



Report of the

HEALTH AND DISABILITY COMMISSIONER

Te Toihau Hauora Hauātanga

For the year ended

30 June 1996

Presented to the House of Representatives Pursuant to
Section 16 of the Health and Disability Commissioner Act
1994.



25 October 1996

Health and Disability Commissioner
Te Toihau Hauora, Hauātanga

The Minister of Health
Parliament Building
WELLINGTON

Minister

In accordance with the requirements of Section 16 of the Health and Disability Commissioner Act 1994, I enclose the Annual Report of the Health and Disability Commissioner for the period ended 30 June 1996.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Robyn K Stent', written over a large, stylized circular flourish.

Robyn K Stent
Health and Disability Commissioner

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COMMISSIONER'S INTRODUCTION

Strategic plan

From the early stages of the establishment of the office and the Code of Rights I was intent on maintaining a consumer focus, with a particular emphasis on ensuring quality of service for those least able to achieve this by their own efforts. As a means of articulating this vision and providing a constant point of reference for strategic decision making, senior managers and I developed the **Health and Disability Commissioner Strategic Plan 1995 - 2000** as a guiding document, completed in July 1995 and signed off by the senior management team in February 1996.

Te Kaupapa (Vision)

The Health and Disability Commissioner's strategic intent, empowered by the Act, is:

"...to facilitate improved consumer service and to enhance wellness in New Zealand."

"He tautoko, he whiriwhiri kia whaia ko nga taumata e piki ake ai te oranga ki roto i a Aotearoa."

The highest-level task approached in developing the strategic plan was the formulation of a Kaupapa, or Vision Statement. This looks past the stated purposes of the Act - to promote and protect rights and facilitate complaints - and expresses a view of the fundamental social purpose of the existence of the organisation, stated as a strategic intent.

One of the key understandings that grew out of the development of the strategic plan was that of our role as a facilitator between consumers and providers. The aim is to focus on achieving outcomes to the consumer's satisfaction at the lowest possible level.

While this may be a model at odds with the expectation in some sectors that the Commissioner's office will act primarily as a

police force or a “fix it” operation, it empowers both provider and consumer and recognises the partnership required to effect lasting, fundamental improvement in quality of service.

Mission Statement

The mission statement describes what the organisation does and for whom it does it, and thus defines the boundaries of our activities.

It states that:

“Our business is service quality improvement through a Code of Rights under the Health and Disability Commissioner Act”

“We empower and serve the public of New Zealand, the consumers of health and disability services, and service providers through:

- *Facilitation*
- *Promotion and Information*
- *Education and research*
- *Advocacy support*
- *Investigation*
- *Mediation*
- *Prosecution*
- *Policy formation and advice”*

“We operate nationwide in New Zealand”

Application

The strategic plan goes on to identify goals, core competencies, stakeholder expectations, a conceptual definition of the service, key strategies for the period 1995-1998, a strategic pathway to the year 2,000 and a declaration of the core cultural values for the organisation.

All employees are encouraged to read and take ownership of the strategic plan, which is referred to and will be updated as necessary in regular management planning processes.

Summary of the Year's Activities

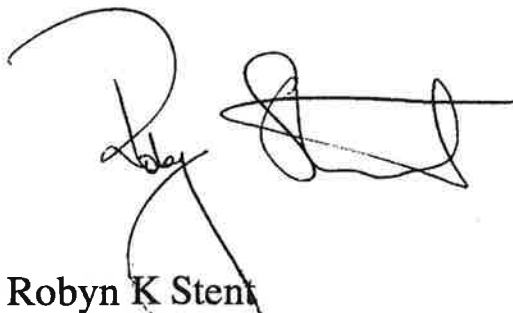
The Health and Disability Commissioner and staff achieved all its key objectives for the year 1995-96. Mainly due to the political processes following the tabling of the Proposed Draft Code of Health and Disability Services Consumers' Rights, the time frames were not as originally envisaged. However, by the time the Code of Rights came into force on 1 July 1996, promotional and educational material was available, offices were fully established in Auckland and Wellington, enquiry and complaints functions were fully operational and most of the country had available trained, local advocacy services.

The key developments for the year are covered in the front section of this report, prior to the financial report.

The Director of Advocacy resigned after completing the set-up phase of the advocacy service. His report is also contained in this section.

I wish to thank all members of the Health and Disability Commissioner's office, past and present, who have worked so diligently towards the implementation of our vision.

My thanks extend also to the advisors, government agencies and public at large who worked with us to achieve success in our first full year of establishment.



Robyn K Stent
Health and Disability Commissioner



PUBLIC AWARENESS AND ACCEPTANCE

Initial expectations

Following the appointment of the Commissioner in late 1994, expectations from consumers were extensive. During initial consultations on the development of the Draft Code of Rights, in meetings around New Zealand and in written submissions, expectations were expressed that the Health and Disability Commissioner would “fix” virtually everything that people saw as wanting within the health and disability sector. This was neither the intention nor the scope of the Health and Disability Commissioner Act and considerable work in the first year of office focused on educating consumer and provider groups as to the actual scope of the Act and the powers of the Commissioner.

In particular, the principle of empowering the consumer to achieve their own resolution of their difficulties was given a high profile in all communications and publications.

Following the publication of the Proposed Draft Code of Rights, 417 submissions were received, many welcoming the proposed rights and suggesting only minor modifications. There was a certain degree of media comment expressing disappointment that the Code covered only matters of quality of service and not entitlement to services. Some comment and one or two submissions on the Proposed Draft Code in fact challenged this interpretation of the legislation. Another major concern was the proposed resource constraint exception.

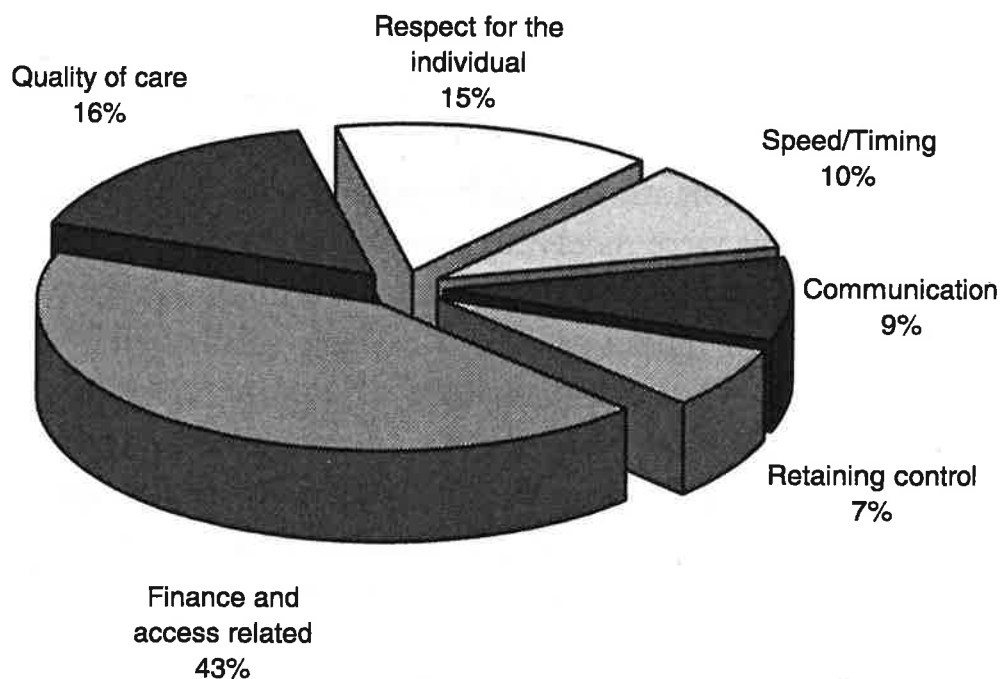
On the provider side of the equation, comment focused on the obligations arising out of the Health and Disability Commissioner Act and the Code of Rights. Many providers continue to show concern that this legislation may impose unreasonable and unworkable demands on those providing health and disability services.

Surveys

In order to assess awareness of issues and of the Code of Rights the Commissioner has conducted three surveys since the beginning of 1995.

