



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

Statement of Intent
2025–2029

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Foreword

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

This Statement of Intent outlines my vision and strategic priorities for the organisation. It takes account of the current external environment, increasing complaint volumes and the constraints on HDC, and details what we intend to focus on to remain a sustainable and effective organisation.

HDC is, at its heart, a guardian of consumer rights, and it is important that we work to protect people's rights in a myriad of ways. Our goals are to ensure consumer rights are understood and upheld and that the consumer voice has a tangible impact on the system. HDC's focus over the course of this SOI will be on ensuring our complaints resolution function is responsive for all New Zealanders and maintaining our key role in public protection and quality improvement.

My team and I have agreed on the following priorities for HDC for 2025–2029, to bring focus to how we deliver our core business, achieve our intended outcomes for New Zealanders, and respond to Government expectations:

- Responding efficiently and effectively to growing demand;
- Being a culturally safe organisation;
- Having a responsive complaints process; and
- Demonstrating tangible system impact.



Morag McDowell
Health and Disability Commissioner

17 November 2025

Our organisation

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

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

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

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

Our objectives and approach

HDC's vision is for the rights of people using health and disability services to be understood, upheld and protected. HDC has been working to ensure that honouring our responsibilities under Te Tiriti o Waitangi is central to our work.

Outcomes

We will achieve this vision by delivering on our outcomes. The following outcomes are what HDC intends to achieve over the long term to ensure people's rights are understood, upheld and protected. This will ultimately support the wellbeing of all New Zealanders:

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

Ultimately, when people's rights are understood, upheld and protected:

- Health outcomes are improved for all New Zealanders

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

Strategic priorities

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

Responding efficiently and effectively to growing demand: Improving the efficiency and timeliness of our process is a central focus for HDC and is critical to us achieving the strategic impacts we seek. The timely resolution of complaints helps to ensure people's resolution needs are met, quality and safety is improved and public trust strengthened.

Being a culturally safe organisation: In order to empower communities to exercise their rights and contribute to improved health outcomes for all New Zealanders, HDC must ensure the way in which we operate is accessible and culturally responsive.

Having a responsive complaints process: HDC aims to have a people-centred complaints process which supports consumers, where possible, to resolve complaints with their provider. This allows people's resolution needs to be met, improves people's understanding of their rights, supports the sector to learn from complaints and contributes to a people-centred health and disability system.

Demonstrating tangible system impact: HDC plays a key role in improving quality and safety. We regularly use of our levers to escalate issues of systemic concern and closely monitor the implementation of our recommendations which contributes to improved care quality, protects the public, assists providers to understand their obligations and ultimately supports people's rights to be upheld.

Our outputs

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

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

Promotion and education: HDC has a statutory mandate to promote the Code. Together with the Advocacy Service, HDC delivers promotional and educational initiatives to improve consumers' awareness of their rights and providers' knowledge of their responsibilities under the Code.

System monitoring and impact: Through the making and monitoring of recommendations, swiftly escalating issues of concern and sharing complaint trend information HDC aims to take a collaborative approach to improving quality, safety and the consumer experience.

Aged Care Commissioner: The Aged Care Commissioner advocates for better health and disability services on behalf of older people and their family or whānau.

Focus populations

HDC is aware that some communities experience multiple barriers to accessing information about their rights and engaging with complaints processes.

HDC has a focus on all people who use health and disability services, and our focus populations evolve over time. Noting the barriers faced by some communities and our statutory obligations, HDC will be particularly focused on the following three population groups over the course of this SOI:

- **Tāngata Whaikaha|disabled people:** HDC has key role to play in protecting the rights of tāngata whaikaha|disabled people, and the Deputy Commissioner, Disability is tasked with leading HDC's work in this area. The focus of this work is to ensure tāngata whaikaha|disabled people are knowledgeable about their rights under the Code and barriers for engagement with HDC are reduced.
- **Māori:** Supported by our Māori Directorate, HDC has a focus on expanding our use of tikanga-led approaches to complaint resolution and improving our cultural capability.
- **Older people:** The Aged Care Commissioner provides a focal point for monitoring and addressing quality and safety issues for older people.

Our funding

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

Over the course of this SOI HDC is expected to experience a reduction in funding. This SOI lays out what HDC will be focused on over the next four years in the context of our reduced baseline. We remain committed to maintaining our core complaints resolution function and our role in public protection and quality improvement. In this context our focus will be on directing our limited resources to those complaints that require HDC intervention and gaining efficiencies where possible to improve the timeliness of our process. In this respect our investment in a modern digital complaints management system is expected to improve our efficiency and productivity over the next four years.

