



**Office of the Information Commissioner**  
Queensland

**Compliance Review – Queensland Health**

Review of Queensland Health, Corporate Office, and Metro North and Metro South Health Service Districts' compliance with the *Right to Information Act 2009* (Qld) and the *Information Privacy Act 2009* (Qld).

OIC thanks the agency for its cooperation throughout the review process and for the courtesy displayed towards the officers undertaking the assessment. In undertaking this review, OIC recognises the commitment of the business units handling right to information and information privacy matters and their desire for continuous improvement.



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October 2011

The Honourable Dean Wells MP  
Acting Chair  
Legal Affairs, Police, Corrective Services and Emergency Services Committee  
Parliament House  
George Street  
Brisbane QLD 4000

Dear Mr Wells

I am pleased to present Compliance Review - Queensland Health: Review of Queensland Health, Corporate Office, and Metro North and Metro South Health Service Districts' 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) and section 135 of the *Information Privacy Act 2009* (Qld).

The report reviews compliance with the legislation and guidelines that give effect to the Right to Information and Information Privacy reforms. 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



Julie Kinross  
**Information Commissioner**



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# 1 Executive Summary

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This report details the findings of a review of Queensland Health's progress in implementing the Queensland Government's right to information (RTI) and information privacy (IP) reforms. Corporate Office and the Metro North and Metro South Health Service Districts (HSDs) were reviewed.

Overall, Queensland Health is considered to be progressing well in meeting its legislative obligations. Key findings were:

- Queensland Health publishes a wealth of significant information as a matter of course, including performance information. For example, its Hospital Performance data, already collected and published,<sup>1</sup> formed the basis of the national MyHospital initiative. Increased community engagement will ensure that Queensland Health pro-actively publishes information of interest to community and other stakeholders.
- Queensland Health has sound governance structures in place. These structures operate effectively with vigorous and focused attention from senior governance.
- The national health reforms present a challenge for Queensland Health in ensuring that the new service delivery model provides for statewide consistency in community engagement, training, complaint handling, performance monitoring, policy and procedure development and advice, support and assistance on application handling.
- The Information Asset Register provides an opportunity for Queensland Health to identify and publish further information holdings.
- Push model strategies are in place, eg, the publication scheme and disclosure log.
- The handling of applications for information made under the RTI and IP Acts varies markedly between Corporate Office, Metro North HSD and Metro South HSD. Good practice is observed in the Metro South HSD. In particular, the Information Access Unit at the Princess Alexandra Hospital demonstrates an excellent approach to application handling and a commitment to continuous improvement, which could be used by other units as a model for ways to improve their practices.

Opportunities for improvement are discussed in greater detail throughout the remainder of the report. Recommendations were made to assist Queensland Health in moving towards full implementation of the reforms. Queensland Health has accepted all the recommendations.

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<sup>1</sup> See at <http://www.health.qld.gov.au/hospitalperformance/>

## 2 Recommendations

### Summary of the Next Steps<sup>2</sup>

Culture of Openness	Leadership & Accountability	Maximum Disclosure	Compliance
<p>Engage with community so that more information flows to the community that the community wants, in a format that the community can use. (Rec 1)</p>	<p>Drive reforms through Information Management Steering Committee. (Rec 2)</p>	<p>Publish Information Asset Register. (Rec 8)</p>	<p>Improve application handling:-</p>
<p>Explore opportunities to work with peak bodies and professional associations. (Rec 1)</p>	<p>Clarify roles for the Department and Local Health and Hospital Networks under national health reforms:-</p> <ul style="list-style-type: none"> <li>❖ training (Recs 3, 5 and 6)</li> <li>❖ performance monitoring (Recs 6 and 7)</li> <li>❖ roles and position descriptions (Recs 4 and 6)</li> <li>❖ complaint handling (Rec 6)</li> <li>❖ policies and procedures (Rec 6); and</li> <li>❖ advice and support (Rec 6).</li> </ul>	<p>Explore greater use of Queensland Health Performance Reporting webpage. (Rec 9)</p>	<ul style="list-style-type: none"> <li>❖ improve record keeping at Metro North (Recs 10 and 11)</li> <li>❖ improve timeliness at Metro North (Rec 20)</li> <li>❖ increase contact and engagement with applicants to better meet their needs (Rec 12)</li> <li>❖ clarify procedure for briefing senior staff (Rec 13); and</li> <li>❖ improve procedures and documentation (Recs 14, 15, 16, 17, 18, 19).</li> </ul>

<sup>2</sup> Note – Headings are taken from the checklist provided to Chief Executive Officers of departments prior to commencement of the legislation to assist them in implementing the reforms. Rec = recommendation



## ***It is recommended that Queensland Health:***

### **Recommendation 1**

Build community engagement strategies for pro-active release of information into the new model for health service delivery in Queensland, so that from the commencement of the new model, Queensland Health can identify and actively push out into the public domain information that is relevant to and useable by the community at large and that invites opportunity for greater participation in government.

Explore relationships with professional associations, peak bodies and community organisations to identify and take up opportunities to push information into the public domain in accordance with the right to information reforms.

### **Recommendation 2**

Include activities in the Information Management Steering Committee (IMSC) work plan, so that the IMSC is actively driving pro-active release of information in accordance with the RTI and IP Acts, and the Queensland Government Enterprise Architecture (QGEA) Guidelines, within the next six months.<sup>3</sup>

### **Recommendation 3**

Review and update all orientation material, ensure information in the material is relevant and up to date and published in Queensland Health's publication scheme, prior to the commencement of the national health reforms.

Include detailed explanations connecting right to information and information privacy to everyday operations for individual staff to increase awareness of the RTI and IP reforms.

### **Recommendation 4**

Ensure that position descriptions for staff in RTI and IP business units are reviewed to reflect any changes to RTI and IP roles and responsibilities under the national health reforms, within three months of the commencement of the reforms.

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<sup>3</sup> According to Queensland Government Enterprise Architecture (QGEA) guideline on implementing information governance  
*The role of the body is to:*

- *evaluate, provide strategic direction for, and direct the use of, information and its management*
- *provide leadership in and direct the preparation and implementation of information management policies, principles and architecture*
- *review and monitor conformance to obligations and performance*
- *develop agency information management capability*

***It is recommended that Queensland Health:***

**Recommendation 5**

Deliver general awareness training about right to information and information privacy to the Local Health and Hospital Network governance bodies within three to six months of their establishment, so that they can provide induction and appropriate information sessions to all staff, including the clinical workforce, about the application of RTI and IP Acts and the *Public Records Act 2002* to their roles.

**Recommendation 6**

Prior to the commencement of the health reforms, clarify and document the roles and responsibilities of the Department and Local Health and Hospital Network (LHHN) RTI and IP units as they will operate subsequent to the reforms.

**Recommendation 7**

Clarify the role of the Department in supporting local performance monitoring and in conducting independent performance monitoring of Local Health and Hospital Networks as part of the development of the new health service delivery model.

Develop and incorporate key performance targets into the Information Management Steering Committee's work plan and the RTI and IP business units' operational plans, to measure effectiveness and efficiency in right to information and information privacy processes at the operational and the strategic levels, with measurement of performance commencing within three months of this report.

**Recommendation 8**

Publish Queensland Health's Information Asset Register on the website to create greater transparency as to the departmental information resources available, within the next six months.

Publish updates on the agency's website as new datasets are added to the Information Asset Register.

***It is recommended that Queensland Health:***

**Recommendation 9**

Continue to enhance the Queensland Health Performance Report webpages, under the active management of the Information Management Steering Committee, as an avenue for pro-active release of information into the public domain.

**Recommendation 10**

Review Metro North Health Service District's current system for processing applications to identify and apply more efficient file management practices, commencing immediately and implementing improved practices within three months.

**Recommendation 11**

Review Metro North Health Service District's right to information and information privacy application handling and record keeping, to identify methods for streamlining the process for accessing a patient's medical records, particularly in the light of legislatively imposed deadlines for application handling under the RTI and IP Acts, within three months.

**Recommendation 12**

Incorporate face to face, telephone or email contact with applicants into application handling practices as a matter of course, in order to streamline processing, manage time allowed for processing, and improve the result for the applicant. In particular:

- Make early contact with the applicant to clarify the scope of the application, particularly if a request is complex or relates to voluminous medical records
- Make use of the extension of time provisions of the RTI and IP Acts to request a further processing period to avoid deemed decisions or requests for the applicant to re-lodge their application; and
- Contact the applicant and follow-up all outstanding concerns about the application with the applicant prior to issuing a formal notice.

Describe the above practices in a guideline, to take effect from the commencement of the national health reforms, or earlier wherever practicable.

***It is recommended that Queensland Health:***

**Recommendation 13**

Ensure the documentation of the process for briefing senior management about access decisions is consistent with the intention that it occurs wholly before the decision is made and is formalised as soon as is practicable.

**Recommendation 14**

Record deliberations in assessing factors contributing to a decision about access or amendment under the RTI and IP Acts and retain these deliberations on file.

Ensure that any reasons for the decision recorded as part of the deliberations are included in the decision-notice.

RTI/IP staff are to record all communications concerning access applications from both internal and external stakeholders.

**Recommendation 15**

Record processing times on application files to substantiate any processing charge to the applicant, commencing immediately. If more than five hours is spent processing the application and no charge is payable, this decision must be recorded.

Develop and implement guidelines to ensure the processing charges are applied consistently across the agency, prior to the commencement of the national health reforms.

**Recommendation 16**

Ensure that where processing fees are to be charged, a Charges Estimates Notice is sent to the applicant prior to commencing processing, so that the applicant can confirm or narrow the scope of their application, commencing immediately.

Ensure that where no processing fee is payable by the applicant, advice to this effect is included in the decision notice to the applicant, commencing immediately.

***It is recommended that Queensland Health:***

**Recommendation 17**

Review all Queensland Health's template decision notice letters to ensure that the decision notices are compliant with prescribed requirements of the RTI and IP Acts, within three months. Most notably:

- All decision notices must inform the applicant as to their right of review and contain the relevant procedures for exercising these review rights in accordance with section 191(e) of the RTI Act or section 199(e) of the IP Act. Wording for decision notice rights of review must be consistent with section 82 (Applying for Internal Review) and section 88 (Applying for External Review) under the RTI Act and equivalent sections of the IP Act.
- All decision notices issued to an applicant must contain the reasons for the decision, in accordance with section 191(b) of the RTI Act.

**Recommendation 18**

Notify the applicant in the decision notice of the possibility that released information may be published through the disclosure log.

**Recommendation 19**

Give access to information in the form requested in an application for information under the RTI or IP Acts, unless a specific legislative exception applies, commencing immediately.

Provide the information in an alternative format (for example, provide information by compact disc rather than a hard copy) only if the applicant has previously been contacted to negotiate the format for providing the access to the documents, commencing immediately.

**Recommendation 20**

Ensure applications made to Metro North HSD under the administrative access scheme are processed in a timely manner in accordance with Queensland Health's guidelines, within three months of this review.

## 3 Introduction

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### 3.1 Background

Queensland Health is responsible for the management, administration and delivery of public sector health services in Queensland. These services are delivered to the community through a network of 15 Health Service Districts (HSDs).<sup>4</sup> In Queensland Health's 2009-10 annual report, the agency reported that it provided approximately 11 million non admitted patient services (including emergency services) and gave advice to 257,838 callers through the 13HEALTH hotline. In delivering these services, Queensland Health employed approximately 61,000 staff, and operated with a budget of \$9.9bn.

As part of providing these services Queensland Health processes millions of information requests each year, involving both personal and non-personal information.

Queensland Health has implemented a publication scheme and disclosure log. Through the publication scheme, it has published a significant amount of performance data. This information has been made available since the development of the 2005 Health Action Plan. A full list of published information since that time is provided in Appendix 2.

Queensland Health has implemented an administrative access scheme whereby an individual can access his or her health records from a public hospital or community health service provider. A large volume of patient information is made available through this administrative access scheme without requiring individuals to make formal applications under the right to information (RTI) or information privacy (IP) legislative process. Individuals seeking access to their patient records through the administrative access scheme can do so by writing to the relevant health facility.

Patients, families and staff of Queensland Health who experience or are affected by harm to a patient in health care have access to an open discussion of incidents that have resulted in serious adverse events. This is called Open Disclosure, and is a formal information access mechanism which is integrated into the Queensland Health Clinical Incident Management Implementation Standard (CIMIS) 2009.<sup>5</sup> A study into health care in

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<sup>4</sup> A list of acronyms used in this report is provided in Appendix 1.

<sup>5</sup> For more information about Open Disclosure, see Queensland Health's website at <http://www.health.qld.gov.au/patientsafety/od/webpages/odhome.asp>

Australia<sup>6</sup> in the mid 1990's found that 16.6% of admissions into Australian hospitals were associated with an adverse event. This estimate means that Queensland Health's system of Open Disclosure is another avenue for a significant volume of information to be made available to individuals.

Based on the most recent data available to OIC, the agency received 3,494 applications for information in 2008-09 under the previous regime, governed by the *Freedom of Information Act 1992* (Qld) (FOI Act).<sup>7</sup>

Queensland Health was selected as an agency for review following a risk analysis conducted by OIC to develop OIC's annual program of performance and monitoring activities for the 2010-11 year. Queensland Health was identified as a priority for review, based on the high volume of RTI and IP applications it receives and processes.

Queensland Health will face other information management challenges in the immediate future. In response to increasing demands for health services from an ageing population and an increase in chronic disease, Queensland Health is looking to information technology to provide increased efficiency. An example is eHealth, which will deliver a shared electronic medical record, allowing care providers to have direct and secure access to medical information about patients.<sup>8</sup>

Another example of an information management challenge is the Commonwealth Government's national health reforms, currently given expression in the *Health and Hospitals Network Bill 2011* (Qld) (the HHN Bill). The objects of the HHN Bill include strengthening community engagement (currently section 5(2)(a)). One of the principles guiding the achievement of the objects of the HHN Bill is that information about the delivery of public sector health services should be provided to the community in an open and transparent way (section 13(1)(d)).

Achievement of the objects of the HHN Bill in an open and transparent way will fall to the new Local Health and Hospital Networks (LHHNs) which are to be established under the HHN Bill, under the overall management of Queensland Health. LHHNs will be responsible for the day to day operations of public hospitals and delivery of public sector health services (Section 7, HHN Bill). LHHNs will be established as statutory bodies that

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<sup>6</sup> See *The Quality in Australian Health Care Study*, written by Ross McL Wilson, William B Runciman, Robert W Gibberd, Bernadette T Harrison, Liza Newby and John D Hamilton, and published in *The Medical Journal Of Australia*, Vol 163, 6 November 1995, viewed at <http://www.mja.com.au/public/issues/misc/wilson.pdf>

<sup>7</sup> 2008-09 is the most recent year for whole of government reporting data available to the OIC.

<sup>8</sup> See more about eHealth at <http://www.health.qld.gov.au/ehealth/>

are independent and locally controlled by a governing council, constituted of health experts and people with knowledge of the LHHN community (section 23, HHN Bill). The State (through Queensland Health) will retain responsibility for State wide management of the public sector health system. The relationship between LHHNs and the chief executive officer of the Department will be governed by service agreements (section 8, HHN Bill).

The HHN Bill explicitly requires LHHNs to consult with health professionals working in the network, health consumers and members of the community about the provision of health services (section 19(2)(n) – Functions of networks, and sections 40(1)(b) and 40(3)(b) – Engagement strategies). It also states that the LHHNs will operate in accordance with the service agreement with the Department's chief executive officer (section 19 and section 45(k)), and comply with health service directives issued by the Department that apply to the LHHN (section 19 and sections 45(j) and 47). These provisions position LHHNs to be a point of contact for community engagement about pro-active release of information. The Department is positioned to take on a leadership, support and monitoring role, through services that might be provided by the Corporate Office (section 45).

In relation to RTI and IP, the challenge for Queensland Health under the changing landscape of national health reform will be the way in which it addresses its obligations under the *Right to Information Act 2009* (Qld) (RTI Act) and *Information Privacy Act 2009* (Qld) (IP Act). Of particular importance will be the way in which Queensland Health addresses agency-wide planning, policy, guidance, training and performance monitoring. If this is to be a role for the Department (Queensland Health's Corporate Office), Queensland Health will need to consider how to reflect requirements about pro-active release of information and document how the Department and LHHNs will operate subsequent to the reforms.

### **3.2 Reporting Framework**

The review has been conducted under section 131 of the RTI Act and section 135 of the IP Act, which includes monitoring, auditing and reporting on agencies' compliance in relation to the operation of this Act and chapter 3 of the IP Act as functions of the Information Commissioner.

Under section 131 of the RTI Act, the Information Commissioner is to give a report to the parliamentary committee about the outcome of each review. This is the second OIC report of 2011/12 for tabling in Parliament under the RTI and IP Acts.



### **3.3 Scope and objectives**

The objective of the review has been to establish the extent to which Queensland Health's Corporate Office and Metro North and Metro South Health Services Districts (HSDs) have complied with the prescribed requirements of the RTI and IP Acts.

The scope of the review encompassed the Queensland Health Corporate Office, Metro North and Metro South HSD and specifically excluded the Health Community Councils, Hospital Foundations and HSDs outside the Brisbane metropolitan area.

In particular, the review focused on:

- Agency governance with respect to right to information and information privacy (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)
- The adoption of a push model, for example, strategies such as publication schemes, disclosure logs and administrative access schemes
- Accountability and performance measurement systems; and
- Compliance with legislatively based requirements of Chapter 3 under the RTI and IP Acts for handling access and amendment applications, based on a sample of files received and completed in 2009-2010.

### **3.4 Assessment process**

The Information Commissioner and First Assistant Commissioner (OIC) met with the Director-General, Queensland Health, on 17 December 2010 to discuss the proposed objectives and scope of the review. At this meeting, the Executive Director, Performance Improvement and Policy Services, was nominated as the contact officer for the OIC review.

On 17 December 2010 OIC wrote to Queensland Health confirming the scope and objectives of the review, and the Terms of Reference, as provided in Appendix 3.

An entry meeting was held on 23 December 2010 between OIC and Queensland Health to discuss project management logistics, in the context of the scope and objectives of the review.

In performing the review, OIC applied a standardised test program to assess each of the relevant areas of practice. In obtaining samples of files for the review, OIC reviewed files from the Royal Brisbane Hospital and Royal Women's Hospital as a representative sample of the Metro North HSD, and from the Princess Alexandra Hospital as a representative sample of the Metro South HSD. Queensland Health cooperated fully and openly with the process and provided full access to requested materials and the opportunity to meet with relevant personnel.

As part of the review process, weekly meetings were held with Queensland Health's contact officer, inviting other line management as necessary. These meetings gave OIC the opportunity to provide feedback to Queensland Health on the key findings of the on-site assessments and updates on the progress of the review.

At the conclusion of the review, an exit meeting was held with the Director-General of Queensland Health and the Executive Director, Performance Improvement and Policy Services on 1 September 2011 to discuss the findings and recommendations of the review. Queensland Health have agreed to all the recommendations and a full response to each recommendation can be found in Appendix 4. OIC will follow-up Queensland Health's implementation of the recommendations in twelve months.

## 4 Culture of openness

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### Background

The Queensland Government is committed to giving the community greater access to information. The right to information reforms strengthen the community's right to access government-held information, unless, on balance, releasing the information would be contrary to the public interest.

In her *Statement of Right to Information Principles For the Queensland Public Service*,<sup>9</sup> the Premier stated:

*At the heart of these reforms will be a public service that conducts itself in the most open and transparent way possible, because that openness and transparency are fundamental to good government.*

*The processes of government should operate on a presumption of disclosure, with a clear regard for the public interest in accessing government information. The Queensland public service should act promptly and in a spirit of cooperation to carry out their work based on this presumption.*

*Government information must be valued as a public resource that contributes to an open and participatory democracy and improves government decision-making.*

*It is the Queensland Government's expectation that the Queensland public service recognises and respects that Government is the custodian of information that belongs to the community ...*

This statement makes clear the Government's intention that each agency should conduct itself in the most open and transparent way possible. OIC, in undertaking this review, considered whether or not the intention of the reforms was reflected in Queensland Health's culture.

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<sup>9</sup> Viewed at <http://www.rti.qld.gov.au/downloads/Right%20to%20Information%20Principles.pdf> on 8 March 2011.

## Key findings

- Queensland Health's culture is transitioning to a 'push model' approach in pro-actively releasing government held information. At a strategic level, this could be enhanced through greater community consultation, to identify the types of information interested stakeholders are seeking to have pro-actively released and the format in which it is released, and invites greater participation in government by the community at large.
- Queensland Health has opportunities to build greater community engagement about the publication of information:
  - The new model for health service delivery is currently being developed under the national health reforms, and could incorporate community engagement about information release; and
  - Relationships with peak bodies and professional associations could be explored for opportunities to discuss information release.

