Annual report 2019–20

Office of the HEALTH OMBUDSMAN

Listen. Respond. Resolve.

Office of the Health Ombudsman annual report 2019–20

ISSN 2206-0634 (electronic)
ISSN 2206-0986 (printed)

For more information or to request a paper copy of this report, contact:

Office of the Health Ombudsman
PO Box 13281
George Street, Brisbane Qld 4003

Email: communications@oho.qld.gov.au

An electronic version of this document is available at www.oho.qld.gov.au

The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding this annual report, you can contact the Office of the Health Ombudsman on 133 OHO (133 646) and an interpreter will be arranged to effectively communicate the report to you.

Office of the
HEALTH
OMBUDSMAN
Listen. Respond. Resolve.

400 George Street, Brisbane
PO Box 13281 George Street Brisbane Qld 4003

www.oho.qld.gov.au
133 OHO (133 646)

7 September 2020

PRIVATE AND CONFIDENTIAL
Honourable Steven Miles MP
Deputy Premier and
Minister for Health and
Minister for Ambulance Services
PO Box 48
BRISBANE QLD 4001

Dear Deputy Premier

I am pleased to present the *Office of the Health Ombudsman annual report 2019–20* 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 2019
- the detailed requirements set out in the *Annual report requirements for Queensland Government agencies* for the 2019–20 reporting period.

A checklist outlining the annual reporting requirements can be found at page 114 of this report.

Yours sincerely

Andrew Brown
Health Ombudsman

Contents

Year in review

The Office of the Health Ombudsman (OHO) has maintained its strong operational performance during 2019–20 in the face of continuing growth in complaint numbers. In its first year of operation (2014–15), the OHO received 4229 complaints. Six years later, in 2019–20, that number has more than doubled to a record of 9703 complaints received. Despite the ever-increasing demands on the OHO's services, the OHO has continued to appropriately respond to and manage complaints and notifications and has made a significant contribution towards fulfilling its vision for safe, competent and ethical health services that are responsive to consumer complaints in Queensland.

The last few years have been a journey of improved performance, productivity and service delivery for the OHO, which is now better positioned than ever to deliver on its paramount objective of protecting the health and safety of the public. Complainants and practitioners alike are now experiencing much more responsive handling of their matters.

Operational performance

The number of complaints received has continued to trend upwards, with a 13 per cent increase compared to last financial year. Also, the number of complaints accepted with a decision to take relevant action has increased by 17 per cent, further contributing to a growth in the OHO's overall workload.

Notwithstanding this increase, the OHO has performed strongly against its legislated timeframes with performance continuing to improve for some measures (such as 95 per cent of intake decisions being made within the seven day timeframe, up from 89 per cent the year prior). Where there has been a slight performance reduction for some other measures, they are either:

- still above the Service Delivery Statement target (for example, 92 per cent of assessment decisions were made in time compared to 98 per cent in 2018–19, but this is still above the target of 90 per cent), or
- they were impacted by significant workload increases (for example, 94 per cent of local resolutions were made in time compared to 99 per cent achieved in 2018–19, however, the total number of local resolution matters finalised increased from 1196 to 1406).

The OHO finished the year with the lowest number of open investigations in its history (135 compared to 151 the previous financial year), finalising more investigations than it commenced. While the OHO benefited from a reduction in the number of new investigations commenced, it was also faced with the challenge of progressing a small number of very complex and resource intensive practitioner investigations during the year which impacted on the resources available to progress other matters.

Finally, the important work of progressing practitioner disciplinary matters through the Queensland Civil and Administrative Tribunal (QCAT) continued this financial year, with the Director of Proceedings, supported by the OHO's Legal Services division, assisting QCAT to finalise a record 78 decisions. This is compared to 18 QCAT decisions in 2018–19 and represents significant progress in addressing the large volume of disciplinary matters that has accumulated in recent years.

The continued increase in complaint numbers remains the OHO's most significant challenge year-to-year. Efforts to find efficiencies across its operations continue to be a focus for the OHO. Delivering these efficiencies remains critical to the OHO continuing to achieve its purpose to protect the health and safety of consumers; promote high standards in health service delivery; and facilitate responsive complaint management.

Legislative amendments

Some important amendments to the *Health Ombudsman Act 2013* commenced during the

year which will contribute to the more efficient and effective functioning of the entire health complaints and regulation system. These amendments, which commenced on 1 March 2020, included the ability for the Health Ombudsman to:

- decline to accept certain complaints where it is considered reasonable for the complainant to first raise the matter with the health service provider. In such matters the OHO now provides advice and assistance to empower complainants to seek to resolve their matters directly with the provider, which is often the most efficient and timely pathway.
- refer certain professional misconduct matters to the Australian Health Practitioner Regulation Agency (Ahpra) and the relevant National Board to manage. This, among other benefits, allows Ahpra and the relevant National Board to deal with matters that have both a conduct and an impairment element.
- issue final prohibition orders against unregistered practitioners without having to prosecute the matter through QCAT. This amendment means that the practice of issuing final prohibition orders is consistent with other jurisdictions in Australia and allows QCAT's resources to be focused on registered practitioner matters.

Stakeholder relationships

The OHO continues to maintain a strong working relationship with its coregulatory partners—Ahpra and the 15 National Boards. In addition to managing complaints about registered practitioners, the agencies have worked closely together in the implementation of the above mentioned amendments and in continuing to design a joint consideration model in relation to complaints and notifications about registered practitioners, which is due to commence on 1 July 2021.

As one of the OHO's key functions is to be the single point of contact for all health service complaints, a significant part of its work involves referring complaints to the most appropriate body. This financial year the OHO has continued to promote and cultivate effective relationships with such agencies as the Queensland Police Service, Aged Care Quality and Safety Commission and various Hospital and Health Services. This has ensured the most efficient and effective handling of complaints and notifications.

OHO staff and COVID-19

Behind the performance data and achievements outlined in this report are the OHO's employees, who have worked extremely hard to deliver these results.

As a result of the COVID-19 pandemic, in March 2020 the OHO transitioned its staff to remote working. This was able to be achieved very quickly and all services were maintained without interruption. Staff demonstrated a high level of adaptability and autonomy; maintaining productivity over this challenging period and ensuring the OHO's important work could continue. My thanks go to all staff for their resilience and professionalism at what has been an extremely challenging time for everyone.

The emergence of the COVID-19 pandemic also prompted some changes to the OHO's operations. The OHO acted early to prevent its complaints management actions from unnecessarily diverting health providers' resources away from the COVID-19 health response. The OHO's pandemic management plan included temporarily pausing the progression of some low-risk matters. OHO staff were integral in adapting to this change in order to support health service providers to focus on delivering critical health services. By May 2020, the OHO was able to transition back to business as usual management of complaints and notifications, owing to the success of the public health response in Queensland and the very small number of people hospitalised with COVID-19 at that point.

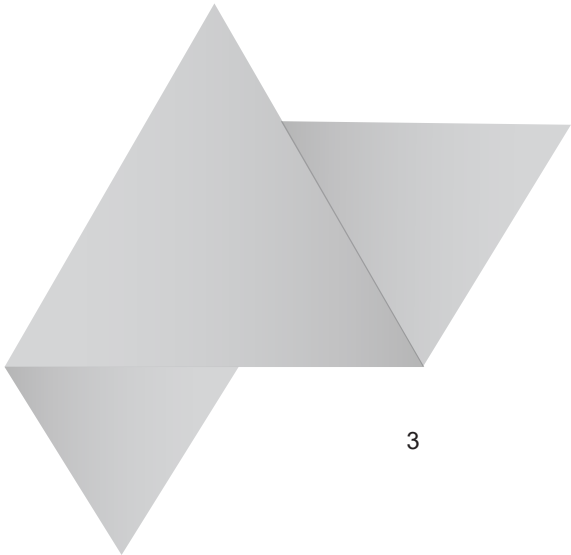
The future

Some key priorities for the OHO in 2020–21 include:

- designing and building a technological solution and associated business processes to support the OHO/Ahpra joint consideration model for registered practitioner complaints and notifications
- continuing to implement dynamic and innovative approaches to complaint management processes to ensure that the OHO can continue to effectively manage ever growing demand
- building capacity to more efficiently and effectively manage investigations in relation to complex clinical performance matters
- continuing to finalise the large volume of practitioner matters in QCAT
- rolling out significant information technology and communication upgrades to replace current infrastructure, which is at its end-of-life.

Further challenges will no doubt arise as COVID-19 continues to be a health emergency within the State, and nationally. However, I am confident the OHO is well placed to continue protecting the health and safety of Queenslanders through responsive complaints management in the year ahead.

Andrew Brown
Health Ombudsman



About

The Office of the Health Ombudsman (the OHO) is Queensland's health service complaints management agency. It is an independent statutory body and provides a single point of contact for all health service complaints and notifications across the State.

Vision and objectives

The OHO's vision is 'safe, competent and ethical health services that are responsive to consumer complaints'[1].

This vision is aligned to the OHO's purpose, which is to 'protect the health and safety of consumers; promote high standards in health service delivery; and facilitate responsive complaint management'. The OHO strives to deliver this through:

- taking proportionate and timely action in response to serious complaints and notifications about health practitioners
- identifying and analysing systemic issues impacting on the delivery of health services, the regulation of health practitioners and management of health complaints
- facilitating the effective and efficient management and resolution of health service complaints
- operating an accountable and performance driven organisation.

The OHO measures its performance against these strategic objectives in line with the service standards published in the annual Service Delivery Statement for Queensland Health (refer page 10).

The OHO's purpose is also directly aligned to the Queensland Government's objectives for the community, *Our Future State: Advancing Queensland's Priorities.* By protecting the health and safety of consumers and promoting high standards in health service delivery, the OHO contributes to the Government objective to **keep Queenslanders healthy**.

The OHO also directly supports the objective to **be a responsive government** through facilitating responsive complaint management.

Values

The OHO's guiding principle, as defined in legislation, is that the health and safety of the public are paramount[2]. This principle—together with the Queensland Government's public sector values[3]—underlie the OHO's governing values, which are:

People and relationships
We are a people-focused organisation that recognises people are at the centre of everything we do. We respect others, value diversity and recognise that meaningful relationships are critical to our success.

Getting it right
We are focused on quality outcomes and we value professionalism, diligence and thoroughness. We acknowledge the decisions we make have a significant impact on people.

Fairness for all
We act ethically, impartially, objectively and with integrity. We do not take sides.

Continuous improvement
We recognise the challenge of sustainability in the face of increasing demand for our services. We encourage new ideas and embrace new ways of working.

Jurisdiction

The OHO, established under the *Health Ombudsman Act 2013* (the Act), commenced dealing with health complaints on 1 July 2014[4]. Under the Act and the *Health Practitioner Regulation National Law (Queensland)* (the National Law), the OHO has broad powers to deal with complaints and other matters relating to the health, conduct or performance of both

1 The OHO's vision, purpose, objectives and values are as published in the *Office of the Health Ombudsman 2019-23 Strategic Plan*.

2 Section 4 of the *Health Ombudsman Act 2013*.
3 Customers first, ideas into action, unleash potential, be courageous, empower people.
4 The OHO was established to replace the Health Quality and Complaints Commission.

registered and unregistered health practitioners and the services provided by health service organisations.

In handling complaints about registered practitioners in Queensland, the OHO shares regulatory responsibility with the Australian Health Practitioner Regulation Agency (Ahpra) and the 15 health practitioner National Boards under the National Law. The OHO applies the *National Code of Conduct for Health Care Workers (Queensland)* when managing complaints about unregistered practitioners in Queensland.

The OHO supports the Health Ombudsman, which is a statutory position with responsibility for acting independently, impartially and in the public interest. The current Health Ombudsman is Mr Andrew Brown, who was appointed to the position in May 2018.

Under the Act, the Health Ombudsman has power to do all things necessary or convenient to perform key functions, which include:

- receive and investigate complaints and notifications about health services and health service providers, including registered and unregistered health practitioners
- take relevant action in relation to those complaints and, in certain instances, take immediate action where necessary to protect the health and safety of the public or where it is in the public interest
- investigate and report on systemic issues in order to identify and recommend opportunities for improvement
- monitor the health, conduct and performance functions of Ahpra and the National Boards
- provide information about minimising and resolving health service complaints
- report publicly on the performance of the OHO's functions.

The Health Ombudsman is an independent, impartial decision-maker. Under the Act and the National Law, certain decisions by the Health Ombudsman are reviewable by the Queensland Civil and Administrative Tribunal (QCAT)[5].

The Health Ombudsman is also required to report on specific matters to the parliamentary committee as well as the Minister, who may direct the Health Ombudsman to investigate certain matters, conduct inquiries or provide information or reports[6].

Working with Ahpra

Ahpra is a national agency with offices in each state and territory that works with the National Boards to implement the National Registration and Accreditation Scheme. Ahpra manages the registration and accreditation of all registered health practitioners in Australia.

In Queensland, the OHO and Ahpra work as coregulatory partners to oversee and regulate registered health practitioners in relation to matters concerning their health, conduct and performance. The OHO is the entry point for health service complaints, including notifications about registered practitioners. These complaints and notifications are received, triaged, managed, and where appropriate or required, matters are referred to Ahpra and the National Boards.

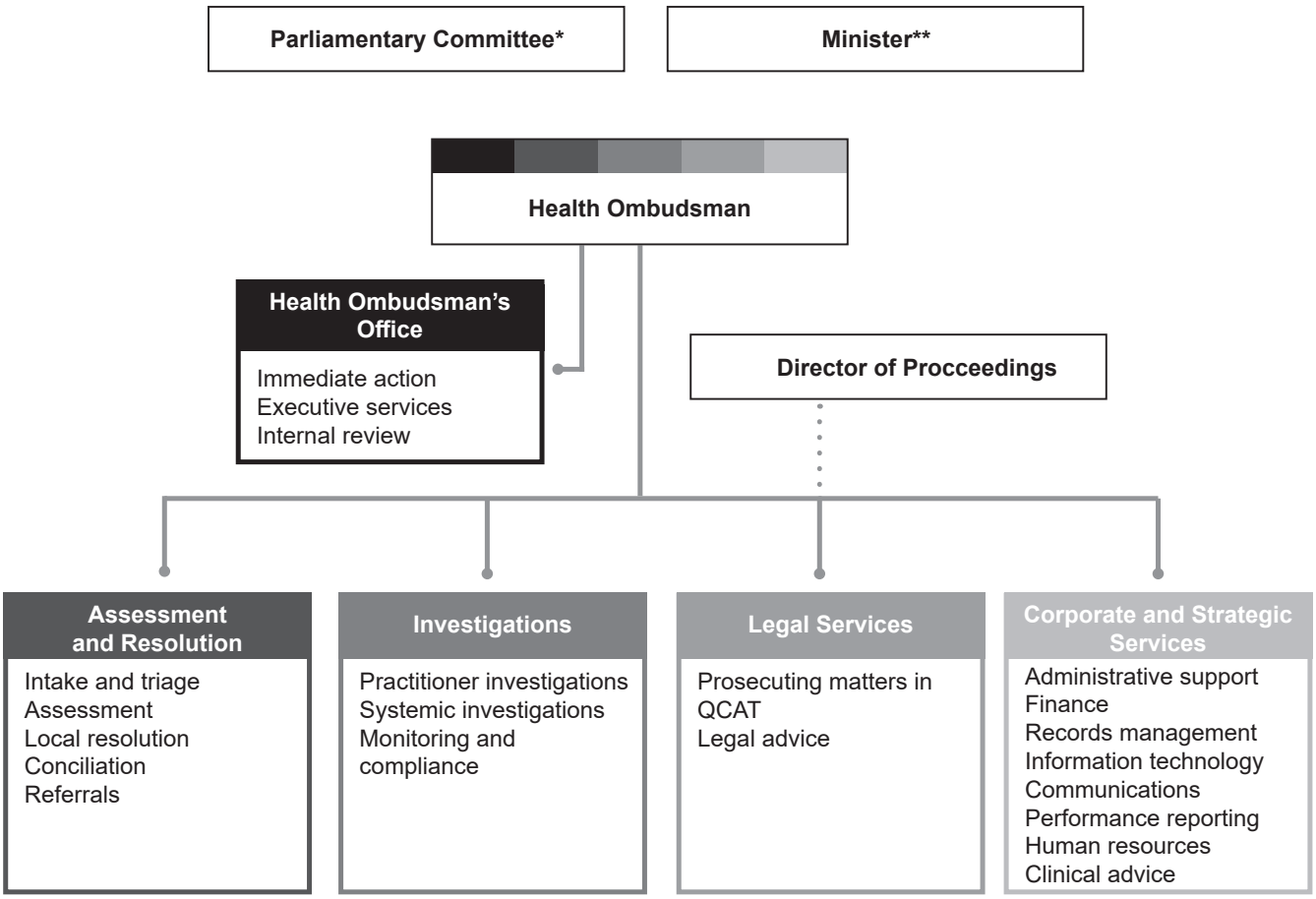
The 15 health practitioner National Boards are an important part of the coregulatory framework, and have additional powers under the National Law. These include conducting health and performance assessments and monitoring and enforcing professional standards. These processes are critical for managing concerns about registered health practitioners and for managing risks to the health and safety of the public.

See page 19 for more detail on matters referred between the OHO and Ahpra.

5 Section 94 of the Act.
6 Sections 81, 152 and 171 of the Act.

Organisational structure

Figure 1 Organisational structure of the Office of the Health Ombudsman as at 30 June 2020



*Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee
**Deputy Premier and Minister for Health and Minister for Ambulance Services

Health service complaints

Types of complaints

Complaints

Complaints can be made by a health consumer, or on behalf of a health consumer, about any aspect of a health service. Health services are defined under the Act as a service that is, or purports to be, a service for maintaining, improving, restoring or managing people's health and wellbeing[7]. Complaints may be about:

- Individual registered health practitioners

  Any practitioner registered by one of the 15 National Boards, namely Aboriginal and Torres Strait Islander health practitioners, Chinese medicine practitioners, chiropractors, dentists, doctors, medical radiation practitioners, midwives, nurses, occupational therapists, optometrists, osteopaths, paramedics, pharmacists, physiotherapists, podiatrists, psychologists, and students in these fields[8].

- Individual unregistered health practitioners

  Any person outside of the registered professions above who delivers a health service, as defined in the Act.

- Health service organisations

  A facility or entity that delivers health services whether in a public or private capacity.

- Health support services

  Any service which directly supports health service delivery (e.g. clinic reception).

Notifications

Mandatory notifications

Under the National Law, registered practitioners, employers and education providers are required to notify the OHO if they believe another practitioner has behaved in a way that constitutes notifiable conduct. These complaints are referred to as mandatory notifications and may be about a health practitioner's health, conduct and/or performance in relation to:

- 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
- placing the public at risk by practising the profession in a way that deviates significantly from accepted professional standards.

Voluntary notifications

Anyone can make a voluntary notification to the OHO about a registered health practitioner for matters relating to their health, conduct or performance, such as:

- 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.

Typically, voluntary notifications made by health service consumers are dealt with as complaints under the Act.

Matters received from other organisations

The OHO may also receive notifications and complaints from other organisations, such as Queensland Health's Medicines Compliance and Human Tissue Unit, where

7 Section 7 of the Act.

8 This includes students enrolled in a program of study or clinical training for a registered health profession.

they have concerns with the provision of health care. Matters may also be referred (either administratively or under legislative powers) from agencies such as Ahpra, the Queensland Police Service, the Coroners Court of Queensland, the Queensland Human Rights Commission, and the Queensland Ombudsman.

Self-notifications

Registered practitioners may make a notification to the OHO about their own health conduct and/or performance. Additionally, practitioners have seven days to self-notify relevant events to the appropriate National Board—events relating to criminal charges and convictions, rights to practise, insurance, billing privileges and others as outlined in the legislation. The National Law also requires students in these fields to self-notify relevant events to the appropriate National Board—events relating to criminal charges and convictions. Where these types of notifications amount to a serious matter they are referred to the OHO.

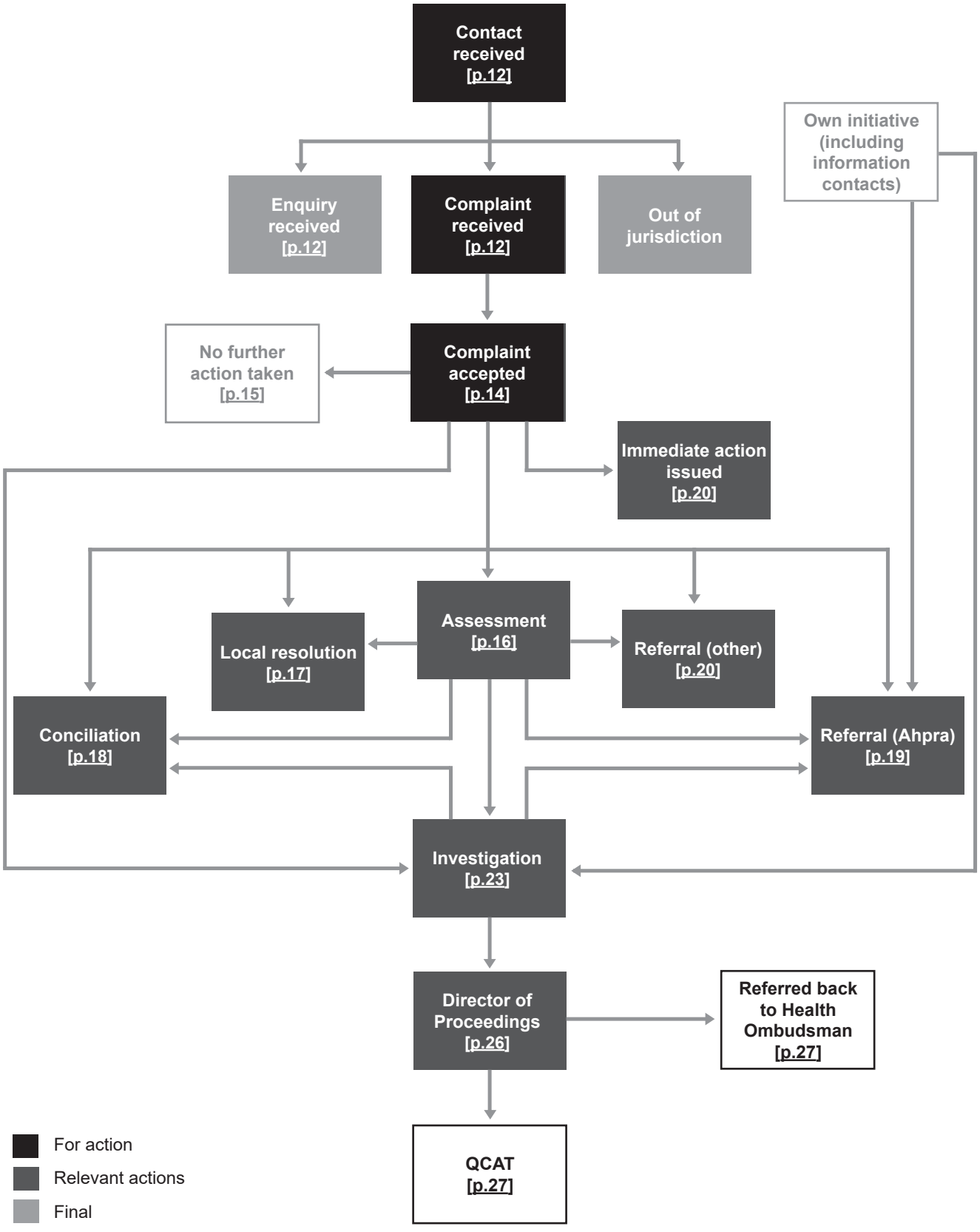
The complaints process

The OHO is guided by the Act's main objects[9], which include protecting public health and safety and maintaining confidence in the health regulation and complaints system. To facilitate this, the complaints process is dynamic, allowing flexibility for complaints to move between different stages of the process as necessary. Many complaints do not necessarily follow a linear workflow; figure 2 gives a general overview of the interaction between the stages of the complaints process.

Complaints are progressed via relevant actions, which are specific actions defined in the Act[10]. A complaint or parts of a complaint may progress simultaneously to different relevant actions and move between relevant actions throughout the process. This report provides detail on each of the relevant actions.

9 Section 3 of the Act.
10 Section 38 of the Act.

Figure 2 Office of the Health Ombudsman complaints management pathways



Performance

The Act empowers the OHO to receive and accept complaints; collect information and evidence to inform actions and decisions; take action against health practitioners and service providers; refer matters to other relevant agencies; bring disciplinary proceedings before QCAT; and facilitate resolution in different ways.

The following pages detail the OHO's performance across these key functions during the 2019–20 financial year.

Service delivery statements

The service standards featured below are reported in the Service Delivery Statements as part of the Queensland Government's annual budget process. The table sets out the end of year position for all the OHO's service standards, published as part of the 2019–20 Service Delivery Statement for Queensland Health.

Service area objective

To provide a transparent, accountable and fair system for effectively dealing with complaints and other health care matters in Queensland in a timely manner.

Service area description

The OHO:

- receives and assesses complaints and notifications about health services and health service providers, including registered and unregistered health practitioners
- refers, informally resolves/conciliates and/or investigates complaints and notifications including, in certain instances, taking immediate action
- prosecutes serious disciplinary matters involving registered and unregistered practitioners through QCAT
- undertakes investigations of systemic health service issues and monitors compliance of practitioners subject to immediate action.

