# The Babraham Institute

# BI-RES-006 Research Records Retention Policy

## Document reference

| Policy number: | BI-RES-006 | | |
|---|---|---|---|
| Policy Owner: | Cass Flowers, Chief Information Officer | | |
| Date: | 21 July 2021 | | |
| Version: | 1.0 | | |
| Status: | Active | | |
| EIA number: | BI-RES-006-EIA | | |
| Review period: | 3 years | | |
| Last reviewed: | 21 July 2021 | Next review: | August 2024 |

## Version control

| Date | Version | Status | Summary of Changes |
|---|---|---|---|
| 21 July 2021 | 1.0 | Active | New in the 2021 Policy Review |

## Document approval

Define the approval authorities for the document

| Document version | Approved by | Position | Date |
|---|---|---|---|
| 1.0 | Babraham Executive Committee | N/A | 21 July 2021 |

## Distribution

| Name or Group | Date of issue | Version |
|---|---|---|
| All staff and associates | 26 July 2021 | 1.0 |

## Associated policies, procedures and guidance

This policy should be read in conjunction with:

BI-RES-001 Authorship Policy
BI-IM-002 Data Protection Policy
BI-IM-003 Information Classification & Security Policy
BI-KEC-001 Intellectual Property Policy
BI-RES-005 Research Integrity Policy
BI-COR-004 Business Continuity Plan
Record Retention Policy (to follow)
BI-RES-008 Research Data Management Policy
Guidelines for the use of Laboratory Notebooks, available on the H&S pages of The Hub

Code of Practice for Management of Electronic Scientific Data, available on the H&S pages of The Hub

A-Z Reference Guide to Retention Periods for H&S Records, available on the H&S pages of The Hub

# Contents

# 1.  Definitions

**"Records"**    All records relating to the conduct of the project, including those that document the management of the research funds and the intellectual property. Research records typically include:

- All correspondence with granting agencies, institutions and collaborators.
- Funding records and correspondence relating to the grant financial records, purchasing records, scope of work, budgets, and service records.
- Approved protocols with all approved modifications for animal or human research, animal health records, surgical or treatment records, and breeding records.
- Records of research conduct, research quality and project management.

**"Research Data"**    Information in digital, computer-readable or paper-based format that:

- Is contained or presented in various ways, including notes, facts, figures, tables, images (still and moving), audio or visual recordings; and
- Which is collected, generated or obtained during the course of or as a result of undertaking research (which includes but is not limited to conducting field or laboratory experiments, conducting trials, surveys, interviews, focus groups or analysis of data); and
- Which is subsequently used by the researcher as a basis for making calculations or drawing conclusions to develop, support or revise theories, practices and findings.

**"Employee"**    Institute employees on Institute or Babraham Institute Enterprise Ltd (BIE) terms and conditions, Institute employees on BBSRC or other terms and conditions, and Research Fellows on Institute terms and conditions.

**"Staff"**    Employees and Babraham Institute registered PhD students.

# 2.  Commitment statement

2.1.    At the Babraham Institute our mission is to be an international leader in research focusing on basic cell and molecular biology with an emphasis on healthy ageing through the human life course.

2.2.    Research and operational excellence are essential to meeting our vision of being at the forefront of research that improves lives. The Institute Values set out our approach to how we operate across all Institute activities, both at an individual level and together as the Babraham Institute. The expectation of the Institute is that each staff member looks to represent and reflect the Institute Values within their own contributions and function, and to support and not hinder the expression of these Values in the work of others.

2.3.    We recognise that the efficient management of records throughout their lifecycle is necessary to support its core functions, to comply with its legal and regulatory obligations, and to contribute to the effective overall management of the Institute.

# 3.   Purpose

3.1.    All researchers at the Institute create some type of data as part of the research workflow. These data represent the evidence that underpins academic endeavours and, in conjunction with publications, form an important aspect of the scholarly record.

