microsoft Teams site for Document Centre Superusers to share experiences and for collaboration. Included are quick wins, glossary and FAQ's to assist superusers during and post migration. Briefing notes issued in Historic Times and Intranet (PUR2020/007 & PUR2020/008) The Information Assurance Board is maturing. It meets at a minimum 3 times a year and actions to improve levels of information management are progressing. There have been three IAB meetings to date (PUR2020/009). The meetings scheduled for 2020/2021 have been postponed due to Covid but assigned tasks are expected to be competed. (PUR2020/009) Information Asset Owners have completed the following tasks: • Update IAR • Flag Personal data	We are aware of the O365 transition project underway at the moment in HES. This has been well documented here and in other formats. There has been good engagement between the HES information governance lead and the Keeper's Assessment Team. This PUR makes the steps taken towards universal roll-out quite clear including the use of information asset owners in local business areas. Generally a O365 cloud solution is bound to be incremental and take several years to bed-in properly. The Assessment Team remind HES of the importance of appropriate polices, governance and staff training in making this major project a success. However, this PUR seems to provide ample evidence that this is understood. For example by addressing training – see element 12 – and documents such as the Document Centre User Guide. The Assessment Team looks forward to updates in subsequent PURs. This element remains at Amber while this work is ongoing.

				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 (*Plan* page 27).	management practices within their business function. Each quarter, Information Asset Owners are issued with an action to undertake with the aim of increasing the level of information management maturity across the organisation.	section 5(6) of the Act this element would remain agreed under improvement. There is strong evidence of progress towards a long term solution which will be fully operational in due course. The assessment team thanks HES for the evidence supplied in support of the work being undertaken.	• Added Security classification	
5. Retention Schedule	**G**	**G**	**G**	Update required on any change.	The Information Asset Register has been launched and has started to be populated (PUR2019/011). Information Asset Owners and Administrators for each Directorate have been appointed and provided with an outline of their responsibilities (PUR2019/012) Information Asset Owners have been asked to confirm IAR content for their respective areas and to add any assets that they have identified that have not been already been captured (PUR2019/013) Information Governance have reviewed, amended and published an updated retention schedule (PUR2019/014) Information Governance have worked to ensure that staff do not save corporate information on their personal drive but rather the network drive	It is the case that HES submitted sufficient evidence under its original assessment to satisfy the Keeper it had an operationally robust RRS. This was arranged functionally, demonstrated best practice and appeared to be operational across all business areas. The authority was at that time contemplating transitioning to a new information governance structure. This PUR demonstrates clearly that this commitment is being met. Inevitably, such a comprehensive and complex transition requires existing policies and procedures, including the RRS, to be revised and updated. The authority's compliance statement and evidence supplied under this element suggest this has already been achieved	The HES Retention Schedule has been reviewed and updated (PUR2020/003) As records are added to the Document Centre they are tagged to Records 365 software providing automated disposal and audit trail. The Information Asset Register has been updated and now contains over 1600 assets and Information Governance will be working with the IAO network to develop the asset register into a more practical tool for managing and mitigating corporate information risk A project has been commissioned to migrate all HES users from network personal drive to OneDrive (PUR2020/11) As part of this project, all users will be required to review data held in line with the re-issued guidance on information held on personal drives (PUR2020/012). Staff were advised of the project on the 24th July in the HES Weekly Round-up (PUR2020/013)	**See element 4 above.** Statements in the PUR show a clear recognition that a retention schedule is a 'living document' and will be subject to continual minor change year on year. HES have added a change log to the retention schedule to better track amendments made. This is to be commended. The Assessment Team notes that HES are using the opportunity of the records management transition to data cleanse personal drives. This is highly commended. It is again clear from the PUR submission and the accompanying evidence that the authority remains committed to operating a robust Retention Schedule. The Assessment Team can accept that all public records are subject to this schedule even as they transition into the new O365 solution. This element therefore remains at RAG status 'Green'.

					by issuing guidance (PUR2019/015) As part of that work, and to free up network drive space, personal drives storage was restricted to 1GB per user and those identified with more than that were contacted and asked to review and reduce the size of their personal drive (PUR2019/016)	and a new version of the operational RRS has been agreed and published. It is again clear from the PUR submission and the accompanying evidence that the authority remains committed to operating a robust RRS. The assessment team commends the authority on its commitment to helping staff understand the changes, comply with their responsibilities under the RRS and manage their information robustly. If this were a formal resubmission under section 5(6) of the Act this element would remain agreed as compliant. The assessment team thanks HES for the evidence supplied in support of the work being undertaken.		
6. Destruction Arrangements	**A**	**A**	**A**	**<u>Electronic:</u> (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 records created by HES e.g. retention and disposal…"** **Until the *Information Asset Register/eRDM system* is operational**	In line with the eDRMS project, Information Governance have begun to interrogate the main network drive with Power BI which has enabled us to identify records as ROT and these have and will be continued to be deleted as the organisation progresses towards SharePoint. Until eDRMS goes live, HES continues to rely on shared drives for the storage of electronic information and as such, there remains no audit facility. The appointment of IAOs will assist in raising	It is clear the authority is committed to delivering robust destruction arrangements. It is further clear that the current eDRMS programme will deliver this in due course and when it is fully operational. Work is ongoing to identify records unsuitable for migration and IAOs are being recruited to monitor the proper and timely application of disposal decisions on shared drives. The mechanisms in	As part of the project to migrate business areas to Document Centre, there is a requirement for business areas to review their records on the shared drive(s) to ensure that only records of corporate value are migrated (PUR2020/014). Records that remain on the G:Drive that are deemed no longer of corporate value will be disposed of as part of a clean up task at project end. 5 out of 9 Directorates are now working exclusively out of the Document Centre RecordPoint rules have been implemented across all business areas migrated. The contract with Shred-it has continued although Covid has impacted on the ability to visit offices. For the period October 2019 until end March 2020,Shred-it disposed of approximately of 9460kgs of confidential waste (PUR2020/015) We have not been able to schedule the regular	**See element 4 above.** The Assessment Team notes that "As records are added to the Document Centre they are tagged to Records 365 software providing automated disposal and audit trail." It is clear from the statements under element 4 above that not all HES public records are yet covered by this arrangement and as it remains a work in progress this element remains at Amber for the time being. The Assessment Team notes that HES are using the opportunity of the records management transition to data cleanse drives. This is highly commended.