Table 1 Service standards

Service standards	Notes	2019–20 Target/ Estimate	2019–20 Actual
Effectiveness measures Percentage of complaints received and accepted within 7 days	1	90%	95%
Percentage of complaints assessed within timeframes	2	90%	92%
Percentage of complaints resolved within timeframes	3	100%	94%
Percentage of investigations finalised within 12 months	4	75%	64%
Percentage of clients satisfied with the complaint management process	5	80%	74%
Percentage of disciplinary matters in which Queensland Civil and Administrative Tribunal (QCAT) decides there is a case to answer	6	90%	100%
Percentage of immediate action decisions upheld by QCAT at review hearings	7	90%	N/A
Efficiency measure	8		

Notes:

1. This is a measure of timeliness of services provided. The 2019–20 Target was maintained at 90 per cent to reflect that the seven-day timeframe for intake decisions is mandated in the Act. The high and increasing volume of contacts impacts the OHO's ability to process all matters within the seven-calendar day timeframe.
2. This is a measure of timeliness of services provided. The 2019–20 Target was maintained at 90 per cent to reflect that the 30 to 60-day timeframe for assessment decisions is mandated in the Act.
3. This measure is related to local resolution services provided within the required timeframe. The result achieved decreased from the 99 per cent achieved in 2018–19, however, the total number of local resolution matters finalised within legislative timeframes increased by 12 per cent in 2019–20.
4. This is a measure related to the services provided within the required timeframe. This measure reports the percentage of investigations that are effectively managed and finalised within a 12-month period. Certain matters may be referred to an external agency, such as the Queensland Police Service while criminal proceedings take place. The OHO effectively pauses the investigation as it is not appropriate for the OHO to conduct any investigations that may impede an agency's processes. As a result, the OHO investigation of these matters is on hold until the external agency finalises its processes. The length of time another agency takes to finalise its investigation is outside the control of the OHO. Paused matters make up 30 per cent of open investigation matters, which significantly impacts on the OHO's ability to complete all investigations within 12 months.
5. This service standard is a measure of the quality of services provided to clients. This service standard reports the level of client satisfaction for the complaint management service. The client satisfaction survey captures opinion trends in relation to a range of service quality measures, which are used to inform improvement initiatives. Values are compiled and averaged to obtain an overall satisfaction score. Results achieved for this measure are dependent on the number of clients who engage with the survey. The result achieved is an increase on the 66 per cent achieved in 2018–19.
6. This service standard is a measure of the effectiveness of OHO investigations and prosecutions in bringing disciplinary proceedings before QCAT. This includes the sufficiency of evidence and that public interest factors are appropriately considered. Matters are referred to the Director of Proceedings following an investigation; the Director of Proceedings must then decide whether to refer the matter to QCAT for it to hear and decide the matter. To clarify this service standard, a 'case to answer' means that QCAT has upheld all or part of the case against the practitioner.
7. This service standard acts a measure of the effectiveness of OHO's management of its immediate action function. When immediate action is taken, a practitioner can appeal to QCAT to review the decision. QCAT will decide whether the immediate action is upheld, amended or overturned. To clarify this service standard, 'upheld' means that QCAT has upheld all or part of the case against the practitioner. The were no immediate action review matters heard by QCAT in 2019–20, so a 'not applicable' result has been recorded.
8. An efficiency measure is being investigated and will be included in a future *Service Delivery Statement*.

For details of the OHO's staffing levels as published in the Service Delivery Statements, see page 32.

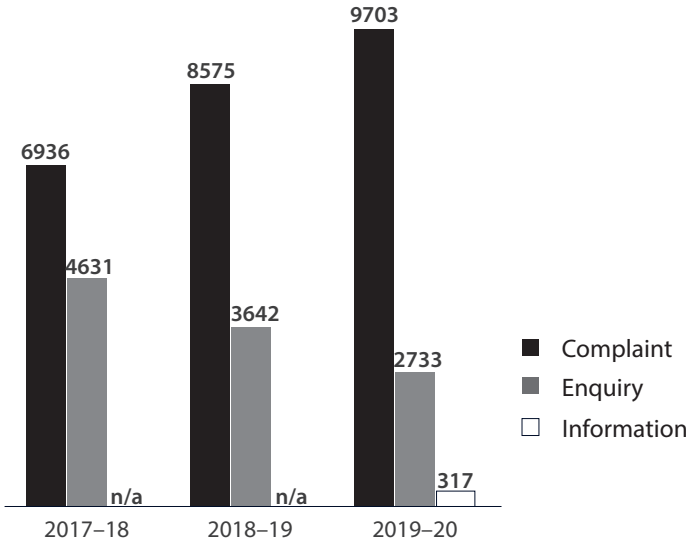
Complaints intake and triage

Members of the public and health service providers can contact the OHO through multiple methods; each contact is categorised as either a complaint, enquiry or information. Where a matter is identified as a complaint (including notifications and referrals received from other agencies), it is then subject to a triage process and risk assessment, during which there are seven days to decide whether to accept the matter and what action to take[11].

During 2019–20 the OHO received a total of 12,760 contacts, an increase of 4 per cent on the 12,218 contacts received in 2018–19. Previously, contacts were classified as either a complaint or an enquiry. The introduction of improved business processes in August 2019 resulted in the addition of 'information' as a new contact category. The OHO may receive information from other government entities, for example the Queensland Police Service, relating to health service practitioners. These matters previously would have been classified as either a complaint or enquiry depending on whether further action was required by the OHO, but are now captured as information.

Of the 12,760 received contacts, 76 per cent (9703) were complaints and 21 per cent (2733) were enquiries, with the remaining 2 per cent (317) relating to information.

Figure 3 Number of contacts received



The 9703 complaints received this year represents a 13 per cent increase on the 8575 complaints received in 2018–19. Notwithstanding this increase in complaints, there was a decrease in the number of complaints received during April and May 2020, which may be attributed to the impact of the COVID-19 pandemic[12]. In June 2020, complaint numbers had increased again towards pre-pandemic levels.

11 This timeframe is mandated under section 35 of the Act.

12 A public health emergency was declared in Queensland on 29 January 2020 in response to the global outbreak of COVID-19, and the reduction in complaints received may be a result of a corresponding reduction in the use of health services. Public Health Directions restricted some health services (e.g. massage); some elective surgeries and outpatient services were postponed; and some health services, such as General Practitioners, reported fewer patients attending.

Spotlight on complaints intake

Of the 9703 complaints received:

- 90 per cent were complaints made by health service consumers
- 7 per cent were voluntary notifications
- 2 per cent were mandatory notifications
- less than 1 per cent were self-notifications
- less than 1 per cent were referrals from other organisations.

Where complaints related to individual practitioners, 96 per cent concerned registered practitioners and 4 per cent were about unregistered practitioners.

Of the registered practitioners identified:

- 64 per cent were medical practitioners
- 15 per cent were nurses
- 8 per cent were dentists
- 6 per cent were psychologists
- 3 per cent were pharmacists
- 6 per cent were from other registered professions.

Of the issues raised about practitioners:

- 35 per cent concerned professional performance
- 20 per cent concerned professional conduct
- 12 per cent communication and information
- 11 per cent concerned medication
- 23 per cent were raised across other categories.

The top five health service organisation types identified in complaints were:

- Public hospitals (32 per cent)
- Correctional facilities (29 per cent)
- Medical centres (8 per cent)
- Mental health services (8 per cent)
- Private hospitals (4 per cent)
- Other types of organisations (19 per cent).

Of the issues raised about health service organisations:

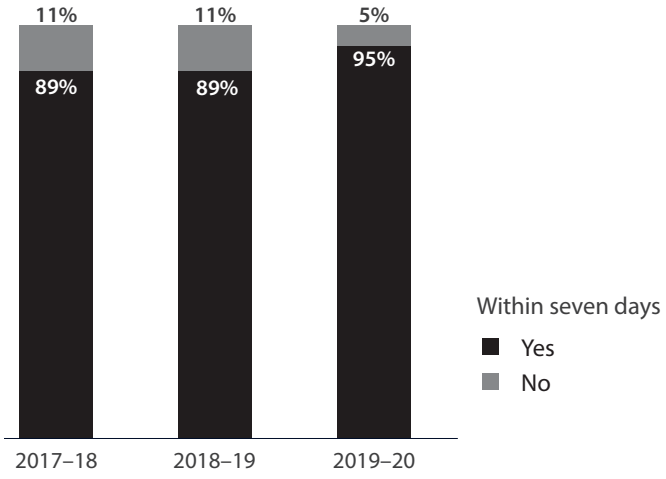
- 34 per cent concerned professional performance
- 17 per cent related to access
- 13 per cent were about medication
- 12 per cent were regarding communication and information
- 24 per cent related to other issues.

During 2019–20, the number of intake decisions made within the seven day legislative timeframe increased to 95 per cent, up from 89 per cent in 2018–19 and 2017–18. This was achieved despite the continued increase in total contacts and corresponding 15 per cent rise in the number of complaint intake decisions made during the year (9438 decisions increased from 8241 in 2018–19). The OHO's continued ability to respond to ongoing demand increases is a significant achievement during this financial year.

Initiatives contributing to this improved performance include:

- implementing shared decision making frameworks with Ahpra for serious matters
- implementing new processes to support early advice and assistance powers, which commenced on 1 March 2020
- ensuring the efficient and timely flow of information between the OHO and the Health Ombudsman Liaison Officer, a position within the Queensland Police Service funded by the OHO
- continuing to work with correctional centre stakeholders to identify ways to better assist prisoner consumers.

Figure 4 Percentage of decisions made within seven days



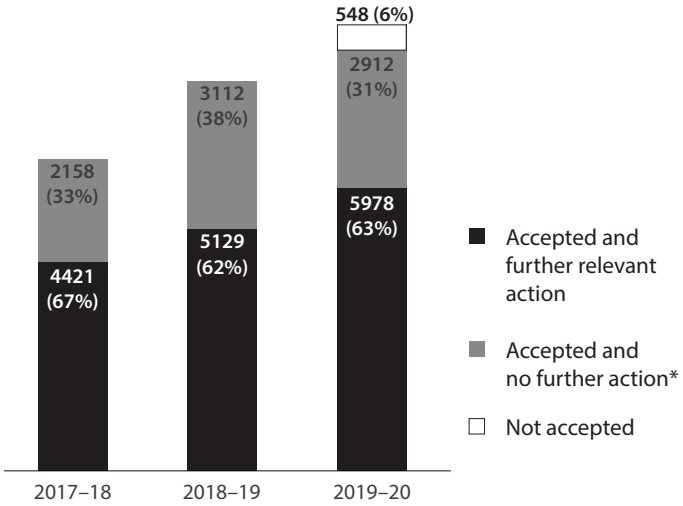
On 1 March 2020 a legislative amendment to the Act[13] commenced that provides for a decision to be made not to accept a complaint if:

- the complaint would be more appropriately dealt with by an entity other than the OHO, or
- the complainant has not first sought a resolution of the complaint with the health service provider and it is reasonable in the circumstances for them to do so.

Between 1 March and 30 June 2020, 18 per cent of all intake decisions were decisions to 'not accept' pursuant to this new provision.

The number of complaints accepted with a decision to take relevant action increased overall by 17 per cent in 2019–20.

Figure 5 Number of complaints accepted vs not accepted



*These decisions relate to matters in which the Health Ombudsman has decided to take no further action under section 44 of the Health Ombudsman Act 2013. Prior to 1 March 2020, and the introduction of s35A to the Act, this category was reported as "Not Accepted".

The OHO continues to identify matters suitable for referral early in the process, in line with streamlined complaints management practices. Of the matters referred at the intake stage, 32 per cent were referrals to Ahpra and 22 per cent were referrals to other government entities. More detail on all matters referred during 2019–20 can be found on pages 19-20.

13 Section 35A of the Act.

Other key outcomes of accepted matters in 2019–20 include decisions to undertake further assessment (24 per cent) and decisions to facilitate local resolution (21 per cent). A complete breakdown of accepted matter outcomes is available in table 2.

Table 2 Outcomes of accepted complaints, where further action was taken

Number of decisions made	2019–20	
	Number	%
Referral to Ahpra and the National Boards	1975	32%
Assessment	1484	24%
Referral to another entity	1400	22%
Local resolution	1293	21%
Investigation	73	1%
Conciliation	1	<1%
Referred to Director of Proceedings	1	<1%
Total	**6227**	**100**

No further action

At any time, a decision can be made to take no further action in relation to a health service complaint[14]. As this decision may be reached following or during any stage of the complaints process, it is not reflective of the amount of work and resources invested in reaching that decision.

Under the Act, a decision to take no further action may include situations where the complaint:

- has been withdrawn (and it is appropriate to take no further action)
- is being adequately dealt with by another appropriate entity
- has been resolved or otherwise appropriately finalised by the Health Ombudsman or another appropriate entity
- is deemed frivolous, vexatious or not made in good faith
- is misconceived or lacking in substance
- cannot be resolved despite reasonable efforts by the Health Ombudsman or another appropriate entity.

14 Section 44 of the Act.

Relevant actions

As depicted in the complaints process flowchart (refer figure 2 on page 9), once a complaint is accepted, the Act empowers the Health Ombudsman to take one or more relevant actions, these being:

- undertaking an assessment
- facilitating local resolution
- taking immediate action
- investigating the matter
- referring the complaint to Ahpra, where the practitioner is registered
- referring the complaint to another government entity in Queensland, or another state or Commonwealth agency
- referring the complaint to the Director of Proceedings
- conciliating the complaint
- carrying out an inquiry into the matter.

If multiple practitioners and/or complaint issues are identified within the one complaint, the complaint may be split to allow for different relevant actions[15]. A completed relevant action may be followed by a decision to take further relevant actions.

A detailed analysis of the OHO's 2019–20 performance relative to specific relevant actions, including performance against timeframes mandated in the Act, is outlined below.

Assessment

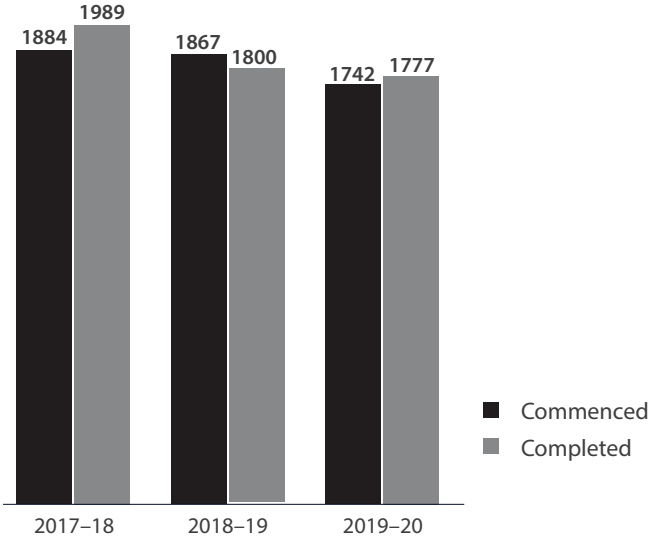
The assessment process provides an opportunity to request and carefully consider detailed information from all relevant parties. A complaint may be referred for assessment if further information and analysis is required to establish the full scope of the matter, identify key facts, obtain records or expert clinical opinion, conduct a detailed risk assessment, and determine what actions, if any, need to be taken to manage the complaint.

If it is decided to assess a complaint, that process must be carried out and completed within 30 days, or 60 days with an approved extension[16].

Assessments completed

There were 1777 assessments completed in 2019–20 (figure 6), of which 92 per cent were completed within legislative timeframes (figure 7). This is a slight decrease in the number of assessments completed within legislative timeframes when compared with 2018–19. It should be noted that the OHO temporarily paused some assessment matters to avoid the potential diversion of health service resources from the COVID-19 health response. This impacted on the OHO's ability to meet statutory timeframes for such matters.

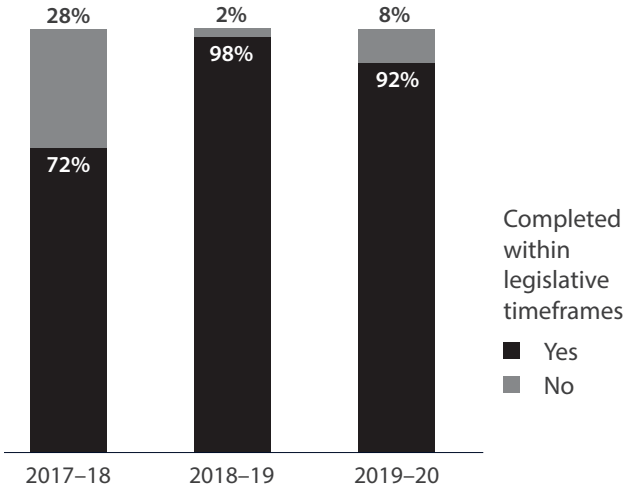
Figure 6 Number of assessments



15 Section 41 of the Act.

16 Section 49(2) of the Act provides grounds for the Health Ombudsman to extend the assessment period for an additional 30 days in certain circumstances.

Figure 7 Percentage of assessments completed within legislative timeframes



Assessment outcomes

In 2019–20, after assessment it was decided no further action was necessary for 69 per cent of matters. Decisions were made to refer 15 per cent of matters to Ahpra, and 9 per cent of matters to another entity (additional assessment outcomes are detailed in table 3).

Table 3 Assessment outcomes

Type of relevant action	2019–20	
	Number	%
No further action	1261	69%
Referred to Ahpra and the National Boards	267	15%
Referred to another entity	167	9%
Conciliation	62	3%
Investigation	60	3%
Local resolution	4	<1%
Total	**1821**	**100**

Often, through the assessment process it is established that the actions of the provider were appropriate and an explanation is provided to the complainant when no further action is taken.

Local resolution

Local resolution is a voluntary, informal and impartial process for resolving matters between complainants and health service providers as quickly as possible and with minimal intervention by the OHO. Local resolution is most effective where there is an obvious practical outcome that can be achieved—or when, by negotiating impartially between the health service consumer and the provider, the OHO can help support continuation of care and rebuild people's trust and confidence in the healthcare system. As such, matters identified for local resolution typically concern less complex clinical issues, breakdowns in basic systems or processes, or matters that result from a misunderstanding or failed communication between parties.

Facilitating a resolution may involve:

- analysing information provided with the complaint
- considering submissions from complainants and health service providers
- analysing information obtained through formal notice
- facilitating meetings and other communications between parties
- facilitating agreement on a course of action between parties.

In accordance with the Act, once a decision is made to attempt local resolution, resolution must be attempted within the next 30 days, or 60 days with an approved extension[17].

In 2019–20 the OHO finalised 1406 local resolutions, with 94 per cent (1328) of matters finalised within legislative timeframes. This has declined from the 99 per cent of matters finalised within legislative timeframes achieved in 2018–19. However, 1383 local resolutions were commenced and 1406 closed in 2019–20 compared with only 1175 commenced and 1196 closed the year prior.

17 Under section 55 of the Act, the Health Ombudsman may extend the timeframe by an additional 30 days under certain circumstances.

Figure 8 Number of local resolutions

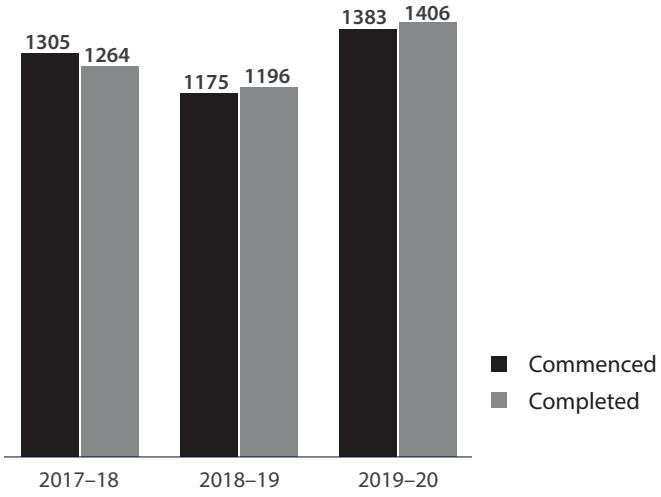
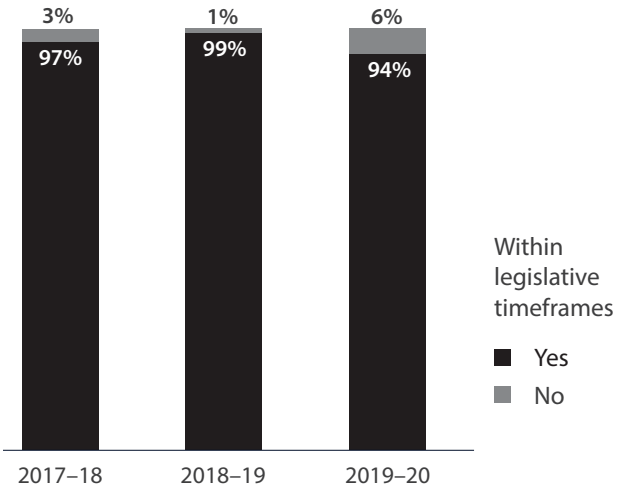


Figure 9 Percentage of local resolutions completed within legislative timeframes



As local resolution is a voluntary process, the outcomes that can be achieved are varied and are tailored to the circumstances of each complaint. Potential outcomes include an apology, policy or process improvements, and refunds for out-of-pocket expenses or corrective costs. Often the health consumer may require ongoing healthcare, making the local resolution process an important step in rebuilding trust and confidence in the relationship. This may be achieved by sharing information regarding the care received, improving the understanding of clinical treatment or administration procedures, and developing communication protocols for the future.

During 2019–20, 79 per cent of matters were finalised as being resolved.

Table 4 Outcomes of local resolution

Local resolution outcomes	2019–20	
	Number	%
Resolved	1114	79
Not resolved	154	11
Complaint withdrawn	119	8
Local resolution did not commence	19	1
Total	**1406**	**100**

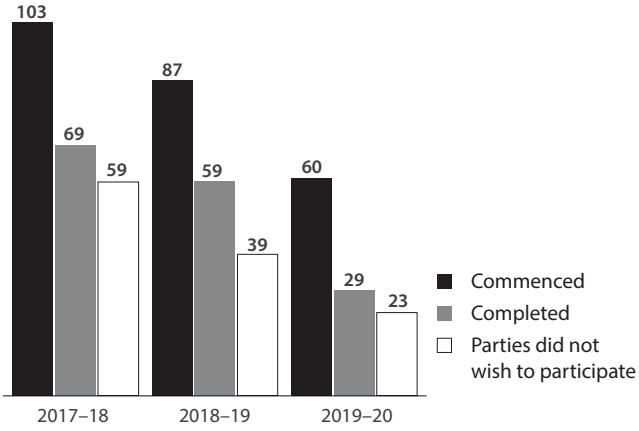
Conciliation

Conciliation is a voluntary process for resolving complex or sensitive complaints that require detailed explanations or confidential complaint resolution. The process is facilitated by skilled conciliators, who use their independence and specialist dispute resolution and negotiation skills to assist all parties to be heard, identify issues for discussion and negotiate outcomes between the parties. Information disclosed during a conciliation process—including details relating to any agreements or negotiations—is confidential and privileged, meaning it cannot be discussed outside the process or admitted as evidence in a proceeding before a court, tribunal or disciplinary body.

Conciliation work has been directly impacted as a result of COVID-19. In consultation with relevant parties, active conciliation matters were temporarily paused for approximately three months, which impacted the number of conciliation matters closed. The decision to pause these matters was in line with the OHO's pandemic management plan to avoid potential diversion of resources away from the pandemic health response. The pausing of assessment matters in response to COVID-19 has also impacted the number of conciliation cases commenced, as the majority of conciliation cases result from finalised assessments.

During 2019–20, 60 conciliations were commenced and 52 were closed. Of the 52 conciliation matters closed, 29 were closed due to the completion of conciliation, and 23 due to parties declining to participate in conciliation.

Figure 10 Number of conciliations



Of the 29 matters which underwent conciliation during the year, the majority (62 per cent) were completed within three to six months and only 10 per cent were open for greater than 12 months. There are no legislated timeframes that apply to conciliation, however, the OHO aims to facilitate the process as quickly and efficiently as possible. There were 34 open conciliations as at 30 June 2020, compared with 26 open conciliations as at 30 June 2019.

Referrals

The Health Ombudsman has powers under the Act to refer a matter to Ahpra, another government entity in Queensland, or another state or federal agency as the more appropriate entity to manage the complaint[18]. With a single entry point for health service complaints, effective referral coordination role is critical to the efficient operation of Queensland's complaints management system.

Matters may be considered for referral at any stage in the complaints management process and the OHO must consult on any proposed referrals[19].

In 2019–20 the OHO referred 2707 registered practitioner matters to Ahpra and the National Boards to deal with, an increase from 2381 matters in 2018–19. The OHO seeks to consult with Ahpra as early as possible on any matters being considered for referral. The majority of referrals to Ahpra are proposed at the initial intake stage (79 per cent in 2019–20); the breakdown of the remaining proposed referrals can be viewed at table 5.