Queensland Health has a stated commitment to achieving a culture of openness and transparency in creating accountable government. In response to the self-assessed electronic audit conducted in 2010, Queensland Health reported:

*Prior to the introduction of the RTI Act in 2009, significant changes to publicly available information had already been achieved. This had been driven by the Government's 2005 reforms brought about by the Davies' Commission of Inquiry and Forster Review. Following the introduction of RTI legislation, Queensland Health undertook a further scan to identify other material which could be publicly released. As a result, Queensland Health published a number of documents at the launch of the RTI Publication Scheme on 1 July 2009.*

*In addition, Queensland Health has increased the frequency of reporting on Emergency Department performance with new monthly reports which also include additional measures. Access block information has also been included in Quarterly Public Hospitals Performance Report since the September 2009*

*quarter and off stretcher time has been included since the December 2009 quarter. However, in some pockets of the department, there continues to be concerns that at times, officers are overly cautious regarding release of information. It is anticipated that this will be addressed to a great extent with the implementation of the proposed administrative release framework (public release policy and standards).*

OIC tested these claims in the course of this review. This review found that Queensland Health's culture was transitioning from a 'pull model' approach to releasing information to the 'push model' approach, as reported by Queensland Health, starting from a response to the Davies' Commission of Inquiry<sup>10</sup> and the Forster Review<sup>11</sup> and more recently, the introduction of the RTI reforms. Since that time Queensland Health has significantly increased the amount of information it pro-actively publishes. Queensland Health was able to produce a list of information that it has published since the development of the 2005 Health Action Plan, a reform agenda developed in response to the Davies' Commission of Inquiry and the Forster Review. The list is attached at Appendix 2. Queensland Health has been recognised by external bodies such as the New South Wales Independent Privacy and Regulatory Tribunal as a leader in the publication of performance data.

Strategically, this could be enhanced by greater engagement with the community and other key stakeholders to identify the types of information they would like pro-actively pushed out into the public domain and which invites opportunity for greater participation in government by the community at large.

#### **4.1 Community Engagement**

Community engagement and information flow are fundamentally interconnected. A strong culture of active community engagement contributes to a stronger system of representative democracy and aligns with the goal that the free flow of information enables the public to freely engage in the development of government policy.<sup>12</sup>

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<sup>10</sup> The *Queensland Public Hospitals Commission of Inquiry*, 2005, viewable at <http://www.qphci.qld.gov.au/Default.htm>

<sup>11</sup> The *Queensland Health Systems Review*, 2005, viewable at [http://www.health.qld.gov.au/health\\_sys\\_review/final/qhsr\\_final\\_report.pdf](http://www.health.qld.gov.au/health_sys_review/final/qhsr_final_report.pdf)

<sup>12</sup> Taken from the Premier's Statement of Right to Information Principles For the Queensland Public Service. Viewed at <http://www.rti.qld.gov.au/downloads/Right%20to%20Information%20Principles.pdf> on 24 May 2011. now viewable at [http://www.rti.qld.gov.au/data/assets/pdf\\_file/0005/97331/right-to-information-principles.pdf](http://www.rti.qld.gov.au/data/assets/pdf_file/0005/97331/right-to-information-principles.pdf) as at 27 September 2011

Queensland Health has a number of links into different parts of the community. For example, professional staff operate within an environment containing strong professional associations and unions, with a strong interest in health services information. It is expected that relationships between Queensland Health and professional organisations might be complex, being at times adversarial and at times collaborative. However, OIC considers Queensland Health could treat these relationships as opportunities to identify information sought by the community, and potentially as opportunities to build collaborative partnerships for the public release of information held by Queensland Health in an accessible and useable format.

Queensland Health describes its primary community engagement strategy as being underpinned by a network of 36 Health Community Councils, whose focus is to bring a community perspective to the delivery of public sector health services. This is achieved through community engagement and education. The councils facilitate community participation through a variety of engagement methods, including discussion papers, community meetings, focus groups and workshops.<sup>13</sup> On an annual basis, the councils provide to the Minister for Queensland Health a report on the performance of each council, including its community engagement activities.

A sample of Health Community Council annual reports was reviewed. This identified that community engagement activities with key stakeholders were primarily focused on operational service delivery, as might be expected. From an RTI perspective, the Health Community Councils have been an untapped opportunity for Queensland Health to engage with the community and key stakeholders regarding information needs and availability. If these forums had been used to discuss release of information, Queensland Health might have identified information held by the department that could be useful to the community. The Health Community Councils could have assisted Queensland Health to publish information that was relevant and useful to key stakeholders and community interest groups. This could have flowed into informed public debate about health services and enabled greater public participation in Queensland Health policy development.

However, the opportunity to work with the Health Community Councils in this way may have passed.

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<sup>13</sup> The community engagement methods listed were taken from the Health Community Council Handbook.

Under national health reforms, the future of community engagement through the existing Health Community Council network is unclear. Discussions with the Health Community Council Coordination unit have indicated that no decision has been made in relation to the future of the current 36 Health Community Councils. However, given the focus of the *Health and Hospitals Network Bill 2011* (Qld) (HHN Bill), the new Local Health and Hospital Networks (LHHNs) established by the HHN Bill would seem to be the primary vehicle for community engagement in future.

Whether or not the Health Community Council network in its current format is retained, the Queensland Government has made a clear statement that they expect agencies to engage with the community to increase the flow of government held information into the public domain. Community engagement is explicitly built into the HHN Bill.

In lieu of working with the Health Community Councils, the RTI reforms could be embedded into the new model for health service delivery from the outset. The new health service delivery model needs to incorporate strategies for community engagement about pro-active release of information. Under the new model, the role of the Department could support community engagement about pro-active release of information through leadership, guidance, training, support and monitoring. This role should be explicitly documented to describe how the Department and the LHHNs will operate subsequent to the reforms

### **Recommendation 1**

It is recommended that Queensland Health:

Build community engagement strategies for pro-active release of information into the new model for health service delivery in Queensland, so that from the commencement of the new model, Queensland Health can identify and actively push out into the public domain information that is relevant to and useable by the community at large and that invites opportunity for greater participation in government.

Explore relationships with professional associations, peak bodies and community organisations to identify and take up opportunities to push information into the public domain in accordance with the right to information reforms.

## 5 Leadership

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### Background

In response to the Solomon report, *The right to information – A response to the review of Queensland's Freedom of Information Act*<sup>14</sup> the Queensland Government stated:

*The Queensland Government recognises that if real cultural change is to be achieved, and if openness is to become part of the culture of government, it must be championed within government itself. Strong leadership and clearly defined decision-making processes will be essential to creating an appropriate authorising environment to allow this to occur.*

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

### Key Findings

- Queensland Health has appropriate leadership structures in place, including the appointment of an Information Champion and an Information Management Steering Committee aimed at providing strategic direction for the use and management of information.
- High level in-principle support for RTI reforms was identified within Queensland Health.
- Queensland Health's decentralised RTI and IP decision-making model is considered to be independent and supported by agency delegations.
- The challenge for Queensland Health under the changing landscape of national health reform will be the way in which it addresses its obligations under the RTI and IP Acts. Of particular importance will be the way in which Queensland Health addresses agency wide planning, policy, training and performance monitoring.

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<sup>14</sup> Viewed at [http://www.thepremier.qld.gov.au/library/pdf/initiatives/foi\\_review/Right\\_to\\_Information.pdf](http://www.thepremier.qld.gov.au/library/pdf/initiatives/foi_review/Right_to_Information.pdf) on 8 March 2011.



## **5.1 Leadership**

The Queensland Government has emphasised the importance of leadership within the public sector in order to achieve the reforms. Agency management is expected to treat the RTI and IP reform process as a priority, and as a cornerstone for building community confidence in open and accountable government.

In support of agency leadership, the Queensland Government has provided specific advice to departments as to the leadership activities required. In addition to the Ministerial Guidelines provided to all agencies, departments have been provided with guidelines and a checklist for implementation which describe the type of strong and visible leadership required.

Leaders within agencies are expected to promote active management of information and to work with the community to identify information and methods of publishing information that might be useful to the community. Agency leaders are to be held accountable for their performance in this regard, and are expected to make sure their agencies are equipped with systems, delegations of authority, staffing resources and training in order to implement the reforms.

This review has looked for evidence within Queensland Health of the type of leadership required by the Government. This has included:

- Identifying and assessing policies and statements of commitment
- Checking that individuals and committees in leadership roles have been commissioned to take up an active role in the management of information and promotion of the 'push model' and that they have done so; and
- Examining training resources, to check that they are appropriate and available to RTI and IP specialists and to all staff and advance understanding of the reforms.

## **5.2 Information management governance framework**

In order for agencies to implement the RTI and IP reforms, each agency needs to have a framework for managing the implementation. This includes appointing an Information Champion at a senior level within the agency, establishing a committee or similar body with responsibility for strategic information management, and implementing processes for

developing and reviewing policies, systems and procedures so that strategic information management goals are built into the everyday operations of the agency.

An information governance body is an important primary driver for change and for strategic information management of the RTI and IP processes.<sup>15</sup> OIC has previously found that if an agency's information governance body is active, the agency is also likely to have made better progress on implementation of the reforms. As noted previously, Queensland Health has appropriate governance structures in place.

The Information Champion is a member of the information governance body, the Information Management Steering Committee (IMSC), and has active responsibility for policy development and application handling.

The genesis of the IMSC was a decision of the Information and Communication Technology Executive Committee (ICTEC) on 8 February 2010 to endorse the inclusion of an information management agenda item in its standing agenda. Subsequently, an Information Management Governance Framework was submitted to ICTEC and approved. This resulted in the establishment of the IMSC in September 2010. The IMSC is operational, and functions under the authority of the Chief Information Officer, with reports forwarded on to ICTEC where appropriate. The IMSC agreed to develop an information management work plan, and this is scheduled to become active from July 2011.

This review examined the Terms of Reference for the IMSC, and found that the functions of the IMSC included the activities required under the Queensland Government Enterprise Architecture (QGEA) for the purposes of the RTI and IP Acts. The IMSC has formal responsibility for Queensland Health's Information Asset Register.

OIC noted that at the IMSC meeting of 16 September 2010, the work of establishing the authorising and accountability environment for RTI and IP was being actively undertaken by the Information Integrity and Policy Services Branch. Although these active steps are a positive approach, the role of the IMSC required under the QGEA Guidelines is one of taking responsibility for preparing, endorsing and implementing the authorising and accountability environment. The current practice could be formalised by ensuring that

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<sup>15</sup> According to Queensland Government Enterprise Architecture (QGEA) guideline on implementing information governance, viewable at

<http://www.ggcio.qld.gov.au/SiteCollectionDocuments/Architecture%20and%20Standards/QGEA%202.0/Information%20Management/Implementing%20Information%20and%20Information%20Management%20governance.doc>

establishing an authorising and accountability environment for RTI and IP is included as a project in an agency wide IMSC work plan, to ensure that this work is an active part of the IMSC's agenda for information management in Queensland Health as a whole.

OIC considers that in establishing the IMSC, Queensland Health has established an appropriate information governance structure, and that the IMSC's project planning model is an appropriate system for managing information. For this approach to be successful, the work plan will need to be clear and focussed and actively driven by the IMSC.

The IMSC work plan should incorporate activities to steadily improve the availability and accessibility of information to the community. The plan should identify the key things that will make a significant difference to Queensland Health's services and the objective of an informed community, with progressive changes made until all data that can be published has been published. The IMSC should analyse and anticipate demand for information, to prioritise the categories of information to be made available in accessible, reusable and machine readable formats or through administrative access schemes.

Public sector officers need to have a working knowledge of what is an official record to assess the category of information they are managing and understand what they can lawfully do with it. To manage the risk for individual staff, Queensland Health should identify classes of information it is prepared to release administratively, and the officers who can make such decisions. This could be done in a decision-making framework that guides officers in daily decision-making about proactive release, for example, whether or not to publish a report on the website. Systems are needed such as ex-ante decision-making and creative commons licensing so releasable and reusable documents are marked early and are easily identifiable by the staff and the public.

## **Recommendation 2**

It is recommended that Queensland Health:

Include activities in the Information Management Steering Committee (IMSC) work plan, so that the IMSC is actively driving pro-active release of information in accordance with the RTI and IP Acts, and the Queensland Government Enterprise Architecture (QGEA) Guidelines, within the next six months.

### **5.3 Accessibility of RTI information resources**

Queensland Health's internet and intranet provide a wealth of resources for both external and internal users. Queensland Health's internet site is well structured. The information provided is both informative and relevant. The internet site provides useful links to other external websites in which users can obtain more information in relation to RTI and IP.

The Queensland Health internal intranet site was found to be very informative and well structured. The intranet site was a useful resource for increasing agency wide awareness and further educating staff about recordkeeping and document searching and other obligations under the RTI and IP Acts.

New employees have online access to orientation handbooks, for example the Queensland Health Corporate Divisions Orientation handbook, available to staff who commence employment within one of Queensland Health's corporate divisions. A review of this handbook found it to be very broad in terms of explaining RTI and IP. In reinforcing the agency's culture and commitment to RTI and IP, the handbook could explain in more detail the connection between RTI and IP and the everyday role of employees. The handbook was also out of date in terms of privacy, referring to Information Standard 42A, which has been replaced by the IP Act. Once updated, this handbook could be usefully included in Queensland Health's publication scheme.

#### **Recommendation 3**

It is recommended that Queensland Health:

Review and update all orientation material, ensure information in the material is relevant and up to date and published in Queensland Health's publication scheme, prior to the commencement of the national health reforms.

Include detailed explanations connecting right to information and information privacy to everyday operations for individual staff to increase awareness of the RTI and IP reforms.

### **5.4 Organisational structure**

From the perspective of organisational structure, the RTI units of the Corporate Office, and Metro North and Metro South HSDs are considered to be appropriately independent of

business units that support the Minister directly or business units related to media and publicity functions.

In RTI and IP decision-making, Queensland Health is different from other government departments, in that it operates under a decentralised decision-making model. Each of the HSDs and Corporate Office has at least one decision-maker with primary responsibility for RTI and IP. The agency's administrative delegations support the decentralised decision-making model. The delegations assign back-up decision-maker responsibilities to support the primary decision-makers in each of the HSDs and Corporate Office.

The position descriptions for Metro North and Metro South HSD RTI units were current and reflected agency obligations under the RTI and IP Acts. Position descriptions need to be reviewed once roles and responsibilities under the national health reforms have been settled.

#### **Recommendation 4**

It is recommended that Queensland Health:

Ensure that position descriptions for staff in RTI and IP business units are reviewed to reflect any changes to RTI and IP roles and responsibilities under the national health reforms, within three months of the commencement of the reforms.

### **5.5 Training and awareness**

In 2010, OIC conducted an electronic audit across all agencies and surveyed public service culture. These performance monitoring activities found that public servants were supportive of the RTI and IP reforms, but felt implementation had not yet gone far enough. The priority for public servants was the need for more general awareness training in RTI and IP and how RTI and IP relate to each other and to everyday operations.

This review found that Queensland Health has some understanding of the need for the continual development of its staff with respect to RTI and IP, although standards differed for specialist training provided to staff within RTI and IP business units and general training provided across the board to all staff.

A review of the training records for specialist training of staff members within the RTI and IP business units confirmed Queensland Health's commitment to support RTI and IP staff in HSDs by providing training in relation to RTI and IP legislative processing requirements. In particular, the Corporate Office Administrative Law Team has developed and implemented an RTI and IP decision-making training program with sessions conducted twice a year. The RTI basic training and decision-maker issues workshops are facilitated by the Administrative Law Team in conjunction with an external RTI practitioner. These sessions are compulsory for any officer undertaking an RTI/IP decision-making role within Queensland Health and records of attendance are maintained.

In Queensland Health, general awareness training for all agency staff is not provided as a matter of course. The Administrative Law Team provides awareness training on an ad hoc basis to departmental business units. This is usually performed at the request of the business unit and delivered as a short presentation during the business unit's staff meeting. This review found that the provision of general awareness training to all staff, including the clinical workforce, is an area in which Queensland Health's training could be strengthened.

In future, the national health reforms might impact upon the provision of training. The Department, and in particular the Corporate Office's Administrative Law Team, need to have clarity as to their roles and responsibilities to train Queensland Health staff in all Health Service Districts. Any training roles and responsibilities need to be documented to clarify the roles and responsibilities of the Department and LHHN RTI and IP Units as they will operate subsequent to the reforms.

#### **Recommendation 5**

It is recommended that Queensland Health:

Deliver general awareness training about right to information and information privacy to the Local Health and Hospital Network governance bodies within three to six months of their establishment, so that they can provide induction and appropriate information sessions to all staff, including the clinical workforce, about the application of RTI and IP Acts and the *Public Records Act 2002* to their roles.

## 5.6 National health reforms

In December 2010 the Queensland Government announced the creation of 17 separate and autonomous LHHNs and one dedicated children's health network under the rollout of national health reforms. As a result of the changes to Queensland Health's structure, the department's head office will have less involvement in the day-to-day operations of the LHHNs than it currently has with the Health Service District offices. Under the proposed *Health and Hospitals Network Bill 2011* (the HHN Bill), the LHHNs will be the principal providers of public sector health services. Queensland Health (the Department) will provide the overall management of the public sector health system. The relationship between Queensland Health and the networks will be governed by service agreements with each of the LHHNs and in accordance with the provisions of the HHN Bill.

The proposed changes under the national health reforms raise a number of questions about the role the Department will play in co-ordinating and monitoring the push of government held information into the public arena and in meeting the government's commitment to the RTI reform agenda.

In this review, OIC noted several coordinating functions that need to be considered as part of the national health reforms to ensure statewide consistency. Roles and responsibilities as they will operate subsequent to the reforms need to be documented. These functions are described throughout the report in more detail and, in summary, are:

- Support, guidance and leadership regarding community engagement to encourage publication of information of interest to the community, in accessible, reusable and machine readable formats
- Provision of training, both specialist for staff of RTI and IP units and general awareness training for all staff, including clinical staff
- Establishment of complaint handling systems that are easy to use, and which inform continuous improvement
- Establishment of performance monitoring systems and measures, so that Queensland Health can assess its own progress in implementing the right to information and information privacy reforms

- Development of policies and procedures, for example, a procedure for briefing senior staff about access decisions in sensitive matters; and
- Provision of advice, support and assistance on application handling.

Once there is a settled view as to the roles and responsibilities relating to these functions, position descriptions for the Department's staff and LHHN staff can be revised to reflect these new roles and responsibilities.

### **Recommendation 6**

It is recommended that Queensland Health:

Prior to the commencement of the health reforms, clarify and document the roles and responsibilities of the Department and Local Health and Hospital Network (LHHN) RTI and IP units as they will operate subsequent to the reforms.



## 6 Accountability requirements

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### Background

As the level of agency maturity around the RTI and IP reforms increases, OIC expects that agencies will increasingly be monitoring themselves in terms of their openness and responsiveness to the community. This will be evidenced by a proactive use of complaints systems and performance measurement mechanisms to monitor the effectiveness and efficiency of RTI and IP operations.

This review focused on the extent to which Queensland Health had established systems in identifying improvement opportunities within RTI and IP operations.

### Key Findings

- RTI complaints to be incorporated in the Queensland Health 'Non Consumer Complaints' policy.
- Currently there is no mechanism in place for analysing the efficiency of RTI/IP processes or effectiveness of decision-making in the respective RTI units.

### 6.1 Making a complaint

The Ministerial Guidelines provide that each agency is to implement a complaints procedure which sets out how to make a complaint when information included in the publication scheme is not available.

Queensland Health, in their self assessment of their compliance under the Right to Information & Information Privacy Electronic Audit (the 'electronic audit'), stated that the agency managed complaints in accordance with two key departmental policies, 'Consumer Complaints Management Policy' and 'Complaints Management (Non-consumer Complaints) Policy'.

OIC examined Queensland Health's website and found that there were several distinct ways to provide feedback or make a complaint electronically. An email can be sent under the 'Contact Us' tab, a complaint form can be downloaded and Queensland Health has a

'Queensland Health: Reporting Concerns Portal'. Through the portal, if the option is selected to complain as a member of the public, the complainant has two options, a Consumer Complaints Website which describes receipt of any type of complaint but appears oriented towards health service delivery complaints, or a Staff Complaints Liaison Office. The publication scheme, which is required to incorporate a complaints process, directs complainants to the Consumer Complaints Website. The plethora of options is both encouraging and confusing.

Queensland Health stated in the electronic audit that the scope of complaints management, including the requirement for a complaints procedure under the RTI Act, was being assessed in the Department's review of the Complaints Management (Non-consumer Complaints) Policy. At the time of this review, an RTI/IP complaints reporting mechanism was being developed and its implementation was an Administrative Law Team (ALT) operational work plan target for 2010-11.

Queensland Health advised that privacy complaints had been incorporated as a complaint type in the Queensland Health Complaints Management (Non-consumer Complaints) Policy. Requirements for privacy complaints management, including reporting, are to be moved to an implementation standard supporting the privacy policy.

RTI complaints have not yet been established as a complaint type in the Queensland Health Complaints Management (Non-consumer Complaints) Policy. The RTI complaints process is to be developed through consultation between the ALT and the human resource services division within Queensland Health. At the time of writing this report, these meetings have yet to commence.

OIC notes that Queensland Health is working on development of a clear set of policies and procedures for making complaints, as prescribed by legislation. There is a substantial amount of work to be done so that the procedures for making a complaint are clear, easy to follow and effective. Through the desktop audits and electronic audit, OIC will maintain an ongoing interest in the effectiveness of the system for making complaints through the website, the implementation of a complaints system with respect to the publication scheme and the development of a complaints system for privacy complaints.

## 6.2 Performance measures

In these reviews, OIC examines whether or not agencies are reviewing their own progress in implementing the RTI and IP reforms. Evidence of this would be in the establishment of a review program, or the inclusion of performance measures in operational plans.

At a strategic level, under the Terms of Reference for the Information Management Steering Committee (IMSC), the committee has responsibility for endorsing an authorising and accountability framework for the routine and proactive disclosure of information. The new work plan being developed by the IMSC would be an opportunity to measure the success of the framework for disclosure of information. For example, the IMSC work plan could monitor the development and management of the Information Asset Register, the number of new datasets identified and published, the currency, demand for and usefulness of the publication scheme and the development and use of administrative access schemes.

Key performance indicators and measures in business plans are also a useful way of identifying improvement opportunities in agency processes and additional training needs of RTI decision-makers and operational staff. For example, targets measuring the number of times decisions are varied upon internal or external review may be indicative of additional training requirements for some decision-makers, or might indicate that operational procedures do not adequately support the decision-making process.

In completing the electronic audit, Queensland Health identified that performance measures for RTI/IP have been included in the 2010-11 Operational Plan for the Administrative Law Team (ALT) in Queensland Health's Corporate Office. Neither Metro North HSD or Metro South HSD maintained an Operational Plan for their respective RTI units. This is an issue for the future, particularly if HSDs become LHHNs, with local level accountability for performance. The role of the Corporate Office might be to assist and support LHHNs in developing performance monitoring, and possibly to conduct performance monitoring from an independent perspective. This will be important in ensuring that all LHHNs are operating in accordance with minimum standards for compliance with the RTI and IP Acts.

OIC reviewed the ALT operational plan.<sup>16</sup> Performance measures were in place for the achievement of project activities. OIC could not identify performance measures of the efficiency and effectiveness of RTI and IP functions within the Administrative Law Team, for example, measures of the average time per file to make a decision, the proportion of decisions being externally reviewed or other such measures.

### **Recommendation 7**

It is recommended that Queensland Health:

Clarify the role of the Department in supporting local performance monitoring and in conducting independent performance monitoring of Local Health and Hospital Networks as part of the development of the new health service delivery model.

Develop and incorporate key performance targets into the Information Management Steering Committee's work plan and the RTI and IP business units' operational plans, to measure effectiveness and efficiency in right to information and information privacy processes at the operational and the strategic levels, with measurement of performance commencing within three months of this report.

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<sup>16</sup> Performance and Policy Services, Administrative Law Team, Work Plan 2010-2011.

## 7 Maximum Disclosure

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### **Background**

Agencies hold a wealth of information. Information needs to be managed in the same way financial and human resources are managed. Agencies should be aware of what information they hold, ensuring that the information is put to good use, and looking for ways to increase the benefits of the information usage.

Under Information Standard 44, agencies are required to maintain an Information Asset Register, which lists their information holdings. This is a useful tool for examining datasets, to identify which datasets have been published and which have not, and as a prompt for considering publication of any datasets as yet unpublished.

Community engagement or consultation is an avenue for identifying agency information datasets that might be of interest to the community.

The examination of information holdings, consideration of community interests and the consequent consideration of whether or not there are additional datasets that could be published are strategic information management activities.

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

### **Key Findings**

- Queensland Health publishes a wide range of information through their publication scheme, administrative access scheme and in response to formal applications.
- Under the national health reforms, Queensland Health is committed to enhancing the MyHospitals website and the related Queensland Health Performance Reports webpage by making more information available that will allow individuals to compare services available at hospitals within their local area.
- Further work must be done to evaluate and identify data sets for inclusion in the department's Information Asset Register.

Queensland Health is currently using a range of active publication, administrative release and application driven processes for pushing information into the public domain. A wide range of information has been made available by Queensland Health through the publication scheme, disclosure log, administrative access schemes and agency website.

### *Information Asset Register*

An Information Asset Register is a listing of all information assets of an agency. The Information Asset Register allows the internal or external users of information to identify all information resources available.<sup>17</sup>

In response to Item 3.10 of the electronic audit,<sup>18</sup> Queensland Health stated;

*The department is in the process of implementing the various elements of IS44. This will be linked to the broader Queensland Health Information Management Governance Framework, currently in draft, and the associated activities.*

At the time of this review, the identification of information assets was limited to those contained within state wide Information and Communications Technology (ICT) applications including significant district ICT applications. It is anticipated that the identification of all structured and unstructured information assets within the department will take considerable time, given the scale of the activity.

Currently the Queensland Health Information Asset Register is not publicly available on the department's internet site. Although the Queensland Health's Information Asset Register is yet to be finalised, it is still a useful tool for informing the public of what resources are available.

In the spirit of proactive disclosure the department could consider publishing the register with appropriate qualifications on their website. The department could provide updates on their website as more information assets are identified and published.

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<sup>17</sup> Taken from Queensland Government Chief Information Office (QGCI/O) publication - QGCI/O, Queensland Government Enterprise Architecture Guideline – Information Asset Register Draft 24 March 2009.

<sup>18</sup> Item 3.10 of the Electronic audit stated: 'The agency maintains an Information Asset Register either independently or as part of an existing register (as required by Information Standard 44).'

## Recommendation 8

It is recommended that Queensland Health:

Publish Queensland Health's Information Asset Register on the website to create greater transparency as to the departmental information resources available, within the next six months.

Publish updates on the agency's website as new datasets are added to the Information Asset Register.

### *MyHospitals Website*

Proactive disclosure of health services information is occurring in the MyHospitals website.<sup>19</sup> Driven by the Commonwealth Government's national health reform agenda, the website allows individuals to compare the performance of health services available at different hospitals in their local area.

The data used in the MyHospitals website is based on the latest information made available by the State and Territory health departments. Under the Heads of Government Agreement, Queensland has agreed to provide more data to the current website to make more information available over time. Although driven by the Commonwealth, the website is another avenue by which Queensland Health can seek to pro-actively release health service information into the public domain. The MyHospitals website links to a Queensland Health Performance Reports webpage<sup>20</sup> which provides additional data, and is an avenue for active release of information managed by Queensland Health.

## Recommendation 9

It is recommended that Queensland Health:

Continue to enhance the Queensland Health Performance Report webpages, under the active management of the Information Management Steering Committee, as an avenue for pro-active release of information into the public domain.

<sup>19</sup> <http://www.myhospitals.gov.au/>

<sup>20</sup> <http://www.health.qld.gov.au/performance/default.asp>

## 8 Compliance

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### Background

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

### Key Findings

- Overall, the level of compliance with the requirements of the RTI and IP Acts was commendable. However, some improvement opportunities were noted.
- The publication scheme and disclosure log were in accordance with legislative requirements.
- Metro South HSD had sound structures and processes in place for processing applications under the legislative process and for dealing with requests under the department's administrative access scheme.
- The Corporate Office processes were sound, particularly given the context for their operating environment, in that the Corporate Office generally deals with the more sensitive or complex matters.
- Inefficiencies were found in the structure and systems in place for processing application files in the Metro North HSD.
- Greater efficiencies and outcomes in processing application files could be achieved across the two HSD's and Corporate Office with more regular and direct contact with the applicant during the application process.
- Practices for recording time spent processing applications led to unsubstantiated processing charges and inconsistencies in charging applicants.
- Queensland Health's policy and procedures for briefing senior staff would benefit from greater clarity.
- The Deed of Authorisation for internal reviews established a clear distinction of role responsibilities in deciding internal review outcomes. Reviews were conducted by an officer independent to and more senior to the original decision-maker, in accordance with legislative requirements.



## 8.1 Publication Scheme

The publication scheme forms an integral part of the 'push model' where information is released pro-actively. A publication scheme is a structured list of an agency's information that is readily available to the public, free of charge wherever possible. Section 21 of the RTI Act requires that all agencies<sup>21</sup> must publish a publication scheme and must include the classes of information available in the publication scheme and the terms and charges by which it will make that information available.

Section 21(3) of the RTI Act provides that an agency must ensure that its publication scheme complies with guidelines as published by the Minister. Under these Ministerial Guidelines, the publication scheme is required to set out the information that the agency has available under seven standard classes of information, preferably on the agency's website, so that people looking at the publication scheme can readily access and use the published information.

Publication schemes are audited by OIC using a desktop audit process, which examines the publication scheme on an agency's website from the perspective of a member of the public. The desktop audit checks that the publicly visible aspects of the publication scheme comply with the legislation and Ministerial Guidelines.

In December 2010, OIC conducted a desktop audit of Queensland Health's publication scheme. At the conclusion of the desktop audit, a report was issued to Queensland Health making three recommendations aimed at improving the administration of the agency's publication scheme.

This review has provided OIC with an opportunity to follow up Queensland Health's response to the recommendations. The following section of the report deals with the level of implementation achieved by Queensland Health in addressing the issues raised by the December 2010 desktop audit of Queensland Health's publication scheme.

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<sup>21</sup> Other than entities specifically excluded by the legislation, or who have made other legislatively compliant arrangements.

At the time of this review, all three issues raised by OIC during its December 2010 desktop audit of the Queensland Health publication scheme had been addressed.

- OIC confirmed that Queensland Health had taken reasonable measures to reclassify and publish information in the publication scheme under the most suitable class of information as prescribed by the Ministerial Guidelines.
- Classes of information in the Queensland Health publication scheme that were considered by OIC to be insufficiently populated are now populated in accordance with the Ministerial Guidelines. Procurement procedures and performance reporting are now included under the appropriate classes of information.
- A review of Queensland Health's publication scheme conducted as part of the desktop review performed in December 2010 noted that a number of links to information under the various information classes did not work. In response to the issue, Queensland Health committed to rectifying all errors identified by OIC. A review of the publication scheme as at 24 March 2011 has confirmed Queensland Health has fixed all the identified broken links.

Overall, OIC is satisfied that Queensland Health has addressed the publication scheme issues as identified by the desktop audit conducted in December 2010.

## **8.2 Disclosure Log**

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

Section 78 of the RTI Act provides the legislative requirements with which agencies must comply when maintaining a disclosure log. Under section 78(1) of the RTI Act, agencies may include a copy of a document in a disclosure log, but only if it does not contain the personal information of the applicant to which access was originally granted. Agencies must ensure that the disclosure log complies with the guidelines published by the Minister on the Minister's website (section 78(2) of the RTI Act). When a decision is made to include a document in the disclosure log but the agency does not provide a direct link from the disclosure log to the document, details identifying the document and information about

how it may be accessed must be included in the disclosure log.<sup>22</sup> If a document is released under the RTI Act and not published in a disclosure log, the Ministerial Guidelines provide that the agency should document the decision not to publish, and the reasons for that decision, as part of the agency's internal records.

OIC audits disclosure logs by a desktop audit process, as well as in the course of reviews such as this one. The desktop audit examines the disclosure log from the perspective of a member of the public, and checks that the publicly visible aspects of the disclosure log comply with the legislation and Ministerial Guidelines.

A desktop audit of Queensland Health's disclosure log was conducted in December 2010. OIC noted that Queensland Health's disclosure log was readily identifiable and accessible from the agency's RTI web page. OIC considered the disclosure log to be well structured and supported by informative commentary that introduced and explained the purposes of the disclosure log. Items posted to the disclosure log were supported by a brief summary of the published information, in accordance with section 78(2) of the RTI Act. Overall, OIC considered Queensland Health's disclosure log to be compliant with prescribed requirements.

One area of improvement noted during the desktop audit of Queensland Health's disclosure log related to the limited extent to which Queensland Health appeared to be publishing information in its disclosure log. In responding to the desktop audit, Queensland Health advised that much of the 'non-personal' information released, especially by the Health Service Districts (HSDs), was personal information relating to people other than applicants. For example, health information of deceased persons may have been released to spouses and relatives, but this would not be appropriate for publication in the disclosure log.

OIC's testing of RTI application files confirmed that for the sample of 22 RTI requests reviewed at the Metro North and Metro South HSDs all applications made under the RTI Act did in fact relate to the medical records of third parties (for example, involved requests for medical records of deceased persons). Given that the file review supports

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<sup>22</sup> Section 78(1)(b) states that where an agency has not directly published the document in their disclosure log, details identifying the document and how it may be accessed may be included in a disclosure log. The Ministerial Guidelines with which agencies maintaining a disclosure log must comply with impose the condition that where it is not reasonably practicable to publish the document, the disclosure log must provide details identifying the document and how it may be accessed.

Queensland Health's response, OIC accepts Queensland Health's decision not to publish this information.

This review specifically selected 23 applications in the Corporate Office, in order to review Queensland Health's decision-making about publishing to the disclosure log. In these 23 applications, information was released under the RTI Act. OIC examined the files to identify whether or not Queensland Health considered publishing the information to the disclosure log, and if not, whether reasons for non-publication were documented by Queensland Health as part of its internal records, as required by the Ministerial Guidelines made under the RTI Act.

Of the 23 files reviewed, information from 12 (52.2 %) of those files was published in full in the agency's disclosure log. Where a decision was made to include the released documents on the disclosure log they were published more than 24 hours after it was released to the applicant.

Of the files posted to the agency's disclosure log, OIC was unable to determine whether the information was posted onto the disclosure log before the five business day period had expired, as required by the Ministerial Guidelines.

OIC was advised that in 2009-10, Queensland Health was not keeping track of the dates of publication for items published on the Queensland Health disclosure log. The spreadsheet that Queensland Health maintained in relation to the disclosure log recorded whether items were published but did not include the date the publication occurred. More recently, with the introduction of the Respond case management system, the dates of publication onto the Queensland Health disclosure log are now being recorded and can be tracked in terms of compliance with the Ministerial Guideline. This means that in any future OIC review, compliance with timeframes for publishing information to the disclosure log would be able to be reviewed, and would be reviewed.

Of the remaining 11 files where the released non-personal information was not published in the disclosure log, the reasons for non-publication were recorded in an internal record as required by the Ministerial Guidelines.

### **8.3 Active management of agency responsibilities**

Right to information and information privacy decision-makers have a key role in ensuring the agency complies with the requirements of the legislation. Legislative timeframes, managing stakeholder relationships, working with business units conducting searches for documents, third party consultations and most importantly, dealing with the applicant, must all be appropriately managed to ensure the legislative process runs smoothly.

A review was conducted of the end-to-end process for assessing applications in the Corporate Office, and the Metro North and Metro South HSDs.

#### *Metro South HSD*

The Metro South HSD had a highly efficient process. The manager of the RTI unit in Metro South HSD in particular is to be commended for diligence and commitment to both a proper process technically, and the provision of quality customer service to applicants.

#### *Corporate Office*

Areas of excellence and improvement opportunities were identified in the Corporate Office. OIC noted that the Corporate Office received the more sensitive and complex requests, frequently dealing with issues of strategic policy or covering the whole of the agency's operations. In this context, the Corporate Office performed well, and has built up a repository of expertise that could be formally recognised and used as a source of support and a resource for HSDs, or LHHNs under the national health reforms.

#### *Metro North HSD*

Inefficiencies were found in the structure and systems in place underpinning the processing of application files in the Metro North HSD, and in the structures and systems adopted by the business unit when handling the applications. These inefficiencies were pervasive, and taken together formed a pattern of a lack of progress in the district in adopting the spirit or the particular requirements of the RTI and IP reforms.

To illustrate the extent of the problem, one example of a structural inefficiency within the Metro North HSD was that, in addition to two directly accessible sets of records, there were 18 parallel sets of records maintained in the HSD that had to be searched in order to locate and identify records not contained on the patient's central medical file. In addition

to the general difficulties imposed by this approach to record keeping, the operation of the record keeping system was not supportive of the business unit handling RTI and IP Act applications. The 18 additional searches have been done by email request, even though direct access to the records could have been made available. This lack of access authority was indicative of either a limited awareness of the business unit's needs or a low level of support for the function at the more senior management levels within the HSD. These findings are discussed in more detail below.

### **8.3.1 Active Management - Record Keeping at Metro North HSD**

The review identified that Metro North HSD's processes for considering applications and keeping records of applications were disorganised, lacking cohesive structure or methodical organisation. For example, application files and records were found to be stored on the floor and on chairs in no particular order as to the applications' current status (that is, awaiting decision, awaiting response from healthcare decision-maker etc). The new case management system which had been implemented was not used to track the progress of files, and there was no evidence of any physical file tracking system, for example, there was no organising principle underlying the location of the files, or any hard copy system for tracking the progress of files.

This issue is mentioned separately, and at this point in the report, first because of its severity, and second because it presented the reviewers with some difficulty in ascertaining the state of the files. In terms of practical service delivery, the level of disorganisation increased the risk of applications being misplaced and/or overlooked, and indeed, there was an example of that occurring in the sample of files reviewed. It also increased the risk of legislative timeframes being loosely monitored, with the concomitant risk of decisions being deemed to be refusals when that need not have been the case. Evidence of this was identified from the review of a sample of Metro North's RTI and IP application files and is discussed later in the report.<sup>23</sup>

Record keeping at Metro North needs to be tightened as a matter of priority to support proper consideration and timely progression of applications.

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<sup>23</sup> See section 8.3.2 *Requests for additional time to consider applications*.

### **Recommendation 10**

It is recommended that Queensland Health:

Review Metro North Health Service District's current system for processing applications to identify and apply more efficient file management practices, commencing immediately and implementing improved practices within three months.

A related record keeping problem was noted at the systemic level. As mentioned earlier, the Metro North HSD RTI decision-maker is required to perform a search of two directly accessible sets of records and 18 parallel sets of patient records to obtain a full medical record. For example, when the request for a medical record is received, the decision-maker is able to check AUSLAB and CERNER for pathology and radiology charts but then emails 18 other medical areas (for example, physiotherapy or oncology) to determine if these areas also contain records not yet filed centrally on the patient's medical file. Unlike the Metro South HSD where all records are centrally maintained on the patient's medical file, these recordkeeping practices at Metro North HSD create additional work in searching records. The search in multiple locations creates a time impost on the decision-maker in obtaining a complete record of the patients' medical file and exposes this HSD to the risks of missing relevant information and of failing to meet legislative timeframes.

A review of application handling and the organisation of these record keeping systems is necessary to support this business unit in meeting requirements for processing of RTI and IP applications.

### **Recommendation 11**

It is recommended that Queensland Health:

Review Metro North Health Service District's right to information and information privacy application handling and record keeping, to identify methods for streamlining the process for accessing a patient's medical records, particularly in the light of legislatively imposed deadlines for application handling under the RTI and IP Acts, within three months.

### **8.3.2 Active Management - Contacting the Applicant**

Regular contact with the applicant during the legislative process can promote the objectives of the RTI and IP Acts.

Applicants might request information that they think will meet their needs, but which, in fact, will not be of assistance to them and may be labour intensive to obtain. A discussion early in the application process gives the applicant an opportunity to outline what they are seeking, which in turn provides the agency with an opportunity to advise the applicants as to options to meet their needs which might be more useful to the applicant and more straightforward to obtain. Although not a specific requirement of the legislation, regular contact with the applicant during the application process is effective in maintaining agency/client relationships and in providing more efficient outcomes for both the applicant and agency. This discussion would need to be made using an interactive type of contact, for example, a face to face discussion, a telephone call or an email exchange.

A review of RTI and IP application files for Queensland Health's Corporate Office, Metro North HSD and Metro South HSD found improvement opportunities for all of these districts in the level of contact with applicants during the application process.

Of the 78 files reviewed by OIC, nine (11.5%) contained evidence that contact with the applicant may have improved the efficiency of the application process, and in some cases, would have produced a superior outcome to that originally achieved by the agency. The following examples identified by OIC demonstrate how contact with the applicant may have streamlined application handling for Queensland Health and provided an improved outcome for the applicant.

#### ***Clarification of Scope***

It is acknowledged by OIC that decision-makers are under constant pressure to meet the legislative timeframes of both the RTI and IP Acts. Given this, early contact with the applicant to clarify the scope of each application is one method Queensland Health can adopt to make the processing of applications more efficient.

OIC noted during its review of application files for Queensland Health a number of requests for patient medical records. Such requests range in size from less than 100 pages to over 1,000 pages. The file review identified opportunities for Queensland



Health to discuss the original request with the applicant to clarify whether they were seeking their whole medical record or just part of the record.

One of the Metro North HSD files provides an example of how clarifying the scope of the application early in the processing period would have resulted in a more efficient outcome for the applicant and the agency. In this example, the applicant's initial request was for access to records in relation to a diagnosis. 414 pages were considered, as stated in the decision notice to the applicant. It subsequently became clear from the email correspondence that the applicant was only seeking two histology reports, and not the entire patient medical record. Had the district made early contact with the applicant to clarify the scope of the request, then the district would have known the information the applicant was seeking. The district would have taken less time searching for records and considering the application, and in this particular instance, the applicant would not have had to pay the processing fee of \$127.

In cases where only part of the record is needed, for example, in relation to a particular treatment or a particular time period, a discussion with the applicant would reduce the time required to process the application. The search for records would be quicker and the decision-maker would have to consider fewer pages than needed under the scope of the original request. The applicant would receive released information more quickly and at less cost.

### ***Requests for additional time to consider applications***

In two files at the Metro North HSD the agency was unable to process the applications within the legislated timeframes. The records contained no evidence that the decision-maker attempted to use the provisions of the RTI Act to contact the applicant to request more time to consider the application. In each of these files, the application resulted in a decision deemed to be a refusal because the time allowed for decision-making had lapsed. For one of these files, there was no evidence of any contact at all with the applicant during the application processing period. The only contact with the applicant documented on that file occurred after the application processing timeframe lapsed and appeared primarily to be to advise the applicant of options to re-lodge their application under the Act or exercise their review rights.

