



Hutt Valley District Health Board |

Tari o te Kaitiaki Mana Tangata

Public Records Act 2005 Audit Report

Prepared for Archives New Zealand

November 2022



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1. Disclaimers

Use of Report

This report was prepared for the use of Archives New Zealand (Archives NZ) and the Hutt Valley District Health Board. It was prepared at the direction of Archives NZ and may not include all procedures deemed necessary for the purposes of the reader. The report should be read in conjunction with the disclaimers as set out in the Statement of Responsibility section. We accept or assume no duty, responsibility, or liability to any other party in connection with the report or this engagement, including, without limitation, liability for negligence in relation to the factual findings expressed or implied in this report.

Independence

Deloitte is independent of Archives NZ in accordance with the independence requirements of the Public Records Act 2005. We also adhere to the independence requirements of Professional and Ethical Standard 1 (Revised): Code of Ethics for Assurance Practitioners issued by the New Zealand Auditing and Assurance Standards Board. Other than this audit programme, we have no relationship with or interest in Archives NZ.

Statement of Responsibility

The procedures that we performed did not constitute an assurance engagement in accordance with New Zealand Standards for Assurance engagements, nor did it represent any form of audit under New Zealand Standards on Auditing, and consequently, no assurance conclusion or audit opinion is provided. The work was performed subject to the following limitations:

- This assessment is based on observations and supporting evidence obtained during the review. This report has taken into account the views of the Hutt Valley District Health Board and Archives NZ who reviewed this report.
- Because of the inherent limitations of any internal control structure, it is possible that errors or irregularities may occur and not be detected. The procedures were not designed to detect all weaknesses in control procedures as the assessment was performed by interviewing relevant officials and obtaining supporting evidence in line with the guidelines of the Archives NZ's Information Management (IM) Maturity Assessment.
- The matters raised in this report are only those which came to our attention during the course of performing our procedures and are not necessarily a comprehensive statement of all the weaknesses that exist or improvements that might be made. We cannot, in practice, examine every activity and procedure, nor can we be a substitute for management's responsibility to maintain adequate controls on overall levels of operations and their responsibility to prevent and detect irregularities, including fraud. Accordingly, management should not rely on our deliverable to identify all weaknesses that may exist in the systems and procedures under examination, or potential instances of non-compliance that may exist.

We have prepared this report solely for the use of the Hutt Valley District Health Board and Archives NZ. The report contains constructive suggestions to improve some practices which we identified in the course of the review using the instructions and procedures defined by Archives NZ. These procedures are designed to identify control weaknesses but cannot be relied upon to identify all weaknesses.

2. Executive Summary

Hutt Valley District Health Board

The Hutt Valley District Health Board (HVDHB) is an Office of Parliament and one of 20 district health boards (DHBs) established in January 2001 by the New Zealand Public Health and Disability Act 2000. HVDHB's overall purpose is to ensure there is funding and provisioning of health and disability services within the Wellington Hutt Valley.

At the time of this audit, HVDHB employs 2,500 staff based in the greater Wellington region; and in July 2022 will be part of the 20 existing DHB to be disestablished and merge their functions into Health New Zealand.

HVDHB shares Information Management (IM) services across Hutt Valley, Capital and Coast and Wairarapa DHBs, known as the 3DHBs. All IM staff are directly employed by the Capital and Coast DHB. This report only examines HVDHB's corporate records and storage of legacy physical corporate and clinical records. The records examined are managed through the assistance of the 3DHB's IM staff.

HVDHB's high-value / high-risk information includes reports and evidence supporting key strategies that have a significant impact on key HVDHB areas. This includes information on patient health, funding information on developing HVDHB clinical and medical services, research reports and event management.

HVDHB has one IM employee, who also supports IM services for the 3DHBs and actions IM initiatives. At the time of the audit, HVDHB is due to merge into Te Whatu Ora. With the planned merger, HVDHB halted IM recruitment about six months ago but plans on resuming this later in the year once merged into Te Whatu Ora.

Archives NZ has currently descoped clinical records from PRA audits. This is partly due to the level of resourcing required and because they are subject to other standards and guidance. Archives NZ will consult with other interested parties to plan an approach to auditing clinical records.

