Annual Report 2014–15

Our first year of listening, responding, resolving.

Office of the
HEALTH
OMBUDSMAN

Listen. Respond. Resolve.

VISION

The 2014–15 financial year was the foundation year for the Office of the Health Ombudsman. It has built a solid platform on which to deliver its vision:

To be the cornerstone of a transparent, accountable and fair system for effectively and quickly dealing with complaints and other healthcare matters in Queensland.

PURPOSE

Through strong leadership and a focus on continual improvement, the office has established the means to deliver its purpose:

To protect the health and safety of the public and instil confidence in the health system in Queensland by investigating, resolving or prosecuting complaints about healthcare.

LISTEN

We want Queenslanders to know they have a voice if something isn't right in the way they receive health services. We listen carefully to complainants, health service providers and expert advisors, to ensure we make well-informed decisions and provide the best advice to promote competent practice and high standards of health service delivery.

RESPOND

We respond to complaints quickly and thoroughly. We communicate clearly, openly and regularly with complainants, health service providers and other stakeholders to make sure Queensland's health service complaints system is efficient, transparent and fair.

RESOLVE

We aim to resolve all complaints in the most timely and appropriate way, based on detailed information and evidence that we independently and impartially assess and analyse. Resolutions can take many forms, but we pride ourselves on making decisions that are informed and fair.

Contents

Office of the Health Ombudsman Annual Report 2014–15

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Office of the
HEALTH
OMBUDSMAN
Listen. Respond. Resolve.

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27 August 2015

The Honourable Cameron Dick MP
Minister for Health
GPO Box 48
BRISBANE QLD 4001

Dear Minister

I am pleased to present the Annual Report 2014–15 and financial statements for the Office of the Health Ombudsman.

I certify that this annual report complies with:

- the prescribed requirements of the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2009*
- the detailed requirements set out in the *Annual report requirements for Queensland Government agencies*.

A checklist outlining the annual reporting requirements can be found at pages 110 and 111 of this report.

Yours sincerely

Leon Atkinson-MacEwen
Health Ombudsman

Spotlight on 2014–15

received **8017** contacts

67% of decisions on how to proceed **made within 7 days**

accepted **3109** health service complaints

completed **1886** assessments

61% **within** legislated timeframes

conciliated **76%** of matters that started conciliation

completed **691** local resolutions

97% **within** legislated timeframes

commenced **357** investigations

issued **10** immediate registration actions

issued **8** interim prohibition orders

completed **65** investigations

referred **1387** non-serious matters
to AHPRA for management

requested **37** serious investigations
from AHPRA

At the beginning of the year, a range of matters were transitioned to the office, including:

289 matters
from the HQCC

219 matters requiring monitoring
from the HQCC

65 serious investigations
from AHPRA

Achievements

This report outlines how the Office of the Health Ombudsman (the office) has delivered on its objectives and how it will build on its achievements of the year, listed below.

Objectives	Key achievements
Protect the health and safety of the public.	▪ The office managed a significant number of transitional matters from the HQCC and AHPRA while building capacity to manage complaints with a broader scope than either previous organisation. ▪ A robust and effective health service complaints management system has been established with a focus on continual improvement ensuring complaints are received and acted upon efficiently to protect public health and safety and bring about systemic change. ▪ The Health Ombudsman has taken immediate action to protect the health and safety of the public on a number of occasions, issuing ten immediate registration actions and eight interim prohibition orders. ▪ Three matters under investigation have been referred to the Director of Proceedings for consideration of referral to QCAT for prosecution.
Promote professional, safe, competent practice and high standards of service delivery from health practitioners and health service organisations.	▪ The office has established a productive and collaborative relationship with AHPRA to ensure an effective co-regulatory system, using best-practice case management and investigative methodologies to achieve quality and timely outcomes. ▪ The office commenced several investigations into certain systemic issues within Queensland's health system that will identify and make recommendations for overarching improvements. ▪ By working with health service providers throughout the health complaints process, the office has educated providers and highlighted the improvements needed for positive change.
Maintain public confidence in the management of complaints and other matters relating to the provision of health services.	▪ The office received and actioned high volumes of contacts and complaints in a thorough and timely way. ▪ The office resolved 88 per cent of local resolutions and conciliated 76 per cent of matters that started conciliation. ▪ A robust mechanism for accessing advice from expert clinicians has been established, ensuring matters are reviewed by suitably qualified and experienced health practitioners with an appropriate understanding of the situational and work environments in which matters take place. ▪ The office established an open and transparent reporting regime by publishing on its website: – monthly, quarterly and annual performance reports – various investigation reports – investigations that have been open for more than 12 months – all prohibition orders and certain immediate registration actions. ▪ Public hearings with the Health Ombudsman by the Health and Ambulance Services Committee are broadcast live to the public on the Queensland Parliament website **www.parliament.qld.gov.au**. The Health Ombudsman gave more than 40 presentations to stakeholders and other interested parties to explain his role and that of the office. He also participated in many more meetings and discussions with a wide range of organisations regarding his responsibilities.
Create strong business operations and a culture of continual improvement.	▪ Best-practice technology and record keeping mechanisms have been put in place, underpinning the office's operations and supporting productivity in the workplace. ▪ Extensive process mapping and refinement was used to enable the office to improve its efficiency, improve its ability to meet legislative requirements and deliver on its objectives. ▪ The office established a workforce of dedicated specialists with expertise in a range of key areas and the flexibility to deliver quality outcomes while managing unexpectedly high workloads.

From the **Health Ombudsman**

Our first year of operation presented both challenges and opportunities. Starting a new organisation from scratch, with a new legislative model, requires considerable flexibility and agility from those involved.

Given the short time available to establish the office, the majority of staff were learning the job as they did it. It is a credit to them all that they remained flexible and good humoured as we gained a better understanding of the nuances of the *Health Ombudsman Act 2013* and developed supporting systems and processes. I am grateful for the support and perseverance shown by the Brisbane staff of the Australian Health Practitioners Regulation Agency (AHPRA) as they worked with us to establish the co-regulatory arrangements.

We have spent our first 12 months learning from our experience of the new legislative arrangements and have sought to ensure we apply the principles of good decision making to the complexity that is the Act.

Staff have embraced the somewhat challenging timeframes that we face and we have recruited additional staff throughout the year, particularly in the areas of assessment and investigation, as we gained a better understanding of the workload we faced.

The higher than expected workload has placed stresses and strains on staff from time to time and they have met those challenges admirably. Their respect for each other, the camaraderie with which they engage, the passion and the integrity they bring to their work is only matched by their dedication to excellence—to producing high quality work within the shortest possible timeframes.

Perhaps the greatest challenge we have faced is that of timeliness. The Act places strict timeframes around a number of our actions, and staff are very focussed on meeting those timeframes. The volume of work, the complexity of matters coming to us, the flexibility of the Act in allowing me to take a number of actions concurrently, and the difficulty we have faced in recruiting the necessary numbers of quality staff to add to the already high-calibre staff in the office, have all acted as brakes on timeliness.

We have spent a lot of time balancing resources, quality, timeliness and risk, while looking at our systems, processes and resourcing levels, to ensure that we know our processes are as efficient as possible, and to give us some confidence that the answer lies in appropriately resourcing the volume of work we must manage. To that end, we continue to recruit, and to review and refine our internal processes and systems to streamline our decision-making even further, while ensuring quality decisions are made. I expect that these actions will have a positive impact on the timeliness of our decisions in 2015–16.

We are committed to making the health complaints management system as transparent as we can. Our performance data is publicly reported monthly and quarterly, and I have been working with AHPRA over the last 12 months to improve the quality of data available across the co-regulatory system in Queensland. Without transparency there can be no confidence that the system is working as it should.

While we do not have a great deal of data available to us stemming from the operation of the Act, we have already commenced analysing available data to identify areas where a systems approach might offer a more effective intervention. We have been looking at system-wide issues to ensure that we can identify the most appropriate points for intervention and make the most of our limited investigative resources.

For example, I have commenced an 'own-motion' investigation into the appropriateness and effectiveness of the Queensland regulatory system for scheduled medicines, in particular Schedule 8 medicines or controlled drugs. This investigation will identify improvements in these systems with the aim of reducing the risk to the public from these drugs.

As I have already mentioned, I have been working closely with the Brisbane office of AHPRA over the last 12 months, and with the various national health practitioner boards (the national boards), to improve the quality of our joint work in Queensland. For example, I am keen to develop a common understanding of what is best-practice in administrative investigations into health practitioners to ensure that our work is timely, efficient and fair. I am also keen to ensure that our investigations are of such a quality that they reduce the time and money needed to determine matters in the Queensland Civil and Administrative Tribunal.

While I will always seek to take a collaborative approach with AHPRA and the national boards, I must acknowledge that I also have a legislative responsibility to oversee and report on their performance in Queensland in relation to their functions concerning the health, conduct and performance of registered health practitioners. To date, I have conducted a case management review into a matter where a health practitioner breached conditions imposed on their registration at least 191 times before AHPRA or the Queensland Board of the Medical Board of Australia took further action and suspended the practitioner's registration. This review has led to broader action by AHPRA to identify triggers for the escalation of non-compliance with conditions, and I was pleased to see that AHPRA actively sought out the involvement of my office in this work.

As a result of a successful challenge in the Supreme Court in May 2015 in relation to my powers to require a witness to attend and answer questions, I was very pleased to see the Minister for Health introduce amendments into Parliament in June to address the deficiencies identified by the court with the wording of the particular section. With our experience of making the Act work in practice over the last 12 months, I intend to provide the Minister with some further suggested amendments to the Act to improve its operation and to remedy some minor inconsistencies.

After a year of change and growth, we are all looking forward to a year of consolidation and reflection on what we have learnt and achieved, with an eye to even more effective action to protect the health and safety of Queenslanders. In 2015–16, we'll see the further development and implementation of our case management system, more in-depth reporting on our performance, and feedback to various areas of the health sector, particularly the Hospital and Health Services, on what our data is saying about their performance. I also see the coming year as one where we will engage even more actively with those parts of Queensland society that are over-represented (by head of population) as users of the health system but under-represented as complainants.

Finally, I would like to thank my executive management team, whose wisdom, sound advice and good humour have sustained me and the office through the roller-coaster ride of our first 12 months. My thanks also goes to the extraordinary group of individuals who make up the broader leadership team of the office; I would fight to keep every one of them. And the last word goes to all the staff of the office: take a minute to reflect on all that you have achieved and be as proud of those achievements as I am of you. It is a humbling privilege to lead you all.

Leon Atkinson-MacEwen
Health Ombudsman

Introducing the office

Queensland's health service complaints system

The Office of the Health Ombudsman is Queensland's health service complaints agency. It is the one place people should go if they have a complaint about a health service provider, or a health service provided, anywhere in Queensland.

The health and safety of the public is the paramount principle of the office.

While many people don't like to complain, it is important that areas for improvement are identified to prevent similar issues from happening to others.

The office can be contacted online, in writing, over the phone, or in person at its Brisbane office.

Complainants can be confident that complaints are taken seriously, examined thoroughly and resolved as quickly as possible. If the office is unable to assist, the reasons are explained and where possible, alternative actions suggested. The office's focus is protecting the health and safety of the public, including identifying and managing any risk posed by a health service provider.

The office works with complainants, healthcare consumers and health service providers to resolve complaints as quickly as possible. The service is independent, impartial and free.

Health service complaints

A complaint can be made about any health service provider, or any aspect of a health service provided, anywhere in Queensland. A health service is any service that is, or claims to be, for maintaining, improving, restoring or managing health and wellbeing. A health service provider can be an individual health practitioner or a health service organisation.

Individual health practitioners include registered health practitioners such as doctors, nurses, dentists, physiotherapists, chiropractors, occupational therapists, optometrists and osteopaths, as well as unregistered health practitioners such as nutritionists, masseuses, naturopaths, homeopaths, dieticians, social workers, and speech pathologists.

Health service organisations include public, private and not-for-profit healthcare facilities, ambulance services, hospitals, health education services, pharmacies, mental health services, natural health clinics and community health services.

A complaint can be about any aspect of a health service, including issues with diagnosis or care, sharing information without permission, inappropriate behaviour by a provider, the quality of the health service provided, or how a provider has dealt with a complaint.

Registered health practitioners, employers and education providers are required by law to notify the Health Ombudsman about risks to public health and safety resulting from the health, conduct or performance of a health practitioner or from a student's impairment.

The Health Ombudsman

Leon Atkinson-MacEwen is Queensland's Health Ombudsman. The Health Ombudsman of Queensland is a statutory position responsible for receiving and managing health service complaints. The Health Ombudsman must act independently, impartially and in the public interest. The Health Ombudsman is responsible for:

- receiving health service complaints and deciding on the relevant action to deal with them
- identifying and dealing with health service issues by taking relevant action, such as undertaking investigations or inquiries
- identifying and reporting on systemic issues in the way health services are provided, including their quality
- monitoring the performance of the Australian Health Practitioner Regulation Agency (AHPRA) and the national health practitioner boards (the national boards) in their functions relating to the health, conduct and performance of registered health practitioners in Queensland
- providing information about delivering health services in ways that minimise health service complaints, and about how to resolve health service complaints
- reporting to the Minister for Health and the Health and Ambulance Services Committee about the administration of the health service complaints management system, the performance of the Health Ombudsman's functions, and the performance of AHPRA and the national boards' relevant functions
- reporting publicly on the performance of the health service complaints management system in Queensland.

A new beginning

The office commenced operation on 1 July 2014. It has unique powers for a health service complaints organisation in Australia, being a single state-based decision-maker, replacing the Health Quality and Complaints Commission (HQCC) as well as assuming various functions previously performed by AHPRA and the national boards.

The office receives and acts on complaints, deals with systemic issues in the health sector and oversees the performance of AHPRA and the national boards in their health, conduct and performance roles.

Why was the formation of the office necessary?

A number of independent reviews into Queensland's health complaints system identified consistent themes regarding the way in which complaints about health services were handled, and the health sector's capacity to bring about improvements as a result.

Delays were being experienced in the progress of complaints from their receipt through the various assessment and disciplinary processes to a final outcome. Agencies were unable to compel a health service provider to respond to a complaint, adding to delays and ineffectiveness.

There was a lack of consistency in outcomes for health service complaints of a similar nature.

A lack of information from some health service organisations about their complaint processes made it difficult for complainants to raise complaints, while support and advice was not readily available to them. Communication between parties was poor in certain cases, with some health service providers having a culture that didn't welcome complaints.

The scope for uncovering or exploring systemic problems in the provision of health services was limited as there was no single view of health service complaints.

A new approach was needed—one that would restore public confidence in the management of complaints about health services and providers.

Enabling legislation

Health Ombudsman Act 2013

The *Health Ombudsman Act 2013* came into operation on 1 July 2014 and replaced the *Health Quality and Complaints Commission Act 2006*.

It is the governing legislation for the Office of the Health Ombudsman and identifies the key objectives, functions and powers of the office and of the Health Ombudsman.

The primary focus of the Act is to establish a transparent, accountable and fair system for effectively and expeditiously dealing with complaints and other matters relating to the provision of health services in Queensland.

Health Practitioner Regulation National Law (Queensland)

The introduction of the *Health Ombudsman Act 2013* also saw extensive amendments made to the *Health Practitioner Regulation National Law (Queensland)* (the National Law). The amendments didn't affect the national registration of health practitioners, but varied how part 8 of the National Law relating to health, applies in Queensland. As a result, Queensland is now a co-regulatory jurisdiction in relation to the National Law.

New functions

Queenslanders now benefit from a more transparent, accountable and streamlined health service complaints management system. The simplified system makes it easier for individuals and organisations to lodge complaints, and for the identification of systemic issues within the health sector.

With the introduction of the *Health Ombudsman Act 2013* and the subsequent amendments to the National Law, the office differs from previous arrangements in several significant ways. It operates under a new model for the management of health service complaints with powers, functions and systems that allow it to deliver within tight timeframes, while prioritising efforts to protect public health and safety.

Unique in Australia, the office is now the single point of entry for health service complaints in Queensland. This makes it simpler to know where to take a complaint and provides one place for all communication and information needs.

Definition of a health service

The *Health Ombudsman Act 2013* has introduced a very broad definition of 'health service'. A health service includes any service, 'that is, or purports to be, a service for maintaining, improving, restoring or managing people's health and wellbeing'. This includes all registered health practitioners, as well as unregistered health practitioners (such as masseuses, nutritionists, counsellors, etc) and any health service organisation delivering health services. The definition has broadened the jurisdiction beyond that of the *Health Quality and Complaints Commission Act 2006* and, notably, also captures a 'support service', which can include:

- business support, such as catering, cleaning or laundry services or a service to maintain medical equipment
- clinical support, such as pathology or a blood management service
- corporate support, such as human resource management or an information and communication technology support
- other support to the health service.

Unregistered health practitioners

For the first time in Queensland, unregistered health practitioners are captured by the health service complaints management system. The Health Ombudsman is able to take action to restrict or prevent unregistered health practitioners from providing a health service if it is believed they pose a serious risk to the public. Such matters can now also be referred to the Queensland Civil and Administrative Tribunal (QCAT), which can then impose sanctions.

Timeframes

The timeframe within which a complaint can be made has increased from one to two years from the time the complainant becomes aware of the matter the complaint is about. However, the Health Ombudsman must act if, regardless of the timeframe, there is a reasonable belief that grounds exist for the suspension or cancellation of a registered health practitioner's registration.

A number of legislated timeframes have been introduced in relation to the acceptance, assessment, resolution and investigation of matters received by the office. In most cases these timeframes are shorter than those which previously applied to the HQCC.

In addition, the requirement to provide information and submissions to the Health Ombudsman now has mandated timeframes of not more than 14 days.

Notifications

All mandatory and voluntary notifications, as defined under the National Law, are now considered health service complaints and must be dealt with by the Health Ombudsman in the first instance. This was previously the responsibility of AHPRA and the national boards.

Serious matters

Serious matters relate to registered health practitioners. They are matters where a health practitioner may have behaved in a way that constitutes professional misconduct, or other grounds may exist for the suspension or cancellation of their registration. The Health Ombudsman must retain all serious matters and not refer them to AHPRA for management. This function was previously performed by AHPRA and the national boards.

Multiple relevant actions

A single complaint can now result in multiple relevant actions such as immediate action, assessment, referral to another agency, referral to the Director of Proceedings, investigation, local resolution, conciliation or inquiry, some of which can occur at the same time. The Health Ombudsman may deal separately with two or more matters arising from a complaint as if separate complaints were made for each matter.

Immediate action

The Health Ombudsman can take immediate action to deal with the serious risk posed by registered or unregistered health practitioners. The scope of these powers is beyond that of any other health service complaints agency in Australia and has been the focus of much effort within the office due to the important nature of this work in protecting the public.

Oversight of the Australian Health Practitioner Regulation Agency

The Health Ombudsman has a new legislated responsibility to oversee and report on the performance of AHPRA and the national boards regarding the health, conduct and performance of registered health practitioners in Queensland.

Queensland Civil and Administrative Tribunal

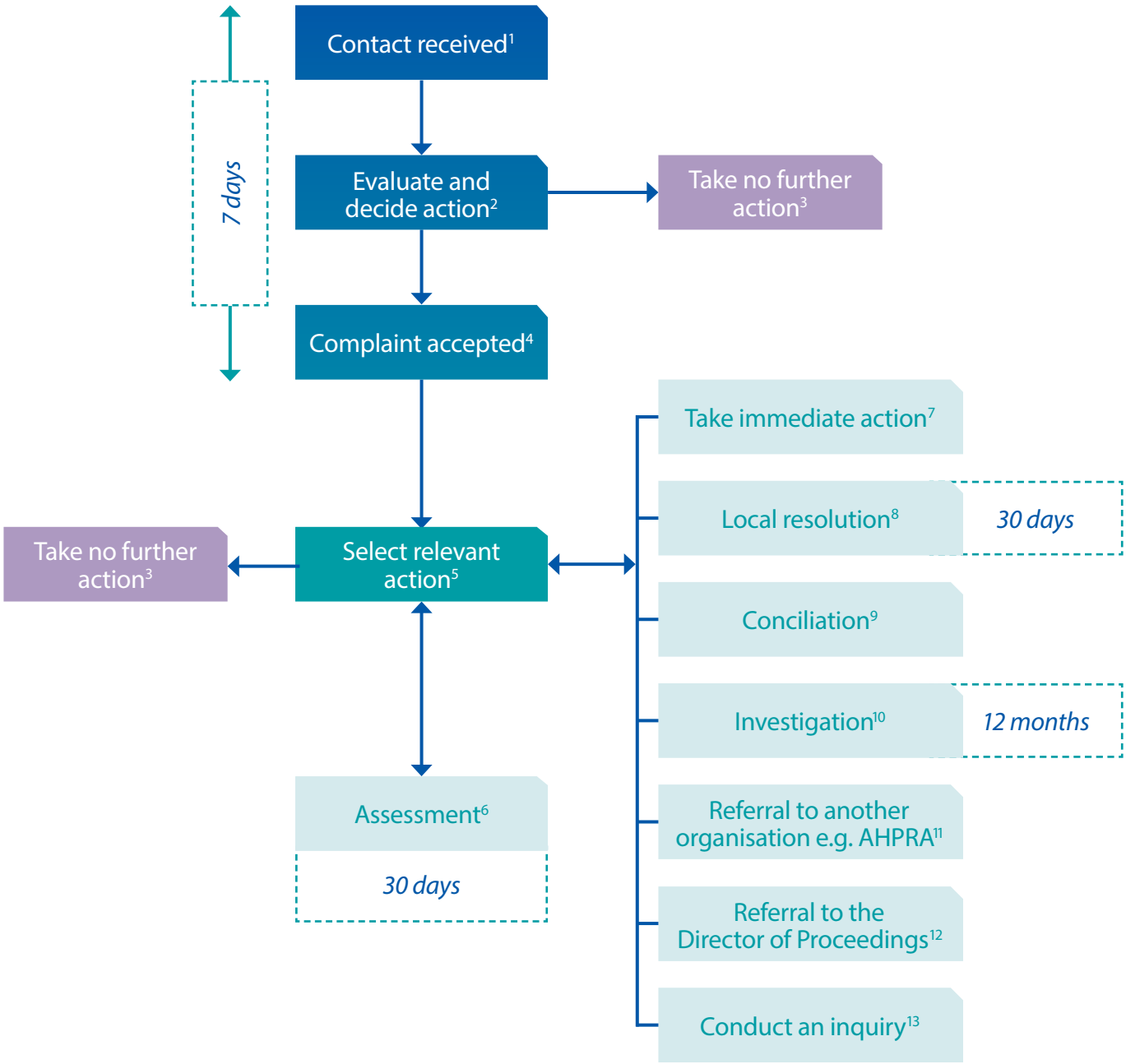
The Health Ombudsman, through the Director of Proceedings, may take disciplinary matters against registered health practitioners to QCAT for determination. This power was not one that could be exercised by the HQCC. The national boards have always had this power with regard to registered health practitioners.

In addition, QCAT now has jurisdiction to deal with matters relating to unregistered health practitioners where they pose a serious risk to the public.

Transparent and accountable

The office is held more accountable than its predecessor organisations, and is committed to transparency in its work, including regular public reporting on its performance. The Minister for Health and the Health and Ambulance Services Committee have oversight of the activities of the Health Ombudsman.

