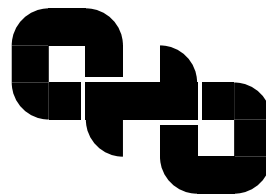


Annual Report 2023–2024



OFFICE OF THE
HEALTH
OMBUDSMAN

Office of the Health Ombudsman Annual Report 2023–2024

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

Office of the Health Ombudsman
PO Box 13281
George Street QLD 4003

Email: communications@oho.qld.gov.au

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30 August 2024

The Honourable Shannon Fentiman MP
Minister for Health, Mental Health and Ambulance Services and Minister for Women
GPO Box 48
BRISBANE QLD 4001

Dear Minister,

I am pleased to submit for presentation to the Parliament the Annual Report 2023–2024 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*, and
- the detailed requirements set out in the *Annual report requirements for Queensland Government agencies*.

A checklist outlining the annual reporting requirements is provided at page 80 of this Annual Report.

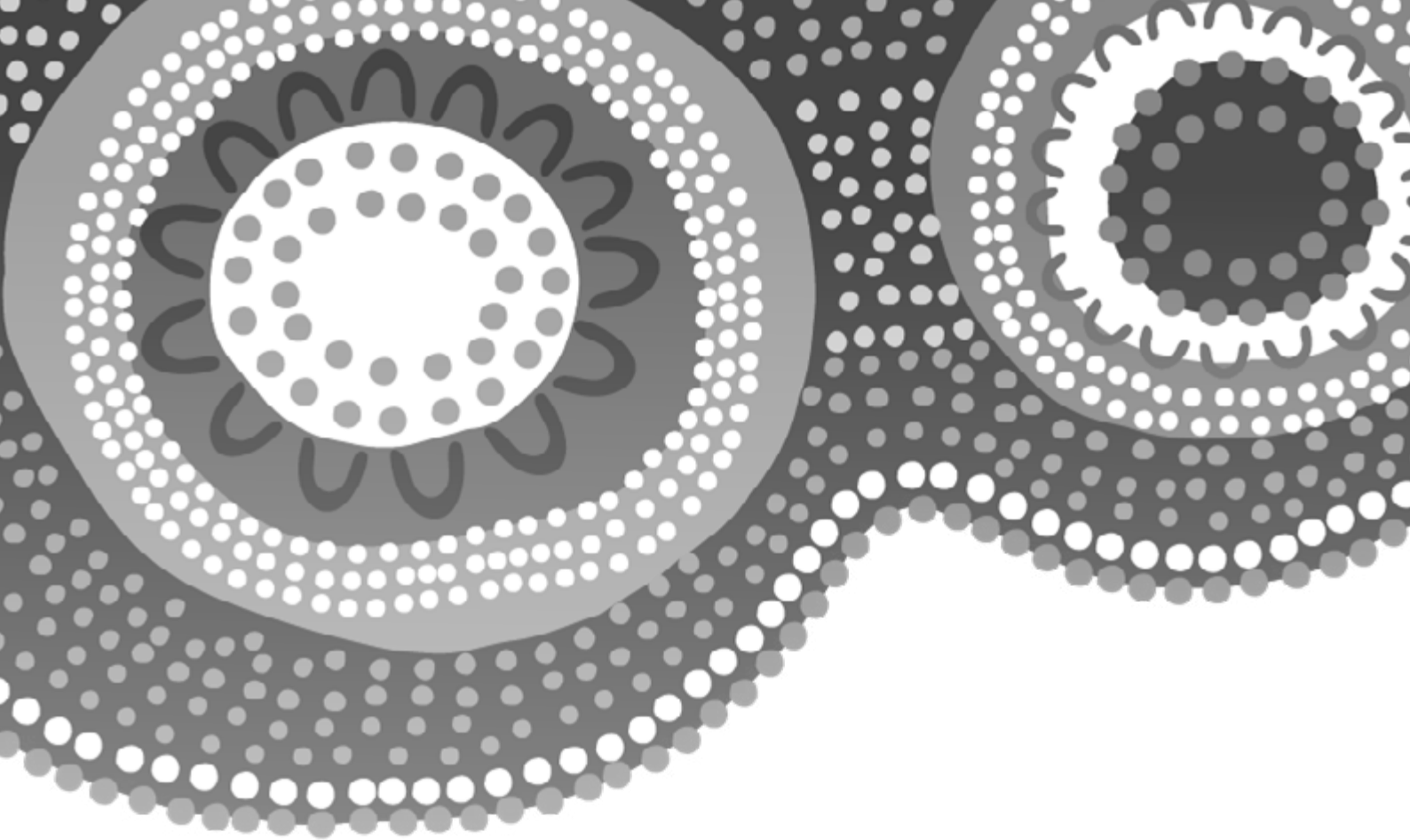
Yours sincerely



Dr Lynne Coulson Barr OAM
Health Ombudsman

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Acknowledgement

The Office of the Health Ombudsman acknowledges the traditional Aboriginal and Torres Strait Islander custodians of the lands and seas on which we support the provision of safe and quality healthcare, and pays respect to Elders past, present and emerging. The Office of the Health Ombudsman recognises, respects and values Aboriginal peoples and Torres Strait Islander peoples' cultures and is committed to providing culturally safe and sensitive complaint management services.

Health Ombudsman's year in review

I am pleased to present the Office of the Health Ombudsman's (OHO) annual report for the 2023–2024 financial year. Over the year, the OHO has continued to evolve and enhance our operational processes to strengthen our service delivery of the key objectives of the Health Ombudsman Act 2013; and to maximise the impact of the OHO's work and performance of its functions.

It has been a very busy and productive year.

We continued building on the operational enhancements outlined in last year's annual report, and implemented various new initiatives including:

Promoting early decision making and outcomes for complainants

- Achieved positive outcomes through an 'Intake Uplift' trial which demonstrated the benefits of increasing delegations to enable early resolution at the Intake phase. This assists consumers and maximises outcomes at the first 'touch point' of people's engagement with the OHO.

Developed training and guidance materials to support best practice approaches

- Implemented a broad range of training and quality assurance materials as part of the continuing 'Impact Project', including developing contemporary policies, procedures, work instructions and guides to support the delivery of person-centred, trauma informed and culturally safe approaches.

Building capability to provide culturally safe and responsive complaints management

- Established an additional identified position of Principal Complaints Advisor (Aboriginal and Torres Strait Islander) who works with Aboriginal and Torres Strait Islander consumers and complainants and provides case support for officers to ensure a service that is culturally safe and person-centred.

- Published the OHO's Building Aboriginal and Torres Strait Islander Cultural Safety and Engagement Plan 2023–2027, including the strategic objectives of Care, People and Impact.

Enhanced regulatory approaches to protect public health and safety and confidence

- Partnered with the Queensland Police Service to develop the Self Service of Document Retrieval (SSoDR) to improve the timeliness and efficiency of the OHO accessing information on criminal charges and convictions of health practitioners [see Working with the Queensland Police Service page 8].
- Implemented new powers to make public statements warning the public of serious risks posed by health practitioners, and to accept undertakings from registered practitioners as a form of immediate action.
- Partnered with Ahpra, the National Boards, the NSW Health Care Complaints Commission and the NSW Health Professional Councils Authority to form a Co-regulatory Family Violence Working Group. This promotes awareness and consistency in regulatory practice and outcomes regarding perpetrators and victims/survivors of family violence.

Contributing to improved safeguards, service and systemic improvements

- Broadened approaches to health service and systemic investigations, introducing the publication of 'snapshot reports' of investigations to promote awareness of the outcomes and to drive quality and safety improvements.
- Initiated a proactive approach to monitoring the implementation of recommendations from the systemic investigations into Doomadgee Rural Hospital and Gidgee Healing. This included in-person meetings with services and community members, focusing on evidence of outcomes achieved and peoples' experiences of the services.
- Implemented a multi-disciplinary, project team approach to completing a Ministerial-directed, sector-wide systemic investigation into Assisted Reproductive Technology (ART) services in Queensland. This demonstrated the OHO's ability to apply relevant expertise and analysis to complex clinical, technical and regulatory issues, while ensuring the experiences of ART consumers, donor-conceived people and donors remained at the forefront of considerations. Initiatives included a pilot complainant support service, a complainant survey, phased opportunities for providers to comment on findings and recommendations of the investigation, and engaging an expert advisory panel [see Case Study page 31 for more details].

Increasing capabilities to contribute insights from complaint data

- Enhanced the OHO's data analytical capability by developing a system to geocode the address data of health consumers, health service providers and complainants across Queensland.
- Implemented a range of data dashboards to support internal operations and analysing complaint issues and trends.

Building awareness and enhancing stakeholder engagement and collaboration

- Refreshed the OHO website to update content and improve accessibility, including an easy to navigate register of actions and orders made against health practitioners.
- Established quarterly external stakeholder newsletters to inform stakeholders about the latest developments in health service complaints management in Queensland.
- Enhanced information sharing arrangements with relevant statutory bodies and departments and initiated a collaborative case management approach with the Coroners Court of Queensland.

Strengthening organisational capacity and addressing future risks

- Undertook reviews to obtain independent assessment of the risks of the OHO's aging ICT systems and the pressures on the OHO's resourcing model and organisational structure. These reviews provided advice on the systems, structure and resources necessary for the OHO to meet operational demands and deliver on its objectives; and opportunities for process and practice to optimise the use of current resources and systems.

These are just some initiatives undertaken over the past year to strengthen the performance of our regulatory and complaint management functions, and achieve the strategic objectives in our Strategic Plan 2023–2027.

We sustained our commitment to education and engagement activities with health service providers, practitioner groups, peak bodies, consumer and advocacy organisations, government departments, other regulatory and statutory bodies, and community engagement activities with regional and Aboriginal and Torres Strait Islander communities. We undertook 161 stakeholder engagements, including 32 presentations, 19 forums/advisory group meetings/symposiums, and 110 meetings with stakeholders, services and community groups. Over the past year, we have also responded to 68 requests for the OHO's contributions and submissions to consultations and reviews relevant to the health sector, providing 31 submissions and feedback from insights gained through the OHO's work.

Throughout 2023–2024, our community education and engagement activities continued focusing on promoting awareness and accessibility of the OHO to health consumers and Aboriginal and Torres Strait Islander communities. This included visiting communities and services in Far North Queensland, including Thursday Island, Bamaga, Doomadgee and Mt Isa, and hosting an information stand at Brisbane's Musgrave Park for NAIDOC Week.

Moreover, these important initiatives were progressed while managing increasing complexity of complaints, and maintaining a strong operational performance against our service delivery standards which are discussed below.

The co-regulatory environment

Throughout 2023–2024, the OHO continued to maintain effective and collaborative partnerships with Ahpra, the 15 National Boards, and other regulatory bodies, to achieve our shared goal of protecting the health and safety of the public.

In addition to the successful operation of joint consideration processes for complaints and notifications about registered practitioners, The OHO and Ahpra worked together to align our efforts and practices in improving regulatory responses to serious matters of public concern. This included matters involving: sexual misconduct and family violence, support for complainants, minimising practitioner distress, cosmetic surgery practice risks, and medicinal cannabis prescribing practices.

Complaint trends

In 2023–2024, the number of complaints received increased 8 per cent, from 8,613 in 2022–2023, to 9,264 in 2023–2024. There was a continued rise of complexity and activity across the OHO's functions, of as reported in the 2022–2023 annual report.

Comparisons with 2022–2023 activities included:

- 48 per cent of complaints (where assessment commenced in 2023–2024) were categorised as a high risk or 'priority matter', compared to 22 per cent in 2022–2023
- 90 conciliation matters were commenced in 2023–2024, up from 69 in 2022–2023, an increase of around 30 per cent
- 300 investigations began in 2023–2024, compared to 219 investigations commenced in 2022–2023, an increase of around 37 per cent
- the proportion of investigations rated as medium or high complexity increased from 59 per cent in 2022–2023 to 75 per cent in 2023–2024

- 76 decisions were made to take immediate action against registered and unregistered health practitioners in 2023–2024, the same number as 2022–2023
- 286 practitioner monitoring cases were open as at 30 June 2024, an increase of around 14 per cent, compared to 251 at 30 June 2023. These practitioners were being monitored for compliance with an immediate action, prohibition order and/or QCAT order
- the Director of Proceedings received 107 matters from the Health Ombudsman for consideration for referral to QCAT in 2023–2024, compared to 87 in 2022–2023, an increase of around 23 per cent.

These trends demonstrate that we are continuing to play a vital role in addressing serious risks to public health and safety through our complaint management and regulatory actions.

The types of complaints and notifications received by the OHO in 2023–2024 were similar to 2022–2023 in terms of: the proportion of complaints made about health practitioners and health service organisations, the types of services, and the types of practitioners subject to complaints. The most common issues raised about practitioners were similar to previous years, with professional performance remaining the top issue at around 33 per cent, followed by professional conduct at 24 per cent and issues about communication and medication management being between 10 and 11 per cent.

Operational performance

Despite the increases in numbers and complexity of complaints outlined above, the OHO maintained strong operational performance in 2023–2024. The OHO out-performed two of the Service Delivery Statements (SDS) and almost meeting the remaining three applicable SDS measures, similar to previous years.

The OHO received and made acceptance decisions on 94 per cent of complaints within seven days, compared to the 90 per cent SDS target, and 100 per cent of the 90 per cent target for disciplinary matters where QCAT decided there was a case to answer. The SDS measures which were almost met, as per trends in previous years, related to:

- assessments, where 85 per cent were completed within legislative timeframes (compared to 89 per cent in 2022–2023 of the 90 per cent target)
- local resolutions, completing 96 per cent within legislative timeframes (compared to 99 per cent of the 100 per cent target)
- investigations, where 69 per cent were finalised within one year (compared to 74 per cent in 2022–2023 of the 75 per cent target).

These results reflect the increased numbers and complexity in complaints and the corresponding impact on our timeframes. Of note, when the investigations that are paused pending court or other proceedings are excluded, 83 per cent of investigations were finalised within 12 months (down slightly from 86 per cent in 2022–2023). This is significant given the increased numbers and complexity of investigations.

For the SDS measure relating to ‘percentage of immediate action decisions upheld by QCAT at review hearings’, this was assessed as zero per cent, as only one review case was heard and not upheld. This SDS measure is affected by the very small number of review matters heard by QCAT and the fact that QCAT may decide on a matter after considering new information not before the Health Ombudsman at the time of the initial immediate action decision.

The OHO's strong operational performance over 2023–2024 is also demonstrated by significant contributions to promoting service and systemic improvements and actions taken to protect public health and safety. Examples include delivering the comprehensive systemic investigation into ART providers in Queensland; issuing the first public statement to warn the public of risks posed by an unregistered practitioner; successfully prosecuting a practitioner for breaching a prohibition order; and professional misconduct matters determined at QCAT for the most serious conduct and performance matters.

Alongside these public examples of the OHO's work, it is important to acknowledge the meaningful outcomes that were achieved in response to individual complaints throughout the year, and the many actions taken to improve the safety and quality of services through the insights gained from these complaints. Some examples of these outcomes and actions are provided in the case studies in this report. Positive outcomes for people seeking assistance from the OHO were also demonstrated by the responses to the post-call feedback over the the six-month 'Intake Uplift' trial, with the vast majority of respondents (92–98 per cent) reporting that they received good advice and information, that they felt their concerns were understood and acknowledged, and providing top ratings for the OHO's service.

The future

Over the coming year, the OHO will continue to progress its work to achieve the strategic objectives in the OHO's 2023–2027 Strategic Plan. This plan articulates our purpose to protect and support the community through responsive complaints processes, and to drive positive change and confidence in the health system. We will continue to focus our efforts to deliver our strategic objectives to:

- care for people by optimising experiences and outcomes, increasing our engagement with priority populations, and building confidence in our services as being accessible, responsible and safe
- value our people with a united culture that supports staff wellbeing, diversity and inclusion, and empowers staff for the future
- deliver a transformation of our systems and process to support transparency of data to our stakeholders, helping identify trends and areas of concern to influence change
- ensure the effectiveness and integration of our complaint management and regulatory functions, and
- create impact through continually driving improvements in health service safety, quality and complaints processes and increasing our publication of information.

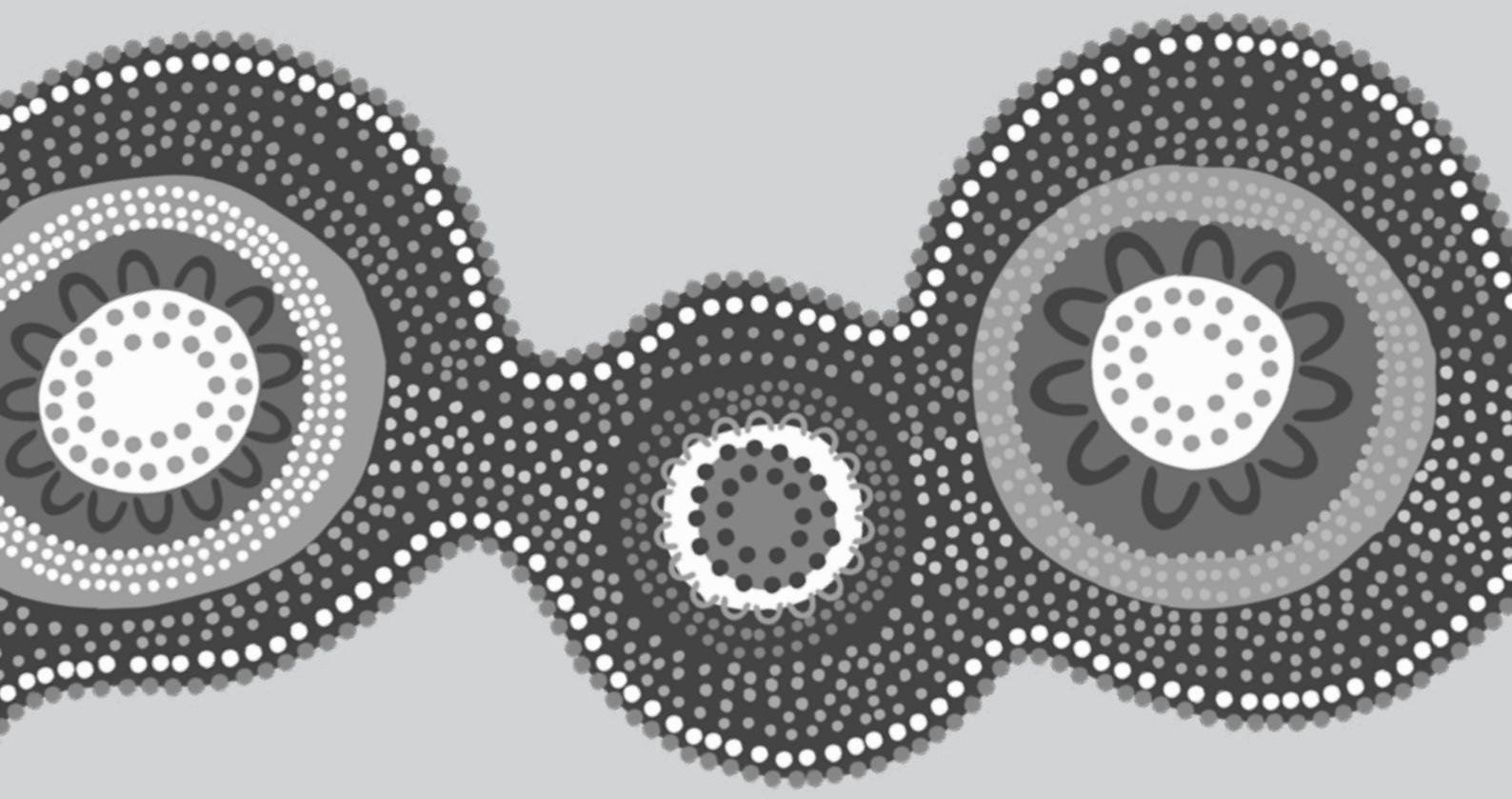


I wish to acknowledge and thank the Minister for Health, Mental Health and Ambulance Services and Minister for Women, the Honourable Shannon Fentiman MP, the Health, Environment and Agriculture Parliamentary Committee, and the Director-General of Queensland Health for their support of the OHO's work throughout the year.

