



19 September 2025

Tēnā koe

Official Information Act request

Thank you for your email of 9 August 2025, requesting information about information on Student Allowance entitlement limit extension applications, reviews of decision and complaints relating to these applications as well as information about Ombudsman complaints, compliance, internal auditing and internal meeting minutes regarding the Official Information Act 1982.

I have considered your request under the Official Information Act 1982 (the Act). Please find my decision on each part of your request set out separately below.

1. Declined Student Allowance Entitlement Limit Extension Applications (2023–2024)

Please provide full information relating to all declined Student Allowance Entitlement Limit Extension applications in the years 2023 and 2024 (excluding 2025, as the year is not yet complete). I request:

- *A copy of each declined application*
- *The full client file for each case (with any necessary redactions for privacy)*
- *All associated case notes and decision rationale*

As you are aware the Ministry is currently working with the Office of the Ombudsman regarding our previous decision to refuse this information under section 18(f) of the Act, where a response would require substantial manual collation and research. I maintain this decision again for this section of your request.

2. Review of Decision Applications (2023–2025)

Please provide full information for all Review of Decision applications related to Student Allowance Entitlement Limit Extension decisions that were reviewed in 2023, 2024, and 2025. I request:

- *A copy of each Review of Decision application*
- *The full client file for each case (with any necessary redactions for privacy)*
- *All associated case notes*

- *The outcome of each review, including whether the original decision was overturned, upheld, or withdrawn and if discretion was used*
3. *Complaints Related to Declined Student Allowance Entitlement Limit Extension Applications (Last 7 Years)*

Please provide a copy of every complaint received by the Ministry of Social Development over the last seven years regarding declined Student Allowance Entitlement Limit Extension applications.

The request for information about Student Allowance entitlement limit extension applications, reviews of decision and complaints relating to these applications, outlined in questions 1 to 3, is refused under section 18(f) of the Act, as substantial manual collation would be required to collate this information. If held, this information would only be contained within individual client files, which would each require manual review to respond to your request. The greater public interest is in the effective and efficient administration of the public service.

4. *Ombudsman Complaints Regarding OIA Breaches (All Time)*

Please provide a copy of every complaint submitted to the Ombudsman against the Ministry of Social Development since its establishment, where the complaint related to an alleged breach of the Official Information Act 1982.

I also request a year-by-year table listing:

- *The number of such complaints received*
- *The outcome of each complaint, including the Ombudsman's finding or decision*

The Office of the Ombudsman does not usually share a copy of the complaint they receive, and instead will make inquiries of the Ministry to gather relevant information for their investigation processes. On occasion, they may provide a copy of the complaint, however, in order to determine whether a copy of any complaints have been shared by the Ombudsman with the Ministry, we would be required to manually review individual files to find and collate any of this information. As such, I refuse your request under section 18(f) of the Act. The greater public interest is in the effective and efficient administration of the public service.

I also note that an Ombudsman's investigation is conducted in private, and any communications between the Ombudsman and the Ministry in those investigations is not considered official information under the Act. This is set out in the definition of 'official information' in section 2(1)(i) of the Act. This includes copies of any complaints the Ombudsman may have shared with the Ministry as part of the investigation process.

Regarding your request for the number of complaints received alleging a breach of the Act, and the outcome of each complaint, you have asked for this data to cover 'all time'. Noting the Act was enacted in 1982, this would require substantial manual collation to find and bring that data together, and I am therefore also refusing this aspect of your request in part under section 18(f) of the Act.

However, the Ombudsman's office publishes six-monthly data on complaints that the Office has received under the Act across all government agencies. The most recently published statistics covers the period 1 July to 31 December 2024 and are

available at the following link: www.ombudsman.parliament.nz/resources/oia-and-lgoima-complaints-received-between-1-july-and-31-december-2024

The statistics for 1 January to 30 June 2025 are expected to be published by the Ombudsman's office in September 2025. Should you need any additional assistance with finding earlier statistics published by the Ombudsman's office on their website, please contact the Ombudsman directly on info@ombudsman.parliament.nz

You may also be interested in the statistics published by the Public Service Commission on compliance with the Act across each government agency. Again, this is published each six months at the same time as the Ombudsman's office publishes their complaints statistics. PSC's statistics can be found at this link: www.publicservice.govt.nz/guidance/official-information/oia-statistics

5. Internal Audits of OIA Compliance (Last 7 Years)

Please provide a copy of all internal audit reports or reviews conducted by or for the Ministry in the last seven years regarding compliance with the Official Information Act 1982.

In May 2023, as an outcome to an Ombudsman investigation into the Ministry's compliances and practices under the Act, an independent quality check of responses under the Act was introduced. As part of this check, the Ministry identified areas of concern or necessary undertakings about improvements to staff training, processes or guidance.

Please find attached copies of the quarterly OIA quality assurance reports, starting in May 2023 and ending in July 2024. You may notice that there are no quarterly reports from July 2024 to today's date. The excerpt below has been extracted from a Biannual Update between Ministerial and Executive Services and the Organisational Health Committee dated 21 August 2025. The document is provided to you under section 16(1)(e) and explains why these reports were not created over the last year. The rest of the document that this excerpt was extracted from is outside the scope of your request and will not be provided to you.