Summary of Findings

We assessed HVDHB's IM maturity against the five maturity levels of Archives NZ's IM Maturity Assessment model. The results are summarised below:

Maturity Level	Beginning	Progressing	Managing	Maturing	Optimising
No. of Findings	11	9	-		

3. Introduction

Background

Archives NZ provides IM leadership across the public sector. This is achieved through monitoring government organisations' IM practices to assure the New Zealand public that:

- full and accurate records are created and maintained, improving business efficiency, accountability, and government decision-making, and in turn, enhancing public trust and confidence in government;
- government is open, transparent, and accountable by making public sector IM practices known to the public.

Section 33 of the Public Records Act 2005 (PRA) requires that every public office has an independent audit of its record-keeping practices every 5 – 10 years. The audit programme is part of Archives NZ's monitoring of and reporting on the state of public sector IM. It is one of the key components of their Monitoring Framework, which also includes an annual survey of public sector IM and the IM Maturity Assessment.

The Chief Archivist has commissioned Deloitte to undertake these audits for certain public offices.

Objective

The objective of these audits is to identify areas of IM strengths and weaknesses within the public office, prioritising areas that need attention and what needs to be done to strengthen them. They are seen as an important mechanism for organisations to improve their IM maturity and to work more efficiently and effectively.

Scope

Deloitte has undertaken an independent point-in-time assessment of the HVDHB's IM practices against Archives NZ's IM Maturity Assessment Model. The IM Maturity Assessment aligns with the PRA and Archives NZ's mandatory Information and Records Management standard. Topics 17 and 19 of the Archives NZ IM Maturity Assessment are only applicable to local authorities and have therefore been excluded for the purposes of this audit.

The IM Maturity Assessment model classifies the maturity of IM practices from "Beginning" (least mature) to "Optimising" (highest maturity level). HVDHB's maturity level for each topic area is highlighted under each of the respective areas. Ratings were based on HVDHB's officials' responses to questions during online interviews and the supporting documents provided in line with the IM Maturity Assessment guidelines.

Archives NZ provided Deloitte with the framework including the specified audit plan, areas of focus for the PRA audits, and administrative support to Deloitte. Deloitte completed the onsite audit and audit report, which Archives NZ reviewed before release to HVDHB. Archives NZ is responsible for following up on the report's recommendations with HVDHB.

Our audit was based on a sample of IM systems, the review of selected documentation on a sample basis, and interviews conducted with a selection of staff and focus groups. As such, this audit does not relate to an Audit as defined under professional assurance standards.

HVDHB's feedback to this report is set out in Section 6.

4. Information Management Maturity Summary

This section lists the Information Management maturity level for each of the assessed topic areas. For further context refer to the relevant topic area in Section 5.

Category	No.	Topic	Assessed Maturity Level				
			Beginning	Progressing	Managing	Maturing	Optimising
Governance	1	IM Strategy		●			
	2	IM Policy		●			
	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	●				

Note: Topics 17 and 19 of the Archives NZ IM Maturity Assessment are only applicable to local authorities and have therefore been excluded.

5. Audit Findings by Category and Topic

Governance

The management of information is a discipline that needs to be owned 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

High-level statement outlining an organisation’s systematic approach to managing information across all operational environments of an organisation.

Progressing

Observations

HVDHB does not have its own IM Strategy. However, an IM Strategy and framework for the wider 3DHBs is currently being planned and drafted. This IM Strategy plans to include recommendations and an implementation plan to uplift IM across the 3DHBs. The IM representatives recognised the benefit of developing one or incorporating IM into HVDHB’s wider strategy but have been constrained by resourcing to complete and implement. Completing this strategy for all DHBs is still to be confirmed and signed off by senior management.

While no current IM Strategy exists, there is consideration for IM. There is currently an interim Executive Sponsor (ES) who has recently taken over the role and balances this with their other job responsibilities.

Recommendation

1. Participate in developing an IM Strategy and implementation plan.

Topic 2: IM Policy and Processes

An information management policy supports the organisation’s information management strategy and provides a foundation for information management processes.

Progressing

Observations

HVDHB has a current IM Policy (the Policy), which senior management has approved and distributed to staff. Staff awareness of the policy is limited and largely dependent on individual experiences based on their roles and business unit.

The Policy includes definitions, key duties, roles, and responsibilities; and is consistent with PRA legislation. The Policy was last reviewed in 2019, and there is no date for the next review, which will not be determined until HVDHB is merged into Health New Zealand. As there is no current IM Strategy for HVDHB, the policy is not currently in line with any IM based strategies, nor other HVDHB policies.

Recommendation

1. Review and update the Policy in consultation with Te Whatu Ora.

Topic 3: Governance arrangements and Executive Sponsor

The Executive Sponsor has strategies, and the executive is responsible for overseeing the management of information in a public sector organisation.

