

2013 Right to Information and Information Privacy Agency Electronic Audit

1. Gateway questions

The electronic audit instrument did not canvas comments in regards to the gateway questions.

Section A – Leadership

(Note to person coordinating responses - This section could be completed by the Information Champion, or executive within the agency responsible for information management.)

Response options:	Use this response option when:
Yes	A system, policy, strategy or process has been implemented in full across the agency.
In progress (IP)	Management has decided on a particular course of action and implementation has commenced or is complete in part but not all of the agency.
Identified (Id)	Management has identified this as an issue, but has not yet commenced to address the issue.
No	There are no strategies in place, and no immediate plans to pursue them.

	Criteria Question
1.	Open government
1.1	The agency has a culture open to the release of information.
	<p>Current review of RTI and IP governance/management to consider. Procedures are as per RTI/IP Act 2009. RTA core business info is personal info and is therefore restricted to those that the info relates to, in accordance with the IP Act. Policies & procedures support this. RTI comm strat, RTI training & support prog, resources review schedule. Admin Access policies to be developed & implemented across bus units. Board of Mgt standing item for pub scheme. RTI/IP app In last resort. RTI DMs trained & aware of alt access paths. Significant progress has been made in the publication scheme. The agency is building its culture which includes being open to the release of information. The core business of complaint management is essentially a private process between the parties. A new website is being developed with a greater volume of information. There are no documented policies/procedures in place.</p>
1.2	Agency policy frameworks describe how the community is to be included in development of policies affecting external operations.
	<p>Adopted community engagement policy [Agency] undertakes community engage strats & activities as approp. There is a [Unit] & Corp Comm Services Unit who perform such roles. Also, policy & leg functions routinely incl comm or stakeholder consult processes Community Engagement Policy (2 agencies) Community Engagement Policy & Strategy Community Engagement Policy and Policy Development Framework Council meetings and community consultations External operations usually require community consultation - Community consultation framework being developed No external operations No formal process - but series of relationships and consultations that help to inform external service delivery. Note this agency is responsible for the [removed] which includes requirements for community consultation. Only as it relates to the community Open Council Meetings and Regular Community Consultation</p>

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Criteria Question	
1.2	<p>Agency policy frameworks describe how the community is to be included in development of policies affecting external operations. (cont)</p> <p>Open data strategy currently being developed</p> <p>[Agency] as a regulatory body has a policy framework that governs its operations. [Agency] has no role in establishing government community policies.</p> <p>[Agency] does not have direct external operations with members of the general public</p> <p>Sector consultation through [forum] in place. Reps from [stakeholders] meet with [Agency] quarterly at [forum] to discuss emerging issues and [agency] services. Consultation strategies developed as required for specific projects. (In addition to comments for Q 1.2 under Section A - Leadership - Open Government (relating to policy frameworks for consulting with the community) Some examples of the consultation strategies developed for specific projects were:</p> <ul style="list-style-type: none"> • Review of legislation. Community feedback sought between [dates]. This involved release of a discussion paper (hardcopy and electronic), inclusion on "Get Involved" website, meetings with peak bodies and representative organisations. • Education material. Communications and education material (eg website content, publications, etc) incorporate sector feedback, including testing material through focus groups, etc. • Client Satisfaction Survey. Held every two years, feedback on current and proposed [agency] services is captured through formalised market research involving focus groups and telephone interviews conducted by a professional research company (Colmar Brunton). • Sector consultation for developing new services. [Agency] representatives met with [stakeholders] and others involved in the [removed] sector (eg training organisations) to discuss client needs for [agency] services. This was in the format of focus groups (for [stakeholders]), or individual meetings. More than 150 people were consulted around Queensland. • Specialist research. Research undertaken to look at client needs and wants, for example use of Australia Post for [service], to help tailor [agency] services. • Ongoing workshops for [specific stakeholders] around the State where there is the opportunity for two way information flow.) <p>The overarching Policy Management Policy promotes best practice policy development and consequently the expectation of engagement with stakeholders in the development of Policy.</p> <p>The policy framework is still being developed</p> <p>The [agency] is a [removed] and performs regulatory functions. Accordingly, the agency's policy frameworks does not include the community.</p> <p>While [agency] ensures policy frame works are in place to improve community involvement in responding to [removed] matters, there are no mechanisms or policies in place which standardise consultation with the community, as part of the development of [agency] policy.</p> <p>Work in progress and will be incorporated in 2013</p> <p>Yes as part of Council Monthly Meetings where resolutions are discussed and communicated.</p>
1.3	<p>The agency has a mechanism for identifying the information that its industry stakeholders would find useful, for example, a consultation strategy.</p> <p>As above (A1.2 - While [agency] ensures policy frame works are in place to improve community involvement in responding to [removed] matters, there are no mechanisms or policies in place which standardise consultation with the community, as part of the development of [agency] policy.)</p> <p>Council has a Community Plan and other strategic document on its website</p> <p>Decisions about the information that is provided to stakeholders is made internally. The [agency] has adopted a consultative stance when discussions of this nature have arisen.</p> <p>Implementation of [stakeholder] committees</p> <p>Industry Consultation Procedure</p> <p>Initial and ongoing stakeholder engagement and consultation undertaken as part of [agency] commitment to the Open Data initiative</p> <p>Management has identified this as an issue, but has not yet commenced to address the issue.</p> <p>Number of forums have been established with stakeholders ([forums]). Currently reviewing effectiveness of strategy for interaction with preferred suppliers</p> <p>See above above comment (A1.2 - Note this agency is responsible for the [removed] which includes requirements for community consultation.)</p> <p>The mechanism may not be officially recognised, however, where appropriate, [agency] will identify information that will be useful to external stakeholders</p>

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	Criteria Question
1.3	<p>The agency has a mechanism for identifying the information that its industry stakeholders would find useful, for example, a consultation strategy. (cont)</p>
	<p>The overarching Policy Management Policy is supported by templates for consultation, implementation and communication planning.</p> <p>The University has mechanisms for consulting with industry and the community, where applicable (e.g. professional accreditation of courses)</p> <p>We don't have industry stakeholders</p> <p>Working through [agency]'s Open Data process.</p> <p>Yes and this is found on the website.</p>
1.4	<p>The agency has a mechanism for providing the information to industry stakeholders that the industry stakeholders have identified as being useful to them, for example, a procedure for publishing information that industry stakeholders have identified as being useful to them.</p>
	<p>[Agency] Newsletter, Website, Email Network</p> <p>Agency publishing data and information regarding its operations and services online both proactively and incorporating stakeholder feedback</p> <p>as above (A1.3 - We don't have industry stakeholders)</p> <p>Council uses its website to publish information that appears to be of public interest</p> <p>Implementation of Community [removed] committees</p> <p>In addition to the above comments, it is notable that [removed] procedures has a public access version of the [manual] published on the [agency] internet site.</p> <p>Industry Consultation Procedure</p> <p>Monthly newsletter and Annual Report provided to internal and external stakeholders. Further report is made available to the public via [agency] website</p> <p>Not relevant to [agency] which is a central agency</p> <p>[HHS] Publications Scheme and information on the QH Publications Scheme. The [HHS] also receives the benefit of broader consultations such as the Health Community Councils and the Health Consumers Forum.</p> <p>See comment for 1.3 (A1.3 - The University has mechanisms for consulting with industry and the community, where applicable (e.g. professional accreditation of courses))</p> <p>The mechanism may not be officially recognised, though [agency] will engage in sharing of information where appropriate. I would see the publication scheme as a formal avenue to assist industry.</p> <p>Through forums and consultations and [removed] website which provides all our policies and guidelines and is regularly updated.</p>
1.5	<p>When developing RTI and IP policy, the agency conducts appropriate internal consultation, for example, with decision makers.</p>
	<p>Community Engagement Policy</p> <p>Just follow the RTI & IP Acts</p> <p>Policy and operational issues which impact on RTI or Privacy are referred to the RTI and Privacy Unit for comment. Each business unit has nominated Contact Officers for RTI and IP issues who attend training and network meetings when convened by the Director, RTI and Privacy Unit.</p> <p>Policy Development Framework</p> <p>Policy development is still underway. Consultation is undertaken as part of the standard approach to policy development.</p> <p>The [agency] has strong internal consultation mechanisms for Right to Information matters.</p>
1.6	<p>The agency tracks the type of person seeking information under the RTI Act or IP Act (e.g. individuals, companies, journalists, lobby / community groups, politicians, legal representatives, agents, prisoners or government agencies).</p>
	<p>[Agency] government and media requests for information. This information is reviewed as part of business planning to inform future key messages to provide to the public in areas of interest.</p> <p>Applicant type is recorded in the RTIPs system</p> <p>Due to the [removed] nature of our operations, [agency] are exempted from application of the RTI Act and therefore has had little cause to interact with the IP Act. Therefore its not considered necessary to facilitate such tracking.</p> <p>Due to the low number of applications received this is limited but noted.</p> <p>Few RTI or IP applications received (9 agencies)</p>

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	Criteria Question
1.6	<p>The agency tracks the type of person seeking information under the RTI Act or IP Act. (cont)</p> <p>Limited to agents of applicants No applications received (6 agencies) Only by reference to the log of previous applications. The volume of applicants does not warrant separate tracking. Register RTI/IP Register is maintained in [records unit] Small number of applications received each year, with the vast majority seeking access to their own information. This information is collected using a spreadsheet supplied by the RTI-Privacy Unit. This spreadsheet tracks applicants by category but moreso by type of application (eg own health records, staff, deceased patient etc). Analysis is not required. via the application form We receive very few applications each year. Usually applicants are either respondent or complainant We track personal & non-personal applications and can readily identify categories of applicants if necessary, due to small numbers received</p>
1.7	<p>Over time, your agency has noticed an increase in diversity in the type of person seeking information.</p> <p>Increase due to [removed] and update of Disclosure Log [Agency] commonly receives requests for information from government, media, property owners affected by [agency] projects, employees and union organisations. The diversity in the type of person seeking information has not changed over time. [Agency] info is generally personal information and is requested by [stakeholders] in relation to their [removed] and disputes. Agency only in existence for 1 year Applications are generally sought from previous employees / litigants Applications received from members of the community regarding community engagement projects. Council has not noticed any significant trends associated with type of applicant Council has seen a marked increase in relation to applications, this in itself have provided a diversity in the type of person seeking information and the information being sought Data collected is inconclusive due to the very small number of RTI/IP requests received to date. Few RTI or IP applications received (5 agencies) Generally licensees, owners or their agents. However the type of information the applicant is requesting has become more diverse. Given the agency has been established for one year, trends are yet to emerge. Increase in applications from solicitors on behalf of clients apparent Increase in requests from inmates ([Correctional Centre] devolved under [Health Service]) Information has not been analysed in terms of diversity of applicant. Mainly rec'd from applicants wishing to view investigation files Nil change in diversity No applications received (9 agencies) No formal analysis has been undertaken. There are more staff applications than in previous years. The most significant change is in the number of pages processed per year. The disclosure log will assist tracking of applicants for non-personal information. Not applicable. Please refer to previous response. (A1.6 - Due to the [removed] nature of our operations, [agency] are exempted from application of the RTI Act and therefore has had little cause to interact with the IP Act. Therefore its not considered necessary to facilitate such tracking.) not dramatic but has broadened Only 2 applications have been received since 1 July 2010. Information was provided administratively, and both applications were withdrawn Requests are basically the same Since commencement of RTIA and IPA The majority of our applications are coming from solicitors acting for the applicant This has not been analysed or reported due to limited types Types of requester fairly similar (journalists, law firms, staff/students with grievances and lobby groups) We have not received enough RTI requests to have noticed a demographic in applicant.</p>

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	Criteria Question
2.	The agency actively manages its responsibilities through good governance
2.1	RTI and IP reforms are managed or have been managed by governance mechanisms which provide for development (e.g. planning for implementation).
	<p>1. RTI checklist supplied to independent Auditor prior to creation of HHS. 2. Review of OIC Audits RTI Audits conducted and reported to executive. 3. Internal Privacy Audit approved by [Agency]. Board of Management (BOM)</p> <p>Council had an action plan relating to the implementation of legislative reform. More recently, recommendations from an internal audit of RTI and IP are clearly defined and allocated to specific officers</p> <p>Current review of RTI and IP governance/management to consider</p> <p>Delegations are in place. Plans are being established for the full transition of RTI functions to the department. Information management governance arrangements have been established.</p> <p>Governance unit has been established within last year to monitor compliance</p> <p>Has been managed corporately & is now moving to Health & Hospital Services</p> <p>Implementation is planned for as required.</p> <p>PDS HELD BY CORPORATE</p> <p>Professional development held corporately.</p> <p>PS Network (Drop Folders, Staff Officers etc.)</p> <p>Restructure of [agency] have meant RTI/IP governance mechanisms need to be reviewed. Focus has been on assisting [other agencies] to "standalone" with RTI/IP responsibilities. The [agency] will focus on this issue in the 2013/14 period.</p> <p>The Corporate Governance section has written RTI/IP policies; implemented online training; and appointed a dedicated RTI/Privacy Officer.</p> <p>Through [other agency] RTI group</p> <p>With development of Hospital and Health Services as statutory bodies this is a work in progress</p>
2.2	RTI and IP reforms are managed or have been managed by governance mechanisms which provide for implementation and accountability (e.g. identifying who is responsible for implementing actions and by when).
	<p>As Above (A2.1 - PS Network (Drop Folders, Staff Officers etc.))</p> <p>as per 2.1 (A2.1 - With development of Hospital and Health Services as statutory bodies this is a work in progress)</p> <p>Council had an action plan relating to the implementation of legislative reform. More recently, recommendations from an internal audit of RTI and IP are clearly defined and allocated to specific officers</p> <p>Current review of RTI and IP governance/management to consider</p> <p>decision maker appointed and staff nominated to complete rti/ip applications</p> <p>Delegations are in place. Plans are being established for the full transition of RTI functions to the department. Specific reforms will be captured in operational planning. Information management governance arrangements have been established.</p> <p>Has been managed corporately & is now moving to Health & Hospital Services</p> <p>Managed by RTI delegate</p> <p>Reforms are managed within the existing governance framework via briefing documents to the Chief Executive with key stakeholders engaging in a consultation process. Initiatives are started and move upwards or downwards in the organisation.</p> <p>RTI and Privacy implementation is managed through the Assistant Director-General [job title] and by the RTI and Privacy Unit. The management is incorporated into the established governance mechanisms, e.g. Information Management Committee and through Board of Management.</p> <p>See comments for 2.1 (A2.1 - Restructure of [agency] have meant RTI/IP governance mechanisms need to be reviewed. Focus has been on assisting [other agencies] to "standalone" with RTI/IP responsibilities. The [agency] will focus on this issue in the 2013/14 period.)</p>
2.3	RTI and IP reforms are managed or have been managed by governance mechanisms which provide for review (e.g. mechanisms for reporting on achievements).
	<p>Current review of RTI and IP governance/management to consider</p> <p>Day to day RTI performance measures under [information management system]. Regular reviews of legislative requirements by Executive eg. Review of OIC RTI Audits against [agency] practice/procedures, publication scheme, [agency] privacy audit and NPP2 committee (convening June 2013).</p> <p>Delegations are in place. Plans are being established for the full transition of RTI functions to the department. Specific reforms will be captured in operational planning. Information management governance arrangements have been established.</p>

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	Criteria Question
2.3	<p>RTI and IP reforms are managed or have been managed by governance mechanisms which provide for review (e.g. mechanisms for reporting on achievements). (cont)</p> <p>Has been managed corporately & is now moving to Health & Hospital Services</p> <p>Refer to 2.2 above. (A2.2 - RTI and Privacy implementation is managed through the Assistant Director-General [job title] and by the RTI and Privacy Unit. The management is incorporated into the established governance mechanisms, e.g. Information Management Committee and through Board of Management.)</p> <p>Reporting part of KPI in Council's Operational Plan</p> <p>RTIPS, Disclosure Log, Publication Scheme</p> <p>See comments for 2.1 - also, internal reporting on workload/achievements for RTI/IP appns and privacy has commenced - while this reporting is underway, it is also undergoing development/enhancements - will be a focus for 2013/14 period. (A2.1 - Restructure of [agency] have meant RTI/IP governance mechanisms need to be reviewed. Focus has been on assisting [other agencies] to "standalone" with RTI/IP responsibilities. The [agency] will focus on this issue in the 2013/14 period.)</p> <p>Significant developments with the RTI and IP service are reported to the Executive Leadership Group as part of an annual briefing note, which includes information about applications, any issues and how the service has been developed</p> <p>This audit process</p> <p>Through [other agency] RTI group</p> <p>We have continuous improvement processes.</p>
2.4	<p>Department only question.</p> <p>An SES level Information Champion is appointed, and active in the role.</p> <p><i>(This is only a requirement for departments. GOCs, local governments and other agencies are not required to respond to this question.)</i></p> <p>Chief Information Officer (6 agencies)</p> <p>Deputy Chief Executive [job title]</p> <p>Information Champion left due to restructure - replacement officer has been identified - to receive orientation for the role.</p> <p>The agency has an open data strategy and an open data policy that defines responsibilities.</p> <p>The Assistant Director-General [job title], to whom the RTI and Privacy Unity reports, provides the Board of Management with relevant reports as needed. The Department is currently reviewing the location of the Information Champion role.</p> <p>We feel the relevance of continuing this needs to be raised with DJAG as it hasn't appeared to be a priority of late.</p>
2.5	<p>Department only question.</p> <p>A formal information governance body is established (as per QGEA guidelines).</p> <p><i>(This is only a requirement for departments. GOCs, local governments and other agencies are not required to respond to this question.)</i></p> <p>ICT Investment Strategy Committee (6 agencies)</p> <p>Information Steering Committee</p> <p>The Assistant Director-General, [job title] participates on the Information Management Committee.</p> <p>The [agency] has established an Information Steering Committee (IMSC). Currently the IMSC is suspended while ICT governance is determined. Revised membership and terms of reference have been proposed to meet the needs of the [agency] and the [other agencies].</p> <p>The Information Steering Committee - Authorises updates on Personal Information procedure</p>
3.	The agency actively manages information
3.1	<p>An explicit statement of commitment to RTI and IP is readily available within the agency, for example, in a policy document or as a policy statement on the agency's website.</p> <p>[Agency] Home Page>Right to Information>QH web-site>links to Whole of Govt web-page - Premier's statement is here.</p> <p>Council has adopted and published policy for Access to Information and another for Information Privacy. These policies are available on Council's website</p> <p>Currently rely on details on the Qld Health Web site. In progress for [agency] as a separate agency.</p> <p>Executive Consultation Policy currently being developed</p> <p>High level policy statement / commitment is available on the agency's website. Further development and information is required.</p>

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	Criteria Question
3.1	<p>An explicit statement of commitment to RTI and IP is readily available within the agency, for example, in a policy document or as a policy statement on the agency's website. (cont)</p>
	<p>IP Policy document only On website Policy statement on Website Privacy Statement included on website Statement of RTI Principles is posted on the internet - [web address] Still on corporate QHealth website (3 agencies) The Board IP Statement of Commitment is available on the [agency] website</p>
3.2	<p>The agency has an external communications strategy to ensure consumers and stakeholders are aware of their RTI rights.</p>
	<p>A Training & Communication Plan. For our external customers, fact sheets are available and information is published on our website. The RTI & IP team provide annual training to Customer Service staff who deal with public Advice is given re: RTI/ IP Act 2009 with each application [Agency] does not have external consumers or stakeholders [Agency] Home Page>Right to Information - this links to Administrative Access, RTI & IP information regularly updated by Dept Health. An intranet site for Clinical Information Access that assists staff to give accurate information and brochures. Amendments have recently been drafted to the Board's Publication Scheme which are awaiting Board approval Communicated through the RTI website Council's website and Annual Report Currently rely on details on the Qld Health Web site. In progress for [agency] as a separate agency. Good info regarding RTI is available on the [agency] website - this is currently being reviewed to ensure it is up to date and user friendly. Information is provided on our website Information is published on the agency's website. Further work is required on the agency's external communications strategy. Notations & links on web page On website (6 agencies) QHealth corporate website (3 agencies) Relevant information on University's website There is no strategy in place per se but all relevant information for RTI applicants and potential applicants is available on Council's website This is a web-based communication strategy - [web address]</p>
	<p>(Note: Agencies that do not have policies or procedures to give effect to the RTI and IP legislation (i.e.'No' to Gateway question 8), or do have policies or procedures but have not documented them (i.e. 'No' to Gateway question 9) are skipped over Questions 3.3 to 3.7.)</p>
3.3	<p>You said earlier your agency has policies or procedures to give effect to the RTI and IP legislation, for example, as a standalone policy or as part of an information management framework. These policies are fully implemented.</p>
	<p>A high level policy statement / commitment is available on the agency's website. Further development and information is required. An information management framework is in development. [Agency] Information Handling Procedure and Clinical Information Access intranet support daily activities. In the broader context, the Executive is pro-active in its implementation of the disclosure log & Briefing procedures & other relevant requirements. Amendments have recently been drafted to certain documents and policies which are awaiting approval by the Board. Awaiting approval. Currently under review following merger Digital assets (photos). Currently being upgraded. For example, the Open Data Strategy has deliverables through to 2015. Information Privacy policies current being updated. IP Policy only. RTI policy under development.</p>

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	Criteria Question
3.3	<p>You said earlier your agency has policies or procedures to give effect to the RTI and IP legislation, for example, as a standalone policy or as part of an information management framework. These policies are fully implemented. (cont)</p>
	<p>Operational procedures Manual and Human resource Management Manual Policies, guidelines and procedures have been implemented</p> <p>Privacy policies are currently in development. Further RTI and administrative access policies to be developed in the coming months (3 agencies)</p> <p>Privacy policies are currently in development. Further RTI and administrative access policies to be developed in the coming months. [Agency] has an approved administrative access policy. This policy will be reviewed over the coming months. (2 agencies)</p> <p>Privacy policies are currently in progress. Further RTI and administrative access policies to be developed in the coming months.</p> <p>The following resources have been developed and are fully implemented: Factsheet on Drafting an IPP2 Notice; Example Privacy Clauses for Contracts; Moving Office, Moving Information – Privacy Guideline; Privacy Factsheet; Privacy Guide; [Agency] Information Request form is used by officers of the [agency] to access departmental information; Transferring Personal Information Out of Australia; Departmental Complaint Management Policy (2013); Disclosure Log framework; Informing executive regarding RTI and IP applications; Approval to Publish process (including RTI classifications).</p> <p>The [agency] is a [department] portfolio agency. It applies [department] RTI/IP policies & procedures, subject to any necessary modification. The [agency] has also developed several of its own RTI/IP policies and procedures.</p> <p>Training relating to policies is still on going.</p> <p>Yes - but rely on existing Qld Health policy and framework. [Agency] is currently working to develop its own policy and procedures.</p>
3.4	<p>The agency's policies or procedures that give effect to the RTI and IP legislation, for example, as a standalone policy or as part of an information management framework, are readily available to all staff (e.g. easy to find on the agency's intranet).</p>
	<p>A high level policy statement / commitment is available on the agency's website. Further development and information is required. An information management framework is in development.</p> <p>Any approved policy will be published in an easy to find location on the intranet. (6 agencies)</p> <p>Available on [agency]'s intranet</p> <p>Available on the [agency] website and internal [agency] database.</p> <p>Available via [agency] Policy Library. IP Plan available from website</p> <p>Information regarding the administration of RTI/IP is available on the department's intranet site, but can be difficult to locate. Review of intranet pages is underway to facilitate easier location of these documents.</p> <p>Procedure fulfils our legislative requirements, recently audited positively by Council's Internal Auditor.</p> <p>Relevant policies, guidelines and procedures are available on Council's intranet and within Council's document management system (Dataworks) as part of the policy register</p> <p>RTI/IP included in induction training and the agency has a Privacy Plan</p> <p>The Board does not have staff or an intranet; support is given to the Board by [other agency] under [act reference]</p> <p>The procedures mentioned above have been or are being published on the intranet. Links to Department of Health information/procedures or policies are also on the intranet.</p> <p>Transferring Personal Information out of Australia; Departmental Complaint Management Policy (2013); Disclosure Log procedure; Approval to Publish process (including RTI classifications). 3.4 - RTI & Privacy resources located on [agency]'s intranet site.</p> <p>Yes - but rely on existing Qld Health policy and framework. [Agency] is currently working to develop its own policy and procedures.</p>
3.5	<p>RTI and IP policies are complete and easy to understand.</p>
	<p>A high level policy statement / commitment is available on the agency's website. Further development and information is required. An information management framework is in development.</p> <p>Documents were prepared using Council templates and have were reviewed internally before being finalised IP Policy only. RTI policy under development.</p> <p>Note previous comments in 3.3. All policies incorporate plain English to ensure ease of understanding. (A3.3 Privacy policies are currently in development. Further RTI and administrative access policies to be developed in the coming months) (3 agencies)</p>

