CONTROLLED DOCUMENT

N.B. Colleagues should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

DATA RETENTION AND DISPOSAL POLICY

CATEGORY:	Policy
CLASSIFICATION:	Information Governance
PURPOSE:	To outline Brunelcare's approach to managing the retention and secure disposal of information in line with business requirements and legal obligations
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VERSION NUMBER:	V003
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REVIEW PERIOD:	Every 3 years - unless changes to legislation, best practice or internal roles and responsibilities
REVIEW DATE:	Reviewed in August 2025 – to reflect new Executive Team Structure Next full review: February 2026
ASSOCIATED DOCUMENTS:	Data Protection Policy Data Retention Schedule
Essential Reading for: **Information for:**	Information Asset Owners and employees involved in the recording and destruction of information. All staff handling information.

Document Consultation and Review Process

Groups/Individuals who have overseen the development of this Policy:	**Corporate Governance Team, Senior Leadership Team**
Groups/Individuals Consulted:	

Document version control:

Date	version	Amendments made	Amendments Approved by
July 2022	V001	New policy	SLT
Feb 2023	V002	Minor updates and formatting	SLT
August 2025	V003	Updated to reflect new Executive Team structure and adoption of the term colleague for employee	Director of Corporate Services

For the Use of the Corporate Services Team only:

Date added to Register:	**July 2022**
Date Published on the Hub:	**February 2023 (V002)** **August 2025 (V003)**
Does it need to be published on website:	**Yes**

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1. POLICY STATEMENT

1.1 Brunelcare is committed to the efficient management of its records for the effective delivery of the services it provides, to document its principle activities and to maintain corporate memory.

1.2 The benefits of effective records management are recognised as:

1.2.1 Protecting business critical records and improving business resilience.

1.2.2 Making sure information can be found and retrieved quickly and efficiently.

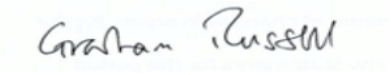
1.2.3 Complying with legal and regulatory requirements.

1.2.4 Reducing the risk for litigation and audit investigations.

1.2.5 Minimising storage requirements and reducing costs

1.3 The principles outlined in this policy have been developed to provide a consistent approach to managing records throughout their lifecycle and regardless of their format.

Signed on behalf of Brunelcare:



Graham Russell
Chair of the Board

Oona Goldsworthy
Chief Executive Officer

2. AIM OF THE POLICY AND RELATED LEGISLATION

2.1 This Policy supports the principle that all records should be managed in a way that allows the information contained within them to be available to the person who needs them, at the time and place they are needed.

2.2 This Policy provides Brunelcare colleagues with the necessary guidance in relation to the Charity's legal obligation and practical necessities for retaining and disposing of Brunelcare records.

Legislative and Legal requirements:

Freedom of Information Act 2000 (inc. the Code of Practice Section 46)
The UK General Data Protection Regulations (the UK GDPR)
Data Protection Act 2018 (DPA 18)
Public Records Act 1958
Limitation Act 1980
Inquiries Act 2005

3. SCOPE OF THE POLICY

3.1 This policy includes in its scope all data which the Charity processes either in hardcopy or digital copy, this includes special categories of data.

3.2 This policy applies to all colleagues, including temporary employees and contractors.

4. DEFINITIONS

4.1 *Disposal* embraces any action taken (or yet to be taken) to determine the fate of records, including transfer to a permanent archive.

4.2 *Review*: where it is not yet possible to determine the disposal mode and times of records, they may be scheduled for 'review' at a later date. This type of review involves bringing forward the records at a later date at which it is hoped to determine their final disposal.

4.3 *Retention* refers to the length of time for which records are to be kept. This normally represents and will be expressed as a disposal period.

4.4 *Personal Data* means information that relates to an identified or identifiable individual, as defined by the Data Protection Act 2018 and the GDPR.

4.5 *Corporate Information* means any and all data maintained by Brunelcare including, but not limited to, data related to its finances, taxes, colleagues, customers, suppliers and the Charity.

4.6 *Weeding* refers to the systematic removal of resources from storage based on selected criteria.

4.7 *Legal Hold* means the process of preserving all forms of information relevant to legal proceedings.

5. KEY PRINCIPLES AND REQUIREMENTS

5.1 Brunelcare's retention periods are driven by legislation and/or business need. If there is no legally defined retention period for corporate information it is the responsibility of the Data Protection Officer (with input from the Head of Digital Services and the Corporate Services Team) to determine an appropriate retention period.

5.2 Brunelcare assigns clearly defined retention periods to the Charity's information to ensure that it is kept for the appropriate length of time. Each retention period has three elements:

5.2.1 ***Trigger*** – the action which begins the retention period (e.g., '*End of Financial Year*' or '*End of Employment*').

5.2.2 ***Retention period*** – the length of time the information will be kept.

5.2.3 ***Action*** – either '*review*' or '*destroy*'.

- If the action is '*review*', the information must be reviewed to ensure it is no longer required before destruction. Outcomes of a review may be to dispose of the information, mark the information for permanent preservation, or allow a temporary extension to review it again at a future date.
- If the action is '*destroy*', this means the information can be destroyed without being reviewed in line with Brunelcare's policy and procedures.