The first two were small surveys of consumers chosen at random from the general population. One was conducted in February 1995 and the next in July 1995. Not surprisingly these revealed a low awareness of the issues of rights in the health and disability sector and showed that people's immediate concerns were with access to services. The results did not vary significantly between the two surveys.

SUMMARY OF CONCERNS BY ISSUE - FEBRUARY 1995
(approximate proportions)

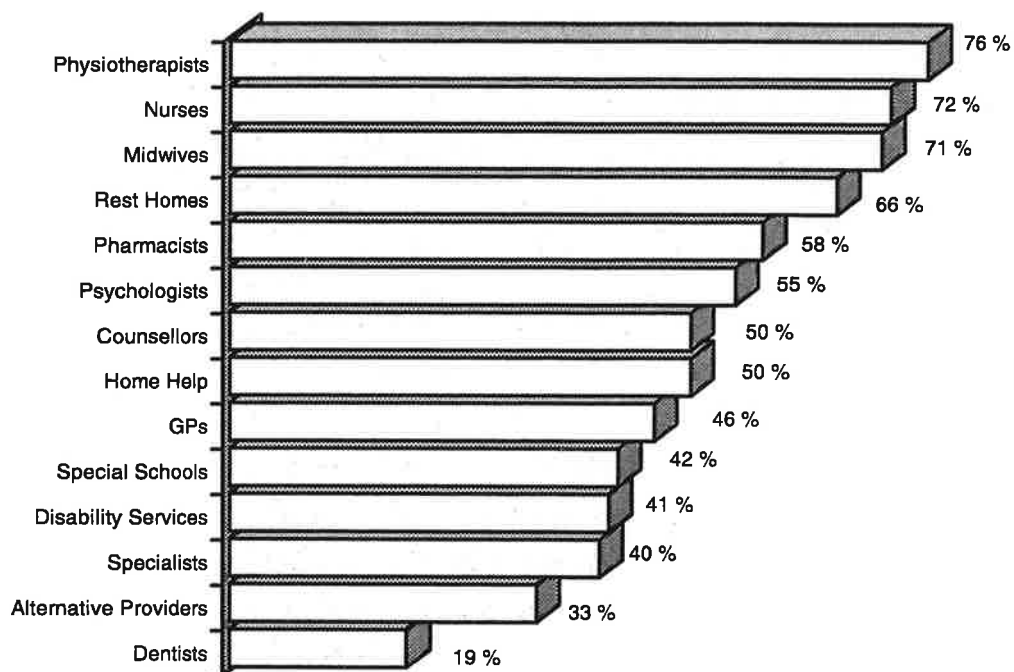


However, in the two rounds of consultation during which the Commissioner travelled throughout New Zealand and met with people from all walks of life, asking direct questions about their experiences of health and disability services, a quite different picture emerged.

While people generally were not able to identify a list of rights which they thought should apply in relation to health and disability services they were certainly well aware of personal experiences which had left them unsatisfied, disempowered and frustrated when using these services. Such expressions contributed substantially to the development of the Proposed Draft Code of Rights.

The Commissioner carried out the third survey in June 1996, after the Minister of Health had mailed the final Code to some 60,000 individual providers but before the July 1 launch of the Code of Rights. The telephone survey of 500 individuals working in the health and disability sectors showed highest awareness among physiotherapists and nurses and low awareness among GPs, alternative health providers and dentists.

PROVIDER AWARENESS - JUNE 1996



Education Focus

In the first year of the Code the Commissioner will focus on provider education and use survey techniques to ascertain the effectiveness of programmes and areas of high and low understanding and acceptance.

Provider education focus

Due to the size of the health and disability sector in New Zealand and the maximum likely budget for the Commissioner's office, the strategic plan identified the need to enlist providers in informing consumers of their rights. Consequently this obligation was written into Clause 1 of the Code of Rights.

Two assumptions flowed from this decision:

- Early promotion should focus on educating and equipping providers to meet their obligation to inform
- Providers should meet the modest and reasonable cost of meeting this new legal requirement.

Publications for sale

As a consequence of the above assumptions, the Commissioner has produced a range of resources to enable providers to easily and at low cost inform consumers of their rights under the Code and the available avenues of support and complaint.

Provider acceptance

Provider acceptance of their obligations in general to meet the requirements of the Code appears to be varied. Some large providers have incorporated the Code as training projects with in-house certification of staff, resulting in comprehensive acceptance and implementation of the Code. Other providers have clearly adopted an attitude of antipathy.

Most providers accept that paying a few dollars to have posters and leaflets available is a simple and affordable method of informing consumers of their rights and recognise the value in

terms of improved quality. The value for the Commissioner comes from the consistent symbolism and messages to consumers who will see the same messages at a variety of provider locations.

Consumer awareness strategies

In line with the strategy of educating consumers at the 'point of service', the Commissioner has defined consumer awareness targets in percentages of those using specific services. Initially, the chosen indicator groups will be either particularly easy to reach - for example, patients in public hospitals - or of particular importance, such as Maori and Pacific Island people using any kind of health or disability service. These outcomes will be measured by survey in June 1997.

It is expected that general public awareness will take some years to develop, and will grow as a consequence of the fact that most people use some form of health or disability service in the course of the year. As providers become more familiar and comfortable with the Code of Rights and take steps to alert those using their service of the existence of the Code, awareness of the Code, the Commissioner's office and the advocacy service will become widespread.

The Commissioner will also track provider compliance by sector-specific surveys. If it becomes apparent that a particular sector is persistently non-compliant it may become necessary to target promotion and education directly to those providers or to the consumers in that sector, thus generating compliance by consumer pressure.

It is also part of the Commissioner's statutory functions to issue reports and public statements where appropriate. The consequent general media exposure will also contribute to public awareness.



THE TREATY OF WAITANGI, MAORI AND MINORITIES

Hui, Maori and other submissions to the Proposed Draft Code strongly emphasised the importance of the inclusion of Te Tiriti o Waitangi as the founding document encouraging Maori ownership and utilisation of the rights. With the Commissioner's particular emphasis on ensuring quality of service for those least able to achieve this by their own efforts and given the low health status of Maori and the historic reluctance of Maori to complain, the Commissioner incorporated the principles of the Treaty of Waitangi into the Code and the operations of the office.

Kaiwhakahaere

A Kaiwhakahaere - Manager Maori Issues, was appointed to the senior management team to achieve two principal objectives:

- to assist the Health and Disability Commissioner to promote and protect the rights of Maori consumers of health and disability services; and
- to advise the Commissioner on the role and structure of all services in order to fulfil the aim of effective management consistent with the principles of Te Tiriti o Waitangi.

All staff employed by the Health and Disability Commissioner attended at least one in-house Treaty of Waitangi training day. Advocacy training incorporated elements of Treaty of Waitangi and working with Maori. The principles of partnership within Te Tiriti o Waitangi were incorporated into the visual style of the Health and Disability Commissioner.

The Commissioner has actively taken steps to ensure effective links with Maori. The attendance of Kaiwhakahaere at meetings with the CHE and other non-Maori organisations which serve large Maori populations was an important development initiated in January 1996.

Communication - Education

Since November 1995 the Kaiwhakahaere has concentrated on reaching Maori providers and consumers and raising their awareness of the Code through established networks and iwi structures. The preferred method of communication for Maori is 'te kano hi kitea' - face to face meetings in hui and other forums. Regional and national hui have provided the Kaiwhakahaere and the Commissioner with opportunities to distribute educational resources. National organisations, including Te Puni Kokiri, have also helped to spread information about the Code. The use of Maori media for this purpose is ongoing.

Pacific Island peoples

For cultural reasons, Pacific Island peoples are reluctant to complain. Consequently, establishing effective links with Pacific Island peoples is extremely important. Again, face to face meetings are preferred to other communication methods and the Kaiwhakahaere liases regularly with key Pacific Island contacts and groups.

Other peoples - proposed action

The dissemination of information to peoples from cultures other than Maori and Pacific islands is being developed. Contact has been made with interpreters to discuss the Code of Rights. The office is currently tracking requests for information in other languages to identify a list of priorities for publications and contacts in future. The coming year will see an increase in links with other language groups and cultures.

