



**Office of the Information Commissioner
Queensland**

Follow-up of Report No. 3 of 2014-15

**Audit of Cairns and Hinterland Hospital and Health
Service's implementation of recommendations**

Compliance with Right to Information and Information Privacy

The Office of the Information Commissioner thanks the Cairns and Hinterland Hospital and Health Service for its cooperation throughout the review process and for the courtesy displayed towards the officers undertaking the assessment.



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June 2019

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

Dear Mr Russo

I am pleased to present 'Follow-up of Report No. 3 of 2014-15 Audit of Cairns and Hinterland Hospital and Health Service's implementation of recommendations: Compliance with Right to Information and Information Privacy'. This report is prepared under section 131 of the *Right to Information Act 2009* (Qld).

The report outlines the Cairns and Hinterland Hospital and Health Service's progress in implementing the recommendations I made in the 2015 audit.

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

Yours sincerely

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

Rachael Rangihaeata
Information Commissioner

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Summary

This is a report on the Cairns and Hinterland Hospital and Health Service's (CHHHS) progress on implementing recommendations made in our 2014-15 compliance review under the *Right to Information Act 2009* (Qld) and the *Information Privacy Act 2009* (Qld).¹

Our original review focused on:

- CHHHS's culture of openness and how it engages with the community
- leadership within CHHHS to promote proactive release of information and good information governance
- accountability and performance measurement
- strategies adopted to maximise disclosure of information
- personal information handling practices
- compliance with specific legislative requirements.

The original review found that overall, CHHHS was performing well in meeting its legislative obligations under the *Right to Information Act 2009* and *Information Privacy Act 2009*. While the review did not find any significant instances of non-compliance with specific legislative requirements, we identified improvement opportunities. We made five recommendations in the report to assist CHHHS to take up these opportunities. CHHHS accepted all recommendations.

1.1 Results and conclusions

CHHHS has fully implemented three recommendations, is in progress to implementing one recommendation and has not actioned the remaining recommendation.

CHHHS has improved promotion of administrative access and training in right to information and information privacy, published information holdings and streamlined application handling.

It is progressing a recommendation to improve its management of privacy in camera surveillance. It has improved signage and notices to the public about camera

¹ Report No.3 of 2014-15 to the Queensland Legislative Assembly, '*Compliance Review – Cairns and Hinterland Hospital and Health Service – Review of the Cairns and Hinterland Hospital and Health Service's compliance with the Right to Information Act 2009 (Qld) and Information Privacy Act 2009 (Qld)*'. The report was tabled in Parliament on 6 May 2015, and is available on our website www.oic.qld.gov.au

surveillance, and acquired video-redaction software enabling it to redact video so the video is suitable for release. It has started to develop for publication a policy and procedure addressing privacy considerations in camera surveillance.

It has not implemented measures of its effectiveness and efficiency in right to information and information privacy. CHHHS is addressing information governance, and advises it intends to address performance measurement in its new *Digital information and governance strategy*.

1.2 Agency comments

We provided CHHHS with a copy of this report and a request for comments. We have considered their views in reaching our follow-up review conclusions and have represented them to the extent relevant and warranted in preparing this report. The comments received are in Appendix 1 of this report.

1 Context

Cairns and Hinterland Hospital and Health Service (CHHHS) delivers health care services in far north Queensland. We reviewed its compliance with right to information and information privacy in 2014-15, and reported to Parliament that CHHHS was meeting its legislative obligations well.

Our 2014-15 report made five recommendations to assist CHHHS in taking up identified opportunities for improvement and to support completion of improvements that CHHHS was already undertaking to meet the requirements of the Australian Council on Healthcare Standards' Evaluation and Quality Improvement Program (EQuIP)². CHHHS accepted all recommendations and agreed to implement the recommendations by May 2016.

In June 2016, the chief executive resigned. An interim chief executive commenced in June 2016 and was permanently appointed in December 2016. In September 2016, the entire Board of the hospital and health service resigned, and an administrator was appointed until the commencement of a new Board in May 2017.

In September 2016, we requested CHHHS provide a progress report on the implementation status of each recommendation and the actions it took to address the recommendations. We also asked CHHHS for evidence supporting its response.