Retention and Disposal Schedule

5.3 Our Retention and Disposal Schedule (the Schedule; *see Appendix 1*) sets out the Charity's retention periods. Information must be kept for the length of time defined in the Schedule unless there is a legal requirement to destroy it sooner.

5.4 The Schedule is arranged by function, rather than by directorate. By following a functional approach it is ensured that the Schedule will not need to change in the event of organisational restructures and that information held by multiple directorates is only captured on the Schedule once.

5.5 Any proposed additions or changes to retention periods must be sent through to the Corporate Services Team who will review and assess the appropriateness of this. Significant changes may need to be signed off by the relevant Information Asset Owners (IAO).

5.6 The Schedule is reviewed every three years by the Director of Corporate Services with input from the Data Protection Officer. Any queries about the Schedule should be raised with the Corporate Services Team.

Weeding

5.7 The Retention and Disposal Schedule does not include redundant, obsolete or trivial (ROT) information. This should be destroyed periodically by each directorate as part of routine housekeeping. Approval or sign-off to delete ROT information is not required.

5.8 '*Weeding*' does not apply to corporate records included in the Schedule, which will only be destroyed when they have reached the end of their retention period. Information will be weeded for two reasons;

5.8.1 To ensure that the Charity is not wasting money or space (either digital or physical) by storing ROT information.

5.8.2 To make the process of reviewing and appraising records easier. Sifting through low-value records makes this process more time-consuming.

5.9 Below are common examples of information which are usually of limited value once they are no longer in use and can be weeded through housekeeping. This should not be seen as an exhaustive list:

5.9.1 *Drafts* – Draft documents lose value and can become obsolete once a final version has been published. However, on some occasions where significant changes or deviation have taken place, a draft may be retained to show how the final decision was made.

5.9.2 *Emails* – It is important that information assets are saved to shared spaces, to provide evidence of decisions made or action taken. Once a conversation has reached a significant point, any earlier emails from this chain can be deleted.

5.9.3 *Duplicates* – No duplications should be retained. Duplications can lead to multiple versions of information which can cause confusion.

5.9.4 *Research Material* – Whether developing policy or preparing to give advice, research material may be created or collected such as notes or copies of guidance from external organisations. The value of this information decreases once the final version has been created.

5.9.5 *Limited Long Term Operational Value* – Some information may be of importance for only a short period of time and then become redundant. This information should be weeded as soon as it is no longer required.

5.10 Weeding will be undertaken on a regular basis to ensure that clutter does not build up over time. It is up to each team to decide a reasonable schedule for

housekeeping, based on their resources and the amount of information they generate. IAOs should encourage weeding on a regular basis.

5.11 Weeding should cover all information the directorate stores, paper or digital, regardless of the system it is held on. This includes personal drives and desktops.

Disposal - end of life

5.12 When information has reached the end of its retention period it may need to be reviewed to ensure that it is no longer required. Information that has an action of '*destroy*' on the Schedule can be disposed of securely without a review. Where possible, automated retention rules should be built into corporate systems.

5.13 Where a review is required, the Data Protection Officer, assisted by the Head of Digital Services, will consider the relevant information and decide whether it can be destroyed or should be stored in Brunelcare's off-site Storage Facility. If a high volume of information is being reviewed at once then this should be conducted at a macro level (i.e. not document by document). If information is marked for permanent preservation or subject to a legal hold it may be necessary to review every document.

5.14 Information should only be retained beyond its retention period in limited circumstances. When conducting a review, the following factors should be taken into account:

5.14.1 Is the information required to fulfil statutory or regulatory requirements?

5.14.2 Is the information relevant to ongoing litigation / subject to a legal hold?

5.14.3 Is the information the subject of an information request or related to information recently disclosed in a response?

5.14.4 Is retention required to evidence events in the case of a dispute?

5.14.5 Does the information fall under the selection criteria for permanent preservation and transfer to the National Archives outlined in the Selection and Appraisal Methodology?

5.14.6 Is the information required for a Public Inquiry?

5.14.7 Is there another demonstrable business need for retaining the information?

5.15 If the information is deemed to still be required, an extension of two years is given and the information needs to be reviewed again at the end of the extension.

5.16 The retention period of information will not be extended indefinitely. The Corporate Services Team must be contacted if you still intend to keep the information after applying the two-year extension period.

Destruction

5.17 When records are no longer required by the Charity and do not have archival value they will be securely destroyed. Destruction of records will not proceed without sign off from the relevant IAO.

5.18 A record containing what has been destroyed, when it was destroyed and the individual who authorised the destruction will be created. A template Record of Destruction can be found at *Appendix 2.*

5.19 Records will be destroyed with the level of security required by the confidentiality of their contents. For example, if records containing special category data or protectively marked papers have been shredded, the shredded paper will be handled securely and not dumped. Records awaiting destruction must be stored securely.