Table 5 Source of proposed referral to Ahpra

Source	2019–20	
	Number	%
Intake and triage	2173	79%
Assessment	504	18%
Investigations	45	2%
Local resolution	25	1%
Internal review	12	<1%
Conciliation	0	0%
Legal services	0	0%
Total	**2759**	**100**

Prior to the 1 March 2020 commencement of amendments to the Act, the OHO was unable to refer matters to Ahpra where the practitioner may have behaved in a way that constitutes professional misconduct, or another ground existed to cancel or suspend the practitioner's registration. Following these amendments, the Health Ombudsman now has a discretion to refer matters that are more serious to Ahpra[20]. Additionally, the amendments now compel the OHO to refer to Ahpra any matters indicating a health practitioner has, or may have, an impairment[21]; legislating what has been a longstanding practice. Previously, when dealing with serious matters involving health impairment the matter would be split, with the OHO

18 Section 38 and Part 9 of the Act.
19 Section 30 of the Act.
20 Section 91C of the Act.
21 Section 91B of the Act.

retaining the professional misconduct aspect and referring the impairment issue to Ahpra. The amendment allows both aspects of the matter (health and conduct) to be referred to Ahpra and to be managed by the one agency[22].

During 2019–20 the OHO referred 1704 complaints to other appropriate government agencies (state or Commonwealth) to deal with, an increase from 1242 in 2018–19[23]. In practice, the range of government entities that the OHO refers matters to is diverse and stakeholder consultation is relied on to ensure the process and information sharing is streamlined. The majority of referrals to government entities (87 per cent in 2019–20) occur at the intake and triage stage (refer table 6).

The OHO is a designated referral entity under the *Human Rights Act 2019*. This means that where it is considered a health service complaint may also be a human rights complaint, the Health Ombudsman may refer the matter to the Human Rights Commissioner with the complainant's consent[24].

The sources of referrals to other appropriate government entities are detailed in table 6.

Table 6 Sources of proposed referrals to government entities

Source	2019–20	
	Number	%
Intake and triage	1488	87%
Assessment	181	11%
Investigations	30	2%
Local resolution	2	<1%
Health Ombudsman	1	<1%
Internal review	1	<1%
Monitoring and Compliance	1	<1%
Total	**1704**	**100**

Immediate action

In the most serious cases, it may be necessary for the Health Ombudsman to take immediate action against a health practitioner. Under the Act, the Health Ombudsman can take immediate action where a reasonable belief is formed that:

- a practitioner's health, conduct or performance poses a serious risk to people, and where it is necessary to act to protect public health or safety, or
- it is otherwise in the public interest.

Immediate action is an interim measure taken on an urgent basis by way of immediate registration action against a registered health practitioner, or interim prohibition order issued to an unregistered health practitioner (or a registered health practitioner practising in an unregistered capacity). Under the Act, immediate registration actions may, and interim prohibition orders must, be published on the OHO's website. Publication of these decisions ensures the public is sufficiently informed about registered practitioners who

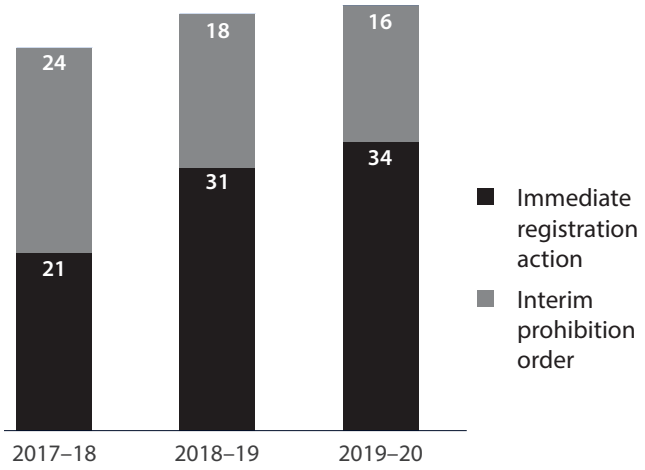
22 Section 91D of the Act.
23 Sections 92 and 93 of the Act.
24 Section 66(2)(b) of the *Human Rights Act 2019*. The Human Rights Commission commenced receiving human rights complaints on 1 January 2020.

are suspended or subject to conditions, and unregistered practitioners who are prohibited or subject to restrictions.

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. The vast majority of matters where immediate action is taken are investigated.

In 2019–20 the Health Ombudsman took immediate action against 49 practitioners by way of 34 immediate registration actions and 16 interim prohibition orders (50 immediate actions).

Figure 11 Number of immediate actions taken by the Health Ombudsman



Show cause notices

Except in the most serious cases, when immediate action is proposed, the Health Ombudsman must first give the practitioner an opportunity to show cause as to why the immediate action should not be taken. The responding submission from the practitioner, together with any other evidence provided by the practitioner, is considered by the Health Ombudsman before any decision to take immediate action is made.

The show cause process is important in terms of affording the practitioner procedural fairness, particularly given immediate action may impact the practitioner's ability to earn a living. It also enables the Health Ombudsman to be better informed in relation to the context and substance of the allegations.

In the most serious cases, where there is a need to immediately mitigate risk and ensure the health and safety of an individual or the public, the Health Ombudsman may take immediate action without issuing a show cause notice.

There were 48 show cause notices issued to practitioners in 2019–20.

Immediate action reviews

Practitioners have the right to seek review of the Health Ombudsman's decision to take immediate action by making an application to QCAT[25]. Practitioners are informed of this right in the notice of decision to take immediate action issued by the Health Ombudsman.

During 2019–20, seven practitioners filed applications in QCAT for review of an immediate action however no reviews were heard or decided.

Compliance monitoring

Where immediate action is taken against a health practitioner, their compliance with the action is monitored to mitigate the risk to public health and safety.

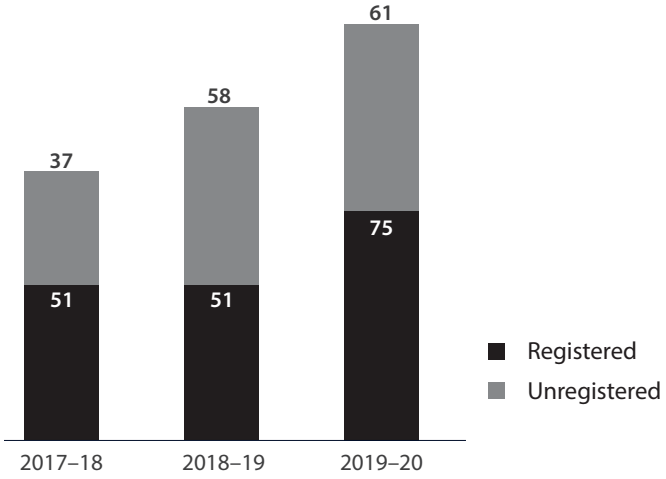
In 2019–20 the OHO commenced 52 new practitioner monitoring cases and closed 26. A single practitioner may be monitored for different issues or orders. There were 142 open cases as at 30 June 2020 (refer table 7) relating to 136 practitioners; 75 registered practitioners and 61 unregistered (see figure 12).

25 Sections 63 and 74 of the Act.

Table 7 Open monitoring cases by type

Open monitoring cases by immediate action type	2019–20	
	Number	%
Immediate registration action—conditions	48	34
Interim prohibition order—prohibited	38	27
Immediate registration action—suspension	22	15
Interim prohibition order—restrictions	16	11
QCAT issued conditions or prohibition	16	11
Health Ombudsman issued final prohibition order	1	1
QCAT interim decision	1	1
Total	**142**	**100**

Figure 12 Number of practitioners under monitoring



A practitioner's suspected or identified non-compliance with immediate action results in further investigation, which can lead to appropriate action. For registered practitioners, a breach of their immediate registration action order may constitute professional misconduct, whereas for unregistered practitioners a breach of their interim prohibition order is a criminal fence[26].

Where there is evidence of a breach of the Act, the Executive Director, Legal Services considers whether prosecution is appropriate. In 2019–20 no new matters were referred for summary prosecution in the Magistrates Court.

26 Section 78 of the Act.

Investigation

The OHO conducts formal investigations for more serious matters, which fall into one of two categories: individual health practitioner investigations or systemic investigations.

Generally, investigations are to be completed within 12 months, although this may be extended due to the size, nature or complexity of a matter. Under the Act, all investigations open for more than 12 months must be published in a register on the OHO's website[27]. The Act also requires that the parliamentary committee and Minister are advised of any investigations that have been open for more than two years[28].

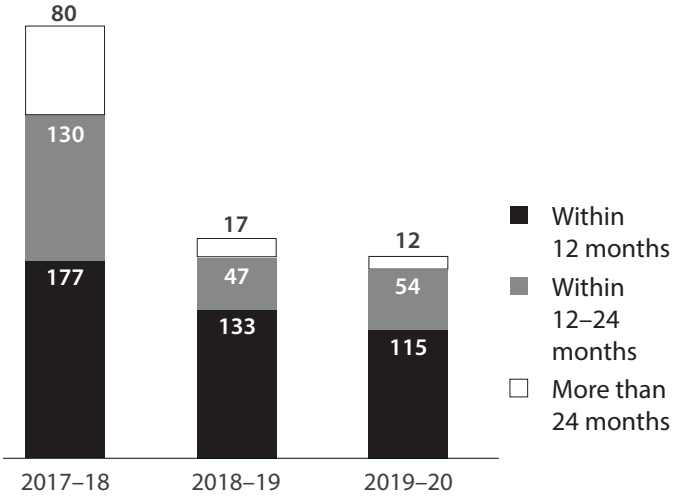
While open, an investigation will be either *active* or *paused*—the latter being where the OHO halts an investigation to allow a criminal matter to be progressed through the criminal justice system without interference or duplication of work (e.g. an investigation being undertaken by the Queensland Police Service). Despite being unable to progress paused investigations, they are still considered open investigations and are resumed once criminal proceedings have been finalised. Paused investigations significantly impact on the OHO's ability to complete all investigations within 12 months.

Performance

This year the OHO commenced 199 investigations. However, 35 of these investigations were amalgamated, leaving a total of 164[29]. The OHO finalised 181 investigations, and as such it closed 10 per cent more investigations than it commenced.

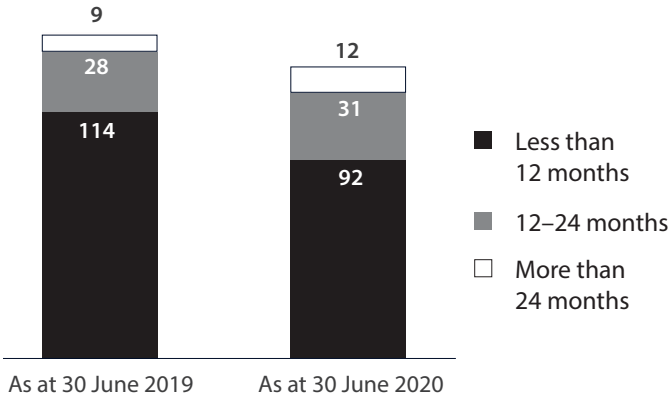
Of the matters finalised, 64 per cent (115) were completed within 12 months compared with 68 per cent in 2018–19. A further 30 per cent (54) were finalised in 12 to 24 months, with the remaining 7 per cent (12) finalised after more than two years.

Figure 13 Number of investigations completed within timeframes



As at 30 June 2020, 135 investigations remained open, of which 31 (23 per cent) were aged between 12 and 24 months and 12 (9 per cent) were more than 24 months old. Of these open investigations, 40 (30 per cent) were paused matters, of which 11 (28 per cent) were matters aged between 12 and 24 months and 7 (18 per cent) were matters older than 24 months.

Figure 14 Timeframes for open investigations



27 Section 85(4) of the Act.
28 Section 85(8)(a) of the Act.
29 Complaints from different sources about the same issue and the same health service provider can be amalgamated into one investigation pursuant to section 40(2) of the Act.

Practitioner investigations

In relation to individual registered health practitioners, an investigation seeks to determine whether their conduct or performance may constitute professional misconduct, or whether another ground exists to suspend their registration. Investigations relating to individual unregistered practitioners seek to determine whether they may pose a serious risk to persons, due to their health, conduct and/or performance.

Of the 181 investigations completed in 2019–20, 175 related to individual health practitioners. In relation to practitioner investigations, the vast majority (79 per cent) concerned registered practitioners, with unregistered practitioners accounting for 21 per cent.

During the year there were three particularly complex practitioner investigations that required significant resources to progress, and as such presented a challenge for investigations workload management. One case required multiple investigators to work solely on that matter for most of the financial year. The other two cases each required a single investigator solely assigned to them.

At the conclusion of a registered practitioner investigation, if it is considered that there is sufficient evidence to substantiate either professional misconduct or another ground for prohibiting practice or suspending registration, the Health Ombudsman will decide whether the matter should be referred to the Director of Proceedings for potential prosecution in QCAT.

Prior to 1 March 2020, where an investigation established that an unregistered practitioner posed a serious risk to persons, the matter would be referred by the Health Ombudsman to the Director of Proceedings to be considered for prosecution in QCAT. Only QCAT had the power to issue a final prohibition order against an unregistered practitioner. Amendments to the Act which commenced operation on 1 March 2020, empower the Health Ombudsman to make these orders and removed the requirement to prosecute the matter in QCAT. These matters are now provided to the Health Ombudsman to consider whether it is necessary to issue a prohibition order[30]. Practitioners can contest these final prohibition orders through QCAT.

An investigation may also identify that there is insufficient evidence to establish the allegations against a practitioner. In such cases, no further action is likely to be taken in relation to the matter. In other cases, the investigation may establish that a matter does not meet the threshold of seriousness that warrants the OHO retaining the matter and, in the cases of a registered practitioner, it may be referred to Ahpra/National Board to manage.

In 2019–20, a number of investigations resulted in more than one outcome. The majority of investigation outcomes (79, or 39 per cent) were to refer the matter to the Director of Proceedings. No further action was the outcome for 60 matters (30 per cent of investigation outcomes)[31]. Investigation outcomes are detailed further in table 8.

30 Part 8A of the Act.

31 Total investigation outcomes may not equal the total number of investigations completed, as a single investigation may result in multiple outcomes. In certain circumstances it may also be appropriate for the OHO to take action prior to the investigation being completed (e.g. a matter of criminal conduct identified in the course of an investigation being referred to the Queensland Police Service).

Table 8 Outcomes of investigations

Investigation outcomes 2019–20	2019–20	
	Number	%
Matters recommended for referral to Director of Proceedings	79	39
No further action	60	30
Referred to Ahpra	38	19
Referred to another agency	18	9
Recommended that the Health Ombudsman issue a Permanent Prohibition Order	7	3
Conciliation	0	0
Total	**202**	**100**

Systemic investigations

The OHO undertakes systemic investigations to determine if there are issues relating to the operation of a system, process or practice (rather than the individual actions of a person or practitioner) that may impact on the provision or quality of health services. These investigations may result from a complaint or notification, or may be initiated by the Health Ombudsman where there is an apparent emergence of a systemic issue.

The OHO's ability to investigate systemic matters allows for a more strategic and proactive approach to protecting the health and safety of the public. These investigations provide an independent and impartial perspective to establish whether systemic issues exist and make associated recommendations to address them. In 2019–20 one systemic investigation was commenced and six were finalised. The year prior, the OHO commenced 10 systemic investigations and completed 19. Only a small number of systemic investigations were progressed during the year owing to the need to focus on the resource-intensive practitioner investigations mentioned above. As at 30 June 2020 four systemic investigations remained open.

Where the OHO makes improvement recommendations, monitoring plans may be developed to guide implementation. This work requires careful coordination and constructive engagement with key stakeholders. Their participation and commitment are encouraged to ensure the development and implementation of effective and contextually appropriate recommendations.

There were no new monitoring cases commenced for systemic investigations in 2019–20 however, three were finalised, with one case remaining open as at 30 June 2020.

Inquiry

Under the Act, where it is considered in the public interest to do so, the Health Ombudsman has the power to conduct an inquiry into:

- a matter relating to a health service complaint
- a systemic issue relating to the provision of a health service
- another matter the Health Ombudsman considers relevant to achieving the objectives of the Act[32].

The Health Ombudsman may initiate an inquiry, or may be directed by the Minister to conduct an inquiry.

To date, the Health Ombudsman has not conducted an inquiry into any matter.

32 Part 12 of the Act.

Director of Proceedings

Under the Act, the Director of Proceedings is an independent position that has the power to determine whether a matter is appropriate for referral to QCAT. In making a decision, the Director of Proceedings must consider:

- the paramount guiding principle of the Act
- the seriousness of the matter
- the likelihood of proving relevant matters before QCAT[33]
- the orders QCAT might make
- anything else considered relevant[34].

Factors which inform the seriousness of a matter may include:

- the nature and extent of the conduct and/or performance
- whether there were any breaches of relevant codes, standards or guidelines
- whether the practitioner has shown remorse or insight.

After making a decision to refer a matter to QCAT, the Director of Proceedings prosecutes the matter on behalf of the Health Ombudsman.

If the Director of Proceedings decides not to refer a matter to QCAT, the matter must be referred back to the Health Ombudsman with a recommended alternative action, such as to:

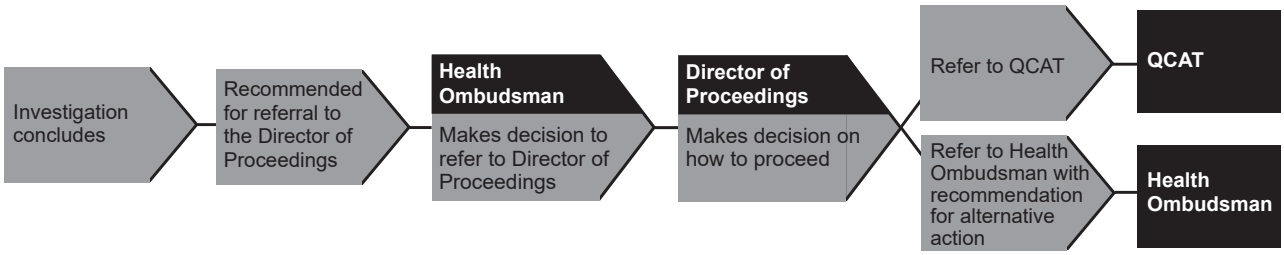
- refer the matter to Ahpra
- undertake further investigation
- take no further action.

Figure 15 below demonstrates the pathway a matter takes from the conclusion of an investigation to filing in QCAT or, alternatively, referral back to the Health Ombudsman for an alternative relevant action[35].

The diagram also highlights the distinct and independent decision-making powers held by the Health Ombudsman and the Director of Proceedings respectively, as granted under the Act.

In all matters relating to the OHO's litigation and legal advice, the Health Ombudsman and the Director of Proceedings are supported by the Legal Services division.

Figure 15 Legislative pathway for referring a matter to QCAT



33 In relation to the likelihood of proving a matter before QCAT, the standard of proof required under the Act is the civil threshold on the balance of probabilities, applying the 'Briginshaw standard' as established in Briginshaw v Briginshaw [1938] 60 CLR 336.

34 Section 103(3) of the Act.

35 For the Health Ombudsman to deal with the matter under section 105 of the Act.

Decisions by the Director of Proceedings

On 1 July 2019 there were 88 matters awaiting action by the Director of Proceedings, which was reduced to 42 as at 30 June 2020.

In 2019–20, the Director of Proceedings received 85 matters from the Health Ombudsman for consideration for referral to QCAT, equal with the number received the year prior. During the year, the Director of Proceedings filed 62 matters in QCAT, and referred 60 matters back to the Health Ombudsman.

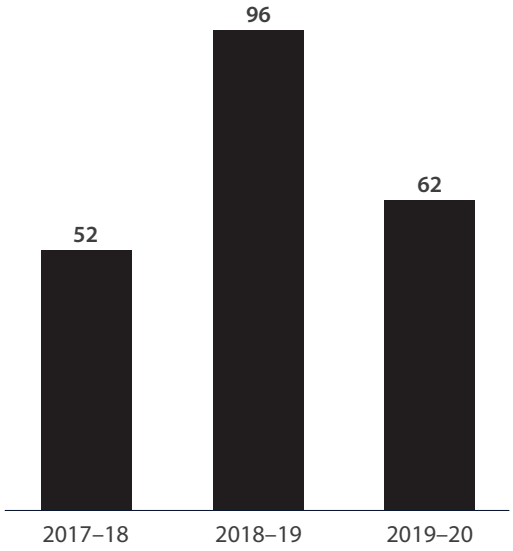
Of the matters referred back to the Health Ombudsman, 18 were referred on 1 March 2020 for the Health Ombudsman to consider making a final prohibition order. As mentioned earlier in this report, final prohibition orders are now made by the Health Ombudsman following a show cause process, and do not progress through QCAT. One final prohibition order was made by the Health Ombudsman in 2019–20.

Matters filed in QCAT

Of the 62 matters filed in QCAT in 2019–20, 58 related to registered practitioners and 4 to unregistered practitioners, and concerned issues such as:

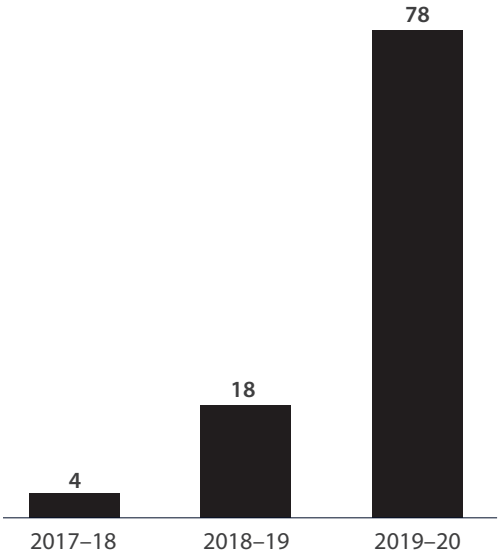
- fraud
- inappropriate prescribing
- poor clinical performance
- possession of child exploitation material
- boundary violations
- drug offences
- poor infection control
- sexual assault
- domestic violence offences.

Figure 16 Matters filed in QCAT



In 2019–20, 83 QCAT matters were finalised. QCAT handed down 78 decisions on matters filed by the Director of Proceedings on behalf of the Health Ombudsman and 5 matters were withdrawn. These judgments are available for download from the Supreme Court Library Queensland's website at www.sclqld.org.au/caselaw/QCAT.

Figure 17 Decisions handed down by QCAT



All but one QCAT decision imposed sanctions on the practitioner:

- 39 practitioners were reprimanded
- 17 practitioners had their registration cancelled and/or were disqualified from applying for registration[36]
- 3 practitioners were suspended[37] (ranging from 3 to 13 months)
- 6 practitioners were fined (ranging from $1,000 to $30,000)
- 5 practitioners had conditions imposed on their registration
- 7 unregistered practitioners were subject to prohibition orders.

Matters may also be heard in QCAT where a health practitioner applies to the tribunal to review the Health Ombudsman's decision to take immediate action against them. However, no review matters were heard or decided by QCAT in 2019–20.

As at 30 June 2020 there were 113 OHO matters open with QCAT (102 registered practitioner matters and 11 unregistered practitioner matters).

36 An order to cancel a practitioner's registration may also specify a period where they are disqualified from applying for registration. A disqualification period may also apply in circumstances where a practitioner does not hold registration as at the date of QCAT's decision.
37 Refers to suspension from registered practice.

Support services

The OHO's performance of its functions and achievement of its strategic objectives is supported by several internal services.

Legal services

Legal services—encompassing advice, litigation and other relevant work—are primarily delivered by the OHO's in-house lawyers within the Legal Services division. This provides for consistent and considered advice from lawyers familiar with the OHO's operational and statutory context.

Legal assistance can be requested by OHO staff at any stage of the complaints process or through any other operational activities undertaken by the OHO, such as right to information requests, privacy and confidentiality issues or contract matters. OHO lawyers provide advice and services in respect of health regulation, administrative and public law issues—including interpretation of the Act, the National Law, and other relevant legislation—to ensure decisions are legally sound. The legal team divides its work across providing legal services and supporting the Director of Proceedings.

On occasion, legal services are also sought from external providers such as Crown Law, private law firms, or barristers at the private bar.

Clinical advice

The OHO seeks clinical advice when an independent, impartial, expert opinion on a clinical matter is required to inform the decision of how best to deal with a complaint. Clinical advice may:

- seek guidance on the level of risk to public health and safety presented by performance or conduct issues
- advise on potential mitigation of risk by proposed immediate action
- assist the OHO and the complainant in understanding the issues raised in the complaint
- inform an assessment of, or investigation into, potential serious professional misconduct.

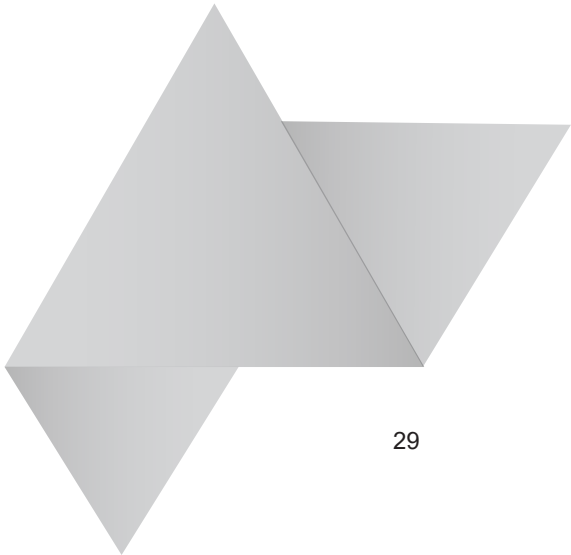
The OHO is guided by the matter at hand when seeking clinical advice, with an expert (either registered or unregistered) being chosen based on:

- appropriate qualifications, and similar (or greater) expertise and experience in the professional specialty of the practitioner responsible for the care that gave rise to the complaint or notification
- lack of any conflicts of interest with the matter.

