



**Privacy impact assessment: Home and community support services experience survey**

September 2024

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Project summary

Background

Te Tāhū Hauora Health Quality & Safety Commission (Te Tāhū Hauora) is mandated under Part 3, Subpart 3 of the Pae Ora (Healthy Futures) Act 2022, ‘to lead and coordinate work across the health sector for the purposes of monitoring and improving the quality and safety of services’ (see Appendix 1).

Since its establishment in 2010, Te Tāhū Hauora has designed and led improvement programmes across the health sector, with the aim of reducing harm and helping healthcare providers to improve the quality and safety of services. Examples include programmes to reduce hospital-acquired infections, reduce in-hospital falls and improve the safe use of medicines. Te Tāhū Hauora monitors the processes and outcomes of these programmes and other important indicators of health system quality.

Patient-reported measures programme

Patient-reported measures capture feedback about health-related experiences and outcomes. This feedback helps drive quality improvement to deliver better care and mitigate inequity across all levels of the health system. Te Tāhū Hauora collects patient-reported measures through validated and standardised surveys, which enable systematic collection, analysis and reporting. Information gathered at local, regional and national levels is used to benchmark across the country and improve services locally.

The programme is overseen by the Patient Reported Measures Steering Group. The Steering Group provides independent advice to Te Tāhū Hauora on the patient-reported measures programme. This includes ensuring the results of the surveys are best used to improve health service delivery at local, regional and national levels. The Steering Group also provides governance on the collection, storage, access and use of the survey data.

The Te Tāhū Hauora patient-reported measures programme is one of the largest public survey programmes in Aotearoa New Zealand. The programme consists of three national quarterly surveys.

**Adult hospital inpatient experience survey (AHS-I)**, which provides information about the experience of care received by a selection of adults aged 15 years and over who stayed at least one night in a public hospital during the survey period. The AHS-I has been running since 2014.

**Adult hospital outpatient experience survey (AHS-O)**, which provides information about the experience of care received by a selection of adults aged 15 years and over who attended a hospital-based outpatient clinic appointment during the survey period. The AHS-O has been running since 2023.

**Adult primary care patient experience survey (APCS)**, which provides information about the experience of care received by a selection of adults aged 15 years and over who were enrolled with and had a consultation or other contact with their general practice during the survey period. The APCS has been running since 2016, and is now the largest health survey in Aotearoa New Zealand, with around 35,000 responses expected each quarter.

In 2023, the programme was expanded to include development of a new annual survey on the experiences of people receiving home and community support services.

Home and community support services experience survey

The home and community support services experience survey (HCSS survey) aims to find out about people’s experiences of their home and community support services. The survey covers different aspects of the home and community support service experience, including scheduling, communication, partnership, coordination, physical and emotional needs, and cultural safety.

The survey helps home and community service providers (service providers) understand how well they are meeting people’s needs and how they can improve the services they are providing. The information gathered at local, regional and national levels reflects people’s experiences across the country. This gives Te Tāhū Hauora and service funders information to help improve the quality of home and community support services at a national level.

The survey was developed between Te Tāhū Hauora, the Home and Community Health Association, service providers and service funders (Health New Zealand | Te Whatu Ora, Whaikaha – Ministry of Disabled People and the Accident Compensation Corporation). Data collection services are provided by Ipsos New Zealand (Ipsos), an independent research company.

The survey was launched in September 2024 and will be repeated annually. Sixteen service providers participated in the survey in 2024, with more expected to come on board in 2025.

Who receives a survey?

Once a year, a selection of people receiving home and community support services from participating service providers will be invited to take part in the survey. The survey can be completed by family and whānau carers on behalf of the person receiving support, if required. Children aged under 15 years may be invited to take part, but it is recommended that the survey be completed for them by a parent or guardian.

How are people surveyed?

The survey is conducted by Ipsos, an independent research company. Invitations are sent by email or text message, and the survey is self-completed online. Service providers also have the option to send paper copies if they have not reached a certain threshold of responses by a week into fieldwork.

Taking part is voluntary and anonymous. People can choose to opt out of participating. Service providers will not know who has taken part.

Information about the survey for people who have been invited to take part can be found on the website of Te Tāhū Hauora, and a link to this is included in the survey email invitation. See <https://www.hqsc.govt.nz/our-data/patient-reported-measures/patient-experience/taking-part/home-and-community/>.

The HCSS survey methodology and procedures document is published here: <https://www.hqsc.govt.nz/our-data/patient-reported-measures/patient-experience/survey-information-and-methodology/>.

Example email and text message survey invitations and reminders are shown in Appendix 2.

How is information protected?

All information is stored on an encrypted New Zealand server, and protocols are in place to maintain a high standard of security throughout. Personal information in the form of contact details is securely transferred to Ipsos by service providers for the purposes of inviting people to take part in the survey only. All personal information is deleted once the survey closes.

Privacy impact assessment

Need for this privacy impact assessment

The need for this privacy impact assessment (PIA) has arisen because Te Tāhū Hauora is expanding the patient-reported measures programme to include the HCSS survey.

We recognise that the Health Information Privacy Code 2020 (HIPC) applies to the work of Te Tāhū Hauora. Section 4(1)e of the HIPC identifies that the HIPC applies to (e) information about that individual, which is collected before or in the course of, and incidental to, the provision of any health service or disability service to that individual. Section 4(2)j specifies that the agencies it applies to include: (j) an agency which provides services in respect of health information, including an agency which provides those services under an agreement with another agency.[[1]](#footnote-2)

Scope

This PIA relates to how people are contacted and how data is collected and transferred for the HCSS survey. It covers the privacy and confidentiality of personal information and how information flows. There is a privacy impact for home and community support service clients and providers. We want to ensure that we have determined the best and safest approach to data transfer, storage, and use. This will ensure we meet our legal and ethical responsibilities for data privacy, alongside our legislative objective to monitor health and disability services, and our strategic priorities to improve health service experience and health equity.