CHHHS provided an interim update in November 2016 and a further progress report in February 2017. In April 2017, CHHHS asked for an extension of time to fully implement our recommendations.

We decided to postpone the follow-up review for 12 months. We commenced this follow-up audit in July 2018. CHHHS provided a further progress report in August 2018.

We assessed CHHHS's progress reports and supporting evidence to gain assurance on CHHHS's actions and implementation of the recommendations.

Chapters 2 to 4 present our findings on how CHHHS implemented the recommendations.

² CHHHS was awarded successful accreditation status by the Australian Council of Healthcare Standards until 31 March 2019. Its accreditation is renewed until 2022.

2 Leadership and accountability

2.1 Introduction

In our original review, we examined CHHHS's leadership and governance framework including its strategies for good governance, active management of information, organisational structure, resourcing and training.

We reported that CHHHS provided strong leadership and governance of right to information and information privacy through its chief executive, supported by an Information Management Committee established under the Australian Council on Healthcare Standards Accreditation EQulP Program.

CHHHS operated in an environment with multiple charters, plans and blueprints for governance including the governance of information management.

The Release of Information Unit handled applications for information made under the legislation and provided information, training and awareness to staff about right to information and information privacy. We found opportunities to improve the Release of Information Unit's intranet page to increase:

- information to staff about their role in handling information requests, particularly referring requests to administrative arrangements, and
- visibility of training provided by the Release of Information Unit in right to information and information privacy.

We also assessed the extent to which CHHHS had established systems to identify improvement opportunities within its right to information and information privacy operations. We found that CHHHS proactively used complaints systems to identify areas for improved practice. A good practice noted in our report was the ability for individuals to make an anonymous general complaint.

CHHHS had a climate of strong performance monitoring through its obligations under the *Hospital and Health Service Performance Management Framework*, the Hospital and Health Service Agreements and Health Service Directives.³ However, other than the provision of annual statistics to the CHHHS Board, it had limited mechanisms in place

³ For example, performance information for the Cairns Hospital is accessible from the MyHospitals website, accessible at <http://www.myhospitals.gov.au/hospital/310000214/cairns-hospital>.

for monitoring or reporting on the performance of right to information and information privacy functions.

Inclusion of performance measures and targets at the strategic and operational level is a useful way of identifying improvement opportunities and determining training needs. CHHHS had several projects underway that would introduce performance measurement or that could result in improved performance measures:

- inclusion of strategic performance measures of right to information and information privacy in governance plans, and
- development of operational performance measures for handling applications made under the *Right to Information Act 2009* or *Information Privacy Act 2009*.

We recommended that CHHHS adopt mechanisms to monitor the implementation of right to information and information privacy at the strategic and operational level to support these planned activities.

Figure 2A shows the implementation status of the recommendations about leadership and accountability.

Figure 2A
Leadership and accountability

Recommendation		Status
1	It is recommended that CHHHS: Within six months, incorporate into the Right to Information Unit intranet page information about the administrative release of information, and increase promotion of staff training in right to information and information privacy on the intranet page.	Fully implemented
2	It is recommended that CHHHS: Within twelve months, develop and incorporate performance measures and targets at the strategic and operational level to measure effectiveness and efficiency in implementing right to information and information privacy.	Not actioned

Source: Office of the Information Commissioner

2.2 Results and conclusions

Training and awareness

Recommendation 1 required changes to the intranet and staff training programs. CHHHS implemented those changes.

CHHHS promotes administrative access more effectively. CHHHS has incorporated administrative release information into the Release of Information Unit's intranet page. The advice focusses on patient options and referral of requests to the Release of Information Unit, which is indicative of the information requests received by the health service.

On commencement of this follow-up audit, we found that right to information had been removed from the generic orientation training that had been on offer in 2014-15. It retained information privacy training. CHHHS reinstated right to information training during the course of this audit. The reinstated materials are effective training tools. This training needs to be included in orientation training on an ongoing basis. CHHHS advises the training will remain as a mandatory component of orientation training run twice per month.

Performance monitoring

CHHHS has not implemented our recommendation on performance measurement, monitoring or reporting of right to information and information privacy.

