

## HERITAGE AND INFORMATION GOVERNANCE Records Retention Schedule for Quality Management

This retention schedule is based on the recommendations made by the Joint Information Systems Committee. The letter indicates the final disposition of each type of record, and applies to original records. Where copies of originals are kept locally, these can be destroyed when these are no longer required:

A = 1 copy to be transferred to the University Archive. See Retention Schedule Guidelines for further details.

D = Destroyed.

The number following the letter code indicates the period (in years) after which records may be destroyed, and is the minimum retention period required by best practice or legislation. It assumes a new file is opened at the start of each academic, calendar or financial year, and is **always** calculated from the date of the last record in the file.

FOLDER STRUCTURE	Examples of Types of Record	Retention Period	Legislative Authority
<ul> <li>QUALITY/STRATEGY</li> <li>identifying requirements for new/revised strategy</li> <li>undertaking research</li> <li>developing strategy proposals</li> <li>consulting on strategy proposals</li> <li>reviewing and revising strategy proposals in the light of comments received</li> <li>drafting strategy documents</li> <li>consulting on strategy documents</li> <li>reviewing draft strategy documents in the light of comments received</li> <li>producing final strategy documents</li> <li>submitting final strategy documents for formal endorsement</li> <li>formally endorsing strategy documents</li> <li>disseminating strategy documents</li> </ul>	Key records documenting the development and establishment of the institution's quality management strategy. Working papers documenting development and establishment of the institution's quality management strategy.	A: Superseded + 5 years Copy to the University Archive after approval for permanent retention. D: Issue of strategy + 1 year	

## **Records Retention Schedule for Quality Management (2)**

QUALITY/POLICY			
identifying requirements for new/revised	Key records documenting the	A: Superseded + 5 years	
<ul> <li>Identifying requirements for newrevised policy</li> </ul>	development and establishment of	Copy to the University Archive after	
<ul> <li>undertaking research</li> </ul>	the institution's quality management	approval for permanent retention.	
<ul> <li>developing policy proposals</li> </ul>	policies.		
<ul> <li>consulting on policy proposals</li> </ul>			
<ul> <li>reviewing and revising policy proposals in the</li> </ul>	Working papers documenting	D: Issue of policy + 1 year	
light of comments received	development and establishment of		
drafting policy documents	the institution's quality management		
<ul> <li>consulting on policy documents</li> </ul>	policies.		
<ul> <li>reviewing draft policy documents in the light</li> </ul>			
of comments received			
<ul> <li>producing final policy documents</li> </ul>			
<ul> <li>submitting final policy documents for formal</li> </ul>			
approval			
<ul> <li>formally approving policy documents</li> </ul>			
<ul> <li>disseminating policy documents</li> </ul>			
reviewing policy			
QUALITY/PROCEDURES			
<ul> <li>identifying needs for new/revised procedure</li> </ul>	Master copies of procedures relating	A: Superseded + 3 years	
undertaking research	to the quality management.	Copy to the University Archive after	
<ul> <li>analysing work processes</li> </ul>		approval for permanent retention.	
<ul> <li>drafting procedure documents</li> </ul>			
<ul> <li>consulting on procedure documents</li> </ul>	Development of the institution's	D: Issue of procedures + 1 year	
<ul> <li>reviewing draft procedure documents in the</li> </ul>	procedures relating to quality		
light of comments received	management.		
<ul> <li>trialling procedure</li> </ul>			
<ul> <li>refining procedure as a result of trials</li> </ul>			
<ul> <li>submitting final procedure documents for</li> </ul>			
formal approval			
<ul> <li>formally approving procedure documents</li> </ul>			
<ul> <li>disseminating procedure documents</li> </ul>			
reviewing procedure.			
QUALITY/AUDIT			
planning audits	Conduct and results of quality audits,	D: Completion of audit + 3 years	
<ul> <li>conducting audit investigations</li> </ul>	and action taken to address issues		
<ul> <li>writing and delivering audit reports</li> </ul>	raised.		
<ul> <li>reviewing and responding to audit reports.</li> </ul>			

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## **Records Retention Schedule for Quality Management (3)**

QUALITY/ACCREDITATION			
<ul> <li>applying for accreditation</li> <li>liaising with accreditation bodies</li> <li>facilitating inspections/audits by accrediting bodies.</li> </ul>	Attainment and maintenance of the institution's accreditation under established independent quality management schemes.	D: Termination of accreditation + 1 year	