Progressing

Observations

3DHB has a governance group, the Information Management Group (IM Group) which includes HVDHB providing oversight of IM. The attendees include the ES and representatives from the Senior Leadership Team. The IM Group meets on an ad-hoc basis but has not met during 2022. When it has met, the IM Group has mainly focused on technology initiatives.

The previous ES played a vital role in forming and supporting this group up until their recent resignation. The interim ES is working on gaining an understanding of their oversight and monitoring role.

Recommendation

1. Agree a regular schedule for meetings of the IM group or include IM governance in another governance group which meets regularly.

Topic 4: IM Integration into Business Processes

All staff should be responsible for the information they create, use, and maintain. Business owners should be responsible for ensuring that the information created by their teams is integrated into business processes and activities. The IM team support business owners and staff.

Beginning

Observations

Business owners have a limited understanding of their individual and team's responsibilities for managing information. IM requirements are not formally integrated or documented into business processes and activities. There is no business-wide IM approach; therefore, business units have developed their own processes and activities, which contributes to inconsistency across business units.

Support for business owners is limited, as there is one SharePoint administrator, however this role is not dedicated solely to IM. Prior to this, an IM Advisor had been leading all IM initiatives and support. Staffing decisions are on hold until October 2022 post-merger with Te Whatu Ora. With limited resources and funding to provide broad organisational support, IM has not been widely promoted or integrated across the organisation.

Staff reported support for IM related processes is often self-initiated, rather than directed by formal documentation.

Recommendation

1. Consult across Te Whatu Ora to develop a plan to support business owners to understand their responsibilities.

Topic 5: Outsourced Functions and Collaborative Arrangements

Outsourcing a business function or activity or establishing collaborative initiatives does not lessen an organisation's responsibility to ensure that all requirements for the management of information are met.

Beginning

Observations

HVDHB collaborates with other DHBs and shares services across 3DHBs through service level agreements (SLAs). The SLAs reviewed referenced confidentially, ownership of information and data security. However, the SLAs do not explicitly include clauses on the requirements for IM such as, creating and retaining information, and the disposal processes when the SLAs end.

There is no regular monitoring over the contracts in place to ensure the requirements for management of the information are met.

Recommendation

1. For outsourced functions and collaborative arrangements identify requirements for managing information.

Topic 6: Te Tiriti o Waitangi

The Public Records Act 2005 and the information and records management standard support the rights of Māori under Te Tiriti o Waitangi/Treaty of Waitangi to access, use and reuse information that is important to Māori.

Beginning

Observations

HVDHB is covered by Māori Health Development Unit which is also across the 3DHBs which aims to support Māori interests. HVDHB also aims to ensure hauora Māori is at the forefront of planning, funding and service delivery activities within the health board and wider community. However, no IM guidance has been provided to the unit and there are no clear processes to identify information that may be of importance to Māori, nor is not specifically identified within HVDHB's system.

Recommendation

1. Design a process to locate and identify all information of importance to Māori.

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 internal policies and processes.

Topic 7: Self-Monitoring

Organisations should monitor all aspects of their information management.

Beginning

Observations

HVDHB has no formalised monitoring of their IM. Staff reported there are privacy officers who are part of an Information Protection Security Group (IPSG) and are involved with privacy and security non-compliance reporting escalations. However, this reporting is focused on descoped clinical records and does not explicitly include IM requirements, nor does it specifically focus on legislation or its compliance with the organisation's own IM Policy.

Recommendation

1. In consultation with Te Whatu Ora develop a structured approach to monitoring and reporting on information management practice.

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

Organisations should have IM staff or access to appropriate expertise to support their IM programme.

Progressing

Observations

HVDHB has no dedicated IM team. Previously, there had been a dedicated IM team of at least two, whose job roles consisted of championing IM throughout the business, but both resigned within the past year. In addition, HVDHB has appointed the Strategy, Planning and Architecture Manager as an interim IM champion, but they are not part of the IM business unit.

With these staff movements, there are currently multiple vacancies in the IM team. The ES recognised the lack of capacity and is actively recruiting. However, this is taking longer than anticipated due to the tight labour market and lack of funding. To help assist with recruiting roadblocks HVDHB is about to perform an ICT organisational review which will include IM that will re-assess and update job responsibilities.

The SharePoint administrator who helps with aspects of IM reported sufficient access to IM professional development through both internal and external courses.

