



Research Director  
Health, Communities, Disability Services and Domestic and Family  
Violence Prevention Committee  
Parliament House  
George Street  
Brisbane QLD 4000

**Children's Health Queensland**  
Hospital and Health Service

To the Research Director

In response to the inquiry into the performance of the Health Ombudsman's functions pursuant to section 179 of the *Health Ombudsman Act 2013* (the Act). Children's Health Queensland (CHQ) provides the following response to the below specific issues:

▪ **The operation of the health service complaints management system**

In challenging situations there appears to be a reluctance by the Office of the Health Ombudsman (the OHO), to take a definitive position in a way which would better serve the public interest and the interest of the health service. In dealing with complaints, frequently the OHO takes the relevant action of facilitating local resolution under Part 6, however in the large majority of instances, the health service has already attempted local resolution before the complaint is received by the OHO. These attempts at local resolution are usually detailed in the response provided to the OHO by the health service.

Health services are obliged to comply with the customer complaint requirements pursuant to section 219A of the *Public Service Act 2008*, including compliance with the relevant Australian Standard about the handling of customer complaints. It is suggested that whilst section 52 of the Act provides that the purpose of the local resolution is to facilitate resolution "as quickly as possible and with minimal intervention by the health ombudsman", in situations where the health service has already exhausted all attempts at local resolution, the outcome is more likely to create frustration for both the complainant and the health service.

Within our health service we have examples where the decision to facilitate local resolution has exacerbated the situation and resulted in families who have lost confidence in 'the system' and the health service. In other situations, families have expressed that they feel they have nowhere else to go except to the media and/or to the Minister for Health.

▪ **Ways in which the health service complaints management system might be improved.**

As highlighted above, a suggestion for improvement would be that the OHO takes a more definitive position in assessing health service complaints and only deals with complaints by facilitating local resolution in situations where there have been no previous attempts at local resolution, or in situations where there are obvious gaps in the resolution or complaints management process.

▪ **The performance by the health ombudsman of the health ombudsman's functions under the Health Ombudsman Act 2013 Act.**

Within our health service we have examples where health service complaints have not been appropriately "triaged". Accordingly, matters which do not constitute a "health service complaint" as defined under the Act, are nevertheless still dealt with by the OHO.

The Health Service Chief Executive is the custodian of all health service records. Whilst our employees are not authorised to provide the OHO with patient records, there have been instances where practitioners have received notices to provide such documents.

▪ **Review the National Boards' and National Agency's performance of their functions relating to the health, conduct and performance of registered health practitioners who provide health services in Queensland.**

Due to the dual processes of the OHO and the Australian Health Practitioner Regulation Agency (AHPRA), matters have the ability to become circuitous. Our health service has examples of situations where the AHPRA has referred the matter to the OHO who has in turn referred the matter back to the AHPRA.

▪ **Any other matter about the health service complaints management system.**

The definition of "health service complaint" under the Act is extremely broad and extends to support services including corporate support services, which serve the same function in public sector agencies outside the health system. The OHO's resources may be better directed to dealing with complaints unique to the provision of health services, particularly given the role of other reporting and investigation agencies.

The statutory time period of 14 calendar days from the giving of a notice is often insufficient to provide submissions and produce information, particularly in relation to complex and lengthy matters.

There have been prolonged delays by the OHO in the assessment of complaints, despite the statutorily imposed timeframes.

It is not an uncommon practice for complainants and potential litigants to use the OHO process solely as an information gathering exercise, prior to issuing a 9A notice. A parallel claims process can also hinder genuine attempts at conciliation.

Thank you for the opportunity to provide comments to the inquiry into the Queensland Health Ombudsman's functions and performance. If you have any queries or require further information please contact Dr Andrew Hallahan, Executive Director Medical Services, on [REDACTED]

Yours sincerely

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Fionnagh Dougan  
**Health Service Chief Executive**  
**Children's Health Queensland**  
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