Managing complaints



1. The office can be contacted online, in writing, over the phone, or in person at its Brisbane office.
2. Contacts are evaluated and information collected to confirm and clarify the issue. Other organisations may be consulted.
3. Some complaints will not be taken further for a number of reasons, such as being outside of the office's jurisdiction, being withdrawn by the complainant or being dealt with by another entity.
4. The complaint is accepted if it is within jurisdiction, and taking action is appropriate.
5. The action to take is decided. This could be one or a combination of the following relevant actions. A decision to take no further action can be made at any time, should certain conditions occur.
6. The assessment process will gather all relevant information needed from the complainant, the health service provider and any relevant experts to enable the office to make the right decision on how best to manage the complaint.
7. In some cases there is a serious risk to persons and it is necessary for the Health Ombudsman to take immediate action to protect public health or safety.
8. The office can work with the complainant and the provider to facilitate meetings and other communication to resolve the complaint informally.
9. When complaints are more complex, conciliation is an informal, confidential meeting process run by independent skilled conciliators.
10. Formal investigation involves a detailed examination of a complaint, including gathering evidence and analysing the cause/s of an adverse health incident or healthcare issue.
11. A complaint can be referred to another organisation if the issues fall in another jurisdiction better suited to managing the complaint and/or the risks to public health.
12. Serious complaints that may require referral to QCAT are referred to the Director of Proceedings.
13. The Health Ombudsman may decide that an inquiry should be conducted into a matter to which a health service complaint relates.

Making a complaint

Many people don't like to complain, but complaints about health services are very important. They can identify areas for improvement, stop the same problems happening again and help to make health services better for all Queenslanders.

Before a complaint is made

Before making a complaint, it is best to discuss issues with the health service provider—this is often the quickest and easiest way to have concerns addressed. The office provides advice on how to approach these conversations.

Making a formal complaint may seem intimidating, but the office works with complainants to make the process as simple as possible. The office's team of experienced staff are trained to explain to complainants what is required of them and will assist every step of the way.

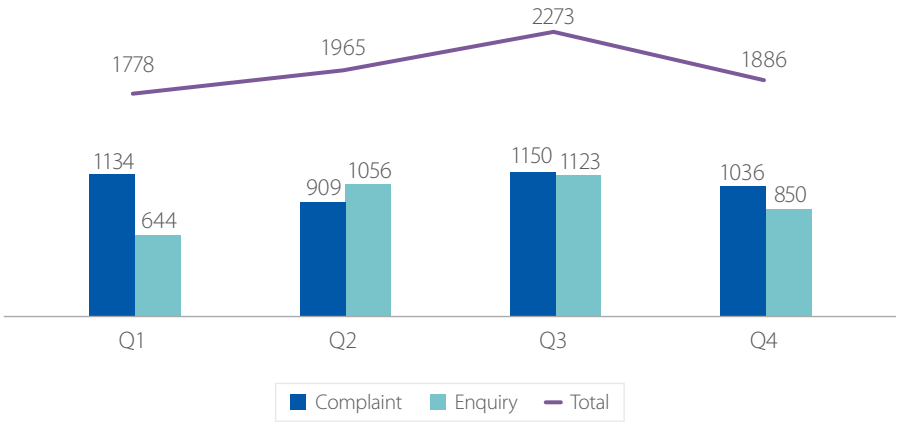
All complaints are important and the office takes all complaints seriously. Every matter is scrutinised for potential risks, and those that pose the greatest threat to the public are prioritised.

Contacting the office

The office can be contacted online, in writing, over the phone or in person at its Brisbane office.

Enquiry contacts are answered by the office or directed to the relevant agency or information source where possible. Enquiry contacts may be asking how to make a complaint, enquiring about an existing complaint, or may be seeking information or assistance best provided by another organisation.

Type of contact by quarter



In 2014–15 the office received more than 8000 contacts. Of these, 4229 were health service complaints.

Notifications

Registered health practitioners, employers and education providers are required by law to notify the Health Ombudsman if they believe another registered practitioner has behaved in a way that constitutes notifiable conduct. This is conduct which may arise from the health, conduct or performance of a health practitioner, or an impairment for a student. This type of conduct may present a risk to public health and safety.

Mandatory notifications

Mandatory notifications must be made to the Health Ombudsman as soon as practicable if it is reasonably believed that a registered health practitioner has demonstrated 'notifiable conduct', or a student has an impairment that, during the course of their clinical training, places the public at substantial risk of harm.

Notifiable conduct may include practising while intoxicated by alcohol or drugs, engaging in sexual misconduct with a patient, having a health impairment that places patients or the public at risk of substantial harm, or placing the public at risk by practising the profession in a way that deviates significantly from accepted professional standards.

Voluntary notifications

The Health Ombudsman should be notified if there is a belief that a registered health practitioner or a student in a health profession is a risk to the health or safety of the public.

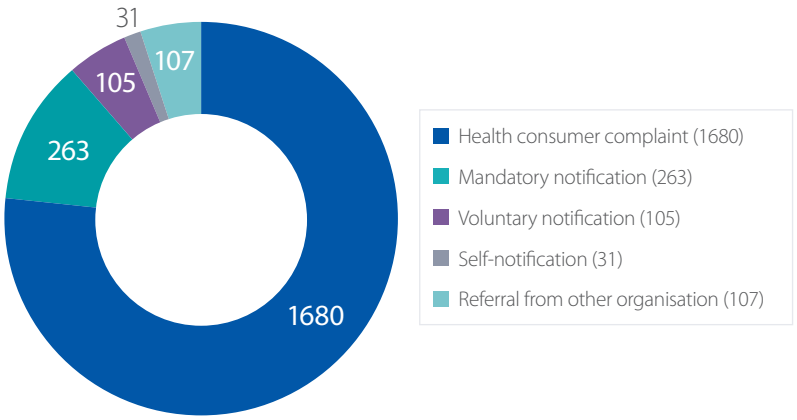
Grounds for voluntary notification about a registered health practitioner include:

- poor professional conduct
- sub-standard knowledge, skill, judgement or care
- not being considered a fit and proper person to hold registration
- having an impairment
- contravening the National Law
- contravening a condition of their registration or an undertaking given to a national board
- improperly obtaining registration.

Grounds for voluntary notification about a student include:

- being charged, convicted, or found guilty of an offence punishable by 12 months imprisonment
- having, or possibly having, an impairment
- having, or possibly having, breached a condition of their registration or an undertaking given by them to a national board.

Type of complaints: January–June 2015[1]



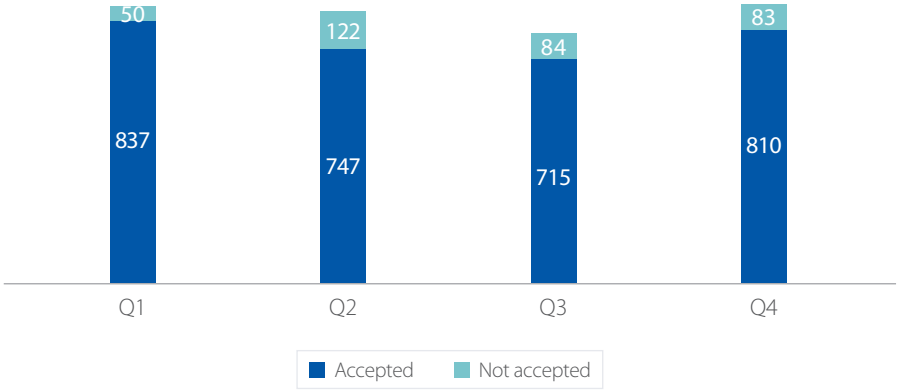
The majority of complaints are regarding the experiences of health consumers. This is followed in number by mandatory notifications.

1 Counts of notifications were not collected prior to January 2015.

Evaluation of complaints

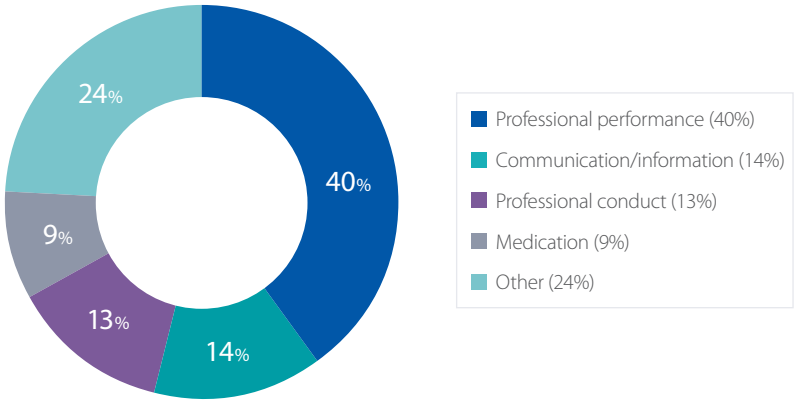
Complaint information is reviewed, and further information is gathered and clarified as required. Other organisations such as AHPRA may be consulted to determine which agency can best manage the complaint.

Number accepted vs not accepted as complaints



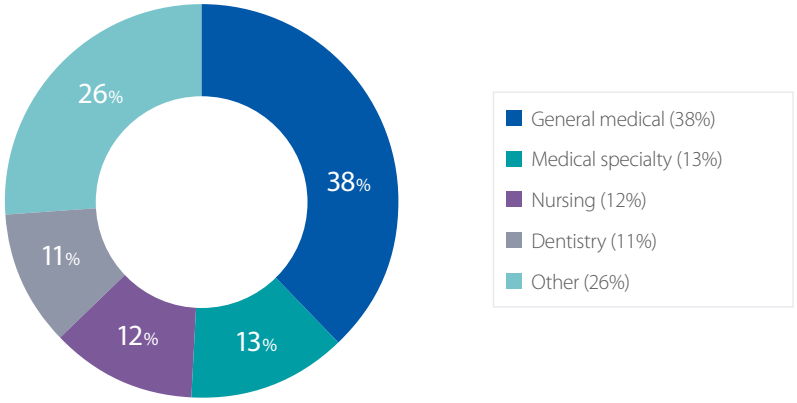
In 2014–15, the office accepted 3109 complaints out of a total of 3448, which was 90 per cent of all decisions made.

Complaint types



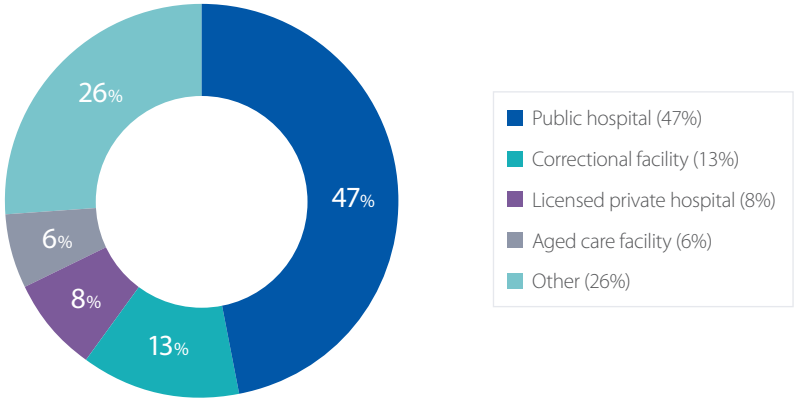
Of the health service complaints accepted, 40 per cent related to the professional performance of a health service provider. A further 14 per cent were about communication or information provision and 13 per cent about the professional conduct of a health service provider.

Type of health practitioner in complaints



Most complaints accepted by the office relate to general medical practitioners. Complaints about practitioners of medical specialties, nursing and dentistry also feature among the most regular types of practitioners in complaints.

Type of health service organisation in complaints



The office deals with more health service complaints about public hospitals than any other health service organisation. Health services provided in correctional facilities, licensed private hospitals and aged care facilities are the next most common organisations in complaints.

No further action

The office will not deal with some complaints for a number of reasons. The primary considerations are whether the complaint has substance, is within the jurisdiction of the office, or has been adequately dealt with previously by the office or another organisation.

A decision to take no further action can be made at any time, should certain conditions occur. For example, if the complainant fails to provide requested information, or withdraws the complaint.

If it is decided not to deal with a complaint, the reasons why, and any options available, are explained. The complaint is kept on record to help identify any patterns of health service provider or organisation conduct or practice, or system-wide health service issues.

Decision and relevant action

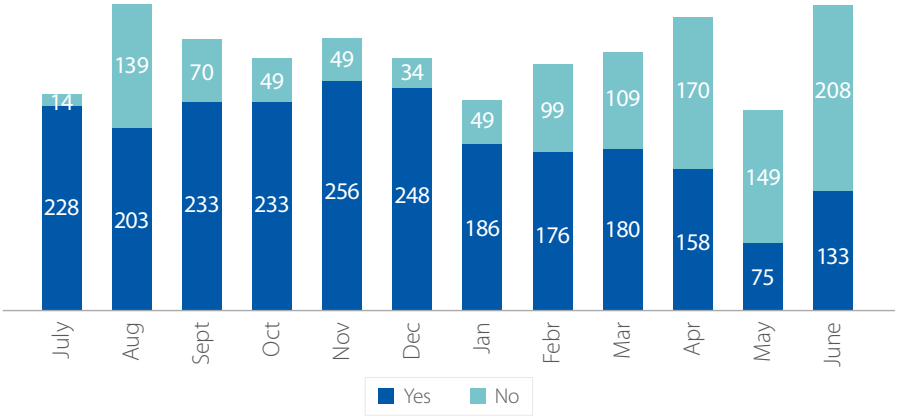
The office has seven days from the time a complaint is received to evaluate it, decide whether or not to accept it and determine the relevant action to take.

The decision maker will consider the substance and complexity of the issues and the urgency of the need to address any risk to the health and safety of the public. The complainant and relevant health service provider are notified of the decision.

Relevant actions may be one, or a combination, of actions. They include:

- taking immediate action
- assessment
- local resolution
- conciliation
- investigation
- referral to another organisation
- referral to the Director of Proceedings
- carrying out an inquiry.

Decision within seven days



For most of 2014–15, the majority of decisions were made within the legislated seven calendar day timeframe. Towards the end of the year, an increasing number of decisions took longer, for various reasons. The office's commitment to making high quality, fair and impartial decisions requires the thorough collection of information and, when relevant, independent expert clinical advice. This can have an unavoidable impact on timeframes. In addition, the number of public holidays in the January to June period reduced the time available to make decisions and impacted on the office's ability to meet timeframes. In 2014–15, two-thirds of the nearly 3500 decisions were made within seven days.

Combining or splitting complaints

If two or more complaints are received relating to the same issue or health service provider they can be combined and dealt with together.

Alternatively, when a single complaint involves a complex situation with a number of issues or health service providers, it can be split into multiple complaints and dealt with as if a separate complaint had been made about each issue or provider. The relevant action for each may be the same or different, and the actions can occur at the same time.

Taking action when there is no complaint

If it is believed the health and safety of the public is at risk, the Health Ombudsman can decide to take action regardless of whether a health service complaint has been made. In these cases, relevant actions will not include assessment, local resolution and conciliation. The Health Ombudsman may also take action in the event that a complainant withdraws their complaint, if the level of public risk requires it.

Complaint with multiple relevant actions

case study

A complainant stated they received dental treatment to strengthen a tooth. Afterwards there was ongoing pain in the area, so they attended another dentist and had specialist treatment to attempt to rectify the issue, however the tooth could not be saved and had to be removed.

The office obtained independent clinical advice, which was critical of the professional performance of the original dentist.

The dentist was referred to AHPRA to manage the performance-related issues. The office continued to work with the practitioner and the complainant. The outcome was that the dentist paid the complainant a small goodwill payment to assist with the costs of reparative treatment.

Relevant actions

Immediate action

In some cases it is necessary for the Health Ombudsman to take immediate action to protect the health and safety of the public. This occurs when there is a reasonable belief that a health practitioner's health, conduct or performance poses a serious risk to people or in order to protect public health or safety.

The Health Ombudsman can suspend or impose conditions on a registered health practitioner's registration, or prohibit or impose restrictions on the practice of unregistered health practitioners. Prohibition orders issued in another state can also be enforced in Queensland.

The Health Ombudsman must give the health practitioner notice (a show cause notice) of the proposed action and invite them to make a submission within a stated period of time. The Health Ombudsman will then consider the submission before deciding whether to take immediate action against the health practitioner. However, if it is necessary to protect the health and safety of an individual or the public then the Health Ombudsman can proceed without issuing a show cause notice. In 2014–15, there were nine show cause notices issued.

After taking immediate action, the Health Ombudsman must either investigate the matter, refer the matter to AHPRA or another external organisation, or refer the matter to the Director of Proceedings.

Information about immediate actions taken by the Health Ombudsman against a health practitioner may be published on the office's website **www.oho.qld.gov.au** to assist the public to make informed choices about a health practitioner before proceeding with a health service. The names of registered health practitioners whose registration has been suspended or cancelled can be published, and those of unregistered health practitioners who have received a prohibition order are published. By 30 June 2015, the information on the website included five immediate registration actions and seven interim prohibition orders.

Table 1 – Immediate actions

	Q1	Q2	Q3	Q4	2014–15
Immediate registration actions	1	2	4	3	10
Interim prohibition orders	0	2	1	3	6
Interstate prohibition orders	0	1	1	0	2

In 2014–15, a total of 10 immediate registration actions and 8 interim prohibition orders were issued by the Health Ombudsman. One interstate unregistered health practitioner had a prohibition order issued in Q2 and another updated prohibition order issued with amended conditions was issued to the same practitioner in Q3.

Immediate action

case study

A health service provider contacted the office regarding a registered health practitioner employed by them. While the provider had terminated the practitioner's employment, they still had concerns regarding the practitioner's conduct, performance and ability to practise in their profession. They also mentioned that the practitioner had been referred to the Queensland Police Service (QPS) for threatening another member of staff.

The Health Ombudsman sought and obtained copies of a medical report regarding the practitioner's fitness for work and copies of information from the QPS.

The Health Ombudsman decided that there was an immediate risk to public safety, and the practitioner was notified that their registration had been suspended until further notice.

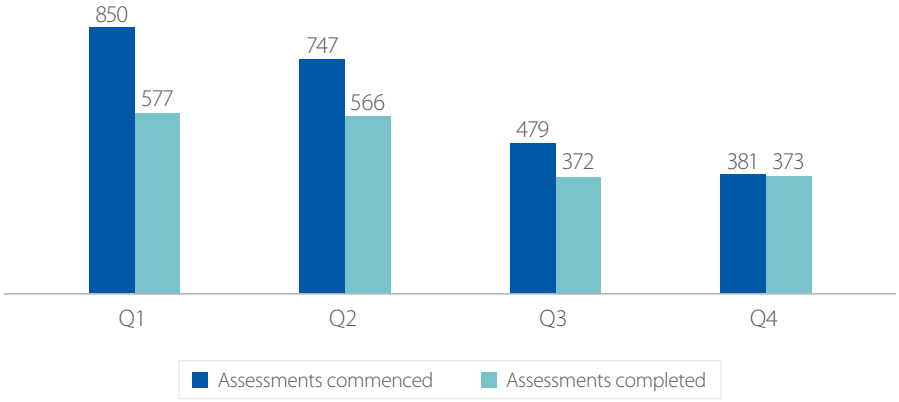
Assessment

The assessment process involves gathering all the information needed from the complainant, the health service provider, and any relevant third parties and experts to enable the office to make the right decision on how to best manage the complaint. The complainant and the health service provider may be asked for more information or a submission, which must be provided within 14 days or penalties may apply. All information is reviewed thoroughly, impartially and fairly—the office does not take sides.

The office keeps complainants and health service providers informed throughout the process. It has 30 days to complete assessment, although this may be extended for an additional 30 days for complex matters or where it takes longer to get the necessary information.

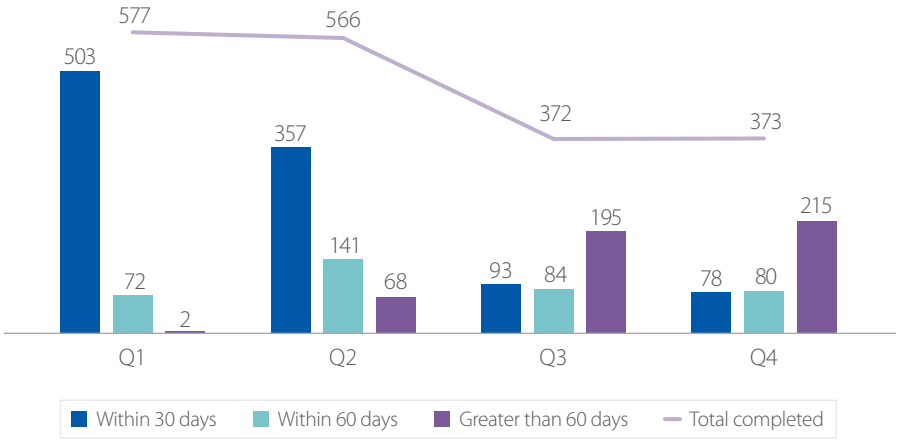
Many complaints bypass the assessment process as sufficient information is provided during the initial evaluation for them to be directed straight to the most suitable relevant action, such as local resolution or conciliation.

Assessments commenced and completed



During the first two quarters, the high volume of assessments started and completed was due to a large number of transitional matters, combined with day-to-day complaints. The last two quarters started to see a stabilising of these numbers.

Completed assessment timeframes



The office has gradually taken longer to conduct assessments, as complaints have moved through the process. The effects of large numbers of transitional matters during the first two quarters, along with day-to-day complaints, can be seen in the increased number of assessments being completed in greater than 60 days. More than half (55 per cent) of the assessments in 2014–15 were completed within 30 days and a further six per cent within an agreed 30 day extension of time.

Assessment

case study

A complaint was made about the care provided to an infant by a public hospital. The child had been taken to an emergency department with suspicious injuries. The child was admitted and a medical assessment made, excluding a full skeletal scan. The infant was discharged the next day. The infant returned a month later with continuing pain and discomfort, was admitted and a full skeletal scan performed. This revealed the infant had fractures to the right arm and right leg, present at the previous admission.

The office obtained the infant's medical records, and received a submission from the Hospital and Health Service (HHS) in which it acknowledged that the health service provided to the infant was insufficient. After assessing the situation, the office referred the practitioner who conducted the initial medical assessment to AHPRA.

The HHS provided corrective feedback to the practitioner and arranged for the practitioner to attend a professional development workshop relating to the medical evaluation of child abuse. It also developed and implemented a workplace instruction for its staff outlining the preferred medical approach to children presenting with suspicious injuries.

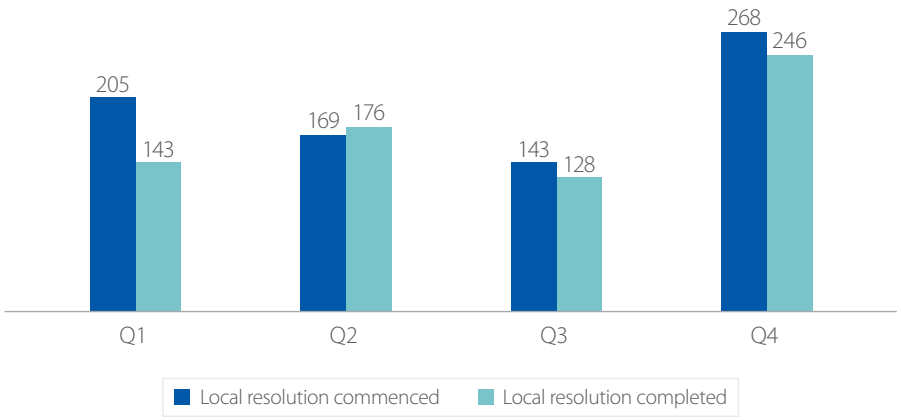
The office informed the complainant of the outcome and provided them with a copy of the workplace instruction.

Local resolution

Local resolution is an informal complaint resolution process that focuses on helping parties to try to resolve their complaints in a simple, quick and effective way. If the complainant and the health service provider agree, the office works with them to facilitate meetings and other communication. This allows them to talk openly about concerns and work productively towards a resolution of the complaint.

