



Office of the Information Commissioner
Queensland

Follow-up of Report No.4 of 2016-17

**Audit of Gold Coast Hospital and Health Service's
implementation of recommendations**

Compliance with Right to Information and Information Privacy

Report No.4 to the Queensland Legislative Assembly for 2018-19

The Office of the Information Commissioner thanks the Gold Coast 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.4 of 2016-17 Audit of Gold Coast 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 Gold Coast Hospital and Health Service's progress in implementing the recommendations I made in the 2017 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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1 Summary

This is a report on the Gold Coast Hospital and Health Service's (GCHHS) implementation of recommendations made under the *Right to Information Act 2009* (Qld) and *Information Privacy Act 2009* (Qld).¹

Our original review focused on:

- GCHHS's culture of openness and how it engages with the community
- leadership within GCHHS to promote proactive release of information and good information governance
- strategies adopted to maximise disclosure of information
- compliance with specific legislative requirements
- privacy, particularly personal information handling practices in the camera surveillance system.

The original review found that overall GCHHS was committed to right to information and privacy and was 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 six recommendations in the report to assist GCHHS to take up these opportunities. GCHHS accepted and agreed with five recommendations. It accepted one recommendation in principle and suggested alternative action.

This report presents GCHHS's progress in implementing the recommendations.

1.1 Results and conclusion

GCHHS has fully implemented two recommendations and is in progress to implementing four recommendations.

GCHHS has updated its publication scheme and has established practices to ensure information published is current and relevant. This recommendation is fully implemented.

¹ *Compliance Review – Gold Coast Hospital and Health Service Review of the Gold Coast Hospital and Health Service's compliance with the Right to Information Act 2009 (Qld) and the Information Privacy Act 2009 (Qld)*

It has fully implemented a recommendation to classify its information holdings and datasets to determine their suitability for public release and to publish the information asset register online.

GCHHS is progressing work to incorporate right to information and information privacy into its mandatory orientation sessions for new staff. The information about right to information and information privacy in the GCHHS's orientation training session is not yet sufficient to educate its employees about all their obligations under the Acts. GCHHS has identified in its Information Management Roadmap document a project to update its existing right to information, information privacy and confidentiality training materials.

At the time of the original compliance review, we took into account GCHHS's approach to information management so we could make practical recommendations about:

- leadership and responsibility for right to information and information privacy
- information governance frameworks
- performance monitoring and reporting
- ensuring that GCHHS addressed privacy obligations when collecting information through forms.

GCHHS accepted our recommendations at the time. It has changed direction. It has a new:

- over-arching Digital Portfolio Committee with a proposal to establish an Information Management Committee
- information management framework, with associated plans and strategies
- plan to re-develop performance measures and reporting about information management.

These strategies are expected to address right to information and information privacy. The committee structure and new information management framework are in progress to implementation.

GCHHS intends to create a committee to identify, manage and monitor proactive disclosure. This committee will develop performance measures and indicators associated with the disclosure of information. However, the scheduled commencement of the sub-group post-dates this follow-up audit and we are therefore unable to assess its effectiveness in addressing our recommendation.

GCHHS has updated the forms cited as examples in the original audit. While the hospital and health service has taken alternate action to review all clinical and non-clinical forms, the post June 2019 completion dates for these activities means that we are unable to assess their effectiveness in addressing the full requirements of the recommendation.

1.2 Agency comments

We provided GCHHS with a copy of this report and a request for comments. We have considered its 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.

2 Context

The Gold Coast Hospital and Health Service (GCHHS) delivers health services to the south-east corner of Queensland and parts of northern New South Wales. We reviewed its compliance with right to information and information privacy obligations in 2016-17 and reported to Parliament that GCHHS was generally meeting its legislative obligations.

Our 2016-17 report made six recommendations to assist GCHHS in taking up identified opportunities for improvement and to support completion of improvements it was making to its information management and governance practices. GCHHS accepted five recommendations and suggested an alternative approach in addressing the other. GCHHS agreed to implement the six recommendations by December 2017.

In July 2018, we requested GCHHS give us a progress report on the implementation status of each recommendation and the actions it took to address the recommendations. We also asked GCHHS for evidence supporting its response.

GCHHS gave us an interim progress report in September 2018 and further reports in February and April 2019.

We assessed GCHHS's progress reports and supporting evidence, and performed risk-based checks to gain assurance on its actions and implementation of the recommendations.

