The Public Records (Scotland) Act 2011

Highlands and Islands Airports Ltd

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

23rd November 2023

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 Highlands and Islands Airports. The outcome of the assessment and relevant feedback can be found under sections 6 – 8.

4. Authority Background

Highland and Islands Airports Limited (HIAL) is a public corporation wholly owned by Scottish Ministers. The company operates and manages 11 Airports at Barra, Benbecula, Campbeltown, Dundee, Islay, Inverness, Kirkwall, Stornoway, Sumburgh, Tiree and Wick. HIAL's airports are vital to the social and economic welfare of the areas they serve, but are loss making, and are supported by subsidies from the Scottish Government in accordance with Section 34 of the Civil Aviation Act 1982.

HIAL is wholly owned by Scottish Ministers and owns two subsidiary companies, Air Management Services Limited (AMSL) and Dundee Airport Limited (DAL). While the two subsidiaries are technically not subject to most legislation that applies to the public sector, all three companies are subject to the same internal policies and procedures, and use the same systems. Therefore any reference to HIAL should be assumed to refer to the collective of companies unless it is specifically stated otherwise.

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: Highlands and Islands Airports

Element	Status of elements under agreed Plan 17MAR17	Progress review status 14MAR19	Progress review status 23NOV23	Keeper's Report Comments on Authority's Plan 17MAR17	Self-assessment Update 11OCT18	Progress Review Comment 14MAR19	Self-assessment Update as submitted by the Authority since 14MAR19	Progress Review Comment 23NOV23
1. Senior Officer	G	G	G	Update required on any change.	No change.	No immediate action required. Update required on any future change.	Inglis Lyon stepped down from the role of Managing Director on 30 June. Stewart Adams is currently Chief Executive Officer and took up this role on an interim basis on 14 June.	Thank you for letting the Assessment Team know that there has been a change to this Element. Update required on any change.
2. Records Manager	G	G	G	**The Job Description mentions that Ms Taylor's post is for a fixed term. The Keeper requests that he is informed if/when Ms Taylor's contract expires and that another individual is allocated to fulfil her responsibilities.**	The fixed term contract has expired. Liz Taylor has been contracted to complete any urgent records management work and is currently working under a service contract as DPO although a decision has yet to be made regarding the long term allocation of the Records Manager role.	This update is noted, with thanks, and as before the Keeper requests that he is informed if/when Ms Taylor's contract expires. As this is a statutory role, it is essential that it is filled.	A full time Information Manager and Data Protection Officer has been in post since May 2022.	Thank you for this positive update which has been noted. Update required on any future change.

3. Policy	**G**	**G**	**G**	Update required on any change.	HIAL has updated the majority of policies relating to corporate information to ensure they reflect the requirements of the GDPR and DPA 2018. There are no substantive changes to the records management policy although it was updated in August 2018.	It is best practice to review and update policies regularly. The new records management policy has been supplied and the Keeper thanks the authority for keeping its submission up to date.	No change – Policies will be reviewed on a business as usual (BAU) basis as well as a wider strategic review as part of the Information Governance Programme in the future.	Thank you for letting us know that Records Management Policy statement, and policies adjacent to the Records management plan, will be reviewed and updated as scheduled, and in line with the wider Information Governance Programme in the future.
4. Business Classification	**G**	**G**	**G**	**The RMP states that HIAL currently uses SharePoint for managing some of its information. HIAL intends to use the BCS to guide its work on developing SharePoint for the management of its records, in particular, with regards to developing metadata, naming conventions and transferring electronic records from shared drives. The Project**	The SharePoint project has been delayed for operational reasons although SharePoint has been upgraded to the 2013 version. Where possible, the BCS has been incorporated into any developments in SharePoint.	Incorporating the BCS into SharePoint and indeed any other system that holds records will benefit HIAL by ensuring that all records come under the same classification scheme. Updates on developments in this area are welcome.	All information from the shared drives has now been migrated to SharePoint

SharePoint sites have been created for each function and department, which now store the information relevant to that function or department.

