



**Office of the Information Commissioner**  
Queensland

**Compliance Review – Cairns and Hinterland  
Hospital and Health Service**

Review of the Cairns and Hinterland Hospital and Health Service's compliance with the *Right to Information Act 2009* (Qld) and the *Information Privacy Act 2009* (Qld).

The Office of the Information Commissioner thanks the hospital and health service for its cooperation throughout the review process and for the courtesy displayed towards the officers undertaking the assessment. In undertaking this review, the Office of the Information Commissioner recognises the commitment of the section handling right to information and information privacy matters and their desire for continuous improvement.



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May 2015

Mr Mark Furner MP  
Chair  
Legal Affairs and Community Safety Committee  
Parliament House  
George Street  
Brisbane QLD 4000

Dear Mr Furner

I am pleased to present 'Compliance Review – Cairns and Hinterland Hospital and Health Service: Review of the Cairns and Hinterland Hospital and Health Service's compliance with the *Right to Information Act 2009* (Qld) and the *Information Privacy Act 2009* (Qld)'. This report is prepared under section 131 of the *Right to Information Act 2009* (Qld).

The report reviews compliance with the legislation and guidelines that give effect to the right to information and information privacy. The report identifies areas of good practice and makes recommendations for improving compliance.

In accordance with subsection 184(5) of the *Right to Information Act 2009* (Qld) and subsection 193(5) of the *Information Privacy Act 2009* (Qld), I request that you arrange for the report to be tabled in the Legislative Assembly.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Rachael Rangihaeata'.

Rachael Rangihaeata  
**Information Commissioner**



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<sup>1</sup> 'CHHHS' stands for Cairns and Hinterland Hospital and Health Service.

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# 1 Executive summary

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This report details the findings of a review of Cairns and Hinterland Hospital and Health Service's (CHHHS) compliance with the *Right to Information Act 2009* (Qld) (**RTI Act**) and the *Information Privacy Act 2009* (Qld) (**IP Act**). Overall, CHHHS is considered to be meeting its legislative obligations well. Key findings were that CHHHS:

- had strong leadership and governance of right to information and information privacy
- demonstrated a culture of openness, transparency and accountability
- had a clearly articulated policy and good practice for community engagement, though there were opportunities to increase engagement with the community to identify and proactively release information that the community wants
- had a website abundant in information for the community and good information on the staff intranet
- had identified the need for, and taken steps to refine current arrangements for providing patients' records through administrative access arrangements
- complied with the legislative requirements for a publication scheme, disclosure log and for processing formal applications under the RTI and IP Acts, although speedier provision of healthcare decisions during application processing would lead to quicker responses to information requests; and
- had good practices for managing closed circuit television in accordance with the privacy principles, which would be further supported by documenting policies and procedures.

Opportunities for improvement are discussed in greater detail throughout the report. Recommendations are made to assist CHHHS to take up these opportunities and to support completion of improvements that CHHHS is already undertaking.

## 2 Recommendations

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### Summary of the Next Steps

Culture of  
Openness

Leadership &  
Accountability

Maximum  
Disclosure

Compliance

Include information in the intranet about administrative release of information and opportunities for staff to obtain training in right to information and information privacy.  
*(Rec 1)*

Improve performance measurement.  
*(Rec 2)*

Develop and publish an Information Asset Register.  
*(Rec 3)*

Improve business unit responsiveness on decisions, to shorten application handling times.  
*(Rec 4)*

Ensure closed circuit television is managed in accordance with the privacy principles.  
*(Rec 5)*



*It is recommended that the Cairns and Hinterland Hospital and Health Service (CHHHS):*

**Recommendation One**

Within six months, incorporate into the Right to Information Unit intranet page information about the administrative release of information, and increase promotion of staff training in right to information and information privacy on the intranet page.

**Recommendation Two**

Within twelve months, develop and incorporate performance measures and targets at the strategic and operational level to measure effectiveness and efficiency in implementing right to information and information privacy.

**Recommendation Three**

Within twelve months, implement current plan to develop and publish an Information Asset Register.

**Recommendation Four**

Within twelve months, ensure that there is awareness throughout the hospital and health service of the need for efficient turnaround times in handling applications for information, for example, for healthcare decisions.

**Recommendation Five**

Within six months, ensure the requirements of the privacy principles and the IP Act are incorporated in the management of CHHHS's Closed Circuit Television (CCTV) by:

- publishing approved policy and procedures that address the privacy considerations of using CCTV
- reviewing the provision of information privacy notices to the community about CHHHS's CCTV surveillance program; and
- investigating the usefulness of video redaction software to maximise appropriate release of CCTV footage.

## 3 Introduction

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### 3.1 Background

The Cairns and Hinterland Hospital and Health Service (**CHHHS**)<sup>2</sup> covers an area of 141,000 square kilometres, from Cardwell in the south, to Mossman in the north and Croydon in the west. The Hospital and Health Service (**HHS**) outer western region encompasses extremely remote communities.<sup>3</sup> A map of the region is provided in Appendix 2.

CHHHS supports a population of 283,197 which is forecast to grow 9% by 2026, with the highest level of growth expected to occur within the 65 and over age group. Tourism is a key industry and contributes to a relatively high transient population. It is estimated that 9% of the population are Indigenous Australian, compared to 3.5% for Queensland as a whole.<sup>4</sup>

CHHHS delivers health services across the continuum of care and also provides specialist referral services to Torres and Cape HHS. Some higher level acute services are provided outside the HHS area in Townsville or Brisbane.<sup>5</sup>

In delivering these services, in 2013-14 CHHHS employed nearly 5000 full-time, part-time and casual staff,<sup>6</sup> and operated with a budget of \$656.7m.<sup>7</sup> CHHHS reported in 2013-14 that it was the largest employer in Far North Queensland.<sup>8</sup>

As part of providing these services, CHHHS processes thousands of information requests each year, involving both personal and non-personal information. CHHHS advised that for 2013-2014, 3291 formal or legislatively based requests for information were received,<sup>9</sup> of which approximately 1500 (46%) were resolved through administrative access arrangements.

As part of this extensive information provision service, CHHHS reported receiving 74 applications under the *Right to Information Act 2009* (Qld) (**RTI Act**) and 109 applications

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<sup>2</sup> A full list of acronyms is provided in Appendix 1.

<sup>3</sup> From CHHHS webpage, viewed at [http://www.health.qld.gov.au/cairns\\_hinterland/html/about\\_us.asp](http://www.health.qld.gov.au/cairns_hinterland/html/about_us.asp) on 16 April 2014.

<sup>4</sup> From CHHHS webpage, viewed at [http://www.health.qld.gov.au/cairns\\_hinterland/html/about\\_us.asp](http://www.health.qld.gov.au/cairns_hinterland/html/about_us.asp) on 16 April 2014.

<sup>5</sup> From CHHHS webpage, viewed at [http://www.health.qld.gov.au/cairns\\_hinterland/html/about\\_us.asp](http://www.health.qld.gov.au/cairns_hinterland/html/about_us.asp) on 16 April 2014.

<sup>6</sup> *Cairns and Hinterland Hospital and Health Service Annual Report 2013-2014* [Page 53], viewable at [http://www.health.qld.gov.au/cairns\\_hinterland/html/annual-report.asp](http://www.health.qld.gov.au/cairns_hinterland/html/annual-report.asp).

<sup>7</sup> *Cairns and Hinterland Hospital and Health Service Annual Report 2013-2014* [Page 63].

<sup>8</sup> *Cairns and Hinterland Hospital and Health Service Annual Report 2013-2014* [Page 53].

<sup>9</sup> By advice provided to OIC during the review on 28 October 2014.

under the *Information Privacy Act 2009* (Qld) (**IP Act**) in 2013-14.<sup>10</sup> The Office of the Information Commissioner (**OIC**) received four applications for external review of CHHHS's decisions in 2013-14. The 183 applications for information received under the RTI and IP Acts in 2013-2014 comprised 6% of the 3291 formal or legislatively based requests for information received in the same period.

The size of the HHS and volume of information managed were among the risk factors that led to CHHHS's selection for review. OIC conducted a risk analysis across all agencies to develop OIC's annual program of performance review and monitoring activities for the 2014-15 year. Other risk factors considered were the volume and sensitivity of personal information held and requested from the HHS, the volume of right to information (**RTI**) and information privacy (**IP**) applications received and processed, the proportion of applications relating to personal information, the number of applications for external review and the number of applications carried forward from the previous reporting year.

### **3.2 Reporting framework**

The review has been conducted under section 131 of the RTI Act, which gives the Information Commissioner the functions of monitoring, auditing and reporting on agencies' compliance in relation to the operation of the RTI Act and chapter 3 of the IP Act, and section 135 of the IP Act: review of personal information handling practices.

Under section 131 of the RTI Act, the Information Commissioner is to give a report to the parliamentary committee about the outcome of each review.

### **3.3 Scope and objectives**

The objective of the review was to establish whether CHHHS was complying with the prescribed requirements of the RTI Act and IP Act, to identify areas of good practice and to make recommendations about any improvement opportunities identified.

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<sup>10</sup> *Cairns and Hinterland Hospital and Health Service Annual Report 2013-2014* [Page 19], viewable at [http://www.health.qld.gov.au/cairns\\_hinterland/html/annual-report.asp](http://www.health.qld.gov.au/cairns_hinterland/html/annual-report.asp).

In particular, the review focused on:

- HHS governance (leadership, governance mechanisms, information management including proactive identification and release of information holdings, policies, procedures, delegations and roles and responsibilities of key personnel and training)
- accountability and performance monitoring systems
- whether or not the HHS is maximising disclosure, by:
  - reviewing the HHS's statistical reporting (including internal reporting and annual reporting under section 185 of the RTI Act)
  - consulting with community and industry stakeholders as to their information needs and information management issues, and the extent to which those needs are addressed by the HHS; and
  - giving access to information administratively (section 19 of the RTI Act)
- compliance with legislatively based requirements under the RTI Act and IP Act for:
  - an HHS publication scheme (section 21 of the RTI Act)
  - an HHS disclosure log (section 78 of the RTI Act)
  - access and amendment applications (chapter 3, parts 2-7 of the RTI and IP Acts); and
  - review processes, including internal review of decisions (chapter 3, part 8 of the RTI and IP Acts); and
- the HHS's personal information handling practices including technologies, programs, policies and procedures to review privacy related issues of a systemic nature in relation to camera surveillance, and the HHS's compliance with the privacy principles.

### **3.4 Assessment process**

The Information Commissioner wrote to the Chief Executive of CHHHS on 25 June 2014 to confirm the objectives and scope of the review, and the Terms of Reference, as provided in Appendix 3. The Manager, Release of Information Unit (**ROI Unit**) was nominated by the Chief Executive as the CHHHS contact officer for the review.

In performing the review, OIC applied a standardised test program to assess each of the relevant areas of practice. CHHHS cooperated fully and openly with the process and provided full access to requested materials and with relevant personnel.

Regular discussions were held with CHHHS's contact officer, and other line managers as necessary. This gave OIC the opportunity to provide feedback to CHHHS on the key findings of the assessments progressively and to provide general updates on the progress of the review.

As part of the review process, OIC wrote to key stakeholders external to CHHHS to ascertain their interests in CHHHS held information. OIC also conducted public consultation to gauge community views regarding access to information held by CHHHS. It did this by advertising for comment in local media (radio), through OIC's website and by providing an opportunity for face to face discussion with identified stakeholders.

OIC sought and obtained a sample of application files for review. 40 application files were reviewed. Once examined, any identified issues were discussed with the responsible officers. The comments of those officers resulted in an OIC decision as to whether or not each issue had been resolved by the explanations provided, and whether or not each issue was reportable.

OIC conducted a site visit from 11 to 12 November 2014, to discuss issues arising from the review, and to inspect aspects of the site under review, for example, the way in which information obtained from camera surveillance was managed.

At the time of OIC's review, CHHHS was introducing new policies, procedures and systems to meet healthcare standards published by the Australian Council on Healthcare Standards (**ACHS**). HHSs can obtain accreditation through the ACHS's Evaluation and Quality Improvement Program (**EQuIP**). This group of standards include a standard on information management, and many of the activities undertaken in pursuit of this process were also relevant to the OIC review. As a result, OIC found a number of instances where CHHHS had commenced an activity to achieve EQuIP accreditation consistent with the approach that OIC would have recommended. Further, as part of the EQuIP process, CHHHS established formal governance structures, for example, an Information Management Committee, with executive level responsibility for driving achievement of the accreditation requirements, including the information management requirements. In these

circumstances, and where the activity was not yet complete, OIC has acknowledged CHHHS's initiative and the work under way.

At the conclusion of the review, a draft report was provided to CHHHS for comment on each of the findings and recommendations of the review. CHHHS agreed with the findings. CHHHS's response to each recommendation is provided in the action plan in Appendix 4.

## 4 Culture of openness

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### Background

The object of the RTI Act is to provide more information to the public by giving a right of access to government-held information, unless, on balance, releasing the information would be contrary to the public interest.

In order for the objects of the RTI Act to be achieved, HHS culture must embrace the openness and transparency which are fundamental to good government.<sup>11</sup>

OIC, in undertaking this review, considered whether or not the principles of openness and transparency were reflected in CHHHS's culture. OIC also examined the openness of CHHHS's dealings with the community to identify the information that the community wanted and to publish that information. This included looking at CHHHS's approach to community engagement and the extent to which CHHHS's community engagement addressed information management.

### Key findings

The review found that CHHHS:

- had an open and transparent culture
- had a strong framework for community engagement through policies, procedures and assigned organisational responsibility
- produced a *Consumer and Community Engagement Strategy* and draft *Community Engagement Action Plan 2014-2015* which clearly articulated policy and underpinned good practice for community engagement; and
- was seen by industry and community stakeholders to provide useful information in a professional way, though there were opportunities to increase proactive release of information and to engage with the community.

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<sup>11</sup> *The Right to Information: Reviewing Queensland's Freedom of Information Act, The report by the FOI Independent Review Panel*, June 2008, Recommendation 127 [Page 312] viewed at [http://www.rti.qld.gov.au/\\_data/assets/pdf\\_file/0019/107632/solomon-report.pdf](http://www.rti.qld.gov.au/_data/assets/pdf_file/0019/107632/solomon-report.pdf) on 26 March 2014.

#### 4.1 CHHHS's stated commitment to openness

A key general finding in OIC's self-assessed electronic audit conducted in 2013<sup>12</sup> was that those agencies that reported having an explicit statement of commitment to RTI and IP readily available within the agency, for example, in a policy document or as a policy statement on the agency's website, also reported higher performance across the board.

This review looked for a visible and explicit statement of CHHHS's commitment to RTI and IP as an indicator of organisational cultural support for openness and transparency in government.

OIC found a general statement in support of transparency and accountability in Queensland Health's strategic planning objectives, which was referenced from the CHHHS's website as CHHHS's mission and values:

*Governance and innovation—foster a health system that is transparent, accountable, and innovative.*<sup>13</sup>

CHHHS also made statements on its RTI webpage –

under the heading of 'Right to Information':

*The Cairns and Hinterland Hospital and Health Service is committed to providing access to information held within our health service, unless on balance, it is contrary to the public interest to provide that information.*

and under the heading of 'Privacy':

*Queensland Health is committed to protecting your personal information.*<sup>14</sup>

CHHHS's intranet page confirms the commitment CHHHS has to supporting people seeking information, for example, patients wishing to see or seeking a copy of their medical records or employees seeking access to their own employee record.

OIC considers these to be clear statements of commitment to right to information and information privacy.

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<sup>12</sup> The 2013 *Right to Information and Information Privacy Electronic Audit* reviews the self reported progress of agencies in complying with RTI and IP legislation and guidelines. The report can be viewed at [http://www.oic.qld.gov.au/\\_data/assets/pdf\\_file/0009/22311/report-2013-electronic-audit.pdf](http://www.oic.qld.gov.au/_data/assets/pdf_file/0009/22311/report-2013-electronic-audit.pdf).

<sup>13</sup> Viewed at [http://www.health.qld.gov.au/about\\_qhealth/strat\\_plan/12-16/](http://www.health.qld.gov.au/about_qhealth/strat_plan/12-16/) on 24 June 2014, and accessible as at 1 May 2015 from <https://publications.qld.gov.au/dataset/strategic-plans-department-of-health> as the *Strategic Plan 2012-16 (2013 update)*. The *Strategic Plan 2014-18*, accessed from the same link on 1 May 2015, maintains this type of strategic objective for the Department of Health in Strategy 4.7.

