

## **ISO 30301 CERTIFICATION FOR THE GRADUATE SCHOOL OF ARCHIVE AND RECORDS MANAGEMENT: A PIONEERING INITIATIVE**

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### **1. A firm commitment to certification**

Assigning absolute priority to achieving ISO 30301 certification in records management systems was one of ESAGED's 2012-13 strategic objectives, in response to a number of reasons which we outline briefly below. First, the conviction that the emergence of the ISO 30300 family of standards (November 2011) provided extraordinary potential in the goal of standardisation within archival science. The professional community has long claimed the positive impact of implementing a records management system structurally across organisations, believing that it promotes significant value leading to policies of accessibility, transparency, accountability and good governance, which is in turn reflected by effectiveness, efficiency and productivity.

The hard core of this discourse, repeated endlessly and with unevenly matched success in Spain since the 1980s, has now come into its own and is clearly reflected in the content of the aforementioned standards. With the possibility of auditing and certification in the area of records management having now been formalised, the process has started of normalising both the profession and archival science. This responds to the aspirations of the professional community and also represents an international commitment, evidenced by the drive to develop this extensive family of standards. With certification of records management systems now being promoted and implemented, the records and archive management sector is on equal footing with other high-impact families of standards, such as the 9000 Standard (Quality), the 14000 Standard (Environment) and the 27000 Standard (Information Security). It should be noted that the only ISO standard that has been implemented in archiving is the 9000 Quality Standard, and its impact in terms of the number of affected organisations has been very limited.

Secondly, this commitment to certification is made within a highly favourable context for records management, given that the emergence in recent years of "complementary" standards -metadata, processes, digitisation and migration, digital preservation, security and risk management- has led to the standardisation of best practices, internationalised solutions and coverage of the most innovative initiatives. As a backdrop to this, growing -albeit overly fragmented- legislation on electronic administration (data protection, electronic signature, national interoperability and security approaches), transparency and access to information has encouraged the emergence of numerous national and international projects.

Lastly, we point out that since October 2012 ESAGED has been running a training programme covering implementation, auditing and certification, based on ISO 30300/30301. The third edition is currently (October 2014) being run. This has enabled a deeper knowledge of these standards to be developed and in particular the development of a large and complex set of case studies that make up an excellent test bench for applying and improving the tools being developed for the certification itself. In addition, teaching these courses, both in the classroom and online, fostered a debate on the principles behind the standards among professionals from other industries -primarily technologists and, to a lesser extent, lawyers, from both the public and private sectors. This has enriched the view of the potential for their application and has also demonstrated that these standards have had a positive impact on "allied" professions that until now had shown little interest in archive and records management methodologies.

Although these standards are not long-established (given that in Spain, they were approved only at the end of 2011), the raised levels of expectation, the implementation processes that are underway, and the interest shown by certain auditing and consulting companies shows a well-grounded intense and comprehensive development of these new standards.

## 2. Scope of application

The ISO 30300/30301 Standard sets out a sequence of actions and unavoidable requirements, one of which is to define the scope of the object of certification. Here we are considering the Autonomous University of Barcelona's Graduate School of Archive and Records Management, which started out in 2002 with the support of Catalonia's Association of Archivists - Records Managers, in close partnership with the Autonomous University of Barcelona. At the time, this was a very significant milestone in archivist training, in that it created a stable institution for the promotion of integrated university training on archive and records management. The School aligned itself with the Autonomous University of Barcelona Foundation as a member centre, with the aim of becoming a reference centre in education, research and consultancy in Archive and Records Management.

The commitment to university education has developed in parallel with the modernisation, innovation and growth of the profession over the past decade. And there is no doubt that education has played an essential role in this and has been a force for change in the extent to which the design of training programmes have been aligned with the professional profiles of archivists, as a result of companies' and institutions' organisational needs. The emergence of a concept of records management as an essential tool within organisations has accentuated the multifaceted profile of archivist-records managers, who in addition to the traditional role of processing historic document assets, now include organisational experts and experts in preserving and providing access to electronic documents.

Thus, ESAGED's most significant challenge has been and remains that of providing students and working professionals with solid training to help them deal with a wide variety of scenarios in a constantly changing environment: historical archives, implementation of management system for records, collaboration on electronic administration projects. Broadly, the base training provided is comprised of the following:

- Official University Masters in Archive and Records Management
- A series of postgraduate courses:
  - Postgraduate Diploma in Electronic Records Management (to date, seven editions have been run)
  - Postgraduate Diploma in the Management, Preservation and Dissemination of Photographic Archives (3 editions)
  - Postgraduate Diploma in Management and Digital Processing of Historical Documentation (2 editions)
  - Postgraduate Diploma in Executive Management of Archives and Records Management Services (1 edition).

And finally, a set of specific training programmes on the ISO 30300/30301 Standard, company archives and new archival paradigms run via a new area called "ESAGED-*efficientia*". ESAGED also has a research department (offering doctorates in archiving), as well as a consulting department that enables business projects to be driven forward with companies in the sector.

In terms of the more organisational aspect, ESAGED has a stable structure consisting of the following departments Management, Academic Secretary, Courses and Training, Consulting

and Certification, Research and Administration, and Services-Quality. General services are also offered by the Autonomous University of Barcelona Foundation ("FUAB"), such as legal services, human resources, information technology, and economic and financial management. A very close link is maintained with the professional sectors from the Advisory Council, made up of Catalonia's Association of Archivists and Records Managers (which co-chairs this body), competent archive-related public institutions and service companies involved in the sector. It also has an Academic Council comprised of three lecturers representing the vice-chancellor, who supervise teaching, in addition to the executive vice-president of FUAB, legal representation and human resources management, and the management and coordination of ESAGED's qualification.

It also has a staff of 23 lecturers, plus a varying number of collaborating lecturers that teach postgraduate and specialised courses. More than 800 students have passed through their lecture rooms and job placements were at 92% until the start of the economic crisis in 2008-09. The latest employment survey data from May 2014 regarding students who graduated in academic year 2010-11 shows an employment rate of 83.33%<sup>1</sup>.