11. The annual OIA assurance checks have not been completed this year, as staff were diverted to other priority work. While previous checks consistently showed strong performance across timeliness, record keeping, and decision reasoning, we acknowledge the risks of pausing this activity. In particular, the Ministry must remain mindful of the Ombudsman's action points from the *Ready or Not* practice investigation—specifically, the need to establish a post-decision quality assurance process¹. We intend to resume assurance checks when capacity allows, to support ongoing oversight and assurance, and to meet external expectations.

You have also requested copies of all internal audit reports or reviews for the last seven years regarding compliance with the Act. This part of your request is very broad, and substantial manual collation would be required to locate and prepare all documents within scope of your request. As such, I refuse your request under section 18(f) of the Act. The greater public interest is in the effective and efficient administration of the public service.

6. OIA Discussion in Internal Meetings (Last 7 Years)

Please provide copies of all minutes or records of internal meetings held in the last seven years where Official Information Act requests or compliance were discussed.

I am happy to receive redacted documents where necessary to protect personal privacy in accordance with section 9(2)(a) of the Act.

Your request for all minutes or records of internal meetings held in the last seven years where Official Information Act requests or compliance were discussed is very broad, and substantial manual collation would be required to locate and prepare all documents within scope of your request. As such, I refuse your request under section 18(f) of the Act. The greater public interest is in the effective and efficient administration of the public service.

Where your request has been refused under section 18(f) of the Act, I have considered whether the Ministry would be able to respond to your request given extra time, or the ability to charge for the information requested. I have concluded that, in either case, the Ministry's ability to undertake its work would still be prejudiced.

I will be publishing this decision letter, with your personal details deleted, on the Ministry's website in due course.

If you wish to discuss this response with us, please feel free to contact OIA_Requests@msd.govt.nz.

If you are not satisfied with my decision on your request, you have the right to seek an investigation and review by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz or 0800 802 602.

Ngā mihi nui

pp.



Anna Graham
General Manager
Ministerial and Executive Services



Memo

To: Magnus O'Neill, GM Ministerial and Executive Services

From: Sarah Quigan, Manager Official Information

Date: 4 May 2023

Security level: IN CONFIDENCE

Quarterly OIA quality assurance

Purpose of this memo

1. In 2022, Chief Ombudsman Peter Boshier published his report, *Ready or not*, a practice investigation into the Ministry's OIA compliance and practices. This was a follow up practice investigation to the Chief Ombudsman's previous report, *Not a game of hide and seek*.
2. This memo relates to two Action Points noted to the Ministry at the conclusion of this investigation, relating to the establishment of a post decision quality assurance process, as follows. These are Action Point 5 in *Performance Monitoring and Learning* and Action Point 11 in *Current Practices*.
3. This memo proposes the introduction of a quarterly QA process, to implement these Action Points. It will cover decisions made by both the OI Team and Media Team, under the Official Information Act 1982.
4. This process will assure us that the Ministry's OIA practices and responses meet legislation and our own quality standards.
5. You have approved the following process and criteria.

Quarterly OIA quality assurance – the process

6. The process will be run at the same time as MaES prepares the quarterly OIA statistics for submission to Te Kawa Mataaho – Public Service Commission (PSC). This will reduce duplication of work.
7. The QA process will be led by a Principal Advisor within the MaES Group, with other members of the MaES management group assisting with undertaking QA checks.
8. The Manager Official Information will not be involved in the process as they review and provide MaES approval for all OIA responses, and it is important this new quality assurance is conducted independently of our regular QA and sign-out processes already in place.

Sample size and random selection

9. We review 5% of all OIA requests completed each quarter. This seems a sufficient sample size to provide a good level of quality assurance, while not being administratively burdensome.
10. Any systemic issues identified as part of the review process will be assessed for appropriate follow-up actions (ie, process clarifications or improvements, staff training or reminders etc).
11. The OIAs to be reviewed will be randomly chosen from the PSC OIA reporting spreadsheet and allocated by the OI Team Administrator to Principal Advisors and Managers within MaES, at the direction of the lead Principal Advisor. Copies of completed QA check forms will be saved into a folder in Objective.

The criteria

12. Appendix 1 is the template to be completed for each QA.
13. The three overarching criteria will be:
 - a. Timeliness;
 - b. Record keeping; and
 - c. Reasons for decision.
14. These overarching criteria will ensure our compliance with our core statutory obligations set out in sections 14, 15, 15A, and 19; as well as general record keeping obligations under the Public Records Act 2005.
15. Each criterion will be answered with Yes or No. Any "No" answer will require comments to be provided.

Summary of findings

16. Once the individual quality assurance assessments are completed, the lead Principal Advisor within MaES will prepare a summary of findings. Appendix 2 provides a template memo.
17. The summary of findings will provide details of the number of OIA responses which were checked (broken down by OI Team and Media Team). It will summarise any key themes noted, and if there are any recommended actions or improvements that should be considered following the quality assurance process. If considered appropriate, it could also compare the results to the previous quarter and report back on any improvements or actions completed or initiated since then.