At the operational level, CHHHS moved the Release of Information Unit to a new Department of Revenue, clarified its reporting relationships and established monthly reporting on Key Performance Indicators (KPIs). The Release of Information Unit is now part of an organisational unit with monthly meetings, minutes, agendas, performance statistics and an opportunity to raise issues at the executive level.

We examined the KPIs and the management meeting minutes to assess how CHHHS discusses its performance on right to information and information privacy, in accordance with the type of operational performance measurement in Recommendation 2.

We found that the KPIs do not measure performance but instead are a simple count of operational inputs and activities, with no set targets. The information provided is consistent with that considered during the original review. CHHHS has not provided any evidence that it measures, monitors or reports any outputs or outcomes for right to information or information privacy. The minutes for the relevant management meetings do not evidence any discussion of performance information.

At the strategic level, CHHHS plans to address its information management needs through a new *Digital information and governance strategy*. The strategy is an opportunity for CHHHS to address the strategic level performance measurement required by Recommendation 2.

During the course of this audit, CHHHS decided to include the Release of Information Unit manager in a formal committee addressing *Data and information governance*, under the new national Standard 1 on Clinical Governance. This *Information and Data Governance* committee commenced operations in March 2019. Based on feedback from the Release of Information Unit manager, the committee endorsed inclusion of right to information and information privacy in the *Digital Health and ICT Governance Framework*. The framework does not include performance measures. However, it provides for CHHHS to include right to information and information privacy performance measures in the suite of *Data and information governance strategy* documents in the future.

At the time of this follow-up audit, CHHHS has expressed an intention to develop and incorporate performance measures and targets at the strategic and operational level to measure effectiveness and efficiency in implementing right to information and information privacy. It has not yet done so, but in its response to this report committed to taking action by October 2019. We assess Recommendation 2 as 'not actioned', and note that it may be implemented shortly.

3 Maximum disclosure

3.1 Introduction

Our original review focused on two strategies for routine and proactive disclosure of information to the public: fast tracking the provision of information by providing it administratively; and leveraging online information delivery.

We found that CHHHS had made a range of information available through its publication scheme, disclosure log, administrative access schemes and its website.

We also assessed whether CHHHS had a systemic approach to identifying information holdings and classifying each information holding or dataset as to its level of confidentiality. This type of annotated list of information holdings is an information asset register. An agency can use an information asset register to identify information classified as suitable for public release. It can then release these information holdings in a methodical and thorough way, and be assured it has made the maximum amount of information available to the public in the most straightforward and economical way possible.

CHHHS advised us it would establish an information asset register, similar to the Queensland Health information asset register available online. We supported CHHHS's plan and recommended that CHHHS publish this list of information assets.

A good information asset register enables all users of information to identify available resources from a single source. It assists staff to recognise and push information into the public domain. If it is online, it assists the community to identify and access information that the agency holds.

The Queensland Government Chief Information Office publishes guidance about information asset registers which it is mandatory for some government agencies to follow (for example, departments) and a useful resource for others (for example, hospital and health services). An information asset register should indicate the information assets that the agency can publish or share. It should assign custodians and identify a security classification for each information asset.

As good practice, an agency should also have an online information asset register or public list of information assets that lists all holdings, including whether assets are classified public or have requirements to secure sensitive information. The public list

should also assist people to access documents suitable for publication, for example, provide links directly to publicly accessible documents and information about how to access other information through administrative access where relevant.

Figure 3A shows the implementation status of the recommendations about maximum disclosure.

Figure 3A
Maximum disclosure

Recommendation		Status
3	It is recommended that CHHHS: Within twelve months, implement current plan to develop and publish an information asset register.	Fully implemented

Source: Office of the Information Commissioner

3.2 Results and conclusions

We confirm that CHHHS has published an information asset register online, as described in the original compliance review report.

Currently CHHHS is one of two hospital and health services that we are aware publishes a list of its information holdings online. We encourage all agencies to publish an information asset register online that not only lists all its information holdings but also indicates whether information assets are classified 'public', and assists people to directly access documents suitable for publication.

We encourage CHHHS to regularly review the list of information holdings and incorporate specific information and links about how to access each set of information online, through administrative access, or as a last resort, make a formal access application. We also recommend that information provided to CHHHS staff about information assets is regularly reviewed and consistent with Queensland Government Chief Information Office information asset register requirements.