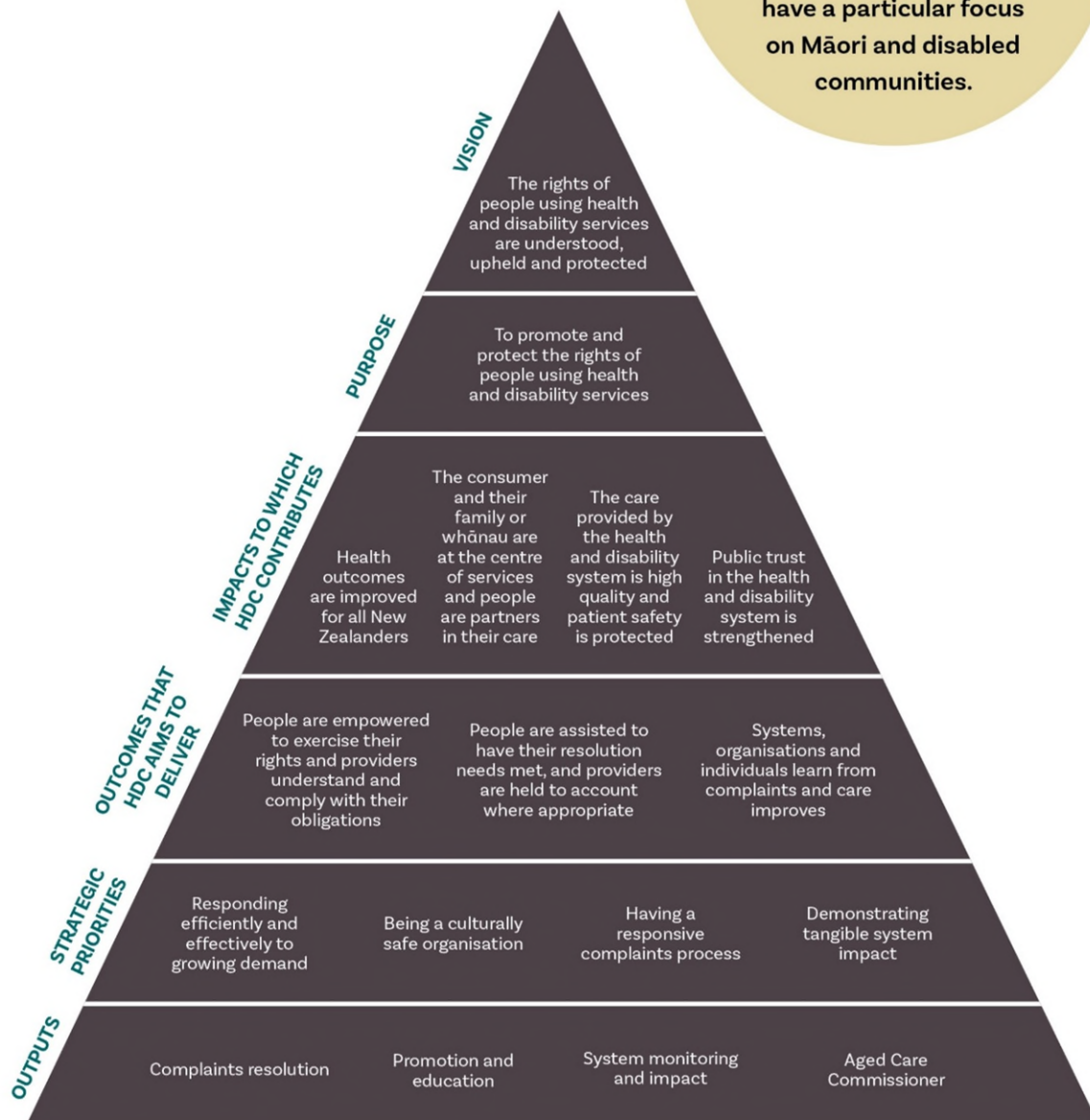
However, a decrease in funding will necessitate a reduction in education and promotion activity. This will be somewhat mitigated by HDC's online education resources being self-sustaining over the medium to long-term. In the context of reduced funding, educational and promotional activity undertaken by HDC or the Advocacy Service will need to be appropriately prioritised towards focus populations and other communities who face barriers to engaging with HDC.

HDC's strategic framework¹



Strategic Framework

Everything we do is grounded in honouring our responsibilities under Te Tiriti o Waitangi and we have a particular focus on Māori and disabled communities.