Kaiwhakahaere activities included:

Establishing advocacy services

During shortlisting of proposals, care was taken to ensure that providers would be able to meet Maori needs. The service contractors were given advice on the best methods for delivery of advocacy to Maori consumers.

Establishing investigations and mediation

The Kaiwhakahaere took part in recruitment interviews and trained the successful candidates in the Treaty and working with Maori. 'Working with Maori' is a regular quarterly meeting with investigations staff. Expert advice is available as needed by the investigations staff.

Executive support services

The Kaiwhakahaere played a significant role in creating a comfortable office environment by helping to choose art works and furniture and organising karakia for the Auckland and Wellington offices. She also had input into the Human Resources Manual and the development of information systems required to collect Maori/ethnic data.

Legal

Advice from the Kaiwhakahaere ensures that processes used by the Health and Disability Commissioner do not alienate Maori or those least able to advocate on their own behalf. Her contribution also helps the Commissioner to respond appropriately to queries from these groups. The Kaiwhakahaere will monitor the access of high priority groups to the assistance offered by the Code of Rights.

Promotional media

The Kaiwhakahaere is the Commissioner's principal resource for Te Reo. The Code of Rights poster and video are available in Maori versions and advice is given as to the appropriate and necessary use of Te Reo through all publications and communications.



THE CODE OF HEALTH AND DISABILITY SERVICES CONSUMERS' RIGHTS

The Commissioner's first task following her appointment in late 1994 was to develop a Code of Rights. This was a key component of the legislation which would not become fully effective until the Code was in place. In this respect the legislation is more innovative and effective than similar 'health watchdog' functions in some other countries, where Commissioners often operate under general guidelines and have to rely on the authority of various parts of existing laws.

The Health and Disability Commissioner Act 1994 is specific about the process of developing the Code of Rights, and requires the Commissioner to:

- consult with and invite submissions from representatives of consumers and providers and specified statutory agencies, so that the Government has a wide range of views available to assist in the preparation of the Proposed Draft Code.
- publicly notify the Proposed Draft Code and request submissions from all persons who may have an interest.

Part of this process was conducted during the previous reporting year. The timeline below outlines the stages of the development process conducted between 1 July 1995 and 30 June 1996.

July

28 July 1995

Following extensive public consultation between March and June 1995, the Proposed Draft Code document was printed. The 60 page booklet contained a commentary on each of the elements of the Proposed Draft Code, a plain language version of the Proposed Draft Code in English, Maori, four Pacific Island languages and Chinese, an explanation of

the submission process and the public meeting itinerary. The booklet was also made available on computer diskette and audio tape.

August to September

1 August 1995

The second round of public consultation began. The document was distributed to 2,000 previous contacts with a further 3,000 sent to the Maori community. Community libraries, MPs, central government departments and their ministers. The six statutory bodies stated in the Act also received copies with the final total distributed being 17,000. Advertisements were placed in major newspapers from the beginning of August, indicating how a copy of the consultation document could be obtained. Submissions could be made in a number of ways: in writing, on computer disk or by calling a freephone Consultation line.

14 August to
8 September 1995

Eleven public meetings, five hui and a fono were held to clarify the content and objectives of the Proposed Draft Code and provide an opportunity for input from Maori and Pacific Island groups. Public notices advertising these meetings were placed in major and local newspapers, on local radio stations and community notice boards. Mayors and MPs were also informed of the dates of meetings in their areas when they received their copy of the Proposed Draft Code.

September 18 to
September 29 1995 Six oral hearings were held to enable people to speak in support or clarification of their submission.

29 September 1995 The closing date for submissions was initially 15 September 1995 but was extended to 29 September, by which time a total of 417 submissions had been received. The process of analysing comments and reviewing the Proposed Draft Code commenced.

October

31 October 1995 The final Draft Code was forwarded to the Office of the Minister of Health along with a detailed commentary from the Commissioner on how submissions had been accommodated.

November

21 November 1995 The Draft Code was tabled in Parliament. The Minister's office responded to the Commissioner and outlined the process for the implementation of the Draft Code. The Draft Code was then assessed by a small group of independent commentators, who were invited by the Minister to consider and report on its impact on the Health and Disability Sector.

January

The Draft Code was considered by Cabinet's Social Policy Committee and the regulation drafted by Parliamentary Counsel. The Commissioner's input was included in this process.

April

30 April 1996

The Minister of Health circulated the final Code and an explanation of changes from the draft originally tabled in Parliament to more than 60,000 individual providers.

May

2 May 1996

The Code of Health and Disability Services Consumers' Rights was approved by Cabinet, for legal implementation on 1 July 1996.

The Code was passed by an Order in Council.

June

28 June 1996.

The Code of Health and Disability Services Consumers' Rights was officially launched by the Commissioner with a function held in grounds adjacent to National Women's Hospital to mark the occasion. Speakers included Dame Silvia Cartwright, Associate Minister of Health Katherine O'Regan and consumer representatives. A national media release was issued: "Code of Rights closes the book on cervical cancer inquiry". The Commissioner published and mass-mailed a range of leaflets and posters advertising the Code, with emphasis placed on an abbreviated, simple English format of the regulation. Two videos, one aimed at providers and the other at consumers, were also produced.

July

1 July 1996

The Code of Health and Disability Services Consumers' Rights became legally effective.



Dame Silvia Cartwright at the Commissioner's launch of the Code of Rights.



OFFICE ESTABLISHMENT

The Office of the Health and Disability Commissioner was established by statute in October 1994 and Robyn Stent was appointed Commissioner in December 1994. Initially, the Commissioner established a basic office structure in Wellington and engaged a number of qualified people on short term contracts to assist with the preparation of the Draft Code.

Steps to establish a permanent structure for the office occurred late in 1995. By December 1995 with the exception of the Director of Proceedings all managers were appointed. Operations positions were filled by June 1996 in preparation for the introduction of the Code on 1 July 1996.

In May 1996 a second office was opened in Auckland. The Auckland office is the base for the Communications, Education and Investigations functions. The Legal and Executive Services functions are based in Wellington. The Kaiwhakahaere operates from the Auckland office and also travels extensively throughout New Zealand making contact with iwi, Maori and Pacific Island groups.

A purpose built computerised enquiries and complaints information system was developed and implemented by 30 June 1996. It was accompanied by a review of the computer hardware operated by the Office of the Health and Disability Commissioner, the establishment of a wide area network between Auckland and Wellington and the integration of the independent advocates into the network.



STAFFING

Commissioner	Robyn Stent
Executive Assistant	Rowen Elford

Advocacy

Director of Advocacy	Paul Curry (resigned 27 June 1996) Jane Doherty (effect. 30 Sept. 1996)
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Investigations/Mediations

Team Leader	Siniua Lilo	Auckland
Enquiry Officer	Anne Dukes	Auckland
Enquiry Officer	Tania Matangi	Auckland
Investigation Officer	Judith Ingram	Auckland
Investigation Officer	Kathryn Leydon	Auckland
Investigation Officer	Moira Ransom	Wellington
Investigation Officer	Adrienne Botham	Wellington

Communications and Education

Manager	Chris Hegan	Auckland
Communications Asst	Amanda Beatson	Auckland

Maori

Kaiwhakahaere	Moe Milne	Auckland
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Legal Services

Manager	Annie Fraser	Wellington
Legal Researcher	Malcolm Luey	Wellington
Legal Officer	Alison Schneller	Wellington

Executive Services

Manager	Kevin Petersen	Wellington
Secretary	Teresa Snooks	Wellington
Administration Asst	Charmaine Findlay	Wellington
Systems Administrator	Roger Foote	Wellington
Receptionist	Sue Bell	Auckland

There is also a senior clerk and a receptionist employed in the Wellington office.

ENQUIRIES AND COMPLAINTS PROCESS

Enquiries

The process is designed to ensure empowerment. Information is provided to the public at large. Where there is a concern regarding the quality of service the caller is told their options. Emphasis is placed on ensuring that a complaint is dealt with at the lowest level possible. Depending on what action has already been taken, staff will usually inform callers of their rights, including those under Right 10 which requires providers to have an effective complaints procedure. They may suggest that a caller attempts to resolve the matter directly with the provider, with or without the assistance of an advocate, before lodging a formal complaint. The caller will be sent whatever information they need and where there is reason to do so, a telephone enquiry can be connected directly to the local advocate.

