

POLICY / PROCEDURE TITLE		DATE OF APPROVAL
Records Management Policy		March 2024
APPROVED BY	VERSION NO.	VALID UNTIL
Executive Board	2	March 2027

<b>OWNER</b>	Director of Assurance & Risk		
<b>GROUP EXECUTIVE LEAD</b>	Chief Finance Officer		
<b>DOCUMENT TYPE</b>	Policy <input checked="" type="checkbox"/>	Group Procedure <input type="checkbox"/>	Local Procedure <input type="checkbox"/>
<b>PURPOSE</b>	The purpose of this policy is to set out NCG's commitment to achieving high standards in Records Management and meeting its statutory obligations.		
<b>APPLICABLE TO</b>	<p>This policy applies to all records, digital or physical, that are created, maintained or received by NCG. It applies throughout the lifecycle of all records and across all storage locations and systems.</p> <p>The policy applies to all staff, consultants, contractors or other third parties that are given access to NCG records.</p>		
<b>EQUALITY ANALYSIS COMPLETED [POLICIES ONLY]</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	(If EA not applicable, please explain)		
<b>KEY THINGS TO KNOW ABOUT THIS POLICY</b>	<ol style="list-style-type: none"> <li>1. Clarity on roles and responsibilities within the Records Management framework.</li> <li>2. Clear definitions of what records are and how they should be managed.</li> <li>3. Underpinning legislation, regulations and guidance included.</li> </ol>		
<b>EXPECTED OUTCOME</b>	Readers are expected to understand the requirements that should be followed when managing records held by NCG (both physical and electronic).		

MISCELLANEOUS	
<b>LINKED DOCUMENTS</b>	<ul style="list-style-type: none"> <li>• NCG Document Retention Schedule</li> <li>• NCG Data Protection Policy</li> <li>• NCG Freedom of Information and Environmental Information Regulations Policy</li> <li>• NCG Information Governance Policy</li> <li>• NCG Information Security Policy</li> </ul>

**KEYWORDS**

- Records Management
- Records
- Retention
- Information Asset Owner

## Equality Impact Assessment

EQUALITY IMPACT ASSESSMENT			
	Yes	No	Explanatory Note if required
EIA 1 - Does the proposed policy/procedure align with the intention of the NCG Mission and EDIB Intent Statement in Section 2?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
EIA 2 - Does the proposed policy/procedure in any way impact unfairly on any protected characteristics below?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disability / Difficulty	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Gender Reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Marriage and Civil Partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Religion or Belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
EIA3 - Does the proposed policy/processes contain any language/terms/references/ phrasing that could cause offence to any specific groups of people or individuals?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
EIA4 - Does the policy/process discriminate or victimise any groups or individuals?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
EIA 5 - Does this policy/process positively discriminate against any group of people, or individuals?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
EIA 5 - Does this policy/process include any positive action to support underrepresented groups of people, or individuals?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The policy is designed to provide a consistent framework for managing records across NCG.
EIA 6 - How do you know that the above is correct?	Policy has been reviewed by the Policy Owner and is subject to review by the Policy Review Council.		

## 1. GENERAL POLICY STATEMENT

- 1.1. Information is an essential corporate asset and NCG's records are important sources of administrative and evidential information that support the work of the organisation.
- 1.2. Information Management is the systematic control over the lifecycle of records (Create > Active Storage > Retain > Archive > Dispose) and requires a business to have an established and embedded approach to records management that ensures it:
  - Can access the required information to make informed decisions and to operate in an efficient and effective way.
  - Meets business, regulatory, legal, contractual and accountability requirements.
  - Protects the rights and freedoms of our students, staff and other associated third parties.
  - Provides an audit trail to meet business, regulatory and legal requirements.
  - Supports continuity and consistency in management and administration.
- 1.3. This policy sets out how NCG will manage its records and forms part of the NCG Information Governance Framework.

## 2. DEFINITIONS

- 2.1 Business documents fall into one of two categories, records, and non-records:
  - 2.1.1 **Records** can be defined as information created, received, and maintained as evidence and information by an organisation, in pursuance of legal obligations or in the transaction of business.

Records also reflect the actions, decisions, and obligations of NCG. They can exist in any media format and in different locations. Their legal, regulatory, business and / or historical significance make records subject to formal record keeping requirements, in line with the agreed Retention Schedule.
  - 2.1.2 **Non-records** comprise of disposable information including such items as:
    - Convenience copies – Documents copied to you as a convenience.
    - Working Documents – Short term records created as part of or in conjunction with working on a task.

