



Office of the Information Commissioner
Queensland

Desktop Audits 2016-17

Website Compliance with Right to Information and Information
Privacy — Hospital and Health Services



This report to the Queensland Legislative Assembly by the Office of the Information Commissioner is licensed under a Creative Commons – Attribution License. People reading or using this report may do so in accordance with the following conditions: Attribution (BY), requiring attribution to the original author.

© The State of Queensland. (Office of the Information Commissioner) 2017

Copies of this report are available on our website at www.oic.qld.gov.au and further copies are available on request to:

Office of the Information Commissioner
Level 8, 160 Mary Street, Brisbane, Qld 4000
PO Box 10143, Adelaide Street, Brisbane, Qld 4000

Phone 07 3405 1111 or Freecall 1800 OIC QLD (1800 642 753)

Fax 07 3405 1122

Email administration@oic.qld.gov.au

Web www.oic.qld.gov.au

ISBN: 978-0-9953725-3-5

March 2017

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

Dear Mr Pegg

I am pleased to present *Desktop Audits 2016-17: Website Compliance with Right to Information and Information Privacy — Hospital and Health Services*. I conducted these audits under section 131 of the *Right to Information Act 2009* (Qld) and section 135 of the *Information Privacy Act 2009* (Qld).

Desktop Audits 2016-17 reports on hospital and health services' websites compliance with the *Right to Information Act 2009*, in particular the requirements for publication schemes and disclosure logs. It also reports on how these government agencies ensure appropriate privacy measures are in place in accordance with National Privacy Principle 5 (Openness) of the *Information Privacy Act 2009*.

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

Yours sincerely

A handwritten signature in dark ink, appearing to read 'J. Mead', with a stylized flourish at the end.

JS Mead
A/Information Commissioner

Table of contents

| | |
|---------------------------------------|-----------|
| Executive summary | 1 |
| Conclusions | 1 |
| Key findings | 2 |
| 1 Introduction | 5 |
| 1.1 Background | 5 |
| 1.2 Objective | 6 |
| 1.3 Context | 7 |
| 1.4 Structure of the report | 7 |
| 2 Right to information | 9 |
| 2.1 Introduction | 9 |
| 2.2 Conclusions | 9 |
| 2.3 Results | 10 |
| 3 Publication schemes..... | 15 |
| 3.1 Introduction | 15 |
| 3.2 Conclusions | 15 |
| 3.3 Results | 16 |
| 4 Disclosure logs..... | 19 |
| 4.1 Introduction | 19 |
| 4.2 Conclusions | 19 |
| 4.3 Results | 19 |
| 5 Privacy | 23 |
| 5.1 Introduction | 23 |
| 5.2 Conclusions | 23 |
| 5.3 Results | 24 |
| 6 Agency responses | 27 |
| Appendix 1 – Acronyms | 29 |
| Appendix 2 – Methodology | 31 |

Executive summary

We (the Office of the Information Commissioner) audit government agencies' compliance with legislative requirements for proactive disclosure of information and protection of personal information set out in the *Right to Information Act 2009* (Qld) (RTI Act) and the *Information Privacy Act 2009* (Qld) (IP Act).

Between December 2016 and February 2017 we assessed the websites of the 16 Hospital and Health Services (HHSs) and examined the information available online. This report presents the results of our assessment at the time we conducted the desktop audits and compares them with our 2014 report¹ where appropriate.

As part of the desktop audit process, we issued a preliminary report to each HHS with individual recommendations. Four HHSs have since reported they noted the issues brought to their attention and will implement the recommendations, thus improving compliance with the legislative requirements.

Publication schemes, disclosure logs, and administrative access arrangements are all part of a broader strategy for providing greater access to government-held information and better delivery of services.

Conclusions

The HHS sector has made good progress in meeting its right to information (RTI) and information privacy obligations. In 2014, we found that nearly all the HHSs relied on the Department of Health's website (the Queensland Health website) to provide information to the public. Since then, the HHSs have taken ownership for informing the community about accessing government-held information online, administratively or under legislative process.

For example, in 2017, 14 HHSs have information about administrative access arrangements on their websites, mostly about patients accessing their own health records. As a result, patients are better informed about their right to, and the process for, accessing their medical records. This also improves the openness and transparency of the HHSs.

