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Health and Safety

1. To provide an update on the planned review of Health and Safety and also to document the near-miss reporting and lone-working procedures and protocols within the Health and Safety policy. *Updated Health and Safety documents to be submitted following the review. Further progress to be reported on the annual update for by 1 April 2020. This is recommended to document that H&S procedures are being followed and to provide a mechanism for continuous improvement*

2. To produce a generic risk assessment which includes all potential hazards and is then supplemented with the known site specific hazards.
3. To arrange an annual audit with the Health and Safety advisers, including at least one site visit. Where appropriate, to seek further advice from the Health and Safety adviser on issues identified by the inspection (asbestos awareness training, training in using asbestos PPE, risk assessment training and implementing an effective lone working policy). *This is recommended to comply with section 5.2 of the Code of conduct.*
4. To refer to their H&S advisers for advice regarding:
 - a. the ratio of SSSTS and SMSTS qualified field and project management staff for the size and nature of their company, and to consider accredited training at the appropriate level for the senior project manager with responsibility for H&S
 - b. a risk assessment for the finds processing area
 - c. devising and implementing a procedure by which staff notify management of all near-misses and a record is kept To be undertaken and an update on these to be provided on the annual update form by 1 April 2020
5. To refer to SLR's H&S advisers for advice regarding the appropriate level of first-aid training for, and H&S accreditation of individual staff members either undertaking fieldwork or monitoring the fieldwork of subcontractors, and to consider accredited training for Archaeology and Heritage team staff. To be undertaken and an update on this to be provided by 1 September 2020
6. To provide adequate welfare facilities for staff on site. *This is in order to comply with relevant legislation in accord with the ClfA Code of conduct 5.1 A member shall give due regard to the requirements of employment legislation relating to employees, colleagues or helpers, and 5.2 A member shall give due regard to the requirements of health and safety legislation relating to employees or to other persons potentially affected by their archaeological activities. HSE Welfare at work. Guidance for employers on welfare provisions. <https://www.hse.gov.uk/pubns/indg293.pdf> may be useful. Welfare vehicles could be considered where facilities cannot be left on site.*
 - a. *This is also in order ensure there are the facilities to create, maintain and conserve an adequate record of the site. To this end the RO shall provide evidence that appropriate welfare facilities are provided as far as is reasonably practicable. Evidence such as invoices, or a spreadsheet with details of fieldwork and welfare arrangements to be provided by 1 September 2020 and again with the annual update by 1 April 2021.*

H&S Training

7. To take a recognised course (such as IOSH Leading Safely, IOSH Managing Safely or SMSTS) in order to raise awareness of potential hazards when monitoring tenders and managing other work.
8. To arrange for suitable members of staff to take a recognised course (such as IOSH Leading Safely, IOSH Managing Safely or SMSTS) in order to raise awareness of potential hazards when managing work.
9. To implement appropriate Health and Safety training for a member/s of staff (SSSTS, SMSTS, IOSH Leading Safely, IOSH Managing Safely or similar).
10. To ensure all relevant staff complete Risk Assessment training and to implement a schedule of meetings and reviews with the SCC H&S adviser, to include spot check site visits. To be implemented and progress reported on the annual update form 1 April 2020.
11. Providing risk assessment refresher training for long-term staff members

Lone working

12. To document and implement a cascade of measures for escalating matters when a member of staff lone-working cannot be contacted. To reflect this in updated risk assessment templates. To be undertaken and an update provided by 1 December 2019. *This is to ensure that H&S protocols and procedures are being followed in line with the requirements of the RO Scheme (rule 5.2 of the Code of Conduct).*
13. To document and implement a lone-working protocol, procedures and mechanisms. To be undertaken and an update provided by 1 April 2020. *This is to ensure that H&S protocols and procedures are being followed in line with the requirements of the RO Scheme (rule 5.2 of the Code of Conduct).*
14. To review, and where necessary update the lone working policy. *This could include a named contact, a phone number that would always be answered by a person, how lone workers would be monitored and possibly an emergency procedure.*
15. To document the existing lone-working protocol, procedures and mechanisms within the company Health and Safety Manual. *This is to ensure that H&S protocols and procedures are being followed in line with the requirements of the RO Scheme.*
16. To document and implement a heritage and archaeology team-wide lone-working protocol, procedures and mechanisms to rationalise existing practices between offices and teams.
17. To consider using a lone-working smartphone app as a back-up to Avalon's buddy-system. *(The Suzy Lamplugh Trust also gives a list of lone worker apps. <https://www.suzylamplugh.org/Pages/Category/lone-worker-directory>).*
18. To consider providing further lone-working support as a back-up to SLR's buddy-system, such as a smartphone app *(The Suzy Lamplugh Trust also gives a list of lone worker apps. <https://www.suzylamplugh.org/Pages/Category/lone-worker-directory>).*
19. To consider improving the robustness of the lone working procedures and their implementation, for example, using a smart phone lone working app. *(The Suzy Lamplugh Trust also gives a list of lone worker apps. <https://www.suzylamplugh.org/Pages/Category/lone-worker-directory>).*
20. To take enhanced first aid training for lone working and subscribing to external Health and Safety advice. Further help may be available from the HSE website. <https://www.hse.gov.uk/simple-health-safety/gettinghelp/finding-consultant-provider.htm>
21. To consider using a lone-working smartphone app as a back-up to Nexus' buddy-system. *(The Suzy Lamplugh Trust also gives a list of lone worker apps. <https://www.suzylamplugh.org/Pages/Category/lone-worker-directory>).*
22. To consider auditing all potential instances of lone working and reminding the team of the lone working policy. *This is in order to consolidate current good practice and refresh previous guidance issued to team members*