<sup>14</sup> Viewed at [http://www.health.qld.gov.au/cairns\\_hinterland/html/roi-about.asp](http://www.health.qld.gov.au/cairns_hinterland/html/roi-about.asp) on 26 August 2014.



## 4.2 Assessment of CHHHS's internal culture

In this review, the culture of openness in CHHHS was strong and visible, with CHHHS staff frequently commenting that they welcomed the review as an opportunity to improve their practice.

OIC observed that all of the CHHHS staff involved in the review engaged fully with explanations of the legislative requirements, readily applied those to their work, and were able to identify opportunities to improve consistency in their current practice. Further, where an improvement opportunity was identified, either by OIC or when suggested by CHHHS staff, the improvement was swiftly implemented and simultaneously documented in relevant policies or procedures.

The consistency of this orientation suggests that it reflected a broader culture of openness within CHHHS.

## 4.3 Assessment of CHHHS's approach to community engagement

Community belief and participation in government is fundamentally interconnected with a free flow of information between government and the community. This is explicit in the RTI Act, which promotes openness in government and the flow of information in the government's possession or under the government's control to the community.

OIC looks for evidence that community engagement is explicitly recognised agency-wide with respect to the release of information. In particular, OIC seeks evidence that an agency's community engagement is two-way, that is, that an agency is listening to the community about their information needs and responding by providing information to the community that the community wants. CHHHS had a strong governance structure for community engagement, expressed in policies, plans and organisational roles, and evident in community engagement activities.

CHHHS had a strategic plan, which included an objective of actively engaging the community in the delivery of healthcare services.<sup>15</sup>

CHHHS published its version of the *Consumer and Community Engagement Framework* (the **Framework**) prepared by Health Consumers Queensland to assist HHSs in developing

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<sup>15</sup> *Cairns and Hinterland Hospital and Health Service, Strategic Plan 2013 – 2017*, viewed at [http://www.health.qld.gov.au/cairns\\_hinterland/docs/chhhs\\_strat\\_plan13-17.pdf](http://www.health.qld.gov.au/cairns_hinterland/docs/chhhs_strat_plan13-17.pdf) on 23 June 2014.

consumer and community engagement strategies.<sup>16</sup> This Framework described five types of engagement: inform; consult; involve; collaborate and empower. Each engagement type had a different level of information sharing, participation in problem solving and decision-making as well as advice as to when each type of engagement should be adopted.

OIC reviewed the *Consumer and Community Engagement Strategy (the Strategy)*<sup>17</sup> developed under this Framework. The Strategy profiled the importance of collaborative engagement, which was a key element in community engagement about information management. The central theme of the Strategy was engagement about healthcare services. Some of the required outcomes were described in terms that were generic enough to cover a wide range of topics for engagement, partnerships and collaboration, including information management. The Strategy stated that it was supported by a detailed plan.

OIC reviewed a draft of the *Consumer and Community Engagement Action Plan 2014-2015 (the Action Plan)*, which was under consideration by the CHHHS Board. The draft Action Plan contained several community engagement activities in pursuit of a broad agenda 'to establish governance structures to facilitate partnership with patients, carers and community members', 'to build the capacity of CHHHS staff to undertake consumer and community engagement', to ensure 'patients, carers and community members informed on the activities and directions of the Health Service' and 'learn from our processes and improve on our systems'. Specific actions under these objectives encouraged two-way communication and engagement on any topic, for example, establishing Community Consultation Committees, collaborating to leverage opportunities for engagement activities and initiatives, and identifying engagement opportunities that focussed on communication and building relevant networks across communities. If approved, this Action Plan would support two-way discussions about information sharing.

In line with the description of community empowerment in the Framework, CHHHS operated three Community Consultation Committees: the Trinity Hub, the Hinterland Hub and the Cassowary Coast Hub. These committees advised the Cairns and Hinterland Hospital and Health Board through a Community Advisory Group. The Terms of Reference for the

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<sup>16</sup> *Consumer and Community Engagement Framework*, February 2012, Health Consumers Queensland, viewed at [http://www.health.qld.gov.au/cairns\\_hinterland/html/engagement-home.asp](http://www.health.qld.gov.au/cairns_hinterland/html/engagement-home.asp) on 30 June 2014.

<sup>17</sup> *Cairns and Hinterland Hospital and Health Service 'Consumer & Community Engagement Strategy'*, viewed at [http://www.health.qld.gov.au/cairns\\_hinterland/docs/cces.pdf](http://www.health.qld.gov.au/cairns_hinterland/docs/cces.pdf) on 23 June 2014.

Community Consultation Committees were viewed online.<sup>18</sup> The Terms of Reference stated that committee members had responsibility to assist with two-way dialogue between the health care services and the community. The role of the committees included consultation and engagement with consumers and community groups to maximise community participation in driving aspects of health care service delivery, to assist in monitoring and reporting of key performance indicators and to monitor and report emerging issues and priorities for the community. The Terms of Reference for the Community Consultation Committees described processes for engagement and left the development of an agenda of topics to the committees. Information flow could be a topic for the committee discussion. CHHHS advised at interview that information needs was a topic to be pursued by the committees. This was in evidence:

- CHHHS provided a referral note form to the Community Consultation Committees to assist the committees to collect the information needs of the community and to capture information issues identified by committee members, and
- work was underway to promote the Community Consultation Committees within each community, to encourage community members to contact the committees to obtain and provide information.

The *Consumer, Carer and Families Participation Framework*<sup>19</sup> was another structured process for enhancing consumer and carer participation, within the specific area of mental health service delivery. One of the six recovery principles described in the framework was 'partnership and communication', which '*requires services to consciously work with consumers, carers and families in a proactive manner*'.<sup>20</sup> Consultation findings reported in the framework included identifying good information flow and two-way feedback processes as themes for consumers and carers. These themes were operationalised in the implementation framework.

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<sup>18</sup> Terms of Reference, Community Consultation Committees, viewed at [http://www.health.qld.gov.au/cairns\\_hinterland/html/engagement-committees.asp](http://www.health.qld.gov.au/cairns_hinterland/html/engagement-committees.asp) on 30 June 2014.

<sup>19</sup> The *Consumer, Carer and Family Participation Framework*, viewed at <http://www.health.qld.gov.au/mentalhealth/ccfpf.asp> on 2 July 2014.

<sup>20</sup> The *Consumer, Carer and Family Participation Framework*, viewed at <http://www.health.qld.gov.au/mentalhealth/ccfpf.asp> on 2 July 2014, [Page 10].

For example, the definition of superior achievement of consumer, carer and family participation within service development and evaluation activities included the following implementation strategy:

*3.10 Facilitate consumer, carer and family forums that focus on specific issues and areas (separate or combined for consumers and carers depending on local consumer and carer preferences). Collate consumer, carer and family feedback to inform service planning, development, delivery and evaluation processes. Follow up and respond to feedback from forums. Provide updates to forum participants about how the feedback is being progressed.<sup>21</sup>*

The proactive, two-way flow of information was described in the framework as one key way to positively impact the recovery journey of mental health consumers. Features of the Consumer, Carer and Families Participation framework that aligned with right to information and information privacy, for example openness of information flow, two-way communication and respect for information, were incorporated in the Consumer, Carer and Families Participation framework for clinical reasons to assist patients' recovery. Explicit inclusion of information needs as a topic for discussion in two-way communication would further align this framework with right to information and information privacy.

OIC assessed how well CHHHS's policies and procedures were working in practice, and interviewed CHHHS officers about CHHHS's community engagement practices. CHHHS advised that the CHHHS Board drove establishment of the Community Consultation Committees and continues to be a key driver of this model in order to encourage two-way communication between the HHS and the community. The Community Consultation Committees have been resourced and encouraged to organise community meetings to broaden consultation and build links with the greater community. As mentioned earlier, Community Consultation Committees have been provided with a referral note form to facilitate collection of the information needs of the committees, for example, what they would like to know from CHHHS, how they would like this information provided and with what frequency.

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<sup>21</sup> The Consumer, Carer and Family Participation Framework, viewed at <http://www.health.qld.gov.au/mentalhealth/ccpf.asp> on 2 July 2014, [Page 29].

CHHHS has identified that to date, the Community Consultation Committees' efforts have been informal, are evolving from one-way dissemination of information to two-way engagement with the community, and that there is work to be done to lift the profile of the Community Consultation Committees so that the community sees them as a point of contact and a source of information.

CHHHS advised at interview of activities already undertaken:

- CHHHS has a GP Liaison Officer<sup>22</sup> to act as the HHS's interface with GPs, providing training and information to the GPs. An online GP portal is used to share information. An example of how this has worked in practice is that when an issue was identified with the community's use of the Patient Travel Subsidy Scheme, the HHS's GP Liaison Officer used the portal to provide GPs with information about the use of the Scheme. This has resulted in fewer complaints.
- Practitioner groups within the HHS, such as mental health and maternity, have been taking their own action to disseminate information.
- CHHHS has a pro-disclosure bias regarding reports on surveys. For example, an employee opinion survey and an evaluation of the restructure have been conducted, and these are to be published.

CHHHS has advised that for the future, their intention is to move away from focussing on identifying and publishing information that CHHHS considers might be useful to the community and instead, to push out all information as appropriate and where possible. CHHHS will also seek advice from the community about their information needs and encourage people to bring their ideas to the HHS. This approach would align CHHHS's activities squarely with the principles in the RTI Act.

At interview, CHHHS advised of a number of other activities that the HHS plans to undertake to push information out to the community:

- publicising who the Community Consultation Committees are and how to get in contact with them

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<sup>22</sup> A 'GP' or general practitioner is a registered medical practitioner who is qualified and competent for general practice in Australia. A general practitioner: Has the skills and experience to provide whole person, comprehensive, coordinated and continuing medical care; and Maintains professional competence for general practice. viewed at <https://staging.ama.com.au/general-practice-rural-medicine-training> on 1 May 2015.

- encouraging the Community Consultation Committees to publish an overview of their activities each month (similar to the CHHHS Board's current practice)
- assisting the Community Consultation Committees to organise community meetings
- using an Integrated Patient Station to improve the collection and use of patient feedback. The Integrated Patient Station is a smart device bedside that can be used by patients for education, but also by clinicians to update each patient's medical record. The device will be used to collect and action patient feedback surveys; and
- considering using the weekly update of media produced by HHS and upcoming opportunities for the Community Consultation Committees and Community Advisory Group, as a basis for a new resource such as a community snapshot to be disseminated more widely, perhaps on a quarterly basis.

CHHHS has identified a need to have multiple channels of communication, in addition to media releases, to communicate with the community on a wide range of issues and to deliver key health and service messages to the community. CHHHS will be looking at broadening how they communicate with the public in this regard.

The need for this approach is supported by the findings of OIC's community consultation, as discussed below.

#### **4.4 Community perceptions of CHHHS's openness**

The RTI Act states that the community should be kept informed of government's operations; that openness in government increases the participation of the community in democratic processes leading to better informed decision-making; and that government should adopt measures to increase the flow of information to the community. In light of these aims, a critical measure of success is the community's perception of the openness and accessibility of government-held information. If CHHHS's community engagement has been successful, it will be reflected in the community's sentiment or level of satisfaction.

OIC conducted two types of community consultation for this review to find out what the community's views were about CHHHS's culture of openness:

- advertising through the media (radio) and on OIC's website for comments from the general public; and

- contacting stakeholders who might seek information from CHHHS, including members of Parliament and a sample of stakeholder agencies in the fields of industry, community service and research.

OIC conducted a public consultation by advertising on the OIC website and announcing the public consultation on local radio. The invitation to comment was well distributed,<sup>23</sup> but generated little response. One comment was received on the website – ‘*All requests for information to CHHHS ROI Unit have be awesome and very positive*’ (sic). OIC spoke directly to one individual who contacted OIC after hearing about the consultation on local radio. This did not generate any specific feedback falling within the scope of this review.

In consultation with CHHHS, OIC identified 43 stakeholders from community service, industry and research/policy sectors, and members of parliament at the State and Federal level in the region, to consult about the accessibility of information held by CHHHS. OIC wrote to those stakeholders to obtain their views on CHHHS’s culture of openness and provision of information. OIC staff visited Cairns and offered the opportunity for face to face discussion with identified stakeholders.

A list of the stakeholders who were contacted, the standard questions provided to each stakeholder and details of stakeholder responses are provided in Appendix 5. Responses were received or obtained from six of the 43 stakeholders contacted (14%). The respondents were generally representative of the wider sample of stakeholders, except for the research sector.

Current information provided by CHHHS that stakeholders regarded highly includes:

- statistical information about patients, for example, patient information by demographic groupings, wait lists and statistics about community health
- organisational information, for example, the Business Planning Framework
- the Patient Transit Scheme
- the Charter of Patients’ Rights; and
- Compliments and Complaints forms.

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<sup>23</sup> OIC’s webpage was viewed 75 times, with 61 unique page views each taking on average 2 minutes and 2 seconds, indicating that 61 viewers read the invitation to comment, as opposed to opening the page and flicking past it en route to other information.

Stakeholders were asked how they would use the information. They commonly sought information to:

- assist in allocating resources appropriately to service delivery and partnerships
- assist the stakeholder to provide information to patients in support of patient care
- enable the stakeholder to make funding submissions; and
- enable the stakeholder to report on workloads, professional standards and workplace health and safety issues.

Respondent stakeholders were particularly interested in using information to manage gaps in services and to coordinate care; in obtaining information about people with a disability and with special support or medical needs; and in planning service delivery in aged care.

Stakeholders did not see risks in sharing information, particularly if it was de-identified, and instead thought there were great risks in not sharing information.

Stakeholders commented on ways in which CHHHS provided information:

- All stakeholders except one were confident that they were aware of at least one contact for obtaining information. Stakeholders commented that the use of informal contacts and senior executive level contacts facilitated information sharing.
- Information was generally provided in a public friendly format, although one stakeholder commented that discharge notes could be difficult to understand for someone with limited medical knowledge.
- Stakeholders felt that there was professionalism in responding to requests for information, but also raised concerns:
  - some information was not forthcoming, in circumstances where the stakeholder believed it should have been made available
  - processing issues were raised, for example, timeliness of response; and
  - the stakeholder was not always given reasons when information was not provided.

Stakeholders agreed that CHHHS could increase openness and transparency, particularly in proactively initiating discussions about information needs, or in releasing information.



Although improvement opportunities were noted, generally the stakeholder consultation demonstrated a positive relationship overall between CHHHS and stakeholders.

As discussed earlier, at interview CHHHS identified the need to encourage two-way discussions with the community about information needs, and for proactive release of information.

OIC supports CHHHS's proposals to further improve community engagement by:

- increasing support to and use of the Community Consultation Committees to improve two-way engagement with the community, particularly about the community's information needs
- increasing use of new technologies and the internet to disseminate information
- supporting practitioner and special interest groups to engage with the community about the community's information needs; and
- proactively identifying and releasing information.

OIC also encourages CHHHS to consider greater and more explicit identification and discussion of the community's information needs as a topic for community engagement in documented policies, procedures, plans and guidelines.

## 5 Leadership

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### **Background**

Agency leaders are responsible for fostering agency cultures consistent with the objects of the legislation and ensuring that staff are made aware of right to information and information privacy, and encouraged to support the agency's commitment to the principles of proactive disclosure of information and good management of personal information.

This review examined CHHHS's leadership and governance framework, including strategies for good governance, active management of information, organisational structure, resourcing and training.

### **Key Findings**

The review found that CHHHS:

- provided strong leadership of RTI and IP, through the Chief Executive supported by an Information Management Committee
- had newly established the Information Management Committee, which was developing policy and procedures
- was developing an information management plan, which will address RTI and IP explicitly
- had a website which provides abundant information to the community in an accessible format
- established a section responsible for handling applications which is appropriately independent in the organisational structure; and
- provided good-quality training and awareness activities to staff about RTI and IP, though these activities could be better promoted to staff using CHHHS's intranet.

## 5.1 Leadership

The importance of leadership within all government agencies in order to achieve open government has been a repeated finding in OIC reviews and the self-assessed electronic audit.

Leaders within agencies are expected to work with the community to identify information and methods of publishing information that might be useful to the community. Agency leaders are expected to make sure their agencies are equipped with systems, delegations of authority, staffing resources and training in order to meet their obligations under the RTI and IP Acts.