The Complaints Process

The complaints process is clearly defined in the Health and Disability Commissioner Act 1994.

A complaint can be made to the Commissioner in a number of ways: by the individual concerned, by an advocate who has been assisting the complainant, by a health professional board or by a third party. The Commissioner is also able to act on her own initiative to investigate systemic issues.

Complaints may have an overlap between the Health and Disability Commissioner, the Privacy Commissioner and the Human Rights Commission. When one of these bodies receives a complaint involving a mixture of issues, the organisations confer and decide which office should handle the complaint.

Investigation

Investigations are impartial in every respect.

When a complaint falling within the jurisdiction of the Act is

lodged, the Commissioner examines the matter and decides whether an investigation should proceed. Reasons for not investigating may include the consumer not wishing to proceed or the complaint being out of jurisdiction.

If an investigation is to proceed, the parties are notified of the proposed investigation, the provider is given an opportunity to respond and the parties and any witnesses are interviewed when appropriate. In specific areas of standards expert opinion may be sought. It may well be at that point that an opportunity is seen for an early resolution through supported communication between the provider and consumer, mediation or some other means. During the process of an investigation, documents and items relevant to the inquiry may be requested and parties may be asked to provide statements under oath. A preliminary opinion is then drafted for the Commissioner's consideration.

Options during an investigation

- take no further action: the complainant and provider are informed of the decision and the reasons for it
- refer the matter to advocacy
- call a mediation conference to assist the parties towards a solution.

Options after investigation

If at the end of an investigation the Commissioner forms the provisional opinion that a breach of the Code has occurred, she must give the provider an opportunity to comment before forming her final opinion.

If the Commissioner decides that a breach of the Code has occurred, a number of actions are available. The Commissioner may report her opinion to the provider and make recommendations, report to the Minister of Health or a purchaser or complain to a professional board. Where recommendations are made the Commissioner is able to monitor their implementation and report to the Minister of Health if progress is not satisfactory.

The Commissioner may also refer the matter to the Director of Proceedings.

The Director of Proceedings

On receipt of a complaint from the Commissioner, the Director of Proceedings will decide whether to take no action, bring proceedings before the Complaints Review Tribunal or before a health professional disciplinary body. The Director of Proceedings can provide financial support or representation for a complainant in any proceedings arising out of their complaint to the Commissioner. If the Director decides to bring no action, the complainant may personally pursue the matter through the Complaints Review Tribunal.

The Complaints Review Tribunal has been established to hear proceedings brought under the Human Rights Act, the Privacy Act and the Health and Disability Commissioner Act. Its purpose is to provide a neutral hearing of the unresolved issues between the parties. The Tribunal can declare that a breach of the Code has occurred, make an order to prevent a continuation or repeat of that breach, and/or an order to redress any loss or damage resulting from the breach and can award damages of up to \$200,000.00.

Interface with Health Registration Boards

The health registration boards' primary role is to register health professionals and oversee appropriate professional standards. From 1 July 1996 the Commissioner will receive all complaints made to health registration boards. When such a complaint is in progress, no action can be taken by them in relation to that particular complaint until they have been informed that the Commissioner's investigation has concluded. However, under certain circumstances, they may, in the interim, restrict the individual's ability to practise.



REPORT OF THE DIRECTOR OF ADVOCACY MR PAUL CURRY

Background

Under Section 25 of the Health and Disability Commissioner Act, 1994, the Director of Advocacy has the following functions:

- (a) To administer advocacy service agreements
- (b) To promote, by education and publicity, advocacy services
- (c) To oversee the training of advocates
- (d) To monitor the operation of advocacy services, and to report to the Minister from time to time on the results of that monitoring.

Statement of Service Performance

The New Zealand Health and Disability Advocacy Service is committed to the delivery of the following Health and Disability Commissioner statement of Service Performance.

“Operate an efficient effective and independent New Zealand wide advocacy service from 1 July 1996.”

Advocacy Service Agreement

A full nationwide coverage of advocacy services was implemented on time from 1 March 1996. Nine advocacy service organisations entered into service agreements to provide advocacy within ten regions. The tendering organisations underwent a rigorous evaluation process before the successful ones were chosen.

Considerable interest was shown in the tendering process which operated as follows:

17 July 1995	Requests for Information were distributed to 330 individuals and organisations who had expressed an interest following an extensive advertising programme.
9 August 1995	72 agencies registered as being independent in accordance with the Act. These organisations were visited and received a one hour presentation on the role of advocates. The Request for Proposal was then distributed.
27 October 1995	A total of 36 proposals were received.
24 November 1995	Proposals were evaluated, budgets prepared and short list identified.
1 December 1995	Preferred proposers advised proposals were successful.
1 December 1995 to 26 January 1996	Service agreements were executed.
1 February 1996	Set-up monies advanced.
1 March 1996	Advocacy Service agreements began.

Promotion, Education & Publicity

The following promotional and educational and publicity activities were undertaken during the year.

Tendering Process

- 35 advertisements were placed in all national and regional daily newspapers, health and disability and Maori periodicals.
- 82 letters enclosing tendering information were forwarded

to accountants, lawyers, Crown Health Enterprises, Regional Health Authorities, organisations representing Maori and people with disabilities.

- 75 presentations about Advocacy Services and the tendering process were undertaken during July and August.

General Education

- In excess of 50 presentations and guest speaking engagements by the Director of Advocacy were delivered to health and disability provider and consumer forums and conferences.
- From April to July, advocates concentrated on providing information to service providers about their responsibilities under the Code and the Act.

Media Promotion

- During January a promotional media release was made to all newspapers, radio, television and a selection of health, disability and Maori periodical magazines about contracted advocacy services.
- From May to June Advocacy Services used nationally supplied presentation material, posters, video, pamphlets and brochures to create consistency of communication.

Training of Advocates

62 full time and part time advocates received one week's orientation training in Wellington during March and April 1996. Ongoing training is the responsibility of each individual contracted Advocacy Service. A competency framework for measuring advocate's skill levels was made available to the Advocacy Service.

Monitoring the Operation of Advocacy Services

A comprehensive monitoring process was established through a Performance and Monitoring Manual under the Advocacy

Service Agreement. Monitoring will include analysing the following:

- Outcomes as identified from the computer database, including timelines, trends, patterns and systemic issues
- Adherence to the Guidelines for Advocacy Service prepared by the Commissioner
- Adherence to the performance standards as per the Performance and Monitoring Manual
- Compliance with the Advocacy Service Agreement

Social Audit

Each Advocacy Service will undergo a Social Audit to validate the report and achievements of the organisation. The following will be taken into account:

- Information gathered by the Social Auditor including observation, feedback from consumer satisfaction survey, other organisations and individuals and the Advocacy Organisation personnel.
- Reporting requirements include quarterly reports on the effectiveness and efficiency of the service. Annual Service Report against annual plan and Six-Monthly Financial Reports.

Reports to Minister

- The Director of Advocacy reports to the Minister of Health on a quarterly basis. During 1996, reports were forwarded to the Minister on 19 July 1995, 26 March 1996 and 30 June 1996.



STATEMENT OF FINANCIAL PERFORMANCE
For the year ended 30 June 1996

Last Year \$		This Year \$	Budget 95/96 \$
	Revenue		
1,205,985	Operating Grant Received	4,649,778	4,649,776
<u>16,099</u>	Interest Received	<u>194,281</u>	<u>100,880</u>
1,222,084	TOTAL REVENUE	4,844,059	4,750,656
	Less Expenses		
0	Service Contracts	1,490,782	1,408,204
3,000	Audit Fees	6,000	3,000
353,743	Staff Costs	998,939	931,566
58,073	Travel & Accommodation	164,087	177,587
13,922	Depreciation	111,829	171,874
25,942	Occupancy	97,949	103,644
127,828	Communications	662,659	1,133,026
<u>314,115</u>	Operating Costs	<u>339,787</u>	<u>543,079</u>
<u>896,623</u>	TOTAL EXPENSES	<u>3,872,032</u>	<u>4,471,980</u>
<u>325,461</u>	Net Operating Surplus	<u>972,027</u>	<u>278,676</u>

The Notes on pages 34-39 form part of and should be read in conjunction with these financial statements.