Process

This PIA was informed by the Office of the Privacy Commissioner’s PIA toolkit,[[2]](#footnote-3) the HIPC 2020 (amended in May 2022),[[3]](#footnote-4) the Health New Zealand | Te Whatu Ora Health Information Governance Guidelines[[4]](#footnote-5) and the Health New Zealand | Te Whatu Ora Privacy Impact Assessment Template v2 (June 2023) as primary references.

We discussed the patient-reported measures programme with the Health and Disability Ethics Committee (HDEC) in 2019. The HDEC concluded that the surveys are not within scope for it to review.

We sought feedback from the Office of the Privacy Commissioner on the aspects of the proposed HCSS survey data collection method that deviate from the established surveys (AHS-I, AHS-O and APCS). They highlighted the need to ensure that service providers are collecting and sharing contact information for the purposes of the survey in a way that is lawful, and to consider potential inclusion of next-of-kin as recipients of survey invitations within the context of Rule 2 of the HIPC and the exceptions that are provided for there.

Review

This PIA was undertaken in 2024 to inform the development of the HCSS survey. This is a living document. Future review would be triggered by either a change in data collection vendor or a change to requirements.

Application of the Health Information Privacy Code rules and Privacy Act principles

This section uses the Health New Zealand | Te Whatu Ora Privacy Impact Assessment Template v2 (June 2023). We have applied Rules 1 to 13 of the HIPC because they correspond to the 13 privacy principles of the Privacy Act 2020.

# Principle 1: Lawful purpose and necessary collection of personal information

**Principle 1** of the Privacy Act 2020 statesthat personal information **should not** be collected by any agency **unless** the information is collected for a **lawful purpose** connected with a function or activity of the agency, **and** the collection is **necessary** for that purpose.

Each home and community support service provider (service provider) will extract a client data set and upload it through a secure portal to the Ipsos data collection system. The client extract includes all clients that satisfy the rules outlined in the methodology and procedures document.

The client extract contains the following personal information:

| **Field** | **Example data** | | **Purpose of collection** |
| --- | --- | --- | --- |
| **NHI** | CHB2702 | | People can receive care from more than one service provider. If they appear in more than one provider list, the provider who is providing the most direct client time (direct client time per week) will be selected |
| **Salutation** | Mrs | | Addressing survey invitation |
| **First name** | Mary | |
| **Last name** | Smith | |
| **Address1** | 1 Story Street | 1 Story Street | Sending hard copy paper version if required |
| **Address2** | Timaru | RD1 |
| **Address3** |  | Waitahora |
| **Address4** |  | Dannevirke |
| **Postcode** | 6035 | |
| **Cell phone** | 0279876543 | | SMS invite/reminder for everyone |
| **Email address** | [david@gmail.com](mailto:david@gmail.com) | | Invitations will be sent via email, where available |
| **Next of kin email address** | [david@gmail.com](mailto:david@gmail.com) | | Invitations will be sent to next of kin as well, where available |
| **Next of kin SMS** | 0279876543 | | Next of kin will receive SMS invitation/reminder |
| **Gender** | F | | Imputation for weighting and sub-group comparison if the gender question is not answered in the survey |
| **Date of birth** | 20110816 | | Imputation for weighting and sub-group comparison if the age question is not answered in the survey |
| **Last visit date** | 20110816 | | Ensure correct sample period |
| **Service start date** | 20110816 | | Sub-group analysis |
| **Ethnicity** | 21 | | Imputation for weighting and sub-group comparison if the ethnicity questions are not answered in the survey |
| **Provider name** |  | | For the invitation and reporting, what service provider is usually called in communications |
| **Service type** | HCSS | MIS | RTI | over 65 | LTC | short-term acute | respite | respite for caregivers of fragile children | responsive model of care - over 65 | long term chronic | START | short term acute | short term acute (respite – STS clients) | disability support services | DSS – IF | | For sub-group comparison (within a single service provider) |
| **Service level** |  | | If a lower level than service provider required for reporting |
| **District of domicile** | 123 or 011 | | For reporting |
| **Funder** |  | | For sub-group comparison |
| **Direct client time per week** |  | | People can receive care from more than one service provider. If they appear in more than one provider list, the provider who is providing the most direct client time (direct client time per week) will be selected |

|  |  |  |
| --- | --- | --- |
| **Please state** the lawful purpose for the collection of this personal information | | |
| The lawful purpose of the HCSS survey is to collect feedback from people that can be used to monitor and improve the quality of home and community support services. Service providers supply necessary and approved personal non-clinical and demographic client-level information for us to send the survey invitations and to analyse results.  The sequential use of this personal information is as follows:   * NHI is used to de-duplicate the sample list and ensure that people do not receive multiple invitations. * Name and contact information is used to send the survey invitations. Invitations are first sent by email, followed by an SMS text reminder. Some service providers have also chosen to post paper copies of the survey. * Demographic information for each individual client is used to allow imputation for analysis where self-report from the survey data is not available (e.g., missed response).   When the client extract is uploaded by service providers into the Ipsos data collection system, a unique number is assigned to each individual. This number is retained after the personal information is deleted from the data collection system at the close of fieldwork. This enables line-by-line analysis of responses while maintaining respondent anonymity.  Survey responses are not considered personal information unless they are linked to identifiable individuals in free-text comments. | | |
|  | **YES** | **NO** |
| Could the project use **aggregated or anonymised data** and still satisfy the project’s purpose? |  |  |
| Is the project collecting **the minimum** amount of personal information required for the purpose of the project? |  |  |

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Will the project be using cookies or other analytics? |  |  |

Compliance check with Principle 1

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the project comply with Principle 1?** | **YES** | **NO** | **UNSURE** |
| The information is collected for a lawful purpose and the collection is necessary for that purpose |  |  |  |

# Principle 2: Collection directly from the individual concerned

**Principle** **2** of the Privacy Act 2020 requires an agency to collect information **directly** from the individual concerned unless an exception applies.