This review has looked for evidence within CHHHS of the type of leadership provided. This has included:

- identifying whether or not CHHHS has established clear leadership to drive implementation of right to information and information privacy
- examining whether individuals and committees in leadership roles have been commissioned to take up an active role in the management of information and promotion of proactive release of information and that they have done so
- identifying and assessing plans of action
- examining the structuring of HHS resources to ensure the structures support right to information and information privacy; and
- examining leadership strategies for building staff capability, particularly through training, for example, checking that training resources on RTI and IP are available to all staff, including RTI and IP practitioners.

## 5.2 Leadership and culture

If an agency has strong leadership driving an open and transparent organisational culture, this will be evidenced in the internal agency culture by the openness with which information is published or provided on request, and the readiness of staff to identify and implement opportunities for improvement. This behaviour was observed consistently and frequently by OIC reviewers in the course of this review. Staff confirmed at interview that they felt supported by management to identify and address improvement opportunities. To the

extent that OIC was able to observe the internal culture in the course of this review, OIC observed that the culture was open and transparent, and considered this to be an indication of effective leadership in this regard.

### 5.3 Information management governance framework

In order for agencies to implement RTI and IP, each agency needs a structured and planned approach to information governance.

The Release of Information Unit (**ROI Unit**) sat within the Office of the Chief Executive, who retained responsibility for CHHHS information management. CHHHS was undergoing an accreditation process under EQuIP National Standards.<sup>24</sup> Standard 14 related to Information Management. CHHHS advised a committee has been established under the standard – ‘National Standard 14 Committee: Information Management’ (the **Information Management Committee**). To comply with Standard 14 the Information Management Committee must address, through a program of activities, the nine criteria for information management listed in the standard.

OIC found that direct ownership of information management by the Chief Executive provided strong governance, and the formation of this committee supported by plans, systems and procedures created a structure with clear leadership and operational roles.

### 5.4 Information management planning

Building information management into forward planning supports good information management.

CHHHS operated in an environment with multiple charters, plans and blueprints for HHS governance, including the governance of information management. For example, one plan identified in this review, *Health System Priorities for Queensland 2013-14*, listed a further 57 statewide health service plans (which was not a definitive list) and 26 national health service plans, strategies and frameworks (which was not a definitive list) which applied to health service delivery.

This review focussed on plans particularly relevant to hospital and health services, and

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<sup>24</sup> More information on EQuIP can be viewed at <http://www.achs.org.au/publications-resources/equipnational/>. The Australian Council on Healthcare Standards (**ACHS**) describe themselves as ‘an independent, not-for-profit organisation, dedicated to improving the quality of health care’ in Australia through continual review of performance, assessment and accreditation. The ACHS Evaluation and Quality Improvement Program (**EQuIP**) was launched in 1996 providing health care organisations with a framework to deliver a consumer-centred service focusing on the continuum of care by incorporating systematic external peer review.

assessed the extent to which information management was addressed in the plans. A list of reviewed plans is provided in Appendix 6. OIC found that information management, openness, transparency and accountability were woven throughout these plans and were well-represented in the planning of operational activities.

Standard 14 for the EQuIP process required development of a specific Information Management Plan and system. The Information Management Committee was responsible for taking action to provide evidence of compliance with the standard.

Relevant actions identified to comply with Standard 14 in the Compliance Workbook,<sup>25</sup> (the Information Management Committee's work program to address Standard 14), were:

- implementing systems to manage health records and records created by the organisation (14.1) (the IP Act and Regulations were listed for inclusion in health records management systems)
- implementing systems to ensure that consumer / patient access to health records was in accordance with jurisdictional policy / legislation (14.4) (guidelines on access to information were to be written to cover right to information and information privacy, both through administrative access and applications for information under the RTI and IP Acts)
- addressing the needs of the organisation by implementing systems to manage corporate records (14.5) (right to information and information privacy were not explicitly referenced, but the actions included a Publication Schedule detailing documents that would be proactively published, and development of a standardised approach to publishing meeting minutes)
- implementing an information management plan and system (14.6) (the activities mentioned meeting the needs of the organisation and ensuring compliance with statutory requirements for collection, storage and use of data, but did not connect those activities specifically to the RTI Act or IP Act); and

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<sup>25</sup> *Cairns and Hinterland Hospital and Health Service Accreditation 2014 – Compliance Workbook*, provided to OIC during the site visit on 11 and 12 November 2014.

- linking databases to provide access to data (14.7) and ensuring effective governance of an Information and Communication Technology (ICT) system (14.9) (it would be useful to undertake both of these sets of activities with the requirements of the IP Act in mind, particularly when building systems, so that adherence to the privacy principles and management of privacy risk could be built in to the system from the outset).

CHHHS advised that in pursuit of these aims, Release of Information procedures had been drafted and were being endorsed – these outlined the process for releasing information, delegation and legislative processes. Clinical and non-clinical information management processes were also being developed as part of EQuIP Accreditation, with ROI Unit involvement.

OIC found that right to information and information privacy had been addressed in a positive and clear way within the work program of the Information Management Committee, and noted further opportunities to add references to RTI and IP into the planning and activities to ensure compliance obligations were met, as described in detail above.

OIC notes CHHHS's active program of development, including monitoring of achievement, and considers this to be an example of good practice in driving effective information management practices. OIC considers this approach to be a useful reference for other agencies to consider adopting.

## **5.5 Accessibility of information resources**

CHHHS's internet site provided resources for both internal and external users. The information provided was both informative and relevant. The internet site provided useful links to other external websites from which users could obtain more information, in particular, the Queensland Health website.

## **5.6 Organisational structure**

OIC considered whether or not the organisational structure supported the independence of the section within CHHHS which handled applications for information under the RTI Act or IP Act: the ROI Unit.

OIC noted at the commencement of the review that there were decision-makers in four other locations within CHHHS: Mareeba, Atherton, Innisfail and the Mossman Multi Purpose

Facility. During the review, CHHHS advised that decision-making was being centralised, and that additional positions had been created in the ROI Unit to improve organisational capacity to respond effectively to requests for information.

Structurally, the ROI Unit reported to the Director of the Office of the Chief Executive. The review found that CHHHS's operations ensured the unit was appropriately independent.

Separate documents providing delegations of authority for decision-making under the RTI Act and IP Act were reviewed, and found to be comprehensive and clear.<sup>26</sup>

OIC noted that the Chairperson of the Cairns and Hinterland Hospital and Health Board authorised primary decision-makers in five locations, but did not authorise the Chief Executive as a primary decision-maker. The Chief Executive was delegated the authority to internally review decisions. This ensured that any internal reviews would be decided by someone other than the original decision-maker, and a person no less senior than the original decision-maker, as required by the legislation.<sup>27</sup>

The deeds (instrument of delegation) were written to continue operating if a position title changed but the duties, functions and responsibilities of a position remained substantially unchanged.

CHHHS advised that at the time of the review, decisions on applications for information under the RTI and IP Acts were being centralised to the ROI Unit, so that some of the current decision-making delegates would no longer have an active role in decision-making. OIC notes as part of this process, the delegations will need to be reviewed and updated.

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<sup>26</sup> Instruments of delegation provided to OIC for review:

- *DEED OF REVOCATION AND APPOINTMENT UNDER SECTION 30(5)(b) OF THE RIGHT TO INFORMATION ACT 2009 AND SECTION 50(5)(b) OF THE INFORMATION PRIVACY ACT 2009 Healthcare Decision-makers*
- *DEED OF REVOCATION & AUTHORISATION UNDER THE RIGHT TO INFORMATION ACT 2009 AND THE INFORMATION PRIVACY ACT 2009 Internal Review Decision-makers*
- *DEED OF REVOCATION & AUTHORISATION UNDER THE RIGHT TO INFORMATION ACT 2009 AND THE INFORMATION PRIVACY ACT 2009 Back Up Decision-makers; and*
- *DEED OF REVOCATION & AUTHORISATION UNDER THE RIGHT TO INFORMATION ACT 2009 AND THE INFORMATION PRIVACY ACT 2009 Primary Decision-makers.*

<sup>27</sup> See s 80(3) of the RTI Act and section 94(3) of the IP Act.

## 5.7 Training and awareness

CHHHS advised that training on RTI and IP was provided in five ways:<sup>28</sup>

- generic orientation, which was offered monthly
- in-service training to clinical and non-clinical staff
- monthly professional development meetings for ROI staff
- OIC online training; and
- attendance at the RTI/IP workshop.

The 2014 Training Planner for the ROI Unit showed that the decision-makers in the ROI Unit had either received or were scheduled to receive specific training throughout the year.

OIC reviewed materials for general training courses for all CHHHS staff which included general awareness for staff about RTI and IP:

- *Cairns and Hinterland Hospital and Health Service Orientation 2014* – an all-day training program with an awareness session on *Information Privacy, Confidentiality and Right To Information* presented by the ROI Unit to CHHHS staff
- *Release of Information Unit, Cairns Hospital* – an in-service training session on the role of the ROI Unit and CHHHS staff on receipt of a request for information. 39 CHHHS staff members attended this training between April and August 2014; and
- *Release of Information (ROI) Guide for HIS staff - Requests for Clinical Information* – guidelines provided to Medical Records Staff when delivering in-service training.

In general, the materials were considered effective training tools.

OIC reviewed CHHHS's intranet to assess right to information and information privacy information made available to staff and any current training on offer, or a training calendar. This was provided on the ROI Unit's intranet page, and was reviewed during OIC's site visit. OIC found the ROI Unit intranet page to be information rich, with links to RTI and IP resources. The page clearly described the functions of the ROI Unit and the options available for obtaining information, with administrative access prioritised on the page.

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<sup>28</sup> At a presentation to the Information Commissioner on 19 May 2014, and as scheduled in the *ROI Training Planner 2014*.



OIC noted that the page could be improved in two ways;

- it could include a section advising staff of their roles and responsibilities on receipt of an information request, and in particular, referring a request to administrative arrangements for information release; and
- information about the training provided by the ROI Unit (or OIC's online training) could be included to promote the training to all staff.

### **Recommendation One**

It is recommended that CHHHS:

Within six months, incorporate into the Right to Information Unit intranet page information about the administrative release of information, and increase promotion of staff training in right to information and information privacy on the intranet page.

## 6 Accountability requirements

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### Background

As the level of agency maturity in RTI and IP increases across all sectors of government, OIC expects that agencies will increasingly be self-monitoring for openness and responsiveness to the community. This will be evidenced by a proactive use of complaints systems and performance measurement mechanisms to monitor the effectiveness and efficiency of RTI and IP operations.

This review focused on the extent to which CHHHS had established systems to identify improvement opportunities within RTI and IP operations.

### Key Findings

The review found that CHHHS had:

- a complaint handling procedure with effective features, with opportunities to improve practice by providing more information to individuals about the operation of the complaint handling procedure; and
- limited mechanisms in place for monitoring the implementation of right to information or information privacy at the strategic level, or for monitoring the effectiveness of decision-making about applications for information under the RTI or IP Acts. CHHHS is developing performance measures to report on RTI and IP.

### 6.1 Making a complaint

On the CHHHS website, CHHHS provided an online form which allows for the making of anonymous general complaints.<sup>29</sup> CHHHS gave a quality guarantee for the handling of complaints:

*Our guarantee to you is that:*

*all **compliments** will be fed back to the relevant areas and shared with staff*

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<sup>29</sup> Viewed at [http://www.health.qld.gov.au/cairms\\_hinterland/html/feedback.asp](http://www.health.qld.gov.au/cairms_hinterland/html/feedback.asp) on 24 June 2014.

*all **suggestions** will be taken to the appropriate forum for review, discussion and consideration*

*all **complaints** will be reviewed and you will be informed of any action taken and/or decisions made.<sup>30</sup>*

OIC encourages CHHHS to consider further enhancements, for example by:

- publishing a policy that sets out how complaints will be handled, including privacy complaints
- providing alternative methods for making the complaint, including options catering for people requiring assistance in terms of language or a hearing or speech impairment
- providing a clear notice advising people of the way CHHHS uses and discloses information provided when making a complaint; and
- informing people as to the options for reviewing CHHHS's complaint decisions.

CHHHS had the legislatively required complaint handling procedure for complaints when information was not in the publication scheme.

## **6.2 Performance measures**

The *Hospital and Health Service Performance Management Framework* is developed in accordance with the governance arrangements set out in the *National Healthcare Agreement 2012* and the *Hospital and Health Boards Act 2011*. The roles and responsibilities of the Department of Health and HHSs in relation to performance management are prescribed in legislation, through the *Hospital and Health Boards Act 2011*, the *Financial Accountability Act 2009* and subordinate legislation.

In accordance with the *Hospital and Health Service Performance Management Framework*, HHSs must comply with the requirements set out within *A Guide to the Queensland Government Performance Management Framework (Financial Accountability Act 2009)* and the *Financial and Performance Management Standard 2009*, section 11.

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<sup>30</sup> Viewed at [http://www.health.qld.gov.au/cairns\\_hinterland/html/feedback.asp](http://www.health.qld.gov.au/cairns_hinterland/html/feedback.asp) on 24 June 2014.

HHSs are also required to provide data reports to Queensland Health under the Hospital and Health Service Agreements and Health Service Directives. Performance information is reported on the Queensland Health webpage,<sup>31</sup> and the MyHospitals website in relation to individual hospitals.<sup>32</sup>

*A Guide to the Queensland Government Performance Management Framework*,<sup>33</sup> states:

*Agencies need to ensure that the performance of their capabilities - human, financial, information, physical assets and ICT – is monitored against performance measures set out in the relevant specific purpose plans. The agency's performance management systems should report performance information that will enable an assessment of whether the agency is:*

- *managing its human resources effectively*
- *ensuring administrative practices and management procedures have proper regard to the public sector ethics principles and approved codes of conduct*
- *optimising its revenue base*
- *minimising agency liabilities, including its contingent liabilities*
- *actively monitoring transactions and balances that may have a material impact on the agency*
- *operating within budget and achieving value for money in its operations*
- *optimising the use of, and benefits from, its cash, physical and other resources*
- ***managing its information efficiently and effectively***
- *ensuring that the agency's physical assets are physically secure and in good repair*
- *ensuring that essential back-up exists in respect of critical ICT systems and data.*

**[emphasis added]**

In these reviews, OIC examines whether or not agencies are reviewing their own progress in implementing RTI and IP.

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<sup>31</sup> Viewed at <http://www.health.qld.gov.au/performance/default.asp#hhsperf> on 24 June 2014.

<sup>32</sup> Information about the Cairns Hospital viewed at <http://www.myhospitals.gov.au/hospital/cairns-hospital> on 24 June 2014.

<sup>33</sup> Viewed at <http://www.premiers.qld.gov.au/publications/categories/guides/perf-manage-framework.aspx> on 24 June 2014, [Page 69].

Despite the HHS climate of strong performance monitoring, performance measurement of RTI and IP implementation was not readily identifiable from the documentation.

Performance measurement of RTI and IP implementation could have been evidenced through a review program, or by the inclusion of performance measures in strategic and operational plans. These measures were not in evidence in those plans.

In response to OIC's request for any documentation of systems for monitoring or reporting on the performance of the RTI and IP functions, CHHHS stated that annual statistics were provided to the CHHHS Board in relation to RTI and IP, and discussions had commenced regarding the inclusion of RTI and IP within the CHHHS Service Plan to enable appropriately measured progress of RTI and IP implementation within the CHHHS, with clear performance indicators. Software was being purchased to facilitate production of these statistics.

Performance measurement could follow on from other initiatives. It has already been noted in this report that CHHHS was preparing an information management plan that could include RTI and IP projects. Reports on the progress of RTI or IP projects, individually and collectively, could be an appropriate performance measure of the progress of RTI and IP in CHHHS.

CHHHS also advised that a project was planned to develop a whole of CHHHS governance plan which would incorporate ICT. OIC viewed the documentation for this project,<sup>34</sup> which did not contain any reference to RTI or IP. At interview the Manager, ROI Unit advised RTI and IP would be included in the project.

Inclusion of performance indicators and measures in governance plans and projects would be a useful way of identifying improvement opportunities in HHS processes and additional training needs, for example, for RTI decision-makers and operational staff.

Performance measures that CHHHS could consider adopting might be:

- reports to the executive on implementation progress of the RTI and IP projects as identified in plans
- the development and use of administrative access schemes

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<sup>34</sup> *Project Governance: Cairns and Hinterland Hospital and Health Service and ICT and IM Governance: Cairns and Hinterland Hospital and Health Service*, obtained during site visit on 11 and 12 November 2014.