STATEMENT OF FINANCIAL POSITION
As at 30 June 1996

Last Year \$		This Year \$	Budget 95/96 \$
	Crown Equity		
325,461	Accumulated Funds	1,297,488	604,137
<u>394,000</u>	Capital Contributed	<u>732,000</u>	<u>732,000</u>
719,461		2,029,488	1,336,137
	Current Liabilities		
<u>417,761</u>	Sundry Creditors ^{Note 1}	<u>949,046</u>	<u>500,000</u>
<u>1,137,222</u>		<u>2,978,534</u>	<u>1,836,137</u>
	Current Assets		
255,147	Bank Account	760,745	50,600
516,412	Call Deposits	1,124,238	902,822
85,443	Prepayments	10,000	10,000
9,541	Sundry Debtors	48,968	0
<u>0</u>	GST Receivable	<u>172,121</u>	<u>108,480</u>
866,543		2,116,072	1,071,902
<u>270,679</u>	Fixed Assets ^{Note 2}	<u>862,462</u>	<u>764,235</u>
<u>1,137,222</u>		<u>2,978,534</u>	<u>1,836,137</u>

The Notes on pages 34-39 form part of and should be read in conjunction with these financial statements.

STATEMENT OF MOVEMENTS IN EQUITY
For the year ended 30 June 1996

Last Year		This Year	Budget 95/96
\$		\$	\$
	0 Opening Balance 1 July 1995	719,461	719,461
325,461	Plus Net Operating Surplus (Total Recognised Revenue and Expenses)	972,027	278,676
394,000	Equity funding received from Government as a contribu- tion towards the purchase of fixed assets.	338,000	338,000
<hr/>			
<u>719,461</u>	Closing Balance 30 June 1996	<u>2,029,488</u>	<u>1,336,137</u>

The Notes on pages 34-39 form part of and should be read in conjunction with these financial statements.

STATEMENT OF CASH FLOWS

For the year ended 30 June 1996

Last Year \$		This Year \$	Budget 95/96 \$
	Cashflows From Operating Activities		
	<i>Cash was provided from:</i>		
1,205,985	Operating Grant	4,649,778	4,649,776
16,099	Interest on Short Term Deposits	194,281	100,880
<u>0</u>	Income Received	<u>(39,427)</u>	<u>9,541</u>
1,222,084		4,804,632	4,760,197
	<i>Cash was applied to:</i>		
(190,947)	Payments to Employees (769,568)		(746,630)
<u>(462,458)</u>	Payments to Suppliers (3,098,031)		<u>(3,504,274)</u>
<u>(653,405)</u>		<u>(3,867,599)</u>	<u>(4,250,904)</u>
568,679	Net Cashflows From Operating Activities <small>Note 3</small>	937,033	509,293
	Cashflows From Financing Activities		
	<i>Cash was provided from:</i>		
<u>394,000</u>	Capital Contribution <u>338,000</u>		<u>338,000</u>
394,000	Net Cashflows from Financing Activities	338,000	338,000
	Cashflows from Investing Activities		
	<i>Cash was provided from:</i>		
0	Sale of Fixed Assets 1,314		0
	<i>Cash was applied to:</i>		
<u>(191,120)</u>	Purchase of Fixed Assets (162,923)		<u>(665,430)</u>
<u>(191,120)</u>	Net Cashflows from Investing Activities	(161,609)	(665,430)
771,559	NET INCREASE IN CASH	1,113,424	181,863
<u>0</u>	Cash brought Forward	<u>771,559</u>	<u>771,559</u>
<u>771,559</u>	Closing Cash carried forward	<u>1,884,983</u>	<u>953,422</u>

Cash Balances in the Statement of Financial Position

255,147	Bank Account	760,745	50,600
<u>516,412</u>	Call Deposits	<u>1,124,238</u>	<u>902,822</u>
<u>771,559</u>		<u>1,884,983</u>	<u>953,422</u>

The Notes on pages 34-39 form part of and should be read in conjunction with these financial statements.

**HEALTH AND DISABILITY COMMISSIONER
STATEMENT OF ACCOUNTING POLICIES*****For the year ended 30 June 1996*****Statutory Base**

The financial statements have been prepared in terms of Section 41 and Section 42 of the Public Finance Act 1989.

Reporting Entity

The Health and Disability Commissioner is a Crown Entity established under the Health and Disability Commissioner Act 1994. The role of the Commissioner is to promote and protect the rights of health consumers and disability services consumers

Measurement Base

The financial statements have been prepared on the basis of historical cost.

Particular Accounting Policies**(a) *Recognition of Revenue and Expenditure:***

The Commissioner derives revenue through the provision of outputs to the Crown and interest on short term deposits. Revenue is recognised when earned. Expenditure is recognised when the cost is incurred.

(b) *Fixed Assets*

Fixed Assets are stated at their cost less accumulated depreciation.

(c) *Depreciation:*

Fixed assets are depreciated on a straight line basis over the useful life of the asset. The estimated useful life of each class of asset is as follows:

Furniture & Fittings	5 years
Office Equipment	5 years
Communications Equipment	4 years
Motor Vehicles	5 years
Computer Hardware	4 years
Computer Software	2 years

The cost of leasehold improvements is capitalised and depreciated over the unexpired period of the lease or the estimated remaining useful lives of the improvements, whichever is shorter.

(d) *GST*

The financial statements are shown exclusive of GST and the net GST at the end of the period is included as a receivable.

(e) *Debtors*

Debtors are stated at their estimated net realisable value.

(f) *Leases*

The Health & Disability Commissioner leases office premises. These are expensed in the period in which they are incurred.

(g) *Provision for Employee Entitlements*

Annual leave is recognised as it accrues to employees.

(h) *Financial Instruments*

All financial instruments are recognised in the Statement of Financial Position at their fair value. All revenue and expenditure in relation to financial instruments is recognised in the Statement of Financial Performance.

(i) *Taxation*

The Health and Disability Commissioner is exempt from income tax pursuant to the Second Schedule of the Health and Disability Commissioner Act 1994.

Statement of Changes in Accounting Policies

There has been no change in Accounting Policies. All policies have been applied on basis consistent with the prior period.

NOTES TO THE FINANCIAL STATEMENTS
For the year ended 30 June 1996

Last Year		This Year
\$		\$
	<i>Note 1: Sundry Creditors</i>	
400,473	Trade Creditors and Accruals	888,108
17,288	PAYE	29,538
<u>0</u>	Annual Leave	<u>31,400</u>
<u>417,761</u>		<u>949,046</u>

Note 2: Fixed Assets

1996	Cost \$	Accum Depn \$	Net Book Value \$
Computer Hardware	567,362	63,463	503,899
Computer Software	105,297	8,636	96,661
Communications Equipment	28,438	4,653	23,785
Furniture & Fittings	80,175	10,485	69,690
Leasehold Improvements	107,159	18,711	88,448
Motor Vehicles	42,280	10,169	32,111
Office Equipment	<u>56,829</u>	<u>8,961</u>	<u>47,868</u>
Total Fixed Assets	<u>987,540</u>	<u>125,078</u>	<u>862,462</u>

1995	Cost \$	Accum Depn \$	Net Book Value \$
Computer Hardware	132,731	5,627	127,104
Communications Equipment	2,524	66	2,458
Furniture & Fittings	37,274	933	36,341
Leasehold Improvements	21,350	3,302	18,048
Motor Vehicles	42,280	1,713	40,567
Office Equipment	<u>48,442</u>	<u>2,281</u>	<u>46,161</u>
Total Fixed Assets	<u>284,601</u>	<u>13,922</u>	<u>270,679</u>

Last Year		This Year
\$		\$
<i>Note 3: Reconciliation between Net Cashflows From Operating Activities and Net Operating Surplus</i>		
325,461	Net Operating Surplus	972,027
<i>Add Non-cash items:</i>		
13,922	Depreciation	111,829
<i>Movements in Working Capital Items</i>		
417,761	Increase/(Decrease) in Sundry Creditors	531,285
(93,483)	Increase/(Decrease) in Fixed Asset Creditors	(542,003)
(9,539)	(Increase)/Decrease in Sundry Debtors	(39,427)
(85,443)	(Increase)/Decrease in Prepayments	75,443
<u>0</u>	(Increase)/Decrease in GST Receivable	<u>(172,121)</u>
<u>229,296</u>		<u>(146,823)</u>
<u>568,679</u>	Net Cashflows From Operating Activities	<u>937,033</u>

Note 4: Commitments

(a) Ten contracts exist for the provision of consumer advocacy services. They are all effective from 1 Mar 1996 for a period of 36 months. The total commitment of \$7,036,405 (excluding GST) is payable in monthly instalments.

