



Public Records Act 2005 Audit Report for Waitematā District Health Board

**Prepared for Archives
New Zealand**

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We are independent of Archives New Zealand in accordance with the independence requirements of the Public Records Act 2005.

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1. Executive summary

Waitematā District Health Board (Waitematā DHB) is the largest DHB in New Zealand by population, servicing over 630,000 people. It is responsible for providing and funding health services in the Waitematā district. Waitematā DHB creates significant numbers of high value public records including clinical healthcare, health administration, and population health and wellbeing. The management of current clinical records is out of scope for this audit (see Section 3 This audit).

Waitematā DHB also has three embedded entities, healthAlliance, healthSource and the Northern Regional Alliance which manage records on their behalf. healthAlliance was interviewed during the audit due to their responsibility for servicing Waitematā DHB's ICT platforms, including the network drive.

In coming years there is a health reform planned, where the DHBs will operate in a single unified agency, Health NZ. This transition will likely impact information management at Waitematā DHB.

Waitematā DHB has approximately 6800 FTE. There is currently one skilled and experienced information management staff member for corporate records at Waitematā DHB, the Corporate Records Manager.

Corporate records are maintained physically and electronically in shared network drives. Waitematā DHB also uses additional systems to manage and store procurement records, contracts, feedback, complaints, occupational health and safety information. Physical records are stored mainly offsite with a commercial storage facility, and a small number of physical files are held onsite in secure storage rooms.

This audit was completed remotely due to the red light setting of the COVID 19 Protection Framework at the time of the audit.

Waitematā DHB's information management maturity is summarised below. Further detail on each of the maturity assessments can be found in sections 4 and 5 of this report.

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2. Introduction

KPMG was commissioned by Archives New Zealand to undertake an independent audit of Waitematā District Health Board (Waitematā DHB) under section 33 of the Public Records Act 2005 (PRA). The audit took place remotely in February 2022.

Waitematā DHB's information management practices were audited against the PRA and the requirements in the [Information and records management standard](#) as set out in Archives New Zealand's Information Management Maturity Assessment.

Archives New Zealand provides the framework and specifies the audit plan and areas of focus for auditors. Archives New Zealand also provides administrative support for the auditors as they undertake the independent component of the audit process. The auditors are primarily responsible for the onsite audit, assessing against the standard, and writing the audit report. Archives New Zealand is responsible for following up on the report's recommendations with your organisation.

3. This audit

This audit covers public records held by Waitematā DHB, including both physical and digital information. While current clinical records are public records and are covered in the relevant disposal authorities for DHBs, they have been descope from this audit. This is partly due to the level of resourcing required and because clinical records have their own specialised standards and assurance. Archives New Zealand intends to consult with the Ministry of Health and the wider health sector to determine the extent and effectiveness of existing and planned assurance processes for clinical records and decide on a way forward regarding auditing clinical records under the PRA from 2022/2023.

The audit involved reviews of selected documentation, interviews with selected staff, including the Executive Sponsor, Corporate Records Manager, Chief Information Officer, Health Informatics Manager and a sample of other staff members from various areas of Waitematā DHB. Note that the Executive Sponsor is the senior responsible officer for the audit.

The audit reviewed Waitematā DHB's information management practices against the PRA and the requirements in the Information and Records Management Standard and provides an assessment of current state maturity. Where recommendations have been made, these are intended to strengthen the current state of maturity or to assist with moving to the next level of maturity.

The summary of maturity ratings can be found at section 4, with detailed findings and recommendations following in section 5. Waitematā DHB has reviewed the draft report, and a summary of their comments can be found in section 6.

4. Maturity Assessment

This section lists all assessed maturity levels by topic area. For further context about how each maturity level assessment has been made, refer to the relevant topic area in the report in Section 5.

Category	No.	Topic	Maturity				
			Beginning	Progressing	Managing	Maturing	Optimising
Governance							
	1	IM strategy	●				
	2	IM policy and processes			●		
	3	Governance arrangements & Executive Sponsor			●		
	4	IM integration into business processes			●		
	5	Outsourced functions and collaborative arrangements	●				
	6	Te Tiriti o Waitangi		●			
Self-monitoring							
	7	Self-monitoring			●		
Capability							
	8	Capacity and Capability		●			
	9	IM roles and responsibilities		●			
Creation							
	10	Creation and capture of information		●			
	11	High-value / high-risk information		●			
Management							
	12	IM requirements built into technology systems		●			
	13	Integrity of information			●		
	14	Information maintenance and accessibility		●			
	15	Business continuity and recovery		●			
Storage							
	16	Appropriate storage arrangements		●			
Access							
	18	Information access, use and sharing		●			
Disposal							
	20	Current organisation-specific disposal authorities			●		
	21	Implementation of disposal decisions		●			
	22	Transfer to Archives New Zealand		●			

Please note: Topics 17 and 19 in the Information Management Maturity Assessment are applicable to local authorities only and have therefore not been assessed.