Independent adviser

23. To ensure an appropriately trained and experienced person is responsible for/or advising the organisation on H&S. To make arrangements to consult an external health and safety advisor as and when necessary or to undertake accredited training (for example, IOSH, CHAS etc). To be implemented and evidence provided with the annual update form by April 2020. *This is recommended to ensure that the organisation has access to competent H&S advice.*
24. To ensure an appropriately trained and experienced person is responsible for/or advising the organisation on H&S. To make ongoing arrangements to consult an external health and safety advisor, or to undertake accredited training (for example, IOSH, CHAS etc), or to join an organisation offering appropriate health and safety advice. To be implemented and

details provided by 1 June 2020. This is recommended to ensure that the organisation has access to competent H&S advice.

25. To ensure an appropriately trained and experienced person is responsible for/ or advising the organisation on H&S. To make ongoing arrangements to consult an external health and safety advisor, or to undertake accredited training (for example, IOSH, CHAS etc), or to join an organisation offering appropriate health and safety advice. *To be implemented and details provided by 1 June 2020. This is recommended to ensure that the organisation has access to competent H&S advice.*

Appraisals, Training and Development

Accrediting training courses

1. To train a member of teaching staff as a cable avoidance tool (CAT) instructor in order to add this competency to the practical curriculum and to add an additional element of safe practice.
2. To work with ClfA towards achieving accredited degree status.

Provide training

3. To access further targeted DBA training for staff.
4. Providing training to graduate staff on the differences between dealing with projects requiring planning permission and those that are permitted development
5. To consider how best to ensure staff are able to find time to engage with training opportunities more often

Planning training

6. To develop and implement a structured training plan for the assistant archaeologists/career entrants. *The training plan to be submitted by 1 September 2019. This is to satisfy Principle 5.8 of the Code of conduct. The information available on <https://www.archaeologists.net/careers/info-for-employers> may be useful.*
7. To implement as part of the regular appraisal system, CPD logs, PDP's and training plans for every member of staff, and to produce and implement a skills audit for the organisation to underpin and inform future iterations of the organisational training plan already in place and individual training plans. To be produced and evidence (including an example PDP and individual training plan cross-referenced to a skills audit and/or ClfA specialist competence matrices) to be provided with the annual update form by 1 April 2020. This is recommended to ensure the organisation operates in line with the requirements of the RO scheme (rule 5.8 of the Code of Conduct) and guidance issued to Registered Organisations. Additional guidance available at: <https://www.archaeologists.net/sites/default/files/Developing%20a%20training%20plan.pdf>
8. To implement a formal and regular appraisal system, PDP's and training plans for every member of staff, and to produce and implement a skills audit for the organisation to underpin and inform future iterations of the organisational training plan already in place as well as individual training plans. To be produced and evidence (including an appraisal schedule for each office, an example PDP and individual training plan cross-referenced to a skills audit and/or ClfA specialist competence matrices) provided with the annual update form by 1 April 2020. This is recommended to ensure the organisation operates in line with the requirements of the RO scheme (rule 5.8 of the Code of Conduct) and guidance issued to Registered Organisations. Additional guidance available at: <https://www.archaeologists.net/sites/default/files/Developing%20a%20training%20plan.pdf>

