

# STATE GOVERNMENT ORGANIZATIONS RKP SELF – EVALUATION GUIDELINE

## Purpose

The purpose of this Guideline is to:

- Ensure state government organizations provide the required documentary evidence in draft/amended Recordkeeping Plans submitted to the State Archivist and Executive Director State Records;
- Assist state government organizations to evaluate their draft Recordkeeping Plans against standard criteria before submission; and
- Promote consistency and uniformity in Recordkeeping Plans.

## Background

SRC Standard 2: Recordkeeping Plans, comprises six (6) recordkeeping principles each of which contains one or more minimum compliance requirements. SRC Standard 6: Outsourcing, comprises seven (7) recordkeeping principles, each of which contains minimum compliance requirements.

A Recordkeeping Plan (RKP or Plan) will comprise one or more documents which, when assessed as a whole, provides an accurate reflection of the recordkeeping program within an organization.

More specifically, documentation regarding an organization's recordkeeping system/s, disposal arrangements, policies, practices and processes are essential components of the RKP. The inclusion of such documentation constitutes evidence of compliance. Documentation may take the form of:

- A **detailed** description of current practices within the body of the RKP, supported by manuals, plans, extracts etc (e.g. the disaster management plan, statement from the organization's Annual Report addressing recordkeeping); **or**
- A **brief** description of current practices within the body of the RKP including a reference to copies of complete documents included as attachments to the RKP as evidence (e.g. policy and procedures manual, disaster management plan, staff induction manual etc).

All government organizations are encouraged to submit their draft/amended RKP to the State Archivist and Executive Director State Records before the required date for submission (as advised by the State Records Office).

## Self-Evaluation Checklist

The Checklist is to be used by all state government organizations in preparing their draft/amended Plans.

The Checklist is to be completed as part of the preparation of the organization's draft RKP and

**must be submitted with the draft Plan to the  
State Archivist and Executive Director State Records.**

The Checklist addresses each Principle of Standard 2 and Standard 6 and their minimum compliance requirements.

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## Sections to be completed include:

- Whether required documentation is, or is not, included in the RKP (by answering Yes or No in Column 2);
- Rating = Your assessment of your organization's performance against each criterion (by applying a rating of 1 – 4 in Column 3);
- Where the rating is less than 3, strategies for improvement and timelines for completion (Column 4); and
- Additional comments and references to attachments (Column 4).

## Assessment Rating 1 or 2

Generally, if an organization is unable to demonstrate that it has met the minimum compliance requirement/s (i.e. the assessment of any aspect is “Inadequate” or “Acceptable but Requires Development”), the organization is to state in the RKP:

- a) the reasons for non-compliance; (Assessment Rating 1 only)
- b) the strategies or actions it intends to undertake to meet compliance; and
- c) the proposed timeline for completion.

## Transmittal Letter

Your RKP and Self-Evaluation Checklist should be submitted to the State Archivist and Executive Director State Records along with a transmittal letter as per the sample located at: <http://www.sro.wa.gov.au/state-recordkeeping/recordkeeping-plans/recordkeeping-plan-templates>.

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## Principle 1 – Proper and Adequate Records

Government organizations ensure that records are created and kept which properly and adequately record the performance of the organization's functions and which are consistent with any written law to which the organization is subject when performing its functions.

### Minimum Compliance Requirements

The Recordkeeping Plan must provide information about :

#### 1.1 Historical Background of the Creating Body,

and is to include:

- Brief organizational history, indicating the organization's establishment date, names of predecessor organizations, names of major Boards, Committees, Commissions, Tribunals etc administered, or previously administered, any amalgamations and separations, and changes in functions that may have occurred, including dates when these events occurred and arrangements for custody and/or transfer of relevant records; and
- Essential relationships with other organizations.

#### 1.2 Mission Statement

Include the organization's mission statement.

#### 1.3 Strategic Focus Identified

Include the organization's vision statement and/or main strategic focus.

#### 1.4 Business Activity Identified

List and provide a brief description of the primary business activities of the organization.

#### 1.5 Outsourced Functions Identified

List and provide a brief description of **ALL** functions (not only recordkeeping functions) outsourced to external bodies.  
(If not identified here, should be identified under Standard 6).

#### 1.6 Major Stakeholders Identified

List the major stakeholders of the organization.

#### 1.7 Enabling Legislation

List the enabling legislation of the organization.

#### 1.8 Other Legislation

List the legislation the organization administers and the significant legislation impacting on the organization's recordkeeping (maximum list of 10).

