



Health and Disability Commissioner  
*Te Toihau Hauora, Hauātanga*

Office of the  
Health and Disability Commissioner  
Te Toihau Hauora, Hauātanga

**Statement of Intent**  
2023–2027

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## Foreword

HDC is an independent Crown entity established by the Health and Disability Commissioner Act 1994. Our role is to promote and protect the rights of people using health and disability services as set out in the Code of Health and Disability Services Consumers' Rights (Code of Rights). Under the Code of Rights people have the right: to be provided with the information they need to make an informed choice and give informed consent, to receive care of an appropriate standard which meets their needs and upholds their dignity and mana, to be free from exploitation and discrimination, and to complain about the services they have received.

I started in the role of Commissioner in September 2020, and this Statement of Intent outlines my vision and strategic priorities for the organisation. It takes account of the current external environment, as well as the constraints on HDC, and details what we intend to focus on in order to remain a sustainable and effective organisation.

The COVID-19 pandemic has had a significant and on-going impact on New Zealand's health and disability system. These impacts have also been felt at HDC where we have received an unprecedented increase in the volume and complexity of complaints. Complaint numbers are currently sitting at 35% above pre-COVID-19 levels. This has placed the time it takes HDC to assess and resolve complaints under significant pressure. While we are working to address these issues, there are no quick solutions. It is important that we remain realistic and transparent about the impact of these challenges over the next four years, especially within the resource-constrained environment in which we operate.

Despite these challenges, I am committed to working to achieve a people-centred complaints process that is culturally safe. HDC is, at its heart, a guardian of consumer rights, and it is important that we work to promote and protect people's rights in a myriad of ways. This will include placing an enhanced focus on contributing to equity in the health and disability system by supporting communities to understand and exercise their rights, and working to ensure the consumer voice is heard and has a tangible impact on the system.

My team and I have agreed on the following priorities for HDC for 2024–2027, to bring focus to how we deliver our core business, achieve our intended outcomes for New Zealanders, and respond to Government expectations:

- Being a culturally safe organisation
- Having a timely, people-centred complaints process
- Focusing on rights promotion
- Having tangible system impact
- Responding sustainably to growing demand

Morag McDowell  
**Health and Disability Commissioner**

30 June 2023

## **Our organisation**

The Health and Disability Commissioner (HDC) promotes and protects the rights of people who use health and disability services, as set out in the Code of Health and Disability Services Consumers' Rights (the Code). HDC upholds people's rights under the Code primarily through the resolution of complaints about infringements of those rights. This critical function assists to ensure that consumers have a voice, holds providers to account where appropriate, and helps to preserve trust in the health and disability system. We use our insights and powers to identify and leverage systemic change.

HDC is an independent Crown entity, established by the Health and Disability Commissioner Act 1994. HDC's independence enables the Office to be an effective and impartial guardian of consumers' rights in the health and disability sector. New Zealand's unique no-fault accident compensation scheme for medical error creates a medico-legal environment where HDC is the only practicable independent way for people to ask for a provider's actions to be reviewed independently, and for that provider to be held to account.

HDC also assists to mitigate the inherent power imbalance between consumers and providers by funding an independent Nationwide Health & Disability Advocacy Service (the Advocacy Service). The Advocacy Service supports people to resolve their concerns directly with a provider where appropriate. Promoting awareness of the rights of consumers is also a central part of an advocate's role.

HDC's work improves the quality of services at both a local and a wider system level. Whether through individual complaints, a pattern of complaints, sector engagement, or public and ministerial reporting, HDC identifies areas for improvement, makes recommendations for change, and works collaboratively with other agencies to share lessons from complaints and act on areas of shared concern.

## **Our objectives and approach**

HDC's vision is for the rights of people using health and disability services to be understood, upheld and protected.

HDC has been working to ensure that honouring our responsibilities under Te Tiriti o Waitangi is central to everything we do. Our commitment to Te Tiriti is detailed throughout this document.

### **Outcomes**

We will achieve this vision by delivering on our outcomes. The following outcomes are what HDC intends to achieve over the long term to support the wellbeing of New Zealanders:

- People understand their rights and are empowered to exercise them, and providers understand and comply with their obligations.
- People are assisted to resolve their concerns and have their resolution needs met wherever possible, and providers are held to account where appropriate.
- Systems, organisations and individuals learn from complaints, and quality, safety and consumer experience is improved.

Ultimately, these outcomes will contribute to the following impacts on the health and disability system:

- Health outcomes are equitable.
- Consumers are at the centre of services and are partners in their own care.
- The care provided by the health and disability system is of high quality, and patient safety is protected.
- Public trust in the health and disability system is strengthened.

### **Strategic priorities**

HDC has five strategic priorities that outline where HDC intends to place its focus over the next four years. Together these priorities will help us to deliver on our outcomes, purpose and vision, as well as the Government's priorities for HDC. These strategic objectives are:

- Being a culturally safe organisation;
- Having a timely, people-centred complaints process;
- Focusing on rights promotion;
- Demonstrating tangible system impact; and
- Responding sustainably to growing demand.

### **Our outputs**

We work to achieve our strategic priorities and our purpose of promoting and protecting people's rights by carrying out four output classes. These outputs represent the core activities HDC delivers.

**Complaints resolution:** HDC's core function for the protection of consumer rights is to assess, investigate and resolve complaints.

**Promotion and education:** HDC delivers promotional and educational initiatives to improve consumers' awareness of their rights and providers' knowledge of their responsibilities under the Code.

**System monitoring and impact:** HDC uses the insights gained from complaints to improve quality and safety and influence policies and practice.