Recommendation

1. Identity IM capacity and capability requirements and communicate these to Te Whatu Ora.

Topic 9: IM Roles and Responsibilities

Staff and contractors should be aware of their responsibility to manage information.

Beginning

Observations

Staff and contractors IM responsibilities are briefly outlined in the Code of Conduct, focusing largely on confidentiality. However, several staff interviewed are unsure of their individual IM obligations and most were unaware of whether key IM documents such as, the Policy or procedural guidelines existed.

There is currently no formalised IM training. Any IM training occurs on an ad-hoc informal basis across business units and there is no enterprise-wide IM training. The IM staff has been unable to increase IM training in the organisation due to capacity restraints.

Recommendation

1. Identify IM training needs for staff across the organisation.

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

Every public office and the local authority must create and maintain full and accurate information documenting its activities.

Beginning

Observations

HVDHB staff have a limited understanding of their responsibility to create full and accurate information to support business functions and to formally document HVDHB activities in a standardised manner. Staff who have detailed knowledge of their IM requirements for their role have learnt it at previous jobs, or due to the seniority of their job, rather than through explicit HVDHB training or guidance.

Shared drives are the main repository used at HVDHB. Due to the nature of shared drives, HVDHB has limited control. There is also a lack of a standard HVDHB-wide taxonomy, and access differs based on business unit or job function. Shared drives are generally inconsistent and not managed. HVDHB is currently piloting SharePoint as a repository, though has not been officially rolled out.

Information created is both digital and paper based. There has not been a strong initiative to transfer information to digital. Business units such as Human Resources rely heavily on paper records; however, most other business units record their information electronically.

Recommendation

1. In consultation with Te Whatu Ora develop a plan to replace shared drives with a system that meets minimum metadata requirements.

Topic 11: High-Value/High-Risk Information

Staff and contractors should be aware of their responsibility to manage information. Every public office and the local authority must create and maintain full and accurate information documenting its activities.

Progressing

Observations

HVDHB has an informal list of documents which is used as an Information Asset Register (IAR) to capture information and repositories which is classified as high risk and / or high-value repositories. The information is assessed to determine what value the information is to HVDHB, the health sector and New Zealand.

Recommendation

1. Determine the high-value/high-risk information assets from the existing register and document in the IAR.

Management

Management of information should be designed into systems to ensure its ongoing management and access over time, including following a business disruption event. The 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.

Topic 12: IM Requirements built into Technology Solutions

IM requirements must be identified, designed, and integrated into all of your organisation's business systems.

Progressing

Observations

IM expertise is available and sometimes sought for new technology solutions and/or upgrades. This happens on an ad-hoc basis rather than a formalised requirement. This expertise comes from third-party contractors, as currently there is limited IM capacity within HVDHB.

HVDHB is currently piloting SharePoint, as a repository. A third-party entity developed SharePoint and provided expert guidance, including on IM, and developed a risk-based assessment to improve the transition. The transition included IM requirements such as, verifying the integrity of information throughout the migration as well as a series of data testing. To help support IM within the system, HVDHB has employed a SharePoint administrator. Shared drives are still the main repository, which do not meet metadata requirements.

There are no formal documented IM requirements for new and upgraded systems.

Recommendation

1. Formalise the requirement to involve IM expertise in design and configuration decisions for all new business systems, implementations, system upgrades and system decommissioning.

Topic 13: Integrity of Information

Information should be managed so that it is easy to find, retrieve and use, while also being secure and tamper-proof.

Beginning

Observations

The management of information is largely inconsistent across business areas. Certain business units, such as procurement, have thorough IM processes which support the reliability of the information. Some teams such as Finance use a mixture of digital and physical records. However, staff reported they ensure that final documents and records are saved in the digital systems.

There are issues of inconsistency that impact the integrity of HVDHB's information. Staff interviewed noted they have variable experiences in trying to find and retrieve information and noted issues around version control.

Recommendation

1. Identify issues affecting IM integrity and plan to address these.

Topic 14: Information Maintenance and Accessibility

Information maintenance and accessibility cover strategies and processes that support the ongoing management and access to information over time.

Beginning

Observations

HVDHB does not have a strategy in place to manage and maintain physical and digital information during business and system changes.

General accessibility to most physical information is ensured through long-term ongoing storage, which is retained off-site at its third-party provider. HVDHB retains an index of contents and an index of all physical information transferred to off-site storage to ensure information is still accessible and retrievable. Physical information used by Finance and Human Resources is stored on-site in an office environment.

