



HEALTH & DISABILITY COMMISSIONER  
TE TOIHAU HAUORA, HAUĀTANGA

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# Annual Report Pūrongo ā-Tau

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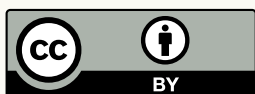
# 2025

FOR THE YEAR ENDED 30 JUNE 2025  
MŌ TE TAU MUTUNGA O TE 30 HUNE 2025

**Tuia tō mana kia māia  
Tuia tō mauri kia mau  
Horahia te mātauranga  
Kia puta ko te māramatanga  
E whakakotahi ai te wairua  
Kia tipu, kia hua, kia puāwai ngā mahi  
Haumi e, hui e,  
Tāiki e!**

*Retain and hold fast to your mana, be bold, be brave  
Be widespread with knowledge to empower understanding  
By working together we will grow, flourish and prosper  
Join all together, bind all together, let it be done!*

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# Commissioner's foreword

## *Te kupu takamua a te Toihau*

MORAG MCDOWELL



**Te kupu takamua a te Toihau**

**I am pleased to present  
the Health and Disability  
Commissioner's Annual  
Report for 2024/25.**

This year has again highlighted both the challenges and resilience within our health and disability system. While access issues and workforce shortages remain a central concern, I continue to be inspired by the commitment of providers to deliver safe, quality care under immense pressure – and by the courage of consumers and whānau who raise their voices when their experiences fall short. Each complaint is a reminder of the importance of the Code in protecting people, promoting accountability, and driving improvement across the system.

In 2024/25 we received 3,477 complaints – a small decrease from last year, but still 48% higher than pre-pandemic levels. Complaint volumes remain at historically high levels, which reflects growing consumer concern about timely access to care, the adequacy of treatment, and the impacts of a stretched workforce. While complaints represent only a fraction of the millions of health and disability interactions that occur each year, they highlight the issues people care about most deeply – whether that be the quality of treatment, failures in communication, or barriers to accessing services.

I am encouraged that despite these pressures, this year we achieved significant gains in the timeliness and efficiency of our process. We closed a record of 4,406 complaints – a 40% increase on the previous year – and, for the first time since COVID-19 disruptions, we closed 27% more complaints than we received. This achievement has allowed us to greatly reduce



our backlog of open complaints by one-third, placing us in a stronger position to improve timeliness going forward. Importantly, around two-thirds of complaints were resolved through early resolution pathways, enabling faster outcomes for consumers and providers, and often resulting in better relationships and more immediate quality improvements at source.

These improvements have been supported by a programme of process change, including strengthening referral pathways with other agencies, streamlining administrative systems, implementing changes to our triage system for faster decision-making with senior oversight, and investing in training and mentoring for staff. Looking ahead, we are designing a modern digital complaints management system – due for implementation in early 2026 – which will allow us to communicate more responsively with consumers and providers and to share intelligence more effectively across the system.

The Advocacy Service has again played a vital role in serving consumers with concerns about their care. With 2,647 complaints closed this year, and more than 25,000 contacts, advocates continue to provide trusted support to people navigating the system. Satisfaction with advocacy services remains high, and most complaints managed by advocacy were resolved within six months. This emphasises that early resolution of complaints between complainant and provider, where appropriate, can result in the best outcome for everyone.

I am grateful to our advocates for their dedication, particularly in ensuring that people who face barriers – such as those for whom English is a second language, or who are supporting whānau in complex health and/or disability situations – are empowered to have their voices heard.

We have also deepened our tikanga-led processes, with 28 hui ā-whānau<sup>1</sup> (family meetings) held this year to support Māori complainants to raise their concerns in culturally safe ways, thanks to our Māori Directorate team. These hui affirm the value of creating space for whānau to be heard according to tikanga, and they strengthen trust in the system while guiding providers to improve their cultural responsiveness. We have also undertaken an evaluation of these processes to embed them more fully across our work.

Our statutory role extends beyond resolving complaints to monitoring and improving quality across the sector. In 2024/25 we made 809 recommendations to providers and organisations, with a compliance rate of 91%. Where providers have failed to comply, we have taken further steps, including referring matters to professional authorities and, in some cases, naming providers publicly. We also escalated 329 systemic or public safety issues to relevant agencies and contributed to national policy through 11 submissions on areas ranging from mental health legislation to health workforce regulation.

<sup>1</sup> Hui ā-whānau is a whānau meeting (inclusive of the consumer / complainant) facilitated using te reo Māori me ngā tikanga (Māori methods of engagement and protocols).



The Aged Care Commissioner's monitoring work has continued to shine a light on the experience of older people, with many engagements undertaken this year to promote the monitoring report and advocate for preventative measures to support ageing well. We are also actively monitoring progress against the Commissioner's recommendations to improve care for older people.

For tāngata whaikaha/disabled people, we published a monitoring report on residential disability support services and undertook 74 engagements with the sector to promote a stronger quality framework and escalate safety concerns. With significant changes to the disability support system this year, we have also focused on building collaborative relationships with the Ministry of Social Development to ensure that disabled people's rights are upheld.

I also acknowledge the conclusion of our statutory review of the Act and the Code this year. Following extensive consultation, with 259 submissions and hundreds of engagements, we provided our recommendations to the Minister. These propose refinements to strengthen person-centred care, reinforce accessibility and inclusion, and ensure that tikanga and cultural values are reflected appropriately in people's rights.

These achievements are possible only because of the commitment of our people. I give heartfelt thanks to my staff for their dedication and resilience in the face of unrelenting demand. Their professionalism and compassion

have allowed us to both improve the timeliness of our processes and maintain a strong focus on the consumer voice. I also thank the Advocacy Service and the many providers, agencies, and community groups who have engaged constructively with us to ensure that concerns are addressed and lessons are learned.

Looking ahead, we remain focused on timeliness, responsiveness and ensuring that every complaint results not only in resolution for the individual but also in systemic improvements that benefit others. We will continue to invest in cultural and disability responsiveness, to monitor the implementation of recommendations, and to ensure that the voices of consumers and whānau shape the future of our health and disability system.

At its heart, the Health and Disability Commissioner exists to safeguard the rights of people in Aotearoa New Zealand when they access health and disability services. In a time of ongoing system pressure and public concern, this role is more important than ever. I am proud of what we have achieved this year and remain committed to ensuring that every voice raised with us contributes to safer, fairer, and more equitable care for all.

Ngā mihi nui

**Morag McDowell**  
**Health and Disability Commissioner**

# Commissioner's foreword

## Te kupu takamua a te Toihau

MORAG MCDOWELL



### Te kupu takamua a te Toihau

E harikoa ana ahau ki te whakaputa i tā Te Toihau Pūrongo ā-tau mō te tau 2024/25.

Kua tīpako anō tenei tau ngā wero me te manahau o roto o tō tātou pūnaha hauora, hauātanga. Hāunga anō ngā take whai wāhi mai, me te tokoiti o te ohu mahi, ka hihiko tonu te ngākau nā te manawanui o ngā kaiwhakarato ki te whakarato mai i te tauwhiro haumaruru, te tauwhiro kōunga ahakoa te tino taumaha – nā te kaha hoki o ngā kiritaki me ngā whānau e puta mai i a rātou he amuamu ina hē o rātou wheako. He kupu whakamaumahara tō tēnā amuamu, tō tēnā amuamu i te tino o te Tikanga kia tiakina te tangata, kia hāpaitia te kawenga, ā, kia kōkiritia hoki ngā mahi whakapai huri noa i te pūnaha.

I te tau 2024/25 ka riro mai i a mātou e 3,477 o ngā amuamu – he paku hekenga iho i tō tērā tau, engari he teitei ake i ngā taumata o mua o te mate urutā. Ka teitei tonu ngā amuamu e whakaata ana i te piki haere o te āwangawanga o ngā kiritaki mō te tere whai wāhi ki te tauwhiro, te pai o te maimoatanga, me te pānga mai ki te ohu mahi e mahi taumaha ana. Ahakoa ko ngā amuamu e tohu ana i tētahi wāhi paku o ngā pāhekohekotanga miriona o te hauora me te hauātanga ka puta i ia tau, ka miramira mai ngā take e ngākaunuitia ana e te marea – ahakoa ko te kōunga o te maimoatanga tēnā, ko te hē o ngā whakawhitinga kōrero, ko ngā tauārai rānei ki te ara ratonga.

Kei te whakamanawa mai ahau ahakoa ēnei wero, i tino whaihua mātou i tēnei tau mō te pikinga ake o te tere o te tukanga me te tika ake hoki. I whakatauria paitia e 4,406 o ngā amuamu – e 40 ōrau te pikinga ake o tō tērā tau – ka mutu, mai i ngā whakararu o te KOWHEORI-19, i whakatauria paitia e 27 ōrau o ngā amuamui riro mai i a mātou. Nā tēnei mea angitu kua āhei mātou ki te tino whakaheke i tō mātou rārangi amuamu i te hautoru kotahi, me te aha kei te tū kaha mātou mō te whakapai ake i te wā ki mua hei urupare. Ko tētahi tino āhua, e āhua rua-hautoru o ngā amuamu i whakatauria ai mā ngā ara whakatau wawe, nā konei ka tere ake ngā painga mō ngā kiritaki me ngā kaiwhakarato, ā, ka hua mai hoki i ētahi wā ngā whanaungatanga tino pai me te tere whakapai ake i te kōunga o te pūtake o te amuamu.

Kua tautokohia ēnei whakapaipai ki tētahi hōtaka panoni tukanga, tae atu kia whakakahangia ngā ara tuku kōrero ki ētahi atu

pokapū, kia koutata ngā pūnaha whakahaere, kia whakatinanatia ngā panoni ki tō mātou pūnaha aromatawai kia tere te whakatauria me te kupu whakaae a ngā rangatira, ka whakangao mai i te mahi whakangungu me te ako pono mā ngā kaimahi. Hei titiro whakamua, kei te hoahoa mātou i tētahi pūnaha whakahaere amuamu hou, he mea matihiko – hei ngā marama tōmua o 2026 – nā konei ka āhei mātou kia kaha atu te urupare ki ngā kiritaki me ngā kaiwhakarato, ā, kia mauritau hoki te tuari mōhiotanga huri noa i te pūnaha.

Kua tino āwhina mai Ngā Kaitautoko hei āwhina i ngā kiritaki e āwangawanga ana mō tō rātou maimoatanga. Mā te whakatauria o ngā amuamu e 2,647 i tēnei tau neke atu i ngā whakapānga 25,000, kei te whakarato atu Ngā Kaitautoko i te tautoko pono ki ngā tāngata e mahi ana i te pūnaha. Tino harikoa ana ngā tāngata ki ngā ratonga tautoko me te aha, ko ngā te nuinga o ngā amuamu i tautokona ai i whakatutuki i roto i te ono marama. Ka arotahi tēnei ki te whakaaro mehemea ka whakatauria wawetia ngā amuamu i waenga i te kaituku amuamu me te kaiwhakarato ina tika ana ka whaihua te katoa.

E mihi nui ana ahau ki ō mātou kaitautoko mō tā rātou ngākau nui hei tautoko i ngā tāngata e raru ana— pērā i ērā ko te reo Pākehā te reo tuarua, i ngā whānau e noho taumaha ana ā-hauora nei, taumaha ana ā-hauātanga nei hoki – ki te whai mana kia rongohia rātou.

Kua kaha whakapai ake mātou i ā mātou tukanga ko te tikanga hei arataki, e 28 ngā hui ā-whānau i tū i tēnei tau kia tautokona te Māori

i tukua mai ngā amuamu kia tirohia te taha haumarua ā-ahurea, nā reira aku mihi nui ki te tīma Tumu Māori. Ka whakamanahia e ēnei hui te pai o te whakarite wāhia kia rongohia ngā whakaaro o ngā whānau i runga i te tikanga, ka mutu, ka kaha ake te whakapono ki te pūnaha me te arataki i ngā kaiwhakarato kia whakapai ake i tā rātou urupare ā-ahurea. Kua arotakengia hoki e mātou ēnei tukanga kia whakaurua nuitia puta noa i ā mātou mahi.

Ko tā mātou mahi ā-ture nei he mahi i tua atu o te whakatau amuamu ko te aroturuki kōunga kia pai ake huri noa i te rāngai. I te tau 2024/25 i tukua ngā tohutohu e 809 ki ngā kaiwhakarato me ngā rōpū whakahaere, ā, 91 ōrau te whakaaetanga mai. Ina kore ngā kaiwhakarato i whakaae mai ka whai atu mātou me te tuku i te take ki ngā rōpū ngaio, ā, i ētahi take ka whakaingoatia ā-tūmatanuitia. Ā, i tukua hoki ngā take e 329 ā-pūnaha nei, ngā take haumarua marea hoki ki ngā pokapū e tika ana, ā, ka āwhina hoki i ngā kaupapa here ā-motu mā ngā tono 11 mō ngā wāhi whānui pērā i te ture hauora hinengaro ki ngā ture ohu mahi hauora.

Ko te mahi aroturuki a te Toihau Tautiaki Kaumātua kei te aronui tonu ki te wheako o ngā kaumātua, me te whakatū hui hei hāpai ake i te pūrongo aroturuki me te tautoko i ngā mahi taupā e pai ai te kaumātua haere. Kei te kaha aroturuki hoki mātou te kauneke ki tā te Toihau e tohutohu nei kia pai ake te tauwhiro i ngā kaumātua.

Mō ngā tāngata whaikaha, i tāia mai he pūrongo aroturuki mō ngā ratonga tautoko noho mō ngā tangatanga whaikaha, ā, e 74 ngā huinga tahi



me te rāngai hei hāpai i tētahi anga kouna kia kaha me te tere whakatau i ngā āwangawanga haumarū. I te kaha panoni ki te pūnaha tautoko whaikaha, kua aro atu mātou ki te whakarite ara hei mahi tahi me Te Manatū Whakahiato Ora kia mātua whakamana i ngā motika a te hunga whaikaha.

Me mihi hoki ka tika ki te whakaotinga o tā mātou arotakenga ā-ture o Te Ture me Te Tikanga i tēnei tau. Whai atu ana i ngā hui whānui me ngā tukunga whakaaro e 259 o ngā tuku kōrero i hoatu ā mātou tohutohu ki te Minita. Ko tā ngā tohutohu he whakapakari hei whakakaha ake i te tauwhiro kia noho ko te tangata te pūtahi, kia whakakaha ake hoki te huarahi wātea me te mahi tahi, ā, kia mātua whakaata mai te tikanga me ngā uara ahurea ki ngā motika o te tangata.

E taea ai ēnei whakatutukitanga nā te manawanui o ā mātou nei tāngata. Ko tāku mihi o te ngākau ki āku kaimahi mō tō rātou ngākau titikaha me tō rātou manahau i mua i te aroaro o ngā wero papahueke. Nā tō rātou ngaiotanga me tō rātou aroha kua āhei mātou ki te whakapai ake i ngā tukunga kia tere, kia arotahi hoki ki te reo o te kiritaki. Ka mihi hoki ahau ki Ngā Kaitautoko me ngā tini kaiwhakarato, pokapū, rōpū hapori hoki nāna nei te mahi tahi me mātou i runga i te ngākau pai kia mātua urupare ki ngā āwangawanga, ka mutu, kia ākona ngā mea tika.

Hei titiro whakamua, ka arotahi tonu mātou kia tere te whakatau, kia tere te urupare, kia whaihua ai ngā amuamu katoa mō te tangata me te pūnaha hei oranga mō te katoa. Ka kaha

tonu te urupare atu ā-ahurea nei, ā-hauātanga nei kia aroturuki te whakatinanatanga mai o ngā tohutohu, ā, kia mātua whai wāhi mai ngā reo o ngā kiritaki me ngā whānau kia tārai mai te āpōpō o tā tātou nei pūnaha hauora, pūnaha hauātanga.

Kei te ngākau o Te Toihau Hauora, Hauātanga ko te whāinga kia tiakina ngā motika o ngā tāngata o Aotearoa i te wā ka meatia ngā ratonga hauora, ratonga hauātanga. I tēnei wā o te pēhanga nui ki te pūnaha me ngā āwangawanga o te marea he tino mātuatua tēnei mahi. E poho kererū ana ahau i ngā mahi kua tutuki pai i a mātou i tēnei tau, me te aha, ka ū tonu ahau kia whaihua mai ia reo ka tukua mai, ia reo ka tukua mai, ki haumarū ake, kia tōkeke ake, kia mana taurite hoki te tauwhiro mō te katoa.

Ngā mihi nui

**Morag McDowell**

***Te Toihau Hauora Motuhake***

# 1. Who we are

## *Ko wai mātau*

---

**The Health and Disability Commissioner (HDC) promotes and protects the rights of all people who use health and disability services. Primarily we do this through the resolution of complaints about the quality of care provided to people, including by holding providers to account for breaches of consumer rights. Through the resolution of complaints, HDC plays a key role in public protection and improving the quality of care.**

HDC is an independent Crown entity. Our independence from government policy and service provision enables HDC to be an effective and impartial guardian of consumers' rights.

HDC also contracts the National Advocacy Trust to provide the Nationwide Health and Disability Advocacy Service (the Advocacy Service) to support people to resolve their complaints directly with their provider and to undertake community-level promotion of the Code.

### **Our funding**

We are funded through Vote Health. In the year ended 30 June 2025, HDC received \$20,201,000 from government to fund the four output classes set out in our Statement of Performance Expectations.

*Ko koe, ko au*

*Ko au, ko koe*

**You are I and I am you.**



## Our functions

### Complaints resolution

HDC's core function for the protection of consumer rights is to assess, investigate and resolve complaints about the quality of care provided to people.

### Promotion and education

HDC, together with the Advocacy Service, delivers educational initiatives to improve consumers' awareness of their rights and providers' knowledge of their responsibilities under the Code of Health and Disability Services Consumers' Rights (the Code).

### System monitoring and impact

HDC uses the insights gained from complaints to improve quality and safety and influence policies and practice across the health and disability system.

### Focus populations

HDC has a focus on all people who use health and disability services, and our focus populations evolve over time. Noting our commitment to our statutory obligations, currently we have placed a particular focus on the following population groups:

- **Māori**  
HDC is committed to further embedding our use of tikanga-led complaints processes. This work is supported by our small Māori team.
- **Older people**  
The Aged Care Commissioner advocates for better health and disability services on behalf of older people and their whānau and drives improvement in the care provided to older people.
- **Tāngata whaikaha|disabled people**  
HDC has a particular focus on promoting respect for, and observance of, the rights of tāngata whaikaha|disabled people when using health and disability services.



## Our Executive Leadership Team as at 30 June 2025

### Morag McDowell

Health and Disability Commissioner  
Te Toihau Hauora Motuhake

### Rose Wall

Deputy Health and Disability  
Commissioner, Disability  
Te Toihau Hauora, Hauātanga Tuarua

### Dr Vanessa Caldwell

Deputy Health and Disability  
Commissioner, Operations  
Te Toihau Hauora, Hauātanga Tuarua

### Carolyn Cooper<sup>2</sup>

Aged Care Commissioner & Deputy  
Health and Disability Commissioner  
Te Toihau Tautiaki Kaumātua

### Ikimoke Tamaki-Takarei

Kaitohu Mātāmua Māori  
Director Māori

### Jane Herschell

Director of Proceedings  
Pouārahi o Ngā Hāmenetanga

### Charmaine Pene

Director of Advocacy  
Pouārahi Taunaki Motuhake

### Jane King

Associate Commissioner, Legal  
Toihau Tūhono, Ture

### Jason Zhang

Corporate Services Manager  
Pouwhakahaere Rangatōpū

<sup>2</sup> In August 2025, Carolyn Cooper resigned as Aged Care Commissioner. Recruitment to this position is currently under way.

# 2. The Code of Health and Disability Services Consumers' Rights

## Ōu mōtika

The rights of people who use health and disability services are set out in the Code. The Code places corresponding duties on providers. These rights apply to all health and disability services.

HDC resolves complaints about the quality of care provided to people, holds service providers to account for breaches of the Code, and uses complaints to improve the quality of services, both at the individual provider level and across the health and disability system.