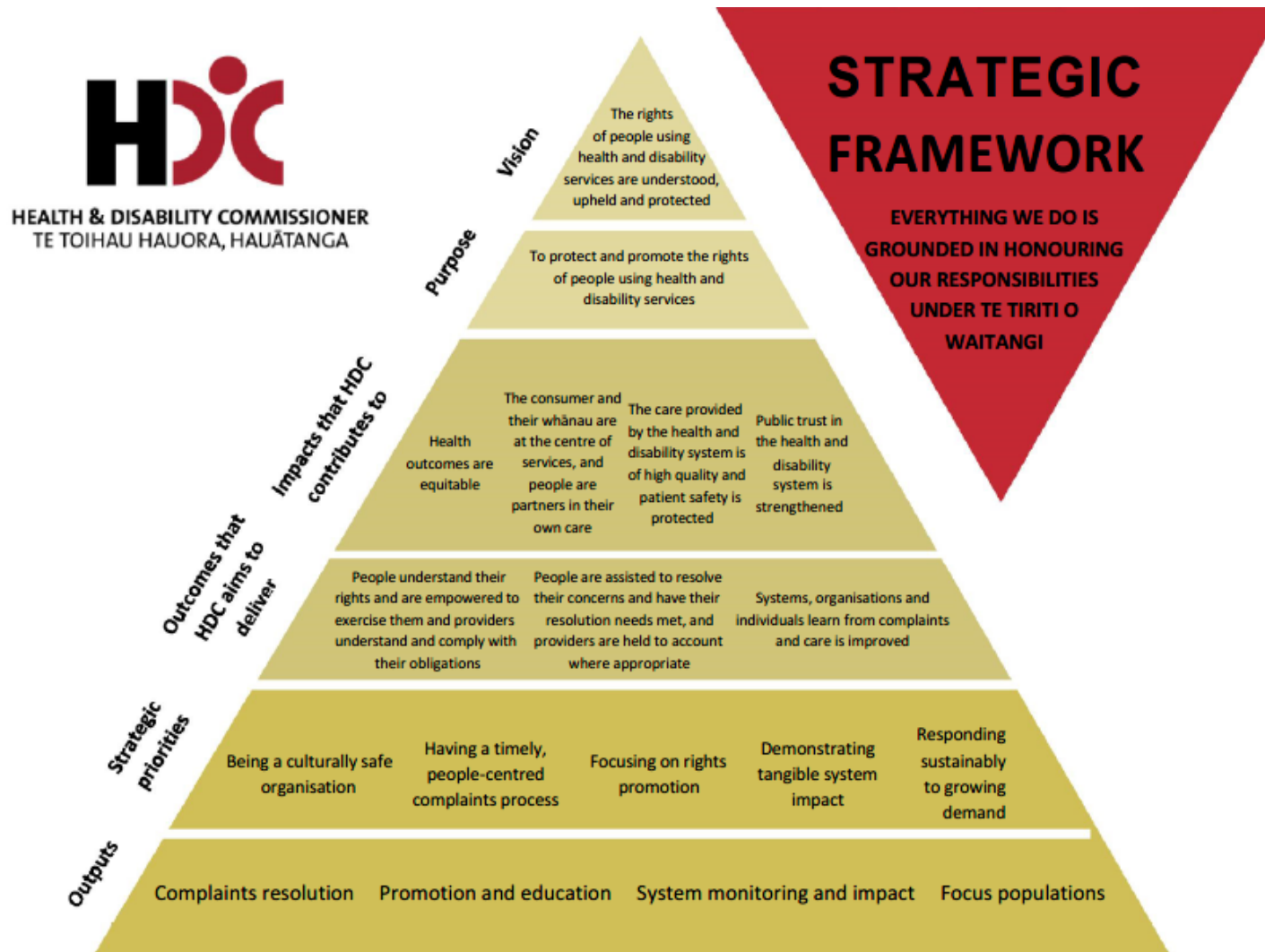
**Focus populations:** HDC has a focus on populations who experience poor health outcomes, and those who are particularly reliant on the care provided. In order to meet our responsibilities under Te Tiriti and our statutory obligations, HDC is particularly focused on the following three population groups:

- **Māori:** This work is supported by our Kaitohu Mātāmua Māori (Director Māori), who sits on our leadership team, together with a cultural team.
- **Older people:** The Aged Care Commissioner advocates for better health and disability services on behalf of older consumers and their whānau, and provides strategic oversight and stronger sector leadership to drive quality improvement in services for older people.
- **Tāngata Whaikaha (disabled people):** The Deputy Commissioner, Disability has a particular focus on promoting awareness of, respect for, and observance of, the rights of tāngata whaikaha when using health and disability services.

### **Our funding**

HDC is funded under the Monitoring and Protecting Health and Disability Consumer Interests Appropriation in Vote Health. This appropriation is intended to protect the rights of people who use health and disability services, including addressing the concerns of whānau, and appropriately investigating alleged breaches of consumers' rights.