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Criteria Question	
3.5	RTI and IP policies are complete and easy to understand. (cont)
	<p>Note previous comments in 3.3. All policies incorporate plain English to ensure ease of understanding. (A3.3 - Privacy policies are currently in development. Further RTI and administrative access policies to be developed in the coming months. [Agency] has an approved administrative access policy. This policy will be reviewed over the coming months.) (2 agencies)</p> <p>Note previous comments in 3.3. All policies incorporate plain English to ensure ease of understanding. (A3.3 - Privacy policies are currently in progress. Further RTI and administrative access policies to be developed in the coming months.)</p> <p>Policies awaiting approval but easy to understand and follow.</p> <p>Various amendments have recently been drafted to the Board's Publication Scheme and Statement of Commitment and are awaiting Board approval.</p> <p>Written in accordance with plain language drafting principles.</p>
3.6	RTI and IP policies are reviewed on a regular basis.
	<p>A high level policy statement / commitment is available on the agency's website. Further development and information is required. An information management framework is in development. Corporate policies are generally reviewed on an annual basis.</p> <p>As indicated for 2.1 above, focus has been on assisting [other agencies] to standalone re RTI/IP - development of further and review of existing RTI/IP policies will be focus in 2013/14. (A2.1 - Restructure of [agency] have meant RTI/IP governance mechanisms need to be reviewed. Focus has been on assisting [other agencies] to "standalone" with RTI/IP responsibilities. The [agency] will focus on this issue in the 2013/14 period.)</p> <p>Council's policies, guidelines and procedures are allocated a review date when approved. This review date is tracked using the policy register</p> <p>Refer 3.3 to 3.5 above (A3.3 & A3.5 - IP Policy only. RTI policy under development. A3.4 - Available via [agency] Policy Library. IP Plan available from website.)</p> <p>Review dates part of policy awaiting approval.</p> <p>Review mechanisms included in policies - mostly annually or when legislative change demands.</p> <p>Review underway right now.</p> <p>RTI and IP documents are reviewed and amended from time to time</p>
3.7	Privacy policies apply to the information of officers, for example, personnel records, as well as to the information of the public.
	<p>As per the legislation.</p> <p>Further development and information is required.</p> <p>The Board is supported by [other agency] under [act reference], and does not have staff</p> <p>The policies cover all personal information whether it belongs to staff members or members of the public</p>
3.8	The agency has a system to ensure it meets its obligations when entering into contracts with suppliers who provide services involving personal information.
	<p>A security policy for personal information management has been implemented.</p> <p>[Agency]'s RTI/IP Contact Officers trained & directors & exec aware of obligations to bind service providers to 11 IPPs. Example Privacy Clauses for Contracts on [Agency] intranet. RTI & IP Unit & Office of General Counsel provide advice to bus units on demand.</p> <p>Contracts do contain clauses on confidentiality and information privacy with reference to the legislation.</p> <p>Council officers have been trained in this regard and [agency] information in relation to IP and Service Providers is available on Councils Intranet</p> <p>Has not been an issue but will be considered as part of policy review</p> <p>Identified as needing to be addressed in the [agency]'s IP Compliance Project.</p> <p>n/a</p> <p>Obligations with regard to observing both privacy and transparency are clear to all staff.</p> <p>Prior to contracts involving personal information being signed, they are referred to Corporate Legal Officer who checks/amends to ensure compliance with [Agency], IP and RTI Acts.</p> <p>Responsible staff/department Manager Medical Records</p> <p>RTI provisions in contracts</p> <p>Standard wording is included within all Council contracts regarding obligations related to management of personal information.</p> <p>The Board uses [other agency] systems when entering into contracts with suppliers</p>

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	Criteria Question
3.8	The agency has a system to ensure it meets its obligations when entering into contracts with suppliers who provide services involving personal information. (cont)
	The process is, contracts are reviewed by [agency]'s legal team Through procurement
3.9	Department only question. The agency maintains an Information Asset Register either independently or as part of an existing register (as required by Information Standard 44). <i>(This is a requirement for departments. It is not a requirement for local government, GOCs or other agencies, and they are not required to respond to this question.)</i>
	[Agency] IAR currently under review. It is proposed that baseline data will be collected from former departments where available. Register being progressively reviewed and updated to reflect current organisational structure as the department continues to implement machinery of Government change and outcomes of the public sector reform agenda.
4	Organisational structure and resourcing to the RTI and IP functions is appropriate
4.1	The total number of staff performing RTI/IP functions in your agency, including: - all staff in a dedicated RTI/IP unit, and - all other staff performing RTI/IP functions.
(tot)	1.8 [Agency] does not have a dedicated RTI/IP unit or staff dedicated solely to RTI/IP functions due to the small number of requests received. The RTI/IP functions are delegated to the Legal Counsel, Corporate Lawyers and Chief Financial Officer roles. [Agency] RTI&P Unit has [number] personnel attached to it performing RTI&P functions as their core duties. The [agency] has approx [number],000 employees virtually all of whom deal regularly with personal information (in a manner compliant with the IPPs). 1 full time 100% 2 officers fully dedicated to processing RTI/IP access applications; 1 officer deals with privacy advice/implementation/complaints as part of their role; 1 officer handles internal reviews and provides legal advice. 2 staff have dedicated responsibility for ip/rti, but applications are processed dependent upon nature of request. 5 delegates, but 1 staff member performs functions All Hospitals in [agency] All RTI & Privacy applications and requests for information from other organisations are processed by the Recordkeeping Unit. Administrative Access requests are processed by staff across [agency]. as needed As per our Privacy Policy Business Manager and Correspondence Officer Chief Legal Officer Commissioner, Registrar, Privacy Contact Officer Comprised of 2 dedicated positions in the RTI Unit, an additional decision maker for busy periods duty within another role. no dedicated staff or additional resources provided Executive Manager Information Management and Records Coordinator Manager Medical Records/ RTI&IP Decision Maker Manager/decision maker,4 decision makers, 2 part time support officers (share position) Me, as the CEO Nil dedicated to RTI_all perform functions as part of their substantive roles not full time role, rather have delegation under the act Only 3 staff Part of total responsibility of normal job Please note that these figures represent the total FTE allocation across all six departments serviced by the Corporate Partnership arrangements ([agencies]). The correct figure is represented in the answer below. (6 agencies) Please refer previous responses (A1.6 - Due to the [removed] nature of our operations, [agency] are exempted from application of the RTI Act and therefore has had little cause to interact with the IP Act. Therefore its not considered necessary to facilitate such tracking.)

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	Criteria Question
4.1	<p>The total number of staff performing RTI/IP functions in your agency, including:</p> <ul style="list-style-type: none"> - all staff in a dedicated RTI/IP unit, and - all other staff performing RTI/IP functions. (cont)
(tot)	<p>Primary Decision Maker and Manager IAU Rely on external assistance when required. RTI & IP function is managed by [other agency] therefore only administrative assistance/functions are only provided by [agency]</p> <p>RTI & IP is managed by a team of five staff within the Corporate Governance Group. This team also has responsibility for corporate planning, performance management, governance projects and various other functions RTI services delivered by [other agency]</p> <p>Seventeen (17) in the RTI & Privacy Unit & operational contacts in each of the other business units. Some first person IP requests are processed directly in the administration areas of our delivery teams, but all RTI requests and any complex (third person) IP requests are processed through the RTI/IP officer. Staff numbers only relate to those in the dedicated RTI/IP unit. For example the Department has an Information Access Officer's Network which is managed outside of the RTI/IP Unit and the Department's publication scheme is managed outside of the RTI/IP Un The agency has two dedicated RTI & IP officers with part-time support from another officer. Staff in divisions have been identified as assisting in the coordination of searches and requests and the estimated level of effort is negligible. The Board does not have staff; it is supported by [other agency] under [act reference] The Director and Assistant Director of the [agency] perform the RTI/IP functions. The Assistant Director is the RTI/IP officer. There are 2 dedicated staff in the RTI/IP Unit. Managers from other units are also delegated decision makers. However, majority of decisions are made by RTI/IP Unit decision maker. There is no RTI IPA unit. A number of staff perform these functions as part of their role. To be assessed within current organisational restructure Two of these positions are administrative support only. Two staff, however only a small part of everyday duties We outsourced our decision making at 0.6 of FTE to another agency.</p>
(fte)	<p>"as above" (A4.1 tot - Seventeen (17) in the RTI & Privacy Unit & operational contacts in each of the other business units.) [Agency] has received single figure number of applications and requests for information under IP and RTI [Agency] rarely receives RTI or IP requests most time is spent on compliance activities 1 full time 10-20% share 2.6 is made up of 2 officers full time dealing with RTI/IP access applications; approx 0.5 of an officer dealing with privacy advice/implementation/complaints; approx. 0.1 of an officer on legal advice and internal reviews All Hospitals in [agency] As above. (A1.6 - Due to the [removed] nature of our operations, [agency] are exempted from application of the RTI Act and therefore has had little cause to interact with the IP Act. Therefore its not considered necessary to facilitate such tracking.) based on 1 staff member Chief Legal Officer confusing question duties performed with other functions Me, as the CEO nil dedicated RTI staff no full time staff One week a year approx. Only 4 applications since 2009 - not really measureable. Only small number RTI & IP applications received see 1.6 (A1.6 - Only small number received [number] RTI and [number] IP for 2011/12) Please note that these figures represent the total FTE allocation across all six departments serviced by the Corporate Partnership arrangements ([agencies]) (6 agencies) Primary decision maker and back up decision maker</p>

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Criteria Question	
4.1	<p>The total number of staff performing RTI/IP functions in your agency, including:</p> <ul style="list-style-type: none"> - all staff in a dedicated RTI/IP unit, and - all other staff performing RTI/IP functions. (cont)
(fte)	<p>RTI & IP function is managed by [other agency] therefore only administrative assistance/functions are only provided by [agency]</p> <p>RTI is handled on a case by case basis and due to size of org cannot be given massive resources</p> <p>RTI is only a small component of the roles</p> <p>Staff from each facility scan charts & send to this unit.</p> <p>The agency has two dedicated RTI & IP officers with part-time support from another officer. Staff in divisions have been identified as assisting in the coordination of searches and requests and the estimated level of effort is negligible.</p> <p>The Board does not have staff; it is supported by [other agency] under [act reference]</p> <p>The Mgr Corporate Governance spends approx. 10% on RTI & IP. The General Manager Organisational Services spends an around 5% on RTI & IP. We established a network of staff who assist with applications. These staff are not included in these figures</p> <p>There is no dedicated RTI/IPA unit. A number of staff perform these functions as part of their role.</p> <p>This is a very rough estimate of the time taken by other Decision Makers and administrative staff from other departments searching for documents.</p> <p>Time spent on RTI IP</p> <p>time taken on RTI/IP functions is a small percentage of this FTE</p> <p>To be assessed within current organisational restructure</p> <p>Two of the delegated RTI/IP Officers work part time (4 days and 3 days respectively)</p> <p>Two of these positions are administrative support only.</p> <p>Unit has additional responsibilities</p> <p>we haven't had any requests yet.</p>
4.2	<p>Thinking only of the staff included in your answer to the previous question, please estimate the percentage of the total FTE time which is spent on RTI, IP and any other non-RTI/IP functions.</p>
RTI	<p>1 office mainly responsible, other office helps out when necessary</p> <p>[Agency] mainly receives requests relating to personal information due to our core business being [function]. Only a couple of RTI applications are received annually.</p> <p>All procedures</p> <p>Being: 80%, 80%, 0% and 5%</p> <p>Estimate only.</p> <p>Large % spent on RTI/IP at [facility]</p> <p>Manager Decision 60% Primary Decision Maker 20%</p> <p>Minimal time spent to date on RTI,IP</p> <p>Most applications received are RTI - for example in the FY to date, no IP applications have been received.</p> <p>No applications received</p> <p>Only 13 received 2011/12</p> <p>Only two RTI applications have been received or were ongoing since 1 July 2010. No IP applications received since 1 July 2010.</p> <p>percentages may vary based on types/nos of apps v other workloads</p> <p>Rough estimate (2 agencies)</p> <p>RTI & IP function is managed by [other agency] therefore only administrative assistance/functions are only provided by [agency]</p> <p>RTI and IP Unit Staff only</p> <p>The Board does not have staff; it is supported by the [other agency] under [act reference]. The Board has appointed one of its members as the RTI Officer, and the Chair of the Board conducts any internal reviews.</p> <p>The General Manager and Group Manager responsible for RTI and IP spend a relatively small proportion of their time on these functions. We would estimate that slightly more time is spent on RTI matters than IP matters</p> <p>The percentage is average over a 12 month period and increases markedly when a RTI request is received and processed</p> <p>The time spent on RTI/IP has generally related to training, compliance (including reviewing website and policies etc), reporting and auditing requirements.</p>

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Criteria	Question
4.2	Thinking only of the staff included in your answer to the previous question, please estimate the percentage of the total FTE time which is spent on RTI, IP and any other non-RTI/IP functions. (cont)
RTI (cont)	<p>There are no dedicated RTI/IPA staff and the [agency] receives very few applications. The most time is spent on RTI/IPA compliance issues and completing surveys.</p> <p>These percentages are only included in order to be able to advance to the next question</p> <p>This equates to approximately 2 FTEs in the RTI & IP unit and 0.08 FTEs in divisions.</p> <p>This figure relates to the dedicated RTI/IP Officer who is not a Decision Maker. A percentage of the Decision Maker's time is also spent on other non-RTI/IP functions.</p> <p>This is difficult to estimate as we so rarely get RTI requests, but they can vary quite widely with what is involved.</p> <p>Unable to quantify exactly due to low number of applications</p> <p>Very few applications are received</p> <p>Very little required</p>
IP	<p>2 of the 4 officers are 100% handling requests for information involving personal information, 1 is decision maker for RTI & IP applications but duties are incorporated with other functions, 1 assists when required.</p> <p>All procedures</p> <p>Being: 20%, 20%, 50% and 5%</p> <p>Estimate only.</p> <p>Information privacy is important to our functions</p> <p>Manager 0% Primary Decision Maker 80% (including external review)</p> <p>Minimal time spent to date on RTI,IP</p> <p>No applications received (2 agencies)</p> <p>Only 1 received 2011/12</p> <p>Other office does other policy functions within branch 90%</p> <p>Rough estimate</p> <p>RTI & IP function is managed by [other agency] therefore only administrative assistance/functions are only provided by [agency]</p> <p>RTI and IP Unit Staff only</p> <p>see above (A4.2 RTI - percentages may vary based on types/nos of apps v other workloads)</p> <p>See comment above. (A4.2 RTI - Only two RTI applications have been received or were ongoing since 1 July 2010. No IP applications received since 1 July 2010.)</p> <p>The time spent on RTI/IP has generally related to training, compliance (including reviewing website and policies etc), reporting and auditing requirements.</p> <p>This equates to approximately 0.3 FTEs in the RTI & IP unit and 0.02 FTEs in divisions.</p> <p>This figure relates to the dedicated RTI/IP Officer who is not a Decision Maker. A percentage of the Decision Maker's time is also spent on other non-RTI/IP functions.</p>
oth	<p>[Agency] receives approximately 5 or less RTI/IP requests per year therefore the RTI/IP function makes up a very small percentage of the delegated RTI/IP Officer's roles.</p> <p>Admin access & release of information</p> <p>Administrative Access, other government agency requests</p> <p>Being: 0%, 0%, 50% and 90%</p> <p>Coding & Managing Depart</p> <p>Estimate only.</p> <p>Management Functions of the Unit 40%</p> <p>Occasionally, the dedicated RTI/IP Officer performs other duties, but the majority of her time is spent on RTI/IP functions.</p> <p>Other Manager functions include office management, staff management, supervision of all releases including for ongoing care to GPs, Coroners Act and other Acts.</p> <p>Providing advice non application related</p> <p>[removed]</p> <p>RTI & IP function is managed by [other agency] therefore only administrative assistance/functions are only provided by [agency]</p> <p>RTI and IP Unit Staff only</p> <p>see above (A4.2 RTI - percentages may vary based on types/nos of apps v other workloads)</p>

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Criteria Question	
4.2	Thinking only of the staff included in your answer to the previous question, please estimate the percentage of the total FTE time which is spent on RTI, IP and any other non-RTI/IP functions. (cont)
oth (cont)	<p>See comment above. (A4.2 RTI - Only two RTI applications have been received or were ongoing since 1 July 2010. No IP applications received since 1 July 2010.)</p> <p>Smaller facilities spend more time on other functions</p> <p>The Board does not have staff; it is supported by [other agency] under [act reference]</p> <p>The team which deal with RTI and IP, also have responsibility for corporate planning, performance management, compliance and other governance work</p> <p>This is not the correct amount. It would be closer to 99.99% spent on other functions.</p> <p>Time Spent - 100% to RTI and Privacy Unit</p>
4.3	Resourcing to IP and RTI functions is appropriate.
	<p>2013 Changes to Disclosure Log requirements have added to existing capacity of current resources.</p> <p>A new RTI & IP unit has been established for the department and full responsibility for this function will soon transition from another department. Resource requirements are being monitored and assessed over time.</p> <p>Additional training required</p> <p>Adequate for basic compliance</p> <p>As a legal compliance obligation, resources are allocated as a priority, and core business functions are delayed accordingly.</p> <p>Consideration is being given to centralising the RTI/IP processing for the whole district. Staff are struggling with workload and are unable to meet deadlines at times</p> <p>Current review of RTI and IP governance/management to consider</p> <p>Following acquisition of [facilities] this unit has been overwhelmed.</p> <p>For the level of understanding</p> <p>General Counsel only</p> <p>Given that the [agency] has 4.8 FTE staff and has not received any RTI/IP applications to date.</p> <p>Improvements include a new case management system improving RTI-IP tracking. Extensions are regularly sought to the original legislative time-frame. A high % of applicants receive a decision within the original or extended statutory time frame.</p> <p>No workload continues to increase due to increase in applications which is not controllable.</p> <p>Overall, we consider resourcing is appropriate. Workload fluctuates significantly depending on number and size of access applications being processed but with the use of extensions, the team are able to process applications in accordance with legislation</p> <p>Part of normal duties</p> <p>plans and strategies are being identified to ensure appropriate functions are responsive to new structure</p> <p>Recent changes to the RTI legislation has caused reprocessing pressures. This is being monitored for an assessment of resourcing needs (6 agencies)</p> <p>Redundancies will take time off RTI/IP functions.</p> <p>Rely on external assistance when required.</p> <p>Resourcing allocations to RTI/IP functions are currently being reviewed</p> <p>Should be government funded (for filling in surveys).</p> <p>small council with limited financial capacity</p> <p>The Board does not have staff; it is supported by [other agency] under [act reference]</p> <p>the resources are adequate. continually reviewed</p> <p>To be assessed within current organisational restructure</p> <p>We have lost a part time temporary support officer. To date this position has not been filled.</p> <p>We meet all timelines required</p> <p>While the number and complexity of applications, and additional RTIA and IPA obligations have increased considerably, the [agency] RTIP unit has expanded by only one position since 2004.</p>
4.4	<p>Department only question.</p> <p>RTI and IP functions are independent of the Minister's office.</p> <p><i>(This is not a requirement for GOCs, local governments or independent statutory authorities. These agencies are not required to respond to this question.)</i></p>
	No comments

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	Criteria Question
4.5	RTI and IP functions are independent of media and communications.
	An RTI Briefing Procedure has been submitted for publication. However, [agency]'s corporate communications function maintains the publication scheme on the Corporation's website
4.6	RTI and IP functions report as closely as possible to the DG / CEO.
	<p>All RTI-IP procedures, policies or performance reviews are reviewed by the Chief Executive. If asked yes this would be the case</p> <p>Notification is sent to the CE's office when an application is received which relates to the site's operating information (not related to personal patient information)</p> <p>One level between delegate and Chairperson Report annually (2 agencies) Reports to Director [job title] RTI and IP is within the responsibility of the General Manager, Risk Services The Decision Maker (RTI/IP Officer) is 3 levels below Vice-Chancellor. Internal Reviewer 2 levels below Vice-Chancellor.</p> <p>The Director, RTI and Privacy Unit reports to the Assistant Director-General, Strategic Policy, Legal and Executive Services as and when required regarding RTI and Privacy matters of a topical/confidential nature. In addition, a weekly RTI and Privacy report is prepared and submitted to the Director-General and Assistant Director-General, SPLES for their information.</p> <p>The Director-General is kept informed whilst maintaining the independence of the decision makers. This is consistent with the OIC Ministerial Briefing Protocol (6 agencies)</p> <p>The RTI and IP function sits within the Corporate Governance Group, in the Governance Department. This is considered to be appropriate in the context of Council's overall structure</p>
4.7	Agency administrative delegations have been updated to RTI handling and IP handling.
	<p>Current review of RTI and IP governance/management to consider Currently under review following merger estab practice but will be incorp in policy N/A Responsibilities and delegations are within existing position descriptions. No updates were required.</p>
4.8	There is a clear authorisation process for agency staff to assess and approve information for public release.
	<p>[Agency] Procedure "Patient Information - Information Handling for Privacy and Confidentiality". The Agency has clear role descriptions and lines of authority for release of information.</p> <p>A "Publications Scheme Approval Policy" & "Approval to Publish" form used across [agency] for the public release of info on the internet, including the publication scheme material. Clear authorisation process is also in place re publication in disclosure log.</p> <p>Both the Information Governance and Communications Teams are engaged.</p> <p>Current review of RTI and IP governance/management to consider Currently under review following merger</p> <p>Departmental guidelines are yet to be developed. Staff have been advised to refer to their former department's policies in the interim.</p> <p>IP & RTI Instruments of Delegation outside of ip / rti process Policy supporting this has been drafted - to be implemented in 2013/14. The Board does not have staff.</p>
4.9	The Principal Officer has appropriately delegated authority to deal with RTI and IP applications.
	<p>Assigned through policy. CEO Current review of RTI and IP governance/management to consider Currently under review following merger Published in Delegations Register The Board has appointed an RTI/IP Officer and delegations have been made to that person</p>