Operating Leases including leasehold improvements

Wellington \$58,015 per annum until March 1997

Auckland \$81,334 per annum until March 1999

Classification of Commitments

54,479	Less than one year	124,845
34,109	One to two years	81,334
0	Two to five years	65,758
<u>0</u>	Over five years	<u>0</u>
<u>88,588</u>		<u>271,937</u>

Last Year

\$

This Year

\$

Note 5: Contingent Liabilities

As at 30 June 1996 there were no contingent liabilities (1995 Nil).

Note 6: Financial Instruments

As the Health and Disability Commissioner is subject to the Public Finance Act, all bank accounts and investments are required to be held with banking institutions authorised by the Minister of Finance. The Health and Disability Commissioner has no currency risk as all financial instruments are in NZ dollars.

Credit Risk

Financial Instruments that potentially subject the Health and Disability Commissioner to credit risk principally consist of bank balances and sundry debtors.

Maximum exposures to Credit risk at balance date are:

771,559	Bank Balances	1,884,983
<u>9,541</u>	Sundry Debtors	<u>48,968</u>
<u>781,100</u>		<u>1,933,951</u>

The Health and Disability Commissioner does not require any collateral or security to support financial instruments with financial institutions that the Commissioner deals with as these entities have high credit ratings. For its other financial instruments, the Commissioner does not have significant concentrations of credit risk.

Fair Value

The fair value of the financial instruments is equivalent to the carrying amount disclosed in the Statement of Financial Position.

**STATEMENT OF SERVICE
PERFORMANCE FOR THE YEAR
ENDED 30 JUNE 1996**

OBJECTIVE ONE - PREPARE A CODE OF RIGHTS

Performance Measure: Prepare a public consultation document

Measurement: July 1995

Achievement:

Designed, printed and distributed 17,000 copies of 'A Proposed Draft Code of Health and Disability Services Consumers' Rights.' Awareness of the consultation process and issues was raised through national media advertising and releases.

Performance Measure: Public Meetings

Measurement: August 1995

Achievement:

11 public meetings, 5 hui & 1 Pacific Island fono were held in August & September 1995 to consult on the Proposed Draft Code.

Performance Measure: Analyse submissions

Measurement: September 1995

Achievement:

The closing date for submissions on the Proposed Draft Code was initially set at 15 September 1995 but extended to 29 September 1995. A total of 404 responses were received, with a further 13 arriving after the final closing date. For statistical purposes, submissions were ordered into the following categories: Providers, Professional, Statutory and other bodies, Consumers and Public. The key issues raised in relation to each Clause or Right were identified. Comments were then considered by the Commissioner and legal staff and amendments made to the Proposed Draft Code where appropriate.

Performance Measure: Finalise draft code**Measurement: October 1995****Achievement:**

A Draft Code document was prepared during October 1995 for presentation to the Minister of Health. This contained the Draft Code itself, an outline of the consultation process and a detailed analysis of the submissions, the issues they raised and comments by the Commissioner on any resulting changes made to the Proposed Draft Code.

Performance Measure: Deliver to Minister of Health**Measurement: October 1995****Achievement:**

The Draft Code of Health and Disability Services Consumers' Rights was delivered to Minister of Health on 31 October 1995.

Performance Measure: Assist with finalisation of Code where appropriate**Measurement: February 1996****Achievement:**

Legal staff responded to queries from Ministry of Health officials regarding provenance and purpose of certain matters in the Draft Code of Rights. The Commissioner made representations to the Ministry of Health, the Officials Committee and the Cabinet Social Policy Committee, and met with Parliamentary Counsel to assist in finalising the regulation.

OBJECTIVE TWO - FINALISE THE OPERATIONAL STRUCTURE OF THE HEALTH AND DISABILITY COMMISSIONER OFFICE

Performance Measure: Decide on operational sites

Measurement: November 1995

Achievement:

It was decided to operate from two sites - Auckland and Wellington. Consideration was given to also operating from Christchurch but this could not be justified on financial grounds.

Performance Measure: Finalise organisational structure and appoint senior management team

Measurement: December 1995

Achievement:

With the exception of the Director of Proceedings, all management positions were filled by 15 December 1995. The Director of Proceedings is not required to commence functioning until after the Code takes effect. An appointment to this position is not expected to be made until October 1996 at the earliest.

The resignation of the Director of Advocacy took effect from 1 July 1996. An interim appointment was made from that date and a permanent replacement will commence in late September 1996.

All staff positions were filled before the commencement of the Code on 1 July 1996.

Performance Measure: Establish operational sites

Measurement: April 1996

Achievement:

The Health and Disability Commissioner has established offices on Level Three, State Services Commission Building, Wellington and Level Five, Quay Tower, Auckland. The Director of

Advocacy is based in Wellington as are the Legal and Executive Services functions. Education and Communication, Investigations and Enquiries and the Kaiwhakahaere operate from the Auckland office which was opened on 20 May 1996. The Commissioner divides her time between Auckland and Wellington. Enquiries and investigations staff are also located in Wellington.

OBJECTIVE THREE - FINALISE ADVOCACY GUIDELINES

Performance Measure: Consult on Guidelines

Measurement: July 1995

Achievement:

Leaflets and public advertisements were released in March 1995 requesting comment and suggestions on the Guidelines. Submissions were processed and two meetings held in August 1995 with a range of consumers, providers and other interested parties.

Performance Measure: Prepare draft and forward to the Minister of Health

Measurement: September 1995

Achievement:

External legal advisers assisted with drafting. The draft was reviewed by current advocacy service providers, by the Director of Advocacy and by other interested parties. Pursuant to section 28 of the Health and Disability Commissioner Act 1994 a draft of the Advocacy Guidelines was presented to the Minister on 14 September 1995.

Performance Measure: Assist with finalisation and gazetting of Guidelines

Measurement: February 1996

Achievement:

The final draft was gazetted on 18 June 1996. Several previous drafts were the subject of consultation with the Minister prior to this time.

OBJECTIVE FOUR - IMPLEMENT ADVOCACY SERVICES NATIONALLY

Performance Measure: Complete the Request For Proposal process

Measurement: December 1995

Achievement:

In July 1995 'Requests For Information' were distributed to 330 individuals and organisations which had expressed an interest following an extensive advertising programme. 72 agencies registered and were issued with a Request For Proposal. Preferred proposers were advised on 1 December 1995 that their proposals were successful.

Performance Measure: Sign advocacy service agreements to ensure national coverage

Measurement: January 1996

Achievement:

10 advocacy service agreements providing national coverage were signed in the period 1 December 1995 - 26 January 1996.

Performance Measure: Implement national advocacy services

Measurement: June 1996

Achievement:

Advocacy service agreements began on 1 March 1996.

Nationwide coverage was achieved by utilising the 33 full-time equivalent positions for which the service was funded in a network of 62 full-time and part-time advocates.

By 30 June a nationwide advocacy service was fully operational in all areas except the Waikato where a limited service was operational. Since June new trustees and advocates have been appointed.

Performance Measure: Prepare training programme and deliver to advocates

Measurement: April 1996

Achievement:

A training package was prepared covering the Health and Disability Commissioner Act, The Code of Rights, Advocacy Guidelines, the nature of the advocacy role, work of other sections of the Health and Disability Commissioner, communication skills, working with Maori, other legislation and statutory bodies and working with people with disabilities. This was delivered to 62 full-time and part-time advocates in one-week-long courses in Wellington during April and May 1996.

Tuition in the enquiries and complaints database skills was organised regionally.

Performance Measure: Implement monitoring and reporting services

Measurement: June 1996

Achievement:

A comprehensive monitoring process was instigated through a performance and monitoring manual with compliance contracted through the Advocacy Service Agreements. Monitoring involves analysing outcomes identified from the computer database including timeliness, trends, patterns and systemic issues. The quality of material intended for public release by an advocacy service is monitored by the Communications Manager. There is also monitoring of standards set in the service agreements, in the performance and monitoring manual and in the advocacy guidelines. Each service will also undergo an annual social audit to match reported achievements against annual plans. Information gathered by the social auditor will include observation, feedback from consumer satisfaction surveys and feedback from individuals and advocacy service employees.

Performance Measure: Assist with the preparation of the information system for the Health and Disability Commissioner for the efficient running of advocacy services.

Measurement: January 1996

Achievement:

An enquiries and complaints database was developed for the joint use of advocates and enquiries and investigations staff of the Health and Disability Commissioner. Controls have been established to maintain the independence of the advocacy function while ensuring efficiency of communication and reporting.

While each of the nine advocacy service providers are separate organisations and independent from the Health and Disability Commissioner, each is able to electronically communicate within and between each organisation.

OBJECTIVE FIVE - DEVELOP EFFECTIVE COMMUNICATIONS NETWORKS

Performance Measure: Establish communications manual

Measurement: February 1996

Achievement:

The Communications Manual was signed off by the Commissioner in March 1996.

Performance Measure: Establish effective links with the media

Measurement: January 1996

Achievement:

301 media stories relating to Commissioner, Code of Rights & advocacy services were recorded from July '95 - June '96. Media regularly contact the Commissioner for comment on relevant issues.

A Media contacts resource was developed by January 1996

By July 1995 a system was established to monitor media presence and issues through press clipping and news monitoring services.

A system was established by January 1996 to ensure Advocacy services' media contacts were recorded and reported to the Commissioner's office. Guidelines for advocacy contacts with media were developed by March 1996.

Performance Measure: Establish links with provider and consumer groups

Measurement: April 1996

Achievement:

Established a contacts resource of provider and consumer organisations, including Maori and Pacific island contacts, by

November 1995.

Circulated a questionnaire to approximately 200 provider and consumer organisations for database development and further contact in January 1996

Mailed samples of posters, leaflets and product information to approximately 5,000 health and disability provider organisations, Maori iwi and Maori consumer groups by June 1996. Developed Maori versions of poster, leaflet and video copy and ensured design and delivery were effective for Maori and Pacific Island provider organisations.

Established communications links with 18 major iwi groups.

Developed communications links with key Pacific Island groups/contacts (6), national Maori organisations (10), Maori managers in national office positions (26) and established a working relationship with Te Puni Kokiri.

OBJECTIVE SIX - ESTABLISH AND IMPLEMENT EDUCATION PROGRAMMES

Performance Measure: Produce a video on the Act, rights, complaints and advocacy

Measurement: April 1996

Achievement:

Videos were produced on the Act, rights, complaints and advocacy for providers (in English) and consumers (in English, Maori and Samoan) by June 1996. The late production date occurred as a consequence of the later than anticipated passing of the regulation and Code of Rights.

Performance Measure: Prepare a campaign to launch the Code of Rights

Measurement: April 1996

Achievement:

A launch event was planned for Friday 28 June 1996 with a powhiri, speeches (with Dame Silvia Cartwright providing the keynote address), presentation of Health and Disability Commissioner educational resources and an opportunity for interaction with the media. Approximately 200 invitations were sent to media representatives, individuals from polytechnics, professional organisations and consumer groups and key provider contacts from Crown Health Enterprises, Maori, Chinese, Pacific Island and alternative providers, specialist groups, rest home managers, Social Welfare and medical schools. A media kit (including a release, backgrounder, the Code of Rights regulations and copies of Health and Disability Commissioner publications) was available on the day and was also sent to 214 media and health contacts.

Performance Measure: Prepare and distribute quarterly newsletter

Measurement: June 1996

Achievement:

A regular staff & advocacy newsletter was developed and two issues were distributed by July 1996.

An Internet Home Page was also established, displaying the text of the three Health and Disability Commissioner leaflets, the resources order form and any media statements or articles released by the office. This became operational in June 1996.

Performance Measure: Address conferences and seminars

Measurement: 60

Achievement:

171 conferences, hui and seminars were addressed during the period July 1996 to June 1996.

Performance Measure: Prepare provider information pack

Measurement: April 1996

Achievement:

In June 1996 a provider information pack was prepared including A2 posters in English and Maori, one of each of the three Health and Disability Commissioner leaflets, a bilingual pocket card with a summary of the rights and office contact details and an order form. This was distributed free of charge to over 5,000 providers nationwide.

OBJECTIVE SEVEN - COMPLAINTS AND ENQUIRIES PROCEDURES ESTABLISHED

Performance Measure: Appoint staff in chosen locations

Measurement: May 1996

Achievement:

Positions for enquiry and investigations officers were advertised nationwide. 190 applications were received, out of which 8 appointments were made.

Performance Measure: Provide input to the information systems to ensure effective, efficient and speedy resolution of complaints

Measurement: January 1996

Achievement:

Information systems were designed to meet the legal and other requirements of the complaints and investigation process.

Performance Measure: Establish 0800 enquiry line for prompt interface with consumers and providers and advocacy services

Measurement: April 1996

Achievement:

The 0800 enquiry line became fully operational in June 1996. South Island and Wellington area calls are directed to the Wellington enquiry help desk and the remainder of New Zealand to Auckland. Facilities are available to transfer callers to a local advocacy service provider where this is required.

Performance Measure: Establish procedures for mediation

Measurement: June 1996

Achievement:

Procedures were established by May 1996 and initial training undertaken in June 1996.

Performance Measure: Document and agree procedures with statutory and regulatory bodies

Measurement: March 1996

Achievement:

After consultation with statutory and regulatory bodies, it was decided not to establish formal protocols as they were not considered necessary. If experience indicates that formal procedures are required they will be established.

Performance Measure: Assist in preparation of training modules

Measurement: February 1996

Achievement:

A full training plan was signed off by the Commissioner in April 1996.

Content included:

- The Act
- Enquiries and complaints procedures
- Mediation
- Telephone techniques
- Investigations: Police Training
- Communications
- The Code of Rights
- Treaty Training
- Information Systems Database Training

Performance Measure: Deliver training modules

Measurement: June 1996

Achievement:

Training for all staff commenced on the 4 June 1996 and was delivered over a four week period.

Outside experts were used in mediation, investigations and telephone techniques with the balance being undertaken in house by management and the Commissioner.

OBJECTIVE EIGHT - LEGAL AND POLICY ADVICE

Performance Measure - Establish a library and library systems

Measurement: June 1996

Achievement:

By June 1996 basic library purchases had been made and duplicate copies of relevant legislation and basic texts ordered for the Auckland office. Consultation was undertaken in February and March 1996 with the librarians of seven organisations with needs comparable to those of the Commissioner to determine

the most appropriate library system for the office. The decision was made to defer further purchases and the implementation of a formal library system until 1996/1997, when the needs of the office would be more clearly identified.

Performance Measure: Provide input and submissions on Government policies

Measurement: 10-20

Achievement:

By June 1996, 11 reports and submissions had been made to various government, consumer and professional bodies on matters affecting the rights of health and disability consumers or the operation of this office. Topics on which comments were made included

- Draft New Zealand Code of Practice for Consumer Product Information
- Draft New Zealand Guidelines for Good Clinical Research Practice
- Liability under the New Zealand Bill of Rights Act / 'Crown Liability: Baigent's Case'
- 'Taking Care: Safeguarding the Health of New Zealanders'
- 'Priority Criteria and the Human Rights Act: An Interpretation'
- Draft Protected Disclosures Bill
- Complaints Review Tribunal Regulations 1996

Performance Measure: Provide opinions on the Health and Disability Commissioner legislation and other legislation

Measurement: 25-30

Achievement:

By June 1996 a total of 42 formal opinions were prepared.

