

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

## **Historic Environment Scotland**

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

**04 April 2024**

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## 1. Public Records (Scotland) Act 2011

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

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

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

## 2. Progress Update Review (PUR) Mechanism

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

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

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

### 3. Executive Summary

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

### 4. Authority Background

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

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

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

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

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

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

## 5. Assessment Process

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

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

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

### Key:

<b>G</b>	The Assessment Team agrees this element of an authority's plan.	<b>A</b>	The Assessment Team agrees this element of an authority's progress update submission as an 'improvement model'. This means that they are convinced of the authority's commitment to closing a gap in provision. They will request that they are updated as work on this element progresses.	<b>R</b>	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Assessment Team may choose to notify the Keeper on this basis.
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### 6. Progress Update Review (PUR) Template: Historic Environment Scotland

Element	Status of elements under agreed Plan 06JUN18	Progress review status 05DEC22	Progress review status 04APR24	Keeper's Report Comments on Authority's Plan 06JUN18	Self-assessment Update 25AUG22	Progress Review Comment 05DEC22	Self-assessment Update as submitted by the Authority since 05DEC22	Progress Review Comment 04APR24
1. Senior Officer	<b>G</b>	<b>G</b>	<b>G</b>	Update required on any change.	<p>No change in nominated post or individual.</p> <p>The Information Management Strategy - Corporate Information has been reviewed and where required updated.</p> <p>The Information &amp; Data Management Strategy which will eventually replace the Information Management Strategy has been drafted, peer reviewed and submitted to the Senior Management Team (SMT) for review and comment. It is currently being reviewed and updated following SMT comments.</p>	<p>The Assessment Team notes there have been no changes in nominated post or individual under Element 1.</p> <p>Thank you also for the update regarding the corporate Information Management Strategy documentation review and its upcoming replacement with the wider-scope Information &amp; Data Management Strategy.</p>	<p>No change to date in nominated post or individual.</p> <p>The designated Senior Officer will leave HES on the 9<sup>th</sup> November 2023. Temporary arrangements have been agreed and will be in place for the duration of the recruitment process. The Senior Officer will be Craig Marshall (Interim Director of Finance &amp; Corporate Services) while the SIRO role will be held by Ryan Kerr (Head of Information Management).</p> <p>A revised Information &amp; Data Management Strategy has been conditionally approved by the Executive</p>	<p>The Assessment Team thanks you for these updates on Senior Officer and SIRO; these have been noted.</p> <p>Thank you also for letting the Team know about the revised Information and Data Management Strategy.</p> <p>It is great to hear that HES has been selected to participate in the Scottish Government</p>

							<p>Leadership Team (ELT)</p> <p>HES has been accepted onto the latest Data Maturity Cohort programme run by Scottish Government. This programme seeks to assist public sector organisations use their data more effectively, improving planning, decision making and delivery. A baseline Data Maturity Assessment is expected to form part of the initial work of this programme.</p>	<p>Data Maturity Programme. This will hopefully be a very useful endeavour in terms of continuous improvement.</p>
2. Records Manager	G	G	G	Update required on any change.	<p>No change in nominated post or named individual.</p> <p>No changes to the Statement of Responsibility for RM. It is due for review in July 2023 but should there be any developments within HES that affect the Statement it will be updated accordingly.</p>	<p>The Assessment Team acknowledges that there have been no changes to this Element.</p> <p>Thank you also for confirming there have been no changes to the Statement of Responsibility for Records</p>	<p>No change in nominated post or named individual</p> <p>The Statement of Responsibility has been reviewed and updated following a team re-organisation.</p>	<p>Thank you for letting the Assessment Team know that there have been no updates to the named Records Manager. It is also positive to hear that the Statement of Responsibility has been reviewed and</p>



						Management.  Update required on any change.		updated in line with team reorganisation.
3. Policy	G	G	G	Update required on any change.  The <i>Records Management Policy</i> is scheduled for review before April 2020.	The Records Management Policy has been reviewed and where required, updated.	Thank you for confirming that the Records Management Policy remains current. Update required on any change.	No change – records management policy next due for review in August 2024	The Team notes that HES Records Management Policy remains current and has a regular review schedule.
4. Business Classification	A	A	G	<b>The need for a more controlled electronic records solution is explained in <i>Plan Annex A</i> “HES suffers from a continued growth of largely unmanaged, unstructured electronic document and record storage.”</b>  <b>Scoping work for an electronic document records management system has been undertaken and approval has now been granted. HES have committed to keep the Keeper updated as this project progresses. The Keeper thanks HES for this commitment. The <i>Plan</i> states (page 10): “eDRMS is likely to be</b>	The Business Classification Scheme and Records Retention Schedule remain live documents and continue to be updated accordingly by the RM Team.  The Document Centre (eDRMS) project continues to progress with the majority of all HES business areas now fully working out of the Document Centre.  Planning continues on reviewing the legacy information left on the shared network drives, identifying appropriate storage technology for specialist files, understanding how to	Thank you for this update on the Business Classification Scheme, Records Retention Schedule, and the ongoing eDRMS project.  Based on this update, the Assessment Team remain confident that HES is taking steps to implement the new system with care. If this was a formal resubmission, this element would likely be	The Business Classification Scheme and Records Retention Schedule remain live documents and continue to be updated accordingly by the RM Team.  The Document Centre (eDRMS) project is now complete, with all HES business areas now live and working out of SharePoint. The Document Centre has now passed over to business as usual and continues to be supported by the Records Management team, with periodic training sessions	Thank you for confirming that the BCS and RRS continue to be regularly updated.  It is great to hear that the Document Centre (eDRMS) Project has now been completed. The Team is pleased to hear that staff has received training and that user guides have been provided to support the new SharePoint-