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Are you **only** collecting personal information **directly** from the individual? |  |  |

|  |
| --- |
| **Please state** why you’re not collecting information directly from the individual |
| The non-clinical client information required to send the survey invitations and to report results is collected by the service providers directly from their clients. Providers, through their privacy statements and other notices, advise clients that their contact information may be used to monitor quality.  The client information supplied by service providers will not be used in a form in which the individual concerned is identified; it will be used to send survey invitations and for statistical purposes and will not be published in a form that could reasonably be expected to identify the individual concerned. |
| **Please state** what legislative exception applies  *The legislative exceptions can be found in* [*Principle 2*](https://www.legislation.govt.nz/act/public/2020/0031/latest/LMS23342.html) *of the Privacy Act and* [*Rule 2*](https://www.privacy.org.nz/assets/New-order/Privacy-Act-2020/Codes-of-practice/Health-information-privacy-code-2020/HIPC-Amendment-No-1/Consolidated-Code-incorporating-Amendment-No-1.pdf) *of the Health Information Privacy Code.* |
| Exception HIPC Rule 2, exception 2(g) applies. This enables  (g) that the information:  (i) will not be used in a form in which the individual concerned is identified  (ii) will be used for statistical purposes and will not be published in a form that could reasonably be expected to identify the individual concerned; or  (iii) will be used for research purposes (for which approval by an ethics committee, if required, has been given) and will not be published in a form that could reasonably be expected to identify the individual concerned. |

|  |  |
| --- | --- |
| **What personal information is collected from third parties?** | **Who is the third party?** |
| Non-clinical client contact and demographic information | Home and community support service providers |

Compliance check with Principle 2

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the project comply with Principle 2?** | **YES** | **NO** | **UNSURE** |
| Are you collecting directly from the individual concerned (or an exception applies)? |  |  |  |

# Principle 3: Telling the individual what we are doing

Under Principle 3 of the Privacy Act 2020, when an agency collects personal information directly from individuals, there are certain things they **must** do **before** they collect the information or **as soon as practicable** after the information is collected. This includes making sure the individual is aware of:

1. the **fact** that the agency is collecting personal information
2. the **purpose** for which the agency is collecting the information
3. the **intended recipients** of the information
4. The name and address of the agency that holds the information
5. the **consequences** (if any) if that individual does not provide that information
6. whether the collection is **mandatory** or **voluntary**
7. the **rights of access to, and request correction of,** the information.

There are only **limited circumstances** where we do not need to tell the individual the matters in (a) to (g) above.

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Will the project be telling an individual all the matters in Principle 3? |  |  |

1. **How** **you’re going to tell the individual**

|  |
| --- |
| **Please describe** how will you tell the individual how the project will manage their information.  *For example, will you have a consent form, information leaflet, privacy statement etc?* |
| We discussed with service providers the need for them to check their existing consent processes and advised on appropriate wording to use in their client information forms to cover collection and sharing of contact details to monitor quality via surveys.  We supplied service providers with a communications toolkit[[5]](#footnote-6) that they can use to promote the survey to their clients. The toolkit includes content to share in newsletters as well as information brochures (available in a range of languages) that can be handed out.  The survey invitation explains that   * the survey is being done on behalf of service providers by Ipsos New Zealand, an independent research company, * the survey is voluntary and anonymous, * people can choose if they want to take part and their service provider will not know who has responded, and that * their answers will not be connected to them in any way.   The survey invitation includes a link to a webpage[[6]](#footnote-7) with further information about the survey, including how Ipsos received their contact details and how their information is being protected. |

1. **When you are going to tell the individual**

|  |
| --- |
| Will you tell individuals before or after you have collected their information? If you’re telling the individuals after you have collected their information, how long after? |
| Home and community support service clients are aware of the need to ensure their general privacy statement or consent form covers collection and sharing of information for quality improvement purposes. |

1. **Mandatory or voluntary collection**

|  |
| --- |
| **Please state** whether the collection of information is voluntary or mandatory? |
| Voluntary. |
| **Please state** to what extent, if any, the individual can opt out of providing some or all their information |
| The collection of individual client information is already undertaken by service providers as part of their service provision.  People can opt out of taking part in the survey itself. The survey invitation explains the purpose of the survey, that it is voluntary and anonymous, and that people can choose if they want to take part and their service provider will not know who has responded.  All emails sent by Ipsos have a clear ‘unsubscribe’ option and if someone clicks this then no further emails will be sent to that email address. People can also unsubscribe by calling or emailing the survey helpdesk or by replying to the survey text message with ‘unsubscribe’ or ‘stop’. Instructions for opting out of the survey are included on the ‘taking part’ webpage. |
| **Please state** what happens if the individual does not want to disclose their information? |
| That person does not complete the survey, and their contact information is deleted from the survey system. |

Compliance check with Principle 3

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the project comply with Principle 3?** | **YES** | **NO** | **UNSURE** |
| Are you telling the individual how the project will handle their personal information (either before or as soon as practicable after the information is collected) or an exception applies? |  |  |  |

# Principle 4: Fair and lawful collection of information

**Principle 4** requires that when an agency collects information they must do so by lawful means **and** by means that, in the circumstances of the case are fair and not intrusive.

|  |
| --- |
| **Please describe** the current proposed method of information collection |
| ***Information flow diagram for the HCSS survey*** |
| If you’re collecting information from children or young people, **please state** what steps are you taking to address any power imbalance, and to obtain genuine consent for the collection (or authorisation) of their family/whānau? |
| Children aged under 15 years may be invited to take part, but we recommend the survey be completed for them by a parent or guardian. |
| If there are any cultural considerations, how you have assessed this, and, as appropriate, with whom you have consulted about how to ensure you collect the information in a culturally appropriate way |
| The survey invitation and questionnaire have been cognitively pre-tested with Māori and Pacific peoples to ensure they are culturally appropriate. The online questionnaire can be completed in either English or te reo Māori. Survey information brochures are available in English, te reo Māori, Samoan, Tongan, Hindi and Simplified Chinese. The survey includes questions that indicate culturally safe care to collect, measure and report on this. |

Compliance check with Principle 4

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the project comply with Principle 4?** | **YES** | **NO** | **UNSURE** |
| Are you collecting information in a lawful manner and by means that are fair and not intrusive? |  |  |  |

# Principle 5: Storage and security

**Principle 5** of the Privacy Act 2020 requires an agency that holds personal information to ensure that the information is protected by such **security safeguards that are reasonable** in the circumstances to take against loss, access, use, modification, disclosure, or other misuse

1. **Cloud Computing Services**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Does your project/solution use any cloud-based services?  Cloud services are infrastructure, platforms, or software that are hosted by third-party providers and made available to users through the internet. |  |  |
| The HCSS survey uses the same cloud-based services and accompanying cloud risk assessment already in place for the wider patient-reported measures programme.  Te Tāhū Hauora has privacy and security requirements that must be met by the survey vendor Ipsos (and its contracted providers) in performance of its contracted services. These requirements endure beyond the expiry of the contract.  In the provision of its services, Ipsos has agreed to comply with all relevant legislation and requirements as well as the Privacy Act 2020. Ipsos has also agreed to comply with any recommendations arising from this PIA as they relate to its services.  Ipsos ensures that personal information and survey data is encrypted in storage and when in transit anywhere to or from the data collection system, in accordance with NZISM.[[7]](#footnote-8)  Ipsos has an information security policy that is updated regularly and covers computer acceptable use, social media, access policy, mobile device use, password policy and physical security.  Ipsos has information management policies that cover information classification and labelling, data handling, data retention, and data and information destruction.  Ipsos has contracted a third-party vendor, Lucidity, as its data hosting provider in New Zealand. Lucidity’s services in New Zealand are delivered from Auckland and Hamilton so that all data remains in New Zealand. Regular security and vulnerability testing is undertaken with reports provided to Te Tāhū Hauora.  The Te Tāhū Hauora contract with Ipsos requires management and resolution of any data breaches in accordance with the Office of the Privacy Commissioner’s privacy breach guidelines.[[8]](#footnote-9) This includes immediate notification, communication, and implementation of a solution.  **The privacy and security requirements schedule and the cloud risk assessment are available on request.** | | |

1. **Engaging with Information Security**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Have you engaged your relevant information security team for this project/solution? |  |  |
| Has a Security Risk Assessment (SRA) been completed by your relevant information security team? |  |  |
| Has a Cloud Service Provider Due Diligence Questionnaire been completed by your relevant information security team? |  |  |
| This PIA sits alongside a cloud risk assessment. The HCSS survey falls under the cloud risk assessment completed for the wider patient-reported measures programme.  The cloud risk assessment is designed to provide assurance that cloud service risks are managed. Given that Ipsos’s cloud service will contain information considered ‘unclassified, in-confidence and sensitive’, the service has been reviewed by our internal team and independent experts from Aura Information Security. Any risks identified are incorporated in the project planning and service provider agreement to ensure that the service, including all third-party contractors, meet our security requirements prior to the system going live. Any issues identified will be remedied, as agreed with Te Tāhū Hauora, with appropriate timing relative to the risk. | | |

1. **Storage**

|  |
| --- |
| **Please describe** the system and location where the information is stored? |
| Secure storage of personal information is provided by both Te Tāhū Hauora and the survey vendor, Ipsos. Only people with log-in details have access to the data collection system. |

