ARCHIVES NEW ZEALAND

Functional Disposal Authority

FDA1 – Personal Health Information

Disposal Authority Reference: DA- - -
Issued: -/-/20- -

This Disposal Authority is issued under section 20(1) of the Public Records Act 2005.

Te Rua Mahara o te Kāwanatanga
ARCHIVES NEW ZEALAND

New Zealand Government

Document details

Version	Date	Description	Revision due
0.1	15/06/2018	First draft before consultation	
0.2	21/06/2018	D&A team feedback reflected	
0.3	13/08/2018	Feedback from DHBs reflected	
0.4	06/09/2018	Disposal justification removed	
0.5	22/11/2018	Further changes made after CCDHB workshop and archival selection statement changes	
0.6	21/03/2019	Methodology, retention period updated; caveat added	
0.7	25/10/2019	Feedback from Archives SMEs reflected	

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INTRODUCTION

This functional disposal authority 1 (hereafter FDA1) has been developed to identify those records created and maintained by public offices which are required as public archives and to approve destruction of certain records which are administratively no longer required.

FDA1 covers classes of records created and maintained by the public offices providing health assessment, diagnosis, treatment, care services, management and/or advice to individual patients/clients:

- Patient Information
- Diagnostic and Testing Services

For a list of public offices covered by this functional disposal authority, see Appendix 1.

Purpose

This FDA authorises disposal of records in accordance with Section 20(1) of the Public Records Act 2005.

About the Functional Disposal Authority

The functional disposal authority (FDA) is designed to cover a function carried out by and/or common to more than one public office, but not all-of-government. The latter is covered by the general disposal authorities.

This FDA covers records controlled by the public office and applies only to the classes of records described in the authority.

Application of this Functional Disposal Authority

1. Minimum retention period: The retention periods outlined in the FDA are minimum retention periods that start only after the record is no longer used or is closed. When the records reach the minimum retention period and are not required for business or legal reasons, they may be destroyed, discharged (if applicable) or transferred under this FDA.

2. Trigger point: The trigger points outlined in the FDA are the points at which the minimum retention period starts.

3. Format of records: This FDA applies to records in any format (e.g. paper, digital).

4. Retention and disposal requirements:
    - A public office may extend the minimum retention periods if it is required for administrative reasons or legal requirements. This does not require further authorisation from the Chief Archivist.
    - Disposal actions for records in this FDA may only occur once a public office has ensured that business or other legal requirements for the records are met, such as Health (Retention of Health Information) Regulations 1996.
    - Records approved for **retaining as public archives**[1] in this FDA only should be transferred to Archives New Zealand. Contact Archives New Zealand before doing any work to prepare the records for transfer.

5. Administrative change: This FDA has been developed to link records to the functions they document rather than to organisational structure. When a function moves between organisations, this FDA still applies to the receiving organisation. This FDA is designed to be less affected by administrative change and provides stability for organisations to implement this FDA. Contact Archives New Zealand to discuss when functions move from one organisation to another organisation.

6. Review of this FDA: This FDA is a continuing functional disposal authority. However, to remain relevant and appropriate for use, it will be reviewed on a regular basis. Archives New Zealand or an organisation covered by this FDA can initiate a review of this FDA, if required for business reasons.

   Depending on the outcome of such a review, the review may involve consultation between Archives New Zealand and relevant organisations. If an amendment is required as a result of review, the FDA will be updated and the changes approved by the Chief Archivist, Archives New Zealand.

[1] i.e. transfer to the control of the Chief Archivist as per s.21 of the PRA

Methodology

1. Appraisal criteria: The Appraisal Statement (2014) and Public Sector Archival Selection Statement (2019) were used to identify public archives.

   Principles for selecting public archives:

Principles	Description
New Zealand public sector authority, functions and activities	Information and records that provide evidence of the authority and performance of the New Zealand public sector (including all public offices and local authorities as well as public/private partnerships and outsourced providers). This includes information and records that illustrate and provide clarity on the functions of governing New Zealand, such as the development and implementation of public policies and programmes in response to national as well as international issues. Particularly where the information and records: • set a legal precedent and/or impact the development and/or implementation of legislation • generate public interest, debate and/or controversy due to the costs involved, risks taken and/or impact created • affect the obligations, responsibilities and/or liabilities of a public organisation • document the development and implementation of innovative, unique or precedent-setting practices, techniques or methods.
Treaty of Waitangi/Te Tiriti o Waitangi	Information and records that provide evidence of recognition and respect for, or fulfilment of the Treaty of Waitangi/Te Tiriti o Waitangi (the Treaty) principles and the Crown's obligations, or in the absence of this, evidence of failure to fulfil these principles and/or obligations. Particularly where the information and records: • provide evidence of negotiations and settlements between the Crown and iwi Māori in relation to the Treaty principles • detail how the principles of the Treaty are being acknowledged and embedded • document strategies to identify opportunities for partnerships with tangata whenua
Individual and community knowledge, identity and memory	Information and records that contribute to the knowledge and understanding of New Zealand, its history, geography, society, culture and achievements, and to all New Zealanders' sense of their local, regional and national identity and legal status, their Māori iwi/hapū and whānau, ethnic or other communities. Particularly where the information and records: • involve land and/or resources considered to have community, cultural, Māori, environmental or heritage significance • enable connections across generations or communities, providing links between the past and the present • contribute to an understanding of New Zealand's history and the health, well-being and development of its society.