				in HES (see element 4), the destruction of electronic records will be awkward to sufficiently monitor. HES acknowledges this in the *Plan*: "…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 *Plan* goes on: "HES is committed to improving the way in which electronic documents are managed throughout the organisation." (both quotes *Plan* page 23). **The use of shared drives is an area where many Scottish public authorities encounter difficulty when attempting to impose robust provision. The Keeper acknowledges that HES have correctly identified this gap in provision.** The *Retention and Disposal Guidance* was scheduled for review before April 2019. **The Keeper can agree this element of the *Plan* 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.**	awareness of the retention schedule and the requirement for users to delete records when they have reached the end of their usefulness. The Retention and Disposal Guidance has been reviewed, updated and published on the HES Intranet (PUR2019/017 & PUR2019/018) HES continues to use Shred-it for confidential waste disposal. At our request, Shred-it have introduced a tamper check process for the consoles when their staff are on site (PUR2019/019). The Registry Team continue to review and destroy files in line with file review procedures. HES IT destruction is now handled by Haven Recycling. An example report is attached (PUR2019/020) Information Governance led training sessions with HES staff continue to advise of the requirement to not hold on to information beyond its usefulness and to destroy it once no longer required in line with the retention schedule. The issue of confidential destruction at other sites has been addressed though guidance on the most appropriate type of shredder appropriate for the different types of information identified in the HES classification scheme (PUR2019/021).	place to manage the destruction of paper records have been revised and new procedures, e.g., contractor tamper check process for paper waste consoles, instituted. Additional training and guidance has been made available to staff. It is clear that the authority is currently working to close the gaps that exist under shared network drives. The assessment team commends the authority on its commitment to improve under this element. It looks forward to receiving further updates on progress. Were this a formal resubmission under section 5(6) of the Act this element would attract an amber rating indicating that he agrees it under improvement. There is robust evidence demonstrating commitment to comply and this will be delivered by the completion of the current transition programme.	destruction of paper files by Registry as Covid has hampered our regular processes. NRS as yet unable to access files to confirm destruction approval. The Retention and Disposal Guidance has been reviewed, updated and published on the new HES Intranet (PUR2020/016) Our contract with Haven recycling for IT destruction has ended as the contractor ceased trading. A short term arrangement has been agreed with Iron Mountain for IT destruction. However, no destruction has taken place due to Covid. The HES Climate Change Team are looking to implement an overarching recycling contract for the whole organisation which will include suitable IT destruction arrangements.	The Assessment Team notes the update regarding access for paper waste uplift and about a transition in the hardware destruction arrangements. They also have noted that there has been a recent review of the Retention and Disposal Guidance. This is another example of the authority keeping its information governance procedures fresh as required.