OIA Quality Assurance Check

Assessment is Yes or No, as to whether the criteria is met. If the assessment is 'no', please provide relevant comments to support this. If there is insufficient evidence, please answer 'no' and provide relevant comments.

Criteria	Yes/no?	Any comments or issues of note?
Timeliness		
Did we comply with: <ul style="list-style-type: none"> • Section 15(1) – decision provided within the statutory timeframe? • If applicable – section 15A. Was an extension memo prepared, and was the decision to extend communicated within 20 working days of receiving the request? • If applicable – section 14. Did we transfer to another agency within 10 working days? 		
Record keeping		
For the OI Team: Did we save all relevant emails, meeting records etc onto the Objective folder, and are all fields in the "Details" tab completed and correct? For the Media team: Is the media log accurate? Are there appropriate email records to support the decision made?		
Reasons for decision		
Did we comply with section 19 of the OIA, and provide the reason for any refusal to provide information as well as the right to complain to the Ombudsman?		

Objective link:

QA check completed by:

Date check completed:

Appendix 2: Quarterly OIA Quality Assurance – template summary of findings memo

Memo



**MINISTRY OF SOCIAL
DEVELOPMENT**
TE MANATŪ WHAKAHIATO ORA

To: Magnus O'Neill, GM Ministerial and Executive Services
Sarah Quigan, Manager, Official Information

From: xx

Date: xxx

Security level: IN CONFIDENCE

Quarterly OIA quality assurance report: xx to xx 2023

Background

1. The Quarterly OIA quality assurance process was introduced in xx 2023, in response to the Ombudsman investigation into the Ministry's OIA compliance and practices.
2. It is an independent quality check of the OIA responses completed by the Ministry, and identifies any areas of concerns and/or where improvements to the staff training, processes or guidance etc may need to be undertaken.
3. A total of xx OIA response were reviewed which is 5% of all OIA responses completed in that quarter. xx of those were completed by the OI team, and xx were completed by the Media team.

Summary of quality assurance findings

4. A summary of the three quality assurance criteria (timeliness; record keeping; and reasons for decision), by team, is set out below.

OI team

5. [Add any comments of note here]

Media team

6. [Add any comments of note here]

Improvements or actions recommended

7. After reviewing the findings of the quarterly review, the following actions/improvements are recommended (eg, process clarifications or improvements, staff training or reminders etc).

Comparison with previous quarter

8. Comparison with the previous quarter show that there was [more/less/a similar level of] compliance.

9. [Add any other comments you may want to make.]

Report back on actions and improvements since previous quarter

10. [Use this section to report back on actions and improvements taken since the report in the previous quarter. This section can also used to highlight if there have been no actions undertaken (yet), and why. This section can also be used to note any recent Ombudsman investigation findings and recommendations, and how they are being implemented.]

Memo



**MINISTRY OF SOCIAL
DEVELOPMENT**
TE MANATŪ WHAKAHIATO ORA

To: Magnus O'Neill, GM Ministerial and Executive Services
Sarah Quigan, Manager, Official Information
Ruth Laugesen, Manager Media

From: Fau Logo, Principal Advisor Ministerial and Executive Services

Date: 2 November 2023

Security level: IN CONFIDENCE

Quarterly OIA quality assurance report: 1 July to 30 September 2023

Background

1. The Quarterly OIA quality assurance process was introduced in May 2023 as part of an action plan in response to the Ombudsman investigation into the Ministry's OIA compliance and practices.
2. It is an independent quality check of the OIA responses completed by the Ministry and identifies any areas of concerns and/or where improvements to the staff training, processes or guidance etc may need to be undertaken.
3. For this initial step, a total of 29 OIA responses were reviewed which is 5% of all OIA responses completed by the Official Information (OI) Team and Media Team in Quarter 1 of the 2023/24 financial year.

Summary of quality assurance findings

4. Overall, the quality of decision making across the three quality assurance criteria (timeliness; record keeping; and reasons for decision), is positive. Aggregate results are set out in the table below.

Criteria	Finding	Any comments or issues of note?
Timeliness		
<p>Did we comply with:</p> <ul style="list-style-type: none"> Section 15(1) – decision provided within the statutory timeframe? If applicable – section 15A. Was an extension memo prepared, and was the decision to extend communicated within 20 working days of receiving the request? If applicable – section 14. Did we transfer to another agency within 10 working days? 	<p>26 out of 29 cases compliant (90%)</p> <p>6 out of 6 cases compliant (100%)</p> <p>Only one case required transfer and not actioned within 10 days (0%)</p>	<p>Two records relate more to missing files and therefore unable to complete the checks.</p>
Record keeping		
<p>For the OI Team: Did we save all relevant emails, meeting records etc onto the Objective folder, and are all fields in the "Details" tab completed and correct?</p> <p>For the Media team: Is the media log accurate? Are there appropriate email records to support the decision made?</p>	<p>17 out of 19 cases compliant (89%)</p> <p>All cases checked were compliant (100%)</p>	<p>Once the records are updated, this will be a 100% compliance for OI.</p>
Reasons for decision		
<p>Did we comply with section 19 of the OIA, and provide the reason for any refusal to provide information as well as the right to complain to the Ombudsman?</p>	<p>27 out of 29 cases compliant (93%)</p>	<p>Two OI records relate to missing files and therefore unable to complete the checks.</p> <p>For Media – two records relate to information being provided to requester in full without the 'email signature' used to provide rights to complain to Ombudsman. However, as these were not "refusals" there was no technical failure to adhere to our obligations under section 19 (although we note best practice below).</p>