¹ HDC revised the fourth output class from the previous 'Focus Population' which also included Māori and disabled people to 'Aged Care Commissioner' only. This better aligns with HDC's funding streams. As noted in the above diagram, HDC retains a focus on Māori and disabled people across all our output classes.

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

Government Policy Statement on Health

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

HDC has regard to the New Zealand Health Strategy in our work, and in particular it is a strong contributor to priority 1 — placing consumer voice at the heart of the system; and priority 4 — the development of a learning culture.

The work of HDC contributes to the Minister's priorities of access, timeliness, quality, workforce, and infrastructure in the following ways:

Government priority	HDC contribution
Access	<ul style="list-style-type: none">• HDC regularly identifies and escalates areas of emerging risk in the health and disability sector, including concerns about access to care and the impact of this on consumers.• HDC frequently makes recommendations to providers designed to improve access to care.• The Aged Care Commissioner has a focus on improving access to aged care services and has made several recommendations to the sector to improve access for older people.• HDC supports direct resolution of complaints between consumer and provider can assist people in navigating the health and disability systems.• HDC also funds an Advocacy Service which supports people to access complaint mechanisms and resolve their concerns directly with the provider.
Timeliness	<ul style="list-style-type: none">• Health sector targets around timeliness are a factor HDC takes into consideration when assessing the standard of care. HDC therefore has a role in holding providers to account for providing timely care where appropriate.• HDC also ensures that information about delays in care is escalated to appropriate agencies and monitors actions taken to improve timeliness.• HDC frequently makes recommendations to providers designed to improve timeliness of care.
Quality	<p>HDC plays a vital role in improving the quality and safety of health and disability services.</p> <ul style="list-style-type: none">• The Code of Rights sets the benchmark for consumer-centred care in New Zealand, and HDC holds providers to account for providing quality care

	<ul style="list-style-type: none"> • Through the making and monitoring of our recommendations we facilitate quality improvement and improve patient experience. Our recommendations have a high compliance rate at 91%. • We work closely with other agencies to ensure that public safety and other urgent issues are escalated and addressed in a timely way. • Our unique dataset is grounded in consumer experience and reflects the quality issues that consumers are most concerned about. • We take a collaborative approach to raising and addressing areas of systemic concern with sector leaders. • We use the insights gained from complaints to influence legislation, policies and practice, including how safeguards can be strengthened to better protect consumers' rights. • The Aged Care Commissioner has a mandate to drive quality improvement in care provided to older people, and has made several recommendations to the sector to improve the quality of care provided to older people across the health system. The Aged Care Commissioner is actively monitoring progress against those recommendations.
Workforce	<ul style="list-style-type: none"> • HDC undertakes several educational initiatives to support providers' understanding of their obligations under the Code and how this can be embedded in their day-to-day practice. • Our online education modules on the Code, informed consent and complaints management have been accessed by over 15,000 providers as at June 2025. • Staffing capacity and capability are a common issue identified by HDC in the assessment of complaints. We work to bring these issues to the attention of relevant agencies, make recommendations and monitor action taken
Infrastructure	<ul style="list-style-type: none"> • The limitations of current physical and digital health infrastructure contribute to many of the systemic issues HDC sees in complaints, and we bring these issues to the attention of relevant agencies and monitor action taken. • HDC has a role in overseeing the quality of telehealth and other digital health services.

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

- Employing dedicated resource to improve our responsiveness to Māori communities;
- Improving the way in which we collect data about Māori and Pacific peoples experience of care;
- Improving our internal cultural knowledge and capability;
- Working to improve the cultural responsiveness of our complaints process;
- Working with Māori and Pacific communities to increase understanding of the Code;

- Working with Māori and Pacific communities to ensure their experiences are captured in the work of the Aged Care Commissioner;
- Working with providers to assist in improving the cultural responsiveness of their complaints processes;
- Making recommendations to providers to improve cultural aspects of care;
- Holding the sector accountable for culturally responsive care where appropriate;
- Sharing data and insights in a way that supports system learning and improvement.

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

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

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

- Promoting the rights of tāngata whaikaha|disabled people under the Code of Rights through educational initiatives and accessible resources;
- Improving the accessibility of our complaints process to ensure that the voices of tāngata whaikaha|disabled people are heard, and providers are held to account where appropriate;
- Improving the way in which we collect data about tāngata whaikaha|disabled people's experience of care, and working to ensure such information is used to have a tangible impact on the system;
- Making recommendations with a focus on improving the quality of disability support services and the treatment of disabled people in the health sector; and
- Funding the Advocacy Service, which has a focus on tāngata whaikaha|disabled people who may want additional support to raise concerns and make a complaint.