7. Archiving and Transfer	**A**	**A**	**A**	**The Keeper agrees this element of HES' *Records Management Plan* under 'improvement model' terms. This 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.**	NRS have recently provided a MoU for review which now takes account of the new GDPR/DPA arrangements. The new MoU includes certain legally binding clauses which constitute an agreement for NRS to act as Data Processor on behalf of HES as Data Controller. NRS are currently scheduling a programme to roll-out the MoU to their depositors. HES will review the new MoU with a view to signing and returning. HES has a Service Level Agreement with NRS for retrieval of archive files electronically (PUR2019/022) and guidance has been issued to staff on how to retrieve files (PUR2019/023) The Archiving and Transfer Arrangements Statement has been reviewed and updated (PUR2019/024)	Again, it is clear that the authority is committed to achieving compliance under this element. It is in receipt of the generic NRS MoU and will formally agree this in discussion with NRS colleagues. As at the time of original agreement, once the assessment team can be provided with sight of the agreed MoU this element will be in full compliance. The assessment team thanks HES for the evidence supplied in support of updated archive and transfer guidance.	HES has commenced a project to provide specialist accommodation for the storage of the HES Archive and Collections, currently dispersed in a number of locations across the country. A suitable property has been sourced in Bonnyrigg and work is progressing to bring the property up to meet national standards for the storage of historic material. Alongside this project, HES will look to engage with NRS with a view to possibly bringing back in-house the archive currently held by NRS. HES currently anticipates completion of move to Bonnyrigg in 2026. As a result of the possibility of HES managing its own archive the MoU with NRS remains under review. The SLA with NRS for the retrieval of electronic archive files remains in place (PUR2020/17) and the guidance has been reviewed. (PUR2020/18) Document Centre through R365 identifies records for archive. As the system is still new, no records have yet been flagged for archive. HES currently has no facility for electronic archive.	Thank you for this update. As HES state in this PUR the initial identification of an appropriate repository (NRS) has not yet been settled in a formal agreement and this element remains at amber while possible solutions are explored. The Assessment Team looks forward to updates in subsequent PURs.
8. Information Security	**G**	**G**	**G**	Update required on any change.	Information Governance has introduced a Traveling Abroad with a HES Device Policy to ensure the safety of HES information (and HES staff) when staff travel abroad on official business (PUR2019/025). Information Security Awareness training was issued to HES staff in December 2018 and will be reviewed and amended prior to issue in 2019/2020. Information Governance has introduced a new	The authority achieved the Keeper's agreement under this element in 2018. It is clear that as the authority transitions to its eDRMS it has taken the opportunity to conduct a serious review of polices in this area and to develop new policies. The assessment team commends the authority for this work and for its commitment to staff as it revises guidance, develops promotional materials and makes training	Information Security Awareness eLearning training was revised and issued to all HES staff on 1 June 2020. As at 31st August 71% of staff have completed the training with an average pass score of 92%. Two phishing email exercises have been carried out across a sample of 200 HES staff. The results have been shared across the organisation. We are considering the purchase of an attack simulation and phishing awareness training tool for deployment across the organisation to better educate employees on identifying and dealing with social engineering attacks. HES has purchased and deployed the Ironscales anti-phishing tool to better protect HES information and make the reporting of suspicious emails easier. IT in conjunction with IG have begun work to implement USB drive restrictions across HES. IG	There is plentiful evidence here that HES reviews and updates their information security provision as noted in the original submission and in the previous PUR. The information security processes have been rigorously tested as detailed in the previous column. The Assessment Team acknowledges that Historic Environment scotland have Cyber Essentials+ Certification: Sector: **Charity (Registered)** Certificate number: **IASME-CE-005671**

					investigation process and forms (PUR2019/026) when notified information security incidents (PUR2019/027). The Protocol Policy System was updated in January 2019 incorporating an updated version of PCI-DSS compliance documentation. The updated version was published on the HES Intranet (PUR2019/028) The IG Information Security team are instigating a series of IT audits covering password changes, joiners, leavers and movers and asset management. The objective of the reviews are to assess the effectiveness of HES' system of internal controls to provide a level of assurance and to review relevant documentary evidence to confirm satisfactory operation of the controls. The password change audit has been completed and recommendations have been passed to IT for review and implementation (PUR2019/029). Information security poster campaigns covering password security, phishing, etc have been launched across the organisation (PUR2019/030) HES is currently recruiting for an Information Security Manager due to the resignation of the previous post holder. A revised job description	available across the authority. Under a formal resubmission of the plan, with appropriate supporting evidence, this element would again attract a green rating.	Information Security have drafted a Mobile Device policy which is out for consultation. The HES Protocol Policy System was updated in December 2019 to reflect changes to Cyber Essentials + and published on the HES Intranet (PUR2020/019) HES completed Cyber Essentials + certification and the certificate will be available towards the end September 2020. There has been a continuation of Information Security poster campaigns across HES estate (PUR2020/020). The Payment Card Industry-Data Security Standard (PCI-DSS) compliance audit was successfully completed and approved by the SIRO which allows HES to continue to take credit / debit card payments (PUR2020/021). The HES PCI-DSS Policy was approved by the SIRO (PUR2020/022) Vulnerability scanning of the HES PCI-DSS environment has been carried out by an external partner and which has confirmed that no card data resides on HES systems. PCI-DSS online training was issued to 75 HQ based staff and training material covering PCI-DSS requirements was issued site-based staff and delivered by district managers and team leaders (PUR2020/023) The PCI-DSS page on the HES Intranet has also been updated with further guidance to support PCI compliance. HES has deployed Microsoft's Data Loss Prevention tool to scan O365 for messages, files and documents that contain sensitive information such as credit card numbers other personally identifiable information. Specific HES Board IG training has been written and will be implemented shortly. Over the last 12 months the Information Security team has investigated 25 information security incidents. All have been relatively minor such as clicking suspicious email links. HES has however self-reported one incident to the ICO who, after investigation, took no action. IG Information Security have introduced an App Assessment Template to ensure that any new app that is not on the approved mobile app list will not pose a risk to HES information or its infrastructure	Certificate level: **Cyber Essentials** Date issued: **29/09/20** For training see element 12 below.