In New Zealand's no-fault system for treatment injury, HDC is the key independent avenue for people to formally raise their concerns about health and disability services. We provide a critical layer of accountability and independence.

*Tuia tō mana,  
kia māia*

**Retain and hold fast  
to your mana.**

### 10 Consumers' rights

1



Respect  
Mana

2



Fair treatment  
Manaakitanga

3



Dignity and independence  
Tū rangatira motuhake

4



Appropriate standard of care  
Tautikanga

5



Effective communication  
Whakawhitinga whakaaro

6



Full information  
Whakamōhio

7



Informed choice and consent  
Whakaritenga mōu ake

8



Support  
Tautoko

9



Teaching and research  
Ako me te rangahau

10



Right to complain  
Amuamu

# 3. Delivering our strategy

## Te whakarato i tā tātau rautaki

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 our work.

### Strategic Framework

Everything we do is grounded in honouring our responsibilities under Te Tiriti o Waitangi



# *Te amorangi ki mua, te hāpai ō ki muri*

## Collective leadership enables success.



### Our strategic objectives

#### Being a culturally safe organisation

Diversity of age, ethnicity, gender identity, sexual orientation, disability, 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 for concerns to be raised and addressed. However, our ability to contribute to improved outcomes within the health and disability sector relies on us ensuring that the way we operate is accessible and culturally responsive.

#### The ways in which HDC delivered on this strategic objective in 2024/25 included:

- Continuing to expand our use of tikanga-led complaints processes, including undertaking 28 hui ā-whānau
- Undertaking an evaluation of hui ā-whānau and hohou te rongō (peaceful resolutions) processes, with a focus on the experience of whānau and providers
- Ensuring Māori, tāngata whaikaha|disabled people, and Pacific representation in the analysis and interpretation of feedback from our public consultation on the Act and Code review to support the accuracy of analysis
- Ensuring that our recommendations report for the Act and Code review was accessible to all stakeholders, including publishing summaries of our report in all accessible formats and te reo Māori
- Continuing to undertake regional engagements with Māori communities focused on supporting understanding of the role of HDC and the Code
- Continuing to establish relationships with Māori health teams to improve culturally appropriate resolutions for Māori whānau
- Improving our internal capability by maintaining and establishing roles within our complaints assessment and investigations teams with a specific focus on Māori, older people and disabled people
- Publishing and promoting a report on the themes in complaints about residential disability support services. This report highlighted the experiences of disabled people and their families|whānau and made recommendations for improvement
- Meeting with a range of disability sector and consumer stakeholders to understand the key issues for disabled people and to promote the recommendations made by HDC in relation to residential disability support
- Undertaking 53 engagements with a diverse range of older people to understand the current experiences of older people and incorporate these experiences into the work of the Aged Care Commissioner. This included engagement with kaumātua, iwi, and local leaders
- Contracting the Advocacy Service to focus on promoting the Code among priority communities, including people living in residential settings
- Improving the accessibility of HDC's key resources on the Code and making complaints, with 17 accessible resources being published in 2024/25



## Having a timely people-centred complaints process

HDC has made multiple improvements to the efficiencies of our complaints process over 2024/25. We are now closing more complaints than we receive, which puts us in a good position to improve the timeliness of our complaints process more generally. We have streamlined our early resolution process, and around 70% of complaints received are resolved within six months.

We have invested in the design of a fit-for-purpose digital complaints management system, which will further improve the efficiency of our process and allow us to communicate more responsively with complainants and providers. We are aiming to have the system in place by early 2026.

Reducing our aging profile of complaints is our key focus, and process improvement initiatives to support this are detailed further in the complaints resolution section.

Currently we are reviewing our provider and complainant experience surveys to ensure that they are capturing the information we need to improve the responsiveness of our process.

The Advocacy Service plays a vital role in the timely resolution of complaints between complainants and providers. In 2024/25 the Advocacy Service closed 2,649 complaints, with the vast majority being resolved within six months.

## Focusing on rights promotion

HDC is aware that there are communities who experience multiple barriers to accessing our services and gaining an understanding of their rights under the Code. We are committed to working with communities to raise their awareness and understanding of the Code. We are also focused on improving providers' understanding of their obligations under the Code, which contributes to improved quality of care.

### The ways in which HDC delivered on this strategic objective in 2024/25 included:

- Increasing engagement with our online education resources. Our animated video designed to raise people's awareness of their rights under the Code has garnered over 6,000 views; and over 6,000 providers engaged in our provider education modules in 2024/25
- Developing a short video based on the 'Your Rights' poster to be utilised by Health TV and screened in medical centres and hospital waiting areas
- Contracting the Advocacy Service to deliver 1,092 education sessions across the country, with 93% of the attendees expressing satisfaction with the session provided
- Contracting the Advocacy Service to undertake 2,642 networking visits across the country, 81% (2,146) of which were with focus populations

# In 2024/25 the Advocacy Service closed 2,649 complaints, with the vast majority being resolved within six months.

- Continuing to undertake regional engagements with Māori communities focused on supporting understanding of the role of HDC and the Code of Rights
- Continuing to establish relationships with Māori health teams to improve the cultural capability of providers to resolve complaints themselves
- Undertaking over 20,000 contacts with enquirers to assist them to understand the Code and avenues for complaint
- Ensuring that our recommendations report for the Act and Code review was accessible to all stakeholders – this review was an opportunity to increase awareness and understanding of the Code and the role of HDC and the Advocacy Service
- Undertaking 53 engagements with a diverse range of older people, including kaumātua, to raise understanding of the Code and avenues for complaint among older populations
- Improving the accessibility of HDC's key resources on the Code and making complaints

## Demonstrating tangible system impact

HDC has a unique lens on the health and disability system – our intelligence is grounded in the consumer experience and can reflect issues not necessarily caught by other forms of error reporting (such as dignity, respect, and communication). Whether through the making of recommendations, sector engagement, or public and ministerial reporting, HDC ensures

that the consumer voice is heard, urgent issues are escalated promptly, lessons from complaints are shared, and recommendations for change are made.

### The ways in which HDC delivered on this strategic objective in 2024/25 included:

- Finalising and publishing our review of HDC's Act and Code following public consultation. We made several recommendations to government to improve our legislation for the current and future environment
- Making 809 recommendations to providers to improve quality of care
- Maintaining a high compliance rate with our recommendations – 757 recommendations were reviewed, and 91% of providers complied with our recommendations in 2024/25
- Undertaking significant stakeholder engagement to ensure that a collaborative approach is taken to sharing complaint trend information and monitoring associated action
- Making early notification of systemic and public safety issues to relevant agencies on 329 occasions
- Undertaking an analysis of activity in the sector to implement the recommendations made by the Aged Care Commissioner in her monitoring report
- Undertaking 162 engagements with key stakeholders across the aged-care sector to promote the recommendations of the Aged Care Commissioner and to advocate for an improved focus on the bone, dental, and hearing health of older people

# HDC improved its efficiency and productivity throughout 2024/25, resulting in ongoing increases in the number of complaint closures.

- Publishing a report analysing five years of complaints about residential disability support and making several recommendations to improve the quality of support provided
- Undertaking 74 engagements across the disability sector to share our complaints data, understand key issues facing the sector and promote the need for a consistent quality framework across disability support providers
- Publishing a report and associated dashboards outlining the themes in complaints about public hospital services
- Preparing a report on the themes in complaints about maternity services with a view to making a series of recommendations to improve the quality of care provided
- Continuing to work closely with the Registrar, Assisted Dying on complaints about assisted dying services, including providing reports outlining the trends in complaints to HDC
- Using insights from complaints to influence health strategy, policy, and legislation by making submissions
- Further increasing public awareness of HDC decision reports and other matters affecting consumer rights by working with the media to generate 1,462 media stories
- Investing in the design of a fit-for-purpose digital complaints management system, which will improve our capacity and capability to analyse and share our data

## Responding sustainably to growing demand

There was a small (4%) decrease in complaint volume in 2024/25. However, volumes remain significantly above pre-COVID levels.

HDC improved its efficiency and productivity throughout 2024/25, resulting in ongoing increases in the number of complaint closures. Efficiency gains have been achieved through making changes to our operational leadership structure, streamlining processes, enhancing our focus on early resolution and making improvements to our triage process.

In 2024/25, HDC increased our number of complaint closures by 40% and reduced our number of open complaints by 33%. As noted above, the implementation of a modern digital complaints management system in early 2026 will further improve our efficiency and productivity.

We have also focused on supporting staff development and capability over 2024/25, including providing training on disability, mātauranga Māori, health sector structure and key issues for service areas, and key investigation skills. We have also implemented a revised induction and mentoring programme for complaints staff and are undertaking a review of our performance management process to ensure that we are maintaining a supportive, high-performing culture.

However, significant demand for our service in the context of a 9.6% reduction in funding in 2025/26 has placed us under unprecedented pressure. In this context, improving the timeliness of our process, and in particular our investigations process, is our key focus.



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

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

### Some of the ways in which we did this in 2024/25 included:

- Using our complaints data to highlight the consumer and whānau voice in quality and safety
- Publishing an analysis of complaints about residential disability support services to highlight the concerns of disabled people and their families and make recommendations to improve the quality of support
- Monitoring the implementation of the Aged Care Commissioner's recommendations to improve the quality of care provided to older people (as informed by the voices of older people), including by undertaking stakeholder engagement to promote these recommendations
- Focusing on meaningful engagement with older people and their whānau to inform the Aged Care Commissioner's monitoring of the sector and associated recommendations
- Ensuring Māori, tāngata whaikaha (disabled people), and Pacific representation in the analysis and interpretation of feedback from our public consultation on the Act and Code review to support the accuracy of analysis
- Ensuring that our recommendations report for the Act and Code review was accessible to all stakeholders
- Undertaking an evaluation of our tikanga-led complaints processes, including an evaluation of whānau experience, to understand how we could more seamlessly embed these processes within our overall complaints process
- Undertaking a review of our consumer and provider experience surveys to ensure that they are capturing the feedback we need to improve the responsiveness of our process
- Contracting the Advocacy Service to undertake community-level promotion of the Code and mitigate the power imbalance by working with consumers to resolve complaints directly with the provider
- Improving the accessibility of HDC's key resources on the Code and making complaints
- Making and monitoring the implementation of our recommendations on individual complaints to improve care quality and the consumer experience

# 4. Performance on key functions

## Te whakatutukitanga mō ngā mahi hira

HDC achieves its strategic objectives through four key functions:

**1** Complaints resolution

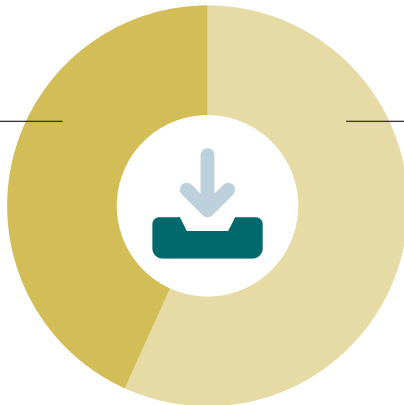
**3** System monitoring and impact

**2** Promotion and education

**4** Focus populations  
(Māori, disabled people, and older people)

### Complaints received

**2,647**  
complaints  
received by  
Advocacy



**3,477**  
complaints  
received by HDC

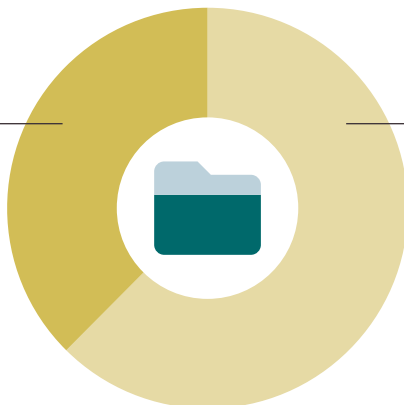
### Enquiries

**1,643**  
HDC

**25,120**  
Advocacy

### Complaints closed

**2,649**  
complaints  
closed by  
Advocacy

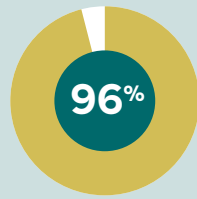


**4,406<sup>3</sup>**  
complaints  
closed by HDC,  
including 190  
investigations

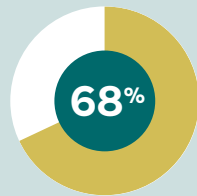
*Whāia te iti  
kahurangi ki  
te tūohu koe  
mehemea he  
maunga teitei  
Pursue  
excellence.*

<sup>3</sup> We closed 27% more complaints than we received, which puts us in a good position to reduce our number of open complaints and improve the timeliness of our process.

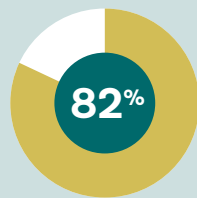
Proportion of advocacy complaints closed within 6 months



Proportion of HDC complaints closed in 2024/25 using early resolution methods



Proportion of respondents who were satisfied with the Advocacy Service's complaint management process



Number of recommendations made to improve quality of services and compliance rate

809 recommendations

91% of recommendations were complied with



Number of education sessions and networking visits carried out by Advocacy

1,092 education sessions and 2,642 networking sessions

81% focused on priority populations



Aged care - Number of engagements with the sector and older people to advocate for better services

162

Number of HDC's online education sessions completed by providers

18,460



Number of systems and public safety issues escalated

329

Number of hui ā-whānau



28



## Complaints resolution



*It gives people a chance to have their voices heard with concerns about their own health care & services.*

*HDC provided a means of seeking improvement to poor service after I became concerned about my wife's care.*

*It is a way you can be heard independently. HDC listened to all I had said then put in place things to help prevent a recurrence.*

*For someone who struggles to get the help they need it is good to contact HDC to tell them about your experience. I was very happy with the prompt action which made my situation work out. HDC very supportive.*

*It is essential that there is a neutral environment for patients to go to when they feel it is necessary to have their complaints heard outside of any practice. Overall HDC offer a fair process for both patients and providers.*

*I feel the process is one which is very well balanced and provides a fair assessment from both perspectives and appears to offer very clear reasoning around the conclusions reached. The HDC is an important avenue to ensure public trust and confidence in the health sector.*

HDC is tasked with the fair, simple, speedy, and efficient resolution of complaints about the quality of care provided to people by health and disability services providers.

HDC has several options available to resolve complaints. These options include referring the complaint to the provider or Advocacy Service for direct and early resolution between the parties; electing to take no action where care appears reasonable; making recommendations to improve care quality and safety; referring complaints to other agencies; and undertaking a formal investigation, which may result in a provider being found in breach of the Code.

HDC is focused on supporting the timely resolution of complaints between consumer and provider where appropriate. When done well, resolution between the parties can often result in the best outcome for both consumer and provider. It can assist to ensure that people's resolution needs are met quickly,

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**In 2024/25 HDC  
reduced our number  
of open complaints  
by 33%.**

# HDC increased its number of complaint closures by 40% in 2024/25.

restore trust and build relationships, and ensure that any quality improvement measures are implemented at source. Around 68% of complaints closed in 2024/25 were closed using early resolution pathways.

In 2024/25, HDC received 3,477 complaints. While this is a 4% decrease on the number of complaints received in the previous year, complaint volume remains significantly above pre-COVID levels. HDC remains under pressure from a 45% increase in complaints over the past five years.

However, a focus on finding efficiencies to respond to the growing volume of complaints, including streamlining our leadership structure and processes, has proved successful. HDC closed 4,406 complaints in 2024/25 – a 40% increase on the number of complaints closed in the previous year. Our net clearance rate is 127%, meaning we are closing more complaints than we received. This is the first time HDC has been able to maintain a clearance rate of over 100% since 2019. This puts us in a good position to begin to reduce our number of open complaints and improve the timeliness of our process – for example, in 2024/25 HDC reduced our number of open complaints by 33%.

## Process improvements

Our key priority remains improving the timeliness of our process. In the context of a high volume of complaints in a resource-constrained environment, HDC's process improvement work has focused on streamlining our early resolution and administrative processes and ensuring an appropriate skill mix across our complaints process so that our resources are focused appropriately on older and more serious complaints. We have also invested in an internal training programme to support staff to undertake their work.

### Examples of process improvement initiatives implemented in 2024/25 include:

- Reviewing and improving our referral process to other agencies, such as regulatory authorities, to enable more timely referrals. This has included the development of up-to-date memoranda of understanding with these agencies. Feedback on the improvements made in this area has been positive
- Engaging with complainants on older complaints to better understand their expected resolution outcomes and explore whether there are alternative means of addressing these (for example, by supporting people to engage directly with the provider or by HDC monitoring the implementation of recommendations following an adverse event review)

- Implementing a revised induction and mentoring programme for staff
- Reviewing and streamlining administrative processes that were unnecessarily burdensome for staff
- Ensuring an appropriate balance of skill sets across the complaints process
- Implementation of an action plan for the closure of our oldest files. This plan is being monitored actively and has resulted in the number of complaints aged over two years reducing by 15%
- Rolling out more comprehensive training for staff
- Implementing a notification triage system to ensure that decisions to investigate are made more rapidly and investigations are prioritised effectively. This should result in appropriate complaints proceeding to investigation in a timelier manner and improvement of our communication with people during the process
- Streamlining our approach to seeking advice on complaints internally (for example, from clinical experts, our Māori team, and our legal team)
- Undertaking a review of our complainant and provider experience surveys to ensure that we are collecting the information we need to improve the responsiveness of our process

HDC has identified that the implementation of a modern fit-for-purpose digital complaints management system would greatly assist us to improve the efficiency of our process; improve the experience of both consumers and providers, particularly in respect of allowing us to communicate more responsively and transparently; and allow us to monitor and share our complaints data more easily. Currently we are designing such a system and are aiming for it to be operational by early 2026.



## Case studies – early resolution

### Delay in surgery

A person complained to HDC about delays in their surgery being exacerbated when they moved regions. They advised that a referral to the hospital in their new region had not been sent by their previous service, and they were concerned that they would have to go back on the waitlist despite having already waited a significant amount of time for surgery at the previous hospital.

HDC decided that the provider was best placed to resolve these concerns as they were able to take the necessary actions, including liaising with the new hospital, to ensure that the person received an appointment for surgery. We therefore referred this complaint to the provider involved and asked them to report back on the actions they had taken to resolve the consumer's complaint.

The provider apologised to the consumer for issues with the coordination of their care, noting that a failure in their systems meant the person had not been referred for surgery when they moved regions. Changes were made to the referral system to help prevent such an error from occurring again. The provider contacted the hospital in the region where the consumer now lived and requested that their surgery be expedited given the length of time they had already spent on the waiting list. The provider also followed up with the consumer's new surgeon to ensure the referral was actioned.

### Access to disability support funding

The parents of a disabled boy complained to HDC that the boy had not been receiving the level of disability support funding they were entitled to, noting the difficulties in accessing funding for rural families.

HDC closed this complaint, noting that the family had raised their concerns directly with the provider, and the provider was best placed to ensure they received the funding to which they were entitled. However, given the potential systems issue identified, we asked the provider to report back to HDC on the actions they had taken to address the concerns raised, particularly in respect of access to needs assessment services for rural families. We also escalated the family's concerns to the Ministry of Social Development to bring to its attention the challenges faced by disabled people living in rural locations.

The provider apologised to the family and implemented several actions to address the issues identified. This included actions to ensure that all children received face-to-face assessments; providing further training to staff; and undertaking an audit to identify any other clients who were not receiving their funding entitlements. The Ministry of Social Development also advised HDC that it had been in contact with the provider to ensure that the issues had been addressed.



## Role of Advocacy Service in supporting early resolution



*This service really helped me and they guided me through the process well. The staff are lovely, they helped me complete my letter, very appreciative. Every step was clear and quick. English is my second language and I have told so many people about this service.*

*[The advocate] went above and beyond for me and I appreciate her patience and input. Felt heard and they understood that the issues I was complaining about should not have happened.*

*By getting support from advocacy, it took a lot of pressure off me as I support my terminally ill family member.*

*I would recommend the health and disability advocacy service as it has always been great with dealing with complaints in a restorative way. People seem satisfied with the outcomes.*

*The HDC Advocacy Service is a valuable service which supports patient/whānau. Our local HDC Advocates are really great to work with.*

HDC contracts the Nationwide Health and Disability Advocacy Service to support people to resolve their complaints directly with the provider. The Advocacy Service plays a vital role in supporting HDC's focus on early resolution, as well as our strategic priorities around having a timely and people-centred complaints process.

