



# Annual Report **2024–2025**



OFFICE OF THE  
**HEALTH**  
OMBUDSMAN



# Acknowledgement

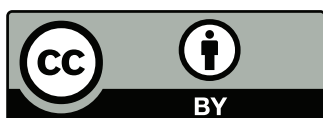
The Office of the Health Ombudsman acknowledges the traditional Aboriginal and Torres Strait Islander custodians of the lands and seas on which we support the provision of safe and quality healthcare, and pays respect to Elders past, present and emerging. The Office of the Health Ombudsman recognises,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

## Office of the Health Ombudsman Annual Report 2024–2025

ISSN 2206-0634 (electronic)

ISSN 2206-0986 (printed)

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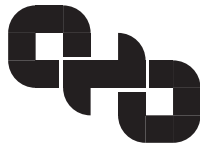
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133 OHO (133 646)

3 September 2025

The Honourable Tim Nicholls MP  
Minister for Health and Ambulance Services  
GPO Box 48  
BRISBANE QLD 4001

Dear Minister,

I am pleased to submit for presentation to the Parliament the Annual Report 2024–2025 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 90 of this Annual Report.

Yours sincerely

Dr Lynne Coulson Barr OAM  
**Health Ombudsman**

# Contents

<b>Year in review</b>	<b>1</b>	<b>Other functions and services</b>	<b>41</b>
<b>About</b>	<b>6</b>	Legal services	41
Jurisdiction	7	Clinical advice	41
Working with Ahpra	7	Complainant support program	43
Working with the Queensland Police Service	8	Community engagement	43
Organisational structure	9	Information systems and record keeping	46
<b>Health service complaints</b>	<b>10</b>	<b>Organisational governance</b>	<b>47</b>
Sources of complaints	10	Strategic workforce planning and performance	47
Notifications	10	Internal accountability	50
Other matters	12	External accountability	53
Joint consideration	12	Service delivery complaints	54
Spotlight complaints intake	13	Public Sector Ethics Act	54
<b>Performance</b>	<b>14</b>	Human Rights Act	55
Service delivery statements	14	Consultancies	56
Triage and early resolution	14	<b>Financial summary</b>	<b>57</b>
Assessment	20	Financial position	57
Local resolution	22	Financial performance	57
Conciliation	24	<b>Appendices</b>	
Complaints management and oversight (referrals) matters	26	Appendix 1—Abbreviations and acronyms	58
Investigation	28	Appendix 2—Glossary	59
Immediate registration action and prohibition orders	34	Appendix 3—Financial statements	61
Compliance monitoring	36	Appendix 4—Open data	89
Inquiry	37	Appendix 5—Compliance checklist	90
Public statements	38		
Director of Proceedings	39		

# Year in review

I am pleased to present the Office of the Health Ombudsman's (OHO) annual report for the 2024–2025 financial year.

The OHO has consistently delivered strong outcomes in protecting and supporting the community through responsive complaints processes and effective regulatory action, striving to drive positive change and confidence in the health system. This year saw significant achievements, including the implementation of new initiatives and improvements to operational processes, further enhancing performance and advancing the key objectives of the *Health Ombudsman Act 2013*.

In 2024–2025, key initiatives and achievements have included:

## ***Building confidence in our services as being accessible, supportive and culturally safe***

- Published Easy Read resources on the OHO's website to assist people who may experience challenges with reading, such as people who have low literacy or intellectual disability. These resources also include information tailored to Aboriginal and Torres Strait Islander audiences, and to victim-survivors of family and domestic violence.
- Visited eight correctional centres and youth detention centres to promote awareness and accessibility of the OHO's health complaints service and dedicated phone line with prisoners, detainees and staff.
- Visited communities and health services in the Torres and Cape, North West and South West regions of Queensland, supporting our commitment to be accessible and responsive to the experiences of health service provision in rural and remote and Aboriginal and Torres Strait Islander communities.
- Enhanced dedicated support for Aboriginal and Torres Strait Islander communities and health consumers, with increased numbers engaging in accessible and culturally safe complaints processes, conciliations and investigations, including in regional and remote locations.

## ***Improving responsiveness and options for complaint resolution***

- Increased the number of matters resolved through Early Resolution processes at the triage stage without the need for a relevant action under the *Health Ombudsman Act 2013*.
- Improved the efficiency and oversight of the triaging of enquiries through an Enhanced Experience pilot to ensure seamless risk assessment and recording and to provide tailored advice to people contacting the OHO with enquiries and requests for information.
- Introduced advanced technologies to create efficiencies and timeliness in intake, triage and early resolution responses.

## ***Addressing the role of health practitioners in respect to family and domestic violence***

- Through the work of the Co-regulatory Family Violence Working Group with Ahpra, National Boards, the NSW Health Care Complaints Commission and the NSW Health Professional Councils Authority, the Joint Position statement on Family Violence by Health Regulators was published in November 2024, along with the OHO Position Statement on Family Violence. These initiatives aim to highlight the critical role of health practitioners in recognising and responding to family and domestic violence and to promote consistency in regulatory practice and outcomes in relation to notifications about registered health practitioners that involve allegations of family violence.

## ***Elevating actions to protect public health and safety and improve services***

- Finalised a record number of 238 investigations in one year and monitored 309 practitioners for compliance with immediate actions and prohibition orders.
- Issued a public statement, 74 immediate action orders and 35 permanent prohibition orders to address serious risks posed by unregistered practitioners.

- Enhanced the navigation of the register of orders made against practitioners on the OHO's website to include direct links to relevant individual practitioner information on Ahpra's public register.
- Achieved significant sanctions of cancellations, disqualification or suspension periods in the majority of disciplinary matters determined by QCAT, with the remainder resulting in reprimands, conditions and/or fines.
- Monitored the implementation of 248 individual recommendations made from systemic and health service investigations, closing 163 recommendations through evidence of service improvement actions demonstrated by health services.

### ***Enhancing complaints processes and regulatory approaches***

- Redesigned the OHO's clinical/expert advice function to deliver more efficient and effective independent expert opinion and advice to support the performance of functions across the office.
- Implemented a trial Complainant Support Program utilising the services of perinatal psychologists to support individuals to participate in complaint processes about adverse outcomes from assisted reproductive technology services.
- Updated MOUs and information sharing arrangements with relevant statutory bodies, including the Aged Care Quality and Safety Commission, NDIS Quality and Safeguards Commission, and Coroners Court, increasing the volume of matters shared and enhancing collaboration and timeliness of notifications. The number of Coroner matters shared in 2024–2025 increased to 322 matters, from 110 in 2023–2024
- Enhanced the focus on our complaints management and oversight functions through an increase in systemic and own motion referrals to work with health service providers (and other government entities) to ensure safety and quality in health care services.

### ***Contributing to service and systemic improvements and regulatory reform***

- Played a key role in shaping significant legislative and regulatory reforms in the *Assisted Reproductive Technology Act 2024* passed in Parliament in September 2024. This included insights from the Systemic investigation into assisted reproductive technology (ART) providers in Queensland published on 1 July 2024 and ongoing collaboration work with Queensland Health, ART Unit.
- Actively monitored the implementation of 17 recommendations from this systemic investigation report with eight ART provider organisations encompassing a total of 136 recommendations requiring evidence of actions taken to address identified issues.
- Published seven 'Snapshot Reports' detailing investigations into health services, outcomes of the implementation of recommendations, and systemic issues identified in complaints and notifications, to promote broader application of the learnings and driving service improvement initiatives.
- Provided critical data and insights from the OHO's work through submissions and evidence at hearings for the *Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2024* and the *Parliamentary Inquiry into Elder Abuse in Queensland*, as well as contributing to consultations for the National Registration and Accreditation Scheme (NRAS) Complexity Review- 'Regulating for Results'.

### ***Strengthening organisational capacity and capabilities***

- Progressively implemented recommendations from the independent Resourcing and Organisational Structure Review completed in July 2024, including process enhancements and adjustments to management and divisional structures to address identified operational needs and strengthen performance.



These are just some initiatives and activities 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*.

In 2024–2025 we continued education and engagement activities with health service providers, practitioner groups, peak bodies, consumer and advocacy organisations, government agencies and Aboriginal and Torres Strait Islander communities. This included 184 stakeholder engagements, including presentations at the Health Consumers Queensland Conference and the NRAS Combined Meeting hosted by Ahpra.

We also responded to 52 requests, contributing insights from our work to inform health sector reforms. Key contributions included data and information to the Inspector of Detention Services, participation in the *'Shifting Minds Strategic Leadership Group'* involvement in the *Queensland Trauma Strategy* and the *Queensland Police Service Watch-House Reform Stakeholder group*.

## The co-regulatory environment

In 2024–2025, the OHO maintained strong partnerships with Ahpra, the 15 National Boards, and other regulators, to protect public health and safety. At the NRAS Combined Meeting in May 2025, I met with 12 of the National Boards and Ahpra representatives to share notable trends in OHO complaints and an analysis of trends and issues observed in Board decisions communicated to the OHO under section 193 of the *Health Practitioner Regulation National Law*.

Key collaborations included work on the Co-regulatory Family Violence Working Group, reviewing the OHO/Ahpra funding model, enhancing joint consideration processes, the implementing monitoring activities, contributing to Ahpra's quality assurance, and supporting the roll out of Ahpra's new business platform and its interface with the OHO's system.

The OHO and Ahpra also continued to work together to align our efforts and practices, sharing insights and data to drive improved regulatory responses.

## Complaint trends

Since 2022, we have observed a trend of increased complexity and increased volume of matters and activities across the functions of the OHO. These trends continued in 2024–2025.

Comparisons with 2023–2024 activities included:

- the number of complaints received increased six per cent, from 9,265 in 2023–2024, to 9,812 in 2024–2025; with own motion matters included, the total number of matters dealt with were 10,061 in 2024–2025 compared to 9,522 in 2023–2024.
- 57 per cent of complaints (where assessment commenced in 2024–2025) were categorised as a high risk or 'priority matter', compared to 48 per cent in 2023–2024.
- 114 conciliation matters were commenced in 2024–2025, up from 90 in 2023–2024, an increase of around 27 per cent.
- 260 investigations were commenced in 2024–2025 compared to the record number of 322<sup>1</sup> investigations commenced in 2023–2024, but still higher than the 219 investigations commenced in 2022–2023.
- 74 decisions were made to take immediate action against registered and unregistered health practitioners in 2024–2025, a similar number to 76 in 2023–2024.
- 309 practitioner monitoring cases were open as at 30 June 2025, an increase of around nine per cent, compared to 284 at 30 June 2024. These practitioners were being monitored for compliance with an immediate action, prohibition order and/or QCAT order.
- 42 disciplinary matters for registered health practitioners were filed in QCAT compared to 37 in 2023–2024, an increase of around 14 per cent.
- 35 permanent prohibition orders were made against unregistered health practitioners in 2024–2025 compared to 14 in 2023–2024, a more than two-fold increase.

<sup>1</sup> This figure was reported as 300 in the 2023–2024 Annual Report and has since been adjusted through a data correction due to a systems error

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, as well as achieving individual outcomes through assessment and resolution processes.

The types of complaints and notifications received by the OHO in 2024–2025 were similar to 2023–2024 in terms of the proportion of complaints made about health practitioners and health service organisations, as well as the types of services and practitioners subject to complaints and the issues raised in complaints. We continue to work with Ahpra and other Health Complaint Entities on identifying the themes and trends in complaints about serious matters of public concern, including matters involving sexual misconduct, family and domestic violence, risks in cosmetic surgery and procedures, prescribing practices in medicinal cannabis, and adverse outcomes in complex clinical matters. We also continue to identify new and emergent risks posed by unregistered practitioners using harmful and unregulated treatments, such as claims to cure cancer and other diseases, which require agile regulatory responses to protect public health and safety.

Complaints about health services continue to feature a wide range of issues of safety, quality and patient rights including concerns in particular settings such as maternity services and mental health services.

