The Public Records (Scotland) Act 2011

Historic Environment Scotland

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

20th December 2021

Contents

1. The Public Records (Scotland) Act 2011	3
2. Progress Update Review (PUR) Mechanism	
3. Executive Summary	5
4. Authority Background	5
5. Assessment Process	6
6. Records Management Plan Elements Checklist and PUR Assessment	7-39
7. The Public Records (Scotland) Act Assessment Team's Summary	40
8. The Public Records (Scotland) Act Assessment Team's Evaluation	41

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.

3

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:

	The Assessment Team agrees this element of an		The Assessment Team agrees this element of an authority's progress update submission as an	_	There is a serious gap in provision for this element with no clear
G	authority's plan.	A	'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	explanation of how this will be addressed. The Assessment Team may choose to notify the Keeper on this basis.

6. Progress Update Review (PUR) Template: Historic Environment Scotland

Element	Status of elements under agreed Plan 06JUN18	Progress assessment status 11JAN21	Progress assessment status 20DEC21	Keeper's Report Comments on Authority's Plan 06JUN18	Self-assessment Update 25SEP20	Progress Review Comment 11JAN21	Self-assessment Update as submitted by the Authority <u>since</u> 11JAN21	Progress Review Comment 20DEC21
1. Senior Officer	G	G	G	Update required on any change.	No change in nominated post or named individual.	No immediate action required. Update required on any future change.	No change in nominated post or individual. The Information Management Strategy - Corporate Information will be reviewed as part of a larger piece of work during 2021/22.	Thank you for letting us know that there have been no changes to the named senior officer responsible for records management. The Keeper's Assessment Team also thanks you for this update on the planned review of Corporate Information Management Strategy.
2. Records Manager	G	G	G	Update required on any change.	No change in nominated post or named individual.	No immediate action required. Update required on any future change.	No change in nominated post or individual. The Statement of Responsibility for	Thank you for confirming that there have been no major changes to this element. Update

							Records Management has been reviewed and updated.	required on any change.
3. Policy	G	G	G	Update required on any change. The <i>Records</i> <i>Management Policy</i> is scheduled for review before April 2020.	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.	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.
4. Business Classification	A	Α	A	The need for a more controlled electronic records solution is explained in <i>Plan</i> 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	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	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	The Business Classification Scheme and Records Retention Schedule remain live documents and are updated accordingly by the RM Team. The Document Centre (eDRMS) project continues to progress with 8 out of 9 directorates now working out of the Document Centre. There are a number of follow on pieces of work which will fall out	The Assessment Team thanks you for confirming that the BCS and RRS remain current. It is positive to hear that the Document Centre (eDRMS) project continues to progress at a steady pace. It is also good to

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 yearstowards 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.Assessment Team.Document Centre including work to review the legacy information left on the shared network drives, sound the working exclusively out of Document Centre with over 80,000 documents migrated.Assessment Team.Document Centre including work to review the legacy information left on the storage technology for specialist files, understanding how to to be information asset online "how to wideos" for those who have migratedAssessment Team.Document Centre including work to review the legacy storage technology for understanding how to to be understanding how to to be information asset owners in local business areas.Document Centre including the use of information asset owners in local business areas.Document Centre including the understanding how to to be understanding on signific thave migrated	es ng from re. It like HES close to ing this and it is nded as been ed untly
approval has now been granted. HES have committed to updated as this project progresses. The Keeper thanks HES for this commitment. The Plan states (page 10): "eDRMS is likely to be information life on the 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 years2021. However, since the end of the pilot in Jan 2020, 5 out of 9 Directorates are now working exclusively out of over 80,000 documents migrated.Team.including work to review the legacy information left on the shared network drives, stops at the model 	es ng from re. It like HES close to ing this and it is nded as been ed untly ess of
been granted. HES have committed to keep the Keeper updated as this project progresses. The Keeper thanks HES for this commitment. The <i>Plan</i> states (page 10): "eDRMS is likely to be introduced in the next 1-3 years have migrated have migra	ng from re. It like HES close to ing this and it is nded as been ed untly ess of
have committed to keep the Keeper updated as this project progresses. The Keeper thanks HES for this commitment. The <i>Plan</i> states (page 10): "eDRMS is likely to be introduced in the next 1-3 years	re. It like HES close to ing this and it is nded as been ed untly ess of
 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 below the the the project progresses. The Keeper thanks are the the project progresses are the project progresses. The keeper thanks are the the project progresses are the project progresses are the project team the project progresses are the project team the project progresses are the project progresses are the project progresses are the project progresses are the project progress are the project progresses are the project project progresses are the project project progresses are the proje	like HES close to ing this and it is nded as been ed untly ess of
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 working exclusively out of Document Centre with over 80,000 documents migrated. steps taken towards universal roll- out quite clear including the information asset owners in local business dentifying appropriate is very storage technology for specialist files, understanding how to to be storage technology for specialist files, understanding how to to be information asset owners in this work is currently underway.	close to ing this and it is nded as been ed untly ess of
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 yearsDocument Centre with over 80,000 documents migrated.towards universal roll- out quite clear including the use of information asset owners in local business areas.storage technology for specialist files, understanding how to to be commit to be out quite clear informationstorage technology for specialist files, understanding how to to be to be out quite clear informationcompletion specialist files, understanding how to understanding how to understa	ing this and it is nded as been ed intly ess of
The Keeper thanks HES for this commitment. The Plan states (page 10): "eDRMS is likely to be introduced in the next 1-3 yearsover 80,000 documents migrated.universal roll- out quite clear including the understanding how to use ofspecialist files, understanding how to link DC functionalityproject to beUniversal roll- out quite clear including the understanding how to including the understanding how to link DC functionalityto be to be understanding how to to beNote the state of the introduced in the next 1-3 yearsThe eDRMS project team short online "how to videos" for those who have migrateduniversal roll- out quite clear information asset owners in local business areas.specialist files, understanding how to to be understanding how to to be understanding how to understanding how to understanding how to understanding how to understanding how to understanding how to to be understanding how to understanding how to that it to be underway.	and it is nded as been ed intly ess of
HES for this commitment. The Plan states (page 10): "eDRMS is likely to be introduced in the next 1-3 years have migrated. HES for this commitment. The plan states (page 10): "eDRMS is likely to be introduced in the next 1-3 years have migrated have migrate have migrated have migrated have migrated have migra	nded as been ed intly ess of
commitment. The Plan states (page 10): "eDRMS is likely to be introduced in the next 1-3 yearsThe eDRMS project team have created a series of short online "how to videos" for those who have migratedlink DC functionality with other M365 tools use of information this work is currently underway.comm that it that it that it that it the information areas.	as been ed intly ess of
Plan states (page 10): "eDRMS is likely to be introduced in the next 1-3 yearsThe eDRMS project team have created a series of videos" for those who have migrateduse of information asset owners in local business areas.with other M365 tools that it such as Teams and advan advan information this work is currently underway.that it advan advan that it information this work is currently the part	as been ed intly ess of
10): "eDRMS is likely to be introduced in the next 1-3 yearshave created a series of short online "how to videos" for those who have migratedinformation asset owners in local business areas.such as Teams and outlook. Planning on this work is currently the part	ed intly ess of
Image: Second	intly ess of
introduced in the next 1-3 years have migrated areas. this work is currently the part the part of the part the	ess of
next 1-3 years have migrated areas. underway. the pa	
	demic.
which will include (DUP2020/005)	
information from Generally a The Project Team If this	as a
the file plans and The eDRMS team have O365 cloud continue to support the formal	
based on the new also published a solution is migration to the resubr	ssion,
BCS and RRS Document Centre User bound to be Document Centre with this ele	nent
	kely be
with the business take several videos and training chang	d from
	o Green
	as the
This timescale is uploaded to the Intranet. Assessment the HES Intranet. News eRDM	move
supported by other Team remind articles are regularly was ca	nsidered
statements in the All training is currently HES of the published with formal	
	ed. The
page 25). The Business for staff when appropriate the migration and those PUR s	
Keeper agrees this they go live following polices, that have migrated. remain	at
is a reasonable migration. In addition, we governance and Ambe	while the
timescale and have also started to do staff training in IAO's advised that they eRDM	
accepts that full refresher training sessions making this should continue to impler	entation
implementation will which will be led by the major project a update their respective is ong	ng.
be incremental after project team. success. assets over the past	-
any system is However, this year.	
introduced. He will We have set up a PUR seems to	
request updates Microsoft Teams site for provide ample	
periodically. Document Centre evidence that	

Superusers to share this is The Keeper can experiences and for understood. For	
The Keeper can avpariances and for a understand For	
agree this Element collaboration. Included are example by	
on an 'improvement quick wins, glossary and addressing	
model' basis. This FAQ's to assist training – see	
means that the superusers during and element 12 –	
authority has post migration. and documents	
identified gaps in such as the	
provision Briefing notes issued in Document	
(information asset Historic Times and Centre User	
register not fully Intranet (PUR2020/007 & Guide.	
operational and PUR2020/008).	
eRDM, although	
approved, is not yet The Information Assessment	
introduced). Assurance Board is Team looks	
However he maturing. It meets at a forward to	
recognises that minimum 3 times a year updates in	
HES have identified and actions to improve subsequent	
how they intend to levels of information PURs.	
close this gap and management are	
committed to do so. progressing. This element	
The Keeper's remains at	
agreement is There have been three Amber while	
dependent upon IAB meetings to date this work is	
him being kept (PUR2020/009). The ongoing.	
informed of meetings scheduled for	
progress with this 2020/2021 have been	
work when postponed due to Covid	
required. The but assigned tasks are	
Keeper expected to be competed	
acknowledges that (PUR2020/009).	
HES have	
committed to doing Information Asset Owners	
this (<i>Plan</i> page 27). have completed the	
following tasks:	
Update IAR	
Flag Personal data	
Added Security	
classification	