9. To ensure that all members of staff have annual appraisals and PDPs (including training) in place and are supported in completing CPD logs. This is recommended to ensure that the training and personal development needs of all members of staff are represented within the organisational skills audit and training plan which is a requirement of the RO scheme. An update on this and schedule of appraisals should be produced and submitted to ClfA by 1 April 2020.
10. To develop the approach to appraisals and training to include a specialist skills matrix for the heritage consultancy and archaeology teams across all offices and to underpin organisational and individual training plans with this matrix. A report on progress and copies of the matrix and training plans to be provided with the annual update form by 1 April 2020. *This is recommended to ensure the organisation operates in line with the requirements of the RO scheme (rule 5.8 of the Code of Conduct) and guidance issued to Registered Organisations. Additional guidance available at: <https://www.archaeologists.net/sites/default/files/Developing%20a%20training%20plan.pdf>*
11. To produce a team audit of skills and competencies and to develop a linked team-wide training and development strategy/plan to reflect existing skills gaps and/or succession planning, and for the strategy/plan to be linked to individual training objectives. To be implemented and an update and copies to be provided by 1st June 2020
 - a. *It is recognised that the implementation of the EDP Trail skills audit and training approach is under review and that it is expected that a skills assessment across the whole company will be delivered within the coming year. This recommendation is made to ensure delivery of a skills and competencies audit and training and development plan in line with ClfA guidance for Registered Organisations to have an organisational skills audit and training plan in place*
12. Produce a structured training plan for the early career archaeologist. *This is in order to comply with guidance issued to the Registered Organisations and for consistency throughout the scheme. The Training Toolkit <https://www.archaeologists.net/trainingtoolkit> may help in providing examples of suitable plans. To be implemented and a copy of the plan submitted by 1 June 2020.*
13. To produce a structured plan of training and development for trainees and early career archaeologists. *To demonstrate compliance with the ClfA policy statement on training posts on archaeological projects (para 1.3). Guidance on developing training which ClfA can formally approve, and which would take trainees to Practitioner level, is available on request from ClfA. Further information can be found on <https://www.archaeologists.net/careers/info-for-employers>. To be implemented and an update provided by 1 June 2020.*
14. To implement as part of the regular appraisal system, PDPs and training plans for every member of staff alongside CPD logs, and to produce and implement a skills audit for the team to inform and underpin an organisational training plan and individual training plans. To be produced and evidence (including an example PDP, and an individual training plan and organisational training plan cross-referenced to a skills audit, to be provided with the annual update form by **1 April 2021**. This is recommended to ensure the organisation operates in line with the requirements of the RO scheme (rule 5.8 of the Code of Conduct) and guidance issued to Registered Organisations. Additional guidance available at: <https://www.archaeologists.net/sites/default/files/Developing%20a%20training%20plan.pdf>
15. To ensure that all informal staff training is logged alongside formal training and is reviewed at appraisal, and that future training is linked to the team-wide skills audit and training plan. To be implemented and 2 example CPD logs to be provided by 1st June 2020
16. To better integrate and provide a clear relationship between individual skills audits, personal development plans, and the team training plan, and to ensure that all team members have a skills audit, CPD log and PDP. Training should be accompanied by a timetabled programme

and CPD logs should record informal mentoring. *This is recommended to ensure the organisation operates in line with the requirements of the RO scheme (rule 5.8 of the Code of Conduct) and guidance issued to ROs. See:*

<https://www.archaeologists.net/sites/default/files/Developing%20a%20training%20plan.pdf>
*To be implemented and an example of an individual skills audit, PDP, CPD and team training plan to be provided with the annual update form by **1 April 2021***

17. To review the training policy, ensuring that it references the (group wide) training documentation, and describe how this policy assists in identifying and addressing training needs amongst staff and the organisation as a whole. *An updated version of the training policy to be submitted by 1 September 2020*

CPD

18. To produce role profiles (or utilise existing examples) documenting key competencies, in order to help new and promoted staff to identify and plan for their future skills development and training.
19. To encourage the use of the personal CPD log or organisational log to record the development of new and additional skills gained at work.
20. To encourage staff to record the full breadth of CPD being undertaken. *To recognise the extent of CPD being undertaken and provide both GLAAS and individuals with formal recognition of this.*

Appraisal

21. To formalise and schedule annual appraisals as soon as the new role definitions have been finalised. *To be implemented and an update provided on the annual update form by 1st April 2020.*
22. To implement personal performance reviews in which team members can mutually support each other as part of a systematic process, to review their previous objectives, consider their training and CPD log, review their personal/professional development plan and set themselves measurable and achievable personal and business development objectives. This can take any form that fits the culture of the organisation but should be documented as an aid to the individual and enable future review. *The CPD and PDP forms available on the ClfA website may be helpful <https://www.archaeologists.net/development/cpd>. This is recommended to ensure the organisation operates in line with the requirements of the RO scheme (rule 5.8 of the Code of Conduct). An update on progress with this recommendation to be provided with the Annual update by 1 April 2021.*

ClfA accreditation

1. To advocate for staff at all levels to gain ClfA accreditation, using ClfA staff and recruitment resources where available. *The inclusion of ClfA accreditation as a specific appraisal or progression objective should be considered. Staff may find the specialist competency matrices helpful to see where they fit into the criteria and career starters may find the Pathways scheme helpful to see how to apply for PCIfA*
2. To advocate for staff at all levels to gain ClfA accreditation, using ClfA staff and recruitment resources where available. *The inclusion of ClfA accreditation as a specific appraisal or progression objective could be considered. Staff may find the specialist competency matrices helpful and the Pathway to PCIfA resources may be helpful for early career staff. Encouraging engagement with Special Interest Groups would be beneficial for many staff and there are*

opportunities to disseminate more widely, information from ClfA received through e-bulletins, RO bulletins, TA etc.