1 Results of Desktop Audits 2013-14 – Review of Publication Schemes, Disclosure Logs and Information Privacy Awareness in Departments and Hospital and Health Services, tabled on 11 September 2014, accessible at <https://www.oic.qld.gov.au/about/our-organisation/key-functions/compliance-and-audit-reports/results-of-desktop-audits-2013-14>.

However, the progress is not uniform across the sector. Some HHSs have minimal online presence; for example, four HHSs did not have an online publication scheme at the time of the audit. This means that the communities of these four HHSs are missing out on easy access to information and the agencies are not realising the benefits of proactive disclosure.

Similarly, progress is not uniform across the RTI elements examined. We identified that the HHSs could improve their pathways to online information and better populate specific information classes in their publication schemes. The HHSs also need to better inform their community about their right to make a privacy complaint, how to make a complaint and how the HHS will manage that complaint.

Key findings

Right to information

While the RTI Act does not specifically require a government agency to have a RTI page on its website, it is a good way to disclose information proactively and to make the community aware of their information access rights. In 2014, the HHSs relied on the Department of Health RTI webpage. It is encouraging to note that in 2017, 11 HHSs have a RTI page on their websites. The lack of such webpages for the other five HHSs makes it more difficult for their communities to access information.

The HHSs use several sources of information about RTI and often rely on websites from other government agencies to provide the relevant RTI and privacy content. While it may be efficient to rely on non-HHS websites, we note the pathways to information are unclear and at times confusing.

The HHSs can make good use of non-HHS websites if they have an RTI page as a hub with clear explanations for the links. Agencies need to ensure the information they provide, directly or indirectly, is accurate, complete and up to date.

Most HHSs have information on how a patient can informally access their health records, but they need to do more work to promote administrative access arrangements ahead of formal applications under the RTI Act.

Publication schemes

The RTI Act does not specify the way an agency must make its publication scheme available. It can be on the agency's website or published in some other way, for example, in hard copy.

In 2017, 12 HHSs have an online publication scheme which is four more than in 2014. Of the 12 schemes, we assessed four as compliant and eight as in progress to compliance.

The common issues we identified are:

- referring to out-of-date information
- having broken or wrongly titled links
- poorly populating the 'Our finances' information class.

Limited or inaccurate information reduces transparency and accountability. We recommended to the four HHSs without an online publication scheme that they publish such a scheme on their websites to improve community access to information. We also recommended to the other 12 HHSs that they review and maintain their online publication schemes.

Disclosure logs

Disclosure logs form part of the 'push' model where information is routinely and proactively released to the public. Maintaining a disclosure log is good practice, even though it is not mandatory under the RTI Act for agencies other than departments and Ministers. When a government agency does maintain a disclosure log, it must comply with the relevant legislative requirements.

In 2017, 13 HHSs maintain a disclosure log compared to seven in 2014, and all 13 are compliant. Generally the HHSs do not provide direct links to the information they released under the RTI Act but summarise the content of the documents in sufficient details.

We recommended the HHSs implement a procedure for deciding when it is reasonably practicable to include copies of documents in the disclosure log. Publishing the documents in the log would increase the HHSs' transparency and accountability.

Privacy

The HHSs have taken steps to tell the community about how they handle personal information. While in 2014 the HHSs relied on the Queensland Health website, we found that in 2017, 13 HHSs provide some privacy-related content on their websites.

All HHSs have a privacy link in their website footers, and for 11 of them the links direct the user to the Department of Health privacy plan. We encouraged these HHSs to ensure the department's plan reflects the types of personal information they hold and is consistent with their own information handling practices.

A common issue is the lack of information about privacy complaints. Five HHSs explain how to make a privacy complaint but only one outlines how it would manage the complaint. As a result, the community is not fully informed of their rights and how to exercise them.

1 Introduction

1.1 Background

The functions of the Information Commissioner include reviewing and reporting on agencies' performance in relation to the operation of the *Right to Information Act 2009* (Qld) (RTI Act) and the *Information Privacy Act 2009* (Qld) (IP Act). The object of these Acts is to push information Queensland public sector agencies control into the public domain and protect the personal information they hold.

We (the Office of the Information Commissioner) monitor government agencies performance and conduct reviews, including desktop audits. The nature of desktop audits means that we:

- only assess online information
- cannot form a conclusion where agencies have not published the information on their websites
- do not examine agencies' internal processes and controls.

This report presents the aggregate results of the 16 hospital and health services (HHSs) and compares them with our 2014 report *Results of Desktop Audits 2013-14 – Review of Publication Schemes, Disclosure Logs and Information Privacy Awareness in Departments and Hospital and Health Services*² where appropriate.

