

Assessment of 2015 Historic Environment Record Audits

Introduction

This assessment had been conducted by the Royal Commission on the Ancient and Historical Monuments of Wales (RCAHMW) in its monitoring role of Cadw's grant aid to the Welsh Archaeological Trust HERs. Its purpose is to verify the results of the 2015 Historic Environment Record (HER) audits conducted by the four regional Welsh HERs, and to assess whether the HERs achieve benchmarks defined in 2014 that set out the service requirements of a HER.

The four HERs are those managed by the Clwyd-Powys Archaeological Trust (CPAT), Dyfed Archaeological Trust (DAT), Gwynedd Archaeological Trust (GAT) and the Glamorgan-Gwent Archaeological Trust (GGAT).

Background

The 2015 audit is the third in a quinquennial series that began in 2005. The audits were set up to record the current state of the HERs against defined benchmarks and to inform development plans to be agreed between each HER and its stakeholders.

The 2005 audit specification was based a template established by English Heritage and the Association of Local Government Archaeological Officers Association (ALGAO), adapted by RCAHMW in consultation with ALGAO Cymru to suit requirements in Wales. The specification was in turn based on a series of benchmarks that set out, in first (basic) and second (advanced) stages, the definitions and requirements for a HER service.

The 2010 audits used a very similar specification to the 2005 one, and were based on the same set of benchmarks. Its results were subjected to external review by consultants Arboretum Archaeology to validate whether the services complied with the first stage requirements of an HER. The review identified a few areas where work towards compliance was still ongoing, but concluded that overall all four Welsh HERs had achieved the first level benchmark.

In 2014 the benchmarks were brought up to date to ensure that the HERs continue to be fit for purpose and are kept relevant to the requirements of its users. They form a single set of benchmarks, with associated indicators, rather than the two stage approach taken with the previous set. The 2015 audit is based on this set of benchmarks, but key questions from previous audits have been retained to allow progress over the course of the audits to be measured.

Method

The specification for the 2015 Audits was drawn up by RCAHMW in consultation with Cadw and ALGAO Cymru. Each HER completed its own audit which analysed the benchmarks and was based on detailed analysis of the content of the database, its associated hard copy information, and supporting documentation.

The audit programme was overseen by RCAHMW in its HER funding capacity until the end of March 2015, and then in a monitoring capacity following the transfer of funding responsibilities to Cadw. Progress was monitored through quarterly monitoring and an officer of RCAHMW visited each HER during the course of the programme to verify the findings.

Assessment

Compliance of each HER against the benchmark indicators is set out in Appendix 1 below. This is basis for the general assessment against each of the benchmarks that follows:

Audit

Benchmark 1: A five-year audit that measures the HER and its services against the benchmarks. Annual forward plans for improving services and addressing comments from user feedback and a five-yearly audit report.

The four archaeological Trusts provided completed audits according to the specification and schedule set out by Cadw and RCAHMW. The audits include further information in appendices, or as links to on-line resources, which provide supplied evidence of the level of compliance with the benchmark indicators when appropriate. Previous audits were carried out by all HERs in 2005 and 2010.

HERs are currently implementing the last year of the five-year plans that followed the 2010 audit. New five year plans based on the 2015 audit have been drafted subject to consultation with key stakeholders.

The mechanisms for consulting key stakeholders and service users are being developed as a result of the current audit as the requirement did not form part of the benchmarks prior to revision in 2014. Some consultation already exists, particularly with Cadw and RCAHMW.

Content and Coverage

Benchmark 2: A HER, including site, event and bibliography information, for the content set out in annex 1.

All the HERs have regularly updated databases that share the common WalesHER platform. They all include site, event and bibliography information, and integrate spatial data with text based digital and hard copy information.