### **3. Planning and executing the implementation process**

Implementation of the management system for records according to ISO 30301 was launched in February 2012 with the aim, on the one hand, of improving the organisation's efficiency and, on the other, of using the School as a test-bed for implementing the certification, given that at that time no organisation had been through that process. As a Graduate School in Archives and Records Management, we have experts in records management who know exactly the right tools, and so we decided to take advantage of this knowledge when developing the project.

#### **3.1 Planning**

It is essential that management fully supports the adoption of an ISO management system because, apart being a requirement of the Standard, there is a need for firm and confident leadership that provides resources and who sets a clear company policy. With regard to ESAGED, the project arose from the management team, who also led the initiative. First, the project's strategic objectives were defined and arguments put forward regarding the benefits to the School from implementing the Standard. Second, the phases to be developed were planned in detail. There is no doubt that this is a necessary and highly useful first step, because it requires operational planning of something that on first reading is presented as very theoretical and abstract. We estimated approximately a year from the start of the project to achieving certification, and it required hiring someone on a half-time basis to support the process.

Those responsible for the various departments were explained the rationale behind the implementation, as well as the objectives and benefits it would bring the School, and the type of support that was asked of them, along with a request for their commitment to convey the information to other employees to secure their support. Staff need to be aware at all times of what is being done, for what purpose and - most importantly - how it affects them.

The third step before starting the implementation process was to write the Records Management Policy (Section 5.2, ISO 30301:2011), since we consider this to be one of the most important documents in records management as it establishes management's commitment; creates a strategic framework that ensures documents are created and maintained in a controlled manner; helps set objectives; and gives the project greater

visibility. To facilitate awareness-raising among employees and collaborators, sponsors and lecturers, information was published on the website, in addition to via relevant internal communications.

### 3.2. Analysis

As a starting point for implementation, the inner functioning of the organisation and the context in which it operates were analysed (section 4, ISO 30301:2011). This involved collecting information on legislation, internal standards, the organisational structure and corporate policies.

Interviews were held with staff from different departments for the purpose of collecting the information required under the Standard on document production, methods of working and filing, and process management. These conversations were used to start compiling the inventory of records management software applications, which is a requirement of the operational part of the Standard (section 8.3, ISO 30301: 2011). The process of implementing a management system does not follow a linear path but rather moves back and forth depending on different requirements. This is because a management system is a cross-departmental system in which the sections are interrelated and can thus help to respond to one of the requirements by complying with another.

To systematise all the information, it was decided to create a base document, the *Records Management System Manual*, which would reproduce the outline of the Standard's requirements, thus allowing the information obtained to be structured as well as appraising the degree to which the work done had been achieved, and what remained to be done. Throughout this document, explanations are provided on how ESAGED meets each of the requirements of the standard and reference is made to documents or instruments created for that purpose, with an indication of where they could be found. This could be described as the "instruction manual" for the School's records management system.

This first analytical study of the context of the organisation helped us discern the strengths and weaknesses of the School's records management. Although it is true that many records management processes were already running normally, some were not documented, while others needed to be improved. Context analysis is therefore a good starting point to begin implementation; in addition, it allows us to define the scope of the management system (section 4.3, ISO 30301:2011) in a more precise and relevant way.

At this point a list of business and legal requirements was produced (section 4.2, ISO 30301:2011). A decision was also taken regarding the voluntary commitments to be assumed by the School. It was decided that, in all matters related to the Archive System, ESAGED and its staff would follow the *Catalan Archivists' Code of Professional Ethics*<sup>2</sup>. It was also decided to follow the ISO 15489 guidelines regarding the development of records management processes.

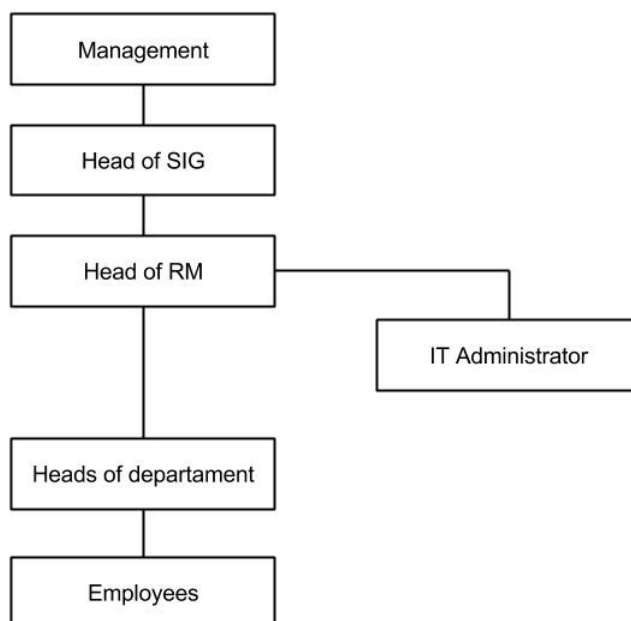
### 3.3. Commitment and responsibilities

In parallel, responsibilities within the management system (section 5.3, ISO 30301:2011) were allocated in accordance with the functions of each post. Five hierarchical roles were established: Executive Director, Head of Archives and Records Management, Heads of Department, Information System Administrator and employees. Each of these roles was assigned and defined roles and responsibilities, as documented in the *Management System for Records Manual*.

It was considered necessary to designate an operational level representative (section 5.3.3, ISO 30301:2011) to facilitate the work and monitor implementation. This responsibility currently rests with the Head of Archive and Records Management, who has appropriate training and skills, and a thorough understanding of the Standard.

The hierarchical structure of these responsibilities is as follows:

Table 1. Hierarchical structure of responsibilities within the management system



### 3.4 Objective setting and risk identification

Starting with the initial analysis of the organisation, objectives were set for records management (section 6.2, ISO 30301:2011) for the first year of the system. We took into account that the implementation had been very recently carried out and that staff **had had** to adapt during this time to new working methodologies and tools.