In 2014, we found that nearly all the HHSs relied on the Department of Health's website (the Queensland Health website) to provide information to the public. Thus, the audit scope included relevant information accessible on and from the Queensland Health website, the HHS's website and other relevant websites.

In 2017, although there is continuing integration of websites, we focussed on the HHSs' own webpages or information directly accessible from links on these webpages.

2 Results of Desktop Audits 2013-14 – Review of Publication Schemes, Disclosure Logs and Information Privacy Awareness in Departments and Hospital and Health Services, tabled on 11 September 2014, accessible at <https://www.oic.qld.gov.au/about/our-organisation/key-functions/compliance-and-audit-reports/results-of-desktop-audits-2013-14>.

1.2 Objective

The objective of the desktop audits was to assess the accessibility and availability of information on the HHSs websites. To assess compliance with the RTI Act, we considered:

- whether right to information, publication schemes and disclosure log webpages meet the RTI Act and Ministerial Guidelines³ requirements, and promote better and easier access to government held information
- the amount of information each HHS makes routinely available through these webpages.

To assess adoption of the privacy principles, we examined three aspects of privacy:

- general privacy information on the agency's website
- collection of personal information
- advice about the personal information the agency collects.

We applied the maturity ratings described in Figure 1A for our assessments.

Figure 1A
Maturity ratings

| Rating | Description |
|---|--|
| Well-managed | Practices managed effectively and being optimised |
| Compliant | Practices managed and appropriate |
| In progress to compliance | Practices well-defined, activity evident |
| Limited progress or no progress to compliance | Need for more definition of practices, ad hoc activity evident |

Source: Office of the Information Commissioner

We created the 'well-managed' rating to highlight practices that were particularly effective in achieving compliance.

3 Ministerial Guidelines: Operation of Publication Schemes and Disclosure Logs, Under section 21(3) and sections 78, 78A and 78B of the Right to Information Act 2009, available at <http://www.rti.qld.gov.au/right-to-information-act/publication-schemes>.

1.3 Context

The *Hospital and Health Board Act 2011* (Qld) became operational on 1 July 2012 and established 17 HHSs. Under the Act, HHSs are statutory bodies governed by an independent and locally controlled Hospital and Health Board.

Cape York HHS and Torres Strait – Northern Peninsula HHS merged on 1 July 2014, bringing the total number of HHSs to 16.

Under the IP Act, an agency other than a health agency, must comply with the Information Privacy Principles. Health agencies must comply with the National Privacy Principles. All agencies must also comply with the provisions dealing with the transfer of personal information outside Australia⁴ and with contracted service providers.⁵ The Department of Health and the HHSs are health agencies.

1.4 Structure of the report

The report is structured as follows:

- Chapter 2 presents the assessment of the HHSs' websites in relation to RTI
- Chapters 3 and 4 outline the findings about the HHSs' online publication schemes and disclosure logs
- Chapter 5 examines the HHSs' adoption of privacy principles
- Chapter 6 discusses the responses from the HHSs
- Appendix 1 lists the acronyms used in this report
- Appendix 2 outlines the audit methodology.

⁴ Chapter 2, part 4 of the IP Act.

⁵ Section 33 of the IP Act.

2 Right to information

2.1 Introduction

Clear pathways to information on government agencies websites support proactive disclosure of information. Agencies should provide direct access, including via hyperlinks, on their website to the:

- publication scheme
- disclosure log
- administrative access arrangements
- formal application processes under the RTI and IP Acts.

Under the RTI Act, government agencies should release information administratively as a matter of course, unless there is a good reason not to. A RTI webpage can direct people to administrative access arrangements, so that a formal application under the RTI Act is seen as the last resort.

Agencies can benefit significantly from administrative arrangements as these provide information to the community more simply and efficiently than through the formal legislative application process.

We examined the RTI information the 16 HHSs publish on their websites. Five HHSs do not have an RTI webpage on their website, but three provide RTI related information elsewhere on their website.

This chapter presents the results for the 14 HHSs that have RTI relevant information online.

2.2 Conclusions

Although two HHSs do not have RTI relevant information on their website, the sector has improved overall on its 2014 results. This is primarily due to the HHSs taking ownership for informing their communities about accessing government-held information online, administratively or under legislative process. For example, in 2017, 14 HHSs have information about administrative access arrangements on their websites, mostly about patients accessing their own health records.