	G	G	G	Update required on	The HES Retention	See element 4	The Retention	The
5. Retention				any change.	Schedule has been	above.	Schedule remains a	Assessment
Schedule					reviewed and updated		live document and is	Team thanks
					(PUR2020/003).	Statements in	updated when	you for this
						the PUR show	required.	update on
					As records are added to	a clear		Retention
					the Document Centre they	recognition that	The Information Asset	Schedule and
					are tagged to Records 365	a retention	register continues to be	the Information
					software providing	schedule is a	kept up to date, and	Asset Register.
					automated disposal and	'living	now holds	It is also positive
					audit trail.	document' and	approximately 1600	to hear that all
						will be subject	assets.	users are now
					The Information Asset	to continual		working on
					Register has been	minor change	The project to migrate	OneDrive rather
					updated and now contains	year on year.	all users from network	than network
					over 1600 assets and	HES have	personal drives to	personal drives.
					Information Governance	added a change	OneDrive was	
					will be working with the	log to the	successfully concluded	Update required
					IAO network to develop	retention	in January 2021.	on any change.
					the asset register into a	schedule to		
					more practical tool for	better track		
					managing and mitigating	amendments		
					corporate information risk.	made. This is to		
						be commended.		
					A project has been			
					commissioned to migrate	The		
					all HES users from	Assessment		
					network personal drive to	Team notes		
					OneDrive (PUR2020/11)	that HES are		
					As part of this project, all	using the		
					users will be required to	opportunity of		
					review data held in line	the records		
					with the re-issued	management		
					guidance on information	transition to		
					held on personal drives	data cleanse		
					(PUR2020/012). Staff	personal drives.		
					were advised of the	This is highly		
					project on the 24 th July in	commended.		
					the HES Weekly Round-			
					up (PUR2020/013).	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'.		
6. Destruction Arrangements	A	A	A	Electronic: (see element 4) <i>Plan</i> Annex A states: "HES suffers from a continued growth of largely unmanaged, unstructured electronic document and record storage the technical	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	See element 4 above. The Assessment Team notes that "As records are added to the Document Centre they are tagged to Records 365	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. All Waste Management Contracts are now managed centrally by	The Assessment Team is grateful for this detailed update on record destruction arrangements. It sounds like HES has the arrangements well under

	information in the	of comparate solution (11)			a a se fue l
	infrastructure in	of corporate value will be	software	our Climate Change	control,
	place does not	disposed of as part of a	providing	Team. Due to contract	regardless of
	provide the	clean-up task at project	automated	end dates, a hybrid	the change in
	necessary	end.	disposal and	environment will result	confidential
	functionality to		audit trail."	in our previous	paper waste
	allow for the	5 out of 9 Directorates are		confidential waste	service supplier.
	effective	now working exclusively	It is clear from	supplier Shred-It	
	management of the	out of the Document	the statements	continuing to service	Thank you for
	records created by	Centre	under element	our confidential waste	confirming that
	HES e.g. retention		4 above that not	needs in some capacity	the Retention &
	and disposal…"	RecordPoint rules have	all HES public	until August 2023.	Disposal
		been implemented across	records are yet	Thereafter all	Guidance has
	Until the	all business areas	covered by this	confidential Waste will	been reviewed
	Information Asset	migrated.	arrangement	be managed centrally	as far as
	Register/eRDM		and as it	via the Climate Change	possible before
	system is	The contract with Shred-it	remains a work	Team and the supplier	a full move to
	operational in HES	has continued although	in progress this	Enva Waste. This	Document
	(see element 4), the	Covid has impacted on the	element	helps HES meet its	Centre and
	destruction of	ability to visit offices. For	remains at	legal obligations,	introduction of
	electronic records	the period October 2019	Amber for the	corporate objectives	RecordPoint is
	will be awkward to	until end	time being.	and Climate Action	implemented. It
	sufficiently	March 2020,Shred-it	-	Plan targets but all	is also good that
	monitor. HES	disposed of approximately	The	confidential paper	legacy
	acknowledges this	of 9460kgs of confidential	Assessment	waste will continue to	information on
	in the <i>Plan</i> :	waste (PUR2020/015) .	Team notes	be securely shredded.	shared network
	"there is no		that HES are	IT destruction will be	drives is due to
	ability to implement	We have not been able to	using the	managed separately	be addressed.
	an audit facility on	schedule the regular	opportunity of	with Iron Mountain who	
	the shared drives	destruction of paper files	the records	offer a service that	If this was a
	and staff are able to	by Registry as Covid has	management	conforms to data	formal
	edit, rename, delete	hampered our regular	transition to	storage device	resubmission,
	and hold multiple	processes. NRS as yet	data cleanse	destruction that follows	this element
	copies of file." The	unable to access files to	drives. This is	HES policies. All	would likely be
	Plan goes on: "HES	confirm destruction	highly	hardware has storage	changed from
	is committed to	approval.	commended.	devices removed,	Amber to Green
	improving the way			wiped and shredded as	as soon as the
	in which electronic	The Retention and	The	per DIN 66399	eRDMS move
	documents are	Disposal Guidance has	Assessment	Standard Class 2/5. As	was considered
	managed	been reviewed, updated	Team notes the	with the previous	formally
	throughout the	and published on the new	update	submission, Covid has	completed.
L					

organisation."	HES Intranet	regarding	hampered our regular	While HES is
(both quotes <i>Plan</i>	(PUR2020/016).	access for		very close to
page 23).		paper waste	processes.	achieving this,
page 23).	Our contract with Haven	uplift and about	The Retention &	this element
The use of shared	recycling for IT destruction	a transition in	Disposal Guidance has	remains at
drives is an area	has ended as the	the hardware	been reviewed and	Amber while the
				eRDMS
where many	contractor ceased trading.	destruction	where required,	
Scottish public	A short term arrangement	arrangements.	updated. This guidance	implementation
authorities	has been agreed with Iron	The second second	will need updated to	and the
encounter difficulty	Mountain for IT	They also have	reflect the move to	associated
when attempting to	destruction. However, no	noted that there	Document Centre and	review of
impose robust	destruction has taken	has been a	introduction of	policies and
provision. The	place due to Covid. The	recent review of	RecordPoint but this	procedures are
Keeper	HES Climate Change	the Retention	will form part of a larger	still ongoing.
acknowledges that	Team are looking to	and Disposal	scale review of RM	
HES have correctly	implement an overarching	Guidance. This	policies and	
identified this gap	recycling contract for the	is another	procedures during	
in provision.	whole organisation which	example of the	2021/22.	
	will include suitable IT	authority		
The Retention and	destruction arrangements.	keeping its	A further piece of work	
Disposal Guidance		information	will be undertaken to	
was scheduled for		governance	review the legacy	
review before April		procedures	information left on the	
2019.		fresh as	shared network drives	
		required.	(See Element 4).	
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.				
7. Archiving and Transfer	A	A	G	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.	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 for the retrieval of electronic archive files remains in place (PUR2020/17) and	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.	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 on behalf of NRS. 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. The SLA with NRS for the retrieval of electronic archive files remains in place. The Archiving and Transfer Arrangements Statement has been	The Assessment Team is pleased to hear that an MoU is now in the final stages of being formalised. 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. As an MoU with NRS is now in place, it is likely this element's RAG status would be changed from

					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.		reviewed and where required, updated.	Amber to Green if this was a formal resubmission. We have changed the PUR RAG status accordingly.
8. Information Security	G	G	G	Update required on any change.	Information Security Awareness eLearning training was revised and issued to all HES staff on 1 June 2020. As at 31 st 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.	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	IG appointed a new Information Security Manager in February 2021. 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	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

	 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 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 	that Historic Environment scotland have Cyber Essentials+ Certification: Sector: Charity (Registered) Certificate number: IASME -CE-005671 Certificate level: Cyber Essentials Date issued: 29/09/2 0 For training see element 12 below.	August 2021, there was a 96% completion rate. 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 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. Protocol Policy System was updated in November 2021. This update contained a refreshed home menu, new guidelines, new security awareness video content,	certification also indicate that HES is adhering to best practice in this area.
	available towards the end September 2020. There has been a continuation of Information		November 2021. This update contained a refreshed home menu, new guidelines, new security awareness	
	The Payment Card Industry-Data Security Standard (PCI-DSS) compliance audit was		associated compliance mappings of statements, and the option to now merge full policies. We have	