## HDC's strategic framework



## How we contribute to Government priorities for the health and disability system

### Interim Government Policy Statement on Health

The Health and Disability Commissioner Act 1994 requires the Commissioner to take account of the Government Policy Statement on Health and any health strategy issues under the Pae Ora (Healthy Futures) Act 2022, so far as those strategies are applicable. The work of HDC contributes to the interim Government Policy Statement (iGPS) in the following ways:

iGPS Priority	HDC contribution
Achieving equity in health outcomes	HDC was established to address the inherent power imbalance that exists between consumers and providers by ensuring that people have a voice and an independent avenue for them to raise concerns about the health and disability service they received. We provide an important platform for equity issues to be raised and addressed — both locally and system-wide. Our complaints data provides important information about people’s experience of the system. The Advocacy Service has a particular focus on raising awareness of the Code among populations who experience poor health outcomes and are particularly reliant on the care provided. Ensuring our ability to contribute to equitable health outcomes will be a focus of the upcoming review of the HDC Act and Code.
Embedding Te Tiriti o Waitangi across the health sector	HDC is committed to honouring our responsibilities under Te Tiriti o Waitangi, and we have an important role to play in supporting the Crown to meet its responsibilities in the health and disability system. HDC has been focused on increasing our internal cultural knowledge and competence and strengthening our ability to recognise and respond effectively to Māori complainants. We have also strengthened our data collection and reporting in relation to Māori experience of care.
Keeping people well in their communities	HDC funds a Nationwide Advocacy Service. Advocates are embedded in their communities, supporting people to resolve their concerns directly with their local providers. Advocates also provide community-level promotion and education, raising community awareness of people’s rights under the Code and avenues for complaints.
Developing the health workforce of the future	HDC undertakes a number of educational initiatives to support providers’ understanding of their obligations under the Code and how this can be embedded in their day-to-day practice. Staffing capacity and capability are a common issue identified by HDC in the assessment of complaints, and we work to bring these issues to the attention of relevant agencies.
Ensuring a financially sustainable health sector	HDC continues to focus on sustainability and managing its resources in an efficient and cost-effective way to respond to growing demand for our service.
Laying the foundations for the ongoing success of the health sector	The Code sets the benchmark for consumer-centred care, and HDC’s focus is on ensuring that the Code is embedded into the foundations of the system as it reforms. By resolving complaints and holding providers to account where appropriate, HDC assists consumers to have a voice, improves quality and safety, strengthens trust in the system, and ensures that public safety issues are addressed. HDC’s complaint data is grounded in the consumer experience, and we are well placed to monitor and escalate the impacts of the current reforms on people and their whānau. HDC’s review of the Act and Code will also ensure that these legislative instruments are fit for purpose in the context of the new system.



HDC has regard to He Korowai Oranga: The Māori Health Strategy, Whakamaua: the Māori Health Action Plan 2020–2025, and Ola Manuia: the Pacific Health and Wellbeing Action Plan 2020–2025. HDC has been undertaking a programme of work, supported by our Kaitohu Mātāmua Māori, to ensure that we are honouring our responsibilities under Te Tiriti. We will contribute to the above plans by:

- Employing dedicated resource to improve our responsiveness to Māori and Pacific peoples;
- Improving our internal cultural knowledge and capability;
- Working to ensure that our complaints process is easily accessible to Māori and Pacific peoples;
- Strengthening our ability to respond effectively to Māori complainants and complaints with a cultural dimension;
- Partnering with Māori and Pacific communities to increase understanding of the Code, and culturally appropriate avenues for complaint;
- Resolving complaints with a cultural dimension and making recommendations to providers to improve those aspects of care;
- Holding the sector accountable for culturally safe care where appropriate;
- Collecting and sharing data and insights in a way that highlights inequities and supports system learning and improvement;
- Strengthening the diversity of representation on our Consumer Advisory Group; and
- Prioritising Māori engagement for our upcoming review of the Act and Code.

HDC's work contributes to tāngata whaikaha (disabled people) achieving the health and wellbeing outcomes in the New Zealand Disability Strategy 2016–2026 and the New Zealand Disability Action Plan 2019–2023, with a focus on the following:

- Barrier-free and inclusive access to mainstream services to enable tāngata whaikaha to reach their potential and participate fully in the community;
- Increased choice and control for tāngata whaikaha and their whānau/families;
- Services specific to tāngata whaikaha, including mental health and aged care services, being high quality, available, and accessible;
- All health and wellbeing professionals treating tāngata whaikaha with dignity and respect;
- Decision-making on issues regarding the health and wellbeing of tāngata whaikaha being informed by robust data and evidence; and
- Involvement of tāngata whaikaha in decision-making.

HDC's work supports all eight outcomes of the Disability Strategy, which are interconnected, by:

- Promoting the rights of tāngata whaikaha under the Code through educational initiatives and accessible resources;
- Providing an accessible complaints process that ensures that the voices of tāngata whaikaha are heard and providers are held to account where appropriate;
- Making recommendations for improvements to services;

- Monitoring and reporting on the performance of the sector against the Code in relation to tāngata whaikaha experience of care; and
- Funding the Advocacy Service, which has a focus on tāngata whaikaha who may want additional support to raise concerns and make a complaint.

HDC also has regard to Whāia Te Ao Mārama 2018 to 2022: The Māori Disability Action Plan, which provides a culturally anchored approach to supporting tāngata whaikaha Māori and their whānau, and should be read alongside the New Zealand Disability Action Plan. Improving outcomes for tāngata whaikaha Māori and their whānau remains an important priority.

**Code of expectations for health entities engagement with consumers and whānau (code of expectations)**

HDC is supportive of the code of expectations, and was pleased to see that setting expectations for consumer and whānau participation is a priority for the health system reforms. Ensuring that people have a say in the design and delivery of the health system is essential if it is to become more people-centred and equitable, and is a key enabler of the sector’s ability to uphold its obligations under the Code of Rights in regard to service delivery.