HVDHB was unable to provide a digital continuity plan and has not identified accessibility risks to either physical or digital information.

Recommendation

1. Identify digital continuity risks and plan for mitigation.

Topic 15: Business Continuity and Recovery

This covers the capability of the organisation to continue delivery of products or services or recover the information needed to deliver products or services, at acceptable predefined levels following a business disruption event.

Progressing

Observations

HVDHB has an organisation-wide Business Continuity Plan (BCP); however, it was last reviewed in 2012 and is out of date.

The BCP identifies HVDHB's critical functions that would continue to run within the hospital and central services but does not identify critical information or activities relevant to recovering physical and digital information. Additionally, there is no reference to the BCP being updated and reviewed, or any associated back-ups being tested.

The SharePoint Administrator confirmed digital backups are managed and performed by a third-party contractor, InterGen. Backups occur hourly, daily, weekly, monthly, and yearly. The previous week's backups are stored offsite and easily retrievable. Currently, backups are kept for at least seven years and will be changed to a minimum of 10 years on Microsoft 365.

Recommendation

1. Ensure all critical information is identified and addressed in the BCP.

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

Appropriate storage arrangements for both physical and digital information ensure information remains accessible and usable throughout its life.

Progressing

Observations

HVDHB has limited physical records, mainly Human Resources, payroll, or financial records, and these are kept in lockable cabinets in the office. HVDHB's office environment includes fire safety and physical access controls. High-value / high-risk information retained is not subject to any additional level of access controls. Historic physical records have been transferred to an offsite third-party storage provider.

A large portion of digital information storage is managed through third-party providers, such as Microsoft and InterGen. Requirements for information security and protection are built-in into Microsoft's software-as-a-service (SaaS).

Recommendation

1. Ensure information protection and security risks are identified and regularly reported on.

Access

Ongoing access to and use of information enables staff to do their jobs. To facilitate this, organisations will need mechanisms to support the findability and usability of information. Information and data that is shared between organisations is identified and managed.

Topic 18: Information Access, Use and Sharing

Staff and contractors are able to easily find and access the information they need to do their work. Access controls for information is documented and consistently applied and managed. Metadata facilitates discovery and use of information. Information and data received or shared under information-sharing agreements is managed according to IM policies and processes.

Beginning

Observations

HVDHB does not have a consistent organisation-wide taxonomy for IM in shared drives, although some teams have developed their own structure. The lack of a standard HVDHB-wide taxonomy and filing process has led to a lack of structure / order, inconsistent naming and filing of documents. This makes it difficult for staff to easily find and access the information that others have created. It is common practice to save documents on personal desktops, and final versions of documents are uploaded to SharePoint in business units where it is used.

In shared drives the process for naming documents and where they should be saved is ad-hoc. Access to information created by other staff would be enhanced if a consistent naming and filing structure was developed and applied.

Access controls are applied with role-based access restrictions over some privileged information such as Human Resources/payroll and financial information, however, these restrictions are not consistently enforced or standardised. Physical information is restricted through swipe card access and lockable cabinets.

Recommendation

1. Develop and implement a standard organisation-wide taxonomy and support its implementation.

Disposal

Disposal activity must be authorised by the Chief Archivist under the PRA. 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 NZ (or have a deferral of transfer) and be determined as either “open access” or “restricted access”.

Topic 20: Current Organisation-Specific Disposal Authorities

This is about an organisation having its own specific disposal authority, not the implementation of the disposal actions authorised by the authority. It is not about the General Disposal Authorities.

Progressing

Observations

At the time of audit, HVDHB had the coverage of functional disposal authorities (FDAs) until 1 July 2022. Coverage after June will then be applied for by Te Whatu Ora.

Any disposal under the FDAs has been self-initiated or championed within business units. Several staff were not aware of the details of the FDAs, or confident in their understanding.

Recommendation

1. Ensure any business and legislative changes are reported to be reflected in the FDAs.

Topic 21: Implementation of Disposal Decisions

This is about the implementation of disposal decisions, whether from organisation-specific disposal authorities or the General Disposal Authorities.

Beginning

Observations

At the time of the audit HVDHB is covered by the FDAs. 3DHBs has an information and retention policy and procedure however was last updated in 2019 and is due for revision in 2020. Disposal is implemented in an ad hoc manner and is managed by each business unit.

Disposal under the general disposal authority, for physical documents is performed on an ad-hoc basis and is inconsistently documented. There has been no disposal of digital information.