Chapters 3 to 6 present our findings on how GCHHS implemented the six recommendations.

3 Leadership and accountability

3.1 Introduction

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

We reported that GCHHS was reassessing its information and governance environment. At that time, it proposed a Data Governance Steering Committee (DGSC) to have oversight of GCHHS's information management capability and capacity. While the terms of reference for the DGSC were consistent with the Queensland Government Enterprise Architecture guideline on implementing information governance, they were in draft. In addition, the GCHHS had not developed the Data Governance Framework mentioned in the draft terms of reference for the committee. This meant we were unable to determine how the framework incorporated the objectives of the *Right to Information Act 2009* and *Information Privacy Act 2009*. We recommended that GCHHS approve the DGSC's terms of reference, establish the committee and approve the data governance framework mentioned in the draft terms of reference.

The business unit in GCHHS handling information applications was appropriately independent and supported by a case management system and delegations. It provided in-house general awareness training about right to information and information privacy to business units on request. We found GCHHS could improve staff awareness of their right to information and information privacy obligations by including it in the mandatory suite of training for all new staff.

GCHHS monitors the performance of its right to information and privacy operations. At the executive level GCHHS had limited measures for monitoring the performance and effectiveness of proactive information disclosure. We recommended development of strategic and operational performance monitoring to give GCHHS an assurance that it makes the greatest amount of information available to the community.

Figure 3A shows the implementation status of the recommendations about leadership and accountability.

Figure 3A
Leadership and accountability

Recommendation		Status
1	We recommend that GCHHS: within six months, incorporate right to information and privacy modules into the mandatory suite of training for new staff.	In progress
2	We recommend that GCHHS: by 30 June 2017, approves its Data Governance Steering Committee's terms of reference and establishes the committee by the target date. This includes: <ul style="list-style-type: none"> • commencing regular committee meetings • approving a data governance framework • establishing asset management domain capability and capacity • implementing controls that direct and guide data governance. 	Alternative action taken In progress
3	We recommend that GCHHS: within 12 months, implements performance measures and data key performance indicators (KPIs) for proactive disclosure of information and privacy during phase two of establishing its Data Governance Steering Committee.	Alternative action taken In progress

Source: Office of the Information Commissioner

3.2 Results and conclusion

Training and awareness

Our recommendation called for GCHHS to incorporate right to information and information privacy modules into the mandatory suite of training for new staff.

GCHHS has rolled out information security training to staff. The information security training incorporates elements of information privacy such as National Privacy Principle (NPP) 4 – *Data Security*. Module 2 of the training focuses on information security governance. The section on Queensland legislation that governs information security and information access across the State Government does not mention the *Information Privacy Act 2009* and the NPPs or the *Right to Information Act 2009*.

Information security is one element of privacy legislation and in the absence of any other specific training on information privacy is insufficient in meeting the requirements of our recommendation.

GCHHS has determined that individual training modules in right to information and information privacy are not required for its mandatory orientation schedule. The hospital and health service has instead, opted to include a general overview of right to information and information privacy in its 'Protecting our patients' privacy' presentation. This presentation is part of the mandatory orientation program schedule delivered to all new staff.

The GCHHS's 'Protecting our patients' privacy' module includes slides on right to information and information privacy. However the main emphasis of the module is focused on confidentiality including:

- misuse of confidential information and computers
- raising staff awareness of misconduct, corrupt conduct and criminal offences.

The slides capture useful information about the role and function of the delegated decision-maker and obligations on staff to respond to requests for information in a prompt manner. However, the broader content is high level and does not sufficiently address the scope of right to information and information privacy. For example, the privacy slide mentions the NPPs but does not include an overview of them or what this means to the employee when collecting and handling personal information. The information included on the slides is not sufficient to constitute right to information and information privacy training modules as recommended.

GCHHS acknowledges that significant opportunities still exist to create more meaningful and comprehensive right to information and information privacy training for employees. It has identified in its Information Management Roadmap document a project to update existing right to information, information privacy and confidentiality training materials. The GCHHS expects to deliver the various elements of this program to update existing training material between December 2019 and June 2020.

The GCHHS's intranet page includes links to our online training material. GCHHS invites staff to complete the general awareness right to information and information privacy training available on our website. However, it is not mandatory that staff complete these training modules. Our recent privacy audit identified that training offered on an optional basis leads to low employee completion rates.