## Operational performance

Taking into account the increased volume and complexity of matters, the OHO maintained strong operational performance in 2024–2025, out-performing on two of the service delivery statement (SDS) measures:

- Complaint decisions within seven days of receipt: Achieved 97.2 per cent, surpassing the 90% target.
- Disciplinary matters filed in QCAT with a case to answer: Achieved 100 per cent, exceeding the 90 per cent target.

For two other SDS measures, the OHO performed close to target and showed year-on-year improvement:

- Complaints assessed within legislative timeframes: Recorded at 87.7 per cent (target: 90 per cent), improving by two per cent compared to 2023–2024.
- Complaints resolved within legislative timeframes: Achieved 98.5 per cent (target: 100 per cent), also improving by two per cent from the previous year.

The SDS measure for the percentage of immediate action decisions upheld by QCAT is not an accurate measure of OHO's performance due to the low number of matters, with only two review matters being heard in 2024–2025. In one matter the immediate action decision was upheld and the other matter the immediate action decision was set aside, after considering new information not before the Health Ombudsman at the time of the initial immediate action decision.

The most significant challenge remains the SDS measure for finalising investigations within 12 months, with a target of 75 per cent. The OHO upholds the importance of timely completion of investigations, for complainants, practitioners and for maintaining public confidence. The ability to achieve this SDS target is impacted by the number and complexity of matters referred to investigation, as well as pausing matters where they are subject to criminal proceedings and timeframes are outside the OHO's control. The OHO is investigating an increasing number of serious and complex investigations, arising from an increase in complaint numbers and through an increase in serious matters being retained by the OHO in accordance with its legislative obligations to deal with the most serious practitioner matters and to address safety and quality risks in health service provision. In terms of complaints about health services, a wide range of issues of safety, quality and patient rights continue to feature in complaints, including concerns about care and treatment provided in particular settings such as maternity services and mental health services.

In 2024–2025, the overall proportion of investigations finalised within 12 months was 52.5 per cent, a reduction from 2023–2024, due to focussed efforts to complete older investigations while managing an overall increase of open investigations. The number of open investigations has been increasing each year, with an increase from 331 at 30 June 2024 to 353 at 30 June 2025.



The increase in the proportion of investigations taking more than 12 months to complete, is primarily attributed to the 40 per cent increase in investigations commenced in 2023–2024, following yearly increases of around 20 per cent since 2020–2021, with an increasing overall number of complex matters.

We are however successfully implementing a range of strategies to meet the challenges of increased numbers and complexity of investigations and reduce timeframes, including an uplift in staffing to address the increased workloads. The OHO finalised a record number of 238 investigations in 2024–2025, compared to 180 in 2023–2024 and in 2022–2023, including completing around 23 per cent of suitably scoped investigations within six months and 38 per cent of investigations within nine months. We are confident that these efforts will improve overall timeframes and reduce the proportion of investigations taking more than 12 months, while ensuring that investigations are robust, procedurally fair and address the complexities and sensitivities of the matters being investigated.

The OHO's strong operational performance over 2024–2025 is also demonstrated by significant contributions to promoting service and systemic improvements and actions taken to protect public health and safety through the increased numbers of serious matters being identified and dealt with by the OHO, as highlighted above. As a further measure of operational performance and impact, the OHO has commenced reporting on the number and types of recommendations that are made from health service and systemic investigations. Reporting on this work is seen as an important way of demonstrating the outcomes achieved through complaints and investigations and maintaining public confidence. We are also developing deidentified 'snapshot reports' to share the types of outcomes that can be achieved through resolution and conciliation processes.

It is also 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. The increased number of conciliations undertaken in 2024–2025 reflects our focus on maximising individual outcomes and experiences, as well as promoting service and system improvements.

## The future

Over the coming year, the OHO will continue advancing the objectives outlined in our 2023–2027 Strategic Plan, focused on protecting and supporting the community through responsive complaints processes and driving positive change in the health system. The adjustments we have made to our executive leadership and organisational structure will ensure we have the governance strength, capability and agility to effectively respond to the level of demand, risk and complexity in our complaints and regulatory functions. These changes will position us to further strengthen our performance and maximise the impact and outcomes of our work for the benefit of all Queenslanders.

I wish to acknowledge and thank the Minister for Health and Ambulance Services, the Honourable Tim Nicholls MP, former Minister for Health, Mental Health and Ambulance Services and Minister for Women, the Honourable Shannon Fentiman MP, the Parliamentary Committees (Health, Environment and Innovation, and formerly Health, Environment and Agriculture) and the Director-General of Queensland Health for their support of the OHO's work and the OHO's role within the health system.

Finally, I thank all staff, our co-regulatory partners and stakeholders of the OHO for their support and contributions to the work of the OHO, and acknowledge the 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. The achievements of 2024–2025 reflect the passion, care, and expertise of our team, and their unwavering commitment to make a positive difference through their work each and every day.

# 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.

The OHO contributes to the Queensland Government's objective of 'Health services when you need them' by protecting and supporting the community through responsive complaints processes and regulatory action and ensuring that data and learnings from complaints drive service and system improvements. The OHO also contributes to the government's objective of 'Safety where you live' through promoting awareness of the role and obligations of health practitioners in respect to domestic and family violence, taking regulatory action where appropriate against health practitioners who use domestic and family violence, and by providing person-centred, culturally safe and trauma informed services to victims who may have experienced harm through the conduct of health practitioners.

The *Office of the Health Ombudsman 2023–2027 Strategic Plan* includes the following strategic objectives:

- **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 2024–2025 the OHO:

- implemented practices to improve responsiveness and effectiveness of the OHO's complaint and regulatory functions
- tracked levels of demand for its services with continued focus on population groups and communities which may experience barriers in raising health service complaints
- increased the impact of the OHO's work in driving improvements in the safety and quality of health services through the actions taken in response to complaints and other matters, and the sharing of data and insights from this work with key stakeholders.

The OHO's decisions regarding health service complaints are guided by the following principle: the health and safety of the public are paramount.<sup>2</sup> 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.<sup>3</sup>

<sup>2</sup> Section 4 of the Act.

<sup>3</sup> Section 3 of the Act.

## 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 and students in Queensland, the OHO shares regulatory responsibility with Ahpra and the 15 registered practitioner National Boards under the National Law.<sup>4</sup> The OHO applies the National Code of Conduct for Health Care Workers (Queensland) when managing complaints about unregistered practitioners in Queensland.<sup>5</sup>

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).<sup>6</sup>

The Health Ombudsman is also required to report on specific matters to the responsible parliamentary committee and Minister.<sup>7</sup> The Minister may direct the Health Ombudsman to investigate certain matters, conduct inquiries or provide information or reports.<sup>8</sup>

## 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.

<sup>4</sup> <https://www.ahpra.gov.au/>

<sup>5</sup> <https://www.oho.qld.gov.au/for-providers/your-responsibilities>

<sup>6</sup> Section 94 of the Act

<sup>7</sup> The relevant Minister is The Honourable Tim Nicholls MP Minister for Health and Ambulance Services.

<sup>8</sup> Sections 81, 152 and 171 of the Act.

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 26 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.

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

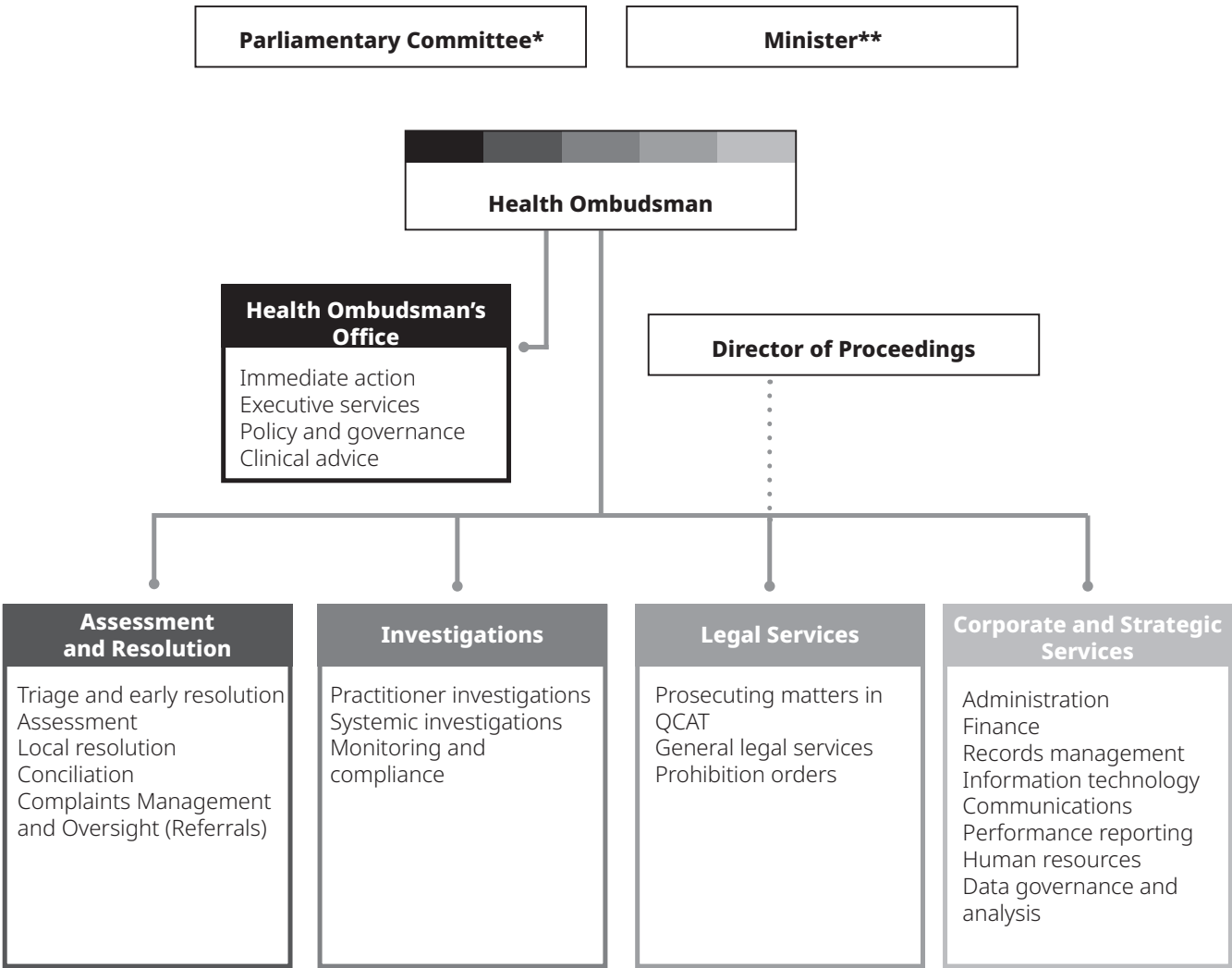
The OHO also has direct access to information regarding the criminal conduct of health practitioners in Queensland through the QPS Self Service of Document Retrieval (SSoDR) portal.

The OHO's Immediate Action team can 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 public 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 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 for administering the Act is that the health and safety of the public are paramount. 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 2025



\*Health Environment and Agriculture until 27 November 2024

\*Health Environment and Innovation Committee from 28 November 2024

\*\*Minister for Health, Mental Health and Ambulance Services and Minister for Women until 31 October 2024

\*\*Minister for Health and Ambulance Services from 1 November 2024



# 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 the OHO 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 health practitioner registered with one of the 16 professions recognised under the National Registration and Accreditation scheme (Note: nurses and midwives are two separate professions but covered by the one national board under the National Law).

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

### Mandatory notification

A mandatory notification<sup>9</sup> 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.

<sup>9</sup> 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.

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.

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 notification<sup>10</sup> 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.<sup>11</sup>

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.

<sup>10</sup> 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.

<sup>11</sup> Section 130 *Health Practitioner Regulation National Law (Queensland)*.

## 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 government entities who provide information include Queensland Health's Monitored Medicines and Compliance Unit, QPS, the Coroners Court of Queensland, the Queensland Human Rights Commission (QHRC), and the Queensland Ombudsman.