			<p><b>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 <i>Plan</i> (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.</b></p> <p><b>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</b></p>	<p>link DC functionality with other M365 tools such as Teams and Outlook.</p> <p>A project has commenced to scope out the migration of specialist GIS and CAD files from shared network drives to a secure Azure hosted service.</p> <p>Similarly, a project has commenced to review and migrate legacy HR information from two separate systems to an Oracle cloud database</p> <p>The Project Team continue to support the migration to the Document Centre with drop-in sessions. Short videos and training guides remain available on a dedicated page on the HES Intranet and Keystone, our training portal. News articles and hints and tips continue to be regularly published with information to support the migration and those that have migrated.</p> <p>IAO’s have been advised that they should</p>	<p>changed from Amber to Green as soon as the eRDMS move was considered formally completed. While HES is very close to achieving this, this element remains at Amber while the eRDMS implementation is still ongoing.</p>	<p>provided for new staff, designated intranet pages maintained with user guides/supporting information, and any issues/change requests going through our support process.</p> <p>Areas with legacy information left on the shared network drives have now been identified and a planning exercise is currently underway to set out a migration strategy for any records in scope for Document Centre. Further work will be required for out-of-scope files (e.g. specialist files such as CAD/GIS).</p> <p>HES has engaged with a 3<sup>rd</sup> party supplier to undertake a data discovery scan as a proof of concept covering two of our network shares and our M365 environment. This has shown a number of areas for improvement for</p>	<p>based records management system. The provision of Document Centre Drop-in Sessions is also positive to allow for continuing support.</p> <p>While it is clear that some legacy information remains on shared network drives, it is acknowledged that HES are actively addressing this through the development of a migration strategy. We also note that CAD/GIS files will be addressed in the future. Thank you also for providing a further update on the 3<sup>rd</sup>-party contractor HR</p>
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				<p><b>with this work when required. The Keeper acknowledges that HES have committed to doing this (Plan page 27).</b></p>	<p>continue to update their respective assets over the past year. The restructure in HES has however impacted on the IAO network and new IAOs require to be appointed to manage the corporate information within their respective directorates / teams.</p>		<p>example Active Directory permissions or folders with inconsistent permissions. A decision will be undertaken following the PoC on whether the tool provides value for money.</p> <p>The HR project referenced in the previous update is on-going. A 3<sup>rd</sup> party contractor has been appointed who will be reviewing the current legacy set-up and assisting with the writing of bespoke reports to allow for accurate data extraction.</p> <p>Document Centre drop in sessions are still on-going for the last business areas to go live, as part of the 3 month post-go live support provision after migration.</p> <p>HES has undertaken work to progress our</p>	<p>project.</p> <p>The completion of a 3<sup>rd</sup>-party-led Data Discovery Scan exercise is also noted, including the improvements planned.</p> <p>Update on HES's work on its IAR (ROPA project) is also acknowledged with thanks.</p> <p>To celebrate this progress, this Element has been awarded a Green PUR status. This does not change the original Amber status of the RMP Agreement, but indicated that HES is very well-placed to achieve a Green status should a formal RMP resubmission</p>
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							IAR, focusing primarily on ROPA, and the ROPA project which is nearing completion.	and assessment take place.
5. Retention Schedule	G	G	G	Update required on any change.	<p>The Retention Schedule remains a live document and is updated when required.</p> <p>The Information Asset register continues to be kept up to date. Work has also progressed to link this in with our ROPA (see Element 9).</p>	<p>The Assessment Team thanks you for this update on the Retention Schedule and the IAR. Update required on any change.</p>	<p>The Retention Schedule remains a live document and is updated when required.</p> <p>Work to keep our Information Asset register continues. Work has also progressed to link this in with our ROPA (see Element 9).</p>	<p>Thank you for confirming that the Records Retention Schedule is being kept up to date. Continuing work on the IAR is also noted with thanks.</p>
6. Destruction Arrangements	A	A	G	<p><b><u>Electronic:</u> (see element 4) <i>Plan Annex A</i> states: “HES suffers from a continued growth of largely unmanaged, unstructured electronic document and record storage... the technical infrastructure in place does not provide the necessary functionality to allow for the effective management of the records created by HES e.g. retention and disposal...”</b></p> <p><b>Until the <i>Information Asset Register/eRDM system</i> is operational in</b></p>	<p>All but one directorate have fully migrated to the Document Centre and RecordPoint rules have been implemented across all business areas that have migrated.</p> <p>Retention &amp; Disposal guidance has been reviewed and where required updated. It will however need further updating once RecordPoint becomes fully operational.</p> <p>Confidential paper waste destruction</p>	<p>It is clear from this update that HES is continuing to make commendable progress in this area. The Assessment Team agrees that further updates to Retention and Disposal guidance are essential once RecordPoint has been fully implemented. The upcoming</p>	<p>All Directorates are now using the Document Centre, but RecordPoint rules for the areas that were migrated later are still to be built. The Records Management team are planning a review of the existing rules and retention schedule to ensure consistency before the new rules are built.</p> <p>Retention &amp; Disposal guidance has been reviewed and where</p>	<p>As also reported under Element 4, it is great to hear that the Document Centre (eDRMS) Project has now been completed. It is understood that some of the RecordPoint rules are still under development and not yet fully operational.</p>

