ARCHIVES NEW ZEALAND

Functional Disposal Authority

FDA3 – Population Health and Wellbeing

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	23/11/2018	Further changes after further DHBs' feedback analysis	
0.5	21/03/2019	Methodology updated; caveat and new class added	
0.6	25/10/2019	Updated to reflect internal consultation feedback	

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Licence

INTRODUCTION

This functional disposal authority 3 (hereafter FDA3) 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.

FDA3 covers classes of records created and maintained by public offices who undertake activities such as research, monitoring and reporting to protect and improve health and quality of life for all New Zealanders. Including:

- Notification of Diseases
- Ethics for Research and Clinical Practice
- Research Management
- Population and Public Health
- Environmental Health
- Burial, Cremations and Cemeteries

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 the 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 had been issued 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 (FDA3) – Population Health and Wellbeing

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

Ref.	Class	Description/Examples	Retention period	Disposal action
FDA03.01.00	**Notification of Diseases** Records of notifiable diseases such as tuberculosis being sent to the Ministry of Health and the Institute of Environmental Science and Research (ESR).			
FDA03.01.01	Reports to a national database on notifiable diseases	Reports to a national database (e.g. EpiSurv) on notifiable diseases	Retain for a minimum of 10 years after reporting	Destroy
FDA03.01.02	Registers prior to 1996	Registers in paper format created pre 1996	Retain for a minimum of 10 years after date of last action	Retain as public archives
FDA03.01.03	National database on notifiable diseases	Collated notifiable disease information in a real-time basis from the Public Health Services. Data collected include case demographics, clinical features and risk factors.	Retain for a minimum of 10 years after analysis of data has been completed	Retain as public archives
FDA03.02.00	**Ethics for Research and Clinical Practice** A research proposal which involves both human and animal subjects will require separate approvals from both human and animal ethics committees. Research using animal or human participants, animal or human materials, personal health information, or involving clinical trials, or combinations of such studies, requires special consideration and must go through an ethics process.			
FDA03.02.01	Ethics decisions and deliberations of research proposals	Records documenting the deliberations, consultation and decision-making of ethical approving bodies. Examples include but are not limited to: - deliberations about agency's research by ethics committees (e.g. Health and Disability Ethics Committees, Institutional Ethics Committees) - agency's input into the decisions of those committees - approvals granted by ethics committee - iwi consultation undertaken in conjunction with or by ethics committees	Retain for a minimum of 10 years after date of last action	Retain as public archives

Ref.	Class	Description/Examples	Retention period	Disposal action
FDA03.02.02	Administration of ethics process	Records documenting the administration of internal ethics groups decision-making and interaction with ethics bodies Examples include but are not limited to: - procedures and processes - meeting agenda and minutes - training programmes - recommendations, opinions and advice on: legal/ethical implications, medical intervention without consent, scope of practice, referrals outside of norm	Retain for a minimum of 10 years after date of last action	Destroy
	Cross reference to other Disposal Authorities: • For meetings and applications process records created by ministerial ethics committees (e.g. Health and Disability Ethics Committee), see DA643 *Ministry of Health - Committee Management.*			
FDA03.03.00	**Research Management** Records created and received while conducting health and non-health related research activities by organisations in the health sector. Clinical trials (i.e. medical research studies involving patients) testing whether a new medicine or procedure is both safe, and more effective than the existing standard treatment.			
FDA03.03.01	Clinical trials final reports	Final investigators reports provided by the sponsor after completion of the investigator's participation in the clinical trial investigation	Retain for a minimum of 15 years from date of last action	Retain as public archives
FDA03.03.02	Clinical trials research management	Records created/received to support clinical trials other than research final reports Examples include but are not limited to: - pharmacy files and drug accountability logs - contents of the Investigator Trial File (ITF) - case report forms - meeting minutes - shipping documents - laboratory manuals - memoranda - file notes - reports - emails	Retain for a minimum of 15 years from date of last action or until administratively no longer required	Destroy