There are however further improvement opportunities, in addition to the two HHSs without RTI relevant information on their websites. Because the HHSs have multiple links and rely on other websites to provide all relevant information about RTI and privacy, there are multiple pathways to information. This can be confusing and it is at times

difficult to distinguish what is generic information or information specific to the individual HHS. We recommended all HHSs consider providing a clear pathway to RTI and IP information on their websites.

The HHSs also need to better promote administrative access and present formal RTI applications as a last resort. By not making the administrative access arrangements highly visible on their websites, the HHSs forego the benefits of providing information more simply, transparently and efficiently.

2.3 Results

Consistent with our 2014 review, we consider that all HHSs as a minimum should host their own webpage for RTI and information privacy. This would ensure that there is a clear pathway to information, even if their own webpage then relies on links to information in multiple locations, including non-HHS websites.

Figure 2A shows the maturity ratings for the RTI webpages examined.

Figure 2A
RTI webpages

| Maturity ratings – number of HHSs | 2017 |
|--|-------------|
| Well-managed | 1 |
| Compliant | 8 |
| In progress to compliance | 2 |
| Limited progress to compliance | 0 |
| No RTI webpage | 5 |
| TOTAL | 16 |

Source: Office of the Information Commissioner

In 2014, the HHSs relied on the Queensland Health webpage, which we assessed as 'well-managed'.

In 2017, the RTI related content on the HHSs' websites varies. Figure 2B shows how many HHSs provide information on a number of RTI aspects compared to 2014.

Figure 2B
RTI webpages - content

| Type of content | 2014 | 2017 |
|---|------|------|
| Contacting agency for further information | 1 | 11 |
| Publication scheme | 8 | 11 |
| Disclosure log | 4 | 11 |
| Administrative access process | 0 | 11 |

Source: *Office of the Information Commissioner*

It is encouraging to note the significant improvement since 2014. We have however identified three areas for further improvement: establishing clear pathways to information; better promoting administrative access; and providing more details about the formal application process.

Clear pathways to information

The HHS sector uses several sources of information for RTI and information privacy. These include websites from:

- individual HHSs
- the Department of Health
- the Office of the Information Commissioner
- whole-of-government RTI
- Shared Services Queensland (SSQ)

HHSs are managing these multiple sources in different ways, including relying on other websites to provide all relevant information about RTI and privacy. While it may be efficient to rely on a non-HHS website, it is potentially confusing. We observed that the HHSs have multiple pathways. This makes it difficult to distinguish whether the information is generic or specific to the individual HHS.

For example, one HHS has two webpages - the 'Right to Information (RTI)' webpage and the 'Release of Information (ROI)' webpage - working in tandem to cover the information required. The use of dual starting points can cause confusion, especially when they lead to different information for the same RTI element.

Also, one HHS has a publication scheme link that directs the user first to the Queensland Health webpage titled 'Publication scheme'. The user then has to follow another link to arrive at the HHS' webpage titled 'Reports and Publications (Publications Scheme)'.

Administrative access arrangements

Eleven HHSs explain how patients can access their medical records under an administrative access arrangement. While this information is generally easy to find, most HHSs need to better promote administrative access arrangements over formal RTI applications.

Figure 2C shows the maturity ratings of the online administrative access arrangements.

Figure 2C
Administrative access arrangements

| Maturity ratings – number of HHSs | 2017 |
|--|-------------|
| Well-managed | 2 |
| Compliant | 6 |
| In progress to compliance | 5 |
| Limited progress to compliance | 0 |
| No administrative access arrangement | 3 |
| TOTAL | 16 |

Source: *Office of the Information Commissioner*

One HHS we assessed as 'well-managed' has a combination of:

- clear prioritisation of administrative access over RTI applications, including naming the main page 'Access to information'
- visible referrals to administrative access
- promotion of a range of alternative methods of administrative access
- regular encouragement for people to contact the HHS
- clear and detailed 'Access your medical records' webpage.

Formal application process

We expect that government agencies provide sufficient information about the legislative application process. This advises the community about their right to information, including personal and non-personal information, and helps manage the expectations of applicants.

The level of detail about the application process varies as shown in Figure 2D.