Finally, I would like to thank all staff and stakeholders of the OHO for their support and contributions to the OHO's work . I give special thanks to the OHO staff for the care, passion and skill they bring to their work every day. The OHO's strong operational performance and contributions over 2023–2024 could only be achieved through the cumulative experience and expertise of the OHO staff and their commitment to making a positive difference through their work.

I also acknowledge preparedness of the many people who have shared their personal experiences through complaints or notified the OHO of risks in the provision of health services. These complaints and notifications provide a vital window into quality and safety issues across the health system and enable the OHO to take actions to protect public health and safety, and work to achieve improved outcomes for all Queenslanders.

Dr Lynne Coulson Barr OAM
Health Ombudsman



About

The OHO was established in 2014 under the *Health Ombudsman Act 2013* (the Act) as an independent statutory body providing a single point of entry for health service complaints and notifications in Queensland. This includes registered and unregistered health practitioners, health services and facilities.

The OHO's purpose is to protect and support the community through responsive complaints processes and regulatory action, driving positive change and confidence in the health system. This is articulated in the *Office of the Health Ombudsman 2023–2027 Strategic Plan*.

The OHO's work aligns with its strategic objectives of:

- **care**—optimising experiences and outcomes; building confidence in our services as being accessible, responsive and safe
- **transformation**—transforming our systems, processes and data to drive performance and influence change
- **impact**—driving improvements in health service safety, quality and complaints processes
- **people**—valuing our people and empowering them for the future
- **integration**—ensuring the effectiveness and integration of our regulatory and complaint management functions.

Throughout 2023–2024 the OHO:

- implemented practices to improve client service and the accessibility and responsiveness of OHO's processes
- tracked levels of demand and engagement with its services, focusing on population groups and communities which may experience barriers in raising health service complaints
- developed data analytic capabilities to identify and share information on systemic issues and trends identified in complaints and other matters, relating to delivery of health services and regulation of health practitioners.

The OHO's decisions regarding health service complaints are guided by the following principle: the health and safety of the public are paramount.¹ The OHO works to achieve the following key objectives under the Act:

- to protect the health and safety of the public
- to promote professional, safe and competent practice by health practitioners; and high service delivery standards by health service organisations; and
- to maintain public confidence in managing complaints and other matters relating to providing health services.²

Jurisdiction

The OHO began dealing with health service complaints on 1 July 2014. 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 and performance of 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 Ahpra and the 15 registered practitioner National Boards under the National Law³. The OHO applies the National Code of Conduct for Health Care Workers (Queensland) when managing complaints about unregistered practitioners in Queensland.⁴

¹ Section 4 of the Act.

² Section 3 of the Act.

³ <https://www.ahpra.gov.au/>

⁴ <https://www.oho.qld.gov.au/for-providers/your-responsibilities>

The OHO supports the Health Ombudsman, a statutory position whose responsibilities include protecting public health and safety, overseeing Queensland's health service complaints system and maintaining public confidence in this system.

Part 2 of the Act states the Health Ombudsman has the power to do all things necessary or convenient to perform key functions, which include to:

- receive enquiries, complaints and notifications about health services and health service providers, including registered and unregistered health practitioners
- take relevant action in relation to those complaints including 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 and identify and recommend opportunities for improvement
- monitor the functions of Ahpra and the National Boards as they relate to registered practitioners in Queensland
- 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 responsible parliamentary committee and Minister.⁶ The Minister may direct the Health Ombudsman to investigate certain matters, conduct inquiries or provide information or reports.⁷

Working with Ahpra

Ahpra is Australia's health practitioner regulation agency. Ahpra works with the 15 National Boards to help protect the public by regulating Australia's registered health practitioners. Ahpra supports the 15 registered practitioner National Boards in managing the registration and accreditation of registered health practitioners in Australia.

Under Queensland's coregulatory system, the OHO and Ahpra share certain responsibilities related to overseeing and regulating registered health practitioners. The OHO manages a single entry point for all health service complaints in Queensland, including notifications and information regarding registered health practitioners and students. Complaints and notifications concerning registered health practitioners and students are jointly considered with Ahpra in accordance with Division 2A and 2B of the Act. The OHO also collaborates with Ahpra on approaches to dealing with the range of issues identified in complaints and notifications about registered health practitioners.

See page 25 for more details on matters referred between the OHO and Ahpra, and for more information regarding joint consideration.

Working with the Queensland Police Service

In Queensland, the Queensland Police Service (QPS) notifies and provides certain information to the OHO when registered practitioners are charged/convicted of criminal offences in certain circumstances. This is done through an agreement between QPS, Ahpra and the OHO.

The OHO may also be notified by the QPS when an unregistered practitioner is charged or convicted if the conduct indicates that an unregistered practitioner may pose a serious risk.

⁵ Section 94 of the Act.

⁶ The relevant Minister is the Hon Shannon Fentiman MP, Minister for Health, Mental Health and Ambulance Services and Minister for Women.

⁷ Sections 81, 152 and 171 of the Act.

As of 24 June 2024, the OHO can now directly access information regarding the criminal conduct of health practitioners in Queensland. The new Self Service of Document Retrieval (SSoDR) portal has streamlined the OHO's access to QPS information regarding criminal conduct involving health practitioners.

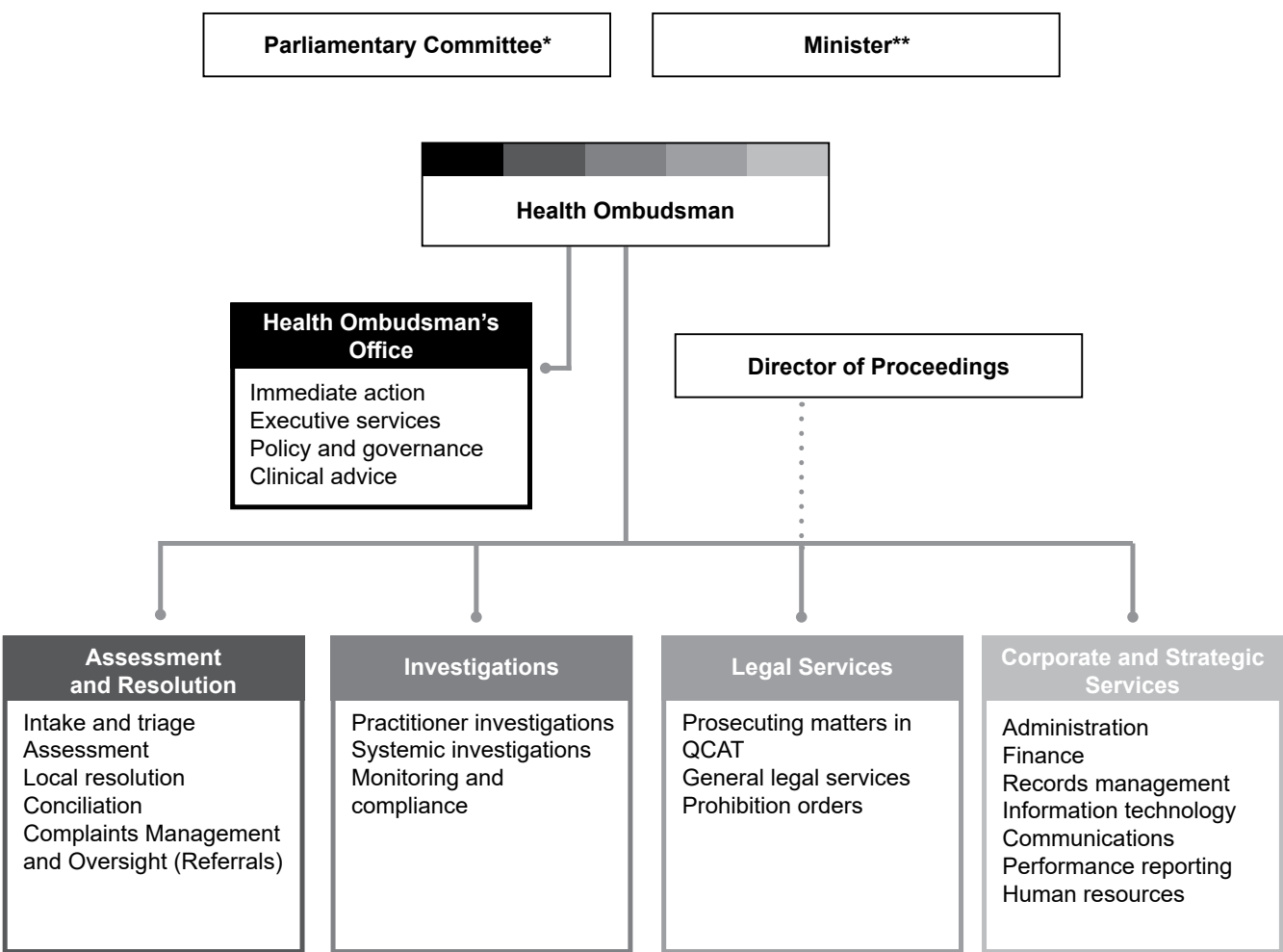
The SSoDR portal supplements a position the OHO has embedded within the QPS, known as the Health Ombudsman Liaison Officer (HOLO). The HOLO undertakes real-time monitoring for health service practitioners subject to investigation, charged or convicted with serious criminal offences.

Where necessary the OHO's Immediate Action team can swiftly assess the risks and public interest considerations on these matters and enable the Health Ombudsman to make timely decisions on whether immediate action should be taken to protect public health and safety and maintain confidence in the health system.

The OHO notifies Ahpra of all matters (relating to registered practitioners). In accordance with the Act's provisions, the OHO retains matters assessed as the most serious, unless there are aspects that warrant consideration by Ahpra and the National Boards, such as potential health impairment of the registered practitioner or student. The provision of this information contributes to the objectives of the National Registration and Accreditation Scheme (NRAS) to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered. The main principle for administering the Act is that the health and safety of the public are paramount. The provision of this information by QPS to the OHO supports the Health Ombudsman and the OHO in administering the Act, in accordance with the main principle. The provision of information by QPS to the OHO further assists in maintaining public confidence in the management of complaints and other matters related to the provision of health services.

Organisational structure

Figure 1 Organisational structure of the Office of the Health Ombudsman as at 30 June 2024



*Health and Environment Committee until 12 February 2024, then Health Environment and Agriculture Committee from 13 February 2024

**Minister for Health, Mental Health and Ambulance Services and Minister for Women

Health service complaints

Anyone can make a complaint to the OHO if they are not satisfied about a health service or believe that a practitioner is a risk to public health and safety.

Complaints can be made to the OHO about any aspect of a health service, which the Act defines as ‘any service that is, or purports to be, a service for maintaining, improving, restoring or managing people’s health and wellbeing’.

Generally, complaints are made to our office about one or more of the following:

- health practitioners, including:
 - people who are accredited by a National Board and registered with Ahpra to work as a ‘registered health practitioner’, including health practitioner students
 - people who do not hold registration with Ahpra (i.e. ‘unregistered practitioners’)
- health service organisations, including facilities or entities that provide health services in a private or public capacity
- health support services, including any service that directly supports health service delivery (e.g. clinic reception services or security services in hospitals).

Sources of complaints

Anyone can make a complaint to the OHO if they are not satisfied about a health service or believe that a practitioner is a risk to public health and safety.

Most health service complaints made to our office are received from members of the public, including prisoner consumers who access the OHO through a dedicated prisoner complaints phone line.

Other sources of complaints include registered health practitioners, employers of registered practitioners, health education providers and other organisations.

Notifications

‘Notifications’ are concerns or complaints raised about a registered health practitioner (i.e. a practitioner registered with one of the 16 professions recognised under the National Registration and Accreditation scheme) under the National Law.

Notifications can be categorised as either mandatory, voluntary, or self-notifications.

Mandatory notification

A mandatory notification⁸ is a notification required to be made by a registered health practitioner about another registered health practitioner, where they observe the practitioner to have engaged in notifiable conduct.

Notifiable conduct is defined in the National Law as:

- practicing while intoxicated by alcohol or drugs
- engaging in sexual misconduct in connection with practising the profession
- where the practitioner has an impairment which, when practising, may place the public at risk of substantial harm
- placing the public at risk of substantial harm by practising in a manner that constitutes a significant departure from accepted standards.

A registered health practitioner may also be required to make a mandatory notification about a student undertaking a program of study or clinical training that falls within the jurisdiction of the National Law if they become aware that the student has an impairment that, while undertaking clinical training, may place the public at substantial risk of harm.

⁸ Part 8, Division 2 of *Health Practitioner Regulation National Law (Queensland)* sets out the obligations on registered health practitioners, employers of registered health practitioners, and education providers in respect to mandatory notifications; See sections 140, 141, 141A and 141B.

Like a registered health practitioner, employers of registered health practitioners are also required to make a mandatory notification where they observe a practitioner to have engaged in notifiable conduct.

An education provider is also required to submit a mandatory notification if a student enrolled in a program of study has an impairment which may place the public at risk.

Voluntary notification

Anyone can make a voluntary notification⁹ 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, judgment 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.

A voluntary notification may also be made about a student undertaking a program of study or clinical training that falls within the jurisdiction of the National Law if:

- The student has been charged with an offence, or convicted or found guilty of an offence, that is punishable by 12 months imprisonment or more.
- The student has, or may have, an impairment.
- The student has contravened a condition of their student registration, or an undertaking given to the National Board.

Self-notifications

Registered practitioners may also make a notification to the OHO about their own health, conduct and/or performance. Additionally, under the National Law, practitioners have seven days to self-notify relevant events to the appropriate National Board — including criminal charges and convictions, rights to practise, insurance, billing privileges and other matters as outlined in the legislation.¹⁰

The National Law also requires students in these fields to self-notify relevant events (criminal charges and convictions) to the appropriate National Board. Where these types of notifications amount to a serious matter, they are referred by Ahpra to the OHO.

Dealing with a notification under the Act

Section 36 of the Act provides for notifications to be dealt with as complaints under the Act. While a notification is not a complaint by definition, it is dealt with as a complaint so that all the same timeframes, notice provisions and relevant actions under the Act apply.

Other matters

The term 'other matter' is used to reference a reported issue or allegation which is not a health service complaint but is nonetheless within the jurisdiction of the Health Ombudsman and on which the Health Ombudsman may take relevant action. Other matters may include referrals from a National Board, information received from government entities, or an own motion matter commenced because of information received from any source.

Some examples of matters received from government entities include Queensland Health's Monitored Medicines and Compliance Unit, QPS, Coroners Court of Queensland, Queensland Human Rights Commission, and the Queensland Ombudsman.

⁹ Part 8, Division 3 of *Health Practitioner Regulation National Law (Queensland)* provides for voluntary notifications to be made to the Health Ombudsman; see section 144 for the definition of a voluntary notification.

¹⁰ Section 130 *Health Practitioner Regulation National Law (Queensland)*.

Joint consideration

On 6 December 2021, the OHO and Ahpra commenced joint consideration for complaints and notifications about registered health practitioners and students registered with Ahpra. Under joint consideration, data is shared by the OHO and Ahpra in real time resulting in the timely progression of matters between our agencies, early clinical screening and robust regulatory decision making. These matters must be considered and decided upon within seven business days. However, there are additional statutory timeframes depending on the outcome of the initial joint consideration.

Matters can be:

- retained by the Health Ombudsman (for Assessment, Local Resolution, Investigation, or referral to a government entity)
- referred to Ahpra, or
- agreed to have no further action taken.

If a matter is retained by the Health Ombudsman for further relevant action and at the end of the relevant action the decision is to take no further action on the complaint, the OHO and Ahpra will further consider the matter and Ahpra has a final opportunity to have the matter referred to them. This is known as subsequent joint consideration.

The OHO and Ahpra have a very strong and positive relationship and are together committed to providing an efficient and safe complaints and regulatory process between the agencies. There are also matters that are referred to Ahpra outside of the joint consideration process and these can include:

- matters that have been subject to an own motion investigation
- matters that are referred to Ahpra through or after an OHO process.

Complaints intake

Of the **9264** complaints received:

85 per cent were
health service complaints

8 per cent were
voluntary notifications

3 per cent were
mandatory notifications

<1 per cent were
self-notifications

<1 per cent were
referrals from other organisations

Complaints related to:

4511
about health practitioners

5844
about health service organisations

For complaints about individual practitioners:

91 per cent were
related to registered practitioners

8.5 per cent were
related to unregistered practitioners

<1 per cent were
related to student practitioners

The top issues identified in complaints about practitioners were:

33 per cent
professional performance

24 per cent
professional conduct

11 per cent
communication and information

10 per cent
medication

4 per cent
reports and certificates

4 per cent
professional health

3 per cent
medical records

Health practitioners where issues were identified most related to:

55 per cent
medical practitioners

16 per cent
nurses

6 per cent
dental practitioners

5 per cent
psychologists

3 per cent
pharmacists

Health services where issues were identified most related to:

36 per cent
public hospitals

23 per cent
correctional facilities

9 per cent
medical centres

5 per cent
mental health services

4 per cent
licensed private hospitals

3 per cent
pharmaceutical services

3 per cent
specialised health services

Performance

The Act empowers the OHO to:

- receive and accept complaints and notifications
- assess and investigate matters
- collect information and evidence to inform actions and decisions
- act in relation to 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 performance¹¹ across these key functions during the 2023–2024 financial year.

Service delivery statements

Service area objective: To provide a transparent, accountable and fair system for effectively dealing with complaints and other healthcare matters in Queensland in a timely manner.