#### 1.9 Major Government Policy and/or Industry Standards

List significant standards the organization is obliged to comply with, or voluntarily adopts (maximum list of 10).

#### 1.10 Identified Areas of Improvement

Report, if appropriate, areas where improvement is needed and what strategies/amendments/improvements will be effected before the next review of the RKP, including expected date/s for completion.

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## Documentation Required in RKP

Documentation is to include **ALL** aspects addressed above, preferably in that order.

**NB:** Much of the information required is similar to that contained in Annual Reports, Strategic Directions documentation, Websites and reports published by your organization.

## Principle 1 - Checklist

### Rating 1 - Inadequate

Means the required information or lists **HAVE NOT** been included in the RKP.

Therefore, the organization **MUST** provide:

- The reasons for non-compliance;
- The strategies or actions it intends to undertake to meet compliance; and
- The proposed timeline for completion.

### Rating 2 - Acceptable but Requires Development

Means the information or lists supplied in the RKP lack sufficient coverage, is incomplete, or are not clearly identified in the RKP.

Therefore, the organization **MUST** provide:

- The strategies or actions it intends to undertake to meet compliance; and
- The proposed timeline for completion.

### Rating 3 - Effective

Means the information or lists supplied in the RKP meet the minimum compliance requirements.

### Rating 4 - Very Good

Means the information or lists supplied in the RKP meet the minimum compliance requirements and are clear, concise and well presented.

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## Principle 2 – Policies and Procedures

**Government organizations ensure that recordkeeping programs are supported by policy and procedures.**

Policies and procedures are to cover records in all formats and all aspects of their management, including: the creation of records, their capture and control, their security and protection, access to them and their appraisal, retention and disposal.

### Minimum Compliance Requirements

#### 2.1 Records Management and Business Information Systems

An overview of the records management system/s and **major** information systems which contain corporate records.

##### 2.1.1 Records Management System

Whether the records management systems are manual or automated; paper based, electronic or a hybrid system,  
When the current system was implemented, how changes of systems have been managed,  
Planned changes to records management systems.

##### 2.1.2 Business Information System/s

Name of the business information system/s and a brief description of records, documents or data held in each system,  
Which, if any, of the business information system/s is integrated with the records management system.

#### 2.2 Records Management Policy and Procedures

RKP documentation must show that the following aspects, 2.2.1 to 2.2.12, have been addressed in the organization's policies and procedures manual.

##### 2.2.1 Correspondence Capture and Control

Mail management policy and procedures,  
Assigned responsibility for classifying, indexing and registration,  
File titling conventions, file numbering etc.

##### 2.2.2 Digitization [*Where applicable*]

Digitization policy and procedures, including: risk assessment and quality control,  
Categories of records digitized and arrangements for disposal of source records,  
Compliance with the requirements of the General Disposal Authority for Source Records.

##### 2.2.3 Distribution

Assigned responsibility,  
Frequency,  
Tracking mechanisms,  
Security measures.

##### 2.2.4 File Creation/Closure

Assigned responsibility,  
Physical and/or automated file creation.

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## **2.2.5 Access to Corporate Records**

Security and access control for corporate records,  
Protection of confidential records.

## **2.2.6 Disposal**

Assigned responsibility for compiling disposal lists, authorisation of disposal etc,  
Frequency of disposal program.

## **2.2.7 Electronic Records Management**

The organization's approach and methodology for the management of its electronic resources (e.g. print and file, identification of the official record, use of EDRMS, hybrid system etc).

## **2.2.8 Email Management**

Capture, retention and authorised disposal of email messages to ensure accountability.  
Should indicate whether the organization is utilising a document management system or hard copy records system (e.g. print and file, identification of the official record, use of EDRMS, hybrid system etc).

## **2.2.9 Website Management**

Guidelines to determine the purpose of the site (e.g. informational/transactional),  
Strategies implemented for the management of the website over time e.g. methods of managing records of changes/updates to the website information, capture of all information published to the website within the corporate system, either in hard copy or to another electronic medium, etc.

## **2.2.10 Metadata Management**

Methodology for capture and control of metadata e.g. naming conventions, business rules or classification scheme, specification of metadata automatically captured in information systems, requirements for manual capture of metadata etc.

## **2.2.11 System/s Management**

Delegations of authority for control and security of systems utilised by the organization e.g. location of network servers, security measures for access to servers and network access etc.

## **2.2.12 Migration Strategy**

Strategies planned or in place for migrating records contained in information systems, on networks in various software applications, databases etc,  
Assigned responsibility,  
Regularity.