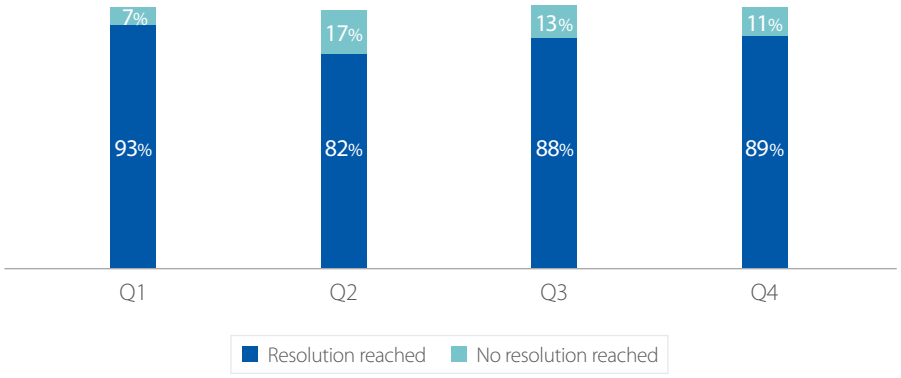
The local resolution process must be completed within 30 days, although an extension of 30 days may apply.

Local resolution commenced and completed



As the year progressed the office improved its processes and procedures, with one outcome being a significant increase in the number of complaints managed by local resolution.

Local resolution outcomes



The majority (88 per cent) of local resolutions carried out have resulted in a resolution being reached between the complainant and the health service provider.

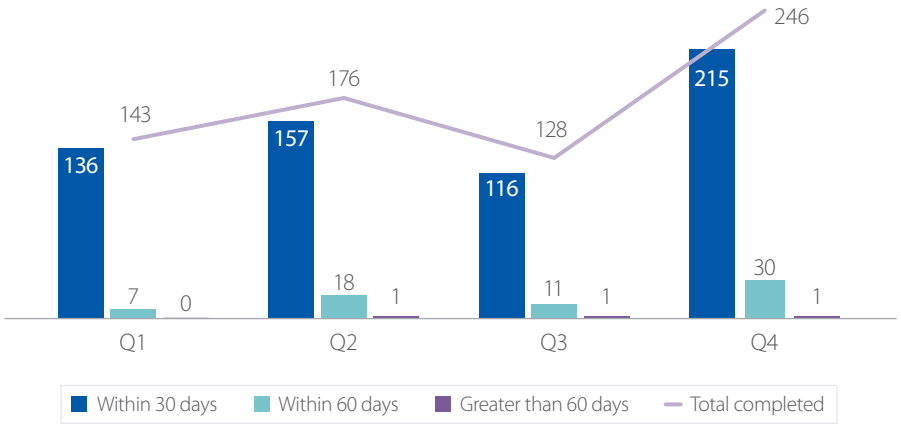
Local resolution case study

A complaint was received about the quality of work done by a practitioner. The office obtained an explanation and records of the work and then assisted the complainant and practitioner to discuss the complaint and the options for resolution. An agreement was reached between the two parties.

I just wanted to let you know how impressed I was with the resolution officer, and the way in which he handled my recent complaint.

He was approachable, patient and so easy to communicate with. He has all the right qualities for his position in this government organisation. He listens, understands and was empathetic but at the same time was neutral and genuinely wanting a resolution for both parties. He made the process so easy and manageable from the beginning, he followed through with everything he said he would do. He phoned and emailed me regularly and I had full confidence that he was on top of everything.

Completed local resolution timeframes



The office achieved the required timeframe for local resolution in almost all cases. 90 percent were resolved within 30 days and a further 7 per cent within an agreed 30 day extension of time. Only three local resolutions took more than 60 days to complete.

Local resolution

case study

The complainant said that a doctor had not properly determined whether she was pregnant or not prior to a gynaecological procedure.

The office had conversations with both parties and identified that the process used for documenting clinical history and assessing the possibility of pregnancy had made it possible for important information to be missed.

The complainant received a detailed explanation of why the incident occurred, and an assurance from the doctor that clinical history taking processes had been revised to ensure it would be established whether or not a patient could be pregnant.

The outcome for the doctor was that the discussion with the office identified flaws in the clinical history and assessment processes used, and remedies were implemented so that the risk to patients was minimised.

It was such a pleasure to speak to an understanding and empathetic person from the office. There is such fear and trepidation amongst we doctors right now after the doctors' contract dispute, the new AHPRA rules, the office procedures and the general culture of complaint that pervades health, we all freeze and clamp up now out of concern for our future livelihoods.

We doctors have put so much of our lives on hold to assist sick people that we generally fear being stripped of our identities when someone feels aggrieved. I'm more relaxed now that we are dealing with people who (seem to) want the same for us that we want for others.

Conciliation

Conciliation is a confidential meeting process for more complex complaints that is run by skilled conciliators. It is free, informal and flexible. The office cannot compel parties to participate in conciliation, and either party may withdraw from conciliation at any time.

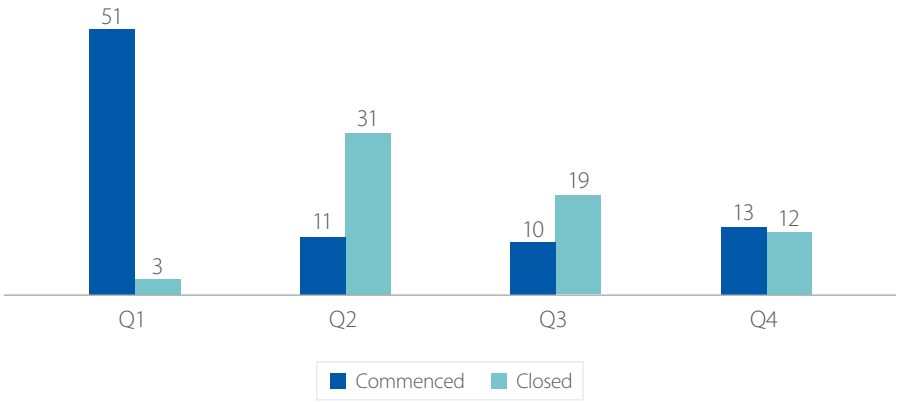
Conciliators explore the issues, provide explanations and generate creative options to assist the parties to try and reach an agreement. They ensure parties negotiate in good faith, remaining focused on resolving the complaint. Conciliation may be ended if one or both parties do not do so.

Any financial settlement must be negotiated and agreed between the parties, with evidence required to support any amount claimed. Conciliation cannot be used to obtain compensation or damages, for example for pain and suffering.

Written or verbal information given during conciliation cannot be used later by either party as evidence in a court, tribunal or by a disciplinary body, unless it raises an issue involving public interest.

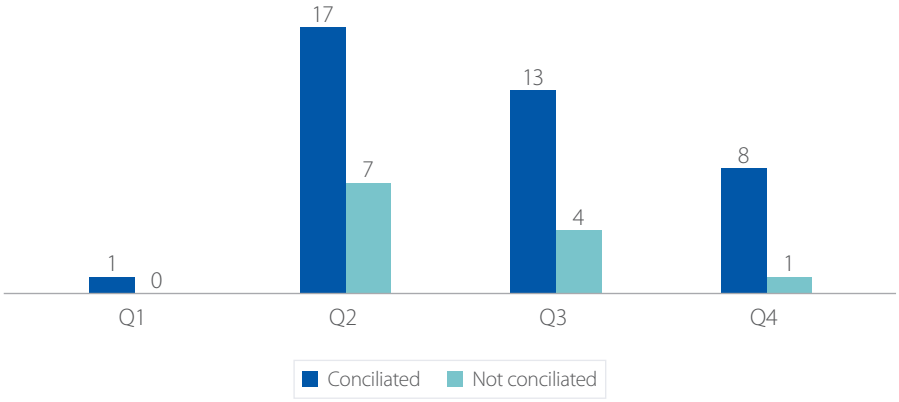
In July 2014, 31 matters transitioned from the HQCC to the office for conciliation. These matters already had time elapsed before the office conciliation process began.

Conciliations commenced or closed by quarter



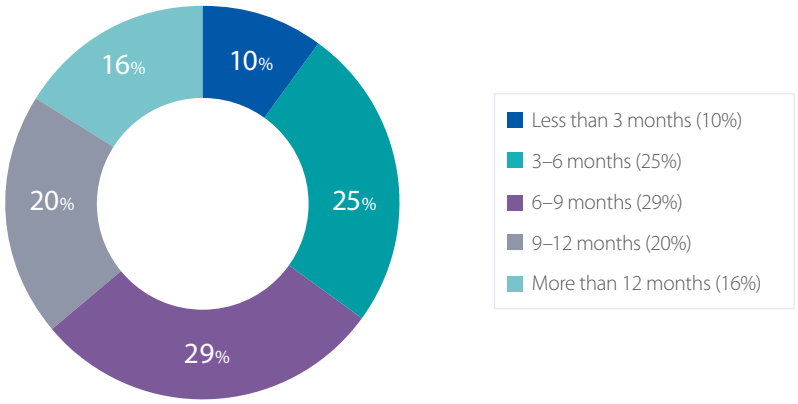
More conciliations were closed each quarter than were commenced, apart from the first quarter when 31 transitional matters were received from the HQCC. In all, 85 matters commenced conciliation and 65 were closed during 2014–15.

Conciliation outcomes



In 2014–15, 39 matters were conciliated and 12 matters were not. In addition, there were 14 instances where a party/parties did not wish to participate in conciliation.

Completed conciliation timeframes



Conciliations vary in their length, with 10 per cent completed in the first three months and a further 25 per cent taking three to six months. Almost half (49 per cent) took between six and twelve months.

Conciliation

case study

A complaint was made about a private hospital regarding a large blistered wound across a patient's chest and arm received during surgery. The complainant advised that following surgery she was told that all went well, however she then noticed what appeared to be a burn to her skin. Despite investigating the cause, neither the charge nurse nor the doctor were able to provide an explanation as to how the burn had occurred.

In the privileged and confidential environment of conciliation, the office was able to assist the parties to openly explore and discuss all the issues.

As a result the hospital acknowledged the issues raised by the complainant and apologised for the experience. A financial settlement was agreed. The hospital also agreed to review its procedures to limit the chance of this happening again.

Investigation

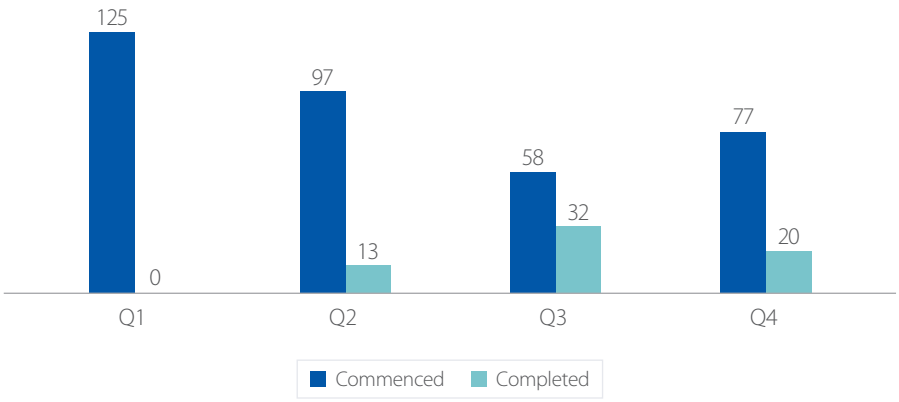
The Health Ombudsman may carry out an investigation into a health service complaint, or a systemic issue relating to the provision of a health service, or another relevant matter.

Formal investigation involves detailed planning and the identification and gathering of evidence, such as documents, forensic digital evidence, electronic devices and verbal recollections from witnesses. Thorough, independent examination of evidence by the office allows the cause/s of an adverse health incident, health service provider conduct or healthcare issue to be identified.

Complainants, health service providers and, where required, employers are advised of the investigation. Progress reports are provided every three months to the complainant and health service provider. Generally, investigations are to be completed within one year, although this may be extended due to the nature or complexity of a case.

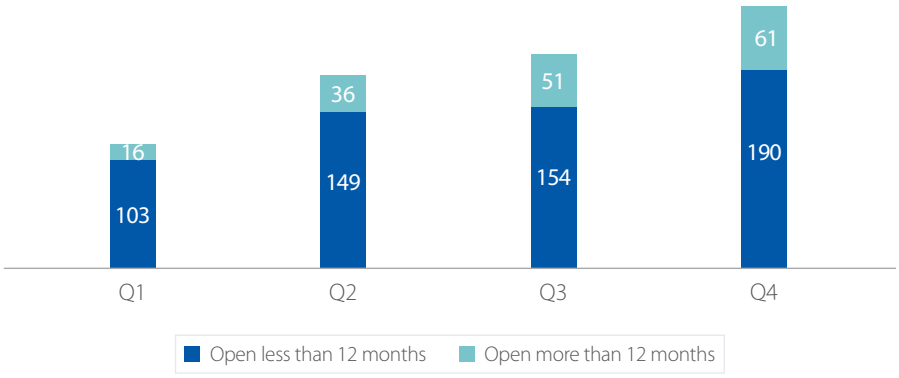
An investigation can lead to various outcomes including referral to another organisation, referral to the Director of Proceedings, an investigation report that includes improvement recommendations, or no further action.

Investigations commenced and completed



The office took over a large number of matters for investigation in the first half of the year which were transitioned from either the HQCC or AHPRA. The significant level of work required to progress these transitional matters impacted on the office's resourcing capacity to deal with these investigations, as well as those that came directly to the office and other serious matters notified by AHPRA. It is expected that the rate of completion of investigations is likely to significantly increase in 2015–16.

Age of open investigations at end of quarter

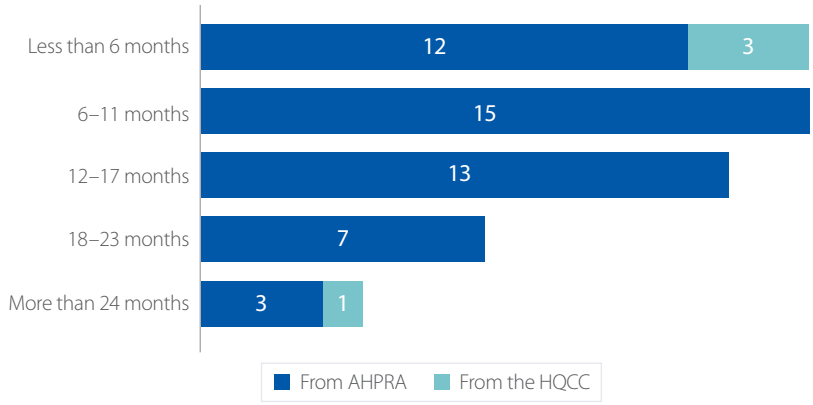


The receipt of numerous transitional matters already subject to investigation by other agencies prior to the establishment of the office meant that a number of investigations already open for longer than 12 months were immediately placed on the investigations register.

Investigations register

Investigations that have been open for more than 12 months are published on the office's website **www.oho.qld.gov.au**. All of the matters on the register at 30 June 2015 were matters transitioned to the office from AHPRA or the HQCC.

Time between matter commencing and being received by the office



Fifty of the investigations on the register were from AHPRA and four from the HQCC. Of these 54 investigations, 30 matters commenced less than a year before they were received by the office. However a further 20 commenced between one and two years beforehand and four commenced more than two years before they were received by the office.

Investigation and referral to another organisation case study

The office identified from media reports an allegation that a masseur had been charged with sexual assault of a patient. An own-initiative investigation was commenced and information sought from the QPS about the charges and available evidence.

The Health Ombudsman assessed the risk to public health and safety posed by the masseur and took immediate action, imposing an interim prohibition order, preventing the person from providing massage services.

It was appropriate to await the outcome of the criminal charges before further investigative steps were undertaken, so as not to prejudice the QPS investigation or court proceedings. Therefore, the matter was referred to the QPS to await the outcome of court proceedings.

Investigation case study

The office received a complaint that a registered nurse had stolen prescriptions from her employer and fraudulently obtained Schedule 8 medication for self-administration.

An investigation was commenced, and relevant information was obtained from her employer, AHPRA, the QPS, Medicines Regulation and Quality and other relevant parties to ascertain the truth of the allegations. Original evidence was obtained where available and interviews were conducted to verify information received.

At the end of the investigation the matter was referred to the Director of Proceedings for action.

Referral to another organisation

A complaint can be referred to another organisation if it is the most appropriate agency to manage or resolve the matter. The types of organisations the office refers matters to include AHPRA, Hospital and Health Services, a relevant Queensland government department, the QPS, the Crime and Corruption Commission, a government agency of another state or an Australian government agency.

Complaints are also referred to other organisations when multiple agencies have a vested interest in the outcome. After consultation with the office, a lead agency is identified based on the nature of the complaint. This approach ensures government resources are used efficiently and has proved successful in reducing duplication.

Referral to AHPRA

case study

A complaint was made about the behaviour of a registered health practitioner over several years, including claims of misdiagnosis, inadequate patient care and treatment, unexpected outcomes of treatment, poor record keeping and poor attitude and manner.

The office issued formal notices advising that the complaint had been accepted for assessment and inviting the practitioner to make a submission.

The practitioner was subsequently referred to AHPRA which took action to place the practitioner on strict supervision and on-going monitoring.

Referral to a Hospital and Health Service

case study

A complaint was made that a healthcare consumer in a hospital was inadvertently administered another patient's prescription medication resulting in him collapsing and being transferred to the intensive care unit. There was also concern that the patient's confidentiality was breached by the practitioner.

The office referred the matter back to the HHS which acknowledged the medication error and identified a number of unsatisfactory work processes that likely led to it occurring. The HHS investigated and identified the need for quality improvement measures in several areas. The HHS provided a report to the office with a comprehensive outline of required improvements, including patient identification and medication administration, and the date they were implemented.

Referral to the Director of Proceedings

Serious complaints that may require review or referral to QCAT are referred to the Director of Proceedings, a new statutory role in Queensland. The functions of the role are to:

- decide whether or not to refer health service complaints and other matters to QCAT on the Health Ombudsman's behalf
- prosecute the complaints and other matters that the Director of Proceedings refers to QCAT.

The Director of Proceedings is not subject to the direction of the Health Ombudsman or anyone else in performing these functions. This ensures the process of referral of serious matters to QCAT is conducted in an impartial and independent manner.

The health and safety of the public is the main consideration of the Director of Proceedings when deciding whether to refer a matter to QCAT. The Director of Proceedings also considers the seriousness of a matter, the likelihood of proving a matter before QCAT and the orders QCAT might make.

If measures have been put in place to adequately minimise the risk to public health and safety, the matter may not require prosecution.

During 2014–15, no matters have been directed to QCAT for hearing. The health service complaints received and issues identified by the office have been adequately resolved without the need to take these matters to QCAT.

Conduct an inquiry

The Health Ombudsman can decide to commence an inquiry into a matter raised in a health service complaint, or a systemic issue relating to the provision of a health service. The decision to conduct an inquiry will only be made in exceptional circumstances due to the seriousness of the process and the extent of the resources required. Inquiries can include the conduct of hearings, with penalties for non-attendance or for not providing information when requested. So far, there have been no complaints resulting in an inquiry.

Ensuring quality outcomes

Internal review

The office provides a robust process for conducting internal reviews of how complaints have been managed. If a complainant or health service provider has concerns about a decision made by the office, they can request an internal review of the decision. If grounds for a review are identified, an independent and objective decision maker will conduct a review to determine whether the process followed and the decision made were appropriate.

The outcomes of internal reviews contribute to process improvements and the identification of professional development opportunities.

Internal review — case study

The office decided to take no further action regarding a particular complaint, as all the issues had been resolved. The complainant requested a review of this decision.

The review identified two supplementary issues linked to the complainant's primary issues that had not been fully explored, and found that information about the local resolution action steps and process may have been unclear. Further information gathering on the two supplementary complaint issues was warranted.

The complaint was referred back to local resolution to complete the actions identified. Feedback on the oversights in the management of this complaint resulted in improved local resolution processes.

Improving health systems and processes

In the short time the office has been operating it has already begun to influence change in the management of complaints about health practitioners and health services. It has increased the capability of organisations and practitioners in the health sector to see the need for change by highlighting opportunities for improvement in their systems and processes.

To create change in a broader context the office carries out investigations into systemic health service provision issues, examining the effectiveness of components of Queensland's health system and providing recommendations to the health sector to assist in bringing about overarching improvements.

A number of systemic investigations have begun, and are expected to conclude in the coming financial year. The investigation reports, including recommendations, will be published on the office's website **www.oho.qld.gov.au** in 2015–16.

The Queensland regulatory system for scheduled medicines

systemic investigation

Schedule 8 drugs, or controlled drugs, are prescription-only substances which have an important and legitimate therapeutic use. They have specific restrictions placed upon their supply and use because of their dependence forming nature and potential for misuse.

The office identified concerns with the current processes and information exchanges between agencies for monitoring the prescribing and dispensing of Schedule 8 drugs, including:

- identification of non-compliance by registered health practitioners with reporting and approvals obligations
- adequate and timely responses to non-compliance by agencies
- adequacy of information exchange and co-operation between key stakeholders and agencies.

A systemic investigation commenced in March 2015 into the adequacy of the current Queensland regulatory system for scheduled medicines, in particular Schedule 8 medicines, as it applies to health services.

The investigation has obtained and reviewed information from agencies and stakeholders including AHPRA, the Medicines Regulation and Quality of Queensland Health, the QPS and the Pharmacy Guild of Australia. The investigation is expected to conclude in 2015–16.

Hospital maternity service

systemic investigation

In March 2015, a major Queensland public hospital appeared to have issues with the provision of maternity services. The office assessed and reviewed information and identified a number of matters since 2010 involving the hospital that related to maternity incidents.

Concerns about on-going system failures were identified by the office, including:

- collection, review, analysis and reporting of clinical outcomes data
- implementation of relevant procedures
- employee education and clinical skills
- resourcing levels
- the progress and effectiveness of the implementation of recommendations arising from reviews.

In March 2015, the office commenced a systemic investigation into the quality of maternity services provided at the hospital. It is expected to conclude in 2015–16.

Monitoring reportable events

Reportable events are a defined list of serious clinical incidents where patients are unintentionally harmed or unexpectedly die while receiving healthcare.

Where a root cause analysis has been completed on a reportable event, public and private health service facilities and the Queensland Ambulance Service are required to provide the office with a copy of the root cause analysis report. This includes information about what happened, why it happened and what corrective actions were being taken by the health service provider to reduce the likelihood of similar events occurring in the future. During 2014–15, 168 root cause analysis reports were received.

The office escalates its involvement when potential on-going risk to public health and safety is identified. Examples include serious and preventable healthcare events, systemic issues occurring within a health service organisation, recommendations referring to improvement processes which have not been implemented, and poor quality recommendations.

Action taken by the office can range from contacting the Patient Safety Unit or the Private Health Regulation Unit, in Queensland Health, to discuss the remedial action taken by an organisation in response to recommendations made in the review, to initiating an investigation to determine the quality of the health service being provided.

Monitoring investigation recommendations

The office monitors the implementation of selected recommendations it makes to health service providers as a result of an investigation. While the office has no power to enforce the implementation of recommendations, consultation occurs to facilitate acceptance of recommendations by the providers. In 2014–15, the office monitored one recommendation arising from an investigation by the office, with that recommendation implemented by the end of June 2015.

Monitoring compliance with outcomes of immediate action

The office established a compliance management and monitoring program in January 2015 to monitor the compliance of individual health practitioners with conditions of registration (registered practitioners) or restrictions of prohibition orders (unregistered practitioners) imposed as a result of immediate action taken by the Health Ombudsman.

The office is currently monitoring the compliance of 10 registered health practitioners and 5 unregistered health practitioners. It has detected and responded to a number of suspected non-compliance events by registered health practitioners since the commencement of the program. This has resulted in the referral of one practitioner to the New South Wales Health Care Complaints Commission for investigation and reminding another practitioner of the obligation to comply with conditions following a confirmed low level compliance breach.

Monitoring reportable events — case study

Two reports were provided by a private hospital concerning the unexpected deaths of two patients. Both incidents occurred within a six week period and involved errors in the administration of medication by hospital employees. The reports identified improvements and made a number of recommendations. The office was concerned these recommendations did not adequately address the root cause of the incidents and suitably minimise the risk of similar occurrences in the future.

The office liaised with the Queensland Health Private Health Regulation Unit and were advised that the Chief Health Officer had contacted the facility and made further recommendations for improvement. The office will continue to liaise with the Private Health Regulation Unit and will consider whether it is appropriate to monitor the implementation of these recommendations.

