

National Screening Unit

Retention and Disposal Schedule Appraisal Report

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TABLE OF CONTENTS

| | |
|---|----|
| 1. Executive Summary | 1 |
| 2. Appraisal Circumstances | 2 |
| 3. Agency Information..... | 3 |
| 3.1 National Screening Unit | 3 |
| 4. Scope of schedule | 4 |
| 5. Methodology | 4 |
| 5.1 Internal Consultation..... | 5 |
| 5.2 External consultation..... | 6 |
| 6. Relevant Precedent | 7 |
| 7. Recordkeeping Environment | 7 |
| 8. Format of the schedule | 8 |
| 8.1 Use of Destroy Disposal Action | 9 |
| 9. Disposal criteria | 9 |
| 10. Series or Class Information | 12 |
| 10.1 Screening Programme Establishment and Programme-Specific Policy .. | 12 |
| 10.2 Screening Programme Monitoring and Evaluation | 14 |
| 10.3 Screening Programme Management | 15 |
| 10.4 Patient Screening | 18 |
| 10.5 Screening Programme Advisory Groups | 20 |
| 10.6 Screening Programme Data..... | 22 |
| 10.7 Government Policy Development..... | 26 |
| 10.8 Queries, Complaints and Investigations | 28 |
| 10.9 Public Education Campaigns, Training and Communications | 29 |
| 10.10 Relationship Management and Liaison..... | 31 |
| 11. Access Recommendations..... | 33 |
| 12. Transfer Arrangements | 33 |
| 12.1 Contact Details..... | 33 |
| 13. Appendix One – Retention and Disposal Schedule Spreadsheet | 34 |
| 14. Appendix Two – Implementation Guide for NSU..... | 34 |
| 15. Appendix Three – Implementation Guide for NSU Providers..... | 34 |

APPRAISAL REPORT

File/Document ID

| | |
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| Client Name | National Screening Unit, Ministry of Health |
| Disposal Type | Retention and Disposal Schedule |
| Agency | Ministry of Health |
| Coverage | Public records created and received by the National Screening Unit |
| Scope | National Screening Unit paper and electronic records |

1. Executive Summary

This appraisal report is for a retention and disposal schedule for the National Screening Unit (NSU) which is part of the National Health Board, National Services Purchasing group of the Ministry of Health. As the development of a Ministry-wide retention and disposal schedule for the Ministry of Health is likely to be some years away, NSU wishes put in place effective and approved disposal of records through the development of a full retention and disposal schedule covering the unit's electronic and hard-copy records. In the future it is likely that this retention and disposal schedule will be subsumed into a Ministry of Health retention and disposal schedule.

Records created/received by NSU in the course of managing its core functions fully document the history and processes relating to the management of significant population-based screening programmes. The establishment of the unit came about because of several high profile screening investigations which showed clearly the ongoing value of records relating to the management of screening programmes. Such records have high archival value as they fully document the 'story' about population-based screening in New Zealand. Having appropriate and robust disposal coverage is therefore highly desirable to ensure that valuable records are not lost over time.

This schedule is intended to cover both hard-copy and electronic records, including records created by the unit since its inception in 2001, those created by its predecessors and those yet to be created.

Many of the records created/received by NSU are of a detailed nature and pertain to individuals. They are of high operational value to NSU over long periods of time, but are not necessarily of archival value. A number of the records identified for destruction therefore are considered to have on going value for NSU so are only to be destroyed once the minimum retention time period has been met plus all business, legal and research value has passed at which time NSU will destroy the records.

There are ten NSU specific classes with 49 sub-classes in this disposal schedule. Of those 49 sub-classes:

- Records recommended for retention as public archives are contained in 21 sub-classes
- Records recommended for destruction are contained in 28 of the sub-classes

Figures for the likely transfer of records to Archives New Zealand could not be calculated during this project, because:

- There is no complete list of all current and non-current hard copy records held by NSU
- Electronic records are held in a Lotus Notes database that does not allow the easy assessment of quantities of data likely to be retained or destroyed.
- As this disposal authority is for a retention and disposal schedule rather than an adhoc appraisal the disposal actions will apply to records that may not yet have been created.

However, it should be noted that all classes likely to contain high quantity either electronic or hard-copy records have been recommended for retention by NSU until no longer required or are recommended for destruction.

2. Appraisal Circumstances

The Ministry of Health does not currently have an approved retention and disposal authority. A number of one-off appraisals have been completed for the Ministry. Most recordkeeping functions for based business units (such as NSU) are managed through the Information Directorate of the Ministry. NSU was granted special dispensation to develop their own retention and disposal schedule for unit records for the following reasons:

- NSU providers (i.e. those organisations that actually carry out the screening or provide laboratory services in relation to screening) hold NSU records in custody and are rapidly running out of storage space putting public records at risk of unapproved disposal
- There is currently a paper before cabinet about the disposal of certain NSU records, the blood spot, or "Guthrie" cards. The outcome of that cabinet paper needs to be consistent with formal approval for disposal actions from the Chief Archivist
- Storage space for paper-based records in the custody of NSU is at a premium
- The unit has been operating for over ten years now without a formal disposal policy in place thereby heightening the risk of unplanned disposal of records
- The business information systems (databases) used to capture population-based screening data (such as the National Cervical Screening Register) are in some cases close to ten years old and to date do not have formal disposal coverage

The development of a Ministry-wide retention and disposal schedule for the Ministry of Health is likely to be some years away, so in order to address the issues outlined above and put in place effective and approved disposal of records a project was established to develop a full retention and disposal schedule covering the unit's electronic and hard-copy records. In the future it is likely that this retention and disposal schedule will be subsumed into a Ministry of Health retention and disposal schedule.

3. Agency Information

| | |
|----------------------|--------------------|
| Agency code | ABQU |
| Agency name: | Ministry of Health |
| Year established: | 1993 |
| Year disestablished: | Current |

3.1 National Screening Unit

The National Screening Unit (NSU) was established in 2001 to provide health screening programmes in New Zealand. The Unit was established from two existing teams within what was the Health Funding Authority, the National Cervical Screening Programme and the National Screening Team.

The Unit currently sits within the National Health Board, National Services Purchasing group of the Ministry of Health. It is responsible for the safety, effectiveness and quality of organised screening programmes. The Unit is currently responsible for the national coordination of five screening programmes and one quality improvement programme:

[BreastScreen Aotearoa](#) - screens women for breast cancer

[National Cervical Screening Programme](#) - screens women for abnormal changes to cells on the cervix. This programme operates under Part 4A of the Health

[Newborn Metabolic Screening Programme](#) - screens newborn babies for certain metabolic disorders

[Antenatal HIV Screening Programme](#) - screens pregnant women for HIV to reduce the chances of HIV being passed to the baby

[Universal Newborn Hearing Screening Programme](#) - screens newborn babies for hearing loss

The National Screening Unit is also responsible for introducing the quality improvement measures for antenatal screening for Down syndrome and other conditions.