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Criteria Question	
4.10	Roles and responsibilities of the Principal Officer or the Principal Officer's delegates are clearly defined.
	<p>An RTI Briefing Procedure has been submitted for approval.</p> <p>Current review of RTI and IP governance/management to consider</p> <p>Currently under review following merger</p> <p>Delegations are in place for processing ministerial and departmental RTI and IP applications. Roles and responsibilities for the Principal Officer's delegates are currently being reviewed and refined.</p> <p>The Board has appointed an RTI/IP Officer and delegations have been made to that person</p>
4.11	There is a person who has responsibility for maintaining a system of recording, tracking and monitoring applications and reviews.
	<p>Manager Clinical Information Access</p> <p>More at a facility level. Mgt are working to consolidate it at a [agency] level.</p> <p>Only one RTI so far.</p> <p>There are very few applications requiring tracking or monitoring. The staff members self monitor any application.</p> <p>This will be the responsibility of the Senior RTI and IP officer once the departmental right to information and information privacy system (RTIPS) has been implemented.</p>
4.12	Internal reviews are conducted by an officer different to the officer who made the reviewable decision.
	<p>All decisions made by Principal Officer - only small number received see 1.6 (A1.6 - Only small number received [number] RTI and [number] IP for 2011/12)</p> <p>Current review of RTI and IP governance/management to consider</p> <p>External review through Crown Law and [other agency] support the decisions made at [agency]</p> <p>Internal - Privacy Officer</p> <p>N/A</p> <p>No formal requests for information received</p> <p>[Principal officer] makes decisions. Internal review not an option.</p> <p>these would go to [other agency]</p> <p>This has been included in the [agency]'s RTI policy, which is awaiting approval by the [board].</p> <p>Would be if we had an internal review</p>
4.13	The officer conducting the internal review is not less senior to the officer who made the reviewable decision.
	<p>As above. (A4.12 - This has been included in the [agency]'s RTI policy, which is awaiting approval by the [board].)</p> <p>Current review of RTI and IP governance/management to consider</p> <p>Decision - Exec Director</p> <p>don't know</p> <p>Internal reviews done by Executive Manager</p> <p>N/A</p> <p>No formal requests for information received</p> <p>see 4.12 (A4.12 - All decisions made by Principal Officer - only small number received see 1.6 (A1.6 - Only small number received [number] RTI and [number] IP for 2011/12))</p>
4.14	The agency can meet requirements to report on RTI and IP statistics.
	<p>go through [other agency]</p> <p>N/A</p> <p>we presently receive little to no requests.</p>
4.15	The agency uses redaction technologies to assist in its decision making processes. (NB "Redaction technology" allows an original hard-copy document to be scanned, and then text to be electronically blocked out of the scanned copy - for example, personal information can be removed.)
	<p>[Agency] does not receive a sizeable amount of RTI/IP applications to justify using such technologies.</p> <p>A new redaction tool is being trialled. Presently redaction performed manually.</p> <p>Adobe Pro 9</p> <p>All processing is manual</p> <p>Due to the small number of applications, the Board uses 'post-it' notes to block out material not to be released</p> <p>Has not been a need but if required this would be the case</p>

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	Criteria Question
4.15	<p>The agency uses redaction technologies to assist in its decision making processes. (NB "Redaction technology" allows an original hard-copy document to be scanned, and then text to be electronically blocked out of the scanned copy - for example, personal information can be removed.) (cont)</p>
	<p>N/A (2 agencies) no requirements as no RTI or IP requests received to date Our outsourced providers uses this technology Rapid Redact in use Redaction is done by hand. Quote has been obtained for tech however it is not at this time feasible Redaction technologies will be considered but may not be feasible for purchase due to small number of RTI/IP requests received. Redactions are managed manually Small number of applications processed annually The small number of RTI/IP applications received each year does not warrant implementing redaction technologies in house. When necessary, [agency] utilises the redaction technology of a service provider (external law firm).</p>
5	Training
5.1	<p>Number of agency staff who attended RTI or IP training, or any training containing information about RTI or IP during the last 12 months.</p>
	<p>[agency] has access to trained staff at [other agency] to assist RTI requests. [agency] RTI & P On Line Learning Product 1 staff member will be attending Access Training once they have seen a few applications here. They are a new staff member. All staff attended privacy training Answer above is for [agency] RTI/IP officers - workshops are also conducted for [other agency] RTI/IP Decision-makers and Privacy Officers - by the end of 2013/14, 70 will have attended RTI training/workshops and 50 will have attended privacy training/workshops. As a GOC, [agency] is exempt from the Right to Information Act in relation to its functions, except as so far as they relate to community service obligations. As [agency] does not have any CSOs, no staff undertook any training over the last 12 months. Council now concentrates on capturing new staff as most other staff have already done training. All staff have also gone through inductions last year which included IP and RTI Does not include induction or code of conduct - RTI services delivered by [other agency]. Difficult to identify numbers of staff who have completed RTI training or online IP awareness training due to system data not being available. Figure does not include inclusions in induction and Code of Conduct training Further IP training is planned for more staff in the coming months. In addition to the above, there are privacy modules contained in Code of Conduct training for employees, Induction training for new employees and Contact Centre Consultant scripting Information Privacy online training and attendance at RTI/IP information sessions Internal IP awareness sessions given to all office staff in September 2012. All new starters at Council now complete OIC online training IP training session. June 2012 to March 2013 Last training session was on 4 June 2010 Next round of RTI & IP training and professional development sessions in May 2013 Professional development Recordkeeping training makes reference to RTI/IP. RTI & IP Awareness sessions are conducted on a regular basis RTI & IP function is managed by [other agency] therefore only administrative assistance/functions are only provided by [agency] RTI training in 2010 RTI/Privacy is covered in all staff inductions and detailed privacy training is mandatory for all staff. RTI decision makers attend relevant training, and more advanced RTI training for decision makers would be useful. Staff at the [agency] complete the OIC privacy training module as part of their Link Success program each year. Training is mandatory.</p>

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Criteria Question	
5.1	<p>Number of agency staff who attended RTI or IP training, or any training containing information about RTI or IP during the last 12 months. (cont)</p>
	<p>Staff induction includes RTI & IP Training and all staff must undertake modules in E-Learning which relate to RTI and IP</p> <p>The [agency] has 4.8 FTE staff.</p> <p>The Board does not have staff; it is supported by [other agency] under [act reference]. All (three) [other agency] staff providing secretariat and administrative support to the Board had received training</p> <p>The Clinical Information Access Unit regularly addresses new AO staff on information release mechanisms.</p> <p>The RTI team have trained some internal staff, including the Council IPaRTI network team</p> <p>This does not include the briefing of staff informally on RTI expectations.</p> <p>This function is only handled by the CEO as other resources are not available in a small organisation.</p> <p>This included external training with OIC, private solicitors and internal training for new officers</p> <p>This information is not systemically collected at the present time, however officers attend training on an ongoing basis.</p> <p>This is inclusive of the generic orientation program the [agency] conducts monthly</p> <p>Training embedded in HR Professional Staff Development Program</p> <p>Training is still attended to ensure that [agency] stays abreast of changes in the legislation that may be material.</p> <p>Training to be implemented this year for Records Management and RTI/IP</p> <p>Two officers attended RTI access training for decision makers. One officer attended an RTI masterclass. RTI and IP awareness training is yet to be rolled out across the department.</p> <p>Unknown. No in-house training provided. (5 agencies)</p> <p>Would attend training if notified</p>
5.2	<p>Agency staff are trained as to their level of authority to release information administratively.</p>
	<p>A module is being developed for inclusion in our learning management system to enable all staff to access training.</p> <p>Administrative decision-making staff are given internal orientation training and regular training on administrative access and other release mechanisms. They also attend Department of Health training.</p> <p>Administrative release in response to RTI/IP requests dealt with by RTI Officer/Privacy Contact Officer who is trained. Well established admin release arrangements in place for specific categories of information e.g student & staff files.</p> <p>Agency staff approach the RTI Manager prior to releasing information</p> <p>Approved Administrative Access policy. Further reviews to occur (2 agencies)</p> <p>Council needs to further develop arrangements for administrative access. This is planned for 2013/14</p> <p>Current review of RTI and IP governance/management to consider</p> <p>Information on the intranet/internet. Other access decisions are generally devolved to heads of business units, e.g. Registrars & Regional Managers. Other access may be provided for by way of Memoranda of Understanding (MOUs).</p> <p>Internal training only</p> <p>Managed by delegated RTI decision-maker and Manager, Corporate Records</p> <p>No administrative access scheme at the [agency]</p> <p>policy proposed to empower individual officers</p> <p>Release of information administratively by the CEO</p> <p>RTI and IP awareness training is yet to be rolled out across the department.</p> <p>See comments in 4.8 - policy has been drafted to be implemented in 2013/14, including training. (A4.8 - Policy supporting this has been drafted - to be implemented in 2013/14.)</p> <p>Staff's level of positional authority to release information administratively is articulated in the [manual].</p> <p>The Administrative Access policy is to be reviewed over the coming months. (4 agencies)</p> <p>The Board does not have staff; the (three) [other agency] staff providing secretariat and admin support to the Board are appropriately trained</p> <p>To be reviewed in light of merger</p> <p>Training calendar currently being developed for 2013/2014</p> <p>Training is provided to staff in terms of [agency]'s proactive release of information according to its Media Relations and Privacy policies and its Code of Conduct</p> <p>We have outsourced our decision making for RTI/IP</p>

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Criteria Question	
5.3	<p>The agency has procedures in place to ensure new/existing staff are given appropriate training/awareness raising in relation to RTI handling and IP obligations.</p> <p>[Agency] is currently reviewing its induction procedures, policy and documents. RTI and IP will be included.</p> <p>At induction Current review of RTI and IP governance/management to consider Currently being conducted by QH General staff training in RTI/IP has been identified as a requirement. Planning is underway to determine the strategy/approach. Incorporated into recordkeeping training. Induction training being developed Lemm Ex from the ICO provided training in relation to IP to the Student and Academic Services staff when he visited in 2012. Records Management and RTI/IP training to be introduced this year and delivered by Governance & Corporate Services staff. Mandatory Privacy online training module on [system]; and Mandatory RTI online training module currently being developed. New AO staff are given education. There is an Information Handling Procedure in place and the Clinical Information Access Unit has an intranet site for staff. New RTI Staff sent to RTI training No new staff. Only for officers delegated to make decisions Regular IP & RTI Awareness Sessions delivered through HR Professional Staff Development Program RTI & IP On Line Learning Product and Staff Induction information sessions. RTI/IP is included in induction training See comments for 5.4 (5.4 - Due to restructure, induction/orientation program for [agency] staff is being reviewed. Advanced online module (including videos and assessment modules) is being developed.) The Board does not have staff; any new and the (three) [other agency] staff providing secretariat and admin support to the Board are given appropriately training To be reviewed in light of merger Training has commenced across Health Service YES - all staff involved in disclosure of information at [agency] have attended the basic RTI/IP course</p>
5.4	<p>RTI/IP is mentioned in induction.</p> <p>"as above" (A5.3 - Mandatory Privacy online training module on [system]; and Mandatory RTI online training module currently being developed.) [Agency]'s induction processes include information relating to the appropriate treatment of sensitive information. As above. (A5.3 - [Agency] is currently reviewing its induction procedures, policy and documents. RTI and IP will be included.) Current review of RTI and IP governance/management to consider Due to restructure, induction/orientation program for [agency] staff is being reviewed. Advanced online module (including videos and assessment modules) is being developed. No new staff. Privacy included in induction Request has been made to include in Orientation Days with Code of Conduct training RTI requirements are conveyed as a part of Records training The Board does not have staff; the [other agency] provides support to the Board under [act reference]. [Other agency] has an induction program which mentions RTI and IP The departmental induction program is in development. RTI and IP have been identified for inclusion. To be reviewed in light of merger University has an 'Onboarding' Project to update how staff inducted to University - have requested that RTI, IP and Public Records Act be included. Will be included in general induction sessions conducted by units</p>

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	Criteria Question
5.5	<p>Training for RTI/IP staff with respect to the RTI/IP function is effective.</p> <p>A range of strategies are used to train decision makers, including – Weekly meetings with each decision maker; Senior decision makers mentoring junior decision makers; In-house workshops run by the Director, RTI and Privacy Unit on aspects of RTI/IP decision making; Attendance at OIC and other relevant workshops from time to time.</p> <p>Current review of RTI and IP governance/management to consider</p> <p>External training provided by the Department of Health/OIC.</p> <p>N/A (2 agencies)</p> <p>None required as yet.</p> <p>none to date</p> <p>OIC training utilised</p> <p>RTI/IP staff have and are attending training with the Office of the Information Commissioner and other external providers. Work is underway to further develop and build the capability of the RTI & IP unit.</p> <p>Sent to RTI training</p> <p>Some education sessions have been delivered at targeted staffs</p> <p>The Board does not have staff; any RTI/IP training given to the (three) [other agency] staff providing secretariat and admin support to the Board is effective</p> <p>Training conducted by OIC at initial introduction of new legislation</p> <p>We attend free OIC training. In Feb, 3 staff attended 3 days training at Logan CC (1 day adv RTI by Clayton Utz, 2 days negotiation skills by OIC). We also subscribe to OIC updates & review OIC website. We also attend regular local government IPaRTI mtgs</p>
5.6	<p>General staff training in RTI/IP is effective.</p> <p>[Agency] is of the opinion that its training in relation to the treatment of sensitive information is appropriate and effective.</p> <p>A "Schedule for Review of Resources & Networks" as well as a "Communication Strategy & Training Plan" have been developed for RTI & Privacy across the department for 2013/14.</p> <p>A module is being developed for inclusion in our learning management system to enable all staff to access training.</p> <p>Basic code of conduct training for staff, staff network with a rep from each area established Oct 2012 to share info, regular training to Customer Service staff, ad hoc presentations to staff on request, for basic understanding of RTI & IP principles</p> <p>Believe OIC should be providing training</p> <p>General staff training in RTI/IP has been identified as a requirement. Planning is underway to determine the strategy/approach.</p> <p>Induction, and internal policy</p> <p>It has been effective, however some staff still seek clarification at times</p> <p>Methods of measuring training effectiveness will be incorporated into future training. (5 agencies)</p> <p>Methods of measuring training effectiveness will be incorporated into this training.</p> <p>N/A training not implemented yet. see answer to 5.3 (A5.3 - Lemm Ex from the ICO provided training in relation to IP to the Student and Academic Services staff when he visited in 2012. Records Management and RTI/IP training to be introduced this year and delivered by Governance & Corporate Services staff.)</p> <p>NA</p> <p>No training is offered to general staff</p> <p>online training is available</p> <p>Relatively low attendance - mainly new staff</p> <p>Staff are informed at Induction of RTI/IP and are directed to contact the RTI Co-ordinator for any enquires</p> <p>The Board does not have staff; any general training given to the (three) [other agency] staff providing secretariat and admin support to the Board is effective</p> <p>The extent of knowledge of staff will be explored in the internal privacy audit. From experience, staff are generally aware that there is a formal application process.</p> <p>To be reviewed in light of merger</p> <p>Training is not done for general staff, as most have no involvement. Training is given to relevant staff.</p>

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Section B - Accountability requirements ¹

(Note to person coordinating responses - This section could be completed by the Information Champion, or executive within the agency responsible for information management.)

	Criteria Question
1.	<p>Complaint handling procedures capture opportunities for improvement in RTI/IP implementation of reforms.</p> <p>[Agency] has not received complaints at this stage [Agency]'s complaints management procedure requires a decision to be made whether any change is needed to [agency]'s policies and procedures arising from a complaint. Administrative Complaints Policy and Process can't think of a time when this occurred Client Complaint Management Procedures; & Client Complaint Management Policy - implements the Public Service Commission's Directive 13/06 Complaints Management Systems in the department. Complaints about RTI-IP processes are fed back for comment to the RTI-IP decision-maker. This gives an opportunity for the decision-maker to review practices. Complaints are rare. complaints handling through existing Customer Request System consultation between decision-maker and patient liaison officer Council has a dedicated Administrative Complaints System, policy and procedures in place Current review of RTI and IP governance/management to consider Customer feedback form in website. N/A n/a - no RTI/IP activity to date n/a minimum [nil] RTI/IP requests No related issues Not sure what you mean by this question. The Board's complaint management system has recently been included in its Publication Scheme which is awaiting Board approval The departmental complaints management policy and procedure include a process for identifying and implementing business improvements. The meaning of this question is uncertain - All complaints to our public facing GOC are handled per policy and are responded to accordingly. There have been no RTI/IP complaints, except where access has been validly refused. The [agency]'s Complaints Management Policy and Procedures were updated in 2011. Client Feedback Forms are available on [agency]'s website, as is the process of how to lodge a complaint. The University is in the process of implementing a complaints database that will receive and track privacy complaints This is dealt with in the Privacy Code of Practice and the Privacy Plan and the Complaints Management Policy for the Disclosure Log and the Publications Scheme. To be reviewed in light of merger To date, no RTI/IP applications have been received. To date, no complaints have been received. Whilst there is no formalised process, opportunities for improvement are considered as part of any privacy complaint on a case by case basis</p>
2.	<p>Opportunities for improvement in RTI/IP implementation of reforms are recorded and actions on them are tracked.</p> <p>Any changes in legislation are acted on but no formal process documented As a GOC, [agency] is exempt from the Right to Information Act in relation to its functions, except as so far as they relate to Community Service Obligations. As [agency] does not have any CSOs, opportunities for improvement in RTI/IP are not often consi Current review of RTI and IP governance/management to consider dedicated staff Difficult to assess when no applications have been received If any Opportunities for improvement are identified they are tracked throughout the Quality & Service Improvement Unit</p>

¹ Sourced from OIC survey of agencies and the recommendations of the Solomon report.

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	Criteria Question
2.	<p>Opportunities for improvement in RTI/IP implementation of reforms are recorded and actions on them are tracked. (cont)</p> <p>If such opportunities are identified - bearing in mind that RTI/IP is a legal compliance obligation. Implemented in 2009 when the Acts came into force. Internal Audit carried out a review of RTI and IP. Recommendations were identified and follow up action is tracked N/A Never required No complaints received No process improvement has been identified No RTI, IP activity Policies in place and registers to track PRIME Reforms are recorded but not yet tracked in a systematic way. Reforms continue to be the subject of significant review and briefings. Reviews have been documented. This has been identified as a requirement and will be built into the processes of the RTI & IP unit. This question is not sufficiently clear Through Complaints Policy and Process and Review System To be reviewed in light of merger</p>
3.	<p>Opportunities for improvement are actioned and result in improvements to systems for the release of information or information privacy.</p> <p>[Agency]'s internal policy relating to the treatment of sensitive information is reviewed annually According to policy instructions and register to track As a GOC, [agency] is exempt from the Right to Information Act in relation to its functions, except as so far as they relate to Community Service Obligations. As [agency] does not have any CSOs, opportunities for improvement in RTI/IP are not often consi As above (B2 - Never required) As above (B2 - Through Complaints Policy and Process and Review System) As resources permit Culture of continuous improvement Current review of RTI and IP governance/management to consider If any Opportunities for improvement are identified they are tracked throughout the Quality & Service Improvement Unit If such opportunities are identified - bearing in mind that RTI/IP is a legal compliance obligation. NA No opportunities for improvement have been identified within the last 2 years No process improvement has been identified No RTI, IP activity Ongoing attendance of training See 2 above (B3 - No complaints received) The [agency] has been supportive of developments in systems and equipment to strengthen processes identified as desirable. This is an on-going process as improvements are identified. The department's complaint management policy provides for the identification of areas for improvement. Therefore improvements will be ongoing and actioned as identified. The internal audit carried out in March 2012 and identified areas for improvement which have been addressed This can be through the Customer Request System or the Improvement Corrective Action Record (IN/CAR) This has been identified as a requirement and will be built into the processes of the RTI & IP unit. This question is not sufficiently clear To be reviewed in light of merger Yes, any necessary improvements are undertaken as required</p>

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Criteria Question	
4.	<p>The agency has internal systems and procedures for reviewing the effectiveness of the RTI and IP functions.</p> <p>[Agency]'s internal policy relating to the treatment of sensitive information is reviewed annually A system, policy, strategy or process has been implemented in full across the agency. Current review of RTI and IP governance/management to consider Effectiveness is considered as a result of the challenges encountered when responding to RTI/IP applications. Excel spreadsheet documenting necessary and required amendments to review effectiveness of RTI/IP functions If any Opportunities for improvement are identified they are tracked throughout the Quality & Service Improvement Unit Included in Internal Audit Annual programme Internal Audit carried out March 2012. Ongoing review of procedures within team Internal QH Audits - last 2012 Internal systems and procedures operate within the general accountability systems of the HHS. Initiatives include a review of the OIC RTI Audits in relation to [agency] practices. The [agency] has approved an internal privacy audit and a NPP2 committee. No applications received No formal procedures - monthly reporting to Director, who reports to CEO. Nominated issues discussed at CEO level, which amounts to ongoing monitoring. No RTI, IP activity Privacy assessment Procedures are updated on an annual or biannual basis Quality Management System in place. Weekly, monthly and annual reporting in place. Quality Procedural Reviews conducted quarterly. The University has adopted the desktop audit tool as the primary tool to measure the effectiveness of the RTI and IP functions This has been identified as a requirement and will be implemented in establishing the agency's RTI & IP function. To be reviewed in light of merger Weekly case management meeting. Weekly reports to the Director-General. Director's Performance Effectiveness Plan. RTI & Privacy officers Performance Effectiveness Plans. Recent Internal Audit of the RTI & Privacy Unit's processes. will be the subject of quarterly management reports</p>
5.	<p>Review and reporting mechanisms on the effectiveness of the RTI and IP functions are embedded at all levels of the organisation.</p> <p>[Agency] policies define revision and reporting responsibilities. A system, policy, strategy or process has been implemented in full across the agency. Application KPIs reported to GM Governance each ¼ and Executive annually. Further development of performance measurement will be considered as part of a corporate review of performance management currently underway, due for completion mid 2013 As above (B2 - Never required) Current review of RTI and IP governance/management to consider Discussed with E/Director Medical Services Embedded at appropriate levels. Informal process - issues relating to RTI and IP are raised with appropriate director and CEO. Lines of accountability and consultation protocols are in place. Review and reporting has been documented. The process of reviewing and reporting occurs within the general operational framework and is not separately documented. N/A No applications received No RTI, IP activity Operational Performance Reviews, Internal Agency Audits (ESC) small organisation, informal review processes, CEO has strong interest in RTI/IP Some reporting is in place - this is being continually enhanced as opportunities are identified. Still handled corporately at present This has been identified as a requirement and will be implemented in establishing the agency's RTI & IP function.</p>