			<p><b>HES (see element 4), the destruction of electronic records will be awkward to sufficiently monitor. HES acknowledges this in the <i>Plan</i>: “...there is no ability to implement an audit facility on the shared drives and staff are able to edit, rename, delete and hold multiple copies of file.” The <i>Plan</i> goes on: “HES is committed to improving the way in which electronic documents are managed throughout the organisation.” (both quotes <i>Plan</i> page 23).</b></p> <p><b>The use of shared drives is an area where many Scottish public authorities encounter difficulty when attempting to impose robust provision. The Keeper acknowledges that HES have correctly identified this gap in provision.</b></p> <p><i>The Retention and Disposal Guidance</i> was scheduled for review before April 2019.</p> <p><b>The Keeper can agree this element of the <i>Plan</i> under ‘improvement</b></p>	<p>continues to occur with uplifts at regular intervals.</p> <p>IT have recently completed a recycling exercise conducted by Capito under the Scottish Procurement Client Device framework contract which will be the process going forward.</p> <p>Scope of that exercise included:</p> <ul style="list-style-type: none"> <li>• Devices transported in secure vehicles to secure facility</li> <li>• Devices logged on Asset Register</li> <li>• Where applicable devices securely wiped with Blancco software or media granulated where media cannot be wiped</li> <li>• WEEE Compliant Recycling on all items</li> <li>• Where applicable Data Wipe Certificates issued</li> <li>• Asset Register documentation provided to HES</li> <li>• SEPA documentation provided to HES</li> </ul> <p>Work to review legacy info on network drives</p>	<p>review of legacy information on network drives and focus on Teams sites content destruction are also noted with thanks.</p> <p>Thank you also for sharing an overview of the IT recycling exercise, which indicates focus on both data security and the environment.</p> <p>If this was a formal resubmission, this element would likely be changed from Amber to Green as soon as the eRDMS move was considered formally completed. While HES is very close to achieving this, this element remains at Amber while the eRDMS implementation</p>	<p>required updated. It will however need further updating once RecordPoint becomes fully operational.</p> <p>HES has undertaken one IT recycling exercise since the last update, and which fully complies with the WEE Directive. All data and IT asset destruction has been carried out adhering to the NIST 800.88 standard and certificates of destruction provided.</p> <p>Confidential paper waste continues to be uplifted at regular intervals. A new supplier has recently been appointed.</p>	<p>The review and update of Records Retention &amp; Disposal Guidance is noted with thanks.</p> <p>Thank you also for sharing that a WEE Directive-compliant IT recycling exercise has taken place since the last update, and that confidential paper waste disposal, with a new supplier in place, continues to work as intended.</p> <p>While it is clear HES continues to improve its provision in this area, this Element has been awarded a Green PUR status to</p>
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				<p><b>model' terms. This means that the authority has recognised gaps in their records management provision, but have put processes in place to close those gaps. The Keeper's agreement is conditional on his being updated on progress as appropriate.</b></p>	<p>will commence shortly along with a number of projects to review and migrate specialist and legacy information (see element 4)</p> <p>MS Teams owners were recently advised that the mandatory 2 year retention on documents within their Teams sites was approaching and advised to migrate documentation required to be retained to DC otherwise they would shortly be deleted.</p>	<p>is still ongoing.</p>		<p>celebrate progress made since 2018.</p>
7. Archiving and Transfer	<b>A</b>	<b>G</b>	<b>G</b>	<p><b>The Keeper agrees this element of HES' <i>Records Management Plan</i> 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.</b></p>	<p>The Archives and Collections Accommodation Project (now Archive project) continues to work towards moving the archive collection and corporate files to a new archive building. The project is about to enter a detailed design stage which will involve the use of specialist consultants to transform the chosen building to meet archival standards and to understand the construction costs required.</p> <p>The SLA with NRS for</p>	<p>Thank you for confirming that an MoU and SLA with NRS are in place and operational, and that the Archiving and Transfer Arrangements Statement remains up to date. The update on the Archive project, a major endeavour, is also gratefully acknowledged.</p> <p>The</p>	<p>The Archives and Collections Accommodation Project (now Archive project) continues to work towards moving the archive collection and corporate files to a new archive building. Work has started on preparing corporate files for moving to the new archive building, with approximately 19,000 corporate files now boxed and transferred to Iron Mountain until the new building is ready.</p>	<p>This is a welcome update on progress regarding the Archive Project and the phased move to new facilities. It is noted that corporate files are temporarily kept at a commercial storage facility until the next stage of this project.</p> <p>The</p>