### ***Refusal to deal***

Five of the reviewed applications resulted in a decision that Queensland Health was going to refuse to deal with the application because the application did not comply with the application requirements. In terms of dealing with a non-compliant application, Queensland Health met the requirements of the Acts in that it allowed a reasonable opportunity for the applicant to respond as per section 33(3) of the RTI Act.<sup>24</sup> However, Queensland Health would improve their service by following up with the applicant before advising them in writing that their application was non-compliant.

In two instances, the application did not comply because of an outstanding application fee. Had the decision-maker contacted the applicant prior to issuing the refusal notice, the additional week needed by the applicant could have been negotiated to enable the applicant to pay the outstanding application fee. In both cases, the applicant submitted a second application on the same matter, incurring additional time and expenses that could have been avoided.

### **Recommendation 12**

It is recommended that Queensland Health:

Incorporate face to face, telephone or email contact with applicants into application handling practices as a matter of course, in order to streamline processing, manage time allowed for processing, and improve the result for the applicant. In particular:

- Make early contact with the applicant to clarify the scope of the application, particularly if a request is complex or relates to voluminous medical records
- Make use of the extension of time provisions of the RTI and IP Acts to request a further processing period to avoid deemed decisions or requests for the applicant to re-lodge their application; and
- Contact the applicant and follow-up all outstanding concerns about the application with the applicant prior to issuing a formal notice.

Describe the above practices in a guideline, to take effect from the commencement of the national health reforms, or earlier wherever practicable.

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<sup>24</sup> Section 53 of the IP Act.

### **8.3.3 Active Management - Briefing of Key Stakeholders**

Agency decision-makers frequently need to discuss applications with other people in the agency. Some information requests are so complex that decision-makers need assistance to understand the information or datasets involved, and to identify and consider the public interest factors that might affect whether the information should be released. This is an appropriate information gathering process.

A separate, but related practice, is to provide a briefing about the outcome of certain applications to senior agency staff. This is commonly done if the agency decision-maker anticipates releasing sensitive information, for example, information that might result in a media report or a question in Parliament. OIC appreciates the need for agencies to brief senior executives about the release of sensitive information in time for senior staff to prepare for media attention. To ensure independence of decision-making, the briefing would occur after a decision had been made to release information, and the information would be released shortly after the briefing. In practice this approach may not allow sufficient time for briefing notes to be prepared or considered prior to the release of the information. The agency's entitlement to an accurate briefing prior to release must be accepted.

It is important to note that information gathering and briefing of senior staff are two separate processes which should not be conflated. In particular, issues arise if an agency briefs senior executives prior to the finalisation of the decision and the briefing is done in such a way that there is ambiguity about whether the decision-maker is gathering information from the senior personnel or briefing the senior personnel about an imminent decision. A practice of briefing senior personnel within an agency prior to deciding to release information to the applicant exposes an agency to two key areas of risk as follows:

- Increased risk of perception of interference with the decision-making process by senior personnel, whether or not this has occurred.
- Pressure on the legislative timeframe of 25 business days for processing an application to allow time for the briefing procedure. Either application processing has to be shortened to incorporate time for the briefing process into the 25 business days, or there will be occasions when an extension of time for decision-making has to be sought from the applicant.

The Queensland Health Corporate Office generally handles sensitive applications (for example, requests by media or Members of Parliament) which are subject to a briefing process. OIC reviewed eight Corporate Office files where the briefing practice was used.

Of the eight files reviewed, one file in particular exemplified the exposure of Queensland Health to the above risks. In this instance, the file lacked documentation to explain a difference between the initial search results and the final decision. Initially, Queensland Health officers indicated that the records had been provided and cleared by a senior officer. The final decision notice stated:

*Based on the information set out below, I have decided to refuse you access pursuant to section 47(3)(e) of the RTI Act on the basis that the documents you have requested are nonexistent as provided by section 52(1)(a) of the RTI Act.*

A brief explanation on file that the records did not properly match the request was inadequate, by itself, as an explanation of the decision. There were also gaps in the file regarding discussions about the matter with senior staff. OIC became concerned that the lack of records on file to explain this decision left Queensland Health open to a possible perception of interference by senior personnel on the decision-maker. Queensland Health has stated to OIC that this did not occur. This file also demonstrated the time demand associated with the current briefing process, as the RTI unit had to request a time extension from the applicant during the consultation/briefing process to further consider this particular application. (This was one of two files out of the eight files reviewed where the briefing process resulted in an extension of the processing time.)

What this practice demonstrated to OIC was that a long briefing process, occurring prior to the finalisation of the decision, increases the exposure of the agency to the potential risk of a perception of interference by senior personnel on the agency's decision-makers. It further demonstrated inefficiencies with the process in terms of timeliness for releasing the decision to the applicant.

OIC raised its concerns with management at Queensland Health who advised that they have drafted a new procedure to govern the practice of briefing senior personnel. The documentation of the briefing process is supported by other internal documentation which provides explanatory notes. A review of the process by OIC has identified aspects of the

briefing process which could be amended to reflect Queensland Health's intentions more clearly and more explicitly:

- Queensland Health have advised that the briefing process occurs entirely prior to the decision being made. The description of the briefing process could become more tightly consistent with that expectation. For example, the briefing process currently refers to "the documents to be released", where OIC's view is that more consistent language would be "the documents under consideration".
- The status of the briefing process is not clear. OIC applauds the development of explicit documentation to govern this process, and considers it should be formally adopted by Queensland Health as soon as practicable.

### **Recommendation 13**

It is recommended that Queensland Health:

Ensure the documentation of the process for briefing senior management about access decisions is consistent with the intention that it occurs wholly before the decision is made and is formalised as soon as is practicable.

#### **8.3.4 Active Management - Documenting Decision-making**

Under the RTI Act, it is Parliament's intention that if an access application is made to an agency for a document, the agency should give access to the document unless doing so would on balance be contrary to the public interest. In deciding an application, the decision-maker often needs to weigh up a number of different factors to make a determination on the outcome of an application. These factors can vary in complexity. They can include public interest factors, exempt information, and consideration of whether a document is nonexistent or unlocatable. These factors can be informed through a number of sources, including communications with departmental staff, which need to be recorded as the evidence or material on which the findings are based.<sup>25</sup>

The review found that although the notice of the decision to the applicant contained the reasons for the decision, there was no documentation of the decision-making process to support the reasons for the decision as expressed in the decision notice. Although

<sup>25</sup> Section 27B *Acts Interpretation Act 1954* - Content of statement of reasons for decision.

documenting the decision-making process is not a specific requirement under the Act, best practice would be for the decision-maker to record their deliberations in assessing the factors contributing to the formal decision. Decision-makers are required to keep a full and accurate record of all communications and information sources that have contributed to these deliberations.<sup>26</sup>

An example of how this could be done is the Preliminary Checklist to be used with the public interest balancing test guideline published by OIC to assist decision-makers.<sup>27</sup>

This type of tool could assist decision-makers by prompting consideration of legislative requirements, by assisting with case management and would ensure that the process was reviewable. If this process resulted in identification of reasons, then an additional step would also be required to ensure the reasons were included in the decision notice.

#### **Recommendation 14**

It is recommended that Queensland Health:

Record deliberations in assessing factors contributing to a decision about access or amendment under the RTI and IP Acts and retain these deliberations on file.

Ensure that any reasons for the decision recorded as part of the deliberations are included in the decision-notice.

RTI/IP staff are to record all communications concerning access applications from both internal and external stakeholders.

### **8.4 Application handling**

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

Under the RTI Act, an individual has a right to be given access to any document of an agency or Minister on payment of an application fee, subject to certain exemptions. Under the IP Act, an individual has the right to be given access to any document containing the

<sup>26</sup> Section 7(1) *Public Records Act 2002* - Making and keeping of public records.

<sup>27</sup> Available at <http://www.oic.qld.gov.au/files/RTIGuidelines>

individual's personal information, free of charge,<sup>28</sup> unless it would be contrary to the public interest to do so. An individual also has a right to amend a document containing their personal information if it is inaccurate, incomplete, out of date or misleading.

Weighing up an individual's right to information as against the public interest in non-disclosure requires careful consideration. The legislation describes in detail factors that can and cannot be taken into account when deciding whether or not to release information. However, even with this guidance as to decision-making principles, the decision in each matter frequently turns on the specific circumstances of the application.

Agency decision-makers understand how to weigh up the applicant's interests and the public interest in the light of both the legislation and the business of the agency. These decision-makers have a key role in ensuring that the decision is made in accordance with both the intentions and the requirements of the legislation.

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

In this context, this review considered both compliance with the legislative requirements, and the more general level of compliance with the push towards openness and release of information as it may be seen in application handling. This review assessed a randomly selected sample of 78 RTI and IP access and amendment application files for compliance with Chapter 3 of the RTI and IP Acts. The composition of the file sample by type and district is displayed in Table 1.

**Table 1: Number of application files by district and type**

Districts	RTI	IP	Total
Corporate Office	15	10	25
Metro North HSD (RBWH)	15	11	26
Metro South HSD (PAH)	7	20	27
<b>All districts</b>			<b>78</b>

*Note: 'RBWH' is the Royal Brisbane and Women's Hospital, 'PAH' is the Princess Alexandra Hospital.*

<sup>28</sup> An access charge might be payable under sections 77 and 79 of the IP Act to cover specific costs of providing access, as prescribed in a regulation.

The file review found five areas for comment: processing charges; the Charges Estimate Notice (CEN); the explanation of healthcare decisions; prescribed requirements of decision notices; and the format of the access.

#### **8.4.1 Processing Charges**

Under the RTI Act an agency may impose a processing charge in relation to an access application for a document.<sup>29</sup> There is no processing charge payable under the IP Act so this section and section 8.4.2 to this report relate to the 37 RTI files reviewed by the OIC. Under the *Right to Information Regulation 2009* if the agency spends more than 5 hours processing the application, then a processing charge of \$5.80 for each 15 minutes or part thereof spent processing the application may have been charged.<sup>30</sup> It is the duty of the agency to minimise any charges payable by the applicant in relation to an access application.<sup>31</sup>

The review of RTI applications across each of the two Health Service Districts and Corporate Office noted processing times were not recorded on file to substantiate whether or not a processing charge was payable. The review also found inconsistencies between the districts as to whether or not processing charges were payable.

None of the RTI files reviewed by OIC contained evidence that time spent processing access applications was recorded on the file by the decision-maker. There was no record of processing time kept on file even for matters where the applicant was charged for processing time. OIC did not find any evidence that processing charges were applied unlawfully. The concern was that in the absence of any record of time spent processing an application, it was difficult for the agency to substantiate the amount of the processing charge to the applicant or a decision that no processing charge was payable.

Furthermore, the review identified inconsistencies as to when a processing charge was applied. For example, Metro South HSD in assessing an RTI application of 1,103 pages determined that no processing charge was payable, while Metro North HSD in assessing 414 pages determined that a processing charge of \$127 was payable by the applicant. In the absence of recording on files the time spent processing an application, it was difficult

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<sup>29</sup> Under section 56 of the RTI Act, a processing charge means the charge prescribed under a regulation for searching for or retrieving the document and making, or doing things related to making a decision on an application.

<sup>30</sup> This increased to \$6 for each 15 minutes at 1 July 2011

<sup>31</sup> Section 58 of the RTI Act.



to determine why processing charges were payable in some instances and not others. It also raised the possibility that record keeping problems resulted in unnecessary costs.

Both of these approaches are consistent with the legislation, which provides for levying of processing charges and for a waiver of processing charges. The issue identified in this review was the need to record the basis for any charges, by recording time spent on an application, and the need to ensure consistency in practices for levying or waiving charges within Queensland Health.

### **Recommendation 15**

It is recommended that Queensland Health:

Record processing times on application files to substantiate any processing charge to the applicant, commencing immediately. If more than five hours is spent processing the application and no charge is payable, this decision must be recorded.

Develop and implement guidelines to ensure the processing charges are applied consistently across the agency, prior to the commencement of the national health reforms.

#### **8.4.2 Charges Estimate Notice**

Section 36(1) of the RTI Act requires the agency or Minister to provide a Charges Estimate Notice (CEN) to the applicant prior to the end of the processing period. On matters where charges might be payable, the purpose of the CEN is defeated if the CEN is not given to the applicant before processing commences. The purpose of the CEN is to provide an applicant with an estimate in advance of the likely cost of processing their application. The applicant can then confirm the scope of the application or narrow the scope and reduce the applicable charge. If the applicant narrows the application, the agency must issue a new CEN.

Providing the CEN in the decision notice, after the fact, when charges are payable, does not allow the applicant the opportunity to reduce charges as required by the RTI Act. Further, if the applicant does not pay the charge, the agency may withhold the material, even if the decision on the file was that the material was to be released to the applicant.

Therefore, providing the CEN as part of the decision notice where charges are payable potentially incurs unnecessary cost for the applicant, and in some matters, might undermine or limit the ability of the applicant to access material that they are entitled to receive.

As a matter of legislated procedure, the notice is required even if charges are to be waived, or if no charges are payable (for example, if it is uneconomical to recover the charges). However, OIC issued a Fees and Charges Guideline in December 2009 which stated that where no charge was payable and the decision notice was issued prior to the end of the processing period,<sup>32</sup> agencies could include the CEN as part of the decision notice.

Of 37 RTI applications reviewed by OIC, issues about the CEN were noted on 10 files. In six instances (5 – Metro South HSD and 1 – Metro North HSD), no charge was payable, and there was no evidence on file that a CEN was sent to the applicant and/or included in the decision notice prior to end of the processing period, as required by the RTI Act and in accordance with the OIC Guideline. The issue in these matters is the need to make sure the applicant is properly informed about their application.

Of greater concern was the inclusion of the CEN in the decision notice to the applicant in cases where a charge was payable. It was noted by OIC that on four occasions, the Metro North HSD included the CEN in their decision notice to the applicant when a processing charge was payable. The processing charges across all four applications totalled \$523. This practice is a significant failure to comply with the RTI Act. OIC is of the view that this practice must be rectified as a matter of priority, and the CEN provided in advance of processing in all matters where a charge might be payable.

### **Recommendation 16**

It is recommended that Queensland Health:

Ensure that where processing fees are to be charged, a Charges Estimates Notice is sent to the applicant prior to commencing processing, so that the applicant can confirm or narrow the scope of their application, commencing immediately.

<sup>32</sup> OIC Guideline – ‘Fees and Charges’ section 7.1 - What is a Charges Estimate Notice.

### **Recommendation 16**

Ensure that where no processing fee is payable by the applicant, advice to this effect is included in the decision notice to the applicant, commencing immediately.

#### ***8.4.3 Explanation of Healthcare Decisions***

The RTI Act and IP Act generally mirror each other's provisions, particularly the grounds for refusing access to information. The RTI Act lists grounds for refusing applications under section 47 of the RTI Act. Section 67 of the IP Act states that the RTI Act's grounds for refusal also apply to IP Act applications.

A special case occurs for decisions involving healthcare. The special case applies if an application for the applicant's personal information made under the IP Act is to be refused under section 47(3)(d) of the RTI Act, which provides that an application can be refused if disclosure of the information 'might be prejudicial to the physical or mental health or wellbeing of the applicant'. Under section 92(2) of the IP Act, if an agency or Minister refuses an IP Act application for access to a document using the section 47(3)(d) grounds for refusal, then the agency may direct that the documents be given to an appropriately qualified healthcare professional as nominated by the applicant and approved by the agency or Minister. Under section 92(3) of the IP Act, the healthcare professional can then decide whether or not to release the information to the applicant, and the way in which it might be disclosed.

The review of RTI and IP applications identified seven applications containing healthcare decisions. Two of the files contained decisions where access was refused to the applicant under section 47(3)(d) of the RTI Act, and Queensland Health directed that access could be granted to an appropriately qualified healthcare professional in accordance with section 92(2) of the IP Act. Although the decisions to refuse access in this way were legislatively compliant, the effects of the referrals to the healthcare professionals were lost, due to the structure of the decision notice.

The decisions to release the requested information to a healthcare professional, as nominated by the applicant, were contained in an attachment to the decision notice. Putting this option in the attachment meant that it was not as prominent as if the option had been made clearly visible in the decision notice. In both instances noted above, the

applications lapsed as the applicant failed to provide the department with a nominated healthcare professional.

OIC raised its concern regarding the healthcare decision notice with Queensland Health management. Through discussions with OIC, Queensland Health amended the template letter and the terms of the healthcare decision are now located at the front of the agency's decision notice.

The use of the healthcare provisions would be more effective if Queensland Health contacted the applicant to explain the decision and the next steps to be taken. This approach would be consistent with a focus on providing a service to applicants under the RTI or IP Acts.

#### **8.4.4 Prescribed Requirements of Decision Notices**

An agency must give a notice to an applicant on the outcome of a decision on an access application under section 54(1) of the RTI Act.<sup>33</sup> The form of the notice is prescribed. Section 191 of the RTI Act<sup>34</sup> states that the notice must be in writing and state the decision, the reasons for the decision, the date the decision was made, the name and designation of the decision-maker and any right of review under the RTI or IP Acts in relation to the decision.

The review of Queensland Health decision notices against the prescribed requirements of the RTI Act identified a number of anomalies with the prescribed written notice. OIC considers these can be easily addressed by the agency.

Under section 191(e) of the RTI Act, any notice of the decision to the applicant must state any rights of review in relation to the decision and the procedure to be followed by the applicant in exercising those rights. Section 191 also states that the decision notice must state the reasons for the decision. The review of Queensland Health's decision notices conducted as part of the application file review found that of the 78 files reviewed:

- Five (6.4%) of the decision notices issued to the applicant by the Metro North HSD did not contain any notification of the applicant's right of review. In three of these,

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<sup>33</sup> A reference to section 54 (Notification of Decision and Reasons) in the RTI Act is also a reference to the equivalent section 68 (Notification of Decision and Reasons – Access Application) under the IP Act.

<sup>34</sup> A reference to section 191 (Contents of Prescribed Written Notice) in the RTI Act is also a reference to the equivalent section 199 (Contents of Prescribed Written Notice) under the IP Act.

the decision notice advised the applicant that the decision was a reviewable decision but did not provide the individual with the necessary details as to how they could exercise their right of review under the relevant Act.

- 16 (20.5%) of the decision notices contained the procedures to be followed by the applicant in exercising their right of review under the Act. In each of the 16 decision notices, the wording of the timeframe for applicants to exercise their review rights was not consistent with the legislation.<sup>35</sup>
  - 14 instances were noted (from the Metro South HSD) where the applicant was advised that the review period commenced on the date the notice was received by the applicant, when the correct advice would have been that the review period commenced on the date of the written notice.
  - The remaining two instances related to decision notices from the Metro North HSD where the timeframe for making the decision had lapsed, and the decision was therefore deemed to be a refusal of access (a 'deemed decision'). In each of these cases, the notice advised the applicant that the review period commenced on the date of the deemed decision, when the correct advice would have been that the review period commenced on the date of the written notice. In both cases, the date when the decision became a deemed decision was much earlier than the date of the notice. The error in these decision notices might have led to the applicants to assume incorrectly that the time allowed for seeking a review<sup>36</sup> had lapsed. Incorrect advice leading to a perceived loss of a review right is a serious concern.
- Seven (9.0% of the 78 files reviewed, 13.7% of the 51 decision notices) of the 51 decision notices from the Metro North HSD and Corporate Office reviewed by OIC did not include the reasons for the decision where full access to documents was granted, in accordance with section 191(b) of the RTI Act.<sup>37</sup> While this instance of non-compliance is of a technical nature, the legislation requires

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<sup>35</sup> Section 82(c) Applying for Internal Review and section 88(1)(e) Applying for External Review under the RTI Act and equivalent sections of the IP Act.

<sup>36</sup> Section 88 of the RTI Act and section 101 of the IP Act state that an application for external review must be made within 20 business days, or longer if the information commissioner allows.

<sup>37</sup> The equivalent section of the IP Act is section 199 of the IP Act.

inclusion of reasons for the decision in a prescribed written notice regardless of the nature of the decision.

### **Recommendation 17**

It is recommended that Queensland Health:

Review all Queensland Health's template decision notice letters to ensure that the decision notices are compliant with prescribed requirements of the RTI and IP Acts, within three months. Most notably:

- All decision notices must inform the applicant as to their right of review and contain the relevant procedures for exercising these review rights in accordance with section 191(e) of the RTI Act or section 199(e) of the IP Act. Wording for decision notice rights of review must be consistent with section 82 (Applying for Internal Review) and section 88 (Applying for External Review) under the RTI Act and equivalent sections of the IP Act.
- All decision notices issued to an applicant must contain the reasons for the decision, in accordance with section 191(b) of the RTI Act.

Section 54(2)(iii) of the RTI Act provides that, in addition to the details that must be stated in a prescribed written notice, the notice must also specify that unless the document contains personal information of the applicant, it may be made available to the public no sooner than 24 hours after the applicant accesses the document. This provision complements the provisions of the RTI Act for publication of information released under the RTI Act in an agency's disclosure log.

This requirement presents a unique challenge for Queensland Health. In the Health Service Districts, the majority of applications under the RTI Act relate to requests for access to medical records (personal information) of third parties. For example, a request to access the medical records of a deceased relative would be an application under the RTI Act. The RTI Act provisions about disclosure logs apply to these matters, despite the fact that, in practical terms, there would be little likelihood that personal medical records would be published in a disclosure log. Further, OIC acknowledges Queensland Health's concerns about advising applicants about the possibility of publishing the information in a

disclosure log when this is unlikely, a step which might cause unnecessary concern to applicants.