Advocates (24 FTE) are located throughout New Zealand, and they guide people to clarify their concerns and resolution needs, which in turn facilitates effective responses from providers. The advocacy process can assist to mitigate the power imbalance between consumers and providers and helps to restore trust and rebuild relationships. HDC will refer complaints to the Advocacy Service where a person may benefit from support to resolve their concerns with the provider. The Advocacy Service can also assist people to make a complaint to HDC where appropriate.

Advocates support the timely resolution of complaints, with 96% of complaints closed within six months. The valuable role advocates play is underscored by high complainant satisfaction rates, with 82% of respondents reporting that they were satisfied or very satisfied with the Advocacy Service's process.

In 2024/25 the Advocacy Service received 2,647 complaints – an 8% increase on the number of complaints received in 2023/24. This increase is positive given that complaints had decreased by 14% in the previous year.

## **In 2024/25 the Advocacy Service received 2,647 complaints – an 8% increase on the number of complaints received in 2023/24.**

A focus for HDC has also been to support more complaints to be directed to advocates in the first instance. This helps to ensure that HDC's resources are directed towards those complaints that require them.

The Advocacy Service also continues to deal with a high number of enquiries. In 2024/25 advocates made 25,120 contacts with enquirers, helping people to understand their rights under the Code and avenues for complaint, connecting them with appropriate support agencies, and providing education on self-advocacy skills to empower people to resolve concerns with their provider themselves (without the need for further advocacy involvement).

### **Case studies – Advocacy Communication by Fertility Services**

A couple contacted an advocate concerned about poor communication by their Fertility Service. They reported concerns about the way in which their treatment plan was communicated, as well as inconsistencies in care and confusion over medication protocols.

The advocate supported them in documenting their concerns and facilitating communication with the clinic, including the clinic manager and doctors, to ensure that the couple's voices were heard. This support was particularly important while the couple were going through a sensitive and medically complex situation.

The couple received a formal apology from a clinician acknowledging the breakdown in communication, and improvements were made to the coordination of their care. Importantly, their complaint also resulted in systemic improvements that would support future patients, including improved complaints processes, consent processes, and communication training for staff.

### Care provided by a mental health support service

A consumer who had engaged with a mental health community support organisation over a long period of time experienced challenges and distress following changes in staff and poor communication.

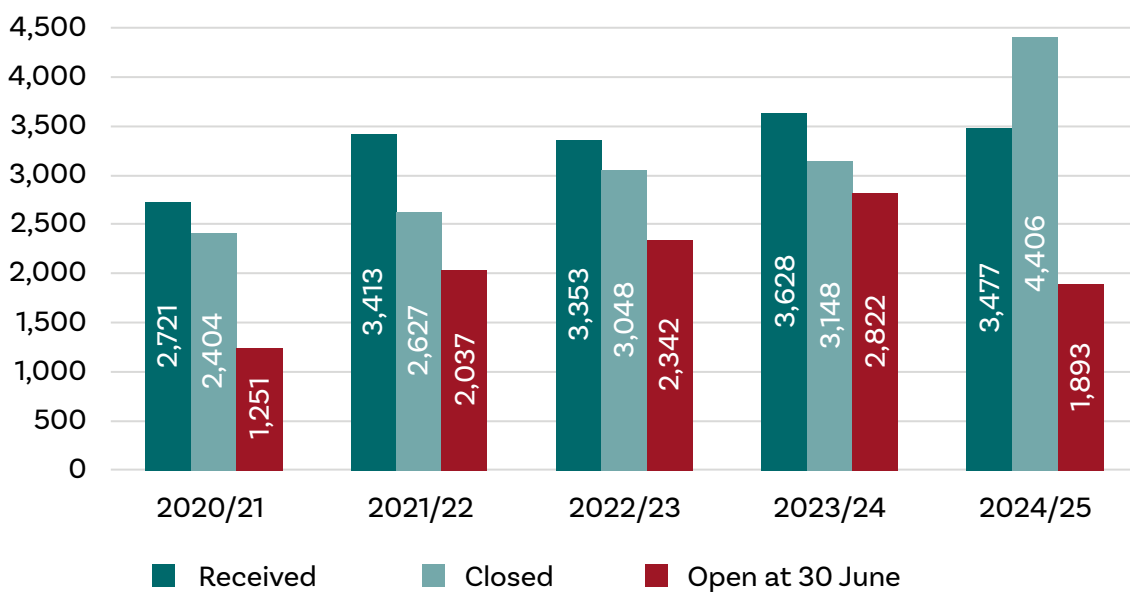
The person contacted the Advocacy Service, which supported the consumer by explaining their rights under the Code and then supporting them through a complaint process with the provider. This enabled the person’s voice to

be heard and helped them to articulate their needs.

With the advocate’s support, the person requested greater transparency around staff roles and responsibilities in addressing complaints and more consideration of how trust and collaboration would be restored between the consumer and the service. In response, the service reviewed its communication protocols for frontline staff and its complaints management and cultural engagement processes.

### Key statistics – HDC

FIGURE 1. Number of complaints received and closed over the past five years

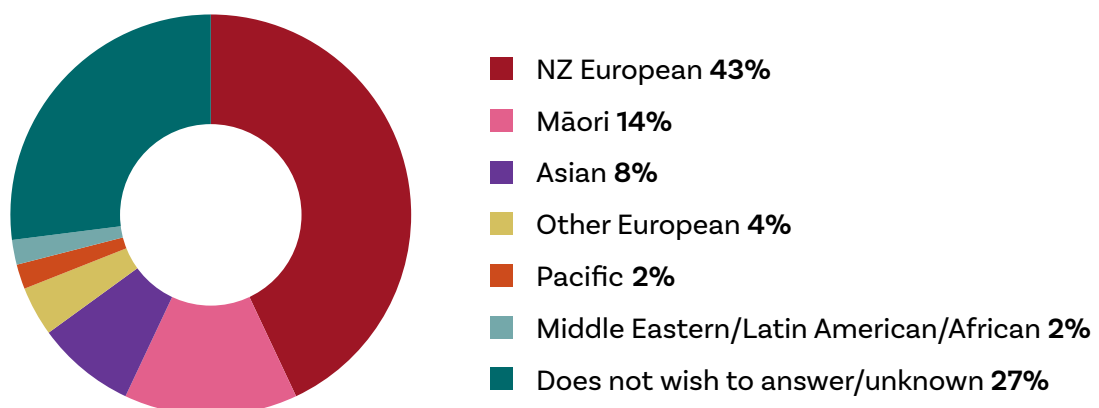


**TABLE 1. Outcomes of complaints closed by HDC in 2024/25**

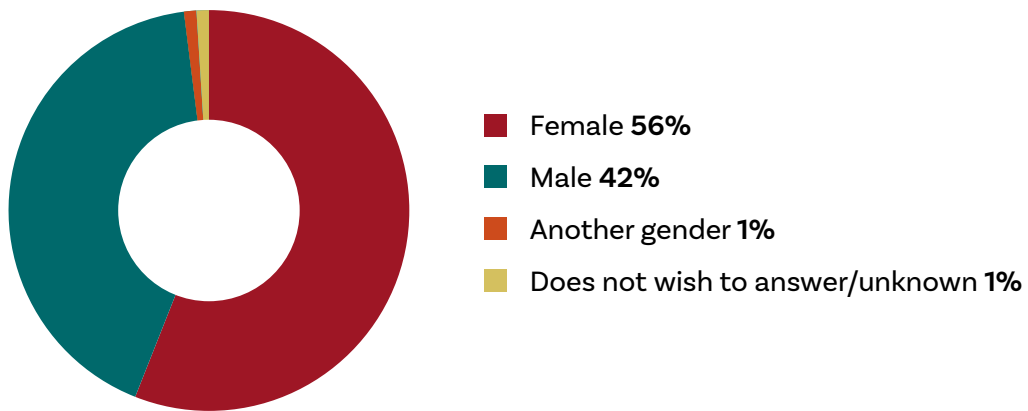
Outcome	Number of complaints closed
<b>Investigation</b>	<b>190</b>
Breach finding	145
No breach finding with adverse comment and recommendations	24
No breach finding with recommendations	7
Referred to regulatory authority	5
No further action with recommendations or educational comment	4
Assessment concluded; no further action needed	5
<b>Other resolution following assessment</b>	<b>4,103</b>
No further action with recommendations or educational comment	530
Referred to regulatory body	106
Referred to other agency	44
Referred to provider	1,004
Referred to Advocacy Service	296
Assessment concluded; no further action needed	2,021
Withdrawn	102
<b>Outside jurisdiction</b>	<b>113</b>
<b>TOTAL</b>	<b>4,406</b>

## Whose care was complained about?

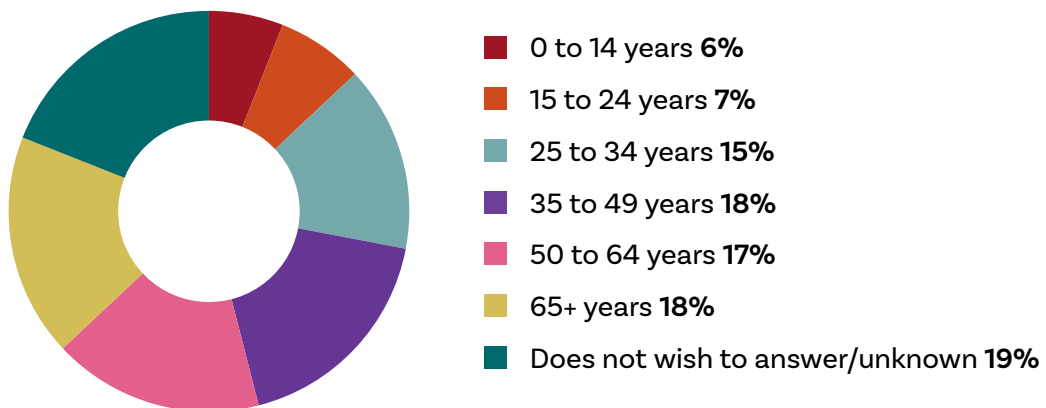
**FIGURE 2. Ethnicity of consumers whose care was complained about in 2024/25**



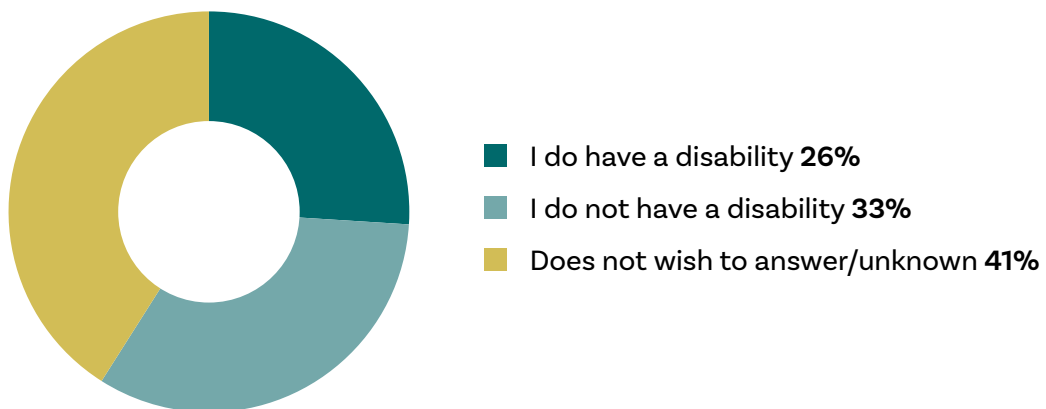
**FIGURE 3. Gender of consumers whose care was complained about in 2024/25**



**FIGURE 4. Age of consumers whose care was complained about in 2024/25**



**FIGURE 5. Disability status of consumers whose care was complained about in 2024/25**



## What was complained about?

**TABLE 2. Most common primary issues in complaints**

Primary issue	2021/22	2022/23	2023/24	2024/25
Inadequate/inappropriate treatment	186	302	358	391
Missed/incorrect/delayed diagnosis	240	246	228	261
Delay in treatment	116	135	237	252
Inadequate/inappropriate examination/assessment	144	131	168	198
Unexpected treatment outcome	90	122	179	149
Failure to communicate effectively with consumer	136	151	170	165
Lack of access to services	119	176	156	148
Disrespectful manner/attitude	163	138	152	138
Waiting list/prioritisation issue	70	108	102	104

When all issues raised in complaints are considered – not just primary issues – the most common complaint issue categories in 2024/25 were:

**78%** Care/treatment

**15%** Consent/  
information

**68%** Communication

**15%** Medication

**16%** Access/funding

**12%** Facility issues

## Who was complained about?

**TABLE 3. Most common organisations complained about**

Organisation type	2021/22	2022/23	2023/24	2024/25
Health New Zealand district	1,243	1,377	1,468	1,326
Medical centre	805	786	745	742
Prison health service	73	112	139	174
Aged residential care facility	183	185	184	154
Dental clinic <sup>4</sup>	86	98	177	121
Pharmacy	111	114	109	86
Disability support provider	60	64	66	78
Specialist clinic	45	70	62	67
Home care services provider	103	83	63	50

**TABLE 4. Most common provider occupations complained about**

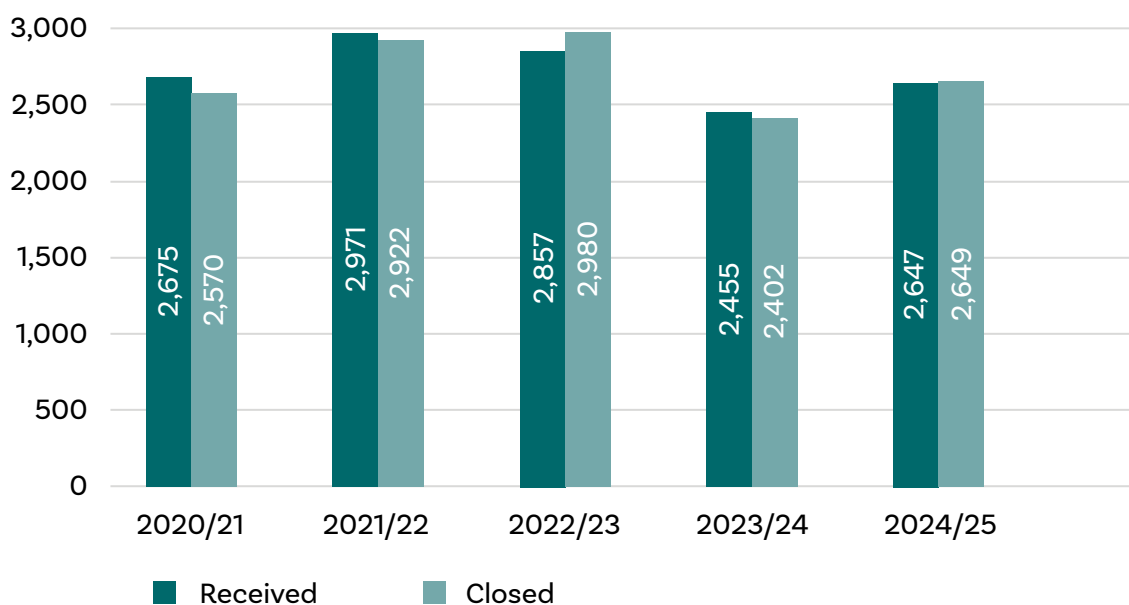
Occupation	2021/22	2022/23	2023/24	2024/25
General practitioner	364	371	334	314
Midwife	79	86	96	105
Nurse	62	74	90	93
Dentist <sup>4</sup>	64	58	186	82
Psychiatrist	65	68	71	69
Orthopaedic surgeon	51	50	57	60
Psychologist	67	46	67	58

<sup>4</sup> The increase in 2023/24 was primarily driven by a high number of complaints about a single provider.

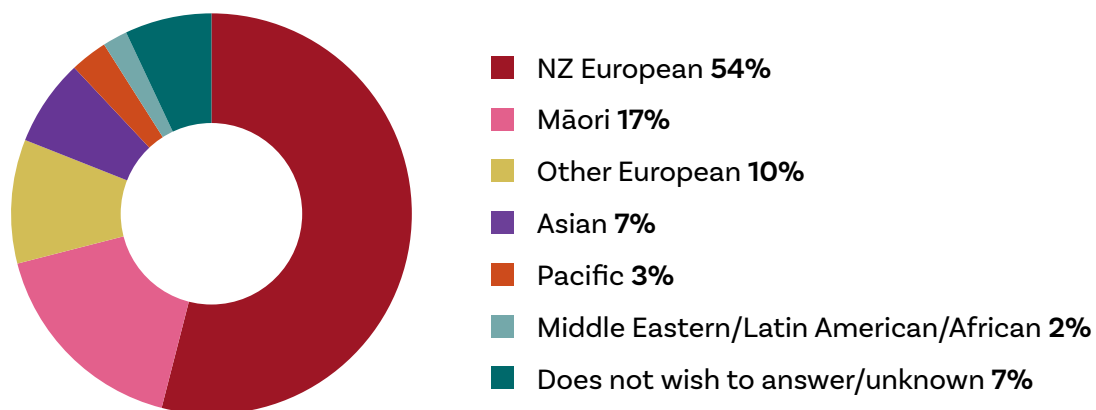


## Key statistics – Advocacy

**FIGURE 6. Number of complaints received and closed by the Advocacy Service each year**

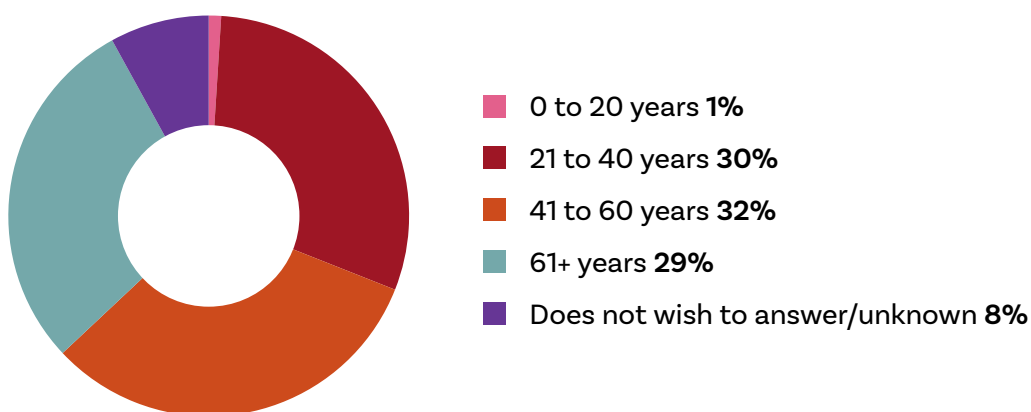


**FIGURE 7. Ethnicity of complainants to the Advocacy Service in 2024/25**

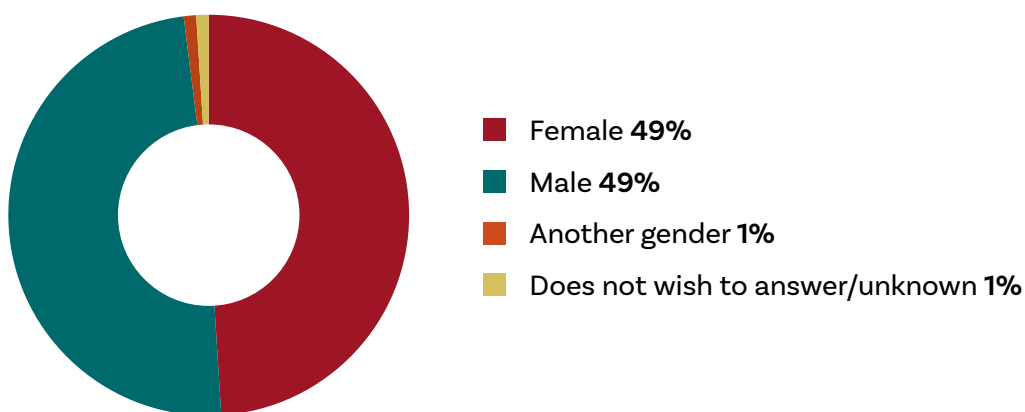




**FIGURE 8. Age of complainants to the Advocacy Service in 2024/25**



**FIGURE 9. Gender of complainants to the Advocacy Service in 2024/25**



## Around 7–8% of complaints received by HDC proceed to a formal investigation.

### Investigations

“

*The whole experience, although it took time to investigate (fully understand why), I was taken seriously & not simply rejected at the first post.*

*I believe it is important for independent review of any bad experience and in NZ the HDC has a very important role to play in this regard.*

*The people who handled my family's complaint were very helpful and understanding. Having people available to help walk us through the process was incredibly helpful, especially when you're going through the loss of a family member.*

*It is a way you can be heard independently. HDC listened, investigated and upheld all I had said then put in place things to help prevent a recurrence.*

*As a manager for two years I have learned a lot from HDC and grateful to those taking time to investigate and providing feedback and necessary actions as needed, we after all are dealing with people's lives.*

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. HDC also has the power to undertake an investigation into any issue affecting consumer rights in the absence of a complaint. 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, preventative action is taken, and public trust is strengthened. HDC's complainant experience survey has found that people who go through the investigations process highlight that the independent inquiry and sense of accountability has helped bring them some closure and restore their trust in the system.