Transitional workload

Health Quality and Complaints Commission

The HQCC ceased operations on 30 June 2014 and 289 matters were transitioned to the office. Each matter was reviewed and necessary action was identified.

Of these, 69 complaints had been received by the HQCC shortly before it ceased operations and were processed by the office as new complaints. Assessment commenced on a further 155 matters. Seven matters commenced local resolution and 31 began a conciliation process. Investigations continued into 12 matters.

There were 15 applications for a review of HQCC decisions. These matters were dealt with as new complaints as the office was unable to internally review complaint management by another agency.

Additional information was required in 133 of the 289 matters before a determination could be made about the appropriate course of action to deal with the matters.

This process took a number of months before all HQCC-transitioned matters were appropriately allocated within the system.

In addition, the office took carriage of 219 matters requiring monitoring of the implementation of investigation recommendations by health service providers, including:

- 7 matters transferred back to health service providers for them to demonstrate continual quality improvement
- 22 matters referred by the HQCC to the Office of the State Coroner pending the outcome of coronial investigations or inquests and release of coronial findings
- 190 open recommendations arising from 63 HQCC investigations.

By 30 June 2015, all but seven of these matters had been finalised. Those outstanding include four awaiting finalisation of coronial investigations and three still being monitored for implementation of recommendations.

Australian Health Practitioner Regulation Agency

Under the *Health Ombudsman Act 2013*, the office also assumed responsibility for some functions previously performed by AHPRA and the national boards.

The office received an overview of current AHPRA matters on 29 July 2014. These were reviewed to determine the most appropriate action, with numerous follow up inquiries and information requests made of AHPRA to assess the allegations and evidence obtained to date to inform the decision regarding each matter. Ultimately, 65 were identified as matters to be dealt with by the office and the remainder continued to be dealt with by AHPRA. The process of transitioning serious matters from AHPRA to the office was concluded in February 2015.

Upon referral and investigation by the office, seven matters were closed due to lack of substance or to insufficient evidence being available to prosecute the matters. Eight were referred back to AHPRA for management by the relevant national board as the most appropriate course of action.

Co-regulatory partnership

Working together

The office has taken an active role in working with AHPRA and the national boards to ensure the effective establishment of the co-regulatory model. Issues and deficiencies identified during the transitional process highlighted the need for collaboration to promote improved case management and investigative methodologies. A joint project with AHPRA to ensure consistency and a best-practice approach has been established and will continue into 2015–16. In addition, the office is working with AHPRA and the national boards to develop a national compliance framework. The establishment of this framework will be a significant step forward in ensuring national consistency of health practitioner restrictions. The Health Ombudsman commends AHPRA and the national boards on this project.

Referrals

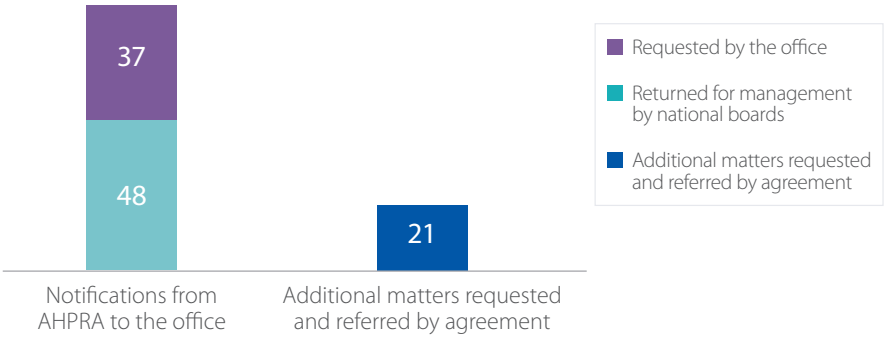
The Health Ombudsman refers matters regarding registered health practitioners to AHPRA and the national boards unless the matters are serious. Serious matters include a health practitioner behaving in a way that constitutes professional misconduct, or when other grounds may exist for the suspension or cancellation of the practitioner's registration.

The office referred 948 health practitioners to AHPRA in 2014–15.

Notifications

Under the co-regulatory arrangements, AHPRA must notify the Health Ombudsman of all serious matters. The office must retain and manage these and cannot refer them back to AHPRA.

Management of serious matters



In 2014–15, AHPRA notified the office of 86 matters identified as serious. Of these, the Health Ombudsman required 37 to be referred to the office for management, determined that 48 should continue to be dealt with by the national boards and 1 is still being considered. In addition, the Health Ombudsman requested as further 21 matters be referred by AHPRA to the office.

While the Health Ombudsman will continue to receive notifications from AHPRA, it is expected that numbers will decline as AHPRA gains a clearer understanding of the matters that are appropriate for the Health Ombudsman to deal with, and as matters more frequently come directly to the office with increasing awareness of its existence and function.

Monitoring AHPRA and the national boards

The Health Ombudsman is responsible for monitoring the performance of AHPRA and the national boards in their functions relating to the health, conduct and performance of registered health practitioners who provide health services in Queensland.

This is fulfilled through:

- analysis and reporting of regular performance information from AHPRA and the national boards
- targeted assurance activities into actions undertaken by AHPRA and the national boards as part of their functions.

Regular performance data

On 31 March 2015, following an extended period of consultation on potential reporting requirements, the office requested an inaugural performance report from AHPRA and the national boards.

The Health Ombudsman is examining this performance data and will publish a report outlining the findings, comments and recommendations in 2015–16.

Targeted assurance activity

The first report by the Health Ombudsman on a targeted assurance activity was published in March 2015. This report contained an in-depth case management review of the monitoring of a health practitioner's registration by AHPRA and the Queensland Board of the Medical Board of Australia (QBMBA) in which the practitioner breached his conditions at least 191 times before AHPRA took further action and suspended the practitioner's registration.

The Health Ombudsman made 10 recommendations to enhance the monitoring of health practitioners' compliance with conditions imposed on their registration by AHPRA and the QBMBA.

A key recommendation was that AHPRA develop a clear, risk-based compliance framework.

Annual assurance plan

The office is developing the first annual assurance plan for monitoring the performance of AHPRA and the national boards. The plan will:

- outline the mandate of the Health Ombudsman and the assurance planning framework
- set out the proposed assurance activities, including areas of focus, and the proposed timing activities are scheduled to occur.

The plan will be published on the office's website once completed **www.oho.qld.gov.au**.

Working with others

Stakeholder engagement

The office has undertaken proactive and constructive stakeholder engagement, with a focus on building strong, mutually beneficial relationships. Active participation in two-way communication ensures the office and its stakeholders achieve common goals and objectives.

In the office's first year, initial conversations with stakeholders focused on educating them on the role of the Health Ombudsman and the office, and encouraging engagement in the work that it does. As the year progressed, interactions deepened to include opportunities for information exchange and mutual support and engagement. There have been many face-to-face meetings between the office and key stakeholders to exchange ideas and align processes. Such collaboration will continue to enable the best outcomes for the office, it's stakeholders and the Queensland public.

Stakeholders include the Minister for Health, the Health and Ambulance Services Committee, AHPRA and the national boards, health service providers, professional associations, government agencies, other complaints management organisations, educational institutions, consumer associations and unions.

Clinical advice

Where necessary, the office seeks clinical advice from external expert clinicians with up-to-date knowledge and practice. Advice is always sought from clinicians within the same area of speciality as the practitioner the complaint relates to. Clinicians also have a similar level of experience and work in similar environments as the practitioner. This ensures that decisions made by the office are based on credible, accurate and comprehensive advice. The independence of the advice received contributes to the impartiality of the Health Ombudsman.

Information sharing

Information sharing arrangements are being established with a number of organisations to enable efficient information flows to assist in identifying health practitioner behaviours that could put the health and safety of the public at risk.

The office is working with Queensland Health and the QPS, to enhance timely review of QPS data. This enables the identification of registered health practitioners who have failed to notify AHPRA of criminal charges or convictions, or unregistered health practitioners who have been the subject of criminal charges or convictions that, by their nature, mean the health practitioner may pose a risk to the health and safety of the public. This process ensures the Health Ombudsman can assess the level of risk a health practitioner's conduct may pose and take timely action if necessary. The ongoing development of this relationship has already identified a number of health practitioners with a conviction history previously unknown to regulatory agencies.

The office and the Queensland Health Patient Safety Unit are working together to establish a process for reviewing the safety and quality data received from HHSs, including data on clinical incidents and patient outcomes. This information assists the office to monitor the safety and quality of health services in Queensland and determine if there are systemic issues that require action at a facility, HHS or statewide level.

Information on responses to clinical incidents within private hospitals is being reviewed by the office and the Queensland Health Private Health Regulation Unit, ensuring that appropriate review and analysis of these events occurs and corrective actions are implemented.

Other organisations the office is working with in a collaborative manner include:

- Office of the State Coroner
- Aged Care Complaints Scheme, Department of Social Services
- Queensland College of Teachers.

Information requests

In dealing with complaints, the office can require information to be provided at a stated time and place. Refusal or delay in providing requested information significantly impacts on the ability of the office to carry out its work managing health service complaints and can result in penalties for health service providers that don't comply. The office has actively communicated these requirements to various stakeholders and, to-date, the provision of information has occurred as requested.

Shared responsibilities

The Health Ombudsman's role to protect the health and safety of the public often intersects with similar roles in other agencies and bodies. For example, the QPS, the Office of the State Coroner, the Crime and Corruption Commission and the Queensland Health Medicines Regulation and Quality Unit all have responsibilities that contribute to the broader objective of protecting public health and safety. When a matter arises that falls within the jurisdiction of more than one agency it is imperative that all agencies work together to act quickly to protect public health and safety, while avoiding interference with each other's statutory responsibilities and eliminating duplication of effort wherever possible.

Cooperation and consultation is the only way to achieve these broader objectives, and the office has worked closely with a number of agencies to ensure there is clarity of role and purpose in joint actions. Information sharing is a key element of this cooperation and the *Health Ombudsman Act 2013* facilitates this by placing strong protection around the provision of information.

When working with the QPS and State Coroner, the over-riding requirement is for the police to investigate potential breaches of criminal law and the coroner to investigate reportable deaths. As such, the Health Ombudsman must place any active investigations on hold while police or coronial investigations are underway into shared matters. It resumes them only when it is appropriate to do so. Despite this, the Health Ombudsman can still take immediate action when necessary, as both the QPS and the coroner recognise the Health Ombudsman's role to protect the health and safety of the public.

Maintaining public confidence

The health and safety of the public is the paramount principle of the office.

The office operates with strengthened oversight of its administration by the Minister for Health and a parliamentary committee. In addition, the *Health Ombudsman Act 2013* addresses public concerns of timeliness and communication regarding health service complaints management.

Timeliness

Statutory timeframes have been established for assessment, resolution and investigations. The office places a high priority on meeting these timeframes, while ensuring a balance with the quality of outcomes it achieves. During 2014–15, the office met certain deadlines, while it identified and commenced addressing constraints impacting on its ability to meet other timeframes.

Engaging with healthcare consumers

The primary way the office engages with healthcare consumers is by its staff speaking directly with complainants about their complaint. When a complainant calls, staff actively engage with them and seek to understand the nature of their call and the concerns that have prompted it. Staff keep complainants advised of the progress of their complaint, ensuring that they feel they have been heard, that the office is responding to their needs and their complaint is being taken seriously.

There are key points at which the office must give notice to complainants. These include:

- within seven days of receiving the complaint—advising whether the complaint has been accepted, the reasons for the decision and, if the complaint has been accepted, what action will be taken
- at the start and end of certain relevant actions
- at three-monthly intervals, giving reports of the progress of an investigation.

Initial communication

The office began its communications before 1 July 2014 with a broad introduction sent to all health service providers and other key stakeholders in the state outlining its role, functions and contact details.

Following its commencement, the office engaged more broadly with healthcare consumers in a number of ways. Most importantly in this, its first year, it acted to instil public confidence in its ability to perform its functions as Queensland's health service complaints agency through the professionalism and integrity of its staff and its commitment to public accountability. It has ensured its operations are fair and impartial, making well-informed decisions and striving to impart this in all its communications.

Ongoing engagement

Since then, the office has communicated in a more targeted way, meeting with stakeholders and partners to establish strong relationships that deliver mutually beneficial outcomes. In addition to the office's own work, various stakeholders with strong links to the community have assisted the office in distributing information and familiarising healthcare consumers with the services the office provides.

The office's website **www.oho.qld.gov.au** provides comprehensive information about how to make a complaint and what complaints are taken by the office. There is an online complaints form available, and the office publishes all of its news, media statements and performance reports on the website.

Information about the office, the Health Ombudsman and how to make a complaint about a health service provider is made available through brochures, fact sheets and posters. These are provided directly to health consumers as well as to health service providers for distribution to their patients.

This information has also been disseminated to media organisations, both to inform the media and for re-broadcasting in various media channels.

Published reports

There are a number of reports and actions published on the office's website **www.oho.qld.gov.au**.

The Health Ombudsman is required to report publicly on the performance of the office, as well as on the performance of AHPRA and the national boards in Queensland.

Immediate registration actions may —and prohibition orders must—be published on the office's website.

Reports of some of the investigations conducted by the office are also available online. All names and identifying factors of those involved are removed.

A register of all investigations which have not been completed within 12 months of the decision to start them is also published on the office's website.

Performance reporting

The office publishes reports on its performance each month, quarter and year. In addition, each month key performance data is highlighted with additional commentary. These reports are available on the office's website. Regular performance monitoring allows the office to continually look for areas of improvement, innovation and greater efficiency. It highlights its commitment to transparency and accountability, and its desire to ensure Queenslanders have confidence in the management of health service complaints.

Government objectives for the community

The office supports the government's objectives for the community by:

- ensuring safe, productive and fair workplaces by providing advice and recommendations to health practitioners and their employers on how they can manage complaints and structure their processes to protect the public as well as their colleagues and staff
- strengthening Queensland's public health system by protecting the health and safety of the public in Queensland by assessing, investigating, resolving or prosecuting complaints about healthcare and identifying systemic healthcare issues and making recommendations on improvements
- providing responsive and integrated government services by working within set timeframes and engaging with other agencies to ensure the health service complaint system in Queensland deals with complaints holistically and effectively
- supporting disadvantaged Queenslanders by making the office's services accessible and reaching out to those groups that may not know where to go if they have a health service complaint.

Evolution

Managing growth

In establishing a new health service complaints management system it has been necessary to find a balance between quality, timeliness and resources, while focusing on identifying and appropriately managing risks to the health and safety of the public. All the system, process and resource developments during 2014–15 have been made in order to maintain this balance while striving for continual improvement in efficiency.

There was a steep learning curve to meet the challenge of needing to 'hit the ground running'. Developing an understanding of the content and interpretation of the office's governing legislation had to be done while business was already underway. The office had to rapidly develop subject matter expertise and enable application of that expertise in a practical and operational sense to allow for the delivery of quality services while building capability.

The initial level of work required placed competing pressure on the office's limited time and resources. This included:

- the transitional workload from the HQCC and AHPRA
- management of complaints coming directly to the office
- the office needing to create and refine business processes and procedures as it worked
- new staff requiring training in the legislative requirements of the office and its systems.

Improving processes

Considerable effort was expended in creating the operational, governance and compliance processes and procedures necessary to ensure the office meets legislative requirements and delivers on its objectives.

For example, a significant bank of precedents and procedures have been developed in relation to immediate action matters, enabling the Health Ombudsman to more effectively take appropriate action whenever required. In addition, a team was established in June 2015 to manage immediate actions, which has enabled more effective coordination and case management of immediate action matters.

Business analysts undertook an extensive business process mapping exercise to enable the office to refine how it functions and improve efficiency. The result is a comprehensive set of effective and efficient processes and procedures that support the operation of the office and allow it to move forward into its second year with a solid foundation.

Establishing innovative systems

Information and communications technology

Prior to its commencement, the office implemented information and communications technology (ICT) to underpin the office's operations and support productivity in the workplace. This included the servers and applications environment located in a private cloud data centre, and disaster recovery policy and procedures. Built in to ICT planning is an over-arching drive to reduce paper and manual processes and replace them with cost-effective technological solutions.

Record keeping systems

The office is committed to implementing an effective and accessible recordkeeping system in compliance with the *Public Records Act 2002* and associated information standards.

An implementation partner was engaged to install the HP Records Manager electronic document records management system, replacing a manual process used in the interim. Full implementation was completed in May 2015 with training for all staff.

The office's case management system, Resolve, is critical to the running of the business. As the HQCC also used Resolve, the transition of matters from the HQCC was relatively straightforward. The office has significantly adapted Resolve to meet its needs, including the redesign of workflows, integration with HP Records Manager, and developing an online complaint form that directly submits the complaint details into the system. Ongoing training for staff ensures the effective use of this system.

There is a health service complaints management retention and disposal schedule, established by the HQCC and adopted by the office. No records of the office have yet reached a disposal date. Records are held in secure locations on site and in archive storage, with restricted access. There have been no security breaches.

Building the team

In establishing a new organisation, it was clear that a dedicated team of specialists was needed with expertise in a range of key areas. These include assessment, investigation, legal, communications, human resources, information and communications systems and finance.

Staff were recruited from various backgrounds to ensure the office began with the right skills, able to help build a culture reflecting a new way of managing health service complaints in Queensland.

Prior to the cessation of the HQCC, all staff could participate in a process to determine their suitability for appointment to equivalent roles with the office. There were 29 HQCC staff appointed to positions within the office from 1 July 2014.

All remaining positions, including all senior level positions (executive directors and directors) were recruited through an open merit processes.

Significant effort has gone to ensuring the office has a team of people with the appropriate expertise, as well as the flexibility, to allow for the reallocation of roles as the workload requires. As the business developed, there was a reallocation of resources to deal with high workloads and ensure a streamlined workflow. For example, staff from the local resolution area have assisted in the assessment of complaints. As the year progressed, it became apparent that simply redistributing staff would not suffice in meeting the higher than expected demand for the office's services. Recruitment has occurred to adequately resource the 'high-traffic' areas of the business and ensure complaints are dealt with in a timely and thorough way.

There have been enormous changes in the first year. Now that the office is established, the focus moves to driving excellence in its ongoing business.

The challenges ahead

Strategic challenges

A number of risks have been identified in the office's strategic planning.

Co-regulatory jurisdiction

The effectiveness of the co-regulatory system in Queensland is dependent on the office establishing cooperative and collaborative relationships with a wide range of stakeholders. Of particular importance is the office's relationship with AHPRA. During 2014–15, the office built a positive and productive relationship with AHPRA and the national boards, with all parties committed to constructive exchanges.

The office's ability to perform some of its functions effectively is dependent on the open and expedient sharing of data and information from AHPRA to the office. The office continues to liaise with AHPRA to ensure the data required to effectively manage complaints is as accurate and consistent as possible.

Lack of benchmarks

Establishing meaningful benchmarks will assist the office to measure how its performance across its range of functions compares with other organisations. Unfortunately, as a new organisation it has yet to establish baseline data of its own to measure its performance for the year, and there is no other single health complaints entity in Australia with which it can directly compare all of its functions.

Regular public reporting has been established to enable the office and its stakeholders to track its performance. This is discussed in the *Performance* section and detailed in appendix 1 of this report. Regular feedback has been sought from the Minister for Health and the Health and Ambulance Services Committee.

Healthcare reform

The Queensland healthcare system continues to experience reform. For a new agency, further change in such a dynamic environment could impact its business stability and effectiveness.

The office has worked hard to create a strong, outcome-focused organisation grounded on principles of continuous improvement, in order to provide a robust platform from which to deal with such changes.

Business establishment

When the office commenced operation it was not the continuation of an existing agency, but rather the start of a completely new one. The new functions in the *Health Ombudsman Act 2013* meant many business processes and activities were being set up as the office commenced providing services for the first time. While this posed challenges, it also allowed the office to custom-design solutions to meet business needs and manage the growth of the office in a controlled, sustainable and efficient way.

As a new organisation, the office acknowledges that as it matures there will be a need to continually review and refine its systems, processes and structure. Along with continual monitoring and review, a significant internal review is planned for 2017 to measure the office's performance against the objectives set out in its strategic and operational plans.

Operational challenges

A number of issues will challenge the day-to-day operations of the office in the next year.

Timeliness

While the office is focused on meeting strict legislated timeframes, there have been a number of factors impacting on its ability to effectively operate within them. The office is working to address these constraints.

Monitoring of staffing levels and a strategic approach to recruitment will continue to ensure the office has the right number of suitably skilled staff to manage the volume of work and achieve the required timeframes.

The office's internal processes and systems will continue to be reviewed and refined to reduce bottlenecks and streamline decision-making further, while ensuring quality decisions are made.

A short-term dedicated working group will concentrate on the remaining transitional investigation matters, many of which require significant work. This will enable the office to address current, office-initiated matters in a more focused, timely and efficient way.

Amendments to the Act

As the office has implemented the *Health Ombudsman Act 2013* over the last 12 months, some unforeseen challenges have become apparent.

The Minister for Health introduced amendments into Parliament in June 2015 to address deficiencies in the wording of the Act in relation to the Health Ombudsman's powers to require a witness to attend and answer questions.

In the coming year the Health Ombudsman expects to provide to the Minister some further suggestions for minor amendments to the Act to improve its operation and remedy inconsistencies.

Community accessibility

A robust complaint management system should be accessible to all stakeholders. While the office has received a higher volume of complaints than anticipated, there are still members of the community who may not be aware of the office, or do not feel able to make a complaint.

The office will actively engage with those Queensland population groups that are over-represented as users of the health system but under-represented as complainants to ensure they are aware of the office's services and are able to access them.

National Code of Conduct

The Health Council of the Council of Australian Governments has agreed to proceed with implementation of a new National Code of Conduct for unregistered health practitioners who are not regulated by AHPRA. The code of conduct will set standards of conduct and practice for all unregistered practitioners. In jurisdictions such as Queensland, which have existing schemes, it will support those schemes and enable national consistency in managing matters which cross jurisdictional borders.

This work will be led by the health complaints agencies of the Australian states and territories. A policy framework will be developed to underpin nationally consistent implementation and a code-regulation regime. A common web portal will be developed as well as a nationally consistent suite of information material. There will also be a common framework for the collection and reporting of data and for annual performance reporting to the Health Council of the Council of Australian Governments.

This represents a significant investment of time and effort by the office. However, the work represents an opportunity to reduce risks to the health and safety of the public.

Business development

Further development and implementation of the office's case management system in 2015–16 will enable more in-depth reporting on outcomes and improved feedback to health service providers on their performance.

The office will continue to develop systems and identify innovative technologies and streamlined processes to ensure it meets the needs of Queenslanders now and into the future.

Organisation

Minister for Health and the parliamentary committee

Effective statutory oversight of the health service complaints management system is provided by the Minister for Health and a parliamentary committee.

The Minister for Health oversees the administration of the health service complaints management system and the performance of the Health Ombudsman. He also oversees the performance of AHPRA and the national boards in relation to the health, conduct and performance of practitioners providing health services in Queensland. The Minister also keeps Parliament and the community informed of these matters.

During the reporting year, there was a change of government and a subsequent change of ministerial responsibilities. The Honourable Mr Cameron Dick MP has been the Minister for Health since 16 February 2015. From 1 July 2014 until the dissolution of Parliament on 6 January 2015 Mr Lawrence Springborg MP was the Minister for Health.

The Minister for Health meets with the Health Ombudsman each quarter.

The Health and Ambulance Services Committee was established on 27 March 2015 and is the Queensland parliamentary committee with oversight of the office. Previously the Health and Community Services Committee carried out this role until the dissolution of Parliament on 6 January 2015. The parliamentary committee:

- monitors and reviews the operation of the health service complaints management system
- identifies and reports on ways it might be improved
- monitors and reviews the performance of the Health Ombudsman
- monitors and reviews the performance of AHPRA and the national boards in relation to the health, conduct and performance of practitioners providing health services in Queensland
- examines reports of the Health Ombudsman, AHPRA and the national boards
- advises the Minister for Health in relation to the appointment of the Health Ombudsman
- reports to the Legislative Assembly.