It is for these types of applications made under the RTI Act that OIC noted that Queensland Health was not including in their decision notice the requirement in section 54(2)(iii) to notify applicants that the released information might be published. OIC has raised the issue with Queensland Health's management for their consideration.

The legislation is drafted in the imperative, so Queensland Health is obliged to comply with the requirement. Throughout the discussion between Queensland Health and OIC on this point, Queensland Health reiterated their concern that this type of notice might be confusing and distressing for an applicant (for example, a recently bereaved applicant seeking medical records of a deceased relative). While OIC appreciates this point, the legislative obligation must be addressed.

Queensland Health have suggested insertion of a sentence 'Please be assured that information relating to your application will not be published in the disclosure log.' OIC considers this would be appropriate if prefaced by a statement 'Queensland Health is obliged under the legislation to notify you that information released in this way may also be considered for public release, for example, in a disclosure log.'

### **Recommendation 18**

It is recommended that Queensland Health:  
Notify the applicant in the decision notice of the possibility that released information may be published through the disclosure log.

#### **8.4.5 The Format of the Access**

Under the government's RTI reforms, individuals within the community have a fair and equitable right of access to information held by government. Providing access to an individual in a form other than that requested may restrict the accessibility of the information by the applicant. For example, providing access in compact disc (CD) format when hard copy was requested might disadvantage individuals without access to a computer or appropriate software to view the requested documents.

Under section 68 of the RTI Act,<sup>38</sup> if an applicant has requested access in a particular form, access must be given in that form. Access may only be given in a different form where providing access in the form requested would interfere unreasonably with the operations of the agency, would be detrimental to the preservation of the document or would involve an infringement of copyright.

From the files reviewed four instances were noted where access was not provided in the form requested by the applicant. In each instance, the applicant specifically requested access to be provided in hard copy (that is, a photocopy of the originals) and access was subsequently provided by Queensland Health in CD format. In each case, assuming that none of the exceptions listed above were relevant, then the RTI Act required Queensland Health to give the information to the applicant in the form requested. If this presented a hardship to Queensland Health, the appropriate course of action would be to contact the applicant to discuss the format and negotiate provision of the information in an alternative format. OIC did not notice any records on file indicating that Queensland Health had made contact to negotiate the format in which the information would be released.

### **Recommendation 19**

It is recommended that Queensland Health:

Give access to information in the form requested in an application for information under the RTI or IP Acts, unless a specific legislative exception applies, commencing immediately.

Provide the information in an alternative format (for example, provide information by compact disc rather than a hard copy) only if the applicant has previously been contacted to negotiate the format for providing the access to the documents, commencing immediately.

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<sup>38</sup> A reference to section 68 (Forms of Access) in the RTI Act is also a reference to the equivalent section 83 (Forms of Access) under the IP Act.



## 8.5 Internal review

A person affected by a reviewable decision may apply to have the decision reviewed by the agency dealing with the application.<sup>39</sup> This is called an ‘internal review’. The principal officer of the agency may delegate to another officer of the agency the power to deal with an internal review.<sup>40</sup> The RTI and IP Acts stipulate, among other things, that an internal review application must not be decided by the officer who made the reviewable decision or an officer who is of lesser seniority to the person who made the reviewable decision. OIC examined Queensland Health’s internal review process to assess the agency’s compliance with the prescribed requirements of both the RTI and IP Acts for internal reviews.

This review examined the delegations and handling practices for processing the internal reviews conducted by the reviewed Queensland Health HSDs during the period 1 July 2009 to 30 June 2010. In total, there were nine internal reviews conducted by Queensland Health (seven – Corporate Office, two – Metro South HSD).

The principal officer for Queensland Health has delegated the power to deal with an application for internal review to other officers of the agency under section 30 of the RTI Act.<sup>41</sup> The agency had two Deeds of Authorisation<sup>42</sup> for internal reviews. The Deeds of Authorisation for internal reviews established a clear distinction of roles in deciding an internal review outcome within Queensland Health.

OIC reviewed the internal review process for compliance with the prescribed requirements. In the nine files reviewed by OIC, the internal review was conducted by the appropriate delegated officer in accordance with Queensland Health’s Deed of Authorisation policy. In addition, each internal review was performed by an officer independent to and of higher seniority to the officer who made the original reviewable decision in accordance with the provisions of the RTI and IP Acts. The review subsequently found that all internal reviews

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<sup>39</sup> Under section 80(1) of the RTI Act and section 94(1) of the IP Act. A person can also seek an external review of the initial decision.

<sup>40</sup> An internal review application may be dealt with under a delegation or direction. See section 30 and 31 of the RTI Act and section 50 and 51 of the IP Act.

<sup>41</sup> A reference to section 30(2) (Decision-Maker for Application to Agency) in the RTI Act is also a reference to the equivalent section 50(2) (Decision-Maker for Application to Agency) under the IP Act.

<sup>42</sup> The agency has two Deed of Authorisation delegation documents for deciding internal reviews. The ‘Deed of Authorisation Under the RTI Act and IP Act – Primary and Internal Review Decision-makers Administrative Law Team Legal Unit’ and the ‘Deed of Authorisation Under the RTI Act and IP Act Internal Review Decision-makers’.

were finalised within the 20 business days allowed under section 83(2) of the RTI Act.<sup>43</sup> In conclusion, Queensland Health's internal review process was found to be in compliance with the prescribed requirements of Chapter 3, Part 8 of the RTI and IP Acts.

## **8.6 Privacy Principles**

The primary objectives of the IP Act are to provide a right of access to and amendment of personal information in the government's possession or under its control and to provide safeguards for the collection and handling of an individual's personal information within the public sector.<sup>44</sup>

The Privacy Principles govern how public sector agencies collect, store and use personal information in their possession or under their control. Under section 31(1) of the IP Act, Queensland Health must comply with the National Privacy Principles (NPPs). This reflects arrangements applying nationally with corresponding agencies in other jurisdictions, including private health providers. This review considered Queensland Health's compliance with NPPs 1, 5, 6 and 7.

### **8.6.1 NPP 1 – Collection of Personal Information**

The collection of personal information is a fundamental area of privacy regulation. Whenever an agency invites the provision of personal information electronically, either through an email to an agency contact email address or by completion of a form, NPP 1 requires that the agency takes all reasonable steps to advise the individual of:

- The identity of the agency and how to contact it
- The fact that they are able to gain access to the information
- The purpose of the collection
- Any law that might authorise or require the collection; and
- Anyone who would usually receive the information in turn, either first or second hand, if it is the agency's practice.

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<sup>43</sup> A reference to section 83(2) (When Internal Review Application to be Decided) in the RTI Act is also a reference to the equivalent section 97(2) (When Internal Review Application to be Decided) under the IP Act.

<sup>44</sup> Section 3(1)(a) and (b) of IP Act.

This information can be referred to as a 'collection notice'.<sup>45</sup> Collection notices promote transparency. They allow the individual to understand the agency's personal information handling practices.

As mentioned previously, in December 2010, OIC conducted a desktop audit of Queensland Health's publication scheme, disclosure log and compliance with NPP 1 and NPP 5. In the report issued to Queensland Health, OIC noted improvement opportunities in relation to providing collection notices when collecting personal information via email correspondence and agency forms. OIC recommended Queensland Health conduct a review of its email contacts and departmental forms to ensure the department meets its obligations under NPP 1.

Queensland Health agreed to review all email contacts and further advised that a broad privacy notice is available on the Queensland Health website and can be accessed via the 'Privacy' link at the bottom of any web page. OIC is satisfied that the 'Privacy' link at the bottom of every page does deal with the collection and use of personal information in relation to email correspondence received by the agency. Whilst this method of notification is not considered best practice it does however meet the standard Queensland Health needs to achieve in meeting its requirement under NPP 1.

Queensland Health further advised that in 2010, it established a Statewide Forms Committee and supporting project team with a view to standardising departmental forms as a matter of priority. The project team is aware of its obligations under NPP 1 for the requirement of a collection notice on all forms seeking personal information about an individual from an individual.

### **8.6.2 NPP 5 – Openness**

NPP 5 requires the department to provide details in a document about the types of personal information it holds, the purposes for which the personal information is used, and how the personal information is collected and disclosed. Queensland Health must make the document available to anyone who asks for it.

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<sup>45</sup> The term 'collection notice' is not used in the IP Act. OIC uses the term 'collection notice' to denote information provided to an individual by a government agency that complies with NPP 1.

Under the former Information Standard 42A (IS42A),<sup>46</sup> Queensland Health was required to have a Privacy Plan. Although this is no longer required under the new IP legislation, the Privacy Plan is still considered to be a straightforward and relatively resource efficient method of ensuring compliance with NPP 5. The desktop review conducted in December 2010 identified that Queensland Health no longer publishes a Privacy Plan on its website, and that no other documents listed under Queensland Health's 'Privacy' web pages disclosing the department's personal information holdings could be identified.

OIC recommended to Queensland Health that they consider updating and reintroducing their Privacy Plan. The agency responded to the recommendation advising OIC that a new Privacy Plan is currently under development and is due for publication in 2010-11. At the time of writing this report, the Privacy Plan was yet to be published.

### **8.6.3 NPP 6 and NPP 7 – Access to and Amendment of Personal Information**

NPP 6 (Access to documents containing personal information) and NPP 7 (Amendment of documents containing personal information) create an imperative that Queensland Health must not engage in practices inconsistent with the privacy principles. This review assessed a randomly selected sample of 41 IP access and amendment application files for compliance with Chapter 3 of the IP Act.

General compliance issues identified by OIC in relation to the prescribed requirements of Chapter 3 have been reported previously in this report under section 8.4 – Application handling.

In addition, in meeting its obligations under NPP 6 and NPP 7, Queensland Health has established an administrative access scheme for access to health records and employee personnel records. The administrative access scheme provides individuals with a mechanism for accessing their records in addition to the individual's right of access by application under the legislative processes of the IP and RTI Acts. In 2005, Queensland Health updated its framework for the administrative access and introduced its 'Information, Disclosure and Access Policy' which allows individuals to gain access to their health records. Under Queensland Health guidelines, administrative access to health records is to be provided to the individual within 15 business days.

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<sup>46</sup> The Queensland Government requirements prior to the IP Act.

A review of the administration access scheme for access to health records was conducted at the Metro North and Metro South HSD.

Metro South HSD processed access applications within the respective timeframes for both administrative access and applications under the legislative process.

The review identified that requests for access to health records at the Metro North HSD were not treated with the same priority as access applications made under the legislative process. This resulted in significant delays in the provision of information under their administrative access scheme. This occurred even though Queensland Health's policy is for administrative access to occur within 15 business days, as opposed to the legislative scheme, under which the application must be processed within 25 business days. Metro North HSD had a local, internal practice for responding to administrative access applications within 8 to 10 weeks (40 to 50 business days) of the application being lodged. In addition, the file review identified that this time frame was itself not always met.

In two cases, applications for information were initially dealt with under the administrative access scheme and then transferred to the legislative process under the IP Act because they concerned certain types of health records. However, the transfer occurred after the statutory processing timeframe had already lapsed. Consequently, the long delays by Metro North HSD in processing applications under administrative access meant that the application could not be considered under the IP Act as required.

### **Recommendation 20**

It is recommended that Queensland Health:

Ensure applications made to Metro North HSD under the administrative access scheme are processed in a timely manner in accordance with Queensland Health's guidelines, within three months of this review.

## 9 Conclusion

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This report detailed the findings of the review of Queensland Health's progress in implementing the government's right to information and information privacy reforms.

Queensland Health has sound information management governance structures in place and if used strategically and within the spirit of the RTI reforms, it will enhance the flow of information into the public domain.

OIC found that the core group of staff within the agency's RTI/IP business units were committed to their areas of responsibility and to continuous improvement. Of particular note was the well structured application handling practices employed by the Information Access Unit in the Metro South HSD. Their well organised processes and strong commitment to timeframes under administrative access schemes and the legislative processes are commendable and would serve the agency well as a model for the handling of application requests.

Queensland Health is considered to be progressing well in meeting its legislative obligations. However, challenges still lie ahead for Queensland Health in managing the proactive release of government held information brought about by the establishment of independent LHHNs under the national health reforms. OIC believes improvements can be made to deliver more favourable outcomes for both the applicant and agency. In particular:

- More direct and regular contact with the applicant in terms of clarifying scope, explaining the process and status of applications can deliver more efficient and effective outcomes.
- Processes regarding interactions with senior personnel for the separate purposes of consulting about application and briefing senior personnel as to the determination of an application need to ensure key matters are appropriately addressed and documented to reduce the perception of influence on the decision-maker.

## **APPENDICES**





## Appendix 1 – Acronyms

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ALT	Administrative Law Team
HHN Bill	<i>Health and Hospitals Network Bill 2011</i>
CEN	Charges Estimate Notice
FOI	Freedom of Information
FOI Act	<i>Freedom of Information Act 1992 (Qld)</i>
HSD	Health Service District
ICT	Information and Communications Technology
ICTEC	Information and Communications Technology Executive Committee
IMSC	Information Management Steering Committee
IP	Information Privacy
IP Act	<i>Information Privacy Act 2009 (Qld)</i>
IPP	Information Privacy Principle
IS42	Information Standard 42
IS42A	Information Standard 42A
LHHNs	Local Health and Hospital Networks
NPP	National Privacy Principle
OIC	Office of the Information Commissioner
PAH	Princess Alexandra Hospital
QGEA	Queensland Government Enterprise Architecture
RBWH	Royal Brisbane & Women's Hospital
RTI	Right to Information
RTI Act	<i>Right to Information Act 2009 (Qld)</i>

## **Appendix 2 – Information Published by Queensland Health**

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### ***Information published by Queensland Health***

Even prior to the introduction of the RTI legislation in 2009, Queensland Health had committed to “pushing” information, particularly performance information, into the public arena. This commitment was driven by the 2005 Health Action Plan, a reform agenda developed in response to the Davies’ Commission of Inquiry and the Forster Review. Queensland Health’s leadership in this arena was recognised in September 2008 by the NSW Independent Privacy and Regulatory Tribunal (IPART) in its review of performance improvement in health in NSW. The review referred to Queensland Health as an exemplar and specifically recommended the NSW Health review its reporting in light of the Queensland Health Quarterly Public Hospitals Performance (QHQPHP) Report.

Access block information has been added to the QHQPHP Report since the September 2009 quarter and off-stretcher time has been included since the December 2009 quarter.

In addition to performance information, a range of documents, information and data are publicly available on the Queensland Health website. As set out below, publicly available information includes policy documents; performance reporting, data sets, information sheets for both consumers and clinicians etc. The extent of information available is demonstrated by the Index of Queensland Health subsites. ([Attachment One](#))

### ***Policy Documents***

The Queensland Health internet site lists many of the organisation’s significant policies and procedures at <http://www.health.qld.gov.au/ghpolicy/html/index-a.asp>

This is currently complemented by an intranet site with the expectation that integration will be achieved through the implementation of the Policy Management Policy.

Queensland Health’s policy framework is detailed in the Policy Management Policy. Through this framework, Queensland Health effectively manages policy through the stages of initiation, development, consultation, approval, implementation and review.

The Policy Management Policy and Implementation Standard provide clear direction for policy development and support the management of policy through the policy cycle.

The Policy Management Policy promotes a consistent and rigorous approach to policy development; effective implementation; clear communication of requirements, responsibilities and accountabilities; and regular review of the effectiveness of policy in achieving its intended outcomes.

A suite of templates has been developed to support policy management.

The Queensland Health Policy Register and Queensland Health Policy Sites on the department's intranet and internet sites have been developed to support the management of Queensland Health policy.

### ***Performance Reporting***

In 2011, Queensland Health launched the Hospital Performance website, replacing the QHAPHP Reporting program. The website contains detailed, up-to-date and regular information on the activity and performance of Queensland Health's reporting hospitals. The site includes an overview of each facility, including infrastructure information, as well the following information and data on a monthly basis:

- Staffing statistics
- Emergency department statistics
- Elective surgery statistics
- Hospital activity data
- Specialist outpatient information

Average working days wait until the next available start date for radiation treatment is also included for the four hospitals providing this service. The Hospital Performance website can be found at the following link:

<http://www.health.qld.gov.au/hospitalperformance/>

Reports regarding safety and quality, staffing and hospital activity are also available on the Our Performance page of the Queensland Health internet site at:

<http://www.health.qld.gov.au/performance/default.asp>

### **Safety and Quality**

- Patient Satisfaction Survey
- Patient Safety: From Learning To Action IV (Fourth Queensland Health Report on Clinical Incidents and Sentinel Events)

### **Staffing**

- Action Plan Progress Report For Clinical Occupational Streams - February 2010 (updated monthly)
- Queensland Health 1996-2010 District Staff Profile (updated annually)
- October 2010 Staff Opinion Survey Report
- Staff Opinion Survey Report Archive

### **Hospital Activity**

[Detailed data from the last three years](#) (updated monthly)

[Hospital activity and capacity time series \(PDF, 21 KB\)](#) (updated annually)

### ***Health Statistics Centre***

Data collections maintained by Health Statistics Centre in Queensland Health include the following:

- Queensland Hospital Admitted Patient Data Collection (QHAPDC)
- Monthly Activity Collection (MAC)
- Perinatal Data Collection (PDC)
- Financial and Residential Activity Collection (FRAC)

A list of publications and data resources produced by the HSC is at:

<http://www.health.qld.gov.au/hic/default.asp>

### ***Clinical Governance***

Queensland Health has developed a range of resources for staff and patients regarding patient safety and quality improvement. Information and resources on a number of topics are available on the website – a list of these is at Attachment 4.

<http://www.health.qld.gov.au/chi/psg/>

### ***Division of the Chief Health Officer***

The Health of Queenslanders is a report from the Chief Health Officer to inform Queenslanders about the health status of the population, as described in the Queensland Health Action Plan 2005. This report is published every two years and commenced in 2006. The Queensland Government is committed to informing Queenslanders about the performance of the health system through regular reporting on the health status and burden of disease of the state's population.

With the goal to continue to improve health outcomes, information from these reports will inform and guide Queensland Health and other key stakeholders around service planning. In addition, these reports will be an essential source of reference within Queensland Health for those needing quick access to health data to inform planning or to answer media or public enquiries.

These reports are intended for a wide variety of users, including population health practitioners, planners, policy analysts, researchers, students and the general public.

The Health of Queenslanders 2010: (Third report of the Chief Health Officer Queensland) details the state's most widespread diseases and injuries and their impact on the health system, the community and the individual.

It also:

- analyses the increasing incidence of conditions such as diabetes and obesity
- describes the relationship between risk behaviours and health outcomes and illustrates ways of preventing some of the more common conditions
- reports on progress to make Queenslanders Australia's healthiest people through the Queensland Government *Toward Q2: Tomorrow's Queensland* strategy
- identifies how health inequalities are changing in Queensland
- considers current and future impacts on the health system and includes broad discussion on ways to address these challenges.

The Health of Queenslanders reports are available on the Queensland Health internet site at the following link:

[http://www.health.qld.gov.au/cho\\_report/](http://www.health.qld.gov.au/cho_report/)

### ***Health Information Directory Fact sheets***

The Health Information Directory <http://access.health.qld.gov.au/hid/index.asp> provides access to online health and well-being information. The fact sheets and other resources on this site are constantly expanded and regularly reviewed. A list of current fact sheets is at [Attachment 2](#).

### ***Health Professionals***

On this webpage, information targeted at health professionals is available at the following link:

[http://www.health.qld.gov.au/atsihealth/health\\_professionals.asp](http://www.health.qld.gov.au/atsihealth/health_professionals.asp)

### ***Mental Health***

Information is available on a mental health site <http://www.health.qld.gov.au/mentalhealth/> for consumers, carers, members of the community, service providers, non-government organisations on a range of topics.

