The Public Records (Scotland) Act 2011

Historic Environment Scotland

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

20th December 2021

Contents

1. Public Records (Scotland) Act 2011

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

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

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

2. Progress Update Review (PUR) Mechanism

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

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

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

3. Executive Summary

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

4. Authority Background

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

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

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

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

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

https://www.historicenvironment.scot/

5. Assessment Process

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

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

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

Key:

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

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 since 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 *Records Management Policy* 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**	**A**	**A**	**The need for a more controlled electronic records solution is explained in *Plan* Annex A "HES suffers from a continued growth of largely unmanaged, unstructured electronic document and record storage."** **Scoping work for an electronic document records management**	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

| | | | | system has been undertaken and approval has now been granted. HES have committed to keep the Keeper updated as this project progresses. The Keeper thanks HES for this commitment. The *Plan* states (page 10): "eDRMS is likely to be introduced in the next 1-3 years which will include information from the file plans and based on the new BCS and RRS which be validated with the business prior to implementation." This timescale is supported by other statements in the *Plan* (for example page 25). The Keeper agrees this is a reasonable timescale and accepts that full implementation will be incremental after any system is introduced. He will request updates periodically. | expected to be completed towards the end March 2021. However, since the end of the pilot in Jan 2020, 5 out of 9 Directorates are now working exclusively out of Document Centre with over 80,000 documents migrated.

The eDRMS project team have created a series of short online "how to videos" for those who have migrated (PUR2020/005).

The eDRMS team have also published a Document Centre User Guide (PUR2020/006).

Other supporting documentation will be uploaded to the Intranet.

All training is currently done via Skype for Business for staff when they go live following migration. In addition, we have also started to do refresher training sessions which will be led by the project team.

We have set up a Microsoft Teams site for Document Centre | Keeper's Assessment Team.

This PUR makes the steps taken towards universal roll-out quite clear including the use of information asset owners in local business areas.

Generally a O365 cloud solution is bound to be incremental and take several years to bed-in properly. The Assessment Team remind HES of the importance of appropriate polices, governance and staff training in making this major project a success. However, this PUR seems to provide ample evidence that | of the move to the Document Centre including work to review the legacy information left on the shared network drives, identifying appropriate storage technology for specialist files, understanding how to link DC functionality with other M365 tools such as Teams and Outlook. Planning on this work is currently underway.

The Project Team continue to support the migration to the Document Centre with drop-in sessions. Short videos and training guides are available on a dedicated page on the HES Intranet. News articles are regularly published with information to support the migration and those that have migrated.

IAO's advised that they should continue to update their respective assets over the past year. | hear about the follow-on initiatives stemming from the move. It sounds like HES is very close to completing this project, and it is to be commended that it has been advanced significantly regardless of the pandemic.

If this was a formal resubmission, this element would likely be changed from Amber to Green as soon as the eRDMS move was considered formally completed. The PUR status remains at Amber while the eRDMS implementation is ongoing. |

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

| 5. Retention Schedule | G | G | G | Update required on any change. | The HES Retention Schedule has been reviewed and updated (PUR2020/003).

As records are added to the Document Centre they are tagged to Records 365 software providing automated disposal and audit trail.

The Information Asset Register has been updated and now contains over 1600 assets and Information Governance will be working with the IAO network to develop the asset register into a more practical tool for managing and mitigating corporate information risk.

A project has been commissioned to migrate all HES users from network personal drive to OneDrive (PUR2020/11) As part of this project, all users will be required to review data held in line with the re-issued guidance on information held on personal drives (PUR2020/012). Staff were advised of the project on the 24th July in the HES Weekly Round-up (PUR2020/013). | **See element 4 above.**

Statements in the PUR show a clear recognition that a retention schedule is a 'living document' and will be subject to continual minor change year on year. HES have added a change log to the retention schedule to better track amendments made. This is to be commended.

The Assessment Team notes that HES are using the opportunity of the records management transition to data cleanse personal drives. This is highly commended.

It is again clear | The Retention Schedule remains a live document and is updated when required.