## **2.2.13 Other**

Other policies and procedures relating to recordkeeping for the organization.

## **2.3 Certification of policies and Procedures**

RKP documentation must show that the policies and procedures have been formally authorised by senior management.

## **2.4 Evaluation of Policies and Procedures**

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Report, if appropriate, areas where improvement is needed and what strategies/amendments/improvements will be effected before the next review of the RKP, including expected date/s for completion.

## Documentation Required in RKP

### The Recordkeeping Policies and Procedures Manual

#### The “Certification” of Policies and Procedures Manual

Evidence of formal authorisation or certification that the policies and procedures are in place and promulgated throughout the organization.

Where the organization does not have a formal Policies and Procedures Manual for recordkeeping, individual, certified/authorised policy and procedure documents may be provided as evidence.

In the absence of either a manual or individual policy and procedure documents, the organization may adopt the RKP as the “manual” and must include statements addressing the following, demonstrating that:

- The policies and procedures have been established;
- The roles and responsibilities for all employees are defined;
- The organizational scope of the policies and procedures has been addressed e.g. their applicability to regional branches or outsourced contractors; and
- They have been authorised at an appropriate senior level and are available to all employees;

**AND** provide detailed descriptions of current practices in relation to all sections 2.2.1 to 2.2.12 listed above.

### Evaluation of Policies and Procedures

An evaluation of how well the policies and procedures are operating in the organization including possible areas for improvement and the date the document is due for review.

## Principle 2 - Checklist

### Rating 1 - Inadequate

Means no policies and procedures covering the minimum requirements are in place in the organization, or

The policies and procedures do not cover the majority of the minimum requirements outlined above, or

The policies and procedures in use in the organization have not been formalised into policy and procedures documents or a manual and it is not clearly stated that the RKP constitutes the policies and procedures manual in relation to recordkeeping.

Means the policies and procedures manual or statements in the RKP do not contain the information as required in sections 2.2.1 – 2.2.12 above.

Means that no evidence of formal certification of the policies and procedures has been included.

Therefore, the organization **MUST** provide:

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- The reasons for non-compliance;
- The strategies or actions it intends to undertake to meet compliance; and
- The proposed timeline for completion.

## **Rating 2 - Acceptable but Requires Development**

Means policies and procedures are in place and cover the majority of the minimum requirements.

Means the policies and procedures manual, policy and procedure documents or statements in the RKP lack sufficient coverage.

Means the evaluation indicates improvement is required.

Therefore, the organization **MUST** provide:

- The strategies or actions it intends to undertake to meet compliance; and
- The proposed timeline for completion.

## **Rating 3 - Effective**

Means the policies and procedures are in place and cover all aspects of the minimum requirements.

Means the policies and procedures manual, policy and procedure documents or statements in the RKP provide sufficient coverage.

Means the policies and procedures are reasonably efficient and effective, or adequate for the organization.

Means evidence of formal certification of the policies and procedures has been provided.

## **Rating 4 - Very Good**

Means the policies and procedures are in place and cover all aspects of the minimum requirements outlined and represents best practice recordkeeping.

Means the policies and procedures manual provide sufficient coverage.

Means the organization's evaluation of the policies and procedures is good.

Means formal certification of the policies and procedures has been provided.



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## Principle 3 – Language Control

Government organizations ensure that appropriate controls are in place to identify and name government records.

### Minimum Compliance Requirements

#### 3.1 KWAAA Implemented

Has the Keyword AAA thesaurus for administrative records (KWAAA) been adopted and implemented?

Has a complementary functional thesaurus been developed, adopted and implemented?

OR

#### 3.2 Thesaurus (other than KWAAA)

Has an in-house developed or other form of thesaurus been adopted and implemented, and does it cover administrative and functional records?

OR

#### 3.3 File Plan/List of Subject Headings/List of Authorised Headings

Does the organization utilise a tool, such as a file plan, subject list or a controlled list of file headings to control the titling of records, and does the tool cover administrative and functional records?

#### 3.4 Assessment of its Effectiveness

Is the file titling system and terms in it appropriate for use by the organization and does it cover both administration and functional activities of the organization?

Description of how the controlled vocabulary tool operates, its ease of use and how well it works. For example, coverage across the organization, is it systematic/consistent, is it capable of being changed? Are changes to structure/content controlled?

#### 3.5 Identified Areas of Improvement

Report, if appropriate, areas where improvement is needed and what strategies/amendments/improvements will be effected before the next review of the RKP, including expected date/s for completion.