### ***Indigenous Health***

Given the significance of the challenge for the health system of closing the gap in health outcomes between Aboriginal and Torres Strait Islander Queenslanders and the other Queenslanders, it is imperative that information is readily available. Information on outcomes, reports, policies etc are available at <http://www.health.qld.gov.au/atsihealth/>

Attachment One: Index of Queensland Health Subsites

13 Health

A healthier you

A Profile of Queensland Health's Indigenous Workforce Full Report

A Profile of Queensland Health's Indigenous Workforce Summary Report

About Queensland Health

Aboriginal and Torres Strait Islander Health Strategy Unit

Access to Surgery site

Acquired Brain Injury Outreach Service

Alcohol, Tobacco and Other Drugs

Allied Health Work For Us

Asbestos in the home

Australian South Sea Islanders

Being an Outpatient

Be Kind to Your Mind

Bowel Cancer Screening in Queensland

Breastfeeding and Work

BreastScreen Queensland

Brisbane Cardiac Consortium - Consumer Resources

Building a Healthier Community

Cairns and Hinterland Health Service District Service and Master Planning Project

Cairns Base Hospital Redevelopment

Carers Matter

Centre for Healthcare Related Infection Surveillance and Prevention (CHRISP)

Centre for Palliative Care Research and Education

Cervical Screening

Chlamydia

Chief Health Officer Report

Child Health and Safety Information

Child Injury Prevention

Child Health and Safety Information

Children's Health

Children's Hospital

Chronic Disease

[Clinical and Statewide Services Division](#)  
[Clinical Governance Framework](#)  
[Clinical Practice Improvement Centre - CPIC](#)  
[Clinician Development Program Online Education Service](#)  
[Communicable Diseases](#)  
[Communicable Diseases Branch](#)  
[Communicable Disease Control Guidance: A - Z](#)  
[Community Action, Planning and Information Resource \(CAPIR\)](#)  
[Community Child Health Service](#)  
[Community Health Services Reform Project](#)  
[Consumer Complaints](#)  
[Consumer Health Council Project](#)  
[Denque Fever in North Queensland](#)  
[Dentistry Work For Us](#)  
[District and Facility Profiles](#)  
[Eat Well Be Active](#)  
[eHealth](#)  
[Emergency Departments](#)  
[Emergency Management Unit](#)  
[Endoscope Reprocessing](#)  
[Enterprise Bargaining](#)  
[Environmental Health Workers Online Resource Manual \(ehWORM\)](#)  
[Events Calendar 2006/2007](#)  
[Falls Prevention in Older People](#)  
[Flu Prevention](#)  
[Food Safety](#)  
[Food Safety Matters](#)  
[Foodborne Disease in Queensland](#)  
[Forensic Mental Health](#)  
[Freedom of Information](#)  
[Germ Busters](#)  
[Going Into Hospital](#)  
[Gold Coast Community Child Health's Child Obesity Treatment Project: The "Kids on Track" program](#)  
[Gold Coast University Hospital](#)

[Good Health In Tropical North Queensland](#)  
[Graduate Development Program 2007](#)  
[Head Lice Management](#)  
[Health Community Councils](#)  
[Health Consumers Queensland](#)  
[Health Contact Centre](#)  
[Health Determinants Queensland 2004](#)  
[Health Information Directory](#)  
[Health Infrastructure and Projects Division](#)  
[Health Statistics Centre](#)  
[Health Matters](#)  
[Health Outcomes Plans](#)  
[Health Professionals Information Index](#)  
[Health Reform Queensland](#)  
[Health Service Bulletins](#)  
[Health Services](#)  
[Health Services Purchasing and Logistics](#)  
[Healthy Hearing Program](#)  
[Healthy Me Healthy You](#)  
[Healthy Schools](#)  
[Home and Community Care](#)  
[Human Resource Graduate Program 2008](#)  
[Human Resource Policies](#)  
[Immunisation](#)  
[Indigenous Workforce Unit](#)  
[Induction and Orientation and Orientation and Induction](#)  
[Information for Industry](#)  
[Information Privacy](#)  
[Informed Consent for Surgery](#)  
[Integrated Patient Transport Unit](#)  
[Local Government Environmental Health Resources](#)  
[Lighten Up](#)  
[Mackay Health Service District](#)  
[Maternity Services Steering Committee](#)  
[Medical Aids Subsidy Scheme](#)



[Medical Jobs and Recruitment](#)  
[Mental Health Act 2000](#)  
[Mental Health Carer Support](#)  
[Mental Health](#)  
[Mosquito borne disease in Queensland](#)  
[Mount Isa Health Service District](#)  
[Multicultural Health](#)  
[Narangba Industrial Estate Health Impact Assessment](#)  
[National Health Performance Reports](#)  
[National Physical Activity Guidelines](#)  
[News](#)  
[Northern Downs Health Service District](#)  
[Nursing Work For Us](#)  
[Office of Health and Medical Research](#)  
[Office of the Principal Nursing Adviser](#)  
[Oral Health](#)  
[Our Partners](#)  
[Pandemic Influenza](#)  
[Parent Transition Program \(Gold Coast Community Child Healths Parent Coping Strategies Project\)](#)  
[PaRROT - Pathways to Rural and Remote Orientation and Training](#)  
[Patient Safety Centre](#)  
[PHICSS Project](#)  
[Poisons Information Centre](#)  
[Primary Clinical Care Manual](#)  
[Princess Alexandra Hospital Health Service District](#)  
[Princess Alexandra Sexual Health](#)  
[Private Health Regulation](#)  
[Professional Conduct Review Panels](#)  
[Public Health Act 2005](#)  
[QALS - Queensland Amputee Limb Service](#)  
[Queensland Centre for Congenital Heart Disease](#)  
[Queensland Centre for Mental Health Learning](#)  
[Queensland Centre for Perinatal and Infant Mental Health](#)  
[Queensland Coding Committee \(QCC\)](#)

[Queensland Haemophilia Centre](#)  
[Queensland Health - Currently Advertised Positions Search](#)  
[Queensland Health Budget 2006 - 07](#)  
[Queensland Health Carbon Management Unit](#)  
[Queensland Health Community Rehabilitation Workforce Project](#)  
[Queensland Health Home Care Services](#)  
[Queensland Health Indigenous Workforce Management Strategy](#)  
[Queensland Health Legislation](#)  
[Queensland Health Maps](#)  
[Queensland Health Performance Reports](#)  
[Queensland Health Privacy site](#)  
[Queensland Health Public Patients' Charter](#)  
[Queensland Health Resources](#)  
[Queensland Health Rural Scholarship Scheme](#)  
[Queensland Health Shared Service Partner](#)  
[Queensland Health Student Orientation Package](#)  
[Queensland Health Systems Review](#)  
[Queensland Health's Cancer Control Program](#)  
[Queensland Health's Quality and Safety Program](#)  
[Queensland Heart Failure Services](#)  
[Queensland Needle and Syringe Program \(QNSP\)](#)  
[Queensland Public Health Forum](#)  
[Queensland Public Hospitals Commission of Inquiry](#)  
[Queensland Spinal Cord Injuries Service](#)  
[Queensland Tuberculosis Control Program \(QTCP\)](#)  
[Queensland Victim Support Service](#)  
[Queenslander's Donate](#)  
[Quit Smoking](#)  
[Radiation Health Unit](#)  
[Radiation Therapy Services Recruitment](#)  
[Remote Access and External Access Services](#)  
[Report on the Role and Function of Forensic and Scientific Services in the Queensland Government](#)  
[Research and Ethics Management](#)  
[Research Information](#)

[Right to Information](#)

[Robina Hospital Expansion](#)

[Royal Brisbane and Women's Hospital Health Service District](#)

[Royal Children's Hospital and Health Service District](#)

[Rural Health Advisory Council](#)

[Secure Transfer Service \(STS\)](#)

[Sexual Health HIV and Hepatitis C Teen Site](#)

[Sexual Health HIV/AIDS and Hepatitis site](#)

[School Based Vaccination Program](#)

[Southern Zone Mental Health Education Service](#)

[Statewide & Community Health Services index](#)

[Stay on Your Feet](#)

[Sun Safety](#)

[Swine Flu](#)

[The 6th Annual Health and Medical Research Conference of Queensland](#)

[The Cunningham Centre](#)

[The Late Effects of Polio: Resource Manual for Medical and Allied Health Professionals](#)

[The Park - Centre for Mental Health](#)

[The Prince Charles Hospital Health Service District](#)

[The Privacy of your Personal Information](#)

[Tobacco Laws](#)

[Townsville Health Service District](#)

[Tuberculosis](#)

[Type 2 Diabetes and Coronary Heart Disease](#)

[Victim Support Service](#)

[Violence Against Women](#)

[Visiting Medical Officers \(VMOs\)](#)

[Water Fluoridation](#)

[Web Site and Health Services feedback](#)

[What's New Index](#)

[Work For Us](#)

[Your Health. Your Future. Your Call.](#)

### **Externally Hosted Sites**

[CDP Education Service](#)

[Clinicians Knowledge Network](#)

Feeling Good - Young Women and Smoking

Gold Coast Health

Queensland Health Systems Review.

Review of the Mental Health Act 2000

Skills Development Centre

Stay on your feet

Think Nursing

Whistleblower Online Training ( Public Interest Disclosure )

Attachment Two: List of current health information sheets

Accidents, Injuries and Poisonings

- Allergic Reactions
- Bites And Stings
- Burns
- Diving and Swimming
- Electrical and Lightning Accidents
- First Aid
- Fractures and Dislocations
- Heat Disorders
- Poisonings and Chemical Exposures
- Safety in the Home

Alcohol, Drug and Tobacco Use

- Alcohol
- Drug Use and Misuse
- Tobacco

Bladder, Kidney and Urinary Tract Health

- Cancers
- Infections and Parasites
- Injury
- Kidney Failure
- Kidney Problems
- Urinary Bladder Problems
- Urinary Incontinence

Blood and Immune System Health

- Allergic Reactions
- Anaemias
- Autoimmune Disorders
- Bleeding and Clotting Problems
- Blood Groups and Transfusions
- Bone Marrow and Blood Cell Problems
- Immunodeficiencies
- Leukaemias
- Lymphomas
- Transplantation

Bone, Joint and Muscle Health

- Arm and Shoulder Problems
- Arthritis
- Back Problems
- Bone And Joint Infections
- Bone Tumours
- Broken Bones
- Foot Problems
- Gout
- Joint Surgery
- Knee and Hip Problems

Muscle and Tendon Problems  
Osteoporosis  
Sports Injuries

Brain, Spinal Cord and Nerve Health

Brain Infections and Parasites  
Brain Tumours  
Coma  
Degenerative Disorders  
Dizziness and Vertigo  
Head Injuries  
Headaches  
Movement Disorders  
Nerve Problems  
Pain Management  
Seizure Disorders  
Sleep Problems  
Spinal Cord Problems  
Stroke

Cancer

Bladder Cancer  
Bowel Cancer  
Brain Tumours  
Breast Cancer  
Kidney Cancer  
Leukaemias and Lymphomas  
Lung Cancer  
Ovarian Cancer  
Prevention and Treatments  
Prostate Cancer  
Skin Cancers  
Stomach Cancer  
What is Cancer

Child Health

Adolescents  
Asthma  
Babies and Toddlers  
Childhood Cancers  
Diabetes  
Diet and Eating  
Growth and Development  
Immunisation  
Infections and Parasites  
Kids with Special Needs  
Mental Health  
Primary School Children

Digestive Health

Bowel Movement Problems

- Cancers of the Digestive System
- Fissures Fistulas and Abscesses
- Food Intolerances
- Gastroenteritis
- Hernias
- Inflammatory and Irritable Bowel Disorders
- Liver Problems
- Pancreas Problems
- Signs and Symptoms of the Digestive System
- The Gallbladder
- Ulcers

#### Ear, Nose and Throat Health

- Cancers
- Hearing Loss And Deafness
- Middle And Inner Ear Problems
- Nose And Sinus Problems
- Outer Ear Problems
- Throat Problems
- Tonsils and Adenoids
- Tracheostomy

#### Eye Health

- Cataract
- Eyelid and Eye Muscle Problems
- Glaucoma
- Infections and Parasites
- Injuries
- Keeping Eyes Healthy
- Retinal Problems
- Vision Problems and Impairments

#### Health Consumer Information

- Community Support Services
- Complaints
- Complementary and Alternative Therapies
- Consent and Privacy
- Coping in a Crisis
- Health Decision Making
- Patient Safety
- Procedures
- Travel Health

#### Heart, Artery and Vein Health

- Blood Pressure Problems
- Cholesterol
- Coronary Artery Disease
- Heart Disease
- Heart Rhythms
- Heart Surgery and Treatments
- Infections and Parasites

Stroke  
Vein Problems

#### Infections and Parasites

Bacterial Infections  
Fungal Infections  
Hiv  
Immunisation and Vaccination  
Parasites  
Sexually Transmitted Diseases  
Viral Infections

#### Lung and Airway Health

Asthma  
Bronchitis  
Cancer  
Chronic Obstructive Pulmonary Disease  
Cystic Fibrosis  
Emphysema  
Infections and Parasites  
Occupational and Environmental Lung Diseases  
Pleural Problems  
Pneumonia  
The Flu  
Tuberculosis

#### Men's Health

Cancers  
Contraception  
Health Checkups  
Infections and Parasites  
Infertility  
Penile and Testicular Problems  
Sexual Function  
The Prostate

#### Mental Health

Behavioural Problems  
Carer Information  
Depression  
Eating Disorders  
Personality Disorders  
Phobias  
Schizophrenia  
Suicide

#### Mouth and Dental Health

Injuries Emergencies and Dental Pain  
Jaw Problems  
Lip Problems  
Oral Health Conditions



Oral Health Information  
Peridontal Disease  
Prevention and Care  
Sores and Infections  
Tongue Problems  
Tooth Problems

Nutritional, Diet and Hormonal Health

Adrenal Gland Problems  
Cholesterol  
Diabetes  
Food Intolerances  
Healthy Nutrition  
Obesity  
Pituitary Gland Problems  
Thyroid Problems  
Vitamins And Minerals  
Water Balance  
What are Hormones

Skin Health

Body Piercing and Tattoos  
Cancers  
Hair and Nail Problems  
Infections and Sores  
Itches and Rashes  
Lumps scars and moles  
Sun Safety

Women's Health

## Appendix 3 – Terms of Reference

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### Terms of Reference – Review of Queensland Health RTI and IP Handling Practices

#### 1. Objectives of the Review

- 1.1. The objective of the review is to establish whether the Queensland Health's Corporate and Metro North and Metro South Health Services Districts are 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 incorporate the Corporate Office and Metro North and Metro South districts of Queensland Health and specifically excludes HSD outside the Brisbane metropolitan area, health community councils and hospital foundations. The review will cover the policies and procedures for RTI and IP information handling practices, including:-

- 2.1.1. Agency 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 the agency is maximising disclosure, by reviewing statistical reporting (including internal reporting and annual reporting under section 185 RTI Act);
- 2.1.4. Compliance with legislatively based requirements for:
  - 2.1.4.1. Access and amendment applications and processing (parts 2 - 4);
  - 2.1.4.2. Decision-making (part 5);
  - 2.1.4.3. Processing and access charges (part 6);
  - 2.1.4.4. Giving access (part 7);
  - 2.1.4.5. Review processes, including and internal review of decisions under the legislation (part 8);

2.1.4.6. An agency publication scheme (s21);

2.1.4.7. An agency disclosure log (s78).

### **3. Suitability Criteria for Assessing Performance**

- 3.1. The review is based on an assessment of the performance of the agency 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 OIC website and previously sent to you.

### **4. Assessment Process**

- 4.1. In conducting the review, the Manager, Performance Monitoring and Reporting and the Senior Performance, Monitoring & Reporting Officers will work through the testing program with your nominated staff to ensure that each relevant area of practice has been considered and appropriate evidence gathered to support findings. Appropriate evidence may be gathered through the following processes:
  - 4.1.1. Discussions with relevant staff and management;
  - 4.1.2. Observation of RTI and IP handling practices;
  - 4.1.3. Examination of agency RTI website including publication schemes and disclosure logs;
  - 4.1.4. Examination of agency intranet;
  - 4.1.5. Review of statistical records/reporting; and
  - 4.1.6. Substantive testing of a random sample of application and internal review files.

## **5. Reporting**

- 5.1. The report will outline findings and make recommendations to improve the Queensland Health's implementation of the RTI and IP reforms.

Issues identified during the review regarding the agency's implementation will be raised progressively during the review. If necessary, OIC will provide a briefing to management within Queensland Health before drafting the review report.

The draft review report will incorporate any issues identified during the review and agency comments, and will then be provided formally to the management of the RTI Unit for comment.

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

This final report, together with any comments of the Director-General and the formal response to recommendations, will be submitted to the Parliamentary Committee for Law, Justice and Safety.

## **6. Administrative Matters**

### **6.1. Timing**

Taking into consideration the Christmas closure period, it is envisaged that the on-site review will commence in February 2011 and will be finalised by mid March. The exit meetings and report drafting should be concluded by the end of March 2011, assuming circumstances do not intervene.

### **6.2. Request for Information**

Once the agency has nominated a liaison officer for this review, further information will be requested in preparation for the on-site visit.

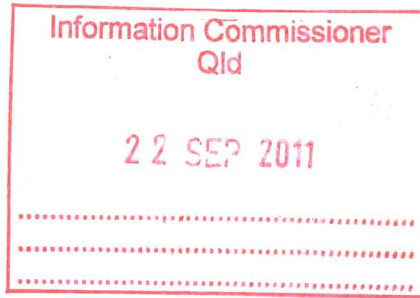
It would be of assistance if such information as listed in Attachment 3 could be provided to the OIC as soon as possible, and at the latest within 20 business days (this excludes the closure period over the Christmas), for the efficiency of the on-site visit.

### 6.3. Facilities

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

## **Appendix 4 – Queensland Health Response to Report and Recommendations**

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Queensland Health

Enquiries to: Susan Horton  
Executive Director  
Performance Improvement  
and Policy Services  
3234 1516  
Telephone: 3234 1516  
Facsimile:  
File Ref: DG064308

19 SEP 2011

Ms Julie Kinross  
Information Commissioner  
PO Box 10143  
BRISBANE ADELAIDE STREET QLD 4000

Dear Ms Kinross

I refer to your letter dated 10 August 2011, regarding the review of Queensland Health's compliance with the prescribed requirements of the *Right to Information Act 2009 (Qld)* and the *Information Privacy Act 2009 (Qld)*.

As requested, please find attached Queensland Health's formal response to the 20 recommendations you have made in your report (refer to Attachment 1). As discussed at our meeting on 1 September 2011, Queensland Health agrees to all recommendations. The review process has been most helpful in refining our implementation of this important legislation.

I was gratified to have your confirmation that Queensland Health is generally progressing well in meeting its legislative obligations. In this context, I am also attaching a copy of material which is now routinely available but was not subject to public disclosure prior to the Health Action Plan (refer to Attachment 2). As you are aware, Queensland Health has been recognised as a national leader in the public provision of performance information.

Thank you again for a most interesting and useful discussion at our meeting. Should your officers require further information, Queensland Health's contact is Ms Susan Horton, Executive Director, Performance Improvement and Policy Services on telephone 3234 1516.

Yours sincerely

Dr Tony O'Connell  
**Director-General**

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BRISBANE QLD 4000

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3234 1553

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3234 1482

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

OIC recommends:-		QH response and any proposed management action	OIC Rating	QH nominated owner	QH nominated completion date
#	Recommendation				
1	<p>Build community engagement strategies for proactive release of information into the new model for health service delivery in Queensland, so that from the commencement of the new model, Queensland Health can identify and actively push out into the public domain information that is relevant to and useable by the community at large and that invites opportunity for greater participation in government.</p> <p>Explore relationships with professional associations, peak bodies and community organisations to identify and take up opportunities to push information into the public domain in accordance with the right to information reforms.</p>	<p>Agreed</p> <p>Section 40 of the Health and Hospitals Network Bill establishes that each local health and hospital network (LHHN) must develop and publish a <i>clinician engagement strategy</i> to promote consultation with health professionals working in the network; and a <i>consumer and community engagement strategy</i> to promote consultation with health consumers and members of the community about the provision of health services by the network.</p> <p>These strategies must meet any requirements prescribed by regulation.</p>	Low	<p>Director, Secretariat, Health Consumers Queensland.</p> <p>(<i>Consumer and Community Engagement Strategies</i>)</p>	30 June 2012



OIC recommends:-		QH response and any proposed management action	OIC Rating	QH nominated owner	QH nominated completion date
#	Recommendation				
		<p>The Minister for Health has commissioned Health Consumers Queensland to assist the current Health Service Districts to prepare for this requirement when the Local Health and Hospital Networks are established as statutory bodies on 1 July 2012.</p> <p>Health Consumers Queensland is a Ministerial Advisory Committee. Its membership is representative of the diversity of Queensland's health consumers – members are from a range of life stages, health populations and social groups. Its priority areas are quality and safety; equitable access and targeted responses; and participation and engagement.</p> <p>The Consumer and Community Engagement Project being led by Health Consumers Queensland is intended to include the following activities:</p> <ul style="list-style-type: none"> <li>• Provision of support and advice to Health Service Districts and LHHNs during the development, consultation and implementation of their <i>consumer and community engagement strategy</i>;</li> <li>• Mapping of current consumer and community engagement</li> </ul>			

OIC recommends:-		QH response and any proposed management action	OIC Rating	QH nominated owner	QH nominated completion date
#	Recommendation				
		<p>strategies, practice and documentation in each of the 17 health service districts.</p> <ul style="list-style-type: none"> <li>• Provision of an online resource collating state, national and international information and literature on best practice consumer and community engagement.</li> <li>• Hosting a statewide forum to develop a shared awareness among Health Service Districts and key consumer and community organisations of overarching principles, approaches, and standards that underpin best practice consumer and community engagement.</li> <li>• Development of a Consumer and Community Engagement Framework to guide the development of the strategies by each LHHN.</li> </ul> <p>The Queensland Health Community Engagement Policy and related Implementation Standard will be subject to consideration as to whether it should transition to becoming a Health Service Directive.</p>		The Senior Director, Integrated Communications is the Policy Custodian of the Community	31 March 2012.