All HERs considered that the general coverage of the HER was good, based on existing knowledge of the historic environment resource across Wales. Concern was expressed by all four trusts that there were areas where the coverage, as defined in section 33 of the Historic Environment (Wales) Bill (as introduced), was not comprehensive. This related to information managed by other organisations, such as the maritime and battlefields data held by RCAHMW, and local lists and conservation area boundaries held by local authorities. In the case of RCAHMW, data access is provided through existing exchange arrangements, so the information is up to date and available for the HER to use. Ways of accessing local authority information need to be developed through consultation.

The HERs addressed concerns about spatial data accuracy. During sampling the inaccuracies identified were, in the majority of cases, caused by generalised references in the source information used to create the record. The NGR precision field in the database records the accuracy of the source material, but this is not immediately apparent when the record is plotted onto a map. Other concerns related to the reduction of a linear or extensive area site to a single point on a map. Spatial accuracy review is a key part of the management of the HER and input errors are corrected when identified. The Archwilio app also gives users the opportunity to notify the HER of errors when they are identified.

Benchmark 3: A supporting reference collection of hard-copy and digital material that is catalogued and managed.

All HERs have managed supporting collections housed in stable environmental conditions. These are cross-referenced to the computerised record, but it was noted by GGAT that some parts of the collection are cross referenced at a general rather than detailed level, and GAT commented that there are some collections that have not yet been catalogued.

Benchmark 4: Statement of policy for depositing primary archive.

All the HERs confirmed that appropriate material will be deposited with an accredited archive, and that they have a disposal policy, though it was noted that these need updating. The material held by the Trusts which are not part of the HER was not considered during the audit.

RCAHMW have agreed to review the holdings of the HERs and the wider Trust collections as an action reporting to the Records Coordination Group. This assessment of material will inform future review of disposal policies.

Data Standards

Benchmark 5: Compliance with national data standards.

Data in all HERs is compliant with the MIDAS Heritage data standard, and is managed in a MIDAS compliant database, the WalesHER. Data creation and editing is subject to compatible standards defined in each HER's manual that sets out input rules and protocols. All participate in the Historic Environment Data Standards Group for Wales.

CPAT noted that some legacy spatial sets used to support the HER are not compliant with national spatial data standards, but that the key ones are.

Benchmark 6: Data sharing and exchange with other relevant organisations.

All HERs participate in data sharing managed by the Records Coordination Group, and are expected to sign the Memorandum of Understanding once it is finalised in October 2015. Data exchange occurs quarterly. The HERs provide information to the Historic Wales portal via a direct download facility from the WalesHER database.

Public Access and Engagement

Benchmark 7: Facilities provided for user services including visitor, postal, telephone and online enquiries.

All HERs provide facilities for users, including supervised work areas, and have arrangements for answering remote and on-line users. The Archwilio website and associated mobile app are widely used and are well received by users.

Benchmark 8: An effective method of receiving feedback from visiting, remote and online users.

The HERs have developed methods of gathering user feedback, from remote and in-person users, and gather the results to inform future development of their services.

Benchmark 9: Outreach activities based on the HER to promote wider knowledge and use of the HER.

All HERs undertake outreach activities, either with the wider Welsh Archaeological Trusts, or on their own. The importance of the Archwilio app when demonstrating the content and uses of the HER was noted in the audits.

Service Delivery

Benchmark 10: Policies and services are clearly defined and available for users electronically and in hard copy.

All the HERs have developed documentation to support the services of the HERs, and they are made available electronically and in hard copy. All HERs noted that documentation needed updating, and this forms part of individual forward plans over the coming five years. The audits do not comment on services available through the Welsh language.

Benchmark 11: Staff to manage the HER and its services.

Each HER is staffed by skilled and experienced staff, though the level of staffing varies across the four HERs depending on resources available. The staff are appropriately skilled and the parent organisation invest in training so that skill levels are maintained.

Benchmark 12: Infrastructure and support agreements for critical systems and a service continuity plan.