This required the creation of a standardised document, called the *Dashboard*, covering all the fields referred to in section 6.2 of the Standard. This document lists and defines the objectives, assigning someone to be responsible for each. The resources required to achieve these objectives were set along with priorities, deadlines and evaluation of results.

In line with section 6.1 of the Standard three additional fields were included: identification of risks and undesired effects; handling of risks; and a field for opportunities for improvement. As added value, it was decided to incorporate a field for monitoring progress on achieving the objectives and another with the date on which it was actually achieved; this will provide us with information about how we are progressing.

It is worth highlighting the identification of risks and undesired effects for each of the defined objectives. Although the Standard requires this at a general level (section 6.1, ISO 30301:2011), throughout the entire document mention is made of the identification and handling of risks associated with different aspects of the management system. It is for this

reason that it was decided to give them greater importance and presence; also as means of reinforcing the management system.

As a consequence, a tool for controlling general risks was generated. In this, risks are identified, and each is assigned a risk level, with actions being added for handling the risk along with opportunities for related improvements. Identifying and handling risks automatically leads to improvements in the way the organisation functions.

A risk-evaluation methodology was established that enables preventive and improvement measures to be prioritised based on the level of risk. For that purpose, a method has been used that analyses the likelihood of the risk occurring and the potential resulting consequences (severity).

Table 2. Probabilities table

Point	PROBABILITY
1	VERY LOW: Nothing has occurred in many years of exposure to the risk. Occurs very rarely, maybe once in ten years.
2	LOW: Only remotely possible. Known to have occurred. May occur once in 5 years.
3	AVERAGE: A rare sequence or coincidence. May occur once in 3 years.
4	HIGH: Very possible, would not be unusual. May occur once a year.
5	VERY HIGH: The most likely and expected result for a risk. Occurs several times a year.

Table 3. Severity table

POINT	SEVERITY
1	VERY LOW: Occasional superficial harm.
2	LOW: Superficial impact lasting for several days, less than a week.
3	AVERAGE: Significant impact, affecting one or more departments for several days, possibly for longer than a week.
4	HIGH: Very serious impact affecting a department for several weeks, normally less than a month.
5	VERY HIGH: Very serious impact affecting the whole school for weeks or months.

Five probability levels and five severity levels have been established. When crossed, these provide sufficient information to establish priorities for taking action.

Table 4. Risk evaluation table

SEVERITY		PROBABILITY				
	LEVEL OF RISK	VERY LOW (1)	LOW (2)	AVERAGE (3)	HIGH (4)	VERY HIGH (5)
	VERY LOW (1)	Irrelevant	Extremely slight	Very slight	Slight	Moderate
	LOW (2)	Extremely Slight	Very slight	Slight	Moderate	Considerable
	AVERAGE (3)	Very slight	Slight	Moderate	Considerable	Significant
	HIGH (4)	Slight	Moderate	Considerable	Significant	Severe
	VERY HIGH (5)	Moderate	Considerable	Significant	Severe	Intolerable

Table 5. Priorities table

RISK	PRIORITY
Irrelevant	None
Extremely slight	Extremely low
Very slight	Very low
Slight	Low
Moderate	Average
Considerable	High
Significant	Very high
Severe	Extremely high
Intolerable	Urgent

### 3.5. Support

After defining the objectives, the next step is to provide the necessary support to achieve them (section 7, ISO 30301: 2011). This involves not only material resources but also human, educational and communication resources and other related aspects. With regard to human resources, in addition to the involvement of the heads of the various departments, as already noted we hired someone on a half-time contract to strengthen the team.

As for the material resources, one aspect to highlight is that it is not necessary to make a large investment in purchasing records management software applications in order to be able to implement a records management system. On the contrary, what is important is to define a good structure to work with. Likewise, it is essential to define the training required for each role, especially if it is closely related to the management system, as there must be different profiles within the organisation, with distinct skills and training. For this purpose, a standardised document called *Functions Sheet* was created, in which the functions for each role are listed, along with pre-requisite training, and a description of competencies and skills. Any employee must meet these requirements to be able to perform the duties of his or her

post and, if any training lacking is lacking, they must be provided with the necessary resources.

Another aspect that was considered with particular relevance under this section of the Standard was awareness-raising and training (section 7.3, ISO 30301:2011). It is essential to have a team that is involved and committed to the management system and its improvement, and which is sufficiently trained and informed, so that they can work according to the methodology and without giving rise to non-conformities.

To ensure compliance with this requirement, an analysis was conducted of staff training needs, crossing the results with instruments and tools which had been designed for the proper functioning of the management system as well as those which it was planned to create. Out of this process, a table was produced containing the training activities that needed to be planned for each department.

Table 6. Table of staff training needs

<b>PERSONAL</b>	<b>LEGAL REQUIREMENTS</b>	<b>POLICY</b>	<b>HANDBOOK OF DOCUMENT MANAGEMENT</b>	<b>RULES ON ARCHIVES</b>	<b>PROCEDURES</b>	<b>INFORMATION ON PROCESSES</b>	<b>DOCUMENT TEMPLATES</b>	<b>OTHER REQUIREMENTS</b>	<b>PROCEDURE FOR MONITORING NONCONFORMITY</b>	<b>PROCEDURE FOR CORRECTIVE AND PREVENTATIVE MEASURES</b>	<b>PROCEDURE TO CONTROL DOCUMENTATION</b>
	X		X	X	X	X			X	X	X
		X	X	X			X	X	X	X	X
	X		X	X	X				X	X	X
	X		X	X	X	X			X	X	X

	Training carried out since the last quarter of 2012
	Training to be carried out during the first quarter of 2013
	Training that does not apply to the personnel indicated
	Training to be carried out during the second quarter of 2013

Another fundamental aspect was the matter of Documentation (section 7.5, ISO 30301:2011). This defines which documents and instruments form part of the documentation for the management system and how they need to be specially controlled. To meet this requirement, a procedure was developed and documented that took into account all the checks referred to in section 7.5.2 of the Standard.