4 Compliance

4.1 Introduction

In compliance reviews, we look for evidence that the hospital and health service complies with legislative requirements for 'push model' strategies such as the publication scheme and disclosure log, and in application processing and personal information handling practices.

We found that the publication scheme, disclosure log and application handling procedures were generally in accordance with legislative requirements, although we noted a longer than usual application handling time.

Our original review assessed a representative sample of 40 application files. We found that 95% of applications were for medical records. Most applications were finalised around the legislated processing time of 25 business days or within the next week. However, a group of files increased the average duration from receipt of application to decision to 50.1 business days. Our analysis of possible factors that might have slowed application handling found the standout factor was whether the application required a healthcare decision from another business unit.⁴ Consequently, we recommended that CHHHS ensure its business units are aware of the need for efficient turnaround times in handling applications for information.

Our original review of CHHHS's personal information handling practices found its general approach was consistent with two relevant national privacy principles. We examined CHHHS's management of camera surveillance systems against the requirements in the *Information Privacy Act 2009*. We found CHHHS's practices were reasonably effective, but noted opportunities for improvement. These were to publish an approved policy and procedure addressing privacy considerations of camera surveillance, review information privacy notices, and investigate the usefulness of video redaction software to maximise appropriate release of CCTV footage.

⁴ The *Right to Information Act 2009* and *Information Privacy Act 2009* recognise that in some situations it will not be appropriate to give an individual direct access to their healthcare information, as doing so may prejudice the applicant's physical or mental health or wellbeing. Where this information constitutes *relevant healthcare information* the release of which might be prejudicial to an applicant, an agency can make a healthcare decision to refuse access. If an agency refuses access in this way, the agency can decide to give access through an applicant's nominated healthcare provider approved by the agency.

Figure 4A shows the implementation status of the recommendations about compliance.

**Figure 4A
Compliance**

Recommendation		Status
4	It is recommended that CHHHS: Within twelve months, ensure that there is awareness throughout the hospital and health service of the need for efficient turnaround times in handling applications for information, for example, for healthcare decisions.	Fully implemented
5	It is recommended that CHHHS: Within six months, ensure the requirements of the privacy principles and the Information Privacy Act are incorporated in the management of CHHHS's Closed Circuit Television (CCTV) by: <ul style="list-style-type: none"> • publishing approved policy and procedures that address the privacy considerations of using CCTV • reviewing the provision of information privacy notices to the community about CHHHS's CCTV surveillance program; and • investigating the usefulness of video redaction software to maximise appropriate release of CCTV footage. 	In progress

Source: Office of the Information Commissioner

4.2 Results and conclusions

Application handling

CHHHS has achieved a reduction in average application handling times by developing a process to manage healthcare decisions effectively. The Manager, Release of Information Unit and the business unit making healthcare decisions have worked collaboratively to develop a formal procedure and streamline the process. CHHHS has made staff aware of the need to refer patient requests for information immediately to the Release of Information Unit by developing a new procedure:

Procedure: Release of Information - Applications for information under the Information Privacy Act 2009

This procedure describes timeframes for compliance and sets a target of providing a health care decision to the delegated decision-maker within 10 days.

The Manager of the Release of Information Unit supports healthcare decision-makers with detailed notes of information relevant to the healthcare decision and template documentation to streamline healthcare decision-making.

We reviewed a log of applications involving healthcare decisions from September 2017 to August 2018. In that period, CHHHS had achieved its policy of a 10 day turnaround for healthcare decisions. In fact, its average turnaround for making healthcare decisions in that twelve month period was 1.68 business days, a substantial reduction from 33.7 business days for healthcare decisions at the time of the original review. Overall, CHHHS has shortened the average time for finalising applications involving healthcare decisions from 68 to 29 business days from application to decision. This is a significant achievement.

We sought evidence of general staff awareness about the importance of timely responses to applications. During the course of this audit, CHHHS issued an advice in the weekly 'wrap', promoting the Release of Information Unit's role, and issued a screensaver advising staff about their obligations when responding to patients' requests for information. These efforts should continue on an ongoing basis across the health service.