- regular analysis to identify datasets that could be released proactively
- the performance of systems to ensure that the publication scheme and disclosure log are kept up-to-date and that information is identified for publication as it is created; and
- the regularity of review and updating of forms for compliance with the privacy principles.

OIC notes that operational performance indicators and measures for handling applications made under the RTI Act or IP Act are being developed. These could include -

- **proactive release:** any common types of applications and any steps taken to consider whether or not the relevant information could be made available proactively, for example on the website, or administratively on request
- **efficiency:** duration of application handling processing time
- **efficiency:** on any occasion where processing times exceed legislatively mandated timeframes, the reasons for the delay
- **quality of application handling:** any internal or external reviews of decisions and whether or not the results of those reviews are symptomatic of any systemic issues
- **quality of application handling:** any complaints, compliments or suggestions from applicants or parties to an application; and
- **quality of application handling:** the quality of communication on each application, particularly the rate of early resolution of applications or efficient management of applications by negotiation and other communication with applicants.

In summary, OIC found evidence of limited performance measurement at present. Several projects were under way that were planned to introduce performance measurement, or that could result in improved performance measurement. OIC supports CHHHS in its development of an improved suite of performance indicators.

## Recommendation Two

It is recommended that CHHHS:

Within twelve months, develop and incorporate performance measures and targets at the strategic and operational level to measure effectiveness and efficiency in implementing right to information and information privacy.

## 7 Maximum disclosure

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### Background

Agencies hold a wealth of information – a key commodity in the digital economy. As a commodity, information needs to be managed in the same way other assets are managed. Agencies should be aware of the information they hold, ensuring that the information is put to good use, and looking for ways to increase the information's value. Information must be routinely and proactively disclosed and information collected at public expense must be made publicly available wherever practicable.<sup>35</sup>

OIC focusses on two strategies that agencies can adopt to routinely and proactively disclose information to the public: fast-tracking the provision of information by providing it administratively and leveraging internet functionality.

The RTI Act requires agencies to provide information administratively so that people only apply for information under the legislation as a last resort. Administrative access arrangements are one strategy for ensuring information is readily available. For these arrangements to be successful, they must be visible to the community.

Australians are increasingly using the internet to obtain information and services. Online service provision is convenient, effective and can reduce transaction time and cost. OIC reviews Queensland Government agencies' online information and service delivery in order to identify and recognise agencies which use the internet effectively to provide information, and to encourage other agencies to do the same.

Agencies which position relevant information prominently on their websites, for example, which have highly visible administrative access arrangements, will achieve a number of benefits. These agencies will be demonstrably open in their provision of information, will address RTI and IP Act requirements efficiently, and will be more likely to meet the expectations of citizens regarding the ability to access online information and services.

This review examines the extent to which these types of activities have been occurring.

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<sup>35</sup> Described in *Queensland Government Enterprise Architecture Foundation Principles*, Section 2.2 [page 2] viewed at <http://www.qgcio.qld.gov.au/products/qgea-documents/547-business/2500-foundation-principles> on 4 June 2014.

## Key Findings

The review found that CHHHS:

- had identified the need to upgrade the administrative access arrangements for obtaining patients' records
- could improve information provided on the CHHHS website about administrative access to patients' records; and
- planned to produce an Information Asset Register.

CHHHS was using a range of active publication, administrative release and application driven processes for pushing information into the public domain. CHHHS had made a range of information available through the publication scheme, disclosure log, administrative access schemes and HHS website.

### 7.1 Administrative access

The RTI Act provides for information to be accessed other than by an application made under the Act, including administrative arrangements, which may be made available commercially.<sup>36</sup> These arrangements can be quicker and more efficient than a requirement to make an application under the legislation, and their use can reduce red tape and promote administrative release of information.

CHHHS had an administrative access scheme for patients to access their own medical records.<sup>37</sup> CHHHS advised that wherever possible, patients have been encouraged to access their records via the administrative access scheme. This was reflected on the ROI Unit internet and intranet pages.

OIC noted through the review of application files that where a patient was legally represented, their lawyers had not always been able to access the administrative access scheme, and that CHHHS's online description of the administrative access scheme did not refer to legal representation. CHHHS stated that legal representatives had been preferring

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<sup>36</sup> Section 19 of the RTI Act, and sections 47 and 53 of the RTI Act which allow an agency to refuse access to a document requested in an RTI Act application if it is available by an administrative access arrangement, whether or not the access is subject to a fee or charge.

<sup>37</sup> Viewable from [http://www.health.qld.gov.au/cairns\\_hinterland/html/roi-about.asp](http://www.health.qld.gov.au/cairns_hinterland/html/roi-about.asp), viewed by OIC on 23 October 2014.



to use the legislative application process to obtain patient records for their clients, as the legislative process had been quicker than the administrative access process due to a significant backlog and resource issues. CHHHS executive management had recognised this issue and approved an additional position for the ROI Unit, to coordinate provision of information through administrative access. CHHHS advised that the position, once established, would focus purely on administrative access, including incoming administrative access applications and assisting the Manager, ROI Unit with drafting administrative access procedures. One aim of this strategy would be to ensure that each administrative access application was completed within a 15 business day timeframe. CHHHS executive management would monitor the progress of the strategy through quarterly reports to the executive.

OIC considers that in general, the web description of the process was prominent and helpful, although inclusion of further information about the upgrades to the system and encouragement for legal representatives to use the administrative access arrangements would have been useful. At the time of the review, the Manager, ROI Unit advised that CHHHS planned to enhance the current ROI webpage by including more detailed information including:

- the types of applications not covered by administrative access (similar to what is currently on the intranet)
- a statement directing legal representatives towards administrative access
- the circumstances in which a legal representative can make a request under administrative access; and
- requirements for making an administrative access request (for example, that a legal representative must provide evidence of authorisation from their client and evidence of identity).

OIC endorsed CHHHS's plans to improve the operation of the administrative access scheme, and to improve promotion of the scheme on CHHHS's website. OIC notes these changes were implemented prior to finalisation of the review report.

## 7.2 Identification of data for publication

In these reviews, OIC considers whether or not each agency has a systematic approach to identifying information holdings and classifying each information holding or dataset as to its level of confidentiality. This procedure, if followed, gives an agency a list of information holdings classified as suitable for public release. The agency can then address the release of these information holdings in a methodical and thorough way, and be assured that the maximum amount of public information has been made available to the public in the most straightforward and economical way possible.

CHHHS has advised that as part of the development of an ICT Implementation / Governance Plan, an Information Asset Register would be established, similar to the current QH Information Asset Register available online.<sup>38</sup>

OIC supports the development of the Information Asset Register, and encourages CHHHS to publish this list, as it would inform the community as to the information held by CHHHS, which in turn would ensure that community requests for information would be better directed.

### Recommendation Three

It is recommended that CHHHS:

Within twelve months, implement current plan to develop and publish an Information Asset Register.

<sup>38</sup> Viewed at <http://www.health.qld.gov.au/performance/default.asp> on 23 October 2014.

## 8 Compliance

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### Background

The RTI and IP Acts set out detailed requirements for making information available to people, using legislative strategies such as publication schemes and disclosure logs, and in response to applications for information under the legislative processes.

### Key Findings

The review found:

- overall CHHHS was compliant with the requirements of the RTI and IP Acts
- the publication scheme, disclosure log and application handling procedures were generally in accordance with legislative requirements
- communication with applicants during application handling was primarily done through interactive communication, for example, email and telephone conversations
- speedier provision of healthcare decisions would assist in shortening application handling time
- CHHHS had a strategy in place to address some minor technical non-compliances with the privacy principles to better inform the community about the collection, use, disclosure of and access to personal information; and
- practices for managing closed circuit television were aligned with the privacy principles, but there were opportunities for improvement.

### 8.1 Publication scheme

The publication scheme is integral to releasing information proactively without the need to make a formal application under the RTI Act or IP Act. A publication scheme is a structured list of an agency's information that is routinely available to the public, free of charge wherever possible. Section 21 of the RTI Act requires that all agencies<sup>39</sup> must publish a publication scheme which sets out the seven classes of information that the agency has available and the terms and charges by which it will make that information available. Section 21(3) of the RTI Act provides that an agency must ensure that its publication scheme

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<sup>39</sup> Other than entities specifically excluded by the legislation, or who have made other legislatively compliant arrangements.

complies with guidelines as published by the Minister. Publication schemes are audited by OIC using a desktop audit process, which examines the publication scheme on an agency's website from the perspective of a member of the public seeking information. The desktop audit checks that the publicly visible aspects of the publication scheme comply with the legislation and Ministerial Guidelines.<sup>40</sup>

OIC conducted a desktop audit of CHHHS in June 2014, and reported the findings and four recommendations regarding the publication scheme to CHHHS in June 2014, as part of OIC's annual desktop audit program for 2013-14. OIC followed up the implementation of the recommendations as part of this compliance review and found that they had been fully implemented, except for a recommendation to conduct regular reviews of the publication scheme to ensure information is accurate and up to date and links to documents are working correctly. This was found to be in progress to completion, because the process of review had just commenced and had not yet resulted in the publication scheme being fully updated.

OIC examined the procedures for maintaining the publication scheme by reviewing written procedures and by interviewing staff. The responsibility for reviewing and maintaining the publication scheme rested with the Manager, ROI Unit. OIC was advised that as a result of the desktop audit, quarterly meetings are now being held between the Manager, ROI Unit and the Online Information Officer to discuss maintaining the publication scheme, including updating information published to the publication scheme and fixing broken hyperlinks. The publication scheme had become a standing agenda item for discussion at the fortnightly meeting between the Manager, ROI Unit and the Director, Office of the Chief Executive, in particular to identify and consider new corporate documents for inclusion in the publication scheme. If a document was identified for publishing at this meeting, the Manager, ROI Unit would notify the Online Information Officer to upload the document to the publication scheme. These procedures have been documented in ROI Unit procedures.

## 8.2 Disclosure log

A disclosure log is a web page or a part of a website which publishes a list of documents that an agency has already released under the RTI Act. The rationale for disclosure logs is that if one person has expressed an interest in documents containing information other than their own personal information, then those same documents might be of interest to others.

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<sup>40</sup> The 'Ministerial Guidelines' are the *Ministerial Guidelines: Operation of Publication Schemes and Disclosure Logs; Under section 21(3) and sections 78, 78A and 78B of the Right to Information Act 2009.*

Section 78A of the RTI Act provides the legislative requirements with which agencies, other than departments and Ministers must comply when maintaining a disclosure log. Agencies must ensure that the disclosure log complies with the guidelines published by the Minister (section 78B(1) of the RTI Act). OIC audits disclosure logs by a desktop audit process, as well as in the course of reviews such as this one. The desktop audit examines the disclosure log from the perspective of a member of the public, and checks that the publicly visible aspects of the disclosure log comply with the legislation and Ministerial Guidelines.

OIC conducted a desktop audit of CHHHS in June 2014, and reported the findings to CHHHS in June 2014, as part of OIC's annual desktop audit program for 2013-14. In the June 2014 desktop audit, OIC found that CHHHS maintained a disclosure log on their website. No information released under RTI had been published to the disclosure log. The disclosure log was accessible from the Department of Health's website but not from the CHHHS website. During the later course of this review, details of documents released under the RTI Act were published in the disclosure log, and a link was provided from the CHHHS website to the disclosure log.

OIC advised CHHHS of the implications of operating under section 78A of the RTI Act, which applies to agencies other than departments and Ministers, as opposed to section 78 which applies to departments and Ministers. Under section 78A, agencies are not required to publish the name of the applicant in their disclosure log. At the commencement of this review, OIC noted that CHHHS had a practice of publishing the applicants' names in the disclosure log. Because agencies are not under a legislative requirement to publish the applicants' names,<sup>41</sup> this practice risked disclosing the personal information of an individual applicant contrary to the privacy principles. CHHHS has now discontinued this practice.

The Ministerial Guidelines require agencies to document in their internal records details of any decision not to publish information released under the RTI Act to a disclosure log, including the reasons. OIC reviewed whether or not a record was kept of decisions not to publish released information to the disclosure log. During the course of the review, the Manager, ROI Unit advised that any information released in response to an RTI request, that was non-personal in nature, would be published to the disclosure log. Where a decision was made not to publish documents, the application processing sheet would now record the

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<sup>41</sup> The privacy principles can be specifically over-riden by a legislative requirement to publish information, for example, the requirement for departments and Ministers to publish applicants' names in the disclosure log in s78 RTI Act.

reasons for non-publication. The application processing sheet is retained on file. The ROI Procedures now include a section on disclosure logs.

One issue that OIC considered was whether or not the disclosure log would be improved if CHHHS provided direct links from the disclosure log to documents, an issue raised by one of the stakeholders during the stakeholder consultation. This was discussed with CHHHS, who agreed that documents should be accessible in the disclosure log via a hyperlink instead of being obtained by contacting the HHS. The Manager, ROI Unit advised that they would meet with the Online Information Officer to discuss hyperlinking documents in the disclosure log, in November 2014.

### **8.3 Application handling**

This review assessed a representative sample of 40 RTI and IP access application files<sup>42</sup> for compliance with Chapter 3 of the RTI and IP Acts. The focus of this review was on the general practices and systems adopted by CHHHS to process applications for information.

This section discusses:

- the active management of applications, including communication with the applicant and other sections within CHHHS; and
- procedural compliance with the requirements of the legislation for application handling.

#### **8.3.1 Active management – communication**

Regular contact with the applicant during the legislative process can promote the objectives of the RTI and IP Acts. Although not a specific requirement of the legislation, regular contact with the applicant during the application process maintains agency/client relationships and provides good outcomes for both the applicant and agency. This is distinct from the procedural handling of the application, which is discussed in the next section of this report.

A profile of the communication practices adopted by CHHHS was developed after reviewing 40 application files. This profile is summarised below.

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<sup>42</sup> There were no IP Act amendment application files available for review.

## Quick Facts - Cairns and Hinterland Hospital and Health Service

Average number of times the RTI and Privacy Unit contacted the applicant	<b>3.4 times per application</b>
Average time between contacts with the applicant	<b>12.5 business days</b>
Average total duration of applications, from receipt of application to decision (including time required to make an application valid, time taken for third party consultations and extensions) <sup>43</sup>	<b>50.1 business days</b>
Percentage of contact with applicant made by email or phone for application processing activities (excluding application receipt acknowledgment notification and formal decision notification)	<b>55% of any contacts that were made for application processing were made by email or telephone</b>

The CHHHS profile was compared with that of another agency<sup>44</sup> that has set a benchmark for good practice in communicating with applicants. The benchmark agency had contact with applicants more frequently than CHHHS, on average 4.8 times per application. This means that in addition to receiving the application and issuing the decision letter, the benchmark agency had contact with the applicants on average a further one or two times per application.

However, OIC noted particular patterns on the application files that were indicative of different circumstances that would have affected the statistics for communication with the applicant:

- 38 of the 40 applications (95%) were for medical records
- 33% of applications were made through a legal representative, and 31% of the files were made by an insurance company or an agent of an insurance company
- 21 (52.5%) requests for information were not made initially as legislatively compliant applications - 48% of these requests were made through insurers or their agents,

<sup>43</sup> Time taken to make an application compliant is not taken into account as part of the statutory processing time of 25 business days.

<sup>44</sup> As reported in an OIC report - *Compliance Review – Department of Transport and Main Roads: Review of the Department of Transport and Main Roads' compliance with the Right to Information Act 2009 (Qld) and the Information Privacy Act 2009 (Qld)*. Viewable at [http://www.oic.qld.gov.au/\\_data/assets/pdf\\_file/0007/7657/Compliance-Review-Department-of-Transport-and-Main-Roads.pdf](http://www.oic.qld.gov.au/_data/assets/pdf_file/0007/7657/Compliance-Review-Department-of-Transport-and-Main-Roads.pdf).

and 33% through legal representatives. Notably, on average, the time required to resolve application requirements was 32.4 business days; and

- a formal decision to release information was made on 28 application files (70%),<sup>45</sup> and on 22 of these application files, information was redacted. When redaction was assessed on a page by page basis, there was full release of 3806 of the 4049 pages considered (94%), 239 pages were partially redacted (6%) and access refused to only 4 pages. OIC observed that the nature of the redaction was almost always the removal of details that would identify an individual, for example an individual's name, or an individual's contact details.

These findings suggest that the primary work of the ROI Unit on the reviewed files was providing medical records to individuals or insurers, in circumstances where public interest considerations meant that the medical records could not be released administratively, but instead had to be considered under the RTI or IP Acts.

OIC noted issues in obtaining information requests in a format that could be actioned. This was a source of delay, and was indicative of:

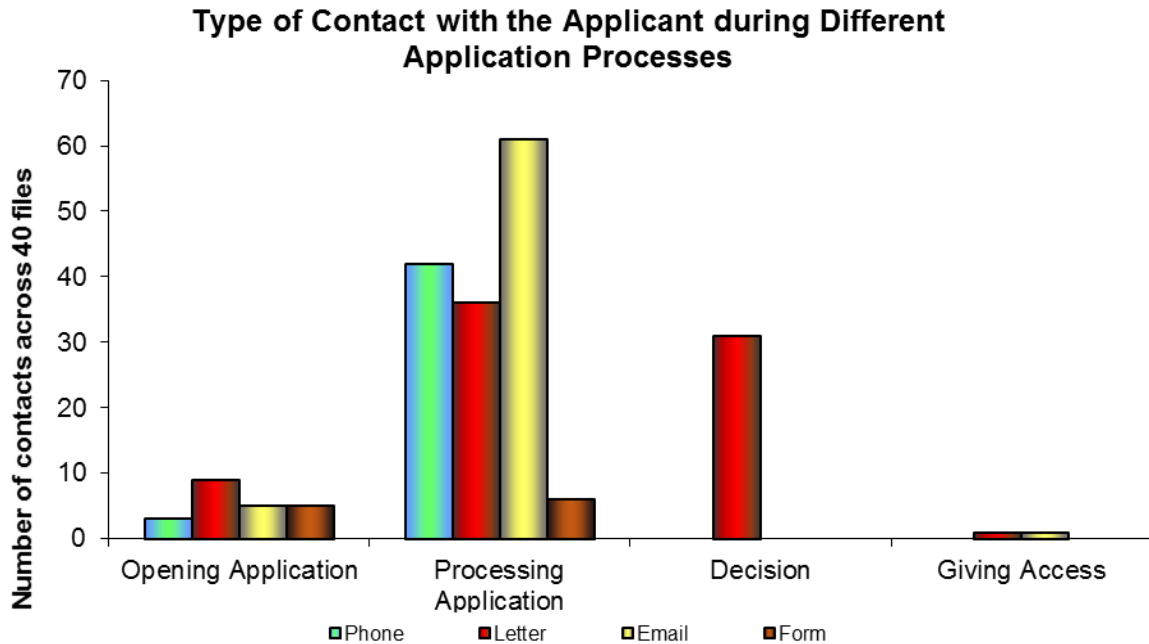
- a need to direct applicants more precisely towards either administrative access or legislative applications – CHHHS had recognised this issue and provided additional resourcing to the ROI Unit to deal with requests for information administratively; and
- the potential to improve the quality of initial requests from legal representatives, insurers or their agents, to ensure that where a formal application was necessary, it was made in accordance with the legislative requirements from the outset – CHHHS had recognised this issue and instituted a regular weekly telephone meeting with the primary entity making these requests to improve the quality of their initial requests. CHHHS also advised that increased resourcing to the area will improve the ROI Unit's capacity to follow-up these issues.

Once a compliant application was received, the ROI Unit's communication during the processing of applications was done primarily by email (61 contacts, 41% of contacts), phone (42 contacts, 28%) and letter (36 contacts, 24%), as depicted in Figure 1.

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<sup>45</sup> Of the remaining 12 applications, 1 application was referred to an administrative access arrangement, 3 applications were withdrawn by the applicant, 1 application became a deemed refusal and 7 applications did not result in a decision about the release of information for other reasons.





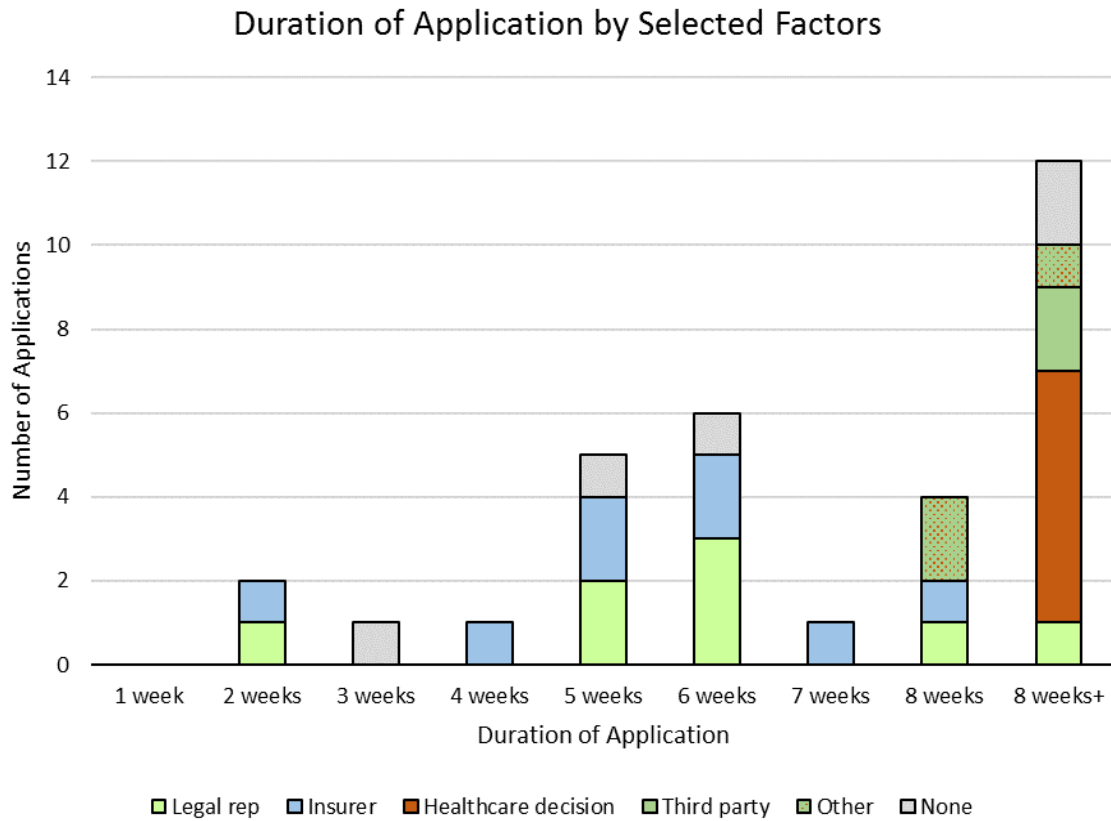
*Figure 1 Types of communication with the applicant.*

Email and phone communication allow for two-way exchange of information, promote understanding of the application handling process, assist in the resolution of issues and promote clarity as to the information requested and the best way to respond to the information request. The file review found that CHHHS was adopting an effective communication strategy.

This approach is usually efficient and generally assists speedy resolution of applications. However, CHHHS had a longer than usual application handling time. CHHHS advised OIC that resourcing issues had slowed the progress of applications, and OIC observed evidence of this on application files.

OIC also observed that application files were slowest when they involved third party consultation or required a healthcare decision. Most other applications were finalised around the legislated processing time of 25 business days or within the next week. This is depicted in Figure 2. Other possible factors that might have slowed application handling were analysed, for example, the involvement of a legal representative or insurer, which might have meant the request was part of a court process or more complicated. This analysis found that application handling times were unaffected by the involvement of legal representatives or insurers, who were involved in short and long application handling times.

The stand-out factor associated with longer application handling times was the involvement of CHHHS's internal business units in providing a healthcare decision.



*Figure 2 Factors effecting length of application handling process.*

These findings suggest that there is an opportunity for CHHHS to improve application handling time by ensuring efficient turnaround times from respondent business units, for example, those involved in healthcare decisions. OIC raised the issue with CHHHS.<sup>46</sup> CHHHS accepted OIC's proposal that business units involved in application handling should be made aware of the need for timely responses.

<sup>46</sup> In a phone conversation with the Manager, ROI on 19 November 2014.

#### Recommendation Four

It is recommended that CHHHS:

Within twelve months, ensure that there is awareness throughout the hospital and health service of the need for efficient turnaround times in handling applications for information, for example, for healthcare decisions.

### 8.3.2 Active management – procedural compliance with legislation

As a last resort, if people cannot obtain government held information from openly published information sources or administrative access schemes, they have a right to be given access to the information using a formal application process under the RTI Act or the IP Act, unless it would be contrary to the public interest to give the access.

Weighing up an individual's right to information against the public interest in non-disclosure requires careful consideration. Agency decision-makers are required to balance the competing public interest factors in the light of both the legislation and the business of the agency.<sup>47</sup> These decision-makers have a key role in ensuring that the decision is made in accordance with both the intentions and the requirements of the legislation.

The business units handling the applications need to make sure that the processes for locating and considering the information run smoothly, and in accordance with the legislation. The application handling process also affords an opportunity for decision-makers to provide leadership and support to other business units within their agency in understanding and complying with legislative requirements.

In this context, this review considered both compliance with the legislative requirements, and the more general level of compliance with the push towards openness and release of information as it may be seen in application handling.

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<sup>47</sup> If the information requested is exempt information then the decision-maker is not required to apply the public interest test.

CHHHS advised they were drafting policies and procedures for managing RTI and IP requests, and provided OIC with two draft procedures.<sup>48</sup> These procedures effectively operationalised the requirements of the RTI and IP Acts.

This review examined the end to end process for handling RTI and IP applications within the work unit responsible. This review considered the management of applications overall, and specifically, a representative sample of 40 RTI and IP access application files made under the legislative process for compliance with Chapter 3 of the RTI and IP Acts.

OIC focussed on the HHS's application of the legislative requirements for:

- prescribed time periods for notifying applicants about how an application does not comply with the legislation and steps taken in allowing the applicant a reasonable opportunity to make an application in a form complying with all relevant requirements of the Acts
- requests for longer processing periods (extensions), in particular where an applicant has agreed to the request and the request was made prior to a deemed decision being taken to have been made
- charges estimate notices (**CEN**) and schedules of relevant documents and in particular, the issuing of a CEN or schedule of relevant documents prior to the end of the processing period, and prescribed requirements of a CEN or schedule of relevant documents
- taking reasonable steps to obtain the views of third parties and informing third parties that documents released in response to an RTI Act application may also be published, for example, in a disclosure log and provision of a prescribed written notice of the decision
- decisions on outcomes of applications<sup>49</sup>
  - assessment of delegations for decision-makers
  - decision notices, in particular: itemisation of processing charges and fees (where applicable), access periods (the period within which the applicant may

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<sup>48</sup> The two draft procedures were not numbered or published. They had working titles of *Release of Information – Applications for Information under the Right to Information Act 2009 or Information Privacy Act 2009 Cairns and Hinterland Hospital and Health Service* and *Release of Information – Applications and Requests for Patient Information Cairns Hospital - Cairns and Hinterland Hospital and Health Service*.

<sup>49</sup> Please note that the review did not assess the quality or appropriateness of the decision itself, as this is subject to the internal and external review mechanisms.

access the documents), disclosure log requirements, provisions under which access is refused (where applicable), review periods and processes for making an application for review, reasons for decision, date it was made and designation of the decision-maker

- giving access to applicants, and in particular, providing applicants with access to documents in the form requested; and
- refusing to deal with an application for information.<sup>50</sup>

The file review found that CHHHS was generally compliant with the requirements of the RTI Act and IP Act with respect to all of these activities.

In the general review of template letters and procedures, some minor, technical issues were identified. These issues were raised with CHHHS and rectified during the course of this review. OIC has viewed the template letter updates and confirmed changes were made as required.

The review of application files found that there was generally a high standard of application handling and in particular, attention to achieving a result biased in favour of disclosure to the applicant. Minor procedural issues were found on 22 files (55%). Most of the issues represented an opportunity to improve minor technical procedures rather than a material non-compliance with a prescribed requirement. In most cases, these issues may have been explained if more detailed file notes were recorded on these files.

CHHHS has advised they will apply the additional resources allocated to the ROI Unit to ensure full compliance with the technical procedural requirements for application handling.

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<sup>50</sup> These reviews usually also consider application handling for requests for amendments to an applicant's personal information, but CHHHS did not have any such requests.

### 8.3.3 Privacy principles

The primary objectives of the IP Act are to provide a right of access to and amendment of personal information in the government's possession or under its control and to provide safeguards for the collection and handling of an individual's personal information within the public sector. Under the IP Act, a health agency must comply with the nine National Privacy Principles (NPPs), along with the obligations for when personal information is transferred overseas and when government agency services are conducted by non-government entities under a contract or other arrangement.

This review followed up the findings of the June 2014 Desktop Audit and also reviewed the extent to which camera surveillance systems were designed and operated by CHHHS with privacy considerations in mind.

### 8.3.4 Collection of personal information

The collection of personal information is a fundamental area of privacy regulation. Whenever CHHHS obtains personal information, either through an email to an HHS contact email address or by completion of a form, under National Privacy Principle 1 (NPP1), CHHHS must not collect personal information unless the information is necessary for one or more of its functions or activities. Under NPP1, CHHHS must take reasonable steps to ensure that the individual is aware of the purpose of the collection, any law that might authorise or require the collection, to whom the information would usually be disclosed and the identity of the health agency and how to contact it. In addition, NPP1 also requires the health agency to take reasonable steps to ensure the individual is aware of their ability to gain access to the information and the main consequences (if any) of not providing the information. This is to occur usually at or before the time of collection.<sup>51</sup>

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<sup>51</sup> However, if it is not practicable, as soon as possible after CHHHS collects the personal information about the individual from that individual.

An effective, convenient and straightforward method of meeting the requirements of NPP1 is for CHHHS to provide a short notice at the point where the information is collected. Collection notices<sup>52</sup> promote transparency and confidence by informing individuals about how an agency will handle their personal information.

As part of the June 2014 Desktop Audit of CHHHS, OIC examined HHS forms and emails available on their website to ascertain whether or not a collection notice was provided on forms available online and on links to email addresses. At the time of the review, minor technical non-compliances with NPP1 were noted and a recommendation was made for CHHHS to review their forms to ensure appropriate notices of collection were in place.

As part of this compliance review, OIC followed-up this finding with the HHS to ascertain what action has been taken to implement the recommendation.

As part of CHHHS's EQuIP accreditation process, a Clinical and Non-clinical Forms Committee was established. This committee was responsible for recording/registering all forms available within CHHHS. Once CHHHS has settled the suite of forms in use, the Manager, ROI Unit will identify which forms to review for compliance with NPP1, as recommended by the June 2014 Desktop Audit. There was a large volume of clinical and non-clinical forms in use by the hospital, so to avoid re-work, the Manager, ROI Unit planned to commence the NPP1 review after the committee settled forms.

After the accreditation review, the Manager, ROI Unit will meet with the committee to discuss privacy collection notices. The expected timeframe for review is three months. OIC acknowledges that this type of review is a long-term, ongoing activity, and endorses CHHHS's approach.

### 8.3.5 Personal information held by CHHHS

Under National Privacy Principle 5 (NPP5), a health agency must set out in a document policies on its management of personal information and must make this document available to anyone on request. NPP5 also requires that on request by a person, a health agency

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<sup>52</sup> Whenever an agency obtains personal information from an individual, including through an email to an agency contact email facility or by completion of a form, NPP1 requires that the agency takes reasonable steps to ensure that the individual is aware of -

- the identity of the health agency
- the fact that he or she is able to gain access to the information
- the purposes for which the information is collected
- the entities or types of entities to which the health agency usually discloses information of that kind
- any law that requires the information to be collected; and
- the main consequences, if any, for the individual if all or part of the information is not provided.

This information is termed a 'collection notice'.

must take reasonable steps to let the individual know about the types of personal information it holds, the purposes for which the information is used and how it is collected, stored, used and disclosed.

OIC noted that documents made available on CHHHS's website appropriately disclosed the type of personal information held, and how it was collected, used and stored. The documents also provided sufficient detail of when personal information collected may be disclosed to another agency. OIC is satisfied that the HHS was meeting its obligations under NPP5.

### 8.3.6 Personal Information Handling Practice - Camera Surveillance

The IP Act does not prevent government agencies using camera surveillance for its business activities, such as for the purposes of ensuring public safety and security. However, any system which involves the collection and subsequent storage, use or disclosure of personal information by a government agency is subject to the requirements of the IP Act.

The objectives for these requirements are the same as other regulatory governance frameworks for government: they enable business activities of government while retaining a measure of accountability and transparency to the Queensland community.

This review examined CHHHS's use of camera surveillance against the requirements in the IP Act.

#### **Documentation of policy**

The Queensland Health Directive: *Closed Circuit Television Security Systems* details mandatory actions and processes for the installation, management and use of Closed Circuit Television (**CCTV**) equipment on Queensland Health land.

As at November 2014, CHHHS operated 423 CCTV cameras<sup>53</sup> across 11 sites for the primary purpose of discouraging and/or detecting unlawful behaviour in and around Queensland Health facilities. No other types of audio-visual recording devices were used. The requirement for CCTV deployment, the purposes to which it was intended to be put and the potential installation locations were determined through a risk assessment and security review.

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<sup>53</sup> OIC conducted a survey of all agencies in 2015, and was advised that CHHHS had purchased additional cameras since the 2014 audit, bringing the total number of cameras within the CHHHS to 506 cameras as at 28 April 2015.



The CCTV surveillance management system was located within the Security Operations Control Room at Cairns Hospital. Footage that was captured was stored initially to the system's hard drive and automatically overwritten after a period of no longer than 30 days. As well as the recording of footage, it was intended that live monitoring would commence in April 2015 following redevelopment of the site.

The review found that CHHHS commenced drafting an operational policy and procedures in June 2014 for the management of CCTV within CHHHS. The draft policy and procedures covered the HHS's approach to retention, storage and disposal of footage, and handling of requests to view or obtain copies of CCTV footage, with clearly defined roles and responsibilities for these activities. OIC considers that the finalisation and publication of the approved policy and procedures would inform the community as to how CHHHS handles their personal information in accordance with the IP Act.

### **Collection**

Under NPP1, a health agency is required to take reasonable steps when collecting personal information from an individual, or about an individual from someone else, to make the individual aware of certain information about how their personal information will be handled.

For CCTV systems these requirements are usually met by placing a sign in the vicinity of the CCTV camera or otherwise publishing information about the HHS's CCTV surveillance program. At the time of review, CHHHS was in the process of implementing new signage to improve the way in which it informed the community of the purpose for which CCTV was used and to whom information was usually disclosed. It is anticipated that this signage would be in place at all public entrances at hospitals within the CHHHS by the end of 2014.

During the course of the review CHHHS identified additional measures that could be implemented to better notify employees and the community about its use of CCTV, and undertook to investigate these options further. These suggestions included incorporating information into the digital signage displays in use in Emergency Departments and including information about the HHS's CCTV surveillance program in staff induction training.

OIC suggested that publishing a fact sheet or similar resource which detailed storage and retention practices and how requests for access to CCTV footage were managed would further promote openness and transparency about CHHHS's use of CCTV.

## **Disclosure**

NPP2 provides that the use and disclosure of personal information must only be for the primary purpose that it was collected for, unless one of the permitted exemptions applies.

CHHHS advised that requests to view or obtain a copy of CCTV footage were most commonly sought by the Queensland Police Service and CHHHS employees. These requests were handled administratively and were subject to approval by the Chief Executive, or their delegate. Where there was approval to view CCTV footage by an applicant, applicants were to be under direct supervision at all times while viewing the CCTV footage. The review found that this administrative arrangement included standardised request forms and clearly defined authority for approval of the release of information.

These arrangements were formally documented in CHHHS's draft operational procedure for the use of CCTV.

Where requests to access CCTV footage were made by other third parties, or where it was decided that information could not be released administratively, a request to access footage could be made by applying for access under the RTI Act. CHHHS did not have the ability to blur or pixelate footage and this could be a factor in the HHS deciding to not release copies of CCTV footage where the footage contained images of other identifiable individuals.

## **Storage and security**

NPP4 places an obligation on health agencies to take reasonable steps to protect the personal information it holds from misuse, loss and unauthorised access, modification or disclosure.

The CHHHS draft Operational Policy on the use of CCTV within CHHHS required that all CCTV monitors and recorders be located in a secure area and that access to these areas was to be limited to authorised users only.

CHHHS used a range of security measures to protect the personal information it held. For example, CCTV monitors in the Security Operations Control Room at Cairns Hospital were not viewable from outside the Control Room, and access to the Security Operations Control Room required swipe card entry at two different points. CHHHS advised that only two employees in the HHS were authorised to grant control room monitoring staff access to the

Security Operations Control Room and requests for access must be made in writing. Access to the Control Room was immediately removed upon termination of employment.

CHHHS advised that all copies of CCTV footage created in response to an access request were delivered or collected by hand and that a register was used to record and track the movement of CCTV footage. OIC noted that copies of CCTV footage were secured in a locked filing cabinet within the Security Operations Control Room prior to delivery or collection.

### **Conclusion**

OIC found that the current practices for managing CCTV were reasonably effective. To ensure ongoing consistency of practice and application of the privacy principles, CHHHS needs to review aspects of the operation of the CCTV, including the use of video redaction software to maximise appropriate release of CCTV footage and the provision of information privacy notices, and then capture any of the resulting policy and procedure in a written document, which is disseminated to all staff and published on CHHHS's website. This would ensure CHHHS manages CCTV in accordance with the privacy principles and the IP Act.

### **Recommendation Five**

It is recommended that CHHHS:

Within six months, ensure the requirements of the privacy principles and the IP Act are incorporated in the management of CHHHS's Closed Circuit Television (CCTV) by:

- publishing approved policy and procedures that address the privacy considerations of using CCTV
- reviewing the provision of information privacy notices to the community about CHHHS's CCTV surveillance program; and
- investigating the usefulness of video redaction software to maximise appropriate release of CCTV footage.

## 9 Conclusion

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This report detailed the findings of the review of CHHHS's implementation of the government's right to information and information privacy obligations.

CHHHS has been undergoing concurrent reviews at this time: the EQuIP accreditation process, of which information management is an element; and this review. Together, the reviews have provided feedback regarding opportunities for CHHHS to improve information management in a number of ways, including implementation of right to information and information privacy.

OIC's experience was that CHHHS welcomed feedback, was quick to understand and implement suggestions for improvement, and in many cases, proactively identified and implemented strategies during the course of this review.

As a result, an outcome of the review process is that issues identified have been readily rectified and practices improved. This review endorses a number of improvement activities that CHHHS identified, planned to implement or has commenced implementing. The approach taken by CHHHS in itself demonstrated to OIC that CHHHS had an open culture which embraced continuous improvement.

In particular, OIC noted CHHHS's willingness to take a more proactive approach to engaging with the community and release more information to the community, and CHHHS's efforts to ensure that information privacy is managed as part of the operation of closed circuit television surveillance.

This report provides an opportunity for other Hospital and Health Services to identify issues that might apply generally across Hospital and Health Services, and to observe the initiatives that could be adopted to address these issues.

With the recommendations in this report implemented, OIC would consider the Cairns and Hinterland Hospital and Health Service to be a benchmark of good practice in information management for right to information and information privacy.

## APPENDICES



## Appendix 1 – Acronyms

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ACHS	Australian Council on Healthcare Standards
The Action Plan	<i>Consumer and Community Engagement Action Plan 2014-2015</i>
CCTV	Closed Circuit Television
CEN	Charges Estimate Notice
CHHHS	Cairns and Hinterland Hospital and Health Service
Corporate Plan	Cairns and Hinterland Hospital and Health Service Corporate Plan 2012-2017 (updated 1 July 2013)
EQuIP	The Australian Council on Healthcare Standards Evaluation and Quality Improvement Program
The Framework	<i>Consumer and Community Engagement Framework</i>
GP	<i>A 'GP' or general practitioner is a registered medical practitioner who is qualified and competent for general practice in Australia. A general practitioner: Has the skills and experience to provide whole person, comprehensive, coordinated and continuing medical care; and Maintains professional competence for general practice.</i>
HHS	Hospital and Health Service
Information Management Committee	A committee established by CHHHS under National Standard 14 of the EQuIP standards
ICT	Information and Communication Technology
IP	Information Privacy
IP Act	<i>Information Privacy Act 2009 (Qld)</i>
Manager, ROI Unit	Manager, Release of Information
NPP	National Privacy Principle
OIC	Office of the Information Commissioner
ROI Unit	Release of Information Unit - the business unit within CHHHS with primary responsibility for coordinating implementation of the RTI Act and IP Act requirements for CHHHS
RTI	Right to Information

RTI Act

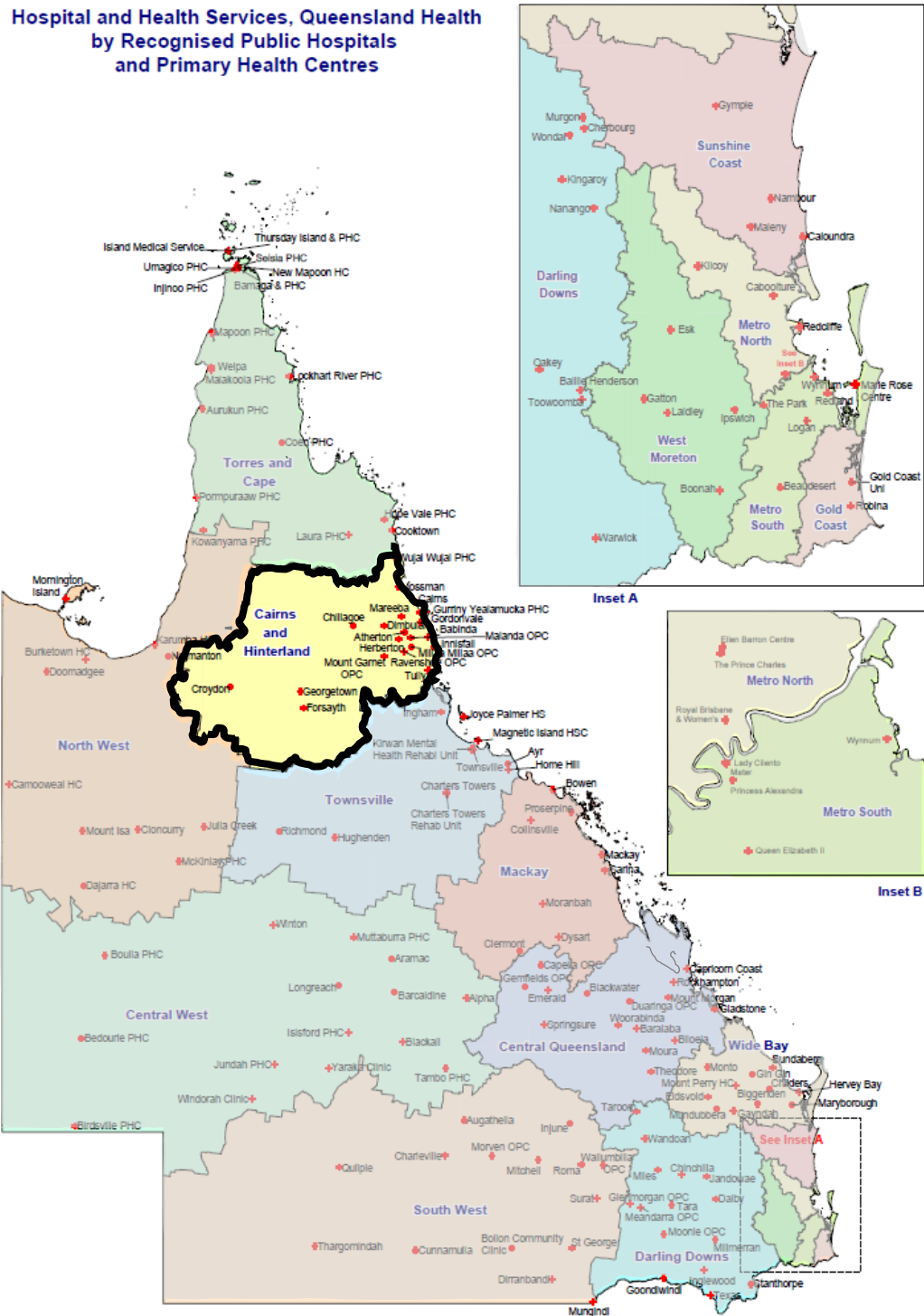
*Right to Information Act 2009 (Qld)*

The Strategy

*Consumer and Community Engagement Strategy*



## Appendix 2 – Map of CHHS Region



Prepared by: Statistical Reporting and Coordination, Health Statistics Branch, 29 January 2015  
Hospital and Health Services by recognised public hospitals and primary health centres as at 29 November 2014



## Appendix 3 – Terms of Reference

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### Terms of Reference – Review of Right to Information and Information Privacy in Cairns and Hinterland Hospital and Health Service

#### 1. Objectives of the Review

- 1.1. The objective of the review is to establish whether the Cairns and Hinterland Hospital and Health Service (**Cairns and Hinterland HHS**) is complying with the prescribed requirements of the *Right to Information Act 2009 (RTI Act)* and the *Information Privacy Act 2009 (IP Act)*, to identify areas of good practice, and make recommendations about any improvement opportunities identified by the review.

#### 2. Scope of the Review

- 2.1. The review will cover Cairns and Hinterland HHS's policies and procedures for RTI and IP information handling practices, including:
  - 2.1.1. Cairns and Hinterland HHS governance (leadership, governance mechanisms, information management including proactive identification and release of information holdings, policies, procedures, delegations and roles and responsibilities of key personnel and training).
  - 2.1.2. Accountability and performance monitoring systems.
  - 2.1.3. Whether or not Cairns and Hinterland HHS is maximising disclosure. The review will include:
    - 2.1.3.1. Review of statistical reporting (including internal reporting and annual reporting under section 185 of the RTI Act).
    - 2.1.3.2. Consultation with communities and industry stakeholders as to their information needs and information management issues, and the extent to which those needs are addressed by Cairns and Hinterland HHS.
  - 2.1.4. Compliance with legislatively based requirements for:
    - 2.1.4.1. An agency publication scheme (s 21).
    - 2.1.4.2. An agency disclosure log (s 78).
    - 2.1.4.3. Giving access to information administratively (section 19).
    - 2.1.4.4. Access and amendment applications and processing (parts 2-7).
    - 2.1.4.5. Review processes, including and internal review of decisions under the legislation (part 8).
  - 2.1.5. Cairns and Hinterland HHS's personal information handling practices including technologies, programs, policies and procedures to review privacy related issues of a systemic nature generally, and agency compliance with the privacy principles.

#### 3. Suitability Criteria for Assessing Performance

- 3.1. The review is based on an assessment of the performance of Cairns and Hinterland HHS against the requirements of the *Right to Information Act 2009* and the *Information Privacy Act 2009*, and any subordinate guidelines or instruments made pursuant to the legislation.

- 3.2. Where the legislation states that the agency must meet a particular requirement, that requirement is considered to be an auditable element of the legislation. The review tests whether or not the agency has complied with that requirement.
- 3.3. Where the legislation indicates that the agency should adopt a particular approach, the review will make a qualitative assessment of the extent to which the agency has adopted that approach.
- 3.4. These requirements are summarised in the electronic audit / self assessment tool available for preview on the OIC website and previously sent to you.

#### **4. Assessment Process**

- 4.1. In conducting the review, the Manager, Performance Monitoring and Reporting (Ms Karen McLeod) will work with a review team including Senior Performance, Monitoring & Reporting Officers. The review team will work through the testing program with your nominated staff to ensure that each relevant area of practice has been considered and appropriate evidence gathered to support findings. Appropriate evidence may be gathered through the following processes:
  - 4.1.1. Discussions with relevant staff and management.
  - 4.1.2. Discussions with community and industry stakeholders.
  - 4.1.3. Discussions or survey of applicants.
  - 4.1.4. Observation of RTI and IP handling practices.
  - 4.1.5. Examination of agency website including publication schemes, disclosure logs and arrangements for administrative access.
  - 4.1.6. Review of desktop audit recommendations and agency response.
  - 4.1.7. Examination of agency intranet.
  - 4.1.8. Review of statistical records/reporting.
  - 4.1.9. Review of agency documentation.
  - 4.1.10. Substantive testing of a random sample of application and internal review files.

#### **5. Reporting**

- 5.1. The report will outline findings and make recommendations to improve Cairns and Hinterland HHS's implementation of RTI and IP.

Issues identified during the review regarding Cairns and Hinterland HHS's implementation will be raised progressively during the review. If necessary, OIC will provide a briefing to management within Cairns and Hinterland HHS before drafting the review report.

The draft review report will incorporate issues identified during the review and any agency comments, and will then be provided formally to the management within Cairns and Hinterland HHS for comment.

Comments received will be considered for incorporation into the final report to yourself.

This final report, together with your comments and Cairns and Hinterland HHS's formal response to recommendations, will be submitted to the Parliamentary Committee for Legal Affairs and Community Safety.

#### **6. Administrative Matters**

##### **6.1. Timing**

At this stage, it is envisaged that the on-site field work for the review will commence in July and will be finalised by October. The exit meetings and report drafting should be concluded by December 2014, assuming unforeseen circumstances do not intervene.

6.2. Request for Information

Once Cairns and Hinterland HHS has nominated a liaison officer for this review, further information will be requested in preparation for the on-site visit, as attached.

It would be of assistance if such information could be provided to the OIC as soon as possible, and at the latest within 20 business days, for the efficiency of the on-site visit.

6.3. Facilities

It would be greatly appreciated if a work space and access to a computer and photocopying facilities could be made available to the review team for their onsite visit, as needed.

## Appendix 4 – CHHS Action Plan

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Enquiries to: Sarah Marchingo  
Telephone: 4226 5311

Cairns and Hinterland  
Hospital and Health Service

Ms Rachel Rangihaeata  
Information Commissioner  
Office of the Information Commissioner  
Po Box 10143  
Brisbane Q 4000

Dear Ms Rangihaeata

### **RIGHT TO INFORMATION & INFORMATION PRIVACY – PERFORMANCE REVIEW**

Thank you for providing the Cairns and Hinterland Hospital and Health Service (**CHHS**) with your final report on the findings of the Right to Information & Information Privacy performance review.

I note within the performance review report there are five recommendations made to assist the Health Service to meet all obligations and optimise right to information and information privacy processes.

Please find attached the CHHS's formal response to each of these recommendations.

I would like to take this opportunity to thank the Office of the Information Commissioner staff involved in the performance review for making this audit such a positive experience. Feedback received from the Health Service staff was highly favourable.

Thank you also for taking the time to meet with me personally. I appreciated the opportunity to review and discuss with you the recommendations next steps.

Any queries about the CHHS's formal response to the performance review can be directed to Ms Sarah Marchingo, Manager, Release of Information Unit on 07 4226 5311 or [sarah.marching@health.qld.gov.au](mailto:sarah.marching@health.qld.gov.au).

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Julie Hartley-Jones', written over a faint, larger version of the same signature.

Julie Hartley-Jones, CBE  
Chief Executive  
Cairns and Hinterland Hospital and Health Service

23/04/2015

Rating	Description
Short Term	OIC considers urgent (immediate) attention is required to complete the action
Medium Term	OIC considers that medium term action is required (anticipated action completion within 3 to 6 months)
Long Term	OIC considers that long term action is required (anticipated action completion within 12 months, for example, in time for the commencement of the national health reforms to the service delivery model)

OIC recommends:-		CHHHS response and any proposed management action	OIC Rating	CHHHS nominated owner	CHHHS nominated completion date
#	Recommendation				
1	Within six months, incorporate into the Right to Information Unit intranet page information about the administrative release of information, and increase promotion of staff training in right to information and information privacy on the intranet page.	<p>CHHHS agrees to this recommendation.</p> <p>The CHHHS has commenced actioning this recommendation by inclusion of AA processes within the CHHHS internet and intranet web pages. Additionally, the CHHHS Executive approved a designated AA position within the ROI Unit for an initial period of six months. This position has proved very successful with all AA applications now actioned and completed within a maximum of 15 calendar days.</p>	Medium Term	Sarah Marchingo	November 2015

OIC recommends:-		CHHHS response and any proposed management action	OIC Rating	CHHHS nominated owner	CHHHS nominated completion date
#	Recommendation				
2	Within twelve months, develop and incorporate performance measures and targets at the strategic and operational level to measure effectiveness and efficiency in implementing right to information and information privacy.	<p>CHHHS agrees to this recommendation.</p> <p>The CHHHS has commenced actioning this recommendation. Inclusion of specific ROI Key Performance Indicators are now provided to the Director (Office of the Chief Executive) for inclusion within the Divisional Performance Meetings. The CHHHS is aware that the OIC is finalising a guideline on RTI and IP performance measures; the CHHHS will review this guideline when released and incorporate into the actioning of this recommendation.</p>	Long Term	Sarah Marchingo	May 2016
3	Within twelve months, implement current plan to develop and publish an Information Asset Register.	<p>CHHHS agrees to this recommendation.</p> <p>The CHHHS has commenced actioning this recommendation by collating CHHHS wide information registers (location / description / data custodian). This information will then be used to inform the CHHHS Information Asset Register.</p>	Long Term	Sarah Marchingo	May 2016
4	Within twelve months, ensure that there is awareness throughout the hospital and health service of the need for efficient turnaround times in handling applications for information, for example, for healthcare decisions.	<p>CHHHS agrees to this recommendation.</p> <p>Current process being developed for those matters particularly requiring health care decisions / 3<sup>rd</sup> party consultations etc. The current CHHHS procedures will then reflect the update in these processes once finalised.</p>	Long Term	Sarah Marchingo	May 2016



OIC recommends:-		CHHHS response and any proposed management action	OIC Rating	CHHHS nominated owner	CHHHS nominated completion date
#	Recommendation				
5	<p>Within six months, ensure the requirements of the privacy principles and the IP Act are incorporated in the management of CHHHS's Closed Circuit Television (CCTV) by:</p> <ul style="list-style-type: none"> <li>• publishing approved policy and procedures that address the privacy considerations of using CCTV</li> <li>• reviewing the provision of information privacy notices to the community about CHHHS's CCTV surveillance program; and</li> <li>• investigating the usefulness of video redaction software to maximise appropriate release of CCTV footage.</li> </ul>	<p>CHHHS agrees to this recommendation.</p> <p>The CHHHS has commenced actioning this recommendation by requesting quotes for redaction software, installing privacy notices within CHHHS facilities re CCTV cameras and drafting policy and procedures that address privacy considerations of using CCTV. The CHHHS is aware that the OIC is finalising a guideline on the use of CCTV; the CHHHS will review this to inform our own policy and procedures and in actioning this recommendation. As discussed with the Information Commissioner (10/04/15), the CHHHS is aware that the OIC is also undertaking a review of redaction software programs. The CHHHS will review this to assist in finalising this recommendation.</p>	Medium Term	Sarah Marchingo Peter Burgess	November 2015



## Appendix 5 – Details of Stakeholder Consultation

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In consultation with CHHHS, OIC selected 43 stakeholders, including 34 stakeholder organisations and 9 members of state and Federal parliament as a sample of the stakeholders who might be interested in information held by CHHHS. Stakeholders were representative of the following categories of interaction with CHHHS:

- social and community interests
- environmental and research interests; and
- economic and industry interests.

OIC sent a letter of invitation directly to stakeholder groups on 17 September 2014, attaching questions (the list of questions is provided at the end of this appendix), requesting a response by 3 October 2014. In addition, a news article was published on the OIC's internet site, and a radio interview was held inviting general comment on CHHHS's proactive disclosure of information from the broader community.

Six stakeholder groups provided a written or verbal submission to the questions.

Stakeholder	Contribution
Department of Communities, Child Safety and Disability Services (local)	Survey non-respondent
Queensland Police Service	Survey non-respondent
Cancer Council Queensland	Survey non-respondent
Bupa	Survey non-respondent
Unified Health Care Group	Survey non-respondent
Medical Records Exchange	Survey non-respondent
FNQ Medicare Local	Survey respondent
Queensland Nurse's Union	Survey respondent
Apunipima Cape York Health Council	Survey non-respondent
Wuchopperen Health Service	Survey non-respondent
Gurriny Yealamucka Health Service Aboriginal Corporation	Survey non-respondent
James Cook University	Survey non-respondent
Cairns Regional Council	Survey non-respondent
Etheridge Shire Council	Survey respondent
Cassowary Coast Regional Council	Survey non-respondent
Tablelands Regional Council	Survey non-respondent
Croydon Shire Council	Survey non-respondent
Yarrabah Aboriginal Shire Council	Survey non-respondent
Queensland Ambulance Service	Survey respondent
Health Consumers Queensland	Survey non-respondent
O'Reilly Stevens Lawyers	Survey non-respondent
Porter Galea Lawyers	Survey non-respondent
Wettenhall Silver Solicitors	Survey non-respondent
Preston Law	Survey non-respondent

Stakeholder	Contribution
Aboriginal and Torres Strait Islander Legal Service - Cairns	Survey non-respondent
Far North Queensland Hospital Foundation	Survey non-respondent
Trinity Hub - Community Consultative Committee	Survey respondent
Hinterland Hub - Community Consultative Committee	Survey respondent
Cassowary Coast Hub - Community Consultative Committee	Survey non-respondent
ABC radio	Survey non-respondent
Cairns Post	Survey non-respondent
WIN television	Survey non-respondent
Seven Queensland	Survey non-respondent
Southern Cross Ten	Survey non-respondent
Member for Hinchinbrook	Survey non-respondent
Member for Mount Isa	Survey non-respondent
Member for Cook	Survey non-respondent
Member for Cairns	Survey non-respondent
Member for Dalrymple	Survey non-respondent
Member for Mulgrave	Survey non-respondent
Member for Barron River	Survey non-respondent
Member for Kennedy	Survey non-respondent
Member for Leichardt	Survey non-respondent
<b>Total identified stakeholders contacted or who contacted OIC</b>	<b>43</b>

### Stakeholder comments

Current information provided by CHHHS that stakeholders regarded highly includes:

- statistical information about patients, for example, patient information by demographic groupings, wait lists or statistics about community health
- organisational information, for example the Business Planning Framework
- the Patient Transit Scheme
- the Charter of Patients' Rights; and
- Compliments and Complaints forms.

Stakeholders were asked how they would use the information. They commonly sought information to:

- assist the stakeholder to allocate resources to service delivery and partnerships
- assist the stakeholder to provide information to patients in support of patient care
- enable the stakeholder to make funding submissions; and

- enable the stakeholder to report on workloads, professional standards and workplace health and safety issues.

Stakeholders were particularly interested in using information to manage gaps in services and to coordinate care; in obtaining information about people with a disability and with special support or medical needs; and in planning service delivery in aged care.

Stakeholders thought there were great risks in not sharing information, and did not see any risks in sharing information, particularly if it was de-identified.

Stakeholders were asked about the way in which CHHHS provided information. Comments were:

- One stakeholder was uncertain who to contact for information. The other stakeholders were confident that they had at least one contact. One stakeholder suggested that the use of informal contacts and senior executive level contacts facilitated information sharing.
- Stakeholders felt that there was professionalism in responding to requests for information, but also raised concerns:
  - some information was not forthcoming, in circumstances where the stakeholder believed it should have been made available
  - processing issues were raised, for example, timeliness of response
  - the stakeholder was not always given reasons when information was not provided; and
- Information was generally provided in a public friendly format, although one stakeholder stated that discharge notes could be difficult to understand for someone with limited medical knowledge.

Stakeholders agreed that CHHHS could be more open and transparent, particularly in proactively initiating discussions about information needs or about releasing information.



Question No.	Question	Summary of stakeholder responses
1	<b>With respect to information that you know is held by CHHS:</b>	
a	What information held by CHHS is/might be of assistance to you/your organisation (please provide details)?	<ul style="list-style-type: none"> <li>● Business Planning Framework</li> <li>● Organisational restructure</li> <li>● Affected position spreadsheets</li> <li>● Raw outcomes from staff surveys of each health facility and performance indicators for each facility</li> <li>● Access to information such as reports and data resulting from internal reviews of units</li> <li>● Statistical data (re people who have disabilities/ reasons for admission/support on release requirements)</li> <li>● Information about DRGs top ten for each hospital in its footprint. The average length of stay and comparative analysis of variances outside the norm for ALOS</li> <li>● Information about Indigenous health: admissions, from which locality, co-morbidities etc</li> <li>● Information about waitlists for outpatients by type</li> <li>● Information about patient type admitted into hospital in the home or other community health type programmes</li> <li>● Information about frequent presenters to A&amp;E and those with multiple hospital admissions for chronic diseases</li> <li>● Those clients with no known General Practitioner</li> <li>● Patient transit scheme</li> <li>● Compliments and complaints forms</li> <li>● Charter of Patients Rights</li> </ul>

Question No.	Question	Summary of stakeholder responses
<b>b</b>	Would this information be primarily of use for you/your organisation or for your clients? If it is for your clients then please identify the type of client who would benefit from this information.	<p>Information would be used to support Stakeholder's resource allocation towards inter-sectorial partnerships in support of community patient care and addressing unnecessary hospital admissions.</p> <p>Some information would be shared with patients for effective communication and supported care coordination.</p> <p>Information primarily of use for stakeholder, as it is inextricably linked to reports to stakeholder's clients on workloads, professional standards and workplace health and safety issues.</p> <p>Used by agency to inform funding submissions/service planning.</p> <p>Information primarily for use by all consumers and GP services.</p>
<b>c</b>	What could you or your clients do with the information?	<p>It empowers clients and Stakeholder in decision-making. It can assist us as a service provider to monitor and address co-ordination failures with regular surveillance. It could provide a reference point for individual discussions with patients around better managing self-care.</p> <p>Assist patients receiving treatment.</p> <p>Increases opportunity for stakeholder and community to participate in democratic processes leading to better decision-making, improved public administration and quality of health services.</p> <p>Assess need for additional services to compliment services or address issues.</p>



Question No.	Question	Summary of stakeholder responses
d	Do you think there are risks in CHHHS publishing this information (for example, information being misused or misunderstood)? If so, do you have any comments about managing those risks?	<p>There is a great risk in not sharing health related information, which creates siloed health care and separate and divided care. It is difficult to get synergies of care and co-ordination without knowledge sharing.</p> <p>Stakeholder doesn't see any risks, and stated that clear statistical data which is deidentified can be of benefit.</p> <p>Stakeholder stated that the desired information is required to be available for each patient receiving treatment. Maintaining confidentiality at all times managed risk.</p>
2	<b>With respect to information that might or might not be held by CHHHS:</b>	
a	There might be situations where you are undertaking a project or activity, and you do not know whether or not CHHHS holds information that might be of assistance or relevant to your project or activity.	<p>Stakeholder is looking at ways to manage gaps in services and to better co-ordinate care, especially outside of the urban footprint. There are currently a planned hospital avoidance project, residential care facility, and clinical care capacity enhancement considerations. Enhancement of general practice and care management would benefit all.</p> <p>Data regarding people who have a disability/ disability support needs/medical needs due to disability. This information is not currently collated however may be useful for both CHHHS as well as community organisations as this may be an additional factor in people re-presenting for treatment or not receiving sufficient follow up post discharge.</p> <p>Stakeholder is currently undertaking an Aged Care Forum as a pilot study as our Community Consultative Committee (CCC) identified major gaps in the availability, and access to the information required to prepare for transition into aged care facilities. Stakeholder hopes to place information into an online portal accessible by a wide range of service providers to assist families in preparing for a family member's transition into aged care facilities.</p>

Question No.	Question	Summary of stakeholder responses
	Are you undertaking any current or future projects that require information from other government bodies/agencies which may help you to achieve a better outcome? If so, what types of information might be useful?	There is no mention of the types of information that may be useful.
<b>b</b>	Do you think CHHHS may hold relevant information? Please also describe the nature of the information.	Stakeholder believes CHHHS holds information that would be useful. Perhaps CHHHS does not have the mechanisms to extract the data or may not be aware that the information they have would be valuable to share with other entities outside of themselves.
<b>3</b>	<b>We are also interested in your general views and experiences with accessing information held by CHHHS. When seeking to access information from CHHHS:</b>	
<b>a</b>	Do you know who to contact?	<p>A centralised contact point would be utilised in the first instance. This position is part-time, and requests have been referred to a third party on occasion, or informal contacts have been used where a person has been responsive previously.</p> <p>Contact details for the CHHHS were electronically available and easily accessible.</p> <p>The Stakeholder meets regularly with its counterparts from the CHHHS to exchange information relating to patient care. The Stakeholder enjoys a strong and productive relationship with CHHHS and both parties continue to work together in providing a quality health service to the community.</p> <p>One stakeholder did not know who to contact.</p> <p>One stakeholder knew who to contact when dealing with consumer requests or complaints.</p>

Question No.	Question	Summary of stakeholder responses
<b>b</b>	Has your request been dealt with in a professional manner?	<p>Have been treated in a neutral manner. There have been some components of professionalism. A professional manner does not mean that I have been assisted. I have felt that information has not been forthcoming because it has been seen as owned property. (This appears not to be in relation to RTI request but rather through dealings with the agency as a whole).</p> <p>Stakeholder raised a processing issue which indicated that the stakeholder did not understand the processing issue, and as a consequence, queried the professionalism of application handling.</p> <p>Feedback from consumers on issues has been positive in the manner, timeliness, and outcome relative to the issue of concern.</p>
<b>c</b>	Did you receive the information that you requested?	<p>Sometimes (again not in relation to RTI request under RTI but general requests from the agency as a whole).</p> <p>Documents were released to the Stakeholder.</p> <p>After providing additional information and two extensions received six pages. Follow-up with agency resulted in another page being released.</p> <p>One other stakeholder received the information requested.</p>
<b>d</b>	If you did not receive the requested information, were you given a reason?	<p>Sometimes, but not usually. The sense is that it wasn't a priority, and were too busy and preoccupied by demands from higher up (again this is not in relation to a request under RTI but general requests from the agency as a whole).</p> <p>One stakeholder stated that they had not experienced any lack of response.</p>

Question No.	Question	Summary of stakeholder responses
<b>e</b>	Was the information provided in a timely manner?	<p>One stakeholder's response demonstrated that the stakeholder did not consider the information was provided in a timely process. Required two extensions of time before information was released. However did acknowledge that agency kept them informed during process (must be noted that application was complicated and lengthy).</p> <p>One stakeholder stated that information was provided in a timely manner.</p>
	If not, how often do you consider this information should be released (for example:- weekly / fortnightly / monthly / quarterly / half yearly / yearly) and why?	<p>One stakeholder responded that information has not been provided in a timely way so that it was of contemporaneous use. It would be useful for the stakeholder to provide a more responsive health service if specific information could be provided at regular intervals, depending on the type of information. For example, accident data could be provided weekly and trends of admission annually. Information types were specified against weekly, fortnightly, monthly, quarterly, half yearly and yearly reporting preferences.</p>
<b>f</b>	Is there anything CHHHS currently does which assists you in making use of the information that is released? (For example, does CHHHS have a facility to provide alerts when information is released, is information released in multiple formats, is information released specific to an area or is there an CHHHS contact available to discuss information released.)	<p>No (one response)</p> <p>One stakeholder stated that they received all information alerts, press releases and any other relevant information between quarterly meetings. Further information contact details usually are provided with each information alert.</p>
<b>g</b>	Would you search for CHHHS information outside of CHHHS (for example, using an open-ended internet search)?	<p>Yes (all four responses to this question)</p> <p>Example given of CHHHS website and external websites being searched.</p>

Question No.	Question	Summary of stakeholder responses
h	Was the information provided in an appropriate format? If not, what format would improve its usability? (for example – report / machine readable / raw data.)	<p>Yes</p> <p>The information has always been in a public friendly format.</p> <p>Released on CD that was password protected. Did not receive the password to open the CD until the we sent an email requesting the same. Was advised that the pages could not be released electronically as it was not the policy of CHHHS to do so (does not appear to question format but rather the timeliness of being able to access the released documents).</p>
i	Are there any other impediments to making use of information that is released? If so, what would assist to reduce or remove these impediments?	<p>Documents in the disclosure log (already in the public domain) should be readily accessible to any member of the public via a hyperlink rather than an administrative request to CHHHS.</p> <p>I have not found any impediments to effective utilisation of information that can be publicly exposed.</p> <p>Discharge notes very wordy and difficult to understand for someone with limited medical knowledge. For people who have limited literacy skills particularly the information re their responsibilities post discharge are not clearly highlighted of defined in simple terms.</p>
j	Are there any other comments you would like to provide about your experience with CHHHS in accessing information?	<p>CHHHS has a signed protocol agreement embedded in legislation to work with the stakeholder in partnership on joint health priorities. Experience has provided evidence that information is not freely articulated as a general rule. Conversations are not initiated and questions not asked about information requirements and possible distribution. CHHHS' internal systems and processes provide mechanisms for supporting and protecting itself: maintaining ownership of information. There have been missed opportunities for sharing information, and with it missed opportunities to make a difference by creating functional and genuine partnerships, improving health outcomes, gaining efficiencies in care and reducing redundancies of care.</p> <p>CHHHS needs to be transparent and accountable in the release of all their information, in particular the decisions, practices and processes followed to provide</p>

Question No.	Question	Summary of stakeholder responses
		<p>quality health services to Queenslanders,</p> <p>Direct access at a senior executive level is invaluable in extending as well as receiving information that can be relayed back to communities.</p>

## Questions about access to Cairns and Hinterland Hospital and Health Service (CHHHS) information

### 1 With respect to information that you know is held by CHHHS:

- a What information held by CHHHS is/might be of assistance to your organisation (*please provide details*)?
- b Would this information be primarily of use for your organisation or for your clients? If it is for your clients then please identify the type of client who would benefit from this information.
- c What could you or your clients do with the information?
- d Do you think there are risks in CHHHS publishing this information (*for example, information being misused or misunderstood*)? If so, do you have any comments about managing those risks?

### 2 With respect to information that might or might not be held by CHHHS:

- a There might be situations where you are undertaking a project or activity, and you do not know whether or not CHHHS holds information that might be of assistance or relevant to your project or activity.  
Are you undertaking any current or future projects that require information from other government bodies/agencies which may help you to achieve a better outcome? If so, what types of information might be useful?
- b Do you think CHHHS may hold relevant information? Please also describe the nature of the information.

### 3 We are also interested in your general views and experiences with accessing information held by CHHHS. When seeking to access information from CHHHS:

- a Do you know who to contact?
- b Has your request been dealt with in a professional manner?
- c Did you receive the information that you requested?
- d If you did not receive the requested information, were you given a reason?
- e Was the information provided in a timely manner?  
If not, how often do you consider this information should be released (*for example:- weekly / fortnightly / monthly / quarterly / half yearly / yearly*) and why?
- f Is there anything CHHHS currently does which assists you in making use of the information that is released? (*For example, does CHHHS have a facility to provide alerts when information is released, is*

*information released in multiple formats, is information released specific to an area or is there an CHHHS contact available to discuss information released.)*

- g** Would you search for CHHHS information outside of CHHHS (*for example, using an open-ended internet search*)?
- h** Was the information provided in an appropriate format? If not, what format would improve its usability? (*for example – report / machine readable / raw data.*)
- i** Are there any other impediments to making use of information that is released? If so, what would assist to reduce or remove these impediments?
- j** Are there any other comments you would like to provide about your experience with CHHHS in accessing information?



## Appendix 6 – Plans, Blueprints and Charters Reviewed

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CHHHS is covered by a range of planning documents, produced at the federal, state and local level, referenced back to legislation and integral to funding arrangements. These were reviewed to identify the extent to which right to information and information privacy were explicitly addressed in the planning context for CHHHS.

- Queensland is a signatory to the *Australian Charter of Healthcare Rights*.<sup>54</sup> This lists seven rights that individuals have within the Australian health system: access to healthcare; safe and high quality care; being shown respect, dignity and consideration; being informed; being included in decision making; privacy and confidentiality of personal information; and a right of comment.
- In pursuit of accreditation under the national standards, National Standard 14 requires implementation of an information management plan and system that addresses the needs of the organisation.
- The Queensland Government has issued a *Blueprint for better healthcare in Queensland*, which mentions privacy, transparency and open data.<sup>55</sup>
- The Department of Health has published a strategic plan, which includes a strategic objective for transparency of information

5.5 *Enhance transparency of information to the public by releasing data, where appropriate, under the Open Data Initiative.*<sup>56</sup>

The number of data sets released under the Open Data Initiative is a performance measure in this strategic plan. A review of the Queensland Government data website did not identify an open data strategy for CHHHS or any datasets published.<sup>57</sup>

- The Department of Health has also issued a supporting document for the strategic plan.<sup>58</sup> This reiterates the objective of fostering a transparent, accountable and

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<sup>54</sup> *Australian Charter of Healthcare Rights*, viewed at <http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/Charter-PDF.pdf> on 23 June 2014.

<sup>55</sup> *Blueprint for better healthcare in Queensland*, February 2013, viewed at <http://www.health.qld.gov.au/blueprint/docs/spreads.pdf> on 23 June 2014.

<sup>56</sup> *Strategic Plan 2012–16 (2013 update)*, Department of Health, viewed at [http://www.health.qld.gov.au/about\\_qhealth/strat\\_plan/12-16/documents/stratplan-12-16-upd13.pdf](http://www.health.qld.gov.au/about_qhealth/strat_plan/12-16/documents/stratplan-12-16-upd13.pdf) on 23 June 2014.

<sup>57</sup> Viewed at <https://data.qld.gov.au/> as at 24 June 2014.

<sup>58</sup> *Strategic Plan 2012–16, (2013 update) supporting document*, viewed at [http://www.health.qld.gov.au/about\\_qhealth/strat\\_plan/12-16/documents/stratplan-12-16-upd13-sd.pdf](http://www.health.qld.gov.au/about_qhealth/strat_plan/12-16/documents/stratplan-12-16-upd13-sd.pdf) on 23 June 2014.

innovative health system, and includes the Open Data initiative.

- The Department of Health has an Open Data Strategy, which encourages publication of data sets. The strategy only covers data collections and data sets collected by Hospital and Health Services within the scope of Queensland public health system-wide data collections and data sets managed by the department.<sup>59</sup> One of the medium-term objectives listed in the Open Data Strategy to be achieved by March 2014 is the ‘integration of requests for data with Right to Information (RTI) processes’.<sup>60</sup>
- CHHHS has a strategic plan, which incorporates involvement of the community in the planning, delivery and evaluation of health care services.<sup>61</sup>

The CHHHS strategic plan did not incorporate mention of the Open Data Initiative.

- CHHHS has a service plan. The *Cairns and Hinterland Hospital and Health Service Plan 2012-2026* identifies information as an integral enabling function to support service delivery, and the management of information as a challenge for CHHHS to ensure the effective delivery of health services.<sup>62</sup> The focus for information management in this plan is the introduction of the national personally controlled electronic health record system. The high level objective covering the issues is:

**Objective 6:** *Provide the clinical and non clinical services and workforce to support the delivery of safe and sustainable health services.*

This objective is to be supported by a detailed implementation plan.

The strategies contained in this Service Plan include only one information management project with a primary focus on information – the implementation of a new record keeping system.

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<sup>59</sup> Department of Health, *Open Data Strategy, 2013–2016*, March 2013 viewed at <http://www.health.qld.gov.au/performance/docs/opendata/open-data-strategy.pdf> on 23 June 2014, [Page 4].

<sup>60</sup> Department of Health, *Open Data Strategy, 2013–2016*, March 2013 viewed at <http://www.health.qld.gov.au/performance/docs/opendata/open-data-strategy.pdf> on 23 June 2014, [Page 7].

<sup>61</sup> *Cairns and Hinterland Hospital and Health Service, Strategic Plan 2013 – 2017*, viewed at [http://www.health.qld.gov.au/cairns\\_hinterland/docs/chhhs\\_strat\\_plan13-17.pdf](http://www.health.qld.gov.au/cairns_hinterland/docs/chhhs_strat_plan13-17.pdf) on 23 June 2014.

<sup>62</sup> *Cairns and Hinterland Hospital and Health Service Plan 2012-2026*, viewed at [http://www.health.qld.gov.au/cairns\\_hinterland/](http://www.health.qld.gov.au/cairns_hinterland/) on 23 June 2014, [Page 19 and Pages 22-24].

- *Cairns and Hinterland HHS Service Agreement 2013/14 – 2015/16 May 2014 Revision*,<sup>63</sup> which commenced 1 July 2013 and expires on 30 June 2016, and states:

*This service agreement is underpinned by and is to be managed in line with the following supporting documents:*

- Health Systems Priorities for Queensland 2013/14*
- Hospital and Health Services Performance Management Framework*
- Health Funding Principles and Guidelines 2013/14*
- Data Collection and Provision of Data to the Chief Executive Schedule 2013/14*

The supporting documents listed in the service agreement were reviewed.

- The Department of Health has published *Health System Priorities for Queensland 2013-14*, which identifies consumer focused health services as one of four health service directions. This reiterates the rights espoused in the *Australian Charter of Healthcare Rights*, including ensuring that consumers are well informed. This is translated into a program of using multiple avenues for providing information to consumers so that consumers can transition from hospital to community based care providers. Another of the four health service directions is partnerships, with individuals to manage their own health care and with other health service providers to increase the overall capacity of the delivery of health services. This document also lists 57 statewide health service plans (which is not a definitive list) and 26 national health service plans, strategies and frameworks (which is not a definitive list).
- The *Hospital and Health Service Performance Management Framework*<sup>64</sup> states HHSs must comply with *A Guide to the Queensland Government Performance Management Framework*.<sup>65</sup> This is also in accordance with Section 11 of the *Financial and Performance Management Standard 2009*,<sup>66</sup> which states:

*Each accountable officer and statutory body must, in managing the performance of the officer's department or the statutory body, comply with the document called*

<sup>63</sup> Viewed at <http://www.health.qld.gov.au/hhsserviceagreement/html/cah.asp> on 24 June 2014, [Page 3].

<sup>64</sup> Viewed at <http://www.health.qld.gov.au/hhsserviceagreement/default.asp> on 24 June 2014.

<sup>65</sup> Viewed at <http://www.premiers.qld.gov.au/publications/categories/guides/perf-manage-framework.aspx> on 24 June 2014.

<sup>66</sup> Available at [https://www.legislation.qld.gov.au/Acts\\_SLs/Acts\\_SL\\_F.htm](https://www.legislation.qld.gov.au/Acts_SLs/Acts_SL_F.htm).

*'A guide to the Queensland Government performance management framework' prepared by the Department of the Premier and Cabinet.*

*A Guide to the Queensland Government Performance Management Framework* imports the requirements of the *Public Sector Ethics Act 1994 (Qld)*,<sup>67</sup> including:

*Principle 4: Accountability and transparency*

*In recognition that public trust in public office requires high standards of public administration, public service agencies, public sector entities and public officials:*

- a) *are committed to exercising proper diligence, care and attention*
- b) *are committed to using public resources in an effective and accountable way*
- c) ***are committed to managing information as openly as practicable within the legal framework***
- d) *value and seek to achieve high standards of public administration*
- e) *value and seek to innovate and continuously improve performance, and*
- f) *value and seek to operate within a framework of mutual obligation and shared responsibility between public service agencies, public sector entities and public officials.*

***[emphasis added]***

- *Health Funding Principles and Guidelines 2013-2014*<sup>68</sup>

Right to information and information privacy were not mentioned in this document.

- *Data Collection and Provision of Data to the Chief Executive Schedule 2013/14*<sup>69</sup>

Right to information and information privacy were not mentioned in this document.

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<sup>67</sup> Available at [https://www.legislation.qld.gov.au/Acts\\_SLs/Acts\\_SL\\_P.htm](https://www.legislation.qld.gov.au/Acts_SLs/Acts_SL_P.htm).

<sup>68</sup> Viewed at <http://www.health.qld.gov.au/hhsserviceagreement/default.asp> on 24 June 2014.

<sup>69</sup> Viewed at <http://www.health.qld.gov.au/directives/html/d.asp> on 24 June 2014.

- Health Service Directives<sup>70</sup>

*Section 47 of the Hospital and Health Boards Act 2011 authorises the Chief Executive of the Department of Health to issue Health Service Directives to Hospital and Health Services. Health Service Directives may be issued for the purposes of:*

- *Promoting service coordination and integration*
- *Optimising effective and efficient use of resources*
- *Setting standards and policies for safe and high quality service delivery*
- *Ensuring consistent approaches to service delivery*
- *Supporting the application of State policies, legislation and agreements entered into by the State*

*Health Service Directives are brief and focussed on specific requirements of, or outcomes to be achieved by, Hospital and Health Services.*

A review of the Health Services Directives did not identify any Health Service Directives specifically addressing right to information or information privacy issues.

### **Plans, Blueprints and Charters Identified but Unavailable for Review (Online)**

- *Queensland Health Information, Communication and Technology Strategic Directions 2011-2015*
- *Queensland Health eHealth Implementation Strategy and Plan 2009–2012*
- *Queensland Health Information Security, Risk & Continuity Strategic Plan 2007–2012*
- *Queensland Health People and Culture Plan 2009–2012*

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<sup>70</sup> Viewed at <http://www.health.qld.gov.au/directives/> on 24 June 2014.

