

17 June 2020

Ms Amy Van Dey Lovatt
Via email

Email: fyi-request-12936-62115dd5@requests.fyi.org.nz

Dear Ms Van Wey Lovatt,

Official Information Act (1982) Request

I write in response to your Official Information Act request, received by us on 02 June 2020. You requested the following information.

Request 1:

I respectfully request that your DHB make ALL of your DHB policies, protocols and best practice documents publicly available.

While on the face of it, my request may seem like a time consuming task; however, this should not be the case. Currently, DHB policies, protocols and best practice documents are held electronically and are available on your DHB intranet (employee access only), and in many cases, there are already hyper-links between policies, protocols and best practice documents. Thus, in order to change the setting to the policies, protocols and best practice documents from private (intranet and employee access only) to public ought to be accomplished by a click of a button (or, at most, a line or two of code). Upon completion, I respectfully request a response with the website address to the DHB policies.

Request 2:

Is your DHB laboratory and radiology departments, or the agencies your DHB has contract out pathology and radiology services, IANZ accredited?

Request 3:

In the event that your DHB, or the agencies your DHB has contracted out pathology and radiology services, is IANZ accredited, I respectfully request ALL of the documentation submitted to IANZ for accreditation by your DHB (or contracted agencies) be made publicly available upon your DHB website (or as a link to your contracted agencies website).

Again, while this may appear to be a daunting task on the face of it, this information ought to be in electronic form and have been collated prior to submission to IANZ. Thus, again, my request ought to be accomplished by a click of a button or at most, a few lines of code to link the website to the appropriate folder on your internal systems.

I make these requests in order to save time, energy and financial resources. By making the requested information publicly available, the DHB will not need to spend valuable time and resources in answering repeated requests for policies, protocols and best practice documentation, and will help your DHB become compliant with Ministry of Health Standards (such as HISO 10064 and 10029) and legislative requirements, such as those described in the Health Information Privacy Code 1994, Health Act 1956, and Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996.

As context for this response, Counties Manukau Health (CM Health) provides health and support services to people living in the Counties Manukau region (approx. 569,400 people). We employ more than 7,500 FTE staff, and see more than 118,000 people in our Emergency Department each year. Our services are delivered via hospital, outpatient/ ambulatory and community-based models of care. We provide regional and supra-regional specialist services (for orthopaedics, plastics, burns and spinal services). There are also several specialist services provided for our community via other metro Auckland DHBs, including tertiary surgical/ medical services, some mental health and addiction services.

Our responses to each of your questions are below.

Request 1:

I respectfully request that your DHB make ALL of your DHB policies, protocols and best practice documents publicly available.

We do not believe this constitutes an OIA request (section , but is rather a request for action to be taken by Counties Manukau Health, that we should publicly release organisational policies, procedures and guidelines (controlled documents), on an on-going basis. We do not consider there is a public interest in ongoing publication/ public access to all these documents at this time.

We currently hold in excess of 3,000 such documents at CM Health, and many of them are over 10 pages long. These documents cover all aspects of our organisational operations, but their use in our organisation is supported by appropriate guidance for individuals accessing and using relevant documents. For example, controlled documents address Governance, Corporate management (such as financial management, legal and privacy matters, and planning matters), Employment/ Human Resources management, Clinical practice and health services provision. In many cases, these policies and guides are further informed and supported by other guidance, including NZ legislation, Professional Standards (such as the Nursing Council, and the Medical Council), as well as guidance from Royal Colleges and professional associations.

Provision of these documents, which have been created for internal organisation and employee use without the relevant individual context is unlikely to aid public accountability and transparency. Many of these are not documents intended to inform the public, many are clinical, written for the use of clinicians who have been trained to understand such documentation, or for staff members who have necessary context.

Given the number of documents involved, and the administrative processes we would need to use to upload these, we do not agree with your statement that it is a minor task to add all such documents to our website. We would also need to review all the information, prior to public

release to ensure it is not subject to any other sections of the Act, which would require us to partially or fully withhold materials included. In addition, there would be ongoing effort needed to maintain the currency of each document, plus the provision of appropriate context to ensure accuracy of interpretation.

The Act does provide the right of access, on request, to any document which contains our policies, and guidelines for making decisions. You may wish to reconsider the scope or focus of your request in this context, including specifying particular information on a topic of interest, that may include current Policy documents, and we will consider this new request under the Act.

We note that any Official Information request does need to show due particularity – section 12(2), to enable us to accurately identify and review documents in scope. While we are also directed to consider making the information available in the way preferred by the person requesting it - section 16(2), we need to balance this against consideration as to whether this would impair our efficient administration of government services - section 16(2)(a), and consider other ways to provide reasonable access.

As part of our decision process, we also can consider whether the costs incurred in managing an OIA response, including retrieval of material sought should be passed on to the requester, or extension of response time will enable a response – section 18A, particularly where the information requested is not related to a decision directly affecting the requester. We do not believe either of these options is a feasible solution for this part of your request as it is currently stated for all material to be made publicly available. We will consider these factors in any new request made.

Request 2: Is your DHB laboratory and radiology departments, or the agencies your DHB has contract out pathology and radiology services, IANZ accredited?

Yes, our services are accredited, noting that this includes both hospital-operated services, and contracted providers for both laboratory and radiology services.

Request 3: - That ALL of the documentation submitted to IANZ for accreditation by your DHB (or contracted agencies) be made publicly available upon your DHB website (or as a link to your contracted agencies website).

This is not an OIA request; it is a request for publication and access to information provided to an accreditation agency, on an on-going basis.

We do not consider there is public interest in such publication, as provision of these documents, created and provided solely to comply with the requirements of the accreditation agency, without individual context would not align with our goal of transparency. The evidence material for accreditation processes is not designed to inform the public on an issue. Rather they are drafted for the exclusive use of the professionals employed by the accreditation agency to meet their professional requirements within the accreditation and related audit processes. These documents are substantial, and have not been prepared or compiled for publication. They exist in a variety of

formats, aligning with the specialist processes of the accreditation agency. As they are prepared for and align with the agency's processes, they may be the subject of commercial confidentiality.

We do not believe there is a public interest in this information, only the fact of an accreditation being achieved and current - as with any audit, the information (working papers) collected by the auditor for that professional purpose are not of any interest in themselves, and accreditation processes are supplemented by and informed by on-site visits/ interviews and observations.

Accreditation status is available on the IANZ site <https://www.ianz.govt.nz/directory/>

We do publish summary information on the results for our hospital operated facilities of IANZ and other designated accreditation processes, and these are available both in governance reports (Board papers etc.) and on the CM health website: <https://countiesmanukau.health.nz/about-us/performance-and-planning/quality-accounts/>

If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Please note that this response or an edited version of this may be published on the Counties Manukau DHB website.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'F. Apa', with a stylized flourish above the name.

Fepulea'i Margie Apa
Chief Executive Officer
Counties Manukau Health