The infrastructure management and associated policies are in place at the HERs, with the exception of finalised written arrangements for information system support. Support is provided by the supplier, but written confirmation of the arrangements is in the process of being formalised. Each HER noted the need to update some of the documentation.

Conclusion and Recommendations

Based on this 2015 audit, the Royal Commission is satisfied that the HERs have broadly achieved, or exceeded the benchmarks defined in 2014, and the evidence in the audit demonstrates a broad consistency of service across Wales. Each HER has identified areas to focus on in their draft five year

development plans to ensure that the services continue to be delivered to a high standard and these form a useful basis for discussion with key stakeholders.

Consistent themes emerge across the forward plans, and particular focus should be given to the following areas:

- Developing mechanisms for consulting with key stakeholders, including local authorities (relating to Benchmark 2).
- Identifying ways of integrating third party datasets into the HER (relating to Benchmark 2).
- Continuing to address issues relating to the spatial accuracy of data – this is an ongoing exercise (relating to Benchmark 2)
- Ensuring supporting documentation is up to date (relating to Benchmark 10).

Appendix One – Compliance with Benchmark Indicators.

1. Audit								
Benchmark 1: A five-year audit that measures the HER and its services against the benchmarks. Annual forward plans for improving services and addressing comments from user feedback and a five-yearly audit report.								
Indicator	CPAT	CPAT Notes	DAT	DAT Notes	GAT	GAT Notes	GGAT	GGAT Notes
a) A five-year information audit to review compliance with the HER benchmarks, assess the quality of data and identify needs for enhancement.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit.
b) A five-year forward plan that identifies priorities for enhancement work based on user feedback and the results of the information audit.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit.
c) A mechanism for consulting key stakeholders and service users for the development of forward plans.	In Progress	Consultation being arranged.	In Progress	Consultation being arranged.	In Progress	Mechanism for consultation being arranged.	In Progress	Mechanism for consultation being arranged.

2. Content and Coverage								
Benchmark 2: A HER, including site, event and bibliography information, for the content set out in annex 1.								
Indicator	CPAT	CPAT Notes	DAT	DAT Notes	GAT	GAT Notes	GGAT	GGAT Notes
a) Regularly updated data.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit.
b) Comprehensive coverage of the historic environment resource.	Largely Compliant	Some work needed on integration of information held by third parties.	Compliant	Some work needed on integration of battlefields and wrecks information held in NMRW.	Compliant	Work needed on integration of historic landscapes, maritime and battlefields data.	Compliant	Some data patch – some areas that conservation area information is not available for. Also work needed on integration of World Heritage, local lists, and battlefields data.
c) An information system integrating spatial data with text-based, digital and hard-copy information.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit.
Benchmark 3: A supporting reference collection of hard-copy and digital material that is catalogued and managed.								
Indicator	CPAT	CPAT Notes	DAT	DAT Notes	GAT	GAT Notes	GGAT	GGAT Notes

a) Supporting reference material must be housed and maintained in appropriate environmental conditions.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit.
b) The catalogue of reference collections must be cross-indexed with the computerised record.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit – every effort made.	Compliant	Some collections are not cross-referenced as they are not yet catalogued.
c) A programme for digitising material under the direct management of the HER should be included in annual forward plans where appropriate.	Compliant	Not to be proposed in coming year, but investigation of methodology to be carried out.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit.	Compliant	Outline approach referenced.
Benchmark 4: Statement of policy for depositing primary archive.								
Indicator	CPAT	CPAT Notes	DAT	DAT Notes	GAT	GAT Notes	GGAT	GGAT Notes
a) Primary archive (digital and non-digital) managed or acquired by the HER should be deposited with an accredited archive such as the National Monuments Record of	Compliant	Evidenced in associated policy.	Compliant	Evidenced in associated policy.	Compliant	Evidenced in associated policy. Noted that it needs updating.	More information required.	Policy needs to be reviewed with RCAHMW.