Improvements or actions recommended

5. After reviewing the findings of the quarterly review, the following recommended actions and improvements relate more to Public Records Act compliance:

OI Team specific

- a. Reminder on naming conventions for the pdf responses sent to requestors. One case (qA748121) sent a letter to the requestor named "DRAFT response..."
- b. Where bulk requests are received from a requestor and each is logged separately in Objective for reporting and record keeping purposes, to ensure there is a clear link back to the primary file that the Advisor is keeping the full and complete records in. A good example within is seen in case qA754789 where the alias file for a 'lead file' was saved and referenced.
- c. To improve transparency with extension memos, recommend that the author/Advisor include their name at the end of the memo along with the one-up staffer who has approved their request. This currently seems to be a practice for Senior Advisors submitting to the OI Manager but not mirrored between Advisor and Senior Advisors.

Media Team specific

- d. Reminder to use the email standard signature directing requesters to its website containing reasons for refusal and rights to complain to the Ombudsman – to ensure that in the event of a refusal, our obligations under section 19 of the OIA are met.
- e. It is worth noting that sample M005 is a good example of best practice when closing off requests that have been made over the phone.

Memo



**MINISTRY OF SOCIAL
DEVELOPMENT**
TE MANATŪ WHAKAHIATO ORA

To: Magnus O'Neill, GM Ministerial and Executive Services
Sarah Quigan, Manager, Official Information
Ruth Laugesen, Manager, Media and Social Media

From: Lucy Lawlor, Principal Advisor Ministerial and Executive Services

Date: 22 February 2024

Security level: IN CONFIDENCE

Quarterly OIA quality assurance report: 1 October to 31 December 2023

Background

1. The Quarterly OIA quality assurance process was introduced in May 2023 as part of an action plan in response to the Ombudsman investigation into the Ministry's OIA compliance and practices.
2. It is an independent quality check of the OIA responses completed by the Ministry and identifies any areas of concerns and/or where improvements to the staff training, processes or guidance etc may need to be undertaken.
3. For this initial step, a total of 18 OIA responses were reviewed which is 5% of all OIA responses completed by the Official Information (OI) Team and Media Team in Quarter 2 of the 2023/24 financial year – 11 of those were samples from the OIA team and seven from the Media team.

Summary of quality assurance findings

4. Overall, the quality of decision making across the three quality assurance criteria (timeliness; record keeping; and reasons for decision), is positive. Aggregate results are set out in the table below.

Criteria	Finding	Any comments or issues of note?
Timeliness		
<p>Did we comply with:</p> <ul style="list-style-type: none"> Section 15(1) – decision provided within the statutory timeframe? If applicable – section 15A. Was an extension memo prepared, and was the decision to extend communicated within 20 working days of receiving the request? If applicable – section 14. Did we transfer to another agency within 10 working days? 	<p>All cases checked were compliant (100%)</p> <p>1 out of 2 cases compliant (50%)</p> <p>One case was transferred (a media sample)</p>	<p>The decision to extend was communicated to the requestor within 20 working days, however no extension memo was prepared.</p> <p>This was within the statutory timeframes.</p>
Record keeping		
<p>For the OI Team: Did we save all relevant emails, meeting records etc onto the Objective folder, and are all fields in the "Details" tab completed and correct?</p> <p>For the Media team: Is the media log accurate? Are there appropriate email records to support the decision made?</p>	<p>9 of the 11 cases compliant (82%)</p> <p>All cases checked were compliant (100%)</p>	<p>For OI team – there were several erroneous filing mistakes, with the incompleteness of risk assessment tables noted below.</p> <p>For media – the media logs checked were correct, however three of the seven media samples (43%) were incorrectly entered into a grid the media team use for collating and counting their overall statistics.</p>
Reasons for decision		
<p>Did we comply with section 19 of the OIA, and provide the reason for any refusal to provide information as well as the right to complain to the Ombudsman?</p>	<p>All cases checked were compliant (100%).</p> <p>Noting: there were two media samples* where information was provided without the 'email signature' used informing requestors of rights to complain to Ombudsman – however compliant, opportunity for best practice is noted below.</p>	<p>*Case 1: transferred in full (section 14) within the timeframe, so ok to not advise right of appeal.</p> <p>Case 2: Initial response provided from publicly available material asking the requester if they have had a look at this information; with no right of appeal mentioned; inviting the requester to come back to MSD if they needed any information not available on these links; requestor said they may need more clarification on two points and sought two questions to be addressed. Information provided in full and follow-up response included right of appeal.</p>