1. **Access**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please state** the roles that will have access to the personal information | | | |
| Home and community support service providers have nominated a ‘SuperUser’ who will be responsible for supplying the client extract and will have access to the Ipsos secure online data collection system. Nominated Ipsos staff will have access to the data collection system and will be able to access personal information for the duration of the survey fieldwork period. Identifiable personal information will be permanently deleted from the data collection system at the completion of fieldwork. Nominated Te Tāhū Hauora staff will have access to de-identified personal information in the unit-record-file level raw dataset. | | | |
| **Please describe** why these roles need access to the personal information | | | |
| Identifiable client data files are uploaded by the service provider SuperUsers to the Ipsos secure online data collection system. Ipsos holds identifiable client contact information for the duration of fieldwork (approximately 44 days), after which it is permanently deleted from the data collection system. This is to allow Ipsos to prepare the survey sample and manage respondent queries. Personal client information is subject to these safeguards: physical security; IT security; limited staff access; staff training and policies; specific data access agreement.  Survey respondents have the option to ask their service provider to contact them to discuss concerns about their support service. If they choose to be contacted, respondents are required to include their contact details as part of this request, so that they can be contacted. Respondents can also choose to request that their service provider sees a copy of their survey responses to assist with their discussion. It is the individual respondent who decides what information can be viewed by their service provider. Te Tāhū Hauora does not see contact request information or any information that links an individual to their response.  Te Tāhū Hauora uses the unit-record-file level raw dataset to undertake data analysis, but at no stage has survey response information that can identify individuals unless an individual has identified themselves in the free-text comments (and we include a reminder in the questionnaire that in order to keep their responses anonymous, respondents should be careful not to give information in their comments that might identify them). | | | |
| **Please describe** how access will be controlled or monitored?   * Explain the process for granting user access and removing user access (including if someone leaves or changes roles) * Describe access controls (for example, role-based access) | | | |
| Service providers do not have access to the personal information of other provider’s clients.  Ipsos manages access to personal client contact information during the survey period in the following ways:   * Physical security. * IT security. * Limited role-based staff access. * Staff training and policies. * Specific data access agreement.   Client identifiable information is only held during the 44-day fieldwork period. After this, all identifiable information is deleted. | | | |
| Will access be controlled **by at least two-factor authentication**?  The Office of the Privacy Commissioner has said that agencies may be in breach of the Privacy Act 2020 if they do not use at least two factor-authentication where applicable. | **YES** | **NO** | **NA** |
| Te Tāhū Hauora staff logins have multi-factor authentication (MFA). Two-factor authentication is enabled for remote access to the Ipsos network via VPN for all users. MFA is enabled on Microsoft 365 for all users. Evidence of this can be provided upon request.  Ipsos uses two-factor authentication. |  |  |  |

1. **Auditing Accounts**

|  |
| --- |
| **Please state:**   * if, and to what *extent*, the project can *audit* user access to the personal information * what will be audited, who will conduct the audit, how regularly the audit will occur etc   The identity of members of staff who have accessed an individual’s information is personal information about that individual. This means this is something that individuals are entitled to request under the Privacy Act. |
| Audits can be conducted of who accesses client identifiable information from the data collection system and logs are kept by Ipsos. This access is restricted to when clients request contact following the survey, and they have given their consent for the service provider to contact them. |

Compliance check with Principle 5

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the project comply with Principle 5?** | **YES** | **NO** | **UNSURE** |
| When the project holds personal information, is it using security safeguards that are reasonable to protect against loss, access, use, modification, disclosure, or other misuse? |  |  |  |

# Principle 6: Access to personal information

Under **Principle 6** of the Privacy Act 2020 an individual has the right to confirm **if an agency holds personal information** about them, **and** if it exists, to have **access** to that information.

Access to personal information includes the right to ask who has accessed it (i.e., information from audit logs). If an individual is given access to their information, the individual must be advised that they may request correction of their information.

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| --- |
| **Please outline** how individuals will be able to access their information.  *For example, will it be through existing information request processes (for example, requests for clinical records), or will a new process need to be put in place?* |
| Ipsos only accesses personally identifiable information for 44 days to send surveys and will not, thereafter, be able to identify individuals in the data. Individuals will be able to ask for access or correction while the information is identifying, but not once it is anonymised.  We consider that this proposal meets the requirements of this privacy principle and HIPC rule, as the agency will not hold identifying information. |

Compliance with Principle 6

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the project comply with Principle 6?** | **YES** | **NO** | **UNSURE** |
| Is there a process in place to ensure an individual can ask Te Tāhū Hauora it holds personal information about them and the individual can access that information? |  |  |  |

# Principle 7: Request to ask for correction of information

Under **Principle 7** of the Privacy Act 2020, where an agency holds information, the individual concerned is entitled to request correction of the information.

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| --- |
| **Please describe** how an individual can ask to have their information corrected?  *For example, will it be through existing processes, or will a new process need to be put in place?* |
| Te Tāhū Hauora are not able to identify individuals in the data we hold, so cannot provide access nor the opportunity to correct.  We consider that the HCSS survey project meets the requirements of this privacy principle and HIPC rule as the agency – Te Tāhū Hauora – does not hold personally identifiable information and therefore cannot correct it. |

Compliance check with Principle 7

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the project comply with Principle 7?** | **YES** | **NO** | **UNSURE** |
| Is there a process in place to enable an individual to request the correction of their personal information? |  |  |  |

# Principle 8: Accuracy of personal information before it is used or disclosed

**Principle 8** ofthe Privacy Act 2020 states that an agency must not use or disclose information without taking reasonable steps to ensure that the information is accurate, up to date, complete, relevant, and not misleading.

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| --- |
| **How** will you ensure that only **accurate, up to date, complete and relevant** information is acted on? |
| Te Tāhū Hauora requests the most up-to-date information from service providers, to ensure that we get the most up-to-date and correct information. The survey is carefully timed to ensure this. |

Compliance check with Principle 8

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the project comply with Principle 8?** | **YES** | **NO** | **UNSURE** |
| Does the project ensure that information is accurate, up to date, complete and relevant before the information is used? |  |  |  |

# Principle 9: Do not keep information longer than necessary

**Principle 9** of the Privacy Act 2020 states that an agency that holds personal information must not keep that information for longer than is required for the purposes for which the information may lawfully be used.