Each function or department will be tasked with reviewing the | Thank you for this update on HIAL information management within its business classification arrangements. It is good to hear that work to migrate data from shared drives has now been completed. It is also great to |

				Implementation Plan (Appendix F) gives a completion date for this project of the end of 2017. The Keeper requests that he is kept informed of the progress of this project.			information on their site to ensure it is held within the relevant retention periods.	hear that the new Business Classification structure is function-based, and that retention and destruction will be automated where possible.
5. Retention Schedule	**A**	**A**	**A**	The RMP indicates that there are areas of HIAL, for example the Finance Department, that have been using retention schedules for some time. These have been adapted in relation to the requirements of the RMP. The completed retention schedules covering Finance, Human Resources, Procurement and Operations have been submitted (Appendix I). The Project Implementation Plan (Appendix F) shows a completion date of December 2017 for developing and implementing the remaining retention schedules and for imposing these onto	The majority of retention schedules are now complete with good progress being made with destruction of legacy hard copy (see below). The retention schedules have also been used to assist staff with identifying which version of a document should be the record, where it should be held and in what format. Those that have been published include those for: • HR • Operations (Air Fire Service, Air traffic control) • Procurement • Finance	Good progress has been made on developing retention schedules and implementing them across the organisation. While a gap still remains, it is clear that HIAL is on track to complete this work within a reasonable timescale It is also helpful to know that SCARRS is being used as a basis for developing the retention schedules. The sample provided as evidence shows that,	It remains the case that there are areas of good practice in accordance with schedules (such as finance, HR and some of the operational units) although work remains on implementing retention schedules into systems, and to make sure that all systems are filing in accordance with the schedule. There will be ongoing work as BAU to review, update and improve the retention schedules to ensure that information is not held for longer than it necessary, and all retention schedules will be made available going forward through the information management	Thank you for letting us know that retention schedules continue to be in place and implemented, although room of improvement in terms of comprehensive reach, automation and monitoring remains. It is good to hear that a temporary 'work experience' Records Administrator has been employed to explore

				records stored in SharePoint. Due to the nature of HIAL's business, some schedules may require consultation with and approval from regulatory authorities such as the Civil Aviation Authority. **The Keeper requests that he is kept informed of the progress of this project.** **The Keeper can agree this Element of the RMP on an 'improvement model' basis. This means that the authority has identified a gap in provision (the lack of retention schedules covering the whole organisation) but has evidenced how it intends to close this gap in provision.**	Management schedules are also in use which were based on the schedules published by SCARRs.	using SCARRS as a guide, HIAL have carefully considered the records they generate and the business use has determined the specific retention periods applied to each record type.	department hub on SharePoint so they can be accessed and used by the business. In addition, we have a temporary resource employed (Records Administrator - Work Experience) to address hard copy records retention, disposal, and archiving. Moving forward new systems will employ retention schedule metadata.	retention, disposal and archiving of analogue records. This Element will remain at Amber while the work continues, as described by the authority. The Assessment Team look forward to being updated on the progress.
6. Destruction Arrangements	A	A	A	**Electronic records – The RMP recognises that there is a lot of work to do in the destruction of electronic records although there are areas of good practice, particularly in the Finance**	A considerable volume of work has been completed by the IT team to begin to address the issues with information held in electronic format. These have included:	There is good progress evident in this work and the current disposal procedures for hard copy records have been provided. Although it is	The development of a disposal procedure process to address electronic records as part of BAU is included in the work programme for the Information Manager & DPO.	As reported under Element 5, it is clear that HIAL continues to work on consistent electronic records management

				Department. Local business areas are responsible for the deletion of records held on shared drives in line with the requirements of the retention schedules. The Future Developments section of this Element states that the implementation of SharePoint is intended to automate the destruction of electronic records and information. The Keeper requests that he is kept informed of the work in this area as it moves forward. **The Keeper can agree this Element on an 'improvement model' basis. This means that the authority has identified a gap in provision (the lack of a consistent method for the destruction of electronic records) and has identified how it intends to close this gap. As part of this agreement, the**	• Automated destruction of information over a certain age that is held in shared drives; • Retention periods for e-mail boxes. There continues to be areas of good practice and many of the operational departments have begun destruction of information that is duplicated elsewhere in the organisation. It continues to be the intention to automate retention in SharePoint. There is currently no revised timescale for delivery of the project. Disposal procedures have been implemented for hard copy information, with all areas having procedures for the disposal of confidential waste.	time-consuming, there is considerable benefit to HIAL in ensuring that records are not retained for longer than required. This enables compliance with the Data Protection Act as well as having business benefits. The delay of the SharePoint project must be causing some difficulties for HIAL and progress on this would certainly improve the destruction arrangements.		procedures in terms of retention and destruction arrangements. This Element will remain at Amber while the work remains ongoing. The Team look forward to being updated on this in subsequent PURs.