					was created (PUR2019/031)		(PUR2020/024) The recommendations of the Password Change Audit have now been implemented (PUR2020/025). The IG Information Security team have commenced a Joiners/Movers/Leavers audit to assess the effectiveness of HES' system of internal control for the joiners, movers and leavers (JML) process. This will feed into an Active Directory Working Group project being led ty IT.	
9. Data Protection	**G**	**G**	**G**	Update required on any change. The *GDPR Subject Access Request Procedure* guidance was scheduled for review before March 2019. The *Data Protection Policy* was scheduled for review before May 2019.	The Data Protection Policy has been reviewed, updated and published on the HES intranet (PUR2019/032) The Head of Information Governance has been appointed as Data Protection Officer for HES (PUR2019/033) along with an updated Role Profile and Job Description (PUR2019/034) The Privacy Impact Assessment guidance and templates have been reviewed following feedback from users with the aim to make the process and form completion simpler (PUR2019/035) The Subject Access Request templates and guidance have been reviewed and updated (PUR2019/036). New photographic consent forms have been produced to ensure data protection compliance (PUR2019/037). Information Governance carried out an audit of HES CCTV systems in May 2018 and provided a report to the Senior Management Team which was approved in August 2018 (PUR2019/038).	There is no question the authority takes its DP obligations seriously. Since achieving the Keeper's agreement for its RMP it has updated polices flagged as needing review. It has appropriately positioned the role of DP Officer as the responsibility of the Head of Information Governance. It has also reviewed and updated several other policies and procedures which are core to its suite of DP documents and guidance. The assessment team commends the authority for its progress and thanks it for submitting evidence in support of this work	No change in the Data Protection Officer. Over the last 12 months, bespoke CCTV training for c90 staff has been organised and delivered. Data Protection eLearning training was amended and launched across HES in November 2019 with 87% of eligible staff completing the training with an average pass score of 88% In preparation for the General Data Protection Regulation becoming enforceable on May 25th, 2018, HES undertook a personal data audit across the organisation. A second more detailed audit has since been carried out providing more analysis of how each Directorate manages personal information. The findings of the audit show that overall, HES is managing personal data correctly and staff are aware of their obligations to protect personal data. There were a number of outcomes identified in this review are currently being implemented (PUR2020/026). All Privacy Impact Assessment templates have been reviewed, updated and published on the HES Intranet (PUR2020/027, PUR2020/028 & PUR2020/029) The Data Protection Code of Practice – Archive Collections is in the process of being finalised but Covid has delayed the implementation and publication. HES has self-reported one incident to the ICO since the last PUR update following a data breach. After investigation, no action was taken by the ICO. The HES Data Breach Incident Management procedure has been reviewed (PUR2020/30) The Internal Scheme of Delegation is currently being reviewed The Data Processing Agreement template have been reviewed and updated where appropriate (PUR2020/031) Information Assets containing personal data have	As with all other Scottish public authorities Historic Environment Scotland have been required to review and update their data protection procedures in light of the 2018 legislation. The Assessment Team acknowledges that the public facing HES website has been updated appropriately: https://www.historicenvironment.scot/privacy-notice/ As with many of the other elements in this PUR there is evidence that procedures and guidance documents are regularly reviewed and updated as appropriate. This was a commitment from the authority under their original agreed plan and the Assessment Team are please to acknowledge this commitment is being pursued. For training see element 12 below.

					Following approval, updated guidance and templates for CCTV users were produced (PUR2019/039). Generic CCTV training has been sourced and will be provided around the Autumn 2019. The Surveillance Systems Code of Practice has been reviewed, updated and published (PUR2019/040) As part of data protection compliance, Information Governance has carried out a Personal Data Audit which is in the process of being finalised. This identifies further areas of improvement in the management of personal data. Information Governance have reviewed and updated Data Processing Agreements as part of the data protection compliance (PUR2019/41) Information Governance has reviewed and updated the eLearning Data Protection training with this being launched across the organisation in September 2019. HES has published a revised Scheme of Internal Delegation (PUR2019/042) Information Governance has reviewed, updated and published the Data Breach Incident Management Procedure (PUR2019/043) The Data Protection Code of Practice – Archive Collections is		been identified by the IAO's on the IAR. All Subject Access Request templates and guidance have been reviewed and updated	