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

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

HDC is supportive of the code of expectations. Ensuring that people have a say in the planning and design of the health system is a key enabler of the Code of Rights being upheld in the delivery of services.

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

- The use of our complaints data to highlight the consumer and family or whānau voice in quality and safety;
- Engaging with consumer groups to assist in identifying organisational priorities and issues of strategic importance in the health and disability system;
- Monitoring consumer and whānau experience of our complaints process and using this information to inform quality improvement in those processes;
- Providing accessible information and educational resources about the Code and avenues for complaint;
- Working with our Māori Directorate to improve the responsiveness of our complaints process for Māori;
- Improving the accessibility and responsiveness of our complaints process to the needs of disabled people
- Funding the Advocacy Service to support people to resolve their concerns directly with providers and undertake community-level promotion of the Code with a focus on those populations who face multiple barriers to making complaints (e.g. people in residential services).
- Using HDC's levers to promote equitable health outcomes; and
- Focusing on meaningful engagement with older people and their family or whānau to inform the Aged Care Commissioner's monitoring of the sector and associated recommendations.

Our strategic priorities

Our priorities respond to the context in which we operate. This includes increasing complaint volume and complexity; our resource constraints (including reduced funding levels); and the pressure health and disability services are under.

In the context of a funding reduction and rising complaint volumes, HDC's core strategic priority will be maintaining our complaints resolution, public protection and quality improvement functions. By necessity there will be less focus on statutory requirements around rights promotion, education and stakeholder engagement.

Taking this context into account, we have agreed on the following priorities for HDC for 2025–2029, to bring focus to how we deliver our core business, achieve our intended outcomes for New Zealanders, and respond to Government expectations:

- Responding efficiently and effectively to growing demand;
- Being a culturally safe organisation;
- Having a responsive complaints process; and
- Demonstrating tangible system impact.

Responding efficiently and effectively to growing demand

HDC is under pressure from a significant increase in the number of complaints in recent years. Complaints have increased by around 50% since pre-COVID times, and we currently receive between 250 and 400 complaints a month. While this increase in complaints was initially due to a rise in COVID-19 related complaints (which caused a 25% increase in volume in 2021/22), the increase in volume has continued despite pandemic restrictions ending.

Around 80% of complaints received by HDC in 2024/25 were closed within 6 months. However, increases in complaint volume have put significant pressure on the time it takes HDC to resolve more complex complaints and investigations. This has led to a growing number of complaints under assessment. In a resource-constrained environment, HDC has focused our resource on closing our older complaints and responding swiftly to public safety and other urgent issues.

In the context of a funding reduction, HDC's priority is on maintaining our complaints resolution function. Maintaining this function in the face of growing demand and constrained resources will require us to continue to find efficiencies where possible. We have introduced changes to our 'front door' triage processes to ensure that our limited resources are appropriately focused on those complaints that require HDC intervention. We have also concentrated on streamlining processes where possible. This has led to a significant increase in our number of complaint closures, and we are now closing more complaints than we receive. This puts us in a good position to reduce our aging profile of complaints and improve the timeliness of our process more generally.

We have identified that our IT platform creates significant barriers to further improving the efficiency of our process, as well as restricting our ability to improve complainant and provider experience of the process and undertake data analysis. HDC is currently investing in a new case management system to increase efficiency and productivity, improve the transparency and responsiveness of our process,

and allow us to better analyse and share our data. Such a system is a priority for HDC, and we are aiming to have it in place by early 2026.

Improving the efficiency and timeliness of our process is a central focus for HDC and is critical to us achieving the strategic impacts we seek. The timely resolution of complaints helps to ensure people's resolution needs are met, quality and safety is improved and public trust is strengthened.

HDC's staff are our greatest asset, and delivering our strategic intentions depends on our internal culture and capability. It will be important that we invest in our organisational capability to meet our priorities and support a high-performing and inclusive culture.

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

Key areas of focus

During the period of this SOI, HDC will:

- Make prudent financial decisions to ensure we are operating within our reduced baseline while maintaining our core functions;
- Significantly reduce our aging profile of complaints with a focus on improving the timeliness of our investigations and meeting benchmarked timeframes for different types of complaints;
- Continue to ensure that our triage processes support a focus on early resolution where possible to ensure HDC's limited resources are directed where they are most needed;
- Invest in staff culture and capability, including continuing to progress our pay gap action plan and improve staff training and support to maintain a high-performing, collaborative, and inclusive internal culture;
- Implement an upgraded complaints management system; and
- Minimise HDC's impact on the environment.