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Criteria	Question
5.	Review and reporting mechanisms on the effectiveness of the RTI and IP functions are embedded at all levels of the organisation. (cont)
	This question is not sufficiently clear To be reviewed in light of merger
6.	Performance measurement for the RTI implementation across the agency is in place. <i>(If 'No' or 'Identified' questions B8 and B9 are skipped)</i>
	<p>[Agency] initiated the RTI Reforms Project in 2009 and concluded in February 2010. KPI's and critical success factors were defined during the project. KPI's are now in place.</p> <p>[Agency] undertakes a quarterly review of its publication scheme to ensure that the information provided on its website is fulsome, accurate and appropriate</p> <p>100% compliance is the performance measure. What other measures does the OIC have in mind?</p> <p>A system, policy, strategy or process has been implemented in full across the agency.</p> <p>An excel spreadsheet: Reform Implementation Tracking Log is used to measure implementation of the RTI</p> <p>As a GOC, [agency] is exempt from the Right to Information Act in relation to its functions, except as so far as they relate to Community Service Obligations. As [agency] does not have any CSOs, RTI performance is not measured.</p> <p>Corporate reporting still in place</p> <p>Current review of RTI and IP governance/management to consider</p> <p>Implemented in 2009 when the Act came into force.</p> <p>In place at 1 facility out of 5</p> <p>kpi / timelines</p> <p>Monthly statistical reporting; Council's Operational Plan contains performance measures for RTI/IP processing; included in Corporate & Technology risk register</p> <p>NA (2 agencies)</p> <p>no RTI activity to date</p> <p>Not sure what you mean by performance measurement.</p> <p>Only one application to consider.</p> <p>Operational Performance Reviews, Internal Agency Audits (ESC).</p> <p>QH Audit</p> <p>Register to report</p> <p>See comment for Q5 above (B5 - Application KPIs reported to GM Governance each ¼ and Executive annually. Further development of performance measurement will be considered as part of a corporate review of performance management currently underway, due for completion mid 2013)</p> <p>See comments for 5 (B5 - Some reporting is in place - this is being continually enhanced as opportunities are identified.)</p> <p>The Director Strategy and Performance has played a key role in the implementation of the publications scheme. Day to day RTI performance is managed by the Manager Clinical Information Access Officer with a reporting relationship to the Director HIMS.</p> <p>The [agency] has undertaken a review of its performance in line with the OIC desktop audit results and reported to Council on compliance.</p> <p>The University has adopted the desktop audit tool as the primary tool to measure the effectiveness of the RTI and IP functions</p> <p>The volume of work does not justify performance measures</p> <p>There is no RTI/IP performance measurement as RTI/IP is fully implemented across the agency.</p> <p>This has been identified as a requirement and will be implemented in establishing the agency's RTI & IP function.</p>
7.	Performance measurement for the IP implementation across the agency is in place <i>(If 'No' or 'Identified' questions B10 and B11 are skipped)</i>
	<p>[Agency] comes under the Privacy Act 1988 (Cth)</p> <p>[Agency] initiated the RTI Reforms Project in 2009 and concluded in February 2010. KPI's and critical success factors were defined during the project. KPI's are now in place.</p> <p>[Agency] takes the treatment of all information considered sensitive very seriously and continually monitors to ensure that its systems are appropriate and effective.</p> <p>100% compliance is the performance measure. What other measures does the OIC have in mind?</p>

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Criteria Question	
7.	<p>Performance measurement for the IP implementation across the agency is in place (cont)</p> <p>An excel spreadsheet: Reform Implementation Tracking Log is used to measure implementation of the IP As a GOC, the privacy principles in the Information Privacy Act do not apply to [agency]. Accordingly, IP performance is not measured. Corporate reporting still in place Current review of RTI and IP governance/management to consider Implemented in 2009 when the Act came into force. in place at 1 facility out of 5 IP is integral to our activities. Monthly statistical reporting; Council's Operational Plan contains performance measures for RTI/IP processing; included in Corporate & Technology risk register. NA (2 agencies) no IP activity to date Not sure what you mean by performance measurement. Operational Performance Reviews, Internal Agency Audits (ESC). QH Audit Register to report See comment for Q5 above (B5 - Application KPIs reported to GM Governance each ¼ and Executive annually. Further development of performance measurement will be considered as part of a corporate review of performance management currently underway, due for completion mid 2013) See comments for 5 (B5 - Some reporting is in place - this is being continually enhanced as opportunities are identified.) The [agency] has approved an internal privacy audit and a NPP2 committee to be convened in June 2013. The University has adopted the desktop audit tool as the primary tool to measure the effectiveness of the RTI and IP functions The volume of work does not justify performance measures This has been identified as a requirement and will be implemented in establishing the agency's RTI & IP function.</p>
8.	<p>Performance measurement for the RTI implementation across the agency is used.</p> <p>100% compliance is the target. Apart from this, "no" could be the answer to this question. Implemented in 2009 Performance management is by high level review. Specific performance measures (eg. number of pages decided) are available but not fully implemented. Register RTI & IP Decision Maker audit See comment for Q5 above (B5 - Application KPIs reported to GM Governance each ¼ and Executive annually. Further development of performance measurement will be considered as part of a corporate review of performance management currently underway, due for completion mid 2013) See comments for 5 (B5 - Some reporting is in place - this is being continually enhanced as opportunities are identified.) The University has adopted the desktop audit tool as the primary tool to measure the effectiveness of the RTI and IP functions</p>
9.	<p>Performance measurement for the RTI implementation across the agency is useful</p> <p>100% compliance is the target, but practical use of any other measures is questioned. Few RTI cases therefore limited usefulness. RTI & IP Decision Maker audit See comment for Q5 above (B5 - Application KPIs reported to GM Governance each ¼ and Executive annually. Further development of performance measurement will be considered as part of a corporate review of performance management currently underway, due for completion mid 2013) The University has adopted the desktop audit tool as the primary tool to measure the effectiveness of the RTI and IP functions. This audit has identified areas for improvement which have been actioned by the RTI and Privacy Coordinator</p>

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	Criteria Question
10.	<p>Performance measurement for the IP implementation across the agency is used</p> <p>[Agency] takes the treatment of all information considered sensitive very seriously and continually monitors to ensure that its systems are appropriate and effective. 100% compliance is the target. Apart from this, "no" could be the answer to this question.</p> <p>Register RTI & IP Decision Maker audit</p> <p>See comment for Q5 above (B5 - Application KPIs reported to GM Governance each ¼ and Executive annually. Further development of performance measurement will be considered as part of a corporate review of performance management currently underway, due for completion mid 2013)</p> <p>See comments for 5 (B5 - Some reporting is in place - this is being continually enhanced as opportunities are identified.)</p> <p>The [agency] has approved an internal privacy audit and a NPP2 sub-committee. The University has adopted the desktop audit tool as the primary tool to measure the effectiveness of the RTI and IP functions</p>
11.	<p>Performance measurement for the IP implementation across the agency is useful</p> <p>[Agency] takes the treatment of all information considered sensitive very seriously and continually monitors to ensure that its systems are appropriate and effective. 100% compliance is the target, but practical use of any other measures is questioned. No IP cases therefore has not been useful.</p> <p>RTI & IP Decision Maker audit</p> <p>See above. (B10 - The [agency] has approved an internal privacy audit and a NPP2 sub-committee.)</p> <p>See comment for Q5 above (B5 - Application KPIs reported to GM Governance each ¼ and Executive annually. Further development of performance measurement will be considered as part of a corporate review of performance management currently underway, due for completion mid 2013)</p> <p>The University has adopted the desktop audit tool as the primary tool to measure the effectiveness of the RTI and IP functions</p>

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Section C - Maximum Disclosure

(Note to person coordinating responses - This section could be completed by the person within the agency responsible for handling Right to Information / Information Privacy matters.)

	Criteria Question
1.	<p>More information has been placed in the public domain over the last two years (e.g. additional data sets are now available to the public).</p> <p>[Agency] has included additional information to provide updates on projects on its website over the past 12months. [Agency] has no administrative access scheme. Only unclassified docs in public domain. [removed] Additional information has been released through the open data initiative. Although additional information has been placed on [agency]'s website, most of [agency]'s business involves personal information and is not suitable to being publicly available. An ever increasing amount of information is made available to the public on Council's website Council is currently reviewing its publication scheme and plans to further develop administrative access arrangements later in 2013 Council publishes some data, eg Community Contact List/Community Directory on its website. Some mapping will go up eventually which will be more dynamic, eg showing all Council parks. Disclosure Log and Publication scheme under development as Corporate no longer provide this function for Hospital and Health Services establishment of HHSs Government open data discussions are taking place internally. Information is placed on the website and disclosure log Information was made available when the Publication Scheme commenced and has been maintained. No new areas have come on board to be added to this. Marginal increases of information, given that what our customers are interested in has always been a priority for the web site (as a public facing GOC). More information is available through the website New publications,[register], additional information on the [register], links to tender & procurement processes and activities. No formal requests for information received, so no additional data to report No more, but no less. A lot already available on our website. not entirely formal, but from a cultural perspective there is improved access Open data approach in planning Open data strategy currently being developed Procurement data publication scheme and website expansion Significant amount of Information available on Council's Website and Publication Scheme provides a link The Board's Publication Scheme, Disclosure Log and Privacy Statement are publically available on the [other agency] website The publication scheme has been implemented and has been examined for further improvements to be implemented. The [agency] links to the QH Publication Scheme which links to Policy documents, statistics and other information. The six-monthly Board of Management reporting process provides a mechanism for promoting new publications. Open Data process. More information will be available from 1 July 2013. The University has placed a large amount of information on its website administratively outside the RTI Act. University is growing - so more info is published but not due to RTI requests. RTI Act has contributed little to improve the disclosure of information. Rather, the University has been proactive in looking to increase the amount of info published Yes. As part of [agency]'s publication scheme</p>

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	Criteria Question
2.	<p>More information is available via the publication scheme than was previously available under the Statement of Affairs.</p>
	<p>Although a Publication Scheme now exists it is very basic and there is scope for significant improvement Council is currently reviewing its publication scheme Disclosure Log and Publication scheme under development as Corporate no longer provide this function for Hospital and Health Services Internal policies have been made available More information is available online that was previously available for inspection or purchase. The agency's publication scheme has been established and work is underway to publish more documentation under this scheme. The publication scheme requires the publication of classes of info holdings in the same way as the former Statement of Affairs. Now that it is on the internet, there is the capacity to publish actual info which was not possible with Statement of Affairs.</p>
3.	<p>Department only question. Using the Information Asset Register as a guide, the agency has achieved maximum disclosure of publishable information assets. <i>(This is a requirement for departments. It is not a requirement for GOCs, local governments or other agencies, and they are not required to respond to this question.)</i></p>
	<p>Data sets that have been identified as meeting the criteria for publication have been published on the QG Data Portal. Additional data-sets identified as part of the Open Data Strategy are being reviewed for publication through the QG Data Portal. IAR currently under review by Information and Communication Technology [removed]. It is proposed that baseline data will be collected from former departments where available. Part of the Open Data Government initiative currently being finalised. Publication scheme policy will be developed. (6 agencies)</p>

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Section D - Compliance

D.1 Detailed questions about active management of agency responsibilities²

(Note to person coordinating responses - This section could be completed by the person within the agency responsible for handling Right to Information / Information Privacy matters.)

Criteria Question	
1.	Active management of responsibilities – managing the process
1.1	Searches
1.	<p>Overall sufficiency of search (e.g. the number of times sufficiency of search is an issue in internal or external review matters).</p> <p>(Note: Sufficiency of search is whether or not the agency has taken all reasonable steps to locate all documents that fall within the terms of the access application.)</p> <p>[Agency] has not had any internal or external reviews as a result of our sufficiency of search.</p> <p>[Agency] however has observed that ICO assumes a presumption of validity to claims by requesters sometimes on more than 1 occasion in dealing with same request when unsubstantiated claims are made that the agency has failed to produce requested documents/info</p> <p>Council is a very large organisation, with extensive information holdings and has gradually been migrating across to an eDRMS</p> <p>Currently under review following merger</p> <p>Has not been an issue. (2 agencies)</p> <p>Most applicants are specific about what document they require</p> <p>N/A (4 agencies)</p> <p>Never (2 agencies)</p> <p>Nil</p> <p>No applications received (4 agencies)</p> <p>No internal or external review matters (7 agencies)</p> <p>Once</p> <p>One RTI request</p> <p>Only in one external review and it was found that there had been a sufficiency of search.</p> <p>Only relevant to internal review</p> <p>Only tested once</p> <p>Out of 4 completed matters 2 of these were alleged sufficiency of search in which 1 applicant withdrew and 1 was substantiated</p> <p>Some applicants have raised sufficiency of search. We have new procedures for searching our email vault which has helped address this. Also the new internal IPaRTI network has received training from RTI & IP team about procedures for doing searches</p> <p>Sufficiency of search data is not collected, however a review of recent files indicates that it is not a usual ground for review.</p> <p>This has never come into question</p> <p>We do not have record of an internal or external review of an IP/RTI decision</p> <p>Wording of this question is unclear - by itself the answer to the question would be "often", but given the example we answered "rarely"</p>
2.	<p>Additional documents located during external review.</p> <p>[Agency] has never had an internal or external review under the current legislation</p> <p>Additional documents have been identified during external review, although this is usually because the applicant provides additional detailed information about the document and where it may be located. This is becoming less frequent</p> <p>Answer: No. To date, no RTI/IP applications have been received.</p>

²Sourced from *FOI Standards and Measures*, produced by the Office of the Information Commissioner, Western Australia, as a result of an FOI practitioners workshop, unless indicated differently.

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Criteria	Criteria Question
2.	<p>Additional documents located during external review. (cont)</p> <p>As per comments above (D1.1.1.1 - Out of 4 completed matters 2 of these were alleged sufficiency of search in which 1 applicant withdrew and 1 was substantiated)</p> <p>Has not been an issue. (2 agencies)</p> <p>Hence the frustration felt and waste of resources incurred when baseless sufficiency of searches are undertaken</p> <p>N/A (5 agencies)</p> <p>Never (4 agencies)</p> <p>Never had an external review. (12 agencies)</p> <p>Never had external review for sufficiency of search</p> <p>Nil</p> <p>No applicable</p> <p>No applications received (2 agencies)</p> <p>No external reviews have been conducted in recent times to my knowledge</p> <p>No extra documents found.</p> <p>No formal requests for information received</p> <p>No opportunity as yet.</p> <p>One RTI request</p> <p>Only tested once</p> <p>Some</p> <p>This has never come into question</p>
3.	<p>Level of satisfaction by RTI Unit or decision maker with documentation received from other staff.</p> <p>Answer: No. To date, no RTI/IP applications have been received. No difficulties in respect of this criteria are anticipated.</p> <p>Based on one search.</p> <p>Because of past recordkeeping practices it is difficult to locate required information and staff requested to assist do not seem to appreciate the importance of ensuring appropriate searches are carried out</p> <p>Currently under review following merger</p> <p>Education as to presentation of documentation has been given</p> <p>Generally high, but sometimes need to clarify search results.</p> <p>Generally, RTI and IP decision makers receive all documents from staff across Council. The establishment of the internal IPaRTI network has assisted in search process. Sometimes there are issues around documents, but this is dealt with when required.</p> <p>N/A (6 agencies)</p> <p>Never happened</p> <p>Nil</p> <p>No applications received (4 agencies)</p> <p>No information has been released due to receipt of an RTI/IP application as yet</p> <p>no relationship exists</p> <p>Not needed to date</p> <p>Officers with RTI responsibilities within [agency] undertake the research.</p> <p>Only tested once</p> <p>Proposed RTI awareness training will assist in clarifying the requirements and expectations for documentation provided.</p> <p>Sometimes decision-makers have been required to follow-up with business units regarding incomplete sets of documents.</p> <p>Sometimes it takes some discussion to clarify extent of requirements</p> <p>The [agency] has a culture of openness and accountability and the high level support impacts on this culture.</p>

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Criteria Question	
1.2 Transfer of information	
1.	The agency has procedures in place for transfer of personal information outside Australia only in accordance with s33 of the IP Act.
	<p>[Agency] comes under Privacy Act 1988 and transfer personal information outside Australia in accordance with this Act.</p> <p>[Agency] does not transfer information outside Australia (4 agencies)</p> <p>[Agency] does not transfer personal information outside Australia</p> <p>council has a Privacy Policy in place which ensures full compliance with the Act.</p> <p>Council's Information Privacy Guideline will be updated to reflect this requirement by end June 2013</p> <p>Current review of RTI and IP governance/management to consider</p> <p>Currently being considered</p> <p>Do not have such a requirement, therefor no procedure</p> <p>Fact Sheet - "Transferring Personal Information Out of Australia" developed.</p> <p>Hasn't happened</p> <p>Identified as needing to be addressed in the [agency]'s IP Compliance Project.</p> <p>Identified as part of the rolling proactive privacy program. (6 agencies)</p> <p>n/a</p> <p>Nil requests received to date</p> <p>Nil requirement to date</p> <p>No recent cases have been processed under RTI to my knowledge</p> <p>Not applicable (2 agencies)</p> <p>Part of PIAs undertaken for such projects.</p> <p>Situation has not arisen. If it does Corporate Legal officer would be consulted to ensure compliance.</p> <p>This has not been an issue [agency] has had to deal with to date.</p> <p>This will be considered in developing the department's information privacy procedures.</p> <p>To date there have been no IP applications</p> <p>We have not yet received an application under the IP Act</p> <p>We take legal advice on any occasions that is seems personal information will be stored outside of Australia</p> <p>Yes, the Information Services have contracts in place in accordance with section 33(d) (i) & (iv) of the IP Act.</p>
1.3 Record Keeping	
1.	Record keeping systems allow efficient location of records relevant to RTI and IP requests.
	<p>[Agency] is currently in pilot stages of implementing an Electronic Document Records Management System.</p> <p>Bearing in mind that RTI requires all relevant records to be identified, going beyond the public records requirements and requiring drafts, notes and other miscellaneous materials to be identified.</p> <p>disparate mediums for storing data</p> <p>Electronic document records management system has been introduced to agency.</p> <p>Skilled staff manage issues with recordkeeping systems</p> <p>This area is improving, particularly in relation to electronic records.</p> <p>TRIM available</p>
2.	Accurate records exist to document the processing of requests.
	<p>Current review of RTI and IP governance/management to consider</p> <p>Never had a request</p> <p>No requests processed</p> <p>Within "Respond" database</p>

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	Criteria Question
2.	Active management of responsibilities – assisting and advising the parties
2.1	Negotiation
1.	<p>Applicants are assisted through negotiation, either prior to making an application or once an application is made, to clarify and particularise their requests.</p> <p>[Agency] is largely exempt from application of the RTI Act has had little to no interaction as yet with the IP Act [agency] provided instructions from [other agency] Agency has had feedback from several sources that we operate at 'best-practice' in our assistance. Always Current review of RTI and IP governance/management to consider If applicable. Many applicants call before completing an application and are assisted to formulate their application. No applications received (3 agencies) No formal requests for information received To date, no RTI/IP applications have been received. To date, the [agency] has dealt with requests for information by way of administrative access. The [agency] applies this negotiation principle to administrative access requests.</p>
2.2	Communication
1.	<p>For every application received, the agency considers calling the applicant as soon as practicable on receipt of the application to clarify the applicant's information request and explore options for providing the information.</p> <p>[Other agency] does on our behalf Acknowledge applications in writing Applicant contacted when possible (eg limitations in contacting prisoners) Applications are mainly in person Calling/ Emailing/ Writing Contact is made subject to identification in the application - eg if "by mail" is the applicants preferred method of contact then contact is made by mail Council's procedure for processing applications includes making contact with the applicant by phone to discuss the application, unless an officer has already discussed the application in person when it was hand delivered Current review of RTI and IP governance/management to consider Every application is formally acknowledged If an application is received If needed or unclear If required would be in some instances not possible if limited contact details provided N/A No applications received (7 agencies) The [agency] receives very few applications and applications received are generally very articulate. There is no policy which requires all applicants to be contacted. Where information can be released through an alternative process, an applicant may be contacted to advise of this. This answer is required because some requests are clearly and appropriately scoped and do not need to be clarified or options provided, as the information can be immediately provided. this is what we would do ordinarily without a policy. To date, no RTI/IP applications have been received. To date, the [agency] has dealt with requests for information by way of administrative access. The [agency] applies this communication principle to administrative access requests. Unnecessary as usually applicants have spoken with RTI & IP Decision Maker before lodging their application Yes calling the applicant is considered. The applicant is sent an acknowledgement letter clarifying the scope of the application. If there is any doubt or a chance to negotiate about the scope the applicant is contacted. Yes. In the event a member of the public does contact [agency] seeking information, we would seek to clarify how best to handle their request as soon as possible.</p>

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Criteria Question	
2.	<p>Open communication exists between the agency and the parties.</p> <p>[Other agency] does on our behalf Applicants insist on meetings to discuss As above (D1.2.2.1 - Never had an applicant) Current review of RTI and IP governance/management to consider review of RTI and IP governance/management If required would be N/A n/a no RTI, IP activity to date No formal requests for information received requests received to date To date, no RTI/IP applications have been received. To date, the [agency] has dealt with requests for information by way of administrative access. The [agency] applies this communication principle to administrative access requests. When consultation is necessary with another party, a letter is sent and the applicant is called or encouraged to call to discuss their matter. Unrepresented applicants are more likely to be contacted to explain correspondence.</p>
3.	<p>The agency is responsive and open to requests for information.</p> <p>Reqs for info are rcvd via range of entry points - Office of the Minister, DG's office, [registries], client service areas such as [office], & reg offices. Request can often be part of a broader issue. Request responded to in accordance with standard business practice. The internet site promotes access paths for departmental info. RTI appln as a last resort. RTI decision makers trained & aware of alternative access paths. RTI & IP requests are processed in accordance with the timelines in the Acts. Board of Management (BOM) six-monthly standing item on publication scheme. As above (D1.2.2.1 - Never had an applicant) Enquiries are taken via telephone, mail or fax. Applicants who require an application form are immediately sent an application form and information via a generic email account. The options to make an application are fully explained to potential applicants requests received to date Yes release is in line with the Act</p>
4.	<p>Level of satisfaction by the parties with the communication in general.</p> <p>Although applicants are sometimes dissatisfied with the outcome of their application and occasionally there are issues around communication, overall I would suggest that they are satisfied with communication and the process Applicants, third parties are encouraged to contact Decision Maker if they have any queries. Assumed, as no complaints have been made. From the [agency] perspective, the level of communication is satisfactory. However, applicants have not been surveyed with respect to this. generally we have a positive relationship with all our stakeholders If a request is received It would be high if we ever received a request. We are a very efficient organisation. Most applicants are satisfied with communication and service in general N/A (3 agencies) No applications received (7 agencies) No complaints have been received (2 agencies) Our policy is to acknowledge applications as soon as possible normally within 1 - 2 days. We inform applicants when we consult and when reviews are lodged. We encourage applicant to communicate by phone or email if they have any queries. Primarily because most applications do not relate to [agency]'s community service obligations and accordingly are outside the scope of the RTI Act requests received to date The unit continues to receive compliments from clients regarding the processing of their requests. This is a guess. There is no system in place of measuring satisfaction To date, no RTI/IP applications have been received. To date, the [agency] has dealt with requests for information by way of administrative access.</p>

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	Criteria Question
2.3	Decision communication
1.	Decisions are made promptly and parties informed as soon as possible.
	<p>Council regularly requests extensions to decision dates, as allowed under the legislation. All parties are kept informed of progress with applications as appropriate</p> <p>Current review of RTI and IP governance/management to consider</p> <p>Current staffing level make it difficult to meet timeframes at times</p> <p>Extensions are often requested. A dialogue in writing and/or by telephone in maintained.</p> <p>Further funding applied for in budget bid for additional RTI-IP decision maker</p> <p>If a request is received</p> <p>No requested received (6 agencies)</p> <p>There was only one (1) deemed decision in the financial year 2011/12.</p> <p>This is Council's policy, when a request is received.</p> <p>To date, no RTI/IP applications have been received. To date, the [agency] has dealt with requests for information by way of administrative access. The [agency] applies this principle to administrative access requests.</p> <p>Where further time is required to complete an application (due to complexity or size of the appn), the applicant is fully informed and part of the process.</p>
2.4	Timeliness
1.	Level of satisfaction by the parties with the communication about time issues.
	<p>All timelines met</p> <p>Assume, as no complaints have been received</p> <p>Depends on the application</p> <p>Expectation high if a request is received</p> <p>High staff workloads can sometimes mean a delayed response.</p> <p>Legislated timeframes seem to mean little to a significant number of staff</p> <p>Most applicants express some disappointment at the length of the statutory time frame. [agency] makes every effort to ensure that applicants are informed. Applicants have not been surveyed. Almost all applicants are either appreciative of being informed.</p> <p>Most applicants understand time constraints and processing times and our communication thereof. Only a minority are dissatisfied.</p> <p>N/A (5 agencies)</p> <p>Never been an issue</p> <p>Never been needed</p> <p>No applications received (6 agencies)</p> <p>No complaints have been received</p> <p>One application disrupted by application to wrong agency and Christmas.</p> <p>requests received to date</p> <p>See previous comments. (D1.2.3.1 - This is Council's policy, when a request is received.)</p> <p>Some frustration is shown by requesters until explanation is given into the process</p> <p>Staffing inadequate to achieve 100% satisfaction</p> <p>The majority of applications are processed within the statutory period.</p> <p>The unit has received a number of compliments from clients regarding the timeliness of processing of requests.</p> <p>There have been few complaints received by the Right to Information and Privacy Unit relating to communication about time issues.</p> <p>There is generally a good level of satisfaction about timeframes, applicants are sometimes surprised how long it takes to process applications. They usually agree to extensions and we try to process as quickly as possible, within current resources</p> <p>This is a guess. There is no system in place of measuring satisfaction</p> <p>Timelines are explained in outgoing correspondence.</p> <p>To date, no RTI/IP applications have been received. To date, the [agency] has dealt with requests for information by way of administrative access.</p> <p>We aim to meet our timeframes and have negotiated successfully where more time was needed. We have only ever had one deemed decision which occurred recently.</p>

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Section D - Compliance

D.2 Requirements for Publication Schemes³

(Note to person coordinating responses - This section could be completed by the person within the agency responsible for handling Right to Information / Information Privacy matters.)