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| --- |
| **Please state** how long the information will be held |
| All identifiable personal information collected from service providers to enable the survey to be sent to clients is deleted within 44 days after it is received in accordance with Ipsos’s information destruction policy. |

Compliance check with Principle 9

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the project comply with Principle 9?** | **YES** | **NO** | **UNSURE** |
| Subject to satisfying any records management requirements, personal information is only retained for as long as it is required for the purposes of the project |  |  |  |

# Principle 10: Limits on use of personal information

**Principle 10** of the Privacy Act 2020 requires that an agency which obtains personal information for one purpose **must not** use the information for any other purpose **unless** the agency believes on reasonable grounds that an exception applies.

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| --- |
| **Please describe** how the information will be used in this project?  *For example, if we are using information to assess an individual’s eligibility to deliver a service, outline what information is being used for assessing the eligibility and what is required to deliver the service.* |
| Personal client information is obtained by service providers in line with the information privacy principles (IPPs) and the set guidelines as to the use of that information.  Clients are advised by service providers as to how their information will be used. All service provider staff are guardians of the information and are tasked with ensuring the information is used according to the IPPs. |

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Are the uses listed above consistent with the purposes of collection you have outlined in Principle 1? |  |  |
| We consider that the HCSS survey project meets the requirements of this privacy principle and HIPC rule. The requirements of the HIPC rule 10, exception 1(e) are met. | | |

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Does the use of information by the project involve information matching or sharing? |  |  |

Compliance check with Principle 10

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the project comply with Principle 10?** | **YES** | **NO** | **UNSURE** |
| Will the personal information only be used for the purpose it was obtained or an exception applies? |  |  |  |

# Principle 11: Limits on disclosure of personal information

**Principle 11** of the Privacy Act 2020 states that an agency must not disclose the information unless the agency believes on reasonable grounds that an exception applies.

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| --- | --- | --- |
|  | **YES** | **NO** |
| Will the project disclose personal information to individuals or agencies outside of Te Tāhū Hauora or Ipsos? |  |  |

Compliance with Principle 11

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the project comply with Principle 11?** | **YES** | **NO** | **UNSURE** |
| Personal information is not disclosed to an individual or agency outside of Te Tāhū Hauora or Ipsos or an exception applies |  |  |  |

# Principle 12: Disclosure of information outside of New Zealand

**Principle 12** of the Privacy Act provides that an agency may only disclose personal information to a foreign person or entity (B), if:

* The individual authorises it in situations where B may not be able to protect the information to the same degree as a NZ entity would; or
* B carries on business in NZ and is therefore subject to the Privacy Act 2020; or
* B’s privacy laws offer comparable safeguards to the NZ Privacy Act 2020; or
* B is bound by contract or agreement to protect the information with similar safeguards to NZ standards.

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Will personal information be disclosed to a foreign person or entity? |  |  |

Compliance check with Principle 12

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the project comply with Principle 12?** | **YES** | **NO** | **UNSURE** |
| Personal information is not disclosed outside of New Zealand, or it is authorised under Principle 12 |  |  |  |

# Principle 13: Creation or use of unique identifiers

**Principle 13** of the Privacy Act 2020 says an agency may only **assign** a unique identifier to an individual if that identifier is necessary to enable the agency to carry out 1 or more of its functions effectively.

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Will the project **assign** unique identifiers? |  |  |
| Will the project **use** unique identifiers? |  |  |

|  |
| --- |
| **Please explain:**   * What unique identifiers will be assigned or used for this project * How will the unique identifiers be created? * If you are proposing to use NHIs, can the project’s purpose be achieved by using an alternative unique identifier * Are you intending to use a unique identifier that has been assigned by another agency? |
| Unique identifiers are needed to record survey responses and monitor quality efficiently. These unique identifiers enable survey responses to be anonymous (unless the client asks to be contacted by their service provider and explicitly gives their permission for their survey response to be viewed by the service provider) and incorporated in aggregated reports.  Only Ipsos, as the survey provider, can link an individual’s identifiable personal information to the unique identifier, and only for the short period of time that identification information is retained in the data collection system. |

Compliance check with Principle 13

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the project comply with Principle 13?** | **YES** | **NO** | **UNSURE** |
| Will the project be using or assigning unique identifiers? |  |  |  |

# Artificial Intelligence

There is no single, universally accepted definition for Artificial Intelligence (**AI**). For the purposes of this PIA, we use the definition for AI from New Zealand’s AI Forum - “*advanced technologies that enable machines to reproduce or surpass abilities that would require intelligence if humans were to perform them. This includes technologies that enable machines to learn and adapt, to sense and interact, to reason, predict and plan, to optimise procedures and parameters, to operate autonomously, to be create, and to extract knowledge from large amounts of data”[[9]](#footnote-10).*

|  |  |  |
| --- | --- | --- |
| Use of Artificial Intelligence at Te Tāhū Hauora | **YES** | **NO** |
| Does your project/solution involve the design, development, deployment, and/or use of any form of **AI**? |  |  |

|  |  |  |
| --- | --- | --- |
| Third Party Artificial Intelligence | **YES** | **NO** |
| Has your project been asked to **share** information that Te Tāhū Hauora holds (including personal or health information) with a third party to enable the third party to design, develop, train and/or deploy their own AI? |  |  |
| If Te Tāhū Hauora will contract with a third party for this project/ solution, do the contract terms/ Terms of Service etc allow the third party to use Te Tāhū Hauora information to develop, train and/or deploy their own AI? |  |  |

Appendix 1: Provisions in the Pae Ora (Healthy Futures) Act 2022 related to objectives and functions of Te Tāhū Hauora

Subpart 3—Health Quality and Safety Commission

**78 Health Quality and Safety Commission**

(1) There continues to be a Health Quality and Safety Commission (HQSC).