The Information Asset register continues to be kept up to date, and now holds approximately 1600 assets.

The project to migrate all users from network personal drives to OneDrive was successfully concluded in January 2021. | The Assessment Team thanks you for this update on Retention Schedule and the Information Asset Register. It is also positive to hear that all users are now working on OneDrive rather than network personal drives.

Update required on any change. |
|---|---|---|---|---|---|---|---|---|

						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)** *Plan* **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

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

				organisation." (both quotes *Plan* page 23). **The use of shared drives is an area where many Scottish public authorities encounter difficulty when attempting to impose robust provision. The Keeper acknowledges that HES have correctly identified this gap in provision.** The *Retention and Disposal Guidance* was scheduled for review before April 2019. **The Keeper can agree this element of the *Plan* under 'improvement model' terms. This means that the authority has recognised gaps in their records management provision, but have put processes in place to close those gaps. The Keeper's**	HES Intranet (PUR2020/016). Our contract with Haven recycling for IT destruction has ended as the contractor ceased trading. A short term arrangement has been agreed with Iron Mountain for IT destruction. However, no destruction has taken place due to Covid. The HES Climate Change Team are looking to implement an overarching recycling contract for the whole organisation which will include suitable IT destruction arrangements.	regarding access for paper waste uplift and about a transition in the hardware destruction arrangements. They also have noted that there has been a recent review of the Retention and Disposal Guidance. This is another example of the authority keeping its information governance procedures fresh as required.	hampered our regular processes. The Retention & Disposal Guidance has been reviewed and where required, updated. This guidance will need updated to reflect the move to Document Centre and introduction of RecordPoint but this will form part of a larger scale review of RM policies and procedures during 2021/22. A further piece of work will be undertaken to review the legacy information left on the shared network drives (See Element 4).	While HES is very close to achieving this, this element remains at Amber while the eRDMS implementation and the associated review of policies and procedures are still ongoing.

				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 remains under review. The SLA 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 31st August 71% of staff have completed the training with an average pass score of 92%. Two phishing email exercises have been carried out across a sample of 200 HES staff. The results have been shared across the organisation. We are considering the purchase of an attack simulation and phishing awareness training tool for deployment across the organisation to better educate employees on identifying and dealing with social engineering attacks.	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 across HES estate (PUR2020/020).

The Payment Card Industry-Data Security Standard (PCI-DSS) compliance audit was | 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, animated overlay to assist with viewing associated compliance mappings of statements, and the option to now merge full policies. We have | certification also indicate that HES is adhering to best practice in this area. |

successfully completed and approved by the SIRO which allows HES to continue to take credit / debit card payments (PUR2020/021).

The HES PCI-DSS Policy was approved by the SIRO (PUR2020/022).

Vulnerability scanning of the HES PCI-DSS environment has been carried out by an external partner and which has confirmed that no card data resides on HES systems.

PCI-DSS online training was issued to 75 HQ based staff and training material covering PCI-DSS requirements was issued site-based staff and delivered by district managers and team leaders (PUR2020/023).

The PCI-DSS page on the HES Intranet has also been updated with further guidance to support PCI compliance.

HES has deployed Microsoft's Data Loss Prevention tool to scan O365 for messages, files

also, in line with ISO27001, taken the opportunity to start to assign owners to the IT polices contained within this system with a view to ensuing that the technical controls outlined are being managed appropriately as well as review the content of the policies to ensure they remain applicable to HES.

SMT have approved the benchmarking of HES information security controls against Annex A of the ISO27001 standard which has commenced.

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.

Our "Keystone" digital learning library has guidance for staff on cyber security and how to process and handle data & information effectively.

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 the Information Security team has investigated 25 information security incidents. All have been relatively minor such as clicking suspicious email links. HES has however self-reported one incident to the ICO who, after investigation, took no action.

IG Information Security have introduced an App Assessment Template to ensure that any new app that is not on the approved mobile app list will not pose a risk to HES information or its infrastructure (PUR2020/024).

The recommendations of the Password Change Audit have now been implemented | | audit successfully carried out and approved by the SIRO.