The Health Ombudsman meets quarterly with the Health and Ambulance Services Committee. Recordings and transcripts from these meetings are available on the Queensland Parliament website **www.parliament.qld.gov.au/work-of-committees**, as well as the office's website **www.oho.qld.gov.au**.

Statutory appointments

Health Ombudsman

The Health Ombudsman of Queensland is a statutory position, appointed under the *Health Ombudsman Act 2013* by the Governor in Council on the recommendation of the Minister for Health. The Minister must advertise for suitably qualified candidates, consult with the parliamentary committee, and be satisfied the person has the skills and knowledge to perform the functions of the Health Ombudsman effectively and efficiently.

The Health Ombudsman's term of appointment is four years, and the person may be reappointed.

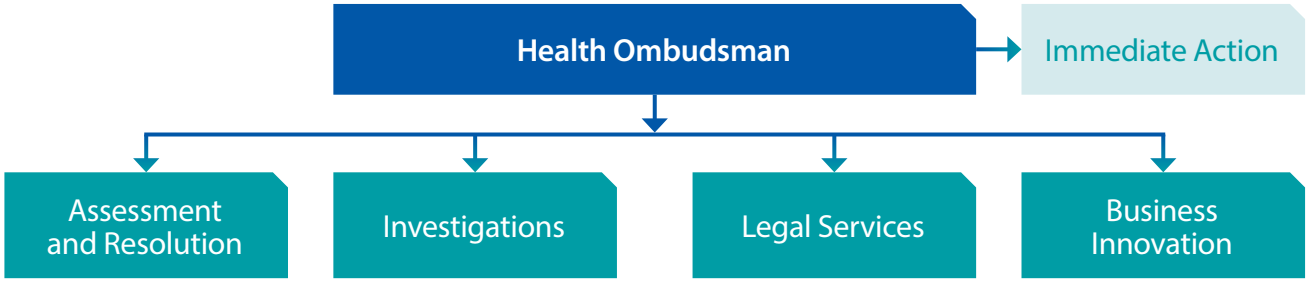
The functions of the Health Ombudsman are detailed on page 8 of this report.

Director of Proceedings

The Director of Proceedings is a statutory position appointed by the Health Ombudsman and is an employee of the office. The appointee must be a lawyer and otherwise appropriately qualified.

The functions of the Director of Proceedings are detailed on page 31 of this report.

Organisational chart



The Executive Management Team

Leon Atkinson-MacEwen

Health Ombudsman

Leon has strong senior management experience in both the Australian public service and Tasmanian state service. He was most recently the Tasmanian Ombudsman, Health Complaints Commissioner, and Energy Ombudsman. He brings extensive experience and insight from the health service complaints environment and in public administration.

The Health Ombudsman of Queensland is a statutory position that oversees the office in meeting its objectives. The Health Ombudsman must act independently, impartially and in the public interest.

Dan Matthias

Acting Executive Director, Legal Services and Acting Director of Proceedings

Dan is admitted as a Barrister-at-Law and has 20 years of experience as a public lawyer, with expertise in statutory interpretation, regulation, and administrative, constitutional and criminal law. He has managed litigation in different jurisdictions from tribunals to the High Court. His previous roles include working for Crown Law, as counsel in criminal defence and prosecution, and experience in regulating diverse industries including corporations, child-care and fisheries.

The Director of Proceedings is a statutory role that refers matters to QCAT on behalf of the Health Ombudsman, and maintains independence from the Health Ombudsman in this regard.

The Executive Director, Legal Services leads the Legal Services division in providing legal services to the office and prosecuting matters that the Director of Proceedings refers to QCAT.

Lisa Pritchard

Executive Director, Assessment and Resolution

Lisa has more than 25 years of experience in regulation and complaints management in the UK and Australia. Her expertise includes policy and legislation development, and leading operational service delivery of registration, accreditation and complaints management and investigation programs.

Her previous roles include leading the professional standards program at the Office of the Medical Board of Queensland, and the Queensland Health Ethical Standards Unit.

Assessment and Resolution is the entry point for enquiries and complaints. It assesses complaints by reviewing all accompanying information provided to the office for each respective complaint, and in certain circumstances will seek to resolve and conciliate complaints.

Robbie Wilson

Executive Director, Investigations

Robbie has experience in a range of government regulatory, investigative, and leadership roles within the Queensland and New South Wales governments spanning more than 25 years. He has previously worked with a number of health complaint regulatory agencies in senior leadership roles.

Robbie is responsible for the formal investigation of matters of significant importance to public health or safety, or that warrant disciplinary action against a health service provider in Queensland. His team also monitors and reports on the health, conduct and performance functions of AHPRA and the national boards, as well as monitoring compliance with recommendations made as a result of investigations.

Kylie Guthrie

Director, Business Innovation

Kylie has almost 30 years of experience in the public sector, primarily in the areas of public sector governance and provision of corporate support functions including human resources, information and communication technology, financial management, facilities, and records management. Her previous roles include managing business support functions in Queensland government agencies including the Department of Health, Department of Justice and Attorney-General, and the Anti-Discrimination Commission Queensland.

Kylie leads the provision of innovative and flexible corporate support services, advice, business solutions, and performance monitoring and reporting functions to the office. She has an active role in implementing the strategic direction for the office, providing the systems and support to enable continuous improvement in how the office delivers on its objectives.

Risk Management Committee

The office established the Risk Management Committee in June 2015. Its primary role is to provide the Health Ombudsman with independent assurance and assistance in risk, control and compliance frameworks; external accountability responsibilities as required and identified as arising from the *Health Ombudsman Act 2013* and *Health Practitioner Regulation National Law (Queensland)*; and obligations under the *Statutory Bodies Financial Arrangements Act 1982*.

Its core responsibilities include:

- Assessment of, and contribution to, risk management planning processes relevant to the office, taking into account any inherent or arising risks and exposures, its performance management framework, and the financial and operational environment in which it operates.
- Assessment and enhancement of the office's corporate governance, including its systems of internal control, and reporting on any identified risks.
- Review and evaluation of the strategic plan.
- Oversight and appraisal of the office's financial reporting processes.
- Appraisal of the office's systems for risk management.
- Review of the annual financial statements and management representations for recommendation and endorsement by the Health Ombudsman.

The Risk Management Committee will review, oversee and report to the Health Ombudsman quarterly. It met once during the 2014–15 financial year.

The committee will conduct an annual self-assessment at the September meeting, and will have an external peer review at least once every three years, with due regard for Queensland Treasury's *Audit Committee Guidelines: Improving Accountability and Performance*.

Committee members for 2014–15 were Mr Eric Muir (Chair), Mr Dan Matthias, Ms Nabilla Abdulla and Mr Robbie Wilson.

Mr Eric Muir commenced as the Chair of the Risk Management Committee on 29 June 2015, and holds the position of external member of the committee. He served as the Auditor-General of the Solomon Islands for three years, and was Assistant Auditor-General with the Queensland Audit Office from 1994 to 2006. The remuneration of Mr Eric Muir is $220 per hour plus GST.

People

The office had an establishment of 94 full time equivalent staff at the end of 2014–15, having grown from 18 full time equivalent staff 12 months earlier.

No redundancy, early retirement or retrenchment packages were paid during this period.

All staff are located at 400 George Street, Brisbane, Queensland.

Values

The office's values define its behaviours. They guide its actions and influence how it interacts with people and engages with the community. They are:

- The health and safety of the public are paramount.
- We act independently, impartially and in the public interest.
- We treat people fairly and equitably.
- We respond to complaints in a timely manner. If we can't assist we'll explain why and, if possible, suggest other options.
- We produce timely and high quality work.
- We develop our capability and use innovative processes to improve our service.

The public service values have been incorporated into the employee induction process through discussion of the values and how they relate to individual staff and the office as a whole.

Code of conduct

The office has adopted the *Code of Conduct for the Queensland Public Service*. All staff complete mandatory code of conduct training annually. This training is also embedded into the employee induction framework as a face-to-face session.

The office's administrative procedures and management practices have proper regard for both its values and the ethics principles of the code of conduct. These are integrity and impartiality, promoting the public good, commitment to the system of government, and accountability and transparency.

Induction

The office is committed to ensuring that its induction processes assist new staff to become productive and integrated members of the organisation in as short a time as practicable. Effective induction is also a key factor in retaining staff.

On commencement, staff receive an immediate orientation and safety briefing and induction booklet. They also participate in a face-to-face orientation workshop soon after they commence with the office. In addition all new staff are enrolled to complete e-learning courses within their first three months of employment.

Staff care and development

The office is committed to creating an environment where staff are engaged, valued contributors, with opportunities to grow professionally. During 2014–15, the office delivered the following learning and development activities to staff:

- anti-discrimination training
- *Code of Conduct for the Queensland Public Service*
- fire safety and occupational health and safety
- first response evacuation
- fraud awareness
- introduction to project management
- leadership development for senior leaders
- local induction
- managing workplace conflict
- Office of the Health Ombudsman orientation
- performance development program training for team leaders
- right to information and information privacy
- using the National Relay Service
- *Your Ethical Compass*.

An employee assistance program is available to all staff, providing a short-term professional, confidential and free counselling service. The program is easily accessible, voluntary, and can provide support on a range of personal and work-related issues.

Staff can access a range of flexible working arrangements in line with whole-of-government workplace policy.

Performance and development

The office's performance development program provides a platform for meaningful conversations between managers and their staff about responsibilities, performance and expected behaviours and how these align to the organisations strategic plans, goals and objectives.

Performance expectations are set with new staff within one month of commencement. A formal performance review is held between managers and their staff to discuss progress towards agreed performance standards twice a year. A key element in the success of the program is the regular and ongoing feedback between staff and their manager throughout the year.

Industrial and employee relations

The office is part of the Queensland Health enterprise bargaining arrangement.

Staff satisfaction

The *2015 Working for Queensland Employee Opinion Survey* was completed in May 2015 with all eligible staff participating. Positive job engagement and satisfaction was reported by 70 per cent of staff.

An action plan was developed to make improvements and to maintain staff morale and engagement in the office following a benchmark preliminary survey, taken in November 2014. This plan will be reviewed and updated with the outcomes of the 2015 survey, focusing on a number of key areas where improvements could be made.

Performance

Summary of non-financial measures

Outcomes	2014–15
Contacts received	8017
Decisions made within 7 days	67%
Assessments completed within legislated timeframes	61%
Local resolutions completed within legislated timeframes	97%
Local resolutions where a resolution is reached	88%
Conciliations where an agreement is reached	76%
Investigations commenced	357
Investigations completed within 12 months	72%
Immediate registration actions	10
Interim prohibition orders	8
Referrals to the Director of Proceedings	3
Practitioners referred to AHPRA	948
Serious matter notifications referred and requested from AHPRA	37
Root cause analysis reports received	168
Reporting	
Investigation reports made public	1
Monitoring and quality improvement reports published	1
Matters listed on the investigations register as at 30 June	54
People	
Staff job engagement and satisfaction	70%
Full time equivalent staff	94[1]
Permanent separation rate[2]	17%
Redundancy, early retirement or retrenchment	0

1 As at end of last full pay fortnight before 30 June.

2 Number of employees who resigned in 12 months/Number of employees employed as at end of last full pay fortnight before 30 June.

Directions by the Minister for Health to the office

There were no directions by the Minister for Health to the Health Ombudsman in 2014–15.

Performance against strategic objectives

The first strategic plan for the office, for 2014–18, was developed prior to its commencement. In some cases, anticipated actions selected as metrics either did not occur or occurred at such levels as to make them impractical as performance indicators. Reporting 2014–15 performance against the 2015–19 strategic plan is considered appropriate as the refinements of the measures are more meaningful and provide a consistent platform for future reporting.

Objective

Protect the health and safety of the public.

Measure	Result
Percentages of assessment matters completed within statutory assessment timeframe.	61%
Percentage of investigations completed in less than 12 months.	72%

Objective

Promote professional, safe, competent practice and high standards of service delivery from health practitioners and health service organisations.

Measure	Result
Proportion of recommendations arising from investigations or reports adopted to implement healthcare service improvements.	100%
Proportion of recommendations arising from investigations or reports adopted to implement complaint management process improvements.	No relevant recommendations
Evidence of the office identifying and reporting on systemic safety and quality issues.	✓
Feedback from key stakeholder and groups on the performance of the office.	✓
Feedback on the quality and utility of investigative reports outlining systemic issues and recommendations.	✓
Proportion of immediate registration actions upheld by QCAT.	n/a*

** The office referred no briefs to QCAT during 2014–15.*

Objective

Maintain public confidence in the management of complaints and other matters relating to the provision of health services.

Measure	Result
Percentage of complaints accepted, assessed and/or resolved by the office within legislative timeframes:	
▪ accepted within seven days	67%
▪ assessed within legislated timeframes	61%
▪ locally resolved within legislated timeframes.	97%
Percentage of matters subject to resolution or conciliation where an agreement is achieved:	
▪ local resolution	88%
▪ conciliation.	76%
Regular public reporting through:	
▪ monthly and quarterly performance reports	✓
▪ annual report	✓
▪ the office website	✓
▪ investigative reports	✓
▪ prosecution outcomes.	✓
Feedback on the level of consumer confidence in the management of complaints.	✓
Percentage of adverse findings by the Queensland Ombudsman in relation to complaints about our performance.	0%
Feedback from healthcare consumers on the performance of the office.	✓

Objective

Deliver robust and accountable business operations and foster a culture of transparency, accountability and continual improvement.

Measure	Result
Efficient and effective business support services leading to measurable productivity gains.	✓
Corporate reporting is streamlined across the business with an emphasis on progress against outputs and outcomes rather than activities.	✓
Compliance with governance and policy standards.	✓
Contemporary, fit-for-purpose and continuous training provided to employees that addresses technical and professional learning needs.	✓
Implementation of a management and leadership capability development program.	✓
Increased employee skills, knowledge and experience.	✓
Employees are engaged and empowered to formally and informally suggest process improvements.	✓
Establish tools and baseline measures to monitor staff satisfaction and organisational culture.	✓
Established performance agreements linked to corporate objectives with a high percentage of staff rated 'meets expectations or better'.	✓

Financial snapshot

Overview

The operating result for the office for the 2014–15 financial year was $4.084 million. The major activities undertaken during the year include:

- development and implementation of phase 2 of the OHO's complaint management system
- installation of an electronic document records management system
- creation of an intranet site to provide a single point for staff to access corporate information and online tools
- ongoing investment in ICT network systems to support new applications and technology.

The financial impact of these major activities are provided in detail in the audited financial statements provided with this report and on the office's website **www.oho.qld.gov.au**.

Funding

There are three sources of funding for the office. They are the government grant, own source revenue and regulatory funding provided by AHPRA.

The regulatory funding component is a proportion of the registration fees of Queensland registered health practitioners. In 2014–15, the Minister for Health determined that $4.5 million was to be provided to the office by AHPRA. The amount reflects the cost of the office managing complaints that would otherwise have been conducted by AHPRA and the national boards. It is decided by the Minister for Health after consultation with other Ministers, national boards and AHPRA.

Financial position

The financial position provides an indication of the office's underlying financial health at 30 June 2015. The office's assets at 30 June 2015 were $4.722 million and liabilities were $638,000, resulting in a total equity of $4.084 million.

Assets

The office's total assets are valued at $4.722 million as at 30 June 2015. Current assets are valued at $4.293 million and are available to meet current liabilities, which are valued at $532,000.

Liabilities

Total liabilities for the office at 30 June 2015 were $638,000 and the largest single liability was $352,000 for accrued employee benefits. Remaining liabilities relate predominantly to payables.

Financial performance

The income statement shows the total income for 2014–15 as $14.745 million and expenses as $14.003 million, finishing the year with an operating surplus of $742,000.

Income

In 2014–15, the office derived the majority of its income from the Queensland Government through a contribution of $9.995 million. Additional regulatory funding of $4.5 million was provided by AHPRA as determined by the Minister for Health.

Expenses

Total operating expenses for 2014–15 were $14.003 million. The largest expense category was for employee expenses ($10.762 million—76 per cent). The second largest category was supplies and services ($3.117 million), which accounted for 22 per cent of expenses.

Open data

The following information for the 2014–15 financial year is available through the Queensland Government Open Data website (**www.qld.gov.au/data**):

- consultancies
- overseas travel
- Queensland language services policy.

Office of the HEALTH OMBUDSMAN

Listen. Respond. Resolve.

Office of the Health Ombudsman

Financial statements

for the financial year ended 30 June 2015

Contents

General Information

These financial statements cover the Office of the Health Ombudsman.

The Office of the Health Ombudsman is Queensland's independent health service complaints management agency, and the single point of entry for all health service complaints.

The agency is controlled by the state of Queensland which is the ultimate parent.

The head office and principal place of business of the agency is:

Level 12, 400 George St
BRISBANE QLD 4000

For information in relation to the agency's financial statements please email info@oho.qld.gov.au

Amounts shown in these financial statements may not add to the correct sub-totals or total due to rounding.

Statement of Comprehensive Income

for the year ended 30 June 2015

	Notes	2015 $'000	2014 $'000
Income from Continuing Operations			
Grants and other contributions	2	14,495	5,186
Interest		239	32
Other		11	-
Total Income from Continuing Operations		14,745	5,218
Expenses from Continuing Operations			
Employee expenses	3	10,762	732
Supplies and services	5	3,117	2,526
Depreciation		114	5
Other expenses	6	10	7
Total Expenses from Continuing Operations		14,003	3,270
Operating Result from Continuing Operations		742	1,948
Total Comprehensive Income		742	1,948

The accompanying notes form part of these statements.

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Office of the Health Ombudsman
Statement of Financial Position
for the year ended 30 June 2015

	Notes	2015 $'000	2014 $'000
Current Assets			
Cash and cash equivalents		3,953	3,706
Receivables	7	235	257
Prepayments		105	-
Total Current Assets		4,293	3,963
Non Current Assets			
Prepayments		64	-
Plant and equipment	8	365	466
Total Non Current Assets		429	466
Total Assets		4,722	4,429
Current Liabilities			
Payables	9	180	2,429
Accrued employee benefits	10	352	52
Total Current Liabilities		532	2,481
Non Current Liabilities			
Deferred Lease Liability		106	-
Total Non Current Liabilities		106	-
Total Liabilities		638	2,481
Net Assets		4,084	1,948
Equity			
Contributed equity		1,394	-
Accumulated surplus		2,690	1,948
Total Equity		4,084	1,948

The accompanying notes form part of these statements.

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	Accumulated Surplus $'000	Contributed Equity $'000	TOTAL $'000
Balance as at 1 July 2013	-	-	-
Operating Result from Continuing Operations	1,948	-	1,948
Balance as at 30 June 2014	1,948	-	1,948
Balance as at 1 July 2014	1,948	-	1,948
Operating Result from Continuing Operations	742	-	742
Net Transfers in from other Queensland Government entities	-	1,394	1,394
Balance as at 30 June 2015	2,690	1,394	4,084

Net transfers in from other Queensland Government entities is a result of the transfer of Net Assets from the former Health Quality and Complaints Commission and consists of the following:

Current Assets	**$'000**
Cash and cash equivalents	1,291
Receivables	529
Other current assets	29
Total Current Assets	1,848
Total Assets	1,848
Current Liabilities	
Payables	194
Accrued employee benefits	260
Total Current Liabilities	454
Total Liabilities	454
Net Assets	1,394

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Statement of Cash Flows

for the year ended 30 June 2015

	Notes	2015 $'000	2014 $'000
Cash flows from operating activities			
Inflows:			
Grants and other contributions		14,495	5,000
GST collected from customers		4	-
GST input tax credits from ATO		552	-
Interest received		239	32
Other		11	-
Outflows:			
Employee expenses		(10,598)	(653)
Supplies and services		(5,431)	(105)
GST paid to suppliers		(392)	(253)
GST remitted to ATO		(4)	-
Other		(10)	-
Net cash provided by (used in) operating activities	**11**	(1,134)	4,021
Cash flows from investing activities			
Outflows:			
Payments for plant and equipment		(13)	(315)
Net cash used in investing activities		(13)	(315)
Net increase (decrease) in cash held		(1,147)	3,706
Cash at beginning of financial year		3,706	-
Cash transfers from restructure		1,394	-
Cash at end of financial year		3,953	3,706

The accompanying notes form part of these statements.

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1. Summary of Significant Accounting Policies

(a) Statement of Compliance

The Office of the Health Ombudsman has prepared these financial statements in compliance with section 43 of the *Financial and Performance Management Standard 2009*.

These financial statements are general purpose financial statements, and have been prepared on an accrual basis in accordance with Australian Accounting Standards and Interpretations. In addition, the financial statements comply with Queensland Treasury's Minimum Reporting Requirements for the year ending 30 June 2015, and other authoritative pronouncements.

With respect to compliance with Australian Accounting Standards and Interpretations, the Office of the Health Ombudsman has applied those requirements applicable to not-for-profit entities, as the Office of the Health Ombudsman is a not-for-profit agency. Except where stated, the historical cost convention is used.

(b) The Reporting Entity

The financial statements include the value of all income, expenses, assets, liabilities and equity of the agency. The agency does not have any controlled entities.

(c) Grants and Other Contributions

Grants and contributions that are non-reciprocal in nature are recognised as revenue in the year in which the agency obtains control over them (control is generally obtained at the time of receipt).

Contributed assets are recognised at their fair value. Contributions of services are recognised only if the services would have been purchased if they had not been donated and their fair value can be measured reliably. Where this is the case, an equal amount is recognised as revenue and an expense.

(d) Cash and Cash Equivalents

For the purposes of the Statement of Financial Position and the Statement of Cash Flows, cash assets include all cash and cheques receipted but not banked at 30 June as well as deposits at call with financial institutions.

(e) Receivables

Trade debtors are recognised at the amounts due at the time of service delivery i.e. the agreed purchase/contract price. Settlement of these amounts is required within 30 days from invoice date.

(f) Acquisitions of Assets

Actual cost is used for the initial recording of all non-current physical asset acquisitions. Cost is determined as the value given as consideration plus costs incidental to the acquisition, including all other costs incurred in getting the assets ready for use. However, any training costs are expensed as incurred.

Where assets are received free of charge from another Queensland department (whether as a result of a machinery-of-Government or other involuntary transfer), the acquisition cost is recognised as the gross carrying amount in the books of the transferor immediately prior to the transfer together with any accumulated depreciation.

Assets acquired at no cost or for nominal consideration, other than from an involuntary transfer from another Queensland Government entity, are recognised at their fair value at date of acquisition in accordance with AASB116 *Property, Plant and Equipment*.

(g) Plant and Equipment

Items of plant and equipment with a cost or other value equal to or in excess of $5,000 are recognised for financial reporting purposes in the year of acquisition. Items with a lesser value are expensed in the year of acquisition.

1. Summary of Significant Accounting Policies (contd)

(h) Depreciation of Plant and Equipment

Plant and equipment is depreciated on a straight-line basis so as to allocate to the agency the net cost or revalued amount of each asset, less its estimated residual value, progressively over its estimated useful life.

For each class of depreciable asset, where held, the following depreciation rates are used:

Class	*Rate%*
Plant and Equipment:	
• Office Equipment	25%
• Audio visual eqiupment	25%
• Leasehold improvements	20%

(i) Impairment of Non-Current Assets

All non-current physical assets are assessed for indicators of impairment on an annual basis. If an indicator of possible impairment exists, the agency determines the asset's recoverable amount. The asset's recoverable amount is determined as the higher of the asset's fair value less costs to sell and depreciated replacement cost. Any amount by which the asset's carrying amount exceeds the recoverable amount is recorded as an impairment loss.

(j) Leases

A distinction is made between finance leases and operating leases. Finance leases effectively transfer all risks and benefits of ownership to the lessee. Under an operating lease however, the owner retains substantially all risks and benefits.

The Office of the Health Ombudsman has an operating lease for office accommodation. Operating lease payments are recognised in the period they are incurred using a straight line basis over the period of the lease. The difference between the expense and the cash payment at a point in time is recorded as a deferred lease liability.