Generally, parties to a matter are informed of the names of clinical advisors, the area/s of practice for which the advice is sought, the questions asked, and the content of the advice.

Using expert, independent clinical advice where appropriate and building a network of suitable clinical advisors has helped the OHO enhance its knowledge in relation to complex issues in a constantly evolving health environment.

In 2019–20 there were 73 clinical advice reports requested. Of the 73 requests, 58 per cent were made in the initial stages of the complaints management process—intake, triage and assessment. The remaining requests were sought during investigations (36 per cent), when considering or taking immediate action (4 per cent) or during the prosecution of matters (2 per cent).



Internal review

Where the Health Ombudsman decides not to accept a complaint or to take no further action, parties to the matter may request an internal review of that administrative decision. The internal review process provides important opportunities for quality assurance and process improvement within the OHO.

The internal review process is not mandated in the Act; however, the OHO has developed a policy to guide the process and establish reasonable operational timeframes[38]. Requests for internal review must be made in writing within 28 calendar days of the receipt of the notice of decision.

An internal review request must include clear reasons why the decision is believed to be incorrect (referred to as 'grounds for review'), or provide new information that was not available to the OHO at the time of the original decision.

Some examples of grounds that may justify undertaking an internal review are:

- relevant information provided was not considered in the decision made
- the incorrect legislative provision was applied in reaching the decision
- new relevant information is provided that was not available when the decision was made
- the decision failed to address one or more complaint issue/s
- there was a lack of clarity, an error/s or insufficient explanation in the reasons provided for the decision.

Where grounds justifying a review are identified, an internal review officer considers the concerns and thoroughly examines the processes and information relied on to determine whether the decision was fair and reasonable. Internal review officers work separately from the rest of the office, have had no previous involvement in matters they review, and are at an employment level equal to or higher than the original decision maker.

This year, the OHO received a total of 232 review requests and finalised 284. Of the matters finalised, 255 (90 per cent) had a review conducted.

Of the 255 reviews conducted, the majority (223, or 87 per cent) resulted in the original decision being upheld.

There were 32 reviews which resulted in the original decision being repealed. There were 27 matters repealed with a new decision to take further relevant action. For five matters, the original decision was repealed, but no further action was taken.

For the 29 requests which were finalised without conducting a review, either no grounds were identified for review, the request did not relate to a reviewable decision, or the review request was withdrawn.

Community engagement

The OHO has continued to actively engage with its stakeholders throughout 2019–20.

Throughout 2018–19 the OHO embarked on an extensive engagement activity with Aboriginal and Torres Strait Islander communities. During the many conversations held with First Nations people the OHO listened and learned, and identified the need to build cultural competence and safety into the OHO's processes.

During 2019–20, in collaboration with Aboriginal and Torres Strait Islander stakeholders, the OHO drafted a plan with an associated policy to help integrate cultural competence into the complaints process.

38 While there is no express power in the Act to vary or change decisions made under the Act, section 24AA of the *Acts Interpretation Act 1954* provides a source of power to amend or repeal decisions. The power to amend or repeal a decision can be exercised in the same way and subject to the same conditions as the power to make the decision.

These documents are planned for release in early 2020–21 and will be an important step in embedding cultural sensitivity within the OHO and creating safe access for Aboriginal and Torres Strait Islander peoples.

The OHO values what it has learned from engaging with Aboriginal and Torres Strait Islander peoples and recognises the importance of continuing to listen to, and learn from, their stories. Active engagement with First Nations people continued throughout 2019–20 in addition to visits to hospitals, community health centres and correctional centres aimed at increasing their awareness of the OHO.

Record keeping and information management

The OHO is committed to implementing and maintaining an effective and accessible recordkeeping system in compliance with the *Public Records Act 2002* and other relevant information standards.

Physical records are held onsite at the OHO's premises in restricted access areas and with Zirco, an external storage provider. There have been no security breaches to these areas.

Digital corporate records are managed in an electronic document and records management system (HP Content Manager) and complaint records are managed in a case management system (Resolve) which synchronises with HP Content Manager. Both systems are critical to the OHO's operations and regular staff training, online and face-to-face, is conducted.

Work to maintain both systems continued in 2019–20, ensuring they continue to service the OHO's need for information privacy and recordkeeping in line with legislation and associated processes and procedures.

The OHO has a dedicated Information Management Officer to manage Right to Information requests under the *Right to Information Act 2009* and Information Privacy requests under the *Information Privacy Act 2009.*

Organisational governance

Workforce profile

As at 30 June 2020 the OHO had 130.69 full-time equivalent (FTE) employees, a decrease from 142.14 FTEs the year prior. The FTE for 2019–20 is below budget this year due to a number of vacant positions arising from secondments and resignations not being filled due to difficulties recruiting and onboarding new staff during COVID-19 restrictions.

The OHO's workforce is primarily permanent with 83.09 per cent of FTEs employed in permanent roles, 13.08 per cent of FTEs employed on a temporary basis, and the remaining 3.83 per cent in contracted roles. As at 30 June 2020, 7.35 per cent of staff work part-time, which is a decrease from 10 per cent the year prior.

All staff have access to a range of flexible working arrangements in line with the Queensland Government's policies; the majority of staff access flexible working hours, and a number of staff also receive study assistance. Since September 2018, the OHO has had a remote working solution in place. For those staff who choose to work remotely, it provides flexibility and mobility without compromising productivity, functionality, or information privacy or security. This remote working capability was further expanded and adapted in response to the pandemic and the need for social distancing, allowing for the OHO workforce to transition entirely to remote working while maintaining all operations. As at 30 June 2020, the majority of the OHO workforce remained working remotely with plans for a staged transition back to into the office from 13 July 2020.

Women make up 70 per cent of employees, and hold 35 per cent of managerial positions (at or above AO7 level). As at 30 June 2020, 10.71 per cent of office employees identify as being from a non-English speaking background, 3.57 per cent identify as having a disability and 2.14 per cent identify as Aboriginal and/or Torres Strait Isander.

The permanent separation rate for 2019–20 was 3.36 per cent. No redundancy, early retirement or retrenchment packages were paid in 2019–20.

Table 9 Service Delivery Statements—staffing

Staffing	Notes	2019–20 budget	2019–20 actual
The Office of the Health Ombudsman	1	137	131

Notes:

1. The 2019–20 actual represents the actual FTEs as at 30 June 2020.

Workforce planning

The importance of building a skilled and capable workforce through strategic workforce planning is recognised at the OHO. New employees undergo a formal induction—including orientation and safety briefing—and take part in cultural capability training as part of their mandatory training requirements. The OHO aims to have a Performance and Development Plan in place for all employees within one month of their commencement, to be reviewed annually. This process sets performance expectations for employees and provides them with the opportunity to identify learning and development opportunities.

The OHO has recently commenced utilising a comprehensive online learning management platform. This system provides staff with easy access to the majority of the OHO's mandatory training, including when working remotely. The platform also offers over 100 additional training packages that staff can access to up-date their skills.

The OHO recognises that its work, while rewarding, involves regular exposure to third parties' personal and private information that can be confronting and distressing. As part of the OHO's commitment to build and maintain a resilient and well-supported workforce, in late

2018 the OHO consulted with subject matter experts and worked with Dr Jane Austin to develop the *THRIVE Staff Wellbeing* training program. The program is evidence-based and combines theoretical concepts with practical strategies designed to enhance personal resilience, wellbeing and adaptive coping mechanisms in the context of the OHO's work. The training was provided again in early 2020 to allow employees who had joined the OHO more recently to benefit from the program. With the onset of COVID-19 and the need for employees to suddenly adapt to working from home full-time, the need to provide some additional support was recognised. This was delivered through *THRIVING @ home*—an update to the strategies introduced in the original program focused on assisting staff to continue thriving physically and mentally while in uncertain and somewhat isolated circumstances. The update was shared at the OHO's first online staff forum, and later circulated to all staff via email.

OHO employees are engaged under the current enterprise bargaining agreement *Queensland Health Sector Certified Agreement (No. 9) 2016.* Union delegates within the OHO meet with Human Resources and the Executive Leadership Team as part of the Joint Consultative Committee process to raise and discuss relevant industrial relations matters.

As at 30 June 2020, the next enterprise bargaining scheme *Queensland Health Sector Certified Agreement (No. 10)* was awaiting certification. It is anticipated certification will occur by 31 August 2020.

Work is also underway to streamline Queensland's health complaints management system for the future. The OHO and Ahpra have been collaborating on a technical solution to facilitate joint consideration of registered practitioner matters. While the legislative amendments that provide for joint consideration were passed in Parliament on 28 November 2019, they have not yet been proclaimed to commence. The joint consideration process will rely on automated data transfer between the OHO and Ahpra. This automation will be efficient, reducing the double-handling of data and the time associated with manual data entry. Additional efficiencies will be achieved through the alignment of both agencies' risk-based decision making.

Internal accountability

Executive Leadership Committee

Positions held as at 30 June 2020:

Health Ombudsman (statutory position)—Andrew Brown

The Health Ombudsman is appointed under the Act by the Governor-in-Council on the recommendation of the Minister. 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 Health Ombudsman's functions effectively and efficiently. The Health Ombudsman's term of appointment is for no more than four years and the person may be reappointed. The Health Ombudsman's powers and functions under the Act are detailed on pages 4-5.

Andrew has more than 25 years' experience in the public sector, primarily in the areas of legal services, regulatory oversight and complaints management. He commenced as Health Ombudsman in an Acting capacity in November 2017, and was formally appointed to the role in May 2018. Andrew has extensive experience in public administration and designing and implementing effective and efficient regulatory and complaints management processes. Previously, Andrew was employed as the Deputy Ombudsman at the Queensland Ombudsman's Office. He has also worked at Queensland Corrective Services in numerous roles including the Chief Inspector of Prisons.

Director of Proceedings (statutory position) and Executive Director, Legal Services—Scott McLean

The Director of Proceedings is a statutory role appointed under the Act and must be an employee who is legally and otherwise appropriately qualified. The Health Ombudsman may refer a matter to the Director of Proceedings who then has the power to decide if a matter should be referred to QCAT; the Director of Proceedings maintains independence from the Health Ombudsman in this.

The Executive Director, Legal Services oversees the Legal Services division, which provides a range of legal services to the OHO and prosecutes matters that the Director of Proceedings refers to QCAT.

Scott is a lawyer with over 25 years' experience in private and government practice focusing on criminal prosecutions, professional regulation and discipline. Scott joined the OHO in August 2015 as Director, Legal Services and later commenced as Director of Proceedings and Executive Director, Legal Services in March 2018.

Executive Director, Assessment and Resolution —Jess Wellard

The Assessment and Resolution division delivers the OHO's complaints intake, assessment, referral, local resolution and conciliation functions.

Jess is a lawyer and investigator with experience in public administration and investigation of systemic concerns. Having worked previously at both the OHO as the inaugural Director of Investigations and as Assistant Ombudsman at the Queensland Ombudsman, she re-joined the OHO in March 2020 as Executive Director, Assessment and Resolution.

Executive Director, Investigations—Kelly Gleeson

The Investigations division is responsible for undertaking investigations in line with the Act and monitoring compliance with recommendations arising from investigations.

Kelly has more than 20 years' experience in law enforcement, investigations and government regulatory fields. Kelly joined the OHO as the Executive Director, Investigations in July 2019.

Executive Director, Corporate and Strategic Services—Lisa Pritchard

Corporate and Strategic Services provides the OHO with support services including human resource management, administrative support, performance reporting, communications and media management, stakeholder engagement, finance and asset management, information technology and records management.

Lisa has 30 years' experience in regulation and complaints management in the United Kingdom and Australia. Her expertise includes policy and legislation development, and leading operational service delivery in regulatory environments. She joined the OHO in May 2014 and previously held the role of Executive Director, Assessment and Resolution.

Risk and Audit Committee

Following a redesign of its risk management framework and associated activities in 2018–19, the OHO established a new Risk and Audit Committee (the Committee) in July 2019.

The Committee is responsible for providing independent assurance and assistance to the Health Ombudsman on the OHO's risk management framework, control environment and financial reporting process. However, it does not replace established management responsibilities and delegations, the responsibilities of other executive management groups within the OHO or the reporting lines of external audit functions. The Committee's membership is comprised of external and internal appointments.

Will Sadler was appointed as Chair and an external member of the Committee on 4 July 2019. He is an experienced risk

professional and is currently employed as Head of Group Risk at QSuper. Will is also a Chartered Accountant and member of the Chartered Accountants Australia & New Zealand.

Terry Campbell was appointed as Deputy Chair and an external member of the Committee on 4 July 2019. Terry is the Director of ARC Consultancy; an audit and risk focused company. In addition to her position on the Committee, Terry is also Chair of another government audit and risk committee. She has over 20 years government audit and risk experience and previously held senior positions with the Queensland Audit Office.

Internal appointees as at 30 June 2020 were:

- Ms Elizabeth Foulger, Director, Office of the Health Ombudsman
- Ms Jess Wellard, Executive Director, Assessment and Resolution
- Ms Kelly Gleeson, Executive Director, Investigations
- Mr Scott McLean, Executive Director, Legal Services.

Only external appointees who are not public servants are eligible to receive remuneration. In 2019–20, Will received $6,000 and Terry received $4,500 for their service on the Committee.

The Committee convened for three formal meetings throughout 2019–20, and also met informally on one occasion to discuss business continuity measures in response to the pandemic.

The OHO is not currently required to have an internal audit function however, the Committee is responsible for providing advice and assistance as necessary to progress any internal audits the Health Ombudsman considers appropriate. There were no internal audits planned, commenced or completed in 2019–20.

Service delivery complaints

There were 19 service delivery complaints recorded about the OHO in the 2019–20 financial year. One complaint may involve multiple issues and as such, actions may be taken in relation to all of, or part of, a complaint. Of the 19 complaints, 17 were finalised as at 30 June 2020.

Further action was taken in relation to two complaints where communication issues were substantiated. These issues were addressed directly with the staff involved and apologies were offered to the complainants. Opportunities for improvement were identified in a further four complaints.

Where a complainant is dissatisfied with the outcome of their service delivery complaint, there is opportunity for them to seek an internal review. One service delivery complaint review was requested and undertaken in 2019–20, which did not result in any further action.

Where a complainant remains dissatisfied following an internal review of their service delivery complaint, they are entitled to make a complaint to the Queensland Ombudsman.

External accountability

Minister

Under the Act, the Minister oversees the administration of the health service complaints management system and the performance of the Health Ombudsman, as well as the performance of Ahpra and the National Boards in relation to registered health practitioners in Queensland. The Minister keeps the Queensland Parliament and the community informed of these matters[39].

As at 30 June 2020 the Honourable Steven Miles was the appointed Deputy Premier and Minister for Health and Minister for Ambulance Services.

39 Part 13 of the Act.

Parliamentary Committee

The Act provides for statutory oversight over the OHO's operations by the parliamentary committee[40]. During 2019–20, the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee was the committee responsible for the Health and Ambulance Services. The Health Ombudsman meets with the parliamentary committee at regular intervals throughout the year. In 2019–20 the parliamentary committee members were:

- Mr Aaron Harper MP, Member for Thuringowa (Chair)
- Mr Mark McArdle MP, Member for Caloundra (Deputy Chair)
- Mr Michael Berkman MP, Member for Maiwar
- Mr Martin (Marty) Hunt MP, Member for Nicklin
- Mr Barry O'Rourke MP, Member for Rockhampton
- Ms Joan Pease MP, Member for Lytton.

Queensland Ombudsman

Where a person is dissatisfied with the OHO's decisions or actions, they may choose to make a complaint to the Queensland Ombudsman.

In 2019–20 the Queensland Ombudsman received 105 complaints about the OHO, 35 of which were identified as warranting further investigation. Of these 35 investigations, 3 were resolved by negotiated resolution, 27 had no errors identified and 5 were categorised as no further investigation warranted[41]. None of the investigations resulted in formal findings of maladministration.

Public Sector Ethics Act

The OHO is also governed by the *Public Sector Ethics Act 1994*, which outlines four underlying ethics principles:

- integrity and impartiality
- promoting the public good
- commitment to the system of government
- accountability and transparency.

The OHO is committed to upholding these principles, and has adopted the *Code of Conduct for the Queensland Public Service* (the Code of Conduct). During 2019–20 all Code of Conduct training, both for new employees and annual refresher training for existing employees, were delivered via an online training platform. The Code of Conduct and all procedures relating to unethical conduct, breaches of the code, and public interest disclosures are readily accessible through the OHO's intranet.

Human Rights Act

The OHO is both a public entity and a referral entity with regard to the *Human Rights Act 2019* (Human Rights Act).

In 2019–20, the OHO received one complaint about its decision making that engaged at least one human rights issue. As at 30 June 2020 this complaint was under consideration.

As a referral entity, the OHO is empowered to deal with human rights complaints relating to health services. Where this occurs, the matter is managed as a health service complaint pursuant to the *Health Ombudsman Act 2013*[42]. Throughout 2019–20 the OHO received 102 health service complaints that were also noted to have potentially engaged at least one human rights issue. Decisions for these matters were made at the intake stage to:

- assess 11 of the complaints
- refer 25 complaints to another government entity to deal with
- undertake local resolution for 1 complaint
- refer 1 complaint to Ahpra
- not accept 3 complaints
- take no further action for 61 complaints.

40 Part 14 of the Act.

41 Data supplied by the Queensland Ombudsman.

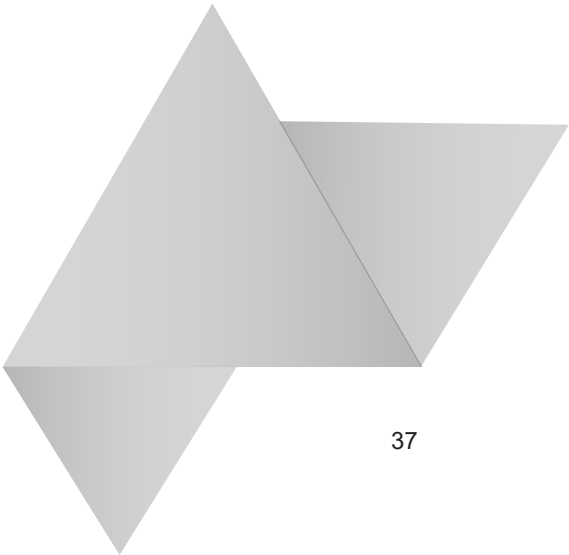
42 Section 66(2)(a) of the Human Rights Act 2019.

The OHO's approach during 2019–20 to furthering the objects of the Human Rights Act was focused towards supporting staff to understand the new legislation and ensuring practices aligned with human rights obligations.

Key OHO staff attended an in-depth training conducted by Minter Ellison ahead of the Human Rights Act's commencement. Since this initial training, a human rights online training module has been implemented, which is mandatory for all staff.

To ensure appropriate consideration of human rights during the intake and triage of health service complaints, procedures were updated to incorporate a human rights assessment into the initial decision making process.

In consultation with Queensland Health, the impacts of the Human Rights Act on the OHO's legislation were considered in detail. Amendments were made to the OHO's practices where necessary to ensure human rights are considered.



Financial summary

Overview

The operating result for the OHO for the 2019–20 financial year was a deficit of $967,000. The deficit was funded by accumulated cash reserves. The operating result reflects an increase in supplies and services costs, the most significant of which was legal expenditure totalling $235,000.

Full details are provided in the audited financial statements in appendix 5.

Financial position

The financial position provides an indication of the OHO's underlying financial health as at 30 June 2020. The OHO's assets and liabilities resulted in a total equity of $490,000 as at 30 June 2020.

Assets

The OHO's total assets were valued at $1.691 million as at 30 June 2020. Current assets were valued at $1.643 million and were available to meet current liabilities.

Liabilities

Total liabilities for the OHO as at 30 June 2020 were $1.201 million, with the largest single liability being $765,000 for accrued employee benefits. Remaining liabilities related to payables.

Financial performance

The income statement shows the total income for 2019–20 as $22.302 million—a decrease of $79,000 from the 2018–19 financial year—with expenses resulting in the $967,000 operating deficit.

Income

In 2019–20 the OHO derived the majority of its income from Queensland Health with funding of $22.072 million. Income in the form of interest and other revenue totalled $230,000.

Expenses

Total operating expenses for 2019–20 were $23.269 million. The largest expense category was for employee expenses ($18.710 million), which accounted for 80 per cent of expenses. The second largest category was supplies and services ($4.472 million), which accounted for 19 per cent of expenses.

Appendix 1—Abbreviations and acronyms

Term	Definition
Act	*Health Ombudsman Act 2013*
Ahpra	Australian Health Practitioner Regulation Agency
Committee	Risk and Audit Committee
Human Rights Act	*Human Rights Act 2019*
Minister	Minister for Health, Queensland
National Boards	The 15 national health practitioner boards, one each for: ▪ Aboriginal and Torres Strait Islander health practice ▪ Chinese medicine ▪ chiropractic ▪ dental ▪ medical ▪ medical radiation practice ▪ nursing and midwifery ▪ occupational therapy ▪ optometry ▪ osteopathy ▪ paramedicine ▪ pharmacy ▪ physiotherapy ▪ podiatry ▪ psychology.
National Law	*Health Practitioner Regulation National Law (Queensland)*
OHO	Office of the Health Ombudsman
Parliamentary committee	Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee
QCAT	Queensland Civil and Administrative Tribunal

Appendix 2—Glossary

Term	Definition
Active investigation	A current OHO investigation that is not paused. See *Paused investigation*.
Assessment	The process of obtaining and analysing information relevant to a complaint to decide the most appropriate way to further deal with it.
Australian Health Practitioner Regulation Agency (Ahpra)	The national organisation responsible for implementing the National Registration and Accreditation Scheme across Australia, in partnership with the National Boards. Also the OHO's coregulatory partner for healthcare complaints management in Queensland.
Boundary violation	The crossing of a standard professional, clinical boundary, or deviation from standard therapeutic activity, that is potentially harmful to or exploitative of the patient. Boundary violations can be either sexual or nonsexual.
Case management system	The OHO's case management system, Resolve, is an electronic software program where staff record all details about complaints.
Clinical advice	An independent, impartial, expert opinion on a clinical matter obtained under legislation to inform a decision on how best to deal with a complaint.
Commonwealth	The Commonwealth of Australia.
Complainant	A person who makes a formal complaint.
Complaint	An expression of dissatisfaction. For the purposes of this report, a complaint refers to a health service complaint, defined by section 31 of the Act as a complaint about the provision of a health service in Queensland.
Conciliation	A voluntary, formal, confidential and impartial process that facilitates intensive negotiations between complainants and providers to reach agreement on more complex complaints.
Conditions	Are limitations placed on a registered practitioner's practice either by the Health Ombudsman when taking immediate registration action, or by QCAT as a sanction.
Consumer	For the purposes of this report, any individual who receives a health service.
Contact	An individual engagement with the OHO through any communication method, including post, phone, email or in person, for the purposes of making a complaint (including notifications) or enquiry, or providing information.
Coregulation	In the context of this report, coregulation refers to the regulatory powers shared by the OHO and Ahpra and the National Boards in the management of complaints about registered health practitioners.
Correctional facility	A place of incarceration by government officials.

Term	Definition
COVID-19	Is the abbreviated form of 'Coronavirus Disease, 2019'. It was first reported in December 2019 in Wuhan City, China.
Director of Proceedings	A statutory position held by a staff member 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.
Disciplinary proceedings	For the purposes of this report, the legal process whereby the Director of Proceedings refers a matter to QCAT for a determination about a health practitioner's health, performance or conduct, and to consider imposing sanctions on the practitioner.
Education provider	In the context of this report, an education provider is a university, other tertiary education institution, specialist medical or other health-profession college that provides a program of study or clinical training for a health professional registered under the National Registration and Accreditation Scheme.
Enquiry	A matter raised with the OHO that does not constitute a health service complaint or notification.
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	A service that is, or purports to be, a service for maintaining, improving, restoring or managing people's health and wellbeing.
Health service complaint	See *Complaint*.
Health service organisation	A facility, other than an individual, that delivers health services. This includes public, private and not-for-profit healthcare facilities, ambulance services, hospitals, health education services, pharmacies, mental health services, and community health services.
Health service practitioner / practitioner	See *registered practitioner* / *registered health practitioner* and *unregistered practitioner* / *unregistered health practitioner.*
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 16 entities operating the public hospitals and public health services in defined areas throughout Queensland. The Hospital and Health Services were established under the *Hospital and Health Boards Act 2011*, and each is an independent statutory body managed by its own board.