5. Audit findings by category and topic

Governance



The management of information is a discipline that needs to be owned from the top down within a public office. The topics covered in the Governance category are those that need senior-level vision and support to ensure that government information is managed to ensure effective business outcomes for the public office, our government and New Zealanders.

TOPIC 1 – IM Strategy

Beginning

Summary of findings

Waitematā DHB does not have an information management strategy to provide direction and support over its information management activities. Information system strategies are discussed in the '*Northern Region Information Systems Strategic Plan (ISSP) Regional Roadmap*' for the 2018-2027 period, but this document is not specific to information management nor Waitematā DHB. We note that a '*Regional Information Management Strategy*', commissioned by Auckland DHB and covering Waitematā DHB, is in its final draft.

Recommendations

Ensure that the '*Regional Information Management Strategy*' applies to Waitematā DHB and follows Archives New Zealand's guidance. The information management strategy should be approved by Waitematā DHB senior management.

TOPIC 2 – IM policy and processes

Managing

Summary of findings

Waitematā DHB has a current and up to date policy document '*Corporate Information Management*' that references compliance with the Public Records Act (PRA) and lists associated legislation. It also extensively details the roles and responsibilities of key personnel throughout the organisation and, more broadly, the information management responsibilities for all employees.

The policy was approved by the Chief Information Officer when it was issued in April 2021 and is scheduled for review every 36 months. The policy refers to retention and disposal and directs staff to the document '*Corporate Records – Storage, Retention, Disposal*' which provides practical detail on information management to support the wider policy.

Staff interviewed showed a strong awareness of the Corporate Information Management policy. This policy is shared with all staff during the new starter on-boarding process. Where changes are made to the policy, updates will be communicated to all staff through an internal publication, the '*Waitematā Weekly*'. The policy can also be accessed at any time on the intranet, with supporting information provided on the information management page on the intranet.

Some organisation-wide process documents can be found on the Corporate Records page on the Intranet, such as the '*Email management Process*' and '*Saving and Naming of Corporate Documents*'. However, interactions with information largely occur at a team level, and as such, each team has different information management processes specific to their function. Some teams have documented standard operating procedures (SOPs), and staff appeared

confident in their understanding of the information management processes unique to their team. This understanding was developed through induction and on-the-job training.

Recommendations

Document information management processes organisation-wide, focussing on high-value and high-risk information. These documents should be approved and communicated to staff and contractors. This will ensure information management activities are undertaken in a clear and consistent manner across the organisation.

TOPIC 3 – Governance arrangements and Executive Sponsor

Managing

Summary of findings

Waitematā DHB has a Data Governance Group which oversees data management. The Group meets every month and includes the Chief Information Officer, Health Informatics Manager and the Deputy Chief Financial Officer. Notably, the group does not include the Corporate Records Manager or the Executive Sponsor (the Chief Financial Officer). However, in November 2021 the Corporate Records Manager shared a Compliance Risk Paper to the Group regarding the risk of using network drives and its impact on PRA compliance.

There is also a Compliance and Risk Committee, which is chaired by the Executive Sponsor. The Executive Sponsor understands his responsibility to ensure that relevant matters are discussed, and issues are managed. The annual PRA Compliance report is shared with the Executive Sponsor however the report is not formally addressed at this meeting. There is a risk register that is addressed at this meeting, which for example, the Corporate Records Manager updates regularly detailing the risk of using network drives rather than an ECM.

The Executive Sponsor understands and performs their oversight and monitoring role in relation to information management at a strategic level. However, given the breadth of the Executive Sponsor's day-to-day role, they do not have the capacity to actively champion information management within the organisation.

The Executive Sponsor meets with the Corporate Records Manager on a bimonthly basis to discuss information management issues and updates. In addition, the Executive Sponsor receives an annual PRA Compliance Report from the Corporate Records Manager.

Recommendations

Ensure that the annual PRA Compliance Report is shared with the relevant governance groups and findings are discussed, actions recorded, approved and monitored.

TOPIC 4 – IM integration into business processes

Managing

Summary of findings

Responsibility for the management of information is typically assigned to managers within teams who develop processes relevant to their work. Staff who were interviewed were aware of their responsibilities for the management of information that they create or utilise in their roles. Some teams outlined that they have SOPs that support their understanding of information management. This understanding is also supported by new staff members receiving induction training from colleagues and exiting staff members supplying handover documentation to ensure consistency in information management processes between new and departing staff members. These practices have led to good awareness of the information management practices used within respective teams.