The NSU monitors the quality of screening programmes, and works with expert groups to make sure each screening programme is based on the latest evidence and meets high standards. The NSU also advises the Government on other potential programmes.

The core functions of the National Screening Unit include:

- national co-ordination, leadership, and advice to government regarding screening
- research and development including evaluation of new evidence related to screening and evidence-based appraisal of technological advances in screening
- developing frameworks, policies and standards
- monitoring performance and evaluating screening services
- coordinating, leading and developing a screening workforce
- administering legislation related to screening programmes
- identifying under-screened groups and developing effective strategies to improve their participation.

All of the programmes managed by NSU must comply with a number of national and international standards and legislation relating to the information and records they create and gather, the way laboratories operate, and the management of samples. Compliance with such standards is documented within the programme quality standards for each programme.

Standards and legislation that must be complied with include:

- Health Records Standard NZS 8153:2002
- Health (Retention of Health Information) Regulations 1996
- Health Information Privacy Code 1994
- National Pathology Accreditation Advisory Council 2007 guidelines
- New Zealand Medical Council Guidelines
- Code of Practice for Information Security Management AS/NZS ISO/IEC 17799:2006;
- Health Network Code of Practice SNZ HB 8169:2002
- Health and Disability Sector Standards (NZS 8134:2001)
- New Zealand Public Health and Disability Act 2000
- Health Act 1956, and any subsequent amendments to the Act
- Privacy Act 1993
- Health and Disability Commissioner's (Code of Health and Disability Services Consumer's Rights) Regulations 1996
- Health and Disability Commissioner Act 1994, and any subsequent amendments to that Act
- Health Practitioners Competence Assurance Act 2003

4. Scope of schedule

This schedule applies to all public records in any format pertaining to the core functions of the National Screening Unit - whether current, non-current or yet to be created. This includes records of functions contracted out and held by providers.

The retention and disposal schedule includes the records created as part of all screening processes, but excludes the actual human tissue and blood samples gathered during such processes. There is currently a paper before cabinet about the disposal of certain NSU records, the blood spot, or "Guthrie" cards. The outcome of that cabinet paper needs to be consistent with formal approval for disposal actions from the Chief Archivist. Once the cabinet paper is approved, a separate disposal authority will be prepared covering the blood spot cards.

5. Methodology

The schedule was developed using the following methods:

- Review of the Unit's current classification structures (used across paper based records and the Ministry's electronic document and records management system)
- Review of information describing the business information systems (databases) used to support the screening programmes
- Examination of selected representative NSU records
- Review of previous disposal authorities for the Ministry of Health
- Consultation with Unit staff to develop and review the schedule (see section 5.1)

- External stakeholders were also invited to review the retention and disposal schedule (see section 5.2).

5.1 Internal Consultation

Representatives from all teams within the Unit were invited to attend workshops to discuss the retention and disposal schedule. All teams (including the information management staff from the Ministry of Health) were then asked to provide feedback on the draft schedule. All feedback received from the internal review exercise was taken into consideration and where appropriate incorporated into the schedule.

Unit staff that provided input on the development of the retention and disposal schedule were:

| Name | Role | Team |
|------------------|--|-------------------------------|
| Lani Apperley | Executive Assistant | Cancer Screening |
| Barbara Irwin | BSA Programme Leader | Cancer Screening |
| James Adams | Policy Analyst | Cancer Screening |
| Anna Maxwell | Senior Service Development Analyst | Cancer Screening |
| Mihikore Andrews | Senior Service Development Analyst | Cancer Screening |
| Hazel Lewis | NCSP Clinical Advisor | Cancer Screening |
| Michelle Hooper | Executive Assistant | Cancer Screening |
| Colm Kearney | Policy Analyst | Strategy & Policy (NSAC) |
| Geoffry Roche | Policy Analyst | Strategy & Policy (NSAC) |
| Jude Cooney | Communication and Marketing Advisor | Business Performance |
| Bronwyn Tayler | Business Systems Advisor | Business Performance |
| Jane McEntee | Manager | Antenatal & Newborn Screening |
| Kathy Bendikson | Programme Leader – Newborn Metabolic | Antenatal & Newborn Screening |
| Debb Pittam | Education & Training Leader | Antenatal & Newborn Screening |
| Nicola Deveraux | Programme Leader – antenatal Screening | Antenatal & Newborn Screening |
| Vickie Rydz | Programme Leader – Universal Newborn Hearing | Antenatal & Newborn Screening |

| Name | Role | Team |
|------------------|---|---------------------------------------|
| Sarah Greensmith | Senior Policy Analyst | Antenatal & Newborn Screening |
| Wendy Reid | Senior Service Development Analyst | Antenatal & Newborn Screening |
| Amanda Borich | Lead Analyst, Monitoring and Evaluation | Quality and Equity |
| Jill Coulson | Epidemiologist/Biostatistician | Quality and Equity |
| Jane Peng | Quality Monitoring, Performance and Reporting Analyst | Quality and Equity |
| Emma Woods | Senior Analyst Monitoring and Evaluation | Quality and Equity |
| Hinrich Walmouth | Senior Analyst Monitoring and Evaluation | Quality and Equity |
| Deborah Harris | Manager Information | Information/NCSP-R/Quality and Equity |
| Sian Farr | Programme Delivery Manager | Information |
| Chris McNamee | Team Leader Data Management | National Cervical Screening Register |
| Danny Cooper | Team Leader Tracking and Monitoring | National Cervical Screening Register |
| Lucy Nicoll | Quality Assurance Co-ordinator | National Cervical Screening Register |
| Sue Watson | Team Leader Screening Support | National Cervical Screening Register |

5.2 External consultation

The NSU Project Manager sent the draft schedule and report to external stakeholders for feedback. The external stakeholders consulted were:

- Health and Disability Commissioner
- Ministry of Health Records Team
- National Health Board
- Office of the Privacy Commissioner
- National Screening Advisory Committee
- BreastScreen Aotearoa Lead Provider Managers
- BreastScreen Aotearoa Independent Service Providers Managers
- BreastScreen Aotearoa Advisory Group
- BreastScreen Aotearoa – District Health Board Funding and Planning Managers
- National Screening Unit Lab Representatives
- Newborn Metabolic Screening Programme Advisory Group

- Universal Newborn Hearing and Early Intervention Screening Programme Advisory Group
- Universal Newborn Hearing and Early Intervention Screening Programme District Health Board Coordinators
- Universal Newborn Hearing and Early Intervention Screening Programme District Health Board Group Managers
- Universal Newborn Hearing and Early Intervention Screening Programme Audiologists
- Antenatal Screening for Down syndrome and Other Conditions - Technical Working Group
- National Antenatal HIV Screening Implementation Advisory Group
- National Cervical Screening Register
- National Cervical Screening Programme Regional Services Co-ordinators
- National Cervical Screening Programme Regional Services Managers
- National Cervical Screening Programme Advisory Group
- National Cervical Screening Programme Lead Colposcopists
- National Cervical Screening Programme Colposcopy Service Managers

As with the internal consultation process, feedback received from external stakeholders was taken into consideration and where appropriate incorporated into the schedule. Several rounds of consultation were undertaken with external providers to ensure that sufficient opportunity for input was provided.