In the case of ESAGED, these specific checks should be carried out on the instruments and documents set out in Table 6. To this end, a document control record was created for the management system, in which all information relating to the life of the document is recorded. If any new system documents are created, they must be added to this record and suitably controlled.



Table 7. Table of management system instruments and documents

N.	Name	Strategy	Operation	Evaluation	Requirement
1	Records Management Policy	x			5.2
2	Records Management System Manual (RMSM)	x			all
3	Mission, vision, values (included in the RMSM)	x			4.1
4	List of legal requirements		x		4.2
5	Dashboard (RM objectives)	x			6.2
6	Risks and opportunities procedure		x		6.1 / 8.1
7	Risks and opportunities table		x	x	6.1 / 8.1
8	Functions sheets		x		7.2
9	Training record		x	x	7.2 / 7.3
10	Records management user manual		x		7.2
11	Archives and Records Management regulations		x		7.2 / 8.2
12	Continuing training procedure		x	x	7.3
13	Continuing training programme		x		7.3
14	Document reading record		x		7.3
15	Communication procedure		x		7.4
16	Procedure for controlling management system documents		x		7.5.2
17	Record for controlling management system documents		x		7.5

18	Process map	x			8.2
19	Classification table	x			Annex A
20	Classification table management tool		x		-
21	Process sheet		x		8.2
22	Creation and control table	x			Annex A
23	Transfer sheets		x		Annex A
24	Record of eliminations		x		Annex A
25	Control reports for records management applications			x	8.3
26	Performance evaluation programme	x		x	9
27	System supervision minutes			x	9.1
28	Management review minutes			x	9.3
29	Internal audit procedure		x	x	9.2
30	Internal audit plans		x		9.2
31	Internal audit reports			x	9.2
32	Non-conformity control procedure		x	x	10.1
33	Procedure for corrective, preventive and improvement actions		x	x	10.1 / 10.2
3	Sheets for non-conformities,		x	x	10.1 / 10.2

4	corrective, preventive and improvement actions				
3 5	Record of non-conformities, corrective, preventive and improvement actions		x	x	10.1 / 10.2
3 6	Incidents sheet		x	x	10.1
3 7	Incidents record		x	x	10.1

This table shows the tools and documents in the order followed during ESAGED's implementation of the ISO 30301 Standard. They have been categorised as strategic, operational and evaluation to make it easier to understand and locate each one. In addition, the right-hand column indicates which requirement they refer to. Despite the apparent complexity in the number of documents, it is worth mentioning that implementation is a gradual process during which the tools and documents that are considered necessary are steadily created in the order in which the system is implemented. It should also be mentioned that we do not work with all the tools and documents at once, but rather each has its allotted time and there is a calendar and established frequency for each process and each procedure.

So that staff can work without variances or non-conformities occurring in the management system, training activities are periodically planned to facilitate both the implementation and maintenance and improvement of the system. It is also essential to develop the procedures to be followed for internal communication in all matters relating to the management system (section 7.4, ISO 30301:2011). Within ESAGED, all communication is via the corporate e-mail system or through the website. For special cases, the intranet can also be used. In the specific case of the Records Management Policy document, it was decided to also include paper copies in different areas of the School building so that students and staff that work alongside employees also have access to the information.

### 3.6. Records management processes


The section with perhaps the greatest volume of work is 8.2 - Design of records management processes. This section can lead to confusion when interpreted, as it is entitled "Design of records management processes" yet also makes reference to and specifies as a requirement the development of business processes or organisation of work (section 8.2.c, ISO 30301:2011). ESAGED's opted for a general interpretation of this and chose to work from a process map that includes all work processes: strategic, operational and support.

Table 8. ESAGED's process map

PROCESSES	
STRATEGIC	
PE01	Central planning and organisation
PE01	Drawing up and reviewing curriculums and training programmes
PE03	Drawing up research plans
PE04	Development and updating of management system
PE05	Management of communications, promotion and relations
OPERATIONAL	
PO01	Management of student information, admission and registration
PO02	Development of higher graduate teaching
PO03	Development of Master's teaching
PO04	Development of PhD teaching
PO05	Development of postgraduate teaching
PO06	Development of specialist training courses
PO07	Management and development of tailored training courses
PO08	Management of student placements
PO09	Academic management
PO10	Management and development of consulting projects
PO11	Management and development of research projects
SUPPORT	
PS01	Management of staff
PS02	Management of staff training
PS03	Management of material resources, purchases and suppliers
PS04	Archive and records management
PS05	Management of economic resources
PS06	Control and monitoring of management and quality systems

From this chart and from the requirements of section 8.2 a standardised document called *Process Sheet* was designed, in which all information relating to a single process was recorded in one single document. The aim is to be able to provide the necessary control information in order to properly monitor the School's work processes as well as to be able to improve them on the basis of objective information.

Table 9. Model for the process sheet

 Escola Superior d'Arxivística i Gestió de Documents Adscrita a la UAB	<b>PROCESS INFORMATION</b>				Code: Version 2 Page 1 de 2
<b>Dates</b>					
<b>Creation:</b>		<b>Approval:</b>		<b>Entry into force:</b>	
<b>Name of the process:</b>					
<b>Definition:</b>					
<b>Owner of the process:</b>					
<b>Objective:</b>					
<b>Target:</b>					
<b>Start / End:</b>					
<b>Inputs:</b>	•				
<b>Outputs:</b>	•				
<b>Indicators:</b>	•				
<b>Control variables:</b>	•				
<b>Risks:</b>	•				
<b>Dealing with risks:</b>	•				
<b>Records:</b>	•				
<b>Procedures / documents:</b>					

This sheet includes information such as the identification and handling of risks, control indicators, procedures and documents relevant to each work process, the person responsible for them, and other details. A sheet for each process has been created, according to how ESAGED interpreted this section of the Standard.