Term	Definition
Immediate action	Action taken by the Health Ombudsman to suspend, or impose conditions on, a registered health practitioner's registration, or to prohibit, or place restrictions on, the practice of unregistered health practitioners. Immediate action may only be taken when there is a serious risk to persons and it is necessary to protect public health and safety, or the Health Ombudsman believes it is otherwise in the public interest.
Immediate registration action	Immediate action taken by the Health Ombudsman against a registered health practitioner to suspend or impose conditions upon a practitioner's registration.
Impairment	Physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect a registered health practitioner's capacity to safely practise the profession or a student's capacity to undertake clinical training.
Information category	In August 2019 a new contact category called 'information' was introduced. These matters previously would have been classified as either a complaint or enquiry depending on whether further action was required by the OHO, but are now captured as information. Further action can be taken by the OHO where necessary pursuant to section 80(c) of the Act.
Inquiry	A formal inquiry by the Health Ombudsman to collect information on a relevant matter as defined by the Act.
Interim prohibition order	Immediate action taken by the Health Ombudsman against an unregistered health practitioner, or a registered health practitioner working in an unregistered capacity. This may include prohibiting from or placing restrictions on practice.
Internal review	Parties to a matter can request an internal review be conducted of the OHO's administrative decisions. 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. The purpose of an investigation is to determine whether there is evidence of professional misconduct, a practitioner poses serious risk to persons, or whether there is a systemic issue relating to the operation of a system process or practice.
Legislative timeframe	A timeframe mandated by legislation, such as the Act or National Law, in which a specific action or decision must be taken.
Local resolution	A voluntary, informal and impartial process that facilitates negotiations between complainants and providers to quickly resolve less complex complaints with minimal intervention.

Term	Definition
Mandatory notification	A notification that a registered practitioner, employer or education provider makes as a requirement under the National Law, when they believe a registered health practitioner or student has behaved in a way that constitutes 'notifiable conduct' which places the public at substantial risk of harm.
National Boards	The 15 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 coregulatory jurisdiction in relation to the National Law.
National Registration and Accreditation Scheme	The scheme for registered health practitioners, established by the Council of Australian Governments.
No further action	A decision by the Health Ombudsman at any time to take no further action on a matter, in circumstances as defined by the Act.
Office of the Health Ombudsman	The Health Ombudsman and the staff of the office.
Out of jurisdiction	A matter that is not within the Health Ombudsman's jurisdiction to manage under legislation.
Pandemic	Refers to COVID-19 (see COVID-19).
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. The OHO operates with statutory oversight by the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee.
Paused investigation	A current OHO investigation that has been halted to allow a criminal matter to be progressed through the criminal justice system without interference or duplication of work.
Prisoner	An individual incarcerated within a correctional facility in Queensland as punishment for a crime.
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.

Term	Definition
Professional misconduct	Conduct by a registered health practitioner as defined by the National Law as being substantially below the standard reasonably expected for a practitioner of that profession and level of experience, or is inconsistent with the practitioner being a fit and proper person to hold registration in that profession.
Public hospital	A hospital operated and managed by the State of Queensland.
Queensland Civil and Administrative Tribunal (QCAT)	An independent tribunal within the Queensland Department of Justice and Attorney-General. It actively resolves disputes in a fair, just, accessible, quick and inexpensive way. The Tribunal has jurisdiction over the OHO and therefore the judicial power to review certain decisions by the Health Ombudsman.
Queensland Health	Queensland's Government department of health.
Referral	A matter that has passed from one individual, agency or entity to another. Referrals occur in a number of different ways, both by the Health Ombudsman and by other entities. Depending on context, this includes matters referred by the Health Ombudsman to Ahpra or another external entity; matters referred to the Health Ombudsman by other entities; matters referred to QCAT; and matters referred internally for different relevant actions (e.g. referral to the Director of Proceedings).
Registered practitioner / registered health practitioner	A person registered to practise one of the 15 health professions regulated under the National Law, 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 Act. These are assessment, local resolution, immediate action, investigation, referral to another organisation including Ahpra, referral to the Director of Proceedings, conciliation, and carrying out an inquiry.
Restrictions	Are limitations placed on an unregistered practitioner's practice by the Heath Ombudsman as part of an interim prohibition order or a final prohibition order.
Sanction	An official penalty imposed by QCAT on a practitioner.
Self-notification	A notification that a registered health practitioner makes to the OHO about matters relating to their own health, conduct or performance, usually under requirement by the National Law.
Service delivery complaint	An expression of dissatisfaction raised about any aspect of service provided by the OHO or the conduct of an OHO employee.

Term	Definition
Service Delivery Statements	The Service Delivery Statements are published as Budget Paper 5 in the Queensland Government's annual Budget process.
Show cause notice	A notice issued by the Health Ombudsman to a health practitioner against which immediate action is proposed, to allow the practitioner an opportunity to give reason as to why the proposed immediate action should not be taken.
Split matter	A complaint in which discrete parts are separated for referral to different relevant actions or stages of the complaints management process.
Student	In the context of this report, a student is a person enrolled in a program of study or undertaking clinical training for a health profession.
Summary prosecution	For the purposes of this report, legal proceedings brought against a health service provider for a matter defined as a breach of the Act. Such proceedings are distinct from disciplinary proceedings.
Systemic investigation	An investigation to determine if there is an issue relating to the operation of a system, process or practice that is impacting on the provision or quality of health services.
Tribunal	Refers to the Queensland Civil and Administrative Tribunal (see QCAT).
Unregistered health practitioner / unregistered practitioner	Any person who provides a health service and who is not registered in one of the 15 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.
Voluntary notification	A notification made to the OHO on a voluntary basis about a health practitioner's health, conduct or performance. The grounds for a voluntary notification are set out in section 144 of the National Law.

Appendix 3—Ancillary service information

1. The OHO's office is located at 400 George Street, Brisbane, QLD 4000.
2. The published *Office of the Health Ombudsman 2019–23 Strategic Plan* is available at: www.oho.qld.gov.au/about-us/governance/strategic-plan/

Appendix 4—Annual performance data

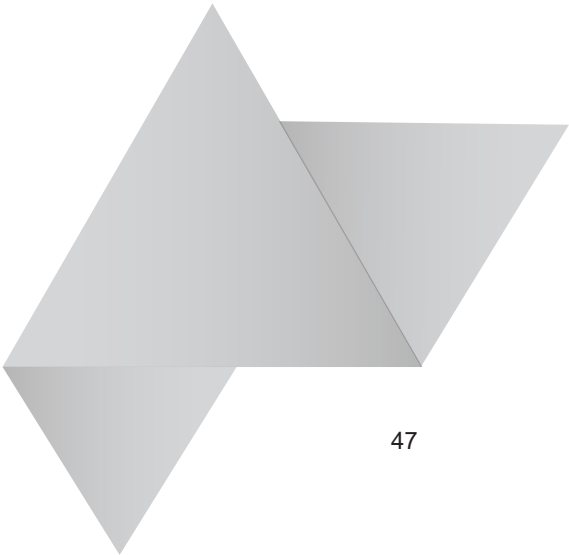
Introduction

This document reports on Office of the Health Ombudsman (OHO) performance data for the 2019–20 financial year.

For transparency, the OHO publishes monthly, quarterly and yearly performance reports.

It is important to note that annual totals will not equal the sum of the quarterly totals due to necessary adjustments and alterations being made to historical data following the publication of previous reports.

A more detailed overview of the OHO's performance during the 2019–20 financial year can be found in the OHO annual report 2019–20.



Intake of complaints

Type of contacts

Type of contact	Q1		Q2		Q3		Q4		2019–20		2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Complaint	2524	82.89	2443	79.68	2586	72.50	2150	69.76	**9703**	**76.04**	8575	70.18
Enquiry*	449	14.75	561	18.30	921	25.82	802	26.02	**2733**	**21.42**	3642	29.81
Information**	72	2.36	62	2.02	60	1.68	123	3.99	**317**	**2.48**	n/a	n/a
Yet to be classified	0	0.00	0	0.00	0	0.00	7	0.23	**7**	**0.05**	1	0.01
Total	3045	100.00	3066	100.00	3567	100.00	3082	100.00	**12760**	**100.00**	12218	100.00

'Yet to be classified' includes contacts in which not enough information was provided for a determination to be reached—but further information is being sought, or matters that were not able to be finalised prior to the end of the reporting period.

*This category includes matters determined to be outside of the jurisdiction of the office during initial contact, and the complainant referred to the correct agency at the outset.

**The introduction of improved business processes in August 2019 resulted in the addition of 'Information' as a new contact category. The office may receive information from other government entities, for example the Queensland Police Service, relating to health service practitioners. These matters previously would have been classified as either a complaint or enquiry depending on whether further action was required by the office but are now captured as information and decisions about further action are then subsequently made.

Type of complaints

Type of contact	Q1		Q2		Q3		Q4		2019–20		2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Health consumer	2271	89.98	2232	91.36	2386	92.27	1873	87.12	**8762**	**90.30**	7592	88.54
Mandatory notification*	51	2.02	69	2.82	45	1.74	60	2.79	**225**	**2.32**	189	2.20
Voluntary notification*	182	7.21	127	5.20	135	5.22	199	9.26	**643**	**6.63**	642	7.49
Self-notification*	17	0.67	10	0.41	12	0.46	14	0.65	**53**	**0.55**	50	0.58
Referral	3	0.12	5	0.20	8	0.31	4	0.19	**20**	**0.21**	102	1.19
Total	2524	100.00	2443	100.00	2586	100.00	2150	100.00	**9703**	**100.00**	8575	100.00

*Notifications are matters raised by health service providers which do not otherwise meet the definition of a health consumer complaint as required under the *Health Practitioner Regulation National Law (Queensland)*.

Complaint decisions

On 1 March 2020, amendments were made to the *Health Ombudsman Act 2013* (the Act) enabling the office to 'Not accept' a complaint in situations where the Health Ombudsman is satisfied:

- the complaint would be more appropriately dealt with by a different person or organisation; or
- the complainant has not yet sought a resolution with the relevant health service provider and it is reasonable in the circumstances for the complainant to first do so.

As a result of these changes, the table "Accepted vs Not Accepted" has been replaced with the table "Decisions made" included below.

Cases previously categorised as "Not Accepted" are now reported under the category of "Accepted and no further action taken" and relate to the number of decisions to take no further action under s 44 of the Act. This change is to definition only, and no alterations have been made to how these cases are managed by the office.

Decisions timeframes—within seven days

Decisions made within seven days	Q1		Q2		Q3		Q4		2019–20		2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Yes	2242	94.24	2353	93.56	2378	97.50	1970	93.59	**8943**	**94.76**	7335	89.01
No	137	5.76	162	6.44	61	2.50	135	6.41	**495**	**5.24**	906	10.99
Total	2379	100.00	2515	100.00	2439	100.00	2105	100.00	**9438**	**100.00**	8241	100.00

Decisions made

Number of decisions made	Q1		Q2		Q3		Q4		2019–20		2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Accepted and further relevant action taken	1666	70.03	1694	67.36	1501	61.54	1117	53.06	**5978**	**63.34**	5129	62.24
Accepted and no further action taken*	713	29.97	821	32.64	855	35.06	523	24.85	**2912**	**30.85**	3112	37.76
Not accepted under s35A**	N/A	N/A	N/A	N/A	83	3.40	465	22.09	**548**	**5.81**	N/A	N/A
Total	2379	100.00	2515	100.00	2439	100.00	2105	100.00	**9438**	**100.00**	8241	100.00

*These decisions relate to matters in which the Health Ombudsman has decided to take no further action under section 44 of the Act. Prior to 1 March 2020, this category was reported as "Not Accepted".

**Matters may not be accepted under s35A of the Act where the matter would be more appropriately dealt with by an entity other than the health ombudsman or where the complainant has not yet sought a resolution with the health service provider.

258 matters were also determined to fall outside the jurisdiction of the Act. In addition, a number of matters received by telephone were determined to be out of jurisdiction and were closed as enquiries, with the person referred to the correct agency.

Accepted decision outcomes

Number of decisions made	Q1		Q2		Q3		Q4		2019–20		2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Assessment	367	20.97	424	24.01	372	24.30	321	27.20	**1484**	**23.83**	1683	30.94
Local resolution	404	23.09	363	20.55	337	22.01	189	16.02	**1293**	**20.76**	1119	20.57
Conciliation	0	0.00	0	0.00	0	0.00	1	0.08	**1**	**0.02**	3	0.06
Investigation	15	0.86	15	0.85	28	1.83	15	1.27	**73**	**1.17**	114	2.10
Referral to Ahpra and the National Boards	520	29.71	549	31.09	452	29.52	454	38.47	**1975**	**31.72**	1951	35.86
Referral to another entity	444	25.37	415	23.50	341	22.27	200	16.95	**1400**	**22.48**	567	10.42
Immediate action	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	0	0.00
Referred to Director of Proceedings	0	0.00	0	0.00	1	0.07	0	0.00	**1**	**0.02**	3	0.06
Total	1750	100.00	1766	100.00	1531	100.00	1180	100.00	**6227**	**100.00**	5440	100.00

Accepted decisions may result in multiple issues and/or practitioners being identified, each requiring its own action. The data in the above table includes all identified issues/practitioners requiring action that were identified in the accepted complaints where further relevant action was taken (noted in category ‘Accepted and further relevant action taken’ included the previous ‘Decisions made’ table).

Health service complaints profile

Main issues raised in complaints

Issue	Q1		Q2		Q3		Q4		2019–20		2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Access	309	7.94	432	11.03	562	13.85	363	11.39	**1666**	**11.07**	912	7.22
Code of conduct for healthcare workers	34	0.87	34	0.87	25	0.62	25	0.78	**118**	**0.78**	132	1.05
Communication/ information	494	12.69	461	11.77	501	12.35	328	10.29	**1784**	**11.85**	1541	12.20
Consent	96	2.47	84	2.15	70	1.73	68	2.13	**318**	**2.11**	208	1.65
Discharge/ transfer arrangements	61	1.57	82	2.09	62	1.53	43	1.35	**248**	**1.65**	203	1.61
Environment/ management of facilities	98	2.52	119	3.04	130	3.20	128	4.02	**475**	**3.16**	328	2.60
Fees/cost	148	3.80	124	3.17	129	3.18	105	3.29	**506**	**3.36**	427	3.38
Grievance processes	74	1.90	92	2.35	98	2.42	89	2.79	**353**	**2.35**	234	1.85
Health Ombudsman Act 2013 offence	0	0.00	1	0.03	1	0.02	0	0.00	**2**	**0.01**	4	0.03
Medical records	117	3.01	94	2.40	102	2.51	90	2.82	**403**	**2.68**	378	2.99
Medication	489	12.56	441	11.26	497	12.25	415	13.02	**1842**	**12.24**	1530	12.12
Professional conduct	362	9.30	385	9.83	369	9.10	385	12.08	**1501**	**9.97**	1347	10.67
Professional health	77	1.98	70	1.79	74	1.82	80	2.51	**301**	**2.00**	268	2.12
Professional performance	1443	37.08	1388	35.44	1342	33.08	1007	31.59	**5180**	**34.41**	4822	38.18
Reports/ certificates	89	2.29	109	2.78	93	2.29	62	1.94	**353**	**2.35**	289	2.29
Research/ teaching/ assessment	1	0.03	0	0.00	2	0.05	0	0.00	**3**	**0.02**	5	0.04
Total	3892	100.00	3916	100.00	4057	100.00	3188	100.00	**15053**	**100.00**	12628	100.00

Profile of complaints about health practitioners

Practitioner type	Number of practitioners identified in complaints*	Number and type of issues** identified in complaints about health practitioners**															
		Access	Code of conduct for healthcare workers	Communication and information	Consent	Discharge/ transfer arrangements	Environment/ management of facility	Fees and costs	Grievance process	*Health Ombudsman Act 2013* Offence	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/ certificates	Research/ Teaching/ Assessment	Total
Aboriginal and Torres Strait Islander health practitioner	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**0**
Chinese medicine practitioner	10	-	-	3	-	-	-	1	-	-	-	1	5	-	1	-	-	**11**
Chiropractor	28	1	-	4	1	-	2	1	-	-	1	-	19	2	6	-	-	**37**
Dental practitioner	317	7	-	27	5	-	2	23	5	-	13	6	41	17	250	-	-	**396**
Medical practitioner	2630	111	-	508	72	14	11	104	32	1	113	480	408	77	1484	205	-	**3620**
Medical radiation practitioner	9	-	-	1	-	-	-	-	-	-	-	-	7	2	2	-	-	**12**
Midwife	15	-	-	1	-	-	-	-	-	-	-	1	4	2	9	-	-	**17**
Nurse	608	1	1	42	4	-	7	1	2	-	15	66	383	160	127	6	-	**815**
Occupational therapist	27	-	-	5	-	-	-	2	-	-	2	-	5	2	8	13	-	**37**
Optometrist	22	-	-	3	-	-	-	1	1	-	2	-	3	-	20	-	-	**30**
Osteopath	4	-	-	-	-	-	-	-	-	-	-	-	3	-	2	-	-	**5**
Paramedic	52	-	-	3	1	-	-	-	-	-	6	3	34	1	22	-	-	**70**
Pharmacist	112	1	-	15	-	-	4	5	-	-	2	75	28	5	2	-	-	**137**
Physiotherapist	50	1	-	4	-	1	1	-	-	-	5	-	24	1	26	-	-	**63**
Podiatrist	14	-	-	-	-	-	-	-	-	-	5	-	5	2	9	-	-	**21**
Psychologist	243	6	-	52	8	-	3	9	1	-	10	-	123	18	69	40	2	**341**
Student practitioner	13	-	2	-	-	-	-	-	-	-	-	1	5	7	-	-	-	**15**
Unregistered practitioner	182	-	96	13	-	-	3	6	-	1	1	2	62	5	20	4	-	**213**
Unknown practitioner	287	19	6	39	3	4	5	19	1	-	8	37	52	-	109	14	-	**316**
Total	**4623**	**147**	**105**	**720**	**94**	**19**	**38**	**172**	**42**	**2**	**183**	**672**	**1211**	**301**	**2166**	**282**	**2**	**6156**

* The figures reported in this column are a count of the number of health practitioners identified in complaints during the reporting period. A single complaint may identify more than one health practitioner and/or health service organisation. In circumstances where a health practitioner is identified in relation to multiple complaints, the health practitioner would be counted per complaint. For example, a health practitioner identified in three complaints would be counted three times in this column. From 1 July 2019, the practitioner type categories listed in this table have been updated to more accurately reflect the types of practitioners about whom the office receives complaints.

** This data is a count of the number of issues identified within the reporting period. A complaint may also identify more than one issue per health practitioner.

Profile of complaints about health service organisations

Organisation type	Number of facilities identified in complaints	Number and type of issues** identified in complaints about health service organisations																
		Access	Code of conduct for healthcare workers	Communication and information	Consent	Discharge/ transfer arrangements	Environment/ management of facility	Fees and costs	Grievance processes	*Health Ombudsman Act 2013* Offence	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/ certificates	Research/ Teaching/ Assessment	Total
Administrative service	6	-	-	-	1	-	1	3	-	-	-	-	-	-	1	-	-	**6**
Aged care facility	105	7	1	15	4	1	27	3	7	-	6	24	9	-	64	-	-	**168**
Allied health service	88	6	1	17	3	-	11	17	9	-	4	5	11	-	26	2	-	**112**
Ambulance service	50	4	-	13	1	-	4	2	4	-	2	3	2	-	23	-	-	**58**
Community health service	120	21	-	36	2	1	8	7	5	-	8	9	6	-	58	1	-	**162**
Correctional facility	1896	835	-	73	2	1	62	1	4	-	9	771	8	-	434	7	-	**2207**
Dental service	230	86	-	32	3	1	9	21	20	-	2	4	8	-	103	-	-	**289**
Health education service	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	**1**
Health information service	2	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	**2**
Health promotion service	3	2	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	**3**
Hospital and Health Service	38	13	-	7	1	3	3	2	5	-	-	1	4	-	16	-	-	**55**
Laboratory service	51	4	-	14	1	-	4	15	5	-	-	-	4	-	15	1	-	**63**
Licensed day hospital	5	-	-	-	-	-	1	2	-	-	-	-	-	-	3	-	-	**6**
Licensed private hospital	242	18	-	55	5	34	22	44	22	-	7	26	11	-	152	4	-	**400**
Medical centre	513	102	-	126	4	-	56	73	37	-	73	34	40	-	108	9	-	**662**
Mental health service	496	31	-	110	115	34	46	3	26	-	10	58	59	-	223	7	-	**722**
Nursing service	5	-	-	-	-	1	-	-	1	-	-	1	-	-	6	-	-	**9**
Optical store	23	3	-	2	-	-	1	4	3	-	2	-	-	-	11	1	-	**27**
Other government department	41	8	1	4	1	-	5	3	1	-	2	4	4	-	9	1	-	**43**
Other support service	37	1	1	6	1	-	2	6	5	-	1	2	6	-	16	2	-	**49**
Paramedical service	2	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	**2**
Pharmaceutical service	121	5	-	19	-	-	5	23	7	-	4	63	8	-	4	-	-	**138**
Private organisation	71	3	6	12	3	1	7	18	6	-	4	2	9	-	20	3	1	**95**

Organisation type	Number of facilities identified in complaints	Number and type of issues** identified in complaints about health service organisations																
		Access	Code of conduct for healthcare workers	Communication and information	Consent	Discharge/ transfer arrangements	Environment/ management of facility	Fees and costs	Grievance processes	*Health Ombudsman Act 2013* Offence	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/ certificates	Research/ Teaching/ Assessment	Total
Public health service	79	14	1	25	-	5	4	4	4	-	2	6	5	-	40	2	-	**112**
Public hospital	2104	336	-	467	74	147	134	41	129	-	74	148	81	-	1611	26	-	**3268**
Residential care service	23	2	-	2	-	-	8	-	-	-	-	4	3	-	14	-	-	**33**
Specialised health service	123	12	2	25	2	-	15	39	10	-	6	3	10	-	45	3	-	**172**
Social work service	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**0**
Welfare service	4	1	-	-	-	-	1	-	1	-	-	-	-	-	1	-	-	**4**
Unknown facility	**29**	**5**	**-**	**4**	**1**	**-**	**1**	**2**	**-**	**-**	**3**	**1**	**1**	**-**	**9**	**2**	**-**	**29**
Total	**6508**	**1519**	**13**	**1064**	**224**	**229**	**437**	**334**	**311**	**0**	**220**	**1170**	**290**	**0**	**3014**	**71**	**1**	**8897**

* The figures reported in this column are a count of the number of health service organisations identified in complaints during the reporting period. A single complaint may identify more than one health practitioner and/or health service organisation. In circumstances where a health service organisation is identified in relation to multiple complaints, the health service organisation would be counted per complaint. For example, a health service organisation identified in three complaints would be counted three times in this column.

** This data is a count of the number of issues identified within the reporting period. A complaint may also identify more than one issue per health service organisation.

Assessment

Assessments started and completed

Assessments this year	Q1	Q2	Q3	Q4	2019–20	2018–19
Assessments started	448	497	432	365	**1742**	1867
Assessments completed	451	469	453	404	**1777**	1800

Assessments completed

Completed within legislative timeframes

Assessment timeframes	Q1		Q2		Q3		Q4		2019–20		2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Within legislative timeframes*	441	97.78	431	91.90	422	93.16	341	84.41	**1635**	**92.01**	1759	97.72
Outside legislative timeframes	10	2.22	38	8.10	31	6.84	63	15.59	**142**	**7.99**	41	2.28
Total	451	100.00	469	100.00	453	100.00	404	100.00	**1777**	**100.00**	1800	100.00

*Includes matters completed within 30 days, or 60 days with an approved extension.

Completed assessment timeframes

Assessment timeframes	Q1		Q2		Q3		Q4		2019–20		2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Within 30 days	227	50.33	217	46.27	196	43.27	143	35.40	**783**	**44.06**	1195	66.39
Within 60 days*	215	47.67	217	46.27	229	50.55	202	50.00	**863**	**48.56**	569	31.61
Greater than 60 days	9	2.00	35	7.46	28	6.18	59	14.60	**131**	**7.37**	36	2.00
Total	451	100.00	469	100.00	453	100.00	404	100.00	**1777**	**100.00**	1800	100.00

*This category comprises all assessments completed within 60 days, including those approved for extension and those in which no extension was granted.

Completed assessment decisions

Type of relevant action	Q1		Q2		Q3		Q4		2019–20		2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Local resolution	1	0.22	3	0.62	0	0.00	0	0.00	**4**	**0.22**	2	0.11
Conciliation	11	2.40	24	4.95	11	2.37	16	3.88	**62**	**3.40**	79	4.30
Investigation	19	4.14	16	3.30	15	3.23	10	2.43	**60**	**3.29**	75	4.08
Referred to Ahpra and the National Boards	73	15.90	67	13.81	58	12.47	69	16.75	**267**	**14.66**	166	9.03
Referred to another entity	39	8.50	42	8.66	55	11.83	31	7.52	**167**	**9.17**	627	34.11
No further action	316	68.85	333	68.66	326	70.11	286	69.42	**1261**	**69.25**	889	48.37
Total	459	100.00	485	100.00	465	100.00	412	100.00	**1821**	**100.00**	1838	100.00

Total assessment decisions will not equal the total number of assessments (in previous tables) as a single assessment can result in multiple relevant actions.