PCI DSS vulnerability scanning continuing quarterly with no beaches reported.

The PCI DSS Policy was reviewed and updated in November 2020. All other associated documentation has been reviewed and updated as appropriate.

J/M/L audit completed, and findings passed to the ADWG.

Work is progressing on revising 3rd party supplier security questionnaires and processes to ensure the safety and security of HES information when engaging with suppliers.

HES was externally audited in April 2021 on the effectiveness of its cyber security approach in relation to cyber risk management and user education and | |

				(PUR2020/025). The IG Information Security team have commenced a Joiners/Movers/Leavers audit to assess the effectiveness of HES' system of internal control for the joiners, movers and leavers (JML) process. This will feed into an Active Directory Working Group project being led ty IT.		awareness activities. The review also included a high-level assessment of the adequacy of staff guidance on security risks and network security controls implemented in response to Covid-19. The review identified several areas of good practice but also some areas for improvement. Work is progressing to close these gaps. Cyber Essentials + Certification is being completed . An Intranet article was published in June 2021 on Handling HES Information at Home. The project to restrict portable storage devices across HES has been implemented. Whitelisting of devices only occurs on the production of a robust business case and the approval of IG. The App Assessment Template has been reviewed and where required, updated.

| | | | | | | | 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 *GDPR Subject Access Request Procedure* guidance was scheduled for review before March 2019. The *Data Protection Policy* 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 more detailed audit has since been carried out providing more analysis of how each Directorate manages personal information. The findings of the audit show that overall, HES is managing personal data correctly and staff are aware of their obligations to protect personal data. There were a number of outcomes identified in this review are currently being implemented (PUR2020/026).	https://www.hist oricenvironment .scot/privacy-notice/ As with many of the other elements in this PUR there is evidence that procedures and guidance documents are regularly reviewed and updated as appropriate. This was a commitment from the authority under their original agreed plan and the Assessment Team are please to acknowledge this commitment is being pursued.	The Surveillance Systems Code of Practice and all other associated forms and guidance have been reviewed and where required, updated.	
					All Privacy Impact Assessment templates have been reviewed, updated and published on the HES Intranet (PUR2020/027, PUR2020/028 & PUR2020/029).		The CCTV Privacy Impact Assessment templates have been reviewed and where required, updated.	
					The Data Protection Code of Practice – Archive Collections is in the process of being finalised but Covid has delayed the implementation and publication.	For training see element 12 below.	The HES Internal Scheme of Delegation was updated in February 2021 and published on the HES Intranet Data Protection mandatory training was issued to all HES staff in December 2020. Overall, a completion rate of 87% was achieved. We are reviewing and updating our Register of Processing Activities to demonstrate what information we process.	
					HES has self-reported one incident to the ICO since the last PUR update following a data breach.		The HES Privacy Notice on the website was updated on the 8th	

				Column A	Column B	Column C	Column D
				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 projects or processes have had an impact on personal information.	
10. Business Continuity and Vital Records	A	G	G	The HES *Plan* 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.

| | | | | is a fairly new organisation and the Plan goes on to state: "All plans require to be updated following the creation of HES and the change of IT systems." **The Keeper agrees this action and requests he is provided with a sample of the updated business continuity procedures when available.**

The Keeper can agree this element of the Historic Environment Scotland plan under 'improvement model' terms. This means that the authority has explained how they intend to close a gap in provision and the Keeper agrees that the process suggested is appropriate. His agreement would be conditional on his being updated on progress. | Provision therein allows for a structured response to the impact of critical events that may affect HES operations. These arrangements were tested under exercise conditions in November 2019 and were found to be fully validated. Since that time, evidence of application of the practices has been seen in a range of actual events such as Cyber Attacks, Political Protest, Demonstrations and, the impact of COVID 19.

Whilst organisational oversight for BCP is maintained by the Director of Corporate Services, each Directorate is responsible for the maintenance of their own arrangements.

BCP development in HES is a continually evolving aspect of organisational learning with appropriate provision given over to the debriefing and review of incidents as and when required.