This section of the Standard should be read in conjunction with Annex A, an appendix to the Standard that covers purely the operational requirements of records management, relating to document creation and control. The relationship between section 8.2.c and the structure of Annex can be clearly seen.

Each point of the annex contains at least one requirement, making it very complex for the organisation to control all this information. To simplify this task, we chose to create a standardised document called *Creation and Control Table*, which follows the same structure as Table A.1 of Annex A, but which also includes information about how it complies with each of the requirements and makes reference to where the supporting evidentiary documentation can be found. This standard document is not only helpful for the person in charge of the management system but it also makes the auditors' task much easier as they have, within one single document, a wide range of information on different aspects of the system.

Table 10. Structure of the creation and control table

NUM.	PROCESS	CONTROLS
<b>A.1</b>	<b>Creation</b>	
<b>A.1.1</b>	Determining what documents must to be created and captured for each business process, along with when and how to do it	
<b>A.1.1.1</b>	Determining the need for information	The information on the processes is documented
<b>A.1.1.2</b>	Determining the requirements	The following are outlined in the Handbook of Document Management: definition of what an archive document is and therefore what should fall within the system and guidelines for entering documents in the system (pp. 9-10)
<b>A.1.1.3</b>	Creating reliable documents	The documents are created at the time the transaction takes place or when the event with which they are related takes place, or shortly thereafter.
<b>A.1.1.4</b>	Determining retention	Retention is outlined in the management tool of the classification table.
<b>A.1.1.5</b>	Setting a conservation and elimination calendar	The conservation and elimination calendar is included in the management tool of the classification table.
<b>A.1.1.6</b>	Determining the integrated capture methods	They are defined in the Handbook of Document Management.

It should be noted that everything contained in the *Creation and Control Table* has previously followed a development process in line with the requirements of ISO 30301 as well as the best practices of ISO 15489. Certain requirements have been developed in close collaboration with FUAB's IT Department.

### 3.7. Evaluation and improvement

All of the above would cease to function without proper planning to ensure performance evaluation of the management system (section 9, ISO 30301:2011). For this purpose, we have developed a tool, *Performance Evaluation Program*, which includes the annual plan of internal evaluations, the monitoring of records management applications, management reviews, internal audit and certification audit. A person is assigned responsibility for each monitoring activity along with an estimated date of when this is to be completed.

Table 11. Performance evaluation programme


Year:	2013		Standard:		30301:2011															
Purpose:	Supervision, Revision and Audit																			
Scope:			Procedures:										Procedure of Internal Audit							
MONITORING AND AUTHORSHIP	Clauses from the norm	Processes to revise	Criteria	Person in charge	G	F	M	A	M	JN	JL	A	S	O	N	D	Method	Notes		
Supervision 1/4	6	Objectives; plans; risks; opportunities	Supervision	Ramon Alberch			X										in situ	2013 planning		
Monitoring of DM applications	8.3		Monitoring	Anahí Casadesús				X									in situ			
Supervision 2/4	8	Monitoring and creation	Supervision	Anahí Casadesús						X							in situ	Creation and Monitoring Table		

Each monitoring activity has an accompanying report or record containing a description of the findings, incidents or non-conformities along with any observations and proposals for improvement actions where necessary. The reports are transferred to the management team who, together with the person in charge of the management system, must decide what actions to carry out, with the ultimate aim of continuous improvement.

In order to manage these findings, a standard document has been created - *Non-conformity, Corrective, Preventive and Improvement Actions Sheet* (section 10.1, ISO 30301:2011); this is used to control and monitor the resolution of incidents or non-conformities. For each incident or non-conformity, someone is assigned to be responsible for resolving it along with someone for monitoring the solution.

The sheet consists of two distinct parts. The upper part contains a description of the issue or non-conformity, the origin of how it was detected, and any potential consequences of this non-conformity.

Table 12. Model for Non-Conformity, Corrective, Preventive and Improvement Actions Sheet - 1

<b>NON CONFORMITY / INCIDENT / COMPLAINT</b>	 <b>Escola Superior d'Arxivística i Gestió de Documents</b> Adscrita a la UAB	<b>NON-CONFORMITY, CORRECTIVE, PREVENTIVE AND IMPROVEMENT ACTIONS REPORT</b>	Date:				
			Code:				
			Prepared by: .....				
	<b>Description of the Non-conformity / Incident / Complaint</b>						
	<b>Origin of the non-conformity</b>						
	<input type="checkbox"/> STUDENT COMPLAINT	<input type="checkbox"/> CUSTOMER COMPLAINT	<input type="checkbox"/> INTERNAL AUDIT				
	<input type="checkbox"/> SUPPLIER	<input type="checkbox"/> SPONSOR	<input type="checkbox"/> EXTERNAL AUDIT				
	<input type="checkbox"/> MANAGEMENT	<input type="checkbox"/> OTHER: .....	<input type="checkbox"/> INTERNAL MONITORING				
	<b>Consequences of the non-conformity (where appropriate).....</b>			<b>Date non-conformity closed</b>			
				<b>Person in charge for closing</b>			

The lower part is reserved for information about resolving the non-conformity, including a list and description of the actions to be taken, the person assigned to be responsible for these and estimated resolution dates. Once the solution is confirmed as being implemented, the person responsible for the implemented action must send the sheet to the person responsible for monitoring who, after a reasonable period of time, will deem the non-conformity closed or not (as appropriate). This reasonable period of time allows for checking to ensure that the corrective action has indeed been effective.