Around 7–8% of complaints received by HDC proceed to a formal investigation. An investigation is a thorough, quasi-judicial process. Evidence is gathered from multiple parties, including the consumer/complainant, provider/s, and other agencies such as ACC or the Coroner where relevant.

We may also seek independent clinical advice from a relevant professional peer of the provider. When all relevant evidence has been gathered and assessed, the Commissioner or Deputy Commissioner prepares a provisional opinion outlining their findings and proposed recommendations. When assessing the care provided, HDC considers the contribution of organisational failings to individual behaviour – that is, our investigations seek to place individual behaviour in its systemic context. Systems and organisations are found in breach of the Code more often than are individuals.

In 2024/25 HDC closed 190 investigations and commenced 160 new investigations. 145 investigations resulted in a finding that the provider had breached the Code, and 177 investigations resulted in recommendations being made.

## Case studies – investigations

Some examples of breach findings made in 2024/25 include:

- A general practitioner (GP) was found in breach of the Code for failing to refer a man to a urologist. Subsequently, the man was diagnosed with prostate cancer. There were at least six opportunities for the GP to have actioned and/or followed up on a urologist referral. It took two years from the GP documenting intent to contact a urologist to the GP processing a referral for the man. The Deputy Commissioner was also critical of the medical centre for failing to support the GP to fulfil his role adequately.
- A residential aged-care provider was found in breach of the Code for a concerning pattern of demeaning and disrespectful treatment by multiple staff members towards a woman in their care. The Aged Care Commissioner found that the continued widespread and repeated actions by staff reflected a culture of disrespect and disregard for the dignity of people under the care of the provider.
- A disability support worker was found in breach of the Code for verbally abusing a woman in a residential disability support service and for sharing her personal information with her family without her consent.
- The Commissioner found Health NZ in breach of the Code for delays in ophthalmology care resulting in a man losing sight in his right eye. Given her concerns about ongoing risks to patients, the Commissioner made a number of recommendations to Health NZ and advised

## In 2024/25 HDC closed 190 investigations and commenced 160 new investigations.

relevant oversight bodies of her decision, so that they are aware of this ongoing risk and can monitor the situation.

- Health NZ was found in breach of the Code for systems issues that contributed to the delayed diagnosis of a woman's cancer. Health NZ was aware of the clinical risk present due to the lack of an e-referral system and digital integration, but it failed to implement adequate measures to prevent patient harm. The Deputy Commissioner considered that this case illustrated wider systemic issues within the Health NZ district, including a lack of ongoing monitoring and evaluation of the e-referral system.
- A dentist was found in breach of the Code for providing substandard treatment to seven consumers, including failing to comply with professional obligations around infection control and documentation.
- Health NZ was found in breach of the Code for inappropriately providing a young girl with an additional dose of the HPV vaccine through a school vaccination programme, despite the girl voicing concern that she had already received it.
- A healthcare assistant was found in breach of the Code for taking and sharing a non-consensual photo and private medical information about a man with a third party. Health NZ was also found in breach of the Code for not having a complaints process or procedure that ensured that complaints and associated actions were documented; and because on numerous occasions members of staff, including those in managerial positions, were informed of the privacy breach but failed to follow the procedure for managing privacy breaches.
- An osteopath was found in breach of the Code for sending inappropriate messages and acting in an inappropriate manner towards a woman seeking treatment. The Deputy Commissioner referred the osteopath to the Director of Proceedings to consider whether proceedings should be taken. HDC also advised the Osteopathy Council in the osteopath's home country of this complaint and HDC's findings.
- The Department of Corrections was found in breach of the Code for failing to refer a man in prison to the otorhinolaryngology (ORL) service when clinically indicated and for failing to follow up on the subsequent referral. The Deputy Commissioner highlighted the importance of having adequate processes in place for the management and follow-up of external specialist referrals.
- A pharmacist was found in breach of the Code for failing to follow a pharmacy's standard operating procedures, thereby allowing an incorrect dose of steroids to be dispensed for a baby.
- The Commissioner found a plastic surgeon in breach of the Code for failing to provide adequate information to a woman about the surgical team performing her breast surgery. The woman was not aware that different surgeons would be operating on each of her breasts, and the Commissioner concluded that this was information that a reasonable consumer in the woman's circumstances would expect to receive.



## Director of Proceedings

In very serious cases, HDC may refer a provider found in breach of the Code to the Director of Proceedings (an independent statutory role), who will decide whether to take legal proceedings against that provider. The Director can lay a disciplinary charge before the Health Practitioners Disciplinary Tribunal (HPDT) and/or issue proceedings before the Human Rights Review Tribunal (HRRT).

In 2024/25 HDC referred 12 providers to the Director (relating to 15 complaints), and the Director issued five decisions to take proceedings and/or pursue a restorative outcome. The Director concluded seven proceedings against providers in the Human Rights Review Tribunal, all of which resulted in a declaration that the provider had breached the Code. The Director also successfully prosecuted two providers in the Health Practitioners Disciplinary Tribunal, both resulting in findings of professional misconduct.

## Case study – Proceedings

The Director of Proceedings brought a successful disciplinary prosecution against a registered nurse in the Health Practitioners Disciplinary Tribunal.

The charge alleged that the nurse had instructed a support worker to administer 0.5mg of clonazepam to a consumer without the consumer's consent or knowledge. The nurse did so with the knowledge that the administration was against the consumer's wishes, as they had explicitly advised that they did not want to take a sedative medication during the day. Furthermore, the administration of the medication was contrary to the consumer's GP's instruction that the medication be taken only at night.

The nurse did not make any record of her conversation with the support worker regarding her instructions to administer the medication. The consumer's medication record was not updated, and consequently the administration of the medication went undocumented. The nurse did not inform management of her actions, even after support workers and the consumer lodged complaints with management regarding the incident.

The nurse accepted the charge and that her actions amounted to professional misconduct.

The Tribunal found that the nurse's conduct was a significant departure from the expected standards of a nurse in her position and that it amounted to professional misconduct warranting disciplinary sanction. The Tribunal noted:



*Members of the public need to be able to trust that nurses will comply with prescriber directions, communicate with their patients and not provide medication to a patient without their knowledge and consent.*

The nurse was censured and ordered to pay a fine of \$2,500 and costs. In addition, the Tribunal imposed a condition that for a period of two years she must disclose a copy of the Tribunal's decision to any current, prospective, and/or future employer.

# HDC's online resources for providers and consumers continue to be well utilised.

## Promotion and education

HDC's promotion and education initiatives help to build the public's understanding of their rights and providers' understanding of their obligations under the Code. Ultimately, this contributes to improved care in the health and disability system and to people's rights being upheld.

Specific educational and promotional activities directed at Māori, disabled people, and older people are detailed in the 'focus populations' section.

## Act and Code Review

In 2024/25 HDC published our final recommendations report on changes to the Act and the Code. An area of focus was ensuring that our recommendations report for the Act and Code review was accessible to all stakeholders to support understanding of the Act and the Code and the changes we were suggesting. To support this, we developed summaries of our report and translated these into all accessible formats and te reo Māori.

## Online resources

HDC's online resources for providers and consumers continue to be well utilised, with several organisations using our education modules as part of their staff induction and training programme.

### In 2024/25:

- Over **6,000** people viewed our online 'Your Rights' video. This video aims to increase the general public's awareness of their rights under the Code and empower people to exercise those rights.
- **6,725** providers completed our education module on the Code.
- **6,656** providers completed our education module on informed consent.
- **5,079** providers completed our education module on complaints management.

HDC also regularly engages with sector and community/consumer groups to help raise awareness of the Code, avenues for complaint, and common themes in complaints.

Our online education resources are self-sustaining over the medium to long term. However, we note that in the context of a recent reduction in funding, HDC's focus on education and promotion will need to reduce in order to maintain our complaints resolution function. In this context, the role of the Advocacy Service in promoting the Code becomes even more important.



## Role of Advocacy Service in promotion and education

HDC contracts the Advocacy Service to promote the Code through community-level educational initiatives. Advocates (24 FTE) are spread throughout Aotearoa New Zealand. Advocates build and maintain relationships in their communities to raise awareness of the Code and avenues for complaint. In their promotional work, advocates focus on those communities with highest need, including those residing in aged-care and disability residential support services.

Unfortunately, there are ongoing geographical gaps in coverage of the Advocacy Service, particularly in the South Island and upper North Island. This is of concern to HDC, and we continue to work with the Advocacy Service and the government to ensure the future reach of the service. In the context of constrained resources, the Advocacy Service has reduced some of its networking and education activity but has ensured that such activity is concentrated on focus populations.

In 2024/25, advocates carried out 2,642 networking visits with community groups and provider organisations across New Zealand. While this is a 14% decrease on the number of visits carried out previously, 81% of those visits focused on priority communities (up from 76% in 2023/24).

Advocates also delivered 1,092 education sessions across Aotearoa New Zealand. Feedback on these education sessions has been positive, with 93% of respondents being satisfied or very satisfied with the session provided. The Advocacy Service also made over 20,000 contacts with enquirers in 2024/25 – helping people to navigate the complaints system, understand their rights under the Code, and develop self-advocacy skills.

### Case study – Advocacy networking and education

The Advocacy Service conducted a visit to a residential aged-care home, meeting with residents and their family members. A training session on the Code was also delivered to both residents and staff. During these conversations, concerns were raised by the residents, and the advocate brought these to the attention of the manager. The manager advised that the issues were being investigated, and management and staff were working to understand and address the concerns raised. Residents and family members also now participate in regular monthly meetings with staff.

Through a collaborative approach involving a series of meetings between the manager, the advocate, and residents, significant positive changes were implemented. Communication has improved, helping to ensure an improved experience for residents and their families.



## System monitoring and impact



*HDC outcomes can be helpful to drive institutional quality improvement. An HDC outcome can be used as a lever to obtain better processes ... in the public health sector.*

*I felt heard & taken seriously & there have been real changes so it reduces it happening to another kid who may be in my son's position.*

HDC has a key role to play in quality and safety, including through the making and monitoring of recommendations, sharing complaint trend information, and escalating systems and public safety issues. HDC works with sector leaders and other agencies who have an interest in quality and safety to share intelligence, amplify the consumer voice, monitor the implementation of our recommendations, ensure that timely action is taken on public safety concerns and, where appropriate, take a multi-agency approach to areas of shared concern.

### Recommendations

HDC made 809 recommendations to health and disability service providers in 2024/25 to improve quality, safety, and consumer experience. HDC closely monitors the implementation of the recommendations we make. In 2024/25, a total of 757 recommendations were reviewed, and 91% of recommendations were complied with.

Most commonly, recommendations were made to Health NZ districts, followed by care homes, general practices, home care and community service providers, ambulance providers, and pharmacies. From time to time, HDC also makes recommendations to other agencies, such as professional bodies and colleges and the Ministry of Health (eg, the Cancer Control Agency). Most recommendations made by HDC (80%) are made to organisations.

While compliance with HDC's recommendations remains high at over 90%, compliance has been declining in recent years. Recommendations that were not complied with in 2024/25 included 66 recommendations made across 37 complaints and involving 34 providers (17 organisations and 17 individuals).

In around half of the recommendations that were not complied with, the provider did not provide any response to the recommendations or respond to HDC's attempts at follow-up. Where appropriate, these providers were referred to their professional body or another relevant authority. In a small number of cases, HDC decided to name the provider publicly for failing to comply. For example, HDC named two disability support providers in 2024/25 for failing to meet any of HDC's recommendations and therefore failing to comply with their legal obligations under the HDC Act. An additional 13 recommendations could not be complied with because the providers had left the workforce.

Practicality issues were also often cited as a reason for not being able to comply with recommendations – for example, resourcing or funding issues for quality improvement initiatives, training programmes

# In 2024/25, 757 recommendations were reviewed, 91% of recommendations were complied with.

no longer being available, or projects being nationalised. Where appropriate, alternative recommendations were made or HDC followed up with the provider to ensure that risk to patients was being mitigated in other ways. Providers have the opportunity to comment on HDC's recommendations before they are finalised. HDC will continue to emphasise that feedback on the practicality of completing the recommendations should be given before the recommendations are finalised.

## Case studies – recommendations

Some examples of recommendations made by HDC in 2024/25 include:

- In response to a case about the death of a newborn from *Escherichia coli* sepsis in a primary birthing unit, HDC made multiple recommendations to Health NZ, including that it develop an educative piece on *Escherichia coli* sepsis in newborns for sharing widely across the sector; consider the adequacy of its staffing levels at the primary birthing service and the protocols in place for challenging unmanageable workloads; and consider the implementation of a protocol that requires an early warning score to be undertaken on a newborn during transfers between hospital and primary unit maternity services.
- Following a Commissioner-initiated investigation about consent for the involvement of students and other trainees in clinical care, HDC made several recommendations to Health NZ, including that it develop obstetrics and gynaecology patient information materials around clinical teaching, ensuring that these are written in simple language and emphasise patient choice; provide a report on the outcome of an audit of patient feedback on informed choice to teaching that takes place within the service; and provide training to senior medical officers in the service on processes for informed consent. HDC also asked Health NZ to provide regular updates on the development of a nationally consistent approach to informed consent, and that the findings on this complaint inform the development of such an approach.
- In response to a complaint about delayed diagnosis of prostate cancer, contributed to by a GP's failure to organise appropriate surveillance or act on clinically significant test results, HDC recommended that the medical centre establish a process for surveillance and recall for ongoing laboratory testing, including responsibilities of staff and appropriate documentation; establish a process to ensure that laboratory test results are reviewed appropriately; and undertake an audit of patients on ongoing surveillance to ensure that recalls have been actioned and followed up appropriately.
- Following a complaint about the management of a woman's pregnancy that resulted in a stillbirth, including inadequate management of reduced fetal movements, HDC made several recommendations to the Health NZ district, including that it provide training to staff on fetal heart rate monitoring and interpretation and provide HDC with confirmation of the introduction of clinical midwifery coordinators on shift

24/7. HDC also asked Health NZ to consider developing a national process for access to support and grief counselling for women who have experienced the loss of a baby.

- In response to a complaint about the death of a woman following delays in undertaking acute orthopaedic surgery, HDC made several recommendations to the Health NZ district, including that it report on the effectiveness of the changes made to prioritisation of patients; amend the acute theatre guidelines to include provision for discussion of transfer of patient care to another hospital when triage time guidelines are not met; outline any measures taken to meet recommended timeframes for femur fracture repair; and provide HDC with an update on progress made to recruit anaesthetic technicians and anaesthetists.
- In respect of a complaint about inadequate systems in place at an addiction services provider, HDC recommended that the provider supply evidence that a structured and measurable aftercare programme has been developed, including any consumer feedback on such a programme; develop a consumer information package for the programme, communicating what is included and how it will be delivered; review its terms and conditions documents for accuracy, clarity, and consistency; audit its documentation systems to ensure that they are compliant with relevant standards; and develop a policy on managing conflicts of interest.

## Sharing intelligence and stakeholder engagement

In 2024/25, HDC undertook 182 engagements with sector stakeholders (excluding those undertaken for focus populations, which are reported in the relevant sections) to share intelligence, collaborate on areas of shared concern, and promote people's rights. This included attendance at the National Quality Forum – a multi-agency group of sector stakeholders designed to take a collaborative approach to quality improvement concerns.

HDC also undertook early notification of systemic and public safety issues to relevant agencies on 329 occasions in 2024/25. Primarily these were made to regulatory agencies, Health NZ, the Ministry of Social Development (Disability Support Services), and the Ministry of Health. In most of these cases, HDC will ask the agency to report back on the action taken and will monitor progress.



### Some examples of systems issues raised with agencies in 2024/25 include:

- Radiology delays and constrained access to after-hours imaging services in some areas of the country, noting that radiology is a key enabler of timely diagnosis and treatment
- Family engagement in eating disorder services
- Impacts that constraints on the disability system are having on the health system
- Delayed ophthalmology follow-up across some areas of the country
- Coordination of care for neurodivergent adults with complex medical conditions
- Taking a collaborative inter-agency response to some quality and safety concerns raised in complaints about assisted dying services
- Delayed implementation of digital referral systems
- Geographical inequities in access to gynaecology care for people with serious pelvic pain conditions
- Delays in dispatching ambulances in rural areas and call-handling errors
- Cancer care delays in some areas of the country
- Informed consent processes
- Communication of delays and declinatures to patients

Our insights from complaints also inform our submissions on policy and legislation. In 2024/25 we made 11 submissions, including in relation to the government's consultations on the End of Life Choice Act, the Mental Health Bill, and modernising health workforce regulation, as well as a range of professional standards.

We ensure that insights from complaints are shared with the sector and the public by publishing key individual decision reports, and we work with the media to ensure greater public awareness of HDC decision reports and other matters of public interest affecting consumer rights. In 2024/25, 1,462 stories were generated from our media releases.

### Complaint trend reporting

HDC continues to review our data collection and reporting to ensure that it aligns with government and sector priorities, as well as our focus populations. The implementation of a modern digital complaints management system in 2026 will also improve our capacity to undertake data analysis and monitoring, much of which is currently manual.

In 2024/25, we continued to provide Health NZ with in-depth reports outlining the trends in complaints about public hospital care. We also regularly publish a summary of this information on our website. Feedback on these reports from the sector is positive.

HDC works closely with the Registrar, Assisted Dying to ensure that we both have oversight of the trends in complaints about assisted dying



services and that appropriate action is being taken on any public safety concerns. This includes providing the Registrar with complaint trend reporting on a quarterly basis.

In 2024/25 we also published a report on the themes in complaints about residential disability support services. This report is described further below. Currently we are developing a report on complaints to HDC about maternity services, which we are aiming to publish in early 2026.

### Act and Code review

HDC is required by law to review the HDC Act and the Code periodically. In December 2024 HDC delivered our recommendations for changes to the Act and the Code to the Minister. These recommendations were informed by an extensive public consultation, with HDC receiving 259 submissions and meeting with hundreds of people and organisations across the course of the review.

Overall, we found that generally the Act and the Code are working well, but we recommended several small changes to both the Act and the Code to align with modern expectations, help strengthen the focus on providing person-centred care, support issues to be addressed early and improve the way HDC operates.

#### Recommended changes included:

- Strengthening people's rights to support to make decisions and to make complaints
- Changing language in the Code to reinforce accessibility and support inclusion
- Adding the right for people to have tikanga taken into account when relevant for the person being provided care
- Provisions to ensure that HDC has the appropriate leadership to protect and promote the rights of all communities
- Making the principles for complaints resolution for both HDC and providers more people centred
- Giving HDC more flexibility to resolve complaints in a way that works for all parties

# HDC received 259 submissions and met with hundreds of people to inform our review of the Act and Code.

## Focus populations

HDC promotes and protects the rights of all New Zealanders who access health and disability services. However, we recognise that there are communities who experience multiple barriers to accessing quality care in the health and disability system and to engaging in complaints processes. Noting these barriers and our statutory obligations, we have placed particular focus on Māori, tāngata whaikaha|disabled people, and older people. These focus populations may evolve over time.