Ref.	Class	Description/Examples	Retention period	Disposal action
FDA03.03.03	Research records - significant	Final outcomes of research programme/project led by an agency, where the research may be considered as: - controversial - substantial government funding - considerable public, national and/or international interest - new scientific and innovative - original and ground-breaking - precedent setting in the health sector Examples include but are not limited to: - final research reports - methodologies - laboratory notebooks - statistical analysis - analysed and structured research datasets supporting research findings	Retain for a minimum of 10 years from date of last action	Retain as public archives
FDA03.03.04	Research records - short-term value	Records that document research created or sponsored by an agency on low level/administrative areas, functions or issues that do not have compliance ramifications, or public health issues that are summarised elsewhere and administration of research processes Examples include but are not limited to: - research applications - research approvals - correspondence - interview notes - preliminary research materials - reports - raw datasets - sampling frames - photographs with no metadata	Retain for a minimum of 7 years from date of last action or until administratively no longer required	Destroy

Ref.	Class	Description/Examples	Retention period	Disposal action
FDA03.03.05	Historical research material	Collated records regarding the history and social development of the agency that are unique and not available anywhere else. Examples include but are not limited to: - original research papers - unpublished summary histories - historical photographs* and audio-visual materials about the hospitals - Jubilee and centennial histories *Note: Photographs should have appropriate metadata to retain as public archives	Retain for a minimum of 20 years after date of last action	Retain as public archives
	Cross reference to other Disposal Authorities: • For surveys and opinion polls, see GDA6 *Common Corporate Services*.			
FDA03.04.00	**Population and Public Health** Records documenting population and public health that deal with the well-being of entire communities as a whole or groups of people rather than at an individual level. This includes interventions, public health programmes (e.g. Smoke-free Environment), or policy implementation to improve the health and well-being of a community.			
	Public Health Programme and Project	*Refer to FDA2 Health Administration - Programmes/Project Management*		
FDA03.04.01	Public health assessment and surveillance[2]	Records documenting the outcomes of health assessment and surveillance as a core function for public health Examples include but are not limited to: - health impact assessments/health needs assessments - health profiles - position statements - consolidated final reports - strategic planning	Retain for a minimum of 10 years after date of last action	Retain as public archives

[2] Public health surveillance is the ongoing, systematic collection, analysis, and interpretation of data on specific health events for use in the planning, implementation and evaluation of public health programmes.

FDA03.04.02	National and regional health emergency	Significant / high-level records relating to significant agency involvement in health emergencies such as: - Civil defence emergency - floods, fires, earthquakes, pandemics - Emergencies that may cause a sharp rise and variations in demand for health services, with the disruption of facilities and infrastructure – e.g. terror attack Examples include but are not limited to: - aftermath reports - plans of action	Retain for a minimum of 10 years after date of last action	Retain as public archives
FDA03.04.03	Infection prevention and control	Records of the promotion of infection prevention and control such as hand hygiene and cleanliness.	Retain for a minimum of 7 years after last action	Destroy
FDA03.04.04	Administration and facilitation	Records documenting administration and facilitation processes related to the provision of general public health services (such as tobacco control, tuberculosis, civil defence) as a service to other external agencies Examples include but are not limited to: - general enquiries - administrative communications - case report forms submitted externally - reference materials received from external agencies - public submission where a consolidated and summarised version is available elsewhere Excludes reports sent to a national database on notifiable diseases (see class FDA03.01.01)	Retain for a minimum of 2 years or until administratively no longer required, whichever is longer	Destroy

FDA03.04.05	Monitoring and reporting	Records documenting the provision of monitoring, investigating and reporting on general public health issues (such as child care centres, housing and health, communicable disease control and community health, refugee health screening) as a service for external agencies. Exclusions: - reports sent to a national database on notifiable diseases (see class FDA03.01.01) - records relating to investigation results in legal issues / action, significant DHB involvement, or raises a major public health issues (see FDA2) - records relating to monitoring of licenses (see class FDA03.04.06)	Retain for a minimum of 20 years after date of last action	Destroy