- Drafts – All earlier versions of a final record.
- Transitory Information – Documents with no on-going business value. For example, notes, out-of-office messages, 'thanks' messages and personal e-mail.

In most cases there are no retention requirements for non-records and as a result they should be destroyed once they are no longer needed or have been superseded.

### **3. STATUTORY AND REGULATORY ENVIRONMENT**

3.1 NCG is committed to operating in a manner that ensures it remains compliant with its statutory, regulatory and contractual requirements. NCG is a data controller and a public authority with obligations under UK legislation including:

- Data Protection Act 2018.
- UK General Data Protection Regulation (UK GDPR).
- Freedom of Information Act 2000.
- Limitation Act.

3.2 Related guidance and code of good practice:

- Section 46 Freedom of Information Act - Records Management.
- ISO 15489 - Records Management.
- The ICO's Accountability Framework, published guidance and codes of practice.

### **4. RESPONSIBILITIES**

4.1. NCG has a corporate responsibility to maintain its records in accordance with the regulatory environment. All staff, contractors, consultants and any third party who creates, receives, maintains, or has access to our records are responsible for ensuring that they act in accordance with this document and other approved information governance policies and procedures. Further information on this topic can be located in the Information Governance Policy.

4.2. However, some staff have additional responsibilities in relation to the management of records as noted below.

- 4.2.1. **The Chief Finance Officer** is the Senior Information Risk Owner and as such has overall responsibility for ensuring business related records and non-records are controlled appropriately.
- 4.2.2. **The Director of Assurance & Risk** is responsible for establishing, embedding and assuring an appropriate framework under which the operational areas of the business will operate in alignment.
- 4.2.3. **The Records Management Officer** is responsible for the design (supported by the Director of Assurance & Risk), delivery and oversight of NCG's management of physical and electronic records.
- 4.2.4. **Senior Post Holders** are responsible for ensuring that their college / service area is operating in line with the guidance published.
- 4.2.5. **Information Asset Owners (IAO)** should ensure a clear allocation of responsibility within each department or service area for the management of its records including identifying the appropriate retention period, defining, managing, and monitoring suitable filing schemes and management rules for those records.
- 4.3. Principalship and Professional Service Leaders responsible for ensuring that their staff are aware of this policy and comply with its requirements. Principalship and Professional Service Leaders should also ensure that when a member of staff leaves, responsibility for their records is transferred to another person; if any of the information is redundant, it should be deleted by either the departing member of staff or their line manager.
- 4.4. All members of staff are responsible for ensuring that their work is documented appropriately, the records that they create or receive are accurate and managed correctly and are maintained and disposed of in accordance with Document Retention Schedule (published on NCG's website).
- 4.5. It is vital that records management considerations are appropriately incorporated into project and planning processes and system design at the earliest possible stage of development. Where records contain personal data there is a legal requirement to do this to ensure that a Data Protection by Design and Default approach is followed. To accomplish this a Data Protection Impact Assessment (DPIA) may be required (depending on the volume / risk profile of the personal data held).

## **5. POLICY STANDARDS**

- 5.1. NCG is committed to managing its records in a manner that meets its statutory obligations. It is expected that NCG staff shall ensure that:
  - 5.1.1. Records shall be retained in accordance with the Records Retention Schedule.
  - 5.1.2. Non-records be kept no longer than necessary and shall be disposed of as soon as possible.
  - 5.1.3. When records have passed their retention period, as defined in the Records Retention Schedule, they shall be reviewed and where applicable destroyed.
  - 5.1.4. Records undergo appropriate destruction when no longer required, in an organised, efficient, timely and (where necessary) confidential manner.
  - 5.1.5. Records be managed and stored in a suitable format to retain quality, relevance, accessibility, durability, and reliability. Any transfer to another format must ensure these elements are maintained.
  - 5.1.6. Records be kept with appropriate technical and administrative controls that reflect the confidentiality, nature, and importance of the content.
  - 5.1.7. Records be managed via systems and processes ensuring efficiency and consistency throughout their lifecycle of creation, distribution, use, maintenance, and destruction.
  - 5.1.8. Records be accurate, authentic, reliable, useable, timely and well-managed to demonstrate evidence, accountability, and information about NCG's decisions and activities.
  - 5.1.9. Records be managed in a manner that fully meets NCG's legislative, statutory, and contractual record-keeping obligations, including the Data Protection Act 2018 and the Freedom of Information Act 2000.