## Māori

“

*I'm truly grateful for the opportunity to sit and kōrero in a hui-ā-whānau setting, guided by tikanga and kaupapa. Here, our voices are heard, and we receive strong support. Māori face significant health risks, and the way we are treated within the system often discourages us from engaging. I might have been one of those who disengaged if not for this hui and its kaupapa.*

HDC's Kaitohu Mātāmua Māori|Director Māori, together with a small team, supports HDC to respond effectively to Māori complainants and complaints with a cultural dimension and to engage with Māori communities to increase awareness of the Code.

## Complaints resolution

HDC's Māori Directorate can be involved at various stages of the complaints resolution pathway, including by:

- Providing mātauranga Māori advice on particular issues raised in complaints
- Conducting hui ā-whānau to ensure that complainants can express themselves in a culturally appropriate way. This includes providing Māori complainants and their whānau the option to express their experience in person, in a tikanga-led, culturally safe environment where they feel valued, listened to, and respected, and their sense of self, identity, and wellbeing is maintained
- Coordinating hohou te rongo (peaceful resolution) between complainants and providers

Hui ā-whānau and hohou te rongo (peaceful resolution) provide tikanga-led and te Tiriti-aligned complaints processes within HDC. They aim to create an equitable space for Māori to make complaints in a way that upholds the mana of all involved in the processes. Our limited resource in this area is focused on more serious complaints received from Māori whānau. In 2024/25 HDC undertook 28 hui ā-whānau and coordinated one hohou te rongo process between whānau and providers.

In 2024/25 HDC undertook an evaluation of whānau and provider experience of our tikanga-led processes. Whānau generally rated their experience positively, noting that these processes helped their cultural needs to be met and made them feel heard and understood. However, it was identified that there was an opportunity to embed these processes more seamlessly within HDC's overall processes, and currently several actions are being implemented to achieve this.

**Examples of complaints that have been supported by our Māori Directorate include the following:**

- HDC received a complaint about the management of a young boy's deteriorating eyesight by several providers, and a hui ā-whānau was held to understand the concerns of the whānau. HDC acknowledged the impact these events had on the boy's mana and the distress of his whānau. HDC made several recommendations to the providers involved to improve the quality of care provided. HDC also concluded that this case may benefit from a hohou te rongo between the parties, which would allow the whānau to share the impact of the care provided and allow the providers to share the learnings gained. HDC's Māori Directorate offered its support to both parties to enable this process to proceed.
- HDC found Health NZ in breach of the Code for failing to uphold a woman's cultural beliefs during the birth of her baby. The Deputy Commissioner noted that medical procedures and internal examinations during childbirth can be culturally invasive for Māori women, and cultural safety in this regard is not always understood by clinicians. Because the woman and her whānau were not supported in their right to exercise their cultural knowledge, their mana and wairua were diminished. The Deputy Commissioner made several recommendations to the Health NZ district, including that it provide HDC with a copy of its Māori cultural education programmes, outlining how the programmes align with Tikanga Best Practice and the Waitangi Tribunal (Wai) 2575, and provide the training framework that surrounds the Obstetrics and Maternity services upskilling for staff regarding post-traumatic stress disorder and the impact of trauma during and following birth.
- HDC found a maternity services provider in breach of the Code for not providing whānau with appropriate cultural guidance or support in respect of a stillbirth. The Deputy Commissioner recommended that the maternity services provider review its Cultural Safety policy to include, for instance, the tikanga that surrounds the tapu of blood and the tapu of death, including the provision for relevant cultural leader/s or kaumātua to complete karakia and relevant tikanga, and update its Stillbirth Policy to include tikanga considerations for tūpāpaku (deceased person's body) and whānau pani (bereaved family).



## Code promotion and education

In 2024/25 HDC undertook 58 stakeholder engagements focused on promoting the Code and the work of HDC and the Advocacy Service within Māori communities, and on supporting providers to improve the cultural responsiveness of their complaints processes. The ultimate objective of our approach is to empower local leaders to become the champions of this work and have the capability to support their communities.

HDC's Māori team also started to build relationships with Māori health teams within some districts to help strengthen culturally appropriate support and complaints resolution for Māori whānau.

### **Common primary issues raised in complaints about care provided to Māori**

- Missed/incorrect/delayed diagnosis (11%)
- Inadequate/inappropriate treatment (10%)
- Delay in treatment (7%)
- Failure to communicate effectively with consumer (6%)
- Lack of access to services (5%)

## Tāngata whaikaha|disabled people

HDC has a key role to protect the rights of tāngata whaikaha|disabled people who use health and disability services. While our resource in this area remains extremely limited, ultimately our goal is to improve the health and disability system to better meet the individual needs of tāngata whaikaha|disabled people, now and in the future, in line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the principles of Enabling Good Lives.

In August 2024, significant changes were made to the disability support system, with responsibility for the commissioning of these services shifting from Whaikaha (Ministry for Disabled People) to the Ministry of Social Development. Over the course of 2024/25 HDC focused on establishing collaborative relationships with Disability Support Services within the Ministry of Social Development.



## Complaints resolution

Currently around 26% of complaints to HDC relate to all services and supports (including health care) provided to disabled people. However, HDC is aware that there are groups within the disability community who are under-represented in complaints and face multiple barriers to making a complaint, including those receiving residential support, Pacific peoples, and tāngata whaikaha Māori.

HDC is committed to improving the responsiveness of our complaints process to disabled people. In 2024/25 we had a focus on improving staff understanding of the diverse needs and experiences of disabled people, including through the roll-out of a staff training programme and by establishing roles within our complaints teams focused on disability issues.

## Promotion and education

To reduce barriers to people exercising their rights and making complaints, we continued to update and ensure the accessibility of key HDC resources. In 2024/25 we updated and published 17 educational resources in accessible formats.

We have also been working with Volition, an innovative application to support decision-making, communication, and everyday preferences for people who face communication barriers and who have cognitive impairments, to investigate incorporating HDC's My Health Passport onto the Volition platform.

## Sector monitoring and impact

In 2024/25 HDC published a report outlining the themes in complaints to HDC about residential disability support services. The report recommended the establishment of a consistent quality framework across all funded disability support services, including the proactive monitoring of disabled people and their family's experience of support services. HDC took a collaborative approach to working with the sector to promote the implementation of this recommendation. The Ministry of Social Development has advised that it is exploring the development of such a quality framework. HDC will continue to monitor this work actively as it progresses.

Throughout 2024/25 HDC also focused on establishing relationships with Disability Support Services within the Ministry of Social Development to develop robust and collaborative processes to ensure that any issues posing a risk to the safety of disabled people are escalated and addressed appropriately, as well as to share complaints data. We also undertook 74 engagements with disability support sector stakeholders and consumer groups to understand the key issues experienced by disabled people; promote the Code and avenues for complaint; and promote the recommendations of HDC's residential disability support report.

HDC is exploring further opportunities to report on the experiences of disabled people. A report outlining the themes in complaints about disabled people's experiences of the health system is under development.

# In 2024/25 HDC recommended the establishment of a consistent quality framework across disability support services.

The primary way in which HDC improves the support provided to disabled people is through the making and monitoring of recommendations in relation to complaints.

## Some examples of recommendations made in 2024/25 include the following:

- Following a complaint about inadequate incident and complaints management by a residential disability support service, HDC recommended that the service develop a formal Family/Whānau Communication Strategy, including outlining where and when information and incidents are reported to the family, and develop a policy and procedure related to consumers who are independent and under no formal orders, who do not wish information to be shared with their family/whānau.
- Following a complaint about the use of restraint on an autistic child, HDC recommended that the provider supply evidence of staff training on the needs of neurodivergent children; consider making play specialists available in the Emergency Department; and discuss with paediatrics alternative options for restraint in emergency situations.
- In respect of a complaint about the treatment of a disabled man in a mental health unit, HDC recommended that the provider confirm that training had been provided to staff on neurodivergence and fetal alcohol spectrum disorder, including whether such training was mandatory and an annual requirement; and provide information about the impact of an updated guideline around managing recipients of care under the Intellectual Disability (Compulsory Care and Rehabilitation) Act.

### Common issues raised in complaints about care provided to disabled people

- Inadequate/inappropriate treatment (10%)
- Delay in treatment (7%)
- Lack of access to services (6%)
- Missed/incorrect/delayed diagnosis (6%)
- Failure to communicate effectively with consumer (5%)

# Around 18% of complaints to HDC are about the care provided to older people.

## Older people

The Aged Care Commissioner provides a focal point for monitoring and addressing quality and safety issues for older people. The Aged Care Commissioner's role includes advocating for better health and disability services for older people and reporting on emerging systemic issues and improvements. The Aged Care Commissioner resigned her position in August 2025, and recruitment for a new Aged Care Commissioner is under way.

The Aged Care Commissioner undertakes a significant amount of engagement with older people, service providers, and government agencies to inform her monitoring work. The Aged Care Commissioner takes a collaborative approach to working with other agencies with an interest in the quality of care provided to older people, for example regularly engaging with the Office for Seniors, HealthCERT, and the Minister for Seniors. In 2024/25 the Aged Care Commissioner worked closely with the Ministry of Social Development and the Ministry of Health on their respective long-term insights briefings 'Current and future disadvantage for older New Zealanders'<sup>5</sup> and 'Unlocking the Potential of Active Ageing: Creating health-promoting and supportive environments to empower older people and enhance their contributions to society'<sup>6</sup>.

In March 2024 the Aged Care Commissioner published a monitoring report that made 20 recommendations to the health sector to improve the experiences of older people. In

2024/25 she undertook a significant amount of stakeholder engagement (162 engagements) to promote the recommendations of her report. She also used these engagements to advocate for improvements to hearing, bone, and dental health for older people, which are key preventative factors to assist people to age well.

HDC is actively monitoring the implementation of the 20 recommendations made by the Aged Care Commissioner in her monitoring work. Currently we are analysing the work that has been undertaken by the sector in this regard and will be providing regular updates on the implementation of the recommendations throughout 2025/26.

The Aged Care Commissioner also continues to meet with a broad range of older people to understand their experiences of the health system and to promote the Code and avenues for complaint. In 2024/25, she undertook 53 such engagements.

Around 18% of complaints to HDC are about the care provided to older people. The Aged Care Commissioner is a statutory decision-maker on complaints, and complaints management is an important part of the Aged Care Commissioner's overall monitoring role. This provides oversight of the issues about which older people are concerned and allows the Aged Care Commissioner to effect quality improvement through the making and monitoring of recommendations and holding providers to

<sup>5</sup> <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/long-term-insights-briefings/long-term-insights-briefing-consultation-doc.pdf>

<sup>6</sup> [https://www.health.govt.nz/system/files/2024-11/FINAL%20Unlocking%20the%20Potential%20of%20Active%20Ageing\\_v3.pdf](https://www.health.govt.nz/system/files/2024-11/FINAL%20Unlocking%20the%20Potential%20of%20Active%20Ageing_v3.pdf)



account where appropriate. It also ensures a focus on promoting and protecting the rights of older people who use health and disability services.

**The following are some examples of recommendations made by the Aged Care Commissioner in relation to individual complaints in 2024/25:**

- In respect of a complaint involving poor care provided to multiple older people by a residential aged care home, the Aged Care Commissioner recommended that the provider complete staff education on communication with and about older people and their whānau, including strategies for ensuring that changes in resident needs are documented safely and communicated appropriately; complete staff education on caring for people living with dementia/mate wareware, including around person-first care; and consider seeking support from aged-care health experts to strengthen its clinical practice standards, to inform individualised assessment, planning, and delivery of safe resident care.
- In relation to a complaint involving inadequate falls management for an older person in hospital, the Aged Care Commissioner recommended that the Health NZ district update the falls policy to include a post-falls pathway that identifies the cause of the fall and possible interventions to prevent further falls; report back on the effectiveness of changes made to care plans, including the effectiveness of the care plan as a communication tool; and provide education to staff on pressure injury assessments and implementation of care-planning documents.

- Following a complaint about care provided to a person with dementia by a residential aged-care home, the Aged Care Commissioner recommended that the provider supply an update on the roll-out of the ‘Eden Alternative’ model of care, including how the model would improve workplace culture, managing challenging resident behaviours and providing respectful care; provide ongoing education and support to staff regarding managing challenging resident behaviours, preventing elder abuse, addressing workplace bullying, and resolving conflicts between staff; and provide evidence that an update of policies/procedures, services, and facilities is in line with Alzheimers NZ’s ‘Dementia Friendly Recognition Programme’.

**Common primary issues complained about in complaints about the care of older people**

- Inadequate/inappropriate treatment (13%)
- Delay in treatment (9%)
- Missed/incorrect/delayed diagnosis (9%)
- General safety issue in facility (5%)

# 5. Organisational health and capacity

## *Te hauora me te kaha o te whakahaere*

### People, performance, and capability

The Commissioner is responsible for setting and leading the strategic direction of the organisation. She is supported by an Executive Leadership Team, which is responsible for leading our performance culture, managing operational matters, and risk identification and management.

HDC works collectively to promote and protect the rights of people who use health and disability services. We have maintained our focus on delivering high-quality services supported by staff who bring deep expertise across law, dispute resolution, cultural advice, disability support and clinical practice. Almost all our staff are dedicated to carrying out our core statutory function to resolve complaints.

### Diversity and inclusion

We are committed to being a good employer and to building a workforce that reflects the diversity of Aotearoa New Zealand. Our ongoing initiatives have strengthened cultural safety through improved staff understanding of matauranga Māori, greater insight of the needs of tāngata whaikaha|disabled people and supported equitable pay practices. We have also begun to reshape recruitment to ensure that our processes remain inclusive and accessible and value cultural expertise. HDC is committed to implementing our action plan under Kia Toipoto – Public Service Pay Gaps Action Plan.

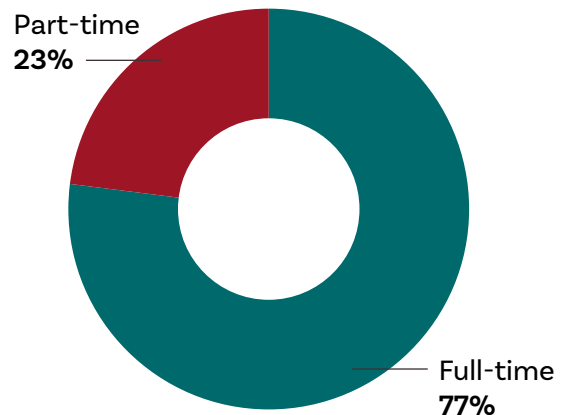
#### At a glance...

##### Headcount

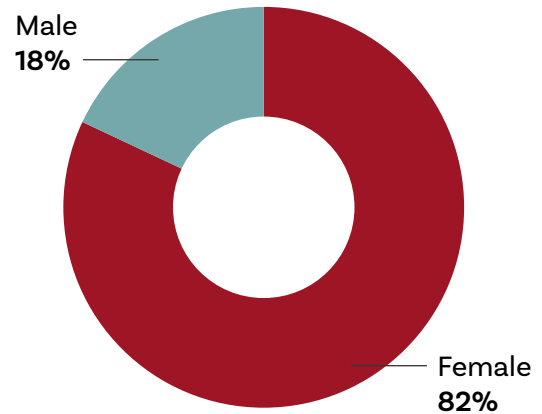
116

Staff  
(103.9 FTE)

##### Employment type



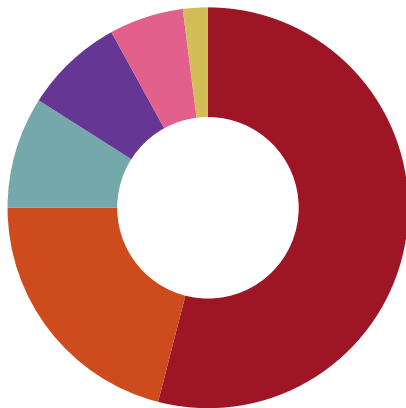
##### Gender



NB. 0% gender diverse

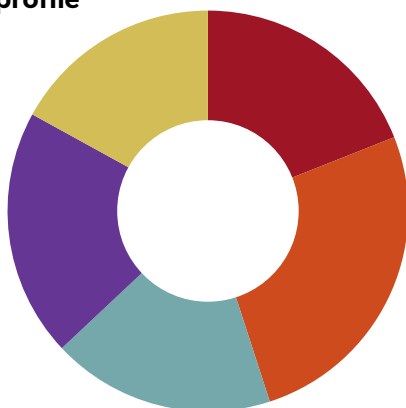
## At a glance...

### Ethnic diversity



- Pākehā/NZ European 54%
- Asian 21%
- Māori 9%
- Pacific Peoples 8%
- Other European 6%
- Undeclared 2%

### Age profile



- 21-30 years 19%
- 31-40 years 26%
- 41-50 years 18%
- 51-60 years 20%
- 61+ years 17%

## Leadership and culture

In 2024/25 HDC streamlined our leadership structure to align with our business need and strategic priorities. These changes have improved our operational model, resulting in significant increases in efficiency and productivity.

We also undertook a change management process in response to a reduction in funding to ensure that we could maintain our statutory functions and meet our strategic priorities within baseline funding.

Our internal culture is grounded in values developed and led by staff. These values drive collaboration, respect and high performance across the organisation. New performance management approaches are being designed to reinforce this culture and provide greater support for both leaders and staff. Staff feedback, including from exit and induction surveys, continues to guide improvements in how we work and engage.

*Te Oranga taiao,  
oranga tāngata*

**Healthy environment,  
healthy people.**



## Health, safety, and wellbeing

Supporting staff safety and wellbeing is central to sustaining a high-performing organisation. We provide professional supervision, flexible working arrangements and a range of wellbeing initiatives. Our health and safety framework is actively overseen by staff and leadership, ensuring issues are addressed quickly and staff feel safe and supported.

## Recruitment, selection, and induction

HDC promotes fair and inclusive recruitment practices to attract and appoint the most suitable candidates, and we are in the process of developing a new recruitment strategy to support this.

In 2024/25 we enhanced our online recruitment platform to streamline the induction processes. This has improved efficiency, consistency, transparency, and the experiences of both candidates and managers.

We have a comprehensive induction process, and feedback from our 'fresh eyes' survey is used regularly to make improvements. In general, staff speak very positively of our induction process.

## Remuneration, recognition, and conditions

We are committed to fair and transparent remuneration practices with regular monitoring to ensure pay equity across gender and ethnicity. In 2024/2025 we refreshed our action plan under Kia Toipoto, the Public Service Commission's Public Service Pay Gaps Action Plan, and improved transparency of our pay bands. Independent market advice supports our remuneration framework, which balances the complexity and accountability of positions, while taking into consideration public sector guidance.

Our employment policies continue to evolve to meet staff needs. A revised leave policy was introduced in 2024/25 to provide greater flexibility and consistency, alongside long-service leave and discretionary leave provisions to recognise staff commitment and support wellbeing.

We also invest in professional development to support staff growth. This includes performance and development planning, financial support for study, and opportunities for acting-up and internal secondments. These initiatives ensure staff can develop their skills and progress where possible.

The Health and Disability Commissioner is an independent Crown entity and is required to disclose certain remuneration information in its annual reports. The information reported is the number of employees receiving total remuneration of \$100,000 or more per annum. During the year ended 30 June 2025, no employees received compensation and other benefits in relation to cessation (2024: \$16,000).