successfully completed also, in line with and approved by He SIRO isoportunity to start to continue to take credit / assign owners to the IT debit card payments polices contained (PUR2020/021). within is system with a view to ensuing that aview to ensuing that a view to ensuing that aview to ensuing that a view to ensuing that aview to ensuing that a view to ensuing that aview to ensuing that a view to ensuing that aview to ensuing that a view to ensuing that aview to ensuing that view to ensuing that aview to ensuing that view to ensuing that aview to ensuing that a view to ensuing that aview to ensuing that view to ensuing that aview to ensuing that <t< th=""><th></th><th></th><th></th></t<>			
which allows HES to continue to take credit / debit card payments (PUR2020/021). opportunity to start to assign owners to the IT debit card payments (PUR2020/021). The HES POL-DSS Policy was approved by the SIRO (PUR2020/022). within this system with a view to ensuing that a view to ensuing the to ensuit of the policies environment has been carried out by an external partner and which has carried out by an external partner and which has contine that the to each data resides on HES systems: sub district and delivered by district and deliver			also, in line with
continue to take credit / debit car to payments assign owners to the IT polices contained within this system with a view to ensuing that a view to ensuing that The HES PCI-DSS Policy was approved by the SIRO (PUR2020/022), managed appropriately as well as review the content of the policies Vulnerability scanning of the HES PCI-DSS consume they remain applicable to HES. carried out by an external partier and which has confirmed that no card data resides on HES systems. SMT have approved the benchmarking of HES information against Annex A of the BO2 of SIRO security controls against Annex A of the BO2 of SIRO sisued to 75 HQ was issued to 75 HQ material covering PCI- The CEO issued in DES requirements was issued site-based staff and elivered by district and delivered by district on the importance of protecting HES information in light of the SEPA breach. The PCI-DSS page on the HES Inframet has also been update to y district on the importance of protecting HES information in light of the SEPA breach. The PCI-DSS page on the HES Inframet has also been update to support PCI compliance. Our "Keystone" digital learning library has guidance for staff on cyber security and how cyber security and how		and approved by the SIRO	ISO27001, taken the
debit card payments (PUR2020/021). polices contained within this system with a view to ensuing that a serview the content of the policies to ensure they remain applicable to HES. Vulnerability scanning of the HES PCI-DSS content of the policies to ensure they remain applicable to HES. carried out by an external partner and which has confirmed that no card data resides on HES systems. SMT have approved HES information against Annex A of the ISO27001 standard was issued to 75 HQ was issued to 75 HQ was issued to 75 HQ was issued to 75 HQ material covering PCI- DSS requirements was issued site-based staff behalf a staff message and delivered by district managers and team leaders (PUR2020/023). The CEO issued in The SEPA breach. The PCI-DSS page on the HES Intranet has also been updated with further guidance to support PCI compliance. Our "Keystone" digital learning ibrary has guidance to support PCI compliance.		which allows HES to	opportunity to start to
(PUR2020/021). within this system with a view to ensuing that the technical controls outlined are being SIRO (PUR2020022). was approved by the SIRO (PUR2020022). managed appropriately as well as review the content of the policies to ensure they remain applicable to HES. Vulnerability scanning of the HES PCI-DSS to ensure they remain applicable to HES. carried out by an external partner and which has confirmed that no card data resides on HES systems. SMT have approved the benchmarking of HES information against Annex A of the ISO27001 standard Was issued to 75 HQ was issued to 75 HQ was issued to 75 HQ was issued to 75 HQ based staff and training material covering PCI- DSS requirements was issued site at aff message and delive-based staff and delive-based staff behaff a staff message and delive-Based staff The CEO issued in January 2021 on IG's ISO27001 standard The PCI-DSS page on the HES Intranet has also been updated with further guidance to support PCI compliance. Our "Keystone" digital learting library has guidance for staff on cyber security and how to process and handle		continue to take credit /	assign owners to the IT
The HES PCI-DSS Policy was approved by the SIRKO (PUR2020/022).a view to ensuing that technical controls outlined are being managed appropriately as well as review the content of the policies to ensure they remain applicable to HES.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.SMT have approved the Sinformation security ontrolsPCI-DSS online training was issued to 75 HQ based staff and training material covering PCI- DSS requirements was issued site-based staff and defired by district managers and team leaders (PUR2020/023).The CEO issued in January 2021 on IG's behalf a staff message information in light of the SEPA breach.The PCI-DSS page on the HES Intranet has also been updated with further guidance for staff on guidance for staff on guidance to support PCI compliance.Our "Keystone" digital learing induce for staff on guidance for staff on guidance for staff on guidance for staff on guidance to support PCI compliance.		debit card payments	polices contained
The HES PCI-DSS Policy was approved by the SIRO (PUR2020/022).the technical controls outlined are being managed appropriately as well as review the content of the policies to ensure they remain applicable to HES. carried out by an external partner and which has confirmed that no card data resides on HES systems.SMT have approved to ensure they remain applicable to HES. security controls against Annex A of the BOS27001 standard which has commenced.PCI-DSS online training was issued to 75 HQ based staff and training material covering PCI- DSS requirements was issued staff and training was issued to 75 HQ based staff and delivered by district managers and team leaders (PUR2020/023).The CEO issued in January 2021 on IG's to POI- DSS requirements was issued staff and team leaders (PUR2020/023).Our "Keystone" digital leaming library has guidance for staff on cyber security and how to process and handle		(PUR2020/021).	within this system with
was approved by the SIRO (PUR2020/022).outlined are being managed appropriately as well as review the content of the policies to ensure they remain applicable to HES.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.SMT have approved the being applicable to HES.PCI-DSS online training was issued to 75 HQ based staff and training material covering PCI- DSS requirements was issueds taff and training material covering PCI- DSS requirements was leaders (PUR2020/023).The CEO issued in January 2021 on IG's the SEPA breach.The PCI-DSS page on the HES Information in light of the SEPA breach.The SEPA breach.The SEPA breach.Courties suggidance for staff on compliance.Our "Keystone" digital learning information how cyber security and how to process and handle			a view to ensuing that
SIRO (PUR2020/022). Wulnerability 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 was issued to 75 HQ which has commenced. based staff and training material covering PCI- DSS requirements was issued site-based staff behalf a staff message and delivered by district on the importance of managed appropriately as well as review the content of the policies to ensure they remain applicable to HES. SMT have approved the benchmarking of HES information against Annex A of the ISO27001 standard which has commenced. based staff and training material covering PCI- DSS requirements was issued site-based staff behalf a staff message and delivered by district on the importance of 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.		The HES PCI-DSS Policy	the technical controls
Vulnerability scanning of the HES PCI-DSS environment has been carrifed out by an external partner and which has confirmed that no card data resides on HES systems.as well as review the content of the policies to ensure they remain applicable to HES.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 manages and team leaders (PUR2020/023).SMT have approved the benchmarking of HES Information source to support PCI controls against Annex A of the ISO27001 standard which has commenced.DSS requirements was issued site-based staff and delivered by district manages and team leaders (PUR2020/023).The CEO issued in joint training information in light of the SEPA breach.The PCI-DSS page on the HES Intranet has also be ben updated with further guidance to support PCI compliance.Our "Keystone" digital learning library has guidance for staff on cyber security and how cyber security and how cyber security and how cyber security and how		was approved by the	outlined are being
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.content of the policies to ensure they remain applicable to HES.PCI-DSS online training was issued to 75 HQ based staff and training material covering PCI- DSS requirements was issued to 75 HQ based staff and training material covering PCI- DSS requirements was issued site-based staffThe CEO issued in January 2021 on IG's behalf a staff message on the importance of information in light of the Sex PUR2020/023).The PCI-DSS page on the HES Information in light of the Sex PUR2020/023).The CEO issued in January 2021 on IG's behalf a staff message on the importance of information in light of the Sex Purple protecting HES information in light of the Sex Purple purple purple purple purple purple information in light of the Sex Purple purple purple purple purple purple purple purple purple purple purple pu		SIRO (PUR2020/022).	managed appropriately
the HES PCI-DSSto ensure they remain applicable to HES.carried out by an external partner and which has confirmed that no card data resides on HES systems.SMT have approved the benchmarking of data resides on HES security controls against Annex A of the ISO27001 standard Which has commenced.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 (PUR2020023).The CEO issued in January 2021 on IG's information in light of the SEPA breach.The PCI-DSS page on the HES Intranet has also been updated with further guidance to support PCI compliance.Our "Keystone" digital learning library has guidance for staff on cyber security and how to process and handle			as well as review the
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 information January 2021 on IG's issued site-based staff on the importance of protecting HES information in light of the SEPA breach. The PCI-DSS page on the HES information in light of the SEPA breach. The PCI-DSS page on the HES intranet has also been updated with further guidance to support PCI compliance.		Vulnerability scanning of	content of the policies
carried out by an external partner and which has confirmed that no card data resides on HES systems.SMT have approved the benchmarking of HES information against Annex A of the ISO27001 standard which has commenced.PCI-DSS online training was issued to 75 HQ based staff and training material covering PCI- DSS requirements was issued staff and delivered by district managers and team leaders (PUR2020/023).The CEO issued in January 2021 on IG's behalf a staff more and protecting HES on the importance of protecting HES her bared staff leaders (PUR2020/023).The PCI-DSS page on the HES Intrane thas also been updated with further guidance to support PCI compliance.Our "Keystone" digital learning library has guidance for staff on or staff on the SEPA breach.		the HES PCI-DSS	to ensure they remain
partner and which has confirmed that no card data resides on HES systems.SMT have approved the benchmarking of HES information security controls against Annex A of the ISO27001 standard based staff and training material covering PCI- DSS requirements was issued site-based staff and delivered by district managers and team leaders (PUR2020/023).SMT have approved the benchmarking of HES information security controls against Annex A of the ISO27001 standard Wich has commenced.The CEO issued in DSS requirements was issued site-based staff and delivered by district managers and team leaders (PUR2020/023).The CEO issued in DSS requirement by as information in light of the SEPA breach.The PCI-DSS page on the HES Intranet has also been updated with further guidance to support PCI compliance.Our "Keystone" digital learning library has guidance for staff on cyber security and how to process and handle		environment has been	applicable to HES.
confirmed that no card data resides on HES systems.the benchmärking of HES information security controls against Annex A of the ISO27001 standard which has commenced.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 CEO issued in January 2021 on IG's behalf a staff message on the importance of protecting HES information in light of the SEPA breach.The PCI-DSS page on the HES Intrane thas also been updated with further guidance to support PCI compliance.Our "Keystone" digital learning library has guidance for staff on cyber security and how to process and handle		carried out by an external	
data resides on HES systems. HES information PCI-DSS online training was issued to 75 HQ against Anex A of the ISO27001 standard based staff and training material covering PCI- DSS requirements was issued site-based staff The CEO issued in January 2021 on IG's behalf a staff message and delivered by district managers and team leaders (PUR2020/023). on the importance of protecting HES The PCI-DSS page on the HES Intranet has also been updated with further guidance to support PCI compliance. Our "Keystone" digital learning library has guidance for staff on cyber security and how to process and handle		partner and which has	SMT have approved
systems. security controls against Annex A of the ISO27001 standard was issued to 75 HQ based staff and training material covering PCI- ISO27001 standard which has commenced. DSS requirements was issued to 75 HQ based staff and training material covering PCI- The CEO issued in January 2021 on IG's behalf a staff message and delivered by district on the importance of protecting HES information in light of the SEPA breach. The PCI-DSS page on the HES Intranet has also been updated with further guidance to support PCI compliance. Our "Keystone" digital learning library has guidance for staff on cyber security and how to process and handle		confirmed that no card	the benchmarking of
against Annex A of the PCI-DSS online training was issued to 75 HQ based staff and training material covering PCI- DSS requirements was issued site-based staff behalf a staff mostage 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 guidance to support PCI compliance.		data resides on HES	HES information
PCI-DSS online training ISO27001 standard was issued to 75 HQ which has commenced. based staff and training The CEO issued in DSS requirements was January 2021 on IG's issued site-based staff behalf a staff message and delivered by district on the importance of material covering PCI-DSS page on the protecting HES Ieaders (PUR2020/023). information in light of The PCI-DSS page on the HES Intranet has also Deen updated with further guidance for staff on guidance to support PCI guidance for staff on compliance. cyber security and how to process and handle to process and handle		systems.	security controls
was issued to 75 HQwhich has commenced.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 CEO issued in January 2021 on IG's behalf a staff message on the importance of protecting HES information in light of the SEPA breach.The PCI-DSS page on the HES Intranet has also been updated with further guidance to support PCI compliance.Our "Keystone" digital learning library has guidance for staff on cyber security and how to process and handle			against Annex A of the
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.		PCI-DSS online training	ISO27001 standard
material covering PCI- DSS requirements was issued site-based staff and delivered by district managers and team leaders (PUR2020/023).The CEO issued in January 2021 on IG's behalf a staff message on the importance of protecting HES information in light of the SEPA breach.The PCI-DSS page on the HES Intranet has also been updated with further guidance to support PCI compliance.Our "Keystone" digital learning library has guidance for staff on cyber security and how to process and handle		was issued to 75 HQ	which has commenced.
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. DSS requirements was issued site-based staff on the importance of protecting HES information in light of the SEPA breach. Our "Keystone" digital learning library has guidance for staff on cyber security and how to process and handle		based staff and training	
 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 for staff on compliance. 		material covering PCI-	The CEO issued in
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. Unr "Keystone" digital learning library has guidance for staff on cyber security and how to process and handle		DSS requirements was	January 2021 on IG's
managers and team leaders (PUR2020/023). protecting HES information in light of the SEPA breach. The PCI-DSS page on the HES Intranet has also been updated with further guidance to support PCI compliance. Our "Keystone" digital learning library has guidance for staff on cyber security and how to process and handle		issued site-based staff	behalf a staff message
Image:		and delivered by district	on the importance of
Image: Second state of the second s		managers and team	protecting HES
The PCI-DSS page on the HES Intranet has also been updated with further guidance to support PCI compliance.		leaders (PUR2020/023).	
HES Intranet has also been updated with further guidance to support PCI compliance.			the SEPA breach.
been updated with further guidance to support PCI compliance. been updated with further guidance for staff on cyber security and how to process and handle			
guidance to support PCI guidance for staff on cyber security and how to process and handle		HES Intranet has also	Our "Keystone" digital
compliance. cyber security and how to process and handle			
to process and handle		guidance to support PCI	
		compliance.	
		HES has deployed	data & information
Microsoft's Data Loss effectively.		Microsoft's Data Loss	effectively.
Prevention tool to scan		Prevention tool to scan	
O365 for messages, files PCI DSS compliance		O365 for messages, files	PCI DSS compliance