While the Pae Ora (Healthy Futures) Act 2022 does not require HDC to act in accordance with the code of expectations, HDC will continue to ensure that the principles and intent of the code are built into our work. Some of the ways in which we are doing this currently includes:

- The use of our complaints data to highlight the consumer and whānau voice in quality and safety;
- Engaging with our Consumer Advisory Group to assist in identifying organisational priorities and issues of strategic importance in the health and disability system;
- The development of an engagement strategy that prioritises Māori and tāngata whaikaha during our review of the Act and Code;
- Monitoring consumer and whānau experience of our complaints process and using this information to inform quality improvement in those processes;
- Providing accessible information and educational resources about the Code and avenues for complaint;
- Working with our Kaitohu Mātāmua Māori to improve the responsiveness of our complaints process to Māori;
- Using HDC’s levers to promote equitable health outcomes, and collaborating with other agencies to share information and take action in regard to equity; and
- The Aged Care Commissioner’s focus on meaningful engagement with older people and their whānau to inform her monitoring report, with a particular focus on Māori and promoting the principles of Te Tiriti.

## Our strategic priorities

Our priorities respond to the context in which we operate. This includes the continuing impact of COVID-19 on the health and disability sector; increasing complaint volume and complexity; inequity in our health and disability systems; continuing system reforms and structural changes; and the levers HDC has to influence positive change. We have agreed on the following priorities for HDC for 2024–2027, to bring focus to how we deliver our core business, achieve our intended outcomes for New Zealanders, and respond to Government expectations:

- Being a culturally safe organisation
- Having a timely, people-centred complaints process
- Focusing on rights promotion
- Having tangible system impact
- Responding sustainably to growing demand

### Being a culturally safe organisation

Diversity of age, gender, ethnicity, gender identity, sexual orientation, ability, religion and culture are all factors that contribute to people’s experience of the health and disability sector. HDC provides an important platform for the consumer voice to be heard and equity issues to be raised and addressed. However, our ability to contribute to equitable health outcomes within the health and disability sector relies on us making sure that the way we operate is equitable, accessible and culturally safe.

Ensuring HDC’s ability to contribute to equitable health outcomes will be a focus of the upcoming review of the HDC Act and Code.

HDC is committed to honouring our responsibilities under Te Tiriti o Waitangi, and is working to ensure that this commitment is central to everything we do. We have employed dedicated resource to support this important work. Our Kaitohu Mātāmua Māori and his team are working with staff across HDC to increase cultural knowledge and competence, and to improve our ability to respond to Māori complainants and complaints with a cultural dimension.

Supporting internal cultural capability and ensuring that we have a workforce that reflects the diversity of Aotearoa is a priority. HDC has developed an action plan under Kia Toipoto, the Public Service Commission’s Public Service Pay Gaps Action Plan, and will continue to progress this work to support pay equity.

HDC recognises the importance of accessibility, and is focused on ensuring that all people, including tāngata whaikaha, are able to access HDC places, services and information freely and in a way that best meets their needs.

HDC’s Consumer Advisory Group is an important mechanism to ensure that HDC is acting in a culturally safe, consumer-centred way. Our Consumer Advisory Group provides representative consumer advice to HDC on strategic and operational health and disability issues, and assists HDC to identify organisational priorities and evaluate the impact of change proposals on the communities represented by the Consumer Advisory Group members. HDC has been focusing on strengthening the diversity of representation on our Consumer Advisory Group. Recently we expanded the group, and currently

have representation from LGBTIQ Takatāpui, youth, disability, Pasifika, Iwi, Asian, older people and mental health and addiction lived experience communities.

The Advocacy Service is also aligned with an equity approach. Advocates have a mandate to build strong networks in their communities, with a particular focus on connecting with those who are least able to advocate for themselves and whose welfare may be most at risk, including those in residential aged care and disability facilities. A proactive approach by advocates ensures that those who may otherwise find it difficult to raise a complaint or seek the assistance of an advocate are supported appropriately to raise and resolve concerns.

HDC also contributes to equitable health outcomes by appointing Deputy Commissioners who are specifically focused on the rights of more marginalised population groups, including tāngata whaikaha (disabled people), older people and people with mental health and addiction issues.

### **Key areas of focus**

During the period of this SOI, HDC will:

- Improve our internal cultural capacity and capability;
- Develop and implement an action plan in response to Kia Toipoto, including evaluating the impact of changes made;
- Continue to fund the Advocacy Service's community engagement activities, and monitor engagement with priority communities;
- Improve our processes and reduce barriers for engagement so that tāngata whaikaha and their whānau feel knowledgeable about their rights and empowered to raise their voices, and can access HDC easily;
- Continue to monitor and enhance the diversity of representation on our Consumer Advisory Group;
- Partner with Māori communities to lift their awareness and understanding of the Code;
- Improve the accessibility and cultural safety of our complaints process, with a particular focus on Māori and tāngata whaikaha;
- Strengthen our ability to recognise and respond effectively to complaints with a cultural dimension, and hold the sector to account for culturally unsafe care;
- Monitor our complaints data in respect of equity concerns and use this information to promote equity for Māori, tāngata whaikaha and other priority populations; and
- Take an equitable approach to engagement during our review of the Act and Code, with a focus on Māori as treaty partners and accessibility for tāngata whaikaha.

### **Having a timely, people-centred complaints process**

Failing to resolve complaints in a timely way impacts on the fairness of our decisions, the ability to effect system impact, and ultimately to deliver on HDC's purpose of protecting the rights of consumers.

Currently, HDC is trialling and implementing a number of process re-design changes to make our processes not only more streamlined and efficient, but also more people-centred, culturally

appropriate and responsive, with a stronger focus on early resolution. HDC is working with the Advocacy Service and engaging with the sector to support local resolution where possible.

HDC has introduced a regular complainant and provider experience survey. These surveys are designed to be quality improvement tools, providing HDC with insights on how we can improve people's experience, and allowing us to measure the impact of any changes made. These surveys also provide us with detailed information on how different communities experience our complaints process, and on the degree to which our process meets their needs.