As part of our BCP response to keep the functions of HES operating during Covid, | thanks it for the detailed evidence in support of this work.

In 2020 the Scottish public sector has to undertake emergency procedures and it seems clear that this worked adequately in HES. Allowing staff to access public records outwith the office environment at short notice has appropriately tested their business continuity systems.

It is likely, from what has been described, that this element could now be considered compliant. It seems probable that HES can be confident that record recovery, | Analysis assessments have been completed by Directorates. These are held by Business Managers and define business critical functions together with who is responsible for them, how they can be carried out and, where they can be carried out.

Business and Regulatory Impact Assessments are in place. Throughout the duration of the Covid pandemic, HES has referenced the BC Policy and Practice Document as a means of managing multiple impact events.

Organisational oversight of BCP remains under the control of the Director of Corporate Services although this will change following an internal directorate re-organisation.

Annual certificates of assurance have signed by the CEO.

The HES IT Disaster Recovery site has been | It appears that record recovery, prioritising vital records, is an integral part of HES' business continuity planning. |

					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 Green.	moved from a data centre in Inverness to one in Edinburgh as geographically it was too remote to support.	
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.

| | | | | to and trained in these rules and procedures in 2017/18 in order to improve how HES captures, stores, names and disposes of its records." | Management practice including retention and disposal procedures has continued throughout the year although Covid has hampered site visits (PUR2020/032). | of the systems in which those records are kept. | they would expect to see a Naming Convention Policy imposed alongside the new structure. HES has opted to provide guidance on how to name files correctly, rather than implement a prescriptive naming policy. The organisation deals with a large variety of information that serves many purposes and it was felt that to design a policy that accounted for all information would be a significant undertaking. Instead HES has opted for the slogan "Keep it short, keep it simple, keep it meaningful." alongside nine rules for formulating a good file name. All staff are expected to follow this guidance and are asked to rename legacy files in line with this guidance where possible.

Online Document Centre training has occurred throughout the year covering naming, retention and disposal. | It is entirely appropriate to implement a naming convention that suits the authority's needs.

The additional updates on training and guidelines, including those relevant to MS Teams, are also welcomed.

Updates on any changes are welcomed in consecutive PURs. |
| | | | | Furthermore, the *Plan* Annex A states: "the technical infrastructure in place does not provide the necessary functionality to allow for the effective management of the records created by HES e.g. retention and disposal, access and security and audit trail". Until the eDRMS solution/*Informatio n Asset Register* is fully implemented, controlled electronic record tracking remains a problem area for HES. The *Plan* states (also page 25): "…there is no ability to implement an audit facility on | The RM Team have revised the naming conventions guidance to better reflect the search capabilities of SharePoint (PUR2020/033).

The Physical files project to consolidate HES physical files onto one Records Management system, namely R365 and prepare the collection for the move to Bonnyrigg has had to be paused due to the Covid pandemic.

For those who have migrated to SharePoint, the audit facility on all documents is enabled as version control is turned on.

The Email Management Guidelines have been reviewed and updated (PUR2020/034) | Separately from the PUR, HES has noted that they have a naming convention that has been updated to align with SharePoint search functionality and that they have also developed and applied a bespoke search function for SharePoint.

The Keeper agrees that an O365 migration should greatly increase the control over document tracking although it will take some time for this to be universally applied in the authority. The PUR makes it clear that not all | | |

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

This element remains at Amber while | | |

				across HES." The Keeper will request information an update on this situation when appropriate.		this work is ongoing.		
				The *Naming Conventions for Electronic Records Guidance* was scheduled for review before March 2019.		The Assessment Team notes that, as records are added to the HES Document Centre, they are tagged to Records 365 software providing automated disposal and audit trail (see element 5).		
				The Keeper is able to agree this element of Historic Environment Scotland's records management plan on improvement model terms. This means that the authority have identified a gap in their records management provision (in this case, naming and tracking of records on shared drives is not satisfactorily controlled and the system for tracking physical records needs revisiting as the management system is at end-of-life and does not encompass all				