Figure 2D
Application process – content

| Type of content | 2017 |
|--|------|
| Clear information about RTI rights | 10 |
| Detailed information about the application process (including processing periods, application costs and review rights) | 9 |
| Approved forms for lodging access or amendment applications | 13 |

Source: *Office of the Information Commissioner*

We identified that four HHSs use the SSQ RTI webpage for information about the formal access application process. Three of the four HHSs direct people to the SSQ RTI webpage which explains the process in terms that are too broad to be properly informative.

Agencies need to ensure the information they provide, directly or indirectly, about the application process, cost, timeframes, review rights and review period is sufficiently detailed, accurate and up-to-date.

Under the RTI and IP Acts, formal access and amendment applications must be in the approved form.⁶ Six HHSs provide the approved forms for both access to information and amendment applications, seven present the approved form for making an access application only and one links to the SSQ webpage.

6 An application must be made in the approved form (see section 24 of the RTI Act and sections 43 and 44 of the IP Act). The approved form is issued by the Queensland Government and approved by the chief executive of the Queensland Department of Justice and Attorney-General (see section 192 of the RTI Act and section 200 of the IP Act).

3 Publication schemes

3.1 Introduction

All HHSs must have a publication scheme which is a structured list of information available to the community. The RTI Act does not specify the way an agency must make its publication scheme available. It can be on the agency's website or published in some other way, for example, in hard copy.

We assessed the HHSs' online publication schemes against the requirements of the RTI Act and Ministerial Guidelines.⁷ Of the 16 HHSs, 12 provide online access to a publication scheme and four do not. This means we were unable to conclude whether the HHSs without an online publication scheme met the prescribed requirements.

Section 21(3) of the RTI Act requires an agency to ensure that its publication scheme complies with the guidelines issued by the Minister.

The Ministerial Guidelines specify seven classes in which information must be organised and published.⁸ The information in the publication scheme must be significant; appropriate (for release); and accurate. In addition, publication schemes should be easy to use and information rich, to encourage the wider community to use them as a key resource tool.

This chapter outlines the results of our assessment for the 12 HHSs with an online publication scheme.

3.2 Conclusions

While in 2017 there are four more online publication schemes across the HHS sector than in 2014, we assessed the maturity of only four as compliant with the legislation and Ministerial Guidelines.

The 12 publications schemes are easy to access and organised in the prescribed information classes. However, most refer to out-of-date information or the links are not working. This is particularly prevalent for the 'Our finances' information class. As a result, the community does not have direct access to accurate information. The lack of current, significant information also reduces transparency and accountability.

⁷ *Ministerial Guidelines: Operation of Publication Schemes and Disclosure Logs, Under section 21(3) and sections 78, 78A and 78B of the Right to Information Act 2009*, available at <http://www.rti.qld.gov.au/right-to-information-act/publication-schemes>.

⁸ About Us, Our Services, Our Finances, Our Priorities, Our Decisions, Our Policies, Our Lists.

We recommended to the four HHSs without an online publication scheme that they publish such a scheme on their websites to improve transparency and community access to information. We also recommended to the other 12 HHSs that they review and maintain their online publication schemes.

3.3 Results

Figure 3A shows the overall maturity ratings for the HHSs' publication schemes in 2017 compared to 2014.

Figure 3A
Publication schemes

| Maturity ratings – number of HHSs | 2014 | 2017 |
|--|-------------|-------------|
| Well-managed | 0 | 0 |
| Compliant | 0 | 4 |
| In progress to compliance | 8 | 8 |
| Limited progress to compliance | 0 | 0 |
| No publication scheme | 8 | 4 |
| TOTAL | 16 | 16 |

Source: Office of the Information Commissioner

Access

Overall, the publication schemes are easy to locate and all the HHSs with an online publication scheme explain its purpose.

Under section 21(1)(b) of the RTI Act, an agency must set out the terms on which it will make the information available, including any charges. Ten HHSs comply with this requirement and outline the terms of access including any potential charges.

To ensure equitable access to information, an agency should provide information in alternative formats upon request. We found that 10 HHSs explain how to request documents in an alternative format.

The Ministerial Guidelines require agencies to implement a complaints procedure for when information included in the publication scheme is not available. While 11 HHSs with an online publication scheme have a general complaints procedure on their website,

only eight publish a specific complaints process about accessing information in the publication scheme.