#### Remuneration of employees over \$100,000 per annum

Total remuneration paid or payable:	Actual 2025 no. of employees	Actual 2024 no. of employees
\$100,000 - \$109,999	7	10
\$110,000 - \$119,999	3	7
\$120,000 - \$129,999	6	8
\$130,000 - \$139,999	4	1
\$140,000 - \$149,999	3	3
\$150,000 - \$159,999	4	3
\$160,000 - \$169,999	1	3
\$170,000 - \$179,999	2	1
\$180,000 - \$189,999	1	-
\$190,000 - \$199,999	2	-
\$200,000 - \$209,999	-	2
\$210,000 - \$219,999	2	-
\$240,000 - \$249,999	-	1
\$250,000 - \$259,999	-	1
\$260,000 - \$269,999	1	3
\$270,000 - \$279,999	2	-
\$380,000 - \$389,999	1	1
<b>TOTAL</b>	<b>39</b>	<b>44</b>

In accordance with the disclosure requirements of sections 152(1)(a) of the Crown Entities Act 2004, the total remuneration paid to the Commissioner during the year from 1 July 2024 to 30 June 2025, including all benefits, is \$388,000 (2024: \$384,147).



## Processes and technology

### Technology

HDC proactively manages its IT security arrangements using specialised support as required. Key technology solutions are reviewed regularly, 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 experience and productivity. We continue to make investments in our technology to support a ‘paperless’ working process and hybrid working arrangements.

Currently HDC is developing a modern, effective digital complaints management system to replace our current outdated model. Such a system will improve our efficiency and responsiveness and is expected to be in place in early 2026.

#### IT improvements implemented in 2024/25 included:

- Implementing SharePoint and MS Teams to enhance work collaboration, communication, and document control
- Implementing a series of IT security measures (Netskope, CrowdStrike, and Microsoft Intune) to proactively manage any emerging risks and system updates
- Completing cybersecurity assessments and implementing recommended improvements

- Undertaking a competitive procurement for a new complaints management system under the government procurement rules. We identified a suitable vendor to assist HDC to develop and implement a modern and effective digital complaints system
- Transitioning our outdated accounting system from an in-house solution to a cloud-based platform – this will increase account processing efficiency and improve our accounting capability

### Sustainability

We work to reduce our impact on the environment and reduce costs. This includes the use of a recycling programme and review of consumables purchased, with a focus on reducing packaging and waste; buying locally where possible; close monitoring and reduction of travel (we reduced travel by 33% in 2024/25); encouraging staff to use public transport where appropriate; and purchasing environmentally friendly products and services where possible (eg, we now use recycled courier bags).

### Physical assets and structures

We manage our assets cost-effectively and continue to review business requirements for the future and improve the usability of existing workspaces and physical resources. For example, in 2024/25 we replaced over 40 laptops that were purchased prior to 2020 to meet software application requirements. We maintain and care for our assets to ensure that we maximise their useful life.

# 6. Statement of performance

## Tauāki whakatutukitanga

### 6.1 Output Class – Complaints Resolution

Financial Performance for the year ended 30 June	Actual 2025 (\$,000)	Budget 2025 (\$,000)	Actual 2024 (\$,000)
Revenue	13,504	12,963	12,981
Expenditure	12,452	13,094	13,075
Net surplus/(deficit)	1,052	(131)	(94)

The table on the right set out the assessment of our performance against the targets set out in the Statement of Performance Expectations. The following grading system has been used:

Criteria	Rating
On target or better	Achieved
<5% away from target	Substantially achieved
>5% away from target	Not achieved

Output 6.1.1 – Complaints Management (HDC)		
Output and Assumptions	Performance Measures and Targets	Actual Performance
Supporting timely and appropriate resolution pathways (HDC) (which contributes to achievement of Strategic Objective 2).	Assume 3,600 complaints will be received.	3,477 complaints were received (2024: 3,628).
	Close an estimated 2,700–3,000 complaints. The above figure includes 150–200 investigations.	4,406 <sup>7</sup> complaints were closed, including 190 investigations (2024: 3,148 complaints closed, including 154 investigations). Target achieved.
	Manage complaints so that, of closed complaints: <ul style="list-style-type: none"> <li>At least 60% are closed within 3 months</li> <li>At least 80% are closed within 12 months</li> <li>At least 85% are closed within 24 months</li> </ul>	<ul style="list-style-type: none"> <li>58% of closed complaints were closed within 3 months (2024: 70.7%). Target substantially achieved.</li> <li>71% of closed complaints were closed within 12 months (2024: 80.5%). Target not achieved.</li> <li>81% of closed complaints were closed within 24 months (2024: 90.9%). Target substantially achieved.</li> </ul>
	Manage complaints so that, of open complaints: <ul style="list-style-type: none"> <li>No more than 15% are over 24 months old</li> </ul>	<p>There were 1,893 open files at 30 June 2025 (2024: 2,822).</p> <ul style="list-style-type: none"> <li>25.5% (482) of open complaints were over 24 months old (2024: 20.4%). Target not achieved.<sup>8</sup></li> </ul>

<sup>7</sup> This is a 40% increase compared with 2023/24 and 27% more than we received in 2024/25.

<sup>8</sup> HDC was focused on increasing our productivity and efficiency in 2024/25 to achieve a closure rate of over 100%. We are now in a good position to reduce our aging profile of complaints, and have an action plan in place to reduce the number of open complaints aged over 24 months to below target levels in 2025/26.

### Output 6.1.1 – Complaints Management (HDC)

Output and Assumptions	Performance Measures and Targets	Actual Performance
Supporting timely and appropriate resolution pathways (HDC) <i>(which contributes to achievement of Strategic Objective 2)</i> .	Use HDC’s levers effectively and appropriately to resolve complaints. Report on: <ul style="list-style-type: none"> <li>• % of complaints referred for resolution<sup>9</sup> directly between the parties</li> <li>• # of complaints on which recommendations are made</li> <li>• # of complaints notified for investigation</li> <li>• # of hui ā-whānau completed (Director Māori)</li> </ul>	For the year ended 30 June 2025: <ul style="list-style-type: none"> <li>• 29.5% (1,300) of complaints closed were referred for resolution directly between the parties (2024: 35.6%)</li> <li>• 336 complaints had recommendations made (2024: 236)</li> <li>• 160 complaints were notified (2024: 143)</li> <li>• 28 hui ā-whānau were completed (2024: 47)</li> </ul>
	Provide early notification of systemic and public safety issues to Ministry of Health, Whaikaha, Health NZ, and/or other relevant agencies. Report on total number.	For the year ended 30 June 2025, early notification of systemic issues was made to the Ministry and other relevant agencies on 329 occasions. (2024: 354).

### Output 6.1.2 – Complaints Management (Advocacy Services)

Output and Assumptions	Performance Measures and Targets	Actual Performance
Supporting timely and appropriate resolution pathways (Advocacy Services) <i>(which contributes to achievement of Strategic Objective 2)</i> .	Assume up to 2,600 complaints will be received.	2,647 new complaints were received by the Advocacy Service (2024: 2,455).
	Close an estimated 2,600 complaints. <sup>10</sup>	2,649 complaints were closed by the Advocacy Service (2024: 2,402). Target achieved.
	Manage complaints so that: <ul style="list-style-type: none"> <li>• 75% are closed within 3 months</li> <li>• 85% are closed within 6 months</li> <li>• 100% are closed within 9 months</li> </ul>	<ul style="list-style-type: none"> <li>• 76% of complaints were closed within 3 months (2024: 76%). Target achieved.</li> <li>• 96% of complaints were closed within 6 months (2024: 96%). Target achieved.</li> <li>• 99% of complaints were closed within 9 months (2024: 99%). Target substantially achieved.</li> </ul>
Consumers are satisfied with Advocacy’s complaints management processes <i>(which contributes to achievement of Strategic Objective 2)</i> .	Undertake consumer satisfaction surveys, with 80% of respondents satisfied with Advocacy’s complaints management processes. <sup>11</sup>	For the year ended 30 June 2025, 82% of complainants were satisfied with the Advocacy complaints management process (2024: 83%). Target achieved.

<sup>9</sup> This includes complaints that are referred to the Advocacy Service to support the complainant to resolve their concerns with the provider.

<sup>10</sup> These measures have been adjusted to account for a recent decrease in complaints to Advocacy.

<sup>11</sup> The measure around provider satisfaction has been removed while we undertake a review of this survey to improve the response rate and quality of information provided.

### Output 6.1.3 – Provider Accountability – Proceedings

Output and Assumptions	Performance Measures and Targets	Actual Performance
<p>On referral of a complaint from the Commissioner, a decision is made whether to take further action (including disciplinary or HRRT proceedings, or resolution by way of a restorative approach) where it is appropriate to do so <i>(which contributes to achievement of Strategic Objective 4)</i>.</p>	<p>The Director makes decisions on complaints referred to its office. Report on:</p> <ul style="list-style-type: none"> <li>• The number of providers referred to the Director</li> <li>• The number of decisions made</li> </ul>	<ul style="list-style-type: none"> <li>• 12 new referrals relating to 15 consumers and 12 providers were received (2024: 9 referrals relating to 8 providers).</li> <li>• 5 decisions to take proceedings were issued (2024: 10).</li> </ul>
<p>Proceedings are taken in the relevant forum (HPDT or HRRT) where the Director determines it warranted <i>(which contributes to achievement of Strategic Objective 4)</i>.</p>	<p>The Director takes proceedings in the HPDT and HRRT in cases determined to be warranted. In relation to both the HRRT and HPDT, report on:</p> <ul style="list-style-type: none"> <li>• Number of proceedings filed</li> <li>• Number of proceedings concluded</li> <li>• Outcome of proceedings concluded</li> </ul>	<p><u>HRRT proceedings</u></p> <ul style="list-style-type: none"> <li>• 6 HRRT proceedings were filed</li> <li>• 7 HRRT proceedings were completed</li> <li>• 2 restorative outcomes were negotiated</li> </ul> <p>(2024: 1 HRRT proceeding was filed, and 2 HRRT proceedings were completed.)</p> <p><u>HPDT proceedings</u></p> <ul style="list-style-type: none"> <li>• 1 HPDT proceeding was filed</li> <li>• 2 HPDT proceedings were completed (professional misconduct finding made)</li> </ul> <p>(2024: 2 HPDT proceedings were filed and 1 HPDT proceeding was concluded.)</p>

## 6.2 Output Class – Promotion and Education

Financial Performance for the year ended 30 June	Actual 2025 (\$,000)	Budget 2025 (\$,000)	Actual 2024 (\$,000)
Revenue	1,934	2,053	1,911
Expenditure	1,783	2,074	1,925
Net surplus/(deficit)	151	(21)	(14)

Output 6.2.1 – Access to Advocacy		
Output and Assumptions	Performance Measures and Targets	Actual Performance
Network to promote awareness of the Code and access to the Advocacy Service in local communities (which contributes to achievement of Strategic Objective 3).	Advocates carry out 2,800 <sup>12</sup> scheduled visits or meetings with community groups and provider organisations for the purpose of providing information about the Code, HDC, and the Advocacy Service.	For the year ended 30 June 2025, the Advocacy Service had carried out 2,642 <sup>13</sup> networking visits across the motu (2024: 3,075). Target not achieved.
	At least 75% of these visits and meetings are focused on priority populations and the family/whānau members who support them.	81% (2,146) of these visits were focused on priority populations (2024: 76%). Target achieved.

<sup>12</sup> Note that this measure has been adjusted to account for a reduction in advocacy capacity over time.

<sup>13</sup> The actual result reflects a reduction in capacity of the Advocacy Service over time. In a resource-constrained environment, the focus of the Advocacy Service has been on managing complaints, with a reduced focus on networking and education.

### Output 6.2.2 – Advocacy Education

Output and Assumptions	Performance Measures and Targets	Actual Performance
Promote awareness of, respect for, and observance of, the rights of consumers and how they may be enforced (which contributes to achievement of Strategic Objective 3).	Advocates provide an estimated 1,000 <sup>14</sup> education sessions. Consumers and providers are satisfied with the education sessions.	For the year ended 30 June 2025, the Advocacy Service had delivered 1,092 education sessions across the motu (2024: 1,151). Target achieved.
	Seek evaluations on sessions, with 80% of respondents satisfied.	93% of survey respondents were satisfied with the education session they attended (2024: 92%). Target achieved.
Report on number of enquiries managed by the Advocacy Service and HDC about the Act, the Code, and consumer rights under the Code (which contributes to achievement of Strategic Objective 3).	Provide responses to enquiries as requested.  Report on the total number of contacts with enquirers.	For the year ended 30 June 2025, a total of 25,120 contacts with enquirers had been undertaken by the Advocacy Service, and a total of 1,643 enquiries had been managed by HDC (2024: 20,518 by Advocacy Service and 1,645 by HDC).

### Output 6.2.3 – HDC Education

Output and Assumptions	Performance Measures and Targets	Actual Performance
Promote awareness of, respect for, and observance of, the rights of consumers and how they may be enforced (which contributes to achievement of Strategic Objective 3).	Monitor the reach of our online education <sup>15</sup> resources for providers and consumers. Report on the number of people who have accessed these resources.	For the year ended 30 June 2025, 6,725 <b>providers</b> had completed Module 1 about the Code, 6,656 providers had completed Module 2 about informed consent, and 5,079 providers had completed Module 3 about complaints management. (2024: 4,718 Module 1, 4,184 Module 2, and 3,910 for Module 3 were completed.)  For the year ended 30 June 2025, the online <b>consumers</b> ‘Your Rights’ video on YouTube received over 6,000 views (5,300 for the English version, and 700 for the te reo Māori version) with the aim to increase awareness of the Code and empower consumers to exercise their rights. (2024: over 4,000 views for English version and 607 views for te reo Māori version.)

<sup>14</sup> This measure has been adjusted to account for the reduced capacity of the Advocacy Service over time, as well as the release of HDC provider modules, which have replaced advocacy education sessions for some providers.

<sup>15</sup> HDC has developed online educational resources to improve the reach and effectiveness of our educational activities.

### 6.3 Output Class – System monitoring and impact

Financial Performance for the year ended 30 June	Actual 2025 (\$,000)	Budget 2025 (\$,000)	Actual 2024 (\$,000)
Revenue	1,431	1,317	1,506
Expenditure	1,320	1,330	1,517
<b>Net surplus/(deficit)</b>	<b>111</b>	<b>(13)</b>	<b>(11)</b>

#### Output 6.3.3 – System impact

Output and Assumptions	Performance Measures and Targets	Actual Performance
Use HDC complaints management processes to facilitate quality improvement (which contributes to achievement of Strategic Objective 3).	<p>Make recommendations to improve quality of services, and monitor compliance with the implementation of recommendations by providers:</p> <ul style="list-style-type: none"> <li>Providers make quality improvements as a result of HDC recommendations. Verify provider's compliance with HDC's quality improvement recommendations, with a target of 95-100% compliance.</li> </ul>	<p>During the year ended 30 June 2025, a total of 757<sup>16</sup> recommendations made across 332 complaints had been reviewed, of which:</p> <ul style="list-style-type: none"> <li>91.3%<sup>17</sup> had been fully complied with (2024: 96.4%). Target substantially achieved.</li> </ul>

<sup>16</sup> The total includes only the due recommendations with responses that were able to be assessed fully for compliance. Recommendations that are overdue for response, due recommendations with response awaiting review, and recommendations with granted response extension are excluded. In addition, recommendations involving apologies are also excluded, as these relate to restorative processes rather than service quality improvement.

<sup>17</sup> Compliance with HDC's recommendations remains over 90%, although compliance dropped slightly in 2024/25. Primarily this was due to providers leaving the workforce, quality improvement projects being superseded by national projects, or providers no longer having the resources to implement improvements. Where these issues are identified, HDC follows up with the provider to ensure that actions are being taken to mitigate risk from recommendations not being implemented.

### Output 6.3.3 – System impact

Output and Assumptions	Performance Measures and Targets	Actual Performance
Engage with key sector stakeholders to promote the Code, share intelligence and insights relating to complaint trends, and collaborate on issues of shared concern (which contributes to achievement of Strategic Objective 3). <sup>18</sup>	Maintain engagement with key stakeholders to share intelligence, collaborate on issues of shared concern and promote people’s rights. Report on number of engagements.	During the year ended 30 June 2025, HDC undertook 182 <sup>20</sup> engagements with key sector stakeholders (2024: 373).
	Provide briefings, and raise issues or make recommendations, suggestions, or submissions to any person or organisation in relation to the Code and/or trends identified through complaints. Report on activity.	During the year ended 30 June 2025, HDC made 11 submissions on various issues (2024: 15).
	Provide annual complaint trend reports <sup>19</sup> to stakeholders for complaints about Health NZ and other service areas of interest.	Work began on a report detailing the trends in complaints about public hospital care over a 12-month period. Previously covering a 6-month period, the report will be released to Health NZ on an annual basis. The annual complaints report for 2024/25 will be completed in Quarter 2 of 2025/26.  Work is under way to develop a report detailing the common themes in complaints about maternity care and making associated recommendations to the sector.
Make public statements and publish reports in relation to matters affecting the rights of consumers (which contributes to achievement of Strategic Objective 2).	Work with the media to generate 200 media stories on HDC decision reports or other matters of public interest that affect consumer rights.	For the year ended 30 June 2025, 1,462 stories had been generated (2024: 1,440 media stories generated). Target achieved.

<sup>18</sup> HDC has removed ‘Produce and publish key Commissioner decision reports’ and ‘Participate in the National Quality Forum’ as formal performance measures as they are now embedded as normal business activities and are captured by other measures such as media outreach and stakeholder engagement.

<sup>19</sup> HDC has removed ‘Publish six-monthly complaint trend reports’ to account for the impact of a reduction in funding. In this context, HDC’s constrained analytical resource will be focused on monitoring and escalating serious and urgent issues, and we will not have the capacity required to undertake the analysis (much of which is manual) and preparation of these reports.

<sup>20</sup> This does not include engagements undertaken as a function of the Aged Care Commissioner or as part of the Act and Code review. These engagements are counted in the focus population section. In 2024/25, there was less focus on rights promotion and stakeholder engagement in the context of funding reduction.

## 6.4 Output Class – Focus populations

Financial Performance for the year ended 30 June	Actual 2025 (\$,000)	Budget 2025 (\$,000)	Actual 2024 (\$,000)
Revenue	3,667	3,719	3,708
Expenditure	3,385	3,737	3,729
Net surplus/(deficit)	282	(18)	(21)

### Output 6.4.1 – Māori

Output and Assumptions	Performance Measures and Targets	Actual Performance
Promote awareness of, respect for, and observance of, the rights of consumers and how they may be enforced (which contributes to achievement of Strategic Objective 2).	Partner with other agencies to raise awareness of consumer rights and reduce barriers to resolving complaints for Māori, kaumātua, whānau, hapū and iwi, Pacific peoples, older people and other focus communities. Report on activity.	For the year ended 30 June 2025, the Māori Directorate had undertaken 58 external stakeholder engagements to connect and build relationships, gain insights, and promote the Code through various regional visits and sector stakeholder engagements. (In the 2023/24 year, we developed our relationships with external stakeholders across the country to raise awareness of HDC consumer rights. External stakeholder relationships were established with Kaupapa Māori providers who provide health and disability services, including regulatory authorities, Ministry of Health Māori Health team, public and private health and disability service providers, as well as community social service providers.)

### Disability Output 6.4.2 – Tāngata whaikaha|disabled people

Output and Assumptions	Performance Measures and Targets	Actual Performance
Promote awareness of, respect for, and observance of, the rights of disability services consumers (which contributes to achievement of Strategic Objective 2).	Publish on the HDC website (and make accessible to people who use accessible software) educational resources that are written in plain language for disability services consumers and disability services providers. Report on number of resources published.	During the year ended 30 June 2025, 17 accessible educational resources had been published (2024: 15).

### Disability Output 6.4.2 – Tāngata whaikaha/disabled people (continued)

Output and Assumptions	Performance Measures and Targets	Actual Performance
Monitor complaint trends in relation to disability and collaborate with other agencies to protect and promote the rights of disability services consumers <sup>21</sup> (which contributes to achievement of Strategic Objectives 3 and 4).	Monitor trends in complaints and maintain engagement with key sector stakeholders to share trends, highlight areas of emerging risk and ensure timely action is taken in response to public safety concerns. Report on activity.	During the year ended 30 June 2025, the Deputy Commissioner, Disability held 74 engagements with sector stakeholders (2024: 76).