5.20 Paper records will be placed into confidential waste bins, and documents stored on electronic systems will be deleted, including back-ups. Deletions should be carried out by someone with appropriate access to the system from which they are being deleted. Digital documents will be deleted and not overwritten.

5.21 When information is destroyed, all copies of the information should be destroyed at the same time (both digital and physical). Information cannot be considered to have been completely destroyed unless all copies have been destroyed as well.

Permanent Preservation

5.22 Documents which have been marked for permanent preservation will not be destroyed. Any information which is selected for preservation will be clearly marked to ensure it is not destroyed accidentally.

Legal Holds

5.23 If a legal hold is in place there is a freeze on the destruction of any relevant material held by the organisation.

5.24 When information falls under a legal hold it will be clearly marked as such so it is not accidentally included in any scheduled destruction.

5.25 Following the closure of an inquiry, the information should be reviewed to determine how long it needs to be retained.

6. ROLES AND RESPONSIBILITIES

6.1 All Brunelcare colleagues are responsible for managing the information they create and receive as part of their normal daily business activities and should familiarise themselves with the Retention and Disposal Schedule.

6.2 Specific records management responsibilities are also allocated to individual staff members and various Committees and the Boards within Brunelcare's corporate structure, as detailed in our Information Risk Management Network.

6.3 Information Asset Owners (IAO) have additional responsibilities around retention and disposal. IAOs ensure that all assets under their control are following retention schedule rules. They have ownership of the assets and are therefore responsible for ensuring adherence to the Retention and Disposal Schedule. IAOs are responsible for authorising the destruction of information when required.

Chief Executive Officer

6.4 The Chief Executive Officer has delegated responsibility to the Director of Corporate Services for implementation and review of this Policy and Procedure.

Director of Corporate Services

6.5 The Director of Corporate Services has day to day responsibility for the management of information governance issues relating to retention and disposal. They will report to the Board of Trustees in relation to Governance issues relating to retention and disposal and will liaise with the Data Protection Officer as required.

Data Protection Officer

6.6 The Data Protection Officer (DPO) is primarily responsible for advising on and assessing Brunelcare's compliance with the DPA and UK GDPR and making recommendations to improve compliance.

6.7 The DPO is responsible for monitoring progress and advising the organisation on implementation of this policy, acting as primary contact on any data protection queries and approving responses to Right of Access requests (generally described in this document as 'Subject Access Requests').

6.8 The DPO is responsible for monitoring the completion of all mandatory training for all colleagues (with special emphasis on colleagues handling personal data on a daily basis) and ensuring access to further guidance and support

Executive Team

6.9 The Executive Team is responsible for ensuring that retention and disposal of records is undertaken in line with this Policy within their areas of responsibility.

Managers

6.10 All managers are responsible for their directorate and should ensure that there is an appropriate system for registering the existence of the record through to final disposal.

Colleagues

6.11 All colleagues have individual responsibility for complying with this policy and following accompanying guidance.

6.12 All colleagues will undertake relevant data protection training alongside any other training that shall be deemed as mandatory.

7. EQUALITY AND DATA PROTECTION

7.1 Brunelcare seeks to embed an environment where all clients, visitors and colleagues are treated as individuals, fairly and in a consistent way. The Charity works within the spirit and the practice of the Equality Act 2010 by promoting a culture of respect and dignity and actively challenging discrimination, should it ever arise. This Policy will be applied in a way that is consistent with these principles.

Data Protection

7.2 Brunelcare is committed to ensuring protection of all personal information that it holds, and to provide and protect all such data.

7.3 Brunelcare is dedicated to safeguarding the personal information under the Charity's control and in maintaining a system that meets our obligations under the UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018. The Charity's practice related to data protection is set out in Brunelcare's Data Protection Policy.

7.4 It is recognised that processing of personal data will involve the collection and sharing of sensitive personal information. Data protection obligations will therefore be followed at all times with information only shared with those that it is necessary to share this information with and in a secure manner.

8. IMPLEMENTATION AND TRAINING

8.1 The Director of Corporate Services will ensure provision of training for relevant managers, supervisors and colleagues to enable them to carry out their duties and responsibilities relating to retention and disposal of corporate records.

8.2 Any specific training needs identified to ensure compliance with this policy should be referred to the colleagues line manager.

9. MONITORING AND REVIEW

9.1 The implementation of this policy, and the effectiveness of the arrangements detailed within it, will be monitored by the Director of Corporate Services.

9.2 This policy will be reconsidered against any legislative changes and reviewed at least every three years.

Appendix 1

The Charity's Retention and Disposal Schedule can be accessed here:

Brunelcare Data Retention Schedule

Appendix 2

Record of Destruction

FAO: Corporate Services Team

FROM:

DATE:

The records listed below are due for destruction. Please check them carefully and sign at the end of the sheet(s) to confirm.

Department / Section	Record Title	Medium / Media	Covering Dates	Reference to retention policy

I hereby authorise these records to be destroyed		
Signed:	Position:	Date:
Checked by (DPO or member of Corporate Services Team)		
Signed:	Position:	Date:
Records destroyed by:		
Signed:	Position:	Date: