



**Office of the Information Commissioner**  
Queensland

**Compliance Review – Gold Coast Hospital and  
Health Service**

Review of the Gold Coast 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 Gold Coast Hospital and Health Service for its cooperation throughout the review and for the courtesy displayed towards the assessing officers.



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February 2017

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 – Gold Coast Hospital and Health Service: Review of the Gold Coast 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 cursive script, appearing to read 'J. Mead', written in dark ink.

JS Mead  
**A/Information Commissioner**



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# 1 Executive summary

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This report details the findings of our review of the Gold Coast Hospital and Health Service's (GCHHS) compliance with the *Right to Information Act 2009* (Qld) (RTI Act) and the *Information Privacy Act 2009* (Qld) (IP Act).

The legislation requires government agencies to:

- make government-held information available to the public as a matter of course, unless there is a good reason not to
- safeguard personal information.

The push model supports government accountability and transparency, and builds community trust in government agencies.

Information in a government agency's possession or control is a public resource and a strategic asset. Effective information governance and management facilitates openness and transparency and increases public participation.

## Conclusions

GCHHS is committed to right to information (RTI) and privacy and is overall meeting its legislative obligations well. It demonstrates openness and transparency in its community engagement and has good systems to make information available, whether through an administrative access scheme or the publication scheme.

It handles RTI and privacy applications in accordance with the Acts in most aspects. Our review identified minor procedural issues rather than material or systemic non-compliance with prescribed requirements.

GCHHS is establishing a Data Governance Steering Committee that will provide advice and steer the health service's information management capability and capacity. Together with performance measures on proactive disclosure, this will enable GCHHS to better manage its information and get assurance that it makes the greatest amount of information available to the community.

GCHHS is open and transparent about the purposes for which it collects personal information, and how it manages, uses and discloses that information. This strategy enhances community confidence in its personal information handling practices.

## **Key findings**

GCHHS has a culture of openness and transparency. It engages with the community and stakeholders in a two-way dialogue through a variety of channels, including social media and a Consumer Advisory Group. As its network of facilities includes a teaching hospital, GCHHS has an additional layer of stakeholder engagement compared to most hospital and health services. The stakeholders we surveyed said they valued GCHHS' information, and the existing relationships and information sharing arrangements. They suggested improvements about the information sharing process and identified areas where they would like to be more involved.

While GCHHS provides in-house training on RTI and privacy on request, and has published useful resources on the intranet, it does not ensure all staff are aware of their obligations under the Acts.

GCHHS is reassessing its information management and governance framework so it can respond to an increasing demand for its information. The draft terms of reference for the Data Governance Steering Committee closely align with the Queensland Government Enterprise Architecture guideline on information governance. They also indicate that the committee will develop performance measures for information governance and privacy.

The current information asset register does not classify or identify which information holdings are suitable for public release, and it is not available on the GCHHS's website. As a result, GCHHS cannot be sure it is disclosing the maximum information possible and the community does not know what information GCHHS holds.

To achieve its vision of a more informed community and a more transparent service, GCHHS is working on an ICT data asset control register that will provide a single point of truth for its data holdings. This will assist in identifying information and datasets suitable for proactive and routine release.

Overall, GCHHS complies with the requirements for a publication scheme and disclosure log although some documents in the publication scheme were out of date at the time of the review. There are established processes and systems for handling applications for information under the RTI and IP Acts and staff who process applications have received appropriate training. The organisational structure supports independent decision-making.

Its practice of contacting the applicants by phone or email allows GCHHS to deal with applications more efficiently. We expect that the revised instructions and procedures



GCHHS introduced since our review will address most of the irregularities we identified and increase the overall quality of the application handling process.

GCHHS has a privacy plan detailing the types of information it collects, and how it holds, uses and discloses this information. However, it could improve its process for collecting sensitive information and for notifying individuals when collecting their personal information to give individuals greater control over their personal information.

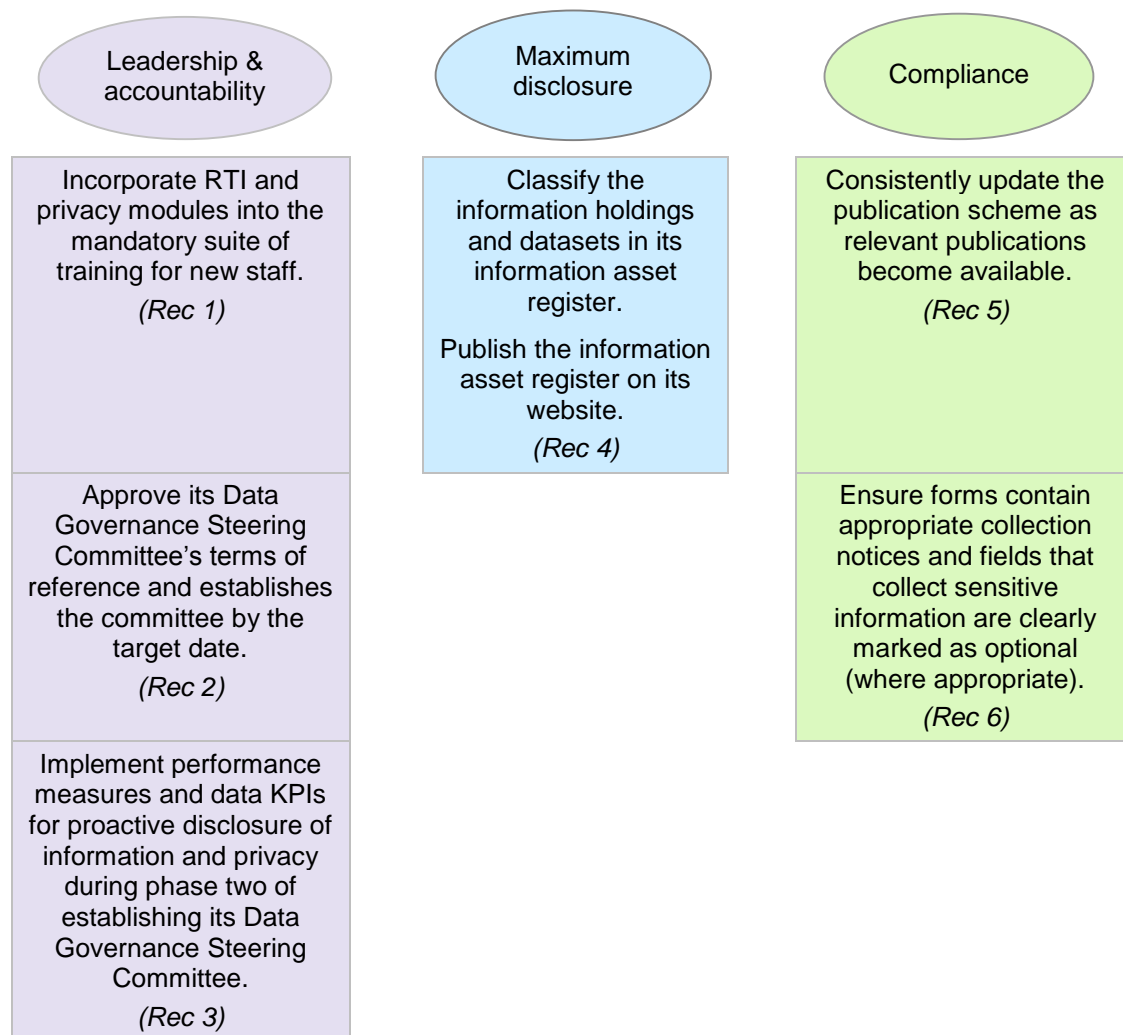
For example, to assess whether people applying to join the volunteer service reflect the diversity of the Gold Coast community, GCHHS collects information about their racial and/or ethnic origin. However, the forms' collection notices do not sufficiently inform people so they understand why GCHHS is collecting this sensitive information, nor explain that it is optional to provide this information.

GCHHS maintains a large camera surveillance network, governed by written policies and procedures that incorporate privacy principles. It collects surveillance footage for health and safety reasons, and to support the investigation of incidents and prosecution of alleged breaches of the law. There are good documented processes and responsibilities in place for storing, accessing and releasing surveillance footage.



## 2 Recommendations

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Source: Office of the Information Commissioner

## **We recommend that the Gold Coast Health and Hospital Service:**

### **Recommendation One**

within six months, incorporates RTI and privacy modules into the mandatory suite of training for new staff.

### **Recommendation Two**

by 30 June 2017, approves its Data Governance Steering Committee's terms of reference and establishes the committee by the target date. This includes:

- commencing regular committee meetings
- approving a data governance framework
- establishing asset management domain capability and capacity
- implementing controls that direct and guide data governance.

### **Recommendation Three**

within 12 months, implements performance measures and data key performance indicators (KPIs) for proactive disclosure of information and privacy during phase two of establishing its Data Governance Steering Committee.

### **Recommendation Four**

within twelve months, classifies the information holdings and datasets in its information asset register to determine their suitability for public release.

within twelve months, publishes the information asset register on its website to better inform the community about the type of information it holds.

### **Recommendation Five**

consistently updates the publication scheme as relevant publications become available, so that the community has access to the most up to date information.

### **Recommendation Six**

within twelve months, reviews forms to ensure that:

- collection notices provide appropriate advice about the purposes for which the personal information is collected

- fields that collect sensitive information for demographic analysis clearly indicate that providing this information is optional.



## 3 Introduction

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### 3.1 Background

The Gold Coast Hospital and Health Service (GCHHS) provides health care in the south-east corner of Queensland and to some people in northern New South Wales.

GCHHS supports a population of more than 560 000 people. Over the next 10 years, the population is projected to reach 700 000 people. GCHHS delivers public health services through hospitals, precincts and community facilities.

In 2015-16, GCHHS employed 8648 people (7266 full time equivalent), and was the largest employer in the Gold Coast area.<sup>1</sup> It had an annual operating budget of almost \$1.3 billion, overseeing more than 1100 beds across two hospitals, as well as community facilities and services.

GCHHS processes thousands of information requests each year, for personal and non-personal information. In 2015, it received 4160 formal or legislatively based requests for information, of which it resolved about 1700 (41 per cent) through administrative access arrangements.

GCHHS reported receiving 59 applications under the *Right to Information Act 2009* (Qld) (RTI Act) and 328 applications under the *Information Privacy Act 2009* (Qld) (IP Act) in 2015. These 387 applications represent nine per cent of the 4160 formal or legislatively based requests for information received in the same period.

We (the Office of the Information Commissioner) received two applications for external review of GCHHS's decisions in 2014-15 and six applications in 2015-16.

### 3.2 Objective

The objective of our review was to:

- establish whether GCHHS is complying with the prescribed requirements of the RTI Act and IP Act
- identify areas of good practice
- make recommendations about any improvement opportunities identified.

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<sup>1</sup> *Gold Coast Hospital and Health Service Annual Report 2015-2016.*

We conducted this review under s. 131 of the RTI Act, chapter 3 of the IP Act, and s. 135 of the IP Act.

Appendix 3 outlines our methodology.



## 4 Culture of openness

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### Key findings

The Gold Coast Hospital and Health Service (GCHHS):

- has a culture of openness and transparency
- has a strong community engagement framework through plans, policies, procedures
- encourages participation and two-way dialogue with the community through its Consumer Advisory Group, social media and other engagement platforms
- is seen by stakeholders to deal with requests for information professionally; however, there are opportunities to improve the proactive release of information.

### 4.1 Introduction

To achieve the intent of the *Right to Information Act 2009* (RTI Act), an agency must embrace openness and transparency, which are fundamental to good government.<sup>2</sup>

The RTI Act gives a right of access to government-held information unless, on balance, releasing the information would be contrary to the public interest. The Act also promotes the proactive release of information. Community trust and participation in government require this free flow of information.

To assess an agency's culture of openness, we seek evidence that its community engagement is two-way:

- that it is listening to the community about their information needs
- that it is responding by providing information the community wants.

### 4.2 Conclusion

GCHHS has embraced openness and transparency and fulfils the intent of the RTI Act as demonstrated in the information it makes available to the community. This builds community awareness and trust.

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<sup>2</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 October 2016.

As it includes a teaching hospital, GCHHS has committed considerable time and resources to engage with the community and stakeholders. Strong governance over the communication activities ensures there is a two-way engagement between GCHHS and the community.

Overall, the stakeholders we consulted commented positively about their relationship with GCHHS. They made suggestions to improve the free flow of information and also identified areas where they would like to be more involved.

### 4.3 Results

#### Stated commitment to openness

We expected clear statements of GCHHS's commitment to RTI and privacy. This is an indicator of an organisation's culture of openness and transparency.

GCHHS has published a clear statement of commitment to privacy on its website:

*Gold Coast Hospital and Health Service is committed to ensuring the privacy and confidentiality of personal information collected by the service is secured.<sup>3</sup>*

At the time of the review, we did not find a similar, explicit statement of commitment to RTI on either GCHHS's website or on its intranet. GCHHS has since published the following statement on its website:

*Gold Coast 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.*

We found a statement of commitment to community and consumer engagement about health service planning and delivery:

*Gold Coast Health is expanding their community engagement program to make it more relevant, accessible and effective in bringing the consumer voice to the health service planning and delivery.<sup>4</sup>*

This latter statement incorporates an aspect of information management. However, it refers only to community engagement for health service planning and delivery and so is not a complete commitment. For instance, members of the community might require information for other purposes such as research or education.

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<sup>3</sup> Viewed at <https://www.goldcoast.health.qld.gov.au/about-us/right-information/privacy> on 12 October 2016.

<sup>4</sup> Viewed at <https://www.goldcoast.health.qld.gov.au/get-involved/community-and-consumer-engagement> on 12 October 2016.

## **Approach to community engagement**

We found GCHHS has sound governance over its community engagement activities, with strategies, plans and procedures for a two-way dialogue with the broader community. It has a dedicated consumer and community engagement webpage for community participation.<sup>5</sup> GCHHS pushes health news into the community and invites greater participation in decision-making activities, for example involvement in a summit on obesity or having a say in the planning of future health services.

GCHHS has a Consumer Advisory Group of community representatives with established networks. While the group's terms of reference do not specifically mention RTI, the intent of the RTI Act is clearly present.

The terms of reference support two-way communication with the community, including community input into GCHHS decision-making. A Gold Coast Hospital and Health Board member attends the group's quarterly meetings and reports on them to the board.

Because it includes a teaching hospital, GCHHS has an additional layer of community engagement compared to most hospital and health services: it needs to work closely with universities and other education providers to train health professionals.

The *Communication and Engagement Plan 2016-17* outlines the overarching governance for its communication and engagement activities. Other plans must align to it, including those for external communication and stakeholder engagement (yet to be developed), and social media.

The plan recognises the role of communication in delivering services and meeting GCHHS's strategic objectives, and reflects contributions from its executive management and the communication and engagement team.

The plan analyses the interest and influence of stakeholder groups. For instance, it identifies universities as having low influence and low interest in GCHHS's reputational priorities. The plan does not comment about consulting stakeholders during its development.

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<sup>5</sup> Viewed at <https://www.goldcoast.health.qld.gov.au/get-involved> on 12 October 2016.

GCHHS has other types of two-way engagement with universities to establish their information needs:

- Bond University and Griffith University representatives sit on the Gold Coast Hospital and Health Board
- GCHHS exchanges data with academics through individual research contracts or agreements (with provisions for access and use of personal and sensitive information).

Representatives from Bond University, Griffith University, Southern Cross University, TAFE Queensland Gold Coast, Medicare local and private health providers Healthscope and Ramsay Health Care are on the board's Research and Education Committee. The committee advises the board about collaborative and strategic research, clinical education and training and clinical service delivery programs.<sup>6</sup> It looks for opportunities for GCHHS and the higher education and vocation sector to work with the private sector on research and clinical education programs.

Stakeholders responding to our survey suggested GCHHS could strengthen its communication and engagement plan by increasing consultation. As the relationship matures between GCHHS and its key stakeholders, particularly universities, we expect to see the engagement expanding to encompass GCHHS's strategic directions.

GCHHS increasingly uses social media for communication and engagement. It has developed a social media plan to disseminate more information and to increase community participation on a more personal, approachable level. For example, the social media plan nominates Facebook as one platform for information sharing and engagement. This platform significantly exceeded the plan's June 2016 target of 1900 fans.

### **Community perceptions**

The RTI Act states:

- the community should be kept informed of government's operations
- openness in government increases the participation of the community in democratic processes leading to better informed decision-making
- government should adopt measures to increase the flow of information to the community.

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<sup>6</sup> Gold Coast Hospital and Health Board Research and Education Committee Terms of Reference.

A measure of success is community perception of an agency's openness and the accessibility of government-held information. Community sentiments or satisfaction also indicate whether an agency's community engagement is effective.

We surveyed stakeholders and community members about GCHHS's openness:

- A single response from the general public was insufficient to draw conclusions about the views of the community at large.
- Thirty-six stakeholders (selected in consultation with GCHHS) from health services, social and community groups, the media and research/policy sectors provided 13 responses about the accessibility of GCHHS information. However, six of the 13 respondents did not have any comment. We based our findings on the responses of the seven stakeholders who provided comments.

### **Stakeholder comments**

Stakeholders said they valued GCHHS information, and the existing relationships and formal information sharing arrangements. They identified some issues about requesting information and made suggestions to enhance the relationship with GCHHS.

Stakeholders expressed strong interest in the following types of information:

- patient and client information for health services providers (two stakeholder comments)
- statistics, benchmarking and research data (five comments)
- organisational information – for example, organisational processes, project documentation and policies and procedures (five comments)
- information relevant to GCHHS' role as a teaching hospital (one comment).

They commonly sought information to:

- undertake, improve or support service delivery (six comments)
- improve research or teaching (two comments)
- improve organisational relationships (two comments)
- inform funding submissions (one comment).

Stakeholders commented on current information sharing arrangements. They gave mixed feedback about accessibility to GCHHS's information. For example, half the respondents said they knew who to contact (three comments) and half said they knew who to contact for most things but not everything (three comments).

Stakeholders also commented on the process of seeking information. They perceived GCHHS as generally dealing with requests in a professional manner (five comments), although one stakeholder said that the dealings were not professional.

Three stakeholders said they always received their requested information, two said they usually obtained it and one said it did not receive the requested information.

Two stakeholders said GCHHS explained its reasons when it did not release the information, while one said it did not get a reason.

Stakeholders were divided whether GCHHS was timely in providing information. Three stakeholders said it was timely, two said mostly timely, and one said the information was not timely.

Stakeholders commented on the value of existing relationships – for example, discussion forums and formal information sharing arrangements – in creating a two-way flow of information. Two stakeholders commented on the importance of building relationships further, improving communication and developing protocols between agencies.

One stakeholder made three specific suggestions to improve the free flow of information:

- clear direction on who to contact for specific information requests
- knowing what type of information is available
- knowing GCHHS has confidence that the confidentiality of their information will be maintained and privacy will not be undermined or breached.

GCHHS's role as a teaching hospital influenced the responses, with stakeholders describing a need for additional two-way information flow to support the development of health professionals and continuously-improved health services.

Most stakeholders described the GCHHS positively and suggested improvements, for example:

- in nominating useful types of information for building current relationships, one stakeholder said:

*“any existing relationships, MOUs etc. so there can be networking and sharing of ideas, expertise and resources. Be worthwhile to actually hold an event of organisations involved with a program synopsis of the partnership”*

- for communication strategies:

*"Enabling a whole of HHS [hospital and health service] approach to information provision, that is co-ordinated and pre-planned in terms of what is provided and when"*

- on information output:

*"Ensuring that information provided is in plain English assists with minimising misunderstandings or misinterpretations".*





## 5 Leadership and governance

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### Key findings

The Gold Coast Hospital and Health Service (GCHHS):

- is reassessing its information management and governance environment; the proposed Data Governance Steering Committee (DGSC) will have oversight of the GCHHS's information management capability and capacity
- has a section for handling information applications, which is appropriately independent and supported by a case management system and delegations
- provides in-house general awareness training to service areas, but it is not mandatory for existing staff
- has limited measures for monitoring the performance of right to information (RTI) and privacy at the strategic and executive level.

### 5.1 Introduction

The preamble to the *Right to Information Act 2009* (Qld) (RTI Act) recognises that information in a government agency's possession or control is a public resource. Effective information governance and management facilitates openness and transparency and increases public participation.

To achieve the objectives of the RTI Act and *Information Privacy Act 2009* (Qld) (IP Act), agencies should manage information as a strategic asset. They need a structured approach to information governance such as an information management strategic framework that clearly articulates roles and responsibilities.

Agency leaders are responsible for establishing a culture consistent with RTI and privacy legislation. The culture should foster staff awareness and support of the principles of proactive disclosure and good management of personal information.

Agency leaders must ensure their agencies have adequate systems, delegations of authority, staffing resources and training to meet their obligations under the RTI and IP Acts. The structure should support independent decision-making when considering applications.

As an agency matures in handling RTI and privacy, we expect it will self-monitor its openness and responsiveness to the community, and its compliance with legislation. This will be

evidenced by a proactive use of complaints systems and performance reporting to monitor RTI and privacy operations.

When assessing leadership and governance, we look for evidence that an agency has established clear roles, responsibilities and systems to drive and measure compliance with RTI and information privacy requirements.

## **5.2 Conclusion**

GCHHS staff, who process requests for information, have case management systems and delegations that support their decision-making independence. Their roles and responsibilities are clearly defined and they received appropriate training. This ensures a more effective and efficient application process that releases the maximum amount of information to applicants.

Because the RTI and IP Acts apply to all staff, clinical and non-clinical, they should be aware of their obligations under the Acts. We found the GCHHS could improve general awareness that RTI and privacy legislation applies to all staff members.

GCHHS has, so far, managed information across discrete service areas. It is reassessing its information governance and management, aiming for a central authority to steer its capability and capacity. This will enable it to maximise the value of its information.

GCHHS monitors the performance of its RTI and privacy operations. At the executive level, performance reporting focuses on the potential impacts on GCHHS's reputation. A shift to measures about performance and effectiveness of proactive disclosure would give GCHHS an assurance that it makes the greatest amount of information available to the community.

## **5.3 Results**

### **Organisational structure**

We considered whether the independence of GCHHS's decision makers was supported by its organisational structure, position descriptions and delegations of authority.

The Information Access Services unit within GCHHS handles applications for information under the RTI Act or IP Act. It sits within the Governance, Risk and Commercial Services division. The unit reports to the Senior Director, Governance and Risk who reports to the Executive Director, Governance, Risk and Commercial Services.

Information Access Services' job descriptions clearly articulate the roles and responsibilities of staff in RTI and privacy decision-making and application processing. The delegations of authority for decision-making under the RTI Act and IP Act are comprehensive and clear.

In accordance with s. 30(2) of the RTI Act and s. 50(2) of the IP Act, the Chair of the Gold Coast Hospital and Health Board has delegated powers to deal with applications under the Acts. The Senior Director, Governance and Risk, the Manager, Information Access Services and the Right to Information and Privacy Officer have authority to deal with access applications under Chapter 3 of the Acts but not internal review applications under Part 8. The Chief Executive and the Executive Director, Governance, Risk and Commercial Services have authority to deal with both access applications and internal review applications.

Information Access Services staff are supported by a good case management system. They are familiar with their roles and responsibilities. Training records show that Information Access Services decision-makers and support staff either have received, or should receive, specific training throughout the year.

### **Training and awareness**

GCHHS provides in-house general awareness training on RTI and privacy. Although it is high level, the training material is appropriate and covers legislative obligations (with an emphasis on privacy), record keeping, providing full documents, review rights and Information Access Services' process for actioning requests for information.

At the time of our review, GCHHS did not promote the in-house training or tell business units how to access it. We recommended that GCHHS advertise the training on its intranet and explain how business units can apply for it. GCHHS has since updated the Information Access Services intranet page to meet this recommendation.

Because the legislation applies to both clinical and non-clinical staff, all staff should be aware of their obligations under the Acts. RTI and privacy are not amongst the mandatory training courses for GCHHS staff.

GCHHS advised that its staff undertake the mandatory 'Ethics, integrity and accountability' (formerly code of conduct) training module, which includes expectations about patient confidentiality. While there are similarities between patient confidentiality and privacy, this module does not specifically address the legislative requirements around RTI and privacy. In response to our findings, GCHHS has invited all current staff to complete the RTI and privacy general awareness modules available on our website.

## Recommendation One

We recommend that GCHHS:

- within six months, incorporates RTI and privacy modules into the mandatory suite of training for new staff.

Over time, and with GCHHS' ongoing push for existing staff to undertake training in RTI and privacy, this will increase staff awareness of their legislative obligations.

### Accessibility of information resources

GCHHS's internet site provides internal and external users with RTI and privacy resources. It links to more information on external websites, in particular, the Queensland Health website and the whole of government right to information website.

GCHHS has useful resources about RTI, privacy and administrative access arrangements on its intranet, mostly under the Information Access Services unit's directory. These resources are available to all staff.

GCHHS has informative fact sheets explaining the types of access arrangements available through Information Access Services. At our suggestion, GCHHS has now made the fact sheets available under Information Access Services' intranet directory.

### Making a complaint

The 'Patient liaison and consumer feedback' webpage explains how to give feedback to GCHHS. It has an online form for general feedback, compliments, complaints and patient liaison enquires. The form does not allow anonymous feedback. The webpage also outlines alternative methods of assistance for making complaints, such as arranging for interpreting and signing services.

GCHHS has a Consumer Feedback Management (Complaints and Compliments) procedure, describing:

- consumer feedback management
- strategies to improve patient access to the feedback process
- receiving and escalating complaints.

Since our review, GCHHS has published the procedure on its 'Patient liaison and consumer feedback' webpage. This will better inform consumers and help manage their expectations.

## Information management governance framework

In 2014, GCHHS was accredited under the Australian Council on Healthcare Standards' national standards program. Standard 14 has nine criteria for information management.

Standard 14 identifies elements of RTI and privacy, for example:

- 14.4.1. implementing systems to ensure that consumers/patients are given advice/written guidelines on how to access their health information, and requests for access are met.
- 14.6.2. the information management system is evaluated to ensure it includes compliance with professional and statutory requirements for collection, storage and use of data.
- 14.9.1. evaluating the ICT system to ensure that it includes protection of privacy.

GCHHS identified risks around its information and data governance. Increased demand for, and sharing of, its information, and a lack of suitable means to manage systems and data over its lifecycle, led to GCHHS reassessing its information management and governance framework.

GCHHS has, so far, managed information across discrete service areas encompassing information management domains. It now proposes a Data Governance Steering Committee (DGSC) as a central, unifying authority that will provide advice and steer the health service's information management capability and capacity.

At the time of the review, GCHHS confirmed that the DGSC is yet to be established and the terms of reference for the committee are in draft.

The Queensland Government Enterprise Architecture (QGEA) guideline on implementing information governance describes the role and responsibilities of an information governance body. GCHHS has assigned responsibility for information management oversight to the DGSC. The committee's purpose, scope and functions, as stated in its draft terms of reference align with the QGEA guideline.

The proposed committee has a target completion date of June 2017. GCHHS plans that, at the completion of the implementation phase, the terms of reference will be endorsed, and committee members will commence meeting regularly. We support this approach.

At the time of our review, GCHHS had not developed the Data Governance Framework mentioned in the draft terms of reference for the DGSC. This means we are unable to determine how the framework incorporates the objectives of the RTI and IP Acts.

## Recommendation Two

We recommend that GCHHS:

by 30 June 2017, approves its Data Governance Steering Committee's terms of reference and establishes the committee by the target date. This includes:

- commencing regular committee meetings
- approving a data governance framework
- establishing asset management domain capability and capacity
- implementing controls that direct and guide data governance.

### Performance monitoring

Performance monitoring and reporting contributes to greater accountability and transparency. By establishing a robust framework to assess their progress against a set of criteria, agencies can determine areas of good practice and those that require additional effort.

Performance monitoring can assist agencies in identifying:

- information to publish proactively
- systems and practices to support two-way interaction with the community about its information needs
- opportunities to improve efficiency in agency processes and training needs.

Hospital and Health Services in Queensland must comply with legislative requirements and guidelines when measuring and reporting their performance. The requirements are set in:

- the *National Healthcare Agreement*
- the *Hospital and Health Boards Act 2011*
- the *Financial Accountability Act 2009* and subordinate legislation
- *A Guide to the Queensland Government Performance Management Framework*.

Under *A Guide to the Queensland Government Performance Management Framework*,<sup>7</sup> an agency should have performance management systems to assess whether it is managing its information efficiently and effectively.

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<sup>7</sup> Viewed at <http://www.premiers.qld.gov.au/publications/categories/guides/perf-manage-framework.aspx> on 27 October 2016.

In 2016, GCHHS undertook an internal audit into information privacy and release of patient information. The internal audit found there was no continuous review process to ensure the ongoing quality and consistency of decisions made or the information released. As a result, GCHHS has implemented an Audit Strategy Report. The Manager, Information Access Services reviews the quality of a random sample of applications every month, and the results are fed back into improving processes.

At the operational level, GCHHS tracks all applications to the Information Access Services unit. A manual report captures the number of applications received, finalised, in-progress, pages considered and percentage released. The case management system reports on the time taken for both RTI and privacy processes.

The Manager, Information Access Services and the Senior Director, Governance and Risk use the reports to review and manage team performance and report compliance with legislative timeframes.

At the strategic level, the Manager, Information Access Services produces a weekly executive report on sensitive RTI and privacy applications, internal and external reviews and privacy complaints. This goes to executive management and, where applicable, committees such as the Clinical Governance Committee consider the matters raised in the executive report.

Of the reports we reviewed, the emphasis was on matters that could affect GCHHS' reputation rather than on measures governing the performance and effectiveness of proactive information disclosure.

Under the draft terms of reference for GCHHS' proposed DGSC, the committee will be responsible for endorsing

*an authorising and accountability environment for the routine and proactive disclosure of information as required by the RTI Act, the Health Services Act and the IP Act.*

This aligns with the GCHHS strategy for ensuring public information is accessible, clear and easy to understand.

The draft terms of reference commit the proposed DGSC to developing performance indicators in line with an approved information strategy roadmap, during phase two of the committee's implementation (starting July 2017).

### **Recommendation Three**

We recommend that GCHHS:

within 12 months, implements performance measures and data key performance indicators (KPIs) for proactive disclosure of information and privacy during phase two of establishing its Data Governance Steering Committee.



## 6 Maximum disclosure

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### Key findings

The Gold Coast Hospital and Health Service (GCHHS):

- makes information available outside of the right to information (RTI) and privacy legislative application process
- is developing a new ICT Data Asset Control Register that will assist in identifying the datasets suitable for release.

### 6.1 Introduction

Information is a commodity and agencies must manage it as they manage their other assets. Agencies should know what information they hold and ensure they put it to good use. This includes identifying ways to increase the information's value.

Under the *Right to Information Act 2009* (Qld) (RTI Act), government agencies should release information administratively as a matter of course, unless there is a good reason not to. A formal application under the RTI Act should be the last resort.

Members of the community may access documents under an agency's administrative arrangements, including its publication scheme or disclosure log, commercially or under another Act.<sup>8</sup> Administrative arrangements can significantly benefit agencies because they provide information to the community more simply and efficiently than through the formal legislative application process.

Proactive disclosure increases the flow of government-held information to the community. This approach increases transparency of, and community confidence in, government agencies.

A systematic approach to identifying and classifying information holdings or datasets helps agencies determine which information is suitable for public release. It also provides assurance that the agency is publishing the maximum amount of information.

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<sup>8</sup> Section 19 of the RTI Act and sections 47 and 53 of the RTI Act 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.

To assess an agency's approach to maximum disclosure, we review two strategies an agency can adopt to disclose information routinely and proactively: administrative access arrangements and leveraging online information delivery.

## **6.2 Conclusion**

GCHHS's administrative access arrangements are effective. As a result, it can provide information more simply, transparently and efficiently. This is evident in the number of requests handled through administrative access arrangements, compared to formal right to information (RTI) and privacy applications.

GCHHS is developing a control register that will provide an end-to-end picture of each data asset. This will assist in identifying which datasets are suitable for public release. Combined with the publication of the information asset register, it will enable GCHHS to proactively disclose the maximum amount of information, as the RTI Act intends.

## **6.3 Results**

### **Administrative access arrangements**

GCHHS's RTI webpage promotes the methods for people to access health records administratively, outside the RTI and privacy legislative processes. An 'Application Kit to Access Medical Records' on the website helps people determine the appropriate application process, and provides an application checklist and application forms.

In addition, the Queensland Health website (which covers the Department of Health and the Hospital and Health Services) has more information about administrative access arrangements to health records and for staff seeking access to their employee records.

GCHHS has fact sheets for each type of access request processed by its Information Access Services unit. These fact sheets outline the legislative power for the request, evidence of authority, evidence of identity requirements, timeframes and access charges. Although GCHHS uses them primarily as an internal resource, it has published the fact sheets about administrative access, RTI and information privacy. These promote administrative access to an individual's own health records and provide context for the 'Application Kit to Access Medical Records'.

GCHHS has administrative access arrangements for people seeking access to their health records. Its Information Access Services unit is responsible for processing these requests. At the time of our review, the unit processed requests for information under 31 access mechanisms including applications under the RTI and IP Acts, administrative access and

access under other Acts and arrangements for information – for example, under the *Personal Injuries Proceedings Act 2002 (Qld)*, *Power of Attorney Act 1998 (Qld)* or a Memorandum of Understanding with the Queensland Police Service.

Information Access Services received 4160 requests for information in 2015. Of these, it handled 397 (9.5%) under the RTI and privacy legislative processes. This suggests GCHHS refers people to RTI and privacy legislative processes as a last resort and is primarily giving the community options for accessing information through other mechanisms.

### **Identification of data for publication**

GCHHS's information vision includes a more informed community and a more transparent service, achieved by making information both routinely available and widely accessible.

However, its information asset register does not classify or identify which of its information holdings and datasets are suitable for public release. Furthermore, the information asset register is not available on the GCHHS website.

GCHHS advised us that, by October 2016, it would establish an ICT Data Asset Control Register and provide a single point of truth for its data holdings that complies with Information Standard 44 – Information Asset Custodianship (IS44).

We strongly support publishing the Information Asset Register and identifying datasets suitable for public release. This will tell the community what information GCHHS holds and what information is available for public release.

### **Recommendation Four**

We recommend that GCHHS:

within twelve months, classifies the information holdings and datasets in its information asset register to determine their suitability for public release.

within twelve months, publishes the information asset register on its website to better inform the community about the type of information it holds.



## 7 Compliance

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### Key findings

The Gold Coast Hospital and Health Service (GCHHS):

- has strengthened its procedures for application handling to ensure greater consistency and quality
- generally manages its publication scheme and disclosure log in accordance with legislative requirements
- communicates with applicants primarily through direct channels like email and telephone
- shows a positive intention and concerted effort to release information in accordance with the *Right to Information Act 2009* (Qld) (RTI Act) and the *Information Privacy Act 2009* (Qld) (IP Act).

When assessing an agency's compliance with the RTI Act, we examine its:

- publication scheme
- disclosure log
- application handling process.

### 7.1 Publication scheme

#### Introduction

Section 21 of the RTI Act requires that all agencies<sup>9</sup> publish a publication scheme. A publication scheme is integral to the push model where agencies disclose information proactively. The information should be easy for any person to find and use.

An agency must also comply with the Ministerial Guidelines: Operation of Publication Schemes and Disclosure Logs (the guidelines). The guidelines specify seven classes in which agencies must organise and publish the information. The information in the publication scheme must be significant, appropriate and accurate. Agencies should routinely provide as much information as possible and, in the interest of maximising access to information, in alternative formats.

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<sup>9</sup> Other than entities specifically excluded by the legislation, or who have made other legislatively compliant arrangements.

We reviewed the GCHHS's publication scheme for compliance with the prescribed requirements.

## **Conclusion**

GCHHS operates a publication scheme mostly in accordance with the requirements of the RTI Act and the guidelines. While it has documented policies and procedures for publishing new information and reviewing existing internet content, these were not followed consistently. As a result some content of the publication scheme was out of date at the time of the review.

## **Results**

GCHHS has a publication scheme on its website, which is easy to locate and access and clearly states the terms (including any charges) on which GCHHS makes information available.

The publication scheme is organised under the seven information classes specified by the guidelines. GCHHS has an established process for community feedback about the availability of information in the publication scheme. Although the publication scheme provides direct access to documents in a single format, it also details how to request alternative formats.

Under the guidelines, GCHHS should publish new information in the publication scheme as it becomes available, and replace or archive any outdated information. We examined the procedures for maintaining the publication scheme.

The Governance, Risk and Commercial Services division and the Digital and Creative Team are jointly responsible for reviewing and maintaining the publication scheme regularly. GCHHS states its Communications and Engagement unit works with Governance, Risk and Commercial Services' nominated authors to update the publication scheme content.

GCHHS has an Online Publishing Policy which lists the RTI Act and IP Act as the legislative authority and aligns with the guidelines. Its intention is to ensure GCHHS publishes information that is relevant, accurate, authoritative and shared with target audiences through appropriate channels. The publication scheme is one such channel.

GCHHS has procedures ('Online Publishing – Documents' and 'Online Publishing – General Content') that outline processes for publishing and reviewing the online content, including in the publication scheme. While the policies and procedures are appropriate for ensuring new publication scheme information is available and outdated information is replaced or archived, GCHHS did not apply them consistently at the time of the review.

For example, the publication scheme had links to out-of-date budget papers (2015-16 Service Delivery Statements, even though the 2016-17 budget papers were available). GCHHS addressed the finding during our review. We also noted that the publication scheme did not include the most recent annual report (2015-16) despite GCHHS publishing it on its website in early October 2016.

### **Recommendation Five**

We recommend that GCHHS:

consistently updates the publication scheme as relevant publications become available, so that the community has access to the most up to date information.

## **7.2 Disclosure log**

### **Introduction**

Sections 78A and 78B of the RTI Act outline the legislative requirements with which a health agency must comply when maintaining a disclosure log. This includes complying with the Ministerial Guidelines.

A disclosure log is a web page or a part of a website that lists documents an agency has released under the RTI Act. The rationale for disclosure logs is that if one person has requested access to information other than their own personal information, the wider community might be interested in the same information.

Disclosure logs are an important strategy for proactive disclosure of information. In the interests of the RTI Act's primary objective, agencies should consider publishing as much information as possible in their disclosure logs.

We reviewed the GCHHS's disclosure log and a sample of RTI applications for compliance with the prescribed requirements.

### **Conclusion**

Overall, GCHHS maintains its disclosure log in accordance with the requirements. The disclosure log is easy to locate and access. It gives community members options to access information in various forms.

While GCHHS disclosure log does not include direct links to information that has already been released under RTI, it explains how to access to these documents, in accordance with s.78A(1)(b) of the RTI Act. We encourage GCHHS to provide, in its disclosure log, direct links to documents where it is efficient to do so.

## **Results**

Under the guidelines, when an agency determines that it is not appropriate to publish information on its disclosure log, it should document details of its decision, including the reasons, as part of its internal records.

We reviewed a sample of the health service's RTI Act application files to determine whether it had documented reasons for not publishing the information on its disclosure log. We found that, where such decisions existed, GCHHS kept a record of them in its case management system.

GCHHS's disclosure log is easy to locate and access. It meets the guidelines in providing details on how to request access to documents in alternative forms.

While there is no direct access from the disclosure log to documents, there are details about what they are and how to access them. Although not a legislative requirement, GCHHS could improve its disclosure log by providing direct links to documents from the disclosure log. This would:

- increase proactive release of information
- increase ease of access to documents.

GCHHS explains that it will not publish on its disclosure log information whose publication is prevented by law because the information may be defamatory, is confidential or would unreasonably invade an individual's privacy.

We found GCHHS applied an element of s. 78 of the RTI Act and published the names of applicants in the disclosure log. Section 78 of the RTI Act applies to departments and Ministers only, whereas s.78A applies to other agencies and does not require publishing the name of the applicants in the disclosure log.

GCHHS' practice risked disclosing the personal information of an individual applicant, contrary to the privacy principles. However, in each entry the applicant was an entity and not an individual, and so GCHHS did not disclose personal information. It has now amended its practice and removed applicants' names from its 2015-16 disclosure log.



## 7.3 Application handling

### Introduction

The RTI and IP Acts give a right of access to information in a government agency's possession or control unless, on balance, it is contrary to the public interest to do so.<sup>10</sup> This means that if people cannot obtain government-held information from public sources or administrative access arrangements, they can apply to get access to the information under the RTI Act.

Agency decision-makers must balance competing public interest factors in the light of both legislation and their agency's business.<sup>11</sup> They have a key role in ensuring that decisions meet both the intentions and the requirements of the legislation. They also need to ensure that the process for locating and considering the information is efficient.

In our reviews, we consider legislative compliance, active management of applications and more generally adoption of the push model supporting openness and release of information through the application process. We also examine the agency's process for locating and considering the information.

### Conclusion

GCHHS handles RTI and privacy applications in accordance with the Acts in most aspects. We noted the positive intention and concerted effort to release information. For example, its practice of contacting the applicant informally by phone or email allows GCHHS to deal with applications more efficiently and provide a better service.

Our review identified minor procedural issues rather than material or systemic non-compliance with prescribed requirements. They represented improvement opportunities in GCHHS procedures to ensure greater consistency in handling applications.

### Results — active management and communication

Regular contact with an 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 maintains agency-client relationships and provides good outcomes for both.

From an examination of 25 application files, we developed a profile of the GCHHS's communication practices, as summarised in figure 1.

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<sup>10</sup> The IP Act also allows a right to amend personal information in the government's possession or under the government's control, unless on balance, it is contrary to the public interest to allow the information to be amended.

<sup>11</sup> If the information requested is exempt information then the decision-maker is not required to apply the public interest test.

**Figure 1**  
**Application handling – communication profile**

<b>Communication profile</b>	
Average number of times the Information Access Services unit contacted an applicant	4.2 times per application
Average time between contacts	6.9 business days
Average total duration of applications, from receipt of application to decision (including time to make an application valid, time for third party consultations and extensions) <sup>12</sup>	30.2 business days
Percentage of contact with applicant made by email or phone for application processing activities (excluding application receipt acknowledgment notification and formal decision notification)	72% of contacts

Source: Office of the Information Commissioner

We compared the GCHHS's communication profile with a benchmark for good practice.<sup>13</sup> The benchmark agency had slightly more frequent contact with applicants, averaging 4.8 times per application.

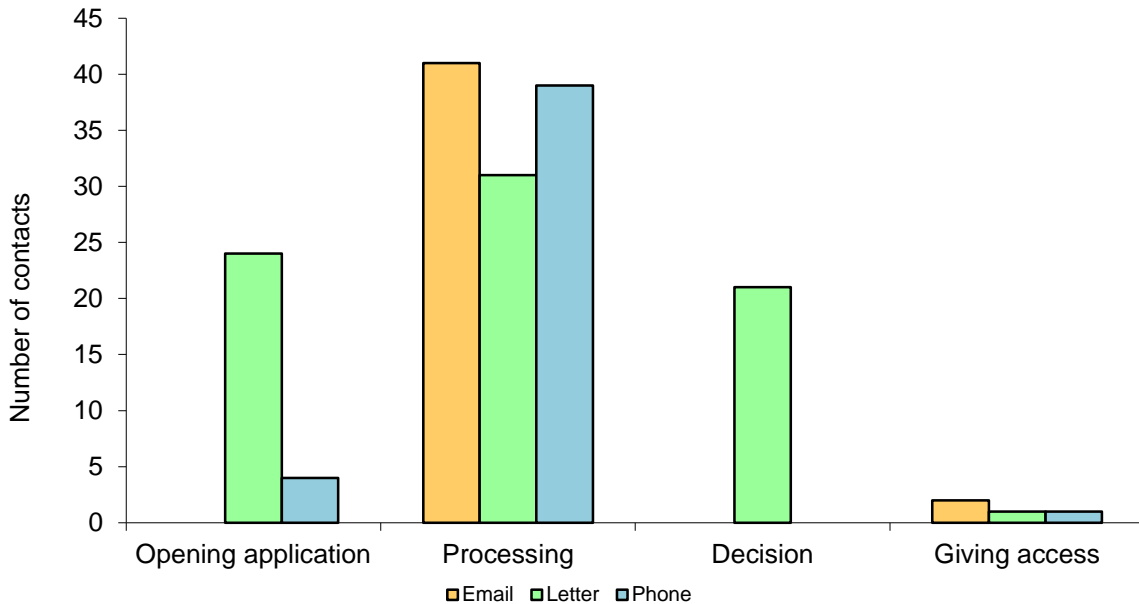
We found that after the GCHHS's Information Access Service unit receives a compliant application, it communicates with the applicant primarily by email and phone (72% of contacts) as it processes the application. The benchmark agency made more use of email and phone (85%), but GCHHS's use of email and phone was comparable with other agencies.

Figure 2 shows the type of contacts at various points of the application handling process. When contacting applicants other than for acknowledging receipt and notifying the decision, GCHHS mostly uses email (41 contacts; 37% of contacts) and phone (39 contacts; 35%).

<sup>12</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>13</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).

**Figure 2**  
**Contacts with applicants**



Source: Office of the Information Commissioner

Email and phone communication allow for two-way exchange of information, promote an understanding of the application handling process, help resolve issues and promote clarity around the information requested. These forms of communication are the best methods to communicate with applicants during the application process, as they are more efficient and timely than formal forms of correspondence like letters.

The application process is more effective and efficient when agencies clarify an application’s scope early in the process. There are time and cost benefits to both the agency and the applicant in considering only relevant documents.

For five of the 25 application files we reviewed, the Information Access Services unit contacted the applicant to discuss the scope of the application. For four of these applications, contact was made one day after receipt of the application. Staff mostly contacted the applicant by phone (50%) or email (38%).

Of these five files:

- The scope was narrowed for one because the applicant did not seek access to medical records.
- In three instances, the applicants withdrew their application as a result of the discussions with GCHHS.
- In one instance, GCHHS advised the applicant to request an entire record relevant to their amendment application rather than a summary document.

### **Results — procedural compliance with legislation**

To assess the GCHHS's end-to-end process for handling RTI and privacy applications, we examined a sample of 25 access and amendment application files. We considered the overall management of applications and, specifically, compliance with Chapter 3 of the RTI and IP Acts.

GCHHS's template notices generally complied with the Acts. We found minor technical inconsistencies, for example:

- On the GCHHS's notices of decision, the timeframe for applying for internal/external review was inconsistent with the RTI and IP Acts.
- The charges estimate notice did not clearly articulate the applicant's available options, as stated under s.36 of the RTI Act. In addition, the wording implied charges could be higher if GCHHS spent more time processing the application than it originally estimated.
- Notices of decision did not accurately detail the processing and access charges. For example the privacy decision notice included processing charges which are not payable on applications for personal information.
- Not all RTI decision notices explained the GCHHS could include documents released under RTI in its disclosure log, as required by s. 54(2)(iii) of the RTI Act.

The GCHHS addressed these findings during our review.

We also identified procedural issues during our review of the 25 application files. Most were minor technical issues rather than material or systemic non-compliance with prescribed requirements. They represent opportunities to improve procedures.

For example:

- Under s. 61(1) and s. 61(2) of the RTI Act, the amount payable for a processing and access charge for an access application may not be more than the estimated processing/access charge set out in the final charges estimate notice for the application. In one instance, GCHHS had levied additional processing charges after the applicant confirmed acceptance of the charges estimate notice. GCHHS has committed to rectify this matter with the applicant.
- In one instance GCHHS released documents prior to the applicant paying the applicable processing and access charge.<sup>14</sup> The current work instruction lists the step for issuing the decision notice and records (step 3.12.) ahead of the step for arranging payment of the fees and charges that are payable (step 3.13.)

An agency may request additional evidentiary documents, at an applicant's discretion, to help support the public interest factors in determining an application. In five applications we reviewed, when requesting additional documents to support public interest factors, GCHHS implied to the applicant that it was mandatory rather than optional. The risk was that GCHHS may collect more personal information than required, potentially breaching privacy. GCHHS has since amended the relevant templates and fact sheets.

GCHHS has a work instruction ('Applications to Access Information'), with steps for processing information access requests received by the Information Access Services unit. The work instruction was high level and contributed to the non-compliance issues we found.

GCHHS has revised the work instruction and provided more guidance to staff processing applications. While it is too early to assess the effectiveness of the revised instructions, we expect they will assist complying fully with the RTI and IP Acts, and increase the consistency and overall quality of the application handling process.

## **Results — giving access**

Right to information recognises that the community has a fair and equitable right of access to information held by government agencies. Providing information in a form other than which was requested may restrict an applicant's access to it. For example, individuals without a computer or appropriate software, who requested hard copy documents, would be disadvantaged if they received the documents on a compact disc.

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<sup>14</sup> Section 60(1) of the RTI Act and section 79 of the IP Act requires that before an applicant can be given access to the document they must pay the applicable charges.

If it is not possible to provide the information in the form requested by the applicant – for example, because a document is too large to be sent by email — an agency must negotiate an alternative form with the applicant.

In three of the 25 reviewed files, GCHHS provided information in a form different to that requested. Because GCHHS did not invite the applicant to make contact if the applicant disagrees with the proposed form, the applicant could have requested an external review of the decision.

Since our review, GCHHS amended its privacy and RTI acknowledgement letters. They confirm that records will be sent on disc and invite applicants to contact GCHHS if they require the information in an alternative form.

## 8 Privacy

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### Key findings

The Gold Coast Hospital and Health Service (GCHHS):

- has a privacy plan detailing the types of personal information it collects and how it holds, uses and discloses this information
- does not sufficiently explain why, in some instances, it collects sensitive personal information
- has adopted the privacy principles in managing its camera surveillance systems.

The *Information Privacy Act 2009* (Qld) (IP Act) gives individuals the right to access and amend their personal information held by government agencies. It also sets out how government agencies must collect and handle personal information. Under the IP Act, a health agency must comply with the nine National Privacy Principles (NPPs), and the provisions dealing with the transfer of personal information outside Australia and the use of contracted service providers.

Our review focused on the health service's adoption of NPP1 – *Collection of personal information* and NPP5 – *Openness*.

Under NPP1, health agencies must not collect personal information unless the information is necessary for one or more of their functions or activities. Health agencies must also take reasonable steps to ensure that the individual is aware of:

- the purpose for which the information is collected
- any law that requires the particular information to be collected
- the entities, or type of entities, to which the health agency usually discloses information of that kind
- the identity of the health agency and how to contact it
- the fact that the individual is able to gain access to the information
- the main consequences (if any) for the individual if all or part of the information is not provided.<sup>15</sup>

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<sup>15</sup> Under NPP1(5), if a health agency collects personal information about an individual from someone else, it must also take reasonable steps to ensure that the individual is, or has been made aware of these matters, except where this information was collected under NPP9(1)(e), or making the individual aware of these matters would pose a serious threat to the life, health, safety or welfare of an individual.

NPP5 states a health agency must document, and make available on request, its policies on managing personal information. NPP5 also requires that a health agency must take reasonable steps to let the person know, generally, what sort of personal information it holds, for what purposes, and how it collects, holds, uses and discloses that information.

## **8.1 Collecting and handling personal information**

### **Introduction**

Agencies can provide the advice required under NPP1, often referred to as a 'collection notice', in writing or verbally.<sup>16</sup> If practicable, agencies should provide the collection notice before, or at the same time as they are collecting personal information. Otherwise, under NPP1, health agencies may provide the collection notice to the individual as soon as practicable after they collect the personal information.

### **Conclusions**

The health service is open and transparent about the purposes for which it collects personal information, and how it manages, uses and discloses that information. This enhances the health service's accountability and builds community trust and confidence in its personal information handling practices.

We identified improvement opportunities for collecting sensitive information, and for notifying individuals when collecting their personal information. These improvements will give individuals greater control over their personal information by allowing them to make informed decisions about providing it to the health service.

### **Results — collection (NPP1)**

To check NPP1 compliance, we reviewed six forms on the GCHHS' website and 10 webpages containing contact email addresses:

- Four of the six forms met the requirements of NPP1, with an individual collection notice on the form itself that was supplemented by information on the GCHHS website.
- None of the sampled webpages had an individual collection notice about personal information collected through the provided email contact address. However, each webpage contained a link to the website privacy statement which satisfied NPP1 requirements.

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<sup>16</sup> The term 'collection notice' is not used in the IP Act. It is a term used by OIC to denote information provided to an individual by an agency in meeting their obligations under NPP1.



While our review focused on NPP1, we noted GCHHS collects information which meets the definition of 'sensitive' information. Sensitive information is a subset of personal information that arises only under the NPPs. It includes information about an individual's racial or ethnic origin, political opinions, membership of a political association, religious beliefs or affiliations, and sexual preferences or practices.<sup>17</sup> The IP Act requires that a health agency collects sensitive information only under the permitted exemptions of NPP9. Examples of permitted exemptions include where the individual has consented, or where the information is a family medical history, social medical history or other relevant information collected for providing a health service.<sup>18</sup>

When a form collects information for more than one purpose, agencies should make it clear to the person what information it would use for which purpose.<sup>19</sup>

Two forms collect racial and/or ethnic origin for managing GCHHS volunteer services or committees. In such circumstances, the most likely argument for exemption would be that the individual consents to the collection. However, GCHHS does not satisfy this exemption because it does not sufficiently inform people so they understand what they are consenting to, nor explain that this is voluntary information.

A further issue is whether the forms' collection notices sufficiently inform people about how GCHHS would use their personal information.

For example, the collection notice on the 'Volunteer Application Form' states the information is for managing volunteer services. Although the form collects racial or ethnic origin information for a purpose directly relating to one of GCHHS functions or activities – that is, to assess whether its volunteer services reflected the diversity of the Gold Coast community – it is arguable that the collection notice is not sufficient to inform individuals of this purpose.

In this instance, GCHHS could solve the issue with a collection notice that covers two different purposes – the first, to assess the suitability of prospective volunteers; the second to assess whether the volunteer services program reflected the diversity of the Gold Coast community.

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<sup>17</sup> See schedule 5 of the IP Act.

<sup>18</sup> See NPP9(1) for the full list of permitted exemptions.

<sup>19</sup> See OIC's guideline: *Demographics and privacy*, accessible at <https://www.oic.qld.gov.au/guidelines/for-government/guidelines-privacy-principles/collection/demographics-and-privacy> for examples of collection notices.

## Recommendation Six

We recommend that GCHHS:

within twelve months, reviews forms to ensure that:

- collection notices provide appropriate advice about the purposes for which the personal information is collected
- fields that collect sensitive information for demographic analysis clearly indicate that providing this information is optional.

### Results — openness (NPP5)

The *Gold Coast Hospital and Health Service Privacy Plan – June 2016*, published on the GCHHS website,<sup>20</sup> details the types of personal information it holds about its clients, patients, suppliers, business partners and employees and how it handles, uses and discloses this information.

There is also information on:

- its steps to ensure the quality and security of personal information
- how it safeguards personal information in outsourcing arrangements
- when it may transfer personal information outside Australia
- how an individual can apply to amend their personal information, including the administrative release of information
- how an individual may make a privacy complaint.

Publishing this level of detail underpins good privacy practices and promotes greater confidence in the health service's handling of personal information.

We are satisfied the health service is meeting its obligations under NPP5. During our review, we discussed the minor improvement opportunity of including more information about its privacy complaint handling process.

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<sup>20</sup> Accessible at <https://www.goldcoast.health.qld.gov.au/about-us/right-information/privacy>.

## **8.2 Personal information handling practice - camera surveillance**

### **Introduction**

Queensland government agencies that collect identifiable or reasonably identifiable images of people through camera surveillance systems must operate and manage their systems in a way that meets the obligations of the IP Act.

As at September 2016, GCHHS operated 589 surveillance cameras at its hospitals and community facilities.

We examined whether GCHHS managed and operated its camera surveillance systems according to the IP Act. In particular, we focused on:

- whether there is a clear purpose for collecting personal information, and whether GCHHS has a NPP1-appropriate collection notice to inform people about it
- whether GCHHS discloses footage only in circumstances permitted under the IP Act (NPP2)
- how GCHHS protects footage against loss, unauthorised access, use, modification or disclosure and any other misuse (NPP4)
- how GCHHS addresses its privacy obligations when entering into service arrangements with external providers (chapter 2, part 4 of the IP Act).

### **Conclusions**

GCHHS maintains a large camera surveillance network, governed by written policies and procedures that incorporate privacy principles.

The camera surveillance policies and procedures:

- clearly articulate practices that support compliance with the IP Act
- enhance accountability for personal information handling practices
- build community trust and confidence in those practices.

### **Results — collection (NPP1)**

GCHHS collects surveillance footage for health and safety reasons, and to support the investigation of incidents and prosecution of alleged breaches of the law. It undertakes a security and safety risk assessment to determine the necessity of installing or expanding camera surveillance.

GCHHS has signage at public access points, such as main entrances, walkways and carparks, to make people aware that camera surveillance operates throughout its facilities.

However, during an onsite visit to Gold Coast University Hospital at the time of the review, we sighted signage that did not fully meet the requirements of NPP1 because it did not state the purpose for which footage was collected. GCHHS has since updated its website to supplement the physical signage and explain the purpose for which it collects surveillance footage.

### **Results — disclosure (NPP2)**

GCHHS has formally documented processes and responsibilities for releasing camera surveillance footage in its 'Access and Storing CCTV and Security Controlled Information Procedure'. The procedures require it to document all requests for footage, and to audit its master copy register each month.

GCHHS received 30 requests for access to camera footage for the year 1 July 2015 to 30 June 2016. Most (80 per cent) requests came from the Queensland Police Service. GCHHS handled these requests administratively – consistent with the RTI Act, which provides that formal applications should be a last resort.

NPP2(1)(g) allows a health agency to use or disclose personal information for law enforcement and investigation and to protect the public revenue, where it is satisfied on reasonable grounds that the personal information is necessary for this purpose.

GCHHS's procedure has detailed instructions about handling Queensland Police Service's requests for CCTV footage. The procedure includes clearly defined roles and responsibilities and a standardised request form.

Between 1 July 2015 and 30 June 2016, GCHHS received six requests for footage from agencies other than the Queensland Police Service. It handled these requests as formal access applications under the RTI Act. This approach is in line with the terms of its 'Access and Storing CCTV and Security Controlled Information Procedure'.

RTI applications for camera surveillance footage are a small percentage of the applications GCHHS receives.

Government agencies are increasing their use of camera surveillance.<sup>21</sup> If GCHHS follows this trend, and starts to receive more applications for footage, it should consider acquiring video editing software to redact the footage. *Our Managing access to digital video*

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<sup>21</sup> *Camera surveillance and privacy – follow-up review: Review of agency adoption of recommendations made under the Information Privacy Act 2009 (Qld)*, accessible at <https://www.oic.qld.gov.au/about/our-organisation/key-functions/compliance-and-audit-reports/camera-surveillance-and-privacy-follow-up-review>.

*recordings*<sup>22</sup> guideline states that if agencies create digital video recordings, they have an obligation to take the steps necessary to ensure people are able to exercise their right of access under the RTI and IP Acts. The ability to redact information from video footage using an editing software can help agencies fulfil their legislative obligations and provide effective access to information.

#### **Results — storage and security (NPP4)**

GCHHS facilities with cameras conduct overt surveillance continuously, with all recorded activity held securely. GCHHS holds recorded footage for a minimum of 28 days, except at Gold Coast University Hospital where it holds footage for a minimum of 90 days. Live monitoring of footage occurs at Gold Coast University Hospital.

GCHHS uses various security measures to protect personal information. For example, physical access to the security control room is restricted to people working in specified roles. All other access occurs under escort.

GCHHS's 'Access and Storing CCTV and Security Controlled Information Procedure' clearly establishes which roles are authorised to access, view, transfer or release footage. Login access to the camera surveillance system is restricted to authorised staff, with individual login rights approved by the Access Control Manager or Protective Services Coordinator.

The procedure requires that all copies of footage include a master copy stored in a fire rated data safe with tamper proof lock and access restricted to the Senior Director, Operational Support Services. The Information Access Service is required to conduct the destruction of retained footage in accordance with the Archive Retention Protocol. The Access Control Manager must witness the destruction, and complete and sign a 'Destruction of Recorded Footage' form.

#### **Results — contracted service providers**

GCHHS contracted an external service provider to operate the camera surveillance system at Gold Coast University Hospital. The provider monitors live camera feed, responds to incidents and locates footage on request, but does not decide whether to release footage in response to third party requests.