	G	**G**	**G**	Keeper will need to be kept informed of the progress to close this gap.			
7. Archiving and Transfer				The Future Developments area of this Element states that procedures will be implemented to allow the transfer to happen as and when required. **The Keeper requests sight of these procedures when they become available.**	The retention schedules will be sent to NRS to agree records for permanent preservation once they are all approved. A business case for using a hard copy archiving service is currently under development, which will be used as a temporary archive for records with a higher degree of sensitivity. Those within the scope of the project are HR, finance and procurement records, all of which are currently held by the Head Office. It is envisaged that the volume of hard copy records will reduce significantly over the next 5 – 10 years, with a new HR system planned for implementation within the next year.	As per the Memorandum of Understanding with NRS, the Client Management Team are aware that the retention schedules once complete with be provided to them for agreement on which records are of enduring value. Once this is agreed, the transfer arrangements can be negotiated and the Keeper will be pleased to have sight of these at that time. The use of a "hard copy archiving service" is presumably intended for the storage of records which	HIAL contacted NRS in August 2023 to discuss the types of records which the NRS would view as of archival value The agreement between NRS and HIAL will be updated prior to the transfer of any records. HIAL are currently identifying which hard copy records may have archival value.	Thank you for this update on archiving and transfer arrangements, and that HIAL is actively considering records selected for permanent preservation. It is also good to hear that communication channels with the chosen repository (NRS) remain open, and that an updated Transfer Agreement is being pursued. The Assessment Team look forward to hearing more about this project in

						are no longer used frequently and which are scheduled for destruction once their business use has ended. Using an off-site external provider can be a practical and cost-effective decision.		subsequent PURs.
8. Information Security	G	G	G	**A number of areas are being changed/developed and provisions relating to these will be added as Appendices to the Policy. The Keeper requests that he is sent the revised policy reflecting the additional areas when it becomes available.**	An information security policy has been issued with guidance also published in the Safety Management System (SMS) to assist staff with understanding what types of information have a level of sensitivity that require additional safeguards to be implemented. This includes reference to information security classifications as well as when controlled documents should be used. A breach reporting procedure has also been inserted into the SMS, as has	The Keeper thanks HIAL for the revised information security policy which has been submitted. The inclusion of a breach reporting procedure will help HIAL to comply with the Data Protection Act 2018 including the timescales in that Act for reporting breaches. The development work undertaken by IT to improve	There is has a cyber security strategy 2021-2023 which adopts four key steps of prediction, prevention, detection and response. Commitment to the Cyber Essential Plus programme. This programme appointed an external organisation to audit HIAL to meet the standards that are required as part of the programme. In addition, since October 2020 the Scottish Cyber Assessment Service (SCAS) tool has been used to improve the cyber security of the supply	Thank you for sharing HIAL's strategic approach with regard to cyber security, as well as its continuing commitment to Cyber Essentials Plus certification. The external audit stemming from this certification is also noted with thanks. With the update on the SCAS tool as well, it is clear that HIAL continues to invest in this