Improvements or actions recommended

5. After reviewing the findings of the quarterly review, the following recommended actions and improvements can be made:

OI Team specific

- a. Reminder for staff to remain diligent when both completing and filing the relevant emails, meeting records, reviews etc in Objective. There were random inconsistencies – for example: no extension memo (qA756139), responses from QA requests not filed (qA756244), not filing source information from business units (qA756244).
- b. There were two cases (qA754013 and qA756244) where the risk assessment tables had not been completed and / or left blank. If an OIA has no risks identified, this should be considered as 'low-risk' in itself. Without working through the table and considering the risk rating of an OIA, staff may be missing a critical-thinking step when completing the authorisation framework and determining the appropriate level of sign out.

Media Team specific

- c. A reminder to use the email standard signature directing requesters to its website containing reasons for refusal and rights to complain to the Ombudsman, this is to ensure in the event of a refusal, our obligations under section 19 of the OIA are met. While there were no cases that were uncompliant in this audit, it is best practice to include the signature and rights to complain.
- d. Three of the seven media samples (43%) were incorrectly entered into monthly spreadsheets, akin to a tracker or grid, the media team use for collating and counting their responses. This grid includes details such as: date [query was received], media outlet, journalist, media query [summary that matches media logs], advisor, days to respond, transferred in full, refused in full. These spreadsheets then provide the foundational statistics the media team use for external reporting purposes. In this quarter's audit, two sample cases should not have been counted in the Ministry's overall OIA statistics (M005 was a duplicated request and entered in the grid twice, and M007, which was a request for comment not information). Another was entered in the wrong day (M003) – despite that sample being compliant and ultimately inconsequential, when considered in the context of above sample cases may be indicative of a practice or process improvement opportunity.

Audit frequency

- e. Aligning with a recommendation made to the Organisational Health Committee [being considered 26 February 2024], we are also recommending this OIA quality assurance report be bi-annual.
- f. This will align with regular governance reporting, ensure reporting efforts are streamlined within the group and support mandatory internal and external reporting obligations (Performance Measures, Annual Report requirements, and external monitoring by the Ombudsman and Te Kawa Mataaho).

MaES GM Approval of decision



Magnus O'Neill
General Manager
Ministerial and Executive Services

22/02/2024

Date

Memo



**MINISTRY OF SOCIAL
DEVELOPMENT**
TE MANATŪ WHAKAHIATO ORA

To: Magnus O'Neill, GM Ministerial and Executive Services
Sarah Quigan, Manager, Official Information
Ruth Laugesen, Manager, Media and Social Media

From: Fau Logo, Principal Advisor Ministerial and Executive Services

Date: 10 June 2024

Security level: UNCLASSIFIED

Quarterly OIA quality assurance report: 1 January 2024 to 31 March 2024

Background

1. The Quarterly OIA quality assurance process was introduced in May 2023 as part of an action plan in response to the Ombudsman investigation into the Ministry's OIA compliance and practices.
2. It is an independent quality check of the OIA responses completed by the Ministry and identifies any areas of concerns and/or where improvements to the staff training, processes or guidance etc may need to be undertaken.
3. For this initial step, a total of 23 OIA responses were reviewed which is 5% of all OIA responses completed by the Official Information (OI) Team and Media Team in Quarter 3 of the 2023/24 financial year – 15 of those were samples from the OIA team and nine from the Media team.

Summary of quality assurance findings

4. Overall, the quality of decision making and the record keeping across the three quality assurance criteria (timeliness; record keeping; and reasons for decision), is positive. Aggregate results are set out in the table below.

Criteria	Finding	Any comments or issues of note?
Timeliness		
Did we comply with: <ul style="list-style-type: none"> Section 15(1) – decision provided within the statutory timeframe? If applicable – section 15A. Was an extension memo prepared, and was the decision to extend communicated within 20 working days of receiving the request? If applicable – section 14. Did we transfer to another agency within 10 working days? 	All cases checked were compliant (100%) 3 out of 3 cases compliant (100%) One case was transferred (a media sample)	This was within the statutory timeframes.
Record keeping		
For the OI Team: Did we save all relevant emails, meeting records etc onto the Objective folder, and are all fields in the "Details" tab completed and correct? For the Media team: Is the media log accurate? Are there appropriate email records to support the decision made?	All 14 cases checked were compliant (100%) All nine cases checked were compliant (100%)	
Reasons for decision		
Did we comply with section 19 of the OIA, and provide the reason for any refusal to provide information as well as the right to complain to the Ombudsman?	All cases checked were compliant (100%).	