## Joint consideration

Since 6 December 2021, the OHO and Ahpra have undertaken 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 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 strong and positive relationship and together are 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
- are referred to Ahpra through or after an OHO process.

# Spotlight

## complaints intake

**9,812** health service complaints

+

**249** Own motion

=

**10,061** Total matters

### Complaints received from

Of the **9812** health service complaints received:



**87%**  
health consumer complaints



**9%**  
Voluntary notifications



**4%**  
Mandatory notifications



**<1%**  
Self-notifications and Referrals from other organisations

### Individual practitioners complaints

For complaints about individual practitioners related to:



**4,447**  
complaints about health practitioners

**93%**  
registered practitioners

**9%**  
unregistered practitioners

**<1%**  
student practitioners

The top issues identified in complaints about practitioners were:



**40%**  
Professional performance



**29%**  
Professional conduct



**15%**  
Communication and information



**13%**  
Medication



**5%**  
Reports and certificates



**5%**  
Professional health



**4%**  
Code of conduct for health care workers

Complaints involving a registered health practitioners most related to:

**62%**

Medical practitioners

**16%**

Nurses

**6%**

Dentist

**6%**

Psychologist

**2%**

Pharmacists

**2%**

Physiotherapist

### Health service organisation complaints

Complaints involving a health service organisation most related to:



**6,017**  
complaints about health service organisations



**33%**  
Public hospital



**25%**  
Correctional facility



**11%**  
Medical centre



**6%**  
Mental health service



**4%**  
Licensed private hospital



**3%**  
Dental service



**3%**  
Pharmaceutical service

A single complaint can be about an individual practitioner or multiple practitioners, and a health service organisation.

# 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 performance<sup>12</sup> across these key functions during the 2024–2025 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 in table 1 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 2024–2025 Service Delivery Statement for Queensland Health.<sup>13</sup>

For details of the OHO's staffing levels as published in the Service Delivery Statements, see page 47.

## Triage and early resolution (formally Complaints intake and triage)

Triage and early resolution (previously Complaints intake and triage) was renamed to better describe the full spectrum of work that is undertaken from the initial receipt of a complaint to the advice provided and/or the decision that is made.

External stakeholders, including members of the public, prisoner consumers 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). A decision on whether to accept a matter and what action (if any) should be taken is required to be made within 7 business days.<sup>14</sup>

Early resolution identifies matters of low risk and low 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 as being appropriately dealt with by the Health Ombudsman. Where the matter is unable to be resolved, the matter will progress to the usual intake decision of whether to accept the matter and what, if any, action should be taken.

<sup>12</sup> The OHO's performance and service delivery contributes to the Government's objectives of 'Health services when you need them' and 'Safety where you live'.

<sup>13</sup> [https://s3.treasury.qld.gov.au/files/Budget\\_2024-25\\_SDS\\_Queensland\\_Health.pdf](https://s3.treasury.qld.gov.au/files/Budget_2024-25_SDS_Queensland_Health.pdf)

<sup>14</sup> This timeframe is mandated under section 35 of the Act.



**Table 1 The Office of the Health Ombudsman service standards**

Effectiveness measures		2024–2025	
		Target/ Estimate	Actual
Percentage of complaints received and accepted or not accepted within 7 days	→ This is a measure of service timeliness. The timeframe for initial decisions to accept or not accept matters is 7 business days.	90%	<b>97.2%</b>
Percentage of complaints assessed within timeframes	→ 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).	90%	<b>87.7%</b>
Percentage of complaints resolved within timeframes	→ 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).	100%	<b>98.5%</b>
Percentage of investigations finalised within 12 months	→ This is a measure of investigation timeliness. The variance between the 2024–2025 Target/Estimate and 2024–2025 Actual is due to factors including an increase in matters requiring investigation and some investigations being paused. Paused investigations are investigations that may be placed on hold because there are proceedings concurrently undertaken by an external agency such as matters with the QPS, the Courts or the Coroners Court.	75%	<b>52.5%</b>
Percentage of disciplinary matters in which Queensland Civil and Administrative Tribunal (QCAT) decides there is a case to answer	→ 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.	90%	<b>100%</b>
Percentage of immediate action decisions upheld by QCAT at review hearings	→ Between 1 July 2024 and 30 June 2025, two immediate action decisions were made by QCAT. In one matter the immediate action decision was set aside, and in the second matter the immediate action decision was upheld.	90%	<b>50%</b>

Contacts received

The OHO has 2 complaint management systems, the overall case management system and a cloud-based platform that assists with efficiency functions. In 2024–2025, 9,812 complaints were received. Additionally, 249 ‘own motion’ cases were commenced by the OHO, 136 of which related to information received by the QPS regarding the alleged criminal conduct of registered and unregistered practitioners.

In total, 13,738 contacts were formally recorded on the OHO's case management system between 1 July 2024 and 30 June 2025, this includes enquiries, complaints and information received from other sources such as QPS.

In addition to these contacts, an additional 10,516 contacts 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 9,812 complaints formally recorded on the OHO case management system in 2024–2025 represents a 6 per cent increase on the same data for the same period in 2023–2024.<sup>15</sup>

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.

Decisions made within 7 business days

In accordance with the Act, the OHO has 7 business days to decide whether to accept or not accept a complaint from the time it is received.

In 2024–2025, 97 per cent of intake decisions were made within the 7 business day legislative timeframe—up from 94 per cent in 2023–2024 and consistent with 97 per cent in 2022–2023 respectively.

15 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.

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

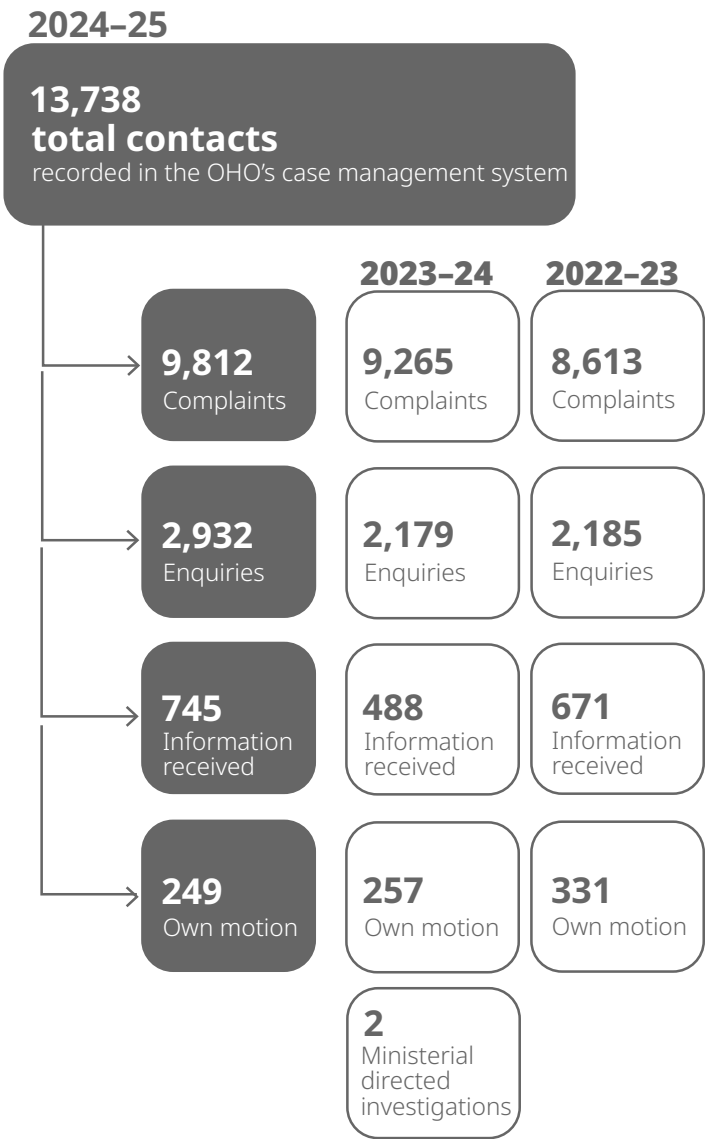
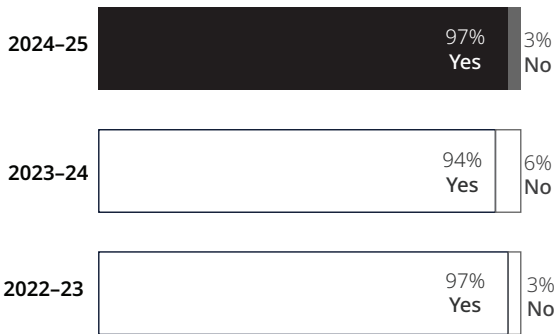


Figure 3 Percentage of decisions made within 7 days



## Complaints accepted vs not accepted

**Figure 4** Number of complaints accepted vs not accepted

<b>2024-25</b>	<b>3201 (33%)</b> Accepted and further relevant action	<b>3509 (36%)</b> Accepted and no further action	<b>2958 (31%)</b> Not accepted
<b>2023-24</b>	<b>3985 (43%)</b> Accepted and further relevant action	<b>3115 (33%)</b> Accepted and no further action	<b>2200 (24%)</b> Not accepted
<b>2022-23</b>	<b>4320 (50%)</b> Accepted and further relevant action	<b>2642 (31%)</b> Accepted and no further action	<b>1639 (19%)</b> Not accepted

The higher proportion of complaints that were either accepted with a subsequent decision for no further action or not accepted, is partly explained by early resolution processes that have been implemented at the triage stage for less complex matters. 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.

## Outcomes of accepted complaints

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

Number of decisions made	2024-25	
	Number	%
Referred to Ahpra and the National Boards	1,273	39
Assessment	987	30
Referred to another entity	548	17
Local resolution	456	14
Investigation	17	<1
Conciliation	2	<1
<b>Total</b>	<b>3,283</b>	<b>100</b>

NB: These decisions are only the Intake decisions in the first 7 business days and are not representative of additional decisions made following further relevant action.

## Joint consideration matters

The following data reflects the 2024–2025 summary of matters progressed through joint consideration. From a total of 4,015 initial joint consideration consultations finalised in 2024–2025, the majority were done well within the statutory timeframes. There were 189 consultations finalised outside of these timeframes due to factors including complex matters requiring detailed analysis, temporary impacts of process adjustments and resourcing issues, and implementation of a new software system by Ahpra. 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	2024-25
	Number
Consultations commenced	4,072
Consultations finalised	4,015
Joint consideration consultations finalised within statutory timeframe	3,825
Joint consideration consultations finalised outside statutory timeframe	189
Matters pending as of 30 June	1

**Table 4 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	2	0	0	2
Chinese Medicine Practitioner	3	2	2	7
Chiropractor	6	5	21	32
Dental practitioner	102	41	99	242
Medical Practitioner	1,325	348	772	2,445
Medical Radiation Practitioner	9	7	5	21
Midwife	9	15	25	49
Nurse	249	194	228	671
Occupational Therapist	29	11	16	56
Optometrist	9	2	7	18
Oral Health Therapist	0	0	0	0
Osteopath	0	0	0	0
Paramedic	12	25	15	52
Pharmacist	31	25	41	97
Physiotherapist	25	12	19	56
Podiatrist / Chiropodist	7	3	6	16
Psychologist	131	33	74	238
Student practitioner	4	4	5	13
<b>Total</b>	<b>1,953</b>	<b>727</b>	<b>1,335</b>	<b>4,015</b>

NB: The data in this table has been sourced from Ahpra's data management system and is correct at the time of report publication.