OIC recommends:-		QH response and any proposed management action	OIC Rating	QH nominated owner	QH nominated completion date
#	Recommendation				
		<p>Division 2 of the Health and Hospitals Network Bill details the circumstances in which the Director General of the Department may develop and issue Health Service Directives to LHHNs. Consideration is currently underway within Queensland Health as to which Directives may be required.</p> <p>Queensland Health currently provides training in community engagement to staff across the state. A functional analysis is underway (involving four tiers, with each level providing increasing levels of detail.) which will identify those functions which must continue to be the responsibility of the Department. This analysis is scheduled to be completed by 31 October 2011, subject to union consultation.</p>		<p>Engagement Policy.</p> <p>She would have responsibility for the development of any Community Engagement Health Service Directive and related Implementation Standard if considered necessary</p>	
2	<p>Include activities in the Information Management Steering Committee (IMSC) work plan, so that the IMSC is actively driving proactive release of information in accordance with the RTI and IP Acts, and the Queensland Government Enterprise Architecture (QGEA) guidelines, within the next six months.</p>	<p>Agreed</p> <p>The Information Management Steering Committee meets every 2 months. Its purpose is to</p> <ul style="list-style-type: none"> <li>• Evaluate and provide strategic direction for, and guide use of, information and its management.</li> <li>• Provide leadership in and guide</li> </ul>	Medium	<p>Senior Director, Information Management</p> <p>( Chair of the Information Management Steering</p>	31 December 2011

OIC recommends:-		QH response and any proposed management action	OIC Rating	QH nominated owner	QH nominated completion date
#	Recommendation				
		<p>preparation and implementation of information and IM policies, principles and information architecture.</p> <ul style="list-style-type: none"> <li>• Monitor conformance to obligations and performance;</li> <li>• Develop Queensland Health's information management capability.</li> </ul> <p>The Executive Director, Performance Improvement and Policy Services, the QH Information Champion and policy custodian for RTI and IP is a member of the IMSC.</p> <p>On 18 August 2011, the IMSC was briefed on the Compliance Review by the Information Commissioner. With due regard to formally delegated responsibilities, it was agreed in principle to incorporate relevant recommendations into the 2011 – 2012 IMSC workplan and incorporate the monitoring of progress as standing items on the IMSC agenda.</p>		Committee)	
3	Review and update all orientation material, ensure information in the material is relevant and up to date, and published in Queensland	<p>Agreed</p> <p>The Manager, Administrative Law Team recently commenced a review of current</p>	Low	Manager Administrative Law Team	31 December 2011

OIC recommends:-		QH response and any proposed management action	OIC Rating	QH nominated owner	QH nominated completion date
#	Recommendation				
	Health's publication scheme, prior to the commencement of the national health reforms. Include detailed explanations connecting right to information and information privacy to everyday operations for individual staff to increase awareness of the RTI and IP reforms.	orientation material. This is being undertaken in consultation with the Director, Strategic Recruitment, Human Resource Services.			
4	Ensure that position descriptions for staff in RTI and IP business units are reviewed to reflect any changes to RTI and IP roles and responsibilities under the national health reforms, within three months of the commencement of the reforms.	Agreed  The Senior Information Privacy Officer position description was reviewed and updated in August 2011. All other positions will be reviewed and updated by 30 November 2011.	Medium	Manager Administrative Law Team	31 December 2011
5	Deliver general awareness training about right to information and information privacy to the Local Health and Hospital Network governance bodies within three to six months of their establishment, so that they can provide induction and appropriate information sessions to all staff, including the clinical workforce, about the application of RTI and IP Acts and the <i>Public Records Act 2002</i> to their roles.	Agreed  Queensland Health is currently preparing a Governing Council Induction Program. RTI and IP legislation and records management responsibilities will be included in the curriculum.	Low	Executive Director. Portfolio Management Office, Performance and Accountability	31 December 2012
6	Prior to the commencement of the health reforms, clarify and document the roles and	Agreed  Commonwealth, State and Territory governments have agreed to transform	Low	Executive Director, Performance	1 July 2012

OIC recommends:-		QH response and any proposed management action	OIC Rating	QH nominated owner	QH nominated completion date
#	Recommendation				
	responsibilities of the Department and Local Health and Hospital Network (LHHN) RTI and IP Units as they will operate subsequent to the reforms .	<p>the Australian health system. Queensland is now working towards the implementation of the reforms that will change the way public health and hospital services are managed.</p> <p>A significant aspect of these changes will be increased local autonomy and a strong system manager focus for the department. By emphasising local accountability and decision-making, it is expected that the new Networks will have both the flexibility and incentive to innovate and to pursue quality and efficiencies.</p> <p>From July 2012, districts will be replaced by 17 Local Health and Hospital Networks (LHHNs) to be established as independent statutory bodies. Networks will deliver the same range of services as the existing districts but they will be managed differently.</p> <p>Section 16 of the Health and Hospital Network Bill provides a definition of <i>service agreement</i>. Essentially the service agreement will set out what services will be purchased by the Department as systems manager; what price the Department will pay for these services and the information that will need</p>		<p>Management</p> <p>Senior Director Queensland Health Reform Transition Office</p>	

OIC recommends:-		QH response and any proposed management action	OIC Rating	QH nominated owner	QH nominated completion date
#	Recommendation				
		<p>to be provided to assess performance in this regard.</p> <p>The LHHNs will be statutory bodies and consequently will become agencies as defined in S14 of the <i>Right to Information Act 2009</i> and S17 of the <i>Information Privacy Act 2009</i>.</p> <p>A driving principle of the reforms is the promotion of the autonomy of the LHHNs: The compliance of LHHNs with legislation for which the Minister for Health does not have principal ministerial responsibility may not be a matter in which the Department is properly involved – certainly the monitoring and auditing role would generally lie with the legislative custodian. Section 21 of the Health and Hospitals Network Bill provides that LHHNs are directly subject to the <i>Financial Accountability Act 2009</i> and will be units of public administration for the purposes of the <i>Crime and Misconduct Act 2001</i>.</p> <p>Clarification of roles and responsibilities is being undertaken as an integral part of the health reform implementation process. This has been an iterative process with the first two stages focused on overarching organisational arrangements</p>			

OIC recommends:-		QH response and any proposed management action	OIC Rating	QH nominated owner	QH nominated completion date
#	Recommendation				
		<p>and the required changes to achieve this. The current (Tier 3) stage is designed to determine all the functions that will be performed within the new public health system and positioning of these functions within the LHHNs, Cross LHHNs, the Health Support Services Agency ( a business unit within the Department) and the Department.</p> <p>The Administrative Law Team's Operational Plan for 2011 – 2012 includes actions to strengthen the capacity of LHHNs to manage RTI/IP Requirements from 1 July 2012 including</p> <ul style="list-style-type: none"> <li>• Implementation and maintenance of a disclosure log;</li> <li>• Development of a publication scheme;</li> <li>• Annual RTI/IP statistical reporting;</li> <li>• RTI/IP decision making delegation management.</li> </ul>		Manager, Administrative Law Team,	
7	Clarify the role of the Department in supporting local performance monitoring and in conducting independent performance monitoring of Local	<p>Agreed</p> <p>Refer to Response to Recommendation 6</p>	Medium	Senior Director Queensland Health Reform	1 July 2012



OIC recommends:-		QH response and any proposed management action	OIC Rating	QH nominated owner	QH nominated completion date
#	Recommendation				
	<p>Health and Hospital Networks as part of the development of the new health service delivery model.</p> <p>Develop and incorporate key performance targets into the Information Management Steering Committee's work plan and the RTI and IP Business Units' operational plans, to measure effectiveness and efficiency in right to information and information privacy processes at the operational and the strategic levels, with measurement of performance commencing within three months of this report</p>	<p>regarding Queensland Health Reform.</p> <p>Refer to Response to Recommendation 2 regarding the Information Management Steering Committee.</p> <p>The Administrative Law Team will develop and incorporate additional performance targets that relate to the efficient and effective processing of RTI and IP access applications. It has been agreed that the electronic case management system used by the Administrative Law Team and Metro North and Metro South can provide monthly reports. In the case of the Administrative Law Team the report will provide information on RTI/IP decision making including number of applications received/finalised/time taken/source of application.</p>		<p>Transition Office</p> <p>Senior Director, Information Management ( for IMSC work plan)</p> <p>Executive Director Performance Improvement and Policy Services ( for RTI and IP business units' work plans)</p>	<p>31 December 2011</p>

OIC recommends:-		QH response and any proposed management action	OIC Rating	QH nominated owner	QH nominated completion date
#	Recommendation				
8	<p>Publish Queensland Health's Information Asset Register on the website to create greater transparency as to the departmental information resources available, within the next six months.</p> <p>Publish updates on the agency's website as new datasets are added to the Information Asset Register.</p>	<p>Agreed</p> <p>The Information Management Steering Committee and subsequently the ICT Executive Committee have already endorsed the QH Information Asset Custodianship Governance Framework. Implementation planning is underway. Development of the Information Asset Register will be incremental. It is anticipated publication will commence in January 2012.</p>	Low	Senior Director, Information Management.	Commencing publication in January 2012
9	<p>Continue to enhance the Queensland Health Performance Report web pages, under the active management of the Information Management Steering Committee, as an avenue for pro-active release of information into the public domain.</p>	<p>Agreed</p> <p>The Executive Director, Access Improvement Service who leads the publication of the QH Performance Report is represented on the Information Management Steering Committee.</p> <p>On 18 August 2011, the IMSC was briefed on the Compliance Review by the Information Commissioner and it was agreed in principle to incorporate relevant recommendations into the 2011 – 2012 IMSC work plan and ,with due regard to formally delegated responsibilities, incorporate the monitoring of progress as standing items on the IMSC agenda. the monitoring of progress with the QH</p>	Low	<p>Executive Director, Access Improvement Service</p> <p>Senior Director Information Management</p>	31 December 2011

OIC recommends:-		QH response and any proposed management action	OIC Rating	QH nominated owner	QH nominated completion date
#	Recommendation				
		Performance Report will be a standing item on the agenda of the Information Management Steering Committee which meets every 2 months.			
10	Review Metro North Health Service District's current system for processing applications to identify and apply more efficient file management practices, commencing immediately and implementing improved practices within three months.	<p>Agreed</p> <p>Executives in Metro North health service district have already responded to the concerns raised by the Information Commissioner.</p> <p>A Review has been initiated with the scope and purpose defined and the engagement of the Manager of the Information Access Unit, Metro South to lead this review. This officer was commended by the Information Commissioner for her "diligence and commitment to both a proper process technically, and the provision of quality customer service to applicants".</p>	High	District CEO Metro North Health Service District	31 December 2011
11	Review Metro North HSD's Right to Information and Information Privacy application handling and record keeping, to identify methods for streamlining the process for accessing a patient's medical records, particularly in the light of legislatively imposed deadlines for application handling under the RTI and IP Acts, within three months.	<p>Agreed</p> <p>The leadership of the review by an officer with an excellent working knowledge of health service districts and patient records should assist in Metro North, and the Royal Brisbane and Women's Hospital reviewing their records management</p>	High	District CEO Metro North Health Service District	31 December 2011

OIC recommends:-		QH response and any proposed management action	OIC Rating	QH nominated owner	QH nominated completion date
#	Recommendation				
		processes to make them more responsive to the time constraints embedded in RTI and IP legislation.			
12	<p>Incorporate face to face, telephone or email contact with applicants into application handling practices as a matter of course, in order to streamline processing, manage time allowed for processing, and improve the result for the applicant. In particular:</p> <ul style="list-style-type: none"> <li>• Make early contact with the applicant to clarify the scope of the application, particularly if a request is complex or relates to voluminous medical records</li> <li>• Make use of the extension of time provisions of the RTI and IP Acts to request a further processing period to avoid deemed decisions or requests for the applicant to re-lodge their application; and</li> <li>• Contact the applicant and follow-up all outstanding concerns about the application with the applicant prior to issuing a formal notice.</li> </ul> <p>Describe the above practices in a guideline, to take effect from the commencement of the national health reforms, or earlier wherever</p>	<p>Agreed</p> <p>The QH Policy Custodian for RTI and Information Privacy will ensure the development of Queensland Health Policy on both RTI and IP Access and Amendment Decision Making and related Implementation Standards.</p> <p>The Implementation Standard will set out the</p> <ul style="list-style-type: none"> <li>• The minimum mandatory requirements that shall be met in implementing the policy;</li> <li>• Identify responsibilities and accountabilities for implementation of the requirements; and</li> <li>• Identify how compliance with these requirements shall be monitored.</li> </ul> <p>The Implementation Standard will include the requirement for consultation with applicants in most circumstances.</p> <p>If necessary, it shall be complemented by</p>	Medium	<p>Executive Director</p> <p>Performance Improvement and Policy Services</p>	31 December 2011

OIC recommends:-		QH response and any proposed management action	OIC Rating	QH nominated owner	QH nominated completion date
#	Recommendation				
	practicable.	a guideline. However it is felt that the barrier to consultation with applicants is commonly a lack of confidence and skill in negotiation among RTI/IP decision makers. In this regard, Queensland Health is actively supporting the development of the Negotiation Training being piloted by the Office of the Information Commissioner.			
13	Ensure the documentation of the process for briefing senior management about access decisions is consistent with the intention that it occurs wholly before the decision is made and is formalised as soon as is practicable.	Agreed  The Director General, Queensland Health has approved the process for briefing senior management about access decisions. This process has been perused by the Office of the Information Commissioner and is in line with its specifications.	Low	Completed	n/a
14	Record deliberations in assessing factors contributing to a decision about access or amendment under the RTI and IP Acts and retain these deliberations on file. Ensure that any reasons for the decision recorded as part of the deliberations are included in the decision-notice. RTI/IP staff are to record all communications concerning access applications from both internal and external stakeholders.	Agreed  The QH Policy Custodian for RTI and Information Privacy will ensure the development of Queensland Health Policy on both RTI and IP Access and Amendment Decision Making and related Implementation Standards.  The Implementation Standard will set out the <ul style="list-style-type: none"> <li>• The minimum mandatory</li> </ul>	High	Executive Director. Performance Improvement and Policy Services.	31 December 2011

OIC recommends:-		QH response and any proposed management action	OIC Rating	QH nominated owner	QH nominated completion date
#	Recommendation				
		<p>requirements that shall be met in implementing the policy;</p> <ul style="list-style-type: none"> <li>Identify responsibilities and accountabilities for implementation of the requirements; and</li> <li>Identify how compliance with these requirements shall be monitored.</li> </ul> <p>The Implementation Standard will include the recording in the decision notice of deliberations in assessing factors contributing to the decision.</p> <p>The Implementation Standard will include the requirement for all communications with internal and external stakeholders to be recorded.</p>			
15	<p>Record processing times on application files to substantiate any processing charge to the applicant, commencing immediately. If more than five hours is spent processing the application and no charge is payable, this decision must be recorded.</p> <p>Develop and implement guidelines to ensure the processing charges are applied consistently</p>	<p>Agreed</p> <p>The QH Policy Custodian for RTI and Information Privacy will ensure the development of Queensland Health Policy on both RTI and IP Access and Amendment Decision Making and related Implementation Standards.</p>	High	Executive Director. Performance Improvement and Policy Services.	31 December 2011

OIC recommends:-		QH response and any proposed management action	OIC Rating	QH nominated owner	QH nominated completion date
#	Recommendation				
	across the agency, prior to the commencement of the national health reforms.	<p>The Implementation Standard will set out the</p> <ul style="list-style-type: none"> <li>• The minimum mandatory requirements that shall be met in implementing the policy;</li> <li>• Identify responsibilities and accountabilities for implementation of the requirements; and</li> <li>• Identify how compliance with these requirements shall be monitored.</li> </ul> <p>The Implementation Standard shall include the requirement to record processing times.</p> <p>If necessary, it shall be complemented by a guideline to ensure consistency in implementation of this Standard.</p>			
16	<p><b>Recommendation 16</b></p> <p>Ensure that where processing fees are to be charged, a Charges Estimates Notice is sent to the applicant prior to commencing processing, so that the applicant can confirm or narrow the scope of their application, commencing immediately.</p> <p>Ensure that where no processing fee is payable</p>	<p>Agreed</p> <p>The QH Policy Custodian for RTI and Information Privacy will ensure the development of Queensland Health Policy on both RTI and IP Access and Amendment Decision Making and related Implementation Standards.</p> <p>The Implementation Standard will set out</p>	High	Executive Director. Performance Improvement and Policy Services	31 December 2011

OIC recommends:-		QH response and any proposed management action	OIC Rating	QH nominated owner	QH nominated completion date
#	Recommendation				
	by the applicant, advice to this effect is included in the decision notice to the applicant, commencing immediately.	<p>the</p> <ul style="list-style-type: none"> <li>• The minimum mandatory requirements that shall be met in implementing the policy;</li> <li>• Identify responsibilities and accountabilities for implementation of the requirements; and</li> <li>• Identify how compliance with these requirements shall be monitored.</li> </ul> <p>The Implementation Standard shall include the requirement for a CEN to be sent prior to commencement of processing.</p> <p>The Implementation Standard shall include the requirement for decision notices to record if no processing fee is payable by the applicant.</p>			
17	<p>Review all Queensland Health's template decision notice letters to ensure that the decision notices are compliant with prescribed requirements of the RTI and IP Acts, within three months. Most notably:</p> <ul style="list-style-type: none"> <li>• All decision notices must inform the applicant as to their right of review and</li> </ul>	<p>Agreed</p> <p>The QH Policy Custodian for RTI and Information Privacy will ensure the development of Queensland Health Policy on both RTI and IP Access and Amendment Decision Making and related</p>	Medium	<p>Executive Director</p> <p>Performance Improvement and Policy Services</p>	31 December 2011



OIC recommends:-		QH response and any proposed management action	OIC Rating	QH nominated owner	QH nominated completion date
#	Recommendation				
	<p>contain the relevant procedures for exercising these review rights in accordance with section 191(e) of the RTI Act or section 199(e) of the IP Act. Wording for decision notice rights of review must be consistent with section 82 (Applying for Internal Review) and section 88 (Applying for External Review) under the RTI Act and equivalent sections of the IP Act.</p> <ul style="list-style-type: none"> <li>All decision notices issued to an applicant must contain the reasons for the decision, in accordance with section 191(b) of the RTI Act.</li> </ul>	<p>Implementation Standards.</p> <p>The Implementation Standard will set out the</p> <ul style="list-style-type: none"> <li>The minimum mandatory requirements that shall be met in implementing the policy;</li> <li>Identify responsibilities and accountabilities for implementation of the requirements; and</li> <li>Identify how compliance with these requirements shall be monitored.</li> </ul> <p>The Implementation Standard shall include the requirement for decision notices to include review rights and the reasons for the decision.</p>			
18	<p>Notify the applicant in the decision notice of the possibility that released information may be published through the disclosure log.</p>	<p>Agreed</p> <p>The most common circumstance in which non-personal information is not posted on the Queensland Health's disclosure log is when the information relates to the health of the applicant's deceased relative (e.g. a deceased spouse or child). The Act currently obliges the agency to formally consider whether this material should be made available for public scrutiny via the</p>	Medium	<p>Executive Director</p> <p>Performance Improvement and Policy Services</p>	31 December 2011

OIC recommends:-		QH response and any proposed management action	OIC Rating	QH nominated owner	QH nominated completion date
#	Recommendation				
		<p>disclosure log. It has been the practice of Queensland Health not to place this material on the disclosure log.</p> <p>In addition, it has been considered unnecessarily alarming to applicants to alert them to the possibility of such public disclosure of the often highly sensitive personal information of their deceased relative. This option of publication on the disclosure log has not been formally acknowledged in Queensland Health decision notices.</p> <p>During the course of this review, the officers from the Office of Information Commissioner noted the legislation was written in the imperative and did not provide Queensland Health with the option of exercising such discretion. They proposed that QH practice, which they acknowledged emerged from empathy and compassion for the applicant was inconsistent with the legislation and needed to be changed for compliance purposes. The Commissioner acknowledged this on page 57 of her report.</p> <p>Queensland Health officials proposed that the requirements of the legislation could</p>			

OIC recommends:-		QH response and any proposed management action	OIC Rating	QH nominated owner	QH nominated completion date
#	Recommendation				
		<p>be met without causing alarm if the decision notices explicitly assured applicants that their deceased relatives' personal information would not be placed on the disclosure log. It was proposed inserting the sentence</p> <p>"Please be assured that the information relating to your application will <u>not</u> be published in the disclosure log."</p> <p>The Information Commissioner accepted the wording but proposes it is prefaced by a statement</p> <p>"Queensland Health is obliged under the legislation to notify you that information released in this way may also be considered for public release, for example, in a disclosure log".</p> <p>A review of the deliberations of the Solomon Review on this matter reveals that they seemed to countenance the use of disclosure logs for non-personal information in the every day understanding of that term.</p> <p>This provision and its unintended consequences will be a matter that Queensland Health officials will raise to be considered by the two year review of the legislation.</p>			

OIC recommends:-		QH response and any proposed management action	OIC Rating	QH nominated owner	QH nominated completion date
#	Recommendation				
19	<p><b>Recommendation 19</b></p> <p>Give access to information in the form requested in an application for information under the RTI or IP Acts, unless a specific legislative exception applies, commencing immediately.</p> <p>Provide the information in an alternative format (for example, provide information by compact disc rather than a hard copy) only if the applicant has previously been contacted to negotiate the format for providing the access to the documents, commencing immediately.</p>	<p>Agreed</p> <p>The QH Policy Custodian for RTI and Information Privacy will ensure the development of Queensland Health Policy on both RTI and IP Access and Amendment Decision Making and related Implementation Standards.</p> <p>The Implementation Standard will set out the</p> <ul style="list-style-type: none"> <li>• The minimum mandatory requirements that shall be met in implementing the policy;</li> <li>• Identify responsibilities and accountabilities for implementation of the requirements; and</li> <li>• Identify how compliance with these requirements shall be monitored.</li> </ul> <p>The Implementation Standard will include the requirement to provide access in the form requested unless very specific circumstances apply.</p>	Medium	<p>Executive Director</p> <p>Performance Improvement and Policy Services</p>	31 December 2011
20	<p>Ensure applications made to Metro North HSD under the administrative access scheme are processed in a timely manner in accordance with Queensland Health's guidelines, within three months of this review.</p>	<p>Agreed</p> <p>This recommendation will be considered as part of the review outlined in the response to Recommendations 10 and 11.</p>	High	<p>District CEO, Metro North</p> <p>Health Service District</p>	31 December 2011

## **Information published by Queensland Health**

Even prior to the introduction of the RTI legislation in 2009, Queensland Health had committed to “pushing” information, particularly performance information, into the public arena. This commitment was driven by the 2005 Health Action Plan, a reform agenda developed in response to the Davies’ Commission of Inquiry and the Forster Review. Queensland Health’s leadership in this arena was recognised in September 2008 by the NSW Independent Privacy and Regulatory Tribunal (IPART) in its review of performance improvement in health in NSW. The review referred to Queensland Health as an exemplar and specifically recommended the NSW Health review its reporting in light of the Queensland Health Quarterly Public Hospitals Performance (QHQPHP) Report.