2. Gap analysis: DHBs General Disposal Authority (DA262) was reviewed by DHBs and Archives New Zealand to identify areas for changes. The functions have remained the same since DA262 was approved by the Chief Archivist in 2007.

   The main changes identified were:

   - removing records covered by General Disposal Authorities (GDA6 and GDA7)
   - amending description of classes of records to make them more inclusive
   - adding classes of records that were identified as not covered by DA262

3. Precedent: Disposal decisions made in the previous DHBs General Disposal Authority DA262 remained the same in this new FDA. To inform the decision, other relevant disposal authorities have also been looked at, such as Ministry of Health DA643, National Screening Unit DA539, ESR (the Institute of Environmental Science and Research) DA346, Health Research Council of New Zealand DA512. Other jurisdictions such as Australian health sector records authorities were also examined, to provide greater context of the function and to identify classes and possible disposal recommendations.

4. Scheduling: Is designed to simplify the disposal schedule to make it inclusive for easier implementation by grouping classes with like retention periods and disposal actions together where possible.

5. Consultation: Internal consultation was conducted to identify and clarify classes, retention periods and disposal actions via teleconference, workshops, meetings and emails.

   External consultation was conducted to check the proposed disposal recommendations as well as to identify and include agencies that may benefit from being covered by this FDA.

   Feedback and recommendations were incorporated into this document where appropriate.

   A list of those consulted can be found in Appendix 2.

Functional Disposal Authority (FDA1) – Personal Health Information

Caveat: The disposal actions must only occur after business and legal requirements are met.

Ref.	Class	Description/Examples	Retention period	Disposal action
FDA01.01.00	**Patient Information** Provision of health assessment, diagnosis, management, treatment and care services and/or advice to individual patients/clients			
FDA01.01.01	General Admission; Community Services; Allied Services; Dental/Oral Health excluding services provided to children	Refers to the process of documenting every aspect of healthcare provided by an agency and its allied services to an identifiable in-patient/out-patient/consumer/client and may be in either a single or multiple files, and any format. Components of the patient file may include but are not limited to: - in-patient/out-patient/consumer/client - key health information summary - consents e.g. immunisation, screening, medical trial and research - outpatient/inpatient care episodes - referrals received and sent - correspondence - assessments - investigations and results - diagnoses, including imaging diagnosis final reports - treatment/care/management plans - accident, serious and sentinel event summaries - progress/reviews - medication - discharge letters and summaries - follow-ups	Retain for a minimum of 10 years after date of last action	Destroy or Discharge* *Note: Patient files can be discharged only when the request is compliant with the legislative requirements**.**

Ref.	Class	Description/Examples	Retention period	Disposal action
FDA01.01.02	Paediatric Care including dental/oral health	Same as FDA01.01.01	Retain for a minimum of 20 years after date of last action	Destroy or Discharge* *Note: Patient files can be discharged only when the request is compliant with the legislative requirements.
FDA01.01.03	Maternal Health Care (Records documenting birth episodes)	Same as FDA01.01.01	Retain for a minimum of 20 years after date of last action	Destroy or Discharge* *Note: Patient files can be discharged only when the request is compliant with the legislative requirements.
FDA01.01.04	Radiotherapy Care (refer also to Radiation Safety Act 2016 and Ministry of Health guidance)	Same as FDA01.01.01	Retain for a minimum of 20 years after date of last action	Destroy or Discharge* *Note: Patient files can be discharged only when the request is compliant with the legislative requirements.
FDA01.01.05	Mental Health Care	Same as FDA01.01.01 This excludes 'Special patients' detained under the Mental Health (Compulsory Assessment and Treatment) Act and the Intellectual Disability (Compulsory Care and Rehabilitation) Act. See DA643 Ministry of Health.	Retain for a minimum of 20 years after date of last action	Destroy or Discharge* *Note: Patient files can be discharged only when the request is compliant with the legislative requirements.