### Output 6.4.3 – Older people

Output and Assumptions	Performance Measures and Targets	Actual Performance
Provide strategic oversight and leadership to drive quality of care improvements for older people (which contributes to achievement of Strategic Objective 4).	Develop effective relationships with stakeholders and monitor sector performance. <ul style="list-style-type: none"> <li>• 100 engagements</li> </ul>	For the year ended 30 June 2025, the Aged Care Commissioner and her team had undertaken 162 <sup>22</sup> stakeholder engagements to assist in the monitoring of sector performance and advocating for improvement (2024: 123). Target achieved.
Monitor the performance of health and disability services for older people and identify emerging issues and priorities (which contributes to achievement of Strategic Objective 4).	Monitor and report on quality and safety issues in the health and disability system for older people, including action taken in response to recommendations made by the Aged Care Commissioner and emerging issues. <sup>23</sup> Report on activity.	A monitoring approach has been finalised for the recommendations made by the Aged Care Commissioner in her report 'Amplifying the Voices of Older People'. We have written to relevant stakeholders to follow up on their progress towards the recommendations. Progress made will be reported on in Quarter 1 of 2025/26.

<sup>21</sup> HDC has removed 'Develop a monitoring framework to measure the performance of the health and disability sector in relation to tāngata whaikaha' as a performance measure as preparatory work for this framework, including stakeholder liaison, found that a more flexible, collaborative use of HDC's data to highlight emerging concerns would be more useful and avoid duplication of work currently being undertaken by other agencies. It was also noted that other agencies were better placed to take the lead on the development of a monitoring framework.

<sup>22</sup> In 2024/25 the focus of the Aged Care Commissioner was on sector engagement to advocate for the implementation of the recommendations she made in her monitoring report and for improvements in hearing, bone and dental health. This resulted in an increase in sector engagement and a small decrease in consumer engagement.

<sup>23</sup> This performance measure has been updated to reflect the completion of a monitoring report by the Aged Care Commissioner, which made several recommendations to improve the care of older people. The Aged Care Commissioner's focus in 2024/25 was on the monitoring of the implementation of these recommendations, as well as reporting on any emerging issues.

### Output 6.4.3 – Older people (continued)

Output and Assumptions	Performance Measures and Targets	Actual Performance
Provide enhanced advocacy on behalf of older consumers and their whānau and support commitments to Te Tiriti o Waitangi. <sup>24</sup>	Actively engage with older consumers and their whānau from all communities and reflect their perspectives in the Aged Care Commissioner's work. Report on activity.	For the year ended 30 June 2025, 53 <sup>22</sup> engagements had been held with a diverse range of older people and their family/whānau (2024: 123).

## Disclosure of significant performance judgements

HDC has primary discretion over the selection, measurement, aggregation, and presentation of performance information in relation to our outputs, with oversight and input from our responsible Minister.

## Selection of measures

The performance measures included in this statement of service performance are taken from our Statement of Performance Expectations 2024-25. We have supplemented our performance measures with additional information on outcomes and impacts of HDC activities to better capture and reflect HDC's performance and how we have met our strategic priorities over the past year.

Our performance measures are developed and agreed upon by the Commissioner together with the Executive Leadership Team. They reflect our areas of focus and the impacts we seek to deliver within current resourcing and funding levels. KPIs for each output are selected to demonstrate progress against our strategic goals as set out in our Statement of Intent, which in turn reflects Government expectations and our statutory requirements

HDC reviews our performance measures annually. Our quantitative and qualitative measures have remained largely stable over the medium-term to enable comparative (prior year) reporting and reflect progress made in key areas. Changes to measures reflect new areas of focus, changing expectations or changes to resourcing.

## Surveys

Consumer satisfaction surveys are a key measure to assist HDC to monitor the quality of the Advocacy service's complaint management and education activities.

## Aggregation and presentation of performance information

There were no significant judgements on aggregation or presentation of measures in the Statement of Service Performance.

<sup>24</sup> HDC has removed a performance measure related specifically to the Aged Care Commissioner's development of meaningful and authentic advocacy partnerships with kaumātua, whānau, hapū, and iwi as this work is captured by the measure reported under 4.1. The Aged Care Commissioner's work in respect of engaging with Māori communities will now be reported under 6.4.1.

# 7. Financial statements

## Ngā tauākī pūtea

### Statement of comprehensive revenue and expense for the year ended 30 June 2025

	Notes	Actual 2025 \$000	Budget 2025 \$000	Actual 2024 \$000
<b>Revenue</b>				
Funding from the Crown		20,201	19,701	19,701
Interest revenue	2	275	280	315
Other revenue	2	60	71	90
<b>Total revenue</b>		<b>20,536</b>	<b>20,052</b>	<b>20,106</b>
<b>Expenditure</b>				
Personnel costs	3	12,362	13,417	13,479
Depreciation and amortisation expense	8,9	125	138	143
Advocacy services		3,543	3,543	3,543
Other expenses	4	2,910	3,137	3,081
<b>Total expenditure</b>		<b>18,940</b>	<b>20,235</b>	<b>20,246</b>
Surplus/(deficit)		1,596	(183)	(140)
<b>Total comprehensive revenue and expense</b>		<b>1,596</b>	<b>(183)</b>	<b>(140)</b>

Explanations of major variances against budget are provided in Note 18.  
The accompanying notes form part of these financial statements.

## Statement of financial position as at 30 June 2025

	Notes	Actual 2025 \$000	Budget 2025 \$000	Actual 2024 \$000
<b>Assets</b>				
<b>Current assets</b>				
Cash and cash equivalents	5	5,057	2,918	3,199
Receivables	6	5	20	15
Prepayments		180	160	181
Inventories	7	9	20	9
<b>Total current assets</b>		<b>5,251</b>	<b>3,118</b>	<b>3,404</b>
<b>Non-current assets</b>				
Property, plant, and equipment	8	198	220	279
Intangible assets	9	-	50	1
<b>Total non-current assets</b>		<b>198</b>	<b>270</b>	<b>280</b>
<b>Total assets</b>		<b>5,449</b>	<b>3,388</b>	<b>3,684</b>
<b>Liabilities</b>				
<b>Current liabilities</b>				
Payables	10	737	536	516
Employee entitlements	11	631	600	733
Provisions	12	50	-	-
<b>Total current liabilities</b>		<b>1,418</b>	<b>1,136</b>	<b>1,249</b>
<b>Total liabilities</b>		<b>1,418</b>	<b>1,136</b>	<b>1,249</b>
<b>Net assets</b>		<b>4,031</b>	<b>2,252</b>	<b>2,435</b>
<b>Equity</b>				
Contributed capital	14	788	788	788
Accumulated surplus	14	3,243	1,464	1,647
<b>Total equity</b>		<b>4,031</b>	<b>2,252</b>	<b>2,435</b>

Explanations of major variances against budget are provided in Note 18.  
The accompanying notes form part of these financial statements.

## Statement of changes in equity for the year ended 30 June 2025

	Notes	Actual 2025 \$000	Budget 2025 \$000	Actual 2024 \$000
Balance at 1 July		2,435	2,435	2,575
Total comprehensive revenue and expense for the year <sup>25</sup>	18	1,596	(183)	(140)
<b>Balance at 30 June</b>	<b>14</b>	<b>4,031</b>	<b>2,252</b>	<b>2,435</b>

Explanations of major variances against budget are provided in Note 18.  
The accompanying notes form part of these financial statements.

## Statement of cash flows for the year ended 30 June 2025

	Notes	Actual 2025 \$000	Budget 2025 \$000	Actual 2024 \$000
<b>Cash flows (used in)/from operating activities</b>				
Receipts from the Crown		20,201	22,656	19,701
Interest received		275	280	315
Receipts from other revenue		69	75	95
Payments to suppliers		(6,277)	(7,681)	(6,761)
Payments to employees		(12,464)	(13,417)	(13,545)
GST (net)		102	(1,980)	34
<b>Net cash (used in)/from operating activities</b>		<b>1,906</b>	<b>(67)</b>	<b>(161)</b>
<b>Cash flows used in investing activities</b>				
Purchase of property, plant, and equipment		(48)	(164)	(132)
Purchase of intangible assets		-	(50)	-
<b>Net cash used in investing activities</b>		<b>(48)</b>	<b>(214)</b>	<b>(132)</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>		<b>1,858</b>	<b>(281)</b>	<b>(293)</b>
Cash and cash equivalents at beginning of the year		3,199	3,199	3,492
<b>Cash and cash equivalents at end of the year</b>	<b>5</b>	<b>5,057</b>	<b>2,918</b>	<b>3,199</b>

Explanations of major variances against budget are provided in Note 18.  
The accompanying notes form part of these financial statements.

<sup>25</sup> HDC's total revenue was higher than budgeted due to savings made over the year in anticipation of a funding reduction and required investments in a digital complaints management system. In June 2025, HDC also received \$0.5m from the Ministry of Health to support our investment in this digital system.



# Notes to the financial statements

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# 1 Statement of accounting policies

## REPORTING ENTITY

The Health and Disability Commissioner (HDC) has designated itself as a public benefit entity (PBE) for financial reporting purposes.

The financial statements for the Health and Disability Commissioner are for the year ended 30 June 2025 and were approved by the Commissioner on 30 October 2025.

## BASIS OF PREPARATION

The financial statements have been prepared on a going concern basis. The accounting policies have been applied consistently throughout the year.

### **Statement of compliance**

The financial statements and service performance information of the Health and Disability Commissioner have been prepared in accordance with the requirements of the Crown Entities Act 2004, which includes the requirement to comply with generally accepted accounting practice in New Zealand (NZ GAAP).

The financial statements have been prepared in accordance with and comply with PBE Standards RDR. Health and Disability Commissioner is eligible and has elected to apply the PBE Standards RDR because its expenses are less than \$33 million and it does not have public accountability as defined by XRB A1 Application of the Accounting Standards Framework.

### **Presentation currency and rounding**

The financial statements are presented in New Zealand dollars, and all values other than related party transaction disclosures in Note 15 are rounded to the nearest thousand dollars (\$000). The related party transaction disclosures are rounded to the nearest dollar.

### **New or amended standards adopted**

2022 Omnibus Amendments to PBE Standards, issued June 2022.

The 2022 Omnibus Amendments issued by the External Reporting Board (XRB) include several general updates and amendments to several Tier 1 and Tier 2 PBE accounting standards, effective for reporting periods starting 1 January 2023. Health and Disability Commissioner has adopted the revised PBE standards, and the adoption did not result in any significant impact on Health and Disability Commissioner's financial statements.

## SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Significant accounting policies are included in the notes to which they relate.

Significant accounting policies that do not relate to a specific note are outlined below.

### **Goods and services tax (GST)**

Items in the financial statements are presented exclusive of GST, except for receivables and payables, which are presented on a GST-inclusive basis. Where GST is not recoverable as input tax, it is recognised as part of the related asset or expense.

The net amount of GST recoverable from, or payable to, the IRD is included as part of receivables or payables in the Statement of Financial Position.

The net GST paid to, or received from, the IRD, including the GST relating to investing and financing activities, is classified as a net operating cash flow in the Statement of Cash Flows.

Commitments and contingencies are disclosed exclusive of GST.

### **Income tax**

The Health and Disability Commissioner is a public authority and consequently is exempt from the payment of income tax. Accordingly, no provision has been made for income tax.

## Budget figures

The budget figures are derived from the Statement of Performance Expectations as approved by the Health and Disability Commissioner at the beginning of the financial year. The budget figures have been prepared in accordance with NZ GAAP, using accounting policies that are consistent with those adopted by the Health and Disability Commissioner for the preparation of these financial statements.

## Cost allocation

The Health and Disability Commissioner has determined the cost of outputs using the cost allocation system outlined below:

Direct costs are costs directly attributed to an output. Indirect costs are costs that cannot be attributed to a specific output in an economically feasible manner.

Direct costs are charged directly to outputs. Indirect costs are charged to outputs based on cost drivers and related activity or usage information. Depreciation is charged on the basis of asset utilisation. Personnel costs are charged on the basis of actual time incurred. Property and other premises costs, such as maintenance, are charged on the basis of floor area occupied for the production of each output. Other indirect costs are assigned to outputs based on the proportion of direct staff costs for each output.

There have been no changes to the cost allocation methodology since the date of the last audited financial statements.

### **Critical accounting estimates and assumptions**

In preparing these financial statements, the Health and Disability Commissioner has made estimates and assumptions concerning the future. These estimates and assumptions may differ from the subsequent actual results.

Estimates and assumptions are evaluated continually and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

The estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are:

- Useful lives and residual values of property, plant, and equipment – refer to Note 8.
- Useful lives of software assets – refer to Note 9.
- Employee entitlement – refer to Note 11.

### **Critical judgements in applying accounting policies**

Management has exercised the following critical judgements in applying accounting policies:

- Leases classification – refer to Note 4.

## 2 Revenue

### Accounting policy

The specific accounting policies for significant revenue items are explained below:

#### **Funding from the Crown (non-exchange revenue)**

The Health and Disability Commissioner is primarily funded from the Crown. This funding is restricted in its use for the purpose of the Health and Disability Commissioner meeting the objectives specified in its founding legislation and the scope of the relevant appropriations of the funder.

The Health and Disability Commissioner considers that there are no conditions attached to the funding, and it is recognised as revenue at the point of entitlement.

The fair value of revenue from the Crown has been determined to be equivalent to the amounts due in the funding arrangements.

#### **Interest revenue**

Interest revenue is recognised by accruing on a time proportion basis the interest due for the investment.

#### **Sale of publications**

Sales of publications are recognised as revenue when the product is sold to the customer.

#### **Sundry revenue**

Services provided to third parties on commercial terms are exchange transactions. Revenue from these services is recognised as revenue in proportion to the stage of completion at balance date.

#### **Breakdown of interest revenue**

	Actual 2025 \$000	Actual 2024 \$000
Other interest revenue	275	315
<b>Total interest revenue</b>	<b>275</b>	<b>315</b>

#### **Breakdown of other revenue**

	Actual 2025 \$000	Actual 2024 \$000
Sale of publications	46	49
Advocacy Trust contribution to IT costs	-	19
Sundry revenue	14	22
<b>Total other revenue</b>	<b>60</b>	<b>90</b>

### 3 Personnel costs

#### Accounting policy

##### Defined contribution schemes

Employer contributions to defined contribution plans include contributions to KiwiSaver. The obligations to make employer contributions are recognised as an expense in the surplus or deficit as incurred.

##### Breakdown of personnel costs

	Actual 2025 \$000	Actual 2024 \$000
Salaries and wages	12,149	13,219
Defined contribution plan employer contributions	315	326
Increase/(decrease) in employee entitlements	(102)	(66)
<b>Total personnel costs</b>	<b>12,362</b>	<b>13,479</b>

### 4 Other expenses

##### Breakdown of other expenses

	Actual 2025 \$000	Actual 2024 \$000
Advertising	-	13
Audit fees	63	61
Clinical and legal advice	333	450
Communications & IT	775	791
Educational publication & eLearning	37	74
Write-off of property, plant, and equipment	6	-
Operating lease expense	993	887
Policy and operational consultancy	86	174
Staff travel and accommodation	72	107
Other expenses	545	524
<b>Total other expenses</b>	<b>2,910</b>	<b>3,081</b>

## Accounting policy

### Operating leases

An operating lease is a lease that does not transfer substantially all the risks and rewards incidental to ownership of an asset to the lessee. Lease payments under an operating lease are recognised as an expense on a straight-line basis over the lease term. Lease incentives received are recognised in the surplus or deficit as a reduction of rental expense over the lease term.

### Operating leases as lessee

The future aggregate minimum lease payments to be paid under non-cancellable operating leases are as follows:

	Actual 2025 \$000	Actual 2024 \$000
Not later than one year	1,002	978
Later than one year and not later than five years	3,223	4,042
Later than five years	-	184
<b>Total non-cancellable operating leases</b>	<b>4,225</b>	<b>5,204</b>

The Health and Disability Commissioner leases two properties – one in Auckland and one in Wellington.

A significant portion of the total non-cancellable operating lease commitment relates to the lease of these two offices and office equipment (2024: two office leases and office equipment). The Auckland office lease expires in October 2029, and the Wellington office lease expires in June 2029. Both leases have an option to vacate the premises at the end of the current leases. HDC has assumed that it will not vacate the premises at the end of the current leases.

## 5 Cash and cash equivalents

### Accounting policy

Cash and cash equivalents include cash on hand, deposits held on call with banks, and other short-term highly liquid investments with original maturities of three months or less.

	Actual 2025 \$000	Actual 2024 \$000
Cash on hand and at bank	5,057	3,199
<b>Total cash and cash equivalents</b>	<b>5,057</b>	<b>3,199</b>

As at 30 June 2025, the Health and Disability Commissioner holds no unspent grant funding received that is subject to restrictions (2024: nil).

## 6 Receivables

### Accounting policy

Short-term receivables are recorded at the amount due, less any allowance for expected credit loss.

In measuring expected credit losses, short-term receivables have been assessed on a collective basis as they possess shared credit risk characteristics. They have been grouped based on the days past due.

Short-term receivables are written off when there is no reasonable expectation of recovery. Indicators that there is no reasonable expectation of recovery include the debtor being in liquidation.

There have been no changes during the reporting period in the estimation techniques or significant assumptions used in measuring the loss allowance.

The allowance for credit loss in 2025 is \$435 (2024: \$2,472).

	Actual 2025 \$000	Actual 2024 \$000
Trade receivables	5	17
Less: allowance for credit loss	-	(2)
<b>Total receivables</b>	<b>5</b>	<b>15</b>
Total receivables comprise:		
Receivables from the sale of goods (exchange transactions)	5	15

## 7 Inventories

### Accounting policy

Inventories held for use in the provision of goods on a commercial basis are valued at the lower of cost (using the FIFO method) and net realisable value.

The amount of any write-down from cost to net realisable value is recognised in the surplus or deficit in the period of the write-down.

	Actual 2025 \$000	Actual 2024 \$000
<i>Commercial inventories</i>		
Publications held for sale	9	9
<b>Total inventories</b>	<b>9</b>	<b>9</b>

Inventories were written down by \$67 (2024: \$1,853). There has been \$225 reversal of write-downs (2024: \$nil).

## 8 Property, plant, and equipment

### Accounting policy

Property, plant, and equipment consist of the following asset classes: computer hardware, communication equipment, furniture and fittings, leasehold improvements, motor vehicles, and office equipment.

Property, plant, and equipment are measured at cost less accumulated depreciation and impairment losses.

#### Additions

The cost of an item of property, plant, and equipment is recognised as an asset only when it is probable that future economic benefits or service potential associated with the item will flow to the Health and Disability Commissioner and the cost of the item can be measured reliably.

Work in progress is recognised at cost less impairment and is not depreciated.

In most instances, an item of property, plant, and equipment is initially recognised at its cost. Where an asset is acquired through a non-exchange transaction, it is recognised at its fair value as at the date of acquisition.

#### Disposals

Gains and losses on disposals are determined by comparing the proceeds with the carrying amount of the asset, and are included in the surplus or deficit.

#### Subsequent costs

Costs incurred subsequent to initial acquisition are capitalised only when it is probable that future economic benefits or service potential associated with the item will flow to the Health and Disability Commissioner and the cost of the item can be measured reliably.

The costs of day-to-day servicing of property, plant, and equipment are expensed in the surplus or deficit as they are incurred.

#### Depreciation

Depreciation is provided on a straight-line basis on all property, plant, and equipment at rates that will write off the cost of the assets to their estimated residual values over their useful lives. Leasehold improvements are depreciated over the unexpired period of the lease or the estimated remaining useful lives of the improvements, whichever is the shorter.

The useful lives and associated depreciation rates of major classes of assets have been estimated as follows:

Leasehold improvements	3 years	33%
Furniture and fittings	5 years	20%
Office equipment	5 years	20%
Motor vehicles	5 years	20%
Computer hardware	4 years	25%
Communication equipment	4 years	25%

The residual value and useful life of an asset is reviewed annually and adjusted if applicable.