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 2023–2024 Service Delivery Statement for Queensland Health.¹²

For details of the OHO's staffing levels as published in the Service Delivery Statements, see page 41.

Complaints intake and triage

External stakeholders, including members of the public and health service providers can contact the OHO by phone, email, letter, the website's online complaint form or by lodging an enquiry via the webchat function. Each contact is categorised as either a complaint, enquiry or information (other matter).

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 (including joint consideration of registered practitioner matters). This requires seven business days to decide whether to accept the matter and what, if any, action should be taken.¹³

Early resolution

New to the intake process in 2024 was the early resolution service, a service introduced to optimise experiences for both complainants and health service providers through the delivery of an efficient, accessible, and responsive complaints resolution service. Early resolution identifies matters of low risk and complexity where a quick and informal resolution to the complaint may be achieved. With the agreement of the parties, this may involve attempts to resolve the complaint during the initial intake phase, achieving a swift outcome for the parties, while also streamlining the management of less complex matters at the OHO.

Where resolution of the complaint is achieved, a decision may be made to finalise the matter appropriately by the Health Ombudsman. Where the matter is unable to be resolved, the matter will progress for the usual intake decision of whether to accept the matter and what, if any, action should be taken.

¹¹ The OHO's performance and service delivery contributes to the Government's objective of backing our frontline services and keeping Queenslanders safe as outlined in the Queensland Government's objectives: *Good Jobs, Better Services and Great Lifestyle*.

¹² https://s3.treasury.qld.gov.au/files/Budget_2022-23_SDS_Queensland_Health.pdf.

¹³ This timeframe is mandated under section 35 of the Act.

Table 1 The Office of the Health Ombudsman service standards

Service area	Notes	2023–24 Target/Estimate	2023–24 Actual
<i>Effectiveness measures</i>			
Percentage of complaints received and accepted or not accepted within 7 days	1	90%	94%
Percentage of complaints assessed within timeframes	2	90%	85%
Percentage of complaints resolved within timeframes	3	100%	96%
Percentage of investigations finalised within 12 months	4	75%	69% ¹⁴
Percentage of disciplinary matters in which Queensland Civil and Administrative Tribunal (QCAT) decides there is a case to answer	5	90%	100%
Percentage of immediate action decisions upheld by QCAT at review hearings		90%	0% ¹⁵
<i>Efficiency measures</i>			
Not identified			

Table 1 notes:

1. This is a measure of service timeliness. The timeframe for initial decisions to accept or not accept matters is seven business days.
2. This is a measure of service timeliness. The timeframe for completing assessments is 22 business days (or up to 44 business days if granted an extension).
3. This measure relates to local resolution services provided within legislative timeframes. The timeframe for completing local resolution is 22 business days (or up to 44 business days if granted an extension).
4. This is a measure of investigation timeliness. The variance between the 2023–2024 Target/Estimate and 2023–2024 Actual is due to a range of factors including an increase in matters requiring investigation and some investigations being paused while the QPS undertook criminal proceedings. Investigations undertaken by the OHO are not finalised until any QPS investigation and/or criminal court proceedings are finished.
5. This is a measure of the effectiveness of the 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.

¹⁴ Excluding investigations that were paused pending fundings from an external agency (e.g. QPS) this result was 83 per cent.

¹⁵ Between 1 July 2023 and 31 March 2024, one review application was heard and this matter was not upheld by QCAT. QCAT may decide on a matter after considering new information not before the Health Ombudsman at the time of the initial immediate action decision.

Contacts received

The OHO has two complaint management systems, the overall case management system and a cloud-based platform that assists with efficiency functions. In 2023–2024, 9,264 complaints were received. Additionally, 256 ‘own motion’ cases were commenced by the OHO, 170 of which related to information received by the QPS. This is regarding the criminal conduct of registered and unregistered practitioners.

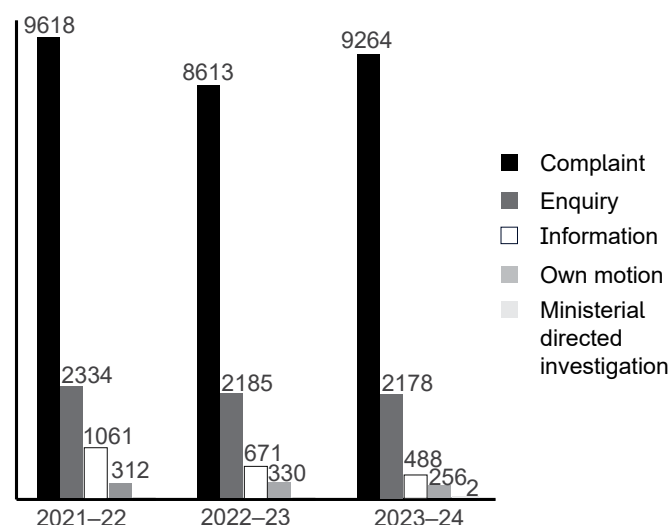
In total, 12,188 contacts were formally recorded on the OHO's case management system between 1 July 2023 and 30 June 2024, which include enquiries, complaints and information received from other sources such as QPS.

In addition to these contacts, an additional 5,551 telephone contacts and 19 webchat contacts (5,570 in total) were also recorded on various cloud-based systems. As these contacts related to general advice and not a formal ‘complaint’ matter, they do not have a corresponding record in the OHO's case management system.

The 9,264 complaints formally recorded on the OHO case management system in 2023–2024 represents a 8 per cent increase on the same data for the same period in 2022–2023.¹⁶

In conjunction with the rise in complaints and contacts, the complexity and seriousness of the types of matters being received by the OHO has significantly increased as measured by the OHO's priority, risk and complexity ratings that are used across its functions.

Figure 2 Number of contacts recorded in the OHO's Case Management System

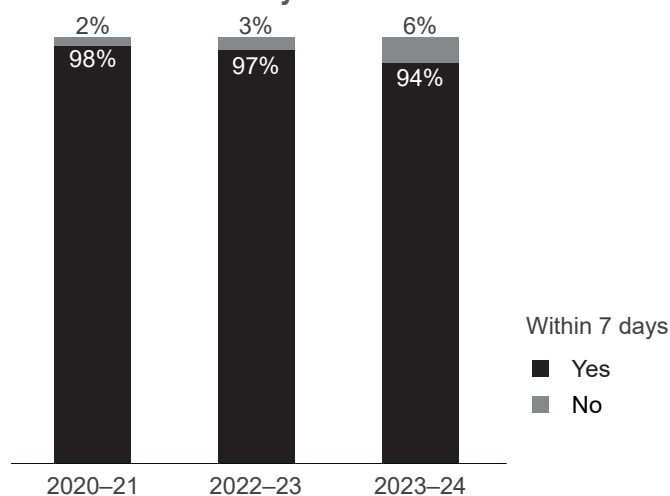


Decisions made within seven business days

In accordance with the Act, the OHO has seven business days to decide whether to accept or not accept a complaint from the time it is received.

In 2023–2024, 94 per cent of intake decisions were made within the seven business day legislative timeframe—down from 97 per cent in 2022–2023 and from 98 per cent in 2021–2022, respectively.

Figure 3 Percentage of decisions made within seven days

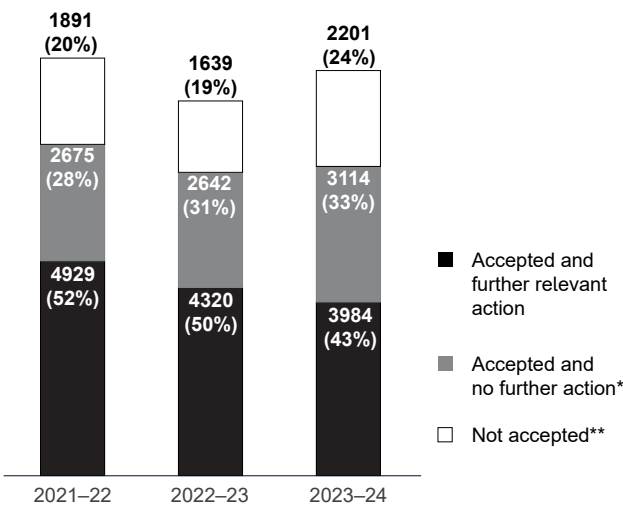


NB: From December 2021 a legislative amendment was made to change the timeframe to make a decision on a complaint from 7 calendar days to 7 business days.

¹⁶ Minor differences in previous years' figures reported in prior annual reports are attributed to data corrections that have since taken place in the OHO's Case Management System. Figures reported above are based on the latest available data at the time of report publication.

Complaints accepted vs not accepted

Figure 4 Number of complaints accepted vs not accepted



*Relates to matters where the Health Ombudsman decided to take no further action under s44 of the Act.

**Includes matters that would be more appropriately dealt with by another entity or where the complainant has not sought a resolution with the health service provider—see s35A of the Act.

NB: Minor differences in previous years' figures reported in prior annual reports are attributed to data corrections that have since taken place in the OHO's Case Management System. Figures reported above are based on the latest available data at the time of report publication.

Outcomes of accepted complaints

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

Number of decisions made	2023–24	
	Number	%
Referred to Ahpra and the National Boards	1,569	37
Assessment	1,065	25
Referred to another entity	739	18
Local resolution	796	19
Investigation	23	1
Conciliation	1	0
Total	4,193	100

NB: These decisions are only the Intake decisions in the first seven business days and are not representative of additional decisions made following further relevant action.

Decisions to take no further action can occur at any stage in the complaints process and are not reflective of the work and resources invested in reaching that decision. Grounds for no further action are outlined in section 44 of the Act.

Joint consideration matters

The following data reflects the 2023–2024 summary of matters progressed through joint consideration. From a total of 3,362 joint consideration matters in 2023–2024, the majority were finalised well within the statutory timeframes while there were 330 matters finalised outside of these timeframes due to a range of factors during this period. These factors included increased complexity of matters requiring detailed analysis, and temporary impacts of process adjustments and resourcing issues. Over the period, the OHO and Ahpra identified process and system enhancements to address these factors and to continually improve the progress of matters through joint consideration.

Table 3 Initial joint consideration consultations

Consultation matters	2023–24
	Number
Matters commenced	3,632
Joint consideration consultation finalised within statutory timeframe	3,304
Joint consideration consultation finalised outside statutory timeframe	330
Matters pending as of 30 June	46

NB: A single matter at the OHO can result in multiple joint consideration consultations with Ahpra due to a single matter addressing multiple practitioners. Because of this, the total number in 'Matters commenced' will be less than the sum of the other three categories in the table above.

Table 6 Outcome of initial joint consideration consultations by practitioner type

Practitioner type	Number			
	No Further Action	OHO to retain	Refer to Ahpra	Total
Aboriginal and Torres Strait Islander health practitioner	0	0	2	2
Chinese Medicine Practitioner	3	1	2	6
Chiropractor	8	9	16	33
Dental practitioner (includes Oral Health Therapist)	94	64	121	279
Medical Practitioner	1,048	436	1,023	2,507
Medical Radiation Practitioner	0	8	11	19
Midwife	13	22	19	54
Nurse	145	170	314	629
Occupational Therapist	18	9	9	36
Optometrist	7	1	4	12
Osteopath	1	0	5	6
Paramedic	14	38	18	70
Pharmacist	35	21	68	124
Physiotherapist	14	5	27	46
Podiatrist	5	5	2	12
Psychologist	109	39	94	242
Unknown practitioner	1	2	0	3
Total	1,515	830	1,735	4,080

NB: The data in this table is sourced from Ahpra's data management system and is correct at the time of data retrieval (28 July 2024). This may be slightly different to Ahpra's reported figures due to retrospective updates.

Table 7 Outcome of subsequent joint consideration (SJC) consultations by practitioner type

Practitioner type	Number			
	No Further Action	No SJC response given	Refer to Ahpra	Total
Chinese Medicine Practitioner	1	0	0	1
Chiropractor	2	0	0	2
Dental practitioner	22	0	0	22
Medical Practitioner	107	0	1	108
Midwife	3	0	0	3
Nurse	21	0	0	21
Occupational Therapist	5	0	0	5
Paramedic	3	0	0	3
Pharmacist	4	0	0	4
Psychologist	6	0	0	6
Total	174	0	1	175

Case Study 1

Addressing risks posed by practitioners charged with sexual assault

Complaint

The OHO received a health service complaint about a physiotherapist including a copy of a witness statement from the complainant to the Queensland Police Service (QPS) alleging an indecent assault by the physiotherapist when providing a health service.

What we did

Following analysis of the complaint material, the OHO contacted the QPS Health Ombudsman Liaison Officer (HOLO) to confirm the allegation had been received and whether there was an active QPS investigation. The HOLO advised the OHO of a second allegation and that the practitioner had been charged with two counts of sexual assault on two separate victims.

Outcome

After receiving information from the QPS, the Health Ombudsman took immediate registration action by suspending the registration of the practitioner, prohibiting him from practising as a physiotherapist. The Health Ombudsman also considered that an interim prohibition order—prohibiting him from providing any health service—was also necessary, as the practitioner was working at a location that also offered massage therapy; and the skills and qualifications of the practitioner indicated he could be employed to provide massage services as an unregistered practitioner.

The OHO and QPS worked closely together to protect the public, while the matter was before the courts. Through cross-agency communication, the OHO and the QPS detected and managed additional risks to public safety posed by the health practitioner.

Assessment

The assessment process provides an opportunity to gather and analyse detailed information from all relevant parties to decide the most appropriate way to deal with a complaint and whether further relevant action is necessary. A complaint/notification 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 risk assessment, and determine what actions, if any, need to be taken to address the issues identified in the complaint. The assessment may be broad or may be limited to clarifying a confined issue or obtaining a key piece of information. Given that matters assessed by the OHO can involve adverse outcomes and experiences of consumers, it is important for the assessment process to be delivered in a way that is person-centred, trauma-informed and culturally safe.

If it is decided to assess a complaint, that process must be carried out and completed within 22 business days, or 44 business days with an approved extension.¹⁷

Of the 1,372 complaints where assessment commenced in the period 1 July 2023 to 30 June 2024, 48 per cent were categorised as a 'priority matter' compared to 22 per cent in the same period in 2022–2023 and 14 per cent for 2021–2022. Collection and analysis of data on these priority matter assessments commenced in 2021–2022.

Priority matters are considered to include one or more of the following criteria (this is not an exhaustive list):

- The complaint information involves an Aboriginal or Torres Strait Islander consumer/family requiring expertise in cultural capability and safety.
- There has been an expected and significant adverse treatment outcome including serious harm or death.
- There is an indication of a serious risk to public health and safety.
- There is an indication of serious and significant conduct and/or performance concerns at the threshold of professional misconduct or equivalent.

When managing priority matters, Assessment will often adopt a proactive, cross-functional approach with the Investigations and Immediate Action teams collaborating early to direct such matters. This ensures the matter is progressed at the earliest opportunity.

Figure 5 Number of assessments started and completed

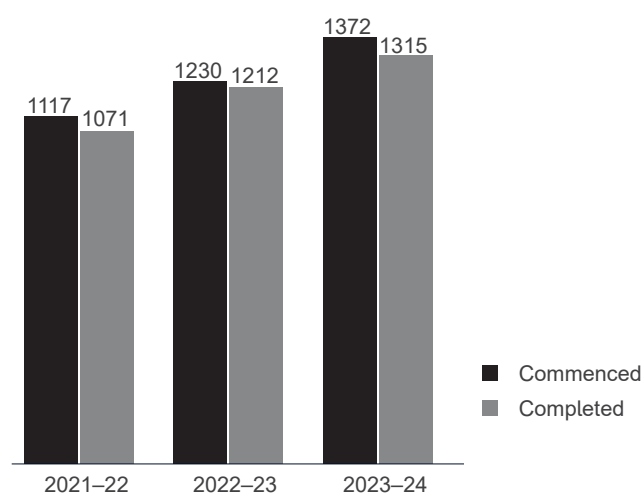
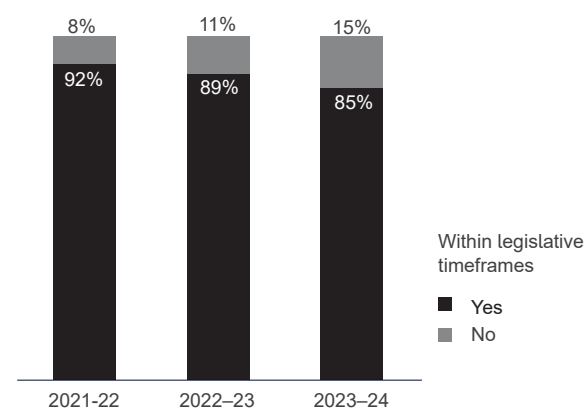


Figure 6 Percentage of assessments completed within legislative timeframes



¹⁷ Section 49(2) of the Act provides grounds for the Health Ombudsman to extend the assessment period for an additional 22 business days if necessary.

Assessment decisions

'Assessment decisions' measures the number and type of relevant actions taken at the assessment stage of the complaint handling process. 'Assessment decisions' (Table 6) and 'Assessments completed' (Figures 5 and 6) may not necessarily match, as each completed assessment can result in multiple assessment decisions.

Table 6 Assessment decisions

Number of decisions made	2023–24	
	Number	%
No further action*	698	50
Investigation	245	17
Referred to Ahpra and the National Boards	185	13
Referred to another entity	183	13
Conciliation	87	6
Local resolution	5	1
Total	1,403	100

*NB: Decisions to take no further action can occur at any stage in the complaints process and are not reflective of the work and resources invested in reaching that decision or the outcomes that may have been achieved through the process. Grounds for no further action are outlined in Section 44 of the Act.

Case Study 2

A holistic approach to responding to issues arising from a health care related death

Complaint

The OHO received a health service complaint following the death of a young consumer in a public hospital. This was considered an unexpected health care related death. While the consumer was very unwell for a while, the consumer's family wanted to receive information about the care and treatment provided to the consumer over that time and explanations of contributing causes of the consumer's death.

What we did

The OHO is an independent complaints entity. However, it is important to collaborate with other relevant agencies, to enable meaningful responses and outcomes for families in such sensitive matters and to identify any opportunities to address safety and quality issues in health service delivery.

To holistically manage this complaint, it was necessary and important for the OHO to seek information and clarity from the family on their issues of concern, the clinical review that was undertaken by the Hospital and Health Service (HHS) and the information being considered by the Coroner. This was to ensure all health complaint issues were addressed in a coordinated way, without duplication and potential confusion for the consumer's family. This holistic and sensitive complaint management approach was effective and appreciated by the family.

Outcome

The OHO independently assessed and analysed the documentation on the clinical review completed by the HHS and identified relevant findings and clinical evidence from the Coroner's report. This information was discussed through the OHO facilitating a confidential and privileged conciliation between the family and the HHS.