Ref.	Class	Description/Examples	Retention period	Disposal action
FDA03.04.06	Licences - monitoring	Records of monitoring and reporting to external agencies on licensing Examples include but are not limited to: - food safety and suspected food-borne illnesses - liquor licenses - hazardous substances / poisons licenses - food safety licenses - fumigation notifications Exclusions: - records relating to investigation results in legal issues / action, significant DHB involvement, or raising major public health issues (see class FDA2)	Retain for a minimum of 7 years after licence revoked / business closed AND premises no longer used as a licensed premises	Destroy
FDA03.05.00	**Environmental Health** This covers air, water, solid waste, biosecurity and quarantine health. Records documenting areas of environmental health concern and general health issues as well as the specific monitoring of agencies, processes and procedures as a service for external agencies			
FDA03.05.01	Administration and facilitation - air, water quality, quarantine health and biosecurity	Facilitative records that support administrative processes for monitoring and reporting of air, water quality, quarantine health and biosecurity. It also includes administrative communication with external agencies. Examples include but are not limited to: - communication about rodent control certification - testing equipment maintenance - training	Retain for a minimum of 2 years after date of last action	Destroy
FDA03.05.02	Administration and facilitation - noise, solid waste disposal, toxic contamination	Facilitative records that support administrative processes for monitoring and reporting of other environmental health issues such as noise, solid waste disposal, toxic substance spill and contamination. It also includes administrative communication with external agencies such as local councils. Examples include but are not limited to: - routine approval	Retain for a minimum of 7 years after date of last action	Destroy

Ref.	Class	Description/Examples	Retention period	Disposal action
FDA03.05.03	Monitoring and reporting as a service to external agencies - significant	Records of monitoring, investigating and reporting on: - indoor and outdoor air quality - quarantine, biosecurity and health issues within airports and ports - solid waste disposal - the quality of drinking water supplies and recreational water bodies e.g. lakes, rivers, beaches - environmental noise - radioactivity - environmental health hazard - e.g. toxic substance spills, aerial spraying, lead contamination Where: This kind of record is not available elsewhere in the agency and it is not being transferred from the relevant external agency to Archives New Zealand. Examples include but are not limited to: - Reports from other agencies - Monitoring of fluoridation, oil spills and chemical contamination - Consolidated final report	Retain for a minimum of 20 years after date of last action	Retain as public archives

Ref.	Class	Description/Examples	Retention period	Disposal action
FDA03.05.04	Monitoring and reporting as a service to external agencies - low value	Records of monitoring, investigating and reporting on: - indoor and outdoor air quality - solid waste disposal - the quality of drinking water supplies and recreational water bodies e.g. lakes, rivers, beaches - environmental noise - radioactivity - environmental health hazard - e.g. toxic substance spills, aerial spraying, lead contamination Where: This kind of record is available elsewhere in the agency and/or it is being transferred from the relevant external agency to Archives New Zealand. Examples include but are not limited to: - reports from other agencies - monitoring of fluoridation, oil spills and chemical contamination - consolidated final report Exclusions: - quarantine, biosecurity and health issues within airports and ports (see FDA03.05.05)	Retain for a minimum of 20 years after date of last action	Destroy
FDA03.05.05	Monitoring and reporting as a service to external agencies - Quarantine Health and Biosecurity	Records of monitoring and reporting on quarantine and health issues within airports and ports as a service to external agencies and their resolution / control.	Retain for minimum of 7 years after date of last action and no longer required for legal purposes	Destroy

Ref.	Class	Description/Examples	Retention period	Disposal action
FDA03.06.00	**Burial, Cremations and Cemeteries** This covers records documenting duties and responsibilities of public health organisations under the Burial and Cremation Act 1964 and associated regulations. Associated activities include establishing principles and processes for managing public health for the disposal of the dead, public health assessment of risks and compliance monitoring, promotion of better understanding of the need for control, and supporting decision making on enforcement issues that may affect public health.			
FDA03.06.01	Monitoring of burial, cremations and cemeteries	Records of monitoring and reporting on importation/exportation of human remains, burials, disinterment and cremations Examples include but are not limited to: - certificates of transportation (e.g. importation and exportation of human remains) - assessment and review of applications for disinterment and site assessment - assessment of applications for private burials - investigation into suspected illegal burials - death notifications - enquiries	Retain for minimum of 10 years after date of last action and no longer required for legal purposes	Destroy

Significant records

Significance may be determined by the following characteristics:

- Department is the lead agency with another government agency or private organisation;
- Substantial changes to or influences on government policy or direction;
- Results in a significant government project or programme;
- Considerable economic impact;
- Long term environmental impact on land, water or air;
- Significantly impact the lives of individuals and sets precedence for community behaviour;
- Public reaction or sensitivity;
- Public safety implications;

- Setting a significant precedent in primary functions and activities;
- Lead or significantly contribute to a major investigation or formal inquiry;
- Involving innovative, unique or precedent-setting practices, techniques or methods;
- Providing evidence of negotiations and settlements between the government and iwi Māori in relation to the Treaty principles

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, 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]