### Documentation Required in RKP

- Description of the tool that the organization has in place, how it works, whether it works well and report on any areas of improvement.
- If KWAAA is in use - **Do not** attach the thesaurus.
- If a complementary (to KWAAA) Functional Thesaurus is in use – Attach some **sample pages**, including a list of the functional Keywords and their scope notes.
- If another Thesaurus is in use - Attach some **sample pages**.
- If a file plan or list of authorised headings is in use - Attach a copy of the file plan or list.

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## Principle 3 - Checklist

### Rating 1 - Inadequate

Means there are no appropriate mechanisms or tools in place to control the identification, naming or titling of the organization's records.

Means the organization has not provided an adequate description of the tool it has in place and how it works.

Means that the organization has not provided an assessment of its effectiveness, or identified subsequent areas of improvement.

Therefore, the organization **MUST** provide:

- The reasons for non-compliance;
- The strategies or actions it intends to undertake to meet compliance; and
- The proposed timeline for completion.

### Rating 2 - Acceptable but Requires Development

Means an appropriate tool is in place, but it lacks coverage (e.g. it does not adequately cover all of the organization's records), or is not easy to use, or changes to it are not well controlled.

Means the assessment of its effectiveness and/or identification of areas of improvement lacks sufficient detail or coverage.

Therefore, the organization **MUST** provide:

- The strategies or actions it intends to undertake to meet compliance; and
- The proposed timeline for completion.

### Rating 3 - Effective

Means an appropriate tool is in place and it covers all the organization's records.

Means the tool is capable of being changed to suit business/functional changes, and that these changes are controlled, authorised and recorded.

Means the assessment of effectiveness and/or identification of areas of improvement is supplied, and indicates the tool is effective and only requires very minor improvements, if any.

### Rating 4 - Very Good

Means an excellent tool is in place and it covers all the organization's records.

Means the tool is capable of being changed to suit business/functional changes, and that these changes are controlled, authorised and recorded.

Means the assessment indicates the tool is very effective and there are no identified areas for improvement.

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## Principle 4 – Preservation

Government organizations ensure that records are protected and preserved.

### Minimum Compliance Requirements

#### 4.1 Assessment of the Risks to Records

A systematic assessment of disasters (natural, biological, structural failures, industrial accidents, technological, criminal behaviour and neglect), the likelihood of these occurring (rate low to high) and the risks to the organization's records, with particular regard to current storage facilities, including:

##### 4.1.1 On Site Storage

Include, as appropriate:

- On site locations of the organization (e.g. three metropolitan offices at Armadale, Perth and Joondalup and four regional offices at Albany, Kalgoorlie, Geraldton and Carnarvon);
- Records storage facilities (e.g. metal filing cabinets, metal shelving, dedicated central filing area with metal compactus shelving, secure server room etc);
- Environmental conditions (e.g. all offices are air conditioned during office hours);
- Disaster prevention methods in place (e.g. fire detection devices and automated sprinklers installed in all offices);
- Most likely risks (e.g. All offices fire and vandalism, Carnarvon and Geraldton also at risk of cyclone); and
- Likelihood of occurrence (Fire low, Vandalism – Armadale medium, remaining offices low, Cyclone medium).

##### 4.1.2 Offsite Storage

Include a statement addressing whether temporary and/or archival records are stored offsite including location and details of commercial arrangements for records storage. For offsite storage **OTHER THAN** those approved under the CUA, include appropriate information as per 4.1.1 On Site.

##### 4.1.3 Data Centre and Cloud Storage

Include a statement detailing any arrangements for storage of electronic information at a third party data centre or with a cloud service provider. Enter relevant information in the table, including categories of records and information stored, location of the data centre/cloud, location of backups and confirmation that a risk assessment has been completed.

##### 4.1.4 Storage of Archives

Include a statement addressing whether the storage facilities utilised to house archival records meet the requirements of the *Directions for keeping State archives awaiting transfer to the State Archives Collection* with respect to: Environmental controls; Storage Mechanisms; Security and Disaster Management; Access and Control; and Preservation.

##### 4.1.5 Storage of Backups

Include a statement addressing whether backups are stored offsite including location and details of any commercial arrangements for tape exchange and storage, if applicable.

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### 4.1.6 Quantity of Records

- Estimate (in linear metres) the quantity of hard copy **archival** records held by the organization;
- Estimate (in linear metres) the quantity of hard copy **temporary** records held by the organization; and
- Estimate (in bytes, ie Gb/Tb/Pb) the volume of digital records/information/data held by the organization in all systems, e.g. records management systems; business information systems; network drives; email applications etc. DO NOT include backups.