Improvements or actions recommended

5. It's great to see practices of both record keeping and timeliness across the OI and Media team are improving.
6. After reviewing the findings of the quarterly review, recommendations acknowledge some exemplar examples seen in this quarter along with some recommended actions and improvements that can be made across our processes:

OI Team specific

- a. One case sampled was an exemplar in terms of having a decision record that stood well on its own and gave me as the reviewer a good understanding of the decision making involved, and the assessment on whether the information should be withheld (qA763203). In the same case, majority of the elements were addressed and responded to within the CE Correspondence process. It is great to see the MaES teams working collaboratively given that signatory for both OIA and Correspondence work is reflected as the General Manager Ministerial and Executive Services.
- b. Reminders to save all relevant emails that pertain to decisions, and use naming conventions to indicate why it is being saved. Two cases checked (qA764804 and qA763726) have the last email within a

larger thread saved rather than at the point of receiving the decision from business unit with versions of what they have provided, reviewed, or endorsed. One of these samples had a transfer email from the Minister's Office saved in the commissioning folder but named "commissioning email to business unit".

- c. A reminder to staff completing the MaES GM sign-out to remain vigilant on the use of their e-signatures. One case showed that the manager QA requested their signature be added to the final decision letter from the decision record. This was actioned but missed the "pp" from the letter, incorrectly reflecting that the GM MaES had signed the letter (qA764824).
- d. It would be useful if advisors replied to the requestor using email thread already started with them. In the case sampled (qA764824), it would have been beneficial to capture and re-emphasise that the requestor did not respond to our request for refinement, which in turn influenced and shaped our final response (a section 18(f)).

Media Team specific

- e. One case sampled (M007) considered an exemplar for media requests. This case was responded to within one day, using existing MSD information from its website and had helpful Editor notes to provide further context.
- f. Great to see every media sample in this quarter included the email standard signature, even in cases where information was provided in full.

Audit frequency

- 7. In our previous quarterly report to you we advised we would align the audit to the biannual reporting schedule we have with the Organisational Health Committee (OHC).
- 8. On reflection, due to the volume of work, the Principal Advisors will continue to complete these checks on a quarterly basis and report aggregated results to OHC six-monthly.

MaES GM Approval of decision

11/06/2024



Magnus O'Neill
General Manager
Ministerial and Executive Services

Date



Memo

To: Magnus O'Neill, GM Ministerial and Executive Services

CC: Sarah Quigan, Manager Official Information
Ruth Laugesen, Manager Media and Social Media

From: Lucy Lawlor, Principal Advisor

Date: 23 July 2024

Security level: IN CONFIDENCE

Quarterly OIA quality assurance – 12-month report back

Purpose

1. This memo provides an update on the quarterly Official Information Act 1982 quality assurance [QA] process introduced by Ministerial and Executive Services [MaES] in 2023. It provides a brief background, notes process improvements, and summarises findings from the 2023/24 financial year.

Background

2. This post decision QA process was introduced in May 2023 as part of an action plan responding to the Ombudsman investigation into the Ministry's OIA compliance and practices.
3. It is an independent quality check of OIA responses completed by the Ministry and identifies any areas of concerns and/or where improvements to the staff training, processes, or guidance may need to be considered and undertaken.
4. This process covers decisions made by both the Official Information [OI] and Media teams under the Official Information Act 1982 [OIA or the Act], with the purpose of providing assurance that the Ministry's OIA practices and responses meet statutory obligations and our own quality standards.

Process improvements

5. We have completed a full year of reporting and the QA process has iteratively improved and streamlined as follows:
 - a. It remains aligned with MaES' regular schedule to meet mandatory internal and external reporting obligations (governance committees, Performance Measures, Annual Report requirements, and external monitoring by the Ombudsman and Te Kawa Mataaho).

- b. It is led by a Principal Advisor within the MaES group. The managers of the OI and Media teams are not involved in the analysis, as they review and provide approval for the majority of the Ministry's OIA responses.
- c. A review of five percent of requests from each team is completed each quarter, samples are randomly chosen through an online number generator application and each sample is assessed against three overarching criteria: timeliness; record keeping; and reasons for decision.
- d. The criteria have remained unchanged and ensure compliance with core statutory obligations set out in sections 14, 15, 15A, and 19 of the Act; as well as general record keeping obligations in the Public Records Act 2005.
- e. When the QA assessments are completed; the lead Principal Advisor prepares a summary of findings. Any issues identified as part of the review are considered for appropriate follow-up actions and shared with the OI and Media managers (ie, process clarifications or improvements, staff training or reminders etc). The final report is then shared with the General Manager MaES and saved in Objective.

Summary of findings

- 6. Since implementing the OIA QA process we have completed four quarterly checks spanning one financial year [2023/24 or 1 July 2023 to 30 June 2024]. In that time, we have completed assessments on 95 samples: 58 were OI team responses (61 percent) and 37 of which were Media team responses (39 percent).
- 7. The quality of decision making across the three QA criteria has been positive and improved quarter-on-quarter. Of an aggregated 24 criteria checks that the 95 sample cases were assessed against, the majority were 100 percent compliant. A breakdown is as follows:

	Compliance percentage	Aggregated criteria checks
	100% compliant	15
	80-90% compliant	5
	<50% complaint	2
	N/A: No relevant sample	2
	Total	24

- 8. Compliance did wane when it came to the 'reasons for decision' criteria and staff were on those few occasions, remiss in their use of standardised email signatures directing requesters to the Ombudsman's website containing reasons for refusal and rights to complain. As a result, reminders have been made to remain vigilant in including those rights in responses to ensure that in the event of a refusal, the Ministry's obligations under section 19 of the OIA are met.
- 9. There were no systemic issues identified and if there were errors noted these were often minor missteps, often inconsequential, or an anomaly. More details below and available in each quarterly summary if required.