**Table 5 Outcome of subsequent joint consideration (SJC) consultations by practitioner type**

Practitioner type	Number			
	No Further Action	No SJC response given	Refer to Ahpra	Total
Aboriginal and Torres Strait Islander health practitioner	0	0	0	0
Chinese Medicine Practitioner	0	0	0	0
Chiropractor	1	0	1	2
Dental practitioner	13	0	0	13
Medical Practitioner	105	7	0	112
Medical Radiation Practitioner	0	2	0	2
Midwife	7	0	0	7
Nurse	38	6	0	44
Occupational Therapist	3	1	0	4
Optometrist	0	0	0	0
Oral Health Therapist	0	0	0	0
Osteopath	0	0	0	0
Paramedic	1	1	0	2
Pharmacist	10	4	0	14
Physiotherapist	3	0	0	3
Podiatrist / Chiropodist	0	0	0	0
Psychologist	8	0	1	9
Student practitioner	2	0	0	2
<b>Total</b>	<b>191</b>	<b>21</b>	<b>2</b>	<b>214</b>



# 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 conduct a risk assessment, establish the full scope of the matter, identify key facts, obtain records or expert clinical opinion, 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 or evidence. 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.<sup>16</sup> Of the 1,237 complaints where assessment commenced in the period 1 July 2024 to 30 June 2025, 57 per cent were categorised as a 'priority matter' compared to 48 per cent in the same period in 2023–2024 and 23 per cent for 2022–2023. .

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 unexpected 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 by collaborating to direct such matters.

Figure 5 Number of assessments started and completed

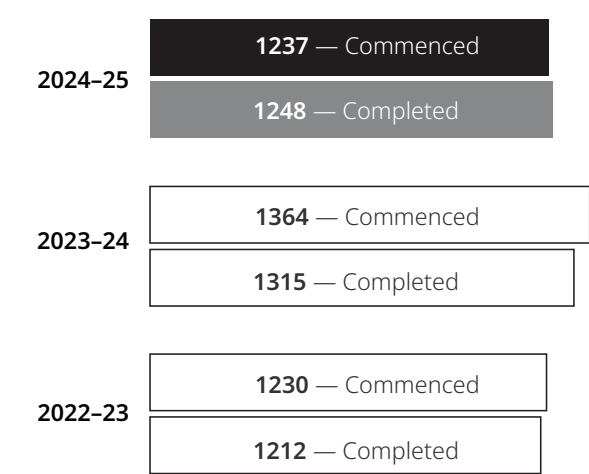
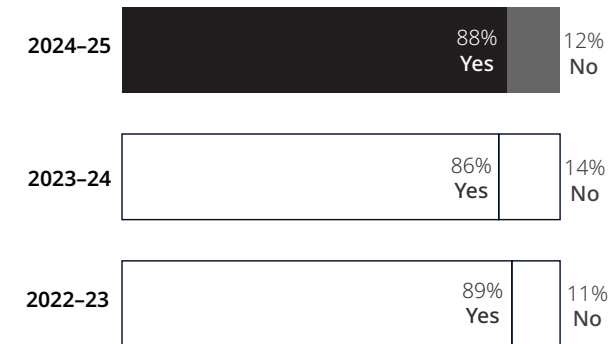


Figure 6 Percentage of assessments completed within legislative timeframes



<sup>16</sup> 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	2024-25	
	Number	%
No further action*	677	53
Investigation	187	15
Referred to Ahpra and the National Boards	146	11
Referred to another entity	133	10
Referred to Ahpra and the National Boards as well as another entity	36	3
Conciliation	102	8
Local resolution	3	<1
<b>Total</b>	<b>1,284</b>	<b>100</b>

\*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

### Facilitating quality outcomes for a consumer who required dental services

#### Complaint

A consumer visited a public dental provider after experiencing toothaches and headaches. She was informed that two infected teeth required removal, and a specialist was required. She told the OHO that her request for antibiotics was ignored and she did not receive a referral to the specialist. She explained she did not have the financial means to have the dental treatment privately. The consumer also explained that she did not have access to email and asked for the OHO to accommodate her need for communication to be either by phone or via post.

#### What we did

The OHO worked with the consumer to obtain the necessary information over the phone and via information requested by post. After examining the information, the OHO consulted with the relevant Hospital and Health Service (HHS) about the actions that they could take to respond directly to the complaint. The HHS confirmed that they would provide support to the dental service to re-engage with the consumer to explore what options were available to them and what facilities may be able to provide the dental treatment. The OHO referred the complaint to the HHS and sought a report on actions taken through the OHO's Complaints Management and Oversight Team.

#### Outcome

The HHS informed the OHO that they had promptly resolved the complaint in accordance with their complaints management processes and procedures.

The HHS advised that the consumer's concerns were addressed and that she was satisfied with the resolution of her complaint. The HHS acknowledged the difficulties that she had experienced and arranged an appointment with a specialist, developed a treatment plan for her dental issues and provided a voucher to cover the cost of treatment.

## Local resolution

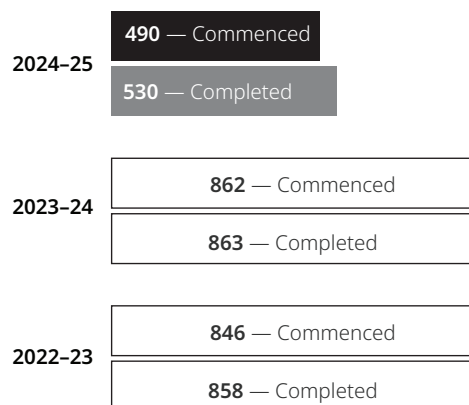
Local resolution is a person-centred, voluntary process for resolving complaints efficiently with a light-touch intervention approach by the OHO. As its name suggests, complaints identified for local resolution are resolved between the complainant and the health service provider, with assistance of the 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 are tailored to address the circumstances of each complaint. Potential outcomes include: an apology, explanation of treatment, 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 and/or maintaining 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.

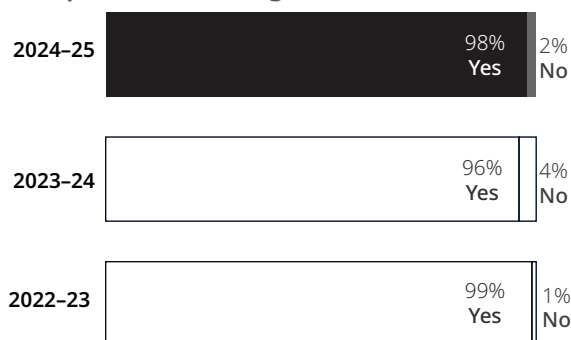
In 2024–2025, the OHO managed 530 local resolution matters. Of these, 98 per cent were finalised within the legislative timeframe, compared with 96 per cent in the same period in 2023–2024 and 99 per cent in 2022–2023. Seventy-four per cent of matters referred to local resolution were resolved, achieving individual outcomes for complainants, and opportunities for provider service improvements.

In 2024–2025, the number of matters in local resolution decreased from previous years due to the introduction of early resolution. Historically, early resolution matters were managed by the Local Resolution team. Following this process change, fewer matters were assigned and managed by local resolution in 2024–2025. Local resolution has however been integrated with the conciliation to form one team, increasing the options for resolution of more serious and complex matters. As discussed in the section on conciliation, more matters were referred to conciliation compared to previous years.

**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	2024–25	
	Number	%
Resolved	392	74
Not resolved	116	22
Partially resolved**	0	0
Complaint withdrawn	20	4
Local resolution did not commence*	3	<1
Early closure	0	0
<b>Total</b>	<b>531</b>	<b>100</b>

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

\*\*In matters that are not resolved, participants may still gain some benefits from the information shared during the process.

## Case Study

### **Individual outcomes and service improvements achieved through local resolution of a complaint**

#### **Complaint**

A consumer contacted the OHO about the experiences associated with her diagnosis of breast cancer. During her consultation with the practitioner, she was advised that a lumpectomy would be performed and was offered a mammoplasty on both breasts at the same time as the lumpectomy. A lumpectomy would be performed and was offered a mammoplasty on both breasts at the same time as the lumpectomy.

On the day of surgery, the practitioner advised he had not allocated enough time to complete the bilateral procedures. Two options were presented, and both were unsatisfactory for the complainant.

#### **What we did**

The complaint was managed through the OHO's local resolution process. An OHO officer contacted the practitioner to seek an explanation about what actions had been taken after rescheduling the surgery, by identifying the service delivery improvements that had been implemented following the complaint.

#### **Outcome**

The practitioner provided an apology to the consumer for her experiences, made changes to his surgery booking process and now provides written literature to patients to assist them with understanding their procedure and associated medical terminology. He also underwent voluntary education to improve his communication skills.

As part of the resolution of this complaint, the practitioner also provided a refund to the consumer for the initial consult fee and booking fee.

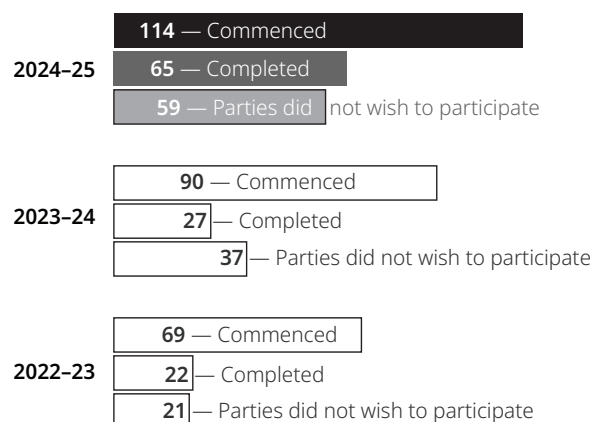
## Conciliation

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 2024–2025, 114 conciliations were commenced (up from 90 in 2023–2024); 59 were closed due to non-participation and 65 were completed while the remaining matters were ongoing. The increase in conciliations commenced in 2024–2025 can be attributed to the increase in matters categorised as Priority 1 over the same period.

**Figure 9 Number of conciliations**





## Case Study

# Strengthening cultural safety in palliative care through collaborative engagement

### Complaint

The OHO received a complaint regarding the delivery of palliative care services to an Aboriginal and Torres Strait Islander person in a remote community. The concerns raised included a lack of culturally appropriate communication during end-of-life care.

### What we did

When the complaint was received, the Intake Team sought the advice and involvement of the OHO's Principal Complaints Adviser (Aboriginal and Torres Strait Islander).

Together, the intake officer and cultural adviser engaged with the person who made the complaint, using culturally appropriate communication by building rapport and yarning about their experience.

The complaint progressed to Assessment where the case officer and cultural advisor worked together to carefully navigate complex cultural lores, including the importance of respecting gender roles like "women's business" and ensuring kinship systems were followed. Only appropriate knowledge holders and people granted with permission were allowed to be involved in the discussions.

The team recognised the need for a holistic and trauma-informed approach, sharing insights to ensure a broader understanding of the cultural and clinical dimensions of the case. This enabled a comprehensive and person-centred response.

The OHO's leadership also played a pivotal role. The matter was personally addressed by the Health Ombudsman during a community engagement, reinforcing the organisation's commitment to cultural safety and accountability.

### Outcome

The complaint progressed to conciliation, where both cultural and clinical aspects were openly discussed. The process empowered the person who made the complaint to share their experience and be heard. The provider responded constructively, committing to implement improved communication protocols and staff education initiatives tailored to the needs of the Aboriginal and Torres Strait Islander community, particularly in the context of palliative care.

This case exemplifies the OHO's ability to deliver a seamless, culturally safe, and person-centred complaint resolution process. It also highlights the OHO's integrated approach to performing its complaints and regulatory functions while upholding the OHO's values of compassion, respect and collaboration.

## 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 2024–2025, the OHO completed 1,702 registered practitioner complaint referrals to Ahpra to deal with as part of the OHO's co-regulatory arrangement. This number is down from 2,111 in 2023–2024.<sup>17</sup>

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 2024–2025, the OHO commenced 850 complaint referrals to other government entities (State or Commonwealth) to deal with, down from 1,054 in 2023–2024.<sup>18</sup> While the total numbers have decreased, the OHO has implemented a risk based approach to enhance the level of oversight of the actions taken by entities, particularly by health services and the assessment of outcomes. Most referrals to government entities occur at the triage stage, however referrals to other entities can be made following most other relevant actions.