					being reviewed as part of the data protection compliance.			
10. Business Continuity and Vital Records	**A**	**A**	**G**	The HES *Plan* 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." **The Keeper agrees this action and requests he is provided with a sample of the updated business continuity procedures when available.** **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 in provision and the Keeper agrees that the process suggested is appropriate. His agreement would be conditional on his being updated on progress.**	HES has appointed Offrisk Consultants to assist with the formulation and lay the foundations of Business Continuity Planning throughout the organisation. This is intended to be finalised during 2019/20. The Registry Business Impact Assessment will be reviewed as part of the Business Continuity project. There is also the potential impact on the Registry function as part of the Headquarters Transformation project and given this, it was agreed it was not appropriate for the BIA to be reviewed at this time. Once the Business Continuity plan has been approved, HES will look to conduct staff familiarisation and training sessions. A Business Continuity Management System, Policy and Practice is being drafted which sets out the organisational arrangements, together with the specific roles and responsibilities in place to achieve the aims set out in the statement of policy. HES has decommissioned its physical records management system (IMPReS) and moved all validated records from that system to Records365 (PUR2019/044). The Intranet has been	The authority is clearly working hard to progress work under this element and is able to submit evidence in support of its ambitions. There is no doubt the review underway is complex. Commendably, the authority has commissioned a professional consultancy firm to help design the solution… Embedding change of this nature is never straightforward. It will require time and a good deal of staff interaction to achieve. The authority is alert to this and has plans in place to help staff understand their obligations. It is the case, of course, that the authority's eDRMs and IAR will greatly assist it to meet its BC obligations. It is good that the authority is equally ambitious to safeguard its paper legacy records. Bringing the proposed solution to fruition will take time. The assessment team, however, recognises that the commitment to deliver such a solution is in place. The compliance statement makes clear that resource has been allocated and that there is a serious commitment to deliver a comprehensive	HES has developed arrangements that cater for Business Continuity Management through a Systems, Policy and Practice document. Provision therein allows for a structured response to the impact of critical events that may affect HES operations. These arrangements were tested under exercise conditions in November 2019 and were found to be fully validated. Since that time, evidence of application of the practices has been seen in a range of actual events such as Cyber Attacks, Political Protest, Demonstrations and, the impact of COVID 19. Whilst organisational oversight for BCP is maintained by the Director of Corporate Services, each Directorate is responsible for the maintenance of their own arrangements. BCP development in HES is a continually evolving aspect of organisational learning with appropriate provision given over to the debriefing and review of incidents as and when required. As part of our BCP response to keep the functions of HES operating during Covid, we enabled access to O365 from any device. We however restricted the ability to download HES information. This action allowed staff to work as normal albeit with some restrictions. Critical records identification has been scheduled as the next task for IAOs to update on the IAR.	The assessment team commends the authority for its progress and thanks it for the detailed evidence in support of this work. In 2020 the Scottish public sector has to undertake emergency procedures and it seems clear that this worked adequately in HES. Allowing staff to access public records outwith the office environment at short notice has appropriately tested their business continuity systems. It is likely, from what has been described, that this element could now be considered compliant. It seems probable that HES can be confident that record recovery, prioritising vital records, is an integral part of the authority's business continuity planning as required by the Keeper. The achievement of this objective marks a measurable improvement in the records management provision in the authority. If this was a formal re-submission it is likely that this element of the Plan would turn from Amber to Green.

					updated to reflect the change of procedures for requesting files (PUR2019/045) The Records Management Team have begun work to identify and log all HES physical files onto R365. R365 provides greater functionality and contains additional metadata which enables the better management of HES physical records. The implementation of the Information Asset Register and eventually eDRMS will contribute to the protection of HES corporate records.	solution. Were this a formal resubmission under section 5(6) of the Act this element would attract an amber rating indicating that the Keeper would agree it under improvement. There is again strong evidence of the commitment to comply and of ongoing design and implementation work The assessment team commends the authority for its progress and thanks it for submitting evidence in support of this work		
11. Audit Trail	**A**	**A**	**A**	**HES notes that the *Naming Conventions for Electronic Records* guidance is not fully embedded in the organisation. The *Plan* 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."** **Furthermore, the *Plan* Annex A 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/*Information Asset Register* is fully implemented, controlled electronic record tracking**	Information Governance led training that has been delivered has a section on Records Management and includes a session on how to name electronic records. The Naming Conventions for Electronic Records Guidance has been reviewed and published in advance of the introduction of SharePoint (PUR2019/046). As noted in the Keeper's comments, naming conventions for electronic records is still not fully embedded within the organisation. It is anticipated to be a key feature of the SharePoint training going forward. The Email Management Guidelines have been reviewed and updated (PUR2019/047) eDRMS when	Again, there is no doubting the authority's commitment to achieving compliance under this element. The eDRMS solution will deliver robust audit trail functionality and the R365 solution for physical files is similarly robust. The authority clearly recognises that even with eDRMS in place the need for naming conventions remains key to achieving audit trail compliance. Work on this is ongoing and supported. The compliance statements here are good and evidence suggests the commitment is strong. Were this a formal resubmission under section 5(6) of the Act this element would attract an amber rating indicating that the Keeper would agree it	The Customer guides on how to use the Registry Service have progressed but Covid has delayed their finalisation and implementation. Information Governance led training focusing on good Records Management practice including retention and disposal procedures has continued throughout the year although Covid has hampered site visits (PUR2020/032) The RM Team have revised the naming conventions guidance to better reflect the search capabilities of SharePoint (PUR2020/033) The Physical files project to consolidate HES physical files onto one Records Management system, namely R365 and prepare the collection for the move to Bonnyrigg has had to be paused due to the Covid pandemic. For those who have migrated to SharePoint, the audit facility on all documents is enabled as version control is turned on. The Email Management Guidelines have been reviewed and updated (PUR2020/034)	**See element 4 above.** The processes used to efficiently track public records is, obviously, dependent on the functionality of the systems in which those records are kept. Separately from the PUR, HES has noted that they have a naming convention that has been updated to align with SharePoint search functionality and that they have also developed and applied a bespoke search function for SharePoint. The Keeper agrees that an O365 migration should greatly increase the control over document tracking although it will take some time for this to be universally applied in the authority. The PUR makes it clear that not all business areas are covered by the 'Records Centre' system yet. The O365 should provide automatic version control, but staff will still be required to name records in a consistent way so that the search functionality can be properly applied. The Assessment Team would expect to see a Naming