## **6. POLICIES FOR RECORDS MANAGEMENT**

### **6.1. Creation of Records**

- 6.1.1. Principalship and Professional Service Leaders should ensure there are adequate systems for documenting their principal activities and ensuring that they create and maintain records that serve individual functions and the standards detailed above.

- 6.1.2. The quality of the records must be sufficient to allow staff to carry out their work efficiently, demonstrate compliance with statutory and regulatory requirements, and ensure accountability and transparency expectations are met. The integrity of the information contained in records must be beyond doubt and be protected from unauthorised alteration or deletion. This should be undertaken in conjunction with the published Document Retention Schedule.
- 6.1.3. Where appropriate, templates should be created and used, so that documents are produced consistently and quickly. In addition, version control procedures are required for the drafting and revision of documents and records.

## **6.2. Organisation and Classification of Records**

- 6.2.1. All records should be organised and described in a uniform, logical manner so that they are easily accessible when required.
- 6.2.2. Classifying records and storing them in an appropriate structure enables the business to assign suitable retention periods and security controls.
- 6.2.3. Standardised referencing and titling should be employed, so that records can be easily identified and retrieved. Naming conventions will assist with using consistent terminology to improve efficiency. Titles given to digital and hard copy records and files should describe the content or subject matter accurately and helpfully.
- 6.2.4. NCG is making increasing use of the Microsoft 365 solution that enables more sophisticated labelling and governance functionality. Work is underway to develop technological policies to assist with classification, protection, and appropriate destruction of records.
- 6.2.5. To reduce unnecessary duplication, documents should be stored in central folders that are accessible by relevant staff and digital information should be filed in shared corporate workspaces wherever possible. Documents received via e-mail should be stored in these shared spaces and removed from mailboxes. File titles should be brief but comprehensible using a consistent format.



### 6.3. **Security and access**

- 6.3.1. All records must be stored with appropriate technical and administrative controls to prevent unauthorised access or disclosure of information. All records shall be stored in secure physical and electronic locations that reflect the nature, confidentiality, and importance of the information within. Wherever possible, electronic records should be maintained (as opposed to physical hard copy records).
- 6.3.2. Records should not be available to only one person. They should be stored in centralised locations (for example office filing systems or shared network directories), with appropriate access control lists applied and managed. This equally ensures audit activity can be undertaken with limited resource input from auditees.
- 6.3.3. Duplication of documents is strongly discouraged and should be kept to an absolute minimum. Where duplicates are unavoidable, they should be deleted as soon as possible with access reverting to only the single master copy.
- 6.3.4. Records that are vital to the continued functioning of NCG shall be identified and protected. All such critical data shall be protected by appropriate backup and disaster recovery policies. Examples of critical data include:
- Financial records.
  - Student records.
  - Staff records.
  - Records of Incorporation.
  - Governance Minutes
  - Statutory records.
  - Insurance records.
  - Health and Safety records.

### 6.4. **Retention of Records**

- 6.4.1. The most significant pieces of legislation regarding retention of records are the Data Protection Act 2018, the UK GDPR and the Freedom of Information Act 2000.

6.4.2. The FOI Code of Practice on the Management of Records states:

*‘As a general principle, records should be kept for as long as they are needed by the authority: for reference or accountability purposes, to comply with regulatory requirements or to protect legal and other rights and interests. Destruction at the end of this period ensures that office and server space are not used and costs are not incurred in maintaining records that are no longer required’.*

6.4.3. UK Data Protection legislation i.e. DPA 2018 and UK GDPR apply specifically to Personal Data and make it a legal requirement that such data is:

*‘kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed’.*

6.4.4. NCG could be subject to enforcement action for failing to comply with the Data Protection legislation, including failing to demonstrate that it complies under the Accountability Principle. By having clear procedures for the retention and disposal of Records, NCG demonstrates its compliance with the legislation.

6.4.5. NCG’s Records Retention Schedule is intended to:

- Provide a consistent approach and guidance regarding appropriate retention periods for different categories of Record.
- Ensure that key documents can be retrieved when needed.
- Promote consistency and the retention of the minimum volume of records while accounting for requirements imposed by legislation and regulation.
- Facilitate annual review of retention periods to determine if requirements have changed.