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<sup>22</sup> *Managing access to digital video recordings*, accessible at <https://www.oic.qld.gov.au/guidelines/for-government/access-and-amendment/processing-applications/managing-access-to-digital-video-recordings>.

Under the IP Act, a contracting agency must take all reasonable steps to bind a contracted service provider to comply with the IPPs and NPPs, whichever are applicable, as well as section 33 of the IP Act.<sup>23</sup> Failure to do so means the contracting agency is liable for any privacy breaches by the service provider.

The '*Facilities Management Services Contract*' between GCHHS and its provider contractually binds the service provider to the IP Act. We note the following areas of good practice:

- The contract requires the service provider to notify the agency of any unauthorised disclosure of personal information, or disclosure that may be required by law.
- The contract states the service provider is liable for all acts, omissions and default of its subcontractors.

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<sup>23</sup> Section 33 of the IP Act sets out when an agency may transfer personal information outside of Australia.

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## Appendix 1 – Acronyms

CCTV	Closed Circuit Television
DGSC	Data Governance Steering Committee established as the central authority to oversee the development of GCHHS's information management capability and capacity
GCHHS	Gold Coast Hospital and Health Service
HHS	Hospital and Health Service
ICT	Information and Communication Technology
IP	Information Privacy
IP Act	<i>Information Privacy Act 2009 (Qld)</i>
KPI	Key Performance Indicator
MOU	Memorandum of Understanding
NPP	National Privacy Principle
OIC	Office of the Information Commissioner
QGEA	Queensland Government Enterprise Architecture
RTI	Right to Information
RTI Act	<i>Right to Information Act 2009 (Qld)</i>
TAFE	Technical and Further Education



## Appendix 2 – Agency response and action plan



RC/rh  
Chief Executive  
Phone: 5687 0103  
Our Ref: CO17-0010

**Gold Coast Hospital  
and Health Service**

10 February 2017

Ms Rachael Rangihaeata  
Office of the Information Commissioner Queensland  
Level 8 Forestry House  
160 Mary Street  
Brisbane QLD 4000

Dear Ms Rangihaeata

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

I refer to the recent performance review undertaken by the Office of the Information Commissioner. The Gold Coast Hospital and Health Service has greatly appreciated the approach of the audit team in conducting the performance review and the constructive feedback provided. We have also appreciated the opportunity to review and respond to recommendations made in the draft performance review report.

In relation to the recommendations in the final performance review report, please find attached a table setting out the Gold Coast Hospital and Health Service's response and the nominated date for implementation of the proposed management action.

Please contact Rebecca Freath, Executive Director, Governance, Risk and Commercial Services ([rebecca.freath@health.qld.gov.au](mailto:rebecca.freath@health.qld.gov.au) or 07 5687 0141).

Yours sincerely

A handwritten signature in black ink, appearing to be "Ron Calvert", written over a horizontal line.

Ron Calvert  
**Health Service Chief Executive  
Gold Coast Hospital and Health Service**

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OIC recommends:-		GCHHS response and any proposed management action	GCHHS nominated owner	GCHHS nominated completion date
#	Recommendation			
1	within six months, incorporates RTI and privacy modules into the mandatory suite of training for new staff.	GCHHS agrees with the recommendation which aligns with findings of our Internal Audit. In alignment with the management response to the Internal Audit we will incorporate RTI and Privacy into the training component of our Security assurance plan which shall include a schedule of required requisite and desired Information Security training based on role types.  Implementation of the plan shall be required to be performed in conjunction with People and Engagement.	CIO ED People and Engagement	July 2017
2	by 30 June 2017, approves its Data Governance Steering Committee's terms of reference and establishes the committee by the target date. This includes: <ul style="list-style-type: none"> <li>• commencing regular committee meetings</li> <li>• approving a data governance framework</li> <li>• establishing asset management domain capability and capacity</li> <li>• implementing controls that direct and guide data governance.</li> </ul>	GCHHS agrees with the recommendation which aligns with findings of our Internal Audit. Work has commenced to implement the recommendation by July 2017	Director Information Strategy	July 2017

OIC recommends:-		GCHHS response and any proposed management action	GCHHS nominated owner	GCHHS nominated completion date
#	Recommendation			
3	within 12 months, implements performance measures and data key performance indicators (KPIs) for proactive disclosure of information and privacy during phase two of establishing its Data Governance Steering Committee.	GCHHS agrees with the recommendation which aligns with findings of our Internal Audit. We have planned to implement this by December 2017 once the committee has been established	Director Information Strategy	December 2017
4	within twelve months, classifies the information holdings and datasets in its information asset register to determine their suitability for public release. within twelve months, publishes the information asset register on its website to better inform the community about the type of information it holds.	This recommendation proposes a substantial undertaking. With over 4000 “apps” identified and further excel spreadsheets and other data assets present in the organisation. Therefore this activity will require significant effort and impact across the organisation for not only the initial task but to maintain on an ongoing basis. Outside of our managed applications and databases, we would suggest conducting the wider holdings reviewed as a survey and having data owners/custodian complete and respond	Director Information Strategy	September 2017
5	consistently updates the publication scheme as relevant publications become available, so that the community has access to the most up to date information.	GCHHS accepts the recommendation as a reflection of an ongoing obligation and commitment to transparency to be reviewed for closure at the earliest date nominated for other recommendations.	Senior Director Communications and Engagement	July 2017

OIC recommends:-		GCHHS response and any proposed management action	GCHHS nominated owner	GCHHS nominated completion date
#	Recommendation			
6	<p>within twelve months, reviews forms to ensure that:</p> <ul style="list-style-type: none"> <li>• collection notices provide appropriate advice about the purposes for which the personal information is collected</li> <li>• fields that collect sensitive information for demographic analysis clearly indicate that providing this information is optional.</li> </ul>	GCHHS accept the recommendation and propose to bring forward as an action to the Clinical Records Committee to undertake during the calendar year 2017 with the assistance of the Health Informatics Directorate.	Manager Health Information Management	December 2017

## Appendix 3 – Methodology

### Terms of reference

#### Compliance review of Right to Information and Information Privacy

##### Gold Coast Hospital and Health Service

#### 1. Objectives of the review

- 1.1. The objective of the review is to establish whether the Gold Coast Hospital and Health Service (GCHHS) 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 GCHHS's policies and procedures for RTI and IP information handling practices, including:-
  - 2.1.1. GCHHS 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 GCHHS 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 GCHHS.
    - 2.1.3.3. Review of administrative access schemes
  - 2.1.4. Compliance with legislatively based requirements for:
    - 2.1.4.1. An agency publication scheme (section 21).
    - 2.1.4.2. An agency disclosure log (section 78).
    - 2.1.4.3. Access and amendment applications (Chapter 3, parts 2-7 of the RTI and IP Acts).
    - 2.1.4.4. Review processes, including internal review of decisions under the legislation (Chapter 3, part 8 of the RTI and IP Acts).
  - 2.1.5. GCHHS's personal information handling practices including technologies, programs, policies, systems and procedures to review privacy related issues of a systemic nature generally, and agency compliance with the privacy principles. This review will also consider the extent to which any camera surveillance systems are operated in accordance with the privacy principles.

### **3. Suitability criteria for assessing performance**

- 3.1. The review is based on an assessment of the performance of GCHHS against the requirements of the RTI Act and the IP Act, 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 Office of the Information Commissioner's website and previously sent to agencies.

### **4. Assessment process**

- 4.1. The A/Director, Performance, Monitoring and Reporting will work with an experienced review team and execute the testing program. The review team will liaise with your nominated contact officer 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 about RTI and IP policies, procedures, systems and operations.
  - 4.1.2. Discussions with, and/or survey of, GCHHS staff, and community and relevant stakeholders about perceptions of agency openness and transparency, and protection of personal information.
  - 4.1.3. Discussions with, 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.
- 4.2. Issues identified during the review regarding GCHHS's implementation will be raised progressively during the review. If necessary, the Office of the Information Commissioner will provide issues papers and/or a briefing to GCHHS management before drafting the review report.



## **5. Reporting**

### **5.1. Draft report**

The draft review report will incorporate issues identified during the review and will be provided to GCHHS management for comment on language, accuracy and context.

### **5.2. Final report**

Comments received on the draft report will be considered for incorporation into the final report which will outline findings and make recommendations to improve GCHHS's implementation of RTI and IP. The Office of the Commissioner will formally issue the final report to the Chief Executive, GCHHS, for his response to the findings and the recommendations.

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

## **Consultation**

To perform the assessment process described in 4.1.2, in consultation with GCHHS, we selected 36 stakeholders from local agencies and organisations as a sample of stakeholders who might be interested in information held by GCHHS.

Stakeholders represented the following categories:

- social and community, including media
- environmental and research
- health service delivery
- local members of State and Federal Parliament.

We received 13 responses; however, six of the 13 respondents did not have any comment. We considered their views and represented them to the extent possible in chapter 4 of this report.