In addition, for DHBs only, disposal under the General Disposal Authorities is allowed under the current disposal moratorium related to the Royal Commission.

Recommendation

1. When the FDAs are approved for Te Whatu Ora a disposal implementation plan should be regularly applied as allowed under the disposal moratorium.

Topic 22: Transfer to Archives New Zealand

Information of archival value, both physical or digital, should be regularly transferred to Archives NZ or a deferral of transfer should be put in place.

Beginning

Observations

There have been no transfers of physical and/or digital information to Archives NZ and no deferral transfer agreement exists. HVDHB is aware it may be holding physical information that is over 25 years old, however, the full extent of the information held is not known. There has been no digital transfer to Archives NZ, however, staff recognised this would be a beneficial action.

Recommendation

1. Identify digital and physical information of archival value and discuss future transfer with Te Whatu Ora

6. Summary of Feedback

This section sets out HVDHB's feedback pursuant to this PRA audit.

We acknowledge the issues identified in the report. We will refer the report through to Health New Zealand regional and national levels so that there is wider awareness of the issues raised and work with other districts that are exemplars in this area to identify how the district may respond and develop improved processes.

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17 November 2023

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E te rangatira e Peter, tēnā koe

Public Records Act 2005 Audit Recommendations

This letter contains information related to the independent audit of Hutt Valley District Health Board (now Te Whatu Ora Hutt Valley) completed by Deloitte under section 33 of the Public Records Act 2005 (PRA) in 2022. The audit commenced before but was finalised after the disestablishment of the organisation as a District Health Board (DHB).

Introduction

Te Rua Mahara o te Kāwanatanga Archives New Zealand (Te Rua Mahara) 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.

Audit findings

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

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 Te Rua Mahara mandatory Information and records management standard. Hutt Valley DHB's IM was assessed at the 'Beginning' and 'Progressing' levels.

Kia pono ai te rua Mahara – Enabling trusted government information

Auckland Regional Office, 95 Richard Pearse Drive, Mangere, Auckland
Christchurch Regional Office, 15 Harvard Avenue, Wigram, Christchurch
Dunedin Regional Office, 556 George Street, Dunedin

Prioritised recommendations

The audit report lists 20 recommendations to improve IM maturity.

We endorse all recommendations as appropriate and relevant. Normally, to help focus any IM improvement programme, we would prioritise these recommendations down to around six to eight for the organisation to start with. However, the audit was done before the change in the health sector took effect. With DHBs no longer separate public offices under the PRA and now operating in a wider context of the new health system, we have not provided the prioritised recommendations.

We understand that changes to the IM structure and operation under Te Whatu Ora will take time and have been supporting the IM function in the new organisation with advice since planning for the transition began. We trust that this audit report will still assist you by providing some recommendations that could be useful for Te Whatu Ora Hutt Valley or that are potentially useful for the wider organisation. We are therefore presenting the report for you to use as you see fit within the new structure and context.

This was the third DHB audited in this our refreshed PRA audit programme. Waikato DHB was audited in 2020/21 and Waitematā DHB in 2021/22. Their audit reports are available on our website at [Audit reports – Archives New Zealand](#).

What will happen next

The audit report and this letter will be proactively released on our website shortly. We would be grateful if you would advise of any redactions that your organisation considers are necessary 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 have copied this letter to Bryce O’Kane, who has replaced Martin Catterall, the Executive Sponsor at Hutt Valley DHB at the time of audit, and to Susan Prior in her IM role.

Thank you for the support of the staff involved with the audit. We apologise for the delay in presenting the report. We have not instituted our standard audit follow up process, which does not fit the changed circumstances. However, we ask that you follow up by advising us of any plans made to implement or otherwise use the audit recommendations.

Audit of Te Whatu Ora

The PRA requires that we audit Te Whatu Ora itself as a new public office in its own right. That audit has not yet been scheduled. Our audit approach will need to be tailored for an organisation of the complexity and size of Te Whatu Ora. We will make contact again as we plan the audit programme for 2024/25 to understand the best timing for the audit, which may well not be feasible or desirable in that financial year.

Nāku noa, nā



Anahera Morehu
Poumanaaki Chief Archivist
Te Rua Mahara o te Kāwanatanga Archives New Zealand

Cc Bryce O'Kane, Chief Digital Officer, bryce.o'kane@ccdhb.org.nz

Cc Susan Prior, Interim Head of IM susan.prior@ccdhb.org.nz