(Note: Agencies that do not have a publication scheme (i.e. 'No' to Gateway question 4), are skipped over Section D2.)

	Criteria Question
1.	Seven classes of information are published (About us, Our services, Our finances, Our priorities, Our decisions, Our policies, Our lists).
	<p>[Agency] continues to maintain its pub scheme & reports to BOM on 6-monthly basis regarding new info holdings uploaded onto pub scheme, info holdings taken down, & info holdings being developed which will be uploaded onto the pub scheme.</p> <p>Amendments have recently been drafted to include an Administrative Access Scheme and a Complaints Management System and are awaiting Board approval</p> <p>Currently under review following merger</p> <p>Departmental website is currently under review and redevelopment (2 agencies)</p> <p>Information is reviewed annually or after MOG change</p> <p>Worded differently but information is present</p>
2.	Information in the publication scheme is significant (key initiative and policy documents).
	<p>[Agency]'s Publication Scheme was updated last year as a result of OIC's desktop audit. RTI & IP decision maker and content owner evaluate appropriateness of document for publication prior to approval by [agency]'s GM (CEO).</p> <p>Departmental website is currently under review and redevelopment (2 agencies)</p> <p>Full compliance. A system, policy, strategy or process has been implemented in full across the agency.</p> <p>Improvements have been identified and documented for action under the seven categories.</p> <p>RTI is linked to Policy and Procedure Register which is updated regularly</p>
3.	Information in the publication scheme is appropriate (having regard to legislation, privacy principles and security issues).
	<p>Departmental website is currently under review and redevelopment (2 agencies)</p> <p>The Approval to Publish process which allows for the monitoring of appropriateness & decisions on what is published are located at SES level.</p>
4.	Information in the publication scheme is accurate.
	<p>[Agency] links to pages rather than documents to ensure up-to-date information is provided</p> <p>Amendments have recently been drafted to the Board's Publication Scheme and are awaiting Board approval</p> <p>Departmental website is currently under review and redevelopment (2 agencies)</p> <p>Every effort is made to maintain accuracy of PS information.</p> <p>Reporting to Board of Management (BOM) on a 6-monthly basis ensures that the information in the publication scheme is accurate & up-to-date.</p>
5.	Significant documents are not excluded by irrelevant factors (e.g. embarrassment to the agency, misunderstanding by the applicant, mischievous conduct by the applicant or the seniority of an author (<i>Part 1, Schedule 4 Right to Information Act 2009</i>)).
	<p>Currently do not publish RTI applications</p> <p>Departmental website is currently under review and redevelopment (2 agencies)</p> <p>Evaluation and recommendation about whether a document should or should not be published is performed by decision maker and content owner then approved by [agency] GM (CEO)</p> <p>irrelevant factors *not* considered as part of decision-making process.</p> <p>The department follows the recently amended Ministerial Guidelines & Publications Scheme Approval Policy.</p>

³From *Ministerial Guidelines, Operation of Publication Schemes and Disclosure Logs* issued pursuant to section 21(3) and section 78(2) of the *Right to Information Act 2009*.

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Criteria	Question
6.	Schemes are readily accessible (e.g. a link on home page).
	<p>Available for public access on [other agency] website</p> <p>Consistent with OIC's approach where there is a link to the publication scheme available through the Right to Information page on the department's website and not through a direct link on the home page.</p> <p>Departmental website is currently under review and redevelopment (2 agencies)</p> <p>Links are available on all websites except Policy and Procedure register which is in progress</p> <p>One click from home page on the internet; and two clicks from home page on the intranet.</p> <p>There is an issue when the public wish to access information via the QH web-page. Accessing the home page is several clicks from the QH web-page and this could be fixed by adding a direct link to HHS Home Pages on the LH side navigation bar on QH site.</p>
7.	Direct links to documents suitable for online publication are provided. (Documents might be unsuitable for online publication if they are too large, or not in a suitable format)
	<p>Additional links could be provided in some areas.</p> <p>Departmental website is currently under review and redevelopment (2 agencies)</p> <p>Direct links are provided to documents that are suitable for publication.</p> <p>Disclosure Log not established</p> <p>Links are provided where possible.</p> <p>Links are to pages rather than directly to documents to maintain currency and accuracy</p> <p>Will be provided as required, Nil requests currently</p>
8.	All documents referred to in the publication scheme are accessible centrally from the publication scheme.
	<p>Departmental website is currently under review and redevelopment (2 agencies)</p> <p>Majority accessible centrally, but not all.</p> <p>Or by further request.</p> <p>Publication scheme has documents & links.</p> <p>Some documents are not available for download but are available on request or via inspection.</p> <p>There are links to leading to most of the documents mentioned in the Publication Scheme table either from the Publication Scheme table directly or from the [agency] home page.</p>
9.	Documents linked to the publication scheme are no more than 3 mouse clicks away.
	<p>Departmental website is currently under review and redevelopment (4 agencies)</p> <p>Not applicable</p> <p>Tend to be 1 click away</p>
10.	If a direct link to a document is impractical (e.g. due to the size of the document), a summary of the document is provided and access arrangements are described.
	<p>All documents has links</p> <p>Current review of RTI and IP governance/management to consider</p> <p>Departmental website is currently under review and redevelopment (3 agencies)</p> <p>e.g. under [agency]'s publication scheme, under Our Lists, the following entry can be found: To view the [register], please contact the [branch] on [phone].</p> <p>Has not happened yet, but it would be our approach</p> <p>If situation arises</p> <p>It is rare for [agency] not to have a document available online.</p> <p>Not applicable (3 agencies)</p> <p>Not applicable. A summary is not included but access arrangements are set out.</p> <p>This has never been necessary, but this procedure would be followed if required</p> <p>This statement is included in the disclosure log (when it is uploaded). Notation to be made on web-site.</p>
11.	The publication scheme sets out the terms on which information is available including any applicable fees/charges.
	<p>[Agency] does not offer products with fees/charges.</p> <p>Council is currently reviewing its publication scheme but overall it outlines how information can be accessed.</p> <p>Council's schedule of fees and charges outlines applicable fees and charges</p> <p>Council's website sets out this information and includes link to OIC website</p>

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Criteria	Question
11.	<p>The publication scheme sets out the terms on which information is available including any applicable fees/charges. (cont)</p> <p>Departmental website is currently under review and redevelopment (6 agencies) Not applicable Terms about available info and fees or charges that may or may not apply are included but generally this information is contained in the application form or explained during acknowledgement of applications. The publication scheme states: <div style="padding-left: 40px;">The Right to Information pages are constantly being added to. Documents in the publication scheme can either be downloaded directly from these pages or a request can be made to access them.</div> <div style="padding-left: 40px;">No application fees/charges apply to information requested from the publication scheme.</div> Where charges are applicable these are mentioned. The fact that documents are free is not mentioned. A statement could be added.</p>
12.	<p>Charges for administrative release of documents are minimised.</p> <p>Administrative release is processed free of charge. As per Fees and Charges charges are applied as per legislation being on a cost recovery basis In accordance with the policy. N/A (2 agencies) no charge (3 agencies)</p>
13.	<p>Alternative formats of documents are available.</p> <p>At present, documents are in the form in which they appear on the [agency] website. Cost of CD currently not recoupable. Documents are generally published in PDF PDF only See above. (D2.12 - No fee is charged.) some may be The department complies with the requirements of the CUE Standard. The CUE Standard is based on international standards and industry best practice. As well as being a compliance document, the CUE Standard includes templates for agencies to rapidly build standards-compliant websites. Version 3.0 of the CUE Standard was approved by the Director-General, Department of Public Works on 7 December 2010. To be reviewed in light of merger Upon request (2 agencies)</p>
14.	<p>Website design is user friendly (e.g. well organised, reviewed quarterly and up to date, information rich).</p> <p>Complies with Queensland Government's CUE for accessibility, usability, design, etc. Council's Communications Group manages Council's website. It is updated and reviewed on an ongoing basis Departmental website is currently under review and redevelopment (2 agencies) Departmental website is currently under review and redevelopment. Publication scheme policy and procedure is currently in development. Information is not always up to date. Matters are rectified when identified Links from QH web-site are convoluted as stated above. In general there is much information in the Publication Scheme, improvements have been identified. Not sure how often website reviewed Reviewed regularly. The Board does not have a website. It publishes material on the [other agency] website The publication scheme is updated on a regular basis. Website is currently under review Website to be redesigned</p>
15.	<p>An agency officer has a responsibility to ensure the publication scheme is maintained and up to date.</p> <p>Due to restructure, responsibility/approval/documentation for pubs scheme and disclosure log is being reviewed. The RTI & Privacy Unit, Corporate Communications & Board of Management 6-monthly reporting.</p>

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Criteria Question	
16.	<p>A complaints procedure is in place to enable people to make complaints when information is not available from the publication scheme.</p>
	<p>[Agency]'s website contains readily available information regarding a suitable contact should anyone wish to make a complaint.</p> <p>A link is easily accessible on the Publications Scheme page on our website in 2 places for the community to complain, give a suggestion, or compliment.</p> <p>A project is planned to commence in the next 2 months to review Council's publication scheme and procedures for updating the scheme</p> <p>Amendments have recently been drafted to the Board's Publication Scheme to incorporate a complaints management system and are awaiting Board approval</p> <p>Current review of RTI and IP governance/management to consider</p> <p>Feedback box on each website page.</p> <p>Handled in accordance with the 2013 Client Complaint Management Procedures; and Client Complaint Management Policy.</p> <p>There is a link to a complaints procedure from the [agency] Publication Scheme Table. A statement may need to be added stating that there is a right to complain if information from the publication scheme is not made available.</p>
17.	<p>Changes to the publication scheme are formally approved.⁴</p>
	<p>A project is planned to commence in the next 2 months to review Council's publication scheme and procedures for updating the scheme</p> <p>Any information that is published on the internet is formally approved by the Chief Executive [agency].</p> <p>Approved by Director, Governance Services & University Secretary</p> <p>As a new agency there has only been 1 publication scheme developed, but changes will be approved in the future</p> <p>Because the publication scheme is uploaded to Council's website, the content management system manages this process, and changes to the content are sent to a reviewer to either approve for publish or reject the content to be re-entered.</p> <p>Board of Management (BOM) process and Approval to Publish process.</p> <p>Current review of RTI and IP governance/management to consider</p> <p>Deputy Director-General, Corporate Services is the approver</p> <p>Due to restructure, responsibility/approval/documentation for pubs scheme and disclosure log is being reviewed.</p> <p>No changes effected</p> <p>This has been included in the [agency]'s RTI policy, which is awaiting approval by the Board [removed].</p>
18.	<p>Changes and approvals to the publication scheme are documented.⁵</p>
	<p>A project is planned to commence in the next 2 months to review Council's publication scheme and procedures for updating the scheme</p> <p>As above, but will occur as required (D2.18 - As a new agency there has only been 1 publication scheme developed, but changes will be approved in the future)</p> <p>As above. (D2.17 - This has been included in the [agency]'s RTI policy, which is awaiting approval by the Board of Trustees.)</p> <p>Board of Management (BOM) process & Approval to Publish process.</p> <p>Current review of RTI and IP governance/management to consider</p> <p>Documents in the publication scheme are authorised by the relevant process owner before changes can be made.</p> <p>Due to restructure, responsibility/approval/documentation for pubs scheme and disclosure log is being reviewed.</p> <p>In TRIM - document management system</p> <p>Internally.</p> <p>Mostly emails</p> <p>No changes effected</p> <p>Refer Question 17. (D2.17 - Because the publication scheme is uploaded to Council's website, the content management system manages this process, and changes to the content are sent to a reviewer to either approve for publish or reject the content to be re-entered.)</p>

⁴ Email advice from Queensland State Archives to the Department of Premier and Cabinet, dated 27 October 2009 regarding whether or not a publication scheme should be maintained as a public record.

⁵ Email advice from Queensland State Archives to the Department of Premier and Cabinet, dated 27 October 2009 regarding whether or not a publication scheme should be maintained as a public record.

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	Criteria Question
19.	<p>Documents describing changes to the publication scheme are kept as public records.⁶</p> <p>A project is planned to commence in the next 2 months to review Council's publication scheme and procedures for updating the scheme</p> <p>Able to see every version of the page that has been updated.</p> <p>All emails registered in document Management System</p> <p>As above, but will occur as required (D2.18 - As a new agency there has only been 1 publication scheme developed, but changes will be approved in the future)</p> <p>As above. (D2.17 - This has been included in the [agency]'s RTI policy, which is awaiting approval by the Board of Trustees.)</p> <p>Changes are recorded in an excel spreadsheet: RTI/IP Implementation Tracking Log</p> <p>Council has only recently created it's Publication Scheme</p> <p>Current review of RTI and IP governance/management to consider</p> <p>Due to restructure, responsibility/approval/documentation for pubs scheme and disclosure log is being reviewed.</p> <p>In TRIM - document management system</p> <p>No changes effected</p> <p>Not sure what you mean here.</p> <p>The publication scheme content is a point in time record. Updates are often by addition of information (changes are apparent). Superseded information would be available on request, but practically, this does not appear to be of interest to the public.</p> <p>There is a full roll-back auditing history on the Web Contact Management System - Squiz Matrix, allowing the department to roll-back to any point in time on the web. In addition, a full history is available to see who has edited, uploaded, removed, etc.</p> <p>There is significant work to be done in this area. Staff do not understand that the intranet/internet is not a records management tool and therefore do not see why they have to create and register this type of document.</p> <p>These are managed in back-up systems.</p> <p>website software (wordpress) includes content versioning</p>
20.	<p>Department only question.</p> <p>20. The information governance body has considered the development of the elements* of the authorising and accountability environment for publication schemes.</p> <p>*These elements may include:</p> <ul style="list-style-type: none"> · Policies · Business processes (e.g. internal approval processes for publication in a publication scheme) · Procedures · Roles and responsibilities (e.g. who approves release) · Supporting tools and systems⁷. <p>For example, the meeting agenda or minutes indicate these issues have been considered.</p> <p><i>(This is a requirement for departments. It is not a requirement for GOCs, local governments or other agencies, and they are not required to respond to this question.)</i></p>
	<p>[Agency] Information Steering Committee</p> <p>A draft information management framework is in development.</p> <p>Approvals process for Open Data Government Initiative currently being finalised. Publications scheme policy currently in development. (6 agencies)</p> <p>Board of Management (BOM) & Information Management Committee (IMC)</p> <p>Follows the procedures for Web Work Requests and Policy and Procedure Register publication</p> <p>The IMSC guides the preparation of policies and supporting artefacts relating to the management of information within the [agency] including the release of data through the Open Data Strategy.</p>

⁶ Email advice from Queensland State Archives to the Department of Premier and Cabinet, dated 27 October 2009 regarding whether or not a publication scheme should be maintained as a public record.

⁷ From QGEA Guideline *Implementing Information Governance*.

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	Criteria Question
21.	<p>Quality of scheme from the agency's perspective.</p> <p>[Agency] limited in types of documents that may be released under pub schemes</p> <p>[Agency] received a good result from OIC's desktop audit last year. The report stated that the level of compliance was commendable. Minor amendments to [agency]'s website have strengthened the publication scheme.</p> <p>[Agency]'s publication scheme is reviewed on a quarterly basis to ensure it remains effective and appropriate</p> <p>A project is planned to commence in the next 2 months to review Council's publication scheme and procedures for updating the scheme</p> <p>Current review of RTI and IP governance/management to consider</p> <p>Departmental website is currently under review and redevelopment.</p> <p>Easy enough to locate on Council's website and categories of information are clearly labelled.</p> <p>Further improvement required</p> <p>Further work is required to ensure that the publication scheme is maintained and up to date.</p> <p>I am planning on reviewing the scheme to ensure materials are updated and relevant</p> <p>Information is available but currently not though one webpage</p> <p>Lack of interest has meant that it has not been developed beyond basic requirements.</p> <p>Meets most of the Ministerial Guideline requirements (3 agencies)</p> <p>Needs review and updating</p> <p>on going review of content</p> <p>Opportunities for improvement exist - will be explored as part of review of scheme (2013/14).</p> <p>Progression toward fully functional publication scheme</p> <p>Some areas of disclosure are being addressed to make access easier eg changes to website</p> <p>Website rebrand is in progress</p> <p>Whilst the web-site has good quality information, the publication scheme could have a more user friendly interface.</p> <p>Would benefit from whole-of-government standards apart from those in the Ministerial Guidelines which merely require publications to be classified under the seven headings and be: significant, accurate and/or up-to-date.</p>

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Section D - Compliance

D.3 Requirements for Disclosure Logs⁸

(Note to person coordinating responses - This section could be completed by the person within the agency responsible for handling Right to Information / Information Privacy matters.)

(Note: Agencies that do not have a disclosure log (i.e.'No' to Gateway question 5), are skipped over Section D3.)

	Criteria Question
	You informed us earlier that your agency has a disclosure log. The following questions are in regards to this disclosure log. References to documents are limited to documents that do not contain the personal information of the applicant.
1.	The disclosure log is a readily accessible part of the agency's website (i.e. within three mouse clicks from the home page).
	Available for access on [other agency] website QH webpage rather than [agency] Reviewed annually or after MOG change Submitted for publication.
2.	Website design is user friendly (e.g. well organised, reviewed quarterly and up to date, information rich).
	Complies with Queensland Government's CUE for accessibility, usability, design, etc. refer A1 (D3.1 - QH webpage rather than [agency]) Submitted for publication. The Board does not have a website; documents are published on the [other agency] website Website is being redesigned Website to be redesigned
3.	Documents released under the RTI Act are listed in the disclosure log unless there is a clear reason not to do so.
	After each RTI decision is made, the decision maker makes an assessment whether the documents should be placed on the disclosure log Disclosure log entries are made in accordance with the requirements of the RTI Act, Ministerial Guidelines and the OIC Guidelines. A new disclosure log approval process is in place to cater for the recent amendments to the RTI Act. However nothing to disclose However, no documents have been populated to the disclosure log at this time If a request is received No documents have been released under the RTI Act as yet No documents have yet been listed in the disclosure log as [agency] is a GOC without any CSOs (and is therefore exempt from the RTI Act); however, should documents be released, they would be listed in the log (unless there was clear reason not to) No need so far - first application is incomplete. Personal information content is very high as they are investigation materials. Confidentiality requirement imposed by [act reference] refer A1 (D3.1 - QH webpage rather than [agency]) see above (D3.3 - Submitted for publication.) This will occur as required, nil documents for listing at this point. To date, no RTI/IP applications have been received. Would be if we had a formal request

⁸From *Ministerial Guidelines, Operation of Publication Schemes and Disclosure Logs* issued pursuant to section 21(3) and section 78(2) of the *Right to Information Act 2009*.