IN-CONFIDENCE

Timeframes – 2023/2024		Quarter 1 1 July – 31 September	Quarter 2 1 October – 31 December	Quarter 3 1 January – 31 March	Quarter 4 1 April – 30 June
QA criteria	Responses	29 responses: <ul style="list-style-type: none"> 19 OI team 10 media 	18 responses: <ul style="list-style-type: none"> 11 OI team 7 media 	24* responses: <ul style="list-style-type: none"> 15* OI team 9 media <p><small>*Note: one case was not assessed due to a data transfer error</small></p>	25 responses: <ul style="list-style-type: none"> 14 OI team 11 media
Timeliness – did we comply:					
Section 15(1) – decision provided within the statutory timeframe?		26 out of 29 cases compliant (90%).	All cases checked were compliant (100%).	All cases checked were compliant (100%).	All cases checked were compliant (100%).
If applicable – section 15A. Was an extension memo prepared, and was the decision to extend communicated within 20 working days of receiving the request?		6 out of 6 cases compliant (100%).	1 out of 2 cases compliant (50%).	3 out of 3 cases compliant (100%).	No cases required an extension memo.
If applicable – section 14. Did we transfer to another agency within 10 working days?		Only one case required transfer and was not actioned within 10 days (0%).	One media case was transferred and was actioned within 10 days (100%).	One media case was transferred and was actioned within 10 days (100%).	No cases were transferred.
Record keeping – did we comply:					
For the OI Team: Did we save all relevant emails, meeting records etc onto the Objective folder, and are all fields in the “Details” tab completed and correct?		17 out of 19 cases compliant (89%).	9 of the 11 cases compliant (82%).	All cases checked were compliant (100%).	All cases checked were compliant (100%).
For the Media team: Is the media log accurate? Are there appropriate email records to support the decision made?		All cases checked were compliant (100%).	All cases checked were compliant (100%).	All cases checked were compliant (100%).	All cases checked were compliant (100%).
Reason for decision – did we comply:					
Did we comply with section 19 of the OIA, and provide the reason for any refusal to provide information as well as the right to complain to the Ombudsman?		27 out of 29 cases compliant (93%).	All cases checked were compliant (100%).	All cases checked were compliant (100%).	23 out of 25 cases were complaint (92%).

Recommendations

10. The post decision QA process MaES ran over the 2023/24 financial year has provided assurance the Ministry's OIA practices and responses met the required statutory obligations under the Act. The process has also confirmed OIA responses were mostly upholding the Ministry's and group's own quality standards. The findings quarter-on-quarter have been consistently positive with minor due diligence reminders being shared with staff as the assessments were completed after-the-fact.
11. Taking into consideration the teams' capacities due to recent Government changes, I am proposing consolidating the current quarterly OIA QA process to an annual QA check to align with the current MaES' regular reporting schedule, as detailed above in para 5.a.
12. This will continue to fulfil the Ombudsman's action points noted to the Ministry at the conclusion of the *Ready or not* practice investigation, which related to the establishment of a post decision QA process (namely action point 5 in *Performance Monitoring and Learning* and action point 11 in *Current Practices*).
 - a. The Ombudsman formed an opinion that the Ministry appeared to have acted contrary to law in relation to section 17(1) of the Public Records Act 2005, by failing to create and maintain full and accurate records of the Media team's substantive correspondence in relation to media information requests.
 - b. However, the Ombudsman did not make any formal recommendations because the Ministry proactively offered to undertake '*a quarterly assurance check of a sample of its [the Media team's] records to ensure they are full and accurate, in accordance with normal prudent business practice*'.
 - c. Given that a year of quarterly audits has been carried out, I consider that the undertaking to the Ombudsman have been carried out sincerely and in good faith, and it is now prudent to assess a refreshed approach for the year ahead.
13. I am proposing 30 samples from the year be randomly selected for the annual QA, split 50:50 with 15 samples each from the OI and Media team. This is a sufficient sample size to provide a good level of quality assurance, while not being administratively burdensome and remaining committed to continuous improvement.
14. The proposed sample size is smaller than the previous year, however, to address any issues that may arise with a smaller sample size, and reduced frequency, I suggest the following caveats are attached to the new annual QA check:
 - a. Where there is a 10 percent deficiency in any criterion, a further 20 samples (50:50 as needed) will be selected to assess whether there are wider issues, and to identify what, if any, remedial action is needed; and
 - b. Where we receive an adverse opinion from the Ombudsman during the year, which relates to one of the QA criteria, you will consider whether it is necessary to undertake an ad hoc QA check across 20 samples (50:50 as needed) to identify if there are wider issues, and to identify what, if any, remedial action is needed.