The implementation of process re-design changes to achieve a people-centred process will be a long-term change process. There is no quick solution to the challenges we face, particularly in the context of a significant and sustained increase in complaint volume and complexity, a growing volume of open complaints, and outdated digital complaints management systems. It is important that we remain realistic and transparent about the impact of these challenges, especially within the resource-constrained environment in which we operate.

### **Key areas of focus**

During the period of this SOI, HDC will continue to:

- Invest in process change that is people-centred, culturally appropriate and that enhances our system impact;
- Monitor the timeliness of our process, and work to streamline it where possible;
- Work with the Advocacy Service and the sector to support local, timely resolution of complaints where appropriate;
- Monitor people's experience of our complaints process, and use this information to improve our process, with a particular focus on Māori, tāngata whaikaha and older people;
- Work with tāngata whaikaha to improve the accessibility of our complaints process; and
- Support culturally appropriate complaints resolution.

### **A focus on rights promotion**

HDC is aware that there are communities who experience a number of barriers to accessing our services and who may not be empowered to exercise their rights. We are committed to working with these communities to raise their awareness and understanding of the Code, particularly in respect of those people who experience poor outcomes in the health and disability system.

The Advocacy Service is funded by HDC to undertake community-level promotion of the Code. Advocates are required to build strong networks in their communities to raise awareness of the Code, with a focus on connecting with those who are least able to advocate for themselves and whose welfare may be most at risk.

HDC also has a focus on increasing awareness among providers of their obligations under the Code, and how the Code can be applied practically in their day-to-day work. In order to extend the reach of our education, recently we designed and implemented online modules to support providers' understanding of how to apply the Code in practice. Currently we are developing an online education resource for consumers, in consultation with people with lived experience.

HDC's ability to support local and timely resolution between consumer and provider is dependent on the capability of providers to resolve complaints in a way that meets people's needs and improves quality and safety. HDC therefore aims to work with the sector to improve provider capability to resolve complaints themselves.

### **Key areas of focus**

During the period of this SOI, HDC will:

- Fund the Advocacy Service to lift awareness and understanding of the Code among priority communities, in particular Māori, Pacific, older people and tāngata whaikaha;
- Partner with Māori and Pacific communities to lift their awareness and understanding of the Code;
- Ensure that our processes, resources and educational initiatives are accessible and culturally appropriate;
- Design and implement a range of online promotional and educational initiatives to increase the reach of our education and promotion; and
- Work with tāngata whaikaha to increase their awareness of their rights and ensure that HDC's complaints process is accessible and meets their needs.

### **Having tangible system impact**

HDC has a unique lens on the health and disability system. Our intelligence is grounded in the consumer experience. Therefore, we are well placed to monitor and escalate information and insights relating to the impacts of the current reforms on people and their whānau. Whether through individual complaints, a pattern of complaints, sector engagement, or public and ministerial reporting, HDC ensures that the consumer voice is heard, shares lessons from complaints, identifies areas for improvement, and makes recommendations for change.

We liaise regularly with other agencies and sector leaders who have a responsibility for quality and safety in an effort to ensure that we can take a timely, collaborative approach to issues of concern. This helps to ensure that we are all using our powers and functions effectively to leverage change and protect public safety. In addition, the Aged Care Commissioner has a mandate to monitor and work to address quality and safety issues in the aged care and wider health and disability sector, and works closely with the sector and relevant agencies to assist in ensuring that a collective approach is taken to improve care for older people and their whānau.

HDC has been strengthening our data collection methods, allowing us to report on equity issues more comprehensively, including Māori experience of care and the experience of older people and tāngata whaikaha in the health and disability system. We have also been strengthening the quality of our recommendations to enhance their impact on health quality and safety and promote equity.

During the period of this SOI, HDC will undertake a review of the HDC Act and Code to consider whether any changes are necessary or desirable and to make recommendations to the Minister of Health. This will be an opportunity to ensure that the Act and Code remain fit for purpose in the new health and disability landscape, and continue to be effective mechanisms for the promotion and protection of the rights of all people using health and disability services.

## **Key areas of focus**

During the period of this SOI, HDC will:

- Undertake a review of the Act and Code to ensure they remain fit for purpose in the reformed system;
- Work with other agencies and sector leaders to elevate the consumer voice, highlight areas of concern, and take a collaborative approach to system issues where appropriate;
- Strengthen our data reporting on equity issues, with a focus on Māori, older people and tāngata whaikaha;
- Strengthen the quality of our recommendations;
- Provide strategic oversight and leadership to drive quality improvement in the care of older people, including through regular publication of a monitoring report; and
- Monitor and report on the performance of the sector against the Code in relation to tāngata whaikaha experience of care, with a particular focus on tāngata whaikaha Māori.

## **Responding sustainably to growing demand**

Complaints to HDC are increasing, and in 2021/22 HDC experienced an unprecedented and unexpected 25% increase in complaint volume. Much of this increase was due to the impacts of the COVID-19 pandemic. While complaint numbers have decreased slightly in the current year to date, they are still significantly higher than pre-COVID-19 numbers. Currently HDC is receiving around 280 complaints a month. The annual complaint receipts are anticipated to be over 35% above the pre-COVID-19 volumes.

These rising complaint volumes have placed significant pressure on the time it takes HDC to assess and resolve complaints, and there is a concerning growth of cases on hand. In addition, the findings of an Ombudsman report saw an appropriate reconsideration of the threshold for referral of cases to our investigations team. This, together with the growing complexity of complaints, has resulted in an increased number of investigations.

We are investing in developing initiatives to help address delay in our process. While these initiatives have had a positive impact, it is difficult to undertake process change in the context of growing volumes and complexity. It is important that we remain transparent about on-going delay in our system.