### 4.1.7 Security and Access

Include a statement addressing security of records storage areas, including server rooms, and availability of access to records.

- Overall risk assessment (e.g. overall risk assessment for all offices is low).

### 4.2 Assessment of the impacts of disasters

An assessment of the potential damage these disasters would have on the organization's records and the potential impact on the business operations of the organization.

### 4.3 Strategies in place for prevention and response

The strategies for reducing the risk of disaster and for quick response should a disaster occur with particular reference to:

#### 4.3.1 Vital Records

Provide a list of record categories identified as Vital Records, including location, responsibility, and strategies for prevention of loss and response for recovery of the records.

#### 4.3.2 Backup Procedures for Electronic Records

Include details of systems and frequency of backups, tape rotation, length of time backups are retained, responsibility etc.

#### 4.3.3 Preservation of Electronic Records

Include strategies for ensuring electronic information remains useable for as long as required, periodic integrity checks and refreshment of digital storage media (including removable storage devices), use of appropriate formats for preservation of electronic records with long term retention periods etc.

#### 4.3.4 Security

Include details of security measures in place to prevent unauthorised access to records storage areas and records systems.

#### 4.3.5 Storage Review

Include frequency of reviews of records storage arrangements and facilities, responsibilities and outcome of latest review.

#### 4.3.6 Recovery of Lost Information

Include strategies in place to facilitate the recovery of hard copy and electronic records (e.g. lists of contacts included in the organization's disaster recovery plan/business continuity plan, placement of recovery bins in records areas containing equipment to assist staff in the recovery process).

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## 4.4 Identified Areas of Improvement

Report, if appropriate, areas where improvement is needed and what strategies/amendments/improvements will be effected before the next review of the RKP, including expected date/s for completion.

## Documentation Required in RKP

A Records Disaster Recovery Plan (or similar) is attached OR detailed descriptions are contained within the RKP which demonstrates that:

- An assessment has been made of the risks and impacts of disasters;
- Strategies and activities have been developed and implemented for reducing the risk of disaster; and
- Quick-response strategies and activities have been developed and implemented for recovery of electronic and hard copy records should disasters or emergencies occur.

The RKP should also:

- Outline any further work which needs to be done to fully develop the Records Disaster Recovery Plan or other appropriate documentation (e.g. as part of an organization wide Business Continuity Plan), and a time frame for completion
- Demonstrate that the plan will be reviewed and updated regularly; and
- Demonstrate that training program/s for all staff in relation to the plan is being implemented.

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## Principle 4 - Checklist

### Rating 1 - Inadequate

Means that the organization has not:

- Undertaken an assessment of the risks to its records; and/or
- Undertaken an assessment of the impacts of disasters on its records; and/or
- Implemented strategies for the prevention of and response to disasters.

Therefore, the organization **MUST** provide:

- The reasons for non-compliance;
- The strategies or actions it intends to undertake to meet compliance; and
- The proposed timeline for completion.

### Rating 2 - Acceptable but Requires Development

Means that the organization has:

- Only undertaken a partial assessment of the risks to records; and/or
- Only undertaken a partial assessment of the impacts of disasters; and/or
- Only partial strategies are in place for the prevention of and response to a disaster.

Therefore, the organization **MUST** provide:

- The strategies or actions it intends to undertake to meet compliance; and
- The proposed timeline for completion.

### Rating 3 - Effective

Means that the organization has completed an assessment of the risks to records, in all formats.

Means that the organization has completed an assessment of the impacts of disasters.

Means that the organization has planned suitable strategies for the reduction and management of risk and has planned suitable quick response strategies.

### Rating 4 - Very Good

Means that the organization has undertaken an assessment of the risks to records, in all formats.

Means that the organization has undertaken an assessment of the impacts of disasters.

Means that the organization has devised and implemented suitable strategies for the reduction and management of risk, to records in all formats, and has implemented suitable quick response strategies and can demonstrate that the plan will be reviewed and updated regularly.

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## Principle 5 – Retention and Disposal

Government organizations ensure that records are retained and disposed of in accordance with an approved disposal authority.

### Minimum Compliance Requirements

Every government organization is to have an approved Retention and Disposal Schedule (R&D Schedule) covering all records of the organization.

New organizations **must** submit a draft R&D Schedule, either before or with the draft RKP, for the approval of the State Records Commission. New organizations should contact the State Records Office **prior to commencing development** of the R&D Schedule.

The organization's R&D Schedule is to be reviewed and a report of the review submitted to the State Records Commission. Organizations are required to report on the continuing relevance of the R&D Schedule in the review of the RKP. If the organization has identified that the R&D requires revision or amendment, the State Records Office should be consulted **before** the organization commences that work.