3.2.    The Institute has legal and regulatory obligations to dispose of certain records after a set period of time. Effective records and data retention policies help underscore compliance with the General Data Protection Regulation (GDPR).

3.3.    Data storage is also a significant cost for the Institute. Paper files take up valuable office space while excessive electronic data impacts on network performance.

3.4.    The Research Records Retention Schedule (Appendix 1) will, in time, identify vital and historically important records, which are suitable for transfer to longer term storage.

# 4.   Scope

4.1.    This policy applies to all those working with research records at the Institute, including:

- Institute employees on Institute or Babraham Institute Enterprise Ltd (BIE) terms and conditions
- Institute employees on BBSRC or other terms and conditions
- Research Fellows on Institute terms and conditions
- Research Fellows (honorary)
- Honorary Members of Faculty
- Babraham Institute registered PhD students
- Visiting students and visiting scientists (any relevant documents must be passed to the host before leaving the Institute)

4.2.    The Research Records Retention Schedule (Appendix 1) covers both paper and electronic records; the format is irrelevant when deciding whether or not a record should be retained.

4.3.    This policy is compliant with the Institute's UKRI-BBSRC Terms and Condition of Grant. See 5.4 for consideration of other requirements.

4.4.    The information in Appendix 1 is based on the Jisc Record Retention schedule.

# 5.   Legislation & compliance framework

5.1.    The management of records held by the Institute is regulated by the following legislation:

- Data Protection Act 2018[1] & General Data Protection Regulation (GDPR)[2].

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[1] https://www.legislation.gov.uk/ukpga/2018/12/contents
[2] https://www.legislation.gov.uk/eur/2016/679/contents

- [Freedom of Information Act 2000](https://www.legislation.gov.uk/ukpga/2000/36/contents)[3] (although the Institute is not directly required to answer Freedom of Information requests, the majority of our funders are. We therefore need to retain the required information).
- [Limitation Act 1980](https://www.legislation.gov.uk/ukpga/1980/58)[4].

5.2.     The Data Protection and Freedom of Information Acts contain provisions relating to the destruction or alteration of information or records after a legal access request has been received. Such destruction or alteration will be considered a disciplinary offence. The Freedom of Information Act 2000 also creates a criminal offence in relation to these actions.

5.3.     Other areas of the Institute's operations have specific retention requirements set out in separate legislation such as those relating to employment, health and safety, finance and pensions, and environmental information. We also require high quality records to be maintained for the purposes of audits and reviews by regulatory bodies.

5.4.     Research data may also have specific requirements in relation to management, storage, retention and disposal set out under the terms of funding contracts, data sharing agreements, publishers, or by ethics committees that must be adhered to and which take precedence over this policy. It is the researcher's responsibility to understand such requirements as it relates to their research. Some funder requirements are included in the Research Records Retention Schedule (Appendix 1).

# 6. Responsibilities

6.1.     The Institute has a corporate responsibility to maintain its records and record-keeping systems in accordance with the regulatory environment. The Senior Information Risk Owner (SIRO) is accountable at an executive level for ensuring that appropriate provisions are in place. This role is held by the Institute's Chief Operating Officer.

6.2.     Babraham Executive Committee (BEC) are responsible for ensuring that this policy is regularly reviewed and is fit for purpose.

6.3.     The strategy and planning of resources to meet the Institute's needs in the area of Research Data Management is a responsibility of the Chief Information Officer (CIO). The CIO also has the responsibility of disseminating best practice and defining the Institute's policy with regard to Research Data Management.

6.4.     Heads of Department / Facility, Institute Strategic Programme (ISP) Leads and group leaders have overall responsibility for the management of records generated and held within their area.

6.5.     There must be a clear allocation of responsibility within each department or team to assist with the management of records. All records should have an identified owner responsible for their management whilst in regular use, and for appropriate retention and disposal. This person or role is defined as the Information Asset Owner. There must be no ambiguity regarding responsibility for the maintenance and disposal of records.