HDC's staff are our greatest asset, and delivering our strategic intentions depends on our internal culture and capability. It will be important that we invest in our organisational capability to meet our priorities and support a people-centred, purpose-driven culture. Our objective is to ensure that HDC is an employer of choice for disabled people.

Unfortunately, our outdated IT system creates significant additional time and manual 'work-arounds' for staff when managing complaints, as well as obstacles for our interactions with consumers and providers. We have completed a business case for an upgraded complaints management system, which would make a significant contribution towards improving the timeliness of our process, assist us to be more people-centred, and allow us to analyse our data more easily and efficiently.

We work to reduce our impact on the environment and reduce costs. We encourage staff to use resources efficiently and buy local, environmentally friendly products where possible. We have also increased our use of technology, including use of virtual meetings, to reduce travel costs.

### **Key areas of focus**

During the period of this SOI, HDC will:

- Make prudent financial decisions to address growing demand and delays in our process within the constraints of current funding levels;
- Invest in staff culture and capability, including through the prioritisation of staff wellbeing initiatives, implementing a Charter to support internal culture, and monitoring and responding to staff feedback;
- Progress a business case for an upgraded complaints management system; and
- Minimise HDC's impact on the environment.

## **How we deliver on our outcomes and strategic priorities**

We work to achieve our vision, outcomes and strategic priorities by carrying out four output classes. These outputs represent the core activities HDC delivers.

### **Complaints resolution**

HDC's central function and primary vehicle for the protection of consumers' rights is the assessment and resolution of complaints.

The volume of complaints has increased significantly in recent years. HDC receives around 3,400 complaints a year about a wide breadth of issues. Complaints range from more minor concerns through to serious complaints involving significant harm and, in some cases, public safety issues. Resolution can range from people receiving an explanation and/or apology directly from the provider, to HDC formally investigating a person's care and finding a provider in breach of the Code (typically investigations focus on more serious concerns). Around 40% of complaints are referred for resolution directly between the provider and consumer, often with the assistance of the Advocacy Service, and around 170 investigations are commenced each year.

As noted above, HDC is focused on reducing delay in our complaints process and implementing a process that is more people-centred and culturally appropriate, with a particular focus on Māori. HDC is also focusing on ensuring that tāngata whaikaha are able to access relevant information when they need it. This includes making sure that tāngata whaikaha who use different languages (in particular te reo Māori and New Zealand Sign Language), and other modes or means of communication have ready access to information in these formats.

#### *Supporting appropriate and timely resolution*

Where appropriate, HDC is focused on facilitating early resolution. In this respect, the work of the Advocacy Service is greatly aligned with the work of HDC.



The Advocacy Service assists people to resolve complaints directly with providers, and receives around 3,000 complaints a year. All complaints to the Advocacy Service are closed within nine months. Advocates are located throughout Aotearoa New Zealand. They guide and support people to clarify their concerns and the outcomes they seek, and this clarity in turn enables providers to respond effectively and directly. The process often helps people to rebuild relationships.

HDC has been trialling and implementing a number of process re-design changes to ensure that our processes support appropriate and timely resolution. These changes include introducing initiatives to fast-track some complaints where appropriate; modifying our 'front door' triage process to focus on equity and support early resolution where possible; introducing clinical navigator roles to guide people through the complaints process and support early resolution; introducing hui-a-whānau; and more proactive work with complainants and providers to achieve earlier resolution of more complex complaints.

### Accountability

HDC provides an important mechanism for providers to be held to account for failing to uphold consumers' rights. HDC may formally investigate a complaint where a provider's actions appear to be in breach of the Code. Investigations tend to focus on more serious departures from acceptable standards or professional boundaries, public safety concerns, and significant systems or equity issues. Investigations ensure that providers and organisations are held to account where needed, public safety is protected, recurrent behaviour and systemic issues are addressed, and preventative action is taken and public trust strengthened.

In very serious cases, HDC can refer a provider found in breach of the Code to the Director of Proceedings (an independent statutory role), who will decide whether or not to take legal proceedings against that provider. The Director can lay a disciplinary charge before the Health Practitioners Disciplinary Tribunal or issue proceedings before the Human Rights Review Tribunal, or both. The Director's role is key in ensuring that providers are held to account where appropriate, and the Director's work is important in helping to set professional standards and maintain public confidence in the quality and safety of services.

### **How we measure and monitor our impact**

To assess our performance in complaints resolution, HDC will:

- Monitor the volume of complaints received and closed by HDC and the Advocacy Service;
- Monitor how we are using our statutory powers and levers to resolve people's complaints, raise public safety and systemic concerns, and hold providers to account;
- Monitor the number of referrals from HDC accepted by the Director of Proceedings and the outcome of those referrals;
- Measure the timeliness of HDC's and Advocacy's complaints process;
- Monitor people's experience of HDC's complaints process and use this information to inform quality improvement activities;
- Monitor people's satisfaction with the Advocacy Service's resolution process; and
- Monitor the accessibility of our process, with a particular focus on Māori, tāngata whaikaha and older people.

## Promotion and education

HDC's promotional and educational initiatives help to promote and build an understanding of people's rights and providers' obligations under the Code.

We aim to focus our promotional and educational activities on those communities who experience poor outcomes in the health and disability system, with a particular focus on Māori and tāngata whaikaha. We have been working on refreshing our promotional material to ensure that it is fit for purpose, culturally appropriate, and accessible. Currently we are also developing an online education resource for consumers to raise awareness of their rights and how to exercise them. This resource is being developed in consultation with consumers.

HDC also funds the Advocacy Service to promote the Code through community-level educational initiatives. Advocates focus on the most marginalised communities, and services that support people who may be least able to self-advocate and whose welfare may be most at risk — for example, people in residential aged care or disability facilities. Advocates are uniquely placed to empower and support tāngata whaikaha in the health and disability system.