Wales.								
b) A disposal policy for staged transfers, including time criteria, will be required.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit.	Compliant	Evidenced in associated policy. Noted that it needs updating.	Not compliant	Policy needs to be reviewed with RCAHMW.

3. Data Standards								
Benchmark 5: Compliance with national data standards.								
Indicator	CPAT	CPAT Notes	DAT	DAT Notes	GAT	GAT Notes	GGAT	GGAT Notes
a) Compliance with the basic MIDAS Heritage compliance profile as applied in Wales and with terminology agreed by the Historic Environment Data Standards Working Group for Wales.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit. Work needed on 'Actor' and 'Role' data units.
b) Compliance with national standards for spatial data and guidance on GIS good practice.	Largely compliant	Issues with some legacy data, though not considered significant.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit.
c) A supporting recording manual that sets out data input rules, protocols and standards.	Compliant	Evidenced in audit, though document not supplied.	Compliant	Evidenced in document supplied as appendix.	Compliant	Noted that information is provided as a series of documents rather than a single document.	Compliant	Evidenced in audit document not supplied.

d) Participation in the Historic Environment Data Standards Working Group for Wales to develop, promote and implement data standards in Wales.	Compliant	Evidenced in audit, and confirmed by RCAHMW in practice.	Compliant	Evidenced in audit, and confirmed by RCAHMW in practice.	Compliant	Evidenced in audit, and confirmed by RCAHMW in practice.	Compliant	Evidenced in audit, and confirmed by RCAHMW in practice.
Benchmark 6: Data sharing and exchange with other relevant organisations.								
Indicator	CPAT	CPAT Notes	DAT	DAT Notes	GAT	GAT Notes	GGAT	GGAT Notes
a) A regular programme of sharing and exchanging information with other information providers in the historic environment sector under the terms of the Framework for Records Relating to the Historic Environment in Wales.	Compliant	Evidenced in audit, and confirmed by RCAHMW in practice.	Compliant	Evidenced in audit, and confirmed by RCAHMW in practice.	Compliant	Evidenced in audit, and confirmed by RCAHMW in practice.	Compliant	Evidenced in audit, and confirmed by RCAHMW in practice.
b) Regular provision of data to Historic Wales in a format agreed with RCAHMW.	Compliant	Evidenced in audit, and confirmed by RCAHMW in practice.	Compliant	Evidenced in audit, and confirmed by RCAHMW in practice.	Compliant	Evidenced in audit, and confirmed by RCAHMW in practice.	Compliant	Evidenced in audit, and confirmed by RCAHMW in practice.

4. Public Access and Engagement								
Benchmark 7: Facilities provided for user services including visitor, postal, telephone and online enquiries.								
Indicator	CPAT	CPAT Notes	DAT	DAT Notes	GAT	GAT Notes	GGAT	GGAT Notes
a) An appropriately equipped and managed work area for users, including supervision by staff able to respond to enquiries.	Compliant	Documentation reviewed on website	Compliant	Evidenced in audit	Compliant	Evidenced in supporting documentation, though noted that an update is required.	Compliant	Evidenced in supporting documentation, though noted that an update is required.
b) Arrangements for responding to visitor, postal, telephone and email enquiries within the published response time.	More information required	Documentation not supplied	Compliant	Evidenced in audit	Compliant	Evidenced in supporting documentation, though noted that an update is required.	Compliant	Evidenced in supporting documentation, though noted that an update is required.
b) Online free public access to at least the site index of the HER database via the internet.	More information required	Documentation not supplied	Compliant	Evidenced in audit with reference to Archwilio.	Compliant	Evidenced in audit with reference to Archwilio.	Compliant	User access via Archwilio.
Benchmark 8: An effective method of receiving feedback from visiting, remote and online users.								
Indicator	CPAT	CPAT Notes	DAT	DAT Notes	GAT	GAT Notes	GGAT	GGAT Notes
a) A maintained record of users and their types of	Compliant	Evidenced in	Compliant	Evidenced in	Compliant	Evidenced in	Compliant	Evidenced in