Through this process, the family received a meaningful explanation regarding the care and treatment provided to the consumer in the weeks before their passing, an acknowledgement and apology for their experience, and received information on actions taken, including policy changes, that had been taken to address issues that had been identified in the clinical review.

Local resolution

Local resolution is a person-centred, voluntary process for resolving complaints quickly with minimal intervention by the OHO. As its name suggests, complaints identified for local resolution are resolved between the complainant and the health service provider, with assistance of the OHO to clarify the issues of concern and to develop strategies which might resolve the complaint. The outcomes that can be achieved via local resolution vary and are tailored to address the circumstances of each complaint. Potential outcomes include: an apology, policy and process improvements, and refunds for out-of-pocket expenses or corrective costs.

A health consumer may often require ongoing healthcare, and the local resolution process can be an important step in rebuilding trust and confidence in the treating relationship. This may be achieved by sharing information regarding the care received, improving the understanding of clinical treatment or administration procedures, and developing future communication protocols.

In 2023–2024, the OHO managed 862 local resolution matters. Of these, 96 per cent were finalised within the legislative timeframe, compared with 99 per cent in the same period in 2022–2023 and 92 per cent in 2021–2022. Seventy-five per cent of matters referred to local resolution were resolved, achieving individual outcomes for complainants, and opportunities for provider service improvements. Only three matters were assessed as partially resolved. This meant one issue was resolved, but another issue remained that possibly required further relevant action, such as a referral. In matters that are not resolved, participants may still gain some benefits from the information shared during the process.

Figure 7 Number of local resolutions

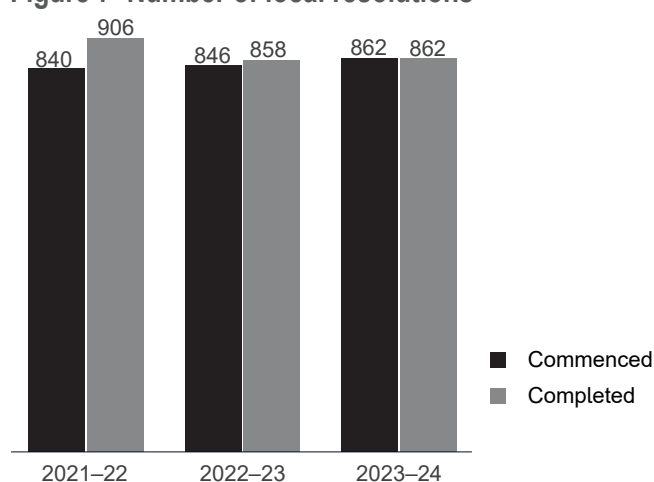


Figure 8 Percentage of local resolutions completed within legislative timeframes

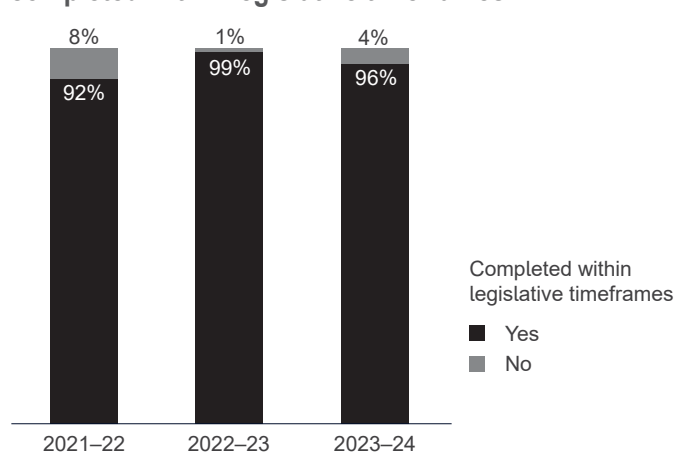


Table 7 Outcomes of local resolution

Local resolution outcomes	2023–24	
	Number	%
Resolved	644	75
Not resolved	168	20
Partially resolved	3	<1
Complaint withdrawn	47	5
Local resolution did not commence*	2	<1
Early closure	0	0
Total	864	100

*As local resolution is a voluntary process, it cannot commence unless both parties agree to participate in the process.

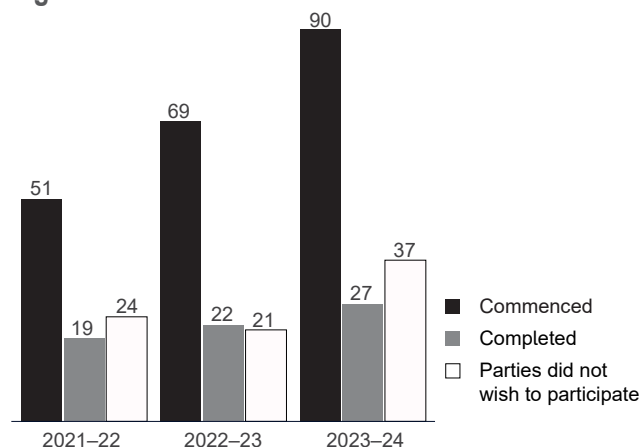
Conciliation

Conciliation is a voluntary process for resolving complex and/or sensitive complaints, including those requiring detailed explanations or confidential resolution. The process is facilitated by skilled conciliators who use their independence and specialist 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. Whether parties agree to undertake conciliation can depend on other actions or processes that may be underway or being considered.

Unlike assessment and local resolution, there are no stated timeframes in the Act with respect to conciliation. In 2023–2024, 90 conciliations were commenced (up from 69 in 2022–2023); 37 were closed due to non-participation; and 27 were completed while the remaining matters were ongoing.

Figure 9 Number of conciliations



Case Study 3

A culturally sensitive and safe approach to engagement

Complaint

The OHO received a complaint three weeks following the passing of an Aboriginal Elder in a regional public hospital. Within their complaint, the family sought additional information about the overall care and treatment provided to their loved one, including factors contributing to their passing.

What we did

To ensure cultural sensitivity and a culturally safe process for the family, all case officers were briefed on 'Sorry Business' protocols. The Principal Complaints Advisor (Aboriginal and Torres Strait Islander) engaged with the complainant to develop an approach that respected the family's preferred practices during their 'Sorry Business'. This practice guided the OHO's methods of engagement and communication, ensuring the cultural safety of the family was upheld while also meeting the legislative requirements for the complaint.

Outcome

We assessed the complaint and progressed the matter to conciliation. The family received information about their complaint in a culturally sensitive and supportive way manner, facilitating a clearer understanding of the circumstances surrounding their family member's care and treatment and a meaningful response to their concerns and experience.

Complaints management and oversight (referrals) matters

Referrals to Ahpra and other entities

As the OHO is the single point of entry for health service complaints in Queensland, effective referral coordination is critical to the efficient operation of health complaints management and maintaining public confidence in the health complaints system.

The Health Ombudsman has powers under the Act to refer a matter to Ahpra, other government entities in Queensland, or another state or an entity of the Commonwealth with functions that include dealing with the matter. In practice, the OHO refers matters to a diverse range of government entities and relies upon effective stakeholder engagement and consultations to ensure the process and information sharing is streamlined.

Ahpra

During 2023–2024, the OHO completed 1,780 registered practitioner complaint referrals to Ahpra to deal with as part of the OHO’s co-regulatory arrangement. This number is down from 2,202 in 2022–2023.¹⁸

The number of matters referred to Ahpra in any year can be due to a range of factors including the seriousness of matters, whether a practitioner has a potential health impairment and whether the nature of the matter warrants a regulatory response. Most referrals to Ahpra occur at the triage stage, however referrals are also made at other touchpoints during the complaints journey.

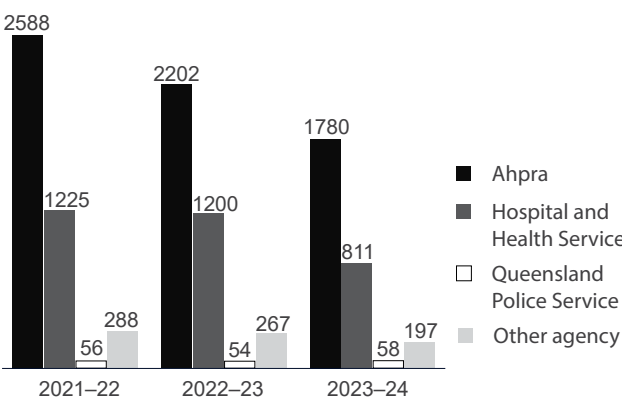
Other entities

During 2023–2024, the OHO commenced 1,057 complaint referrals to other government entities (State or Commonwealth) to deal with, down from 1,177 in 2022–2023.¹⁹ Most referrals to government entities occur at the triage stage, however referrals to other entities can be made following most other relevant actions.

Typical entities that the OHO refers complaints to include Hospital and Health Services (including Public Health Units), Aged Care Quality and Safety Commission, QPS and the Australian Government Department of Human Services (Medicare).

With these matters, the OHO uses a tailored approach to engage with consumers / complainants and entities, and actively monitors the management of matters. This includes providing guidance on the management and resolution of complaints, and oversight of the responses provided to the complainant and actions taken by the service, to ensure the matter has been appropriately managed. Through the referral function, when referring to another Queensland state entity, the OHO can request the entity to provide a report on their response and management of the matter. The OHO works with these entities to ensure high quality complaints management processes are delivered.

Figure 10 Closed referrals by agency type



¹⁸ Minor differences in previous years' figures reported in prior annual reports are attributed to data corrections that have since taken place in the OHO's Case Management System. Figures reported above are based on the latest available data at the time this annual report is published.

¹⁹ Minor differences in previous years' figures reported in prior annual reports are attributed to data corrections that have since taken place in the OHO's Case Management System. Figures reported above are based on the latest available data at the time this annual report is published.

Figure 11 Open referrals by agency type

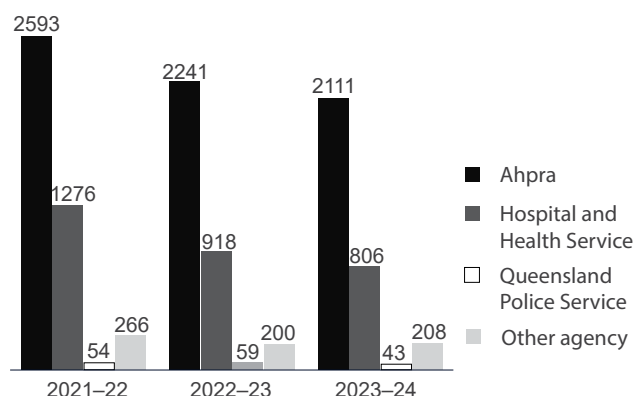


Table 8 Number of practitioners referred to Ahpra by practitioner type

Practitioner type	Number
Aboriginal and Torres Strait Islander health practitioner	2
Chinese Medicine Practitioner	5
Chiropractor	17
Dental practitioner	104
Medical Practitioner	962
Medical Radiation Practitioner	14
Midwife	32
Nurse	414
Occupational Therapist	13
Optometrist	4
Osteopath	5
Paramedic	28
Pharmacist	72
Physiotherapist	29
Podiatrist / Chiropodist	2
Psychologist	99
Total*	1,802

* NB: The total figure represents the count of unique practitioners and not the sum of row values. This is because a unique practitioner can have two registrations.

Case Study 4

A holistic approach to managing combined impairment and conduct concerns

Complaint

The OHO received a mandatory notification from an employer at a hospital who advised that one of their medical practitioners had been suspected of taking discarded benzodiazepine medication for self-use and that she had been ingesting this medication whilst practicing at work.

What we did

The notification was analysed, along with information from the employer and a review of the practitioner's complaint history. The employer advised the OHO that they believed the practitioner may have an impairment which involved substance abuse issues stemming from chronic pain and anxiety. The OHO noted these concerns, along with the serious risks of practicing under the influence. This conduct and the theft of medications was assessed as a serious matter and likely to amount to professional misconduct. Under the *Health Ombudsman Act 2013* (the Act), the OHO is required to retain the most serious and professional misconduct matters and Ahpra is the entity that manages impairment / health issues in relation to practitioners, under the Act.

However, under the HOA, the Health Ombudsman has a discretion to refer a serious and / or professional misconduct matter to Ahpra, particularly where there is a potential health impairment which may be impacting on the conduct. In this instance the Health Ombudsman, determined that the most supportive regulatory approach would be to refer the practitioner to Ahpra so that both the impairment and conduct could be managed by the one agency in an holistic way. The matter progressed through joint consideration with Ahpra and it was agreed the referral to Ahpra was appropriate given the circumstances.

Outcome

The decision to refer the practitioner to Ahpra was made within 3 days of having received the notification. Further to this, in noting that the practitioner potentially suffered with an impairment and that the OHO is mindful of minimising potential distress to practitioners, the OHO withheld notifying the practitioner of the decision to refer to Ahpra which can be lawfully done under the Act. This was to reduce any potential risks to health and safety of the practitioner and also allow Ahpra to contact the practitioner as the entity that was managing the matter to ensure continuity for the practitioner. As part of the OHO's monitoring role in relation to serious matters, the OHO sought regular updates from Ahpra on the regulatory action taken to address the risks to public health and safety.

Investigation

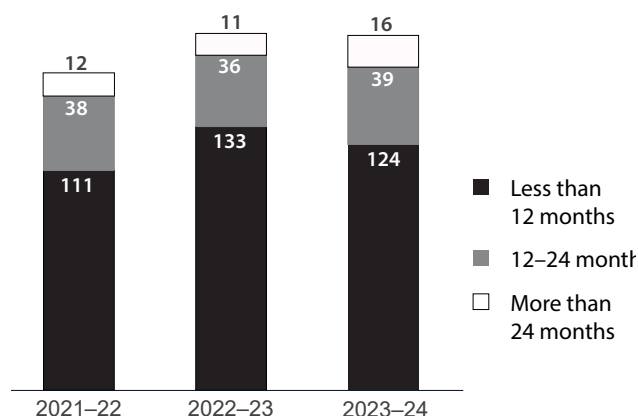
The OHO conducts formal investigations for more serious matters, which fall into one of two categories: individual health practitioner investigations, or systemic investigations, which include investigations into complaints about health services.

Generally, investigations are to be completed within 12 months, although this may be extended due to the size, nature or complexity of the matter. Under the Act, all investigations open for more than 12 months must be published in a register on the OHO's website.²⁰ The responsible parliamentary committee and Minister are also advised of investigations open for more than two years.²¹

In 2023–2024, the OHO commenced 300 investigations, compared to 219 investigations commenced in 2022–2023—an increase of 37 per cent. Of the 300 investigations commenced, 22 were subsequently joined with an existing investigation and none were separated from an existing investigation.

The OHO finalised 179 investigations in 2023–2024 which is consistent when compared to 180 investigations finalised in 2022–2023.²² Of the 179 investigations finalised, 124 (69 per cent) were completed within 12 months, 39 (22 per cent) were closed between 12 and 24 months of commencement and 16 (9 per cent)²³ longer than two years (refer Figure 12). This represents a decrease on the 2022–2023 financial year, where closures within 12 months were 133 (74 per cent) but relatively consistent with the 2021–2022 financial year.²⁴

Figure 12 Number of investigations completed within timeframes



While open, an investigation can be either active or paused. The latter occurs where the OHO halts an investigation, to allow the prosecution of a related matter to progress through the criminal justice system, without interference or duplication of effort (e.g. an investigation being undertaken by the QPS into the practitioner). Despite being unable to progress paused investigations, they are still considered 'open' investigations and are resumed once criminal proceedings have been finalised. Consequently, paused investigations can significantly impact the OHO's ability to complete investigations within 12 months.

When excluding investigations that were paused pending findings from an external agency, 83 per cent of investigations completed between 1 July 2023 and 30 June 2024 were finalised within 12 months. This is compared to 82 per cent and 86 per cent in 2021–2022 and 2022–2023 respectively.

At 30 June 2024, 310 investigations remained open. Of these, 247 (80 per cent) were aged less than 12 months, 48 (16 per cent) were aged between 12 and 24 months and 15 (5 per cent) were aged more than 24 months (see Figure 13).

²⁰ Section 85(4) of the Act.

²¹ Section 85(8)(a) of the Act.

²² Minor differences in previous years' figures reported in prior annual reports are attributed to data corrections that have since taken place in the OHO's Case Management System. Figures reported above are based on the latest available data at the time this annual report is published.

²³ Open investigations includes 'paused' investigations, that is, investigations concurrently undertaken by third parties (such as Queensland Police Service). Paused investigations can significantly impact on the OHO's ability to complete investigations within 12 months.

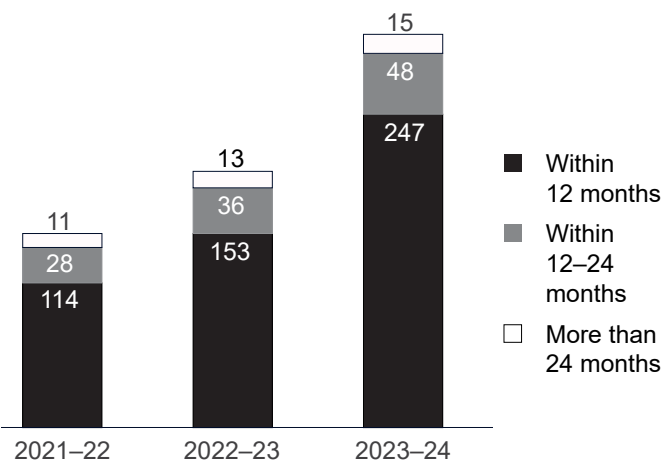
²⁴ Refer above to 21.

This is comparable to last year where 76 per cent were aged less than 12 months, 18 per cent were aged between 12 and 24 months and 6 per cent were more than 24 months old.²⁵

Of these 310 open investigations, 31 were paused (10 per cent) and 279 (90 per cent) were active matters. While open active investigations increased significantly from 157 matters last year, 233 (84 per cent) of these were open for less than 12 months which, when taking account of the increased number of investigations, is slightly less than 137 (87 per cent) last year.

Completing investigations in a timely way and reducing older open investigations remains a focus for the OHO. The observed increase in the number of serious and complex complaints and consequential increases in the number of investigations commenced each year present some challenges to maintaining the improvements in timeliness of investigations which have been achieved over recent years. These challenges are being addressed through a range of strategies, including detailed recommendations from the OHO's Resourcing Review.

Figure 13 Timeframes for open investigations



Practitioner investigations

Investigations into individual registered health practitioners explore whether their conduct or performance may constitute professional misconduct, or if another ground exists to cancel or suspend their registration. Investigations relating to individual unregistered practitioners consider whether they may pose a serious risk to persons, due to their health, conduct and/or performance, and assess their conduct and performance against the National Code of Conduct for Health Care Workers (Qld).²⁶

Of the 179 closed investigations, 174 related to individual practitioners (97 per cent). Of these 174, 114 related to registered practitioners (66 per cent); and unregistered practitioners accounted for 60 closed investigations (34 per cent).