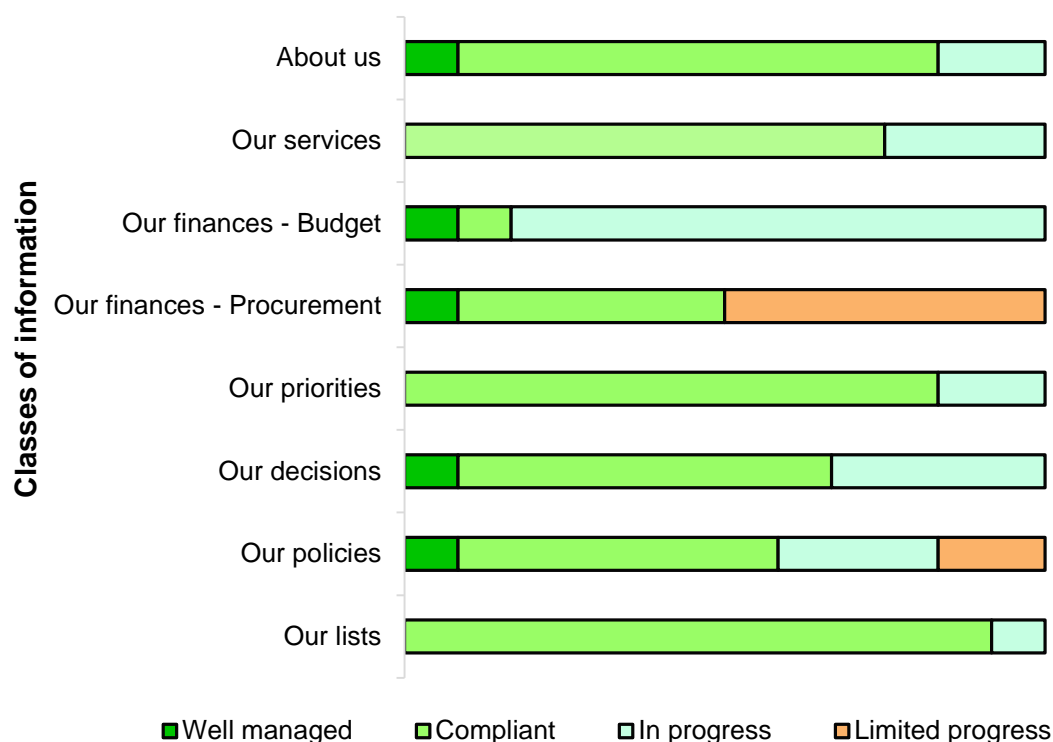
Structure and content

The 12 HHSs with online publication schemes organise the information in the seven classes outlined in the Ministerial Guidelines.

The Ministerial Guidelines state that agencies should regularly review their publication schemes to ensure the information is current and up to date. Of the 12 HHSs with an online publication scheme, eight have out of date information and for 10 HHSs some links to information do not work.

Figure 3B shows the maturity ratings for each information class. We have a longstanding practice of splitting the 'Our Finances' class into budget and procurement information when assessing the agencies' publication schemes. This is because we have found that agencies mostly publish projected and actual income and expenditure, but less so tendering, procurement and contracts information.

Figure 3B
Maturity ratings for each information class



The better populated information classes are:

- ‘About us’ – 10 HHSs achieve a rating of well-managed or compliant
- ‘Our priorities’ – 10 HHSs achieve a rating of well-managed or compliant
- ‘Our lists’ – 11 HHSs achieve a rating of well-managed or compliant.

There is less up-to-date information for the ‘Our finances – budget’ class. While the HHSs publish their most recent annual report on their websites, only two provide links to the 2016-17 budget papers.⁹

Similarly, for the ‘Our finances – procurement’ class, only six HHSs achieve a compliant rating. This is because they provide a link to the government’s QTenders website¹⁰ that lists current and closed tenders, as well as awarded contracts.

To better inform their communities about the governance and decision making processes, we recommended to four of the 12 HHSs that they publish the charter or terms of reference of their boards and committees.

Likewise, four HHSs could achieve a compliant rating for the ‘Our policies’ class if they gave more information, for example by providing a link to the health directives or the policies library on the Queensland Health website. We noted that the HHSs focus on policies about information access or disclosure rather than on a broader suite of policies, including human resources, information and communication technology, or risk management.

None of the HHSs has a publication scheme we could present as an example of good practice. Some excel in one area, for example, by populating information classes well, or by operating a well-maintained and easily accessible publication scheme, or by incorporating all the legislatively required features, but none satisfy all of these matters.