					<p>the retrieval of electronic archive files remains in place.</p> <p>The Archiving and Transfer Arrangements Statement has been reviewed and where required, updated.</p> <p>The MoU (Agreement) was signed by NRS in December 2021 and is now fully in place.</p> <p>The HES Archives have retained their Archive Service Accreditation which confirms that they've met the UK standard for professional collections management and access to the archive.</p>	<p>Assessment Team would also like to congratulate HES on its successful Archive Service Accreditation retention.</p>	<p>Planning for the next phase is currently underway, and is due to take place in 2024.</p> <p>The Archiving and Transfer Arrangements Statement has been reviewed and where required, updated.</p> <p>SLA with NRS remains in place as does the MoU.</p> <p>NRS have had to stop transfers of physical records due to lack of capacity, however the appraisal and selection process which identifies what should be permanently preserved and what should be destroyed is continuing. In the interim, HES has made alternative arrangements to use Iron Mountain for storage of files which meet NRS criteria for permanent preservation until further notice.</p> <p>The HES Archives have retained their Archive</p>	<p>Assessment Team notes with thanks that HES's Archiving and Transfer Arrangements Statement remains up to date.</p> <p>Thank you for confirming that the Service Level Agreement and MoU with NRS remain in place. It is very positive to hear that HES has taken steps to make alternative arrangements to ensure that physical public records selected for permanent preservation that meet NRS criteria are stored safely until NRS can increase its storage capacity.</p>
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							Service Accreditation which confirms that they've met the UK standard for professional collections management and access to the archive. The accreditation is due for renewal in 2025.	The Team would also like to congratulate HES for retaining their UK Archive Service Accredited status.
8. Information Security	G	G	G	Update required on any change.	<p>The Information Security Team have mapped HES against ISO27001 standards and shared the outcomes of that mapping with SMT.</p> <p>As a result of this mapping, the Information Security Team are now progressing a project to review the security posture of our 3<sup>rd</sup> party suppliers and are implementing a Governance Risk and Compliance tool to assist with this.</p> <p>The Information Security team are also participating as a partner in the existing IT project to address Logging, Monitoring and Threat Detection. The intention would be to build the Control</p>	<p>This is a very detailed positive update which shows HES not only continues to consider information security in all its operations, but also continues to invest in constant improvement.</p> <p>There are no concerns regarding the status of this Element. The frequent benchmark of international standard compliance, the ongoing work to maintain Cyber Essentials Plus certification, and the continuing</p>	<p>Work is progressing well with the project to review our 3rd party suppliers with a project team now in place and draft policy written.</p> <p>MFA has been fully rolled out to all HES staff</p> <p>The PCI-DSS compliance exercise last year uncovered a number of unexpected issues which took longer than expected to resolve but these have all now been resolved and our Attestations of Compliance were approved and signed by the SIRO.</p> <p>All PCI-DSS documentation</p>	<p>Element 8 (Information security) stipulates that records are held in accordance with information security compliance requirements, and that an authority's RMP must make provision for the proper level of security for its public records.</p> <p>This is a very detailed positive update on multiple facets on information security at HES. HES not only continues to</p>