At the end of a registered practitioner investigation, the Health Ombudsman decides whether the matter should be referred to the Director of Proceedings for potential disciplinary action in QCAT.

Where an investigation establishes that an unregistered practitioner poses a serious risk to persons, the Health Ombudsman may issue a prohibition order against the practitioner.²⁷ These matters are referred to Legal Services to assist the Health Ombudsman in managing the show cause and submission process prior to the Health Ombudsman determining whether or not to issue a prohibition order. Practitioners can apply to QCAT to review a decision to issue a prohibition order.

An investigation may also identify that there is insufficient evidence to substantiate allegations against the practitioner. In such cases, no further action may be taken in relation to the matter. Where appropriate, the practitioner may be reminded of their obligations under the relevant code of conduct or asked to reflect on potential learnings from the issues raised in the complaint.

²⁵ Minor differences in previous years' figures reported in prior annual reports are attributed to data corrections that have since taken place in the OHO's Case Management System. Figures reported above are based on the latest available data at the time this annual is report published.

²⁶ <https://www.oho.qld.gov.au/for-providers/your-responsibilities>

²⁷ Part 8A of the Act.

In other cases, an investigation may establish that the 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 and the relevant National Board to manage.

An investigation may result in multiple outcomes. In 2023–2024, 106 (54 per cent) of the 198 investigation outcomes were referred to the Director of Proceedings. No further action was the outcome for 53 (27 per cent) matters, and the recommendation to issue a prohibition order was made for 28 (14 per cent) matters. Investigation outcomes are detailed further in Table 9.

Table 9 Outcomes of investigations*

Investigation outcomes	2023–24	
	Number	%
Matters recommended for referral to the Director of Proceedings	106	53
No further action	53	27
Referred to Ahpra	11	6
Recommended that the Health Ombudsman issue a prohibition order	28	14
Referred to another agency	0	0
Total	198	100

* NB: Total investigation outcomes may not equal total number of investigations completed, as a single investigation can result in multiple outcomes.

Systemic investigations

The OHO undertakes systemic²⁸ 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. Investigating individual complaints about people’s experiences with a health service provider can provide important answers and outcomes for complainants as well as identifying opportunities for learning and service improvements for health service providers.

The OHO’s ability to investigate systemic matters allows for a strategic and proactive approach to protecting the health and safety of the public and to promoting improvements in the delivery of to health services. These investigations also provide an independent and impartial perspective to establish whether systemic issues exist and make associated recommendations to address them.

In 2023–2024, 35 systemic investigations were commenced, significantly higher than the five commenced in 2022-2023. These systemic investigations included the systemic investigation which was undertaken in response to the Section 81 ministerial direction to investigate Assisted Reproductive Technology (ART) providers in Queensland (see case study on page 31), and 16 individual complaints which related to the provision of ART services. The investigations about ART services accounted for almost half (49 per cent) of the 35 systemic investigations commenced in 2023–2024. The other systemic investigations related to a broad range of patient safety and quality issues and concerns about experiences of treatment and care health service facilities, both public and private.

In 2023–2024, five systemic investigations were closed, including the ministerial-directed systemic investigation into ART providers in Queensland.

As of 30 June 2024, 35 systemic investigations remained open. Of these 35 open systemic investigations, 16 (46 per cent) related to individual complaints about the provision of ART services.

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. One of the five investigations completed resulted in several recommendations requiring monitoring. As such, as at 30 June 2024, the OHO was monitoring recommendations arising from four completed systemic investigations.

28 Includes investigating individual complaints about health service providers.

Immediate Action and Prohibition Orders

The Health Ombudsman may need to take immediate action against a health practitioner in the most serious cases.

Part 7 of the Act outlines the Health Ombudsman's immediate action powers relating to health practitioners. Under the Act, the main basis upon which the Health Ombudsman takes immediate action is where a reasonable belief is formed that:

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

The work performed by the Immediate Action team is a critical safeguarding and protective function performed by the OHO. Immediate action is an interim measure taken urgently. It involves immediate registration action against a registered health practitioner; or an interim prohibition order against an unregistered health practitioner—or registered health practitioner practising in an unregistered capacity.

Immediate registration actions may—and interim prohibition orders must—be published on the OHO's website under the Act. Publishing these decisions ensures the public is informed about registered practitioners who are suspended or subject to conditions, and unregistered practitioners who are prohibited or subject to restrictions.

The Health Ombudsman also has the power to issue unregistered practitioners prohibition orders in certain circumstances.²⁹

Show cause notices

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 submission from the practitioner—and any other evidence from the practitioner—must be considered by the Health Ombudsman before any decision to take immediate action is made.

The show cause process is important as it affords the practitioner procedural fairness, particularly given immediate action may impact the practitioner's ability to earn a living and support their family. It also enables the Health Ombudsman to make informed decisions regarding the risk a practitioner may pose.³⁰

The Health Ombudsman may take immediate action without first issuing a show cause notice, in cases where they believe it is necessary to ensure the health and safety of an individual or the public. A health practitioner can provide a submission for consideration after the immediate action is effective.

A health practitioner may apply to the Health Ombudsman to vary an immediate action decision, if there is a material change relating to the matter that resulted in immediate action. The Health Ombudsman may also initiate a decision to vary an immediate action if, at any time after a decision to take immediate action, there is a material change relating to the matter that resulted in immediate action. If a decision is made to vary an immediate action—whether because of a practitioner's application or a Health Ombudsman initiated variation—a show cause process must begin as if it was a newly proposed decision.

²⁹ Section 90C of the Act. An investigation into the unregistered practitioner must be completed and the Health Ombudsman must be satisfied that the practitioner poses a serious risk to persons because of their health, conduct or performance. Prior to 1 March 2020, only QCAT had the power to issue such orders.

³⁰ Sections 59 and 69 of the Act.

Case Study 5

Systemic investigation of assisted reproductive technology providers in Queensland

Assisted reproductive technologies/treatments (ART) are treatments or procedures that address fertility. They can include artificial insemination (AI) and in vitro fertilisation (IVF) and other related treatments or procedures.

On 2 November 2023, the Minister for Health, Mental Health and Ambulance Services and Minister for Women directed the Health Ombudsman to undertake an investigation under Section 81 of the Health Ombudsman Act 2013 (the Act) into ART providers within Queensland. The Minister's direction was prompted by several high-profile instances of alleged adverse events and regulatory failures regarding the provision of ART services in Queensland, which indicated potential systemic issues.

This investigation provided an important opportunity to independently review the quality and safety of services within a health sector that can offer so many benefits to consumers through the creation of a family that may otherwise not have been possible. It also shone a light on the experiences of consumers receiving ART treatments and the significant and sometimes lifelong impacts on consumers, donors and donor-conceived children when adverse events occur.

The OHO investigation complemented work being undertaken by Queensland Health on proposed legislation to regulate the provision of ART services in Queensland, and to inform effective implementation of the Legal Affairs and Safety Committee's report titled: Inquiry into matters relating to donor conception information.

What we did

The OHO investigated in three phases. Phase 1 began on 2 November 2023 and resulted in an interim report to the Minister on 28 March 2024. The Minister was provided with the Phase 2 interim report and summary on 17 May 2024 and the final report was provided to the Minister on 28 June 2024.

The scope of the investigation included examining identified issues, non-compliance or adverse events associated with:

1. the handling of gametes and embryos, including collection, labelling, storage and transportation
2. screening techniques for gametes, embryos and donors used in Queensland
3. record keeping including donor and recipient information sharing and compliance with updating records relating to changes in donor's health information
4. maximum donation and distribution of gametes within Australia
5. whether adequate information is made available to consumers, to allow them to provide informed consent when choosing ART treatment
6. issues related to the quality of donated sperm and impacts on choices of ART treatment
7. use of sex selection in accordance with the National Health and Medical Research Council (NHMRC) Guidelines; and
8. issues associated with discarding of gametes and/or embryos (genetic or biological material).

The investigation also examined the following themes, identified from complaints and information obtained for this investigation:

9. current mechanisms for the oversight of ART services, and applicable standards
10. open disclosure and the management of complaints and adverse events by ART providers
11. impacts on consumers identified in responses to complaints and adverse events.

The OHO reviewed current and closed complaints and enquiries received about health services provided by licensed ART providers in Queensland, as well as records related to compliance with the Fertility Society of Australia and New Zealand (FSANZ) Reproductive Technology Accreditation Committee (RTAC) Code of Practice and the NHMRC Ethical Guidelines on the Use of Assisted Reproductive Technology in Clinical Practice. Incident and adverse event reports, accreditation audit reports, and complaints made to ART providers were also examined.

Additionally, the OHO considered themes from the investigation of individual complaints made to the OHO, before and after the Ministerial directed investigation was announced. Some complaints from consumers relating to ART services included issues relating to:

- allegations of a gamete mix-up, resulting in two younger children not related to the older child
- concerns regarding the number of families created by a single sperm donor
- alleged failures to obtain informed consent to treatment
- alleged failures to disclose medical information about a donor or donor conceived children to other recipients of the donor sperm.

Themes and issues identified in these individual investigations progressively informed the ART systemic investigation. ART providers and related organisations were consulted to further explore possible issues in service provision, and the challenges experienced by users of ART services in Queensland. An expert advisory panel was established under Section 29 of the Act. The panel provided advice and input on the range of issues being considered by the investigation, including expert clinical opinion on specific issues.

Outcome

The investigation identified significant systemic issues relating to providing ART services in Queensland. This warranted considering the proposed legislative changes to the ART regulatory regime, and practice improvements by ART providers.

The findings and observations of the OHO's investigation—particularly the gravity of adverse events that can occur in providing ART treatment—indicate a compelling need for proposed legislation to regulate ART providers in Queensland and to strengthen the safeguards for consumers, donors and donor-conceived persons.

The investigation also identified improvements in practices and technological advancements. These are being implemented by ART providers, the FSANZ, and FSANZ's RTAC. Their aim is to address some of the historical issues, particularly in respect to record keeping. The OHO also noted the views of some ART providers regarding benefits of regulation. These included providing a consistent framework and expected standards—for consumers and providers—and complementing existing mechanisms for auditing and promoting high quality and safe practices.

Detailed recommendations were made for consideration of the Minister, FSANZ-RTAC and ART providers on the issues identified in the investigation. The OHO is confident that the implementation of these recommendations will improve the quality and safety of ART services for all Queenslanders.

In 2023–2024, the Health Ombudsman issued 49 immediate registration actions³¹ and 32 interim prohibition orders. These actions include immediate action decisions where the Health Ombudsman decided to vary a decision to take immediate action. Seventy-six decisions to take immediate action upon initial assessment of a matter were made in 2023–2024, compared to 76 in 2022–2023. Overall numbers of decisions and comparisons to previous years are shown in Figure 14. Information received from the QPS resulted in 46 per cent of the immediate actions issued. The most common types of conduct that warranted immediate action included:

- alleged sexual misconduct (including sexual assault and serious boundary violations)
- serious criminal conduct (within and outside of practice, including family violence)
- physical assaults.

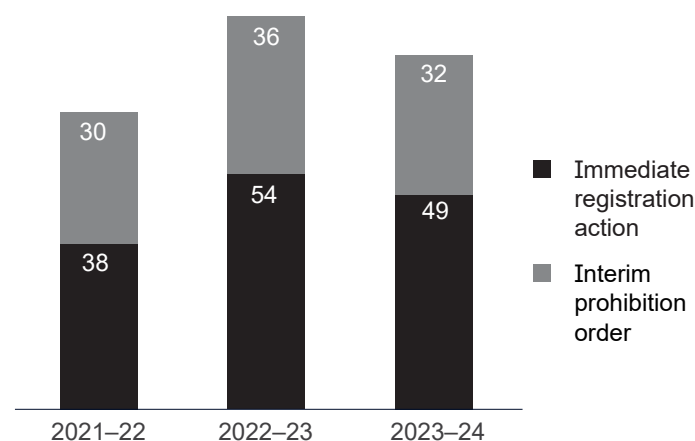
Other reasons included evidence of practices posing serious risks of harm to persons, such as engaging in or promoting unsafe treatments. Practitioners have the right to seek review of the Health Ombudsman’s decision to take immediate action, by making an application to QCAT.³²

Practitioners are informed of this right in the notice of decision to take immediate action, issued by the Health Ombudsman. Eight applications for review of an immediate action decision were lodged with QCAT. One review application was heard and this matter was not upheld by QCAT. QCAT may make a decision considering new information not before the Health Ombudsman at the time of the initial immediate action decision.

The Health Ombudsman may issue a prohibition order—either permanently or for a stated period—once they have finished investigating an unregistered practitioner, and are satisfied that the practitioner’s health, conduct or performance poses a serious risk to persons. In 2023–2024, the Health Ombudsman issued 14 prohibition orders compared to 22 in 2022–2023.

Practitioners can apply to QCAT to review any prohibition order issued to them by the Health Ombudsman.³³ In 2023–2024, one practitioner applied to QCAT to review a prohibition order—a decision on which was pending as at 30 June 2024.

Figure 14 Number of immediate actions taken by the Health Ombudsman



NB: Data for 2022–23 and onwards includes immediate action decisions where the Health Ombudsman decided to vary by making a decision to take immediate action. This data was not captured in previous annual reports.

Compliance monitoring

Where action is taken against a health practitioner in the form of:

- an immediate action
- a prohibition order, or
- a QCAT order in relation to an unregistered practitioner.

The OHO monitors the practitioner’s compliance with the action in order to mitigate the risk to public health and safety.

In 2023–2024, the OHO began 96 new practitioner monitoring cases and closed 48 cases. A single practitioner may be monitored for different issues or orders. As at 30 June 2024, the OHO had 286 (an increase of 14 per cent from last year) open practitioner monitoring cases (refer to Table 10). Ninety-eight of these were registered practitioners, and 188 were unregistered practitioners, or registered practitioners practicing outside their registration field (see Figure 15).

³¹ Immediate registration actions apply only to registered health practitioners and may result in the Health Ombudsman suspending or imposing conditions on the practitioner’s registration.

³² Sections 63 and 74 of the Act.

³³ Section 90N of the Act.

Figure 15 Number of practitioners under monitoring

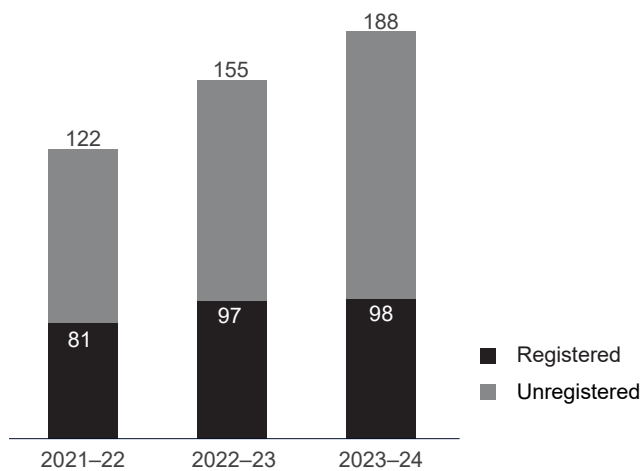


Table 10 Open monitoring cases by type

Open monitoring cases by action type	2023-24	
	Number	%
Immediate registration action—conditions	56	20
Interim prohibition order—prohibited	33	12
QCAT issued conditions or prohibition	44	15
Permanent prohibition order	61	21
Interim prohibition order—restrictions	50	17
Immediate registration action—suspension	41	14
QCAT interim decision	1	<1
Total	286	100

A practitioner's suspected or identified non-compliance with immediate action may result in further investigation, which can lead to appropriate action to address issues associated with non-compliance. For registered practitioners, a breach of an immediate registration action order may constitute professional misconduct, whereas for unregistered practitioners a breach of their interim prohibition order is an offence which may be prosecuted.³⁴

Where there is evidence of a breach of the Act, the Health Ombudsman considers whether prosecution is appropriate.³⁵ In 2023–2024, two summary prosecutions were commenced, with one practitioner found guilty and fined for breaching an interim prohibition order and the other practitioner still subject to proceedings as at 30 June 2024.

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.³⁶

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.

³⁴ Section 78 of the Act.

³⁵ Section 269 of the Act

³⁶ Part 12 of the Act.

Public statements

On 15 May 2023, changes were made to the Act to allow the Health Ombudsman to make a public statement about a person if:

- if the Health Ombudsman reasonably believes the person is contravening or has contravened a relevant provision³⁷, or
- who is the subject of an assessment under part 5 of the Act or an investigation under part 8 of the Act, and
- the Health Ombudsman reasonably believes because of the persons conduct, performance or health, the person poses a serious risk to other persons; and it is necessary to issue a public statement to protect public health or safety.

This means the Health Ombudsman will publish the name of the person or the health service provided by the person on the OHO's website and give warnings or information to inform the public including about what action they should take.

Issuing a public statement means the Health Ombudsman can warn the public while the OHO continues to take steps to assess or investigate a matter that could raise a serious risk to the public.

One public statement was issued in relation to an unregistered practitioner in the period 1 July 2023 to 30 June 2024.³⁸

Director of Proceedings

The role of Director of Proceedings is identified in the Act and is responsible for which matters are appropriate for referral to QCAT for professional disciplinary action.³⁹ In making these decisions, the Director of Proceedings considers:

- the paramount guiding principle of the Act
- the seriousness of the matter
- the likelihood of proving relevant matters before QCAT
- the orders QCAT may make
- anything else considered relevant.

If the Director of Proceedings refers a matter to QCAT the Director of Proceedings then 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 at which point the Director of Proceedings may also recommend that particular action be taken by the Health Ombudsman such as to refer the matter to Ahpra, undertake further investigation or take no further action.

Figure 16 demonstrates the pathway a matter takes from the conclusion of an investigation to its filing in QCAT or referral back to the Health Ombudsman.⁴⁰ 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 general legal services, the Health Ombudsman and the Director of Proceedings are supported by the Legal Services division.

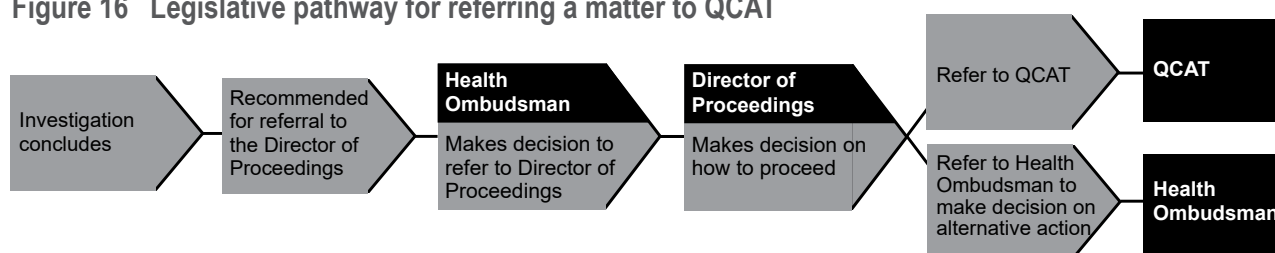
37 Relevant provision means any of the following provisions of the *Health Practitioner Regulation National Law (Qld)* – (a) section 113 – restriction on use of protected title; (b) sections 115-119 – holding out and restrictions on use of specialist titles; (c) sections 121-123 – restricted acts; (d) section 133 – advertising; (e) section 136 - directing/inciting offence.