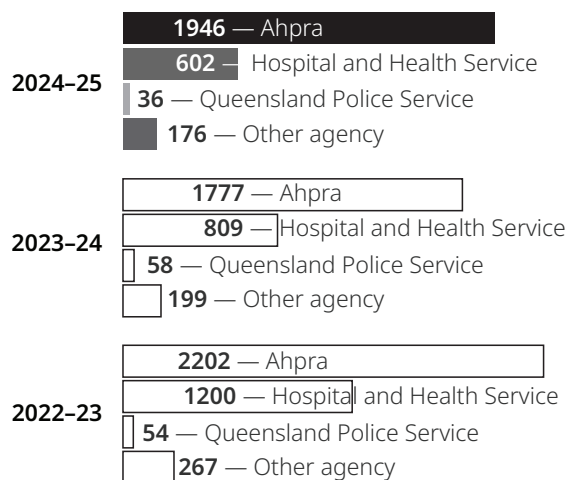
Typical entities that the OHO refers complaints to include Hospital and Health Services (including Public Health Units), Aged Care Quality and Safety Commission, QPS and the Australian Government Department of Human Services (Medicare).

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, including identifying where there might be quality and safety issues which can mean further exploration by the OHO.

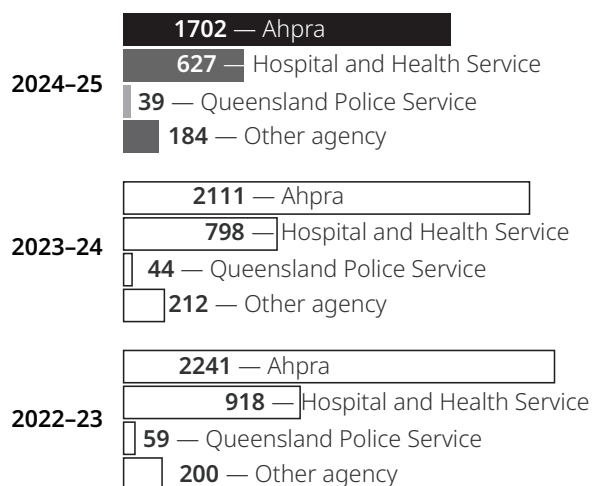
<sup>17</sup> Minor differences in previous years' figures reported in prior annual reports are attributed to data corrections that have since taken place in the OHO's Case Management System. Figures reported above are based on the latest available data at the time this annual report is published.

<sup>18</sup> 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 10 Closed referrals by agency type**



**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	0
Chinese Medicine Practitioner	2
Chiropractor	21
Dental practitioner	93
Medical Practitioner	652
Medical Radiation Practitioner	4
Midwife	23
Nurse	213
Occupational Therapist	15
Optometrist	7
Oral Health Therapist	0
Osteopath	0
Paramedic	15
Pharmacist	38
Physiotherapist	19
Podiatrist / Chiropodist	6
Psychologist	64
Student practitioner	4
<b>Total*</b>	<b>1,176</b>

\*NB: Please note, a single provider can hold multiple registrations. The total figure is a sum of these registration instances in the context of the provider and not the total number of providers.

# Investigation

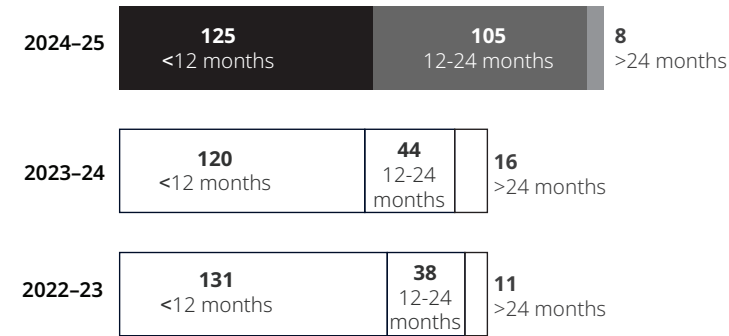
The OHO conducts formal investigations for more serious matters, which fall into one of two categories: individual health practitioner investigations, or systemic investigations, which include investigations into complaints about health services.

Generally, investigations are to be completed within 12 months, although this may be extended due to the size, nature or complexity of the matter. While open, an investigation can be either active or paused. Paused investigations are those that may be placed on hold because they are also subject to proceedings concurrently undertaken by an external agency such as matters with the QPS, the Courts or the Coroners Court. Consequently, paused investigations can significantly impact the OHO's ability to complete investigations within 12 months. Under the Act, all investigations open for more than 12 months must be published in a register on the OHO's website.<sup>19</sup> The responsible parliamentary committee and Minister are also advised of investigations open for more than two years.<sup>20</sup>

In 2024–2025 the OHO commenced 260 investigations compared to the record number of 322<sup>21</sup> investigations commenced in 2023–2024, but this number was still higher than the 219 investigations commenced in 2022–2023.

The OHO finalised 238 investigations in 2024–2025 which is a significant increase of 32 per cent when compared to 180 investigations finalised in 2023–2024.<sup>22</sup> Of the 238 investigations finalised, 125 (53 per cent) were completed within 12 months, 105 (44 per cent) were closed between 12 and 24 months of commencement and 8 (3 per cent)<sup>23</sup> longer than 2 years.

Figure 12 Timeframes for completion of investigations



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.

In 2024–2025, a higher proportion of older investigations were closed, resulting in a similar percentage of investigations completed within 12 months when paused matters were excluded. In previous years there were higher proportions of investigations completed (80 per cent in 2023–2024) after paused matters were accounted for.

Although the number of investigations finalised in under 12 months increased compared to 2023–2024, the percentage was lower due to a significant rise in investigations aged 12–24 months being finalised. This shift reflects targeted efforts to close older cases while managing an overall increase in open investigations. The increase in investigations taking over 12 months to complete in 2024–2025 is also largely due to a 40 per cent increase in investigations commenced in 2023–2024, following annual increases of around 20 per cent since 2020–2021, alongside a growing number of complex cases. In comparison, in 2023–2024, 77 per cent of investigations were under 12 months old, 18 per cent were 12–24 months old, and 5 per cent exceeded 24 months.

19 Section 85(4) of the Act.  
 20 Section 85(8)(a) of the Act.  
 21 This figure has been adjusted through a data correction from the 300 reported in the 2023–2024 Annual Report.  
 22 This figure was reported as 300 in the 2023–2024 Annual Report and has since been adjusted through a data correction due to a systems error.  
 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.

At 30 June 2025, 353 investigations remained open. Of these, 211 (60 per cent) were aged less than 12 months, 111 (31 per cent) were aged between 12 and 24 months and 31 (9 per cent) were aged more than 24 months.

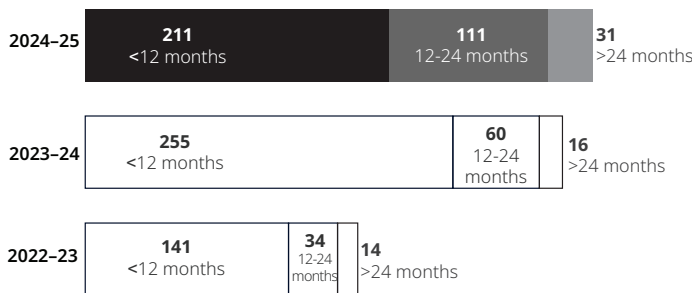
This compares to last year where 77 per cent were aged less than 12 months, 18 per cent were aged between 12 and 24 months and 5 per cent were more than 24 months old.<sup>24</sup>

Of the 353 open investigations, 45 were paused (13 per cent) and 308 (87 per cent) were active matters. While open active investigations increased slightly from 299 matters last year, 195 (63 per cent) of the 308 were open for less than 12 months. This is down from 243 (81 per cent) the previous 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 investigations commenced each year presents 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 arising from the independent 2024 OHO's Resourcing Review conducted by BDO Australia.<sup>25</sup>

These targeted strategies have enabled the OHO to finalise a record number of 238 investigations in 2024–2025, which included completing around 22 per cent of investigations within six months and 38 per cent of investigations within nine months. It is also important to note that the increased number of investigations represents more regulatory actions and outcomes to protect public health and safety and address quality and safety risks in health service provision.

**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).<sup>26</sup>

Of the 238 closed investigations, 213 related to individual practitioners (89 per cent). Of these, 162 related to registered practitioners (76 per cent); and unregistered practitioners accounted for 52 (24 per cent).

At the conclusion 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.<sup>27</sup>

<sup>24</sup> 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.

<sup>25</sup> <https://www.parliament.qld.gov.au/Work-of-the-Assembly/Tabled-Papers/docs/5724t2033/5724t2033-803f.pdf>, page 49.

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

<sup>27</sup> Part 8A of the Act.

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.

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.

A single investigation may result in multiple outcomes. Of the 238 investigations finalised in 2024–2025, there were a total of 240 investigation outcomes as shown in Table 9. For example, an investigation about an unregistered practitioner may result in a recommendation for a prohibition order as well as a referral to another agency. A systemic investigation may result in recommendations for service improvements as well as a referral to conciliation to address individual outcomes from the complaint. A breakdown of the outcomes for different types of investigations is provided in Table 9.

**Table 9 Outcomes of investigations**

Investigation outcomes	2024–2025	
	Number	%
<b>Registered practitioner investigations</b>		
Matters recommended for referral to the Director of Proceedings	90	55
Completed with no further action	41	25
Referred to Ahpra	32	20
Referred to another agency	0	0
<b>Total</b>	<b>163</b>	<b>100</b>
<b>Unregistered practitioner investigations</b>		
Completed with no further action	20	38
Referred to another agency	2	4
Recommended that the Health Ombudsman issue a prohibition order	30	58
<b>Total</b>	<b>52</b>	<b>100</b>
<b>Systemic investigations</b>		
Completed with recommendation monitoring	16	64
Completed with recommendation monitoring and referred for conciliation	6	24
Completed with recommendations that are not monitored	2	8
Completed with findings only	1	4
<b>Total</b>	<b>25</b>	<b>100</b>
<b>Total</b>	<b>240</b>	

A decision for no further action following the completion a practitioner investigation may include detailed outcomes on the findings of the investigation and reminders of obligations under the relevant code of conduct or standards.



## Systemic investigations

The OHO undertakes systemic<sup>28</sup> 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. They also include investigations into concerns raised about a health service rather than a practitioner. These investigations may result from a complaint or notification, may be initiated by the Health Ombudsman where there is an apparent emergence of a systemic issue, or from a direction by the Minister. 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 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 2024–2025, 13 systemic investigations were commenced, with four of these relating to Assisted Reproductive Technology (ART) matters and the remainder relating to a broad range of patient safety and quality issues and concerns about experiences of treatment and care at health service facilities. This is lower than the record number of 35 commenced in 2023–2024, noting that 16 of these were individual complaints concerning ART services and one investigation was undertaken in response to the Section 81 ministerial direction to investigate ART providers in Queensland. In 2024–2025, 25 systemic investigations were closed. As at 30 June 2025, 23 systemic investigations remained open. Of these, one (4 per cent) related to individual complaints about the provision of ART services.

## Outcome report on implementation of OHO recommendations at Doomadgee Rural Hospital and Gidgee Healing

The OHO published a snapshot report in February 2025 to highlight the progress and outcomes of improvement actions taken at Doomadgee Rural Hospital and Gidgee Healing, in response to the recommendations made by the OHO systemic investigations into these services. Following the tragic death in 2020 of Miss Sandy, an Aboriginal woman diagnosed with Rheumatic Heart Disease and broader concerns raised about the provision of health services in Doomadgee, these investigations made detailed findings and recommendations to improve the safety and quality of services, including specific strategies for detecting, screening and managing the treatment of Acute Rheumatic Fever/ Rheumatic Heart Disease requiring collaboration between the two services.

This snapshot report highlighted the way in which the OHO proactively engaged with the services and the community to ensure that the findings and recommendations were resulting in tangible changes and improvements to health service provision and outcomes for the Doomadgee community.