Local resolution

Local resolutions started and completed

Local resolutions this year	Q1	Q2	Q3	Q4	2019–20	2018–19
Local resolutions started	442	384	356	201	**1383**	1175
Local resolutions completed	412	401	397	196	**1406**	1196

Local resolutions completed

Completed within legislative timeframes

Local resolution timeframes	Q1		Q2		Q3		Q4		2019–20		2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Within legislative timeframes*	409	99.27	394	98.25	340	85.64	185	94.39	**1328**	**94.45**	1188	99.33
Outside legislative timeframes	3	0.73	7	1.75	57	14.36	11	5.61	**78**	**5.55**	8	0.67
Total	412	100.00	401	100.00	397	100.00	196	100.00	**1406**	**100.00**	1196	100.00

*Includes matters completed within 30 days, or 60 days with an approved extension.

Completed local resolution timeframes

Local resolution timeframes	Q1		Q2		Q3		Q4		2019–20		2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Within 30 days	351	85.19	334	83.29	279	70.28	162	82.65	**1126**	**80.09**	1045	87.37
Within 60 days*	59	14.32	63	15.71	102	25.69	30	15.31	**254**	**18.07**	147	12.29
Greater than 60 days	2	0.49	4	1.00	16	4.03	4	2.04	**26**	**1.85**	4	0.33
Total	412	100.00	401	100.00	397	100.00	196	100.00	**1406**	**100.00**	1196	100.00

*This category comprises all local resolutions completed within 60 days, including those approved for extension and those in which no extension was granted.

Outcomes

Local resolution outcomes	Q1		Q2		Q3		Q4		2019–20		2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Resolved	319	77.43	309	77.06	323	81.36	163	83.16	**1114**	**79.23**	968	80.94
Not resolved	46	11.17	57	14.21	37	9.32	14	7.14	**154**	**10.95**	104	8.70
Complaint withdrawn*	41	9.95	29	7.23	33	8.31	16	8.16	**119**	**8.46**	101	8.44
Local resolution did not commence**	6	1.46	6	1.50	4	1.01	3	1.53	**19**	**1.35**	23	1.92
Total	412	100.00	401	100.00	397	100.00	196	100.00	**1406**	**100.00**	1196	100.00

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

**A local resolution may not commence where the complaint is resolved directly with the health care provider prior to the commencement of the process.

Decisions for matters that were not resolved

Type of relevant action	Q1		Q2		Q3		Q4		2019–20		2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Assessment	0	0.00	1	1.75	0	0.00	0	0.00	**1**	**0.65**	2	1.92
Conciliation	0	0.00	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**	0	0.00
Referral to Ahpra and the National Boards	3	6.52	5	8.77	2	5.41	2	14.29	**12**	**7.79**	4	3.85
Referral to another entity	0	0.00	0	0.00	1	2.70	0	0.00	**1**	**0.65**	1	0.96
Immediate action	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	0	0.00
No further action	43	93.48	51	89.47	34	91.89	12	85.71	**140**	**90.91**	97	93.27
Total	46	100.00	57	100.00	37	100.00	14	100.00	**154**	**100.00**	104	100.00

Conciliation

Conciliations started and closed

Conciliations this year	Q1	Q2	Q3	Q4	2019–20	2018–19
Conciliations started	13	25	9	13	**60**	87
Conciliations closed*	10	22	15	5	**52**	98

*'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. Closed conciliations differ from completed conciliations below, as completed conciliations only include matters where both parties agreed to participate and the conciliation process was completed.

Agreement to participate in conciliation

Agreement to participate	Q1	Q2	Q3	Q4	2019–20	2018–19
Party/ies agreed to participate	11	15	6	4	**36**	52
Party/ies did not agree to participate	5	9	5	4	**23**	39

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.

Completed conciliations

Timeframes

The data below relates to matters where parties agreed to participate in conciliation and the conciliation process was completed within the reporting period. Completed conciliations differ from closed conciliations (in the table above) as they only relate to matters where parties agreed to participate and the conciliation process was completed.

Conciliations completed	Q1		Q2		Q3		Q4		2019–20		2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
0–3 months	0	0.00	3	23.08	0	0.00	0	0.00	**3**	**10.34**	13	22.03
3–6 months	2	40.00	8	61.54	7	70.00	1	100.00	**18**	**62.07**	35	59.32
6–9 months	2	40.00	2	15.38	1	10.00	0	0.00	**5**	**17.24**	9	15.25
9–12 months	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	2	3.39
12+ months	1	20.00	0	0.00	2	20.00	0	0.00	**3**	**10.34**	0	0.00
Total	5	100.00	13	100.00	10	100.00	1	100.00	**29**	**100.00**	59	100.00

Outcomes

Conciliation outcomes	Q1		Q2		Q3		Q4		2019–20		2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Successful	3	60.00	10	76.92	5	50.00	1	100.00	**19**	**65.52**	34	57.63
Not successful	2	40.00	3	23.08	5	50.00	0	0.00	**10**	**34.48**	25	42.37
Ended by Health Ombudsman	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	0	0.00
Total	5	100.00	13	100.00	10	100.00	1	100.00	**29**	**100.00**	59	100.00

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

Decisions for matters where agreement was not reached

Type of relevant action	Q1		Q2		Q3		Q4		2019–20		2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Local resolution	0	0.00	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**	0	0.00
Referral to Ahpra and the National Boards	0	0.00	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**	0	0.00
Immediate action	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	0	0.00
No further action	2	100.00	3	100.00	5	100.00	0	100.00	**10**	**100.00**	25	100.00
Total	2	100.00	3	100.00	5	100.00	0	100.00	**10**	**100.00**	25	100.00

This data relates to matters which completed the conciliation process.

Open conciliation timeframes

Conciliations open as at end of period	Q1		Q2		Q3		Q4		2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%
0–3 months	11	37.93	18	56.25	8	30.77	12	35.29	14	53.85
3–6 months	10	34.48	3	9.38	10	38.46	5	14.71	1	3.85
6–9 months	0	0.00	4	12.50	0	0.00	9	26.47	3	11.54
9–12 months	2	6.90	0	0.00	4	15.38	0	0.00	2	7.69
12+ months	6	20.69	7	21.88	4	15.38	8	23.53	6	23.08
Total	29	100.00	32	100.00	26	100.00	34	100.00	26	100.00

Investigation

Investigations started and closed

Investigations this year	Q1	Q2	Q3	Q4	2019–20	2018–19
Investigations started	68	43	52	36	**199**	234
Investigations closed	39	44	38	60	**181**	197
Investigations amalgamated under section 40(2)*	13	7	10	5	**35**	42
Investigations separated**	0	1	1	0	**2**	3

* Matters that involve similar allegations against a health service provider may be combined and dealt with together under section 40(2) of the Act.

**The office may decide to separate an investigation in cases where, as the investigation progresses, it becomes apparent that the matter is not suitable to be dealt with together under s40(2) of the Act.

Closed investigations

Of the 181 investigations finalised in 2018-19, 63.54 per cent were completed within one year of commencement.

Timeframes

Investigation closed	Q1		Q2		Q3		Q4		2019–20		2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
0–3 months	13	33.33	9	20.45	10	26.32	7	11.67	**39**	**21.55**	43	21.83
3–6 months	8	20.51	9	20.45	5	13.16	9	15.00	**31**	**17.13**	32	16.24
6–9 months	5	12.82	4	9.09	5	13.16	9	15.00	**23**	**12.71**	27	13.71
9–12 months	5	12.82	8	18.18	3	7.89	6	10.00	**22**	**12.15**	31	15.74
12–24 months	8	20.51	10	22.73	12	31.58	24	40.00	**54**	**29.83**	47	23.86
24+ months	0	0.00	4	9.09	3	7.89	5	8.33	**12**	**6.63**	17	8.63
Total	39	100.00	44	100.00	38	100.00	60	100.00	**181**	**100.00**	197	100

Outcomes

Investigation outcomes	Q1		Q2		Q3		Q4		2019–20		2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Matters recommended for referral to Director of Proceedings*	13	27.66	16	32.00	18	42.86	32	50.79	**79**	**39.11**	87	37.02
Recommended that the Health Ombudsman issue a Permanent Prohibition Order	N/A	N/A	N/A	N/A	0	0.00	7	11.11	**7**	**3.47**	N/A	N/A
Referred to Ahpra	8	17.02	8	16.00	10	23.81	12	19.05	**38**	**18.81**	50	21.28
Referred to another agency	8	17.02	8	16.00	1	2.38	1	1.59	**18**	**8.91**	30	12.77
No further action	18	38.30	18	36.00	13	30.95	11	17.46	**60**	**29.70**	66	28.09
Conciliation	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	2	0.85
Total	47	100.00	50	100.00	42	100.00	63	100.00	**202**	**100.00**	235	100.00

Total investigation outcomes may not equal the total number of investigations completed (in previous tables) as a single investigation may result in multiple outcomes. In certain circumstances it may also be appropriate for the office to take action prior to the investigation being completed. For example, a matter of criminal conduct identified in the course of an investigation being referred to the Queensland Police Service.

Open investigations

Open investigations consist of two categories—active investigations and paused investigations.

Active investigations are being currently investigated by the office, while paused investigations are not able to be investigated by the office until such time as another agency—such as the Queensland Police Service or the Office of the State Coroner—concludes their own processes. Despite the office being unable to progress paused investigations, they are still considered to be open investigations.

Active investigation timeframes

Active investigations as at end of period	Q1		Q2		Q3		Q4		Q4 2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%
0–3 months	43	33.08	29	23.77	35	26.32	22	23.16	35	30.43
3–6 months	21	16.15	29	23.77	19	14.29	17	17.89	27	23.48
6–9 months	22	16.92	14	11.48	24	18.05	15	15.79	21	18.26
9–12 months	17	13.08	17	13.93	16	12.03	16	16.84	13	11.30
12–24 months	23	17.69	25	20.49	31	23.31	20	21.05	19	16.52
24+ months	4	3.08	8	6.56	8	6.02	5	5.26	0	0.00
Total	130	100.00	122	100.00	133	100.00	95	100.00	115	100.00

Paused investigation timeframes

Paused investigations as at end of period	Q1		Q2		Q3		Q4		Q4 2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%
0–3 months	4	10.53	2	5.26	1	3.23	3	7.50	1	2.78
3–6 months	5	13.16	7	18.42	3	9.68	9	22.50	4	11.11
6–9 months	4	10.53	4	10.53	5	16.13	2	5.00	10	27.78
9–12 months	8	21.05	7	18.42	5	16.13	8	20.00	3	8.33
12–24 months	9	23.68	14	36.84	11	35.48	11	27.50	9	25.00
24+ months	8	21.05	4	10.53	6	19.35	7	17.50	9	25.00
Total	38	100.00	38	100.00	31	100.00	40	100.00	36	100

Open investigation timeframes

Open investigations as at end of period	Q1		Q2		Q3		Q4		Q4 2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%
0–3 months	47	27.98	31	19.38	36	21.95	25	18.52	36	23.84
3–6 months	26	15.48	36	22.50	22	13.41	26	19.26	31	20.53
6–9 months	26	15.48	18	11.25	29	17.68	17	12.59	31	20.53
9–12 months	25	14.88	24	15.00	21	12.80	24	17.78	16	10.60
12–24 months	32	19.05	39	24.38	42	25.61	31	22.96	28	18.54
24+ months	12	7.14	12	7.50	14	8.54	12	8.89	9	5.96
Total	168	100.00	160	100.00	164	100.00	135	100.00	151	100

Open investigation categories

Investigation category of open investigations as at end of period	Q1	Q2	Q3	Q4
Health service complaint	97	92	96	82
Systemic issue	5	5	3	3
Another matter*	55	52	56	46
Matters identified for further investigation**	1	0	9	4
Ministerial directed investigation	10	11	0	0
Total	168	160	164	135

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

**Matters referred for further investigation by the Health Ombudsman under section 105 of the Act following referral to Director of Proceedings.

Monitoring investigation recommendations

At the completion of certain investigations, the Health Ombudsman makes recommendations to health services for how they can improve service delivery and/or prevent the issues identified in the investigation from happening again. In these instances, the OHO puts in place a recommendations monitoring program to track the implementation of the recommendations.

OHO recommendations monitoring

Monitoring cases this year	2019–20	2018–19
Recommendations monitoring cases started	0	1
Recommendations monitoring cases closed	3	2

Open recommendations monitoring case timeframes

Timeframes*	2019–20		2018–19	
	Number	%	Number	%
Less than 6 months	0	0.00	1	25.00
6–12 months	0	0.00	0	0.00
More than 12 months	1	100.00	3	75.00
Total	1	100.00	4	100.00

*Open recommendations monitoring cases include those resulting from recommendations by the Health Ombudsman and those resulting from an investigation conducted by a health service provider.

Director of Proceedings

Matters referred to the Director of Proceedings by practitioner type

Practitioner type	Q1		Q2		Q3		Q4		2019–20		2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Aged care worker	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	1	1.18
Assistant in nursing	2	15.38	1	5.88	0	0.00	0	0.00	**3**	**3.53**	5	5.88
Chinese medicine practitioner	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	1	1.18
Counsellor	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	1	1.18
Dentist	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	1	1.18
Holding out as a paramedic	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	1	1.18
Holding out as a registered nurse	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	1	1.18
Medical assistant	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	2	2.35
Massage therapist	2	15.38	0	0.00	3	15.79	0	0.00	**5**	**5.88**	4	4.71
Medical practitioner	4	30.77	8	47.06	10	52.63	24	66.67	**46**	**54.12**	24	28.24
Osteopath	0	0.00	1	5.88	0	0.00	0	0.00	**1**	**1.18**	1	1.18
Personal carer	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	1	1.18
Pharmacist	1	7.69	2	11.76	0	0.00	1	2.78	**4**	**4.71**	6	7.06
Physiotherapist	0	0.00	1	5.88	0	0.00	0	0.00	**1**	**1.18**	0	0.00
Podiatrist	0	0.00	0	0.00	0	0.00	1	2.78	**1**	**1.18**	1	1.18
Psychologist	0	0.00	0	0.00	0	0.00	1	2.78	**1**	**1.18**	2	2.35
Registered nurse	3	23.08	4	23.53	5	26.31	9	25.00	**21**	**24.71**	33	38.82
Social worker	1	7.69	0	0.00	0	0.00	0	0.00	**1**	**1.18**	0	0.00
Unregistered paramedic	0	0.00	0	0.00	1	5.26	0	0.00	**1**	**1.18**	0	0.00
Total	13	100.00	17	100.00	19	100.00	36	100.00	**85**	**100.00**	85	100.00

Matters currently with the Director of Proceedings by practitioner type

Practitioner type	Q1		Q2		Q3		Q4		Q4 2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%
Assistant in nursing	4	6.56	5	8.93	0	0.00	0	0.00	3	3.41
Audiologist	2	3.28	2	3.57	0	0.00	0	0.00	2	2.27
Chinese medicine practitioner	1	1.64	1	1.79	1	2.38	1	2.38	1	1.14
Chiropractor	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Counsellor	1	1.64	0	0.00	0	0.00	0	0.00	1	1.14
Dentist	2	3.28	1	1.79	1	2.38	0	0.00	4	4.55
Holding out as an enrolled nurse	1	1.64	1	1.79	0	0.00	0	0.00	0	0.00
Holding out as a paramedic	1	1.64	1	1.79	0	0.00	0	0.00	1	1.14
Holding out as psychologist	1	1.64	1	1.79	0	0.00	0	0.00	1	1.14
Holding out as registered nurse	0	0.00	0	0.00	0	0.00	0	0.00	2	2.27
Medical assistant	1	1.64	1	1.79	0	0.00	0	0.00	1	1.14
Massage therapist	3	4.92	2	3.57	0	0.00	0	0.00	2	2.27
Medical practitioner	20	32.79	24	42.86	31	73.81	31	73.81	33	37.50
Medical radiation practitioner	0	0.00	0	0.00	0	0.00	0	0.00	1	1.14
Natural therapist	1	1.64	1	1.79	0	0.00	0	0.00	1	1.14
Osteopath	1	1.64	2	3.57	1	2.38	0	0.00	1	1.14
Pharmacist	2	3.28	3	5.36	2	4.76	1	2.38	3	3.41
Physiotherapist	0	0.00	1	1.79	0	0.00	0	0.00	0	0.00
Podiatrist	2	3.28	0	0.00	0	0.00	0	0.00	2	2.27
Psychologist	2	3.28	1	1.79	1	2.38	1	2.38	4	4.55
Registered nurse	12	19.67	5	8.93	5	11.90	8	19.05	21	23.86
Social worker	1	1.64	1	1.79	0	0.00	0	0.00	1	1.14
Unregistered chiropractor	1	1.64	1	1.79	0	0.00	0	0.00	1	1.14
Unregistered paramedic	2	3.28	2	3.57	0	0.00	0	0.00	2	2.27
Total	61	100.00	56	100.00	42	100.00	42	100.00	88	100.00

Outcomes of matters reviewed by the Director of Proceedings

Disciplinary matters filed in QCAT

Practitioner type	Q1		Q2		Q3		Q4		2019–20		2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Assistant in nursing	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	3	3.13
Chinese medicine practitioner	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	1	1.04
Counsellor	0	0.00	1	8.33	0	0.00	0	0.00	**1**	**1.61**	0	0.00
Dentist	1	6.67	1	8.33	0	0.00	1	3.45	**3**	**4.84**	3	3.13
Massage therapist	1	6.67	1	8.33	1	16.67	0	0.00	**3**	**4.84**	3	3.13
Medical assistant	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	1	1.04
Medical practitioner	4	26.67	0	0.00	1	16.67	17	58.62	**22**	**35.48**	20	20.83
Medical radiation practitioner	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	1	1.04
Osteopath	0	0.00	0	0.00	0	0.00	1	3.45	**1**	**1.61**	0	0.00
Personal carer	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	1	1.04
Podiatrist	0	0.00	1	8.33	0	0.00	1	3.45	**2**	**3.23**	0	0.00
Pharmacist	1	6.67	1	8.33	1	16.67	2	6.90	**5**	**8.06**	7	7.29
Physiotherapist	0	0.00	0	0.00	1	16.67	0	0.00	**1**	**1.61**	0	0.00
Psychologist	1	6.67	1	8.33	0	0.00	1	3.45	**3**	**4.84**	3	3.13
Registered nurse	7	46.67	6	50.00	2	33.33	6	20.69	**21**	**33.87**	53	55.21
Total	15	100.00	12	100.00	6	100.00	29	100.00	**62**	**100.00**	96	100.00

Matters to be referred back to the Health Ombudsman

Practitioner type	Q1		Q2		Q3		Q4		2019–20		2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Aged care health worker	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	1	2.13
Assistant in nursing	1	4.35	0	0.00	5	20.00	0	0.00	**6**	**10.00**	2	4.26
Audiologist	0	0.00	0	0.00	2	8.00	0	0.00	**2**	**3.33**	0	0.00

Practitioner type	Q1		Q2		Q3		Q4		2019–20		2018–19	
Chinese medicine Practitioner	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	1	2.13
Chiropractor	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	1	2.13
Dental assistant	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	1	2.13
Dentist	1	4.35	0	0.00	0	0.00	0	0.00	**1**	**1.67**	0	0.00
Holding out as an enrolled nurse	0	0.00	0	0.00	1	4.00	0	0.00	**1**	**1.67**	0	0.00
Holding out as a paramedic	0	0.00	0	0.00	1	4.00	0	0.00	**1**	**1.67**	0	0.00
Holding out as a psychologist	0	0.00	0	0.00	1	4.00	0	0.00	**1**	**1.67**	0	0.00
Holding out as a registered nurse	1	4.35	0	0.00	0	0.00	0	0.00	**1**	**1.67**	0	0.00
Medical assistant	0	0.00	0	0.00	1	4.00	0	0.00	**1**	**1.67**	0	0.00
Massage therapist	0	0.00	0	0.00	3	12.00	0	0.00	**3**	**5.00**	1	2.13
Medical practitioner	12	52.17	4	57.14	2	8.00	4	80.00	**22**	**36.67**	19	40.43
Medical radiation practitioner	1	4.35	0	0.00	0	0.00	0	0.00	**1**	**1.67**	0	0.00
Natural therapist	0	0.00	0	0.00	1	4.00	0	0.00	**1**	**1.67**	0	0.00
Osteopath	0	0.00	0	0.00	1	4.00	0	0.00	**1**	**1.67**	0	0.00
Paramedic	0	0.00	0	0.00	1	4.00	0	0.00	**1**	**1.67**	0	0.00
Pharmacist	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	1	2.13
Physiotherapist	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	1	2.13
Podiatrist	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	1	2.13
Psychologist	1	4.35	0	0.00	0	0.00	0	0.00	**1**	**1.67**	2	4.26
Registered nurse	5	21.74	3	42.86	2	8.00	1	20.00	**11**	**18.33**	15	31.91
Social worker	1	4.35	0	0.00	1	4.00	0	0.00	**2**	**3.33**	0	0.00
Student nurse	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	1	2.13
Unregistered chiropractor	0	0.00	0	0.00	1	4.00	0	0.00	**1**	**1.67**	0	0.00
Unregistered paramedic	0	0.00	0	0.00	2	8.00	0	0.00	**2**	**3.33**	0	0.00
Total	23	100.00	7	100.00	25	100.00	5	100.00	**60**	**100.00**	47	100.00

Immediate action

The Health Ombudsman can take immediate action against both registered and unregistered health practitioners if the Health Ombudsman reasonably believes the practitioner poses a serious risk to the health and safety of the public, or it is otherwise in the public interest.

Show cause notices

There were 48 show cause notices issued during 2019–20.

As outlined in the Act, upon receipt of a show cause notice, a health service provider is invited 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 provider.

Immediate registration actions

The Health Ombudsman can take immediate registration action if a registered health practitioner's health, conduct or performance means they pose a serious risk to people and immediate action is necessary to protect the health and safety of the public, or it is otherwise in the public interest.

The Health Ombudsman can temporarily suspend or impose conditions on the registration of registered health practitioners. The Health Ombudsman took immediate registration action 34 times in 2019–20.

Practitioner type	Number	Month	Action taken	Reasons/s for taking action*	
				Public Interest	Serious Risk
Dental practitioner	1	July	Conditions		✓
Medical practitioner	1	July	Conditions		✓
Enrolled nurse	1	August	Conditions		✓
Physiotherapist	1	August	Conditions	✓	✓
Registered nurse	1	August	Conditions	✓	✓
Registered nurse	1	August	Conditions		✓
Medical practitioner	1	August	Suspension	✓	
Medical practitioner	1	September	Suspension	✓	
Registered nurse	1	September	Conditions		✓
Medical practitioner	1	October	Conditions		✓
Physiotherapist	1	October	Conditions	✓	
Psychologist	1	October	Suspension		✓

Practitioner type	Number	Month	Action taken	Reasons/s for taking action*	
				Public Interest	Serious Risk
Psychologist	1	November	Conditions		✓
Medical practitioner	2	December	Conditions		✓
Medical practitioner	3	January	Conditions		✓
Paramedic	1	January	Suspension		✓
Osteopath	1	January	Suspension	✓	✓
Paramedic	1	February	Conditions		✓
Enrolled nurse	1	March	Suspension	✓	✓
Medical practitioner	3	April	Conditions		✓
Nurse	1	April	Suspension	✓	✓
Nurse	1	April	Conditions	✓	✓
Physiotherapist	1	April	Conditions		✓
Medical practitioner	2	May	Conditions		✓
Medical practitioner	1	May	Conditions	✓	✓
Nurse	1	May	Suspension		✓
Physiotherapist	1	May	Conditions		✓
Medical practitioner	1	June	Suspension	✓	

Prohibition orders

The Health Ombudsman can prohibit or restrict unregistered health practitioners by issuing them with an interim prohibition order where they pose a risk to the health and safety of the public or where it is otherwise in the public interest to do so. In addition, the Health Ombudsman can also issue corresponding orders to ones made interstate, thereby giving effect to those orders in Queensland.

In 2019–20 the Health Ombudsman issued 16 interim prohibition orders. Details for current prohibition orders can be found on the OHO website (www.oho.qld.gov.au) on the prohibition order register.