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	Criteria Question
4.	<p>The agency has a process in place to ensure documents are listed on the agency's disclosure log as soon as practicable after the applicant accesses the document.</p>
	<p>An assessment is made at the conclusion of each application, or group of applications, regarding the suitability for inclusion of documents in the disclosure log.</p> <p>If a request is received</p> <p>Information released by [agency] under RTI has contained some personal information and therefore it has been considered not suitable to be disclosed in the disclosure log as it would invade an individual's privacy.</p> <p>It will happen asap.</p> <p>No documents currently in Disclosure Log as nature of documents not considered suitable</p> <p>Not applicable. No documents in the disclosure log</p> <p>Our database allows for early indication of suitability for inclusion on the disclosure log. Suitable documents are normally uploaded after the required access period expires.</p> <p>Our procedures to update the disclosure log currently dependent on one person within the team. We are reviewing this procedure, to give other team members permission to update the disclosure log and publish documents to web</p> <p>refer A1 (D3.1 - QH webpage rather than [agency])</p> <p>requests received to date</p> <p>see above (D3.3 - Submitted for publication.)</p> <p>To date, no RTI/IP applications have been received.</p> <p>We has not released any information under the RTI Act since having a disclosure log. We has not released information under RTI Act since that date, as all requests have either been more correctly IP Act requests, or no records have been located.</p> <p>Where disclosure may occur, applicant notified of same in all correspondence</p> <p>Within area that deals with RTI/IP requests</p>
5.	<p>Where an applicant has not accessed a document within the access period, and where it is appropriate to do so, the agency provides access details to the document (including any applicable charges) in the agency's disclosure log.</p>
	<p>[Agency] would do this if appropriate; however, as [agency] is a GOC without any CSOs, [agency] is exempt from the RTI Act</p> <p>Although this situation has not arisen to date this would be the process.</p> <p>Council provides all documents with a determination letter inclusive of any charges. Payment required after information provided. Details placed on disclosure log within 48 hrs from when it is expected the determination letter and documents received</p> <p>Documents that have been requested under previous RTI applications related to confidential, personal and sensitive information.</p> <p>Have not yet had this situation (2 agencies)</p> <p>If a request is received</p> <p>If an applicant withdraws or the request is deemed to have been withdrawn don't consider it a completed request so doesn't go on disclosure log as it hasn't been disclosed</p> <p>If situation ever arises</p> <p>N/A (4 agencies)</p> <p>Never been an issue</p> <p>No need so far.</p> <p>Not applicable. All documents have been accessed within the access period.</p> <p>Note: this has not as yet been an issue for the [agency] but should it occur, the department is able to do so.</p> <p>refer A1 (D3.1 - QH webpage rather than [agency])</p> <p>see above (D3.3 - Submitted for publication.)</p> <p>This has not occurred (3 agencies)</p> <p>This will occur as required</p> <p>To date, no RTI/IP applications have been received.</p> <p>We have a process, but this issue has never arisen</p> <p>We provide documents electronically with the decision notice, so there is rarely any delay to the applicant accessing the documents. If there are any delays, the disclosure log would be updated after access or at the end of the access period</p>

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	Criteria Question
5.	<p>Where an applicant has not accessed a document within the access period, and where it is appropriate to do so, the agency provides access details to the document (including any applicable charges) in the agency's disclosure log. (cont)</p> <p>We would do this, if an applicant failed to access the document within the access period. Would do</p>
6.	<p>If documents are not included in a disclosure log, the details of the decision and reasons are documented in the agency's internal records.</p> <p>[Agency] would do this if appropriate; however, as [agency] is a GOC without any CSOs, [agency] is exempt from the RTI Act I wasn't aware that this was mandatory If a request is received No need so far. refer A1 (D3.1 - QH webpage rather than [agency]) See previous comments. (D3.5 - This instance has not occurred.) The Agency does not receive many (less than 5 a year) RTI requests at all. Of those, in the majority of cases, the requests are for records which [agency] does not have (e.g. a RTI Request to the [other agency] will be on-sent to all [agencies of type], but [agency] has rarely located relevant records to provide). Although the RTI officer and the Associate Director [job title] Legal will assess whether each release should be uploaded onto the disclosure log, the extremely low volume and highly specialised nature of the requests and information released has meant that inclusion in the disclosure log is not deemed appropriate or necessary. If [agency] receives a broader request, for which it releases documents, [agency] will include information on that release in the disclosure log and will consider a policy to confirm that. The covering page to Disclosure Log on website explains that disclosure log provides details of non-personal information released under the RTI Act. Should it be decided not to include any documents, this would be recorded against the application in eDRMS There is a record on the front of each file, as part of the file label template, which records the decision about whether or not it should be published on the disclosure log and the decision makers' initials This will occur as required To date, no RTI/IP applications have been received. Within relevant file related to request Would be</p>
7.	<p>An agency officer has a responsibility to ensure the disclosure log is maintained and up to date and in accordance with ministerial guidelines.</p> <p>[Agency] has a disclosure log where due to the size of some of the files, a summary of the documents previously released is noted. People interested in obtaining any of the documents listed may contact Council for copies if required. Currently one of Council's decision makers has responsibility for the disclosure log, with appropriate permissions to update the website. However, Council is seeking to extend these permissions to other team members to improve our procedures Director, RTI & Privacy Unit refer A1 (D3.1 - QH webpage rather than [agency]) RTI decision-maker is responsible officer We have a dedicated RTI officer.</p>
8.	<p>Changes to the disclosure log are formally approved.⁹</p> <p>Approved as part of Council's website Content Management System. As a new agency this is yet to occur Due to restructure, responsibility/approval/documentation for pubs scheme and disclosure log is being reviewed. I have full authorisation (Authorised Person Powers) from the CEO to make changes to the Disclosure Log - Answer – Yes If a change is to be made In TRIM - Document management system</p>

⁹Email advice from Queensland State Archives to the Department of Premier and Cabinet, dated 27 October 2009 regarding whether or not a disclosure log should be maintained as a public record.

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Criteria Question	
8.	Changes to the disclosure log are formally approved. (cont)
	<p>No – there are no formal approvals, however, each Departmental Manager provides advice as to the material to be included in the disclosure log regarding their respective Department when the disclosure log is updated each time.</p> <p>No need so far.</p> <p>Procedure is in place</p> <p>refer A1 (D3.1 - QH webpage rather than [agency])</p> <p>See 4 above (D3.4 - No documents currently in Disclosure Log as nature of documents not considered suitable)</p> <p>The question is a little difficult to answer because the [agency] does not have any documents in the disclosure log. As the delegated decision-maker, it would be me who identifies whether any documents should be included in the disclosure log, and I would arrange for that to occur with a particular staff member who generally makes any changes to our website and works with me on RTI matters for the website. Following on from the report on the desktop audit for statutory authorities that was provided to us in August 2012, I identified that we need to include a statement on our disclosure log explaining why there are no documents in the log. As we are currently developing a new website, the change is being made to the new site, which is yet to 'go live'. So whilst my inclination is to answer 'yes' because there is an understood process, it is not documented.</p> <p>There are no strategies in place, and no immediate plans to pursue them.</p> <p>We have recently reviewed our process for disclosure logs but have not yet implemented the revised approach. Therefore, the appropriate response would be 'in progress'.</p>
9.	Changes and approvals to the disclosure log are documented. ¹⁰
	<p>As required</p> <p>As stated, there is no information in the disclosure log because [agency] rarely receives RTI requests at all, let alone requests for which it actually holds documents.</p> <p>Council is currently reviewing its procedures for the disclosure log. The current process is that changes to the disclosure log are made directly to Council's website by one of Council's decision makers</p> <p>documented in website software</p> <p>Due to restructure, responsibility/approval/documentation for pubs scheme and disclosure log is being reviewed.</p> <p>I wasn't aware that this was mandatory</p> <p>If a change is to be made</p> <p>In TRIM - Document management system</p> <p>No need so far.</p> <p>Not applicable to date</p> <p>Procedure is in place</p> <p>refer A1 (D3.1 - QH webpage rather than [agency])</p> <p>Refer Question 8. (D3.8 - Approved as part of Council's website Content Management System.)</p> <p>See above (D3.4 - No documents currently in Disclosure Log as nature of documents not considered suitable)</p> <p>The answer is yes – changes to the disclosure log are documented within the directorate that has responsibility for the RTI/IP Act.</p> <p>Verbal approval only</p> <p>Would be</p>
10.	Changes to the disclosure log are documented and kept as public records. ¹¹
	<p>Able to view every version of the page that has been updated.</p> <p>All changes to the disclosure log are updated as Applications are finalised and determinations sent. These are then uploaded to the Website 48 hours after Applications closure etc. Answer - Yes.</p> <p>As required</p> <p>Changes to the disclosure log are recorded in an excel spreadsheet: RTI/IP Implementation Tracking Log</p> <p>Council is currently reviewing its procedures for the disclosure log. The current process is that changes to the disclosure log are made directly to Council's website by one of Council's decision makers</p> <p>Due to restructure, responsibility/approval/documentation for pubs scheme and disclosure log is being reviewed.</p> <p>I wasn't aware that this was mandatory</p>

¹⁰ Email advice from Queensland State Archives to the Department of Premier and Cabinet, dated 27 October 2009 regarding whether or not a disclosure log should be maintained as a public record.

¹¹ Email advice from Queensland State Archives to the Department of Premier and Cabinet, dated 27 October 2009 regarding whether or not a disclosure log should be maintained as a public record.

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Criteria Question	
10.	Changes to the disclosure log are documented and kept as public records. (cont)
	<p>If a change is to be made In TRIM - Document management system No need so far. Not applicable to date Process in place and in accordance with general retention and disposal schedule and Ministerial Guidelines. refer A1 (D3.1 - QH webpage rather than [agency]) See above (D3.4 - No documents currently in Disclosure Log as nature of documents not considered suitable) We have not amended the disclosure log. Would be</p>
11.	<p>The disclosure log has an appropriate list of documents, for example, by comparison with the number of applications for non-personal information that have been granted. <i>(Note: Not asked of agencies that do not have any documents on their disclosure log i.e. those that answered 'No' to Gateway question 6.)</i></p>
	<p>in accordance with legislation refer A1 (D3.1 - QH webpage rather than [agency]) Submitted for publication. Yes, Council's disclosure log has a reasonable number of documents available, compared to the decisions made to release documents under RTI</p>
12.	<p>Documents published to the disclosure log are accompanied by brief text with a summary and the context of the information. <i>(Note: Not asked of agencies that do not have any documents on their disclosure log i.e. those that answered 'No' to Gateway question 6.)</i></p>
	<p>Current resourcing does not permit this additional service (4 agencies) Documents published in the Disclosure Log comply with the requirements of the Right to Information Act 2009 and the Ministerial Guidelines. No additional text such as a summary or the context of the information is included. Only basic information about the documents is provided. A summary and context is not currently provided refer A1 (D3.1 - QH webpage rather than [agency]) Submitted for publication. Where required.</p>
13.	The agency has a system for checking that documents or information released on the disclosure log:-
	<p>(comments which were common across (a) to (e)) All RTI applications are assessed by RTI officer as well as the Associate Director [job title] Legal to ensure appropriate for release - and would be assessed for appropriateness for publication etc. as per legislation By not having a direct link to the documents on the disclosure log this is able to be double checked prior to release on disclosure log Checked at time of posting to website, but no formal checking system/documentation in place. Council is currently reviewing its procedures for the disclosure log to formalise the decision process as to whether documents should be published on the disclosure log If a request is received Information Officer Reviews Legal advice is sought Policy to be updated refer A1 (D3.1 - QH webpage rather than [agency]) Representative from [other agency] assists with RTI applications This assessment is based on the RTI response at the time of the response This is done when determining whether a document should be disclosed as part of request process To date, no RTI/IP applications have been received. The development of a procedure is an 'identified' issue.</p>

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	Criteria Question
13.	The agency has a system for checking that documents or information released on the disclosure log:- (cont)
	(a) - are not prevented by law from publication
	No documents have been released on the Board's disclosure log. Any releases will be with the approval of the RTI/IP Officer or the Board Process is managed by a qualified and experienced legal practitioner. requests received to date
	(b) - are not defamatory
	No specific comments
	(c) - if included in the disclosure log would not unreasonably invade an individual's privacy
	No specific comments
	(d) - are not or do not allow to be ascertained, information of a confidential nature that was communicated in confidence by a person other than the agency
	No specific comments
	(e) - would not otherwise cause substantial harm to an entity if disclosed.
	All of the above factors are considered prior to disclosing information in the disclosure log. Done when determining whether a document should be disclosed as part of request process. Thru experience & external reviews [agency] has found that ICO doesn't appear to give any significant weight to this factor when considering grounds for non-disclosure
14.	<p>Department only question.</p> <p>The information governance body has considered the development of the elements* of the authorising and accountability environment for disclosure logs.</p> <p>*These elements may include:</p> <ul style="list-style-type: none"> · Policies · Business processes (e.g. internal approval processes for publication in a publication scheme) · Procedures · Roles and responsibilities (e.g. who approves release) · Supporting tools and systems¹². <p>For example, the meeting agenda or minutes indicate these issues have been considered. <i>(This is a requirement for departments. This is not a requirement for GOCs, local governments or other agencies and they are not required to respond to this question.)</i></p>
	<p>A draft information management framework is in development. Not required.</p> <p>See comments for 2.2 - once IMSC recommences, this issue will be raised for consideration. (A2.2 - See comments for 2.1 (A2.1 - Restructure of [agency] have meant RTI/IP governance mechanisms need to be reviewed. Focus has been on assisting [other agencies] to "standalone" with RTI/IP responsibilities. The [agency] will focus on this issue in the 2013/14 period.))</p> <p>Senior Executive Conference and Information Steering Committee</p>
15.	<p>Department only question.</p> <p>The department has a system for including in the disclosure log the details of the information sought by the applicant and the date of the application as soon as practicable after each valid application is made, except where specific information is required to be deleted.</p> <p><i>(This is a requirement for departments. This is not a requirement for GOCs, local governments or other agencies and they are not required to respond to this question.)</i></p>
	No comments

¹²From QGEA Guideline *Implementing Information Governance*.

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	Criteria Question
16.	<p>Department only question.</p> <p>16. The department has a system for including the following in the disclosure log as soon as practicable after the applicant has accessed the document, except where specific information is required to be deleted. <i>(This is a requirement for departments. This is not a requirement for GOCs, local governments or other agencies and they are not required to respond to this question.)</i></p> <p>(a) - a copy of any document that does not include personal information of the applicant that the department released in relation to the application (b) - the applicant's name (c) - the name of any entity benefiting from or using the document</p>
	<p>The [agency] has not yet finalised an application subject to the new DL requirements but process is in place to do so when this occurs. (common across (a) to (c))</p>

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Section D - Compliance

D.4 Administrative Access Schemes

(Note to person coordinating responses - This section could be completed by the person within the agency responsible for handling Right to Information / Information Privacy matters.)

(Note: Agencies that do not have any administrative access schemes (i.e. 'No' to Gateway question 7), are skipped over Section D4.)

	Criteria Question
1.	<p>Have any new administrative access schemes been introduced since the commencement of the RTI Act?</p> <p>[Access scheme] is currently under review [Agency] already had administrative access processes before the RTI Act [Agency] relies upon the Scheme developed by QH with modifications in line with statutory changes to legislation. There is a strong scheme for release of clinical information. More structure is required around the release of non-clinical information. [Office] have a [removed] access policy. Access to staff and student files. In addition, a new scheme has been implemented for agents to access personal information of their clients. Additional details added to website about requesting access. As set out in RTI and IP policies Draft AA schemes prepared - to be implemented in 2013/14. Ongoing responsibility to a large public customer base and liaison with community stakeholders requires us to maintain mechanisms for administrative access to day to day business information we deal with. Open Data The [agency] holds a limited range of information. Its core function is to conduct reviews about [removed] and to publish reports containing its findings and recommendations. We routinely provide information through administrative release. It's not officially labelled an 'administrative access scheme' though. [Removed] admin scheme for statistics/data requests</p>
2.	<p>Has any new information been introduced into existing administrative access schemes since the commencement of the RTI Act?</p> <p>Administrative Access policy approved by [previous agencies]. New [agency] policy to be developed over the coming months. (4 agencies) Considered on a request by request basis. Requests from insurance companies, Non-Party Disclosures etc dealt with administratively with consent N/A (2 agencies) New policies in place (2 agencies) Our administrative access scheme has operated for a number of years and information available is well established Participating in Open Data Project - Department of the Premier and Cabinet. See above. (D4.1 - [Agency] relies upon the Scheme developed by QH with modifications in line with statutory changes to legislation. There is a strong scheme for release of clinical information. More structure is required around the release of non-clinical information.) Substantial access continues to be available to customers and community stakeholders in our business. We rarely receive administrative access requests or RTI requests, so a more formal system of administrative access is not deemed necessary at this time. We treat the access as case by case, therefore this depends on what is requested to be accessed and whether the scheme is able to manage the matter</p>

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Criteria	Criteria Question
3.	<p>Are there mechanisms in place to evaluate the viability of administrative access schemes (e.g. a review of information requests)?</p> <p>Council's Contact Centre ph [phone number] assists with this Details of requests are recorded in Excel spreadsheet and reviewed periodically Limited ability to introduce further administrative access schemes given type of information being requested Only one request RTI and administrative access requests come through one RTI officer and that person's manager. This provides a mechanism for monitoring requests and the viability of the scheme. The department has a policy on administrative release in place. A review of administrative access arrangements will be conducted in 2013/2014 as the department continues to implement machinery of Government change The RTI database captures some data but not all (6 agencies) This will be part of implementation of new AA schemes.</p>
4.	<p>Are there indicators that the administrative access schemes are used first?</p> <p>Administrative access framework to be reviewed over the coming months. Web page accessibility to be considered also. Adoption information; personnel files from Human Resources; care history summaries As above (D4.3 - The department has a policy on administrative release in place. A review of administrative access arrangements will be conducted in 2013/2014 as the department continues to implement machinery of Government change) Don't know For clinical information - number of administrative access releases, procedures and templates. For example clients providing file reference numbers, attaching copies of documents previously accessed under an administrative arrangement when seeking further documents. high percentage using Administrative Access first It is noted that most applicants apply formally before contacting the RTI/IP Unit. Nothing measurable RTIPs Students and staff can access their own personal information without resorting to formal IP & RTI process. This will be part of implementation of new AA schemes. Yes, through the types of general enquiries emailed following contact with the [agency] Contact Centre and also general enquiries submitted sent via [agency]'s online system.</p>
5.	<p>Publicly available administrative access schemes are readily accessible (e.g. button on home page).</p> <p>Administrative access framework to be reviewed over the coming months. Web page accessibility to be considered also. Administrative Access to Health Records is available and the Publication Schemes are in progress. As above (D4.3 - The department has a policy on administrative release in place. A review of administrative access arrangements will be conducted in 2013/2014 as the department continues to implement machinery of Government change) building new website Council's Contact Centre ph [phone number] assists with this Dedicated web page available at: [web address] Information about publicly available access schemes, be they statutory or administratively based, is included on the RTI - accessing departmental information - internet page. It is intended for more to be added at web page review stage. The link from the [agency] (Right to Information) links to information about administrative access. This will be part of implementation of new AA schemes. We rely on the publication scheme or disclosure log</p>

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Criteria Question	
6.	Multiple avenues of access (e.g. HTML, open formats or hard copy on request) are available from information obtained through an administrative access scheme.
	<p>As above (D4.3 - The department has a policy on administrative release in place. A review of administrative access arrangements will be conducted in 2013/2014 as the department continues to implement machinery of Government change)</p> <p>Currently generally only hard copy due to nature of documents in administrative access scheme</p> <p>Generally available in hard copy only via postal services or pick up.</p> <p>Hard copies or CD disk's only</p> <p>This will be part of implementation of new AA schemes.</p>
7.	Website design is user friendly and compliant with the Consistent User Experience CUE standard (e.g. well organised, reviewed quarterly and up to date, information rich).
	<p>All HHSs sit under the QH framework and the general structure is similar between Health Service sites. The [agency] is a new web-site. The information about the University Hospital was created externally and has been placed on the QH domain with similar look</p> <p>Conforms with [agency] standard</p> <p>Currently undertaking a website redevelopment project</p> <p>I am planning to review [agency]'s RTI website page</p> <p>The agency website is moving towards the new government standard and has been re-designed for integration with Smart Services Queensland.</p> <p>This will be part of implementation of new AA schemes.</p> <p>To the extent [agency] is required to comply with the CUE.</p> <p>Website is being reviewed</p>
8.	<p>Department only question.</p> <p>Schemes generally conform to QGEA guidelines.</p> <p><i>(This is a requirement for departments. This is not a requirement for GOCs, local governments or other agencies and they are not required to respond to this question.)</i></p>
	<p>Full compliance. A system, policy, strategy or process has been implemented in full across the agency.</p> <p>Will be considered as part of implementation of AA schemes.</p>

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Section D - Compliance

D.5 Receipt of applications¹³

(Note to person coordinating responses - This section could be completed by the person within the agency responsible for handling Right to Information / Information Privacy matters.)

(Note: Agencies that have not received any RTI or IP applications since 1 July 2010 (i.e. 'No' to Gateway question 1), are skipped over Sections D5, D6 and D7)

	Criteria Question
1.	<p>The agency uses the approved form, as per the RTI and IP Acts, for applications for information.</p> <p>also accepts applications that comply substantially with requirements listed in approved form. Approved form not mandatory NOT MANDATORY Still corporately managed to date The form is sent to applicants upon request. Applications in other formats (eg letter) will be accepted on the basis that there is substantial compliance with the requirements of the form). The most updated version There has only been one RTI.</p>
2.	<p>The agency has a procedure for obtaining evidence of the identity of the applicant within 10 business days (e.g. a checklist of steps to be undertaken for each application).</p> <p>At the time of application Currently under review following merger not written - part of processing any application Previous applicant known Process is based on RTI Act with communication recorded by records management team Processes are in place and every effort is made to comply. This information is not statistically available. Still corporately managed to date Where relevant</p>
3.	<p>The agency has procedures in place for dealing with problems with the application, including proof of identity, a change of Act under which the application has been made, an application which does not provide all the information required by the legislation, or seeking an extension of time for the decision. For example, RTI officers might have a standard approach to these matters.</p> <p>Currently under review following merger not written - part of processing application Outlined in Council's procedure Still corporately managed to date Templates, checklists and schedules are currently being drafted These procedures are supported by an electronic check-list in the medico-legal database , an electronic calendar and template letters. Volume does not justify detailed procedures for this</p>
4.	<p>The agency has procedures in place to issue charges estimates notices and the accompanying schedule of documents under the RTI Act.</p> <p>Currently under review following merger Knowledge of Information Officer not written - part of processing application Still corporately managed to date Templates, checklists and schedules are currently being drafted</p>

¹³ Taken from the requirements in the *Right to Information Act 2009* and *Information Privacy Act 2009*.

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Criteria	Question
4.	The agency has procedures in place to issue charges estimates notices and the accompanying schedule of documents under the RTI Act. (cont)
	These procedures are supported by an electronic check-list in the medico-legal database, an electronic calendar and template letters. Volume doesn't justify it
5.	The agency tracks time frames for handling charges estimates notices and schedules of documents.
	As provided by the Law unit during training Currently under review following merger Still corporately managed to date Templates, checklists and schedules are currently being drafted The individual officer tracks time frames. The RTI and IP team request time estimates for larger applications and uses this to estimate charges These procedures are supported by an electronic check-list in the medico-legal database , an electronic calendar and template letters. This is more commonly used for the business groups who gather and search for information
6.	The agency has procedures in place for dealing with third party consultation (e.g. a checklist of steps to be undertaken for each application).
	As provided by the Law unit during training Currently under review following merger Knowledge of Information Officer not written - part of processing application Outlined in Council's procedure Process is based on RTI Act with communication recorded by records management team Still corporately managed to date Templates, checklists and schedules are currently being drafted These procedures are supported by an electronic check-list in the medico-legal database, an electronic calendar and template letters. Third party consultations are not something that is regularly done. Third Party information is redacted from release documents in its entirety Through [other agency] RTI Volume doesn't justify it
7.	The agency has a procedure to track timeframes for third party consultations
	Currently under review following merger Knowledge of Information Officer Process is based on RTI Act with communication recorded by records management team Still corporately managed to date Templates, checklists and schedules are currently being drafted These procedures are supported by an electronic check-list in the medico-legal database , an electronic calendar and template letters. We rarely receive RTI applications but are aware of the agency's obligations regarding third party consultations. The rarity of RTI applications, and small team dealing with them, means that a written procedure is at this time unnecessary.
8.	The agency has procedures in place for transferring an application to another agency (e.g. a checklist of steps to be undertaken for each application).
	[Agency] has never had to transfer an application to another agency. Applications have all been for [agency]. All initial applications are assessed as to whether this agency is the appropriate body to receive the application. Applications submitted incorrectly to this agency would be transferred to the appropriate entity. As provided by the Law unit during training Currently under review following merger However, applications incorrectly directed to [agency] would be referred to an applicable agency irrelevant to this University

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	Criteria Question
8.	The agency has procedures in place for transferring an application to another agency (e.g. a checklist of steps to be undertaken for each application). (cont)
	<p>Knowledge of Information Officer</p> <p>Not a written procedure, follow legislative requirements.</p> <p>not written - part of processing application</p> <p>Process is based on RTI Act with communication recorded by records management team</p> <p>Still corporately managed to date</p> <p>Templates, checklists and schedules are currently being drafted</p> <p>These procedures are supported by an electronic check-list in the medico-legal database , an electronic calendar and template letters.</p> <p>This is covered in Council's procedure. The team would also refer to relevant sections within legislation as transfers are not often required</p> <p>Very rare. has not been necessary before</p>
9.	The agency has checked applicable fees and charges and ensured procedures are correct.
	<p>As per QH Revenues list of Fees and Charges</p> <p>Still corporately managed to date</p> <p>Templates, checklists and schedules are currently being drafted</p> <p>These procedures are supported by an electronic check-list in the medico-legal database, an electronic calendar and template letters.</p>

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D.6 Deciding how to deal with applications¹⁴

(Note to person coordinating responses - This section could be completed by the person within the agency responsible for handling Right to Information / Information Privacy matters.)