					<p>requirements into the scope of the project to ensure we are following best practice from an information security perspective.</p> <p>The Information Security team have also recommended that a working group be established with colleagues from IT to review and implement the necessary cryptography controls that are set out in the ISO standards</p> <p>To further enhance our PCI-DSS compliance, we have decided to engage a 3<sup>rd</sup> party to validate our return for 2022/23 which will provide further reassurance to the SIRO that HES is meeting the required PCI-DSS standards.</p> <p>All PCI-DSS documentation reviewed and updated where required</p> <p>The Information Security Team have worked with colleagues in IT to procure a secure system</p>	<p>investment in this area are especially positive steps.</p> <p>Update required on any change.</p>	<p>reviewed and updated where required.</p> <p>We have also amended our standard purchasing T&amp;Cs to include a specific PCI-DSS clause which in turn meets clause 12.8.2 of the PCI-DSS standard.</p> <p>The Information Security Team have continued to work with colleagues in IT to procure a secure system to allow for the taking of credit card details via MS Teams taking the HES network out of scope.</p> <p>The Information Security Team after reviewing the Protocol Policy System have decided to remain with the platform due to the decision by the vendor to migrate to a SaaS environment. Work is now progressing to amend all 24 of the technical policies following meetings with</p>	<p>consider information security in all its operations, but also continues to demonstrably invest in robust and improved delivery.</p> <p>Continuing to engage with the Cyber Essentials Plus certification programme is very positive.</p>
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					<p>to allow for the taking of credit card details via MS Teams taking the HES network out of scope.</p> <p>Info Sec training results from the 2021 campaign showed that 95% of the organisation completed and passed the training. Training was reviewed and updated and re-issued to all staff on 20<sup>th</sup> June 2022</p> <p>The Information Security Team are reviewing the Protocol Policy System with a view to migrating away from the platform in 2023 and managing the policies in-house. In the meantime, technical owners of all the policies have been appointed</p> <p>Colleagues in IT have rolled out Multi-Factor Authentication to HES staff with the option of staff using the Microsoft Authenticator app, RSA token or text message.</p> <p>The Information Security Manager has run 3 internal phishing campaigns to raise awareness of the</p>		<p>the technical owners to review the policy statements.</p> <p>Mandatory Info Sec training launched to all HES staff on the 19th June 2023. HES has achieved a 96% completion rate for this training.</p> <p>Internal phishing campaigns continue to be run with reports on click rates and training being provided to the Head of IM and SIRO on how susceptible HES is to a phishing attack. Staff who clicked links in the March 2023 exercise were subsequently contacted and asked to complete a survey to allow us to better understand the reasons why they had clicked the links. This has helped shaped how we deliver phishing training.</p> <p>Application Assessments continue</p>	
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					<p>dangers of phishing. A 4<sup>th</sup> campaign is scheduled for end August 2022 following completion of the Info Sec Awareness training.</p> <p>The Information Security Team have reviewed and assessed over 450 separate instances of software on the HES network as part of a compliance check to ensure that the software does not pose any threats to HES systems or information.</p> <p>The App Assessment template has been reviewed and updated to cover requests for both apps and software to be installed on HES systems</p> <p>Cyber Essentials + re-certification is currently in progress</p> <p>All actions identified as during the cyber audit have been completed and follow up actions set out in the Information Security ISO27001 action plan are currently underway which are being tracked by Internal</p>		<p>to be carried out on non-standard software to ensure that these applications pose no risk to HES infrastructure or HES information.</p> <p>Colleagues in IT are progressing HES's Cyber Essentials + re-certification.</p> <p>The Information Security Team have purchased a Governance, Risk and Compliance platform which features compliance management, policy management and risk management. This is being used to track our PCI-DSS compliance as well as our cyber essentials certification.</p> <p>HES is scoping a clear desk policy project with a view to ensuring the safety and security of HES information that is non-digital and is invariably left within the office.</p>	
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					<p>Audit.</p>		<p>The Information Security Team have engaged with an external partner to implement a number of Data Loss Prevention rules across our M365 environment. These rules will identify and help prevent unsafe or inappropriate sharing, transfer, or use of sensitive data.</p> <p>We have engaged with a 3rd party provider to undertake a data risk assessment / discovery scan of two of our largest network drives and our M365 environment. This has provided us with information on the types of data and information HES is retaining and how secure it is. A decision will be made if the tool will be useful going forward in helping with the classification, permissions, policy enforcement and security alert triggering of HES data.</p>	
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9. Data Protection	G	G	G	<p>Update required on any change.</p> <p>The <i>GDPR Subject Access Request Procedure</i> guidance was scheduled for review before March 2019.</p> <p>The <i>Data Protection Policy</i> was scheduled for review before May 2019.</p>	<p>No change in the Data Protection Officer.</p> <p>The data protection audit carried out by external auditors showed that HES was, in general, meeting its data protection responsibilities. Some minor changes to guidance and documentation along with some forms and templates were suggested and subsequently implemented.</p> <p>Work has progressed on the implementation of a Record of Processing Activities (ROPA) and linking that in with the Information Asset Register (See Element 5)</p> <p>All data protection policies and procedures have been reviewed and updated following the audit.</p> <p>Data Protection Archives Code of Practice Policy has been approved and published</p>	<p>The Assessment Team thanks you for this detailed update. As with Element 8, it is clear that HES is committed to continuous improvement. An update is required on any major change to provision.</p>	<p>No change in the Data Protection Officer.</p> <p>Work is progressing well on the implementation of a Record of Processing Activities (ROPA) and linking that in with the Information Asset Register (See Element 5). We currently have a ROPA compliant with the ICO ROPA guidance which was submitted at the end of September 2024.</p> <p>Mandatory Data Protection Training was issued to all HES staff in May 2023. HES achieved a 96% completion rate across the organisation. A decision was made to suspend the accounts of c100 staff who did not complete the training, despite numerous reminders, as those staff had no justifiable reason for not completing the training.</p>	<p>Thank you for this update, including ROPA implementation, Mandatory Data Protection Training, and HES websites' cookie compliance. HES's use of Google Analytics and Google Signals is also noted.</p> <p>It is clear that HES continues its commitment to continuous improvement in its Data Protection provision.</p>
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					<p>Mandatory data protection eLearning training was issued to all HES staff in December 2021. Training results showed a 97% completion rate across the organisation.</p> <p>Mandatory Data Protection training will be issued to all staff in May 2023.</p> <p>The Data Protection team are scoping a project to review and rationalise all HES privacy notices to have them located in one central location</p> <p>The HES Privacy Notice on the website is in the process of being updated.</p>		<p>Following a review of cookie compliance across the HES digital estate a project is currently underway to update the cookie, cookies banners, cookie policies and privacy notices across all HES websites in line with the current guidelines.</p> <p>HES has approved the use of Google Analytics 4 (GA4). GA4 carries out analysis of session data collected via the enabling /switching on of Google Signals. The data is collected from users logged into their Google accounts with the appropriate permissions activated and when they have consented to performance cookies via each cookie banner.</p> <p>HES is planning to use Google Signals to analyse session data from users on HES websites who fulfil all three conditions of</p>	
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							consent.	
10. Business Continuity and Vital Records	A	G	G	<p>The HES <i>Plan</i> states (page 23) in regard to business continuity “This is an area that needs development”. HES is a fairly new organisation and the Plan goes on to state: “All plans require to be updated following the creation of HES and the change of IT systems.”</p> <p><b>The Keeper agrees this action and requests he is provided with a sample of the updated business continuity procedures when available.</b></p> <p><b>The Keeper can agree this element of the Historic Environment Scotland plan under ‘improvement model’ terms. This means that the authority has explained how they intend to close a gap in provision and the Keeper agrees that the process suggested is appropriate. His agreement would be conditional on his being updated on progress.</b></p>	<p>HES still maintains an Information Asset Register.</p> <p>BC is now a specific and recognised function in the new HES structure and sits within Finance and Corporate Services.</p> <p>Even though BC principles remain the same, the scale of change in HES means our previous planning does not fit our new structure. As a result of this, HES have contacted a third party to:</p> <ul style="list-style-type: none"> <li>• Update BC plans;</li> <li>• Transfer all current relevant data from the existing plans to a new format single plan and work with HES to fill any information gaps which may be found;</li> <li>• Provide training for key personnel on incident management and use of new plan format and run scenario exercise to help with understanding;</li> <li>• Develop plans at team</li> </ul>	<p>Thank you for this update. The Team acknowledges that an IAR is being maintained, and that Business Continuity is now a recognised function in the new organisational structure.</p> <p>It is positive to hear that HES has identified a potential weakness in current arrangements due to restructuring and devised a plan to address this (in this case, through a third-party provider). Regular testing of resilience of multiple systems is also acknowledged with thanks.</p>	<p>HES still maintains an Information Asset Register.</p> <p>Following on from the last update, HES has recruited member of staff with a specific remit to:</p> <ol style="list-style-type: none"> <li>1. improve the BC maturity across the board at HES</li> <li>2. target key areas of the business and push them to be better quickly</li> </ol> <p>Work is progressing on a Business Continuity Benchmarking Report based on ISO22301 standard and the work carried out previously. This report will provide an overview of the current business continuity arrangements at HES and will conclude with recommendations for improvements.</p> <p>Work is underway to</p>	<p>Thank you for confirming that an IAR is being maintained by HES.</p> <p>It is particularly positive to hear that a new staff member has been appointed to focus specifically on improving and developing robust Business Continuity arrangements. Continuing work on BC Benchmarking Report is also noted with thanks.</p> <p>Thank you also for letting us know about the Business Impact Assessment process review, and that the HES Cyber Incident</p>