				remains a problem area for HES. The *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." HES operate a registry system to record the movement of the majority of their hard-copy records. The *Business Impact Assessment – Registry* was scheduled for review before February 2019. **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 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**	implemented will have a full audit trail on all documents so it will be easy to see who viewed a document, who made changes to a document, who deleted a document, etc… and when they did it. With the deactivation of IMPReS and implementation of RecordPoint, the Registry Team are able to better track the creation, movement and destruction of registered files. The project to implement R365 has ensured that HES has a greater clarity on what physical records it holds. R365 procedures for the Registry Team have been produced and are in use (PUR2019/048) The Customer guides are currently being produced and will be launched shortly. To date the RM team have captured and validated all HES files held in Registry. The next phase of the project is to capture and record the physical files held outwith the HES registry within Longmore House.	under improvement and commend the authority for its commitment to achieving compliance. The assessment team commends the authority for its progress and thanks it for submitting evidence in support of this work.		Convention Policy imposed alongside the new structure. The Assessment Team looks forward to updates on this matter in subsequent PURs. This element remains at Amber while this work is ongoing. The Assessment Team notes that, as records are added to the HES Document Centre, they are tagged to Records 365 software providing automated disposal and audit trail (see element 5).

				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**	The Keeper accepts that HES have thus made a commitment to introduce records management training for staff (for example *Plan* 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. **He would be pleased to receive further details when available.** The *Statement of Responsibility for Records Management* is scheduled for review by July 2019.	Information Governance produced a training proposal for implementing Information Governance training across HES (PUR2019/049). The Information Governance Team has begun a series of face-to-face training sessions for HES staff covering topics including data protection, information security, FoI/EIR and records management including the importance of destroying records when no longer required in line with the retention schedules. So far, c100 staff have had some form of face-to-face training. Further training will take place throughout the year. We will also identify key information handlers and provide more detailed training for this group.	It is further clear that considerable positive change and new initiatives are being made under this element. The IG Team engages with staff routinely and it is currently recruiting key information handlers to provide training. This is in addition to ongoing IAO training. Policies and procedures have been revised and updated and key staff are encouraged to engage with professional bodies and access training and networking opportunities. This is commendable. Under a formal resubmission of the plan, with appropriate supporting evidence, the Keeper would commend the authority	Further IG training sessions covering data protection, information security, FoI/EIR and records management have been held throughout the year (PUR2020/033) Over the last 12 months, bespoke CCTV training for c90 staff has been organised and delivered by an external consultant Targeted training for key information handlers has occurred with more sessions to be arranged (PUR2020/035) IG staff continue to undertake relevant training and this is recorded on staff training records (PUR2020/036) One member of the IG Team has completed and passed their Data Protection Practitioner certification. Two members of the IG Team are currently undertaking their Masters with Dundee University: • Records Management and Information Rights • Archives and Records Management One member of the IG Team is a member of the Data Protection Forum The IG Team has corporate membership of IRMS and two members of the IG team are accredited members of IRMS	The Keeper expects staff creating, or otherwise processing records, to be appropriately trained and supported. There is a huge amount of evidence around this element throughout the PUR and this clearly demonstrates that HES takes information governance training very seriously. This would be very welcome news for the Keeper. The availability of training in HES is to be commended. Some examples of training initiatives since the 2019 PUR are: The eDRMS project team have created a series of short online "how to videos" for those who have migrated. (Element 4) The setting up of a Microsoft Teams site for Document Centre Superusers to share experiences and for collaboration. (Element 4) The provision of a glossary and FAQ's to

						Information Governance have provided training for IAO's which has been a mixture of face to face and webinars setting out roles and responsibilities. Work is on-going to source appropriate CCTV training for those staff with access to HES CCTV systems. This is scheduled to be completed by the autumn 2019. The Statement of Responsibility for Records Management has been reviewed and updated (PUR2019/003) Information Governance staff continue to undertake self-development and formal training to ensure that their knowledge remains up to date and relevant. This is recorded on staff training records (PUR2019/050) A number of Information Governance staff have also joined the Information and Records Management Society (IRMS) and attend courses, webinars and conferences to learn and share best practice with peers. The New Start Induction pack (PUR2019/051) has a section on Information Governance and points new employees to complete their Data Protection and Information Security training and read and sign the Acceptable Use Policy within one week of joining and before handling any HES information.	for its ambitions in this area and would again agree a green rating under this element. The assessment team commends the authority for its progress and thanks it for submitting evidence in support of this work.	The HES Induction pack has been reviewed and updated and includes a revised section on Information Governance. The pack is now sent out to all new starts prior to them joining the organisation (PUR2020/37)	assist superusers during and post migration. (Elememnt 4) Briefing notes issued in the in-house publication Historic Times (Element 4) Information Security Awareness eLearning training issued to all HES staff (Element 8). A continuation of Information Security poster campaigns across HES estate (Element 8) Bespoke CCTV training (Element 9) Considerable training and guidance put in place around The Payment Card Industry-Data Security Standard