Practitioner type	Number	Month	Action taken	Reasons/s for taking action*	
				Public Interest	Serious Risk
Assistant in nursing	1	August	Prohibition		✓
Massage therapist	1	September	Restrictions		✓
Enrolled nurse	2	November	Prohibition		✓
Holding out as a registered nurse	1	November	Prohibition		✓
Massage therapist	1	November	Prohibition		✓
Counsellor	1	January	Prohibition	✓	✓
Student nurse	1	February	Prohibition		✓
Aged care worker	1	March	Prohibition		✓
Disability support worker	1	March	Restriction		✓
Aged care worker	1	April	Prohibition		✓
Aged care worker	1	April	Restrictions		✓
Aged care worker	1	May	Prohibition		✓
Cosmetic therapist	1	May	Restrictions	✓	✓
Disability support worker	1	May	Restrictions	✓	✓
Nursing student	1	June	Restriction		✓

Monitoring practitioner compliance

Practitioner monitoring cases

Cases this month	2019–20	2018–19
Practitioner monitoring cases started	52	53
Practitioner monitoring cases closed	26	30

Open monitoring cases

Timeframes

Open case timeframes	2019–20		2018–19	
	Number	%	Number	%
Less than 6 months	44	30.99	37	32.17
6–12 months	26	18.31	17	14.78
More than 12 months	72	50.70	61	53.04
Total	**142**	**100.00**	115	100.00

Immediate action types

Open cases by immediate action type	2019–20		2018–19	
	Number	%	Number	%
Interim prohibition order—restrictions	16	11.27	20	17.39
Interim prohibition order—prohibited	38	26.76	42	36.52
Immediate registration action—conditions	48	33.80	35	30.43
Immediate registration action—suspension	22	15.49	15	13.04
Permanent prohibition order	1	0.70	n/a	n/a
QCAT issued conditions or prohibition	16	11.27	2	1.74
QCAT interim decision	1	0.70	1	0.87
Total	**142**	**100.00**	115	100.00

Registered practitioners under monitoring by practitioner type

Practitioner type	2019–20		2018–19	
	Number	%	Number	%
Aboriginal and Torres Strait Islander health worker	0	0.00	0	0.00
Chinese medicine practitioner	3	4.00	3	5.88
Chiropractor	0	0.00	0	0.00
Dental practitioner	4	5.33	3	5.88
Medical practitioner	35	46.67	24	47.06
Medical radiation practitioner	0	0.00	0	0.00
Nursing and midwifery practitioner	24	32.00	21	41.18
Occupational therapist	0	0.00	0	0.00
Optometrist	0	0.00	0	0.00
Osteopath	1	1.33	0	0.00
Paramedic	2	2.67	0	0.00
Pharmacist	0	0.00	0	0.00
Physiotherapist	4	5.33	0	0.00
Podiatrist	0	0.00	0	0.00
Psychologist	2	2.67	0	0.00
Total	**75**	**100.00**	51	100.00

These figures are based on the number of individual registered practitioners being monitored by the OHO as at the end of the reporting period. As a single practitioner may be monitored in relation to more than one action, these figures may not match the total number of open monitoring cases.

Unregistered practitioners under monitoring by type

Practitioner type	2019–20		2018–19	
	Number	%	Number	%
Aboriginal and Torres Strait Islander health worker	1	1.64	1	1.72
Aged care worker	5	8.20	1	1.72
Assistant in nursing	8	13.11	9	15.52
Audiologist	0	0.00	2	3.45
Cosmetic therapist	1	1.64	0	0.00
Counsellor	1	1.64	1	1.72
Dental nurse	0	0.00	1	1.72
Disability support worker	2	3.28	0	0.00
Former nurse	0	0.00	N/A	N/A
Former registered health practitioner	12	19.67	11	18.97
Health support worker	1	1.64	0	0.00
Holding out*	3	4.92	4	6.90
Kinesiologist	2	3.28	2	3.45
Medical assistant	2	3.28	2	3.45
Massage therapist	15	24.59	14	24.14
Natural therapist	1	1.64	1	1.72
Naturopath	0	0.00	1	1.72
Paramedic	0	0.00	5	8.62
Personal carer	1	1.64	1	1.72
Social worker	1	1.64	1	1.72
Support worker	0	0.00	1	1.72
Student practitioner	1	1.64	0	0.00
Unregistered paramedic**	4	6.56	0	0.00
Total	**61**	**100.00**	58	100.00

*Certain titles of registered health professions are protected under the National Law. Anyone who uses a protected title (e.g. medical practitioner) without being registered for that profession, is classified as 'holding out' as a practitioner of that profession.

Australian Health Practitioner Regulation Agency

Notifications from Ahpra

Seven new notifications and seven new requests (s193 of the National Law) relating to possible serious matters were made in the 2019-20 financial year. Eight matters were requested to be referred to the Office of the Health Ombudsman and five matters were retained by the Board.

Consultation on matters

The office consults with Ahpra on matters that are considered appropriate for Ahpra to manage. For matters that we are considering referring to Ahpra under s91 of the Act, we provide Ahpra with all necessary information in order for Ahpra to form a view as to whether referral is or is not appropriate.

For complex cases or where a pattern of conduct may be present, we may hold case conferences with Ahpra, either in person or electronically, which can sometimes delay the consultation process. By encouraging robust conversations during this process, productive and consistent decisions between the coregulatory agencies is achieved.

Consultation matters	Q1	Q2	Q3	Q4	2019–20	2018–19
Matters consulted on*	750	728	636	645	**2759**	2455
Matters referred	710	738	631	628	**2707**	2381
Matters retained by the office**	11	25	27	15	**78**	75

*The number of matters consulted on may not equal the total number of matters referred, retained and pending as a matter may have commenced consultation prior to the start of the reporting period.

**Under certain circumstances additional information may be received in the course of consultation resulting in the office retaining carriage of the matter and/or taking other relevant action.

Source of proposed referral

Source	Q1		Q2		Q3		Q4		2019–20		2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Intake and triage	575	76.67	600	82.42	492	77.36	506	78.45	**2173**	**78.76**	1986	80.90
Assessment	152	20.27	112	15.38	119	18.71	121	18.76	**504**	**18.27**	365	14.87
Conciliation	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	0	0.00
Local resolution	8	1.07	7	0.96	7	1.10	3	0.47	**25**	**0.91**	22	0.90
Investigations	10	1.33	8	1.10	13	2.04	14	2.17	**45**	**1.63**	62	2.53
Legal services	0	0.00	0	0.00	0	0.00	0	0.00	**0**	**0.00**	7	0.29
Internal review	5	0.67	1	0.14	5	0.79	1	0.16	**12**	**0.43**	13	0.53
Total	750	100.00	728	100.00	636	100.00	645	100.00	**2759**	**100.00**	2455	100.00

Age of matters* on commencement of consultation

In order to prevent duplication of work, we aim to ensure that matters are referred to Ahpra as early as possible in the complaints management process.

Due to the type of matters for which investigation or conciliation is deemed appropriate, and the more time intensive nature of these processes, these matters are usually older when consultation commences.

Source	0–7 days	8–14 days	15–30 days	31–60 days	>61 days
Intake and triage	2104	35	20	6	8
Assessment	27	23	164	220	70
Local resolution	3	1	8	10	3
Conciliation	0	0	0	0	0
Investigation	0	0	1	8	36
Internal review	1	0	1	2	8
Legal services	0	0	0	0	0
Total	**2135**	**59**	**194**	**246**	**125**

*From the date on which a matter was accepted by the office.

Consultation duration

Consultation duration	Q1		Q2		Q3		Q4		2019–20		2018–19	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
0–3 days	365	48.67	449	61.68	486	76.42	454	70.39	**1754**	**63.57**	2003	81.59
4–7 days	362	48.27	222	30.49	145	22.80	176	27.29	**905**	**32.80**	418	17.03
8–11 days	23	3.07	29	3.98	4	0.63	8	1.24	**64**	**2.32**	16	0.65
12+ days	0	0.00	28	3.85	1	0.16	7	1.09	**36**	**1.30**	18	0.73
Total	750	100.00	728	100.00	636	100.00	645	100.00	**2759**	**100.00**	2455	100.00

Ahpra referrals by practitioner type

Practitioner type	2019–20		2018–19		2017–18	
	Number	%	Number	%	Number	%
Aboriginal and Torres Strait Islander health	0	0.00	0	0.00	0	0.00
Chinese medicine practitioner	5	0.18	11	0.46	17	0.79
Chiropractor	16	0.59	19	0.80	27	1.26
Dental practitioner	238	8.79	218	9.16	215	10.02
Medical practitioner	1588	58.66	1436	60.31	1135	52.91
Medical radiation practitioner	7	0.26	6	0.25	5	0.23
Nursing and midwifery practitioner	487	17.99	429	18.02	476	22.19
Occupational therapy	17	0.63	8	0.34	11	0.51
Optometrist	13	0.48	12	0.50	11	0.51
Osteopath	4	0.15	3	0.13	2	0.09
Paramedic	39	1.44	5	0.21	N/A	N/A
Pharmacist	88	3.25	95	3.99	130	6.06
Physiotherapist	31	1.15	25	1.05	23	1.07
Podiatrist	12	0.44	13	0.55	17	0.79
Psychologist	153	5.65	88	3.70	68	3.17
Student practitioner	9	0.33	13	0.55	8	0.37
Total	**2707**	**100.00**	2381	100.00	2145	100

Number of issues referred to Ahpra by practitioner type

Registered practitioner type	Access	Communication and information	Consent	Discharge/ transfer arrangements	Environment/ management of facility	Fees and costs	Grievance process	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/ certificates	Research/ teaching/ assessment	Total
Aboriginal and Torres Strait Islander health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**0**
Chinese medicine practitioner	-	1	-	-	-	-	-	-	1	1	-	2	-	-	**5**
Chiropractor	-	3	-	-	1	-	-	1	-	10	2	5	-	-	**22**
Dental practitioner	4	13	5	-	2	6	1	10	2	29	19	204	-	-	**295**
Medical practitioner	24	224	50	13	2	13	10	66	328	205	71	1154	82	-	**2242**
Medical radiation practitioner	-	-	-	-	-	-	-	-	-	8	2	-	-	-	**10**
Nursing and midwifery practitioner	1	18	4	-	2	1	-	12	55	257	156	119	2	-	**627**
Occupational therapist	-	2	-	-	-	2	-	2	-	5	3	6	5	-	**25**
Optometrist	-	-	-	-	-	-	1	-	-	3	-	13	-	-	**17**
Osteopath	-	1	-	-	-	-	-	1	-	2	-	3	-	-	**7**
Paramedic	-	3	-	-	-	-	-	5	2	24	2	18	-	-	**54**
Pharmacist	-	7	-	-	-	1	-	1	70	20	4	1	-	-	**104**
Physiotherapist	-	1	-	-	-	-	-	4	-	15	1	19	-	-	**40**
Podiatrist	-	-	-	-	-	-	-	5	-	4	1	8	-	-	**18**
Psychologist	2	25	8	-	2	3	-	7	-	89	16	56	18	2	**228**
Student practitioner	-	-	-	-	-	-	-	-	-	4	7	-	-	-	**11**
Total	**31**	**298**	**67**	**13**	**9**	**26**	**12**	**114**	**458**	**676**	**284**	**1608**	**107**	**2**	**3705**

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

Consumer gender

Gender	2019–20	
	Number	%
Female	4406	46.05
Male	4828	50.47
Prefer not to specify	154	1.61
Unknown	179	1.87
Total	**9567**	**100.00**

Consumer age

Age	2019–20	
	Number	%
Less than 18	481	5.03
18–24 years	545	5.70
25–34 years	1811	18.93
35–44 years	1896	19.82
45–54 years	1629	17.03
55–64 years	1131	11.82
65–74 years	781	8.16
More than 75 years	699	7.31
Unknown*	594	6.21
Total	**9567**	**100.00**

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

Location of healthcare consumers

Location of healthcare consumers	2019–20	
	Number	%
Brisbane	4172	43.61
Central West	15	0.16
Darling Downs	308	3.22
Far North	486	5.08
Fitzroy	359	3.75
Gold Coast	1037	10.84
Mackay	241	2.52
North West	29	0.30
Northern	422	4.41
South West	24	0.25
Sunshine Coast	479	5.01
West Moreton	313	3.27
Wide Bay–Burnett	674	7.05
Outside Queensland	353	3.69
Unknown	655	6.85
Total	**9567**	**100.00**

Location of health service providers

Location of health service providers	2019–20	
	Number	%
Brisbane	5495	47.46
Central West	16	0.14
Darling Downs	407	3.52
Far North	540	4.66
Fitzroy	399	3.45
Gold Coast	1300	11.23
Mackay	245	2.12
North West	39	0.34
Northern	481	4.15
South West	19	0.16
Sunshine Coast	594	5.13
West Moreton	220	1.90
Wide Bay–Burnett	704	6.08
Outside Queensland*	159	1.37
Unknown	960	8.29
Total	**11578**	**100.00**

Health service provider location is taken from the primary address of the provider recorded in the OHO case management system.

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

Appendix 5—Financial statements

Office of the Health Ombudsman Financial Statements

for the financial year ended 30 June 2020

Office of the Health Ombudsman
Financial Statements 2019-20

Office of the Health Ombudsman

Statement of Comprehensive Income
for the year ended 30 June 2020

	Notes	2020 Actual $'000	2020 Original Budget $'000	2020 Budget Variance* $'000	2019 Actual $'000
Income					
Revenue					
Grants and other contributions	**4**	22,072	22,072	-	22,072
Interest		154	95	59	179
Other revenue		76	5	71	9
Total Revenue		**22,302**	**22,172**	**130**	**22,260**
Other Income - Gain on Lease		-	-	-	121
Total Income		**22,302**	**22,172**	**130**	**22,381**
Expenses					
Employee expenses	**5**	18,710	18,457	253	17,457
Supplies and services	**6**	4,472	3,673	799	4,527
Depreciation	**10**	62	20	42	101
Other expenses	**7**	25	22	3	57
Total Expenses		**23,269**	**22,172**	**1,098**	**22,142**
Operating Result		**(967)**	**-**	**(968)**	**239**
Total Comprehensive Income		**(967)**	**-**	**(968)**	**239**

***** An explanation of major variances is included in Note 17.

The accompanying notes form part of these statements.

Office of the Health Ombudsman

Statement of Financial Position
for the year ended 30 June 2020

	Notes	2020 Actual $'000	2020 Original Budget $'000	2020 Budget Variance* $'000	2019 Actual $'000
Current Assets					
Cash and cash equivalents	**8**	822	1,017	(195)	1,536
Receivables	**9**	351	865	(514)	567
Prepayments		470	261	209	388
Total Current Assets		**1,643**	**2,143**	**(499)**	**2,491**
Non Current Assets					
Prepayments		-	12	(12)	39
Property, plant and equipment	**10**	48	71	(23)	93
Total Non Current Assets		**48**	**83**	**(35)**	**132**
Total Assets		**1,691**	**2,226**	**(533)**	**2,623**
Current Liabilities					
Payables	**11**	436	199	237	391
Accrued employee benefits	**12**	765	824	(59)	774
Deferred Lease Liability		-	95	(95)	-
Total Current Liabilities		**1,201**	**1,118**	**83**	**1,165**
Non Current Liabilities					
Deferred Lease Liability		-	27	(27)	94
Total Non Current Liabilities		**-**	**27**	**(27)**	**94**
Total Liabilities		**1,201**	**1,145**	**56**	**1,259**
Net Assets		**490**	**1,081**	**(589)**	**1,363**
Equity					
Contributed equity		1,394			1,394
Accumulated surplus/(deficit)		(904)			(31)
Total Equity		**490**			**1,363**

***** An explanation of major variances is included in Note 17.

The accompanying notes form part of these statements.

Office of the Health Ombudsman

Statement of Changes in Equity
for the year ended 30 June 2020

	2020	2019
	$'000	**$'000**
Contributed Equity		
Balance as at 1st July	1,394	1,394
Balance as at 30 June	**1,394**	**1,394**
Accumulated Surplus		
Balance as at 1st July	(31)	(270)
Operating result from continuing operations	(967)	239
Net effect of changes in accounting policies/prior year adjustments	94	-
Balance as at 30 June	**(904)**	**(31)**

The accompanying notes form part of these statements.

Office of the Health Ombudsman

Statement of Cash Flows
for the year ended 30 June 2020

	Notes	2020 Actual $'000	2020 Original Budget $'000	2020 Budget Variance* $'000	2019 Actual $'000
Cash flows from operating activities					
Inflows:					
Grants and other contributions		22,072	22,053	19	22,072
GST collected from customers		11	-	11	10
GST input tax credits from ATO		494	-	494	506
Interest receipts		154	95	59	179
Other		76	5	71	9
Outflows:					
Employee expenses		(18,524)	(18,457)	(67)	(17,228)
Supplies and services		(4,471)	(3,673)	(798)	(4,395)
GST paid to suppliers		(474)	-	(474)	(521)
GST remitted to ATO		(10)	-	(10)	(10)
Other		(25)	(22)	(3)	(24)
Net cash provided by (used in) operating activities		**(697)**	**1**	**(698)**	**598**
Cash flows from investing activities					
Outflows:					
Payments for plant and equipment		(17)	-	(17)	(58)
Net cash used in investing activities		**(17)**	**-**	**(17)**	**(58)**
Net increase (decrease) in cash held		**(714)**	**1**	**(715)**	**540**
Cash at beginning of financial year		**1,536**	**1,016**	**520**	**996**
Cash at end of financial year	**8**	**822**	**1,017**	**(195)**	**1,536**

The accompanying notes form part of these statements.

	2020 $'000	2019 $'000
Reconciliation of Operating Result to Net Cash from Operating Activities		
Operating surplus/(deficit)	(967)	239
Gain on Lease	-	(121)
Recognition of non-current lease liability	-	94
Depreciation expense	62	101
Bad debt expense	-	34
Changes in assets and liabilities:		
(Increase)/decrease in receivables	216	295
(Increase)/decrease in prepayments	(44)	(154)
Increase/(decrease) in payables	45	195
Increase/(decrease) in accrued employee benefits	(9)	(56)
Increase/(decrease) in other current liabilities	-	(95)
Increase/(decrease) in other non-current liabilities	-	66
Net cash provided by/(used in) operating activities	**(697)**	**598**

* An explanation of major variances is included in Note17.

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2019-20

Office of the Health Ombudsman
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2019-20

1. General Information

These financial statements cover the Office of the Health Ombudsman.

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

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

The head office and principal place of business of the Office is:
Level 12, 400 George St
BRISBANE QLD 4000

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

2. Objectives and Principal Activities of the Office of the Health Ombudsman

The Office of the Health Ombudsman commenced operations on 1 July 2014. The Office is Queensland's independent health service complaints management agency, and the single point of entry for all health service complaints.

The Office is responsible for health complaints functions, including the management of serious matters relating to the health, conduct and performance of registered health practitioners in Queensland. In addition, the Office of the Health Ombudsman has the ability to deal with matters relating to the health, conduct and performance of non-registered health practitioners.

The role of the Office of the Health Ombudsman is to:

- Protect the health and safety of the public;
- Promote professional, safe and competent practice by health practitioners;
- Promote high standards of service delivery by health service organisations; and
- Maintain public confidence in the management of health complaints and other matters relating to the provision of health services.

The Office of the Health Ombudsman performs this role by:

- Receiving and investigating complaints about health services and health service providers, including registered and non-registered health practitioners;
- Deciding what action to take in relation to those complaints and, in certain instances, taking immediate action to protect the safety of the public;
- Monitoring the health, conduct and performance functions of the Australian Health Practitioner Regulation Agency and national health practitioner boards;
- Providing information about minimising and resolving health service complaints; and
- Reporting publicly on the performance of its functions.

3. Basis of Financial Statement Preparation

Compliance with Prescribed Requirements

The Office of the Health Ombudsman has prepared these financial statements in compliance with section 39 of the *Financial and Performance Management Standard 2019*. The financial statements comply with Queensland Treasury's Minimum Reporting Requirements for reporting periods beginning on or after 1 July 2019.

The Office is a not-for-profit entity and these general purpose financial statements are prepared on an accrual basis (except for the Statement of Cash Flows which is prepared on a cash basis) in accordance with Australian Accounting Standards and Interpretations applicable to not-for-profit entities.

New accounting standards applied for the first time in these financial statements are outlined in Note 20.

Presentation

Currency and Rounding

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

Amounts included in the financial statements are in Australian dollars and 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.

Comparatives

Comparative information reflects the audited 2018-19 financial statements.

Current/Non-Current Classification

Assets and liabilities are classified as either 'current' or 'non-current' in the Statement of Financial Position and associated notes.

Assets are classified as 'current' where their carrying amount is expected to be realised within 12 months after the reporting date. Liabilities are classified as 'current' when they are due to be settled within 12 months after the reporting date, or the Office does not have an unconditional right to defer settlement to beyond 12 months after the reporting date.

All other assets and liabilities are classified as non-current.

Authorisation of Financial Statements for Issue

The financial statements are authorised for issue by the Health Ombudsman and the Executive Director, Corporate and Strategic Services at the date of signing the Management Certificate.

Basis of Measurement

Historical cost convention is used as the measurement basis in this financial report.

Under historical cost, assets are recorded at the amount of cash or cash equivalents paid or the fair value of the consideration given to acquire assets at the time of their acquisition. Liabilities are recorded at the amount of proceeds received in exchange for the obligation or at the amounts of cash or cash equivalents expected to be paid to satisfy the liability in the normal course of business.

	2020 $'000	2019 $'000
4. Grants and Other Contributions		
Grants from Government	22,072	22,072
Total	**22,072**	**22,072**

Accounting policy

Grants and contributions are non-reciprocal in nature so do not require any goods or services to be provided in return. The Office's grant from Government is accounted for under AASB 1058 Income for Not-for-Profit Entities, whereby revenue is recognised upon receipt of the grant funding.

Where a grant agreement is enforceable and contains sufficiently specific performance obligations to transfer goods or services to a third-party on the grantor's behalf, the transaction is accounted for under AASB 15 *Revenue from Contracts with Customers*. In this case, revenue is initially deferred (as a contract liability) and recognised as or when the performance obligations are satisfied. The Office does not have any enforceable grants.

5. Employee Expenses		
Employee Benefits		
Wages and salaries	14,066	12,951
Employer superannuation contributions	1,802	1,697
Annual leave levy	1,461	1,374
Long service leave levy	320	264
Employee Related Expenses		
Workers' compensation premium	68	68
Payroll tax	833	756
Other employee related expenses	160	347
Total	**18,710**	**17,457**

The number of employees as at 30 June 2020, including both full time and part time employees, measured on a full time equivalent basis (reflecting Minimum Obligatory Human Resource Information (MOHRI)).

	2020 No.	2019 No.
Full-Time Equivalent Employees	131	142

Accounting policy

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 Office 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.

5. Employee Expenses (continued)

Annual Leave and Long Service Leave

Under the Queensland Government's Annual Leave Central Scheme and Long Service Leave Scheme the Office is levied for the cost of employees' annual leave (including leave loading and on-costs) and long service leave (including on-costs). 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 Office'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

Post-employment benefits for superannuation are provided through defined contribution (accumulation) plans or the Queensland Government's QSuper defined benefit plan as determined by the employee's conditions of employment.

Defined Contribution Plans - Contributions are made to eligible complying superannuation funds based on the rates specified in the relevant EBA or other conditions of employment. Contributions are expensed when they are paid or become payable following completion of the employee's service each pay period.

Defined Benefit Plan - The liability for defined benefits 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*. The amount of contributions for defined benefit plan obligations is based upon the rates determined by the Treasurer on the advice of the State Actuary. Contributions are paid by the Office at the specified rate following completion of the employee's service each pay period. The Office's obligations are limited to those contributions paid.

Workers' Compensation Premiums

The Office pays premiums to WorkCover Queensland in respect of its obligations for employee compensation. Workers' compensation insurance is a consequence of employing employees, but is not counted in an employee's total remuneration package. It is not employee benefits and is recognised separately as employee related expenses.

Key management personnel and remuneration disclosures are detailed in Note 18.

	2020 $'000	2019 $'000
6. Supplies and Services		
Property lease and rental	1,097	1,387
Legal fees	1,019	784
Information technology	597	387
Consultants and contractors	412	426
Employment agency staff	369	606
QCAT Fees	305	37
Corporate service charges	193	180
Supplies and consumables	159	277
Communications	151	154
Minor plant and equipment	147	210
Sundry expenses	22	78
Total	**4,472**	**4,527**

Lease Expense

The Office has an operating lease for office accommodation.

Lease expenses include lease rentals for leases of low value assets and lease rentals for non-specialised commercial office accommodation with the Department of Housing and Public Works (DPHW). Refer to Note 20 for other lease disclosures. Lease payments are recognised in the period they are incurred.

7. Other Expenses		
Insurance	4	3
Queensland Audit Office - external audit fees for the audit of financial statements [(1)]	20	20
Bad debts expense	0	34
Total	**25**	**57**

Audit Fees

(1) Total audit fees quoted by the Queensland Audit Office relating to the 2019-20 financial statements are $17.5K (2019 $17K). There are no non-audit services included in this amount.

8. Cash and Cash Equivalents		
Imprest accounts	0	1
Cash at bank [(2)]	822	1,535
Total	**822**	**1,536**

(2) Total cash at bank relating to the 2019-20 financial statements includes 3 days of the first fortnight's salaries in 2020-21 totalling $179k. This was withdrawn on the 29 June 2020 and also includes 7 days of incurred salaries for 2019-20.

Accounting policy

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.

	2020 $'000	2019 $'000
9. Receivables		
Trade debtors	4	66
Sundry Receivable	1	4
Accrued Revenue	0	2
	5	72
GST receivable	139	158
GST payable	(3)	(3)
	136	155
Long service leave reimbursements	18	60
Annual leave reimbursements	192	280
Total	**351**	**567**

Accounting policy - Receivables

Receivables are measured at amortised cost which approximates their fair value at reporting date.

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

Accounting policy - Impairment of receivables

The loss allowance for trade and other debtors reflects lifetime expected credit losses and incorporates reasonable and supportable forward-looking information. Economic changes impacting the Office's debtors, and relevant industry data form part of the Office's impairment assessment.