The OHO found that both health services had invested significantly to attract and retain clinical staff through improved training and orientation, accommodation, and policies and procedures. The engagement of an Indigenous Liaison Officer, increased education and engagement with the community, families and individuals diagnosed with Acute Rheumatic Fever/Rheumatic Heart Disease, and weekly case conferencing between the health services had achieved an almost 100 per cent compliance rate with treatment plans.

Collaboration between service providers continues to be an area of focus to address the issues and risks of fragmentation of care in health service delivery in Doomadgee. The health services advised of their commitment to continue to strengthen relationships and build trust with the Doomadgee community through meaningful engagement and involving the community in the design and delivery of culturally appropriate healthcare.

The OHO will continue to engage with both services and receive feedback from the community through ongoing stakeholder engagement on the provision of health services in the region.

<sup>28</sup> Includes investigating individual complaints about health service providers.

## Systemic investigations recommendations

Where the OHO makes recommendations from the findings of systemic investigations, the OHO can require reports, including progress updates on the implementation of recommendations. For some matters, monitoring plans may be developed with providers to guide implementation which requires careful coordination and constructive engagement with these providers to ensure that the recommendations can achieve the intended improvement outcomes. The OHO has a proactive approach to monitoring recommendations, engaging with providers on any potential barriers to implementation, assessing evidence of actions and providing advice where needed on areas where further action or evidence may be needed before the monitoring of the recommendation can be closed.

The OHO has commenced reporting on the number and types of recommendations that are made from health service and systemic investigations, along with publishing outcome reports on the implementation of recommendations by providers. Further work is planned in 2025–2026 to provide a dashboard style report on the OHO's website. Reporting on this work is seen as an important way of demonstrating the outcomes achieved through complaints and investigations and promoting broader learnings and awareness of service improvement actions being taken.

In 2024–2025 the OHO monitored the implementation of a total of 248 individual recommendations. The majority of these recommendations arose from the ART systemic investigation completed on 28 June 2024 and associated individual investigations about ART services. The remainder arose from systemic investigations about health service provision not relating to the provision of ART services. These recommendations covered a range of quality and safety issues, including clinical governance, incident reporting communication and partnering with consumers, safety and care planning, and visual observations. A breakdown of these recommendations are shown in the Spotlight Systemic investigations recommendations.

As of 30 June 2025, the OHO was monitoring the implementation of a total of 85 recommendations, including those relating to ART investigations, having progressively closed monitoring of 163 recommendations following assessment of evidence of the actions taken by providers.

## Systemic investigation recommendations of assisted reproductive technology (ART) providers in Queensland

In 2024–2025, a total of 97 recommendations were made from individual investigations relating to ART services. Of these, 68 have been closed and 29 remain open. In addition, a total of 136 recommendations for ART providers arose from the Ministerial directed systemic ART investigation completed on 28 June 2024, which were monitored in 2024–2025. Of these, 27 remain open and are being monitored.

### Spotlight Systemic investigations recommendations

#### Recommendations made from 2024–2025 investigations and monitored

20  
recommendations  
were made

2  
closed

18  
remain  
open

Investigations not related to ART services

97  
recommendations  
were made

68  
closed

29  
remain  
open

Individual investigations related ART services

#### Recommendations made from 2023–2024 investigations and monitored in 2024–2025

131  
recommendations  
were made

93  
closed

38  
remain  
open

All investigations including ART services

#### Total recommendation monitoring outcomes in 2024–2025

248  
recommendations  
monitored

163  
closed

85  
remain  
open

## Case Study

# Driving quality and safety improvements in assisted reproductive technology services in Queensland—outcomes from the OHO systemic investigation

The OHO published its systemic investigation into assisted reproductive technology (ART) providers in Queensland on 1 July 2024. This report made 38 recommendations directed at ART providers, the Minister, and the Fertility Society of Australia and New Zealand (FSANZ) Reproductive Technology Accreditation Committee (RTAC).

### Legislative and Regulatory Reforms

The findings from the OHO's investigation significantly influenced the development of the *Assisted Reproductive Technology Act 2024 (ART Act)*, which was passed on 10 September 2024. This legislation introduced regulatory oversight and safeguards for ART services, creating the Assisted Reproductive Technology Unit within Queensland Health. When all sections of the ART Act are in force, the ART Unit will be responsible for licensing, compliance monitoring and enforcement actions in relation to ART providers.

### OHO's role in quality and safety improvements

Through continuing collaborative work with Queensland Health and the ART Unit, and active monitoring of the implementation of recommendations made to ART providers, the OHO has contributed to significant quality and safety improvements to the provision of ART services in Queensland.

Throughout 2024–2025, the OHO monitored 17 recommendations across 8 ART provider organisations, totalling 136 recommendations under section 89 of the *Health Ombudsman Act 2013*.

These recommendations addressed key issues identified in the investigation such as:

- appropriate management of incidents arising from the handling of gametes and embryos consent—particularly the provision of adequate information to consumers to ensure that they fully understand the treatment being provided, including the risks and benefits.

During the monitoring of these recommendations, the OHO has required ART providers to demonstrate actions and changes such as provision of staff training on the need for timely communication to consumers, taking into account the emotive context of decision making and its impact on understanding and information processing.

Over the past year, the OHO has progressively closed the monitoring of individual recommendations after reviewing evidence of satisfactory implementation and considering how the new regulatory arrangements and requirements will address related aspects.

As at 30 June 2025, 27 recommendations were still being monitored, related to the systemic investigation into ART providers with processes underway for the closure of monitoring for three out of eight of the providers. Given the gravity of issues identified in the systemic investigation report, together with high-profile cases of errors and adverse outcomes in ART services, the OHO's monitoring of the implementation of these recommendations is considered to be critical for ensuring that the gaps and issues identified in the report are being addressed by providers while new regulatory safeguards are being established. While the OHO does not have powers to direct particular actions, the recommendations set out clear actions that ART providers needed to address identified risks and issues in practices, including reporting and working with RTAC on any identified compliance issues.

The OHO will continue to play an important role in ensuring that complaints and concerns raised by ART consumers inform ongoing improvements to the quality and safety of ART services in Queensland.

## Immediate registration 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 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.

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.<sup>29</sup>

## 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.<sup>30</sup>

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.

<sup>29</sup> 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.

<sup>30</sup> Sections 59 and 69 of the Act.

In 2024–2025, the Health Ombudsman issued 44 immediate registration actions<sup>31</sup> and 30 interim prohibition orders. These actions include immediate action decisions where the Health Ombudsman decided to vary a decision to take immediate action. Sixty-eight decisions to take immediate action upon initial assessment of a matter were made in 2024–2025, compared to 76 in 2023–2024. 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.<sup>32</sup>

Practitioners are informed of this right in the notice of decision to take immediate action, issued by the Health Ombudsman. In 2024–2025, four applications for review of an immediate action decision were lodged with QCAT. Two applications were withdrawn by the practitioner, two review applications were heard (one immediate action was set aside and the other immediate action was upheld). 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 2024–2025, the Health Ombudsman issued 35 prohibition orders compared to 14 in 2023–2024.

Practitioners can apply to QCAT to review any prohibition order issued to them by the Health Ombudsman.<sup>33</sup> In 2024–2025, one practitioner applied to QCAT to review a prohibition order—a decision on which was pending as at 30 June 2025. One decision was handed down in relation to an unregistered Practitioner where the prohibition order imposed by the Health Ombudsman was set aside.

**Figure 14 Number of immediate actions taken by the Health Ombudsman**

2024–25	44 Immediate registration action	30 Interim prohibition order
2023–24	49 Immediate registration action	32 Interim prohibition order
2022–23	54 Immediate registration action	36 Interim prohibition order

31 Immediate registration actions apply only to registered health practitioners and may result in the Health Ombudsman suspending, imposing conditions on the practitioner's registration or accepting an undertaking from the registered health practitioner.

32 Sections 63 and 74 of the Act.

33 Section 90N of the Act.



# 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 2024–2025, the OHO commenced 110 new practitioner monitoring cases and closed 84 cases. A single practitioner may be monitored for different issues or orders. As at 30 June 2025, the OHO had 309 open practitioner monitoring cases (an increase of 9 per cent from last year). Of these 99 were registered practitioners, and 210 were unregistered practitioners, or registered practitioners practicing outside their registration field.

Table 10 Open monitoring cases by type

Open monitoring cases by action type	2024–25	
	Number	%
Immediate registration action—conditions	43	14
Interim prohibition order—prohibited	28	9
QCAT issued conditions or prohibition	49	16
Permanent prohibition order	94	30
Interim prohibition order—restrictions	39	13
Immediate registration action—suspension	51	17
Immediate registration action—Undertakings	3	1
QCAT interim decision	2	<1
<b>Total</b>	<b>309</b>	<b>100</b>

Figure 15 Number of practitioners under monitoring

2024–25	<b>99</b> Registered	<b>210</b> Unregistered
2023–24	<b>96</b> Registered	<b>188</b> Unregistered
2022–23	<b>97</b> Registered	<b>154</b> Unregistered

Immediate actions or prohibition orders may be varied if there is a material change in relation to the matter that gave rise to the action, the Health Ombudsman reasonably believes the change justifies varying the action, and the variation is on the grounds why the action was taken.

In 2025, 68 variation applications were considered—41 Immediate registration actions (IRA), 22 Interim prohibition orders (IPO), and 5 Prohibition orders (PO).

Table 11 Variations considered by Type

Variations	2024–25					
	IRA		IPO		PO	
	Number	%	Number	%	Number	%
Health Ombudsman initiated	26	38	17	25	2	3
Practitioner initiated	15	22	5	8	3	5
<b>Total</b>	<b>41</b>	<b>60</b>	<b>22</b>	<b>33</b>	<b>5</b>	<b>8</b>



A practitioner's suspected or identified non-compliance with immediate action may result in further investigation, which can lead to action to address 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.<sup>34</sup>

Where there is evidence of a breach of the Act, the Health Ombudsman considers whether prosecution is appropriate.<sup>35</sup> In 2024–2025, the OHO referred two summary offence matters to the QPS relating to two practitioners. As a result, the practitioners were charged, both matters are still before the courts. One summary prosecution was finalised resulting in a conviction being recorded and a \$25,000 fine with the practitioner found guilty of breaching an interim prohibition order.

## **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.<sup>36</sup>

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.

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<sup>34</sup> Section 78 of the Act.

<sup>35</sup> Section 269 of the Act.

<sup>36</sup> 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:

- the Health Ombudsman reasonably believes the person is contravening or has contravened a relevant provision<sup>37</sup>, or
- the person 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 2024 to 30 June 2025.<sup>38</sup>

<sup>37</sup> 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.

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

## Case Study

### Health Ombudsman issues public statement to protect public safety

#### Background

Through the investigation of a complaint, the OHO identified significant concerns that an unregistered health practitioner (the practitioner) had placed patients at high risk of serious harm by providing them with dangerous and ineffective treatments and advice, including claims to treat and cure serious illness and conditions, discouraging people from continuing conventional medical treatments and lack of infection control practices.

During the early stages of the investigation, the Health Ombudsman issued an interim prohibition order to the practitioner prohibiting him from providing or supporting any health services.

The investigation found evidence that the practitioner had been treating people from Australia and overseas, including China. While the investigation determined that multiple people received treatments from the practitioner, the OHO was unable to identify all patients and was concerned about the risks to their health as a consequence of treatments or advice that may have been provided by the practitioner.

#### What we did

The Health Ombudsman decided to issue a public statement to warn anyone who may have been advised or treated by the practitioner either directly or indirectly, that the health services they received may worsen their health condition/s and/or place them at ongoing serious risk of harm. The public statement was also issued in Traditional and Simplified Chinese and shared with other Health Complaints Entities across Australia.

#### Outcome

The statement was issued to both local and national media, including Chinese news outlets, to warn former patients and encourage them to seek medical advice from a registered medical practitioner and also contact the OHO.