enquiry from both local and remote use (for example, web usage, telephone enquiries and visits by researchers).		audit		audit		audit		audit
b) Systematically collected information on user satisfaction.	Compliant	Method evidenced in audit	Compliant	Evidenced in audit	Compliant	Evidenced in audit	Compliant	Evidenced in audit
Benchmark 9: Outreach activities based on the HER to promote wider knowledge and use of the HER.								
Indicator	CPAT	CPAT Notes	DAT	DAT Notes	GAT	GAT Notes	GGAT	GGAT Notes
c) Develop and identify outreach activities to develop new audiences and promote wider use of resources based on user responses and market research. These might range from new media and data formats to exhibitions, leaflets, trails, open days, field programmes, etc.	Compliant	Evidenced in audit	Compliant	Evidenced in audit	Compliant	Evidenced in audit	Compliant	Evidenced in audit

5. Service Delivery								
Benchmark 10: Policies and services are clearly defined and available for users electronically and in hard copy.								
Indicator	CPAT	CPAT Notes	DAT	DAT Notes	GAT	GAT Notes	GGAT	GGAT Notes
a) Written policies setting out the levels of service:	Compliant	Link to documentation provided.	Compliant	Link to documentation provided. Noted that documents need updating as part of forward planning.	Compliant	Link to documentation provided. Noted that documents need updating as part of forward planning.	Compliant	Link to documents provided.
b) Publication of details of public use, including opening hours and charging policy.	Compliant	Link to documentation provided.	Compliant	Description of documents provided.	Compliant	Link to documents provided.	Compliant	Link to documents provided.
Benchmark 11: Staff to manage the HER and its services.								
Indicator	CPAT	CPAT Notes	DAT	DAT Notes	GAT	GAT Notes	GGAT	GGAT Notes
a) Staff should include personnel with qualifications, experience, and membership of relevant professional bodies appropriate for managing	Compliant	Evidenced in audit	Compliant	Evidenced in audit	Compliant	Evidenced in audit	Compliant	Evidenced in audit

an extended range of historic environment information resources.								
b) A training plan to support continued staff development.	Compliant	Evidence in audit that the organisation invest in staff training for HER management.	Compliant	Evidence in audit that the organisation invest in staff training for HER management.	Compliant	Evidence in audit that the organisation invest in staff training for HER management.	Compliant	Evidence in audit that the organisation invest in staff training for HER management.
Benchmark 12: Infrastructure and support agreements for critical systems and a service continuity plan.								
Indicator	CPAT	CPAT Notes	DAT	DAT Notes	GAT	GAT Notes	GGAT	GGAT Notes
a) Policies for data and information system security that mitigate applicable threats.	More information required.	Policy not provided though referred to.	Compliant	Noted that security policy is overdue for updating.	Compliant	Policy included as an appendix.	More information required.	Policy not provided though referred to.
b) Risk assessment and emergency preparedness plan to protect service continuity.	More information required.	Policy not provided	Compliant	Evidenced in audit.	Compliant	Policy included as an appendix.	Compliant	Disaster recovery included in Emergency Preparedness Plan.
c) Arrangements for information system support.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit.	Compliant	Evidenced in audit. Noted that arrangements have not been finalised.	Compliant	Evidenced in audit. Noted that arrangements have not been finalised.

d) A record of information use by visiting and remote enquirers to identify and trace any misuse of information supplied by the HER.	Compliant	Evidenced in audit.	More information required.	No statement in audit.	Compliant	Control through licensing.	Compliant	Evidence in audit that the organisation invest in staff training for HER management.
e) Periodic review of support agreements.	Compliant	Evidenced in audit.	More information required.	No statement in audit.	More information required.	No statement in audit.	More information required.	No statement in audit.