				<p>or department level using the Z fold approach; and</p> <ul style="list-style-type: none"> <li>• Recommend how business continuity management can be embedded in the organisation going forward and what resources are needed</li> </ul> <p>HES IT have tested the network, power and firewall resilience to ensure that systems remain operational in the event of downtime. For some critical systems there is datacentre resilience which is tested twice a year.</p> <p>Annual certificates of assurance are being completed by Directors and Senior Management.</p>	Update required on any change.	<p>review and update Business Impact Assessments.</p> <p>The HES Cyber Incident Response Plan is also currently under review in conjunction with IT colleagues</p> <p>HES is also reviewing the use and continuation of the current staff emergency notification text system</p> <p>Colleagues in IT have confirmed that failover / resilience testing has occurred this year. Further work is being undertaken to ensure datacentre resilience / DR are fully tested.</p> <p>Annual Certificates of Assurance for 2022/23 have been completed by Directors and Senior Management.</p>	<p>Response Plan is currently under review, alongside staff emergency communication methods. The completion of failover /resilience testing is also positive.</p> <p>It is clear from this update that strong Business Continuity arrangements remain a priority for HES.</p>	
11. Audit Trail	A	G	G	<p><b>HES notes that the <i>Naming Conventions for Electronic Records</i> guidance is not fully embedded in the organisation. The <i>Plan</i></b></p>	<p>Naming Convention and Version Control guidance is not due for review until January 2023 but should there be any developments</p>	<p>The Assessment Team thanks HES for these updates. Thank you also for the</p>	<p>Naming convention and Version Control guidance has been reviewed and is up to date.</p>	<p>Thank you for confirming that the Naming Convention and Version Control</p>



				<p><b>states (page 25): “Staff will be introduced to and trained in these rules and procedures in 2017/18 in order to improve how HES captures, stores, names and disposes of its records.”</b></p> <p><b>Furthermore, the <i>Plan Annex A</i> states: “the technical infrastructure in place does not provide the necessary functionality to allow for the effective management of the records created by HES e.g. retention and disposal, access and security and audit trail”. Until the eDRMS solution/<i>Information Asset Register</i> is fully implemented, controlled electronic record tracking remains a problem area for HES. The <i>Plan</i> states (also page 25): “...there is no ability to implement an audit facility on the shared drives and staff are able to edit, rename, delete and hold multiple copies of files.”</b></p> <p>HES operate a registry system to record the</p>	<p>within HES that affect the guidance it will be updated accordingly.</p> <p>The HES guidance alongside the nine rules for formulating a good file name mentioned in the PUR update last year remains in place. Staff are reminded in the DC training and in intranet updates on how to name a file.</p> <p>The Email Management guidelines have been reviewed and where required, updated. Should there be any further developments within HES that affect the guidance it will be updated accordingly</p> <p>MS Teams owners were recently advised that the mandatory 2 year retention on documents within their Teams sites was approaching and advised to migrate documentation required to be retained to DC otherwise they would shortly be deleted.</p>	<p>confirmation that Naming Convention and Version Control guidance is being kept up to date. This is very positive.</p> <p>The continuing implementation of eDRMS and the gradual retiral of shared network drives, still ongoing, will have an impact within the scope of this Element, even though this is likely going to be positive in the long run. The Assessment Team look forward to hearing how this project progresses in subsequent PURs.</p>	<p>Staff are reminded in the DC training and in intranet updates on how to name a file.</p> <p>The Email Management guidelines have been reviewed and where required, updated. Should there be any further developments within HES that affect the guidance it will be updated accordingly.</p> <p>MS Teams retention has not switched on yet due to competing priorities. This is currently planned to take place in 2023-24. In addition, the need to implement retention on Teams chat logs has also been identified as part of this work.</p>	<p>Guidance has been reviewed and is up to date. The Team also notes that staff are reminded to adhere to these guidelines through training and intranet updates.</p> <p>Thank you for letting us know that the Email Management Guidelines have also been reviewed since the last update. It is also good to know that HES is actively considering MS Teams retention as part of its compliance with this Element.</p>
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			<p>movement of the majority of their hard-copy records.</p> <p>The <i>Business Impact Assessment – Registry</i> was scheduled for review before February 2019.</p> <p><b>However, they acknowledge that this hard-copy record tracking system is out-of-date (<i>Plan</i> 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 <i>Plan</i> (<i>Plan</i> page 34) with a commitment to “re-evaluate the physical records management needs across HES.” The Keeper will request information an update on this situation when appropriate.</b></p> <p>The <i>Naming Conventions for Electronic Records Guidance</i> was scheduled for review before March 2019.</p> <p><b>The Keeper is able to agree this element of Historic Environment Scotland’s records management plan on</b></p>				
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				<p>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.</p>				
12. Competency Framework	G	G	G	<p>The Keeper accepts that HES have thus made a commitment to introduce records management training for staff (for example <i>Plan</i> page 15 which talks about record destruction training). The Keeper commends this as being complimentary to that already developed for data protection and</p>	<p>The Head of IG is the current Marketing Director for IRMS.</p> <p>The Head of IG has presented at the last two IRMS conferences</p> <p>IG staff continue to undertake training relevant to their roles and interests.</p>	<p>Thank you for confirming the IG team's continuing engagement with IRMS, and the provision of staff training on records management matters. Update required on any</p>	<p>All eligible HES staff enrolled in mandatory Data Protection and Information Security Awareness Training both of which have achieved a satisfactory completion rate.</p> <p>Simulated phishing campaigns have</p>	<p>It is good to hear that HES continues to ensure that staff creating, or otherwise processing records, are appropriately trained and supported. The</p>

