Speech By

Leanne Linard

MEMBER FOR NUDGEE

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HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE: REPORT, MOTION TO TAKE NOTE

Ms LINARD (Nudgee—ALP) (12.18 pm): I move—

That the House take note of Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee report No. 31, tabled on 16 December 2016.

This is the committee's first report as part of its monitoring and oversight responsibilities in relation to Queensland's health service complaints management system, comprised of the Office of the Health Ombudsman, the Australian Health Practitioner Regulation Agency, AHPRA, and the national boards. The way in which health service complaints are managed in Queensland underwent a significant shift in 2014 with the establishment of the Office of the Health Ombudsman under the Health Ombudsman Act 2013—which transferred investigation of serious professional conduct complaints about health practitioners to the OHO, instead of AHPRA and the national boards, which deal with such matters in most other Australian jurisdictions. Prior to 1 July 2014, responsibility for health service complaints in Queensland was divided between AHPRA and the Health Quality and Complaints Commission.

The committee's inquiry was informed by the Health Ombudsman's and AHPRA's annual reports and monthly and quarterly performance reports, and evidence provided by both bodies, Queensland Health, stakeholders and concerned citizens at public briefings and hearings. While not directly comparable, the committee also draw comparisons where appropriate between the OHO, the previous health complaints system in Queensland pre 1 July 2014 and the co-regulatory system in New South Wales. These two systems are the closest systems to the current scheme in Queensland and were therefore useful when discussing the performance of the current Queensland health complaints system.

It is acknowledged that the creation of a new organisation takes time, and the embedding of that organisation into an existing system will always require a period of adjustment, and I acknowledge the work undertaken by the Health Ombudsman and his staff in this regard. It is also acknowledged that the work of any health service complaints body is challenging. However, significant concerns were raised with the committee that after 2½ years the OHO is failing to meet its statutory time frames.

During the inquiry, stakeholders raised concerns about the OHO's noncompliance with statutory time frames, in particular, the 30-day time frame for the assessment of complaints and the one-year period for the investigation of complaints. In 2015-16 just under a third of assessments were completed within the legislated time frame of 30 days and its statutory time frame to complete an investigation in one year in 53 per cent of complaints. Stakeholders highlighted the significant adverse impact that the failure to deal with complaints in a timely manner has on patients and their families and on health practitioners who are the subject of complaints. The number of investigations exceeding two years still under investigation is also a cause for concern.

The committee noted that the OHO reported lengthier time frames for the conclusion of complaint processes in 2015-16 across almost every category of complaint action. Levels of compliance with statutory time frames and time based organisational targets were also down on the previous year and on comparable HQCC compliance rates. This is despite an increase in actual expenditure to approximately $16.8 million and an increase in full-time-equivalent staff from 94 to 125 in 2015-16. This is also despite a commitment from the former minister for health under the Newman government that the changes would be cost neutral to the Queensland public. While acknowledging there are differences between the two models and the added maturity of the New South Wales Health Care Complaints Commission, the New South Wales HCCC is able to complete approximately 90 per cent of its assessments within 60 days and 85 per cent of investigations within one year, despite handling more complaints, having fewer staff and a lower budget than the OHO.

In addition to the time taken to consider and finalise complaints, stakeholders also raised concerns regarding a perceived limited use of clinical advice in decisions about complaints, inconsistency between the OHO and AHPRA and the national boards' data on health service complaints, potential deficiencies in information sharing and how the OHO engages with stakeholders.

The committee's role in monitoring the health complaints system is to ensure that the public interest is being served. In this regard, the committee resolved to make a number of initial recommendations aimed at improving the performance of the system. The committee recommended that the merits of amending the act to introduce a joint consideration process for health service complaints between the OHO and AHPRA and the national boards be investigated. It was the view of the committee that joint consideration processes in place in New South Wales under its co-regulatory approach and other states and territories under the National Registration and Accreditation Scheme could assist in addressing some of the consistent issues raised regarding information sharing and effective collaboration.

The committee also recommended that the government consider options for ensuring that potentially serious professional misconduct matters are able to be dealt with as a whole rather than being split between the OHO and AHPRA and the national boards, and that the Office of the Health Ombudsman, AHPRA and the national boards work collaboratively to resolve ongoing information sharing and data issues currently preventing the production of nationally consistent data. The committee will continue to monitor progress in this regard to ensure that the public interest is served. I commend the report to the House.