13. Assessment and Review	**G**	**G**	**G**	Update required on any change.	HES has undertaken to review its compliance with FoI and EIR legislation. The review is scheduled to take place towards the end of the 2019/20 financial year. Within the Information Governance Team, the Head of IG has instigated an activity tracker for each team head to report on team and individual progress in relation to day to day work and longer term projects (PUR2019/052). This is then reported to the SIRO. Information Governance have tracked the improvements identified in the RMP since approval. HES is currently in the middle of delivering 3 major projects (eDRMS, PICAMS and CMIS) which will impact on how HES will manage its information and which will impact on the RMP. Once the implementation of these projects has been completed, HES will carry out a self-assessment.	It is evident under this PUR that the authority is undergoing a major transition and that, once complete, it will be considerably better placed to control and monitor its information. It will also be better placed to assess and review the systems it operates and which manage the authority's information. This is a stated aim and it's one that the Keeper would commend under a formal submission. It is, however, encouraging to see the authority make good use of the PUR mechanism as a way to review current arrangements. This is not a formal assessment methodology, but it does provide a sound structure for reporting the results of a more formal assessment and review. Such comprehensive engagement with PUR demonstrates a clear willingness to review the RMP as required. The assessment team would, however, expect under any formal resubmission to see evidence of assessment that drills down to robust scrutinise operational policies and procedures.	HES has carried out an internal review of its FOI and EIR procedures. The review assessed the level of compliance, written procedures and overall suitability and effectiveness of the current process. The outcomes of this review are currently being implemented A complete review of HES's data protection procedures has been undertaken and the findings are being implemented. The IG Team have taken on board the previous PUR comments from Assessment Team.	Section 1(5)(i)(a) of the Act says that an authority must keep its RMP under review. Throughout the PUR HES have provided evidence that appropriate review and update processes are in place. See under individual elements. The Assessment Team notes the update about the Information Assurance Board under element 4. The authority's participation in the PUR process in 2019 and 2020 demonstrates a commitment to reviewing its RMP.
14. Shared Information	**A**	**A**	**A**	The *Information Management Strategy* goes on to devote a section to "Information as a Shared Resource" (section 9.6)	HES follows guidance from HMG Cabinet Office and the principles of the International Security Standard ISO27001 and also	As with other elements under this PUR it is clear that the authority is committed to achieving compliance where it shares	HES continues to use ShareFile as the preferred method of sharing large files outwith the organisation. We have also approved the use of WeTransfer as an alternative method but only to a reduced number	This PUR details many of the technical processes that either are used by HES when sharing information or are planned to be introduced alongside the full O365 roll-out. This includes the use of

				However, HES have acknowledged the need to impose consistency and oversight to the information sharing process and state in the *Plan* (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…" The *Information Management Strategy* **(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). 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**	adheres to the Information Commissioners Data Sharing Code of Practice. Where appropriate, HES has signed Data Processing Agreements with external parties to protect and secure data that is passed from the Controller to the Processer for processing. When undertaking any new activities that involve personal information, a privacy impact assessment is undertaken to ensure that any privacy risks are identified and mitigated appropriately. HES has identified ShareFile as the preferred software for sharing information outwith the organisation. HES is also trialling various software packages for sharing information with the HES Board. Consideration is currently being given to publishing FoI and EIR responses on the HES website. A decision likely to be made at the end of the 2019/20 financial year. HES has introduced a system called PICAMS (Properties in Care Asset Management System). It is a bespoke digital asset management system designed to support HES in the conservation, maintenance and management of the properties HES looks after. Its aim is to bring together detailed	information. And, as with other areas of the agreed Plan, a great deal of progress has been made since it was agreed in 2018. The authority is undergoing significant change as it implements its eDRMS solution and a number of information management systems, policies and procedures. Shared information is evidently an area that is undergoing close scrutiny and new and revised policies, as well as new systems, are being rolled out. Some of these remain to become fully operational. If this was a formal submission the Keeper would acknowledge the obvious progress being made and commend the authority for its hard work. The element would remain amber, but there is no doubt about the authority's ambitions to achieve full compliance by embedding new and improved practices and systems. The assessment team commends the authority for its progress and thanks it for submitting evidence in support of this work.	of users. When SharePoint becomes fully operational this will be the primary method of file sharing. The HES Board are using iBabs as a portal for the management of HES Board meetings which negates the requirement to print information. PICAMS is continuing to be developed and updated. Recent updates include: • Full addresses and directions for Properties in Care (PICs) • Direct links from the property location page to Google Maps • National Grid Reference, latitude and longitude, easting and northing for each PIC • PIC areas displayed as boundary polygons on the maps in PICAMS • Some ancillary properties such as car parks, visitor facilities and land which had not previously been identified as individual assets have been added to PICAMS The CMIS project is now in User Acceptance Testing. The team have managed to maintain the pace of delivery during lockdown with support from the wider organisation whilst they also supported resumption planning activities. The next few months will see significant milestones for the project, including the completion of data migration, completion of User Acceptance Testing and a move towards Phase One go-live in October. A dedicated communication plan has been developed and further communication will be available through the Intranet, Staff Bulletins, Staff Briefings, and direct emails. FoI & EIR responses continue to be published on the HES website with the most recent update in August 2020 (PUR2020/038). HES is currently developing and rolling out a new Intranet. It has been built on SharePoint using a Top Tasks approach so that staff can easily find the information, documents and systems they need in order to do their job more quickly and efficiently. This project is running in tandem with the Document Centre project as both involve migration, data cleansing, training, guidance and one-to-one support. The Beta version of the Intranet was launched at the start of May 2020. New content and site developments are being released iteratively until completion of the project at the end September 2020. HES has a wealth of information about Scotland's Historic Environment that is split across over 100 websites, not to mention other databases, electronic files and physical records that we have	collaborative tools such as Teams. The Assessment Team thanks HES for the detailed explanation of these systems. The Keeper's original agreement said: "The *Information Management Strategy* (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). 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." HES have now confirmed that they "have implemented data sharing agreements where appropriate and have a template in place for use. We liaise closely with our Legal Team. There is some work to be done to improve awareness of this topic across the organisation which we will look to do. We will also look to embed data sharing in the PIA process and increase awareness of this." Once the foundation of a formal information sharing agreement has been established, the optimum practical methods around the transfer of records can be considered. It is clear from the PUR that this has been done by HES. While awareness of data sharing agreements is improved across the organisation, this element remains Amber. The Assessment Team looks forward to an update on this issue in subsequent PURs.