We noted in our original audit that GCHHS provides in-house training on right to information and information privacy to service areas on request. We encourage the hospital and health service to continue this practice as it supports and maintains general awareness of employee's right to information and information privacy obligations.

GCHHS has incorporated limited information about right to information and information privacy into its mandatory training for all new employees. We consider the recommendation is in progress. Opportunities exist for GCHHS to make right to information and information privacy training more comprehensive and meaningful to employees in understanding all their legislative obligations under the Acts.

Responsibility for information governance

Our original review identified the need for GCHHS to improve leadership and governance frameworks to achieve progress in right to information and information privacy.

At the time, GCHHS's Service Agreement required accreditation under the Evaluation and Quality Improvement Program (EQulP) Standards, particularly Standard 14 *Information Management*. GCHHS was also required to address the Queensland Government Enterprise Architecture. Consistent with these obligations, we supported GCHHS establishing a leadership body to drive a strategic approach to data governance, improve information management, and consequently progress right to information and information privacy.

GCHHS has started to take alternate action. We appreciate that the context for the original recommendation has changed and a new strategy might be more appropriate.

The changes to the context have not changed GCHHS's obligations. We have assessed whether GCHHS's alternative strategy addresses these obligations, that is, whether GCHHS has:

- assigned responsibility for information management and governance to a person or committee at the executive level
- embedded right to information and information privacy into its new information management and governance frameworks.

There are two key elements to GCHHS's alternative strategy:

- a new committee structure with clarified responsibilities
- a new information management framework.

GCHHS advised us that their new committee structure sits under a Digital Portfolio Committee.

Under this committee, GCHHS advises that oversight for right to information and information privacy and the driver for pro-disclosure principles rests with a proposed

Information Management Committee. This committee is proposed to commence operation in May 2019. GCHHS advises:

The Information Management Committee (the Committee) Terms of Reference was endorsed by the Digital Portfolio Committee in March 2019.

The established Committee will oversee the governance activities outlined in the GCHHS Information Management Roadmap (the Roadmap), which has been updated to include the activities' anticipated completion dates.

We have seen evidence of endorsed Terms of Reference for the Information Management Committee. We have also seen an agenda for the first meeting, scheduled for 27 May 2019.

GCHHS developed supporting documentation, including an Information Management Framework and Information Management Roadmap. We have examined the documentation GCHHS provided, interviewed relevant staff and sighted a screenshot of the Information Management Roadmap's publication on the intranet. GCHHS's documents provide a platform for progressing a range of information management strategies including right to information and information privacy.

The Information Management Roadmap provides the focus and actions towards the management of information as a strategic asset for the GCHHS in alignment with legislative obligations.²

The Roadmap identifies five explicit right to information / information privacy projects:

- develop a standardised process for access, use and disclosure of data
- update existing right to information / privacy / confidentiality training materials into mandatory training for new staff
- Develop Information Access and Use Management Factsheet about identifying information access trends
- Information Access and Use Policy to support exchange and availability of information and stating it must be provided to the fullest extent possible

² GCHHS Information Management Roadmap.

- Conducting a Privacy Impact Assessment (PIA) - Work Instruction - 'A work instruction will be developed to standardise the PIA process and ensure it is an early consideration in any project.'

The Information Management Roadmap is listed on the Information Management Committee's agenda for its first meeting. The agenda describes it as a draft for review.

GCHHS has started work on establishing a leadership committee and an Information Management Roadmap. GCHHS has not yet settled approved documentation for either the committee or its Roadmap. Implementation of this recommendation is in progress.

Performance measurement

To assess implementation of this recommendation, we reviewed documentary evidence and discussed performance measurement with GCHHS staff. We looked for evidence of strategic level performance measurement for right to information, such as the agency demonstrating proactive disclosure by increasing the amount of relevant and appropriate information available in the public domain.

None of the performance measures given to us by GCHHS at the start of the follow-up audit addressed the performance and effectiveness of proactive disclosure as originally recommended.

In response to our enquiries in February 2019, GCHHS advised they would create a committee to identify, manage and monitor proactive disclosure. This committee, called the *Disclosure management – sub-group: Information Management Committee*, has six objectives including:

Develop performance measures and indicators associated with the disclosure of information

GCHHS advised the sub-group would commence in June 2019, for a minimum period of three months with a possible extension.

