

23 May 2013

Ministry of Health  
Po Box 5013  
WELLINGTON 6145

## **Review of Health and Disability Services Standards**

Thank you for the opportunity to comment on the Ministry of Health's review of the Health and Disability Services Standards. You have asked whether the current Health and Disability Services Standards (2008) (the Standards) should remain the same, be amended, or be replaced, and why. I note that I sought comments from the Mental Health Commissioner,<sup>1</sup> the Director of Advocacy, and my Consumer Advisory Group on the review, to inform this submission.

### *HDC role and vision*

As Health and Disability Commissioner, I am charged with promoting and protecting the rights of health and disability services consumers, as set out in the Code of Health and Disability Services Consumers' Rights (the Code). One of my functions under the Health and Disability Commissioner Act 1994 is to make public statements in relation to any matter affecting the rights of health or disability services consumers.

During my time as Commissioner, I have been sending a clear message to the sector of my vision for health care services in New Zealand. That vision is a consumer-centered system; a system built on the concepts of seamless services, consumer engagement, transparency, and an empowering culture. The Code is designed to achieve that end.

The Standards are consistent with the Code, and when considering complaints against health and disability services providers, I often draw guidance from, and refer to, the Standards. I consider that, for the most part, the Standards are comprehensive and clear in the expectations they set for providers of health and disability services. However, I consider that there are several areas where the Standards would benefit from amendment, as noted below.

### *Health and Disability Services (Core) Standards*

I note that Standard 1.2 of the Health and Disability Services (Core) Standards requires services to inform consumers of their rights. I consider that it would be helpful to also include a standard requiring services to train their staff on consumer rights and provider obligations under the Code, and to ensure that such training is ongoing.

---

<sup>1</sup> As you will be aware, from 1 July 2012, the HDC took on some of the advocacy and monitoring functions of the former Mental Health Commission, and the Mental Health Commissioner now sits within the Office of the Health and Disability Commissioner.

I note that standards 1.7.5,<sup>2</sup> 2.5<sup>3</sup> and 2.6<sup>4</sup> are limited in their application to mental health and addiction services, and standards 1.10.8<sup>5</sup> and 1.10.9,<sup>6</sup> are limited in their application to acute, secondary or tertiary services. In my view, these standards may be relevant to other areas of health and disability service delivery, and therefore they should not be restricted in their application. In particular:

- Standards 1.10.8 and 1.10.9 relate to Rights 7(9) and 7(10) of the Code, which apply to all providers of health and disability services.
- Standards 2.5 and 2.6 concern the involvement of consumers and family/whānau in the planning, implementation, and evaluation at all levels of the service, to ensure services are responsive to the needs of individuals. As noted above, consumer engagement is a key feature of a consumer-centered system, and it is important across all areas of service provision, not just mental health and addiction.

Standard 1.13 provides, “The right of the consumer to make a complaint is understood, respected, and upheld”. The standard requires services to: have a complaints process; provide consumers with information about that process and about the right to complain; and to maintain an up-to-date complaints register. I consider it would be helpful for guidance notes to be added to accompany this standard, regarding best practice for complaints management, as per the concepts in the appendix **attached** to this letter.

The Foreword to the Health and Disability Services (Core) Standard includes a section on “Recovery”. I recommend that the section be updated to also include reference to resiliency, in line with *Blueprint II Improving mental health and wellbeing for all New Zealanders: How things need to be* (Mental Health Commissioner, June 2012). I also recommend that this section be updated to provide greater emphasis on the promotion of self-directed care and individual responsibility for health. I suggest that *Blueprint II* and *Rising to the Challenge: The Mental Health and Addictions Service Development Plan 2012-2017* are also included as “Related Documents and Guidelines” at the end of the Foreword section of the Core Standard.

I note that the reference to the HDC under the heading “Websites” in the Foreword section of the Core Standard should read “Health and Disability Commissioner”.

#### *General comments*

I recommend that the Ministry specifically acknowledges the important role of consumers as partners in their care in the introductory sections to the Health and Disability Services (General) Standards and the Health and Disability Services (Core) Standards. In addition, consistent with my vision for a consumer-centered system, I recommend that the Standards

---

<sup>2</sup> Standard 1.7.5 states, “The service actively works to identify and address prejudicial attitudes and discriminatory practices and behaviours within its own service and any other service it has links with”.