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 2020. All other the Information security team has investigated 25 documentation has documented inderts. All have been reletively minor such as celicking suspicious email links. HES has however self-reported on incident and will be implemented shortly. Diver the last 12 months 2020. All other 2020. All other absorbed team has investigated 25 documentation has documentation has documentation has celicking suspicious email links. HES has however action. IG Information Security have introduced an App questionnaires and processes to ensure tensite into on the approved the is not on the approved the is not on the approved mobile app list will not when engaging with support to the feast will not when engaging with support to the feast will not when engaging with support to the safety and security have introduced an App questionnaires and processes to ensure the safety and security thas is not on the approved mobile app list will not when engaging with supports. HES was externally audited in April 2021 on the effectiveness of the spassword Change approved has the color on the recommendations of the peaseword Change approved has the color on the distribution the peaseword change approved has security the safety and security and the in April 2021 on the effectiveness of the commendations of the peaseword Change approach in relation to cyber risk management and user education and			
information such as credit card numbers other personally identifiable information. approved by the SIRO. Specific HES Board IG training has been written and will be implemented shortly. PCI DSS vulnerability scaning continuing quareity with no beaches reported. Over the last 12 months the Information security incidents. All have been relatively more subscription to the ICON and action. The PCI DSS Policy was reviewed and updated in November 2020. All other Just 2 Over the last 225 documentation security incidents. All have been relatively minor such as cilcking suspicious email links. HES has however Just 2020. All other Just 2 Mark 2020. All other associated Just 2 documentation has been reviewed and information security incidents. All have been relatively minor such as cilcking suspicious email links. HES has however Just 2020. All other Just 2 Mark 2020. The information security have introduced an App action. Work is progressing on revising 3rd party supplier security have introduced an App the safety and security that is not on the approved mobile app list will not pose a risk to HES information or its information or its infor		and documents that	audit successfully
card numbers other personally identifiable information. PCLDSS vulnerability scanning continuing quarterly with no quarterly with no quarterly with no quarterly with no quarterly with no and will be implemented shortly. PCLDSS vulnerability scanning continuing quarterly with no quarterly with no quarterly was reviewed and updated in November 2020. All other associated documentation has information security team has investigated 25 documentation has appropriate. Citcking suggicus citcking suggicus enable JML audit completed, and findings passed to to the lo CO who, afer investigation, took no action. IG Information Security have introduced an App ensure that any new app that is not on the approved mobile app list will not pose a risk to HES information or its information or its inf		contain sensitive	carried out and
card numbers other personally identifiable information. PCI DSS vulnerability scanning continuing quartery with no beaches reported. Specific HES Board IG and will be implemented shortly. The PCI DSS Policy was reviewed and updated in November 2020. All other Over the last 12 months the Information Security team has investigated 25 information security the ICO who, after the ICO who, after investigation, took no action. JML audit completed, and findings passed to be ICO who, after the ADWG. IG Information Security have introduced an App chaster security that is not on the approved mobile app list will not pose a risk to HES information or its information or its		information such as credit	approved by the SIRO.
information. scanning continuing Specific HES Board IG beaches reported. training has been written and will be implemented shortly. The PCI DSS Policy was reviewed and updated in November Over the last 12 months the Information Security team has investigated 25 information security The PCI DSS Policy was reviewed and updated in November Uver the Information Security team has investigated 25 information security associated documentation has incidents. All have been reviewed and updated as incidents. All have been relatively minor such as cilciking suspicious email JM/L audit completed, and finding sassed to to the ICO who, after investigation, took no action. If G Information Security have intoruced an App thave into on the approved of HES information action. Work is progressing on revising 3rd party supplier security updated as sessment Template to processes to ensure the safety and security thas it not on the approved of HES information mobile approved of HES information or its information or its informati		card numbers other	
information. scanning continuing Specific HES Board IG beaches reported. training hES been written and will be implemented shortly. The PCI DSS Policy was reviewed and updated in November 2020, All other Dver the last 12 months the Information Security leam has investigated 25 documentation has information weetingted 25 icentific security leam has investigated 25 documentation has incidente, Milh ave been relatively minor such as cilciking suspicious email JM/L audit completed, appropriate. links. HES has however self-reported one incident to the ICO who, after investigation, took no action. Work is progressing on revising 37d party supplier security have introduced an App thas it is not on the approved of HES information pose a risk to HES information or its information ween <		personally identifiable	PCI DSS vulnerability
Specific HES Board IG quarterly with no Brain Mark Stream Stre			scanning continuing
Specific HES Board IG training has been written and will be implemented shortly. beaches reported. Over the last 12 months the Information Security team has investigated 25 information security incidents. All have been relatively minor such as relatively minor such relatively minor such relatively minor such relatively minor such mobile app list will not when engaging with suppliers. information or its infrastructure (PUR2020/024). Work is progressing on revising 3rd party suppliers. The recommendations of the Password Change approach in relation to approach in relation			
Image: state in the information generated in November and will be implemented shortly. The PCI DSS Policy was reviewed and updated in November 2020. All other associated team has investigated 25 documentation has information security been reviewed and updated as appropriate. Image: state information security information such as appropriate. Image: state information generated as appropriate. Image: state information information generated as appropriate. JML audit completed, and findings passed to the ICO who, after the ADWG. Image: state information generated as appropriate. Image: state information generated as appropriate. Image: state information generated as appropriate. Image: state information generated as appropriate. Image: state information generated as appropriate. Image: state information generated as appropriate. Image: state information generated as appropriate. Image: state information generated as appropriate. Image: state information generated as appropriate. Image: state information generated as appropriate. Image: state information generated as appropriate. Image: state information generated as appropriate. Image: state information generated as appropriate information generated as appropriate. Image: state information generated as appropriate. Image: state information generated as appropriate inview infored and pepopee generated as appropriate information gene		Specific HES Board IG	
and will be implemented shorty. The PCI DSS Policy was reviewed and updated in November 2020. All other Over the last 12 months the Information Security 2020. All other associated documentation has information security been reviewed and updated as appropriate. clicking suspicious email Updated as appropriate. appropriate. clicking suspicious email JML audit completed, and findings passed to the ICO who, after JML audit completed, and findings passed to the ICO who, after I G Information Security supplier security supplier security have introduced an App questionation and processes to ensure Assessment Template to ensure that any new app the Salety and security that is not on the approved mobile app list will not when engaging with pose a risk to HES information or its infrastructure HES was externally audited in April 2021 on the effectiveness of its cyber security The recommendations of the Password Change approach in relation to approach in relation to approach in relation to			
shortly. was reviewed and updated in November Over the last 12 months the Information Security associated iamon 2000 associated icking suspications associated information security been reviewed and incidents: All have been relatively minor such as cilcking suspicious email updated as illinks. HES has however self-reported one incident J/ML audit completed, information Security and findings passed to investigation, took no action. investigation, took no action. information Security supplier security have introduced an App questionnaires and processes to ensure processes to ensure that is not on the approved mobile app list will not pose at isk to HES information or its information or its information or its information of tis cyber security of HEP Saword Change cyber risk management			The PCI DSS Policy
Over the last 12 months the Information Security team has investigated 25 information security incidents. All have been elatively minor such as clicking suspicious email links. HES has however self-reported one incident to the ICO who, after investigation, took no action.Updated in November 2020. All other associated documentation has updated as appropriate.IG Information Security have introduced an App Assessment Template to ensure that any new app that is not on the approved mobile polisity ill not mobile polisity information or its information or its information to pole residence of the Pasword Chang avent of the Pasword Chang audition to data in relation to cyber risk management			
Over the last 12 months 220. All other the Information Security associated team has investigated 25 documentation has information security been reviewed and updated as appropriate. clicking suspicious email JM/L audit completed, inkinestigated one incident and findings passed to to the ICO who, after and findings passed to investigation, took no action. action. Work is progressing on revising 3rd party supplier security have introduced an App questionnaires and passesent Template to processes to ensure ensure that any new app the safety and security that is not on the approved of HES information mobile app list will not when engaging with pose a risk to HES suppliers. information or its infrastructure (PUR2020/024). HES was externally audited in April 2021 on the effectiveness of its cyber security approach in relation to pose arisk to HES approach in relation to pose arisk to HES suppliers.			
the Information Security associated team has investigated 25 documentation has information security been reviewed and updated as appropriate. clicking suspicious email J/ML audit completed, links. HES has however J/ML audit completed, self-reported one incident and findings passed to to the ICO who, after the ADWG. investigation, took no action. IG Information Security suppropriate. have introduced an App questionnaires and Assessment Template to processes to ensure ensure that any new app the safety and security that is not on the approved of HES information mobile app list will not when engaging with pose a risk to HES suppliers. information or its information or its information or its information or its information or fits information or fits information or fits information or fits information or fits audited in April 2021 on the effectiveness of tis cyber security audited in the approach in relation to Audit have now been cyber security		Over the last 12 months	
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. J/M/L audit completed, and findings passed to the ICO who, after the ADWG. IG Information Security have introduced an App ensure that any new app that is not on the approved mobile app list will not pose a risk to HES infrastructure (PUR2020/024). Work is progressing on revising 3rd party supplier security supplier security the safety and security have introduced an App desessment Template to ensure that any new app that is not on the approved mobile app list will not pose a risk to HES infrastructure Work is progressing on revising 3rd party supplier security the safety and security that is not on the approved mobile app list will not the safety and security the safety andity the safety and security the safety and se			
information security been reviewed and updated as appropriate. clicking suspicious email updated as appropriate. links. HES has however J/M/L audit completed, and findings passed to to the ICO who, after investigation, took no action. Work is progressing on revising 3rd party links however User introduced an App questionnaires and processes to ensure processes to ensure ensure that any new app the safety and security that is not on the approved mobile app list will not pose a risk to HES subjers. information or its infrastructure HES was externally audited in April 2021 on the effectiveness of its cyber security The recommendations of the Password Change The recommendations of the same process of its cyber security			
incidents. All have been updated as relatively minor such as appropriate. clicking suspicious email J/M/L audit completed, links. HES has however J/M/L audit completed, self-reported one incident and findings passed to to the ICO who, after the ADWG. investigation, took no action. action. Work is progressing on revising 3rd party supplier security have introduced an App questionnaires and processes to ensure processes to ensure that is not on the approved of HES information mobile app list will not when engaging with pose a risk to HES suppliers. information or its information or its information or its information or its information or its audited in April 2021 on the effectiveness of its cyber security audited in April 2021 on the effectiveness of its cyber security audited in April 2021 on the effectiveness of its cyber security audited in April 2021 on the effectiveness of its cyber security aproach in rel			
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 si not on the approved mobile app list will not pose a risk to HES information or its infrastructure (PUR2020/024). The recommendations of the Password Change appropriate. J/M/L audit completed, and findings passed to the ADWG. Work is progressing on revising 3rd party suppliers ecurity thas ecurity of HES information when engaging with suppliers. HES was externally audited in April 2021 on the effectiveness of its cyber security on the effectiveness of the Password Change approach in relation to Audit have now been Cyber risk management			
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 (PUR2020/024). The recommendations of the Password Change Audit have now been Cyber risk management			
Inks. HES has however self-reported one incident to the ICO who, after investigation, took no action. J/M/L audit completed, and findings passed to the ADWG. IG Information Security have introduced an App Assessment Template to ensure that any new app the safety and security that is not on the approved mobile app list will not pose a risk to HES information or its infrastructure (PUR2020/024). Work is progressing on revising 3rd party supplier security the safety and security the safety and security of HES information when engaging with suppliers. HES was externally (PUR2020/024). HES was externally audited in April 2021 on the effectiveness of the Password Change Audit have now been HES was externally approach in relation to cyber risk management			appropriate.
self-reported one incident to the ICO who, after investigation, took no action.and findings passed to the ADWG.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 information or its or the effectiveness of its cyber security approach in relation to cyber risk management			I/M/L audit completed
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 (PUR2020/024). The recommendations of the Password Change Audit have now been USA The Password Change			
Image: Second			
action.Work is progressing on revising 3rd party supplier 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 (PUR2020/024).Work is progressing on revising 3rd party suppliers security of HES information when engaging with suppliers.HES was externally audited in April 2021 on the effectiveness of the Password Change Audit have now beenHES was externally aupriced in the cyber risk management			the ADWG.
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 information or its			
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 (PUR2020/024). The recommendations of the Password Change Audit have now been IG Information Security questionnaires and processes to ensure the safety and security of HES information when engaging with suppliers. HES was externally audited in April 2021 on the effectiveness of its cyber security approach in relation to cyber risk management		action.	
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 (PUR2020/024). The recommendations of the Password Change Audit have now been (PUR 2020 risk management			
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 information or its infrastructure (PUR2020/024). The recommendations of the Password Change Audit have now been HES was externally audited in April 2021 on the effectiveness of its cyber security approach in relation to cyber risk management			
 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 (PUR2020/024). The recommendations of the Password Change Audit have now been 			
that is not on the approved mobile app list will not pose a risk to HES information or its infrastructure (PUR2020/024).of HES information when engaging with suppliers.HES was externally audited in April 2021 on the effectiveness of its cyber security approach in relation to cyber risk management			
mobile app list will not pose a risk to HES information or its infrastructure (PUR2020/024). when engaging with suppliers. HES was externally audited in April 2021 on the effectiveness of its cyber security approach in relation to cyber risk management on the effection to cyber risk management			
pose a risk to HES information or its infrastructure (PUR2020/024). suppliers. HES was externally audited in April 2021 on the effectiveness of its cyber security approach in relation to cyber risk management			
information or its infrastructure (PUR2020/024). The recommendations of the Password Change Audit have now been Cyber risk management			
Image: Second state of the second s			suppliers.
(PUR2020/024). audited in April 2021 on the effectiveness of its cyber security the Password Change approach in relation to Audit have now been cyber risk management			
Image: Second state of the second s			
Image: Second state Image: Second state The recommendations of the Password Change its cyber security approach in relation to cyber risk management Image: Second state Image: Second state Image: Second state Image: Second state		(PUR2020/024).	
the Password Change approach in relation to cyber risk management			
Audit have now been cyber risk management			
		the Password Change	approach in relation to
implemented and user education and		Audit have now been	cyber risk management
		implemented	and user education and