In April 2019, GCHHS advised:

Additional research and reviews on the performance measures/indicators has commenced and is being facilitated by the GCHHS Governance and Compliance Service. Benchmarking against the OIC performance standards will be the source adapted to formulate the base for these measures.

GCHHS sent us their *Proactive Disclosure and Information Privacy Performance Measures* document. This document is in draft. It adopts a number of performance standards and measures published in our *Right to Information and Information Privacy – Performance standards and measures for agencies*. The hospital and health service advises that the draft document will require endorsement by the Committee who will then have responsibility for developing the tools used to capture and monitor the performance measures.

The scheduled commencement of the sub-group post-dates this follow-up audit. We are unable to assess its effectiveness in addressing our recommendation.

At its first meeting, the Information Management Committee will consider:

- the creation of the committee - *Disclosure management – sub-group: Information Management Committee*
- the performance measures - *Proactive Disclosure and Information Privacy Performance Measures*

At the time of reporting this follow-up audit, GCHHS is in progress towards implementing this recommendation.

4 Maximum disclosure

4.1 Introduction

We focus on two strategies for routine and proactive disclosure of information to the public: fast tracking the giving of information by providing it administratively, and leveraging online information delivery.

We found that GCHHS's administrative access arrangements are effective. As a result, it can give access to information more simply, transparently and efficiently.

We also assessed whether GCHHS 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.

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.

Under its service agreement with Queensland Health (the department), GCHHS must have an information asset register. Its Service Agreement states it must comply with health service directives.³ The Health Service Directive on *Enterprise Architecture* requires GCHHS to align with the Queensland Government Enterprise Architecture in its

³ Gold Coast Hospital and Health Service, Service Agreement 2016/17 – 2018/19, July 2018 Revision, page 10.

use of and investment in information and communications technology and information management.⁴

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.

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

We recommended that GCHHS classify the information holdings in its information asset register to determine their suitability for public release and that they publish the register online to better inform the community about the type of information it holds.

Figure 4A shows the implementation status of the recommendations about maximum disclosure.

**Figure 4A
Maximum disclosure**

Recommendation		Status
4	<p>We recommend that GCHHS:</p> <p>within twelve months, classifies the information holdings and datasets in its information asset register to determine their suitability for public release.</p> <p>within twelve months, publishes the information asset register on its website to better inform the community about the type of information it holds.</p>	Fully implemented

Source: Office of the Information Commissioner

4.2 Results and conclusion

GCHHS has established an ICT Asset Management Control Register. The register lists the information asset along with a description of the purpose of the asset. In most instances, GCHHS has assigned a custodian to the information asset.

⁴ Enterprise Architecture, QH-HSD-015:2014, effective from 1 April 2018, page 3.

We examined the register. GCHHS has classified most of the information assets as 'not sensitive', 'moderately sensitive' or 'highly sensitive'. It is not clear that these classifications of sensitivity are the same as a classification determining the suitability of each asset for public release. Despite these data sensitivity classifications, GCHHS has determined that the entire contents of the register is 'x in-confidence' and therefore not suitable for public consumption.

The classification of the entire register contents as 'x in-confidence' is inconsistent with the classification of some individual information assets. In particular, those information assets classified within the register as 'not sensitive'.

In February 2019, GCHHS developed an alternate version of the Information Asset Register which it intends to publish. This register is similar to the department information asset register. It lists each information asset along with a description of the type of data contained within the asset.

We encourage GCHHS to not only list all its information holdings but also indicate the security levels of information assets and assist people to directly access documents suitable for publication.

In satisfying part two of the recommendation, in April 2019 we confirmed that GCHHS had endorsed and published its information asset register on their website.

At the time of our follow-up audit, GCHHS had classified its information assets in satisfying part one of the recommendation. With GCHHS's subsequent endorsement and publication of its information asset register on their website we consider that GCHHS has fully implemented this recommendation.

5 Compliance

5.1 Introduction

Our original audit looked for evidence that the hospital and health service complied with its legislative requirements for operating and maintaining its publication scheme and disclosure log. We also assessed whether GCHHS handled applications for right to information and privacy in accordance with the Acts.

We found that GCHHS had strengthened its procedures and systems supporting compliant application handling during the course of our original audit.

GCHHS maintained its disclosure log in accordance with legislative requirements.

The hospital and health service operated its publication scheme, mostly in accordance with the requirements of the *Right to Information Act 2009* and Ministerial guidelines. We found that while GCHHS had documented policies and procedures for publishing and reviewing existing internet content, this was not followed consistently. Subsequently, some content in the publication scheme was out of date at the time of the audit.