Ref.	Class	Description/Examples	Retention period	Disposal action
FDA01.01.06	Collections or samples of patient/client records identified as having continuing value for medical or social research purposes	Examples include but are not limited to: - leading role in the development and delivery of new or specialised treatments - illustrate or provide comparative insight into the provision of services to particular community groups - illustrate or provide comparative insights into aspects of treatment, care and the delivery of services over time - document significant achievements in research or break through in research or relate to research of major national or international significance, interest or controversy - document significant outbreaks of disease that represented major public health risks and their impact - document critical points of change or developments in the treatment or management of a particular type of condition, illness or disease - relate to the diagnosis, management, treatment of or research into particularly rare diseases or conditions and would significantly enhance and contribute to the existing body of knowledge of these diseases or conditions	Retain for a minimum of 20 years from date of last action	Retain as public archives
FDA01.01.07	Consolidated patient information for registration and identification	Records document consolidated patient information relating to patient admission, identification, diagnosis and treatment, and discharge Examples include but are not limited to: - registers and indexes in paper format - consolidated information extracted from electronic Patient Information Management Systems	Retain until no longer administratively required	Retain as public archives

Ref.	Class	Description/Examples	Retention period	Disposal action
FDA01.01.08	Facilitative records supporting health care provision	Routine records created to support facilitating health care provision which include administrative communication with internal/external agencies, scheduling and shifts Examples include but are not limited to: - lists/schedules such as waiting lists, theatre bookings - diaries and appointments - correspondence	Retain for a minimum of 2 years from date the record was created, or until no longer administratively required	Destroy
FDA01.01.09	Births and deaths notifications and recording	Examples include but are not limited to: - birth registration forms - death certificates - summary reports to appropriate authorities	Retain until no longer administratively required	Destroy
	Cross reference to other Disposal Authorities: • For Special patients detained under the Mental Health (Compulsory Assessment and Treatment) Act 1992 and Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003, see DA643 Ministry of Health.			
FDA01.02.00	**Diagnostic and Testing Services** Refers to the process of creating procedures and tests of a non-textual nature for the purpose of patient/client diagnosis. Includes diagnostic radiology, magnetic resonance imaging (MRI), ultrasound, mammography and related diagnostic digital imaging procedures.			
FDA01.02.01	Diagnostic and testing services request	Requests for pathology and/or imaging procedure	Retain for a minimum of 18 months from date of request	Destroy

Ref.	Class	Description/Examples	Retention period	Disposal action
FDA01.02.02	Diagnostic and testing procedures and methods	Records relating to the agency's approved methodologies and standard procedures for the conduct of tests and procedures. Records documenting recordings and results. Examples include but are not limited to: - worksheets, Quality Assurance, Quality Control and test result validity - manuals and guidelines	Retain for a minimum of 3 years from date the record was created, or after methods/procedures superseded	Destroy
FDA01.02.03	Diagnostic and testing reports and results	Final reports that are not held on patient files.	Retain for a minimum of 10 years after date of last action	Destroy
FDA01.02.04	Diagnostic and testing recordings produced for diagnostic purposes	Recordings in any format (e.g. photographs, CDs, DVDs) which are not recorded in the final report. Examples include but are not limited to: - X-rays - ultrasound - hearing	Retain for a minimum of 10 years after date of last action	Destroy
FDA01.02.05	Diagnostic and testing recording systems	Recording systems maintained by the imaging service to identify and trace all images created, and Imaging Register	Retain until no longer required for administrative purposes	Destroy
	Cross reference to other Disposal Authorities: • For National Screening Programme records, see DA539 National Screening Unit.			

Appendix 1 – List of agencies covered by this FDA

Agencies	Coverage	Note
All District Health Boards		

Appendix 2 – List of stakeholders consulted

Internal consultation

Following stakeholders participated in a series of teleconference, workshops, meetings and/or emails during the process of drafting the disposal schedules.

Individual	Position and Team	Organisation
[Name removed]	Information Services Manager	ESR
[Name removed]	Acting General Counsel/Quality & Patient Safety	Bay of Plenty DHB
[Name removed]	Clinical Team Leader and Privacy Officer	South Canterbury DHB
[Name removed]	Corporate Records Advisor	Waikato DHB
[Name removed]	Corporate Records Advisor	Waikato DHB
[Name removed]	Records and Information Manager	Southern DHB
[Name removed]	Manager, Planned Services and Administration	Wairarapa DHB
[Name removed]	Corporate Records Manager	Waitemata DHB
[Name removed]	Manager of Administration & Communications	MidCentral DHB
[Name removed]	Clinical Records Manager	Canterbury/West Coast DHB
[Name removed]	Corporate Legal Counsel	NZ Health Partnership Limited
[Name removed]	Corporate Records Manager	Auckland DHB
[Name removed]	Information Management Adviser	Capital & Coast DHB
[Name removed]	EA and Professional Advisor	Whanganui DHB
[Name removed]	Clinical Research Office Manager	Capital & Coast DHB
[Name removed]	Clinical Records Manager	Hutt Valley DHB
[Name removed]	Clinical Records Manager	Whanganui DHB
[Name removed]	ICU Specialist, Clinical Leader	Capital & Coast DHB
[Name removed]	Manager, Knowledge Services	Ministry of Health
[Name removed]	Corporate Legal Manager	NZ Health Partnership Limited
[Name removed]	Document Controller	Counties-Manukau DHB
[Name removed]	Quality Risk Clinical Governance Director	Lakes DHB
[Name removed]	Records Manager	Hawkes Bay DHB
[Name removed]	Midwifery Quality & Safety Programme Co-ordinator	Capital & Coast DHB

External consultation

Organisation/Individual	Position and Team	Responded	Significant Feedback

[Summary of feedback]