3. To advocate for staff at all levels to gain ClfA accreditation, using ClfA staff and recruitment resources where available. *The inclusion of ClfA accreditation as a specific appraisal or progression objective could be considered. Staff may find the specialist competency matrices helpful and the Pathway to PCIfA resources may be helpful for early career staff. Encouraging engagement with Special Interest Groups would be beneficial for many staff and there are opportunities to disseminate more widely, information from ClfA received through e-bulletins, RO bulletins, TA etc.*
4. To advocate for historic environment staff at all levels to gain ClfA accreditation, using ClfA staff and recruitment resources where available. *The inclusion of ClfA accreditation as a specific appraisal or progression objective could be considered. Staff may find the specialist competency matrices helpful and the Pathway to PCIfA resources may be helpful for early career staff. Encouraging engagement with Special Interest Groups would be beneficial for many RO bulletins, TA etc more widely staff and there are opportunities to disseminate information from ClfA received through e-bulletins.*
5. Identify and implement ways to further actively encourage and incentivise all staff to apply for ClfA membership (for example by contributing 100% of membership fees, including ClfA accreditation as part of the appraisal processes for all staff, by agreement in personal development objectives, through provision of time to complete forms and providing mentoring on writing personal statements and finding appropriate referees, and providing information on and promoting the benefits of SIGs.
6. To encourage further uptake of ClfA membership or membership upgrade, by GLAAS staff. *The inclusion of ClfA membership as a specific appraisal or progression objective could be considered.*
7. To encourage the University to pay for ClfA accreditation for the staff, as it is a requirement for the RPH to be accredited for registration and because professional accreditation is embedded in lesson content.
8. To continue to encourage/incentivise staff to upgrade their ClfA membership to the appropriate grade which best reflects their skills, experience and professional role
9. For the two members of senior staff who are currently at ACIfA level to be supported by the RO in applying for their membership upgrade to MCIfA
10. To advocate for historic environment staff at all levels to gain ClfA accreditation, using ClfA staff and resources where available. *The inclusion of ClfA accreditation as a specific appraisal or progression objective could be considered. Staff may find the specialist competency matrices useful and the Pathway to PCIfA resources may be helpful for early career staff and/or students. Encouraging engagement with Special Interest Groups would bring CPD and networking benefits for staff and their employers and there are opportunities to disseminate information from ClfA received through e-bulletins, RO bulletins, TA etc more widely. Further information can be found here <https://www.archaeologists.net/InformationforROs>*

Staffing and Ts&Cs

1. To support all staff, including new starters, fixed term contract and permanent staff, with information to enable them to make a success of their employment. Also, to seek feedback in order to facilitate continuous quality improvement in employment and training. *This could include: A written record of the length and nature of the assessment period at the commencement of employment. A staff handbook detailing all aspects of employment, readily available to all staff to access independently. An appraisal or exit interview for staff on fixed term contracts. A feedback form for trainees to complete when they cease their training at any stage, including completion.*

2. Reviewing the RO's employment package for heritage staff, as the working week is longer than the ClfA recommended 37.5hrs and pension contributions significantly lower than 6% for some. Check whether the salary uplifts are being met in accordance with ClfA guidance
3. To demonstrate the ability to recruit, retain and motivate appropriately skilled staff in the continued absence of payment of the salary minima. *This is in order to comply with clause 5.5 of the Code of conduct: A member shall give due regard to the welfare of employees, colleagues and helpers in relation to terms and conditions of service. They shall give reasonable consideration to any ClfA recommendations on pay and conditions of employment, and should endeavour to meet or exceed the ClfA recommended salary minima.*
4. To demonstrate the ability to recruit, retain and motivate appropriately skilled staff in the continued absence of payment of the salary minima. *This is in order to comply with clause 5.5 of the Code of conduct: A member shall give due regard to the welfare of employees, colleagues and helpers in relation to terms and conditions of service. They shall give reasonable consideration to any ClfA recommendations on pay and conditions of employment, and should endeavour to meet or exceed the ClfA recommended salary minima. To provide statistical records on recruitment and retention over the last three years by 1 June 2020*

Policies and Procedures

1. To review and update the quality policy and manual to ensure the most recent ClfA Standards and Guidance documents are being followed company-wide, particularly in regard to the items/issues highlighted in the Archives and Publication section of the inspection report. Furthermore, to ensure that the procurement and quality assurance procedures for external fieldwork contractors and specialists are documented within the Quality Manual. To be implemented and evidence provided, for example guidelines, templates, QA checklist, log, revised quality manual and example reports to be provided by 1 March 2020.
2. To update the procedures manual to reflect current organisation structure, current guidance and current approach to projects and reporting, and to consider inclusion of areas of practice not currently covered. A report on progress with the procedures manual to be submitted by June 2020 and then with each subsequent Annual Update form between now and next inspection, unless a completed copy is received in the interim. Progress overall will be reviewed at next inspection.
3. To develop a building recording manual. *This is recommended in order to provide guidance to other members of staff undertaking work in this area.*

Organisation

1. To clearly define the role of RPH either by ensuring MCIfA accreditation at the highest level, or by otherwise satisfying ClfA that the regulations are adhered to through reorganising and redefining the current management structure. *The situation to be resolved in discussion with ClfA by 1 Sept 2019*
2. Review processes in place to ensure good communication between offices, and robust monitoring of workload capacities and access to training and TOIL.
3. To consider additional mechanisms to improve communication within the company. Staff highlighted a number of areas where they felt communication with management and between office and site staff could be improved, including: budgets and timeframes for specialist work, on-site conservation, and appraisals.
4. To clarify GLASS's position on reward and recognition payments and career opportunities for part-time staff. *To provide clear guidance to staff.*
5. To consider including biographical information on the Avalon website as to who is responsible for undertaking the services offered and what benefits their experience or ClfA

- membership and RO status can bring to a project.
6. To consider how best to increase communication between the Heritage and Archaeology Team offices for the benefit of staff
 7. To consider how best to manage and support the expectations for professional development of part-time staff, and in regard to their workload capacities
 8. To consider re-instating regular team meetings and shared CPD sessions for the benefit of staff
 9. To consider including biographical information on the RO's website as to who is responsible for undertaking the services offered and what benefits their experience or ClfA membership and RO status can bring to a project.