⁹ Accessible at www.budget.qld.gov.au

¹⁰ Accessible at <https://www.hpw.qld.gov.au/qtenders/>

4 Disclosure logs

4.1 Introduction

Disclosure logs are an important strategy for proactive disclosure of information. They list documents not containing the applicant's personal information that an agency has released under the RTI Act. The rationale for disclosure logs is that if one person has requested access to information other than their personal information, the wider community might be interested in that same information.

While the RTI Act does not specifically require HHSs to maintain a disclosure log, it is good practice. When a HHS does maintain a disclosure log, it must be on the agency's website and comply with the relevant legislative requirements.

This chapter outlines the results of our assessment of the disclosure logs for the 13 HHSs that maintained a disclosure log on their website at the time of the audit.

4.2 Conclusions

The HHS sector has significantly improved its performance in 2017 compared to 2014. In 2017, we assessed all the 13 disclosure logs as compliant, up from four in 2014.

We identified a common improvement opportunity and recommended the HHSs consider including direct links in the disclosure log to documents released under the RTI Act where it is reasonably practicable to do so.

4.3 Results

Figure 4A shows the overall maturity ratings for the HHSs' disclosure logs in 2017 compared to 2014.

Figure 4A
Disclosure logs

| Maturity ratings – number of HHSs | 2014 | 2017 |
|--|-------------|-------------|
| Well-managed | 0 | 0 |
| Compliant – populated | 3 | 10 |
| Compliant – empty | 1 | 3 |
| In progress to compliance | 3 | 0 |
| No disclosure log | 9 | 3 |
| TOTAL | 16 | 16 |

Source: Office of the Information Commissioner

Most disclosure logs are easy to locate and use. They describe adequately the purpose of a disclosure log and provide details on how to contact the HHS.

Section 78A of the RTI Act sets out the obligations for agencies other than departments and Ministers about disclosure logs. Agencies may include a copy of the documents in their disclosure log or, if this is not reasonably practicable, provide details identifying the documents and how the community can access them.

While nine of the 10 HHSs with a populated disclosure log do not provide direct links to the information released under the RTI Act, they summarise the content of the documents in sufficient detail and explain how to access them.

We recommended these HHSs consider implementing a formal procedure for deciding whether it is appropriate to publish information in the disclosure log. The procedure could also address when it is 'reasonably practicable' to include a copy of the document in the disclosure log considering the:

- agency's web capacity
- file size
- availability of staff to consider what to publish
- availability of staff with the technical knowledge to publish online.

We noted that the disclosure logs of five HHSs contain an 'Applicant' field. Under section 78A of the RTI Act, agencies other than departments or Ministers are not required to publish the applicant's name in the disclosure log. The HHSs' practice of routinely

publishing an applicant field creates a risk of disclosing the personal information of an individual applicant, in a way that is not consistent with the privacy principles.

5 Privacy

5.1 Introduction

In Queensland, the IP Act provides for the fair collection and handling of personal information in the public sector environment. Under section 31 of the IP Act, HHSs must comply with the 9 National Privacy Principles (NPPs).

NPP5(2) requires health agencies to take reasonable steps on request by a person to let the person know, generally:

- what sort of personal information the agency holds
- for what purposes they hold the information
- how they collect, hold, use and disclose that information.

One way that HHSs can meet this requirement is to publish a privacy plan or personal information digest on their website.

We examined the privacy material on the HHSs' websites to assess their maturity and identify areas of good practice and improvement opportunities. While the 16 HHSs mention privacy on their websites, 13 provide privacy-related content on their website.

5.2 Conclusions

The HHSs' websites show that they have taken steps to handle personal information appropriately. The HHSs generally explain how an individual can access their health records.

Eleven HHSs address the requirement of NPP5(2) through the 'Privacy' link in the footer of their websites directing the user to the Department of Health Privacy Plan. It is important these HHSs make sure the department's privacy plan is consistent with their personal information handling practices.

A common issue across the sector is the lack of information about an individual's right to make a privacy complaint, the process for making a complaint and how the HHS will manage that complaint. This means that the community is not fully informed of their rights and how to exercise them.

5.3 Results

In 2014, all HHSs relied on webpages on the Queensland Health website which we assessed as compliant. In 2017, 13 HHSs provide some privacy-related content on their own webpages. Figure 5A shows the overall maturity ratings for the HHSs' privacy webpages in 2017.