As issues with information management are identified by staff, the managers within teams address these issues directly with relevant stakeholders. If required, an issue may be escalated to the Corporate Records Manager for support and assistance, depending on its nature.

Information management staff expertise is not regularly or formally included in Waitematā DHB's process change and strategic business activities. Regular involvement of the Corporate Records Manager and other information management staff in process change and strategic business activities will facilitate further growth in maturity.

Recommendations

Waitematā DHB should ensure that information management staff and expertise is consistently involved in business process change and development.

TOPIC 5 – Outsourced functions and collaborative arrangements

Beginning

Summary of findings

Waitematā DHB has short-form and long-form contract templates for outsourced functions and collaborative agreements. While these templates contain references to confidentiality, ownership of records and compliance with applicable New Zealand laws and regulations, there is no explicit mention of information management, the PRA or recognition of the public record status of information that contracted parties may produce.

Three Services Agreement contracts were reviewed. These are contracts with external healthcare providers relating to the provision of care. These contracts note the requirement for the provider to handle and store clinical records and documentation appropriately and to return outputs produced to Waitematā DHB. However, the clauses do not provide sufficient detail on the information management practices expected by Waitematā DHB, including on information capture, security and retention.

Recommendations

All relevant contracts should include requirements on information capture, ownership of the information, arrangements for access, security, storage, monitoring and inspection, retention and disposal, and what happens to the information at the end of the agreement.

Review all existing major outsourced and collaborative contracts that may produce or contain high-value or high-risk information and identify what information management requirements need to be addressed.

TOPIC 6 – Te Tiriti of Waitangi

Progressing

Summary of findings

Across Waitematā DHB, information management implications within Te Tiriti o Waitangi settlement agreements and other agreements with Māori are not yet widely known. However, the Corporate Records Manager confirmed that Waitematā DHB holds information that is of importance to Māori, and they are in the early stages of locating and identifying this information.

The Corporate Records Manager has created a folder within the network drive that holds copies of relevant information. However, sourcing this information in the network drives has proven difficult as it has involved the Corporate Records Manager searching through folders to find the information. In addition, the current network drives do not allow for metadata to be captured in Te Reo Māori, making identification challenging.

Waitematā DHB also uses other information management systems, including a contract management system. This system captures greater amounts of metadata compared to the network drives. The users of this system capture metadata for contracts with companies who self-identify as Māori organisations and use this information in reporting their progressive procurement practices.

Recommendations

In conjunction with the activities already underway, undertake an exercise in consultation with external Māori groups and iwi to identify and assess whether additional information held by Waitematā DHB is of importance to Māori. Document this in an information asset register.

Self-monitoring



Public offices are responsible for measuring and monitoring their information management performance for planning and improvement purposes. This helps to ensure that IM systems and processes are working effectively and efficiently. It also ensures that public offices are meeting the mandatory Information and records management standard as well as their own internal policies and processes.

TOPIC 7 – Self-monitoring

Managing

Summary of findings

The Corporate Records Manager undertakes an annual PRA compliance review to measure Waitemātā DHB's adherence to the Archives New Zealand standard and PRA. The requirements of the standard are listed, and the Corporate Records Manager records the actions that are being taken as well as a score for each requirement. The year-on-year scores are documented to measure improvement over time. Any required corrective actions and tasks are listed in a summary report circulated to the Chief Executive Officer, Chief Information Officer and the Executive Sponsor. There have also been occasions where the Corporate Records Manager has been asked to present their findings to the Executive Leadership Team.

More informal reporting is also completed, largely undertaken by the Corporate Records Manager, who monitors the size of network drives and follows up with staff about historic information, to ensure that information no longer requiring retention is disposed of.

Where non-compliance is identified within teams, staff noted that the first action taken would be to re-educate the individual who had not complied with internal policies. Where required, their manager may be involved, and advice or support may be sought from the Corporate Records Manager if needed.

Recommendations

Establish a regular and proactive approach to monitoring compliance throughout Waitemātā DHB, supplementing existing annual compliance reports. This may involve the Corporate Records Manager attending or reporting to the Data Governance Group or Compliance and Risk Committee, ensuring information management is a regular agenda item and the PRA Compliance Report is discussed.

Capability



Information underpins everything our public offices do and impacts all functions and all staff within the public office. Effective management of information requires a breadth of experience and expertise for IM practitioners. Information is a core asset and all staff need to understand how managing information as an asset will make a difference to business outcomes.