Outreach and public engagement

1. To put into place an outreach policy, and to ensure that all excavation WSIs include
 - a. a justified statement on public engagement and participation tailored to the project
 - b. a statement on publication and dissemination proposals detailing how the needs of different relevant audiences will be met. The outreach policy and WSI template if used and one example of a WSI to be submitted with the annual update form by 1 April 2020. *This is recommended to demonstrate adherence to 3.2.13 and 3.2.16 of the Standard and guidance for archaeological excavation.*
2. To put into place an outreach policy and to aim to ensure that WSI's as standard set out how public benefits may be achieved by means of engagement, participation and/or dissemination of the results both during and after the project as appropriate to the scale, nature and circumstances of the work, or where outreach is unlikely to be possible, justification is provided. The outreach policy and WSI template if used and one example of a WSI to be submitted with the annual update form by 1 April 2020. *This is recommended to demonstrate adherence to 3.2.13 Standard and guidance: for archaeological excavation.*
3. To explore the potential to widen out the limited range of outreach activities (talks) reliant mainly on delivery by one person within AS and to consider how best to ensure outreach is included from the very outset of large-scale projects.
4. To include outreach activities as a standard item within WSIs. *(In order to comply with ClfA Standard and guidance for archaeological excavation 3.2.13. A WSI should set out how public benefits may be achieved by means of engagement, participation and/or dissemination of the results both during and after the project, as appropriate to the scale, nature and circumstances of the work. Health and safety issues, public liability and commercial confidentiality, while important considerations, should not be used as a barrier to public engagement without clear justification for doing so.)*
5. To put into place an outreach policy. The outreach policy should be submitted with the annual update form by 1 April 2020.
6. To ensure that all excavation WSIs include:
 - a. a justified statement on public engagement and participation tailored to the project
 - b. a statement on publication and dissemination proposals detailing how the needs of different relevant audiences will be met
7. To ensure that all excavation WSIs include:
 - a. a justified statement on public engagement and participation tailored to the project
 - b. a statement on publication and dissemination proposals detailing how the needs of different relevant audiences will be met
8. To include seeking opportunities for outreach as a standard item within excavation WSIs.

9. To update the existing statement or provide a new outreach policy to identify the breadth of activities that may be considered outreach and to include consideration of outreach as a standard item within excavation WSIs. *In order to comply with ClfA Standard and Guidance for archaeological excavation (section 3.2.13). To be implemented and 2 examples of a WSI and a copy of the revised or new outreach policy to be provided by 1 September 2020*
10. Revising and updating the existing outreach policy and to ensure that all excavation WSIs include:
11. a justified statement on public engagement and participation tailored to the project
12. a statement on publication and dissemination proposals detailing how the needs of different relevant audiences will be met

Volunteers

1. To consider putting in place a Volunteer policy and publishing this online or putting a clause in the contract with the clients or contractors to explain the use of volunteers. *This is recommended to ensure transparency in following the ClfA policy on the use of volunteers.*
2. To further encourage volunteer and student opportunities, ensuring that on every occasion on which volunteers or students are to be used, and especially when competitive tenders are sought for a commercial contract, the full extent of their activities in respect of the services offered must be declared and included in the submitted written project proposals. *This is recommended in accordance with ClfA policy 3.5 The use of volunteers and students on archaeological projects.*
3. To put into place a written volunteer policy. Consideration given to publishing this online, and putting a clause in PCA's contract with clients, as well as WSI's, to explain the use of volunteers. The volunteer policy to be submitted with the annual update form by 1 April 2020. *This is recommended to ensure transparency in following the ClfA policy on the use of volunteers.*
4. To implement a system of CPD/training logs for volunteers to recognise training and experience. *For recognising skills obtained by the volunteer and enabling GLAAS to demonstrate the effectiveness of the volunteer programme.*
5. To consider routinely including a clause on volunteer use within specifications sent to subcontractors, as a reminder to them to comply with the ClfA policy statement on volunteer use

Conflicts of Interest

1. Prepare and implement a conflict of interest policy and protocol specifically tailored to governing the management of conflicts of interest within the heritage consultancy and archaeology team project portfolio, particularly in regard to multiple roles on the same project, and between the consultancy and contracting arm of the organisation. The conflict of interest policy should be submitted with the annual update form by 1 April 2020.
2. To consider the development of a COI statement outlining the protocols in place for governing the management of potential conflicts of interest within the heritage team project portfolio. This should address the potential for conflicts arising from advice-giving roles
3. Producing and adding to the staff manual, a detailed conflict of interest statement outlining potential COI scenarios and how to deal with these. To pay particular attention to scenarios that may arise, given the nature of the organisational relationship between the RO and the parent and partner companies. To especially aid the RO's graduate archaeologists by documenting the procedures followed by senior staff in ensuring COIs are avoided when tendering for and subcontracting work