### Estimating useful lives and residual values of property, plant, and equipment

At each reporting date, the Health and Disability Commissioner reviews the useful lives and residual values of its property, plant, and equipment. Assessing the appropriateness of useful life and residual value estimates of property, plant, and equipment requires the Health and Disability Commissioner to consider a number of factors such as the physical condition of the asset, expected period of use of the asset by the Health and Disability Commissioner, and expected disposal proceeds from the future sale of the asset.

An incorrect estimate of the useful life or residual value will impact the depreciation expense recognised in the surplus or deficit, and the carrying amount of the asset in the Statement of Financial Position. The Health and Disability Commissioner minimises the risk of this estimation uncertainty by:

- physical inspection of assets; and
- aligning estimates of useful lives to asset replacement programmes.

The Health and Disability Commissioner has not made significant changes to past assumptions concerning useful lives and residual values.

Movements for each class of property, plant, and equipment are as follows:

	Computer hardware \$000	Comms equip \$000	Furniture and fittings \$000	Leasehold improvements \$000	Office \$000	Total \$000
<b>Cost or valuation</b>						
Balance at 1 July 2023	997	16	239	681	79	2,012
Balance at 30 June 2024	1,067	17	267	681	63	2,095
Additions	51	-	-	-	-	51
Disposals	(444)	(7)	(18)	(664)	(14)	(1,147)
Balance at 30 June 2025	674	10	249	17	49	999
<b>Accumulated depreciation</b>						
Balance at 1 July 2023	746	13	208	677	75	1,719
Balance at 30 June 2024	861	17	196	679	63	1,816
Depreciation expense	103	-	20	2	-	125
Disposals	(437)	(7)	(18)	(664)	(14)	(1,140)
Balance at 30 June 2025	527	10	198	17	49	801
<b>Carrying amounts</b>						
At 1 July 2023	251	3	31	4	4	293
At 30 June 2024/1 July 2024	206	-	71	2	-	279
At 30 June 2025	147	-	51	-	-	198

There are no restrictions on the Health and Disability Commissioner's property, plant, and equipment.

During the year, the Health and Disability Commissioner disposed of some furniture and fittings that had reached the end of its useful life.

The net loss on all disposals was \$5,622 (2024: \$nil).

There were no capital commitments for the acquisition of property, plant, and equipment at balance date (2024: nil).

## 9 Intangible assets

### Accounting policy

#### Software acquisition and development

Computer software licenses are capitalised on the basis of the costs incurred to acquire the specific software and bring it to use.

Costs that are directly associated with the development of software for internal use are recognised as an intangible asset where this results in an asset controlled by Health and Disability Commissioner. Direct costs include software development, employee costs and an appropriate portion of relevant overheads.

Where software is provided under a Software-as-a-service (SaaS) arrangement, costs of configuration and customisation are recognised as an intangible asset only if the activities create an intangible asset that Health and Disability Commissioner controls and asset recognition criteria are met. Costs, including ongoing fees for use of software, that do not result in an intangible asset or a software finance lease are expensed as a service contract as incurred. However, where fees

represent payment for future services to be received, Health and Disability Commissioner recognises these as a prepayment and expenses these as subsequent services are received.

Staff training costs are recognised as an expense when incurred.

Costs associated with maintaining computer software are expensed when incurred.

Costs associated with developing and maintaining the Health and Disability Commissioner's website are expensed when incurred.

#### Amortisation

The carrying value of an intangible asset with a finite life is amortised on a straight-line basis over its useful life. Amortisation begins when the asset is available for use and ceases at the date on which the asset is derecognised. The amortisation charge for each period is expensed in the surplus or deficit.

**The useful lives and associated amortisation rates of major classes of intangible assets have been estimated as follows:**

Computer software	3 years	33%
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Movements for each class of intangible asset are as follows:

	Acquired software \$000	Total \$000
<b>Cost</b>		
Balance at 1 July 2023	766	766
Balance at 30 June 2024/1 July 2024	766	766
Additions	-	-
Disposals	(455)	(455)
Balance at 30 June 2025	311	311
<b>Accumulated amortisation and impairment losses</b>		
Balance at 1 July 2023	764	764
Balance at 30 June 2024/1 July 2024	765	765
Amortisation expense	-	-
Disposals	(454)	(454)
Balance at 30 June 2025	311	311
<b>Carrying amounts</b>		
At 1 July 2023	2	2
At 30 June 2024/1 July 2024	1	1
At 30 June 2025	-	-

There are no restrictions on the Health and Disability Commissioner's intangible assets, nor are any intangible assets pledged as security for liabilities.

During the year, the Health and Disability Commissioner identified certain software assets that were no longer in use and fully written off.

The net loss on all disposals was \$854 (2024: \$nil).

The amount of contractual commitments for a new complaint management system discovery phase is \$121,917 (2024: nil).

## 10 Payables

### Accounting policy

Short-term payables are recorded at their face value.

Breakdown of payables and deferred revenue	Actual 2025 \$000	Actual 2024 \$000
<b>Payables under exchange transactions</b>		
Creditors	149	94
Accrued expenses	205	114
<i>Total payables under exchange transactions</i>	354	208
<b>Payable under non-exchange transactions</b>		
Taxes payable (GST, PAYE and rates)	383	308
<i>Total payables under non-exchange transactions</i>	383	308
<b>Total current payables</b>	<b>737</b>	<b>516</b>
<b>Total payables</b>	<b>737</b>	<b>516</b>

## 11 Employee entitlements

### Accounting policy

#### Short-term employee entitlements

Employee benefits that are expected to be settled wholly before 12 months after the end of the reporting period that the employees provide the related service in are measured based on accrued entitlements at current rates of pay. These include salaries and wages accrued up to balance date, and annual leave earned but not yet taken at balance date.

Breakdown of employee entitlements	Actual 2025 \$000	Actual 2024 \$000
Current portion		
Annual leave	631	733
<b>Total current portion</b>	<b>631</b>	<b>733</b>

## 12 Provisions

Breakdown of provisions	Actual 2025 \$000	Actual 2024 \$000
Current portion		
Restructuring	50	-
<b>Total current portion</b>	<b>50</b>	<b>-</b>

### Restructuring provision

The Health and Disability Commissioner approved a detailed and formal restructuring plan that was announced in May 2025. The restructuring started in May of that year. The restructuring plan and associated payments were completed in July 2025. The provision represents the estimated cost for redundancy payments arising from the restructure.

## 13 Contingencies

### Contingent liabilities

As at the reporting date there were no contingent liabilities (2024: nil).

### Contingent assets

The Health and Disability Commissioner has no contingent assets (2024: nil).

## 14 Equity

### Accounting policy

Equity is measured as the difference between total assets and total liabilities. Equity is disaggregated and classified into the following components:

- contributed capital; and
- accumulated surplus or deficit.

	Actual 2025 \$000	Actual 2024 \$000
<b>Contributed capital</b>		
Balance at 1 July	788	788
Balance at 30 June	788	788
<b>Accumulated surplus</b>		
Balance at 1 July	1,647	1,787
Surplus/(deficit) for the year	1,596	(140)
Balance at 30 June	3,243	1,647
<b>Total equity</b>	<b>4,031</b>	<b>2,435</b>

## 15 Related party transactions

The Health and Disability Commissioner is a wholly owned entity of the Crown.

Related party disclosures have not been made for transactions with related parties that are within a normal supplier or client/recipient relationship; and on terms and conditions no more or less favourable than those that it is reasonable to expect the Health and Disability Commissioner would have received in dealing with the party at arm's length in the same circumstances. Further, transactions with other government agencies (eg, Ministry of Health, Ministry of Inland Revenue, ACC, and New Zealand Post) are not disclosed as related party transactions when they are consistent with the normal operating arrangements between government agencies and undertaken on the normal terms and conditions for such transactions.

### Key management personnel compensation

	Actual 2025 \$000	Actual 2024 \$000
<b>Leadership team</b>		
Remuneration (\$)	2,489,859	2,715,631
Full-time equivalent members	10.18	11.62

## 16 Financial instruments

The carrying amount of financial assets and liabilities in each of the financial instrument categories are as follows:

	Actual 2025 \$000	Actual 2024 \$000
<b>Financial assets measured at amortised cost</b>		
Cash and cash equivalents	5,057	3,199
Receivables	5	15
<b>Total financial assets measured at amortised cost</b>	<b>5,062</b>	<b>3,214</b>
<b>Financial liabilities measured at amortised cost</b>		
Payables (excluding deferred lease incentives and taxes payable)	354	208
Provisions	50	-
<b>Total financial liabilities measured at amortised cost</b>	<b>404</b>	<b>208</b>

HDC is exposed to minimal financial risk. It does not hold complex financial instruments and is primarily funded by the Crown.

## 17 Events after the reporting date

There were no significant events after the reporting date.

## 18 Explanation of major variances against budget

Explanations for major variances from the Health and Disability Commissioner's budgeted figures in the Statement of Performance Expectation are as follows:

### Statement of Comprehensive Revenue and Expense

#### *Total Revenue*

Funding from the Crown was higher than budgeted due to the one-off \$0.5m received in June 2025 from the Ministry of Health to enable Health and Disability Commissioner to develop a new Complaints Management System.

#### *Total expenditure*

Personnel costs were lower than budgeted due to holding staff vacancies and reducing higher annual leave balance during the year.

Other expenses were lower than budgeted mainly due to several cost-saving measures undertaken, including reducing discretionary expenses and operating costs, and streamlining processes for seeking external expert advice.

### Statement of Financial Position

Cash and cash equivalents were higher than budgeted owing to the higher than expected surplus for the year.

### Statement of Changes in Equity

The closing equity balance was higher than budgeted because of the higher than expected surplus.

### Statement of Cash Flows

The higher net cash movement was mainly as a result of the favourable variances in interest revenue, personnel costs and other operating expenses noted above.

## 19 Reporting against appropriation

Health and Disability Commissioner is funded under the Monitoring and Protection Health and Disability Consumer Interests (M36) in Vote Health. This appropriation is intended to protect the rights of people using health and disability services. This includes addressing the concerns of whānau and investigating alleged breaches of patients' rights.

Aged Care Commissioner is funded under non-departmental output expenses (M61). This appropriation is intended to provide greater oversight of the aged care sector, including monitoring and addressing emerging quality and safety issues, and advocating on behalf of consumers and their whānau for better services.

For the year ended 30 June 2025

	Budget appropriation \$000	Actual expenditure \$000
Health and Disability Commissioner	18,097	16,848
Aged Care Commissioner	2,104	2,092
<b>Total</b>	<b>20,201</b>	<b>18,940</b>

	2024/25 Budget standard	2024/25 Actual performance
<b>Assessment of Performance</b>		
<b>Health and Disability Commissioner</b>		
Number of complaints closed by HDC	2,700 - 3,000	Achieved
Number of complaints closed by Advocacy	2,600 - 3,100	Achieved
Number of networking visits carried out by advocates with community groups and provider organisations to provide information about the Code of Health and Disability Services Consumers' Rights, HDC and the Advocacy Service	3,300 <sup>26</sup>	Not achieved
At least 75% of networking visits and meetings are focused on vulnerable consumers <sup>26</sup>	75%	Achieved
Number of people that accessed the online provider educational resources and number of people who have viewed the online consumer 'Your Rights' video, which promotes and educates the practical implication of consumers' rights	12,000	Achieved
Number of enquiries managed by HDC and the Advocacy Service about the Act, the Code, and consumer rights under the Code	20,000	Achieved
Make recommendations to improve quality of services, and monitor compliance with the implementation of recommendations by providers	97% compliance <sup>26</sup>	Not achieved
<b>Aged Care Commissioner</b>		
Develop effective relationships with stakeholders, including actively engaging with older consumers and their whānau	100 engagements	Achieved

<sup>26</sup> The budget standards have been subsequently adjusted to account for resource constraint. Please refer to the revised performance target in the statement of performance section.

# 8. Statement of responsibility

## Tauākī kawenga

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We are responsible for the preparation of the Health and Disability Commissioner's financial statements and statement of performance and for the judgements made in them.

We are responsible for any end-of-year performance information provided by the Health and Disability Commissioner under section 19A of the Public Finance Act 1989.

We have the responsibility for establishing and maintaining a system of internal control designed to provide reasonable assurance as to the integrity and reliability of financial reporting.

In our opinion, these financial statements and the statement of performance fairly reflect the financial position and operations of the Health and Disability Commissioner for the year ended 30 June 2025.



**Morag McDowell**  
**Health and Disability Commissioner**



**Jason Zhang**  
**Corporate Services Manager**

30 October 2025

# 9. Audit report

## Pūrongo ōtita

### Independent Auditor's Report

#### To the readers of the Health and Disability Commissioner's annual financial statements and performance information for the year ended 30 June 2025

The Auditor-General is the auditor of the Health and Disability Commissioner. The Auditor-General has appointed me, René van Zyl, using the staff and resources of Audit New Zealand, to carry out, on his behalf, the audit of:

- the annual financial statements that comprise the statement of financial position as at 30 June 2025, the statement of comprehensive revenue and expenses, statement of changes in equity, and statement of cash flows for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information on pages 67 to 85;
- the performance information that consists of:
  - the statement of performance for the year ended 30 June 2025 on page 57 to 66; and
  - the end-of-year performance information for appropriations for the year ended 30 June 2025 on pages 85 to 86.

### Opinion

In our opinion:

- The annual financial statements of the Health and Disability Commissioner:
  - fairly present, in all material respects:
    - its financial position as at 30 June 2025; and
    - its financial performance and cash flows for the year then ended; and
  - comply with generally accepted accounting practice in New Zealand in accordance with Public Benefit Entity Standards Reduced Disclosure Regime.
- The statement of performance fairly presents, in all material respects, the Health and Disability Commissioner's service performance for the year ended 30 June 2025. In particular, the statement of performance:

- provides an appropriate and meaningful basis to enable readers to assess the actual performance of the Health and Disability Commissioner for each class of reportable outputs; determined in accordance with generally accepted accounting practice in New Zealand; and
- fairly presents, in all material respects, for each class of reportable outputs:
  - the actual performance of the Crown Entity;
  - the actual revenue earned; and
  - the output expenses incurred

as compared with the forecast standards of performance, the expected revenues, and the proposed output expenses included in the Health and Disability Commissioner’s statement of performance expectations for the financial year; and
- complies with generally accepted accounting practice in New Zealand in accordance with Public Benefit Entity Standards Reduced Disclosure Regime.
- The end-of-year performance information for appropriations:
  - fairly presents, in all material respects:
    - what has been achieved with the appropriation; and
    - the actual expenses or capital expenditure incurred in relation to the appropriation as compared with the expenses or capital expenditure that were appropriated or forecast to be incurred; and
  - complies with generally accepted accounting practice in New Zealand in accordance with Public Benefit Entity Standards Reduced Disclosure Regime.

Our audit was completed on 30 October 2025. This is the date at which our opinion is expressed.

## Basis for our opinion

We carried out our audit in accordance with the Auditor-General’s Auditing Standards, which incorporate the Professional and Ethical Standards, the International Standards on Auditing (New Zealand), and New Zealand Auditing Standard 1 (Revised): The Audit of Service Performance Information issued by the New Zealand Auditing and Assurance Standards Board. Our responsibilities under those standards are further described in the Responsibilities of the auditor section of our report.

We have fulfilled our responsibilities in accordance with the Auditor-General’s Auditing Standards.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## **Responsibilities of the Health and Disability Commissioner for the annual financial statements and the performance information**

The preparation of the financial statements and performance information of the Crown Entity is the responsibility of the Health and Disability Commissioner.

The Health and Disability Commissioner is responsible on behalf of the Crown Entity for preparing financial statements and performance information that are fairly presented and comply with generally accepted accounting practice in New Zealand. This includes preparing performance information that provides an appropriate and meaningful basis to enable readers to assess what has been achieved for the year.

The Health and Disability Commissioner is responsible for such internal control as it is necessary to enable it to prepare annual financial statements, a statement of performance, and the end-of-year performance information for appropriations that are free from material misstatement, whether due to fraud or error.

In preparing the annual financial statements, the statement of performance, and the end-of-year performance information for appropriations, the Health and Disability Commissioner is responsible on behalf of the Crown Entity for assessing the Health and Disability Commissioner's ability to continue as a going concern.

The Health and Disability Commissioner's responsibilities arise from the Crown Entities Act 2004 and the Public Finance Act 1989.

## **Responsibilities of the auditor for the audit of the annual financial statements and the performance information**

Our objectives are to obtain reasonable assurance about whether the annual financial statements, the statement of performance, and the end-of-year performance information for appropriations, as a whole, are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit carried out in accordance with the Auditor-General's Auditing Standards will always detect a material misstatement when it exists. Misstatements are differences or omissions of amounts or disclosures, and can arise from fraud or error. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of readers, taken on the basis of the annual financial statements, the statement of performance, and the end-of-year performance information for appropriations.

For the budget information reported in the annual financial statements, the statement of performance, and the end-of-year performance information for appropriations, our procedures were limited to checking that the information agreed to the Health and Disability Commissioner's statement of performance expectations or to the Estimates of Appropriations for the Government of New Zealand for the year ending 30 June 2025.

We did not evaluate the security and controls over the electronic publication of the annual financial statements, the statement of performance, and the end-of-year performance information for appropriations.

As part of an audit in accordance with the Auditor-General's Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. Also:

- We identify and assess the risks of material misstatement of the annual financial statements, the statement of performance, and the end-of-year performance information for appropriations, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- We obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health and Disability Commissioner's internal control.
- We evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Health and Disability Commissioner.
- We evaluate whether the statement of performance and the end-of-year performance information for appropriations:
  - provide an appropriate and meaningful basis to enable readers to assess the actual performance of the Health and Disability Commissioner in relation to the forecast performance of the Health and Disability Commissioner (for the statement of performance) and what has been achieved with the appropriation by the Health and Disability Commissioner (for the end-of-year performance information for appropriations). We make our evaluation by reference to generally accepted accounting practice in New Zealand; and
  - fairly present the actual performance of the Health and Disability Commissioner and what has been achieved with the appropriation by the Health and Disability Commissioner for the financial year.
- We conclude on the appropriateness of the use of the going concern basis of accounting by the Health and Disability Commissioner.
- We evaluate the overall presentation, structure and content of the annual financial statements, the statement of performance, and the end-of-year performance information for appropriations, including the disclosures, and whether the annual financial statements, the statement of performance, and the end-of-year performance information for appropriations represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Health and Disability Commissioner regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Our responsibilities arise from the Public Audit Act 2001.

## Other information

The Health and Disability Commissioner is responsible for the other information. The other information comprises all of the information included in the annual report, but does not include the annual financial statements, the statement of performance, and the end-of-year performance information for appropriations, and our auditor's report thereon.

Our opinion on the annual financial statements, the statement of performance, and the end-of-year performance information for appropriations does not cover the other information and we do not express any form of audit opinion or assurance conclusion thereon.

In connection with our audit of the annual financial statements, the statement of performance, and the end-of-year performance information for appropriations, our responsibility is to read the other information. In doing so, we consider whether the other information is materially inconsistent with the annual financial statements, the statement of performance, and the end-of-year performance information for appropriations or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on our work, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

## Independence

We are independent of the Health and Disability Commissioner in accordance with the independence requirements of the Auditor-General's Auditing Standards, which incorporate the independence requirements of Professional and Ethical Standard 1: International Code of Ethics for Assurance Practitioners (including International Independence Standards) (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board.

Deborah James was appointed as Deputy Health and Disability Commissioner, Complaints Resolution in August 2021 and resigned her position effective from 21 March 2025. Prior to this, Deborah held the role of Sector Manager at the Office of the Auditor-General. During the audit period, there were appropriate safeguards to reduce any threat to auditor independence, as Deborah had no involvement in, or influence over, the audit of the Crown Entity.

Other than the audit and the relationship with the Deputy Health and Disability Commissioner, Complaints Resolution, we have no relationship with, or interests, in the Crown Entity.



René van Zyl  
Audit New Zealand  
On behalf of the Auditor-General  
Auckland, New Zealand

*Whakakotahi ai kia tipu,  
kia hua, kia puāwai*

**Working together we will grow,  
flourish and prosper**



**HEALTH & DISABILITY COMMISSIONER**  
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