Each year, HDC and the Advocacy Service respond to thousands of enquiries from members of the public about their rights under the Code and avenues for complaint.

HDC is also focused on raising providers' awareness of their obligations under the Code and how to apply the Code in their day-to-day practice. Our online education modules for providers on the Code, informed consent and managing complaints, which were introduced in November 2022, have at the time of writing been accessed by over 3,400 providers.

HDC also undertakes a number of face-to-face educational initiatives each year with consumer and sector groups to increase understanding of the Code, avenues for complaint, and HDC's complaints process.

### How we measure and monitor our impact

To assess our performance in promotion and education, HDC will:

- Design, implement and monitor the reach of online promotional and educational initiatives for consumers and providers;
- Provide and monitor educational presentations provided by HDC to the consumers and the sector to raise awareness of the Code, avenues for complaint, good complaints management and the HDC process;
- Develop and publish accessible resources on the Code, with a focus on priority populations;
- Monitor and measure the educational and community engagement activities undertaken by the Advocacy Service, with a particular focus on reaching priority populations;
- Work with Māori, tāngata whaikaha and other priority communities to increase awareness and understanding of the Code and avenues for complaint; and
- Respond to enquiries from consumers, providers, and other agencies about the Act and Code, and avenues for complaint.

## **System monitoring and impact**

HDC closely monitors the trends that emerge across complaints, and aims to take a timely, collaborative approach to raising issues of systemic concern. HDC works closely with sector leaders and other agencies who have an interest in quality and safety to share intelligence, ensure that timely action is taken on public safety concerns, and, where appropriate, take a multi-agency approach to areas of shared concern. HDC also uses the insights gained from complaints to influence legislation, policies and practice, including through submissions and strategic engagement. Our public statements and published decisions serve to highlight areas of concern and share learnings from complaints.

We are reviewing our data collection and reporting to align with the new structures in the health system, and to ensure that we are collecting and sharing data and insights in ways that highlight inequities, particularly Māori and tāngata whaikaha experiences of care.

Every complaint is an opportunity to learn, and HDC aims to take an educative approach where appropriate. HDC makes around 400 quality improvement recommendations in relation to individual complaints each year. HDC's recommendations have a high compliance rate, with around 98% complied with. In this way, HDC plays an important role in holding the system to account for taking preventative action following a complaint.

Currently we are scoping a review of the Act and Code, with a view to consulting publicly at the end of this year and making recommendations to the Minister of Health at the end of 2024.

### **How we measure and monitor our impact**

To assess our performance in system monitoring and impact, HDC will:

- Follow up on and monitor compliance with HDC's recommendations;
- Undertake a review of the Act and Code to ensure that it is fit for purpose in a transformed health and disability system;
- Monitor complaint trends and provide regular analysis reports to Te Whatu Ora, and measure the degree to which these reports are useful for quality improvement;
- Monitor trends in relation to assisted dying, and provide regular reports on these complaints to the Registrar (assisted dying);
- Monitor engagement with key sector stakeholders to share intelligence and collaborate on issues of shared concern, including taking part in multi-agency groups where appropriate;
- Raise issues and provide recommendations, briefings and submissions on policy, guidance and legislative change in relation to the Code and/or trends identified in complaints; and
- Make public statements and publish key decision reports, and monitor the number of statements made and media engagement with these statements.

## **Focus populations**

HDC has a focus on those populations who experience poor health outcomes and who are particularly reliant on the care they are receiving. Noting our commitment to our responsibilities under Te Tiriti,

our focus on equity, as well as our statutory obligations, we have placed particular focus on Māori, tāngata whaikaha (disabled people) and older people.

### Māori

HDC has employed dedicated resource to assist us in meeting our responsibilities under Te Tiriti. Our Kaitohu Mātāmua Māori sits on HDC's leadership team and, together with a cultural team, has been focused on improving our internal capability and strengthening our ability to recognise and respond effectively to Māori complainants and complaints with a cultural dimension. HDC's cultural team supports effective engagement with Māori communities, including partnering with communities to increase understanding of the Code and avenues for complaint.

### Tāngata whaikaha (disabled people)

HDC has a key role to play in protecting the rights of tāngata whaikaha. There are some key challenges and opportunities for HDC in promoting and protecting the rights of tāngata whaikaha. While early data indicates that around 30% of complainants identify as having a disability, those who may be particularly vulnerable (such as people in residential facilities) and tāngata whaikaha Māori and Pacific peoples are under-represented in complaints to HDC.

The Deputy Commissioner, Disability has a particular focus on the rights of tāngata whaikaha when using health and disability services. The goal is to ensure that the health and disability system is improved to better meet the needs of tāngata whaikaha, now and into the future, and is guided by the principles in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the New Zealand Disability Strategy (2016–2020) and the Disability Action Plan, which has a strong focus on equity and a 'nothing about us without us' approach.

During the period of this SOI, HDC will focus on working with tāngata whaikaha to improve HDC processes, so that tāngata whaikaha are knowledgeable about their rights and are empowered to raise their voices, and barriers for engagement with HDC are reduced.

HDC has been working on improving our data collection in regard to the disability status of complainants and consumers, allowing us to better analyse and report on the experience of tāngata whaikaha in the health and disability system. Currently, HDC is developing a monitoring framework to assess the performance of the health and disability sector in regard to upholding the rights of tāngata whaikaha.

The Deputy Commissioner, Disability also liaises closely with Whaikaha (Ministry of Disabled People) to share information in circumstances where there is a risk to the immediate safety and wellbeing of disabled people, and where there is an opportunity to take a timely, collaborative approach to systemic concerns within the disability sector.