38 See <https://www.oho.qld.gov.au>

39 Section 103(3) of the Act dictates what the Director of Proceedings must consider in making a decision. 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.

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

Figure 16 Legislative pathway for referring a matter to QCAT

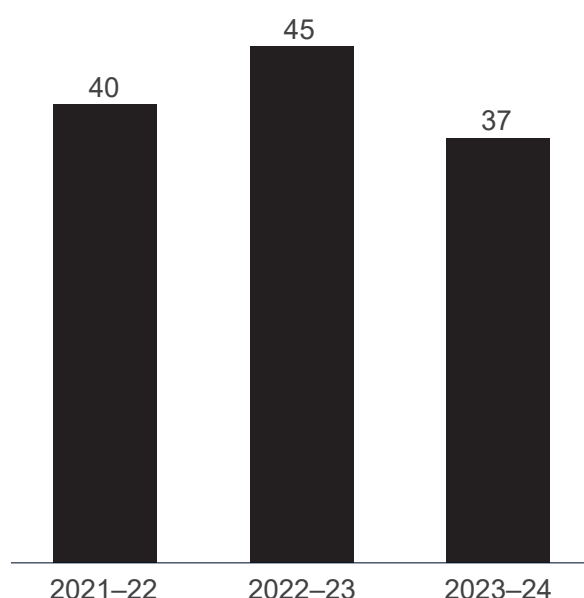


Decisions by the Director of Proceedings

In 2023–2024, the Director of Proceedings received 107⁴¹ matters from the Health Ombudsman for consideration for referral to QCAT—18 more than in 2022–2023. The Director of Proceedings also referred matters back to the Health Ombudsman and filed 37 matters in QCAT. The 37 matters filed in QCAT concerned issues such as:

- conviction for criminal offences
- inappropriate prescribing/dispensing
- breach of conditions
- poor clinical performance
- possession of child exploitation material
- sexual misconduct.

Figure 17 Matters filed in QCAT

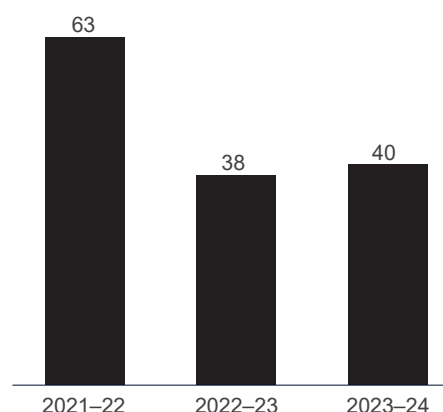


In 2023–2024, QCAT handed down 40 decisions on matters filed by the Director of Proceedings⁴² resulting in:

- practitioners having their registrations cancelled, and/or being disqualified from applying for registration
- practitioners being reprimanded or cautioned
- practitioners being suspended
- practitioners having conditions imposed on their registration
- practitioners being fined (from \$5,000 to \$12,500)
- a matter where the decision on sanction is still pending.

QCAT decisions are available from the Supreme Court Library Queensland website.⁴³

Figure 18 Decisions handed down by QCAT



As at 30 June 2024, 70 OHO matters were with QCAT including two that were heard and awaiting a decision. There were 56 matters awaiting a decision by the Director of Proceedings.

⁴¹ Includes the 106 matters received from the Investigations Division and one matter referred from Ahpra under s.193 of the *Health Practitioner Regulation National Law (Queensland)*.

⁴² There were two further matters that were withdrawn.

⁴³ www.sclqld.org.au/caselaw/QCAT

Other functions and services

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

Legal services

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

Legal assistance can be requested by the 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. The OHO lawyers provide advice and services regarding health regulation, administrative and public law issues. This includes interpreting the Act, the National Law, and other relevant legislation, to ensure decisions are legally sound.

The Legal Service Division 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.

When selecting an expert to provide clinical advice, the OHO considers:

- the substance and context of the complaint
- appropriate qualifications, and similar (or greater) expertise and experience in the professional specialty as the practitioner who provided the health service
- any conflicts of interest with the matter or parties to the matter.

Parties to a matter will generally be informed of the area(s) of practice for which the advice is sought, the questions that were asked, and the content of the advice.

The engagement of expert, independent clinical advice where appropriate, and maintaining a panel of suitable clinical advisors, enables the OHO ensure that its decisions are informed by relevant clinical expertise and knowledge about complex issues in a constantly evolving health environment.

In 2023–2024 there were 45 clinical advice reports requested. Of the 45 requests, 12 per cent were made in the initial stages of the complaints management process— intake, triage and assessment. The remaining requests were sought during investigations (84 per cent), during legal review (two per cent), or when considering or taking immediate action (two per cent).

Community engagement

Education and engagement activities

The OHO is committed to fostering strong stakeholder relationships and creating awareness of its role and functions. Education and engagement activities are particularly important for building and maintaining public confidence in the health service complaints system, a key objective of the Act.⁴⁴ They also provide an opportunity for the OHO to educate consumers, practitioners and health service providers on effective responses to complaints and the OHO's role in protecting the public health and safety, and in driving improvements in health service delivery.

The OHO strives to address concerns and enhance the transparency of our processes through active collaboration with various stakeholders in the health care sector and the broader community.

In 2023–2024, the OHO undertook 161 education and engagement activities. These included 32 presentations at conferences and forums involving health practitioners, Ahpra and National Board members, Queensland Health and other government agencies, health consumers, advocacy groups and peak organisations.

Additional community engagement and education activities focused on our commitment to building the cultural safety and accessibility of the OHO's services for Aboriginal peoples and Torres Strait Islander peoples. This included hosting an information stand at the NAIDOC Week event in Musgrave Park (Brisbane), providing connection with communities by listening to their unique concerns and building awareness to better serve their needs. The OHO staff also distributed customised medical appointment notepads which are designed to assist Aboriginal peoples and Torres Strait Islander peoples during their health service consultations.

In 2023–2024, the OHO's engagement with Aboriginal and Torres Strait Islander communities had a particular focus on communities in Torres Strait, Northern Area Peninsula, Doomadgee and Mt Isa. In July the Health Ombudsman and staff attended meetings with leaders and community members from Torres Strait and Northern Area Peninsula to hear of the particular concerns raised at that time about health service provision and health outcomes in those communities. This visit was followed up in September 2023, with visits to Thursday Island and Bamaga, to attend meetings with health service providers, shire council representatives, and local Aboriginal and Torres Strait Islander communities, discussing health service provided in these areas and issues of concern to these communities.

The Health Ombudsman and staff also visited Doomadgee and Mt Isa in September 2023 for meetings with North West Hospital and Health Service, Gidgee Healing, and community members to discuss progress on implementing recommendations from systemic investigations into Doomadgee Rural Hospital and Gidgee Healing. A further visit to Mt Isa was undertaken in November 2023 for follow up meetings with the services and community members. These visits provided the OHO with valuable insights into the daily challenges faced by communities and health service providers in remote areas, and the unique challenges faced by Aboriginal peoples and Torres Strait Islander peoples living in those areas.

The OHO is committed to working with these services and communities to ensure that the learnings and recommendations from complaints lead to improved health outcomes for these communities with further visits planned.

⁴⁴ Section 3(1)(c) of the Act.

Website and publications

The OHO has continued to engage with the wider community through our website, providing detailed information about:

- what an individual should do if they have a health service complaint
- how to raise a health service complaint with the OHO
- where to find information about health service providers, their registration or practicing status, and any orders or actions taken against them.

In 2023–2024, the OHO commenced a website refresh project to ensure the information displayed is current, easy to search and forms are easily accessible. This included building a new and improved register of actions/orders against registered and unregistered practitioners that is a single, searchable table. This project also explored linking the OHO's register to the Ahpra national register of practitioners.

In 2023–2024 the OHO welcomed 82,236 users to the OHO website. The OHO's homepage received 132,730 views and the second most popular page was actions/orders against practitioners, with 25,108 views.

Work is continuing to update the now mobile friendly online complaints form and developing a new interactive notification form to connect with the OHO's Resolve case management system.

In line with the OHO's 2023–2027 Strategic Plan⁴⁵, the OHO will continue to explore ways to increase its efforts in community engagement, focusing on promoting accessibility for diverse communities and priority population groups across Queensland. The OHO continues to remain committed to building the cultural safety and accessibility of the OHO's services for Aboriginal peoples and Torres Strait Islander peoples.

Contributions to policy, practice and system improvements

The OHO is committed to contributing insights from the performance of its regulatory and complaints functions to influence broader policy, practice and system improvements. The OHO's enhanced data analytics and reporting allows us to provide valuable insights into complaint trends and issues in health service quality and safety.

Throughout the year, the OHO analysed complaint data, identified emerging trends, and shared this information with relevant stakeholders. One of the OHO's functions is to identify and report on systemic issues and to recommend opportunities for improvement.⁴⁶ The OHO also has a role under the Act to promote safe and competent treatment by health practitioners and promote high standards of health service delivery.⁴⁷ It is therefore part of the OHO's role and function to actively contribute to consultations on standards, codes, policies, accreditation and training and health service practices.

Contributions to consultations, research, inquiries and legislative proposals

In 2023–2024, the OHO continued to be actively engaged in shaping important issues related to healthcare. The OHO received 68 requests and invitations to provide input to consultations, research, reviews or inquiries. We reviewed and provided detailed feedback or submissions on 31 matters. These submissions covered a wide range of topics, including proposed changes to legislation and safety and quality standards, and other significant matters concerning the healthcare sector.

⁴⁵ <https://www.oho.qld.gov.au/resources/strategic-plan>

⁴⁶ 43 Section 25(c) of the Act.

⁴⁷ Section 3(b) of the Act.

In addition to making submissions, the Health Ombudsman provided evidence at Parliamentary Committee hearings on proposed amendments to the *Health Practitioner Regulation National Law Act (Queensland) 2009*. The Health Ombudsman also contributed as member of two key advisory committees for the Australian Commission of Quality and Safety Organisational governance in Health Care, on the accreditation standards for cosmetic surgery and the evaluation of the open disclosure framework.

The Health Ombudsman also contributed insights from the OHO's work as a member of Queensland Mental Health Commission's 'Shifting Minds Strategic Leadership Group' for the whole-of-government mental health, alcohol and other drugs, and suicide prevention reform.

The OHO's submissions and contributions are made possible through collaborative efforts of teams across the office and valuable stakeholder input. By actively engaging with stakeholders across the health sector, the OHO ensures that these submissions are informed by the OHO's insights into the diverse experiences of Queensland's healthcare system.

Information systems and recordkeeping

The OHO is committed to creating and maintaining full and accurate records of all business transactions. The *Public Records Act 2002*, the Queensland Government Digital Services Policy and relevant information standards, inform the OHO's approach to recordkeeping and information management and its Records Management Policy and Procedure.

The OHO has applied the General Retention and Disposal Schedule (GRDS) from Queensland State Archives as a basis for retaining information according to legislative responsibility. The OHO employs a dedicated Information Management Officer to manage all corporate records.

The OHO's corporate records are managed in an electronic document and records management system (Content Manager) and all complaints and investigation records are managed in a complaints management system (Resolve). Resolve is integrated with Content Manager to store all documents and records in a secure repository. The OHO has more than 2.66 million records held in Content Manager and Resolve. Hard copy records are stored off-site with an approved third-party provider (ZircoData).

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

Organisational governance

Strategic workforce planning and performance

At the end of the financial year, the OHO had 145.61 full-time equivalent (FTE) employees and a total headcount of 151.

Table 11 Gender

Gender	Number (headcount)	Percentage of total workforce (Calculated on headcount)
Woman	102	68%
Man	49	32%
Non-binary	0	0

Table 12 Diversity target group data

Diversity groups	Number (headcount)	Percentage of total workforce (Calculated on headcount)
Women	102	68%
Aboriginal Peoples and Torres Strait Islander Peoples	<5*	<5
People with disability	11	7%
Culturally and Linguistically Diverse – Speak a language at home other than English^	6	4%

Notes:

*To ensure privacy, in tables where there are less than 5 respondents in a category, specific numbers should be replaced by <5.

^ This includes Aboriginal and Torres Strait Islander languages or Australian South Sea Islander languages spoken at home.

Table 13 Target group data for women in leadership roles

	Women (Headcount)	Percentage of total leadership cohort (calculated on headcount)
Senior Officers (Classified and s122 equivalent combined)	3	38%
Senior Executive Service and Chief Executives (Classified and s122 equivalent combined)	5	83%

Staff care and development

The OHO is committed to creating an environment where staff are engaged and provided with opportunities to grow professionally. 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. Staff also undertake mandatory training when they begin working with the office, and complete required training on an annual basis.

In 2023–2024, the OHO provided regular face-to-face induction processes which are run every 6–8 weeks. The Health Ombudsman and members of the executive leadership team attend, to introduce new starters to the OHO's strategic plan, organisational values, human resources, and general information about the OHO's processes. Additionally, to ensure staff are provided timely information when they start work with the OHO, they also receive access to the online induction package which was developed and implemented in 2022–2023.

The OHO also provided a range of opportunities for learning and development, including seminars on health sector practices, standards and regulation, stakeholder engagement, and training including:

- 'Thrive' training for staff wellbeing and support strategies
- Aboriginal and Torres Strait Islander cultural capability and safety training
- Complaints management
- IT specialist related training
- Intermediate investigative interviewing
- Neuroscience in Quality Performance Discussions
- Effective Workplace Coaching
- Good Administrative Decisions training with the Office of the Queensland Ombudsman
- LGBTIQ+ SBS Inclusion Program
- Human Rights training
- Psychosocial safety
- De-escalating the Agitated Caller for Complaint Handlers.

The OHO recognises the importance of building a skilled and capable workforce that is agile and responsive to the needs of the OHO's ever-changing, diverse group of health service complainants.

The OHO adopts an organisation-wide framework that links learning and development opportunities systematically with business needs; supports staff in any upskilling to achieve the OHO's strategic goals; and establishes priorities and plans for training activities and resources. The framework outlines the OHO's approach for staff development in line with the 70:20:10 model, with work-based learning accounting for 70 per cent, collaborative learning 20 per cent, and structured learning the remaining 10 per cent.

The OHO's online learning platform enables the OHO to offer staff more personalised and targeted training. The platform offers over 100 optional training packages that staff can access to update their skills in line with their identified development goals. Staff also receive advice regarding other ad hoc training opportunities—including options for staff in management positions to develop their leadership capability.

The OHO recognises the high level of emotional labour required to deal with health service complaints and invests in initiatives to support staff in this regard:

- the Thrive staff wellbeing training referred to above
- a wellbeing support service, implemented in March 2023 and continued in 2023–2024. This provides staff access to an onsite clinical psychologist to assist staff to deal with a range of concerns and stressors that can be experienced in our workplace and in people's family and personal lives. The service also provides group sessions to teams on various topics, including proactive strategies in dealing with highly sensitive and traumatic information
- a confidential 24-hour employee assistance program, providing staff with access to free, short-term, professional counselling for employment or personal matters
- procedures around effective responses to complaints and managing unreasonable complainant conduct to further ensure the safety of our staff and members of the public.

Inclusion and diversity

The OHO is committed to gender equity, diversity and inclusion in the workforce. This is being achieved through several strategies and is reflected in staff position descriptions, which include statements on workforce diversity and acknowledgement of Aboriginal peoples and Torres Strait Islander peoples and cultures.

The OHO undertook its first equity and diversity audit which was provided to the Public Sector's Special Commissioner. The results of the audit resulted in the development of the OHO's 2024–2028 Diversity, equity and inclusion strategy which is available on the OHO website⁴⁸. The OHO also sourced LGBTIQ+ training through the SBS Inclusion Program. This mandatory, all-staff training is designed to improve staff understanding of the LGBTIQ+ community.

The OHO has embraced the Queensland Public Sector Flex-connect framework which supports talent mobility, gender equity, employee wellbeing, and inclusion and diversity. As a result, all staff have access to a range of flexible working arrangements.

As of 30 June 2024, 8 per cent of staff work part-time. Most staff access flexible working arrangements which include compressed hours, flexible start and finish times, and working remotely.

The OHO's employees are engaged under the Queensland Health Sector Certified Agreement (No. 11) 2022 which was certified on 26 May 2023. Union members at the office 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.

Early retirement, redundancy and retrenchment

No redundancy, early retirement or retrenchment packages were paid in 2023–2024.

Internal accountability

Executive Leadership Committee

Positions held as at 30 June 2024:

Health Ombudsman (statutory position)— Dr Lynne Coulson Barr OAM

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 6–7. Dr Coulson Barr OAM commenced as Health Ombudsman on 15 January 2022. Dr Coulson Barr has a distinguished career in leadership roles in statutory complaint, oversight and regulatory bodies. She is recognised nationally and internationally for her specialist expertise in designing and implementing accessible and inclusive complaint and review processes, and driving approaches to improve the safety and quality of services.

Dr Coulson Barr's experience includes leading the establishment of specialist statutory complaints schemes, including as Victoria's inaugural Mental Health Complaints Commissioner, Deputy Victorian Disability Services Commissioner, and as Acting Complaints Commissioner and Branch Head Operations with the NDIS Quality and Safeguards Commission. She has served as President of the Victorian Intellectual Disability Review Panel, and as a member of various state and federal tribunal and statutory bodies, including the Administrative Appeals Tribunal and the Victorian Civil and Administrative Appeals Tribunal. Dr Coulson Barr's qualifications include Doctor of Law with research on statutory conciliation, Master and Bachelor of Social Work, graduate of the Australian Institute of Company Directors, and accredited mediator/conciliator under the National Mediator Accreditation System. Dr Coulson Barr's contributions to public sector leadership and the community have been recognised by numerous awards including the Medal of the Order of Australia (OAM).

⁴⁸ <https://www.oho.qld.gov.au/resources/diversity-equity-and-inclusion-strategy>

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

(1 July 2023 through 15 March 2024)

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 McLean is a lawyer with over 30 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.

Director of Proceedings (statutory position)—Catherine Rees

(11 March through 30 June 2024)

During 2023–2024, the former Director of Proceedings resigned from the OHO and Catherine Rees undertook the role to ensure continuity of service provision. At this time, the role was separated from the role of Executive Director Legal Services and Karen Simpson was appointed to acting Executive Director Legal Services.