The Office of the Health Ombudsman has no finance leases.

(k) Payables

Trade creditors are recognised upon receipt of the goods or services ordered and are measured at the agreed purchase/contract price, gross of applicable trade and other discounts. Amounts owing are unsecured and are generally settled on 30 day terms.

(l) Financial Instruments

Recognition

Financial assets and financial liabilities are recognised in the Statement of Financial Position when the agency becomes party to the contractual provisions of the financial instrument.

Classification

Financial instruments are classified and measured as follows:

- Cash and cash equivalents - held at fair value through profit and loss
- Receivables - held at amortised cost
- Payables - held at amortised cost

The agency does not enter into transactions for speculative purposes, nor for hedging.

All other disclosures relating to the measurement and financial risk management of financial instruments held by the agency are included in Note 14.

1. Summary of Significant Accounting Policies (contd)

(m) Employee Benefits

Employer superannuation contributions, annual leave levies and long service leave levies are regarded as employee benefits.

Payroll tax and workers' compensation insurance are a consequence of employing employees, but are not counted in an employee's total remuneration package. They are not employee benefits and are recognised separately as employee related expenses.

Wages, Salaries and Sick leave
Wages and salaries due but unpaid at reporting date are recognised in the Statement of Financial Position at the current salary rates.

As the agency expects such liabilities to be wholly settled within 12 months of reporting date, the liabilities are recognised at undiscounted amounts.

As sick leave is non-vesting, an expense is recognised for this leave as it is taken.

Annual Leave and Long Service Leave
Under the Queensland Governement's Annual Leave Central Scheme (ALCS) and Long Service Leave Scheme the agency is levied for the cost of employees' annual leave (including leave loading and on-costs) and long service leave. The levies are expensed in the period in which they are payable. Amounts paid to employees for annual leave and long service leave are claimed from the scheme quarterly in arrears.

No provision for annual leave and long service leave is recognised in the agency's financial statements as the liability is held on a whole-of-government basis and reported in those financial statements pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting*.

Superannuation
Employer superannuation contributions are paid to QSuper, the superannuation scheme for Queensland Government employees, at rates determined by the Treasurer on the advice of the State Actuary. Contributions are expensed in the period in which they are paid or payable. The agency's obligation is limited to its contribution to QSuper.

Therefore, no liability is recognised for accruing superannuation benefits in the agency's financial statements, the liability being held on a whole-of-Government basis and reported in those financial statements pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting*.

Key Management Personnel and Remuneration
Key management personnel and remuneration disclosures are made in Note 4.

(n) Insurance

The agency's risks are insured through the Queensland Government Insurance Fund, premiums being paid on a risk assessment basis. In addition, the agency pays premiums to Workcover Queensland in respect of its obligations for employee compensation.

(o) Taxation

The agency is a State body as defined under the *Income Tax Assessment Act 1936* and is exempt from Commonwealth taxation with the exception of Fringe Benefits Tax (FBT) and Goods and Services Tax (GST). FBT and GST are the only taxes accounted for by the agency. GST credits receivable from, and GST payable to the ATO, are recognised (refer to note 7).

1. Summary of Significant Accounting Policies (contd)

(p) Issuance of Financial Statements

The financial statements are authorised for issue by the Health Ombudsman and the Director, Business Innovation at the date of signing the management certificate.

(q) Accounting Estimates and Judgements

The preparation of financial statements necessarily requires the determination and use of certain critical accounting estimates, assumptions, and management judgements that have the potential to cause a material adjustment to the carrying amounts of assets and liabilities within the next financial year. Such estimates, judgements and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and in future periods as relevant.

(r) Currency, Rounding and Comparatives

Amounts included in the financial statements are in Australian dollars and have been rounded to the nearest $1,000 or, where that amount is $500 or less, to zero, unless disclosure of the full amount is specifically required.

Comparative information has been restated where necessary to be consistent with disclosures in the current reporting period.

(s) New and Revised Accounting Standards

The agency did not voluntarily change any of its accounting policies during 2014-15. The Australian Accounting Standard applicable for the first time as from 2014-15 that had the most significant impact on the agency's financial statements is AASB 1055 Budgetary Reporting.

AASB 1055 became effective from reporting periods beginning on or after 1 July 2014. In response to this new standard, the agency has included in these financial statements a comprehensive new note 'Budget vs Actual Comparison' (Note 16). This note discloses the agency's original published budgeted figures for 2014-15 compared to actual results, with explanations of major variances, in respect of the agency's Statement of Comprehensive Income, Statement of Financial Position and Statement of Cash Flows.

The agency is not permitted to early adopt a new or amended accounting standard ahead of the specified commencement date unless approval is obtained from Queensland Treasury. Consequently, the agency has not applied any Australian Accounting Standards and Interpretations that have been issued but are not yet effective.

At the date of authorisation of the financial report, the expected impacts of new or amended Australian Accounting Standards with future commencement dates are as set out below.

From reporting periods beginning on or after 1 July 2016, the agency will need to comply with the requirements of AASB 124 Related Party Disclosures . That accounting standard requires a range of disclosures about the remuneration of key management personnel, transactions with related parties/entities, and relationships between parent and controlled entities. The agency already discloses information about the remuneration expenses for key management personnel (refer to Note 4) in compliance with requirements from Queensland Treasury. Therefore, the most significant implications of AASB 124 for the agency's financial statements will be the disclosures to be made about transactions with related parties, including transactions with key management personnel or close members of their families.

All other Australian accounting standards and interpretations with future commencement dates are either not applicable to the agency's activities, or have no material impact on the agency.

		2015 $'000	2014 $'000
2.	**Grants and Other Contributions**		
	Administered Grants	9,995	5,000
	Contributions from Government	4,500	-
	Services received at below fair value	-	31
	Assets received free of charge	-	155
	Total	14,495	5,186
3.	**Employee Expenses**		
	Employee Benefits		
	Wages and salaries	7,898	367
	Employer superannuation contributions	1,022	44
	Annual leave levy	925	71
	Long service leave levy	179	9
	Employee Related Expenses		
	Workers' compensation premium	44	1
	Payroll tax	447	20
	Other	247	220
	Total	10,762	732

The number of employees as at 30 June, including both full-time employees and part-time employees, measured on a full-time equivalent basis is:

	2015	2014
Number of employees:	98	16

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4. Key Management Personnel and Remuneration Expenses

(a) Key Management Personnel

The following details for key management personnel include those positions that had authority and responsibility for planning, directing and controlling the activities of the agency during 2014-15. Further information on these positions can be found in the body of the Annual Report under the section relating to Executive Management.

Position	Responsibilities	Current Incumbents	
		Contract classification and appointment authority	Date appointed to position
Health Ombudsman	Overseeing the administration and performance of the Office of the Health Ombudsman's functions, including the receipt, assessment, resolution and investigation of health service complaints.	Appointed under S245 of the *Health Ombudsman Act 2013* by Governor in Council	Appointed 28 January 2014
Executive Director, Assessment & Resolution	Managing the triage and assessment unit and the resolution and conciliation unit.	SES 2.3; Public Service Act 2008	Appointed 19 May 2014
Executive Director, Investigations	Managing the investigations unit and the audit and compliance unit.	SES 2.4; Public Service Act 2008	Appointed 26 May 2014
Executive Director, Legal Services	Managing the provision of support and advice with regard to internal legal matters and ensures adherence to the legislative procedures outlined in our Act.	SES 2.5; Public Service Act 2008	Appointed 10 June 2014 Terminated 30 May 2015
Executive Director, Legal Services		SES 2.3; Public Service Act 2008	Temporary appointment 04 May 2015
Director, Business Innovation	Managing the corporate support services of the office.	SO1; Public Service Act 2008	Appointed 10 June 2014

4. Key Management Personnel and Remuneration Expenses (contd)

(b) Remuneration Expenses

The remuneration and other terms of employment for the key executive management personnel are specified in employment contracts. Remuneration policy for the agency's key management personnel (except for the Health Ombudsman) is set by the Queensland Public Service Commission as provided for under the *Public Service Act 2008*. The remuneration of the Health Ombudsman is set by the Governor in Counsel.

For the 2014-15 year, remuneration packages of key management personnel increased by 2.2% in accordance with government policy.

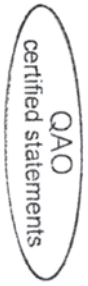
The following disclosures focus on the expenses incurred by the agency during the respective reporting periods, that is attributable to key management positions. Therefore, the amounts disclosed reflect expenses recognised in the Statement of Comprehensive Income.

Remuneration expenses for key management personnel comprise the following components:-

- Short term employee expenses which include:

  - salaries, allowances and leave entitlements paid and provided for the entire year or for that part of the year during which the employee occupied the specified position. All amounts disclosed equal the amount expenses in the Statement of Comprehensive Income.

  - non-monetary benefits - consisting of provision of vehicle together with fringe benefits tax applicable to the benefit.
- Long term employee expenses include amounts expensed in respect of long service leave entitlements earned.
- Post-employment expenses include amounts expensed in respect of employer superannuation obligations.
- Termination benefits are not provided for within individual contracts of employment. Contracts of employment provide only for notice periods or payment in lieu of notice on termination, regardless of the reason for termination.



4. Key Management Personnel and Remuneration Expenses (contd)

(b) Remuneration Expenses (contd)

1 July 2014 – 30 June 2015

Position	Short Term Employee Expenses		Long Term Employee Expenses	Post-Employment Expenses	Termination Benefits	Total Expenses
	Monetary Expenses $'000	Non-Monetary Benefits $'000	$'000	$'000	$'000	$'000
Health Ombudsman	367	-	8	41	-	416
Executive Director, Assessment & Resolution	180		4	20		204
Executive Director, Investigations	186		4	18		208
Executive Director, Proceedings - Former	191		3	19	77	290
Executive Director, Proceedings (acting)	24		1	2		27
Director, Business Innovation	129		3	15		147
Total Remuneration	1,077	-	23	115	77	1,292

1 July 2013 – 30 June 2014

Position	Short Term Employee Expenses		Long Term Employee Expenses	Post-Employment Expenses	Termination Benefits	Total Expenses
	Monetary Expenses $'000	Non-Monetary Benefits $'000	$'000	$'000	$'000	$'000
Health Ombudsman*	138	-	3	15	-	156
Total Remuneration	138	-	3	15	-	156

*As at 30 June 2014 the Health Ombudsman was the only Key Management Personnel. While the Executive Directors and Director were appointed prior to 30 June 2014 they only commenced in their capacity as Key Management Personnel from 1 July 2014.

(c) Performance payments

No performance payments were made to the Key Management Personnel of the agency.

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		2015 $'000	2014 $'000
5.	**Supplies and Services**		
	Corporate service charges	171	154
	Consultants and contractors	668	549
	Employment agency staff	243	79
	Property Lease and rental	1,177	421
	Repairs and maintenance	18	1
	Minor plant and equipment	104	273
	Supplies and consumables	163	85
	Information technology	410	956
	Communications	136	8
	Sundry	27	-
	Total	3,117	2,526
6.	**Other Expenses**		
	Insurance	3	-
	External audit fees *	7	7
	Total	10	7

* Total audit fees payable to the Queensland Audit Office relating to the 2014-15 financial statements are estimated to be $7,000 (2014: $6,800). There are no non-audit services included in this amount.

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		2015 $'000	2014 $'000
7.	**Receivables**		
	Accounts Receivable	2	-
		2	-
	GST receivable	93	253
		93	253
	Annual leave reimbursements	130	4
	Long service leave reimbursements	10	-
	Total	235	257
8.	**Plant and Equipment**		
	At cost	484	156
	Less: Accumulated depreciation	(119)	(5)
		365	151
	Work in progress at cost	-	315
		365	466

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8. Plant and Equipment (contd)

Plant and Equipment Reconciliation

Reconciliations of the carrying amounts of each class of plant and equipment and WIP at the beginning and end of the current reporting period.

	Plant and Equipment		*WIP*		*Total*	
	2015 $'000	**2014 $'000**	**2015 $'000**	**2014 $'000**	**2015 $'000**	**2014 $'000**
Carrying amount at 1 July	151	-	315	-	466	-
Acquisitions	13	-	-	315	13	315
Assets received free of charge	-	156	-	-	-	156
Transfers between asset classes	315	-	(315)	-	-	-
Disposals	-	-	-	-	-	-
Depreciation for period	(114)	(5)	-	-	(114)	(5)
Carrying amount at 30 June	**365**	**151**	**(0)**	**315**	**365**	**466**

	2015 $'000	2014 $'000
9. Payables		
Trade and other creditors	123	1,928
Accrued expenses	57	501
Total	180	2,429
10. Accrued Employee Benefits		
Salary and wage related	63	8
Annual leave levy payable	230	36
Long service leave levy payable	51	7
Superannuation	8	1
Total	352	52
11. Reconciliation of Operating Result to Net Cash from Operating Activities		
Operating surplus/(deficit)	742	1,948
Assets received free of charge	-	(156)
Depreciation expense	114	5
Changes in assets and liabilities:		
(Increase)/decrease in receivables	22	(257)
(Increase)/decrease in prepayment	(169)	-
Increase/(decrease) in payables	(2,249)	2,429
Increase/(decrease) in accrued employee benefits	300	52
Increase/(decrease) in other non-current liabilities	106	-
Net cash provided by/(used in) operating activities	(1,134)	4,021

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12. Commitments for Expenditure

(a) Non-Cancellable Operating Lease

Commitments under operating leases at reporting date are inclusive of anticipated GST and are payable as follows:

	2015 $'000	2014 $'000
Not later than one year	1,149	1,100
Later than one year and not later than five years	4,099	5,248
Total	**5,248**	**6,348**

Operating leases are entered into as a means of acquiring access to office accommodation and storage facilities. Lease payments are generally fixed, but with inflation escalation clauses on which contingent rentals are determined.

(b) Other expenditure commitments

Other expenditure committed at the end of the period but not recognised in the accounts are as follows:

Payable:		
Not later than one year	186	116
Later than one year and not later than five years	59	79
	245	**195**

13. Contingencies

As at 30 June 2015, the Office of the Health Ombudsman had one case which had been awarded against the agency in the Supreme Court of Queensland. It is not possible to make a reliable estimate of the final amount payable, if any, in respect of this case at this time.

The Office of the Health Ombudsman is covered by the Queensland Government Insurance Fund and will be able to claim back, less a $10,000 deductible, any amount paid to successful litigants.

14. Financial Instruments

(a) Categorisation of Financial Instruments

The agency has the following categories of financial assets and financial liabilities:

Category	Note	2015 $'000	2014 $'000
Financial Assets			
Cash and cash equivalents		3,953	3,706
Receivables	7.	235	257
Total		**4,188**	**3,963**
Financial Liabilities			
Payables	9.	180	2,429
Total		**180**	**2,429**

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14. Financial Instruments (contd)

(b) Financial Risk Management

The agency's activities expose it to a variety of financial risks - credit risk, liquidity risk and market risk.

Financial risk management is implemented pursuant to Government and agency policy. These policies focus on the unpredictability of financial markets and seek to minimise potential adverse effects on the financial performance of the agency.

All financial risk is managed by Executive Management under policies approved by the agency. The agency provides written principles for overall risk management, as well as policies covering specific areas.

The agency measures risk exposure using a variety of methods as follows -

Risk Exposure	Measurement method
Credit Risk	Ageing analysis
Liquidity Risk	Sensitivity analysis
Market Risk	Interest rate sensitivity analysis

(c) Credit Risk Exposure

Credit risk exposure refers to the situation where the agency may incur financial loss as a result of another party to a financial instrument failing to discharge their obligation.

The maximum exposure to credit risk at balance date in relation to each class of recognised financial assets is the gross carrying amount of those assets inclusive of any provisions for impairment.

The carrying amount of receivables represents the maximum exposure to credit risk (refer to Note 14(a)).

No allowance for impairment has been recognised. No financial assets were past due in 2015 and 2014.

(d) Liquidity Risk

Liquidity risk refers to the situation where the agency may encounter difficulty in meeting obligations associated with financial liabilities that are settled by delivering cash or another financial asset.

The agency is exposed to liquidity risk in respect of its payables.

The agency manages liquidity risk through the use of management reports. This strategy aims to reduce the exposure to liquidity risk by ensuring the agency has sufficient funds available to meet employee and supplier obligations as they fall due. This is achieved by ensuring that minimum levels of cash are held within the various bank accounts so as to match the expected duration of the various employee and supplier liabilities.

All financial liabilities were due within one year in 2015 and 2014.

(e) Market Risk

The agency does not trade in foreign currency and is not materially exposed to commodity price changes. The agency is exposed to interest rate risk through its cash deposits in interest bearing accounts. The agency does not undertake any hedging in relation to interest risk and manages its risk as per the liquidity risk management strategy. The agency is not sensitive to movements in interest rates.

15. Events Occurring after Balance Date

There were no significant events occurring after balance date.

16. Budget vs Actual Comparison

NB. A budget vs actual comparison , and explanations for major variances, has not been included for the Statement of Changes in Equity, as major variances relating to that statement have been addressed in explanations of major variances for other statements.

Statement of Comprehensive Income

	Variance Notes	Orginal Budget 2015 $'000	Actual 2015 $'000	Variance $'000	Variance % of Budget
Income from Continuing Operations					
Grants and other contributions	1.	9,995	14,495	4,500	45
Interest		245	239	(6)	(2)
Other		5	11	6	120
Total Income from Continuing Operations		**10,245**	**14,745**	**4,500**	44
Expenses from Continuing Operations					
Employee expenses	2.	7,680	10,762	(3,082)	(40)
Supplies and services	3.	2,115	3,117	(1,002)	(47)
Depreciation	4.	413	114	299	72
Other expenses		37	10	27	73
Total Expenses from Continuing Operations		**10,245**	**14,003**	**(3,758)**	**(37)**
Operating Result from Continuing Operations		**-**	**742**	**742**	100
Total Comprehensive Income		**-**	**742**	**742**	100

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16. Budget vs Actual Comparison (contd)

Statement of Financial Position

	Variance Notes	Original Budget 2015 $'000	Actual 2015 $'000	Variance $'000	Variance % of Budget
Current Assets					
Cash and cash equivalents	5.	2,010	3,953	1,943	97
Receivables		78	235	157	201
Prepayments		79	105	26	33
Total Current Assets		**2,167**	**4,293**	**2,126**	98
Non Current Assets					
Prepayments		-	64	64	100
Plant and equipment		877	365	(512)	(58)
Intangible assets		175	-	(175)	(100)
Total Non Current Assets	6.	**1,052**	**429**	**(623)**	(59)
Total Assets		**3,219**	**4,722**	**1,503**	47
Current Liabilities					
Payables		152	180	(28)	(18)
Accrued employee benefits	7.	562	352	210	37
Other liabilities	8.	139	-	139	100
Total Current Liabilities		**853**	**532**	**321**	**38**
Non Current Liabilities					
Payables		55	-	55	100
Other	8.	641	-	641	100
Deferred lease liablility		-	106	(106)	100
Total Non Current Liabilities		**696**	**106**	**590**	**(85)**
Total Liabilities		**1,549**	**638**	**911**	**59**
Net Assets		**1,670**	**4,084**	**2,414**	**145**
Equity					
Contributed equity	9.	1,670	1,394	(276)	(17)
Accumulated surplus		-	2,690	2,690	100
Total Equity		**1,670**	**4,084**	**2,414**	145

16. Budget vs Actual Comparison (contd)

Statement of Cash Flows

	Variance Notes	Original Budget 2015 $'000	Actual 2015 $'000	Variance $'000	Variance % of Budget
Cash flows from operating activities					
Inflows:					
Grants and other contributions	1.	9,995	14,495	4,500	45
GST collected from customers		-	4	4	100
GST input tax credits from ATO		-	552	552	100
Interest received		245	239	(6)	(2)
Other		5	11	6	120
Outflows:					
Employee expenses	2.	(7,680)	(10,598)	(2,918)	(38)
Supplies and services	3.	(2,115)	(5,431)	(3,316)	(157)
GST paid to suppliers		-	(392)	(392)	(100)
GST remitted to ATO		-	(4)	(4)	100
Other		(37)	(10)	27	73
Net cash used in operating activities		**413**	**(1,134)**	**(1,547)**	(375)
Cash flows from investing activities					
Outflows:					
Payments for plant and equipment		-	(13)	(13)	(100)
Net cash used in investing activities		**-**	**(13)**	**(13)**	(100)
Net decrease in cash held		413	(1,147)	(1,560)	(378)
Cash at beginning of financial year		-	3,706	3,706	100
Cash transfers from restructure	9.	1,597	1,394	(203)	(13)
Cash at end of financial year		**2,010**	**3,953**	**1,943**	97

16. Budget vs Actual Comparison (contd)

Explanations of Major Variances

1. Grants and other contributions - The increase of 4.5 million is due to the initial amount of regulatory funding determined by the Minister for Health to be provided to the Office of the Health Ombudsman by the Australian Health Practitioner Regulation Agency. This funding amount was only determined in September 2014.

2. Employee expenses – the original budget figures are based on the former Health Quality and Complaints Commission's organisational structure of approximately 70 FTE's. The increase in employee expenses for the Office of the Health Ombudsman is due to a larger and differing range of employee levels in the organisational structure. At the end of July 2014 the Office of the Health Ombudsman was already operating with a staffing level of approximately 75 FTE's and continually grew throughout the financial year ending with 98 FTE's as at 30 June 2015.

3. Supplies and services – the original budget figures are based on the former Health Quality and Complaints Commission's requirements. The increase in supplies and services is attributable to the operating lease being over budget by approximately $270,000 due to the relocation to a larger office space in a 5 star rated green office building. Consultancies and contractors expenses were also over budget by approximately $320,000 in order to fulfil the requirements needed in the start-up and ongoing work of the office. Specialist consultants were also engaged in project works. The remaining funds were spent on various items that can be referred to in Note 5 in the Financial Statements.

4. Depreciation - decrease is due to the lower than anticipated transfer of assets from the former Health Quality and Complaints Commission to the Office of the Health Ombudsman.

5. Cash and cash equivalents – the increase in cash is due to a higher than anticipated opening balance carried over from the commencement of the Office of the Health Ombudsman and the transfer of funds from the former Health Quality and Complaints Commission.

6. Non Current Assets - decrease is due to the lower than anticipated transfer of plant and equipment and intangible assets from the former Health Quality and Complaints Commission to the Office of the Health Ombudsman.

7. Accrued employee benefits – decrease is due to the Office of the Health Ombudsman being a member of the Queensland Treasury Annual Leave Central Scheme. The former Health Quality and Complaints Commission were not a part of the Annual Leave Central Scheme which meant a greater liability was held at the agency level.

8. Other liabilities - decrease is due to the lease incentive that was held by the former Health Quality and Complaints Commission which was surrended on 30 June 2014 and therefore not transferred to the Office of the Health Ombudsman.

9. Contributed equity – decrease is due to the closing figures of the former Health Quality and Complaints Commission that were transferred to the Office of the Health Ombudsman were estimated in the budget but were finalised in July 2015.

Management Certificate
for the Office of the Health Ombudsman

These general purpose financial statements have been prepared pursuant to section 62(1) of the *Financial Accountability Act 2009* (the Act), section 43 of the *Financial and Performance Management Standard 2009* and other prescribed requirements. In accordance with section 62(1)(b) of the Act we certify that in our opinion:

(a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects: and

(b) the financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of the Office of the Health Ombudsman for the year ended 30 June 2015 and of the financial position of the agency at the end of that year, and

(c) these assertions are based on an appropriate system of internal controls and risk management processes being effective, in all material respects, with respect to financial reporting throughout the reporting period.

Leon Atkinson-MacEwen
Health Ombudsman

Date: 27/8/15

Kylie Guthrie
Director, Business Innovation

Date: 30/8/15

To the Health Ombudsman

Report on the Financial Report

I have audited the accompanying financial report of Office of the Health Ombudsman, which comprises the statement of financial position as at 30 June 2015, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and certificates given by the Health Ombudsman and Director, Business Innovation.