Figure 5A shows the implementation status of the recommendation to maintain a current and up to date publication scheme.

**Figure 5A
Compliance**

Recommendation		Status
5	We recommend that GCHHS: consistently updates the publication scheme as relevant publications become available, so that the community has access to the most up to date information.	Fully implemented

Source: *Office of the Information Commissioner*

5.2 Results and conclusion

We assessed GCHHS's publication scheme and found that it was up-to-date at the time we followed up the agency's progress in implementing the recommendation.

The recommendation was that GCHHS consistently updates the publication scheme. GCHHS has policies and procedures for publishing documents and general content online. At the time of our original audit, we noted that the Online Publishing Policy listed

the *Right to Information Act 2009* and *Information Privacy Act 2009* as the legislative authority for the policy. The procedures for online publishing of documents and general content addressed processes for publishing and reviewing online content.

In addition to GCHHS's current policies and procedures for publishing and reviewing online documents and general content, GCHHS gave us a copy of a document called *Publication Scheme Governance*. This document specifically addresses the hospital and health service's maintenance of their publication scheme.

In line with this document, the Strategic Communications and Engagement unit is responsible for the management and monitoring of GCHHS's publication scheme. The document addresses the review process. It includes the intervals at which the Strategic Communications and Engagement unit are to review the publication scheme webpages.

In addition to GCHHS's current policies and procedures, governing online publication of documents and general content, the *Publication Scheme Governance* document, if formalised as a procedure and approved, will give GCHHS assurance about the consistent maintenance of the publication scheme.

GCHHS have fully implemented this recommendation.

6 Privacy

6.1 Introduction

Under the *Information Privacy Act 2009*, a hospital and health service must comply with the nine National Privacy Principles (NPPs). Our original review focused on the health service's adoption of NPP1 – *Collection of personal information* and NPP5 – *Openness*.

Our original audit found that GCHHS is meeting its obligations under NPP5 – *Openness*. GCHHS's privacy plan details the types of personal information it collects and how it holds, uses and discloses this information.

GCHHS's camera surveillance network is governed by written policies and procedures that incorporate the privacy principles.

Our assessment of the hospital and health service's compliance with NPP1 – *Collection of personal information* found improvement opportunities for collecting sensitive information and for notifying individuals when collecting their personal information.

We noted that GCHHS collects information meeting the definition of 'sensitive' information. Sensitive information is a subset of personal information that arises only under the NPPs. It includes information about an individual's racial or ethnic origin, political opinions, membership of a political association, religious beliefs or affiliations, and sexual preferences or practices. The *Information Privacy Act 2009* requires that a health agency must not collect sensitive information about an individual unless one of the conditions set out in NPP9 – *Sensitive Information* applies. An example of such a condition is if the individual consents to the collection.

GCHHS did not satisfy the consent condition in NPP9 – *Sensitive Information* on the two forms we reviewed which collect this information, because it did not sufficiently inform people so they could understand what they were consenting to in providing the information, nor did the forms explain that giving this information is voluntary.

A further issue with these forms was that the collection notices did not sufficiently inform people about how GCHHS would use their personal information.

Figure 6A shows the implementation status of the recommendations about privacy compliance.

**Figure 6A
Privacy**

Recommendation		Status
6	<p>We recommend that GCHHS: within twelve months, reviews forms to ensure that:</p> <ul style="list-style-type: none"> • collection notices provide appropriate advice about the purposes for which the personal information is collected • fields that collect sensitive information for demographic analysis clearly indicate that providing this information is optional. 	<p>Alternative action taken In progress</p>

Source: Office of the Information Commissioner

6.2 Results and conclusion

During the original audit, GCHHS said that by 30 September 2016 it would correct the issues in the collection notices in two forms cited as examples in the audit report. We checked the two specific forms.

We found that GCHHS has updated its volunteer application form. The section dealing with the collection of sensitive information sufficiently informs people so they can understand why they are consenting to providing the sensitive information requested. The form clearly explains that giving this information is voluntary. GCHHS has updated the collection notice on this form. It now includes a more meaningful explanation of the purpose for why the hospital and health service is collecting the individual's personal information.

We received advice that the second form identified in our original audit is no longer in use by the agency. The form is no longer available on GCHHS's website.