Being a culturally safe organisation

Diversity of age, gender, 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 issues that impact on health outcomes to be addressed.

However, our ability to contribute to improving health outcomes within the health and disability sector relies on us making sure that the way we operate is accessible and culturally responsive.

As noted above while HDC is focused on all people using health and disability services. In line with our statutory obligations we have placed a particular focus on disabled people, Māori and older people.

HDC appoints Deputy Commissioners who are specifically focused on the rights of those population groups which may experience multiple barriers to complaints processes, including tāngata

whaikaha | disabled people, older people, people experiencing mental health and addiction issues and people in prison.

HDC is working to ensure that our commitment to our responsibilities under Te Tiriti o Waitangi is central to our work. Our Kaitohu Mātāmua Māori (Director Māori) and his team work with staff across HDC to increase cultural knowledge and competence, support tikanga-led approaches to complaint resolution and provide mātauranga Māori advice. HDC's Māori Directorate also works with Māori communities to support their understanding of the Code, and with providers to support them to improve the responsiveness of their complaints processes.

Currently almost 30% of complaints to HDC are about the care provided to a person who identifies as having a disability. However, we know that there are groups within the disability community who are under-represented in complaints and who face multiple barriers to raising their concerns, including people in the deaf community, people with learning disabilities and people in residential support services. HDC recognises the importance of accessibility and is focused on ensuring that people can access HDC in a way that best meets their needs.

We have also developed a disability action plan which will be rolled out over the course of this SOI to better support the rights of disabled people to be understood and upheld. This action plan has a focus on improving internal knowledge of disability, and working with responsible agencies to address key systemic issues which impact on the experience of disabled people in both the health and disability sector.

The Aged Care Commissioner undertakes a number of engagements with older people and their family or whānau to understand their experience of services, raise their awareness of their rights under the Code and advocate for better services. Their monitoring work is informed by the voices of older people and the issues of most importance to them.

The Advocacy Service also supports our cultural responsiveness. Advocates have a mandate to build strong networks in their communities, with a particular focus on connecting with those communities who face multiple barriers, including those in residential services. A proactive approach by advocates ensures that those who may otherwise find it difficult to raise a complaint are supported appropriately to understand their rights and raise and resolve concerns.

Supporting internal cultural capability and ensuring that we have a workforce that reflects the diversity of Aotearoa is a priority. HDC is implementing our action plan under Kia Toipoto, the Public Service Commission's Public Service Pay Gaps Action Plan. An important aspect of this work is improving the cultural competence of staff and improving their understanding of the diverse needs of disabled people. We have also improved the inclusivity of our recruitment process to ensure we are welcoming and inclusive of a diverse range of candidates.

Key areas of focus

During the period of this SOI, HDC will:

- Implement our disability action plan;
- Improve our internal cultural capacity and capability, including in relation to disability;
- Continue to implement our pay gaps action plan, including evaluating the impact of changes made;
- Continue to contract the Advocacy Service to prioritise engagement with focus populations (including Māori, disabled people and older people);
- Support providers to improve the cultural responsiveness of their complaints processes;
- Embed our use of tikanga-led approaches to complaints resolution more seamlessly within our process, and improve our ability to hold the sector to account for culturally unsafe care;
- Improve and monitor our complaints data to highlight the experience of Māori, tāngata whaikaha|disabled people, older people and other priority populations in the health and disability system; and
- Continue to engage with older people and their family or whānau to understand their experiences of the health system to inform our monitoring work in this area.

Having a responsive complaints process

HDC receives a wide range of complaints from relatively minor concerns, to concerns about significant physical and/or psychological harm, public safety issues and serious professional conduct concerns. People's resolution needs are similarly diverse with many people wanting better communication from their provider, an explanation of their care or quality improvement; and others wanting an independent assessment or investigation. We have wide discretion and broad powers to respond to these issues.

HDC has a mandate to support the timely resolution of complaints between consumer and provider where appropriate. Resolution of complaints between the parties can often result in the best outcome for both consumer and provider. It can ensure that people's resolution needs are met quickly, restore trust and build relationships, and ensure that any quality improvement measures are implemented at source in a timely way. It also ensures that HDC's limited resources are directed towards those complaints that require our intervention. Therefore, most complaints to HDC (70%) are closed using early resolution methods usually within 6 months.