Table 13. Model for *Non-Conformity, Corrective, Preventive and Improvement Actions Sheet - 2*

<b>CORRECTIVE / PREVENTIVE / IMPROVEMENT ACTION</b>	<input type="checkbox"/> <b>Open corrective action</b>			<input type="checkbox"/> <b>Open preventive action</b>			<input type="checkbox"/> <b>Open improvement action</b>		
	<b>Analysis of the real / potential causes and improvement:</b>								
	<b>DESCRIPTION OF THE ACTIONS TO BE IMPLEMENTED</b>				<b>Person in charge</b>	<b>Date implementation begins</b>	<b>Date implementation ends</b>		
	<b>Person in charge of implemented action</b>  Name: Date implementation ends:				<b>Verification of the efficacy of the implemented action</b> <i>(It is important to let enough time go by)</i>  <input type="checkbox"/> Effective <input type="checkbox"/> Ineffective, open new corrective action  Person verifying the action: Date of verification and closure:				

These sheets are available to all staff and also enable improvement actions to be proposed (section 10.2, ISO 30301:2011). All this information is captured in a *Non-conformity and Corrective, Preventive and Improvement Actions Control Record*, thus enabling better monitoring of actions, in addition to providing an overview of the situation.



Table 14. *Non-conformity and Corrective, Preventive and Improvement Actions Control Record*

NONCONFORMITIES CONTROL											
N	YEAR	DESCRIPTION	STANDARD REFERENCE	ORIGIN	AC	AP	UNDERWAY	REOPENED	CLOSED	PERSON IN CHARGE	NOTES
3	2012	Record of incidents	ISO 30301:2011 - 10.1	Auditoria de Certificació F2	X				x	Anahí Casadesús	
4	2012	HR and infrastructures	ISO 30301:2011 - 7.1	Auditoria de Certificació F2	X				x	Anahí Casadesús	
5	2012	Empowerment and DM training programme	ISO 30301:2011 - 7.3	Auditoria de Certificació F2	X				x	Anahí Casadesús	
6	2012	Monitoring of system documents	ISO 30301:2001 - 7.5	Auditoria de Certificació F2	X				x	Anahí Casadesús	
7	2012	ESAGED working processes	ISO 30301:2001 - 8.2	Auditoria de Certificació F2	X				x	Alfred Mauri	

#### 4. Internal audits

Internal audits form a substantial part of the implementation and the basis of a proper monitoring system. Although not a requirement, we decided to develop a specific procedure which includes, in an ordered and understandable way, all of the requirements in section 9.2 of the Standard. This document defines responsibilities, outlines the profile and skills needed to be an internal auditor and sets out the methodology for conducting internal audits specified within the School, in line with the ISO 19011:2011 Standard.

It was considered essential that the internal auditor be a member of FUAB staff and someone who would be very familiar with the organisation's peculiarities, but who at the same time was not involved in formulating and implementing the management system for records - for obvious reasons of autonomy in decision-making. Since a thorough knowledge of the Standard was essential, the person chosen to carry out the internal audit was a member of the Legal and Human Resources department. They attended, to great advantage, the "Management System for Records Internal Audit according to ISO 30300/30301" course to ensure they had the necessary hours of theory and practice, as well as a specific certificate for the successful completion of the task. With regard to the aptitude and competencies, section 7 of the ISO 19011:2011 Standard was followed. After the internal auditor had been selected, the relevant training had been given and the system implementation process was underway, it was decided to set a date for the internal audit. Due to the size of the School, a full day was set aside for this.

The next step was the receipt of the *Audit Plan* by the internal auditor, along with an outline plan and schedule. This information allows the organisation to agree with the managers and employees from different departments the schedule of when their department would be audited, so that they could make themselves fully available. In ESAGED's case, the audit was carried out *in situ*, with the person responsible for the management system present throughout the process. Plenty of information was gathered from the internal audit about how to improve the system, along with strengths and weaknesses. Good communication between the internal auditor and the manager responsible for the system was ensured throughout the process, which greatly facilitated the task.

Table 15. Internal audit plan

09:00	Initial Meeting <ul style="list-style-type: none"> <li>• Presentation</li> <li>• Explain the object and scope of the audit</li> <li>• Present the programme of work</li> </ul>
9:30	4 Organisation context <ul style="list-style-type: none"> <li>4.1 Understanding the organisation and the context</li> <li>4.2 Business, legal and other requirements</li> <li>4.3 Definition of the scope of the MSR</li> </ul> 5 Leadership <ul style="list-style-type: none"> <li>5.1 Management commitment</li> <li>5.2 Policy</li> </ul>
	6 Plan <ul style="list-style-type: none"> <li>6.1 Actions for handling risks and opportunities</li> <li>6.2 RM objectives and plans to achieve them</li> </ul>
10:15	7. Support <ul style="list-style-type: none"> <li>7.1 Resources</li> <li>7.2 Training</li> <li>7.3 Awareness raising and training</li> <li>7.4 Communication</li> <li>7.5 Documentation</li> </ul>
11:30	6 Operation <ul style="list-style-type: none"> <li>6.1 Planning and control of operations</li> <li>6.2 Design of records management processes</li> <li>6.3 Implementing records management applications</li> </ul>
14:00	Break

Conducting an internal audit is a complex process that involves reviewing the requirements of the Standard, one by one. Added to this was the fact that in ESAGED's case it was a recently implemented management system and there had been no previous experience that could be used by way of reference. This is why the audit was carried out in a very meticulous and methodical way. With the results obtained, a new plan was drawn up so that non-conformities could be corrected and so that other details could be improved before the date of the certification audit to be carried out by an external body. All findings were reviewed one by one to determine solutions in an effective and appropriate manner. All of this is documented both in the *Non-conformity and Corrective, Preventive and Improvement Actions Record* and in the monitoring sheets.

This methodology has been considered to be very positive, as it allows the corrective process to be easily and transparently followed, as well as enabling the involvement of employees. Implementing a management system involves a high level of teamwork in solving actual or potential incidents.