Catherine is a lawyer with over 30 years' experience in private practice, for the last 10 years practising in health regulation. Catherine joined the OHO in February 2019 as Special Counsel in the Legal Services Division and commenced in the Director of Proceedings role in March 2024.

Executive Director, Legal Services (Acting)—Karen Simpson

(11 March through 30 June 2024)

Karen is a lawyer with over 30 years' experience working in government and in private practice, particularly workers' compensation, professional regulation and discipline. Karen joined the OHO in February 2019 as Director, Legal Services. Karen commenced as A/Executive Director, Legal Services in March 2024.

Executive Director, Assessment and Resolution—Maree Hill

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

Maree has 30 years' experience as a registered nurse, having first trained at the Royal Brisbane Hospital. She then completed tertiary qualifications including a Bachelor of Nursing, Master of Nursing and Master of Health Science. She is passionate about health care, professional standards, integrity and improving the quality of approaches to health complaints management and regulation.

Maree has specialised in the areas of health care, professional standards, health service complaints and regulation. After several years as an executive at Ahpra, she joined the OHO. Her previous roles at the OHO include Director for Complaints Intake, Assessment and Referrals and Director for 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 25 years' experience in law enforcement, investigations and government regulatory fields. This includes leading complex, high risk, multi-agency investigations in criminal jurisdictions, and more recently in environmental and health regulation.

Kelly has graduate degrees in psychology and political science and vocational education qualifications in investigations and training. She joined the OHO as the Executive Director, Investigations in July 2019.

Executive Director, Corporate and Strategic Services—Dermot Tiernan

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

Dermot has more than 25 years' experience working for the Queensland, New South Wales and Victorian Governments. He has specialised in corporate operations, regulation and policy in areas including health, privacy, election management, mining and petroleum regulation, electricity regulation and renewable energy policy, genetic technology and stem cell research, food safety regulation, and major projects.

Dermot has post graduate and graduate degrees in economics and a vocational education qualification in journalism.

Director, Office of the Health Ombudsman—Prue Beasley

The Director, Office of the Health Ombudsman ensures the efficient and effective co-ordination of the Health Ombudsman office, makes recommendations to the Health Ombudsman about taking immediate action under Part 7 of the Act and is responsible for the clinical advice function and policy, risk and governance.

Prue has more than 20 years' experience in law enforcement, investigations, and government regulatory fields, both federal and state. She joined the OHO as Director of Investigations in 2016 and has worked in several areas across the office, including Assessment and Resolution and Immediate Action, before leaving in early 2020 to work in the integrity area at the Department of Education. Prue returned to the OHO in April 2022 to the Director, Office of Health Ombudsman role. Prue is also a member of the OHO Risk and Audit Committee.

Risk and Audit Committee

The OHO's Risk and Audit Committee (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. The Committee 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. Mr Will Sadler was appointed Chair and an external member of the Committee on 4 July 2019. His appointment has been extended until June 2025. Mr Sadler is an experienced risk professional and is currently employed as the Chief Risk Officer at Spirit Super. He is also a Chartered Accountant and member of the Chartered Accountants Australia and New Zealand.

Mr Reg Du Preez was appointed Deputy Chair and an external member of the Committee from 28 July 2022 until 30 June 2023. His appointment has been extended for two years until June 2025. Mr Du Preez is currently the Head of Audit and Assurance at Australian Retirement Trust and is a Chartered Accountant and Certified Internal Auditor with over 20 years' experience in accounting and auditing.

Internal Committee member for 2023–2024:

- Ms Prue Beasley, Director, Office of the Health Ombudsman (1 July 2022 to 30 June 2024)

Invitees for 2023–2024:

- Ms Kelly Gleeson, Executive Director Investigations
- Mr Scott McLean, Executive Director Legal Services
- Ms Maree Hill, Executive Director Assessment and Resolution
- Mr Dermot Tiernan, Executive Director Corporate and Strategic Services
- Ms Karen Simpson, A/Executive Director Corporate and Strategic Services and A/Executive Director Legal Services
- Mr Maurice Drake, Director Compliance
- Ms Amelia Dillon, Manager, Finance
- Ms Lauren Mitchell, Principal Finance Officer.

Only external appointees who are not public servants are eligible to receive remuneration. In 2023–2024, Mr Sadler received \$6,000 and Mr Du Preez received \$4,500 for their services on the Committee in the period 2023–2024.

The Committee convened three formal meetings in 2023–24. Key achievements include:

- reviewed and approved the 2022–2023 Annual Financial Statements
- worked towards the development of the Strategic Risk Register 2024–2025
- provided feedback on the risk management policy and procedure.

Service delivery complaints

The OHO is committed to managing service delivery complaints in a way that is accessible, responsive, fair, transparent and in a manner that is compatible with human rights.

The OHO is committed to using the information from service delivery complaints to inform practice and quality improvements. Responding effectively to complaints about the OHO, is also important to the OHO's role in maintaining public confidence in the health service complaints management system.

There were 38 service delivery complaints made about the OHO in 2023–2024. Four of these complaints alleged a breach of human rights.

The complaints related mainly to concerns that the OHO had not appropriately dealt with the complaint. After detailed consideration, 26 complaints resulted in explanations provided to the complainant with no further action taken, and 11 complaints resulted in further action. Further action is defined as addressing or referring issue for system improvement, internal review, changes to departmental policies, procedures or practices, or subject of review by the Queensland Ombudsman or Queensland Human Rights Commission (QHRC). Two complaints were withdrawn (with no further action taken) and one complaint remains open.

Service delivery complaints are managed in accordance with the OHO Service Delivery Complaints Policy and Procedure, which aligns with the *Public Sector Act 2022*, the *Human Rights Act 2019* and the Australian Standards ISO 1002:2022 Guidelines for complaints managed in organisations.

In September 2023, the OHO made further updates to align with the Queensland Public Service Customer Complaint Management Framework and Guideline, and the Customer vulnerability–Requirements and guidelines for the design and delivery of inclusive service ISO 22458.

The OHO is committed to providing an accessible and responsive complaints process in dealing with its own service delivery complaints.

External accountability

Minister

The Minister's role and functions are set out in Part 13 of the Act and include overseeing the:

- effective and efficient administration of the health service complaints management system
- performance of the Health Ombudsman
- National Boards' and Ahpra's performance of their functions in relation to the health, conduct and performance of registered health practitioners who provide health services in Queensland
- the relevant Minister, the Honourable Shannon Fentiman MP, appointed Minister for Health, Mental Health and Ambulance Services and Minister for Women.

Parliamentary Committee

The Health, Environment and Agriculture Committee of the 57th Parliament was established as a portfolio committee of the Queensland Legislative Assembly on 13 February 2024. The Health and Environment Committee ceased to exist on 13 February 2024 and its portfolio responsibilities in relation to health, mental health, ambulance services and women were transferred to the Health, Environment and Agriculture Committee. The committee's responsibilities include monitoring and review in relation to the operation of the health complaints management system. This includes monitoring and reviewing the performance of the OHO, Ahpra and the 15 registered health practitioner National Boards.

The Health Ombudsman meets with the committee at regular intervals throughout the year. As at 30 June 2024, the Committee members were:

- Mr Aaron Harper MP, Member for Thuringowa (Chair)
- Mr Robert (Rob) Molhoek MP, Member for Southport (Deputy Chair)
- Mr Stephen (Steve) Andrew MP, Member for Mirani

- Hon Craig Crawford MP, Member for Barron River
- Mr James Martin MP, Member for Stretton
- Mr Samuel (Sam) O'Connor MP, Member for Bonney.

Previous members of the Health and Environment Committee who met with the OHO during 2023-4 were:

- Ms Ali King MP, Member for Pumicestone
- Ms Joan Pease MP, Member for Lytton
- Mr Andrew Powell, Member for Glass House.

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 2023–2024, the Queensland Ombudsman contacted the OHO for information in regards to 78 complaints about the OHO. Fifty-four of these complaints resulted in no further action, nine complaints were resolved with the OHO agreeing to rectify or address an issue, and 15 complaints are awaiting an outcome from the Queensland Ombudsman. The OHO supports people's right to seek external review of the OHO's decisions or actions, and is committed to implementing any learnings from these review processes.

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).

In 2023–2024 all Code of Conduct training, both for new employees and annual refresher training for existing employees, was delivered via the OHO 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 to staff through the OHO's intranet.

Human Rights Act

The OHO is both a public entity and referral entity regarding the *Human Rights Act 2019*.

As a public entity, in 2023–2024 the OHO received four complaints about its decisions in relation to human rights issues. All complaints were dealt in accordance with the OHO's Service Delivery Complaints policy and procedure. Two complaints resulted in further action, which included addressing or referring the issue for system improvement and subject to external review by QHRC. The QHRC resolved this complaint. One complaint resulted in no further action and another complaint remains open.

As a referral entity, the OHO has powers to deal with human rights complaints relating to health services. Where this occurs, the matter is managed as a health service complaint under the Act.⁴⁹

In 2023–2024, the OHO received 283 health service complaints that were noted to have potentially engaged at least one human rights issue. This is approximately 3 per cent of the complaints received for the year.

The types of human rights issues identified in health service complaints include but are not limited to:

- right to protection from torture and cruel, inhuman or degrading treatment
- right to access health services
- right to liberty and security of person
- right to humane treatment when deprived of liberty
- right to privacy and reputation.

⁴⁹ Section 66(2)(a) of the Human Rights Act 2019.

⁵⁰ Section 74 of the Human Rights Act 2019.

There have been no formal referrals made from the OHO to QHRC in the period, however the OHO provides consistent advice to complainants and consumers about their ability to access and seek assistance from QHRC.

The OHO continues to undertake actions to further the objects of the *Human Rights Act 2019* including:

- a refresh of human rights policy and procedures to ensure our policy and procedures align with requirements set out in the *Human Rights Act 2019* and *Public Sector Act 2022*. This involved implementing a human rights policy, human rights in health service complaints and other matters and human rights in decision making procedure
 - over the next year, OHO will focus on targeted training for staff in relation to identifying limitations of human rights in health service complaints, to further support the refreshed policies and procedures
- continuing and enhancing the referral arrangements between the OHO and the QHRC, including through reviewing the current arrangements and regular liaison between the two entities⁵⁰
- implementing mandatory induction training for all staff delivered online by the QHRC on Introduction to Human Rights
- applying and recording the OHO's consideration of human rights in our decision making, incorporating human rights into the Office of the Health Ombudsman 2023–2027 Strategic Plan.

Consultancies

The OHO contracted BDO Australia for two related bodies of work in 2023–2024, following competitive market processes:

- A business systems review to assess the capability of the key customer relationship management software utilised by the OHO to inform a re-investment business case.
- A resourcing and organisational structure review which considered increased demand for, and complexity of services provided, and identified risks to service delivery stemming from established funding and staffing.

As the OHO's budget allocation, structure and systems had not been reviewed since its establishment in July 2024, these projects were assessed as necessary to address identified risks in aging ICT systems and resourcing pressures associated with yearly requests for additional grant funding. Both projects sought to establish independent and sound evidence for any future requests for additional resourcing.

The key benefit of the business systems review was to gain an independent analysis of the productivity, cyber and support risks and productivity impacts associated with the OHO's aging ICT systems, including the key customer relationship management system and associated records management software, both of which are out of support and cannot be updated independently.

The key benefit of the resourcing review was to gain independent assessment and advice on the capabilities, structures and resources necessary to perform the OHO's functions, along with opportunities to increase the effectiveness and efficiencies of the OHO's processes.

The business systems review (contract value \$44,387.28 excluding GST) was based on a standing offer arrangement, while the resourcing review (contract value \$339,717.50 excluding GST) was based on an open market tender process.

Both expenditures were budgeted in 2023–2024, but the resourcing review final payment has been accrued to 2024–2025.

Korda Mentha was contracted to support operational investigation matters, including by providing a forensic computer capability and innovative investigative software solutions on an ad-hoc basis.

The OHO contracted QWorkplace Solutions to assist with investigative work. The contract was initiated in the 2022–2023 financial year and the matters under consideration continued through 2023–2024. The cost of the contract in 2023–2024 totalled \$71,000.⁵¹

⁵¹ This engagement extends across more than one financial year. Only expenditure incurred during the financial year is reported and does not reflect the full cost of the engagement.

Financial summary

Overview

The OHO reported an operating surplus of \$770,000 for the financial year 2023–2024. The operating result reflects a similar pattern of expenditure to the previous financial year and did include additional funding to support the Assisted Reproductive Technology systemic investigation. More details are provided in the audited financial statements in Appendix 3.

Expenses

Total operating expenses for 2023–2024 were \$28.296 million. Employee expenses accounted for 78 per cent of the OHO's total expenditure, followed by accommodation (5 per cent) and legal fees (4 per cent). The remaining 13 per cent was expended across information technology, temporary employment staff, QCAT fees and general operating costs.

Financial position

The financial position provides an indication of the OHO's underlying financial health.

At 30 June 2024, the OHO had \$1.605 million in total equity.

Assets

The OHO's total assets were valued at \$2.898 million as at 30 June 2024. Current assets were valued at \$2.723 million and were available to meet current liabilities.

Liabilities

As at 30 June 2024, the OHO's liabilities totalled \$1.293 million, which included: \$0.612 million in payables, and \$0.681 million owing to employees.

Financial performance

The income statement shows the total income for 2023–2024 as \$29.066 million, an increase of \$4.918 million from the 2022–2023 financial year. Total expenses were \$28.296 million, providing the operating result of a \$770,000 surplus.

Income

In 2023–2024, the OHO received \$28.451 million from Queensland Health and \$615,000 from interest and other revenue.

Appendix 1—Abbreviations and acronyms

Abbreviation	Full definition
Act	<i>Health Ombudsman Act 2013</i>
Ahpra	Australian Health Practitioner Regulation Agency
FSANZ	Fertility Society of Australia and New Zealand
HHS	Hospital and Health Service
Human Rights Act	<i>Human Rights Act 2019</i>
ICSI	Intracytoplasmic Sperm Injection
IT	Information Technology
Minister	Queensland Minister for Health, Mental Health and Ambulance Services and Minister for Women
National Boards	The 15 national health practitioner boards: <ul style="list-style-type: none"> ▪ 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 and Environment Committee, then Health, Environment and Agriculture Committee from 13 February 2024
QCAT	Queensland Civil and Administrative Tribunal
QHRC	Queensland Human Rights Commission
QPS	Queensland Police Service
QPS HOLO	Queensland Police Service Health Ombudsman Liaison Officer
RTAC	Reproductive Technology Accreditation Committee

Appendix 2—Glossary

Term	Definition
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.
Conditions	Limitations placed on a registered practitioner's registration either by the Health Ombudsman when taking immediate registration action, or by QCAT as a sanction.
Complaint	Defined in the <i>Health Ombudsman Act 2013</i> as: Means a health service complaint.
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 or email (and previously, in person), for the purposes of making a complaint (including notifications) or enquiry, or providing information.
Disciplinary proceedings (or disciplinary matters)	For the purposes of this report, a proceeding whereby the Director of Proceedings refers a registered health practitioner to QCAT for a finding about characterisation of the practitioner's health, performance or conduct, and to consider the appropriate sanctions.
Education provider	In the context of this report, 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.
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.
Legislative timeframe	A timeframe mandated by legislation, such as the Act or National Law, in which a specific action or decision must be taken.
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, Environment and Agriculture Committee from February 2024.

Term	Definition
Prohibition order	In the context of this report, a prohibition order issued under Part 8A of the Act. For the purposes of this report and to distinguish them from interim prohibition orders issued under Part 7 of the Act, these orders are referred to as prohibition order.
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.
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.
Registered health practitioner	A person registered to practise one of the 16 health professions regulated under the National Law, other than as a student.
Restrictions	Limitations placed on an unregistered health practitioner's practice by the Health Ombudsman, as part of an interim prohibition order or a prohibition order.
Sanction	An official penalty imposed by QCAT on a registered health practitioner. The penalty must be protective of the health and safety of the public.
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 in Queensland.
Unprofessional conduct	Professional conduct that is of a lesser standard than that which might reasonably be expected of the health practitioner by the public or the practitioner's professional peers.
Unregistered health practitioner	For the purposes of this report, any person who provides a health service and who is not registered in one of the 16 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.
Unsatisfactory professional performance	When the knowledge, skill or judgment possessed, or care exercised, by the practitioner in the practice of the health profession in which the practitioner is registered, is below the standard reasonably expected of a health practitioner of an equivalent level of training or experience.

Appendix 3—Financial statements



Office of the Health Ombudsman Financial Statements

for the year ended 30 June 2024

Office of the Health Ombudsman Financial Statements 2023-24

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Office of the Health Ombudsman

Statement of Comprehensive Income for the year ended 30 June 2024

		2024 Actual	2024 Original Budget	2024 Budget Variance*	2023 Actual
	Notes	\$'000	\$'000	\$'000	\$'000
Income					
Grants and other contributions	4	28,451	24,873	3,578	23,616
Interest		473	380	93	414
Other revenue		142	5	137	118
Total Income		29,066	25,258	3,808	24,148
Expenses					
Employee expenses	5	21,999	21,471	528	18,988
Supplies and services	6	6,139	3,739	2,400	5,276
Depreciation	10	36	20	16	12
Other expenses	7	122	28	93	346
Total Expenses		28,296	25,258	3,037	24,623
Operating Result		770	0	770	(474)
Total Comprehensive Income		770	0	770	(474)

The accompanying notes form part of these financial statements.

* An explanation of major variances is included at Note 16 - The accompanying notes form part of these financial statements.

Office of the Health Ombudsman

Statement of Financial Position as at 30 June 2024

		2024 Actual	2024 Original Budget	2024 Budget Variance*	2023 Actual
	Notes	\$'000	\$'000	\$'000	\$'000
Current Assets					
Cash and cash equivalents	8	1,572	1,753	(181)	1,454
Receivables	9	912	498	414	654
Prepayments		239	261	(22)	136
Total Current Assets		2,723	2,512	210	2,244
Non-Current Assets					
Plant and equipment	10	175	(28)	203	73
Total Non-Current Assets		175	(28)	203	73
Total Assets		2,898	2,484	413	2,317
Current Liabilities					
Payables	11	612	766	(154)	736
Accrued employee benefits	12	681	446	235	745
Total Current Liabilities		1,293	1,212	81	1,481
Total Liabilities		1,293	1,212	81	1,481
Net Assets		1,605	1,272	332	836
Equity					
Contributed equity		1,394			1,394
Accumulated surplus/(deficit)		211			(558)
Total Equity		1,605			836

The accompanying notes form part of these financial statements.

* An explanation of major variances is included at Note 16 - The accompanying notes form part of these financial statements.