The Health Ombudsman's Responsibility for the Financial Report

The Health Ombudsman is responsible for the preparation of the financial report that gives a true and fair view in accordance with prescribed accounting requirements identified in the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2009*, including compliance with Australian Accounting Standards. The Health Ombudsman's responsibility also includes such internal control as the Health Ombudsman determines is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on the audit. The audit was conducted in accordance with the *Auditor-General of Queensland Auditing Standards*, which incorporate the Australian Auditing Standards. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit is planned and performed to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view 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 entity's internal control, other than in expressing an opinion on compliance with prescribed requirements. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Health Ombudsman, as well as evaluating the overall presentation of the financial report including any mandatory financial reporting requirements approved by the Treasurer for application in Queensland.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

The *Auditor-General Act 2009* promotes the independence of the Auditor-General and all authorised auditors. The Auditor-General is the auditor of all Queensland public sector entities and can be removed only by Parliament.

The Auditor-General may conduct an audit in any way considered appropriate and is not subject to direction by any person about the way in which audit powers are to be exercised. The Auditor-General has for the purposes of conducting an audit, access to all documents and property and can report to Parliament matters which in the Auditor-General's opinion are significant.

Opinion

In accordance with s.40 of the *Auditor-General Act 2009* –

(a) I have received all the information and explanations which I have required; and

(b) in my opinion –

(i) the prescribed requirements in relation to the establishment and keeping of accounts have been complied with in all material respects; and

(ii) the financial report presents a true and fair view, in accordance with the prescribed accounting standards, of the transactions of the Office of the Health Ombudsman for the financial year 1 July 2014 to 30 June 2015 and of the financial position as at the end of that year.

Other Matters - Electronic Presentation of the Audited Financial Report

Those viewing an electronic presentation of these financial statements should note that audit does not provide assurance on the integrity of the information presented electronically and does not provide an opinion on any information which may be hyperlinked to or from the financial statements. If users of the financial statements are concerned with the inherent risks arising from electronic presentation of information, they are advised to refer to the printed copy of the audited financial statements to confirm the accuracy of this electronically presented information.

D J Olive CPA
(as Delegate of the Auditor-General of Queensland)

Queensland Audit Office
Brisbane

Appendices

Appendix 1
Annual performance report

Figures within this report may differ from respective aggregate monthly totals due to necessary adjustments and alterations being made to historical data subsequent to the publication of monthly or quarterly reports.

Any percentage totals that do not equal 100 are the result of rounding.

Office contacts

Number of contacts

Type of contact	Q1		Q2		Q3		Q4		2014–15	
	Number	%	Number	%	Number	%	Number	%	Number	%
Complaint	1134	63.28	909	46.10	1150	50.57	1036	52.35	4229	52.75
Enquiry	644	35.94	1056	53.55	1123	49.38	850	42.95	3673	45.82
Yet to be classified	14	0.78	7	0.35	1	0.04	93	4.70	115	1.43
Total	**1792**	**100.00**	**1972**	**100.00**	**2274**	**100.00**	**1979**	**100.00**	**8017**	**100.00**

The number of complaint contacts in this table will not equal the number of decisions made in the table below.

These quarterly figures will not match previously published quarterly reports due to matters that were yet to be classified at the time, subsequently being classified as a complaint or enquiry.

Type of complaints

Type of complaints	Q1	Q2	Q3		Q4		2014–15	
			Number	%	Number	%	Number	%
Health consumer			902	78.43	778	75.10	1680	76.85
Mandatory notification			110	9.57	153	14.77	263	12.03
Voluntary notification			54	4.70	51	4.92	105	4.80
Self-notification			19	1.65	12	1.16	31	1.42
Referral			65	5.65	42	4.05	107	4.90
Total			**1150**	**100.00**	**1036**	**100.00**	**2186**	**100.00**

These quarterly figures will not match previous quarterly reports due to matters that were yet to be classified at the time, subsequently being classified as a complaint.

This dataset was not captured during Q1 and Q2.

Decisions

Number of decisions made

There were 90 decisions pending at the end of the 2014–15 financial year. These are matters where more information is required before deciding whether to accept or not accept a complaint, or because a matter came in just before the end of the reporting period and is still to be processed.

Number of decisions made	Q1		Q2		Q3		Q4		2014–15	
	Number	%	Number	%	Number	%	Number	%	Number	%
Accepted	837	91.39	747	84.50	715	89.49	810	90.71	3109	90.17
Not accepted	50	5.45	122	13.80	84	10.51	83	9.29	339	9.83
Total	**887**	**100.00**	**869**	**100.00**	**799**	**100.00**	**893**	**100.00**	**3448**	**100.00**

These quarterly figures will vary slightly from previous quarterly reports due to matters that were 'decisions pending' at the end of each quarter subsequently being either accepted or not accepted.

Variance also exists due to a system update in January which allowed matters to be closed as 'out of jurisdiction'. From Q3, these matters are now excluded from office reporting as they are not classified as 'health service complaints' (due to being out of jurisdiction) and the office is therefore unable to action or record them. They remain included as 'Not accepted' during Q1 and Q2 prior to the system upgrade.

Decisions made within seven days of receiving a complaint

Decisions made	Q1		Q2		Q3		Q4		2014–15	
	Number	%	Number	%	Number	%	Number	%	Number	%
Yes	664	74.89	737	84.81	542	67.83	366	40.99	2309	66.97
No	223	25.14	132	15.19	257	32.17	527	59.01	1139	33.03
Total	**887**	**100.00**	**869**	**100.00**	**799**	**100.00**	**893**	**100.00**	**3448**	**100.00**

These quarterly figures will vary slightly from previous quarterly reports due to matters that were 'decisions pending' at the end of each quarter subsequently being either accepted or not accepted.

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Health service complaints profile

Main issues raised in complaints

Issue	Q1		Q2		Q3		Q4		2014–15	
	Number	%	Number	%	Number	%	Number	%	Number	%
Access	20	2.12	43	4.56	14	2.18	12	2.18	91	2.72
Communication/ information	116	12.28	142	15.07	84	13.08	106	13.08	466	13.92
Consent	21	2.22	14	1.49	12	1.87	19	1.87	66	1.97
Discharge/transfer arrangements	13	1.38	17	1.80	7	1.09	9	1.09	47	1.40
Environment/ management of facilities	7	0.74	12	1.27	9	1.40	13	1.74	46	1.37
Fees/cost	36	3.81	20	2.12	12	1.87	6	0.80	79	2.36
Grievance processes	9	0.95	19	2.02	6	0.93	7	0.94	42	1.25
Medical records	22	2.33	41	4.35	25	3.89	14	1.88	102	3.05
Medication	87	9.21	89	9.45	54	8.41	68	9.12	302	9.02
Professional conduct	113	11.96	133	14.12	82	12.77	109	14.61	438	13.08
Professional health	39	4.13	48	5.10	22	3.43	9	1.21	117	3.49
Professional performance	327	34.60	312	33.12	298	46.42	370	49.60	1350	40.32
Reports/certificates	10	1.06	10	1.06	5	0.78	3	0.40	29	0.87
Treatment	124	13.12	40	4.25	12	1.87	1	0.13	173	5.17
Total	**945**	**100.00**	**942**	**100.00**	**642**	**100.00**	**746**	**100.00**	**3348**	**100.00**

These figures are based on complaints that completed the assessment process during the year.

The total for the year differs from the aggregate total of the quarters due to end-of-period adjustments to the annual figures.

There can be multiple issues identified within a single complaint.

Number and type of complaints by health practitioner

Practitioner type	Access	Communication and information	Consent	Discharge/ transfer arrangements	Environment/ management of facility	Enquiry service	Fees and costs	Grievance process	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/ certificates	Treatment	Total
	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number
Alternative care	–	1	–	–	–	–	1	–	–	1	6	–	3	–	2	**14**
Chinese medicine	1	–	1	–	1	–	–	–	–	–	1	1	2	–	–	**7**
Chiropractor	–	1	–	–	–	–	–	–	–	–	3	–	1	–	–	**5**
Dentistry	1	23	4	–	5	–	14	1	10	1	31	5	117	–	15	**227**
Emergency care	–	6	–	2	–	–	1	–	3	1	8	3	18	–	5	**47**
General medical	10	121	12	7	2	–	7	5	22	105	112	32	342	10	33	**820**
Medical radiation	–	2	–	–	–	–	–	–	1	–	2	4	4	–	–	**13**
Medical specialty	4	40	11	3	1	–	3	3	5	30	30	8	124	4	8	**274**
Nursing	–	23	–	1	–	–	4	–	8	28	97	37	52	3	–	**253**
Occupational therapy	–	–	–	–	–	–	1	–	–	–	2	–	–	–	–	**3**
Optometry	–	3	2	–	–	–	3	1	1	1	2	–	11	–	–	**24**
Osteopathy	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	**1**
Other	–	10	–	–	–	–	2	–	–	6	40	8	18	1	–	**85**
Pathology	–	–	–	–	–	–	–	–	–	–	–	–	3	–	–	**3**
Pharmacy	–	5	–	–	–	–	–	–	1	23	10	2	1	–	–	**42**
Physiotherapy	1	3	–	–	–	–	1	–	–	–	3	3	4	–	–	**15**
Podiatry	–	1	–	–	–	–	–	–	–	–	1	–	2	–	–	**4**
Psychology	–	14	1	–	–	–	1	–	4	2	19	11	15	3	–	**70**
Speech pathology	–	–	–	–	–	–	–	–	–	–	2	–	–	–	–	**2**
Surgical	2	36	10	2	1	–	7	1	6	2	16	1	113	1	25	**223**
Not yet known	–	4	–	–	–	–	1	–	2	1	7	2	1	–	–	**18**
Total	**19**	**293**	**41**	**15**	**10**	**–**	**46**	**11**	**63**	**201**	**393**	**117**	**831**	**22**	**88**	**2150**

Based on complaints that completed the assessment process during the year.

There can be multiple issues identified within a single complaint.

Number and type of complaints by health service organisation

Organisation type	Access	Communication and information	Consent	Discharge/ transfer arrangements	Environment/ management of facility	Enquiry service	Fees and costs	Grievance process	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/ certificates	Treatment	**Total**
	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number
Aged care facility	–	6	2	1	5	–	–	1	2	7	–	–	41	–	1	**66**
Allied health service	–	3	1	–	1	–	3	1	1	1	2	–	10	–	–	**23**
Ambulance service	–	4	–	–	–	–	–	1	1	–	1	–	4	–	–	**11**
Community health service	2	5	1	1	–	–	1	–	–	2	3	–	10	–	–	**25**
Correctional facility	25	8	–	–	2	–	1	2	4	35	1	–	71	–	10	**159**
Dental service	2	5	–	–	–	–	5	2	2	–	1	–	5	–	–	**22**
Health information service	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	**1**
Health Service District	2	7	3	2	4	–	1	1	1	–	–	–	19	–	1	**41**
Laboratory service	–	1	–	–	–	–	–	–	–	–	1	–	2	–	1	**5**
Licensed private hospital	3	16	1	4	3	–	4	6	3	8	3	–	32	–	10	**93**
Medical centre	5	11	1	–	1	–	9	–	4	2	2	–	14	1	1	**51**
Mental health service	–	10	3	2	1	–	1	3	1	8	4	–	23	1	4	**61**
Other government department	–	–	2	–	–	–	–	–	1	–	–	–	–	–	–	**3**
Other support service	–	–	–	–	–	–	–	–	–	–	3	–	2	–	–	**5**
Pharmaceutical service	1	2	–	–	–	–	2	3	–	11	–	–	1	–	–	**20**
Public health service	–	1	–	–	–	–	–	–	1	–	1	–	7	–	–	**10**
Public hospital	30	88	10	22	16	–	4	10	15	24	18	–	264	1	57	**559**
Residential care service	–	2	–	–	1	–	–	–	–	–	–	–	2	–	–	**5**
Specialised health service	2	2	1	–	1	–	2	–	3	–	3	–	5	3	–	**22**
Not yet known	–	2	–	–	1	–	–	1	–	3	2	–	7	–	–	**16**
Total	**72**	**173**	**25**	**32**	**36**	**–**	**33**	**31**	**39**	**101**	**45**	**–**	**520**	**6**	**85**	**1198**

Based on complaints that completed the assessment process during the year.

There can be multiple issues identified within a single complaint.

Assessment

Assessments started and completed

Assessments this year	Q1	Q2	Q3	Q4	2014–15
	Number	Number	Number	Number	Number
Assessments started	850	747	479	381	2446
Assessments completed	577	566	372	373	1886

The total for the year differs from the aggregate total of the quarters due to end-of-period adjustments to the annual figures.

Completed assessment timeframes

Of the 379 assessments completed within 60 days, 114 matters were eligible for and received an approved extension, while the remaining 265 matters took longer due to a higher than expected level of complaints.

477 matters were completed outside of 60 days due to high levels of assessment matters, the complexity of certain matters, and delays in receiving information from parties and in sourcing the necessary independent clinical advice required to appropriately assess the matters.

Assessment timeframes	Q1		Q2		Q3		Q4		2014–15	
	Number	%	Number	%	Number	%	Number	%	Number	%
Within 30 days	503	87.18	357	63.07	93	25.00	78	20.91	1030	54.61
Within 60 days*	72	12.48	141	24.91	84	22.58	80	21.45	379	20.09
Greater than 60 days	2	0.35	68	12.01	195	52.42	215	57.64	477	25.30
Total	**577**	**100.00**	**566**	**100.00**	**372**	**100.00**	**373**	**100.00**	**1886**	**100.00**

The total for the year differs from the aggregate total of the quarters due to end-of-period adjustments to the annual figures.

*Assessments are able to be completed within 60 days when granted an extension of 30 days as a result of legislated requirements being met.

Assessment decisions

Type of relevant action	Q1		Q2		Q3		Q4		2014–15	
	Number	%	Number	%	Number	%	Number	%	Number	%
Local resolution	201	33.44	168	27.27	29	7.07	44	10.76	436	21.38
Conciliation	19	3.16	8	1.30	17	4.15	12	2.93	56	2.75
Investigation	35	5.82	64	10.39	21	5.12	21	5.13	145	7.11
Referred to AHPRA and the national boards	222	36.94	184	29.87	176	42.93	134	32.76	720	35.31
Referred to another entity	1	0.17	24	3.90	13	3.17	13	3.18	52	2.55
Immediate action*	0	0.00	10	1.62	4	0.98	3	0.74	15	0.74
No further action	123	20.47	158	25.65	150	36.59	182	44.50	615	30.16
Total	**601**	**100.00**	**616**	**100.00**	**410**	**100.00**	**409**	**100.00**	**2039**	**100.00**

The total for the year differs from the aggregate total of the quarters due to end-of-period adjustments to the annual figures.

The total number of assessment decisions is not equal to the total number of assessments in previous tables as a single assessment can result in multiple relevant actions.

The figures for the type of relevant action decided in the assessment stage may not correspond with totals for respective relevant actions (e.g. local resolution, conciliation, investigation etc.) due to the time between a decision being made and an action taken crossing over different reporting periods or because of relevant actions commencing directly from intake without having passed through the assessment stage.

* Immediate action assessment decision figures may not align with the immediate action figures later in the report due to immediate actions decisions being made outside of the assessment process.

Local resolution

Local resolutions started and completed

Local resolutions this year	Q1	Q2	Q3	Q4	2014–15
	Number	Number	Number	Number	Number
Local resolutions started	205	169	143	268	781
Local resolutions completed	143	176	128	246	691

The total for the year differs from the aggregate total of the quarters due to end-of-period adjustments to the annual figures.

The number of local resolutions started in the reporting period may not match the number of assessment decisions to undertake local resolution, due to the time between a decision being made and an action taken crossing over different reporting periods or as a result of local resolutions being started via other processes.

Completed local resolution timeframes

Of the 64 local resolutions completed within 60 days, 47 matters were eligible for and received an approved extension, while the remaining 18 matters took longer due to a higher than expected level of complaints.

The three matters that were completed over 60 days were due to delays in receiving clinical advice or other information required to complete local resolution.

Local resolution timeframes	Q1		Q2		Q3		Q4		2014–15	
	Number	%	Number	%	Number	%	Number	%	Number	%
Within 30 days	136	95.10	157	89.20	116	90.63	215	87.40	623	90.16
Within 60 days*	7	4.90	18	10.23	11	8.59	30	12.20	65	9.41
Greater than 60 days	0	0.00	1	0.57	1	0.78	1	0.41	3	0.43
Total	**143**	**100.00**	**176**	**100.00**	**128**	**100.00**	**246**	**100.00**	**691**	**100.00**

The total for the year differs from the aggregate total of the quarters due to end-of-period adjustments to the annual figures.

* Local resolutions are able to be completed within 60 days when granted an extension of 30 days as a result of legislated requirements being met.

Local resolution outcomes

Local resolution outcomes	Q1		Q2		Q3		Q4		2014–15	
	Number	%	Number	%	Number	%	Number	%	Number	%
Resolution reached	133	93.01	145	82.39	112	87.50	220	89.43	608	87.99
No resolution reached	10	6.99	30	17.05	16	12.50	26	10.57	83	12.01
Complaint withdrawn*	0	0.00	1	0.57	0	0.00	0	0.00	0	0.00
Total	**143**	**100.00**	**176**	**100.00**	**128**	**100.00**	**246**	**100.00**	**691**	**100.00**

The total for the year differs from the aggregate total of the quarters due to end-of-period adjustments to the annual figures.

* Complainants can withdraw their complaint at any stage during local resolution.

Decisions for matters where resolution wasn't reached

Type of relevant action	Q1		Q2		Q3		Q4		2014–15	
	Number	%	Number	%	Number	%	Number	%	Number	%
Conciliation	0	0.00	2	6.67	0	0.00	1	3.85	3	3.61
Investigation	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Referred to AHPRA and the national boards	5	50.00	1	3.33	2	12.50	2	7.69	10	12.05
Referral to another entity	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Immediate action	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
No further action	5	50.00	27	90.00	14	87.50	23	88.46	70	84.34
Total	**10**	**100.00**	**30**	**100.00**	**16**	**100.00**	**26**	**100.00**	**83**	**100.00**

The total for the year differs from the aggregate total of the quarters due to end-of-period adjustments to the annual figures.

Conciliation

Conciliations started and closed

Conciliations this year	Q1	Q2	Q3	Q4	2014–15
	Number	Number	Number	Number	Number
Conciliations started	51*	11	10	13	85
Conciliations closed	3	31	19	12	65

The number of conciliations started in the reporting period may not match the number of assessment decisions to undertake conciliation, due to the time between a decision being made and an action taken crossing over different reporting periods.

Conciliations started includes all matters that entered the conciliation workflow including matters where agreement to participate has or has not been reached or the decision is pending. Similarly, conciliations closed are all matters that were closed during the reporting period, whether due to parties not agreeing to participate or the matter being closed after completing the conciliation process.

* This figure includes 31 conciliations transitioned to the office from the HQCC on 1 July 2014.

Agreement to participate in conciliation

Agreement to participate	Q1	Q2	Q3	Q4	2014–15
	Number	Number	Number	Number	Number
Party/ies agreed to participate	31	15	5	11	62
Party/ies did not agree to participate	4	5	2	3	14

Once the decision is made to attempt conciliation, both parties must agree to participate in the process. If either one, or both, of the parties do not agree, the conciliation process does not commence and the matter is closed.

A change made in reporting parameters in Q4 has been applied to the above figures. As a result, these quarterly figures will not match previous quarterly reports.

Completed conciliation timeframes

Conciliations completed	Q1		Q2		Q3		Q4		2014–15	
	Number	%	Number	%	Number	%	Number	%	Number	%
0–3 months	1	100.00	1	4.17	1	5.88	2	22.22	5	9.80
3–6 months	0	0.00	8	33.33	5	29.41	0	0.00	13	25.49
6–9 months	0	0.00	7	29.17	5	29.41	3	33.33	15	29.41
9–12 months	0	0.00	1	4.17	5	29.41	4	44.44	10	19.61
12+ months	0	0.00	7	29.17	1	5.88	0	0.00	8	15.69
Total	**1**	**100.00**	**24**	**100.00**	**17**	**100.00**	**9**	**100.00**	**51**	**100.00**

The above data relates to matters where parties agreed to participate in conciliation. After agreeing, the conciliation process was completed within the above timeframes.

A change made in reporting parameters in Q4 has been applied to the above figures, therefore these quarterly figures will not match previous quarterly reports.

Completed conciliation outcome

Conciliation outcomes	Q1		Q2		Q3		Q4		2014–15	
	Number	%	Number	%	Number	%	Number	%	Number	%
Conciliated	1	100.00	17	70.83	13	76.47	8	88.89	39	76.47
Not conciliated	0	0.00	7	29.17	4	23.53	1	11.11	12	23.53
Ended by the Health Ombudsman	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Total	**1**	**100.00**	**24**	**100.00**	**17**	**100.00**	**9**	**100.00**	**51**	**100.00**

The above data relates to matters where parties agreed to participate in conciliation. After agreeing, the process was completed with the matter either being conciliated or not conciliated (or in rare instances, the Health Ombudsman ending it).

Decisions for matters where agreement wasn't reached

Type of relevant action	Q1		Q2		Q3		Q4		2014–15	
	Number	%	Number	%	Number	%	Number	%	Number	%
Local resolution	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Investigation	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Referred to AHPRA and the national boards	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Referral to another entity	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Immediate action	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
No further action	0	0.00	7	0.00	4	0.00	1	0.00	12	100.00
Total	**0**	**100.00**	**7**	**100.00**	**4**	**100.00**	**1**	**100.00**	**12**	**100.00**

Open conciliation timeframes

Conciliations open	Q1		Q2		Q3		Q4	
	Number	%	Number	%	Number	%	Number	%
0–3 months	15	31.25%	5	17.86%	10	52.63%	12	60.00%
3–6 months	23	47.92%	8	28.57%	1	5.26%	7	35.00%
6–9 months	2	4.17%	14	50.00%	4	21.05%	0	0.00%
9–12 months	0	0.00%	0	0.00%	4	21.05%	1	5.00%
12+ months	8	16.67%	1	3.57%	0	0.00%	0	0.00%
Total	**48**	**100.00**	**28**	**100.00**	**19**	**100.00**	**20**	**100.00**

Investigation

Investigations started and completed

Investigations this year	Q1	Q2	Q3	Q4	2014–15
	Number	Number	Number	Number	Number
Investigations started	125	97	58	77	357
Investigations completed	0	13	32	20	65
Referred to the QPS and awaiting outcome*	7	17	6	11	41

The number of investigations started in the reporting period may not match the number of assessment decisions to undertake investigation, due to the time between a decision being made and an action taken crossing over different reporting periods, or as a result of investigations being started via other processes.

* Matters that involve criminal aspects may be referred to the QPS while criminal proceedings take place. These matters are not closed but paused within the office's complaints management system until the QPS finalises the criminal proceedings and refers the matter back to the office.

Closed investigation timeframes

Investigation closed	Q1		Q2		Q3		Q4		2014–15	
	Number	%	Number	%	Number	%	Number	%	Number	%
0–3 months	0	0.00	4	30.77	5	15.63	7	35.00	16	24.62
3–6 months	0	0.00	3	23.08	9	28.13	0	0.00	12	18.46
6–9 months	0	0.00	0	0.00	8	25.00	3	15.00	11	16.92
9–12 months	0	0.00	3	23.08	1	3.13	4	20.00	8	12.31
12+ months	0	0.00	3	23.08	9	28.13	6	30.00	18	27.70
Total	**0**	**100.00**	**13**	**100.00**	**32**	**100.00**	**20**	**100.00**	**65**	**100.00**

The figures in the table above will not match previously published quarterly reports due to the exclusion of 41 matters referred to the QPS, formerly reported as closed investigations.