TOPIC 8 – Capacity and Capability

Progressing

Summary of findings

Waitematā DHB believes that at present, it has sufficient information management capacity and capability to support minimum business requirements. The key staff who manage corporate information management includes the Corporate Records Manager, who works closely with the Chief Information Officer. Staff who were interviewed mentioned that the Corporate Records Manager is well regarded at Waitematā DHB and is regularly the first person contacted for any information management queries relating to corporate records. However, the reliance on the Corporate Records Manager poses a key person dependency risk, which was acknowledged by the Executive Sponsor.

Waitematā DHB receives support from their embedded entity healthAlliance, which provides non-clinical shared services and ICT platforms to the four northern regional DHBs. This arrangement supports Waitematā DHB both in terms of capacity and capability in the ICT space.

However, it was noted that there is a lack of capacity to improve some information management practices. For example, there is an intent to improve information management maturity through the migration to a new ECM. Once a new ECM is approved, it is unlikely that there will be sufficient capability or resources to support the migration, system training and required updates that will come from this migration of information. It will be important for Waitematā DHB to consider capacity requirements at this time to ensure sufficient resource is in place to support the ECM roll-out.

Staff may access information management-related training opportunities if required and when requested. Currently, there is limited uptake as the Corporate Records Managers is confident that they have the required capability to support current information management activities.

Recommendations

In consultation with information management staff, analyse capacity requirements to ensure that continuous improvement for information management is supported in the business.

Develop a plan to minimise and address the key person dependency risk in corporate records management.

TOPIC 9 – IM roles and responsibilities

Progressing

Summary of findings

Waitematā DHB staff had some awareness of their information management responsibilities, but formal and ongoing information management training is required to increase maturity.

The Corporate Records Manager will send an email to new starters to outline expectations regarding information management, with links to policies and FAQs on the staff intranet. New starters also receive induction training within their teams, covering business processes relating to their team. It is within their teams that staff will learn information management requirements specific to their function, such as file structures and naming conventions.

Experienced staff are also expected to model good information management practices while providing on-the-job training to new staff.

Roles and responsibilities for information management are documented in all new job descriptions and the performance plans of staff members with a heavy information management focus. We reviewed three job descriptions for roles not wholly dedicated to information management and each job description had a 'Key Tasks' section that outlined recordkeeping expectations.

Recommendations

Develop and deliver organisation-wide information management specific training and regular refresher training to staff and contractors.

Creation



It is important to take a systematic approach to the management of government information, and this starts with an understanding of what information must be created and captured. It is expected that public offices create and capture complete and accurate documentation of the policies, actions and transactions of government. Knowing what information assets are held by public offices is essential to IM practice.

TOPIC 10 – Creation and capture of information

Progressing

Summary of findings

Waitematā DHB staff interviewed indicated they understand and comply with their obligations to create complete and accurate records.

Information is routinely created and captured as part of all team functions and activities. All staff who were interviewed said they understood how to create and capture information in the network drives. Each team has ownership of their filing structure to store records. Teams such as the procurement team and risk team make use of other systems to store information such as contracts, complaints and occupational health and safety records.

The network drives do not capture all the minimum metadata requirements required by Archives New Zealand (refer Topic 18 – *Information access, use and sharing*). Certain folders within the network drives have access restrictions in place.

Use of uncontrolled environments such as USBs or external hard drives is restricted, ensuring that these can only be used if they are a corporate device. However, staff can save information on their personal drives and desktops. Staff members can also create and capture information in Microsoft Teams. However, staff who were interviewed had a good awareness that final versions of information must be captured in the network drives.

There is no structured approach of monitoring and addressing information usability, reliability and any trust issues within systems used by Waitematā DHB.

Recommendations

Develop a structured approach to monitoring and addressing information usability, reliability and trust issues over all systems that hold information within Waitematā DHB.

Summary of findings

Waitemata DHB staff who were interviewed had a good understanding of what information may be considered high-value or high-risk across the organisation.

There is a 'List of Corporate Information Assets' document which outlines collections of digital and physical information assets and identifies whether they are high-value or high-risk. However, the collections identified as high value are broad, for example, referencing inactive hard copy records and shared folders. More specific identification of high-value or high-risk information assets within those categories will help in ensuring that any long-term management plans adequately prioritise specific high-value or high-risk information.

Recommendations

Update the List of Corporate Information Assets and identify high-value or high-risk information assets at a more granular level.

Management

Management of information should be designed into systems to ensure its ongoing management and access over time, including following a business disruption event. Information must be reliable, trustworthy and complete and managed to ensure it is easy to find, retrieve and use, as well as protected and secure.