Office of the Health Ombudsman**Statement of Changes in Equity
for the year ended 30 June 2024**

	2024	2023
	\$'000	\$'000
Contributed Equity		
Balance as at 1 July	1,394	1,394
Balance as at 30 June	1,394	1,394
Accumulated Surplus/(Deficit)		
Balance as at 1 July	(558)	(84)
Operating result	770	(474)
Balance as at 30 June	211	(558)

Office of the Health Ombudsman

Statement of Cash Flows

for the year ended 30 June 2024

		2024 Actual	2024 Original Budget	2024 Budget Variance*	2023 Actual
	Notes	\$'000	\$'000	\$'000	\$'000
Cash flows from operating activities					
<i>Inflows:</i>					
Grants and other contributions		28,451	24,854	3,597	23,616
GST collected from customers		6	0	6	7
GST input tax credits from ATO		625	0	625	526
Interest receipts		473	380	93	414
Other		142	5	137	118
<i>Outflows:</i>					
Employee expenses		(22,290)	(21,471)	(819)	(18,720)
Supplies and services		(6,349)	(3,739)	(2,610)	(5,199)
GST paid to suppliers		(666)	0	(666)	(630)
GST remitted to ATO		(13)	0	(13)	(8)
Other		(122)	(28)	(94)	(346)
Net cash provided by/(used in) operating activities		258	1	257	(223)
Cash flows from investing activities					
<i>Outflows:</i>					
Payments for plant and equipment		(140)	0	(140)	(74)
Net cash used in investing activities		(140)	0	(140)	(74)
Net increase (decrease) in cash held		118	1	117	(297)
Cash at beginning of financial year		1,454	1,752	(298)	1,751
Cash at end of financial year	8	1,572	1,753	(181)	1,454
Reconciliation of Operating Result to Net Cash from Operating Activities					
Operating result		770			(474)
Depreciation expense		36			12
<i>Changes in assets and liabilities:</i>					
Decrease in receivables		(258)			(156)
Decrease in prepayments		(102)			126
(Decrease) in payables		(124)			(28)
Increase / (decrease) in accrued employee benefits		(64)			297
Net cash provided by/(used in) operating activities		258			(223)

The accompanying notes form part of these financial statements.

* An explanation of major variances is included at Note 16 - The accompanying notes form part of these financial statements.

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2023-24

Section 1: How We Operate - Our Agency Objectives and Activities

- Note 1: General Information
Note 2: Objectives and Principal Activities of the Office of the Health Ombudsman
Note 3: Basis of Financial Statement Preparation

Section 2: Notes about our Financial Performance

- Note 4: Grants and Other Contributions
Note 5: Employee Expenses
Note 6: Supplies and Services
Note 7: Other Expenses

Section 3: Notes about our Financial Position

- Note 8: Cash and Cash Equivalents
Note 9: Receivables
Note 10: Plant and Equipment and Depreciation Expense
Note 11: Payables
Note 12: Accrued Employee Benefits

Section 4: Notes about Risk and Other Accounting Uncertainties

- Note 13: Contingencies
Note 14: Financial Risk Disclosures
Note 15: Events Occurring After Balance Date

Section 5: Notes on our Performance compared to Budget

- Note 16: Budgetary Reporting Disclosures

Section 6: Other information

- Note 17: Key Management Personnel (KMP) Disclosures
Note 18: Related Party Transactions
Note 19: First Year Application of New Accounting Standards or Change in Accounting Policy
Note 20: Climate Risk Disclosure

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2023-24

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 unregistered 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 unregistered 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.

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2023-24

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 2023.

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.

Presentation

Currency and 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. Due to rounding, totals may not add exactly.

Comparatives

Comparative information reflects the audited 2022-23 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.

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2023-24

	2024 \$'000	2023 \$'000
4. Grants and Other Contributions		
Grants from Government	28,451	23,616
Total	28,451	23,616

Accounting policy

Grants and contributions arise from non-exchange transactions where the agency does not directly give approximately equal value to the grantor. 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	16,300	13,872
Employer superannuation contributions	2,289	1,958
Annual leave levy	1,779	1,669
Long service leave levy	433	373

Employee Related Expenses

Workers' compensation premium	54	57
Payroll tax	1,030	868
Other employee related expenses	114	190
Total	21,999	18,988

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

	2024 No.	2023 No.
Full-Time Equivalent Employees	146	127

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.

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2023-24

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 defined benefit plan (the former QSuper defined benefit categories now administered by the Government Division of the Australian Retirement Trust) 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 17.

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2023-24

	2024 \$'000	2023 \$'000
6. Supplies and Services		
Property lease and rental	1,325	1,255
Legal fees	1,004	967
Information technology	1,076	950
Consultants and contractors	929	817
Employment agency staff	875	497
QCAT Fees ⁽¹⁾	75	99
Corporate service charges	247	215
Supplies and consumables	213	137
Telecommunications	169	144
Minor plant and equipment	182	141
Sundry expenses	43	55
Total	6,139	5,276

(1) QCAT Fees relate to assessor fees chargeable under s133 of the *Health Ombudsman Act 2013*.

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, Local Government, Planning and Public Works. Lease payments are recognised in the period they are incurred.

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 2023-24 lease commitment disclosures are not classified as leases under AASB 16 *Leases*.

The Office of the Health Ombudsman have two current lease arrangements at 400 George Street, Brisbane Qld 4000.

Grant Expense

For a transaction to be classified as supplies and services, the value of goods or services received by the Office must be of approximately equal value to the value of the consideration exchanged for those goods or services. Where this is not the substance of the arrangement, the transaction is classified as a grant.

7. Other Expenses

Insurance	6	4
Queensland Audit Office - external audit fees for the audit of financial statements ⁽²⁾	21	20
Special Payments ⁽³⁾	93	321
Bad debts expense	1	0
Total	122	346

(2) Total audit fees quoted by the Queensland Audit Office relating to the 2023-24 financial statements are \$21K (2023 \$20K). There are no non-audit services included in this amount.

(3) In 2023-24 there was one class of special payments exceeding \$5K relating to QCAT fees (In 2022-23 there were two classes of special payments exceeding \$5k).

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2023-24

	2024 \$'000	2023 \$'000
8. Cash and Cash Equivalents		
Cash at bank	1,572	1,454
Total	1,572	1,454

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.

9. Receivables

Trade debtors	1	66
Sundry Receivable	12	11
Accrued Revenue	71	0
	84	77
GST receivable	203	182
GST payable	2	(2)
	205	180
Long service leave reimbursements	228	48
Annual leave reimbursements	395	347
Total	912	654

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 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 loss on outstanding receivables due to the nature of receivables being from Queensland Government or Australian Government agencies.

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2023-24

10. Plant and Equipment and Depreciation Expense

	2024 \$'000	2023 \$'000
At cost plant and equipment	1,014	875
Less: Accumulated depreciation plant and equipment	(839)	(803)
Total	175	73

Plant and Equipment and Depreciation Expense Reconciliation

Reconciliations of the carrying amounts for plant and equipment at the beginning and end of the current reporting period.

Carrying amount at 1 July	73	11
Acquisitions	139	74
Depreciation for period	(36)	(12)
Carrying amount at 30 June	175	73

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.

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2023-24

	2024 \$'000	2023 \$'000
11. Payables		
Trade and other creditors	252	386
Accrued expenses	360	350
Total	612	736

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

Annual leave levy payable	550	540
Long service leave levy payable	131	118
Superannuation	0	87
Total	681	745

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. Contingencies

	2024 Number of cases	2023 Number of cases
As at 30 June the following litigations are in process:		
Director of Proceeding (DoP) matters which have been heard but are awaiting a decision by Queensland Civil Administrative Tribunal (QCAT).	2	6
Director of Proceeding (DoP) matters which have been heard in the Court of Appeal but awaiting a decision	1	0
Immediate Action matters which have not yet been heard in the Court of Appeal	1	0
Judicial review matter still in litigation (not yet heard)	1	1
Filed in QCAT but not yet heard	67	73
Immediate Action review matters which have been filed in QCAT but not yet heard	2	3
Total	74	83

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.

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2023-24

14. Financial Risk Disclosures

(a) Financial Instrument Categories

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

Financial Assets	Note	2024 \$'000	2023 \$'000
Financial Assets			
Cash and cash equivalents	8	1,572	1,454
Financial assets at amortised cost:			
Receivables	9	912	654
Total Financial Assets		2,484	2,107
Financial Liabilities			
Financial liabilities at amortised cost:			
Payables	11	612	736
Total Financial Liabilities at amortised cost		612	736

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.

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2023-24

14. 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	<p>The risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk.</p> <p><i>Interest rate risk</i> is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market interest rates.</p>	<p>The Office does not trade in foreign currency and is not materially exposed to commodity price changes or other market prices.</p> <p>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 is not exposed to price risk due to no financial assets/equity instruments being held.</p>

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.

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2023-24

14. Financial Risk Disclosures (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.

15. Events Occurring After Balance Date

There were no significant events occurring after balance date.

16. Budgetary Reporting Disclosures

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

(a) Grants and other contributions

The variance relates to additional grant funding for operational requirements (\$2.494 million), the Assisted Reproductive Technology systemic investigation (\$728,000) and funding associated with the EB11 cost of living allowance (\$356,000).

(b) Interest

The variance in interest income is due to higher than anticipated interest rates throughout the year and interest earnings on additional grant funding received during the year.

(c) Other revenue

Other revenue includes unbudgeted costs awarded to the Office from the Queensland Civil and Administrative Tribunal (\$136,000).

(d) Supplies and services

The variance relates to temporary employment costs associated with the Assisted Reproductive Technology systemic investigation and legal costs for complex litigation matters.

(e) Other expenses

The variance relates to unbudgeted QCAT fees.

Explanation of Major Variances - Statement of Financial Position

(f) Cash and cash equivalents

Cash assets are lower than budgeted due to the timing of invoices paid at year end.

(g) Receivables

Receivables are higher than budgeted resulting from payments made to employees for the Annual Leave and Long Service Leave central schemes that are yet to be reimbursed.

(h) Payables

Payables are lower than budgeted due to the timing of invoices paid at year end.

(i) Accrued employee benefits

Accrued employee benefits relate to the annual leave and long service leave costs payable to the central scheme, with the increase represented by the higher full-time equivalent throughout the year.

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2023-24

17. 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 Minister for Health, Mental Health and Ambulance Services and Minister for Women - Shannon Fentiman.

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 2023-24 and 2022-23. 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 (statutory position) and Executive Director, Legal Services	The Director of Proceedings (DoP) is appointed under the <i>Health Ombudsman Act 2013</i> and is independent from the Health Ombudsman. The DoP decides whether a matter should be referred to QCAT. The Executive Director, Legal Services oversees the Legal Services division which provides a range of legal services to the OHO and prosecutes matters referred to QCAT by the Director of Proceedings (DoP).
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, Office of the Health Ombudsman	The Director, Office of the Health Ombudsman, is responsible for the management of the Immediate Action Team, ensuring it achieves OHO's paramount objective of protecting the health and safety of the public. The Director, Office of the Health Ombudsman also manages policy and governance, the clinical advice function and the executive services of the Health Ombudsman's Office.

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2023-24

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

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 Sector Commission and Public Sector Act 2022*. Individual remuneration and other terms of employment (including motor vehicle entitlements and performance payments if applicable) are specified in

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; 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.

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.

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2023-24

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

2023-24

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
<i>Health Ombudsman</i>						
Current	404	7	10	51	0	473
<i>Executive Director, Assessment & Resolution</i>						
Current	204	0	5	30	0	239
<i>Executive Director, Investigations</i>						
Current	192	7	5	32	0	235
Temporary Relieving (Acting)	27	0	1	3	0	31
<i>Director, Office of the Health Ombudsman</i>						
Current	148	0	4	19	0	171
<i>Executive Director, Legal Services & Director of Proceedings</i>						
Temporary Relieving (from 11/03/2024)	176	0	4	22	0	202
Former (to 15/03/2024)	142	7	3	23	-	175
<i>Executive Director, Corporate & Strategic Services</i>						
Current	225	7	6	30	0	268
Total Remuneration	1,518	28	38	210	0	1,794

2022-23

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
<i>Health Ombudsman</i>						
Current	416	9	11	51	0	487
<i>Executive Director, Assessment & Resolution</i>						
Current (from 28/11/2022)	137	0	4	15	0	156
Temporary Relieving (to 28/11/2022)	79	6	2	9	0	96
<i>Executive Director, Investigations</i>						
Current	202	9	5	22	0	238
<i>Director, Office of the Health Ombudsman</i>						
Current	154	0	4	20	0	178
<i>Executive Director, Legal Services & Director of Proceedings</i>						
Current	197	9	5	23	0	234
<i>Executive Director, Corporate & Strategic Services</i>						
Current (from 12/12/2022)	119	3	3	13	0	138
Temporary Relieving (to 16/12/2022)	104	0	3	12	0	119
Total Remuneration	1,408	36	37	165	0	1,646

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2023-24

18. 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 for operational requirements and management of complaints against registered and unregistered practitioners (refer Note 4).

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

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

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

Accounting standards applied for the first time

No new accounting standards or interpretations that apply to the department for the first time in 2023-24 had any material impact on the financial statements.

Accounting standards early adopted

No Australian Accounting Standards have been early adopted for 2023-24.

20. Climate Risk Disclosure

The Office considers climate-related risks when assessing material accounting judgements and estimates used in preparing its financial report. Key estimates and judgements identified include the potential for changes in asset useful lives, changes in the fair value of assets, impairment of assets, the recognition of provisions or the possibility of contingent liabilities.

No adjustments to the carrying value of assets were recognised during the financial year as a result of climate-related risks impacting current accounting estimates and judgements. No other transactions have been recognised during the financial year specifically due to climate-related risks impacting the office.

The Office continues to monitor the emergence of material climate-related risks that may impact the financial statements of the department, including those arising under the Queensland's 2035 Clean Economy Pathway and other Government publications or directives.

**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 2024 and of the financial position of the agency at the end of that year; and

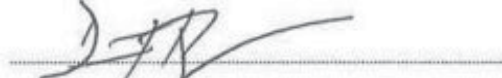
We acknowledge responsibility under section 7 and section 11 of the *Financial and Performance Management Standard 2019* for the establishment and maintenance, in all material respects, of an appropriate and effective system of internal controls and risk management processes with respect to financial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



Name: Dr Lynne Coulson Barr OAM
Title: Health Ombudsman

Date:

27th August 2024



Name: Dermot Tiernan
Title: Executive Director, Corporate and Strategic Services

Date:

27 August 2024

INDEPENDENT AUDITOR'S REPORT

To the Health Ombudsman of Office of the Health Ombudsman

Report on the audit of the financial report

Opinion

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

The financial report comprises the statement of financial position as at 30 June 2024, 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 material accounting policy information, and the management certificate.

In my opinion, the financial report:

- a) gives a true and fair view of the entity's financial position as at 30 June 2024, and its financial performance and cash flows for the year then ended; and
- b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards.

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 (including independence standards)* (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.

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 the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of my responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at:

https://www.auasb.gov.au/auditors_responsibilities/ar4.pdf

This description forms part of my auditor's report.

Statement

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2024:

- 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.



D J Toma
as delegate of the Auditor-General

30 August 2024

Queensland Audit Office
Brisbane

Appendix 4—Open data

The following information for 2023–2024 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 2023–2024.

Appendix 5—Compliance checklist

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	<ul style="list-style-type: none"> A letter of compliance from the accountable officer or statutory body to the relevant Minister/s 	ARRs – section 7	Page I
Accessibility	<ul style="list-style-type: none"> Table of contents 	ARRs – section 9.1	Page II Pages 52–53
	<ul style="list-style-type: none"> Glossary 		
	<ul style="list-style-type: none"> Public availability 	ARRs – section 9.2	Inside front cover
	<ul style="list-style-type: none"> Interpreter service statement 	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3	Inside front cover
	<ul style="list-style-type: none"> Copyright notice 	<i>Copyright Act 1968</i> ARRs – section 9.4	Inside front cover
	<ul style="list-style-type: none"> Information Licensing 	<i>QGEA – Information Licensing</i> ARRs – section 9.5	Inside front cover
General information	<ul style="list-style-type: none"> Introductory Information 	ARRs – section 10	Pages 1–9
Non-financial performance	<ul style="list-style-type: none"> Government’s objectives for the community and whole-of-government plans/specific initiatives 	ARRs – section 11.1	Page 7
	<ul style="list-style-type: none"> Agency objectives and performance indicators 	ARRs – section 11.2 and	Page 7 and 15–36
	<ul style="list-style-type: none"> Agency service areas and service standards 	ARRs – section 11.3	Page 15
Financial performance	<ul style="list-style-type: none"> Summary of financial performance 	ARRs – section 12.1	Page 50
Governance – management and structure	<ul style="list-style-type: none"> Organisational structure 	ARRs – section 13.1	Page 10
	<ul style="list-style-type: none"> Executive management 	ARRs – section 13.2	Pages 43–45
	<ul style="list-style-type: none"> Government bodies (statutory bodies and other entities) 	ARRs – section 13.3	Not applicable
	<ul style="list-style-type: none"> Public Sector Ethics 	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4	Page 47–48
	<ul style="list-style-type: none"> Human Rights 	<i>Human Rights Act 2019</i> ARRs – section 13.5	Pages 48–49
	<ul style="list-style-type: none"> Queensland public service values 	ARRs – section 13.6	Page 7
Governance – risk management and accountability	<ul style="list-style-type: none"> Risk management 	ARRs – section 14.1	Page 45–46
	<ul style="list-style-type: none"> Audit committee 	ARRs – section 14.2	Page 45–46
	<ul style="list-style-type: none"> Internal audit 	ARRs – section 14.3	Page 45–46
	<ul style="list-style-type: none"> External scrutiny 	ARRs – section 14.4	Page 47
	<ul style="list-style-type: none"> Information systems and recordkeeping 	ARRs – section 14.5	Page 40
	<ul style="list-style-type: none"> Information Security attestation 	ARRs – section 14.6	Not applicable

Summary of requirement		Basis for requirement	Annual report reference
Governance – human resources	▪ Strategic workforce planning and performance	ARRs – section 15.1	<u>Page 41</u>
	▪ Early retirement, redundancy and retrenchment	Directive No.04/18 <i>Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2	<u>Page 43</u>
Open Data	▪ Statement advising publication of information	ARRs – section 16	<u>Page 79</u>
	▪ Consultancies	ARRs – section 31.1	https://data.qld.gov.au
	▪ Overseas travel	ARRs – section 31.2	https://data.qld.gov.au
	▪ Queensland Language Services Policy	ARRs – section 31.3	https://data.qld.gov.au
Financial statements	▪ Certification of financial statements	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	<u>Page 76</u>
	▪ Independent Auditor's Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	<u>Pages 77–78</u>

FAA *Financial Accountability Act 2009*

FPMS *Financial and Performance Management Standard 2019*

ARRs *Annual report requirements for Queensland Government agencies*