	(PUR2020/025).	awareness activities.
		The review also
	The IG Information	included a high-level
	Security team have	assessment of the
	commenced a	adequacy of staff
	Joiners/Movers/Leavers	guidance on security
	audit to assess the	risks and network
	effectiveness of HES'	security controls
	system of internal control	implemented in
	for the joiners, movers and	response to Covid-19.
	leavers (JML) process.	The review identified
	This will feed into an	several areas of good
	Active Directory Working	practice but also some
	Group project being led ty	areas for improvement.
	IT.	Work is progressing to
	11.	close these gaps.
		ciose triese gaps.
		Cyber Essentials +
		Certification is being
		completed .
		An Internet esticle was
		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.

	The Travel Abroad with a HES Device guidance has been reviewed and where required, updated.
	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).
	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. 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. The Information Security team have started to review their approach to risk management in order to horizon scan for risks that may occur in the future.	
9. Data Protection	G	G	G	Update required on any change. The <i>GDPR Subject</i> <i>Access Request</i> <i>Procedure</i> guidance was scheduled for review before March 2019. The <i>Data Protection</i> <i>Policy</i> was scheduled for review before May 2019.	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	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:	No change in the Data Protection Officer. The Data Protection Policy has been reviewed and where required, updated. Our Legal Team have reviewed and updated the Privacy Impact Assessment templates to allow for sharing information outwith the UK following Brexit. The Subject Access Request Procedure and all other associated forms and guidance have been reviewed and where required, updated.	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.

the organisation. A second https://www.hist	ľ
more detailed audit has <u>oricenvironment</u> The Surveillance	ľ
since been carried out <u>.scot/privacy-</u> Systems Code of	ľ
providing more analysis of <u>notice/</u> Practice and all other	ľ
how each Directorate associated forms and	ľ
manages personal As with many of guidance have been	ľ
information. The findings the other reviewed and where	ľ
of the audit show that elements in this required, updated.	ľ
overall, HES is managing PUR there is	ľ
personal data correctly evidence that The CCTV Privacy	ľ
and staff are aware of procedures and Impact Assessment	ľ
their obligations to protect guidance templates have been	I
personal data. There were documents are reviewed and where	I
a number of outcomes regularly required, updated.	I
identified in this review are reviewed and	
currently being updated as The HES Internal	ľ
implemented appropriate. Scheme of Delegation	I
(PUR2020/026). This was a was updated in	ľ
commitment February 2021 and	ľ
All Privacy Impact from the published on the HES	ľ
	ľ
Assessment templates authority under Intranet	ľ
have been reviewed, their original	ľ
updated and published on agreed plan Data Protection	ľ
the HES Intranet and the mandatory training was	ľ
(PUR2020/027, Assessment issued to all HES staff	ľ
PUR2020/028 & Team are in December 2020.	ľ
PUR2020/029). please to Overall, a completion	ľ
acknowledge rate of 87% was	ľ
The Data Protection Code this achieved.	I
of Practice – Archive commitment is	I
Collections is in the being pursued. We are reviewing and	
process of being finalised updating our Register	
but Covid has delayed the For training see of Processing Activities	
implementation and element 12 to demonstrate what	
publication. below. information we	I
process.	I
HES has self-reported one	ľ
incident to the ICO since The HES Privacy	
the last PUR update Notice on the website	ľ
following a data breach. was updated on the 8 th	ľ

					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 been identified by the IAO's on the IAR. All Subject Access Request templates and guidance have been reviewed and updated.		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 is data protection obligations. The IG Team have approved 17 PIAs since the last submission where	
					reviewed and updated.			
10. Business Continuity and Vital Records	A	G	G	The HES <i>Plan</i> states (page 23) in regard to business continuity "This is an area that needs development". HES	HES has developed arrangements that cater for Business Continuity Management through a Systems, Policy and Practice document.	The assessment team commends the authority for its progress and	The Information Asset Register updated with critical records identified. Business Risk Impact	Thank you for this update on business continuity and vital records.

		Descriptions the analysis allows	the and the later of the	Analysis	It as a serie that
is a fairly		Provision therein allows	thanks it for the	Analysis assessments	It appears that
	ation and the	for a structured response	detailed	have been completed	record recovery,
Plan goe		to the impact of critical	evidence in	by Directorates. These	prioritising vital
state: "A		events that may affect	support of this	are held by Business	records, is an
	to be updated	HES operations. These	work.	Managers and define	integral part of
	g the creation	arrangements were tested		business critical	HES' business
of HES a		under exercise conditions	In 2020 the	functions together with	continuity
change		in November 2019 and	Scottish public	who is responsible for	planning.
systems		were found to be fully	sector has to	them, how they can be	
Keeper	agrees this	validated. Since that time,	undertake	carried out and, where	
action a	and requests	evidence of application of	emergency	they can be carried out.	
he is pr	rovided with	the practices has been	procedures and		
a sampl	le of the	seen in a range of actual	it seems clear	Business and	
updated	d business	events such as Cyber	that this worked	Regulatory Impact	
continu	uity	Attacks, Political Protest,	adequately in	Assessments are in	
procedu	ures when	Demonstrations and, the	HES. Allowing	place. Throughout the	
availabl	le.	impact of COVID 19.	staff to access	duration of the Covid	
			public records	pandemic, HES has	
The Kee	eper can	Whilst organisational	outwith the	referenced the BC	
	his element	oversight for BCP is	office	Policy and Practice	
of the H	listoric	maintained by the Director	environment at	Document as a means	
Environ	nment	of Corporate Services,	short notice has	of managing multiple	
Scotlan	nd plan	each Directorate is	appropriately	impact events.	
under	•	responsible for the	tested their	•	
improv 'improv	/ement	maintenance of their own	business	Organisational	
	terms. This	arrangements.	continuity	oversight of BCP	
means t	that the	5	systems.	remains under the	
authorit		BCP development in HES	-	control of the Director	
	ed how they	is a continually evolving	It is likely, from	of Corporate Services	
	to close a	aspect of organisational	what has been	although this will	
	provision	learning with appropriate	described, that	change following an	
	Keeper	provision given over to the	this element	internal directorate re-	
agrees		debriefing and review of	could now be	organisation.	
	s suggested	incidents as and when	considered		
	opriate. His	required.	compliant. It	Annual certificates of	
	ent would	1	seems probable	assurance have signed	
	ditional on	As part of our BCP	that HES can	by the CEO.	
	ng updated	response to keep the	be confident	.,	
on prog		functions of HES	that record	The HES IT Disaster	
on prog	g. 0001	operating during Covid,	recovery,	Recovery site has been	
			10000019,	Recovery sile has been	