## 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.<sup>39</sup> 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 request the Health Ombudsman obtain stated information or 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.<sup>40</sup>

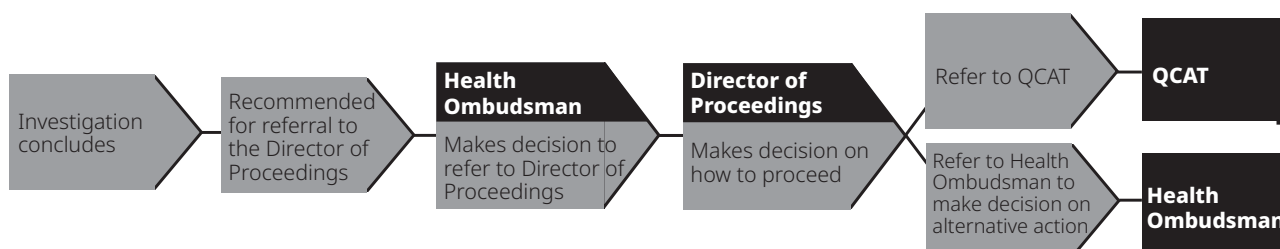
The diagram also highlights the distinct and independent decision-making powers held by the Health Ombudsman and the Director of Proceedings respectively, as granted under the Act. In all matters relating to the OHO's litigation and general legal services, the Health Ombudsman and the Director of Proceedings are supported by the Legal Services Division.

## Decisions by the Director of Proceedings

In 2024–2025, the Director of Proceedings received 101<sup>41</sup> matters from the Health Ombudsman for consideration for referral to QCAT—6 less than in 2023–2024. The Director of Proceedings also referred 54 matters back to the Health Ombudsman and filed 42 matters in QCAT. The 42 matters filed in QCAT concerned issues such as:

- conviction for criminal offences
- sexual assault
- inappropriate prescribing/dispensing
- boundary violations
- breach of conditions
- poor clinical performance
- possession of child exploitation material
- family and domestic violence offences
- sexual misconduct.

**Figure 16 Legislative pathway for referring a matter to QCAT**

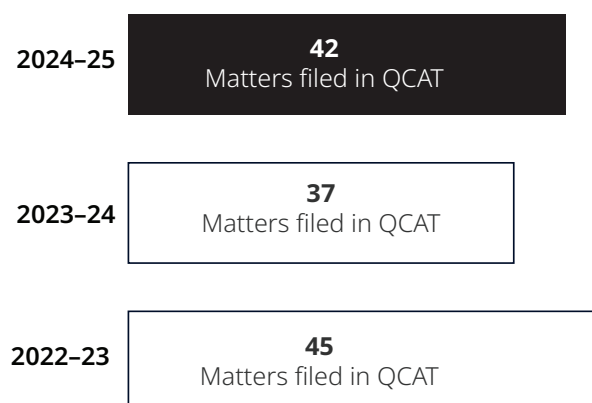


<sup>39</sup> Section 103(3) of the Act dictates what the Director of Proceedings must consider in making a decision. In relation to the likelihood of proving a matter before QCAT, the standard of proof required under the Act is the civil threshold on the balance of probabilities, applying the 'Briginshaw standard' as established in *Briginshaw v Briginshaw* [1938] 60 CLR 336.

<sup>40</sup> For the Health Ombudsman to deal with the matter under section 105 of the Act.

<sup>41</sup> Includes the 90 matters received from the Investigations Division and 11 matters referred from the Health Ombudsman providing stated information in response to requests from the Director of Proceedings

**Figure 17 Matters filed in QCAT**

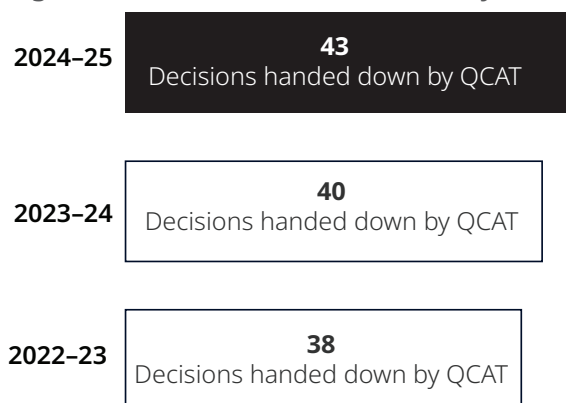


In 2024–2025, QCAT handed down 42 decisions on matters filed by the Director of Proceedings resulting in:

- practitioners having their registration 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 \$10,000)
- a matter where the decision on sanction is still pending.

QCAT decisions are available from the Supreme Court Library Queensland website.<sup>42</sup>

**Figure 18 Decisions handed down by QCAT**



<sup>42</sup> [www.sclqld.org.au/caselaw/QCAT](http://www.sclqld.org.au/caselaw/QCAT)

As at 30 June 2025, 64 OHO matters were with QCAT including one that has been heard and is awaiting a decision and one matter with a decision but is yet to be finalised/closed in QCAT. There were 58 matters awaiting a decision by the Director of Proceedings.

## Case Study

### Fraud and domestic violence order breach results in significant sanction for practitioner

#### Complaint

A pharmacist had been issued with an Immediate Registration Action imposed by the Health Ombudsman and appeared before the Queensland Civil and Administrative Tribunal in July 2024.

#### What we did

The Health Ombudsman made two disciplinary referrals in relation to the conduct of the pharmacist. One related to a conviction for obtaining financial advantage by deception, with approximately \$1.9 million falsely claimed from the Pharmaceutical Benefits Scheme. The second matter related to the practitioner's contravention of a police protection notice under the *Domestic and Family Violence Protection Act 2012*, and related failures to notify or declare the criminal history to the National Board.

#### Outcome

The Tribunal found the pharmacist's conduct constituted professional misconduct. The pharmacist was reprimanded.

Their registration was cancelled, and they were disqualified from re-applying for registration until March 2032, which, taking into account the immediate registration action suspension, was an effective disqualification period of 9 years. The orders made by the Tribunal support the OHO's paramount objective of protecting the health and safety of the public. The OHO maintained immediate action to suspend the practitioner's registration until the matter was heard at QCAT to maintain public confidence until the practitioners conduct was addressed.

# 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 of registered and unregistered practitioners, 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 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 experts, enables the OHO to ensure that its decisions are informed by relevant clinical expertise and knowledge about complex issues in a constantly evolving health environment.

Pursuant to section 29 of the Act, the Health Ombudsman may establish a panel of appropriately qualified persons to advise the Health Ombudsman about clinical matters or health consumer issues. As of 30 June 2025, the OHO has a panel consisting of 411 experts, who have agreed to assist with advice on an ad hoc basis.

In 2024–2025 there were 48 clinical advice reports requested. Of the 48 requests, 2 per cent were made in the initial stages of the complaints management process—intake, triage and assessment. The remaining requests were sought during investigations (96 per cent), or during legal review (2 per cent).

The 48 reports were obtained from 19 different specialist cohorts.

**Table 12 Clinical advice requests by area of expertise**

Area of expertise	2024–25
	Number
Audiologist	1
Chinese Medicine	1
Disability Services	1
Embryologist	1
Emergency Medicine	1
General Practitioner	8
Surgeon	8
Genetics	1
Geriatrician	1
Gynaecologist	1
Midwife	6
Neonatologist	1
Nurse	7
Obstetrician	4
Physician	1
Psychiatrist	2
Reproductive Medicine	1
Sonographer	1
Urologist	1
<b>Total</b>	<b>48</b>



## Complainant support program

In November 2023, the OHO commenced a systemic investigation into ART service providers within Queensland and received several complaints in relation to ART services.

To support the emotional wellbeing of the complainants, the OHO implemented a trial Complainant Support Program, utilising the services of perinatal psychologists. Perinatal psychology is a specialty within clinical psychology that focuses on the period comprehended from the desire for pregnancy to the first year of the baby's life.

Each person who had made a complaint to the OHO about ART services was offered five sessions with a perinatal psychologist to support them through the complaints management process. The program will conclude and be assessed in 2025–2026.

## Community engagement

### Education and engagement activities

The OHO fosters strong stakeholder relationships to enhance awareness of its role and functions. Education and engagement activities are important for building and maintaining public confidence in the health service complaints system, a key objective of the Act.<sup>43</sup> They also provide an opportunity for the OHO to educate health consumers, health 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.

In 2024–2025, the OHO undertook 184 education and engagement activities reaching more than 1,900 stakeholders. These included 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.

In June 2025, the Health Ombudsman presented to 12 of the 15 National Boards with a focus on the number of complaints, trends, and outcomes the OHO had received, as well as the percentage of total complaints related to each Board's membership.

Additional community engagement and education activities continued to support the OHO's commitment to building the cultural safety and accessibility of 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 opportunities for connection with communities by listening to their unique concerns and building awareness to better serve their needs. The OHO staff also distributed branded promotional materials including daily medical dispensers and appointment notepads, which are designed to assist Aboriginal and/or Torres Strait Islander peoples with their health service consultations.

Throughout 2024–2025 the OHO undertook targeted stakeholder engagements across key regions in Queensland including the South West, North West, and Torres and Cape Hospital and Health Services regions. Communities visited included Thursday Island, Bamaga, Doomadgee, Mt Isa, and 8 Correctional Centres in the Southeast area.

These visits involved touring facilities, delivering presentations, and meeting with a broad range of stakeholders, including:

- Queensland Health staff
- Queensland Corrective Services staff
- Local council staff
- Aboriginal and Torres Strait Islander Health organisations
- Education Queensland staff
- Roma State College students, and
- Community members.

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<sup>43</sup> Section 3(1)(c) of the Act.

The engagements provided valuable insights to help ensure the OHO continues to provide an accessible, inclusive, and culturally responsive complaints service.

In line with the *OHO's 2023–2027 Strategic Plan*<sup>44</sup>, 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.

## Website and publications

In 2024–2025 the OHO undertook significant improvements to the OHO website to boost accessibility and readability, including publication of Easy Read resources<sup>45</sup>, adding to our continued efforts to increase the accessibility of our services.

The publications were aimed at people with low English literacy as well as people from non-English speaking backgrounds. These were developed in consultation with focus groups led by Health Consumers Queensland. Easy English guides were also produced to support the OHO's family violence position statement.

In 2024–2025 the OHO welcomed 96,808 users to the OHO website, 14,572 more users than the previous year. The OHO's homepage received 273,125 views and the second most popular page was 'Make a complaint', with 26,199 views.

Work is underway to update the mobile friendly online complaints form and the new interactive notification form to comply with the changes to *Information Privacy Act 2009 (Qld)*.

## 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.<sup>46</sup> The OHO published three full systemic investigation reports and seven snapshot reports to share key issues, outcomes and/or learnings from investigation activities to inform and promote improvements in the safety and quality of health service delivery. 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.<sup>47</sup> 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 2024–2025, the OHO continued to be actively engaged in shaping important issues related to healthcare. The OHO received 100 requests and invitations to provide input to consultations, research, reviews or inquiries. We reviewed and provided detailed feedback or submissions on 52 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.

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

45 <https://www.oho.qld.gov.au/resources/easy-read-resources>

46 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 and Other Legislation Amendment Bill 2024* and the *Elder Abuse Inquiry*. The Health Ombudsman also contributed as member of the expert advisory group for the Australia Commission on Safety and Quality in Health Care – Open Disclosure Advisory Group on the evaluation and revision of the open disclosure framework..

The Health Ombudsman 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 responded to seven data and information requests from the Inspector of Detention Services to inform the planning of inspection visits to correctional and youth detention services. The OHO provided feedback on the draft findings and recommendations relevant to health services and complaints for the reports on the inspections of the Cairns and Murgon Watchhouses, Palen Creek Correctional Centre and the Southern Queensland Correctional Centre.

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.

## Family violence position statement

A Co-regulatory Family Violence Working Group was formed in 2024 between the OHO, Ahpra and the National Boards, the Health Professionals Councils Authority and Health Care Complaints Commission.

Through this collaboration, the Working Group developed an agreed position on family violence and a consistent regulatory approach in relation to registered health practitioners who engage in family violence.

The Working Group sought feedback from the National Lived Experience Advisory Council for Family, Domestic and Sexual Violence.