Reporting

1. To ensure that all reports, including those written by senior staff are subject to robust quality assurance checking and procedures. *To be implemented and evidence provided with the annual update form by 1 April 2020. This may be captured within a quality or report policy, report template guidelines or other documentation as appropriate*
 2. To ensure work undertaken confidentially on behalf of a client prior to the submission of a planning application is ultimately submitted to OASIS and local HERs.
 3. To consider how to ensure work undertaken confidentially on behalf of a client prior to the submission of a planning application is ultimately submitted to OASIS and local HERs.
 4. To consider how to ensure work undertaken confidentially on behalf of a client prior to the submission of a planning application is ultimately submitted to OASIS and local HERs.
 5. To ensure that all reports produced are subject to robust quality assurance checking and procedures to ensure compliance with the current ClfA Standards and guidance. To review and update report templates and/or reporting guidance and QA processes particularly in regard to the assessment of significance of heritage assets and the impact of development upon this significance, inclusion of planning background, reference to research frameworks and aims, and the interpretation of the significance of results within the wider research context. To be implemented and two DBAs and two fieldwork reports to be provided by 1 December 2019 as evidence. (This date may be extended if insufficient work has generated the required publications).
 6. To consider including a short statement in reports as to why the survey was undertaken.
 7. To develop and bring up-to-date the existing backlog list of project reports and publications to incorporate the current level of completion of assessment, proposed reporting/publication format and strategy including timeline to bring the reporting to conclusion, including engagement with relevant curators. For the strategy to be prepared and an update provided with the annual update form by 1 April 2020. For progress with the implementation of the strategy to be reviewed at the next inspection.
 8. To provide a comprehensive and accurate list of outstanding publications and to produce a strategy for their publication. The strategy should include:
 - a. Identification of the research potential of the project
 - b. Identification of the focus of reporting and publication (eg whole site or key aspects)
 - c. Identification of unfunded projects and potential routes to resolve this including enforcement action, synthetic publication and alternative funding mechanisms
 - d. A programme for the completion of the reporting/publication and identification of the likely publication outlet, or a clear indication as to where external factors prevent publication and all avenues to resolve these have been explored
- A report on progress with delivering the strategy, to be submitted with each required Annual update form (starting April 2020), between now and next inspection. Progress overall will be reviewed annually and at next inspection.
9. To ensure the quality assurance process is rigorously implemented, so that project reports are thoroughly proofread and in particular, include referencing to wider archaeological sources where appropriate, and for historic building recording reports, photos are of an appropriate quality and the content of Level 3 reports accords with national guidance.

To be implemented and two historic building recording and two archaeological reports to be provided as evidence with the Annual Update Form by 1 April 2020.

10. To ensure that all reports produced are subject to robust quality assurance checking and procedures to ensure compliance with the current ClfA Standards & Guidance. To be implemented and two reports to be provided with the annual update form by April 2020 as evidence.
 - a. *Compliance would be achieved by*
 - b. *reviewing and updating report templates and/or reporting guidance and QA processes particularly in regard to historic building recording ensuring use of standard terminology and appropriate illustrations. Targeted training in this area could be explored*
 - c. *inclusion of AOD and compass directions on sections in all reports*
 - d. *inclusion of research objectives and an interpretation of the importance of results within the wider research context*
 - e. *consistent referencing details of archive contents and intended depository, the local HER, upload to OASIS (and ideally, a copy of an OASIS summary), and adherence to ClfA Standard and Guidance for all types of reports*
11. To produce a publication strategy and programme for projects over 5 years old for all offices; comprising identification of the nature and status of projects to be published and a deliverable, prioritised programme for publication. A report on progress with reducing the backlog to be submitted with each required Annual Update form (starting April 2020) between now and next inspection. Progress overall will be reviewed at next inspection.
 - a. To ensure that all reports produced are subject to robust quality assurance checking and procedures, to ensure compliance with the current ClfA Standards & Guidance. To be implemented and four reports to be provided with the annual update form by April 2020 as evidence, including two examples of a heritage statement/impact assessment. *Compliance could be achieved by*
 - b. *reviewing and updating report templates and/or reporting guidance and QA processes, particularly in regard to the assessment of significance of heritage assets (reports should clearly state the methodological approach employed and the elements that contribute to a heritage assets' significance and the impact of development upon this significance). Targeted training in this area could be explored*
 - c. *consistently referencing research objectives and including an interpretation of the importance of results within the wider research context*
 - d. *referencing details of archive contents and intended depository, the local HER, upload to OASIS (and ideally, a copy of an OASIS summary), and adherence to ClfA Standard and Guidance*
12. To develop and maintain a method of recording and monitoring the status and progress of the reporting/publication backlog for projects over 5 years old, and to produce a strategy and programme comprising identification of the nature and status of projects to be reported/published and a deliverable, prioritised programme for reporting/publication. A report on progress with recording and monitoring the backlog and reducing it, to be submitted with each required Annual Update form (starting April 2020) between now and next inspection. Progress overall will be reviewed at next inspection.
13. To design and implement a scheduled reminder to contact the relevant curators with a request that they upload reports onto ADS.
14. To identify a method of reviewing reports in order to ensure there is an additional level of critical review beyond the author.
15. To ensure that all reports produced are subject to robust quality assurance checking and procedures, to ensure compliance with the current ClfA Standards & Guidance. To be implemented and four reports to be provided with the annual update form by April 2020 as evidence, including two examples of a heritage statement/impact assessment for a built heritage asset. *Compliance could be achieved by*