Summary of findings

Information management requirements are not formally addressed in the design and configuration of the existing business systems. The Corporate Records Manager is occasionally consulted in the information management specifications of new and upgraded business systems, but this is contingent upon the relevant team actively seeking their advice. An example of their involvement is supporting the implementation of a new contract management system, where they were responsible for reviewing metadata and ensuring PRA compliance. Where systems are provided by healthAlliance, it is left to the business owners, teams and the relevant IT stakeholders to convey their requirements. Based on this information, healthAlliance provides guidance and recommendations on the set-up of systems.

Waitemata DHB does not currently document standardised information management requirements for new and upgraded business systems. Ensuring that all necessary project developments (and the information management implications) are documented is vital to introducing new systems.

Current business systems used to capture and maintain digital records have limited ability and underlying design capability to capture metadata. However, Waitemata DHB does not have metadata requirements defined or consistently implemented to ensure that the minimum metadata required by Archives New Zealand are captured.

Recommendations

Create standardised information management requirements for new and upgraded business systems.

Ensure that information management requirements are considered throughout the development and improvement of all new and existing business systems, including minimum metadata requirements where applicable.

Summary of findings

Team-specific information management practices are in place and routinely followed to ensure that information is reliable and trustworthy. These practices may include consistent naming conventions or file structures within network drives. As a result, user-experience issues with finding and retrieving information are rare. Where staff require information from another team, they may request that a relevant colleague provide them with that information. This is often the case for Official Information Act (OIA) requests where staff must gather information from multiple teams to respond to a request. Staff have confidence that the information they find and retrieve from across the organisation is comprehensive and complete, particularly when provided by a colleague with specific knowledge of the information sought.

However, there is no active monitoring or testing plan in place to ensure the integrity of information. While management controls, such as team-relevant naming conventions, consistent file structures and version control are in place, there is no regular assessment of whether these controls are functioning correctly.

Recommendations

Develop a testing plan to assess the effectiveness and functionality of management controls.

Summary of findings

Preservation needs for physical information are considered by labelling files and restricting access to storage rooms at Waitemata DHB's premises. A third-party commercial storage provider is also used for storing historical information. The information stored at this facility is labelled by the team who owns the information or often the Corporate Records Manager, including general descriptions and date ranges, to facilitate accessibility of this information.

As there is intent to improve information management through the introduction of a new ECM, some thought has been given to information accessibility as migration occurs. The Head of Technology Platforms from healthAlliance outlined that a pre-back up is done every time there is a system change. This is to ensure that there is a snapshot of all information on a system that is being decommissioned or upgraded. healthAlliance relies on support from business owners and system users when migrating information. For example, if a migration to a new ECM eventuates, this migration will require teams to identify what information they would like to be migrated, detailing what file structures they would like. It is not intended that a migration process would facilitate any disposal activities.

The only information assets at risk due to technological obsolescence are video tapes which, due to the nature of the information on them, need to be stored for 20-25 years. Video tapes of old medical presentations also need to be stored for ten years. The Corporate Records Manager advised that these videos tapes are of low value, and there is confidence that they would be disposed of before the time the video tapes become obsolete.

Recommendations

Strategies for the management and maintenance of information should be routinely part of the planning for any business and system changes.

Summary of findings

Waitemata DHB has an 'Information Systems Cyber Attack' business continuity plan (BCP) in place for handling any potential cyber-attacks, finalised in December 2021. The BCP describes general business continuity practices and contains an actions list, but there are no details of a testing plan or specific identification of critical corporate records.

The BCP refers to team-specific Service Response BCPs which outlines business continuity practices for teams. A new template has been developed which was being circulated to teams at the time of the audit. This does reference to the recovery of corporate records.

In addition, Waitematā DHB has an '*Information Systems Disaster Plan*' that details the measures to ensure resilience during disasters such as floods and interrupted power supply. It also outlines the risk assessments that are carried out regularly but does not specifically detail information management nor the processes in place to access on-site physical records.

Data on network drives are backed up every day, and at present, these backups are retained permanently. Backups should only be kept for two years and should not be confused with an archive. Long-term retention of backups creates additional risks for Waitematā DHB, including the risk of retaining information for longer than necessary. While data restoration can be carried out at the request of a staff member which tests the system in practice, there is no regular formal testing of the data restoration process.

Recommendations

Ensure that corporate records (including physical records) critical for business continuity are identified and listed in the Service Response BCPs.

Review retention of backups.