For action

15. Please indicate:

- ☒ If you agree with the above recommendation to consolidate the current quarterly OIA QA process to an annual QA check.
- ☒ If you agree for the review of five percent of requests from each team currently completed each quarter be streamlined to 30 samples annually, with caveats.
- ☒ If you agree for this to be implemented immediately, noting the next OIA QA report back will be due in August 2025 following the end of the 2024/25 financial year.

24/07/2024



Magnus O'Neill
General Manager
Ministerial and Executive Services

Date

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Memo



**MINISTRY OF SOCIAL
DEVELOPMENT**
TE MANATŪ WHAKAHIATO ORA

To: Magnus O'Neill, GM Ministerial and Executive Services
Sarah Quigan, Manager, Official Information
Ruth Laugesen, Manager, Media and Social Media

From: Lucy Lawlor, Principal Advisor Ministerial and Executive Services

Date: 23 July 2024

Security level: UNCLASSIFIED

Quarterly OIA quality assurance report: 1 April 2024 to 30 June 2024

Background

1. The quarterly OIA quality assurance process was introduced in May 2023 as part of an action plan in response to the Ombudsman investigation into the Ministry's OIA compliance and practices.
2. It is an independent quality check of the OIA responses completed by the Ministry and identifies any areas of concerns and/or where improvements to the staff training, processes or guidance etc may need to be undertaken.
3. For this initial step, a total of 25 OIA responses were reviewed which is 5% of all OIA responses completed by the Official Information (OI) Team and Media Team in Quarter 4 of the 2023/24 financial year – 14 of those were samples from the OIA team and 11 from the Media team.

Summary of quality assurance findings

4. Overall, the quality of decision making and the record keeping across the three quality assurance criteria (timeliness; record keeping; and reasons for decision), remain positive. Aggregate results are set out in the table below.

Criteria	Finding	Any comments or issues of note?
Timeliness		
Did we comply with: <ul style="list-style-type: none"> Section 15(1) – decision provided within the statutory timeframe? If applicable – section 15A. Was an extension memo prepared, and was the decision to extend communicated within 20 working days of receiving the request? If applicable – section 14. Did we transfer to another agency within 10 working days? 	All cases checked were compliant (100%) No cases required an extension memo. No cases were transferred.	
Record keeping		
For the OI Team: Did we save all relevant emails, meeting records etc onto the Objective folder, and are all fields in the "Details" tab completed and correct? For the Media team: Is the media log accurate? Are there appropriate email records to support the decision made?	All 14 cases checked were compliant (100%) All 11 cases checked were compliant (100%)	Noting, in one case [qA772793] the final email to the requester is saved in the "sign out" folder not the "response and report" folder – a pedant improvement opportunity noted, but likely an anomaly. Another pedant improvement opportunity was noted one case [M011]: it would be useful if advisors replied to threads already started with the requestor when sending their completed responses back. This would help with ease of reference and in ensuring whether the response was compliant.
Reasons for decision		
Did we comply with section 19 of the OIA, and provide the reason for any refusal to provide information as well as the right to complain to the Ombudsman?	23 out of 25 cases were complaint (92%).	All OI cases were complaint. 2 of 11 cases in the media team were not complaint [M002 and M007].

Improvements or actions recommended

- It's great to see practices across both teams continue to improve quarter on quarter with very minimal missteps. After reviewing the findings, recommendations acknowledge exemplars noted in this quarter and note some very minor continuous improvement opportunities:

OI team specific

- a. It is worth noting the efficient and effective work in several OI cases when completing routine requests, such as client addresses. There were five requests within this sample completed quickly and were 100% compliant with all assurance check measures. One tidy case (qA772218) was turned around in one working day and also compliant with all measures. Another case (qA770149) was responded to within four working days from receipt of request and included a change of advisor, a change of approach with a more appropriate refusal ground applied caught through manager QA and reflected accurately in the decision record and final response.
- b. A reminder to staff to look for MaES-value add opportunities when working through requests with business units. In one case (qA772299) the email threads appear to show a cross-business group commissioning meeting, subsequent confirmation of actions, agreed approach and discussion around refusal grounds, was completed without a MaES advisor involved, which seems a missed opportunity.

Media team specific

- c. Although practice has improved since the implementation of the quarterly OIA quality assurance checks, staff are reminded to remain vigilant in ensuring responses include rights to complain to the Ombudsman to ensure in the event of a refusal, our obligations under section 19 of the OIA are met. In this sample there were two media cases [M002 and M007] where we fell short of this.

Shared feedback

- d. It would be useful if advisors replied to the requestor using email thread already started with them – this was a point noted in the last quarter's check in an OI team case sample and has been noted in this quarter's check in a media case sample (M011). It is beneficial to capture and align the request with the related response to both ensure compliance with the Act and provide assurance we are meeting our obligations.

MaES GM Approval of decision



Magnus O'Neill
General Manager
Ministerial and Executive Services

23/07/2024

Date