- a. *reviewing and updating report templates and/or reporting guidance and QA processes, particularly in regard to the assessment of significance of heritage assets (reports should clearly state the methodological approach employed and the elements that contribute to a heritage assets' significance and the impact of development upon this significance). Targeted training in this area could be explored*
 - b. *consistently referencing research objectives and how these were met/not met and including an interpretation of the importance of results within the wider research context*
16. To ensure that all reports produced in-house are subject to robust quality assurance checking and procedures, so they comply with the current ClfA Standards & Guidance. To be implemented and the new report template and three reports to be provided with the annual update form by April 2020 as evidence, including two examples of a heritage statement/impact assessment for a built heritage asset. This is to ensure that all documents are compliant with standards and guidance. Compliance could be achieved by:
- a. *reviewing and updating report templates and/or reporting guidance and QA processes, particularly in regard to copyright requirements, ensuring references to the NPPF and NPPG are up-to-date, references to all published and unpublished sources are included in text and bibliography, and that regional research objectives are consistently considered*
17. To continue to improve the quality of reports, in particular detailing dates of work and plans for deposition.
18. To ensure that all reports produced in-house are subject to robust quality assurance checking and procedures, so they are compliant with current ClfA Standards & Guidance. To be implemented and two example reports to be provided by 1st June 2020
- a. *Compliance could be achieved by*
 - b. *ensuring the appropriate application of terminology in respect of 'indirect' and 'direct' impacts and 'harm'; for the integration of HLC data into report text (rather than as a standalone item); and to ensure that all mapped heritage assets are referred to in the text and where no impact to them from a proposal is identified, this is acknowledged and justified*
19. To ensure that all reports produced in-house are subject to robust quality assurance checking and procedures, so they are compliant with current ClfA Standards & Guidance. To be implemented and 2 example reports, along with (where used), revised report guidelines, templates and a QA checklist, to be provided by 1 September 2020
- a. *Compliance should be achieved by:*
 - b. *the inclusion of a clear written explanation, context, disclaimer or caveat provided within the submitted reports as to their intended purpose and circulation/audience and where they fit into the planning process e.g. for the client's internal circulation to inform due diligence for land acquisition pre-planning or for wider circulation to the LPA to inform the submission of a planning application?*
 - c. *the inclusion of a clear written explanation as to the differences between report types and terminology employed eg a DBA, Statement of Heritage Significance, or Heritage Impact Assessment*
 - d. *the inclusion of location maps in all reports supported by photos, at a scale large enough to be clearly legible, and which cover a wider area so that the site can be readily located within its surroundings, and a written description demonstrating an awareness of the wider context of the site*
 - e. *the inclusion of all historic maps consulted as part of a map regression*

- f. *ensuring that an assessment of the significance of an heritage asset that will be impacted by a proposal is sufficiently detailed*
 - g. *ensuring for 'conservation area appraisals', the aims/purpose of the appraisal and its methodology are transparently set-out, followed by a clear identification of and mapping of zones within the area and the heritage assets they contain, accompanied by their detailed characterisation*
20. To set-out research objectives within evaluation WSIs and make explicit reference to existing research frameworks, and to ensure objectives are addressed in more detail within investigation/mitigation WSIs and reports. *In order to comply with ClfA Standard and Guidance for archaeological evaluation, and S&G for excavation (sections 3.2.9 and 3.2.8, respectively). To be implemented and 2 WSI examples and 1 example mitigation report to be provided by 1 September 2020*
21. To ensure that all relevant reports, particularly DBAs and evaluation reports ensure compliance with national planning policies, ClfA Standards and guidance, and Historic England guidance in regard to the assessment of significance of heritage assets and the impact of development upon this significance. *Examples of one evaluation report and one DBA, demonstrating assessment of significance and impact to be submitted by 1 September 2020*