	🟧	🟧	🟩	**paper records). The Keeper agrees that HES has committed to programmes designed to alleviate the situation and close the gap. The Keeper's agreement is conditional on his receiving updates when requested.**			
12. Competency Framework	G	G	G	The Keeper accepts that HES have thus made a commitment to introduce records management training for staff (for example *Plan* page 15 which talks about record destruction training). The Keeper commends this as being complimentary to that already developed for data protection and information security. **He would be pleased to receive further details when available.** The *Statement of Responsibility for Records Management* is scheduled for review	Further IG training sessions covering data protection, information security, FoI/EIR and records management have been held throughout the year (PUR2020/033). Over the last 12 months, bespoke CCTV training for c90 staff has been organised and delivered by an external consultant. Targeted training for key information handlers has occurred with more sessions to be arranged (PUR2020/035). IG staff continue to undertake relevant training and this is recorded on staff training records (PUR2020/036).	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. | One member of the IG Team has completed and passed their Data Protection Practitioner certification.

Two members of the IG Team are currently undertaking their Masters with Dundee University:
• Records Management and Information Rights
• Archives and Records Management

One member of the IG Team is a member of the Data Protection Forum

The IG Team has corporate membership of IRMS and two members of the IG team are accredited members of IRMS.

The HES Induction pack has been reviewed and updated and includes a revised section on Information Governance. The pack is now sent out to all new starts prior to them joining the organisation (PUR2020/37). | for the Keeper.

The availability of training in HES is to be commended.

Some examples of training initiatives since the 2019 PUR are:

The eDRMS project team have created a series of short online "how to videos" for those who have migrated. (Element 4)

The setting up of a Microsoft Teams site for Document Centre Superusers to share experiences and for collaboration. (Element 4)

The provision of a glossary and FAQ's to assist superusers during and post | IRMS Executive.

IG Staff continue to undertake training where possible and this continues to be recorded on training logs.

IG Staff continue to attend webinars and conferences (online) in an effort to ensure they remain current with the practices in their particular specialism.

All eligible HES staff enrolled in mandatory Data Protection and Information Security Awareness Training.

FoI/EIR training has been developed and will be launched in the autumn of 2021.

Keystone, our online learning platform expanded to include cyber security and information handling.

Training and guidance on Document Centre is available for all staff on the HES Intranet along with drop in sessions for both new and | framework through staff training is evident and highly commendable. |

					migration. (Element 4) Briefing notes issued in the in-house publication Historic Times. (Element 4) Information Security Awareness eLearning training issued to all HES staff (Element 8). A continuation of Information Security poster campaigns across HES estate. (Element 8) Bespoke CCTV training. (Element 9) Considerable training and guidance put in place around The Payment Card Industry-Data Security Standard.	existing users. The Statement for Responsibility for Records Management has been reviewed and updated. A dedicated page on the HES Intranet has been set up for staff on using MS Teams. This contains guidance on using Teams and Channels as well as guides and videos on using Teams for meetings. Refreshed PCI DSS training implemented for those business areas that interact with card payments.	
	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 reviewing its RMP.	FoI & 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 recommendations 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 Information	A	A	G	The *Information Management Strategy* goes on to	HES continues to use ShareFile as the preferred method of sharing large	This PUR details many of the technical	Data Sharing Agreements continue to be signed where	The Assessment Team thanks

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

Formalised data sharing agreements are also supported in the *Data Protection Policy* **(see element 9)** section 9.2.

The Keeper requires sight of these new protocols when available.

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

PICAMS
- Some ancillary properties such as car parks, visitor facilities and land which had not previously been identified as individual assets have been added to PICAMS

The CMIS project is now in User Acceptance Testing. The team have managed to maintain the pace of delivery during lockdown with support from the wider organisation whilst they also supported resumption planning activities. The next few months will see significant milestones for the project, including the completion of data migration, completion of User Acceptance Testing and a move towards Phase One go-live in October. A dedicated communication plan has been developed and further communication will be available through the Intranet, Staff Bulletins, Staff Briefings, and direct emails.