Closed investigation outcome

Closed investigation outcome	Q1	Q2	Q3	Q4	2014–15
	Number	Number	Number	Number	Number
Referred to Director of Proceedings	0	0	0	3	3
Report	0	1	1	0	2
Referred to AHPRA	0	6	12	9	27
Referred to another agency	0	2	0	0	2
No further action	0	3	19	8	30
Other*	0	1	0	0	1

The figures in the table above will not match previously published quarterly reports due to the exclusion of 41 matters referred to the QPS, formerly reported as closed investigations.

* The office took carriage of an investigation from AHPRA, but repealed this decision.

Open investigation categories

Investigation category	Q1	Q2	Q3	Q4
	Number	Number	Number	Number
Health service complaint	116	173	188	232
Systemic issue	0	0	0	0
Another matter*	3	12	17	19

The figures in the table above will not match previously published quarterly reports due to the exclusion of 41 matters referred to the QPS, formerly reported as closed investigations.

* Matters brought to the Health Ombudsman's attention by means other than through a health service complaint or notification.

Open investigation timeframes

Open investigations	Q1		Q2		Q3		Q4	
	Number	%	Number	%	Number	%	Number	%
0–3 months	59	49.58	61	32.97	42	20.49	67	26.69
3–6 months	12	10.08	55	29.73	46	22.44	34	13.55
6–9 months	21	17.65	14	7.57	47	22.93	44	17.53
9–12 months	11	9.24	19	10.27	19	9.27	45	17.93
12+ months*	16	13.45	36	19.46	51	24.88	61	24.30
Total	**119**	**100.00**	**185**	**100.00**	**205**	**100.00**	**251**	**100.00**

The figures in the table above will not match previously published quarterly reports due to the exclusion of 41 matters referred to the QPS, formerly reported as closed investigations.

All investigations that have been open for more than 12 months are published on the investigations register available on the office website **www.oho.qld.gov.au**.

Immediate action

Show cause notices

There were nine show cause notices issued during the year.

Immediate registration actions

The Health Ombudsman took immediate registration action 10 times this year.

Practitioner type	Month	Action	Issue type		
			Health	Conduct	Performance
Medical practitioner	September	Conditions		✓	✓
Medical practitioner	October	Conditions		✓	✓
Medical practitioner	December	Suspended		✓	
Registered nurse	January	Suspended		✓	✓
Registered nurse	January	Conditions		✓	✓
Medical practitioner	January	Suspended		✓	✓
Registered nurse	March	Suspended		✓	✓
Registered nurse	April	Suspended		✓	
Registered nurse	April	Suspended		✓	
Medical practitioner	June	Conditions		✓	

Prohibition orders

The Health Ombudsman issued eight prohibition orders during the year.

The details for current prohibition orders can be found in the prohibition order register on the office website **www.oho.qld.gov.au**.

Practitioner type	Month	Action	Issue type		
			Health	Conduct	Performance
Massage therapist	November	Interim prohibition order		✓	✓
Massage therapist	December	Interim prohibition order		✓	✓
Cosmetic therapist	December March*	Interstate prohibition order	✓	✓	✓
Aboriginal health worker	January	Interim prohibition order		✓	✓
Registered nurse	April	Interim prohibition order		✓	
Registered nurse	April	Interim prohibition order		✓	
Holding out as a registered nurse	April	Interim prohibition order		✓	✓

* The original interstate prohibition order was issued in December. An updated interstate prohibition order was issued against the same practitioner in March to reflect changes to the conditions imposed on the practitioner by the Health Care Complaints Commission in New South Wales (the original issuing state).

Australian Health Practitioner Regulation Agency

Transitional matters

In total, 65 matters were transitioned to the office during 2014–15.

The transitional process of serious matters was concluded in February 2015.

Notifications from AHPRA

In addition to the transitional matters above, AHPRA notified the Health Ombudsman of 86 serious matters during 2014–15.

Of these matters, the Health Ombudsman:

- requested 37 be referred to the office
- determined that 48 should continue to be dealt with by the national boards
- is still considering one matter.

A further 21 matters have been requested from AHPRA and have been referred by agreement.

Number of practitioners referred to AHPRA

Practitioner type

	Number
Aboriginal and Torres Strait Islander health	–
Chinese medicine	3
Chiropractic	16
Dental	96
Medical	458
Medical radiation	8
Nursing and midwifery	277
Occupational therapy	7
Optometry	7
Osteopathy	1
Other	–
Pathology	1
Pharmacy	29
Physiotherapy	11
Podiatry	1
Psychology	26
Unregistered practitioner	7
Total	**948**

Number of issues referred to AHPRA by practitioner type

Practitioner type	Access	Communication and information	Consent	Discharge/ transfer arrangements	Environment/ management of facility	Enquiry service	Fees and costs	Grievance process	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/ certificates	Treatment	**Total**
	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number
Aboriginal and Torres Strait Islander health	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	**–**
Chinese medicine	–	–	1	–	1	–	–	–	–	–	1	1	2	–	–	**6**
Chiropractic	–	5	–	–	–	–	–	–	–	–	11	–	1	–	–	**17**
Dental	–	8	1	–	5	–	4	–	8	–	36	6	67	–	2	**137**
Medical	1	76	15	6	4	–	3	1	21	62	91	58	321	9	29	**697**
Medical student	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	**–**
Medical radiation	–	–	–	–	–	–	–	–	1	–	2	2	3	–	–	**8**
Nursing and midwifery	1	17	–	2	1	–	4	–	9	55	136	97	67	3	–	**392**
Nursing student	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	**–**
Occupational therapy	–	–	–	–	–	–	1	–	–	–	6	1	–	–	–	**8**
Optometry	–	–	–	–	–	–	–	–	1	–	4	–	5	–	–	**10**
Osteopathy	–	–	1	–	–	–	–	–	–	–	–	1	2	–	–	**4**
Other	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	**–**
Pathology	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	**1**
Pharmacy	–	4	–	–	–	–	–	–	–	24	7	4	1	–	–	**40**
Physiotherapy	–	2	–	–	–	–	2	–	–	–	7	2	4	–	–	**17**
Podiatry	–	–	–	–	–	–	–	–	–	–	2	–	–	–	–	**2**
Psychology	–	7	–	–	–	–	–	–	–	–	8	11	9	2	–	**37**
Unregistered practitioner	–	–	–	–	–	–	–	–	–	–	5	6	–	–	–	**11**
Total	**2**	**119**	**18**	**8**	**11**	**–**	**14**	**1**	**40**	**141**	**317**	**189**	**482**	**14**	**31**	**1387**

The figures above represent the number of issues referred to AHPRA, not the number of practitioners. The referral of a single practitioner may include multiple issues relating to that practitioner, with each issue requiring its own action.

Demographics

The following demographic data is based on matters that have completed the assessment process.

Unless otherwise specified, data is based on healthcare consumers rather than the complainant, as the complainant may not be the consumer of the health service.

Matters where the healthcare consumer is an organisation are not included in these figures.

Gender

	Number	Percentage
Female	970	53.33
Male	756	41.56
Unknown	93	5.11
Total	**1819**	**100.00**

Age

	Number	Percentage
Less than 18	75	4.12
18–24 years	66	3.63
25–34 years	247	13.58
35–44 years	315	17.32
45–54 years	286	15.72
55–64 years	270	14.84
65–74 years	157	8.63
Over 75 years	117	6.43
Unknown*	286	15.72

* Age not recorded or not provided for a particular matter.

Location of healthcare consumers

	Number	Percentage
Brisbane	755	41.51
Central West	2	0.11
Darling Downs	70	3.85
Far North	78	4.29
Fitzroy	70	3.85
Gold Coast	257	14.13
Mackay	51	2.80
North West	10	0.55
Northern	89	4.89
South West	8	0.44
Sunshine Coast	132	7.26
West Moreton	26	1.43
Wide Bay-Burnett	110	6.05
Outside Queensland	84	4.62
Unknown	77	4.23

Location based on the location of the health consumer.

Location of health service providers

	Number	Percentage
Brisbane	1078	48.21
Central West	3	0.13
Darling Downs	76	3.40
Far North	122	5.46
Fitzroy	83	3.71
Gold Coast	326	14.58
Mackay	69	3.09
North West	17	0.76
Northern	111	4.96
South West	4	0.18
Sunshine Coast	164	7.33
West Moreton	20	0.89
Wide Bay-Burnett	106	4.74
Outside Queensland*	57	2.55
Unknown	0	0.00

Location based on the primary address of the health service provider recorded in the office complaints management system.

* Complaints can be made about health service providers from other states who have provided health services in Queensland. This could include locums travelling to Queensland from interstate or providers who used to live in Queensland providing services but have since moved interstate.

Appendix 2
Stakeholders

Governance

Key ministerial roles

- Premier of Queensland
- Minister for Health

All other ministers

Other members

The Health and Ambulance Services Committee

National boards

Australian Health Practitioner Regulation Agency

National boards

- Aboriginal and Torres Strait Islander Health Practice Board of Australia
- Chinese Medicine Board of Australia
- Chiropractic Board of Australia
- Dental Board of Australia
- Medical Board of Australia
- Medical Radiation Practice Board of Australia
- Nursing and Midwifery Board of Australia
- Occupational Therapy Board of Australia
- Optometry Board of Australia
- Osteopathy Board of Australia
- Pharmacy Board of Australia
- Physiotherapy Board of Australia
- Podiatry Board of Australia
- Psychology Board of Australia

Complaints management organisations

Aged Care Complaints Scheme

Health complaints commissions in other jurisdictions

- Health and Community Services Complaints Commission, Northern Territory
- Health and Community Services Complaints Commissioner, South Australia
- Health and Disability Commissioner, New Zealand
- Health and Disability Services Complaints Office, Western Australia
- Health Care Complaints Commission, New South Wales
- Health Complaints Commissioner, Tasmania
- Human Rights Commission, Australian Capital Territory
- Health Services Commissioner, Victoria
- Office of the Health Services Commissioner, Victoria

The Queensland Ombudsman

Consumer associations

Aboriginal and Torres Strait Islander

- Queensland Aboriginal and Islander Health Council
- Queensland Aboriginal and Torres Strait Islander Legal Service
- Institute for Urban Indigenous Health

Culturally and linguistically diverse

- Ethnic Communities Council of Queensland

Disability

- Carers Queensland
- Queensland Disability Advisory Council

Other consumer associations

- Australian Competition and Consumer Commission
- Carers Queensland
- Consumer Health Forum of Australia
- Council on the Ageing Queensland
- Ethnic Communities Council of Queensland
- Health and Community Services Workforce Council

- Health Consumers of Rural and Remote Australia
- Health Consumers Queensland
- Medical Victims Advocate Services
- Patient Opinion Australia
- Queensland Aged and Disability Advocacy Inc.
- Queensland Alliance for Mental Health Inc.
- Queensland Council of Social Service
- Queensland Mental Health and Drug Advisory Council

Health service providers

Department of Health
(including the Queensland Ambulance Service)

Hospital and Health Boards

Hospital and Health Services

- Cairns and Hinterland
- Central Queensland
- Central West
- Children's Health Queensland
- Darling Downs
- Gold Coast
- Mackay
- Metro North
- Metro South
- North West
- South West
- Sunshine Coast
- Torres and Cape
- Townsville
- West Moreton
- Wide Bay

Private hospitals/surgeries

- Healthscope
- Mater Health Services
- Ramsay Health Care
- Sunnybank Private Hospital
- Wesley Hospital

Other healthcare providers

- Anglicare
- Australian Medicare Local Alliance
- Blue Care
- Catholic Health Australia
- Catholic Healthcare
- Doctors' Health Advisory Service
- Occupational Health and Safety Australia
- Royal Flying Doctor Service
- RSL Care
- Uniting Care Health

Health practitioners

- Expert clinicians
- Registered health practitioners
- Unregistered health practitioners

Professional associations and peak bodies

Accreditation bodies

- Australian Commission on Safety and Quality in Health Care
- Australian Medical Council
- Australian Nursing and Midwifery Accreditation Council
- Postgraduate Medical Education Council of Queensland

Others

- Allied Health Professions of Australia
- Association of Neurophysiological Technologists of Australia
- Association of Queensland Nurse Leaders (Inc)
- Audiology Australia
- Australasian Association of Nuclear Medicine Specialists
- Australasian College for Emergency Medicine
- Australasian College of Dermatologists
- Australasian College of Health Service Management
- Australasian College of Physical Scientists & Engineers in Medicine
- Australasian Orthopaedic Association
- Australasian Paediatric Endocrine Group
- Australasian Podiatry Council
- Australasian Sleep Technologists Association
- Australian Acupuncture and Chinese Medicine Association Ltd
- Australian and New Zealand College of Anaesthetists
- Australian and New Zealand College of Mental Health Nurses
- Australian and New Zealand Society of Respiratory Science Ltd
- Australian Association of Consultant Physicians
- Australian Association of Social Workers
- Australian College of Critical Care Nurses
- Australian College of Nursing
- Australian College of Midwives Queensland
- Australian College of Operating Room Nurses
- Australian College of Rural and Remote Medicine
- Australian Dental Association (Queensland)
- Australian Institute of Radiography
- Australian Medical Association
- Australian Music Therapy Association
- Australian Orthotic Prosthetic Association Ltd
- Australian Physiotherapy Association (Queensland)
- Australian Primary Health Care Nurses Association
- Australian Psychological Society
- Australian Society of Orthopaedic Surgeons
- Australian Sonographers Association
- Bar Association of Queensland
- CheckUP
- Chiropractors' Association of Australia (Queensland)
- College of Intensive Care Medicine
- Dieticians Association of Australia
- Exercise and Sports Science Australia
- Federation of Chinese Medicine & Acupuncture Societies of Australia Ltd
- Indigenous Allied Health Australia
- Leading Age Services Australia
- National Aboriginal and Torres Strait Islander Health Worker Association
- National Enrolled Nurse Association of Australia
- Nurses in Management – Aged Care
- Occupational Therapy Australia
- Optometry Australia
- Optometry Australia (Queensland and Northern Territory)
- Orthoptics Australia
- Osteopathy Australia
- Pharmaceutical Society of Australia
- Private Hospitals Association of Queensland
- Queensland Law Society
- Professionals in Cardiac Sciences of Australia
- Royal Australian College of General Practitioners
- Royal Australasian College of Surgeons
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Royal Australian and New Zealand College of Ophthalmologists
- Services for Australian Rural and Remote Allied Health
- Society of Hospital Pharmacists of Australia
- Speech Pathology Australia

Government departments and agencies

Queensland

- Anti-Discrimination Commission
- Crime and Corruption Commission
- Department of Aboriginal and Torres Strait Islander Partnerships
- Department of Communities, Child Safety and Disability Services
- Department of Education and Training
- Department of Health
- Department of Housing and Public Works
- Department of Justice and Attorney-General
- Department of Premier and Cabinet
- Department of Treasury
- Office of the Information Commissioner
- Office of the Public Advocate
- Office of the Public Guardian
- Public Service Commission
- Queensland Ambulance Service
- Queensland Audit Office
- Queensland Civil and Administrative Tribunal
- Queensland College of Teachers
- Queensland Corrective Services
- Queensland Family and Child Commission
- Queensland Integrity Commissioner
- Queensland Mental Health Commission
- Queensland Ombudsman
- Queensland Police Service
- Office of the State Coroner

Other jurisdictions

- Department of Health (Australia)
- Department of Social Services
- Medical Services Advisory Committee
- Transition Care Program

Unions

- Australian Nursing & Midwifery Federation
- Australian Services Union
- Australian Workers Union
- Queensland Nurses Union
- Australian Salaried Medical Officers' Federation Queensland
- Together Queensland
- Transport Workers Union
- United Voice

Insurance companies

- Medical indemnity insurance companies
- Avant Mutual Group Ltd
- Medical Insurance Group Australia

Universities and colleges

- Australian Catholic University
- Bond University
- Central Queensland University
- Griffith University
- James Cook University
- Queensland University of Technology
- Southern Cross University
- University of Queensland
- University of Southern Queensland
- University of the Sunshine Coast
- Colleges of alternative health studies

Others

- The Queensland public
- Media

Appendix 3
Compliance checklist

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	▪ A letter of compliance from the accountable officer or statutory body to the relevant Minister/s	ARRs – section 8	Page 3
Accessibility	▪ Table of contents ▪ Glossary	ARRs – section 10.1	Page 1 Page 112
	▪ Public availability	ARRs – section 10.2	Page 2
	▪ Interpreter service statement	*Queensland Government Language Services Policy* ARRs – section 10.3	Page 2
	▪ Copyright notice	*Copyright Act 1968* ARRs – section 10.4	Page 2
	▪ Information Licensing	*QGEA – Information Licensing* ARRs – section 10.5	Page 2
General information	▪ Introductory Information	ARRs – section 11.1	Page 8
	▪ Agency role and main functions	ARRs – section 11.2	Page 8 Page 9
	▪ Operating environment	ARRs – section 11.3	Page 9 Page 44
	▪ Machinery of government changes	ARRs – section 11.4	Page 9
Non-financial performance	▪ Government's objectives for the community	ARRs – section 12.1	Page 41
	▪ Other whole-of-government plans / specific initiatives	ARRs – section 12.2	Not applicable
	▪ Agency objectives and performance indicators	ARRs – section 12.3	Page 53
	▪ Agency service areas and service standards	ARRs – section 12.4	Page 86
Financial performance	▪ Summary of financial performance	ARRs – section 13.1	Page 56
Governance – management and structure	▪ Organisational structure	ARRs – section 14.1	Page 47
	▪ Executive management	ARRs – section 14.2	Page 48
	▪ Government bodies (statutory bodies and other entities)	ARRs – section 14.3	Not applicable
	▪ *Public Sector Ethics Act 1994*	*Public Sector Ethics Act 1994* ARRs – section 14.4	Page 51

Summary of requirement		Basis for requirement	Annual report reference
Governance – risk management and accountability	▪ Risk management	ARRs – section 15.1	Page 50
	▪ External scrutiny	ARRs – section 15.2	Not applicable
	▪ Audit committee	ARRs – section 15.3	Not applicable
	▪ Internal audit	ARRs – section 15.4	Not applicable
	▪ Information systems and recordkeeping	ARRs – section 15.5	Page 42
Governance – human resources	▪ Workforce planning and performance	ARRs – section 16.1	Page 43 Page 50
	▪ Early retirement, redundancy and retrenchment	Directive No.11/12 *Early Retirement, Redundancy and Retrenchment* ARRs – section 16.2	Page 50
Open Data	▪ Consultancies	ARRs – section 17 ARRs – section 34.1	Page 56
	▪ Overseas travel	ARRs – section 17 ARRs – section 34.2	Page 56
	▪ Queensland Language Services Policy	ARRs – section 17 ARRs – section 34.3	Page 56
	▪ Government bodies	ARRs – section 17 ARRs – section 34.4	Not applicable
Financial statements	▪ Certification of financial statements	FAA – section 62 FPMS – sections 42, 43 and 50 ARRs – section 18.1	Page 82
	▪ Independent Auditors Report	FAA – section 62 FPMS – section 50 ARRs – section 18.2	Page 83
	▪ Remuneration disclosures	Financial Reporting Requirements for Queensland Government Agencies ARRs – section 18.3	Page 71

FAA *Financial Accountability Act 2009*
FPMS *Financial and Performance Management Standard 2009*
ARRs *Annual report requirements for Queensland Government agencies*

Appendix 4
Glossary

Australian Health Practitioner Regulation Agency	The national organisation responsible for implementing the National Registration and Accreditation Scheme across Australia, in partnership with the national boards.
Assessment	The process of obtaining and analysing information relevant to a complaint and deciding the most appropriate way to further deal with it.
Complainant	A person who makes a formal complaint.
Complaints management	Management of complaints from their receipt through the various assessment and disciplinary processes to a final outcome.
Conciliation	A confidential meeting process run by skilled negotiators who explore the issues, provide explanations and generate creative options to assist the parties to try and reach agreement.
Director of Proceedings	A statutory position held by a employee of the Office of the Health Ombudsman. This person is responsible for deciding whether to refer a matter to QCAT on behalf of the Health Ombudsman.
Health Ombudsman	The person appointed by the government to receive and deal with health service complaints, as well as other matters including investigating systemic issues in the health system.
Health Quality and Complaints Commission	An independent statutory body in Queensland to improve the quality of health services, to monitor the quality of health services, and to manage health complaints. It ceased operations on 30 June 2014, being replaced by the Office of the Health Ombudsman.
Health service organisation	Health service organisations include public, private and not-for-profit healthcare facilities, ambulance services, hospitals, health education services, pharmacies, mental health services, and community health services.
Health service provider	A health service provider can be an individual health practitioner or a health service organisation.
Hospital and Health Service	The name given to the entities operating the public hospitals and public health services available in defined areas in Queensland. Each Hospital and Health Service is managed by its own Hospital and Health Board.
Immediate action	When there is a serious risk to persons and it is necessary to protect public health and safety, the Health Ombudsman may take immediate action to suspend, or impose conditions on, a registered health practitioner's registration; or to prohibit, or impose conditions on, the practice of unregistered health practitioners.
Internal review	If a party has concerns about a decision made by the office, they can request that an internal review be conducted. If grounds for a review are identified, an independent and objective decision maker will review the decision to ensure that both the process delivered and the decision itself are valid.
Investigation	The process of investigating a matter that is the subject of a health service complaint, or of a systemic issue relating to the provision of a health service. It includes independently gathering high quality evidence and information to help identify and analyse the cause/s of the matter.

Local resolution	An informal complaint resolution process that focuses on helping parties to try to resolve their complaints in a simple, quick and effective way.
National boards	The national health practitioner boards. Each health profession that is part of the National Registration and Accreditation Scheme is represented by a national board. The boards are responsible for registering practitioners and students for their professions, as well as other functions. They are supported by AHPRA in the framework of a health profession agreement.
National Law	The *Health Practitioner Regulation National Law Act 2009* is applied with modifications as a law of Queensland by the *Health Practitioner Regulation National Law (Queensland)*. This makes Queensland a co-regulatory jurisdiction in relation to the national law.
Office of the Health Ombudsman	The Health Ombudsman and the staff of the office.
Parliamentary committee	Committees assist the Queensland Parliament to operate more effectively. They investigate specific issues and report back to the Parliament. Some committees also have continuing roles to monitor and review public sector organisations or keep areas of the law or activity under review.
Professional conduct	Conduct that is of a standard which might reasonably be expected of the health practitioner by the public or the practitioner's professional peers. Each profession has a set of standards and guidelines which clarify the acceptable standard of professional conduct.
Queensland Civil and Administrative Tribunal	An independent tribunal within the Queensland Department of Justice and Attorney-General. It actively resolve disputes in a way that is fair, just, accessible, quick and inexpensive.
Queensland Health	The Queensland Department of Health and the Hospital and Health Services.
Registered health practitioner	A person who is registered under the National Law to practise a health profession, other than as a student.
Relevant action	Various specified actions that may be taken to deal with a health service complaint, as defined by the *Health Ombudsman Act 2013*. These are assessment, local resolution, immediate action, investigation, referral to another organisation, referral to the Director of Proceedings, conciliation, and carrying out an inquiry.
Root cause analysis	A method of problem solving used for identifying the root causes of faults or problems.
Schedule 8 drugs	Prescription-only substances which have an important and legitimate therapeutic use but have specific restrictions placed upon their supply and use because of their dependence forming nature and potential for misuse.
Student	In the context of this report, a student is a person enrolled in a program of study or undertaking clinical training in a health profession.
Unregistered health practitioner	Any person who provides a health service and who is not registered in one of the 14 professions regulated under the National Law, or who is registered but is providing a health service other than in their capacity as a registered health practitioner.

Appendix 5
Abbreviations and acronyms

AHPRA	Australian Health Practitioner Regulation Agency
ARRs	Annual report requirements (for Queensland Government agencies)
BCS	Business Classification Scheme
HHS	Hospital and Health Service
HQCC	Health Quality and Complaints Commission
ICT	Information and communications technology
National boards	National health practitioner boards
National Law	Health Practitioner Regulation National Law (Queensland)
OHO	Office of the Health Ombudsman
QBMBA	Queensland Board of the Medical Board of Australia
QCAT	Queensland Civil and Administrative Tribunal
QPS	Queensland Police Service

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