(2) HQSC is the same organisation that, immediately before the commencement of this section, was known as HQSC.

(3) HQSC is a Crown entity for the purposes of [section 7](https://www.legislation.govt.nz/act/public/2022/0030/latest/link.aspx?search=sw_096be8ed81e68fd9_Health+Quality+%26+Safety+Commission_25_se&p=1&id=DLM329641" \l "DLM329641) of the Crown Entities Act 2004.

(4) The [Crown Entities Act 2004](https://www.legislation.govt.nz/act/public/2022/0030/latest/link.aspx?search=sw_096be8ed81e68fd9_Health+Quality+%26+Safety+Commission_25_se&p=1&id=DLM329630) applies to HQSC except to the extent that this Act expressly provides otherwise.

**79 Objectives of HQSC**

The objectives of HQSC are to lead and co-ordinate work across the health sector for the purposes of—

(a) monitoring and improving the quality and safety of services; and

(b) helping providers to improve the quality and safety of services.

**80 Functions of HQSC**

(1) The functions of HQSC are—

(a) to advise the Minister on how quality and safety in services may be improved; and

(b) to advise the Minister on any matter relating to—

(i) health epidemiology and quality assurance; or

(ii) mortality; and

(c) to determine quality and safety indicators (such as serious and sentinel events) for use in measuring the quality and safety of services; and

(d) to provide public reports on the quality and safety of services as measured against—

(i) the quality and safety indicators; and

(ii) any other information that HQSC considers relevant for the purpose of the report; and

(e) to promote and support better quality and safety in services; and

(f) to disseminate information about the quality and safety of services; and

(g) to support the health sector to engage with consumers and whānau for the purpose of ensuring that their perspectives are reflected in the design, delivery, and evaluation of services; and

(h) to develop a code of expectations for consumer and whānau engagement in the health sector for approval by the Minister; and

(i) to make recommendations to any person in relation to matters within the scope of its functions; and

(j) to perform any other function that—

(i) relates to the quality and safety of services; and

(ii) HQSC is for the time being authorised to perform by the Minister by written notice to HQSC after consultation with it.

(2) In performing its functions, HQSC must, to the extent it considers appropriate, work collaboratively with—

(a) the Ministry of Health; and

(b) Health New Zealand; and

(c) the Health and Disability Commissioner; and

(d) *[Repealed]*

(e) providers; and

(f) healthcare professional bodies (for example, colleges); and

(g) any groups representing the interests of consumers of services; and

(h) any other organisations, groups, or individuals that HQSC considers have an interest in, or will be affected by, its work.

(3) The Minister must, as soon as practicable after giving a notice to HQSC under subsection (1)﻿(j)﻿(ii), publish in the *Gazette*, and present to the House of Representatives, a copy of the notice.

Section 80(2)﻿(d): repealed, on 30 June 2024, by [section 34](https://www.legislation.govt.nz/act/public/2022/0030/latest/link.aspx?search=sw_096be8ed81e68fd9_Health+Quality+%26+Safety+Commission_25_se&p=1&id=LMS939866) of the Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 (2024 No 5).

Appendix 2: Email and text message survey invitations and reminders

Email invitation

**From:** MyHealthExperience Survey on behalf of **[PROVIDER]** [<support@myexperience.health.nz](mailto:%3csupport@myexperience.health.nz)>

**Sent:** Monday, 23 September 1:07 PM  
**To:** **[RESPONDENT EMAIL ADDRESS]**  
**Subject:** Feedback on your home and community support service experience

|  |  |  |
| --- | --- | --- |
| PROVIDER LOGO |  | IPSOS LOGO |

Kia ora **[RESPONDENT NAME]**

**[PROVIDER NAME]** would like to invite you to complete this 10–15 minute survey asking about your recent experience of the support they have given you.

The survey is being done for **[PROVIDER NAME]** by Ipsos New Zealand (an independent research company). We would value hearing your feedback, to help us understand what went well and how to improve the services provided to you and your whānau.

This survey is voluntary and anonymous. You can choose if you want to take part and **[PROVIDER NAME]** will not know who has responded. Your answers will not be connected to you in any way.

|  |
| --- |
| **Your login code is** **[LOGIN CODE]** |
| A green rectangle with white text: Start the survey |
| If the link does not work, please copy the URL below into your browser: [https://myexperience.health.nz/Survey/v2/**[LOGIN CODE]**?mode=epi01&mode=epi01](https://myexperience.health.nz/Survey/v2/%5bLOGIN%20CODE%5d?mode=epi01&mode=epi01) |

If you use Spark, Skinny, One NZ (Vodafone) or 2degrees, completing this survey is free (you will not be charged any data).

**This survey is for the person named on this invitation**. If you are a parent/guardian of a child under 15, we recommend you complete the survey either for or with them, to make sure they have fully understood the questions. If you represent a person over 15, please have them complete the survey if they can, otherwise please complete it for or with them, to make sure they have fully understood the questions.

More information about the survey is available here.

If you have any questions about the survey, please contact Ipsos New Zealand at [support@myexperience.health.nz](mailto:support@myexperience.health.nz) or 0800 121 650 and quote **[LOGIN CODE]**.