6. Relevant Precedent

Examination of records on Archway indicates that in recent years no NSU records have been disposed of directly by NSU. However one disposal of Ministry of Health records completed in 1994/1995 under accession W4452 did contain some records relating to Cervical Screening that were transferred to Archives New Zealand.

In addition a project is currently underway through the Ministry of Health to transfer records from the Chairperson of the Gisborne Cervical Screening Inquiry to Archives New Zealand in accession ABQU W5183.

Guidance has been taken from the approved District Health Board General Disposal Authority (DA262) to ensure consistency with disposal recommendations for records that contain medical information for any client/patient. This is particularly apparent in class 4-Patient Screening as in some instances where the provider of contracted services is a District Health Board the records created to carry out National Screening Unit functions may not be kept separate from other client/patient related information created and managed by the DHB.

7. Recordkeeping Environment

NSU records are managed as part of Ministry of Health records and are administered by the Ministry Records Team. Hard-copy and electronic records are managed intellectually by a common classification structure specific to NSU. The top level headings are listed below:

- Strategy and Development
- Monitoring and Evaluation
- Service Provision
- Projects
- Communications
- Financial Management
- Operations
- Information Management
- NSU People and Resources

Hard-copy records are sent to Ministry Records for filing and a Service Level Agreement is in place between Ministry Records and NSU. Non-current hard copy records are stored with a specialist storage provider. The hard copy records are in good condition.

Electronic records are managed within a Lotus Notes database document management system. The Ministry is currently exploring the update of that system to something more in keeping with current business requirements and Archives New Zealand standards.

8. Format of the schedule

The retention and disposal schedule is attached as Appendix One - an MS Excel workbook. NSU intends to use the four General Disposal Authorities (GDA) issued by Archives New Zealand. These General Disposal Authorities are not included in the schedule for approval by the Chief Archivist.

The table below describes the fields used in the retention and disposal schedule.

| Field | Description |
|--------------------------|--|
| ID | Unique identifier for each class of the schedule |
| Record Class Description | High level class title and sub-class titles and descriptions |
| Examples of Records | Provides examples and descriptions of types of records covered by the class and specific sub-classes. <i>Note: examples given are not an exhaustive list of records</i> |
| Total Retention Period | The total period of time from when the record becomes non-current until the disposal action |
| Trigger | The point at which the record is considered to be non-current. Examples of the trigger point have been provided to assist NSU staff in interpretation and implementation of the schedule |
| Disposal Action | The disposal action for records in the class or sub-class. Three disposal actions are listed: |

| Field | Description |
|--|---|
| | A – Retain as Public Archive D – Destroy |
| Criteria and/or Disposal Authority Reference | To provide a cross reference to the disposal criteria outlined in this report, or a reference to classes from Archives New Zealand GDAs that are also applicable. |

8.1 Use of Destroy Disposal Action

Many of the records created/received by NSU are of a detailed nature and consist of medical information pertaining to individuals. They are of high operational value to NSU over long periods of time, but are not necessarily of archival value (such as an individual's cervical screening results). In some classes therefore the typical destroy action has been recommended with a further statement of "May be destroyed when minimum retention period has been met and all business, administrative, research and legal use ceases". During consultation for the development of the retention and disposal schedule concerns were raised about the use of the word "Destroy" in relation to records of population-based screening programmes, and in particular programme data. Two reasons underlay this concern:

1. Population-based screening programmes in New Zealand were in part developed as a result of a series of high-profile national screening inquiries where access to original screening records of individuals was vital. When health legislation covering screening programmes was developed it was considered that one of the key purposes of such programmes was to protect individuals and that long term access by NSU to screening records of individuals would support that. However, from an archival perspective there is little archival value in such individual medical type information, as established by the New Zealand District Health Board General Disposal Authority.
2. In addition there is concern that using just a "Destroy" action may alarm individuals, providers and community groups that screening records will be destroyed too soon, or at an arbitrary time that does not take into account the specific circumstances of individuals, providers, processes and quality standards and checks that may all be in place, or under potential investigation at any one time. Adding further information to the destroy disposal action ensures that it is recognised that while the records do not have archival value they are likely to need to be retained for administrative use for a long period of time.

9. Disposal criteria

The criteria for recommending the retention of public records as public archives are:

| Criterion # | Description |
|-------------|---|
| A1 | Document the rights, legal interests and obligations of the Government, the National Screening Unit, the Ministry of Health or the citizens of New Zealand. |
| A2 | Provide high-level evidence of the structure, organisation, administration and planning of the National Screening Unit |
| A3 | Document the performance of a substantive function of the National Screening Unit |

| Criterion # | Description |
|-------------|--|
| A4 | Provide high-level evidence of the National Screening Unit's position or perspective on, or involvement in, significant national events or government initiatives |
| A5 | Provide significant evidence of the National Screening Unit's interaction with outside groups where their influence had an impact on the Unit's development of policy, procedures, and/or operational programmes |
| A6 | <p>Provide information that has research potential in the areas of population-based screening programmes. This includes collections or samples of patient/client records identified as having continuing value for medical or social research purposes.</p> <p>Records may be selected because:</p> <ul style="list-style-type: none"> • They provide a holistic overview of population based screening • They provide evidence of the impact of vaccinations or other preventative methodology <p>Or because the records:</p> <ul style="list-style-type: none"> • Illustrate or provide comparative insight into the provision of services to particular community groups; • 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 diseases • Provide opportunity for analysis at different intervals of screening to assess sensitivity, specificity and false negatives of results |

The criteria for recommending the destruction of public records are:

| Criterion # | Description |
|-------------|--|
| D1 | Concern routine administrative matters only, including duplicate records or reference material that can be obtained from other sources |
| D2 | Concern routine operational matters only |
| D3 | Contain information summarised, more complete and/or more readily accessible in other records recommended for retention or elsewhere |

10. Series or Class Information

This is a class-based schedule, in which the classes reflect the functions and activities of the National Screening Unit. Where appropriate, the classes have cross-references to the Archives New Zealand General Disposal Authorities.