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[3] https://www.legislation.gov.uk/ukpga/2000/36/contents
[4] https://www.legislation.gov.uk/ukpga/1980/58

6.6.    The Information Asset owner will normally be the group leader, although it is acceptable for the Group Leader to delegate responsibility to another member of the group.

6.7.    Heads of Science Facilities may also manage data on behalf of the Information Asset Owner.

6.8.    Line managers are responsible for ensuring that their team is aware of this Research Records & Data Retention Policy and comply with its requirements.

6.9.    Individuals are responsible for ensuring that their work is documented appropriately, that the records which they create or receive are accurate and managed correctly, and are maintained and disposed of in accordance with the Institute's guidelines and any legislative, statutory and contractual requirements.

6.10.   Line managers should ensure that when a member of their team 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 individual or their line manager. 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 legislative requirement to do this in order to ensure that a "data protection by design and default" approach is followed. See the Data Protection Policy (BI-IM-002).

6.11.   Please see Research Records Retention Schedule in Appendix 1 for details of the recommended retention periods. This information is based on the Jisc guide "retention schedules for information held in higher and further education institutions".

# 7.   Further information

7.1.    For more information and guidance on GDPR, see the [ICO website](https://ico.org.uk/)[5] and the Jisc [GDPR page](https://www.jisc.ac.uk/gdpr)[6].

7.2.    This policy will be reviewed regularly to incorporate any changes, legislative or otherwise. The next review date is specified on the cover sheet.

7.3.    Associated policies, procedures and guidance are listed on the cover sheet. The Policy Owner named on the cover sheet can be contacted with any queries.

7.4.    This policy may be varied, withdrawn or replaced at any time by the Institute at its absolute discretion.

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[5] https://ico.org.uk/
[6] https://www.jisc.ac.uk/gdpr

# Appendix 1 – Research Records Retention Schedule

## Policy & planning

| Activity | Record group | Example Institute documents | Retention period | Notes |
|---|---|---|---|---|
| Research strategy and policy development | Records documenting the development and establishment of the institution's research strategy and policies: key records. | BEC, Science & Impact Advisory Committee (SIAC), Science Policy Committee (SPOC) minutes. Corporate Plan | Superseded + 10 years | |
| Research strategy, policy, and procedures development | Records documenting the development and establishment of the institution's research strategy, policies, and procedures: working papers. | As above, Retreats | Issue of document + 1 year | |
| Research procedure development | Master copies of procedures relating to research. | | Superseded + 10 years | |
| Research programme development | Records documenting the development of the institution's research programmes. | Institute Assessment Exercise (IAE) | Life of programme + 10 years | |
| Research programme development | Routine monitoring of external developments and trends to inform the | | Current year + 1 year | |

| | development of the institution's research programmes. | | |
|---|---|---|---|
| Research business development | Liaison with research sponsors to monitor their research policies and to promote the institution's capabilities. | Mid-term review. Funders' audits | Current year + 5 years |
| Research business development | Records documenting the identification and exploration of new research opportunities which lead to research projects | Horizon scanning documents | Completion of project |
| Research business development | Records documenting the identification and exploration of new research opportunities which do not lead to research projects. | | Last action + 5 years |
| Research business development | Records documenting the formation and management of partnerships and other collaborative arrangements to undertake research. | Collaboration Agreements | Life of partnership/arrangement + 6 years |
| Research design and Planning | Records documenting the design and planning of | IAE application | Permanent abandonment of plans + 1 year |

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| | research projects which are not undertaken. | | | |
| Research design and Planning | Records documenting the design and planning of research projects which are undertaken: key records. | IAE application | Completion of project + 10 years | |
| Research design and Planning | Records documenting the design and planning of European Union (EU) funded research projects which are undertaken: key records. | EU Grant applications | Minimum retention: Date of last funding payment + 10 years | |
| Research funding administration | Preparation and submission of applications for funding, where the application is unsuccessful (i.e., does not result in the offer of a funding award). | Grant Applications | Receipt of notification that application was unsuccessful + 1 year | |
| Research funding administration | Preparation and submission of applications for funding, where the application is successful (i.e., results in the offer of a funding award). | Grant Applications. ISP | Completion of project (i.e., termination of award) + 6 years (or period stated by funder/s) | Limitation Act 1980 c. 58 s 5 |