In the context of on-going increases in complaint volumes within a resource-constrained environment, HDC is focused on improving our complaints processes to make it not only more streamlined and efficient, but also more responsive, with a stronger focus on early resolution. HDC is working with the Advocacy Service and engaging with the sector to support local resolution where possible ensuring that HDC's resources are focused on those complaints that require them.

HDC is currently reviewing our regular complainant and provider experience survey to ensure they are providing us with the information we need to improve people's experience of the process. These surveys are designed to be quality improvement tools, providing HDC with insights on how we can improve the responsiveness of our process, and allowing us to measure the impact of any changes

made. HDC has also undertaken an evaluation of people's experiences of tikanga-led approaches to complaints resolution to identify what best meets people's needs and to embed such approaches more seamlessly within our processes.

The implementation of changes to achieve a more responsive process will be a long-term change process. There is no quick solution to the challenges we face, particularly in the context of a significant and sustained increase in complaint volume and reduced funding levels. In this context, HDC has prioritised its resources towards addressing serious and urgent complaints as well as reducing our aging profile of complaints. Resource constraints, including static funding over many years, have also had an impact on the geographical coverage of the Advocacy Service, with some areas of New Zealand lacking advocacy support. HDC will continue to work with Government and the Advocacy Service to support the long-term sustainability of the Advocacy model.

Key areas of focus

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

- Significantly reduce our aging profile of complaints with a focus on improving the timeliness of our investigations and meeting benchmarked timeframes for different types of complaints;
- Focus on supporting early resolution of complaints between complainants and providers ensuring that HDC's limited resources are focused appropriately on those complaints that require our intervention;
- Work with the Advocacy Service and the sector to support timely resolution of complaints by providers;
- Implement a refreshed survey to monitor people's experience of our complaints process, and use this information to improve our process;
- Implement a fit-for-purpose digital complaint system which allows us to work more efficiently and communicate more responsively and transparently with people during the complaints process;
- Embed our use of tikanga-led approaches to complaints resolution more seamlessly within our complaints process; and
- Continue to roll our training to improve the cultural capability of our complaints staff, including a focus on improving knowledge of disability

Having tangible system impact

HDC plays a key role in improving quality and safety. Our data is grounded in people's experience and can provide insight on emerging risk, and the issues people care about most. We closely monitor the trends that emerge across complaints, and take a timely, collaborative approach to raising issues of systemic concern. HDC works with sector leaders and other agencies (including groups such as the National Quality Forum), who have a role in quality and safety to share intelligence, ensure that timely action is taken on public safety concerns, and support a multi-agency approach to areas of shared concern.

HDC has an important role to play in supporting the Ministry of Health, MSD, HQSC, Health NZ and other agencies in their monitoring roles and to improve quality and safety of the health and disability systems. Our role and functions, particularly in respect of amplifying the consumer voice and supporting a learning culture, also support the Government to meet its commitments under Pae Ora (Healthy Futures) Act and the New Zealand Health Strategy. We also use the insights gained from complaints to influence legislation, policies, and practice.

In addition, the Aged Care Commissioner has a mandate to monitor, and work to address quality and safety issues for older people in the health and disability sector. They work closely with consumer groups, sector leaders and other relevant agencies to assist in ensuring that a collective approach is taken to improve care for older people and their family or whānau.

HDC's accountability function also improves the quality and safety of services. Accountability is an important aspect of a learning system and assists to ensure that risk is appropriately escalated, public safety is protected, recurrent behaviour and systemic issues are addressed, change occurs, people's resolution needs are met, and public trust in the system is maintained. Through the making and monitoring of recommendations HDC also holds the system to account to ensure that learning and change occurs.

Key areas of focus

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

- Work with other agencies and sector leaders to amplify the consumer voice, highlight areas of concern, and take a collaborative approach to system issues where appropriate;
- Work collaboratively with other agencies to ensure that public safety issues are escalated and addressed in a timely way;
- Monitor compliance with our recommendations and take appropriate action where recommendations are not complied with by providers;
- Monitor compliance with the Aged Care Commissioner's recommendations to the sector and report to the Ministry and Minister on progress made by the sector;
- Report on thematic issues in our complaints data and make associated recommendations, concentrating on our focus populations
- Continue to prepare submissions on relevant legislation, policy and clinical guidelines to strengthen safeguards

How we deliver on our outcomes and strategic priorities

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

Complaints resolution

HDC's central function and primary vehicle for the protection of consumers' rights is the assessment and resolution of complaints. In the context of a reduction in funding levels, HDC remains focused on maintaining our complaints resolution function.