FoI & EIR responses continue to be published on the HES website with

from the Records Management Team." (section 4.4). Formalised data sharing agreements are also supported in the *Data Protection Policy* (see element 9) section 9.2. The Keeper requires sight of these new protocols when available."

HES have now confirmed that they "have implemented data sharing agreements where appropriate and have a template in place for use. We liaise closely with our Legal Team. There is some work to be done to improve awareness of this topic across the organisation which we will

colleagues with the transition from the previous system(s). Future phases of the CMIS project remain in the pipeline.

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

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

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

IG continue to maintain close relationships with

| | | | | the most recent update in August 2020 (PUR2020/038).

HES is currently developing and rolling out a new Intranet. It has been built on SharePoint using a Top Tasks approach so that staff can easily find the information, documents and systems they need in order to do their job more quickly and efficiently. This project is running in tandem with the Document Centre project as both involve migration, data cleansing, training, guidance and one-to-one support. The Beta version of the Intranet was launched at the start of May 2020. New content and site developments are being released iteratively until completion of the project at the end September 2020.

HES has a wealth of information about Scotland's Historic Environment that is split across over 100 websites, not to mention other databases, electronic files and physical records that we have not yet published online. The Heritage Hub | look to do. We will also look to embed data sharing in the PIA process and increase awareness of this."

Once the foundation of a formal information sharing agreement has been established, the optimum practical methods around the transfer of records can be considered. It is clear from the PUR that this has been done by HES.

While awareness of data sharing agreements is improved across the organisation, this element remains Amber.

The | Legal regarding DSAs.

PICAMS continues to be developed and updated and is supporting the resumption effort by incorporating resumption information. Recent updates include:
- A view of resumption status for each Property in Care on its respective site page (accessible to all staff)
- An overview of resumption status across properties (all staff)
- A series of dashboards and reports giving a quick, strategic overview of opened and closed properties and progress (all staff)
- A way to edit resumption data in PICAMS, replacing the tracking spreadsheet managed by the Tier 1 Compliance team
- Visibility of sites and their opening | |
|---|---|---|---|---|---|---|---|

| | | | | Project aims to bring all of these fragments together and present them in one place, allowing people to discover the full picture of what we know about a site or a topic in a way that is easy for them to understand and make use of. Users are at the heart of the projects and it will be built to meet their needs, while also supporting the primary objectives of our Corporate Plan.

We have introduced MS Teams to allow for better collaboration and sharing of information. We have set a mandatory retention of 2 years on all documentation to ensure that corporate information is saved appropriately to Documents Centre.

HES has a dedicated page on the HES website relating to the [Records Management Plan](#) and PUR updates.

The eDRMS project also includes an updated intranet which will provide improved collaboration across departments in terms of information | Assessment Team looks forward to an update on this issue in subsequent PURs. | status on a map

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

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

The use of MS Teams has increased the ability to store corporate information. As a result, a mandatory 2-year retention policy has been imposed in all Teams sites and Teams owners are required to move all | |

	<td style="background:orange"></td>	<td style="background:orange"></td>	<td style="background:green"></td>		sharing. The HES Privacy Notice on the website confirms how HES protects users personal data and privacy and with whom that information is shared with and has been updated recently to reflect Covid (PUR2020/039). A staff Privacy Notice has been published on the HES Intranet which sets out to staff how HES processes their personal data and who that is shared with (PUR2020/040). A single sign-on project for newsletters and subscriptions moved a number of subscriber contact details from different databases into a single secure database. The signup process was simplified so the personal data went through the same pathway to reach the secure membership database. Previously there had been multiple systems holding data which had been captured in a variety of ways through different websites.		corporate information to the Document Centre.	

| 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 Scottish Information Commissioner. | As with other elements in the plan it is clear that the authority's FOI procedures and policies are routinely reviewed and, where necessary, upgraded. | 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.

FoI/EIR training for HES staff has been developed and will be issued in the Autumn of 2021.

The FoI 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

Iida Saarinen
Public Records Support Officer