				<p>information security. <b>He would be pleased to receive further details when available.</b></p> <p>The <i>Statement of Responsibility for Records Management</i> is scheduled for review by July 2019.</p>	<p>All eligible HES staff enrolled in mandatory Data Protection and Information Security Awareness Training</p> <p>Three simulated phishing campaigns have been run over the past year. Those who click a link in the simulation are invited to watch a short video on the dangers of phishing.</p> <p>Document Centre training continues to be available for HES staff</p> <p>Mandatory PCI DSS eLearning training is available for those business areas that interact with card payments.</p> <p>External Fol training has been sourced via our Legal Team for Fol leads and other interested staff.</p>	<p>change.</p>	<p>continued to be run over the past year. Those who click a link in the simulation are invited to watch a short video on the dangers of phishing. A follow-up questionnaire was also issued to those that clicked in one of the exercises to better understand the reasons why the user clicked the link(s).</p> <p>Document Centre training continues to be available for HES staff</p> <p>Mandatory PCI DSS eLearning training via a new platform is available for those business areas that interact with card payments.</p> <p>Externally led Fol training for Fol Leads and other interested groups held in September 2023.</p>	<p>training mentioned, including training on DP and IS awareness, phishing awareness, practical use of Document Centre, payment card data security, and FOISA, is noted with many thanks.</p>
<p>13. Assessment</p>	<p><b>G</b></p>	<p><b>G</b></p>	<p><b>G</b></p>	<p>Update required on any change.</p>	<p>The external audits on both our Cyber Assurance and Data Protection proved to be</p>	<p>The Assessment Team is grateful for this positive</p>	<p>Although the external assessment of our PCI-DSS compliance threw</p>	<p>Section 1(5)(i)(a) of the Public Records</p>

and Review					<p>beneficial as improvements to both have been implemented.</p> <p>The external assessment of our PCI-DSS compliance will give the SIRO confidence that HES is meeting its responsibilities.</p> <p>As mentioned in previous updates, the PUR is a useful and beneficial tool for the IG Team.</p>	<p>update – it is great to hear that external assessments have proved beneficial and catalysts for improvement. HES' continuing regular participation in the PUR process is also commendable.</p> <p>Update required on any change.</p>	<p>up a number of challenging issues, these have all been resolved and now puts HES in a much better place ensuring we meet our responsibilities in relation to processing card payments.</p> <p>Internal Audit have undertaken a review on how HES manages its cyber assurance. A number of actions have resulted in this audit which are being remediated.</p> <p>The PUR as mentioned in previous updates is a useful and beneficial tool for IM.</p>	<p>(Scotland) Act says that an authority must keep its Records Management Plan under review.</p> <p>The Team appreciates this update that indicated HES is regularly reviewing several areas of their records management processes, including and external PCI-DSS compliance assessment, an internal Cyber Assurance audit. HES's continuing regular participation in the PUR process is also noted as commendable.</p>
14. Shared	A	G	G	The <i>Information Management Strategy</i> goes on to devote a	Data Sharing / Processing Agreements continue to be signed	The Assessment Team thanks	HES continues to use Data Sharing /	Thank you for this update on