<sup>3</sup> Standard 2.5 provides, “Consumers are involved in the planning, implementation, and evaluation at all levels of the service to ensure services are responsive to the needs of individuals”.

<sup>4</sup> Standard 2.6 provides, “Family/whānau of choice are involved in the planning, implementation, and evaluation of the service to ensure services are responsive to the needs of individuals”.

<sup>5</sup> Standard 1.10.8 states, “The Service has processes that give effect to consumers’ requests on the storage, return or disposal of body parts, tissues, and bodily substances, taking into account the cultural practices of Māori and other cultures”.

<sup>6</sup> Standard 1.10.9 states, “Where a service stores or uses body parts and/or bodily substances, there are processes and policies in place that meet Right 7(10) of the Code.

include the requirement for services to ensure that consumers are at the centre of the services being provided.

It would be helpful if the Ministry were to develop a “plain language” version of the Standards, so as to increase their accessibility to all consumers of health and disability services. Feedback from my Consumer Advisory Group included comments that the Standards were complicated and would be difficult for the average consumer to read.

## Appendix

### A comprehensive complaints framework

- Is information given to consumers about their right to complain?
  - Are consumers told that they can make a complaint directly to the DHB?
  - Do consumers know which staff member they can complain to?
  - Do you seek feedback from consumers and/or complainants about how they view the service's complaints management processes?
  
- Are staff given training on responding to consumers' concerns?
  - Are front line staff, including health care providers and administrative staff, given training on how to recognise a complaint and respond directly to concerns when they are first raised?
  - Are staff given training on how the service processes complaints?
  - Overall, is there a positive and proactive culture among staff in respect of dealing with and responding to complaints?
  - Do staff view complaints as a learning opportunity?
  
- Is there a centralised complaints coordination department?
  - Is there an individual or a team responsible for coordinating complaints received?
  - Is that individual or team given training on effective complaints management?
  
- Is there an effective electronic system for logging complaints?
  - Are complaints consistently logged on your system?
  - Does your system allow for collation of complaints data, including the number of complaints received and the outcome of complaints?
  - Are trends identified from the complaints data?
  - Can any complaint trends be used to effect quality improvement?
  - Are learnings from your complaints disseminated to other services?
  - Are senior management and the Board and Chairs periodically provided with the complaints data?
  
- Is there an effective system for logging positive feedback from consumers?
  - Is positive feedback used to reinforce and recognise quality improvement?
  
- Are there established levels of accountability for senior clinical staff involved in a complaint?
  - Must senior clinical staff take responsibility for complaints about care provided by the team for whom they are responsible?

## **Responding to actual complaints**

- At the front line
  - Is the consumer showing signs of dissatisfaction with the service they have received?
- What are the service's expectations for handling complaints?
  - Should the complaint be escalated to a senior staff member? Which senior staff member should be notified?
  - How should the complaint be recorded? Should it be logged on the complaints database or notified to the complaints processing department?
- What is the consumer unhappy about?
  - Can the concerns be diffused through honest and open communication?
  - Could a misunderstanding have arisen from cultural differences?
  - Would the complainant and/or consumer benefit from the assistance of an interpreter?
  - Would the complainant and/or consumer benefit from talking to a more senior staff member?
  - Is an apology necessary?

## **When a formal complaint is made**

- Who provided services to the complainant and/or consumer? Who was in charge of that service?
  - Are those staff aware that a complaint has been made?
  - Have staff been encouraged to contact the consumer and/or complainant directly to try to resolve the complaint?
- What processes would be the most effective in achieving resolution for this particular consumer and/or complainant?
  - What is the consumer hoping to achieve by making a complaint?
  - Which staff members should be involved in responding to the complaint? Would it be appropriate to involve the staff member(s) complained about and/or the senior staff member in charge of the services provided to the consumer?
  - Is a resolution meeting appropriate? How soon can a meeting be arranged?
  - Does the consumer and/or complainant require the assistance of an interpreter?
  - Is an apology necessary?
- Has the service complied with the requirements in Right 10 of the Code of Health and Disability Services Consumers' Rights?
  - Has the consumer and/or complainant recently been provided with an update about the status of their complaint?