	G	G	G		guidance on how to assess risks associated with personal data. In the longer term, it is envisaged that risks associated with corporate information will be assessed alongside other corporate risks, allowing better allocation of resources. A large volume of work has been undertaken by the IT team to significantly improve IT security and address previous vulnerabilities in the way in which the IT network was managed.	network security and general data security is good practice.	chain. All procurement undertaken has ensured that Suppliers have an appropriate Risk Assessment and appropriate control measures in place.	area. This is to be commended.
9. Data Protection	G	G	G	There are areas of Data Protection which are still under development and are included in the Project Implementation Plan (Appendix F). These include reviewing IT contracts for potential requirements to enter into data processing agreements, a review of data held by HIAL to ensure it is not kept	The data protection policy has been updated to reflect the requirements of the GDPR and DPA 2018 and the following have been implemented: • The incorporation of a data processing agreement in	The Keeper thanks HIAL for the updated Data Protection Policy. HIAL clearly have taken their data protection responsibilities seriously and put in place forms, procedures and training to make	• Updated data protection policy. • Desktop audits introduced to manage monitoring during the pandemic. • Data processing agreement updated to take into account Brexit, • Updated chapter in the Safety Management System (SMS)	Thank you for these updates, indicative of ongoing focus on all elements of data protection. This includes the scheduled regular review and update of relevant

				longer than necessary and delivery of training for staff dealing with sensitive personal information. **The Keeper requests sight of these once finalised.**	contract documentation, where organisations are processing on HIAL's behalf; • A data sharing agreement where personal information can be shared with third party organisations for specific purposes; • Forms for disclosures to the police and other law enforcement agencies; • Guidance in the SMS to assist staff with any requests to access personal information. An e-learning package has been introduced for staff that process personal data, and a training and audit programme has been implemented for all departments of the organisation. A DPO is currently working under a service contract (Liz	compliance by all staff as straightforward as possible. Once the contract for the current Data Protection Officer ends, HIAL will wish to satisfy themselves that they remain compliant with the Data Protection Act 2018 by appointing a Data Protection Officer (who can be an external individual or an employee).	• New DPIA templates introduced Full time DPO in place since May 2022. • Continual review of policies and processes will take place • Plan for creation of an oversight group/committee which would be responsible for decisions made around data protection and information governance. And will act as Data Protection Champions. This will be addressed through the information governance programme • Ongoing work to review and revise the existing privacy notices is currently ongoing as BAU • Audits to be planned and it will be explored how DP can be further incorporated into existing audit schedules. The introduction of specific DP audits and the continuation of desk top audits in the short	policies, procedural documents, DPIA templates, privacy notices, and data processing agreements. It is also noted that a full-time Data Protection Officer is in place, and that the establishment of an internal Data Protection 'Champions' group is being planned. It is also positive to hear desktop audits have been introduced during the pandemic, especially as this necessitated some home-working.

					Taylor) with part of the contract being to complete the outstanding project work required for compliance with data protection legislation. That project work should be completed by the end of 2018.		term will also be explored.	Update required on any future change.
10. Business Continuity and Vital Records	**A**	**A**	**A**	**The RMP states that HIAL is in the process of developing Business Continuity Plans (BCPs) and part of this work will include the identification of vital records. The nature of the work required is set out in the Project Implementation Plan (Appendix F). The Keeper requests that he is kept informed as this work moves forward.** **The Keeper can agree this Element on an 'improvement model' basis. This means that the authority has identified a gap in provision (the lack of BCPs across the organisation and the**	A Strategic Emergency and Business Continuity Plan has been developed and has been published on the HIAL intranet. A group meets regularly to discuss the testing of the plan and continually evaluate the plan's effectiveness in different scenarios.	The progress in this element is positive. It is helpful to see that the Strategic Emergency & Business Continuity Plan is regularly tested and evaluated. The Assessment Team would welcome more information about progress on the identification of vital records and the inclusion of arrangements for vital records in the Business Continuity Plan.	We are required to: • Finalise business continuity plans. - This is in place for HO and Inverness and we will have airport plans published within the next month or so. • Identify vital records • Business continuity plans should include details on critical records, their storage arrangements and how they are accessed & ensure vital records are retained and stored appropriately given the circumstances in which access may be required. This information is captured in a section in the Strategic Emergency and Business Continuity Plan (SEBCP) to outline	Thank you for this update. It is clear that while the gap identified in provision during assessment of the RMP remains (the lack of Business Continuity Plans across the organisation and the identification of records vital to its business), HIAL has plans in place to close this gap. This includes identifying and addressing any vital records currently held on local systems.