# Conduct & monitoring

| Activity | Record group | Example Institute documents | Retention period | Notes |
|---|---|---|---|---|
| Research quality and standards management | Records documenting the development of the institution's internal quality assurance processes. | Quality Assurance Audits | When superseded + 5 years | |
| Research quality and standards management | Conduct and results of formal internal and external reviews of research quality, and responses to the results. | | Current academic year + 5 years | |
| Research project management | Records documenting the management of internally-funded research projects. | Financial data, Expenditure Statements | Completion of project + 3 years | |
| Research project management | Records documenting the management of externally-funded research projects. | | Completion of project + 6 years | Limitation Act 1980 c. 58 s 5<br><br>*A longer retention period for these records may be required by a research sponsor.* |
| Research project management | Records documenting the management of European Union (EU)-funded research projects. | Financial data, Expenditure Statements, Timesheets | Date of last funding payment + 10 years | See ERDF website and individual project agreements with funding bodies.<br><br>Interreg Europe Programme Manual, 19 December 2018 (version 6) |
| Research conduct | Records documenting the conduct of research funded by the Medical Research Council, except where other | | Completion of project + 10 years | Medical Research Council, Good Research Practice, section 5.2 |

| | requirements are specified | | |
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| Research conduct | Records documenting the conduct of clinical or public health studies funded by the Medical Research Council, except specific categories of records in studies for which consent was obtained. | Completion of project + 20 years | Medical Research Council, *Good Research Practice*, section 5.2 Medical Research Council, *Personal Information in Medical Research*, section 7.1.2 |
| Research conduct | Records documenting the protocol, the consent procedure, the participants and adverse effects in <u>all</u> studies (for which consent was obtained) funded by the Medical Research Council. | Completion of project + 30 years | Medical Research Council, *Personal Information in Medical Research*, section 7.1.2 |
| Research conduct | Records documenting the conduct of all other research funded by all other organisations. | Completion of project + 10 years (date of last funding payment + 10 years for projects funded by the European Union) | Stated or implied requirements of UK Research Councils and other significant research sponsors |

# Reporting & Review

| Activity | Record group | Example Institute documents | Retention period | Notes |
|---|---|---|---|---|
| Research reporting | Working papers for the preparation of publications, audio-visual presentations etc. to disseminate research results (NOT interim or final research reports). | | Publication/Delivery + 1 year | *This category does NOT include interim or final reports of research studies, which are covered above* |
| Research reporting | Final versions of publications and presentations made to disseminate research results (NOT interim or final research reports). | | Publication/Delivery + 3 years | *This category does NOT include interim or final reports of research studies, which are covered above* |
| Research programme review | Data on, and analyses of, student numbers and other programme statistics. | | Current year + 3 years | |
| Research programme review | Reports of routine internal and independent reviews of research programmes. | | Current academic year + 5 years | |
| Research programme assessment | Records documenting the conduct of formal assessments of | | Completion of student's programme + 6 years | |

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| | work undertaken by research students. | | |
| Research programme assessment | Records documenting awards and classifications, including reviews in response to notifications of mitigating circumstances or academic appeals. | Current academic year + 6 years | Limitation Act 1980 c.58 s 5 |
| Research supervisor appointment and training | Records documenting the appointment of supervisors for research students. | Termination of appointment + 1 year | |
| Research student monitoring and support | Academic advice and guidance to individual students on the selection of research subjects and on the progress and standard of their work. | Completion of student's programme + 6 years | Limitation Act 1980 c.58 s 5 |

[Records Retention Management | Jisc](https://www.jisc.ac.uk/guides/records-retention-management)[7]

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[7] https://www.jisc.ac.uk/guides/records-retention-management