HDC receives around 3,600 complaints a year and resolution can range from people receiving an explanation and/or apology directly from the provider, to HDC formally investigating a person's care and finding a provider in breach of the Code (typically investigations focus on more serious concerns). Around 40% of complaints are referred for resolution directly between the provider and consumer, often with the assistance of the Advocacy Service, and around 170 investigations are commenced each year.

As noted above, HDC is focused on reducing delay in our complaints process, reducing our number of open complaints and implementing a process that is more responsive, with a focus on supporting resolution between provider and consumers.

Supporting appropriate and timely resolution

Where appropriate, HDC is focused on facilitating timely resolution between the complainant and provider. The work of the Advocacy Service is an important enabler of HDC meeting our strategic intent in this area.

The Advocacy Service receives around 2,600 complaints a year and assists people to resolve complaints directly with providers. Almost all complaints to the Advocacy Service are closed within nine months. Advocates guide and support people to clarify their concerns and the outcomes they seek, and this clarity in turn enables providers to respond effectively and directly. The process often helps people to rebuild relationships.

HDC has implemented several changes to ensure that our complaints processes support appropriate and timely resolution.

These changes have proved largely successful with HDC increasing our number of closures by 40% and achieving a net clearance rate of over 100% (meaning we are closing more complaints than we receive). Our focus over the course of this SPE will be to significantly reduce our number of open complaints and achieve the following resolution timeframes:

- Early resolution complaints² – 100% are closed within 1 month
- Complex non-investigation complaints³ – 85% are closed within 9 months

² An early resolution is one that is resolved or closed without gathering any further information.

³ A complex non-investigation complaint is one that requires further information to be gathered following a preliminary assessment.

- Investigations⁴ – 70% are closed within 2 years

Accountability

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

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

⁴ An investigation is a formal notified investigation that could involve multiple stakeholders.

How we measure and monitor our impact

To assess our performance in complaints resolution, HDC will:

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

Promotion and education

HDC is statutorily required to promote the Code of Rights, and our educational initiatives help to promote and build an understanding of people's rights and providers' obligations under the Code. It should be noted that, to maintain our complaints resolution function in the context of a funding reduction, we must reduce our promotion and education activity.

We aim to direct our limited promotional and educational activities to those communities who experience barriers to making complaints and accessing information about their rights, with a particular focus on Māori, tāngata whaikaha|disabled people and older people. We have updated our promotional material to ensure that it is fit for purpose, culturally appropriate, and accessible. We have also developed an online education resource for consumers to raise awareness of their rights and how to exercise them. This resource was developed in consultation with consumers.

Most promotional activity will be undertaken by the Advocacy Service who promote the Code through community-level educational initiatives. In the context of limited resource, advocates will prioritise the delivery of these initiatives towards our focus population (for example, people in residential aged care or disability support service).

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

HDC is also focused on raising providers' awareness of their obligations under the Code of Rights and how to apply the Code in their day-to-day practice. Our online education modules for providers on the

Code, informed consent, and managing complaints, which were introduced in November 2022, are self-sustaining and have been accessed by over 15,000 providers as at June 2025.

HDC's ability to support local and timely resolution between consumer and provider is dependent on the capability of providers to resolve complaints in a way that meets people's needs and improves quality and safety. HDC therefore aims to work with the sector to improve provider capability to resolve complaints themselves. HDC's Māori Directorate similarly has an important role in supporting providers to improve the cultural responsiveness of their complaints processes

How we measure and monitor our impact

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

- Monitor the reach of online promotional and educational initiatives for consumers and providers;
- Publish accessible resources on the Code, concentrating on our focus populations;
- Monitor and measure the educational and community engagement activities undertaken by the Advocacy Service, concentrating on reaching focus populations;
- Focus any promotional initiatives on Māori, tāngata whaikaha | disabled people, older people and other priority communities to reduce barriers to complaints; and
- Respond to enquiries from consumers, providers, and other agencies about the Act and Code, and avenues for complaint.

System monitoring and impact

HDC closely monitors the trends that emerge across complaints, and aims to take a timely, collaborative approach to raising issues of systemic concern. HDC also uses the insights gained from complaints to influence legislation, policies, and practice, including through submissions and strategic engagement. Our public statements and published decisions serve to highlight areas of concern and share learnings from complaints.