While GCHHS has updated the forms cited as examples in the original review, we have not seen evidence that GCHHS has completed a review of all its clinical and non-clinical forms. In response to our enquiries, GCHHS confirmed that it undertook alternate action in addressing this recommendation.

GCHHS advised us that it has taken a different strategic direction with the digitalisation of records and implementation of the integrated electronic Medical Record (ieMR). The digitalisation and standardisation of clinical forms through the use of ieMR statewide will see a reduction in the number of local clinical forms available for GCHHS to review.

Therefore a review of all clinical forms prior to GCHHS's implementation of ieMR would be ineffective as most forms have since been digitalised and replaced.

GCHHS advised us about its processes for clinical forms, and its clinical forms review. The GCHHS Clinical Forms Sub-Group updated their terms of reference in September 2018. The group will conduct a review of the Clinical Form Management procedure. As part of this review, the sub-group will ensure right to information, information privacy and collection notice information is considered and included in the procedure.

GCHHS advised us that the sub-group will include in their Clinical Form Development Application form, the requirement for the GCHHS's right to information and information privacy specialist to be consulted when developing new clinical forms.

The GCHHS's Clinical Forms Sub-Group is not expected to complete its review and obtain endorsement until 30 June 2019. However, we did confirm that it has included the privacy team in its Clinical Form Development Application form as a listed stakeholder for consultation and review for proposed development of clinical forms.

For non-clinical forms, GCHHS advises that the Disclosure Management sub-group which is a sub-group of the Information Management Committee will undertake a review of the hospital and health service's non-clinical forms. As noted in the Disclosure Management – Sub-group: Information Management Committee document given to us by GCHHS, the sub-group will review non-clinical forms for adequate disclosures of the requirements for mandatory data collection.

GCHHS advised us that:

“The group will ensure that there is a process map developed to assist the wider HHS on what essential information is required to ensure Right to Information, Information Privacy and the inclusion of collection notice information regarding sensitive demographic information has been considered and included. This process map will ensure that appropriate governance is implemented and that the HHS has effective monitoring and management of the non-clinical form development.”

GCHHS advises that it has commenced drafting the process map. The clinical and non-clinical forms process map is a one page document outlining the different actions the form owner must consider in developing a new form. For example, determining whether the form is clinical or non-clinical and completing the relevant form development application.

We received advice that the sub-group is scheduled to commence the non-clinical forms review in mid-May 2019, meaning we are unable to assess its effectiveness in addressing our recommendation.

GCHHS has taken steps to put in place processes for implementing the recommendation; however the expected post-June 2019 completion dates for these activities means that we are unable to assess their effectiveness in addressing the full requirements of the recommendation. We therefore assess this recommendation as in progress.

7 Appendix – comments received

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

RC/DG
CO19-0020
Chief Executive
Phone: 5687 0103



**Gold Coast Hospital
and Health Service**

24 May 2019

Ms Rachael Rangihaeata
Office of the Information Commissioner Queensland
Level 7, 133 Mary Street
Brisbane QLD 4000

Dear Ms Rangihaeata

Follow-up audit – Gold Coast Hospital and Health Service

I refer to the recent correspondence received in relation to the follow-up audit undertaken by the Office of the Information Commissioner.

The Gold Coast Hospital and Health Service (GCHHS) has greatly appreciated the approach of the audit team in conducting the follow-up review and the constructive feedback provided. We have also appreciated the opportunity to review and respond to recommendations made in the draft follow-up report.

I have noted results and conclusions of the compliance review and accept its findings, noting the key conclusion GCHHS is committed to right to information and privacy and is meeting its legislative obligations under the *Right to Information Act 2009* and *Information Privacy Act 2009*. We also note the review's findings in relation to progress GCHHS has made to implement opportunities for improvement recommended in the previous report. The review accurately summarises progress the organisation has made to implement recommendations, and also notes where alternative strategies to have been progressed to support our digital transformation agenda which was launched in 2017. The Gold Coast Hospital and Health Service will continue to implement the identified improvement opportunities that are currently in progress and honour our commitment to right to information and information privacy.

Please contact Abby Quinn, Principal Governance Advisor, Governance, Risk and Commercial Services (Abby.Quinn@health.qld.gov.au or 07 5687 0108) should you require any further assistance.

Yours sincerely

A handwritten signature in black ink, appearing to read "Ron Calvert".

Ron Calvert
Health Service Chief Executive
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24 / 05 / 2019

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