					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.	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	moved from a data centre in Inverness to one in Edinburgh as geographically it was too remote to support.	
						Green.		
11. Audit Trail	A	A	G	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	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	See element 4 above. The processes used to efficiently track public records is, obviously, dependent on the functionality	Naming Convention and Version Control guidance has been updated to reflect the move to Document Centre. The Assessment Team noted in the previous PUR comments that	The Keeper's Assessment Team acknowledges the updates on updated guidance on Naming Convention and Version Control.

captures, stores, names and disposes of its records."hampered site visits (PUR2020/032).Separately from the PUR, HES has noted that they have a naming conventions guidance to better reflect the search capabilities of SharePoint, 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 access and security ad audit trail".hampered site visits hampered site visits (PUR2020/032).Separately from the PUR, HES has noted that they have a naming conventions guidance to better reflect the search capabilities of SharePoint, the consolidate HES have also to consolidate HES have also to relate the search capabilities project the dation and disposal, and duit trail".hampered site visits (PUR2020/032).Separately from they have a naming convention that provide that a low of the system, namely R365 and prepare the collection for the move to Bonnyrigg has had to be paused due to the Covid pandemic.Separately from they have a naming and a policy. The organisation deals with a low of the system, namely R365 and applied ahampered site visits they have a they have a 		a d factor o d fac		af the avertage -		It is settingly
procedures in 2017/18 in order to improve how HES captures, stores, names and disposes of its records."disposal procedures has continued throughout the year although Covid has hampered site visits (PUR2020/032).records are kept.Convention Policy imposed alongside the name files correctly, rather than implement and met files correctly, rather than implement and states: "the technical infrastructure in place does not provide the effective management of the records created by HES e.g. retention and disposal, access and security access and security access and security access and security and aud ttrail".disposal procedures has continued throughout the year although Covid has has noted that they have a portion that has been updated to align with SharePoint under that they a policy that accounted functionality to allow for the meaningful, 'alongsideConvention Policy imposed alongside the news structure in policy. The organisation deals with avais felt that they applied a applied a aprescriptien, at						
2017/18 in order to improve how HES captrues, stores, names and dispose of its records."continued throughout the year although Covid has hampered site visits has noted that the PUR, HES has noted that name files correctly, rather than implement a prescriptive naming policy. The organisatio deals with tinfrastructure in place does not provide the provide the necessary functionality to and disposal, access and security and addit trail".kept.imposed alongside the new structure. HES separately from the PUR, HES has noted that name files correctly, rather than implement a prescriptive naming policy. The updates on organisatio deals with a large variety of information that serves management of the records created by HES e.g. retention and disposal, access and security and audit trail".continued throughout the year although Covid has hampered site visits the PUR NAME the PUR NAME the NAMEimposed alongside the new structure. HES has noted that has note to be prepare the collection for the move to Bonnyrigg has had to be paused due sharePoint.sharePoint.imposed alongside the name files cories.naming convention that a policy that accounted to conscitate HES sharePoint.imposed alongside the name files counted the addition applied a applied a to the covid pandemic.imposed alongside the name files counted to convention that searchnaming applied a applied a applied a to consecutive the sopa "Keep it short, keep it simple.inframiton the addition to consecutive <br< th=""><th></th><th></th><th></th><th></th><th></th><th></th></br<>						
 improve how HES captures, stores, names and disposes of its records." Furthermore, the Plan Annex A states: "the capabilities of SharePoint in frastructure in place does not provide the naming conventions guidance to consolidate HES necessary physical files onto one functional low for the records created by HES e.g. retention and disposal, access and security and diaudit trail". 						
captures, stores, names and disposes of its records."hampered site visits (PUR2020/032).Separately from the PUR, HES has noted that the PUR, HES has noted that name files correctly, rather than implement a prescriptive naming updates on organisation deals with a large variety of infrastructure in place does not necessary functionality to and disposal, and disposal, and disposal, and disposal, and dudit trail".Separately from the PUR, HES has noted that they have a provide that to conventions guidance to better reflect the search conventions guidance to better reflect the search to consolidate HES have alsohas opted to provide guidance on how to has noted that name files correctly, rather than implement a large variety of infrastructure in provide the to consolidate HES have alsohas opted to provide guidance on how to necess.suits the authority's needs.Updates on functionality eccreds Management and disposal, and audit trail".For those who have migrated to SharePoint, the Covid pandemic.Separately from has noted that name files correctly, rather than implement a prescriptive naming updates on training and updates on to consolidate HES have alsoSeparately from has opted to align to align ficant applied ahas opted to provide guidance on how to name files correctly, rather than implement a locy. The Additio updates on to consolidate HES have alsohas opted to align to align ficant applied ahas opted to provide guidance on how to the align ficant to align ficant the covid pandemic.For those who have argress that an to consecutive provide the<				kept.		
names and disposes of its records."(PUR2020/032).the PUR, HES has noted that they have a name files correctly, rame files correctly, rame files correctly, raming orovention sguidance to better reflect the search capabilities of SharePoint (PUR2020/033).the PUR, HES has noted that they have a name files correctly, rame files correctly, rame files correctly, raming and alarge variety of information that serves many purposes and it welcomed information and that they access and security and audit trail".the PUR, HES has noted that the PUR, HES has noted that they have a name files correctly, rame files correctly, raming and alarge variety of information that serves many purposes and it welcomed to consolidate HES provide the prepare the collection for the move to Bonnyrigg has had to be paused due to the Covid pandemic.the PUR, HES has been they have a they have a and that they applied a applied a bespoke search the shoar period.guidance on how to name files correctly, rame files correctly, rame files correctly, rames files ont they have a a policy that accounted for all formation welcomed i consecu						convention that
disposes of its records." Furthermore, the Plan Annex A states: "the Plan Annex A states: "the 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".						
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 management of the access and security HES e.g. retention and audit trail".The RM Team have revised the naming conventions guidance to better reflect the search capabilities of SharePoint (PUR2020/033).Table RM Team have revised the naming convention that has been updated to align with SharePoint al arge variety of information that serves information that serves including th records created by HES e.g. retention and audit trail".The RM Team have revised the naming conventions guidance to better reflect the search functionality to allow for the effectivethey have a rather than implement a prescriptive naming provide the many purposes and it relevant to to consolidate HES have allow for the effectivethey have a resorts the naming conventions guidance to has bace to align and that they have allow for the effectivethey have a rather than implement a policy. The 			(PUR2020/032).			
Furthermore, the Plan Annex A states: "the technical infrastructure in place does not provide the effective effective management of the records created by HES e.g. retention and audi trail".revised the naming conventions guidance to better reflect the search (PUR2020/033).naming convention that has been updated to align with SharePoint functionality to allow for the effective management of the records created by HES e.g. retention and audi trail".naming conventions guidance to better reflect the search (PUR2020/033).a prescriptive naming policy. The organisation deals with a prescriptive naming organisation deals with relevant to training and guidelines, including the prescriptive naming (PUR2020/033).a prescriptive naming policy. The organisation deals with and audi trail".The additio updates on training and guidelines, including the welcomed.Image: the collection for management of the records created by HES e.g. retention and audi trail".revised the naming conventions guidance to better reflect the search physical files onto one system, namely R365 and prepare the collection for the move to Bonnyrigg has had to be paused due to the Covid pandemic.a prescriptive naming policy. The organistic duality alongside and audi trail".The Additio updates on training and guidelines, including the organistic along would be a significant undertaking. Instead HES has opted pit short, consecutive to the Covid pandemic.a prescriptive naming policy. The functionality a prescriptive the short search and audi trail".naming convention that serves including the prescriptive the shorthe 						needs.
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 access and security and audit trail".conventions guidance to better reflect the search capabilities of SharePoint (PUR2020/033).convention that has been updated to align with SharePoint functionality and that they applied apolicy. The organisation deals with a large variety of information that serves many purposes and it was felt that to design and that they applied aupdates on training and updates on training and searchFor those who have migrated to SharePoint,For those who have migrated to SharePoint,convention that has been u align that to design and disposal, access and security and audit trail".convention sguidance to better reflect the search consolidate HES and that they applied apolicy. The organisation deals with a large variety of information that serves many purposes and it was felt that to design and that they applied aupdates on training and to all other the management of the meaningful." alongside nine rules for for those who have migrated to SharePoint,convention that has been update to consolidate HES and audit trail".policy. The organisation deals with a laguated to sharePointupdates on training and the move to Bonnyrigg the move to Bonnyriggconvention for the move to Bonnyrigg to the Covid pandemic.convention for the move to Bonnyrigg the share Point.convention for the move to Bonnyrigg the move	recor	ords."		they have a	rather than implement	
Plan Annex A states: "the technical infrastructure in place does not provide the necessary allow for the effective management of the records created by HES e.g. retention and disposal, access and security and audit trail".better reflect the search capabilities of SharePoint (PUR2020/033).has been updated to align with SharePoint search functionality was felt that to design apolicy that accounted for all informationtraining and guidelines, including th relevant to welcomedPlan Annex A states: "the technical iplace does not provide the necessary functionality to allow for the effectivebetter reflect the search capabilities of SharePoint 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.has been updated to align with SharePoint may purposes and is a policy that accounted developed and applied a search function for SharePoint.organisation deals with a large variety of including th relevant to welcomed welcomed iccumed to the Covid pandemic.The Keeper management of the records created by HES e.g. retention and disposal, access and security and audit trail".better reflect the search consolidate HES physical files onto one the move to Bonnyrigg has had to be paused due to the Covid pandemic.has been updated to align welcomed to consolidate HES phesoke search function for SharePoint.name All staff areUpdates on changes and the so on changes and teams, are to the Covid pandemic.The Keeper management of the a				naming		The additional
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".capabilities of SharePoint (PUR2020/033).updated to align with SharePoint search functionality was felt that to design a policy that accounted bespoke search function for SharePoint.a large variety of information that serves many purposes and it functionality a policy that accounted developed and applied aguidelines, including th relevant to Teams, are welcomed.Updates on to consolidate HES allow for the effective management of the records created by HES e.g. retention and disposal, access and security and audit trail".capabilities of SharePoint, (PUR2020/033).updated to align with SharePoint functionality was felt that to design a policy that accounted bespoke search function for SharePoint.a large variety of information that serves many purposes and it welcomed to consolidate HES and that they bespoke search the move to Bonnyrigg has had to be paused due to the Covid pandemic.a large variety of information that serves many purposes and it functionality undettating a good file name. All staff areupdated to align information to all that the design a policy that accounted the move to Bonnyrigg has had to be paused due to the Covid pandemic.a large variety of information the move to Bonnyrigg has had to be paused due to the Covid pandemic.a large variety of information the move to Bonnyrigg has had to be paused due to the Covid pandemic.a large v					policy. 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".				has been	organisation deals with	training and
I and audit trail". Search many purposes and it functionality to a policy that accounted provide the necessary physical files onto one allow for the anagement allow for the effective management of the management of the management of the management of the necessary allow for the anagement allow for the anagement of the management of the management of the management of the necessary and audit trail". The Physical files project to consolidate HES physical files onto one allow for the system, namely R365 and applied a undertaking. Instead or changes are the collection for the management of the management					a large variety of	
I and audit trail". Search many purposes and it functionality to a policy that accounted provide the necessary physical files onto one allow for the anagement allow for the effective management of the management of the management of the management of the necessary allow for the anagement allow for the anagement of the management of the management of the management of the necessary and audit trail". The Physical files project to consolidate HES physical files onto one allow for the system, namely R365 and applied a undertaking. Instead or changes are the collection for the management of the management	techr	nical	(PUR2020/033).	with SharePoint	information that serves	including those
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".	infra	astructure in		search	many purposes and it	relevant to MS
 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". 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. have also developed and applied a bespoke search function for SharePoint. have also developed and applied a bespoke search function for SharePoint. have also developed and applied a bespoke search function for SharePoint. have also developed and applied a bespoke search function for slogan "Keep it short, keep it simple, keep it meaningful." alongside nine rules for formulating a good file name. All staff are 						Teams, are also
functionality to allow for the effective management of the records created by HES e.g. retention and disposal, ad audit trail".Records Management system, namely R365 and prepare the collection for the move to Bonnyrigg has had to be paused due to the Covid pandemic.developed and applied awould be a significant undertaking. Instead HES has opted for the slogan "Keep it short, keep it simple, keep it meaningful." alongside formulating a good file name. All staff areUpdates on changes and welcomed it consecutive PURs.	provi	/ide the				welcomed.
allow for the effective management of the records created by HES e.g. retention and disposal, access and security and audit trail".	nece	essary	physical files onto one	have also	for all information	
effective management of the records created by HES e.g. retention and disposal, access and security and audit trail". effective management of the records created by HES e.g. retention and disposal, access and security and audit trail". effective management of the records created by HES e.g. retention and disposal, access and security and audit trail". effective management of the records created by HES e.g. retention and disposal, access and security and audit trail". effective management of the records created by HES e.g. retention and disposal, access and security and audit trail". effective management of the records created by HES e.g. retention and disposal, access and security and audit trail". effective migrated to SharePoint, bespoke search function for SharePoint. bespoke search function for SharePoint. HES has opted for the slogan "Keep it short, meaningful." alongside name. All staff are	funct	tionality to	Records Management	developed and	would be a significant	Updates on any
management of the records created by HES e.g. retention and disposal, and audit trail".the move to Bonnyrigg has had to be paused due to the Covid pandemic.function for SharePoint.slogan "Keep it short, keep it simple, keep it meaningful." alongside formulating a good file name. All staff areconsecutive PURs.	allow	w for the	system, namely R365 and	applied a	undertaking. Instead	changes are
records created by HES e.g. retention and disposal, and audit trail".has had to be paused due to the Covid pandemic.SharePoint.keep it simple, keep it meaningful." alongside for mulating a good file name. All staff arePURs.PURs.	effec	ctive	prepare the collection for	bespoke search	HES has opted for the	welcomed in
HES e.g. retention and disposal, access and security and audit trail". to the Covid pandemic. The Keeper agrees that an O365 migration meaningful." alongside nine rules for o365 migration	mana	agement of the	the move to Bonnyrigg	function for	slogan "Keep it short,	consecutive
and disposal, and disposal, The Keeper nine rules for access and security For those who have agrees that an formulating a good file and audit trail". migrated to SharePoint, O365 migration name. All staff are	recor	ords created by	has had to be paused due	SharePoint.	keep it simple, keep it	PURs.
access and security For those who have agrees that an formulating a good file and audit trail". migrated to SharePoint, O365 migration name. All staff are	HES	e.g. retention	to the Covid pandemic.		meaningful." alongside	
and audit trail". Migrated to SharePoint, O365 migration name. All staff are	and o	disposal,	-	The Keeper	nine rules for	
	acce	ess and security	For those who have	agrees that an	formulating a good file	
	and a	audit trail".	migrated to SharePoint,	O365 migration	name. All staff are	
Until the eDRMS the audit facility on all should greatly expected to follow this	Until	I the eDRMS	the audit facility on all	should greatly	expected to follow this	
solution/Informatio documents is enabled as increase the guidance and are	solut	ition/Informatio	documents is enabled as	increase the	guidance and are	
n Asset Register is version control is turned control over asked to rename	n As	sset Register is	version control is turned	control over	asked to rename	
fully implemented, on. document legacy files in line with	fully	implemented,	on.	document	legacy files in line with	
controlled tracking this guidance where	contr	trolled		tracking		
electronic record The Email Management although it will possible.	elect	tronic record	The Email Management	although it will	possible.	
tracking remains a Guidelines have been take some time	track	king remains a		U U		
problem area for reviewed and updated for this to be Online Document					Online Document	
HES. The <i>Plan</i> (PUR2020/034) universally Centre training has						
states (also page applied in the occurred throughout	state	es (also page				
25): "there is no authority. The the year covering					0	
ability to implement PUR makes it naming, retention and						
an audit facility on clear that not all disposal.						