Every complaint is an opportunity to learn, and HDC aims to take an educative approach where appropriate. HDC makes around 400 quality improvement recommendations in relation to individual complaints each year. HDC's recommendations have a high compliance rate, with around 91% complied with. In this way, HDC plays an important role in holding the system to account for taking preventative action following a complaint.

HDC's has a unique dataset which reflects the consumer experience. We regularly publish the themes in complaints with a view to make associated recommendations for change at a broader systems level.

How we measure and monitor our impact

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

- Follow up on and monitor compliance with HDC's recommendations;
- Monitor complaint trends and publish trend reports on areas of importance to the health and disability system and consumer experience;
- Monitor trends in relation to assisted dying, and provide regular reports on these complaints to the Registrar (assisted dying);
- Monitor engagement with key sector stakeholders to share intelligence and collaborate on issues of shared concern, including taking part in multi-agency groups where appropriate;
- Raise issues and provide recommendations, briefings, and submissions on policy, guidance, and legislative change in relation to the Code and/or trends identified in complaints; and
- Make public statements in relation to upholding people's rights under the Code and publish key decision reports

Aged Care Commissioner

In 2021 the functions of the Aged Care Commissioner were established within HDC. These functions include advocating for better health and disability services on behalf of older people and their family or whānau and providing strategic oversight and stronger sector leadership to drive quality improvement in the aged care sector.

HDC therefore has an important role to monitor the responsiveness of the health and disability system to meeting the needs of older people, and we use our broad powers to make recommendations and, where appropriate, hold providers to account for improving the care provided to older people. The Aged Care Commissioner has made 20 recommendations to the sector to improve care, and we are monitoring the implementation of these recommendations over the medium to long-term. We are also committed to using our complaints data to report more fulsomely on the experiences of older people, and will be producing a report which looks at the trends in complaints about aged residential care and makes associated recommendations.

How we measure and monitor our impact

To assess our performance regarding older people, HDC will:

- Monitor and report on our complaints data in respect of older people's experience of care and make recommendations to improve the care provided;
- Monitor and report to the Ministry of Health on progress made by the sector to implement the recommendations of the Aged Care Commissioner
- Monitor the effectiveness of the relationships with key sector and consumer stakeholders established by the Aged Care Commissioner in relation to the care of older people;
- Monitor and report publicly on the quality of care provided to older people.

Our organisational health and capacity

Leadership

Our Commissioner is responsible for setting the strategic direction of the organisation, and they are supported by a Governance Group in overseeing HDC's strategic development. The Commissioner is also supported by their Executive Leadership Team, which is responsible for leading a positive, collaborative and high-performing internal culture and managing operational matters.

Our people

Our staff bring skills and expertise in governance, leadership, investigation, quality and safety, strategy, legal advice, litigation, clinical practice, research, information technology, communications, cultural advice and financial management. Most staff hold professional qualifications and have backgrounds in health, disability, or law. HDC is investing in staff culture and capability, including through the implementation of staff wellbeing initiatives, supporting a staff-led Charter to enhance internal culture and the development of training and induction programmes.

Our Māori Directorate work with staff across HDC to increase cultural knowledge and competence. HDC is also working to ensure that regular training and information is available to staff to improve their understanding of the experience and needs of tāngata whaikaha | disabled people.

Ensuring that we have a workforce that reflects the diversity of Aotearoa is a priority. HDC has developed an action plan under Kia Toipoto, the Public Service Commission's Public Service Pay Gaps Action Plan, and will continue to progress this work.

Environmental sustainability

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

Financial sustainability

HDC, with prudent financial management, strives to meet increasing demand for its services, while ensuring that the organisation remains financially sustainable. Ensuring we are operating within our reduced baseline while responding to increasing demand for our services is extremely challenging. However, HDC is committed to exploring ways to increase our efficiency and productivity within our funding envelope. The number and nature of complaints drives expenditure across three key areas of the organisation — staff, clinical advisors, and facilities (ICT and property).

Technology

HDC has a secure and reliable internal IT platform. Security of IT systems and data is paramount, and HDC proactively manages its IT security arrangements, using specialised support as required. Key technology solutions are reviewed regularly, data is backed up frequently, and the IT disaster recovery plan is tested annually. We have a rolling programme of work to review and enhance systems to meet

the organisation's requirements and enhance staff productivity. We continue to make investments in our technology to support a 'paperless' working process and hybrid working arrangement.

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

HDC is currently designing a fit-for-purpose complaints management system which will improve our efficiency and productivity. We are aiming to have that system in place by early 2026.

Physical assets

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

Continuous improvement

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

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

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