#### 5.1 R&D Schedule or Sector Disposal Authority

Organizations that have approved R&D Schedules or a Sector Disposal Authority (SDA) which cover all the organization's records in all formats need to provide the following details in the RKP:

- The Registration Number of the R&D Schedule/SDA and the year it was approved.

Organizations also need to list details of previously approved, now superseded R&D Schedules/SDAs.

##### 5.1.1 Retention and Disposal Schedule Review

Organizations that have an R&D Schedule approved must provide a report on the review of the R&D Schedule.

#### 5.2 General Disposal Authority for State Government Information (GDASG)

A statement confirming that the organization has implemented the GDASG for disposal of administrative, financial and human resource management records.

##### 5.2.1 General Disposal Authority for Source Records (GDASR)

*[Where applicable]*

The organization's approach and methodology for digitising source records, including evidence of the risk assessment undertaken, established policy and procedures that comply with the requirements of the GDASR, details of the categories of records digitised and arrangements for disposal of source records.

#### 5.3 Existing Ad Hoc Disposal Authorities

Quote details of any Ad Hoc Schedules approved by the State Records Commission for the organization, including Ad Hoc number, date range and type of records covered and whether disposal actions have been completed.

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## 5.4 Existing Disposal Lists

Quote details of any Disposal Lists approved by the State Records Commission for the organization, including Disposal list Number, date range and type of records covered and whether disposal actions have been completed.

## 5.5 Restricted Access Archives

A statement addressing the identification of restricted access archives, if any, is required. If it is decided that access to an organization's archives is to be restricted, the statement is to include the:

- Categories of records that are to be restricted;
- Reasons for restriction; and
- Proposed open access dates (or restriction period).

## 5.6 Transfer of Archives

A statement detailing whether an Archives Transfer Request form has been completed and confirmation that the organization will transfer archives older than 25 years to the SRO.

## 5.7 Non-Transfer of Archives

A statement regarding whether or not the organizations intends to retain archives beyond the 25 year compulsory transfer period.

The following must be included for archives that will not be transferred:

- The categories of State archives, including the applicable disposal authority reference number, that the organization is requesting permission to retain;
- Justification for retaining the State archives; and
- Evidence that State archives will be kept in accordance with SRC Standard 7: *Archives retained by Government Organizations*.

## 5.8 Disposal Program

RKP documentation is to address:

- The extent to which the organization's R&D Schedule and the General Disposal Authorities have been implemented;
- The frequency of disposal programs; and
- The level (e.g. CEO) of authorisation required for the disposal of records.

## 5.9 Identified Areas of Improvement

Report, if appropriate, areas where improvement is needed and what strategies/amendments/improvements will be effected before the next review of the RKP, including expected date/s for completion.



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## Documentation Required in the RKP

- Details of the organization's approved R&D Schedule/s or the relevant Sector Disposal Authority (do not include the Schedule/SDA itself).
- Details of the organization's R&D review processes and the outcome of the review.
- Attach evidence that digitisation procedures comply with the requirements of the GDASR.
- Details of any restricted access archives.
- Details of any State archives which will not be transferred to the SRO.
- Attach evidence that the organization can meet the requirements of SRC Standard 7.
- Details of previous ad hoc disposal authorities and disposal lists.
- Attach evidence of the disposal program and its implementation (e.g. copies of the disposal procedure and a section of a recent records disposal showing authorisation and a sample list of records (up to three pages)).

## Principle 5 - Checklist

### Rating 1 - Inadequate

Means the organization, which has never had an approved R&D Schedule, has **not** submitted an R&D Schedule and no predecessor agency's R&D applies.

**Therefore, the organization's RKP will not be approved. Please liaise with the State Records Office.**

**NB:** The only exceptions to this may apply to new State government organizations submitting a draft RKP under section 21 of the *State Records Act 2000*.

If a new organization has not submitted an R&D Schedule as part of its draft RKP submission, the organization **MUST** provide:

- The reasons for non-compliance;
- The strategies or actions it intends to undertake to meet compliance; and
- The proposed timeline for completion.

Means the organization, which has an R&D Schedule approved, has **not** reported on the review of the R&D Schedule.

### Rating 2 - Acceptable but Requires Development

Means the organization, which has never had an approved R&D Schedule, has submitted a draft R&D Schedule but it requires further development.

Means the organization, which has an R&D Schedule approved more than five years ago, has submitted a new, fully revised and updated R&D Schedule but it requires further development.