the shared drives	business areas	
and staff are able to	are covered by	The physical files
edit, rename, delete	the 'Records	project has remained
and hold multiple	Centre' system	paused due to Covid
copies of files."	yet.	but the RM team have
		been working on files
HES operate a	The O365	already registered now
registry system to	should provide	that they are allowed
record the movement	automatic	back into the office.
of the majority of	version control,	
their hard-copy	but staff will still	The Email
records.	be required to	Management
	name records in	Guidelines have been
The Business Impact	a consistent	reviewed and were
Assessment –	way so that the	required, updated.
Registry was	search	
scheduled for review	functionality can	The use of MS Teams
before February	be properly	has increased the
2019.	applied. The	ability to store
2010.	Assessment	corporate information.
However, they	Team would	As a result, a
acknowledge that	expect to see a	mandatory 2-year
this hard-copy	Naming	retention policy has
record tracking	Convention	been imposed in all
system is out-of-	Policy imposed	Teams sites and
date (<i>Plan</i> page 12)	alongside the	Teams owners are
and that a small	new structure.	
section of hard-	new structure.	required to move all corporate information
	The	to the Document
copy records, held	Assessment	Centre.
away from the main		Centre.
store, are not included in the	Team looks	
	forward to	
registry. This is	updates on this	
addressed in Annex	matter in	
A of the Plan (Plan	subsequent	
page 34) with a	PURs.	
commitment to "re-		
evaluate the	This element	
physical records	remains at	
management needs	Amber while	

across HES." The	this work is
Keeper will request	ongoing.
information an	
update on this	The
situation when	Assessment
appropriate.	Team notes
	that, as records
The Naming	are added to
Conventions for	the HES
Electronic Records	Document
Guidance was	Centre, they are
scheduled for review	tagged to
before March 2019.	Records 365
	software
The Keeper is able	providing
to agree this	automated
element of Historic	disposal and
Environment	audit trail (see
Scotland's records	element 5).
management plan	element 5).
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	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. He would be pleased to receive further details when available. The Statement of <i>Responsibility for</i> <i>Records</i> <i>Management</i> is scheduled for review	Further IG training sessions covering data protection, information security, Fol/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).	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	The Head of IG has successfully gained a MSc in Records Management and Information Rights from Dundee University. The Head of IG now holds the role as Chair of the IRMS Scotland Group. The Data Protection Officer is on the IRMS committee as Director of Training managing training provider relationships with IRMS. The Records Manager has successfully gained an MLitt in Archives and Records Management and is also a member of the	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. Based on this update, the commitment to competency

by July 2019.		for the Keeper.	IRMS Executive.	framework
	One member of the IG			through staff
	Team has completed and	The availability	IG Staff continue to	training is
	passed their Data	of training in	undertake training	evident and
	Protection Practitioner	HES is to be	where possible and this	highly
	certification.	commended.	continues to be	commendable.
			recorded on training	
	Two members of the IG	Some examples	logs.	
	Team are currently	of training		
	undertaking their Masters	initiatives since	IG Staff continue to	
	with Dundee University:	the 2019 PUR	attend webinars and	
	 Records Management 	are:	conferences (online) in	
	and Information Rights		an effort to ensure they	
	 Archives and Records 	The eDRMS	remain current with the	
	Management	project team	practices in their	
		have created a	particular specialism.	
	One member of the IG	series of short		
	Team is a member of the	online "how to	All eligible HES staff	
	Data Protection Forum	videos" for	enrolled in mandatory	
		those who have	Data Protection and	
	The IG Team has	migrated.	Information Security	
	corporate membership of	(Element 4)	Awareness Training.	
	IRMS and two members of	The eatting up	Fol/EIR training has	
	the IG team are accredited	The setting up of a Microsoft	been developed and	
	members of IRMS.	Teams site for	will be launched in the	
	The UES Induction needs	Document	autumn of 2021.	
	The HES Induction pack has been reviewed and	Centre		
	updated and includes a	Superusers to	Keystone, our online	
	revised section on	share	learning platform	
	Information Governance.	experiences	expanded to include	
	The pack is now sent out	and for	cyber security and	
	to all new starts prior to	collaboration.	information handling.	
	them joining the	(Element 4)		
	organisation	· · · · · · · · · · · · · · · · · · ·	Training and guidance	
	(PUR2020/37).	The provision of	on Document Centre is	
	(a glossary and	available for all staff on	
		FAQ's to assist	the HES Intranet along	
		superusers	with drop in sessions	
		during and post	for both new and	

					migration.	existing users.	
					(Element 4)		
						The Statement for	
					Briefing notes	Responsibility for	
					issued in the in-	Records Management	
					house	has been reviewed and	
					publication	updated.	
					Historic Times.		
					(Element 4)	A dedicated page on	
					``````````````````````````````````````	the HES Intranet has	
					Information	been set up for staff on	
					Security	using MS Teams. This	
					Awareness	contains guidance on	
					eLearning	using Teams and	
					training issued	Channels as well as	
					to all HES staff	guides and videos on	
					(Element 8).	using Teams for	
						meetings.	
					A continuation	meetings.	
					of Information	Refreshed PCI DSS	
					Security poster	training implemented	
						for those business	
					campaigns		
					across HES	areas that interact with	
					estate.	card payments.	
					(Element 8)		
					Bespoke CCTV		
					training.		
					(Element 9)		
					Considerable		
					training and		
					guidance put in		
					place around		
					The Payment		
					Card Industry-		
					Data Security		
					Standard.		
G	G	G	Update required on	HES has carried out an	Section	The outcomes of the	Thank you for