- 34 opinions were prepared on the Health and Disability

Commissioner Act and the Code of Rights

- 8 opinions were prepared on other legislation
-

Performance Measure: Provide input to the information systems for monitoring legal opinions, advice given and decisions

Measurement: January 1996

Achievement:

The Legal Division gave advice during January and subsequent months on the development of the information systems for the office. In particular, the requirements of the Legal and Investigation sections for overview and retrieval of legal and other opinions was incorporated into the Needs Analysis developed on behalf of the Commissioner.

Performance Measure: Complete a complaints procedure compliance manual

Measurement: May 1996

Achievement:

An internal staff manual outlining procedures for enquiry and complaint handling was completed in May 1996. Also completed in May was a series of standard format letters for use during the complaint handling process. Ongoing review of this manual is planned.

Performance Measure: Assist in the preparation of training modules

Measurement: February 1996

Achievement:

- A module on 'Legislation and Relevant Statutory Bodies' was completed in January 1996 for inclusion in training documentation for advocates and investigation officers.
- A training module involving discussion of case studies was prepared for advocacy training.

- An overview of the interface between the Health and Disability Commissioner and other bodies, and proceedings under the Health and Disability Commissioner Act was prepared for advocacy training
 - Legal overview was provided for both advocacy and investigation training courses.
-

Performance Measure: Deliver training modules

Measurement: June 1996

Achievement:

- Legal participation in advocacy training during April and May 1996
 - Legal participation in training on complaints procedures for enquiry and investigation officers during June 1996.
-

OBJECTIVE NINE - ESTABLISH OFFICE ADMINISTRATION SYSTEMS

Performance Measure: Prepare and implement staff induction programme

Measurement: February 1996

Achievement:

Induction programmes have been developed for new staff according to their needs and to the position occupied. All staff took part in induction training at the same time as the new advocates and also received on and off the job training according to their needs.

Performance Measure: Review human resource procedures

Measurement: February 1996

Achievement:

A comprehensive human resource manual was prepared in January 1995, was reviewed and was ready for sign off by June 1996.

Performance Measure: Design an enquiries and complaints information system

Measurement: February 1996

Achievement:

A needs analysis was completed in December 1995 and requests for proposals for a computerised enquiries and complaints information system were issued in January 1996. Southmark Computers Limited were awarded the contract in February 1996.

Performance Measure: Implement enquiries and complaints information system

Measurement: June 1996

Achievement:

A computerised enquiries and complaints information system was developed and implemented by 30 June 1996. It was accompanied by a major review of the computer hardware operated by the Office of the Health and Disability Commissioner, the establishment of a wide area network between Auckland and Wellington and the integration of the independent advocates into the network.

Performance Measure: Finalise objectives

Measurement: November 1995

Achievement:

Objectives for the 1995/96 year were established by November 1995. Annual business plans for each division were prepared setting out objectives and performance measures.

Performance Measure: Finalise strategic plan

Measurement: February 1996

Achievement:

A Strategic Plan covering the period 1995 - 2000 was issued in February 1996. It will be reviewed on at least an annual basis.

Performance Measure: Provide measurement systems to ensure objectives are met

Measurement: Ongoing

Achievement:

The office is fully operational in terms of administrative systems. Major systems and procedures have been reviewed through the year and will continue to be assessed.

Performance Measure: Report quarterly on progress towards financial and other objectives

Measurement: Ongoing

Achievement:

Quarterly reports to the Minister have been prepared and have been accompanied by verbal briefings from the Commissioner.

Performance Measure: Prepare annual report and table in Parliament

Measurement: November 1995

Achievement:

This was tabled in November 1995.

Performance Measure: Cash and Financial Management

Measurement: Ongoing

Achievement:

Divisional budgets were prepared and actual results reported on a monthly basis together with comment on progress towards achieving objectives. Regular oversight is maintained of cash holdings with surplus funds invested on term deposits.

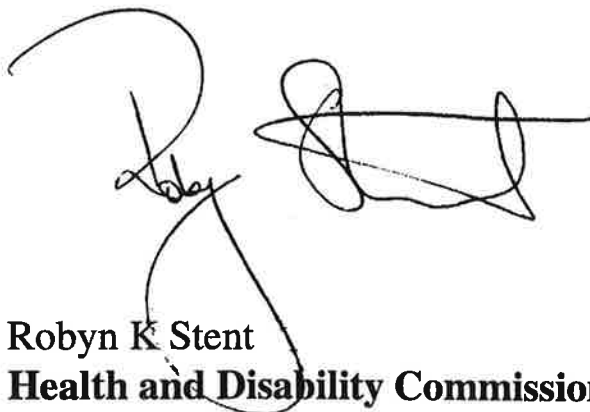
Performance Measure: Negotiate future funding**Measurement: February 1996****Achievement:**

A major revision of future funding requirements was undertaken in December 95 - January 96. Advice was received in March 1996 that Cabinet approved an increase in funding for 1996/97 and the next two years.

STATEMENT OF RESPONSIBILITY

In terms of Section 42 of the Public Finance Act 1989:

1. I accept responsibility for the preparation of these financial statements and the judgements used therein and
2. I have been responsible for establishing and maintaining a system of internal control designed to provide reasonable assurance as to the integrity and reliability of financial reporting, and
3. I am of the opinion that these financial statements fairly reflect the financial position and operations of the Office of the Health and Disability Commissioner for the period ended 30 June 1996.



Robyn K Stent
Health and Disability Commissioner



Audit New Zealand

REPORT OF THE AUDIT OFFICE

TO THE READERS OF THE FINANCIAL STATEMENTS OF THE HEALTH AND DISABILITY COMMISSIONER

FOR THE YEAR ENDED 30 JUNE 1996

We have audited the financial statement on pages 29 to 59. The financial statements provide information about the past financial and service performance of the Health and Disability Commissioner and its financial position as at 30 June 1996. This information is stated in accordance with the accounting policies set out on pages 34 to 36.

Responsibilities of the Commissioner

The Public Finance Act 1989 and the Health and Disability Commissioner Act 1994 requires the Commissioner to prepare financial statements in accordance with generally accepted accounting practice which fairly reflect the financial position of the Health and Disability Commissioner as at 30 June 1996, the results of its operations and cash flows and the service performance achievements for the year ended 30 June 1996.

Auditors Responsibilities

Section 43(1) of the Public Finance Act 1989 requires the Audit Office to audit the financial statements presented by the Commissioner. It is the responsibility of the Audit Office to express an independent opinion on the financial statements and report

its opinion to you.

The Controller and Auditor General has appointed Mr R C Fabling, of Audit New Zealand, to undertake the audit.

Basis of Opinion

An audit includes examining, on a test basis, evidence relevant to the amounts and disclosures in the financial statements. It also includes assessing:

- the significant estimates and judgements made by the Commissioner in the preparation of the financial statements *and*
- whether the accounting policies are appropriate to the Health and Disability Commissioner's circumstances, consistently applied and adequately disclosed.

We conducted our audit in accordance with generally accepted auditing standards in New Zealand. We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatements, whether caused by fraud or error. In forming our opinion, we also evaluated the overall adequacy of the presentation of information in the financial statements, and the Commissioner's compliance with significant legislative requirements.

Other than in our capacity as auditor acting on behalf of the Controller and Auditor-General, we have no relationship with or interests in the Health and Disability Commissioner.

Unqualified Opinion

We have obtained all the information and explanations we have required.

In our opinion, the financial statements of the Health and Disability Commissioner on pages 29 to 59:

- comply with generally accepted accounting practice *and*
- fairly reflect:
 - the financial position as at 30 June 1996 *and*
 - the results of its operations and cash flows for the year ended on that date *and*
 - the service performance achievements in relation to the performance targets and other measures adopted for the year ended on that date.

Our audit was completed on 10 October 1996 and our unqualified opinion is expressed as at that date.



C R Fabling
Audit New Zealand
On behalf of the Controller and Auditor-General

Wellington, New Zealand