10.1 Screening Programme Establishment and Programme-Specific Policy

| | |
|-------------------------|--|
| Class #: | NSU 1 |
| Description : | <p>This class contains records relating to the development of population-based screening programmes and of policy that is specific to a particular screening programme. Programme development records include:</p> <ul style="list-style-type: none"> • Research and white papers • Discussion documents • National policy statements • Legal advice. <p>Programme development is an in-depth process that may take a number of years determining needs, requirements and policy for the establishment of any screening programme. An example is records relating to the establishment of the National Cervical Screening Programme.</p> <p>Programme-specific policy records include similar types of records as programme establishment records, but they relate to policy development for a particular programme. An example is the development of a policy on use of digital mammography and how that relates to the BreastScreen Aotearoa.</p> |
| Value: | <p>Programme development records are recommended for retention as public archives because they document the development of national population-based screening programmes. New Zealand has a number of screening programmes that are available to all New Zealand residents and the establishment of these programmes is a core function of the National Screening Unit. They provide evidence of how population-based screening has been set up within New Zealand including the research and rationale behind any screening programme.</p> <p>Records of the development of policy relating to specific screening programmes are also recommended for retention as public archives as they provide evidence of documented government policy and operational policy on how screening programmes may be managed and administered. Papers prepared during the course of development of programme specific policy, such as discussion documents and research papers are kept together with the actual drafts of the policy document. As with many policy development processes the supporting documentation is integral to the understanding of the policy and how it was developed.</p> |

Recommended for retention as public archives

| Class # | Record class | Description | Disposal criteria |
|----------------|---------------------------------------|---|--------------------------|
| 1.1 | Programme Development | Records documenting the establishment of a screening programme | A3, A5 |
| 1.2 | Programme-specific policy development | Records covering the development of policy for a specific screening programme | A3, A5 |

Recommended for destruction

No records in this class are recommended for destruction.

10.2 Screening Programme Monitoring and Evaluation

| | |
|-------------------------|--|
| Class #: | NSU 2 |
| Description : | <p>This class contains records relating to the monitoring, evaluation and auditing of population-based screening programmes.</p> <p>Each programme managed by NSU involves the development and oversight of programme policy and quality standards particular to that programme and the nature of the screening being undertaken. These policy and quality standards must be adhered to by those who provide the screening and are distributed to all providers through instruments such as the BreastScreen Aotearoa Data Management Manual. These quality standards document the policy and practices that must be adhered to so as to ensure that all activities relating to the screening and data captured as part of screening are managed in a consistent and systematic way.</p> <p>As part of each programme, the organisation providing the screening services (the provider) is regularly audited to ensure that it is adhering to the policy and quality requirements of that programme.</p> <p>An example is an audit of a laboratory providing laboratory analysis services where all laboratory processes are audited against the requirements for providing a laboratory service as documented in the National Cervical Screening Programme Policy and Quality Standard. Results of audits are documented in formal audit reports that are made available to the provider. Any issues with the audit results may result in remedial action being taken with that provider.</p> <p>A monitoring regime is also in place for each programme to evaluate whether the programme is being effective and meeting the planned targets, coverage and results. This includes, for example, monitoring to understand the coverage of cervical screening for a particular ethnic group or age range of participants and may be internal or external. An example of an in-house formal monitoring activity is the quarterly and annual reports prepared for the Newborn Metabolic Screening Programme. An example of independent monitoring is the Monitoring Report prepared for the National Cervical Screening Programme.</p> <p>In addition to the formal programmes of monitoring and auditing for each screening programme some adhoc reporting occurs in-house to assist with the management of each programme and summarised versions of these reports are typically found in the policy papers or development discussion papers for which they were created. Adhoc reporting is often more specifically targeted to provide supporting data for the establishment of policy, or publicity campaigns, etc. An example of this is a report prepared from data held by NSU about the total number of women registered by the West Coast District Health Board in BreastScreen Aotearoa, to help establish whether public awareness campaigns that have been operating in that area have been effective in increasing the number of participants.</p> |

| | |
|---------------|---|
| Value: | <p>Records documenting the development of programme quality standards, and auditing against those standards are recommended for retention as public archives as they provide evidence of the ongoing management of screening, which is a core function of NSU.</p> <p>Records documenting the monitoring of screening programmes are recommended for retention as public archives. These records provide evidence of the effectiveness of national population-based screening programmes. Such records also provide material for research about population-based screening in order to inform the establishment of future screening programmes or the impact of such programmes on reduction of certain medical conditions.</p> <p>Records prepared as part of adhoc reporting activities do not have archival value because they are supporting records only created to support other policy or programme development activities. They are recommended for destruction. Such records have operational value only and this disposal action allows for NSU to identify those that are useful to retain long term internally without them being classed as records of archival value.</p> |
|---------------|---|

Recommended for retention as public archives

| Class # | Record class | Description | Disposal criteria |
|---------|---|--|-------------------|
| 2.1 | Programme Policy and Quality Standards | Records of the development and review of programme policy and quality standards | A2, A3 |
| 2.2 | Regular Formal Monitoring Reports | Formal monitoring reports prepared for programmes by NSU staff | A3, A6 |
| 2.3 | Independent Monitoring Reports | Formal monitoring reports prepared for programmes by external organisations | A3, A6 |
| 2.4 | Formal Internal Programme Audit Reports | Programme audit records prepared by NSU staff as part of formal auditing activities | A2, A3 |
| 2.5 | Formal External Programme Audit Reports | Programme audit records prepared by external organisations as part of formal auditing activities | A2, A3 |

Recommended for destruction

| Class # | Record class | Description | Disposal criteria |
|---------|-----------------|---|-------------------|
| 2.6 | Adhoc Reporting | Occasional reporting records prepared to support internal inquiries, policy development or monitoring | D2 |

10.3 Screening Programme Management

| | |
|--------------------|--|
| Class #: | NSU 3 |
| Description | This class contains records relating to the management of population-based |