13. Assessment and Review				any change.	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.	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	Fol & EIR review have been implemented. 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. HES is currently undergoing an external audit on our data protection posture. 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.	confirming that the outcomes of the FoI 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 recommendatio ns actively being implemented, and is currently undergoing an external audit on data protection posture. The PRSA Team are also pleased to hear that the PUR mechanism is proving a helpful tool for HES.
14. Shared	A	A	G	The Information Management Strategy goes on to	HES continues to use ShareFile as the preferred method of sharing large	demonstrates a commitment to reviewing its RMP. This PUR details many of the technical	Data Sharing Agreements continue to be signed where	The Assessment Team thanks

	Charles ( 10) (I a			
devote a section to	files outwith the	processes that	appropriate. As	HES for this
"Information as a	organisation.	either are used	mentioned in Element	detailed update,
Shared Resource"		by HES when	9, new templates and	touching on
(section 9.6).	We have also approved	sharing	guidance notes have	multiple
	the use of WeTransfer as	information or	been implemented.	important
However, HES have	an alternative method but	are planned to		aspects of data
acknowledged the	only to a reduced number	be introduced	HES is setting up a	sharing.
need to impose	of users.	alongside the	dedicated project	
consistency and		full O365 roll-	management office	It is especially
oversight to the	When SharePoint	out. This	where all projects will	good to hear
information sharing	becomes fully operational	includes the	be reviewed and	that Information
process and state	this will be the primary	use of	approved. IG will	Sharing
in the <i>Plan</i> (page	method of file sharing.	collaborative	ensure that as part of	Agreements and
32/33): "This is an	5	tools such as	the project approval	Privacy Impact
area that requires	The HES Board are using	Teams.	process and where	Assessments
further .	iBabs as a portal for the		data may be shared or	are part of
development" "HES	management of HES	The	where there may be an	organisation-
will look to define	Board meetings which	Assessment	impact on personal	wide project
specific	negates the requirement	Team thanks	data, Project Managers	approval
arrangements for	to print information.	HES for the	will be instructed to	process. It
information	·	detailed	ensure that appropriate	appears that
sharing, including	PICAMS is continuing to	explanation of	data sharing	HES has also
the establishment	be developed and	these systems.	agreements are in	extensively
of clear information	updated. Recent updates	5	place and that Privacy	addressed the
sharing	include:	The Keeper's	Impact Assessments	weaknesses
protocols"	<ul> <li>Full addresses and</li> </ul>	original	are also completed.	raised in the
•	directions for	agreement said:		initial
The Information	Properties in Care	"The	Fusion (CMIS project)	assessment.
Management	(PICs)	Information	went live with the HR	
Strategy (see	<ul> <li>Direct links from the</li> </ul>	Management	and Financial elements	This PUR RAG
element 3) notes	property location page	Strategy (see	in October 2020. Full	status has been
that "Information	to Google Maps	element 3)	desk instructions on	turned from
Sharing Agreements	<ul> <li>National Grid</li> </ul>	notes that	using both modules	Amber to Green
should be put in	Reference, latitude	"Information	including How to	to reflect
place, where	and longitude, easting	Sharing	Guides, key contacts	significant
appropriate, with	and northing for each	Agreements	and videos have been	progress made
guidance from the	PIC	should be put in	placed on the HES	in this area.
Records		place, where	intranet. A series of	
Management Team."	<ul> <li>PIC areas displayed</li> </ul>	appropriate,	drop-in clinics were	
(section 4.4).	as boundary polygons	with guidance	also organised to assist	
	on the maps in	with guidance		

	-Peril Jata	DIGAMO	(	
	alised data	PICAMS	from the	colleagues with the
	ng agreements	Some ancillary	Records	transition from the
	lso supported in	properties such as car	Management	previous system(s).
	ata Protection	parks, visitor facilities	Team." (section	Future phases of the
	y (see element	and land which had	4.4).	CMIS project remain in
9) sec	ction 9.2.	not previously been	Formalised data	the pipeline.
		identified as individual	sharing	
	Keeper	assets have been	agreements are	The new HES Intranet
	ires sight of	added to PICAMS	also supported	also went live on the 30
these	e new		in the <i>Data</i>	September 2020 which
proto	cols when	The CMIS project is now	Protection	included a complete
availa	able.	in User Acceptance	Policy (see	restructure and refresh
		Testing. The team have	element 9)	of all content. Page
	Keeper can	managed to maintain the	section 9.2. The	Owners are currently
agree	e this element	pace of delivery during	Keeper requires	reviewing and updating
of His	storic	lockdown with support	sight of these	content as appropriate.
Envir	ronment	from the wider	new protocols	
Scotl	and's records	organisation whilst they	when	The importance of and
mana	agement plan	also supported resumption	available."	completion of Data
on 'in	nprovement	planning activities. The		Sharing agreements
mode	el' terms. This	next few months will see	HES have now	along with the
mean	ns that the	significant milestones for	confirmed that	completion of PIA's
autho	ority has	the project, including the	they "have	have been
recog	gnised a gap in	completion of data	implemented	incorporated in the
their	records	migration, completion of	data sharing	mandatory data
mana	agement	User Acceptance Testing	agreements	protection training for
	ision and have	and a move towards	where	all staff.
put p	rocess in	Phase One go-live in	appropriate and	
place	e to close that	October. A dedicated	have a template	A briefing note
	The Keeper	communication plan has	in place for use.	explaining the
	es the	been developed and	We liaise	importance of engaging
impro	ovements	further communication will	closely with our	with IG before the
	ested are	be available through the	Legal Team.	sharing of any data has
	opriate, but will	Intranet, Staff Bulletins,	There is some	been issued to
	est updates as	Staff Briefings, and direct	work to be done	Business Managers for
	roject	emails.	to improve	distribution within the
	resses.		awareness of	Directorates.
		Fol & EIR responses	this topic across	
		continue to be published	the organisation	IG continue to maintain
		on the HES website with	which we will	close relationships with

		the most recent update in	look to do. We	Legal regarding DSAs.
		August 2020	will also look to	
		(PUR2020/038).	embed data	PICAMS continues to
			sharing in the	be developed and
		HES is currently	PIA process	updated and is
		developing and rolling out	and increase	supporting the
		a new Intranet. It has been	awareness of	resumption effort by
		built on SharePoint using	this."	incorporating
		a Top Tasks approach so		resumption information.
		that staff can easily find	Once the	Recent updates
		the information,	foundation of a	include:
		documents and systems	formal	A view of
		they need in order to do	information	resumption status
		their job more quickly and	sharing	for each Property
		efficiently. This project is	agreement has	in Care on its
		running in tandem with the	been	
		Document Centre project	established, the	respective site
			,	page (accessible to
		as both involve migration,	optimum	all staff)
		data cleansing, training,	practical	An overview of
		guidance and one-to-one	methods	resumption status
		support. The Beta version	around the	across properties
		of the Intranet was	transfer of	(all staff)
		launched at the start of	records can be	A series of
		May 2020. New content	considered. It is	dashboards and
		and site developments are	clear from the	reports giving a
		being released iteratively	PUR that this	quick, strategic
		until completion of the	has been done	overview of opened
		project at the end	by HES.	and closed
		September 2020.		properties and
			While	progress (all staff)
		HES has a wealth of	awareness of	A way to edit
		information about	data sharing	resumption data in
		Scotland's Historic	agreements is	PICAMS, replacing
		Environment that is split	improved	the tracking
		across over 100 websites,	across the	spreadsheet
		not to mention other	organisation,	managed by the
		databases, electronic files	this element	Tier 1 Compliance
		and physical records that	remains Amber.	team
		we have not yet published		Visibility of sites
		online. The Heritage Hub	The	and their opening
			-	

	1	
Project aims to bring all of	Assessment	status on a map
these fragments together	Team looks	
and present them in one		Phase 1 of PICAMS
place, allowing people to		has now drawn to a
discover the full picture of		close and Phase 2
what we know about a site		which has just been
or a topic in a way that is	PURs.	approved by the
easy for them to		Scottish Government
understand and make use		will look to initially
of. Users are at the heart		support HES's
of the projects and it will		compliance framework
be built to meet their		through a combination
needs, while also		of improvements to
supporting the primary		processes and
objectives of our		workflows and access
Corporate Plan.		to key information.
We have introduced MS		The Heritage Hub
Teams to allow for better		project continues to
collaboration and sharing		progress. As at June
of information. We have		2021 the project had
set a mandatory retention		begun a procurement
of 2 years on all		exercise. Subject to
documentation to ensure		this being successfully
that corporate information		completed, it is hoped
is saved appropriately to		to start to create the
Documents Centre.		project team in
		November.
HES has a dedicated		
page on the HES website		The use of MS Teams
relating to the Records		has increased the
Management Plan and		ability to store
PUR updates.		corporate information.
		As a result, a
The eDRMS project also		mandatory 2-year
includes an updated		retention policy has
intranet which will provide		been imposed in all
improved collaboration		Teams sites and
across departments in		Teams owners are
terms of information		required to move all

		sharing.	corporate information	
			to the Document	
		The HES Privacy Notice	Centre.	
		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.		
		พธมอแฮอ.		

15. Freedom of Information	G	G	G	Update required on any change.	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	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.	Regular statistics continue to be provided to the Scottish Information Commissioner. 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. Fol/EIR training for HES staff has been developed and will be issued in the Autumn of 2021. 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.	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.

## 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 24 September 2021. 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

Ida Saanen

lida Saarinen Public Records Support Officer