### Older people

In 2021 an Aged Care Commissioner was established within HDC. The Aged Care Commissioner advocates for better health and disability services on behalf of older people and their whānau, and provides strategic oversight and stronger sector leadership to drive quality improvement in the aged care sector. As a Deputy Health and Disability Commissioner, the Aged Care Commissioner is also a

statutory decision-maker on complaints and formal investigations about care provided to older people, and whether their rights have been breached under the Code.

The Aged Care Commissioner monitors the responsiveness of the health and disability system to meet the needs of older people, with a particular focus on Māori and promoting the principles of Te Tiriti. To support this, she is focused on establishing effective relationships and meaningful engagement with stakeholders, and monitoring and reporting on the performance of the sector. Her first report will be published in June 2023.

### **How we measure and monitor our impact**

To assess our performance in regard to priority populations, HDC will:

- Monitor the experience of Māori, tāngata whaikaha and older people in our complaints process and use this information to improve our responsiveness to these populations;
- Partner with Māori, Pacific and tāngata whaikaha to improve their awareness and understanding of the Code;
- Monitor the accessibility of our educational and promotional initiatives;
- Monitor and report on our complaints data in respect of Māori, older people and tāngata whaikaha experience of care, and work with other agencies to promote and protect their rights;
- Monitor the effectiveness of relationships the Aged Care Commissioner establishes with key sector stakeholders in relation to the care of older people;
- Monitor and report on the performance of the health and disability sector in relation to older people's health and services;
- Monitor engagement with older consumers and their whānau and the degree to which their perspectives are reflected in the work of the Aged Care Commissioner, with a focus on Māori and promoting Te Tiriti; and
- Develop and implement a monitoring framework to measure the performance of the sector against the Code in relation to tāngata whaikaha experience of care.

## **Our organisational health and capacity**

### **Leadership**

Our organisation is led by the following groups:

- A Governance Group who is responsible for setting our strategic direction and the associated work programme; and
- An Executive Leadership Team who is responsible for leading a supportive, equitable performance culture and managing operational matters.

### **Our people**

Our staff bring skills and expertise including governance, leadership, investigation, policy, legal advice, litigation, clinical practice, research, information technology, communications, cultural advice, and financial management. Most staff hold professional qualifications and have backgrounds in health, disability, or law. HDC is investing in staff culture and capability, including through the prioritisation of staff wellbeing initiatives, implementing a Charter to support internal culture, and monitoring and responding to staff feedback.

Our Kaitohu Mātāmua Māori and his team are working with staff across HDC to increase cultural knowledge and competence. HDC is also working to ensure that regular training and information is available to staff to improve their understanding of the experience and needs of tāngata whaikaha.

Ensuring that we have a workforce that reflects the diversity of Aotearoa is a priority. We promote and maintain equal employment opportunities, and we aim to ensure that HDC is an employer of choice for disabled people. HDC has developed an action plan under Kia Toipoto, the Public Service Commission's Public Service Pay Gaps Action Plan, and will continue to progress this work to support pay equity.

### **Environmental sustainability**

HDC works to reduce its impact on the environment and to reduce costs. This includes the use of a recycling programme; buying locally where possible; closely monitoring the use of travel, including encouraging use of virtual meetings; encouraging staff use of public transport where appropriate; and purchasing environmentally friendly products and services where possible.

### **Financial sustainability**

HDC, with prudent financial management, strives to meet increasing demand for its services, while ensuring that the organisation remains financially sustainable. Funding additional resources to meet this increasing demand continues to be challenging in a fiscally constrained environment. The number and nature of complaints drives expenditure across three key areas of the organisation — staff, clinical advisors, and facilities (ICT and property). HDC will continue to work with the Ministry of Health to ensure that HDC is resourced appropriately to undertake its purpose effectively.

## **Technology**

HDC has a secure and reliable internal IT platform. Security of IT systems and data is paramount, and HDC proactively manages its IT security arrangements, using specialised support as required. Key technology solutions are reviewed regularly and data is backed up frequently, and the IT disaster recovery plan is tested annually. We have a rolling programme of work to review and enhance systems to meet the organisation's requirements and enhance staff productivity. We continue to make investments in our technology to support a 'paperless' working process and hybrid working arrangement.

Our information systems (information technology, document management, and website) must link to everything we do in order to maximise the accessibility of data and our ability to share information. Our complaints data provides the statistical and evidential information required to support improvements in our own complaints handling processes, and provides insight into areas of potential risk and areas for improvement in health and disability services.

Unfortunately, our case management system is out-dated, which creates significant additional time and manual 'work-arounds' for staff when managing complaints, as well as obstacles for our interactions with consumers and providers. In 2021/22, we reviewed our existing applications and submitted a business case to the Ministry of Health for a new digital case management system, which would improve efficiency and support better stakeholder engagement and reporting analysis. The submission was unsuccessful at the time. We will continue to work with the Ministry of Health about the funding for a new digital case management system.

## **Physical assets**

HDC continues to manage its assets cost-effectively, and aims to maximise the useful life of its assets. Our governance policies and practices are strong. Our office spaces are well equipped and office equipment is well maintained. The office space is used effectively, and teamwork is encouraged through the office layout.

## **Continuous improvement**

HDC's internal continuous improvement approach focuses on identifying and implementing initiatives to further improve HDC's performance. The emphasis is on looking for opportunities to improve the timeliness, efficiency, and responsiveness of the complaints resolution process.

## **Acquisition of shares or interests in companies, trusts, and partnerships**

HDC does not hold any shares or interests in companies, trusts, or partnerships, and does not intend to enter into any arrangement during the period of this document.