| | |
|---|--|
| : | <p>screening programmes.</p> <p>Each programme managed and administered by NSU involves the contracting of providers to undertake the actual screening of participants. Providers are typically District Health Boards, laboratories, or other private medical practitioners. For example, each District Health Board is under contract to provide screening services as part of the Universal Newborn Hearing Screening Programme where each infant is screened shortly after birth for hearing loss and Early Intervention.</p> <p>For each provider a number of standard activities are undertaken by NSU and comprehensive records are retained of those activities. These include:</p> <ul style="list-style-type: none">• Managing and negotiating contracts for screening services for particular programmes (for example one provider may provide services for three or four different programmes, which is often the case with district health boards). Records include drafts and signed copies of contracts, contract negotiation records and correspondence.• Managing the relationship between NSU and the provider, including records of meeting minutes, high level directives and correspondence outlining how the provider and NSU will work together.• Undertaking routine operations and administration activities resulting in records of routine correspondence. <p>As part of managing programmes, NSU also receives and responds to enquiries and correspondence from participants of any screening programme. This sub-class excludes records of individuals who seek to be removed from the National Cervical Screening Programme. Such records are covered in their own sub-class (6.3 and 6.4).</p> <p>The enquiries and correspondence with clients covered by this class may be of a routine or substantive nature. For example, letters to participants reminding them to undertake screening, or further explanation about the programme or the results that they may have received as a result of screening with advice about following up with medical professionals. The correspondence is typically retained for each programme as a series of date based enquiry records rather than separate files being created for each client.</p> <p>Routine Programme Management activities are undertaken to support the management of each screening programme. Records created as part of these routine activities include:</p> <ul style="list-style-type: none">• Internal NSU administrative memos about a programme• Minor drafts of other more substantive programme documents• Change of address notifications• Programme working papers• 'For your information' material received by NSU• Administrative correspondence |
|---|--|

| | |
|---------------|---|
| Value: | <p>Records documenting the management of provider contracts, the relationships between NSU and the providers and routine operational records with providers are all recommended for destruction. They have no long term value as they are routine administrative records documenting a routine service provision arrangement.</p> <p>Records of correspondence with clients have no archival value, however they do have an ongoing administrative value to NSU and the management of the screening programmes. For this reason they are recommended to be destroyed when the minimum retention period has been met and all business, administrative, research and legal use ceases as determining a standard destruction date given the varying nature of the content is problematic.</p> <p>Routine programme management records are recommended for destruction as they are of a low-level and routine nature with no significant value.</p> |
|---------------|---|

Recommended for retention as public archives

No records in this class are recommended for retention as public archives.

Recommended for destruction

| Class # | Record class | Description | Disposal criteria |
|---------|--------------------------------------|--|-------------------|
| 3.1 | Provider contract management | Records covering the set up and ongoing management of provider contracts | D2 |
| 3.2 | Provider relationship management | Records documenting the ongoing working relationship between the provider and NSU | D2 |
| 3.3 | Provider routine operational records | Records of a routine nature managing day-to-day operations with providers | D2 |
| 3.4 | Client Correspondence | Records of correspondence/queries with any screening programme participant | D2 |
| 3.5 | Routine Programme Management | Records of a routine nature supporting day to day administration of screening programmes | D1 |

10.4 Patient Screening

| | |
|-------------------------|--|
| Class #: | NSU 4 |
| Description : | <p>This class contains records relating to screening processes carried out by providers (including laboratories) when undertaking screening processes.</p> <p>It is based on Class 2, Patient Diagnostics of the District Health Board General Disposal Authority (DA262).</p> <p>The class includes screening radiology magnetic resonance imaging (MRI), ultrasound mammography and related screening imaging created and held by providers and laboratories. It also includes pathology and lab requests, reports and documentation accompanying samples and screening assessment forms for the Universal Newborn Hearing Screening Programme.</p> <p>The sub classes of records associated with patient screening are:</p> <p><i>Imaging Requests</i> - Screening service copy of requests for an imaging procedure.</p> <p><i>Imaging Screening Records and Reports</i> - These records document findings based on analysis, evaluation or interpretation of recordings and/or procedures.</p> <p><i>Imaging Recordings</i> - Recordings are the non textual records produced as a result of the screening process. They include x-rays, videotapes, films, photographs and ultrasound devices.</p> <p><i>Imaging Identification and Tracing Systems</i> - These consist of recording systems maintained by the imaging service to identify and trace all images created. Examples include an imaging register.</p> <p><i>Pathology and Laboratory Services Requests</i> – requests for a pathology procedure</p> <p><i>Pathology and Laboratory Services Screening Reports and Results</i> – records documenting recording and results. Includes laboratory records such as records of analysis, calculations and observations from which a result is derived for all types of samples such as blocks, LBC/HPV, worksheets, QA and test result validity records. Note, the actual samples are not included in this retention and disposal schedule as they are not considered to be public records for the purposes of the Public Records Act 2005.</p> <p><i>UNHSEIP Screening Assessment Data Form</i> – records documenting the assessments carried out for newborn hearing loss.</p> |

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| Value: | <p>Records associated with the administration of screening processes (for example request forms and registers, copies of screening reports) are of short term operational value and are recommended for destruction. Documentation accompanying screening samples held by laboratories is recommended for destruction. This is consistent with the National Pathology Accreditation Advisory Council 2007 Guidelines, which are one of the key standards with which laboratories must comply, and under which all NSU provider laboratories must operate.</p> <p>Original screening reports and imaging recordings will likely be held with the District Health Board patient file and proposed retention periods and disposal outcomes are matched according to the recommendations in that General Disposal Authority.</p> |
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Recommended for retention as public archives

No records in this class are recommended for retention as public archives.

Recommended for destruction

| Class # | Record class | Description | Disposal criteria |
|---------|---|--|-------------------|
| 4.1 | Imaging - requests | Request forms and referrals relating to imaging processes | D2 |
| 4.2 | Imaging – screening records and reports | Screening reports from radiology, ultrasound, computed tomography, MRI | D2 |
| 4.3 | Imaging - recordings | Actual imaging recordings such as x-rays, films, photographs etc | D2 |
| 4.4 | Imaging – identification and tracing systems | Recording systems maintained by imaging services to identify and trace all image records | D2 |
| 4.5 | Pathology and Laboratory Services - requests | Requests for pathology procedures | D2 |
| 4.6 | Pathology and Laboratory Services – screening reports and results | Records documenting recordings and results for all types of samples tested | D2 |
| 4.7 | UNHSEIP Screening Assessment Data Form | Records documenting assessments and results for newborn hearing screening | D2 |

10.5 Screening Programme Advisory and Regulatory Groups

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| Class #: | NSU 5 |
| Description : | <p>As part of the management of each screening programme an advisory group is formed. This class covers records documenting the support and management of the Advisory Groups operating for each programme.</p> <p>The advisory groups are established to provide NSU with advice from a wide range of community and clinical based organisations. Records created by the Advisory Groups include:</p> <ul style="list-style-type: none"> • Meeting papers recording the formal minutes of the group • Administration records (such as travel arrangements, meeting arrangements) • Advisory Group Members' Appointment records • Advisory Group Reports that have been prepared for NSU or the Director General of Health. <p>The National Cervical Screening Programme also has a regulatory group that was established under the Health (Cervical Screening (Kaitiaki)) Regulations 1995 (SR 1995/29). Section 6(2) of the regulations states that "The function of the Group shall be to consider applications under these regulations for approval to disclose or use or publish protected information and to grant approval for such disclosure or use or publication in appropriate cases." This class includes records of the National Kaitiaki Group.</p> <p>Records of the National Kaitiaki Group include:</p> <ul style="list-style-type: none"> • Meeting papers • Applications for gathering of data • Evaluation of applications • Correspondence. |