Means the organization, which has an approved R&D Schedule and which did not cover all of the organization's records in all their formats, has submitted the required amendment/s to the R&D Schedule but it requires further development.

Therefore, the organization **MUST** provide:

- The strategies or actions it intends to undertake to meet compliance; and
- The proposed timeline for completion.

### Rating 3 - Effective

Means the organization has submitted an R&D Schedule or an appropriate amendment to an R&D Schedule and it has been approved.

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Means, if appropriate, the organization has established digitisation procedures that fully comply with the requirements of the GDASR.

Means the organization's retention and disposal program and processes are in place and are effective.

### **Rating 4 - Very Good**

Means the organization's records are covered by an approved Sector Disposal Authority.

Means the organization's R&D Schedule is regularly reviewed for currency and comprehensiveness.

Means the organization's retention and disposal program and processes are in place and meet best practice.

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## Principle 6 – Compliance

Government organizations ensure their employees comply with the recordkeeping plan.

### Minimum Compliance Requirements

#### 6.1 Staff Training, Information Sessions

Provide details of the strategies and activities that have been developed or implemented to ensure that the organization's employees are aware of their recordkeeping responsibilities and compliance with the Recordkeeping Plan. Strategies should include, but may not be limited to:

- Presentations of in-house Records Management training; and/or
- External Records Management training; and/or
- Staff information sessions; and
- Coverage, whether training and/or information sessions are for records management staff and/or general staff.

**And/or**

#### 6.2 Brochures or Newsletters

Provide details of recordkeeping information provided for employees within organizational brochures, newsletters or the intranet etc. Description should include whether the information is provided regularly, or on an ad hoc basis, and the regularity with which information is reviewed and updated.

**And**

#### 6.3 Induction Programs

Describe information provided for new employees to ensure they are aware of their role and responsibilities. Description should include if induction programs are undertaken, including their coverage (e.g. provided to all staff) and topics covered.

#### 6.4 Performance Indicators in Place

Outline of the Performance Indicators developed to measure the efficiency and effectiveness of the organization's recordkeeping systems.

#### 6.5 Agency's Evaluation

A report on the evaluation of efficiency and effectiveness of recordkeeping systems within the organization.

**NB:** Recordkeeping systems are to be evaluated regularly and not less than every 5 years.

#### 6.6 Annual Report

The organization's annual report should include information on the organization's compliance with *State Records Act 2000* and its RKP.

New organizations should provide a draft statement reporting training/compliance that is to be included in the organization's annual report.

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Other organizations should include an excerpt from the Annual Report where training/compliance is reported.

## 6.7 Identified Areas of Improvement

Report, if appropriate, areas where improvement is needed and what strategies/amendments/improvements will be effected before the next review of the RKP, including expected date/s for completion.

## Documentation Required in the RKP

- Statements which demonstrate that information on employees' recordkeeping roles and responsibilities is included in the organization's induction program. Attach a copy of the induction program showing inclusion of recordkeeping as a topic;
- Statements which demonstrate that ongoing staff training in recordkeeping is being undertaken, including the method of instruction, (e.g. information sessions and/or brochures and newsletters), and topics covered in training sessions. Attach examples of brochures, handouts, intranet screen dumps etc;
- A report on the evaluation of the efficiency and effectiveness of the recordkeeping system including how and when the system was evaluated (e.g. 2016 staff survey, performance indicators); and
- An excerpt from the Annual Report where training/compliance is reported or, for new organizations, a draft statement which is to be included in the annual report.

## Principle 6 - Checklist

### Rating 1 - Inadequate

Means there is no recordkeeping training program provided or under development for staff.

Means there is no recordkeeping induction program provided or under development for new staff.

Means the organization does not have, and is not developing Performance Indicators for measuring the efficiency and effectiveness of its recordkeeping system.

Means the organization has not provided an initial evaluation of the efficiency and effectiveness of its recordkeeping system.

Means the organization has not provided a draft statement or excerpt from its Annual Report where training/compliance is reported.

Therefore, the organization **MUST** provide:

- The reasons for non-compliance;
- The strategies or actions it intends to undertake to meet compliance; and
- The proposed timeline for completion.

### Rating 2 - Acceptable but Requires Development

Means there is a recordkeeping training program being developed or has been developed, but it does not provide adequate coverage.

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Means the induction program is being developed or near completion but it does not provide adequate coverage.

Means the organization has provided an initial evaluation of the efficiency and effectiveness of its recordkeeping system, but it does not provide adequate coverage.