(Note: Agencies that have not received any RTI or IP applications since 1 July 2010 (i.e. 'No' to Gateway question 1), are skipped over Sections D5, D6 and D7)

	Criteria Question
1.	The agency has procedures for deciding whether or not an application is outside the scope of the Act (e.g. consideration of questions of scope are file noted).
	<p>Action sheet noted</p> <p>Currently under review following merger</p> <p>File notes are maintained</p> <p>If there are issues around the scope of the Act, these are documented within Council's RTIPs system</p> <p>not written - part of processing application</p> <p>The scope of the application is documented in acknowledgement letters and decision letters. Discussions about the scope of an application with an applicant are file noted and documented in decision letters.</p>
2.	The agency has procedures for ensuring applicants are notified if their application is outside the scope of the Act, within 10 business days and in the prescribed form, including reasons for the decision.
	<p>Currently under review following merger</p> <p>Issues resolved either through telephone discussions or exchange of emails.</p> <p>Knowledge and capability of Information Officer</p> <p>not written - part of processing application</p> <p>Outlined in Council's procedures</p> <p>Templates, checklists and schedules are currently being drafted</p> <p>The RTI-IP decision-makers are trained to comply with legislative requirements to the best of their ability and knowledge. Checklists and processes and templates support notifications in accordance with the legislation.</p>
3.	If access or amendment is refused, the agency has steps to ensure the decision is according to the legislation, particularly balancing public interest factors under the RTI Act and applied by IP Act.
	<p>Currently under review following merger</p> <p>Knowledge and capability of Information Officer</p> <p>No refusals to date</p> <p>Templates, checklists and schedules are currently being drafted</p> <p>The RTI-IP decision-makers are trained to comply with legislative requirements to the best of their ability and knowledge. Checklists and processes and templates support notifications in accordance with the legislation.</p>
4.	If access or amendment is refused, the agency has steps to ensure that the notification is in the prescribed form, and that notification is made within time and with reasons for the decision.
	<p>Knowledge and capability of Information Officer</p> <p>No refusals to date</p> <p>Staffing levels inadequate for 100% compliance of timeframes</p> <p>Templates, checklists and schedules are currently being drafted</p> <p>The RTI-IP decision-makers are trained to comply with legislative requirements to the best of their ability and knowledge. Checklists and processes and templates support notifications in accordance with the legislation.</p>

¹⁴ Taken from the requirements in the *Right to Information Act 2009* and *Information Privacy Act 2009*.

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Section D - Compliance

D.7 Granting access to or amendment of documents¹⁵

(Note to person coordinating responses - This section could be completed by the person within the agency responsible for handling Right to Information / Information Privacy matters.)

(Note: Agencies that have not received any RTI or IP applications since 1 July 2010 (i.e. 'No' to Gateway question 1), are skipped over Sections D5, D6 and D7)

Criteria	Question
1.	The agency has procedures to provide access to information in the requested format and within time (e.g. a checklist of steps to be undertaken for each application).
	Currently under review following merger not written - part of processing application Templates, checklists and schedules are currently being drafted There is an RTI-IP checklist.
2.	The agency routinely meets statutory timeframes.
	Extensions requested occasionally For some applications, further time is required (due to size or complexity of application) - applicant is informed and involved in this process. Have had to request extension of time over the past 12 months One (1) deemed decision for the financial year 2011/12. staffing levels inadequate to meet this The [agency] meets statutory timeframes in general - often these are extended as permitted under the Act.
3.	If access is not given in the requested format or it is deferred, the agency has procedures for recording the reasons for the difference in formats or the deferral, and that no additional charges are levied.
	As stated, we only rarely receive RTI applications, and have never received an amendment application. There is no record of access being given in other than the requested format. comprehensive statements issued for *all* decisions Council's standard procedure is to provide documents electronically, in PDF format. If an applicant requests documents in another format, this is discussed with the applicant and dealt with on a case by case basis Currently under review following merger Explanation provided in Determination of Application correspondence to Applicant Knowledge and capability of Information Officer not written - part of processing application Templates, checklists and schedules are currently being drafted This is not a common [agency] issue.
4.	The agency has procedures for ensuring the information goes to the correct person, for example, correctly to an agent or parent.
	All correspondence is sent by registered post or facsimile and all medical records are sent by registered post. Currently under review following merger e.g. applicant must phone in to obtain password to get access to CD Hand delivered & Registered Post Knowledge and capability of Information Officer not written - part of processing application Registered Post Templates, checklists and schedules are currently being drafted

¹⁵ Taken from the requirements in the *Right to Information Act 2009* and *Information Privacy Act 2009*.

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	Criteria Question
4.	The agency has procedures for ensuring the information goes to the correct person, for example, correctly to an agent or parent. (cont)
	The [agency] has not received any applications from agents or minors. YES - all information is sent via registered post with 'receipt acknowledged' Card
5.	The agency has procedures for ensuring that applications under the RTI Act are considered for inclusion in the disclosure log in accordance with the RTI Act.
	All RTI applications are considered, but no formal procedure in place. Confidentiality requirement imposed by [act reference]. Currently under review following merger N/A as [agency] does not have a disclosure log NO - The [agency] disclosure log is currently being built. not written - part of processing application Outlined in Council's procedures. Procedure for disclosure log under review Templates, checklists and schedules are currently being drafted Very few applications would be considered suitable for the public discloser log given the personal information contained in the requests

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D.8 Internal and External Review¹⁶

(Note to person coordinating responses - This section could be completed by the person within the agency responsible for handling Right to Information / Information Privacy matters.)

	Criteria Question
1. Internal Review	
(Note: Agencies that have not received any RTI or IP Internal Review applications since 1 July 2010 (i.e. 'No' to Gateway question 2), are skipped over Section D8.1.)	
1.1	The agency has a procedure for tracking the timeframes for internal review applications (e.g. a checklist of steps to be undertaken for each application).
	"Respond" database An electronic calendar is used to track time frames. Currently under review following merger no internal reviews requested so far
1.2	The agency uses the prescribed written notice for notifying the applicant of the result of the internal review, including provision of reasons.
	Council has a standard template which is used as the basis for all internal review decisions Currently under review following merger Knowledge and capability of Information Officer
1.3	The agency has a procedure for tracking the timeframes for internal review decision making.
	Acknowledgment states processing timeframe An electronic calendar is used to track time frames. Currently under review following merger Knowledge and capability of Information Officer "Respond" database
1.4	The agency has a process in place to ensure internal review decisions are notified to the applicant within 20 business days from receipt of application.
	An electronic calendar is used to track time frames. Currently under review following merger Knowledge and capability of Information Officer
1.5	Written notices of internal review decisions are provided to the applicants.
	No comments
2. External Review and Compliance Notices	
(Note: Agencies that have not received notice that any RTI or IP External Review applications have been made regarding a decision of their agency (i.e. 'No' to Gateway question 3), are skipped over Section D8.2.)	
2.1	The agency has a procedure to seek more time from the Information Commissioner to process the application if a deemed decision is being externally reviewed.
	[Agency] has always met decision timeframes and therefore has had no deemed decisions. [Agency] has never had a deemed decision. All applications are met and processed within the set time frames. No deemed decisions YTD. (4 agencies) No written procedure just comply with whatever is required not written - part of processing application Not required to be used to date.

¹⁶ Taken from the requirements in the *Right to Information Act 2009* and *Information Privacy Act 2009*.

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	Criteria Question
2.1	The agency has a procedure to seek more time from the Information Commissioner to process the application if a deemed decision is being externally reviewed. (cont)
	<p>Procedure to be developed. No deemed decisions YTD.</p> <p>This has not been an issue for the department as the department has only had one deemed decision to date. This has only occurred on one occasion and was conducted in accordance with the legislation. It is not a documented procedure.</p> <p>This situation has not occurred and therefore this is not covered within procedures. However, if a deemed decision was subject to external review, Council would request additional time from OIC to complete the decision</p>
2.2	The agency understands that the onus is on the agency to show that the reviewable decision was justified.
	No comments
2.3	The agency understands and meets its obligations to assist the Information Commissioner.
	No comments
2.4	The agency understands and accepts its obligations to take any action required by a compliance notice issued under s158 of the IP Act.
	No compliance notices received since the formation of the department (5 agencies)
2.5	The agency routinely meets set timeframes in external reviews.
	No comments

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Section D - Compliance

D.9 Detailed requirements for adoption of privacy principles¹⁷

(Note to person coordinating responses - This section could be completed by the person within the agency responsible for handling Right to Information / Information Privacy matters.)

(Note: Government Owned Corporations are not required to adopt the Privacy Principles, and therefore are skipped over Section D9.)

	Criteria Question
1.	General
1.1	<p>Personal information handling practices have not raised concerns or resulted in the issue of any compliance notices.</p> <p>2 privacy concerns raised with information privacy commissioner in last 12 months and organisational remedial action taken</p> <p>Any concerns have been progressed to the appropriate body for advice/information and been addressed. There are likely to be some issues identified in the internal privacy audit by the [agency].</p> <p>Any concerns that staff have about privacy or the handling of personal information are referred to the RTI Co-ordinator for advice. Any privacy complaints are dealt with as a matter of priority.</p> <p>Current review of RTI and IP governance/management to consider</p> <p>Difficult to answer yes or no - no concerns raised or issue of any compliance notice</p> <p>IP is considered as part of an ongoing audit process. Audit will identify any issues.</p> <p>N/A</p> <p>n/a no IP activity to date</p> <p>No compliance notices issued.</p> <p>No compliance notices have been issued and privacy complaints received are minimal in number.</p> <p>No compliance notices have been received but continually review our personal information handling practices due to ongoing business system changes</p> <p>No compliance notices issued and no concerns raised by OIC.</p> <p>No compliance notices. If Privacy team is advised about or becomes aware of practices that raise concerns, they are addressed through changed practices or other risk management strategies.</p> <p>No concerns raised or compliance notices issued (5 agencies)</p> <p>No issues raised (2 agencies)</p> <p>Some internal concerns have been dealt with, but no compliance notices have been issued.</p> <p>With educational work, some personal information is must be held in hard copy in places other than secure store rooms for accessibility by delivery staff. We reduce risk of inappropriate access/misuse of that information with regular IP Act training.</p> <p>Yes they have not - badly worded question. No concern has been raised.</p>
1.2	<p>Collection of personal information is appropriate.</p> <p>A review of the department's information privacy practices is proposed for 2013-14. as above (D9.1.1 - IP is considered as part of an ongoing audit process. Audit will identify any issues.)</p> <p>n/a no IP activity to date</p> <p>Risk management approach adopted due to breadth of privacy compliance. Since the formation of the Corporate Partnership no substantial issues have been identified (5 agencies)</p> <p>Risk management approach adopted due to breadth of privacy compliance. Since the formation of the department no substantial issues have been identified.</p> <p>We have an ongoing commitment to ensuring all personal information which is collected by Council is collected appropriately and not subject to misuse.</p>

¹⁷ From Schedule 3 of the *Information Privacy Act 2009*.

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Criteria	Question
1.3	Security safeguards for personal information are appropriate.
	<p>A review of the department's information privacy practices is proposed for 2013-14. as above (D9.1.1 - IP is considered as part of an ongoing audit process. Audit will identify any issues.) n/a no IP activity to date</p> <p>Ongoing process of reviewing practices and improving them if required.</p> <p>Risk management approach adopted due to breadth of privacy compliance. Since the formation of the Corporate Partnership no substantial issues have been identified (5 agencies)</p> <p>Risk management approach adopted due to breadth of privacy compliance. Since the formation of the department no substantial issues have been identified.</p> <p>Training required</p>
1.4	Processes are in place to ensure personal information held by your agency is as accurate as possible (e.g. clients can update their details via the agency's website, by telephone or in person, your agency audits information for completeness and accuracy, where possible data is corrected automatically, clients are contacted when issues are found, duplicate and redundant records are removed or archived).
	<p>A review of the department's information privacy practices is proposed for 2013-14. as above (D9.1.1 - IP is considered as part of an ongoing audit process. Audit will identify any issues.) Can't update on website; limited automatic data cleansing; other processes are in place during interview and pamphlets are made available manual forms used</p> <p>Processes to update details are in place but currently clients information is not verified for accuracy. Client identification process is being reviewed due to development of new core business system.</p> <p>Risk management approach adopted due to breadth of privacy compliance. Since the formation of the Corporate Partnership no substantial issues have been identified (5 agencies)</p> <p>Risk management approach adopted due to breadth of privacy compliance. Since the formation of the department no substantial issues have been identified.</p>
1.5	The agency is open about its processes for collecting, using and disclosing personal information.
	<p>as above (D9.1.1 - IP is considered as part of an ongoing audit process. Audit will identify any issues.) More information is being published on the website concerning the University's practice with respect to collection, use and disclosure of personal information. Privacy Guide published on the internet.</p> <p>Risk management approach adopted due to breadth of privacy compliance. Since the formation of the Corporate Partnership no substantial issues have been identified (5 agencies)</p> <p>Risk management approach adopted due to breadth of privacy compliance. Since the formation of the department no substantial issues have been identified.</p>
1.6	The agency use and disclosure of personal information is appropriate.
	<p>as above (D9.1.1 - IP is considered as part of an ongoing audit process. Audit will identify any issues.) Risk management approach adopted due to breadth of privacy compliance. Since the formation of the Corporate Partnership no substantial issues have been identified (4 agencies)</p> <p>Risk management approach adopted due to breadth of privacy compliance. Since the formation of the department no substantial issues have been identified.</p>
1.7	Privacy breaches and complaints are managed effectively.
	<p>[Agency] has a Complaints Management Policy and Procedures in place. Any complaints received are investigated by the RTI & Privacy Unit. In some instances they may be referred to the Ethical Standards Unit within the department. as above (D9.1.1 - IP is considered as part of an ongoing audit process. Audit will identify any issues.) Directly through to E/DMS & CEO N/A (2 agencies) No privacy breaches have occurred and no complaints have been received No privacy breaches reported</p>

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	Criteria Question
2.	Collection
2.1	The agency identifies why it is collecting personal information.
	<p>Amendments have recently been drafted to the Board's Publication Scheme and Statement of Commitment which are awaiting approval. Collection notices have been included in the Board's forms but are pending legislation amendments</p> <p>as above (D9.1.1 - IP is considered as part of an ongoing audit process. Audit will identify any issues.)</p> <p>Council forms include collection notices. Council has an internal network of staff who have received training about the information privacy principles</p> <p>Explanatory details on brochures, forms, and face to face interactions serve to make the purpose of collecting personal information known. [Agency] is reviewing its practices under NPP2 with a sub-committee in June 2013.</p> <p>If this is considered to be suitable to request type n/a</p> <p>Risk management approach adopted due to breadth of privacy compliance (6 agencies)</p> <p>The University has undertaken a review of all student forms to ensure compliance with the IPP2 notice.</p>
2.2	The agency provides a collection notice ¹⁸ to individuals from whom personal information is being collected.
	<p>Amendments have recently been drafted to the Board's Publication Scheme and Statement of Commitment which are awaiting approval. Collection notices have been included on the Board's forms, but are awaiting approval pending legislative amendments</p> <p>as above (D9.1.1 - IP is considered as part of an ongoing audit process. Audit will identify any issues.)</p> <p>Current review of RTI and IP governance/management to consider</p> <p>Currently under review following merger</p> <p>information collected to provide a health service is not required</p> <p>N/A (2 agencies)</p> <p>N/A for types of requests dealt with by this agency</p> <p>Never done as yet.</p> <p>Private information collected subject to the provisions of legislation</p> <p>Risk management approach adopted due to breadth of privacy compliance (6 agencies)</p> <p>The [agency] has approved the establishment of a committee to raise the awareness of patients about information handling. NPP2</p>
2.3	The agency has determined how much and the kind of personal information it needs to collect.
	<p>as per QH form design</p> <p>Amendments have recently been drafted to the Board's Publication Scheme and Statement of Commitment which are awaiting approval. Collection notices have been included in the Board's forms but are pending legislation amendments</p> <p>as above (D9.1.1 - IP is considered as part of an ongoing audit process. Audit will identify any issues.)</p> <p>Council has an internal network of staff who have received training about the information privacy principles</p> <p>Risk management approach adopted due to breadth of privacy compliance (6 agencies)</p> <p>Set out in the University's Privacy Management Policy</p> <p>This is an ongoing process to ensure that we maintain high ongoing standards in respect to collecting only necessary personal information.</p>
2.4	The amount of personal information collected is no more than is necessary and relevant for the purpose for which it is required.
	<p>as per QH form design</p> <p>as above (D9.1.1 - IP is considered as part of an ongoing audit process. Audit will identify any issues.)</p> <p>Council has an internal network of staff who have received training about the information privacy principles</p> <p>Risk management approach adopted due to breadth of privacy compliance (6 agencies)</p> <p>This is an ongoing process to ensure that we maintain high ongoing standards in respect to collecting only necessary personal information</p>

¹⁸ Note that the term 'collection notice' does not appear in the *Information Privacy Act 2009*. It is a generic term encompassing the obligation to make individuals generally aware of the facts listed in IPP 2.

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Criteria	Question
2.5	The agency collects personal information lawfully and fairly.
	<p>as per QH form design</p> <p>as above (D9.1.1 - IP is considered as part of an ongoing audit process. Audit will identify any issues.)</p> <p>Risk management approach adopted due to breadth of privacy compliance (6 agencies)</p>
2.6	The agency has taken steps to ensure the information collected is accurate (e.g. collection forms are well designed and approved, questions are clear, staff are trained, procedures are consistent across the agency, help is available for clients that need it, source documentation is consulted where appropriate).
	<p>as above (D9.1.1 - IP is considered as part of an ongoing audit process. Audit will identify any issues.)</p> <p>Clinical processes and processes in general for collecting information are fairly rigorous.</p> <p>Currently no identity checks performed during collection and no information verified for accuracy. With the development of a new core business system, new processes will verify collected information.</p> <p>Currently under review following merger</p> <p>Documentation Policies are made available, orientation</p> <p>Forms are maintained by the Customer Services team. These staff ensure forms are well designed and include appropriate collection notice</p> <p>N/A for types of requests dealt with by this agency</p> <p>Risk management approach adopted due to breadth of privacy compliance (6 agencies)</p>
3.	Security
3.1	Personal information held by the agency is protected against unauthorised access, use, modification or disclosure.
	<p>A security procedure is being finalised to ensure the security of information held by Board members</p> <p>Personal information, information security and classification and handling of information assets procedures. Additionally technical operational measures are employed within the departmental environment.</p> <p>Risk management approach adopted due to breadth of privacy compliance (6 agencies)</p> <p>Safeguards are in place but finalisation of audit on IP will identify any issues.</p> <p>Secure authorised area</p> <p>Security measures and protections in place and subject to continual improvement, high level of physical and technical control in place and confidentiality agreements with all staff. Policies & procedures in place.</p> <p>Subject to ongoing reviews of procedure and training to ensure systems are functioning effectively, in addition to reviews regarding security of sensitive information.</p> <p>There are likely to be large gaps in the security of electronic information that would require a whole of government approach to correct. Generally, processes are in place to educate and inform staff.</p>
3.2	Personal information held by the agency is protected against loss or misuse.
	<p>as above (D9.3.1 - Safeguards are in place but finalisation of audit on IP will identify any issues.)</p> <p>Gaps in processes may be identified in the internal privacy audit.</p> <p>Personal information, information security and classification and handling of information assets procedures. Additionally technical operational measures are employed within the departmental environment.</p> <p>Refer comments above in 3.1 (D9.3.1 - Security measures and protections in place and subject to continual improvement, high level of physical and technical control in place and confidentiality agreements with all staff. Policies & procedures in place.)</p> <p>Risk management approach adopted due to breadth of privacy compliance (6 agencies)</p> <p>Storage within policy standards</p>
3.3	The agency has adopted physical, technical and administrative safeguards to protect personal information.
	<p>A security procedure is being finalised to ensure the security of information held by Board members</p> <p>as above (D9.3.1 - Safeguards are in place but finalisation of audit on IP will identify any issues.)</p> <p>Medical Records Department/secure archive sheds</p> <p>Personal information, information security and classification and handling of information assets procedures. Additionally technical operational measures are employed within the departmental environment.</p> <p>Refer comments above in 3.1 (D9.3.1 - Security measures and protections in place and subject to continual improvement, high level of physical and technical control in place and confidentiality agreements with all staff. Policies & procedures in place.)</p> <p>Risk management approach adopted due to breadth of privacy compliance (6 agencies)</p> <p>secure filing, pass word protected etc.</p>

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	Criteria Question
3.3	The agency has adopted physical, technical and administrative safeguards to protect personal information. (cont) see above. (D9.3.2 - Gaps in processes may be identified in the internal privacy audit.)
3.4	Security safeguards are appropriate given the sensitivity of the information. as above (D9.3.1 - Safeguards are in place but finalisation of audit on IP will identify any issues.) Authorised access only Personal information, information security and classification and handling of information assets procedures. Additionally technical operational measures are employed within the departmental environment. Refer comments above in 3.1 (D9.3.1 - Security measures and protections in place and subject to continual improvement, high level of physical and technical control in place and confidentiality agreements with all staff. Policies & procedures in place.) Risk management approach adopted due to breadth of privacy compliance (6 agencies) see above. (D9.3.2 - Gaps in processes may be identified in the internal privacy audit.)
3.5	Processes are in place to record access to electronic records and datasets containing personal information. access to data is restricted to appropriate officers as above (D9.3.1 - Safeguards are in place but finalisation of audit on IP will identify any issues.) Audit logging is not in place in some systems. This is being reviewed due to development of new core business system. Audit trails are available to record access Audit trails can be captured for most, but not all, records. Authorised access only - register maintained by Manager Medical Records IT system audit logs in place Managed via audit logs and access controls. Not all systems have the ability to audit access. Only hard copy files - electronic files containing personal information (ie. personnel files) have restricted access pass work protected Record access is not recorded however system is password protected and access restricted. Risk management approach adopted due to breadth of privacy compliance (6 agencies)
3.6	Processes are in place to ensure that disposal of personal information does not allow unauthorised access. A security procedure is being finalised to ensure the security of information held by Board members Archiving processes under review as above (D9.3.1 - Safeguards are in place but finalisation of audit on IP will identify any issues.) Disposal of personal information is via document shredding. Managed under set procedures around retention and disposal. Risk management approach adopted due to breadth of privacy compliance (6 agencies) Shredding bins shipped to Brisbane
4. Accuracy	
4.1	Processes are in place for people to amend their personal information if it is incorrect. Directions to the public on how to amend personal information provided on the internet. Identified and amended during visits/phone calls etc No formal written process - issue has not arisen Risk management approach adopted due to breadth of privacy compliance (6 agencies) This may occur either administratively for routine administrative errors or under the IPA depending on the circumstances. Yes - Through the IP Act
4.2	Processes are in place to record when and where key personal information was collected, including when it was updated. All clinical records are dated and therefore there is a record. Not every piece of information collected is dated eg. Entries in HBCIS and this may not be a requirement under the IP Act. Apart from the use of Collection Notices