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| Value: | <p>The formal records of each advisory group and of the National Kaitiaki Group such as the meeting papers, reports, and member appointments have long term archival value as they demonstrate how such groups operated and interacted with NSU, the Ministry of Health and the wider New Zealand population. They provide an insight into and evidence of how community interests and perspectives are included in the development and management of population-based screening programmes managed by NSU.</p> <p>Records from each Advisory or Regulatory Group that are of an administrative nature do not have archival value as they are low-level routine records. Such records are therefore recommended for destruction.</p> |
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Recommended for retention as public archives

| Class # | Record class | Description | Disposal criteria |
|---------|---------------------------------------|---|-------------------|
| 5.1 | National Kaitiaki Group | Records that document the activities of this group, its legislative responsibilities and its interaction with NSU | A1, A5 |
| 5.2 | Advisory Group Meeting Papers | Formal records of Advisory Group meetings | A5 |
| 5.4 | Appointment of Advisory Group Members | Records associated with the appointment and service of Advisory Group Members | A5 |
| 5.5 | Advisory Group Reports | Reports prepared by the Advisory Group for NSU, the Ministry of Health or Ministers | A5 |

Recommended for destruction

| Class # | Record class | Description | Disposal criteria |
|---------|-------------------------------|---|-------------------|
| 5.3 | Advisory Group Administration | Records associated with the administration and operation of each Advisory Group | D1 |

10.6 Screening Programme Data

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|-------------------------|--|
| Class #: | NSU 6 |
| Description : | <p>This class covers the raw and/or depersonalised or aggregated data collected by NSU to assist with the management of population-based screening programmes. Included in this class is:</p> <ul style="list-style-type: none"> • Raw programme data management by NSU – such as database records, spreadsheet of data. For example the National Cervical Screening Register and the Newborn Metabolic Screening data spreadsheet • Screening history data relating to withdrawn participants of the National Cervical Screening Programme, including screening records (both hard copy and electronic) that pertain to any individual that has asked to be withdrawn from the programme • Requests and demographic information relating to withdrawn participants of National Cervical Screening Programme such as date of birth and location information • Screening programme data managed by providers which includes database records, spreadsheet, such as infant hearing screening data • National Cervical Screening Programme data sent to the Regional Services team for updating into the Register such as reports, colposcopy forms which are transcribed and entered into the register • Data collected from other agencies to support NSU activities such as population statistics, birth, death, marriage figures • Business information systems managed by NSU used to manage programme data and the records about those systems <p>Data gathered as part of screening programmes is usually collected by providers. Depending upon the programme and the business information systems used to manage the programme, the data may be supplied directly to NSU by providers, a summarised set of data may be supplied to NSU, or the providers themselves may manage the data as custodians.</p> <p>The data itself when supplied to NSU can be in a variety of forms such as spreadsheets, hard copy laboratory reports, direct data feeds into databases. NSU currently has two main programme databases – the National Cervical Screening Register and the Interim Newborn Hearing Database. However, plans are underway for NSU to develop further databases to manage the screening information they are provided. Some data is also provided to NSU from the Ministry's large data warehouse.</p> <p>Providers typically have their own databases in operation and any NSU records pertaining to screening may be simply one dataset within a provider's business information system.</p> <p>All screening data whether managed by NSU or providers is regarded as health information and whether it is about identifiable individuals or not appropriate security and access measures are in place.</p> <p>One particular set of data managed by NSU requires specific management as</p> |

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| | <p>prescribed under Part 4A of the Health Act. Health (National Cervical Screening Programme) Amendment Act 2004 No 3, Public Act.</p> |
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This amendment states that screening history records (both hard copy and electronic) relating to any participant of the National Cervical Screening Programme who has asked to be withdrawn from the programme must be destroyed. However the actual request information and unidentifiable demographic information is retained by NSU as part of the National Cervical Screening Register.

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| Value: | <p>The data collected by NSU for any programme is used as part of audit and monitoring processes, and provides important information for the ongoing development and management of the programmes. It also provides central source records relating to individuals that are part of any screening programme that may have significant clinical value for individuals. For example, only by having screening records of individuals in the National Cervical Screening Register (database) was it possible to identify those patients whose samples needed retesting as part of the Gisborne Enquiry. Raw programme data and datasets have ongoing value to NSU to enable the provision of sound and robust screening programmes and medical evidence of screening history for individuals for some of the programmes where NSU gathers personalised data.</p> <p>Raw programme data is not however considered to have archival value as it is akin to an individuals medical file where the detailed information is relevant long-term for the individual, but it is the aggregated or summarised data (as found in the NSU Monitoring and Evaluation disposal class) that has greater archival value to enable research or evidence of programme management.</p> <p>It is however difficult to determine an appropriate disposal date applicable to all datasets as records for each individual may have differing value over time. It is only when there may be issues with screening carried out for a particular individual that reference to older data may be required, and under such circumstances not having the data available may have medical consequences. For most screening activities it could be considered entirely reasonable to retain data for the life of the individual or for decades at least, as many screening activities require several screening events before any pattern may be found. Because of the collection and collation methods used for the data from each of the different programmes application of a standard destroy disposal action after a certain time period would be extremely difficult to apply. So whilst the records have been recommended for destruction is it expected that they will be retained long term by NSU and may be destroyed when minimum retention period has been met and all business, administrative, research and legal use ceases. The screening history data relating to withdrawn participants of the National Cervical Screening programme is also identified for destruction of the particular requirements in Part 4A of the Heath Act.</p> <p>Records of National Cervical Screening Programme data which are sent to Regional Services for updating into the Register are recommended for destruction as the records have been transcribed into the full Register.</p> <p>Data collected from other agencies is recommended for destruction as it is not generated by NSU and should be covered by a retention and disposal schedule for those agencies. It is available to NSU from those agencies again in the future if needed once destroyed.</p> <p>The actual databases used and managed by NSU as repositories for programme data and the documentation that accompanies them are recommended for destruction after the active life of the system has ceased. This disposal recommendation is consistent with GDA 4/11.1</p> |
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Recommended for retention as public archives

No records in this class are recommended for retention as public archives.