Personal Information Handling Practice - Camera Surveillance

CHHHS has achieved different levels of implementation for the three elements of the recommendation about privacy and camera surveillance. We assess the recommendation as partially implemented.

Publishing approved policies and procedures that address the privacy considerations of using CCTV (in progress): CHHHS has drafted a policy about camera surveillance and privacy, which it has formally scheduled for approval but not yet published. We reviewed a draft of the policy, and it addresses privacy considerations of CCTV. CHHHS reports it is working on the procedures, and that it intends to have finalised the policy and procedures by the end of July 2019.

Reviewing the provision of information privacy notices to the community about CHHHS's CCTV surveillance program (fully implemented): We confirm that CHHHS has an online privacy notice about camera surveillance. CHHHS has sent us screenshots of signage at the hospital and health service about the operation of camera surveillance.

The signs satisfy minimum standards of an 'information privacy notice'. We have advised CHHHS of the characteristics of a good quality privacy notice and forwarded an example.

CHHHS satisfies this element of the recommendation with the combination of online information and signage. CHHHS has an ongoing responsibility to review and update

information privacy notices in order to inform the community of the purpose for camera surveillance and to whom CHHHS usually discloses footage.

Investigating the usefulness of video redaction software to maximise appropriate release of CCTV footage (fully implemented): CHHHS has purchased video editing software. CHHHS confirms that this software allows redaction of video. Redaction functionality supports release of more information than video editing alone.

5 Appendix – comments received

In accordance with our policies and procedures for the conduct of reviews, we provided this report to Cairns and Hinterland Hospital and Health Service with a request for comment.

Enquiries to: Kate Heath
Reference:
Telephone: 4226 3318



Cairns and Hinterland
Hospital and Health Service

31 May 2019

The Commissioner
Office of the Information Commissioner

Via email: melissa.read@oic.qld.gov.au

Dear Ms Rangihaeata,

Thank you for the opportunity to review and comment on the draft report. As a HHS we have valued working with the OIC to improve our management of patient information and the release of the same. We are committed to embedding this within our organisation through training, frameworks and governance structures.

In relation to the two outstanding recommendations please see below for our plan to address these gaps.

Performance Monitoring

Strategic:

Reporting annually on key performance measures relating to privacy of information and requests for information will be included in the Board Safety and Quality committee workplan. This workplan triggers the presentation of a report from the Executive Leadership Committee to the Board.

The information that will be provided includes:

- Accreditation compliance with NSQHS 2nd ed. Actions 1.16 and 1.18
- Validation that procedures are updated and current for:
 - a. IP access
 - b. RTI access
- Number of Complaints about access to IP requests, and resolution outcomes
- Number of Complaints about access to RTI requests, and resolution outcomes
- Current Compliance with RTI/ IP legislation

For 2019 the CHHHS will provide this report to the October Board Safety and Quality meeting. This will then flow annually.

Operational:

To be discussed and formally minuted via the Director of Revenue monthly management meeting. Any issues that need escalating operationally will occur through to the Divisional Performance committee.

- **Proactive release:**
 - # new information made publicly available based on common types of applications

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- **Efficiency:**
 - Turnaround time for healthcare decisions (days)
 - Turnaround time for finalising applications involving health care decisions (days)
 - # requests processed outside legislatively mandated timeframes, with reasons for delay
- **Quality:**
 - # complaints, compliments or suggestions from applicants or parties to an application

CCTV Policy and Procedure

This has been developed and reviewed by many internal and external stakeholders (including the OIC). Feedback to be incorporated and to be packaged with the Policy and tabled at the next Executive Leadership Committee (Strategy and Governance).

Implementation

To ensure internal monitoring and closure of these two outstanding items, CHHHS will add the recommendations from the audit to the quarterly report by internal audit to the Board Audit Committee. Timeframes allocated will be as below:

- Embedded strategic and operational KPI plan: 31 October 2019.
- CCTV policy and procedure: 31 July 2019.

Should you require any further information in relation to this matter I have arranged for Ms Kate Heath, Director of Revenue on telephone 4226 3318 to be available to assist you.

Thank you again for your correspondence.

Yours sincerely



Clare Douglas
Health Service Chief Executive
Cairns and Hinterland Hospital and Health Service