Ngā mihi

|  |  |
| --- | --- |
| PROVIDER SIGNATURE |  |

|  |
| --- |
| Copyright © 2024 IPSOS, all rights reserved.  **Our mailing address is:** IPSOS Level 5, 166 Featherston Street  Wellington 6011 New Zealand [support@myexperience.health.nz](mailto:support@myexperience.health.nz)  Want to stop receiving these emails?  [Unsubscribe from this survey](https://urldefense.com/v3/__https:/yx748c1j2k79a.app.boltmail.nz/lists/ao124mngfjb86/unsubscribe/bx929qo5z1a30/bc606hd68z1f2/unsubscribe-direct__;!!HEtReXZgYQ!Q8RcO-bx7yXQbeHLInfSzo3RzgM4_P6NO3-Oi9JX4sGNDoj9JqfgYpUxXcvZrS-LRRHiU0CMjlBlsvrdMf7Sh9JtXSMrXSw$). |

Text invitation

Kia ora **[RESPONDENT NAME]**, **[PROVIDER NAME]** would like your feedback on the support they provide to you. Please visit **[UNIQUE LINK]** (no mobile data charges). If you represent the person receiving support, please complete the survey either with or for them.

Email reminder

**From:** MyHealthExperience Survey on behalf of **[PROVIDER]** [<support@myexperience.health.nz](mailto:%3csupport@myexperience.health.nz)>

**Sent:** Monday, 30 September 1:07 PM  
**To:** **[RESPONDENT EMAIL ADDRESS]**

**Subject:** Reminder – Feedback on your home and community support service experience

|  |  |  |
| --- | --- | --- |
| PROVIDER LOGO |  | IPSOS LOGO |

Kia ora **[RESPONDENT NAME]**

Recently you will have received an invitation to complete a survey on your experience of the support provided to you by **[PROVIDER NAME]**.

Thank you to everyone who has responded. If you have not yet been able to complete the survey, please do so before **[SURVEY END DATE]**.

This survey is being done for **[PROVIDER NAME]** by Ipsos New Zealand (an independent research company). Your valuable feedback will help us understand what went well and how to improve the services provided to you and your whānau. It may take **10–15 minutes** to complete.

This survey is voluntary and anonymous. You can choose if you want to take part and **[PROVIDER NAME]** will not know who has responded. Your answers will not be connected to you in any way.

|  |
| --- |
| **Your login code is** **[LOGIN CODE]** |
| A green rectangle with white text: Start the survey |
| If the link does not work, please copy the URL below into your browser: [https://myexperience.health.nz/Survey/v2/**[LOGIN CODE]**?mode=epi01&mode=epi01](https://myexperience.health.nz/Survey/v2/%5bLOGIN%20CODE%5d?mode=epi01&mode=epi01) |

If you use Spark, Skinny, One NZ (Vodafone) or 2degrees, completing this survey is free (you will not be charged any data).

**This survey is for the person named on this invitation**. If you are a parent/guardian of a child under 15, we recommend you complete the survey either for or with them to make sure they have fully understood the questions. If you represent a person over 15, please have them complete the survey if they can, otherwise complete it for or with them to make sure they have fully understood the questions.

More information about the survey is available here.

If you have any questions about the survey, please contact Ipsos New Zealand at [support@myexperience.health.nz](mailto:support@myexperience.health.nz) or 0800 121 650 and quote **[LOGIN CODE]**.

Ngā mihi

|  |  |
| --- | --- |
| PROVIDER SIGNATURE |  |

|  |
| --- |
| Copyright © 2024 IPSOS, all rights reserved.  **Our mailing address is:** IPSOS Level 5, 166 Featherston Street  Wellington 6011 New Zealand [support@myexperience.health.nz](mailto:support@myexperience.health.nz)  Want to stop receiving these emails?  [Unsubscribe from this survey](https://urldefense.com/v3/__https:/yx748c1j2k79a.app.boltmail.nz/lists/ao124mngfjb86/unsubscribe/bx929qo5z1a30/bc606hd68z1f2/unsubscribe-direct__;!!HEtReXZgYQ!Q8RcO-bx7yXQbeHLInfSzo3RzgM4_P6NO3-Oi9JX4sGNDoj9JqfgYpUxXcvZrS-LRRHiU0CMjlBlsvrdMf7Sh9JtXSMrXSw$). |

1. <https://www.privacy.org.nz/assets/New-order/Privacy-Act-2020/Codes-of-practice/Health-information-privacy-code-2020/HIPC-Amendment-No-1/Consolidated-Code-incorporating-Amendment-No-1.pdf> [↑](#footnote-ref-2)
2. <https://privacy.org.nz/publications/guidance-resources/privacy-impact-assessment/> [↑](#footnote-ref-3)
3. <https://privacy.org.nz/privacy-act-2020/codes-of-practice/hipc2020/> [↑](#footnote-ref-4)
4. <https://www.tewhatuora.govt.nz/publications/hiso-100642017-health-information-governance-guidelines-2>. [↑](#footnote-ref-5)
5. <https://www.hqsc.govt.nz/resources/resource-library/communications-toolkit-for-the-home-and-community-support-services-experience-survey/> [↑](#footnote-ref-6)
6. <https://www.hqsc.govt.nz/our-data/patient-reported-measures/patient-experience/taking-part/> [↑](#footnote-ref-7)
7. <https://nzism.gcsb.govt.nz/> [↑](#footnote-ref-8)
8. <https://privacy.org.nz/responsibilities/privacy-breaches/> [↑](#footnote-ref-9)
9. As defined by AI Forum in The New Zealand AI Impacts Research Project, May 2018. [↑](#footnote-ref-10)