## 5. The certification audit

Selecting the body to conduct the audit for certifying ESAGED's management system for records raised an initial problem that had to be solved because, up until that time, there was no experience of the ISO 30301 Standard. Consequently, ESAGED's selection criteria

focused on two specific aspects. Firstly, that the body's experience in auditing and certifying management systems should comply with ISO/IEC 17021:2011. And second, that an initial exchange of information between ESAGED and candidate bodies should take place at the point at which they took charge of the certification audit, in order to assess the extent of their knowledge of the ISO 30301 Standard and of our business sector. Regardless of other evaluation aspects to be considered in the context of procuring this service, it was these two aspects that were assigned the highest priority during the selection process.

The audit and certification process was developed by following the steps set out in Annex E of the ISO/IEC 17021:2011. While this is not required under the Standard, it does define precisely the process of third-party auditing and certification, which is useful for an organisation that has never gone through an auditing and certification process. While ESAGED, in the context of the Autonomous University of Barcelona, has an applicable internal Quality Assurance System<sup>3</sup> and conducts audits of official courses offered under the Masters in Archive and Record Management, there is no experience in auditing and certifying ISO Standards - either within the centre or among staff. It should be noted that in order to ensure the quality of all courses and qualifications offered by ESAGED, ISO 9001 implementation and certification is planned in the medium term. It is anticipated that the current ISO 30301 certification will evolve towards an integration of both Standards.

Once the body had been selected to carry out the certification audit, that organisation proceeded to appoint the audit team and draw up the audit plan. In this case, since it is an audit for the initial certification, the process was planned and developed across two phases, with a sufficient period of time between the two to resolve any findings identified in the first phase of the audit. Overall, in the first phase the audit identified a total of fourteen potential non-conformities ahead of the second phase of the audit. Ten of these were minor in nature and four were major. None posed any particular difficulty in terms of resolution, and were resolved within the prescribed period between the two phases. The procedure followed for resolving potential non-conformities was the same as that followed during the internal audit.

Once the audit team had been confirmed for Phase 2 and the audit plan established, the plan was implemented; it resulted in five minor non-conformities being identified along with seven observations. As the verified non-conformities were minor in nature, ESAGED committed to submit to the auditing body, within a maximum period of 30 days from the close of the audit, a *Corrective Action Plan*, which stated, for each non-conformity, the corrective action that had been implemented and the resolution date. These are to be monitored in the follow-up audit.

The certifying authority granted the certification on 8 February 2013 and issued the relevant documents. It set annual follow-up audits and a renewal audit after three years.

## 6. Continual improvement process

The management system for records was implemented with the ultimate objective of continual improvement within the organisation -not simply for the purpose of achieving certification. With the system certified, it is essential to monitor it in accordance with the planned performance evaluation programme. It is also essential that the manager of the system and employees are able to identify any deviations or non-conformities that arise, follow the protocol established to address these, and understand the methods to avoid them.

It should be mentioned that the improvement does not occur from the time the system has been certified, but begins with the process of implementation analysis and planning. It is at

that point that the organisation needs to identify its weaknesses and, using the ISO management methodology, propose improvements. ESAGED used risk analysis as one of the starting points to determine and plan improvement actions, adhering to section 10.2 of the Standard.

We started by identifying risks and then analysed these in accordance with the methodology explained above (probability and severity), resulting in the level of risk. Similarly, this level is directly related to the priority of the action taken to prevent it. Thus ESAGED is able to define a coherent short- and medium-term improvement action plan, with quantifiable results that impact on the daily work of the School.

Within this continual improvement process, we continued to work on several actions that are being developed based on the certification - such as:

- Standardisation of documents
- Improvement and simplification of procedures
- Development of new procedures
- Integration of the quality management system with the records management system
- Improved internal communication channels
- Maintenance and improvement of the virtual repository, based on the School's needs

Working in accordance with an ISO management system foment staff awareness on good practices and guidelines adopted, thus gradually ensuring that habits are adapted in line with continual improvement.

## 7. The training programme

As noted, ISO 30300 Standards generate high expectations for incorporating records management as an integrated and strategic area of the organisation of companies, on a part with other certifiable management systems. In response to this new requirement, the School designed a training programme to train professionals and to help organisations incorporate records management into their continual improvement plans. In addition, this training plan opens up new work prospects for records management and archive professionals.

The objective is to provide three courses that allow experts to be trained in implementing, auditing and certifying management system for records according to the ISO 30300 family of Standards. These are: *Course on implementing management system for records according to ISO 30300/30301*, *Course on the internal auditing of management system for records according to ISO 30300/30301*, and *Course for auditors for certifying management system for records according to ISO 30300/30301*. The training is aimed at records management and archive professionals, IT systems managers, experts in organisation, IT professionals and quality systems managers within the public and/or private sector, as well as professionals in consulting, auditing and certification.

Each course can be followed independently, depending on the professional's skill set and needs, or all three can be taken sequentially in order to acquire comprehensive training of the whole process. UAB-ESAGED issues a certificate upon completion of each course. The length of the course is 2 ECTS each, equivalent to 50 hours including teaching time and the student's personal study. The courses are run both as attended classroom lessons and in virtual mode. The teaching methodology combines theoretical and practical sessions, and uses case studies as an active means of creating simulations and applying theory to specific situations in order to resolve problems raised in each situation. For that purpose, a fictitious

company (LIGNUM) has been created with all the components necessary for implementing a management system for records in the first course, auditing it in the second course, and certifying it in the third course.

The teaching staff is made up of professionals with extensive experience in records management, consulting, auditing and certification in academia: Ramon Alberch (director of ESAGED); Josep Matas (lawyer and ESAGED lecturer); Anna Lorente (Catalan Water Agency Archive); Carlota Bustelo (independent consultant); Cristina Fernández (independent consultant); José Ramón Cruz Mundet (professor of archives, Universidad Carlos III); Ricard Rosas (director of IGC España); Alfred Mauri (ESAGED's studies coordinator); and Remei Perpinyà (ESAGED's head of research).