Storage

Good storage is a very important factor for information protection and security. Appropriate storage arrangements for both physical and digital information ensures information remains accessible and usable for as long as it is required for business and legal purposes and for accountable government.



TOPIC 16 – Appropriate storage arrangements

Progressing

Summary of findings

Waitematā DHB has protection and security controls for physical and digital information. Current physical information is stored in the Corporate Records Room on-site. There is also a physical file storage area at healthSource where HR files are kept. Both areas have standard building security, and information is appropriately labelled and protected against hazards using sprinklers and pest control. The Corporate Records Room and healthSource's physical file storage area are locked, with keys and access cards only provided to limited, approved personnel. A third-party commercial storage provider is used for historical information.

Digital information is stored with cloud providers in local systems and offsite servers, requiring two-factor authentication for offsite access. In addition, access to data is restricted to permissions set by IT staff. For example, only approved staff can access information stored on certain systems or within certain folders in the network drives.

Waitematā DHB does not currently test its protection and security processes.

Recommendations

Implement formal and regular testing of protection and security processes.

**Note that KPMG was unable to examine the physical storage sites as Auckland was in the red light setting of the COVID-19 Protection Framework during the fieldwork and the audit team was not able to perform a site visit. Therefore, the assessment has been performed based on information obtained during the interviews.*



Access

Ongoing access to and use of information enables staff to do their work and the public to hold government accountable. To facilitate this, public offices need mechanisms for finding and using this information efficiently. Information and/or data sharing between public offices and with external organisations should be documented in specific information sharing agreements.

TOPIC 18 – Information access, use and sharing

Progressing

Summary of findings

The interviewed staff members were knowledgeable on how to use systems as and when their roles required. They attributed this understanding to their onboarding process and on-the-job training. They noted that they were confident in using systems and network drives to access information. They also noted that if they were to have a problem, they would be comfortable raising this with peers, managers or information management staff.

Records are created and managed in network drives, so a folder structure is required to be manually created and maintained. The network drive creates limited metadata such as file size, document creator, date created, and the software used to create the information. However, these do not meet Archives New Zealand's minimum metadata requirements.

Although Waitematā DHB takes a decentralised approach where each team is responsible for the maintaining their folders, it has not resulted in any issues for staff locating and using information. Where staff require information from different teams, they will regularly ask colleagues in the relevant team to source the information on their behalf, particularly where access controls are in place.

Access to information is controlled by restricted access to systems and folders. Access controls are facilitated by system administrators and requested by the manager of the individual requiring access. However, these restrictions are not monitored once they have been established. Physical documents in file rooms also have restricted access, which is controlled by the security team.

Where information is shared externally, file-sharing platforms are used to transfer information securely. Files with sensitive information are also password protected. In instances where Waitematā DHB is sharing information with other health organisations, such as the Health and Disability Commissioner, a secure email address between the two organisations is used to secure and protect the information.

Recommendations

Ensure that Archives New Zealand's minimum metadata requirements are met for all new business systems. Once a new ECM is established, develop and document metadata and file plans to ensure the reliable management and discovery of information.



Disposal

Disposal activity must be authorised by the Chief Archivist under the Public Records Act. Public offices should have their own specific disposal authority as well as actively use the General Disposal Authorities for disposal of general or more ephemeral information. Disposal should be carried out routinely. Information of archival value, both physical and digital, should be regularly transferred to Archives New Zealand (or have a deferral of transfer) and be determined as either “open access” or “restricted access”.

TOPIC 20 – Current organisation-specific disposal authorities

Managing

Summary of findings

Waitematā DHB is part of a General Disposal Authority that applies to all District Health Boards (DHBs) in New Zealand. The GDA expired on 2 February 2022 and has since been replaced with three broad Functional Disposal Authorities; FDA1 - Clinical Health Care, FDA2 – Health Administration and FDA3 – Populations Health and Wellbeing. Given these disposal authorities are relevant to all DHBs, Waitematā DHB does not have a regular review cycle to ensure that the disposal authority reflects business and legislative changes as this is completed externally.

Staff and contractors are trained on disposal requirements as part of their initial induction. There is a ‘*Corporate Records – Storage, Retention and Disposal*’ policy in place which covers the requirements from staff around disposal and transfer of records. Staff also acknowledged that there is access to the disposal authority on the staff intranet, and support provided by the Corporate Records Manager where required. While staff and contractors have a general awareness of their responsibilities relating to disposal of information, planned and regular refresher training is not provided.

Recommendations

Provide formal refresher training to staff and contractors on disposal requirements relevant to the information they create and use.