Recommended for destruction

| Class # | Record class | Description | Disposal criteria |
|----------------|---|--|--------------------------|
| 6.1 | Raw Programme Data Managed by NSU | Data collected or received by NSU in relation to any screening programme | D3 |
| 6.3 | Screening History Data Relating to Withdrawn Participants of National Cervical Screening Programme | Screening history records of individuals who have asked to be withdrawn from the National Cervical Screening Programme | D2 |
| 6.4 | Request and Demographic Information Relating to Withdrawn Participants of National Cervical Screening Programme | Request forms and demographic data for women who have requested to be withdrawn from the National Cervical Screening Programme | D2 |
| 6.5 | Programme Data Management by Providers | Data from any screening programme collected or collated by providers, and managed by the providers as custodians | D2 |
| 6.6 | National Cervical Screening Programme Data Sent to Regional Services or RCT | Records collected and used to update entries in the National Cervical Screening Register by Regional Services or RCT. | D3 |
| 6.7 | Data Collected from Other Agencies | Statistics and data collected from other agencies to support NSU activities | D3 |
| 6.8 | Operational NSU Business Information Systems | Databases used within NSU to record and manage programme data | D1 |

10.7 Government Policy Development

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| Class #: | NSU 7 |
| Description : | <p>This class covers records relating to the development of government policy for population-based screening, including policy advice provided to the Director General of Health. It includes activities where NSU takes the lead for policy development work across government, the interactions and reports to the Minister about population-based screening policy, records of consultation carried out and the research and analysis undertaken during the formation of policy.</p> <p>It also includes reports to the Minister including the formal Health Reports from NSU, briefings to Ministers or incoming governments and preparation of Cabinet Papers.</p> <p>This class also includes records managed by NSU concerning policy development where another agency is the lead agency.</p> <p>Other activities undertaken by NSU that are documented in this class of records include records created by NSU in relation to the support of legislation administered by the Ministry of Health that has a direct bearing on the functions and activities of NSU; for example, Part 4A of the Health Act</p> |
| Value: | <p>Records in the policy development class are largely of long term archival value as they provide evidence of core functions and activities performed by NSU in the area of development of public policy.</p> <p>Records of long term value include those which provide evidence of the development of New Zealand Government population-based screening policy, reporting to Ministers or government officials, consultation with external parties and/or stakeholders as part of policy development, and records relating to the administration or updating of legislation for which NSU has some responsibility.</p> <p>Records of shorter term value in this class include those of research and analysis activities undertaken during policy development where the final output in the form of a policy paper contains appropriate levels of information to provide evidence of activities, or where the policy development process is being led by an agency other than NSU. Such records have therefore been recommended for destruction.</p> |

Recommended for retention as public archives

| Class # | Record class | Description | Disposal criteria |
|----------------|--|--|--------------------------|
| 7.1 | Policy Development and Advice NSU Lead | Records relating to the development of government policy for population-based screening where NSU is leading the development on behalf of the Ministry of Health | A3 |
| 7.2 | Reports to Ministers | Records documenting formal reporting to Ministers, briefings to incoming government officials, development of Cabinet Papers | A2, A4 |

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| 7.3 | Consultation | Records documenting consultation with external parties and/or stakeholders as part of the government policy development and review process | A2, A3 |
| 7.6 | MOH Administered Legislation Support | Records of support activities around Ministry of Health administered legislation that has an impact on NSU functions | A1 |

Recommended for destruction

| Class # | Record class | Description | Disposal criteria |
|----------------|---|--|--------------------------|
| 7.4 | Research and Analysis | Record created or collected for research and analysis activities as part of the development of public policy | D2 |
| 7.5 | Policy Development Other Agency Lead | Policy development records or policy review records where another government agency is the lead agency and NSU is only providing input | D2, D3 |

10.8 Queries, Complaints and Investigations

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| Class #: | NSU 8 |
| Description : | <p>This class covers records or queries, complaints and investigations in relation to screening programmes.</p> <p>NSU receives a number of routine queries and enquiries from members of the public and media in relation to screening programmes. This class includes those enquiries that are not specific to an individual or made by an individual about their own screening record (these queries are included in class 3). Typical queries received may be for the provision of information showing screening results for a particular demographic in a particular location.</p> <p>In addition NSU receives specific complaints about programmes. Records of these complaints include correspondence received and responded to, and reporting of complaints.</p> <p>Both queries and complaints are entered into a Complaints database which acts as a summary record and register of the query (or complaint), and records the details of the person making the query, detail of the query, dates, the response given, etc.</p> <p>In addition to queries and complaints, NSU also maintains a risk and issues register in relation to NSU screening programmes. Risks and issues may be identified as part of audit and monitoring activities for each programme (for example issues found with the data integrity of a particular provider, or complaints about the number of mis-readings of results by a laboratory worker), or they may be identified by the receipt of a series of complaints. The register identifies all risks and issues and how they are to be mitigated.</p> <p>On occasion NSU carries out investigations into screening practices, usually as the result of a sentinel event¹. The sentinel event records include the initial notification of the event, communications with the relevant NSU provider, engagement records if a 3rd party reviewer is brought in to review screening results, communications with the Minister, media communications and records of the results of the event and the investigation of the event.</p> <p>NSU also creates records relating to more formal government inquiries or investigations into screening programmes, for example the Cervical Screening Inquiry. This is where a formal government-led investigation is instigated and includes records documenting the initial investigation/inquiry brief, background and supporting documentation, consultation and information gathering, reporting records, plus the final results of the investigation or inquiry. Inquiry records may also include records documenting the implementation of any recommendations made from the inquiry/investigation, such as milestone reporting to Ministers, legal assessment in regard to individuals taking legal action, ethics committee considerations and communications. Note that this class does not include low level routine administrative records relating to any such inquiry or investigation as they</p> |

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¹ A sentinel event is an incident that signals something serious has occurred and warrants in-depth investigation. There is opportunity for either actual or potential series to occur. For example misreading on an individuals results have resulted in an undiagnosed medical condition

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| | are covered by the General Disposal Authorities. |
| Value: | <p>The Complaints Database (and its data) is recommended for destruction as it is an operational database which contains summary records of queries, enquiries, and complaints. It does not have long term archival value, but does have ongoing administrative value to the organisation.</p> <p>The actual queries/enquiries, and complaint records are recommended for destruction as they are of a routine operational nature only, and summary details are available in the Complaints Database.</p> <p>The records created by NSU in relation to Risks and Issues do not have archival value as they are of routine operational value only. In most instances the risk, issues and sentinel events are managed and resolved within NSU in a timely manner. If however the issue is widespread or of a more significant nature a formal investigation or inquiry will take place.</p> <p>Records of sentinel events, investigations and inquiries are recommended for retention as archives as they provide evidence of the management of screening programmes, and potentially evidence of nationally significant events that may shape or change public policy and screening practices. They may also involve the settlement of claims or protection of legal interests of individuals.</p> |

Recommended for retention as public archives

| Class # | Record class | Description | Disposal criteria |
|---------|------------------------------|---|-------------------|
| 8.5 | Sentinel Event Records | Records of minor investigations into screening practices | A1, A3, A4, A6 |
| 8.6 | Investigations and Inquiry's | Records of formal government investigations or inquiries into screening practices | A1, A3, A4, A6 |