				identification of records vital to its business) and has committed to closing this gap. As part of his agreement, the Keeper requests that he is regularly updated on the progress of this work.			how we manage these records. An action has been issued to HR, ICT and Finance to advise to identify these records, format, where they are stored and how access is managed and a section in airport BCP template for each location to complete with details of any locally held records.	This Element will remain at Amber while the work remains ongoing. The Team look forward to being updated on this in subsequent PURs.
11. Audit Trail	A	A	A	**The RMP acknowledges that a great deal of work needs to be undertaken with regards to improving the level of provision in audit trail functionality. The RMP states that some electronic records are trackable using SharePoint. HIAL's aim is to eventually manage all electronic records and information using the SharePoint system. The detailed steps for the transition to SharePoint are described in the Project**	As stated above, the SharePoint project has not yet been progressed although SharePoint is used for managing some documents. There is good practice in the Operational Support team, which use SharePoint to produce controlled documents, and to control their update (versions) and issue. This includes the SMS, which itself includes guidance on when documents should be controlled, and when it is important to consider version control.	As with the retention schedules, the business classification scheme and the destruction arrangements, progress in this element is delayed due to the operational delays to the SharePoint project. It is helpful to see that the current use of SharePoint is enabling appropriate tracking of files and an audit trail of records.	The use of metadata in relation to records held on teams sites in SharePoint will be further developed and progressed as BAU.	Thank you for letting the Assessment Team know that the work on audit trails is ongoing as the development of SharePoint platform continues. This will hopefully bridge significant gaps in electronic records' audit trail and other metadata management. The Assessment Team look

				Implementation Plan (Appendix F) with an estimated completion date of April 2018. This will be assisted by the development of file naming conventions, version control procedures and a fileplan. The RMP states that as part of the move to SharePoint and if beneficial for business requirements, some paper records will be scanned. At present, there is very little provision to allow paper records to be located when required although their destruction can be tracked. The Project Implementation Plan describes how HIAL intends to tackle this. The remaining paper records at the end of the project to implement SharePoint will be subject to controls to allow their movement to be monitored. Some records as part	Additionally some work has been done with hard copy records to ensure staff are aware of which version is the authoritative version, where it should be held, and the format it should be held in. Further work on an audit trail for hard copy records will be facilitated with the implementation of archiving services, as discussed above. It remains the intention to use SharePoint as the primary tool for managing records and the facilities available within the system for audit trail management. In the meantime, guidance will continue to be issued for important/critical documents to facilitate manual management by staff where appropriate to do so.	There is progress in making staff aware of file naming conventions and version control procedures. Updates on this work will be welcome.		forward to being updated on progress in subsequent PURs. This Element will remain at Amber while work is ongoing.

				of the Safety Management System are subject to document control procedures and the guidance for ensuring this has been submitted (Appendix Y). **The Keeper can agree this Element on an 'Improvement model' basis. This means that the authority has identified a gap in provision (the lack of audit trail information for electronic and paper records) and has identified how it intends to close the gap. As part of this agreement, the Keeper will require to be kept informed of progress as the work to close the gap continues.**				
12. Competency Framework	A	A	A	**The Project Implementation Plan (Appendix F) has identified how further training could be added to the existing e-learning package and the timescales**	Training and competency development has focussed on compliance with data protection legislation over the past year. In addition to the e-	The training described provides a solid foundation for data protection awareness and compliance. The inclusion of	There is mandatory training for data protection and also training for information security (both eLearning). The mandatory DP eLearning	Element 12 stipulates that 'staff creating, or otherwise processing records, are appropriately

| | | | | for achieving this. The Keeper requests that he is sent samples of this training once it has been rolled out.

The Keeper can agree this Element on an 'improvement model' basis. This means that the authority has identified a gap in provision (the lack of information and records management training for relevant staff) and has evidenced how it intends to close this gap. The Keeper requests that he is kept up to date with the progress of this work. | learning package referenced above, sessions have been given to most departments, outlining the requirements of the GDPR and standards of good information management.

An audit programme has been commenced (being managed by the DPO) which incorporates data protection update training at each location. In addition to covering good practice required for data protection compliance, these sessions also cover implementation of retention schedules, and a practical review of the information security policy.