TOPIC 21 – Implementation of disposal decisions

Progressing

Summary of findings

Disposal actions vary across systems and formats at Waitematā DHB. Network drives do not have inbuilt destruction and retention requirements; therefore, the Corporate Records Manager monitors the network drives to identify information ready for disposal. As destruction is not automated, some information in the network drives may be overlooked by the Corporate Records Manager, meaning those records may be retained for longer than is necessary.

While the network drives have backup systems in place, once the information is deleted from the system, it will still be accessible if the backup is requested from healthAlliance. Therefore, destruction is not complete and irreversible. Where other systems are used for procurement records, contracts, feedback, complaints, occupational health and safety information, it was noted in interviews that these records are rarely disposed of.

The destruction of physical information is complete and irreversible. Destruction may be completed by the commercial storage provider if requested or by the Corporate Record Manager if documents are returned to Waitematā DHB, using a secure destruction bin.

The Corporate Records Manager maintains a ‘Register of Destroyed Records’ to capture a list of the information held and disposed of. As the management of records is decentralised throughout the organisation, prior to disposing of information, the Corporate Records Manager confirms with the relevant manager that destruction is acceptable. Where this acceptance is sought, this is then recorded in the register, including the name of the responsible officer and their job title.

Recommendations

Create a plan to review all IT systems to ensure the ongoing effectiveness of information disposal.

TOPIC 22 – Transfer to Archives New Zealand

Progressing

Summary of findings

Waitematā DHB transferred physical information that was over 25 years old to Archives New Zealand regularly between November 2012 to December 2020. Waitematā DHB has a record of information and archives information internally prior to its transfer to Archives New Zealand. A '*Register of Records transferred to Archives NZ*' document exists to maintain a record of transfers. This document is comprehensive, yet certain fields such as dates are incomplete for some transfers.

Waitematā DHB has minimal levels of information currently over 25 years but has not yet made steps to transfer this information or obtained a deferral of transfer. Given the current Abuse in Care Royal Commission of Inquiry and the moratorium that revokes any current disposal authorisation of any relevant public records, Waitematā DHB is being conservative with their disposal and transfer actions.

Recommendations

Identify any current information that Waitematā DHB holds that is over 25 years old and is required to be transferred to Archives New Zealand. Once identified, arrange a transfer of this information or obtain a deferral of transfer.



6. Summary of feedback

Overall, this report reflects a clear and accurate picture of the level of the information management in the organisation. The comments and suggested constructive actions have been highlighted to Executive staff.

Waitemata DHB looks forward to receiving recommendations from Archives NZ which will become goals for the coming year.

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27 May 2022

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Tēnā koe Dale

Public Records Act 2005 Audit Recommendations

This letter contains my recommendations related to the recent independent audit of the Waitematā District Health Board (Waitematā DHB) by KPMG under section 33 of the Public Records Act 2005 (PRA). Thank you for making your staff and resources available to support the audit process.

Introduction

Archives New Zealand (Archives) is mandated by the PRA to regulate public sector information management (IM). The audit programme is a key regulatory tool in our Monitoring Framework.

Monitoring IM practice across the public sector gives assurance that the government is open, transparent and accountable by providing visibility of public sector IM practices. Full, accurate and accessible information improves business efficiency and government decision-making and accountability, which in turn enhances public trust and confidence. Information that is well managed unlocks the value of government information for the benefit of everyone.

We are confident that you and your organisation are committed to delivering high-quality, trusted information to decision-makers, other government organisations, customers and stakeholders. We trust that the audit process will support this commitment. The audit report and this letter recommend changes to support improvement of your organisation's IM practices.

Audit findings

In the audit report, the auditor has independently assessed your information maturity against the framework of our IM Maturity Assessment. Prior to the audit, your organisation completed the Maturity Assessment. This provided a self-assessment of IM maturity for your own use and as context for the auditor about your organisation.

Organisations that are assessed as having a maturity level of 'Managing' across all IM topics are broadly meeting the minimum requirements expected by the PRA and Archives' mandatory Information and records management standard.

Kia pono ai te rua Mahara – Enabling trusted government information

Your IM maturity has been assessed as mostly at 'Progressing' with some topics at 'Managing' level. IM Policy and procedures, governance, documented roles and responsibilities and IM support is ensuring a sound understanding of the management of corporate information (clinical records are descoped from this audit). As described in the audit report there is a key person dependency risk for the organisation and maturity would be improved with the introduction of an ECM to replace shared drives.

DHBs are complex organisations and the management of information is fundamental to their operation. As of December 2021, Waitematā DHB's information is covered by functional disposal authorities applicable across the DHBs. This enables disposal work to progress when the moratorium related to the Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions ends (Topics 20-22).