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	Criteria Question
4.2	Processes are in place to record when and where key personal information was collected, including when it was updated. (cont)
	<p>Corporate information systems from Qld Health</p> <p>Depends on the type of information - electronic or paper depends on type of collection, definitely for all major student data</p> <p>EDMS</p> <p>Generally this info is recorded but some systems lack this functionality. With the development of a new core business system, this information will be recorded.</p> <p>Monitored by HBCIS when filed</p> <p>No systemic process in place due to wide variety of personal info that is collected & purposes for which that info is collected - this is handled at local level as appropriate. Bus. unit processes in place relevant to personal info collected by that unit.</p> <p>Risk management approach adopted due to breadth of privacy compliance (6 agencies)</p>
5. Openness	
5.1	The agency makes information available about its personal information policies and procedures.
	<p>Amendments have recently been drafted to the Board's Publication Scheme and Statement of Commitment which are awaiting approval.</p> <p>Corporately handled</p> <p>Departmental privacy plan / guide identified for development. Privacy policy in development. (6 agencies)</p> <p>Information available on Council's website, including Information Privacy Policy</p> <p>Information is provided in a variety of formats including brochures for staff and consumers, internet and intranet pages, and face to face or telephone interactions.</p> <p>IP Policy</p> <p>Privacy Guide and the RTI web page.</p> <p>Privacy Policy available on Website</p>
5.2	The agency tells people why it collects, how it uses and when it discloses their personal information at the time of collection.
	<p>Amendments have recently been drafted to the Board's Publication Scheme and Statement of Commitment which are awaiting Board approval. Collection notices have been included in the Board's forms but are pending legislation amendments</p> <p>Collection Notices in place - both written as well as oral scripts.</p> <p>Departmental privacy plan / guide identified for development. Privacy policy in development. (6 agencies)</p> <p>During every interview/Pamphlets made available</p> <p>Locally & Corporately handled</p> <p>The [agency] has approved the establishment of a committee to test and raise the awareness of patients about information handling. NPP2 notices may be provided in a letter, brochure, poster, leaflet or verbally.</p>
5.3	There is a person that members of the public can contact about privacy issues.
	<p>CEO</p> <p>Decision maker</p> <p>Officers from the RTI team will liaise with various departments as soon as possible to review and amend this aspect of Council's website</p> <p>RTI & Privacy Unit officers</p> <p>The designated person for complaints is the Patient Liaison Officer. The designated person for enquires is the Privacy and Confidentiality Contact Officer.</p> <p>YES - Privacy and Confidentiality Contact Officer</p>
5.4	The agency tells people how they can access and amend their personal information.
	<p>Amendments have recently drafted to the Board's Publication Scheme which are awaiting Board approval</p> <p>Details available on Council's website and on a fact sheet</p> <p>Information provided on website</p> <p>IP Policy</p> <p>Links from publication scheme and enquiries from public via phone, fax, email or in person.</p>

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	Criteria Question
5.4	The agency tells people how they can access and amend their personal information. (cont)
	RTI web page as well as information provided to the community on [agency]'s internet & also in the Privacy Guide.
5.5	The agency provides details to the public of the categories of personal information it holds.
	Amendments have recently drafted to the Board's Statement of Commitment which are awaiting Board approval Council's Privacy Statement and Privacy Policy outline examples of personal information held by Council. Departmental privacy plan / guide identified for development. Privacy policy in development. (6 agencies) Information provided on website IP Policy Listed in publication scheme. Officers from the RTI team will liaise with various departments as soon as possible to review and amend this aspect of Council's website Privacy Guide published to internet.
6.	Use and disclosure
6.1	The agency uses information only for the purpose for which it was collected, unless an exception in IPP10 or NPP2 applies.
	As listed in Procedure [document id] Corporately held by Queensland Health Council has an internal network of staff who have received training about IPPs Risk management approach adopted due to breadth of privacy compliance. (6 agencies)
6.2	The agency discloses information only where the person was advised when it was collected unless an exception in IPP11 or NPP2 applies.
	As listed in Procedure [document id] Corporately held by Queensland Health Council has an internal network of staff who have received training about IPPs needs policy reinforcement Risk management approach adopted due to breadth of privacy compliance. (6 agencies) YES - Personal information is only disclosed either with authority from the person or under relevant legislation
6.3	The agency has procedures in place to ensure that use or disclosure of personal information under IPP10, IPP11 or NPP2 is noted on the personal information where required.
	As listed in Procedure [document id] Corporately held by Queensland Health Corporate systems do not enable this Currently under review following merger EDMS Further training is needed to outline this requirement in more detail to relevant staff Risk management approach adopted due to breadth of privacy compliance. (6 agencies) Some technical limitations in annotating some types of information - written records maintained in lieu
7.	Breaches and complaints
7.1	There is a documented process specifically for managing privacy breaches and privacy complaints. (If 'Y' or 'IP' skip 7.2)
	Amendments have recently been drafted to the Board's Publication Scheme and Statement of Commitment which are awaiting approval. As per policy and the Act As per Queensland Health Website Contained in the Privacy Plan and Privacy Code of Conduct. copies of available policies and information welcomed Current review of RTI and IP governance/management to consider Currently being revised and enhanced. Currently conducted as part of general complaint handling policy - in the process of developing an accompanying privacy complaint handling guide. Currently falls under Administrative Complaints process Currently incorporated in [agency]'s Complaint Management Policy & Procedures until a separate policy is drafted.

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Criteria Question	
7.1	There is a documented process specifically for managing privacy breaches and privacy complaints. (cont)
	<p>Currently under review following merger general complaints process</p> <p>No privacy breaches known to date. Process and documentation have been identified as needing to be addressed in the [agency]'s IP Compliance Project.</p> <p>Not required as yet.</p> <p>Part of wider Complaints Management Process</p> <p>Privacy Complaint Handling Procedure</p> <p>Privacy Complaints Management Fact Sheet and Privacy Complaint Management Internal Procedure have been developed but not yet approved.</p> <p>Privacy complaints management procedure in development (6 agencies)</p> <p>Same as normal complaints management process. Complaints are directed to the area concerned, but compliance-related breaches like privacy complaints are also directed to the Legal team.</p> <p>The complaint assessment and administrative investigation process for the department, for a Code of Conduct level response, would identify whether the complaint required informal resolution or other action up to an including disciplinary investigation.</p> <p>The Department of Health formalised the Privacy and Confidentiality Contact Officer role by documenting a role description that the PCCO provides support to the PLO. [Agency] procedures lists the Complaints Manager for suspected official misconduct.</p> <p>there is a general complaints handling procedure</p> <p>There is a section in the Information privacy Policy that deals with complaints see In Information Privacy Policy [web address]</p> <p>This is covered by Council's general complaints process</p>
7.2	There is a documented process for managing general complaints. (If 'I'd' or 'N' skip 7.3 and 7.4)
	<p>currently being reviewed</p> <p>No complaints received</p>
7.3	This process is documented and available to agency officers.
	<p>Available online.</p> <p>Client Complaint Management Procedures; & Client Complaint Management Policy - implements the Public Service Commission's Directive 13/06 Complaints Management Systems in the department.</p> <p>Current review of RTI and IP governance/management to consider</p> <p>In Information Privacy Policy [web address]</p> <p>Policies on website - code of conduct and Privacy</p> <p>Privacy complaints management procedure in development (6 agencies)</p> <p>QH Complaints Polices and [agency] procedural documents and intranet resources.</p> <p>RTI & IP Act 2009</p> <p>The process for referring and dealing with disciplinary complaints generally are documented and available to all departmental staff including via the department's intranet and internet sites.</p> <p>Updated document will be publicly available.</p>
7.4	This process, or a version of it, is available to the public.
	<p>Amendments have recently been drafted to the Board's Publication Scheme and Statement of Commitment which are awaiting approval.</p> <p>Available online.</p> <p>Complaints procedure linked to publication scheme.</p> <p>Current review of RTI and IP governance/management to consider</p> <p>How to make a complaint process is available on the department's internet. The procedure for appropriate departmental collecting, securing, accessing, amending, using and disclosing of person information is also available on the department's internet.</p> <p>In Information Privacy Policy [web address]</p> <p>included in Privacy Policy</p> <p>Information regarding privacy complaints is included in our general complaints policy available on our website</p> <p>It is available through the administrative access scheme.</p>

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Criteria Question	
7.4	This process, or a version of it, is available to the public. (cont)
	<p>Part of the process is on Council's website. More detail is available to the public if they contact Council's Contact Centre and speak to a consultant (the website instructs them how to do this).</p> <p>Privacy complaints management procedure in development (6 agencies)</p> <p>RTI & IP Act 2009</p> <p>The Privacy Plan and Privacy Code of Conduct is contained on the internet.</p> <p>Upon request (2 agencies)</p>
7.5	There is a clear process for privacy complaint handlers to advise agency officers when practices that need changing are identified.
	<p>Client Complaint Management Procedures; & Client Complaint Management Policy - implements the Public Service Commission's Directive 13/06 Complaints Management Systems in the department.</p> <p>Council has a clear policy and guideline which outlines a comprehensive process for identifying issues</p> <p>Current review of RTI and IP governance/management to consider</p> <p>Currently under review following merger</p> <p>PRIME & Patient Liaison Officer / Decision-Maker</p> <p>Process is included in general complaints handling procedures</p> <p>Where systemic issues are identified in an investigation a separate report is forwarded to the manager of the work unit/area responsible requesting they give consideration to adjustment of their policies/processes to avoid/limit a repeat of the breach.</p>
7.6	There is a clear process for agency officers to action changes to practices arising from complaints.
	<p>Client Complaint Management Procedures; & Client Complaint Management Policy - implements the Public Service Commission's Directive 13/06 Complaints Management Systems in the department.</p> <p>Council has a clear policy and guideline which outlines a comprehensive process for identifying issues</p> <p>Current review of RTI and IP governance/management to consider</p> <p>Currently under review following merger</p> <p>Directors provided with monthly reports generated from Complaints system</p> <p>Following disciplinary investigations, the Ethical Standards Unit follows up with work areas where notification of possible systemic issues had been referred and document any proposals or changes to policy/procedure.</p> <p>Haven't had any other than CCTV but haven't identified implementation</p> <p>PRIME & Patient Liaison Officer / Decision-Maker</p> <p>Process is included in general complaints handling procedures</p> <p>Recommendations are made if required</p> <p>small staff numbers and limited time makes the policy compliance and handling challenging</p> <p>YES - complaints are received by the Patient Staff Liaison Office (PSLO) - processes are being put in place to notify the PCCO officer of any privacy/confidentiality complaints</p>
7.7	In the last two years your agency has received privacy complaints. <i>(If 'N' skip 7.8 to 7.11)</i>
	<p>1 complaint received (4 agencies)</p> <p>1 complaint for Website breach</p> <p>2 complaints: one as part of a broader complaint</p> <p>no formal complaints</p> <p>No privacy complaints have been received in the last two years</p> <p>Not to my knowledge as I have not acted as the Primary Decision Maker for this whole period</p> <p>Only a minimal number.</p> <p>QTT</p> <p>The very few instances have been assessed as minor in nature due to some variations in [removed] processes. These matters have been dealt with managerially to the satisfaction of all parties involved.</p> <p>Three (3)</p> <p>to be confirmed</p> <p>we have not received any complaints</p> <p>We received two quasi-privacy complaint, made to the QLD Ombudsman about alleged breaches of privacy, by its reporting the [removed] to [other agency]. it is a requirement, by law, to report [removed] to [other agency].</p>

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	Criteria Question
7.8	Privacy complaint handling is timely.
	As per general disciplinary investigative time frames. Complaints are responded to within statutory timeframes Presumed it would be, as per [agency]'s normal complaints process.
7.9	Complainants are generally satisfied with the response given.
	Depends if they get what they want - in this instance they got what they wanted However, there are circumstances where complainants are not satisfied with the University's view about a privacy complaint and these are generally resolved through the OIC's mediation process. No complaints have been referred to OIC by complainants One application received Presumed it would be, as per [agency]'s normal complaints process. Some complainants are unable to be satisfied. Whilst complainants are not always satisfied with Council's response, they are made aware of their options to follow up their complaint with OIC
7.10	In the last two years privacy complaint handlers have advised agency officers that practices need to change. <i>(If 'N' skip 7.11)</i>
	Access to HBCIS practices by staff identified. Procedures were amended and an education session held with AO coordinators. Complaint unsubstantiated. Memo and email reminders distributed as appropriate. No – complaint was unsubstantiated. Process newly implemented Review of practices was completed in relation to privacy complaint, but no changes were recommended Where applicable.
7.11	Approved reforms to agency processes identified by complaint handlers have been implemented.
	see above. (D9.7.10 - Access to HBCIS practices by staff identified. Procedures were amended and an education session held with AO coordinators.)
7.12	There have been privacy breaches in the last two years. <i>(If 'N' skip 7.13)</i>
	1 breach proven 1 incident 1 x Website breach A couple of minor breaches Administrative error in [office] - Personal information sent to wrong [person] Certain disciplinary matters were classified as breaches of privacy for the purposes only of the Code of Conduct and were dealt with under that Policy by Ethical Standards Unit. Minor breaches with limited people involved have occurred and been dealt with. Not that we are aware of. Not to my knowledge as I have not acted as the Primary Decision Maker for this whole period One breach relating to an error in RTI processing meaning that draft marked documents were released to applicant instead of redacted version. OIC notified and Council followed advised process. Council is not aware of any negative impacts on individuals Our agency has internally identified 2 incidences and the individuals concerned were notified immediately. Our procedures were changed to avoid future breaches. This did not lead to formal complaints from the individuals concerned. Subject of recent [removed] inquiry There was an incident of unauthorised access of a secure area. This was seen as anomalous and has not reoccurred. to be confirmed Two (2) Two complaints

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	Criteria Question
7.13	The same type of breach has occurred two or more times in the last two years.
	A facility received a number of Privacy Complaints through the PSLO. 2 complaints were referred to ESU but found to be unsubstantiated. 3 complaints related to personal information (DOB) being visible through the envelope in correspondence sent by site Subject of [removed] Inquiry

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Final Comments

You have now answered all questions for your agency. Do you have any final comments?

[Agency] has only been established since July 2012. Many of the structures are in their infancy and it is expected that it would take at least a further 12 months before it becomes fully operational.

[Agency] is in the process of reviewing compliance with a number of legislative and governance requirements. RTI and IP will be included in this review. [Agency] has an existing Information Access and Privacy policy, a Disclosure Log and a Publication Scheme that requires review and updating to ensure compliance with current legislation. Processes need to be developed and training provided to staff to ensure correct procedures are being adhered to. Further work is needed in developing a RTI/IP framework rather than stand alone policies and documents.

[Agency] is only a small council and as such doesn't have a dedicated officer for RTI and IP functions. It is managed by the Records Manager in consultation with the Manager of Corporate Services and a Council legal advisor.

[Agency] was merged with [other agency] from 1 January 2013. It has also adopted functions of [other agency]. [Other agency] and the [other agency] no longer exist. As a result of these changes, we are in the progress of reviewing all RTI and privacy procedures to ensure that they are compliant and consistent throughout the agency. Please contact [contact], should you have any enquiries.

[Agency] has not received any RTI or IP applications or requests.

[Other agency] manages the RTI and IP application function on behalf of [agency]. Officers within the Administrative Review Unit are the delegated decision-makers concerning access to documents held with [agency]. Any RTI or IP applications that have been received regarding [agency] have been included as part of [other agency]'s response to the audit. [Other agency] also provides relevant statistical information concerning [agency] RTI and IP applications to the Department of Justice and Attorney-General as part of their annual reporting requirements.

Agency is a new statutory authority, and as such policies, systems and processes are currently being refined to ensure robust RTI and IP policy and processes are in place.

can we please have access to copies of policies, documents and procedures for our reference - including induction material. this will ensure our organisation is on the right path to addressing any associated gap issues.

due to the overall low volume of the requests and the nature of the information [agency] holds and the type of requests received [agency] has limited exposure to all aspects of the RTI/IP Acts but has documented procedures relating to such.

For a small agency like the [agency], a lot of the questions are not relevant, as we have no precedent to go by. On average, the [agency] receives around [small number] RTI applications per year, so questions about the intricacies of information privacy just aren't applicable, as the situation hasn't occurred. For future surveys, the option of N/A may be useful

I am not sure of my understanding of the definition of an Administrative Access Scheme. We have a Policy, Guide process and form for Administrative Action Complaint Management and Council encourages openness and transparency in the release of non-personal, non-private information to the public in an informal way (it could be provided verbally over the phone, in an email, or by post for example) as a quick and simple way to give information to the public, without them having to resort to submitting a RTI application to obtain information, in accordance with the Act. I am happy to discuss this further if required.

I found it a little difficult to answer some questions eg. question 4.13 under organisational structure and question 5 under D.2 Requirements for Publication Schemes because the structure of the questions is different. To illustrate further, with the latter question I have answered "Yes" meaning "yes, that is right, they are not excluded by irrelevant factors". Even though we are now a separate statutory authority, we are still in some areas acting under the umbrella of Queensland Health and still relying on the public webpage that Queensland Health has in place. This also made some of the questions difficult to answer. This page illustrates what I mean: <http://www.health.qld.gov.au/publications/default.asp>

Many of the questions need more information and examples around them to know what sort of information you are looking for to enable accurate answers to be provided.

No (2 agencies)

Only to state that to date in the last 5 years there have been no requests for information and the likelihood of them in the future is very remote.

Please note a fair proportion of the questions detailed in the audit are not applicable to [agency] and we request that this be taken into account when collating the results. At times, due to the limited range of options available when providing a response, the response provided may not be entirely appropriate to adequately detail [agency]'s approach or circumstances.

Please note that in some instances where [agency]'s 'optional comments' exceeded 250 characters, additional/continued text was entered against the next question's 'optional comments' section. This has been made quite clear to ensure there is no confusion. Also, the acronym CUA stands for - Consistent User Experience. If you wish to discuss any aspect of this survey, please call [contact]

RE section D3 error: The online survey was much more user friendly than the word document, and it is not surprising if there are one or two glitches first year with a new system.

Remote Small [removed] Queensland Shire - One Application received to date. This was processed after the payment was received however the report was not collected by the applicant. Risk Low This is large Council legislation - there needs to be a version for small remote Councils. [Agency] has one officer who is responsible and he spends a micro fraction of his time on this legislation

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Final Comments

Some of the questions are specific to procedures being in place - I am sure some agencies such as [agency], rely on our Policies (IP and RTI) and the legislation to ensure processing of applications meets legislative requirements. If we were to have a documented process for everything that is required it would require a substantial amount of work, which in some cases, would have little benefit.

The [agency] is a small organisation (12 staff) that is fully owned by the Queensland Government [removed]. Our core business is that of a [functions]. We have a very open approach to our business and have not encountered any requests for information or any privacy issues. Our approach to dealing with these would be a very open one if they do arise. Our resources are fully committed to core business.

The [agency] is a very small charity and has never had RTI or IP requests - but it clearly has identified and noted issues raised in this survey - and should the need arise it would ensure the process was followed clearly and within Board guidelines with direct answering by the manager and Board Chair.

The [agency] uses the services of the [other agency] for complaints handling, information technology (including information security), and Right to Information and Information Privacy access and amendment. As such, many of these responses are reflective of the current state for [other agency]. Comment on answer to A5.1 was "Does not include induction or code of conduct - RTI services delivered by [other agency]."

There have been no enquires all year

There is a need to have OIC deliver training "in house". I am aware of the online training but it doesn't have the same effect across the organization. A package tailored to individual circumstances, from Councillor to enquiries officer would be beneficial. Additionally I believe there would be adequate demand across the State & Agencies to support this training unit.

This survey appears to have been written primarily for GOCs or Govt Departments. A University specific or education specific survey would be useful for Universities, Colleges and Schools. Furthermore, it is our view that the RTI Act has done little to increase the amount of information publicly available. Rather the University has been proactive in increasing the amount of information published and made publicly available in the ordinary course of business and despite the RTI Act. Such a proactive approach is due to the University's increasing focus on engagement with the community as part of its strategic intent and is not connected to or been driven by the RTI legislation.

To date, this agency had [number] RTI and 0 IP Applications since 2010. Two resulted in minimal work, one substantial work that involved processing fees being charged. A final application, just finalised took in excess of 45 hours to complete and the applicant had an exemption from being charged processing fees. Due to the very small amount of applications, it was difficult to answer many of the questions. Many of the processes identified are not in place. These are developed as the need arises. The documentation for the final application was provided on CD. Once this application is added to the Disclosure Log, there may be other requests for this information, which can only be provided on CD due to the volume of documents involved. Currently there is no charge for providing CDs even though there is material cost to Council in providing them. Could the OIC consider setting a fee for providing a CD?

Under section 17 of the Right to Information Act 2009 (RTI Act), an entity mentioned in schedule 2, part 2 in relation to the function mentioned in that part, is exempt from provisions of the RTI Act. According to schedule 2, part 2, of the RTI Act, [agency] or a subsidiary of [agency], in relation to its functions, except so far as they relate to community service obligations, is exempt. There are currently no community service obligations to report. Similarly, under section 19 of the Information Privacy Act 2009 (IP Act), an entity mentioned in schedule 2 part 1 is an entity to which the privacy principles do not apply. According to schedule 2, part 1 of the IP Act, the privacy principles do not apply to [agency], or a subsidiary of [agency].

We are a small organisation and to date we have never received a Right of Information or Privacy Breach request.

We are a tiny and new office and have had very little exposure to RTI and IP applications so far. We have, however, good contacts for assistance with administrative matters should the need arise in the future.

We are a very small agency with only two full time staff. RTI or IP applications are rarely received, [number] in the last three years.

We are are very small shire in population and sparsely populated. Any RTI requests are few and far between and Council does not expend a lot of energy maintaining registers etc that will not be used. We manage requests within timeframes and have had no issues in the processing of requests.

We have had no RTI requests. We have full disclosure of the process on the internet and a disclosure log but there has been no need to use this at this point.

We have now employed a an Executive Manager for Governance and Policy who will work on developing and implementing RTI & IP policies.

You really need to tailor these questionnaires better. We are a remote Council and in the five years I have been here we have never had a RTI request. There is no provision made for NIL or Never Happens and you must do that. This appears to be a tick and flick approach and not a substantial review of the issue.