Additionally there is an IT security e-learning module that it is compulsory for all staff to complete before being able to log into a HIAL system. | retention schedules and information security helps to prepare staff for training in records management. It is understandable that HIAL will want to delay rolling out records management training until the SharePoint project has been implemented but if this is delayed indefinitely then some basic records management training will be required.

This element also covers the training and professional development opportunities available to the Records Manager and the Assessment Team will expect to see arrangements | was updated January 2023.

Training was previously rolled out to support some of HIAL's policies and procedures (in the Safety Management System Manual)

There are plans to integrate into the audit programme so that lessons learnt are used to update the training appropriately although this has yet to be actioned.

Work is underway to develop content for information and data training, with a view to develop a 3-tier approach to training. Level 1 - existing mandatory e-learning for all staff. Level 2 - advanced e-learning for managers and information asset owners (IAOs). Level 3 - MS Teams workshop for specialist knowledge e.g. completing a Data Protection Impact Assessment (DPIA). | trained and supported'. This includes the person named under Element 2.

Thank you for this update on the mandatory training provision at HIAL, and the recent updates in Data Protection training materials. It is also good to hear that there are plans in place to integrate staff training requirements into the audit framework, and that new, targeted content on information and data management is being developed based on business needs. |

					More formal arrangements for information and records management training will be reviewed once the SharePoint project recommences, and HIAL has appointed a Learning and Development Manager that should facilitate this process.	for this once a decision is made on the future arrangements for compliance with Element 2.		This Element will remain at Amber while work is ongoing. The Assessment Team look forward to being updated on progress in subsequent PURs.
13. Assessment and Review	G	G	G	Update required on any change.	No change other than to incorporate the PUR into internal assessment and review processes.	Incorporating this Progress Update Review into the regular review and assessment of progress is one way of demonstrating on-going compliance with the Public Records (Scotland) Act 2011 s.5 (1) (a) and HIAL is to be commended for ensuring compliance in this element.	An internal audit on data protection and information governance was undertaken in March 2022 by Wylie & Bisset, resulting in an overall conclusion of Substantial.	HIAL has demonstrated compliance in this Element by continuing to participate in the PUR process. Its internal audits and regular review of RMP-adjacent policies and procedures are also commended.
14. Shared Information	G	G	G	**The draft guidance for information sharing (Appendix**	An information sharing agreement has been	An updated draft Information Sharing	The Safety Management System (SMS) includes information sharing	Thank you for sharing HIAL's approach to

	🟩	🟩	🟩	**AA) has been submitted. This is still in draft format but provides the Keeper with an indication into the proposed procedures for sharing different types of information. The Keeper requests that he is sent the finalised version once it becomes operational.**	implemented with Loganair, and the use of information sharing agreements with other organisations is currently under consideration. Guidance on how to decide on the appropriate procedure for sharing information with a third party has been incorporated into the SMS.	Memorandum of Understanding for Health & Safety (April 2017) has been submitted and the Assessment Team thanks HIAL for keeping its submission up to date.	procedures. There are also templates for information sharing agreements and data processing agreements, together with forms for sharing personal data with the police. The form for disclosure of personal data to law enforcement agencies (including Police) was updated in August 2022 and embedded through the change management system. There are plans in place to discussion further improvements to the procedure for sharing information with third parties for the purposes of Health & Safety specifically how MOUs can be identified as needed and then instigated.	information-sharing. The use of a manual and the availability of up-to-date templates for personal data and other information sharing and data processing agreements is noted with thanks. It is also good to hear that plans are in place to discuss further improvements in this area. Update required on any future change.

7. The Public Records (Scotland) Act Assessment Team's Summary

<u>Version</u>

The progress update submission which has been assessed is the one received by the Assessment Team on 29th of March 2023. The progress update was submitted by Cara Everitt, Information Manager and Data Protection Officer.

The progress update submission makes it clear that it is a submission for **Highlands and Islands Airports Limited (HIAL)**.

The Assessment Team has reviewed for Highlands and Islands Airports' 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.

<u>General Comments</u>

Highlands and Islands Airports 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 Highlands and Islands Airports continue to take their statutory obligations seriously and are working hard to bring all the elements of their records management arrangements into full compliance with the Act and fulfil the Keeper's expectations.

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

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

Iida Saarinen
Public Records Officer