Means the organization does not have, but is developing Performance Indicators to measure the efficiency and effectiveness of its recordkeeping system.

Means the organization has not provided a draft statement or excerpt from its Annual Report where training/compliance is reported.

Therefore, the organization **MUST** provide:

- The strategies or actions it intends to undertake to meet compliance; and
- The proposed timeline for completion.

### **Rating 3 - Effective**

Means there is a recordkeeping training program provided with adequate coverage.

Means there is an induction program provided with adequate coverage.

Means the organization has provided an initial evaluation of the efficiency and effectiveness of its recordkeeping system, and if necessary provided strategies for improvement.

Means the organization has developed Performance Indicators for measuring the efficiency and effectiveness of its recordkeeping system.

Means the organization has provided an excerpt for inclusion in its Annual Report where training/compliance has been or will be reported.

### **Rating 4 - Very Good**

Means the organization provides a recordkeeping training program which has adequate coverage and includes information sessions, brochures or newsletters and induction programs and is reviewed regularly.

Means the organization has provided an initial evaluation of the efficiency and effectiveness of its recordkeeping system, which has thorough coverage of the recordkeeping systems and demonstrates that it is regularly reviewed and represents that best practice recordkeeping is in place.

Means the organization has developed and implemented Performance Indicators which measure the efficiency and effectiveness of its recordkeeping system.

Means the organization has provided an excerpt from the Annual Report where training/compliance is reported.

# STATE GOVERNMENT ORGANIZATIONS RKP SELF – EVALUATION GUIDELINE

## Standard 6 – Outsourced Functions

State organizations may enter into contracts or other arrangements whereby an individual or an organization is to perform a function or service for the State organization, or act as the State organization's agent to deliver services to clients, or for the State organization's own use. The general term 'outsourcing' is used for such arrangements.

Contractual arrangements should provide that the contractor create and maintain records that meet the State organization's legislative, business and accountability requirements.

### Minimum Compliance Requirements

#### 7.1 Outsourced functions identified

Functions outsourced to other organizations/bodies/persons are to be identified. This may repeat the information provided under Standard 2 – Principle 1, or this section could refer to the information provided under Principle 1.

#### 7.2 Recordkeeping issues included in contracts

In accordance with Standard 6 – Outsourcing, the organization is to provide evidence to adduce that the following principles have been, or will be, addressed in contractual arrangements.

##### 7.2.1 Planning

Matters relating to the creation and keeping of proper and adequate records of the performance of the outsourced function are included in the planning of outsourced functions so that State records are kept in accordance with legislative, business and accountability requirements.

##### 7.2.2 Ownership

All State records or copies of those records (including backup disks/tapes) of the outsourced function, irrespective of their format, are specified by the state organization including legal ownership and use of the records created by the contractor during the life of the contract or agreement.

##### 7.2.3 Control

Stipulates that the contractor creates and controls records, in electronic or hard copy format, in accordance with recordkeeping standards, policies, procedures and guidelines stipulated by the organization.

##### 7.2.4 Disposal

The retention and disposal of all State records of the outsourced function are covered by an approved disposal authority.

##### 7.2.5 Access

All access provisions are specified.

##### 7.2.6 Custody

Custody arrangements between the state organization and the contractor for State records stored on and off site by the contractor are specified and are to include the provision of adequate storage and security of State records in the custody of the contractor.

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## 7.2.7 Contract Completion

All arrangements regarding record custody, ownership, disposal and transfer upon completion of the contract or agreement are specified.

## Documentation Required in the RKP

Documentation is to include:

- Excerpts of clauses, which address recordkeeping requirements, contained within existing contracts for outsourced functions; or
- Examples of clauses, which address recordkeeping requirements, to be included in new or amended contracts for outsourced functions.

## Standard 6 – Checklist

### Rating 1 - Inadequate

Means the required information has NOT been included in the RKP.

Therefore the organization **MUST** provide:

- The reasons for non-compliance;
- The strategies or actions it intends to undertake to meet compliance; and
- The proposed timeline for completion.

### Rating 2 - Acceptable but Requires Development

Means the information supplied in the RKP lacks sufficient coverage, or is not clearly identified in the RKP.

Therefore the organization **MUST** provide:

- The strategies or actions it intends to undertake to meet compliance; and
- The proposed timeline for completion.

### Rating 3 - Effective

Means the information supplied in the RKP meets the minimum compliance requirements.

### Rating 4 - Very Good

Means the information supplied in the RKP meets the minimum compliance requirements, represents best practice recordkeeping is in place, and is clear, concise and well presented.