				project progresses.	information on HES sites, ranging from contact details to work carried out on site, giving staff a single place to find what they're looking for. A copy of the PICAMS business case is attached (PUR2019/053) and Intranet article (PUR2019/054) HES is working to deliver a Corporate Management Information System (CMIS) as current systems are not delivering consistent information without manual intervention. The project will deliver: • one single source of information, accessible directly by business users; • timely information to inform agile decision making and efficient use of resources (people and money); • the ability for staff to input and review their own HR information, at their own location (for example: annual leave, updating personal data, submitting expenses); • a means by which managers (including directors) can directly manage their budget planning and forecasting; • the accuracy of financial and HR data, by reducing the need for additional manual checks and reconciliations; • support for the business through		not yet published online. The Heritage Hub Project aims to bring all of these fragments together and present them in one place, allowing people to discover the full picture of what we know about a site or a topic in a way that is easy for them to understand and make use of. Users are at the heart of the projects and it will be built to meet their needs, while also supporting the primary objectives of our Corporate Plan. We have introduced MS Teams to allow for better collaboration and sharing of information. We have set a mandatory retention of 2 years on all documentation to ensure that corporate information is saved appropriately to Documents Centre. HES has a dedicated page on the HES website relating to the Records Management Plan and PUR updates. The eDRMS project also includes an updated intranet which will provide improved collaboration across departments in terms of information sharing. The HES Privacy Notice on the website confirms how HES protects users personal data and privacy and with whom that information is shared with and has been updated recently to reflect Covid (PUR2020/039) A staff Privacy Notice has been published on the HES Intranet which sets out to staff how HES processes their personal data and who that is shared with (PUR2020/040) A single sign-on project for newsletters and subscriptions moved a number of subscriber contact details from different databases into a single secure database. The signup process was simplified so the personal data went through the same pathway to reach the secure membership database. Previously there had been multiple systems holding data which had been captured in a variety of ways through different websites.	

					enabling capacity within HR, Finance, and CAP (Corporate Analysis and Performance) to focus on professional advice and guidance so that key strategic priorities can be planned and delivered A copy of the business case is attached (PUR2019/055) and Intranet article (PUR2019/056). The HES Publication Scheme on the HES website was updated on 22 March 2019 (PUR2019/058)			
15. Freedom of Information	**G**	**G**		Update required on any change.	No change but a number of new FoI lead officers have been put in place to support the increasing number of requests. Relevant training has been provided. The Freedom of Information and Environmental Regulations Policy has been reviewed and updated (PUR2019/059). FoI and EIR provision within HES is about to be subject to a review.	As with other elements in the plan it is clear that the authority's FOI procedures and policies are routinely reviewed and, where necessary, upgraded.	The Freedom of Information and Environmental Regulations Policy has been reviewed and updated. (PUR2020/41) HES has carried out an internal review of the effectiveness and consistent application of the current processes for handling of Freedom of Information (Scotland) Act, (FOISA) and Environmental Information Requests (EIRs). The review also assessed the level of compliance, written procedures and overall suitability and effectiveness of the current process. The outcomes of this review are currently being implemented (PUR2020/042) Regular statistics continue to be provided to the Scottish Information Commissioner.	As with other elements in the plan it is clear that the authority's FOI procedures and policies are routinely reviewed and, where necessary, upgraded.

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 25th September 2020. 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.

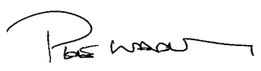
The Keeper cannot change the status of elements formally agreed under a voluntary submission, but he can use such submissions to indicate how he might now regard this status should the authority choose to resubmit its plan under section (5)(6) of the Act.

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

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

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

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



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Pete Wadley
Public Records Officer