Recommended for destruction

| Class # | Record class | Description | Disposal criteria |
|---------|----------------------------------|---|-------------------|
| 8.1 | Queries/Enquiries | Records of queries/enquiries | D2 |
| 8.2 | Complaints Specific to Programme | Records of complaints relating to a specific screening programme | D2 |
| 8.3 | Complaints Database | Records contained within the Jira database summarising queries and complaints | D2 |
| 8.4 | Risk and Issue Records | Records of risks and issues identified by NSU and managed within a formal risk register | D2 |

10.9 Public Education Campaigns, Training and Communications

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| Class #: | NSU 9 |
| Description | This class covers records documenting the development of public education |

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| : | <p>campaigns relating to population-based screening programmes that are not covered by the General Disposal Authorities.</p> <p>There are two sub-classes in this class.</p> <p>One sub-class covers records relating to the development and management of public awareness campaigns and education programmes. This includes programme planning, liaison with stakeholders, promotional materials and development of resources and implementation of campaigns. An example of such a campaign would be the regularly-run television advertisements to encourage participation in the National Cervical Screening Programme.</p> <p>The second sub-class covers records documenting the provision of training and education services to providers. NSU provides resources and training to staff within providers (such as DHBs) and to community groups about particular screening programmes such as BreastScreen Aotearoa. NSU regularly runs training and education events to ensure that those carrying out the actual screening are fully educated about the programmes and how the screening information and data is used, and so that those who may be eligible for screening or have influence over a particular community group are fully informed about the screening programmes. Record examples include: training programme planning, liaison with trainers and providers, course materials publicity about the training courses.</p> |
| Value: | <p>Records of public awareness campaigns and education programmes are recommended for retention as archives as they provide evidence of a core function of NSU. In addition they document how NSU interacts with the wider New Zealand community to influence and educate New Zealanders about the benefits and limitations of participating in screening programmes and how to do so.</p> <p>Records of the provision of training and education to providers or community groups are also recommended for retention as archives because they demonstrate how the NSU educates key stakeholders about the programmes, promotes and enhances the understanding of how screening programmes work, and demonstrate one of the avenues for interaction with outside groups by NSU, all of which support the undertaking of core NSU functions and responsibilities.</p> |

Recommended for retention as public archives

| Class # | Record class | Description | Disposal criteria |
|---------|---|---|-------------------|
| 9.1 | Public Awareness Campaigns and Education Programmes | Records of the development and management of external education and social marketing campaigns. | A3 |
| 9.4 | Training and Education Records | Records documenting the provision of training and education service to providers and community based groups | A3 |

Recommended for destruction

No records in this class are recommended for destruction.

10.10 Relationship Management and Liaison

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|-------------------------|---|
| Class #: | NSU 10 |
| Description : | <p>This class covers records documenting high-level relationships and liaison with other agencies and/or organisations where it is not covered by other classes or by classes in the GDAs.</p> <p>NSU maintains high-level partnerships and relationships with a number of external agencies and organisations. While many of the records relating to these are covered by other classes (for example records relating to the relationship between NSU and a provider are covered by class 3), some are not. The records not covered by other classes include records of relationships other government agencies and non-government agencies both in New Zealand and overseas such as:</p> <ul style="list-style-type: none"> • The agency carrying out similar screening functions in Australia • Ministry of Education, which has some operational involvement in screening programmes such as pre-school eyesight and hearing screening • The National Screening Advisory Committee that reports to the Director General of Health about all screening activities in New Zealand including those run by NSU • The various professional associations and bodies associated with particular screening activities, such as the Royal College of Pathologists of Australasia <p>Records created and managed by NSU documenting these relationships and liaison may include:</p> <ul style="list-style-type: none"> • Memoranda of Understanding • Agreements • Consultation documents • Correspondence • Minutes of meetings • Contact lists • Memos • Discussion papers |

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| Value: | <p>Records of high-level relationships and partnerships with other organisations, and with New Zealand Crown Agencies are recommended for retention as archives as they provide evidence of how NSU interacts with external groups and bodies at a high level as well as evidence of how NSU operates (sometimes in partnership with other agencies and organisations) to provide population-based screening across all community groups.</p> <p>Any routine or low-level records created as part of managing the relationships are recommended for destruction as they have no long term value. This includes FYI material, routine administrative correspondence, copies of published reports.</p> |
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Recommended for retention as public archives

| Class # | Record class | Description | Disposal criteria |
|---------|---|---|-------------------|
| 10.1 | Relationships and Partnerships with Other Organisations | High-level strategic records documenting the relationship | A2, A5 |
| 10.2 | Relationships and Partnerships with NZ Crown Agencies | High-level strategic records documenting the relationship | A2, A5 |

Recommended for destruction

| Class # | Record class | Description | Disposal criteria |
|---------|---------------------------------|-----------------------------|-------------------|
| 10.3 | Routine Relationship Management | Records of a routine nature | D1 |

11. Access Recommendations

NSU understands that any records retained until no longer administratively required for longer than 25 years from their date of creation must have their access status declared under s.43 of the Public Records Act 2005.

Records transferred to Archives New Zealand under class 1.1 Programme Development are recommended to be restricted for 10 years from the date of transfer. This is to protect the privacy of individuals who may be named in policy development records that pertain to a particular screening programme. At this point it is difficult to ascertain whether all records from all programme-specific policy development will have to be restricted but it is certainly likely that some will.

Records transferred to Archives New Zealand under class 8.5 and 8.6 for Sentinel Events and Investigations and Inquiries are also recommended to be restricted for a period of at least 10 years from the date of transfer. At the time of transfer a specific restriction will be put in place depending on the exact nature of the investigation or inquiry and the type and amount of personal information that may be contained within the records. At this point it is difficult to ascertain whether all records from all sentinel events and investigations/inquiries will need to be restricted but it is certainly likely that some will.

12. Transfer Arrangements

Refer to any sentencing guidelines accompanying this report for specific recommendations:

- Records must be kept for the minimum period specified.
- Records may be destroyed at any point once the minimum retention periods have passed. Records do not have to be destroyed; the agency may keep them for longer if required.

This authority is valid for a period of ten years from date of signing, unless previously agreed with the Chief Archivist.

12.1 Contact Details

Contact Archives New Zealand Appraisal Section at appraisal@archives.govt.nz

Contact Archives New Zealand Arrangement and Description Section at transfer@archives.govt.nz

13. Appendix One – Retention and Disposal Schedule Spreadsheet

Please see separate attached spreadsheet

14. Appendix Two – Implementation Guide for NSU

Please see separate attached draft implementation guide

15. Appendix Three – Implementation Guide for NSU Providers

Please see separate attached draft implementation guide