<p>Information</p>				<p>section to “Information as a Shared Resource” (section 9.6)</p> <p><b>However, HES have acknowledged the need to impose consistency and oversight to the information sharing process and state in the 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...”</b></p> <p><i>The Information Management Strategy (see element 3)</i> notes that “Information Sharing Agreements should be put in place, where appropriate, with guidance from the Records Management Team.” (section 4.4). Formalised data sharing agreements are also supported in the <i>Data Protection Policy (see element 9)</i> section 9.2.</p> <p><b>The Keeper requires sight of these new protocols when</b></p>	<p>where appropriate. These have been recently reviewed and updated.</p> <p>MS Teams is starting to be used for the sharing of information between HES and external 3<sup>rd</sup> parties involved in projects although IG have put some controls around its use.</p> <p>The Information Security Team have put access controls in place for other file sharing platforms such as WeTransfer and ShareFile.</p> <p>The Heritage Hub project successfully completed the procurement phase and officially signed the contract with the preferred supplier in May 2022. Planning and discovery have formally started with build to commence later in the year with the aim of a prototype being available in early 2023.</p> <p>PICAMS continues to be developed and updated with new features. The</p>	<p>you for providing this update on HES’ information-sharing procedures. The Keeper’s Model Plan states that “Authorities who share, or are planning to share, information must provide evidence that they have considered the implications of information sharing on good records management.” This update indicates that HES continues to adhere to the requirements of this Element.</p>	<p>Processing agreements where appropriate.</p> <p>The external access to MS Teams for 3<sup>rd</sup> parties is being utilised by a number of teams within HES.</p> <p>The Heritage Hub project (now Trove.scot) is progressing well. The project is nearing the end of the evaluation under the Scottish Government’s Digital Scotland Service Standard (DSSS) standard. There have been three interviews, one Show and Tell, and the sharing of multiple documents with our Scottish Government (SG) colleagues to demonstrate how the project has met the 14 sets of criteria across three themes.</p> <p>The Project Management Office (PMO) has launched an online Centre of Expertise for Project</p>	<p>shared information policies protocols and practices in place. The continuing use of Data Sharing /Processing Agreements is noted. Thank you also for providing an update on the Trove.scot project and DSSS evaluation, as well as ongoing initiatives to share Project Management expertise within the organisation.</p>
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				<p><b>available.</b></p> <p><b>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.</b></p>	<p>team recently undertook a "hackathon" which gave users across the organisation the chance to give suggestions for new features and to experiment with the hackathon concept. This then allowed the team to add in extra information that will be useful for colleagues across HES. They are working with the designers and developers on other suggestions that came from the hackathon and will decide where and how these should be best displayed on the system.</p> <p>Fusion (CMIS project) has now been live for over 18 months. The Fusion team have recently introduced a new Line Manager Dashboard (along with a quick guide on how to use it) which allows line managers to view information on their direct reports to benefit their team management and planning, ensuring they can provide the support needed by their team.</p>		<p>Management to provide colleagues with step by step advice on managing projects from start to finish. Over time, the PMO will build on the Centre of Expertise, adding in exemplar past submissions for each of the documents and tweaking our advice based on feedback from users.</p>	
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					<p>The Project Management Office is now up and running and IG have started to work with the team to ensure that project managers embed IG processes into their project plans.</p> <p>The Information and Data Management Strategy makes specific reference on how best to share and exploit the information we have to enrich Scotland's historic environment.</p>			
15. Freedom of Information	G	G	G	Update required on any change.	<p>Regular statistics continue to be provided to the Scottish Information Commissioner.</p> <p>The outcome of the review mentioned in the last update are being implemented. Examples include:</p> <ul style="list-style-type: none"> <li>• introduce and implement a naming convention to be applied to completed responses.</li> <li>• Linking these to the Request log so responses are easier to find.</li> <li>• Ensuring our Communication Team</li> </ul>	<p>Thank you for this voluntary update on FOISA arrangements. It is particularly good to hear that the delayed review has now been completed, and that an action plan has been devised to address any weaknesses identified.</p>	<p>A Lead Information Manager has been in post since 3 July to manage and process Freedom of Information/Environmental Information requests.</p> <p>Reports are being sent to ELT every quarter to inform it of the status and progress of FOI/EIR requests at HES and make them aware of any trends.</p> <p>FOI/EIR training was provided for key stakeholders, such as</p>	<p>Thank you for this voluntary update on HES's FOISA and Environmental Information request response arrangements. It is good to hear that these include regular review of policies, staff training, and regular reporting and analysis.</p>



					<p>has sight of all draft responses to journalists prior to issue,</p> <ul style="list-style-type: none"> <li>• Establishing a process whereby our Legal team is contacted when appropriate.</li> <li>• Reviewing the support process provided to FOI Leads,</li> <li>• Consideration of a charging policy for EIR requests.</li> </ul> <p>The re-organisation in HES has required the recruitment of new FOI Leads and training has been provided to those staff.</p> <p>External FOI training has been sourced via our Legal Team for FOI leads and other interested staff.</p> <p>The FOI / EIR Policy has been reviewed and updated where appropriate.</p>		<p>FOI/EIR Leads, on 11 September. FOI/EIR training will be provided to ELT on 4 October.</p> <p>HES is currently carrying out a new internal process for FOI &amp; EIR requests. A report will be sent to ELT soon.</p> <p>The FOI and EIR Policy is due to be reviewed on 18/08/24.</p>	
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## 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 13<sup>th</sup> October 2023. The progress update was submitted by Sheona Dunsmore, Information & Records 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 maintain all elements in 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 maintain all the elements of their records management arrangements in 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

A handwritten signature in blue ink that reads "Iida Saarinen". The signature is written in a cursive, flowing style.

Iida Saarinen  
Public Records Officer