The training programme ran between October 2012 and February 2013 and was attended by 63 professionals most of whom were from Catalonia, with attendees from other parts of Spain and Latin America (Costa Rica, Uruguay, Colombia and Dominican Republic). The positive ratings given for the courses, the positive reception from attendees and the School's firm commitment to the ISO 30300 Standard has meant that the training programme for management system for records is now part of the School's regular courses on offer. Consequently, a second training programme was timetabled from October 2013 to October 2014 and has been attended by 61 professionals, nearly half of whom are from Latin American countries (Colombia, Mexico, Ecuador,). In November 2014 the third training programme starts, covering the above three specialisations. In addition, an extension of this training programme, to run as attended classroom courses, is planned for a number of schools and universities in Latin America. Thus, a first edition of this Training Programme ran throughout 2013 in collaboration with the Mexican School of Archives in Mexico City, with 78 people attending across the three different specialist areas.

## **8. Conclusions and Final Thoughts**

The experience of implementing, auditing and certifying ISO 30301 Standard at the Graduate School of Archive and Record Management, along with the delivery of two editions of the training programme for management system for records according to ISO 30300/30301, allow us to present some initial conclusions focused on three areas of interest: the resources required for implementation, the benefits arising, and the importance of dissemination.

With regard to the economic and human resources, the cost of implementing, auditing and certifying the organisation in accordance with the Standard is perfectly acceptable. In the case under consideration here, it is important to note that no investment in technological resources was necessary (beyond the implementation of electronic signatures for management) and that it was necessary to hire a part-time expert in archive and records management to achieve necessary progress and meet the planned implementation schedule. Once the certification activity is completed, this place of work was consolidated in order to meet the continual improvement actions and assist with ongoing training and ESAGED's presence among social networks. In any case, it should be noted that ESAGED's ability to rely on professionals with an unquestionably good reputation in archives and records management, together with the work of the leadership and supervision meant that it could be completed to full satisfaction. However, for organisations that do not have sector experts among their staff, it is likely that this could lead to problems. It should also be noted that the idea is reinforced that implementation, auditing and certification under ISO 30301 is achieved more reliably, efficiently and quickly where organisations have already implemented a quality system in line with ISO 9001.

As for the benefits achieved, consideration should be given to the fact that ESAGED, as a centre attached to the UAB and offering formal qualifications under the guidelines of the European Higher Education Area, is subject to certain obligations of transparency and accountability that can only be met properly where there is a management system for records. On this, the implementation of the system is shown again to be effective in meeting legal obligations, while reinforcing the efficiency and productivity in information management and as an effective tool in recovering and accessing information.

In this regard, the Standard is valued among professionals as a lever to further change that requires archives and records management to be perceived as beyond their purely financial consideration in one case, or subject to tools (generally IT tools) in the second. Their formulation is enlightening in regard to what the MSR is, what the tools are for their functioning and the tools for their control and certification; this without question must contribute to diluting the confusion that is all too common. It is also significant in relation to improving the efficiency of organisations, and to another increasingly important aspect, whether in the public, private and business spheres: namely, transparency. Beyond situations of periodic crisis that affect governments, companies and resources aimed at the management of records and archives, the Standard has a track record precisely as a tool that is already developed for a process of reconstruction upon bases that are different to those that exist and where efficiency and transparency are key. And they are really in all spheres: public and private and for any size of organisation.

Similarly, and at a more general level, this process ensures that:

- It makes an extraordinary contribution to the standardising of the profession and archival practice.
- It intensifies and demonstrates the importance of alliances with other professions such as technologists, lawyers, and experts in organisation and modernisation.
- It provides archival science with greater methodological content.
- The implementation of the standard is no more complex than any other related to organisational management systems.
- It forces a rethink of some working methods and tools along with improvements in benefits (shared network, digital repository, definition of roles and permissions, and so on).

Finally, regarding dissemination, implementing the Standard has allowed us to promote this experience among numerous national and international forums during 2013 and 2014. The fundamental objective of our communication activities -whether at conferences and workshops (Paris, San José de Costa Rica, Bogota, Quito, Mexico City, Santo Domingo, Toledo, Madrid), in articles within specialist journals or by posting relevant information on our website- is to contribute our experiences that can be seen in the actions we have taken, and thus also foster a drive to implement and improve implementation so that other organisations can use it as a lesson and point of reference.

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## Standards

UNE-ISO 15489-1:2006. *Information and documentation: Records management. Part 1: Basic Concepts* (ISO 15489-1:2001)  
 UNE-ISO 15489-2:2001. *Information and documentation: Records management. Part 2: Directives*. (ISO 15489-2:2001)  
 UNE-ISO 30300:2011. *Information and documentation. Records Management Systems. Fundamentals and Vocabulary*. (ISO 30300:2011)  
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 UNE-EN ISO 9001:2008. *Quality Management Systems. Requirements* (ISO 9001:2008)  
 UNE-EN ISO/IEC 17021:2011. *Conformity Assessment. Requirements for Bodies that Audit and Certify Management Systems*. (ISO/IEC 17021:2011)  
 UNE-EN ISO 19011:2012. *Directives for Auditing Management Systems*. (ISO 19011:2011)

## Notes

- 1 Employment data derived from a survey conducted annually among students who completed their studies, at a two-year perspective, can be seen at the following link:  
<https://docs.google.com/file/d/0B4XujtVz9XLZMi11bFN6NEdFRE0/edit>
2. <http://www.arxivers.com/index.php/documents/publicacions/col-leccio-textos-1/128-textos-01-codi-deontologic-dels-arxivers-catalans-1/file>
- 3 ESAGED's SGIQ (system for internal quality assurance) was designed using the following AUDIT directives:  
 AQU Catalunya: <http://www.aqu.cat/universitats/audit/index.html>  
 ANECA: <http://www.aneca.es/Programas/AUDIT>  
 and the standards and directives for quality assurance of the European Association for Quality Assurance in Higher Education (ENQA).