Figure 5A
Privacy webpages

| Maturity ratings – number of HHSs | 2017 |
|--|-------------|
| Well-managed | 0 |
| Compliant | 10 |
| In progress to compliance | 3 |
| Limited progress to compliance | 0 |
| No privacy webpage | 3 |
| TOTAL | 16 |

Source: Office of the Information Commissioner

Consistent with our 2014 review, we consider that the HHSs should host their own information privacy webpage. When they use links to information on Queensland Health and non-HHS websites, they need to ensure there is a clear pathway to information.

The HHSs address some privacy obligations similarly. For example, all HHSs have a 'Privacy' link in their website footer, which in most instances opened the Queensland Health privacy webpage¹¹ or the whole-of-government privacy webpage.¹²

The content of privacy information varies. We found that:

- eleven HHSs explain sufficiently or in detail how an individual can access their health records through administrative access arrangements
- one HHS has developed its own privacy plan
- five HHSs touch on how to make a privacy complaint but only one outlines how it will manage the complaint.

¹¹ Accessible at <https://www.health.qld.gov.au/global/privacy>.

¹² Accessible at <https://www.qld.gov.au/legal/privacy/>.

We found examples of good practice, where agencies provide information about:

- applications by and for children
- access to the records of another person or a person who is deceased
- applications by agents
- what to do if the HHS decides it can only give access to health records through a healthcare professional.

NPP5 – personal information holdings and privacy plans

Under NPP5(2), an agency must take reasonable steps to let an individual know, generally, about the sort of personal information it holds, for what purposes, and how it collects, holds, uses and discloses that information.

Twelve of the 16 HHSs comply with NPP5. For 11 of them, the 'Privacy' link in the footer of their websites directs the user to the Department of Health Privacy Plan. While the plan has been developed by and for the Department of Health, it provides information relevant both to the department and the HHSs.

We encouraged the HHSs to review this document and ensure that the content:

- accurately reflects the types of personal information they hold
- is consistent with their personal information handling practices (including, for example, the use of contracted service providers and the transfer of personal information outside Australia).

Where local information handling practices are different to those set out in the Department of Health Privacy Plan, the HHSs should develop and publish their own privacy plan.

6 Agency responses

As part of the desktop audit process, we issued a preliminary report to each HHS with individual recommendations. Four HHSs responded about their preliminary report and advised that they will implement the recommendations.

We would like to take the opportunity to thank the HHSs for considering our findings and recommendations.

Appendix 1 – Acronyms

| | |
|------------------------|--|
| HHS | Hospital and Health Service |
| IP | Information Privacy |
| IP Act | <i>Information Privacy Act 2009</i> (Qld) |
| NPP | National Privacy Principle |
| Ministerial Guidelines | <i>Operation of Publication Schemes and Disclosure Logs: Under section 21(3) and sections 78, 78A and 78B of the Right to Information Act 2009.</i> The latest version was issued in February 2013 |
| OIC | Office of the Information Commissioner |
| RTI | Right to Information |
| RTI Act | <i>Right to Information Act 2009</i> (Qld) |
| SQQ | Shared Services Queensland |

Appendix 2 – Methodology

Desktop audits examine the parts of a website visible to a member of the public. They focus on the webpages providing information about the right to information, the publication scheme and the disclosure log. The audits also review disclosure of, and access to, personal information holdings. The focus on information available online means that we cannot form a conclusion where agencies have not published the information on their websites.

In 2017, the government agencies within the scope of these audits were the 16 hospital and health services listed in Figure A.

Figure A
Audited agencies – hospital and health services

| Hospital and health services |
|--|
| Cairns and Hinterland Hospital and Health Service |
| Central Queensland Hospital and Health Service |
| Central West Hospital and Health Service |
| Children's Health Queensland Hospital and Health Service |
| Darling Downs Hospital and Health Service |
| Gold Coast Hospital and Health Service |
| Mackay Hospital and Health Service |
| Metro North Hospital and Health Service |
| Metro South Hospital and Health Service |
| North West Hospital and Health Service |
| South West Hospital and Health Service |
| Sunshine Coast Hospital and Health Service |
| Torres and Cape Hospital and Health Service |
| Townsville Hospital and Health Service |
| West Moreton Hospital and Health Service |
| Wide Bay Hospital and Health Service |

We conducted the desktop audits of the HHSs between December 2016 and February 2017. We communicated to each agency the issues identified during the audits and made individual recommendations.