Access block information has been added to the QHQPHP Report since the September 2009 quarter and off-stretcher time has been included since the December 2009 quarter.

In addition to performance information, a range of documents, information and data are publicly available on the Queensland Health website. As set out below, publicly available information includes policy documents; performance reporting, data sets, information sheets for both consumers and clinicians etc. The extent of information available is demonstrated by the Index of Queensland Health subsites. (Attachment One)

### **Policy Documents**

The Queensland Health internet site lists many of the organisation’s significant policies and procedures at <http://www.health.qld.gov.au/ghpolicy/html/index-a.asp>

This is currently complemented by an intranet site with the expectation that integration will be achieved through the implementation of the Policy Management Policy.

Queensland Health’s policy framework is detailed in the Policy Management Policy. Through this framework, Queensland Health effectively manages policy through the stages of initiation, development, consultation, approval, implementation and review.

The Policy Management Policy and Implementation Standard provide clear direction for policy development and support the management of policy through the policy cycle.

The Policy Management Policy promotes a consistent and rigorous approach to policy development; effective implementation; clear communication of requirements, responsibilities and accountabilities; and regular review of the effectiveness of policy in achieving its intended outcomes.

A suite of templates has been developed to support policy management.

The Queensland Health Policy Register and Queensland Health Policy Sites on the department's intranet and internet sites have been developed to support the management of Queensland Health policy.

## **Performance Reporting**

In 2011, Queensland Health launched the Hospital Performance website, replacing the QHAPHP Reporting program. The website contains detailed, up-to-date and regular information on the activity and performance of Queensland Health's reporting hospitals. The site includes an overview of each facility, including infrastructure information, as well the following information and data on a monthly basis:

- Staffing statistics
- Emergency department statistics
- Elective surgery statistics
- Hospital activity data
- Specialist outpatient information

Average working days wait until the next available start date for radiation treatment is also included for the four hospitals providing this service. The Hospital Performance website can be found at the following link:

<http://www.health.qld.gov.au/hospitalperformance/>

Reports regarding safety and quality, staffing and hospital activity are also available on the Our Performance page of the Queensland Health internet site at:

<http://www.health.qld.gov.au/performance/default.asp>

### **Safety and Quality**

- Patient Satisfaction Survey
- Patient Safety: From Learning To Action IV (Fourth Queensland Health Report on Clinical Incidents and Sentinel Events)

### **Staffing**

- Action Plan Progress Report For Clinical Occupational Streams - February 2010 (updated monthly)
- Queensland Health 1996-2010 District Staff Profile (updated annually)
- October 2010 Staff Opinion Survey Report
- Staff Opinion Survey Report Archive

### **Hospital Activity**

[Detailed data from the last three years](#) (updated monthly)

[Hospital activity and capacity time series \(PDF, 21 KB\)](#) (updated annually)

## **Health Statistics Centre**

Data collections maintained by Health Statistics Centre in Queensland Health include the following:

- Queensland Hospital Admitted Patient Data Collection (QHAPDC)
- Monthly Activity Collection (MAC)
- Perinatal Data Collection (PDC)
- Financial and Residential Activity Collection (FRAC)

A list of publications and data resources produced by the HSC is at:  
<http://www.health.qld.gov.au/hic/default.asp>

### ***Clinical Governance***

Queensland Health has developed a range of resources for staff and patients regarding patient safety and quality improvement. Information and resources on a number of topics are available on the website – a list of these is at Attachment 4.

<http://www.health.qld.gov.au/chi/psq/>

### ***Division of the Chief Health Officer***

The Health of Queenslanders is a report from the Chief Health Officer to inform Queenslanders about the health status of the population, as described in the Queensland Health Action Plan 2005. This report is published every two years and commenced in 2006. The Queensland Government is committed to informing Queenslanders about the performance of the health system through regular reporting on the health status and burden of disease of the state's population.

With the goal to continue to improve health outcomes, information from these reports will inform and guide Queensland Health and other key stakeholders around service planning. In addition, these reports will be an essential source of reference within Queensland Health for those needing quick access to health data to inform planning or to answer media or public enquiries.

These reports are intended for a wide variety of users, including population health practitioners, planners, policy analysts, researchers, students and the general public.

The Health of Queenslanders 2010: (Third report of the Chief Health Officer Queensland) details the state's most widespread diseases and injuries and their impact on the health system, the community and the individual.

It also:

- analyses the increasing incidence of conditions such as diabetes and obesity
- describes the relationship between risk behaviours and health outcomes and illustrates ways of preventing some of the more common conditions
- reports on progress to make Queenslanders Australia's healthiest people through the Queensland Government *Toward Q2: Tomorrow's Queensland* strategy
- identifies how health inequalities are changing in Queensland
- considers current and future impacts on the health system and includes broad discussion on ways to address these challenges.

The Health of Queenslanders reports are available on the Queensland Health internet site at the following link:

[http://www.health.qld.gov.au/cho\\_report/](http://www.health.qld.gov.au/cho_report/)

### ***Health Information Directory Fact sheets***

The Health Information Directory <http://access.health.qld.gov.au/hid/index.asp> provides access to online health and well-being information. The fact sheets and other resources on this site are constantly expanded and regularly reviewed. A list of current fact sheets is at [Attachment 2](#).

### ***Health Professionals***

On this webpage, information targeted at health professionals is available at the following link:

[http://www.health.qld.gov.au/atsihealth/health\\_professionals.asp](http://www.health.qld.gov.au/atsihealth/health_professionals.asp)

### ***Mental Health***

Information is available on a mental health site <http://www.health.qld.gov.au/mentalhealth/> for consumers, carers, members of the community, service providers, non-government organisations on a range of topics.

### ***Indigenous Health***

Given the significance of the challenge for the health system of closing the gap in health outcomes between Aboriginal and Torres Strait Islander Queenslanders and the other Queenslanders, it is imperative that information is readily available. Information on outcomes, reports, policies etc are available at <http://www.health.qld.gov.au/atsihealth/>



Attachment One: Index of Queensland Health Subsites

13 Health

A healthier you

A Profile of Queensland Health's Indigenous Workforce Full Report

A Profile of Queensland Health's Indigenous Workforce Summary Report

About Queensland Health

Aboriginal and Torres Strait Islander Health Strategy Unit

Access to Surgery site

Acquired Brain Injury Outreach Service

Alcohol, Tobacco and Other Drugs

Allied Health Work For Us

Asbestos in the home

Australian South Sea Islanders

Being an Outpatient

Be Kind to Your Mind

Bowel Cancer Screening in Queensland

Breastfeeding and Work

BreastScreen Queensland

Brisbane Cardiac Consortium - Consumer Resources

Building a Healthier Community

Cairns and Hinterland Health Service District Service and Master Planning Project

Cairns Base Hospital Redevelopment

Carers Matter

Centre for Healthcare Related Infection Surveillance and Prevention (CHRISP)

Centre for Palliative Care Research and Education

Cervical Screening

Chlamydia

Chief Health Officer Report

Child Health and Safety Information

Child Injury Prevention

Child Health and Safety Information

Children's Health

Children's Hospital

Chronic Disease

Clinical and Statewide Services Division

[Clinical Governance Framework](#)  
[Clinical Practice Improvement Centre - CPIC](#)  
[Clinician Development Program Online Education Service](#)  
[Communicable Diseases](#)  
[Communicable Diseases Branch](#)  
[Communicable Disease Control Guidance: A - Z](#)  
[Community Action, Planning and Information Resource \(CAPIR\)](#)  
[Community Child Health Service](#)  
[Community Health Services Reform Project](#)  
[Consumer Complaints](#)  
[Consumer Health Council Project](#)  
[Dengue Fever in North Queensland](#)  
[Dentistry Work For Us](#)  
[District and Facility Profiles](#)  
[Eat Well Be Active](#)  
[eHealth](#)  
[Emergency Departments](#)  
[Emergency Management Unit](#)  
[Endoscope Reprocessing](#)  
[Enterprise Bargaining](#)  
[Environmental Health Workers Online Resource Manual \(ehWORM\)](#)  
[Events Calendar 2006/2007](#)  
[Falls Prevention in Older People](#)  
[Flu Prevention](#)  
[Food Safety](#)  
[Food Safety Matters](#)  
[Foodborne Disease in Queensland](#)  
[Forensic Mental Health](#)  
[Freedom of Information](#)  
[Germ Busters](#)  
[Going Into Hospital](#)  
[Gold Coast Community Child Health's Child Obesity Treatment Project: The "Kids on Track" program](#)  
[Gold Coast University Hospital](#)  
[Good Health In Tropical North Queensland](#)  
[Graduate Development Program 2007](#)

[Head Lice Management](#)  
[Health Community Councils](#)  
[Health Consumers Queensland](#)  
[Health Contact Centre](#)  
[Health Determinants Queensland 2004](#)  
[Health Information Directory](#)  
[Health Infrastructure and Projects Division](#)  
[Health Statistics Centre](#)  
[Health Matters](#)  
[Health Outcomes Plans](#)  
[Health Professionals Information Index](#)  
[Health Reform Queensland](#)  
[Health Service Bulletins](#)  
[Health Services](#)  
[Health Services Purchasing and Logistics](#)  
[Healthy Hearing Program](#)  
[Healthy Me Healthy You](#)  
[Healthy Schools](#)  
[Home and Community Care](#)  
[Human Resource Graduate Program 2008](#)  
[Human Resource Policies](#)  
[Immunisation](#)  
[Indigenous Workforce Unit](#)  
[Induction and Orientation and Orientation and Induction](#)  
[Information for Industry](#)  
[Information Privacy](#)  
[Informed Consent for Surgery](#)  
[Integrated Patient Transport Unit](#)  
[Local Government Environmental Health Resources](#)  
[Lighten Up](#)  
[Mackay Health Service District](#)  
[Maternity Services Steering Committee](#)  
[Medical Aids Subsidy Scheme](#)  
[Medical Jobs and Recruitment](#)  
[Mental Health Act 2000](#)  
[Mental Health Carer Support](#)

[Mental Health](#)  
[Mosquito borne disease in Queensland](#)  
[Mount Isa Health Service District](#)  
[Multicultural Health](#)  
[Narangba Industrial Estate Health Impact Assessment](#)  
[National Health Performance Reports](#)  
[National Physical Activity Guidelines](#)  
[News](#)  
[Northern Downs Health Service District](#)  
[Nursing Work For Us](#)  
[Office of Health and Medical Research](#)  
[Office of the Principal Nursing Adviser](#)  
[Oral Health](#)  
[Our Partners](#)  
[Pandemic Influenza](#)  
[Parent Transition Program \(Gold Coast Community Child Healths Parent Coping Strategies Project\)](#)  
[PaRROT - Pathways to Rural and Remote Orientation and Training](#)  
[Patient Safety Centre](#)  
[PHICSS Project](#)  
[Poisons Information Centre](#)  
[Primary Clinical Care Manual](#)  
[Princess Alexandra Hospital Health Service District](#)  
[Princess Alexandra Sexual Health](#)  
[Private Health Regulation](#)  
[Professional Conduct Review Panels](#)  
[Public Health Act 2005](#)  
[QALS - Queensland Amputee Limb Service](#)  
[Queensland Centre for Congenital Heart Disease](#)  
[Queensland Centre for Mental Health Learning](#)  
[Queensland Centre for Perinatal and Infant Mental Health](#)  
[Queensland Coding Committee \(QCC\)](#)  
[Queensland Haemophilia Centre](#)  
[Queensland Health - Currently Advertised Positions Search](#)  
[Queensland Health Budget 2006 - 07](#)  
[Queensland Health Carbon Management Unit](#)

[Queensland Health Community Rehabilitation Workforce Project](#)  
[Queensland Health Home Care Services](#)  
[Queensland Health Indigenous Workforce Management Strategy](#)  
[Queensland Health Legislation](#)  
[Queensland Health Maps](#)  
[Queensland Health Performance Reports](#)  
[Queensland Health Privacy site](#)  
[Queensland Health Public Patients' Charter](#)  
[Queensland Health Resources](#)  
[Queensland Health Rural Scholarship Scheme](#)  
[Queensland Health Shared Service Partner](#)  
[Queensland Health Student Orientation Package](#)  
[Queensland Health Systems Review](#)  
[Queensland Health's Cancer Control Program](#)  
[Queensland Health's Quality and Safety Program](#)  
[Queensland Heart Failure Services](#)  
[Queensland Needle and Syringe Program \(QNSP\)](#)  
[Queensland Public Health Forum](#)  
[Queensland Public Hospitals Commission of Inquiry](#)  
[Queensland Spinal Cord Injuries Service](#)  
[Queensland Tuberculosis Control Program \(QTCP\)](#)  
[Queensland Victim Support Service](#)  
[Queenslander's Donate](#)  
[Quit Smoking](#)  
[Radiation Health Unit](#)  
[Radiation Therapy Services Recruitment](#)  
[Remote Access and External Access Services](#)  
[Report on the Role and Function of Forensic and Scientific Services in the Queensland Government](#)  
[Research and Ethics Management](#)  
[Research Information](#)  
[Right to Information](#)  
[Robina Hospital Expansion](#)  
[Royal Brisbane and Women's Hospital Health Service District](#)  
[Royal Children's Hospital and Health Service District](#)  
[Rural Health Advisory Council](#)

[Secure Transfer Service \(STS\)](#)  
[Sexual Health HIV and Hepatitis C Teen Site](#)  
[Sexual Health HIV/AIDS and Hepatitis site](#)  
[School Based Vaccination Program](#)  
[Southern Zone Mental Health Education Service](#)  
[Statewide & Community Health Services index](#)  
[Stay on Your Feet](#)  
[Sun Safety](#)  
[Swine Flu](#)  
[The 6th Annual Health and Medical Research Conference of Queensland](#)  
[The Cunningham Centre](#)  
[The Late Effects of Polio: Resource Manual for Medical and Allied Health Professionals](#)  
[The Park - Centre for Mental Health](#)  
[The Prince Charles Hospital Health Service District](#)  
[The Privacy of your Personal Information](#)  
[Tobacco Laws](#)  
[Townsville Health Service District](#)  
[Tuberculosis](#)  
[Type 2 Diabetes and Coronary Heart Disease](#)  
[Victim Support Service](#)  
[Violence Against Women](#)  
[Visiting Medical Officers \(VMOs\)](#)  
[Water Fluoridation](#)  
[Web Site and Health Services feedback](#)  
[What's New Index](#)  
[Work For Us](#)  
[Your Health. Your Future. Your Call.](#)  
**Externally Hosted Sites**  
[CDP Education Service](#)  
[Clinicians Knowledge Network](#)  
[Feeling Good - Young Women and Smoking](#)  
[Gold Coast Health](#)  
[Queensland Health Systems Review.](#)  
[Review of the Mental Health Act 2000](#)  
[Skills Development Centre](#)  
[Stay on your feet](#)

Think Nursing

Whistleblower Online Training ( Public Interest Disclosure )

Attachment Two: List of current health information sheets

Accidents, Injuries and Poisonings

- Allergic Reactions
- Bites And Stings
- Burns
- Diving and Swimming
- Electrical and Lightning Accidents
- First Aid
- Fractures and Dislocations
- Heat Disorders
- Poisonings and Chemical Exposures
- Safety in the Home

Alcohol, Drug and Tobacco Use

- Alcohol
- Drug Use and Misuse
- Tobacco

Bladder, Kidney and Urinary Tract Health

- Cancers
- Infections and Parasites
- Injury
- Kidney Failure
- Kidney Problems
- Urinary Bladder Problems
- Urinary Incontinence

Blood and Immune System Health

- Allergic Reactions
- Anaemias
- Autoimmune Disorders
- Bleeding and Clotting Problems
- Blood Groups and Transfusions
- Bone Marrow and Blood Cell Problems
- Immunodeficiencies
- Leukaemias
- Lymphomas
- Transplantation

Bone, Joint and Muscle Health

- Arm and Shoulder Problems
- Arthritis
- Back Problems
- Bone And Joint Infections
- Bone Tumours
- Broken Bones
- Foot Problems
- Gout
- Joint Surgery
- Knee and Hip Problems
- Muscle and Tendon Problems



Osteoporosis  
Sports Injuries

#### Brain, Spinal Cord and Nerve Health

Brain Infections and Parasites  
Brain Tumours  
Coma  
Degenerative Disorders  
Dizziness and Vertigo  
Head Injuries  
Headaches  
Movement Disorders  
Nerve Problems  
Pain Management  
Seizure Disorders  
Sleep Problems  
Spinal Cord Problems  
Stroke

#### Cancer

Bladder Cancer  
Bowel Cancer  
Brain Tumours  
Breast Cancer  
Kidney Cancer  
Leukaemias and Lymphomas  
Lung Cancer  
Ovarian Cancer  
Prevention and Treatments  
Prostate Cancer  
Skin Cancers  
Stomach Cancer  
What is Cancer

#### Child Health

Adolescents  
Asthma  
Babies and Toddlers  
Childhood Cancers  
Diabetes  
Diet and Eating  
Growth and Development  
Immunisation  
Infections and Parasites  
Kids with Special Needs  
Mental Health  
Primary School Children

#### Digestive Health

Bowel Movement Problems  
Cancers of the Digestive System  
Fissures Fistulas and Abscesses

- Food Intolerances
- Gastroenteritis
- Hernias
- Inflammatory and Irritable Bowel Disorders
- Liver Problems
- Pancreas Problems
- Signs and Symptoms of the Digestive System
- The Gallbladder
- Ulcers

#### Ear, Nose and Throat Health

- Cancers
- Hearing Loss And Deafness
- Middle And Inner Ear Problems
- Nose And Sinus Problems
- Outer Ear Problems
- Throat Problems
- Tonsils and Adenoids
- Tracheostomy

#### Eye Health

- Cataract
- Eyelid and Eye Muscle Problems
- Glaucoma
- Infections and Parasites
- Injuries
- Keeping Eyes Healthy
- Retinal Problems
- Vision Problems and Impairments

#### Health Consumer Information

- Community Support Services
- Complaints
- Complementary and Alternative Therapies
- Consent and Privacy
- Coping in a Crisis
- Health Decision Making
- Patient Safety
- Procedures
- Travel Health

#### Heart, Artery and Vein Health

- Blood Pressure Problems
- Cholesterol
- Coronary Artery Disease
- Heart Disease
- Heart Rhythms
- Heart Surgery and Treatments
- Infections and Parasites
- Stroke
- Vein Problems

### Infections and Parasites

- Bacterial Infections
- Fungal Infections
- Hiv
- Immunisation and Vaccination
- Parasites
- Sexually Transmitted Diseases
- Viral Infections

### Lung and Airway Health

- Asthma
- Bronchitis
- Cancer
- Chronic Obstructive Pulmonary Disease
- Cystic Fibrosis
- Emphysema
- Infections and Parasites
- Occupational and Environmental Lung Diseases
- Pleural Problems
- Pneumonia
- The Flu
- Tuberculosis

### Men's Health

- Cancers
- Contraception
- Health Checkups
- Infections and Parasites
- Infertility
- Penile and Testicular Problems
- Sexual Function
- The Prostate

### Mental Health

- Behavioural Problems
- Carer Information
- Depression
- Eating Disorders
- Personality Disorders
- Phobias
- Schizophrenia
- Suicide

### Mouth and Dental Health

- Injuries Emergencies and Dental Pain
- Jaw Problems
- Lip Problems
- Oral Health Conditions
- Oral Health Information
- Periodontal Disease
- Prevention and Care
- Sores and Infections

Tongue Problems  
Tooth Problems

Nutritional, Diet and Hormonal Health

Adrenal Gland Problems  
Cholesterol  
Diabetes  
Food Intolerances  
Healthy Nutrition  
Obesity  
Pituitary Gland Problems  
Thyroid Problems  
Vitamins And Minerals  
Water Balance  
What are Hormones

Skin Health

Body Piercing and Tattoos  
Cancers  
Hair and Nail Problems  
Infections and Sores  
Itches and Rashes  
Lumps scars and moles  
Sun Safety

Women's Health