6.4.6. The Records Retention Schedule shall include:

- Type of document - a description of the type of document or asset.
- Retention Period - the period for which the document must be retained.
- Requirement / Reason - the legislation, regulation or other obligation that dictates the Retention Period.

## 6.5. Appraisal of Records

6.5.1. At the end of a designated retention period, appropriate action should be taken against the Record. The action will be one of the following:

6.5.1.1. **Dispose** – The record can be disposed of using an appropriate method. This may be ‘delete’ for electronic records, or standard disposal for non-confidential paper records. All confidential records, including those containing personal or financial information shall be disposed of by cross shredding where possible and through the confidential waste system in all cases. A record should be kept of the disposal. For large scale destruction or storage of hard copy records, staff should contact the Records Management team.

6.5.1.2. **Review** – Records marked for review at the end of their retention period may be required for a longer period. Therefore, their status should be checked before any action is taken.

6.5.1.3. **Anonymise** – Where appropriate, some records may be valuable for research purposes. Such records can be considered for anonymisation meaning all personal data is removed or rendered permanently irretrievable.

## 6.6. Records of Disposal

6.6.1. For potentially significant information a record shall be kept of what has been disposed of, the reason for its disposal and who authorised its disposal. This requirement applies to both destruction and transfer to archive. This will ensure there is a transparent audit trail detailing evidence of records that have been destroyed in line with NCG’s procedures.

6.6.2. Certificates or records of disposal shall be retained by management when information of potential significance is destroyed (and shared with the NCG Records Management Officer who will maintain a centralised record).

## 6.7. Destruction of Records

6.7.1. Paper records should be destroyed under confidential conditions. This may be incineration, pulping or shredding using a crosscut shredder. NCG employs an external, approved third-party to manage its confidential

waste. All staff shall dispose of paper documents in the provided confidential waste bins.

6.7.2. Electronic Records should be destroyed based on the digital medium on which they reside.

## **7. AUDIT OF RECORDS / INFORMATION ASSET MANAGEMENT**

- 7.1. Good records management practice requires that an organisation undertake an audit of records management and systems. From this we can understand what records we hold, their location, and in what form they are held. It also allows us to evaluate our record-keeping systems and implement any identified improvements.
- 7.2. Audits to confirm adherence to this policy will be undertaken either as part of the NCG Internal Audit Plan or through bespoke assignments undertaken by the Records Management Officer.

## **8. OFF-SITE STORAGE AND SCANNING**

- 8.1. Any college or professional service considering offsite storage should consult the Records Management Officer prior to engaging with any provider.

## **9. MONITORING AND COMPLIANCE**

- 9.1. Ongoing monitoring of compliance with this policy will be carried out NCG Internal Audit Plan or through bespoke assignments undertaken by the Records Management Officer.

## **10. POLICY REVIEW**

- 10.1. This policy shall be reviewed annually, or in the event of significant change.

## **11. STATEMENT ON POLICY IMPLEMENTATION**

- 11.1. Upon approval, this policy will be uploaded to the NCG website and communicated to all NCG staff via the Business Round-Up.
- 11.2. Support with the effective implementation of this policy should be obtained from the NCG Records Management Officer.
- 11.3. The following work instructions and guidance have been produced in relation to creating Information Asset Registers:
  - RM01 – Asset Register Work Instructions

- RM01a – Asset Register Template

## 12. STATEMENT ON EQUALITY AND DIVERSITY

- 12.1. NCG is committed to providing equality of opportunity. Further details of our aims and objectives are outlined in our [Equality Diversity Inclusion and Belonging Strategy](#).
- 12.2. This policy has been assessed to identify any potential for adverse or positive impact on specific groups of people protected by the Equality Act 2010 and does not discriminate either directly or indirectly. In applying this policy, we have considered eliminating unlawful discrimination, promoting equality of opportunity and promoting good relations between people from diverse groups.

## 13. STATEMENT ON CONSULTATION

- 13.1. This policy has been reviewed in consultation with the Policy Review Council.
- 13.2. A summary of the consultation output and any subsequent amendments to the policy content was shared with the Policy Review Council as part of the policy approval process.

VERSION CONTROL				
Version No.	Documentation Section/Page No.	Description of Change and Rationale	Author/Reviewer	Date Revised
1	n/a		Records Officer	April 2022
2	Scheduled Review	Moved onto new template	Records Officer	March 2024