Prioritised recommendations

We have prioritised the recommendations from the audit report in the Appendix. However, we are aware that the new health entities are in development still and these are likely to impact the implementation of IM activity. Once established it is envisioned that the new entities will support the adoption of new systems and platforms from a common set of interoperable applications and tools. We understand that there is no immediate plan for establishing a single centralised infrastructure.

It is expected that the operations, systems and activities of the DHBs will continue unchanged for quite some time following the establishment of the new entities. Therefore, work to improve IM maturity can be started where it is useful and pragmatic to do so while keeping the future in mind. Our comments in the Appendix are intended to support that approach and we will work to assist you in the follow up phase to ensure that work related to the recommendations is fit for the changing environment.

The audit report lists 24 recommendations to improve your organisation's IM maturity.

We endorse all recommendations as appropriate and relevant. To focus your IM improvement programme, we consider that your organisation should prioritise the seven recommendations as identified in the Appendix.

What will happen next

The audit report and this letter will be proactively released on the Archives website shortly. We would be grateful if you would advise of any redactions that your organisation considers are necessary for the release within 10 working days.

As required by the PRA, I will also provide the Minister of Internal Affairs with a report on the results of the audit programme for each financial year, which is tabled in the House of Representatives.

We will follow up this letter with a request to your Executive Sponsor that your organisation provides us with an action plan to address the prioritised recommendations. We are available to discuss the development of your action plan if needed prior to its submission. We will request an action plan that is a high-level outline of how and when the recommendations could be addressed as the new health entities are established and DHBs formally cease to exist.

Our follow up process will track progress against the action plan with the DHB and successor entities. We will vary the action plan and follow up processes outlined above if that makes sense as the successor entities are established. We will also be seeking to maintain strong connections with DHB Executive Sponsors and IM specialists as key contacts for ensuring effective IM through the transition period.

Thank you again for your support with the audit during very demanding period for Waitematā DHB. We would greatly appreciate further feedback on the audit process and the value it provides to organisations, and we will contact your Executive Sponsor shortly in relation to this.

Nāku noa, nā



Honiana Love
Acting Chief Archivist Kaipupuri Matua
Archives New Zealand Te Rua Mahara o te Kāwanatanga

Cc Robert Paine, Executive Director Finance People and Planning (Executive Sponsor)

APPENDIX

Category	Topic Number	Auditor's Recommendation	Archives New Zealand's Comments
Governance	1: IM Strategy	<i>Ensure that the 'Regional Information Management Strategy' applies to Waitemātā DHB and follows Archives New Zealand's guidance. The information management strategy should be approved by Waitemātā DBH senior management.</i>	The draft regional IM strategy is a useful initiative in supporting progress across the sector.
Governance	5: Outsourced functions and collaborative agreements	<i>All relevant contracts should include requirements on information capture, ownership of the information, arrangements for access, security, storage, monitoring and inspection, retention and disposal, and what happens to the information at the end of the agreement.</i>	It is important to ensure responsibility for the public record is well understood and documented when functions are outsourced or created through some other agreement on behalf of the public office.
Capability	8: Capacity and Capability	<i>In consultation with information management staff, analyse capacity requirements to ensure that continuous improvement for information management is supported in the business.</i>	Finalising the IM strategy will help to determine the resourcing necessary to deliver IM improvement now and for transitioning to the new environment. It would be advisable to ensure succession planning mitigates the key person dependency risk.
Creation	10: Creation and capture of information	<i>Develop a structured approach to monitoring and addressing information usability, reliability and trust issues over all systems that hold information within Waitemātā DHB.</i>	Monitoring across the environments is essential in managing information however shared drives do not meet minimum metadata requirements nor provide enough protection and control of information. Replacement with an ECM is recommended.
Creation	11: High-value/high-risk information	<i>Update the List of Corporate Information Assets and identify high-value or high-risk information assets a more granular level.</i>	The new functional disposal authorities which sit across all DHBs could be useful in this work. This is an activity that could also be shared across the sector.

Category	Topic Number	Auditor's Recommendation	Archives New Zealand's Comments
Management	12: IM requirements built into technology systems	<i>Create standardised information management requirements for new and upgraded business systems.</i>	This will ensure that IM requirements can be considered when developing and improving systems including minimum metadata requirements.
Access	18: Information access, use and sharing	<i>Ensure that Archives New Zealand's minimum metadata requirements are met for all new business systems. Once a new ECM is established develop and document metadata and file plans to ensure the reliable management and discovery of information.</i>	The implementation of a new ECM would improve the management and control of information and it is recommended that IM expertise is involved in development to ensure that IM requirements are met.