Archives

1. To create and implement a detailed archive strategy and action plan for management and deposition. *To be implemented and evidence provided with the annual update form by 1 April 2020. In order to comply with clause 4.2 of the Code of Conduct.* The guidance and template on the ClfA website: <https://www.archaeologists.net/members/downloadpapers> may be helpful.
2. To prepare for the forthcoming requirement for digital data management plans.
3. To update the archive spreadsheet to ensure it includes all archives and incorporates the status for every archive where fieldwork was completed more than 5 years ago, (external or internal) reason why it has not been deposited and strategy to resolve deposition including engagement with relevant curators and projected deposition timescale where appropriate. *For the strategy to be prepared and an update provided by 1 Dec 2019. For progress with the implementation of the strategy to be reported on each Annual update form between now and next inspection. Progress overall to be reviewed at the next inspection. In order to comply with clause 4.2 of the Code of Conduct. The guidance and template on the ClfA website: https://www.archaeologists.net/members/downloadpapers may be helpful.*
4. To develop and bring up-to-date the existing backlog list of archives for all PCA offices to incorporate the status of the project archive, (external or internal) reason why it has not been deposited and strategy to resolve deposition including engagement with relevant curators. *For the strategy to be prepared and an update provided by 1 April 2020. For progress with the implementation of the strategy to be reported on the Annual update form 1 April 2020 and reviewed at the next inspection.*
5. To continue to improve on the current accelerated rate of progress in depositing backlog archives by achieving a target of between 100 and 150 total archive depositions annually for each of the next three years. *The details of the archives deposited over the first 6 months should be produced by 1 June 2020. Progress against the targets will be reported to the RCO*

at their December 2020 meeting, via the annual update form 2021, at the December 2021 RCO meeting and via the annual update form April 2022. This is in order to demonstrate the targets are being met. Failure to meet each of the deadlines in the above would result in a failure to meet the condition. This is in order to meet Principle 4.2 of the Code of Conduct: A member shall accurately and without undue delay prepare and properly disseminate an appropriate record of work done under their control, which may include the deposition of primary records and unpublished material in an accessible public archive.

6. To produce an archive strategy and programme for existing, live and new archives being generated comprising identification of the nature and status of archives to be deposited and a deliverable, prioritised programme for deposition. This should include the intended date of deposition for each archive, and record when the archive has been deposited and its accession number; where it cannot be deposited due to the closure of a depository, this should be recorded. The strategy and timescale for individual archives to be agreed with the relevant LA archaeologist and appropriate depository. A report on progress with recording and monitoring the backlog and which demonstrates substantial progress with reducing the backlog, to be submitted with each required Annual Update form (starting April 2020) between now and next inspection. Progress overall will be reviewed annually and at next inspection.
7. To produce an archive strategy and programme for projects over 5 years old for all offices; comprising identification of the nature and status of archives to be deposited and a deliverable, prioritised programme for deposition. A report on progress with reducing the backlog to be submitted with each required Annual Update form (starting April 2020) between now and next inspection. Progress overall will be reviewed at next inspection.
8. To develop and maintain a method of recording and monitoring the status and progress of the archive backlog for projects over 5 years old, and to produce an archive strategy and programme comprising identification of the nature and status of archives to be deposited and a deliverable, prioritised programme for deposition. A report on progress with recording and monitoring the backlog and reducing it, to be submitted with each required Annual Update form (starting April 2020) between now and next inspection. Progress overall will be reviewed at next inspection.
9. To develop and maintain a method of recording and monitoring the status and progress of the archive backlog for projects over 5 years old, and to produce an archive strategy and programme comprising identification of the nature and status of archives to be deposited and a deliverable, prioritised programme for deposition. A report on progress with recording and monitoring the backlog and reducing it, to be submitted with each required Annual Update form (starting April 2020) between now and next inspection. Progress overall will be reviewed at next inspection *In order to comply with clause 4.2 of the Code of Conduct. The guidance and template on the ClfA website may be helpful:
<https://www.archaeologists.net/members/downloadpapers>.*
10. To develop and bring up-to-date the existing backlog lists of archives for projects over 5 years old, comprising identification of the nature and status of archives to be deposited and a deliverable, prioritised programme for deposition including timetable. A report on progress with reducing the backlog to be submitted with each required Annual Update form (starting April 2021) between now and next inspection. Progress overall will be reviewed at next inspection. Progress overall will be reviewed at next inspection
11. To consider requesting deposition of digital archives with a trusted digital repository (ADS in England) in briefs for archaeology
12. To consider deposition of digital archives with a trusted digital repository (ADS in England).

Quality Assurance

1. To ensure that the procurement and quality assurance procedures for external specialists are documented within the Quality Manual. *To be implemented and evidence provided with the annual update form by 1 April 2020*
2. To further consider how best to ensure improved monitoring of the delivery of post-excavation assessment, analysis, publication and archiving. *To ensure compliance with planning conditions and delivery of public benefit.*

Working with curators

Commissioning

1. To develop and implement a system of checking and monitoring sub-contractor insurance, health and safety, appropriate experience and competence, and quality and delivery of work from fieldwork through to reporting and archiving, and for documenting and logging any issues arising. To be prepared and evidence of the system in place to be submitted by the annual update form by April 2020. *To ensure that the processes for the use of subcontractors are robust and rigorous, and that the use of competent organisations and individuals for the tasks assigned is maintained and monitored.*
2. To produce a robust QA process for tracking the deposition of archaeological contractor reports (where directly commissioned by EDP) with the local HER and OASIS, and for the deposition of archives with an appropriate local depository. Details of the process and its implementation to be provided by 1 September 2020