The Office's receivables are primarily from Queensland Government agencies or Australian Government agencies. No loss allowance is recorded for these receivables on the basis of materiality. Refer to Note 15 for the Office's credit risk management policies.

Where the Office has no reasonable expectation of recovering an amount owed by a debtor, the debt is written-off by directly reducing the receivable against the loss allowance. The Office did not incur any impairment loss for receivables as at 30 June 2020.

9. Receivables (continued)

Disclosure - Credit risk exposure of receivables

The maximum exposure to credit risk at balance date for receivables is the gross carrying amount of those assets. No collateral is held as security and there are no other credit enhancements relating to the Office's receivables. The Office uses a provision matrix to measure the expected credit losses on trade and other debtors. The Office measures the expected credit loss based on the individual customer. The Office has assessed there to be no expected credit losses on outstanding receivables.

Disclosure - Movement in loss allowance for trade and other debtors

	2020 $'000	2019 $'000
Loss allowance as at 1 July	-	-
Increase/decrease in allowance recognised in operating result	-	-
Amounts written-off during the year	-	34
	-	**34**

10. Plant and Equipment and Depreciation Expense

At cost plant and equipment	808	792
Less: Accumulated depreciation plant and equipment	(760)	(699)
Total	**48**	**93**

Plant and Equipment and Depreciation Expense 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.

	2020 $'000	2019 $'000
Carrying amount at 1 July	93	136
Acquisitions	17	57
Depreciation for period	(62)	(101)
Loss on sale of plant & equipment	-	1
Carrying amount at 30 June	**48**	**93**

10. Plant and Equipment (contd)

Accounting policy

Cost of Acquisition
Historical cost is used for the initial recording of all property, plant and equipment acquisitions. Historical cost is determined as the value given as consideration and costs incidental to the acquisition (such as architects' fees and engineering design fees), plus all other costs incurred in getting the assets ready for use.

Assets acquired at no cost or for nominal consideration, other than from another Queensland Government entity, are recognised at their fair value at date of acquisition.

Plant and Equipment
Plant and equipment, is measured at historical cost in accordance with Queensland Treasury's Non-Current Asset Policies for the Queensland Public Sector. The carrying amounts for such plant and equipment is not materially different from their fair value.

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

Depreciation Expense
Property, plant and equipment is depreciated on a straight-line basis so as to allocate to the Office the net cost, less any estimated residual value, progressively over its estimated useful life. The estimated useful lives of property, plant and equipment are assessed annually.

Key Judgement: Straight line depreciation is used as that is consistent with the even consumption of service potential of these assets over their useful life to the Office.

Depreciation rates for each class of depreciable asset (including significant identifiable components):

Class	*Rate%*
Plant and Equipment:	
Office Equipment	25%
Audio visual equipment	25%
Leasehold improvement	20%

Impairment
All non-current physical assets are assessed for indicators of impairment on an annual basis. If an indicator of possible impairment exists, the Office determines the asset's recoverable amount. Any amount by which the asset's carrying amount exceeds the recoverable amount is recorded as an impairment loss.

	2020	**2019**
	$'000	**$'000**
11. Payables		
Trade and other creditors	316	310
Accrued expenses	120	81
Total	**436**	**391**

Accounting policy

Trade creditors are recognised upon receipt of the goods or services ordered and are measured at the nominal amount i.e. agreed purchase/contract price, gross of applicable trade and other discounts. Amounts owing are unsecured.

12. Accrued Employee Benefits	**2020 $'000**	**2019 $'000**
Salary and wages related	272	260
Annual leave levy payable	409	404
Long service leave levy payable	71	73
Superannuation	0	34
Parental leave payable	13	3
Total	**765**	**774**

Accounting policy

No provision for annual leave or long service leave is recognised in the Office'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*.

13. Commitments

Non-cancellable Operating Lease Commitments
Commitments under operating leases at reporting date (inclusive of non-recoverable GST input tax credits) are payable:

Not later than one year	1,015
Later than one year and not later than five years	4,570
Later than five years	3,283
Total	**8,868**

Operating leases are entered into as a means of acquiring access to office accommodation and storage facilities. Lease payments contain fixed rate increases of 3.5 per cent per annum. The 2018-19 lease commitment disclosures are not classified as leases under AASB 16. Refer to Note 20.

The Office of the Health Ombudsman have two current lease arrangements as follows:
- Level 12 (expires 31 December 2026)
- Part Level 26 (expires 31 December 2026)

Both office spaces are located at 400 George Street, Brisbane Qld 4000.

14. Contingencies

As at 30 June 2020 there are:	**2020 Number of cases**	**2019 Number of cases**
Director of Proceeding (DoP) matters which have been heard but are awaiting a decision by Queensland Civil Administrative Tribunal (QCAT).	5	11
Filed in QCAT but not yet heard	108	123
Immediate Action review matters which have been filed in QCAT but not yet heard (1)	7	4
Immediate Action review matter is awaiting a decision in respect of costs	0	1
Immediate Action review matter has been heard and an adverse decision against the OHO handed down by QCAT (the Office is waiting on a decision on costs)	0	1
Total	**120**	**140**

(1) 1 of the 7 Immediate Action review matters are on hold pending criminal proceedings (2019: 2 of the 4).

It is not possible to make a reliable estimate of the final amount payable, if any, in respect of the litigation before the courts at this time.

15. Financial Risk Disclosures

(a) Financial Instrument Categories

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

Financial Assets	Note	2020 $'000	2019 $'000
Financial Assets			
Cash and cash equivalents	**8**	822	1,536
Financial assets at amortised cost:			
Receivables	**9**	351	567
Total Financial Assets		**1,173**	**2,103**
Financial Liabilities			
Financial liabilities at amortised cost:			
Payables	**11**	436	391
Total Financial Liabilities at amortised cost		**436**	**391**

Accounting Policy

Recognition

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

No financial assets and financial liabilities have been offset and presented net in the Statement of Financial Position.

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

(b) Risks Arising From Financial Instruments

Risk Exposure

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

Financial risk management is implemented pursuant to Queensland Government and Office policy. These policies provide the principals for overall risk management as well as specific areas, and seek to minimise potential adverse effects on the financial performance of the Office.

15. Financial Risk Disclosures (continued)

(b) Risks Arising From Financial Instruments (continued)

The Office provides written principles for overall risk management, as well as policies covering specific areas.

The Office's activities expose it to a variety of financial risks as set out in the following table:

Risk Exposure	Definition	Exposure
Credit Risk	Credit risk exposure refers to the situation where the Office may incur financial loss as a result of another party to a financial instrument failing to discharge their obligation.	The Office is exposed to credit risk in respect of its receivables (Note 9). No financial assets are past due or impaired.
Liquidity Risk	The risk that the Office may encounter difficulty in meeting obligations associated with financial liabilities that are settled by delivering cash or another financial asset.	The Office is exposed to liquidity risk in respect of its payables (Note 11).
Market Risk	The risk that the fair value or future cash flows of a financial instrument will fluctuate because of changed in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. *Interest rate risk* is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market interest rates.	The Office does not trade in foreign currency and is not materially exposed to commodity price changes or other market prices. The Office is exposed to interest rate risk on the cash held. Changes in interest rates have a minimal effect on the Office's operating results.

The Office measures risk exposure using a variety of methods as follows:

Risk Exposure	Measurement Method	Risk Management Strategies
Credit risk	Ageing analysis, earnings at risk	The Office proactively pursues the recoverability of monies owed to them. Exposure to credit risk is monitored on an ongoing basis.
Liquidity risk	Sensitivity analysis	The Office reduces exposure to liquidity risk by ensuring the Office 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.
Market risk	Interest rate sensitivity analysis	The Office does not undertake any hedging in relation to interest risk. The Office reduces its exposure to market risk by holding cash funds in Australian Financial Institutions.

(c) Credit Risk Disclosures

Credit risk management practices

The Office considers financial assets that are over 30 days past due to have significantly increased in credit risk, and measures the loss allowance of such assets at lifetime expected credit losses instead of 12-month expected credit losses. The exception is trade debtors (Note 9), for which the loss allowance is always measured at lifetime expected credit losses.

Credit risk management practices (continued)

All financial assets with counterparties that have a high credit rating are considered to have a low credit risk. This includes receivables from other Queensland Government agencies and Australian Government agencies. The Office assumes that credit risk has not increased significantly for these low credit risk assets.

The Office typically considers a financial asset to be in default when it becomes 90 days past due. However, a financial asset can be in default before that point if information indicates that the office is unlikely to receive the outstanding amounts in full. The Office's assessment of default does not take into account any collateral or other credit enhancements.

16. Events Occurring after Balance Date

There were no significant events occurring after balance date.

17. Budgetary Reporting Disclosures

Explanation of Major Variances - Statement of Comprehensive Income and Statement of Cash Flows

(a) Interest revenue
The variance is a result of the Office receiving its grant funding from Queensland Health in July 2019.

(b) Other revenue
The variance is a result of unbudgeted fines awarded by the Queensland Civil and Administrative Tribunal (QCAT).

(c) Supplies and Services
The variance relates to higher than anticipated legal fees as a result of higher case loads and higher than anticipated information technology (IT) expenses as part of the renewal of the Office's ageing IT infrastructure.

Explanation of Major Variances - Statement of Financial Position

(d) Cash and Cash Equivalents
Cash assets are lower than budgeted due to accelerated legal expenditure to clear the backlog of legal matters and higher than anticipated IT expenditure.

(e) Current prepayments
The variance is a result of three days prepaid salaries due to the timing of the final payroll for 2019-20.

(f) Current receivables
The variance is a result of the timing of the payroll and related employee receivables.

(g) Property, plant and equipment
IT capital expenditure planned has been delayed as the Office assesses its IT infrastructure replacement plan.

(h) Current Payables
Payables are higher than budgeted due to the timing of IT subscription licence renewals and expenditure associated with the backlog of legal matters.

(i) Accrued employee benefits
The variance relates to the timing of payments for salaries and wages at the end of the financial year.

18. Key Management Personnel (KMP) Disclosures

Details of Key Management Personnel

The Office's responsible Minister is identified as part of the Office's KMP, consistent with additional guidance included in the revised version of AASB 124 *Related Party Disclosures*. This Minister is the Deputy Premier and Minister for Health and Ambulance Services – Hon Dr Steven Miles.

The following details for non-Ministerial KMP reflect those positions that had authority and responsibility for planning, directing and controlling the activities of the Office during 2019-20 and 2018-19. Further information on these positions can be found in the body of the Annual Report under the section relating to Executive Management.

Position	Position Responsibility
Health Ombudsman	The Health Ombudsman oversees the administration and performance of the Office of the Health Ombudsman's functions, including the receipt, assessment, resolution and investigation of health service complaints.
Executive Director, Assessment & Resolution	The Executive Director, Assessment & Resolution manages the triage and assessment unit and the resolution and conciliation unit.
Executive Director, Investigations	The Executive Director, Investigation manages the investigations unit and the audit and compliance unit.
Director of Proceedings(1)	The Director of Proceedings independently assesses the merits of an investigation and determines when the matter is suitable to be referred to the Queensland Civil and Administrative Tribunal for a determination.
Executive Director, Legal Services(1)	The Executive Director, Legal Services manages the provision of support and advice with regard to internal legal matters and ensures adherence to the legislative procedures outlined in the Health Ombudsman Act 2013.
Executive Director, Corporate and Strategic Services	The Executive Director, Corporate and Strategic Services manages the corporate support services, policy and stakeholder engagement strategy and coordination of the Office.
Director, Corporate and Strategic Services(2)	The Director, Corporate and Strategic Services manages the corporate support services of the Office.

(1) This position had been split temporarily into two positions to deal with the backlog of matters referred to the QCAT. The occupant of the Executive Director, Legal Services position ceased 31 December 2019.

(2) This position was abolished effective from 26 March 2020.

KMP remuneration policies

Ministerial remuneration entitlements are outlined in the Legislative Assembly of Queensland's Members' Remuneration Handbook. The Office does not bear any cost of remuneration of Ministers. The majority of Ministerial entitlements are paid by the Legislative Assembly, with the remaining entitlements being provided by Ministerial Services Branch within the Department of the Premier and Cabinet. As all Ministers are reported as KMP of the Queensland Government, aggregate remuneration expenses for all Ministers is disclosed in the Queensland General Government and Whole of Government Consolidated Financial Statements, which are published as part of Queensland Treasury's Report on State Finances.

Remuneration policy for the Office's KMP is set by the Queensland Public Service Commission as provided for under the *Public Service Act 2008*. Individual remuneration and other terms of employment (including motor vehicle entitlements and performance payments if applicable) are specified in employment contracts.

18. Key Management Personnel (KMP) Disclosures (continued)

Remuneration expenses for those KMP comprise the following components:

Short term employee expenses, including:

- salaries, allowances and leave entitlements earned and expensed for the entire year, or for that part of the year during which the employee occupied a KMP position;
- performance payments recognised as an expense during the year; and
- 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 include payments in lieu of notice on termination and other lump sum separation entitlements (excluding annual and long service leave entitlements) payable on termination of employment or acceptance of an offer of termination of employment.

Performance Payments

No performance payments were made to the key management personnel of the Office.

18. Key Management Personnel (KMP) Disclosures (continued)

Remuneration Expenses

The following disclosures focus on the expenses incurred by the Office attributable to non-Ministerial KMP during the respective reporting periods. The amounts disclosed are determined on the same basis as expenses recognised in the statement of comprehensive income.

2019-20

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						
Current	384	5	9	49	0	447
Temporary Relieving	30	0	1	3	0	34
Executive Director, Assessment & Resolution						
Current	74	0	2	7	0	83
Former	130	2	3	14	0	149
Executive Director, Investigations						
Current	202	4	5	15	0	226
Director of Proceedings						
Current	198	4	5	22	0	229
Executive Director, Legal Services						
Former	49	0	21	11	0	81
Executive Director, Corporate & Strategic Services						
Current	63	0	2	7	0	72
Director, Corporate and Strategic Services						
Former	106	0	2	12	0	120
Total Remuneration	**1,236**	**15**	**50**	**140**	**0**	**1,441**

2018-19

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						
Current	391	7	8	47	0	453
Executive Director, Assessment & Resolution						
Current	158	4	22	18	0	202
Temporary Relieving	66	0	1	6	0	73
Executive Director, Investigations						
Current	146	0	3	12	0	161
Former	50	0	1	7	0	58
Director of Proceedings						
Current	186	0	4	20	0	210
Executive Director, Legal Services						
Current	140	0	3	12	0	155
Director, Corporate and Strategic Services						
Current	92	0	2	11	0	105
Temporary Relieving	42	0	1	4	0	47
Former[(1)]	129	0	3	15	1	148
Total Remuneration	**1,400**	**11**	**48**	**152**	**1**	**1,612**

(1) The former Director, Corporate and Strategic Services was on long term leave for the 2018-19 financial year.

19. Related Party Transactions

Transactions with people/entities related to KMP
There were no transactions with people or entities related to our KMP.

Transactions with other Queensland Government-controlled entities
The Office received funding from Queensland Health. The funding provided is predominately for operational requirements and management of complaints against registered and unregistered practitioners (refer Note 4).

The Office transacts with the Department of Housing and Public Works for accommodation services (Queensland Government Accommodation Office) and Qfleet vehicle services (refer Note 6 and 13).

The Office has a service level agreement with the Corporate Administration Agency (refer Note 6 - Corporate service charges).

20. First Year Application of New Accounting Standards or Change in Accounting Policy

Accounting Standards Applied for the First Time
Three new accounting standards were applied for the first time in 2019-20:

- AASB 15 *Revenue from Contracts with Customers*
- AASB 1058 *Income of Not-for-Profit Entities*
- AASB 16 *Leases*

The effect of adopting these new standards are detailed in this note. No other accounting standards or interpretations that apply to the Office for the first time in 2019-20 have any material impact on the financial statements.

Accounting standards early adopted
No Australian Accounting Standards have been early adopted for 2019-20.

20.1 AASB 15 *Revenue from Contracts with Customers* and AASB 1058 *Income of Not-for-Profit Entities*

The Office applied AASB 15 *Revenue from Contracts with Customers* and AASB 1058 *Income of Not-for-Profit Entities* for the first time in 2019-20. The nature and effect of changes resulting from the adoption of both Accounting Standards are described below.

AASB 15 Revenue from Contracts with Customers

The Office has considered the impact of applying AASB 15 *Revenue from Contracts with Customers* and determined that there is no material impact on the Office.

AASB 1058 Income of Not-for-Profit Entities

AASB 1058 applies to transactions where the Office acquires an asset for significantly less than fair value principally to enable the Office to further its objective.

Revenue recognition for the Office's contributions will not change under AASB 1058, as compared to AASB 1004. Revenue will continue to be recognised when the Office gains control of the asset (e.g. cash or receivable) in most instances.

20.2 AASB 16 *Leases*

The Office applied AASB 16 *Leases* for the first time in 2019-20. The Office applied the modified retrospective transition method and has not restated comparative information for 2018-19, which continue to be reported under AASB 117 *Leases* and related interpretations.

The nature and effect of changes resulting from the adoption of AASB 16 are described below.

20.2 AASB 16 *Leases* (continued)

1. Definition of a lease

AASB 16 introduced new guidance on the definition of a lease.

For leases and lease-like arrangements existing at 30 June 2019, the Office elected to apply the practical expedient to grandfather the previous assessments made under AASB 117 and Interpretation 4 Determining whether an Arrangement contains a Lease about whether those contracts contained leases. However, arrangements were reassessed under AASB 16 where no formal assessment had been done in the past or where lease agreements were modified on 1 July 2019.

Amendments to former operating leases for office accommodation

In 2018-19, the Office held operating leases under AASB 117 from the Department of Housing and Public Works (DHPW) for non-specialised commercial office accommodation through the Queensland Government Accommodation Office (QGAO) program.

This distinction between operating and finance leases no longer exist for lessee accounting under AASB 16. From 1 July 2019, all leases, other than short-term leases and leases of low value assets, are now recognised on balance sheet as lease liabilities and right-of-use assets.

Effective 1 July 2019, the framework agreements that govern QGAO were amended with the result that these arrangements would not meet the definition of a lease under AASB 16 and therefore are exempt from lease accounting. From 2019-20 onwards, the costs for these services are expensed as supplies and services expenses when incurred. The new accounting treatment is due to a change in the contractual arrangements rather than a change in accounting policy.

21. Future Impact of Accounting Standards Not Yet Effective

At the date of authorisation of the financial report, all Australian accounting standards and interpretations with future effective dates are either not applicable to the Office's activities or have no material impact on the Office.

22. Climate Risk Disclosure

Current Risk Assessment

The Office has not identified any material climate related risks relevant to the financial report at the reporting date, however constantly monitors the emergence of such risks under the Queensland Government's Climate Transition Strategy.

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 39 of the *Financial and Performance Management Standard 2019* 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 financial year ended 30 June 2020 and of the financial position of the agency at the end of that year; and

We acknowledge responsibility under section 7 and section 11 of the *Financial and Performance Management Standard 2019* for the establishment and maintenance, in all material respects, of an appropriate and effective system of internal controls and risk management processes with respect to financial reporting throughout the reporting period.

Name: Andrew Brown
Title: Health Ombudsman

Date: 7 August 2020

Name: Lisa Pritchard
Title: Executive Director, Corporate & Strategic Services

Date: 7 August 2020

Queensland Audit Office
Better public services

INDEPENDENT AUDITOR'S REPORT

To the Health Ombudsman of the Office of the Health Ombudsman

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of the Office of the Health Ombudsman .

In my opinion, the financial report:

a) gives a true and fair view of the entity's financial position as at 30 June 2020, and its financial performance and cash flows for the year then ended

b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards.

The financial report comprises the statement of financial position as at 30 June 2020, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including summaries of significant accounting policies and other explanatory information, and the management certificate.

Basis for opinion

I conducted my audit in accordance with the *Auditor-General Auditing Standards*, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report.

I am independent of the entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code and the *Auditor-General Auditing Standards*.

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

Responsibilities of the entity 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 the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards, and for such internal control as the Health Ombudsman determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

The Health Ombudsman is also responsible for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless it is intended to abolish the entity or to otherwise cease operations.

Queensland Audit Office
Better public services

Auditor's **responsibilities for the audit of the financial report**

My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances. This is not done for the purpose of expressing an opinion on the effectiveness of the entity's internal controls, but allows me to express an opinion on compliance with prescribed requirements.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the entity.
- Conclude on the appropriateness of the entity's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. I base my conclusions on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Health Ombudsman regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Queensland Audit Office
Better public services

Statement

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2020:

a) I received all the information and explanations I required.

b) I consider that, the prescribed requirements in relation to the establishment and keeping of accounts were complied with in all material respects.

Prescribed requirements scope

The prescribed requirements for the establishment and keeping of accounts are contained in the *Financial Accountability Act 2009*, any other Act and the Financial and Performance Management Standard 2019. The applicable requirements include those for keeping financial records that correctly record and explain the entity's transactions and account balances to enable the preparation of a true and fair financial report.

C. G. Strickland

Charles Strickland
as delegate of the Auditor-General

7 August 2020
Queensland Audit Office
Brisbane

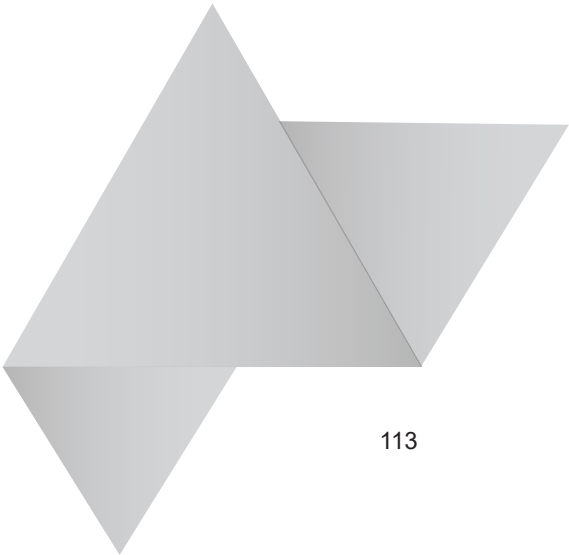
Appendix 6—Open data

The following information for 2019–20 is available on the Queensland Government Open Data website at www.data.qld.gov.au:

1. consultancies

2. Queensland Language Services Policy.

The OHO incurred no overseas travel expenditure in 2019–20.



Appendix 7—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 7	Page I
Accessibility	Table of contents Glossary	ARRs – section 9.1	Page II Pages 40-45
	Public availability	ARRs – section 9.2	Inside front cover
	Interpreter service statement	*Queensland Government Language Services Policy* ARRs – section 9.3	Inside front cover
	Copyright notice	Copyright Act 1968 ARRs – section 9.4	Inside front cover
	Information Licensing	*QGEA – Information Licensing* ARRs – section 9.5	Inside front cover
General information	Introductory Information	ARRs – section 10.1	Pages 1-3
	Machinery of Government changes	ARRs – section 10.2, 31 and 32	Not applicable
	Agency role and main functions	ARRs – section 10.2	Pages 4-5 and 46
	Operating environment	ARRs – section 10.3	Pages 1-3 and 9
Non-financial performance	Government's objectives for the community	ARRs – section 11.1	Page 4
	Other whole-of-government plans / specific initiatives	ARRs – section 11.2	Not applicable
	Agency objectives and performance indicators	ARRs – section 11.3	Pages 4, 10-28
	Agency service areas and service standards	ARRs – section 11.4	Pages 10-11
Financial performance	Summary of financial performance	ARRs – section 12.1	Page 38
Governance – management and structure	Organisational structure	ARRs – section 13.1	Page 6
	Executive management	ARRs – section 13.2	Pages 33-34
	Government bodies (statutory bodies and other entities)	ARRs – section 13.3	Not applicable
	Public Sector Ethics	*Public Sector Ethics Act 1994* ARRs – section 13.4	Page 36
	Human Rights	*Human Rights Act 2019* ARRs – section 13.5	Pages 36-37
	Queensland public service values	ARRs – section 13.6	Page 4

Summary of requirement		Basis for requirement	Annual report reference
Governance – risk management and accountability	Risk management	ARRs – section 14.1	Pages 34-35
	Audit committee	ARRs – section 14.2	Pages 34-35
	Internal audit	ARRs – section 14.3	Page 35
	External scrutiny	ARRs – section 14.4	Pages 35-36
	Information systems and recordkeeping	ARRs – section 14.5	Page 31
Governance – human resources	Strategic workforce planning and performance	ARRs – section 15.1	Pages 32-33
	Early retirement, redundancy and retrenchment	Directive No.04/18 *Early Retirement, Redundancy and Retrenchment* ARRs – section 15.2	Page 32
Open Data	Statement advising publication of information	ARRs – section 16	Page 113
	Consultancies	ARRs – section 33.1	https://data.qld.gov.au
	Overseas travel	ARRs – section 33.2	https://data.qld.gov.au
	Queensland Language Services Policy	ARRs – section 33.3	https://data.qld.gov.au
Financial statements	Certification of financial statements	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	Page 109
	Independent Auditor's Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	Pages 110-112

FAA *Financial Accountability Act 2009*
FPMS Financial and Performance Management Standard 2019
ARRs *Annual report requirements for Queensland Government agencies*

Office of the
HEALTH
OMBUDSMAN

Listen. Respond. Resolve.