The Joint position on family violence<sup>48</sup> by regulators of health practitioners was issued on 27 November 2024.

To support this joint statement, the OHO released a position statement on family violence<sup>49</sup> in respect to health practitioners (both registered and unregistered) who provide health services in Queensland.

The OHO is committed to providing respectful and sensitive support to victim-survivors throughout the health complaint process, to minimise any additional trauma or exposing them to further risk.

<sup>48</sup> <https://www.oho.qld.gov.au/resources/family-violence/joint-position-on-family-violence-by-regulators-of-health-practitioners>

<sup>49</sup> <https://www.oho.qld.gov.au/resources/family-violence/oho-position-statement-on-family-violence>

## Information systems and record keeping

The OHO is committed to creating and maintaining full and accurate records of all business transactions. The *Public Records Act 2023*, that commenced on 5 December 2024, the Queensland Government Digital Services Policy and relevant information standards, informs the OHO's approach to recordkeeping and information management and its Records Management Policy and Procedure.

Updates were made to the OHO's Records management, archiving and disposal policy in 2024–2025 to reflect the changes outlined in the *Public Records Act 2023*.

The OHO applies 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 electronic corporate records are managed in 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 2.8 million records held in Content Manager and Resolve. Hard copy records are stored off-site with an approved third-party provider (ZircoData).

The OHO also utilises the Genesys system to make the collection and collation of complaint and enquiry-related data easier for complainants and health consumers, and more intuitive for our staff.

Given the significant size of the OHO's datasets, and the fact these often contain personal and confidential information, the OHO established a working group of subject matter experts from each OHO division to manage compliance with the changes to the *Information Privacy Act 2009* and the *Right to Information Act 2009* stemming from the

*Information Privacy and Other Legislation Amendment Act 2023*. This group is responsible for reviewing and revising all existing OHO policies and procedures, notifications and forms, and drafting new policies and procedures to ensure compliance with the amended legislation. The working group is also reviewing and refining training needs and tools and ensuring all OHO staff are familiar with the new requirements.

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

The OHO provides in-house management of all ICT servers and services via a cloud-based information technology management as a service (ITMaaS) model with the Datacom Group utilising Microsoft Azure. Through the ITMaaS, the OHO has invested in geo-location of data to ensure protection of data should a cloud service delivery fault arise.

In 2024–2025 the OHO completed a hardware modernisation project for all servers, printers, laptop and desk top computers, and audio-visual presentation devices to ensure all ICT assets are within warranty and customer support to mitigate the risk of hardware failure.

The Data Services Team continued work towards integrating all reporting and analytic tools into a singular environment. By doing this, the OHO seeks to enhance the organisation's data governance capacity to enable more and modern reporting products. Some beneficial outcomes of this work produced to date include the geocoding of address data of health consumers, health service providers and complainants across Queensland. This has enabled the linkage of Australian Bureau of Statistics datasets to enrich analysis of the OHO's complaints.

# Organisational governance

## Strategic workforce planning and performance

At the end of the financial year, the OHO had 150.42 full-time equivalent (FTE) employees and a total headcount of 160.

**Table 13 Gender**

Gender	Number (headcount)	Percentage of total workforce (Calculated on headcount)
Woman	108	68%
Man	52	32%
Non-binary	-	-

**Table 14 Diversity target group data**

Diversity groups	Number (headcount)	Percentage of total workforce (Calculated on headcount)
Women	108	68%
Aboriginal Peoples and Torres Strait Islander Peoples	<5*	<5
People with disability	12	8%
Culturally and Linguistically Diverse – Speak a language at home other than English <sup>^</sup>	8	5%

Notes:

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

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

**Table 15 Target group data for Women in Leadership Roles**

	Women (Headcount)	Woman as percentage of total leadership cohort (calculated on headcount)
Senior Officers (Classified and s122 equivalent combined)	4	50%
Senior Executive Service and Chief Executives (Classified and s122 equivalent combined)	5	71%



## Staff care and development

The OHO is committed to fostering an environment where staff are engaged and supported with opportunities for professional growth. New employees participate in a formal induction program, which includes orientation, a safety briefing, and cultural capability training as part of their mandatory requirements. Staff are also required to complete training on topics such as the Public Sector Code of Conduct, fraud and corruption prevention, recognising and responding to domestic violence, the *Human Rights Act 2019*, and fire safety. This training is undertaken when they commence employment with the office and is refreshed annually.

In 2024–2025, the OHO streamlined its face-to-face induction processes, which are run every 6–8 weeks. The Health Ombudsman welcomes new staff members before these staff members are introduced 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.

The OHO 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 with focus on vicarious trauma
- Aboriginal and Torres Strait Islander cultural capability and safety training
- Complaints management
- IT specialist training for working in PowerBI and Microsoft Azure administration
- Intermediate investigative interviewing
- Neuroscience in Quality Performance Discussions
- National Investigations Symposium

- 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 adopts an organisation-wide framework that links learning and development opportunities systematically with business needs and individual performance and development planning. This supports staff in upskilling to achieve their full potential and help the OHO achieve its strategic goals. 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 providing staff access to an onsite clinical psychologist to assist in dealing with concerns and stressors that can be experienced in the workplace or in a staff member's personal life. 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.

The OHO has also provided support for witnesses who participated in significant OHO investigations to access psychological safety support throughout 2024–2025.

## 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 completed its second equity and diversity audit which was provided to the Public Sector Commission. The results of the audit demonstrated progress against the OHO's *2024–2028 Diversity, equity and inclusion strategy*, which is available on the OHO's website,<sup>50</sup> includes:

- increasing our representation of employees that identify from culturally and linguistically diverse peoples, who speak a language other than English at home
- refining recruitment processes to align with Chapters 1 and 2 of the *Public Sector Act 2022*, including measures to increase the representation of Aboriginal and Torres Strait Islander Peoples on recruitment panels
- attending NAIDOC events at Musgrave Park in Brisbane and visiting remote communities to engage with the public and raise awareness of the challenges faced by Aboriginal and Torres Strait Islander communities

- providing targeted training for OHO staff to enhance cultural safety within complaint management processes.

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 2025, eight 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 Committee as part of the Joint Consultative Committee process to raise and discuss relevant industrial relations matters. Negotiations with unions for EB12 commenced in May 2025, as EB11 is set to expire on 31 August 2025.

## Early retirement, redundancy and retrenchment

No redundancy, early retirement, or retrenchment packages were paid in 2024–2025. However, two officers accepted voluntary medical retirement packages.

<sup>50</sup> <https://www.oho.qld.gov.au/resources/diversity-equity-and-inclusion-strategy>

## Internal accountability

### Executive Leadership Committee

Positions held as at 30 June 2025:

#### **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 7–8. 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).

#### **Director of Proceedings (statutory position)—Catherine Rees**

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 General Counsel (Acting)—Karen Simpson**

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 triage and early resolution (formally complaints intake and triage), 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 26 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, risk management 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, a vocational education qualification in journalism and is a graduate of the Australia Institute of Company Directors course.

### **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, policy, governance and executive services.

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.

## 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 appointments. Mr Will Sadler was appointed Chair on 4 July 2019. His appointment has been extended until June 2026. Mr Sadler is an experienced risk professional and is currently employed as the Chief Risk Officer at Care 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 on 28 July 2022. His appointment has been extended until June 2026. Mr Du Preez is currently the Head of Internal Audit at Australian Retirement Trust and is a Chartered Accountant and Certified Internal Auditor with over 20 years' experience in accounting and auditing.

There were no internal committee members for 2024–2025.

Invitees for 2024–2025:

- Ms Lynne Coulson Barr OAM, Health Ombudsman
- Ms Kelly Gleeson, Executive Director Investigations
- Ms Karen Simpson, A/Executive Director Legal General Counsel
- Ms Maree Hill, Executive Director Assessment and Resolution
- Mr Dermot Tiernan, Executive Director Corporate and Strategic Services
- Ms Prue Beasley, Director Office of the Health Ombudsman
- Ms Amelia Dillon, Manager, Finance.

Only external appointees who are not public servants are eligible to receive remuneration. In 2024–2025, Mr Sadler received \$6,000 and Mr Du Preez received \$4,500 for their services on the Committee in the 2024–2025 period.

The Committee convened 5 formal meetings in 2024–2025. Key achievements include:

- reviewed and approved the 2023–2024 Annual Financial Statements
- provided input and advice on the strategic risk register and mitigation strategies.

## 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 until 31 October 2024 was the Honourable Shannon Fentiman MP, Minister for Health, Mental Health and Ambulance Services and Minister for Women. On 1 November 2024, the Honourable Tim Nicholls MP was appointed Minister for Health and Ambulance Services.

### 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, Environment and Agriculture Committee ceased to exist on 27 November 2024.

The Health Environment and Innovation Committee of the 58th Parliament was established as a portfolio committee of the Queensland Legislative Assembly on 28 November 2024. 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 2025, the Committee members were:

- Mr Robert (Rob) Molhoek MP, Member for Southport (Chair)
- Mr Joseph (Joe) Kelly MP, Member for Greenslopes (Deputy Chair)
- Ms Sandra (Sandy) Bolton MP, Member for Noosa
- Mr Kerri-Anne Dooley MP, Member for Redcliffe
- Mr David Lee MP, Member for Hervey Bay
- Dr Barbara O'Shea, Member for South Brisbane

Previous members of the Health, Environment and Agriculture Committee who met with the OHO during 2024–2025 were:

- Mr Aaron Harper MP, Member for Thuringowa (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.

## 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 29 service delivery complaints made about the OHO in 2024–2025. Three of these complaints alleged a breach of human rights. None of these complaints (from September 2024) related to a complaint about the Charter of Victims' Rights.

The complaints related mainly to concerns that the OHO had not appropriately dealt with the complaint or more general customer service concerns. After detailed consideration, 18 complaints resulted in explanations and/or an apology provided to the complainant with no further action taken, and nine 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). No complaints were withdrawn, and two complaints remain 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. The OHO is reviewing the OHO Service Delivery Complaints Policy and Procedure to align with changes to the *Information Privacy Act 2009* and the *Victims Commissioner Sexual Violence Review Board Act 2024*.

## 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 2024–2025, the Queensland Ombudsman contacted the OHO for information in regards to 93 complaints about the OHO. Of these complaints, 67 resulted in no further action, five complaints were resolved with the OHO agreeing to rectify or address an issue, and 20 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 2024–2025 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 2024–2025 the OHO received three complaints about its decisions in relation to human rights issues. All complaints were dealt with in accordance with the OHO's Service Delivery Complaints policy and procedure. One complaint resulted in further action, which included addressing or referring the issue for system improvement and changes to departmental policies, procedures, and practices. One complaint resulted in no further action and one 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.<sup>51</sup>

In 2024–2025, the OHO received 322 health service complaints that were noted to have potentially engaged at least one human rights issue. This is approximately three 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.

There were 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:

- continuing the referral arrangements between the OHO and the QHRC<sup>52</sup>
- 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
- incorporated human rights into the Office of the Health Ombudsman 2023–2027 Strategic Plan.

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<sup>51</sup> Section 66(2)(a) of the *Human Rights Act 2019*.

<sup>52</sup> Section 74 of the *Human Rights Act 2019*

## Charter of Victims' Rights

The Charter of Victims' Rights<sup>53</sup> (the Charter), established under the *Victims Commissioner and Sexual Violence Review Board Act 2024 (Qld)*, outlines how victims of violent crime (including sexual and domestic and family violence) should be treated by Queensland Government agencies and their officers, and funded nongovernment agencies that provide services to victims of crime.

The Charter sets out:

- general rights
- rights related to the criminal justice system
- the right to make a complaint if a victim's rights are not upheld.

The OHO is committed to the Charter and maintaining compliance with the Office of the Victims' Commissioner's (OVC) requirements.

Under the Charter, the OHO must ensure:

- An eligible victim is treated with courtesy, compassion, respect and dignity, taking into account their needs.
- An eligible victim's personal information, including their address and telephone number, is not to be disclosed unless authorised by law.
- An eligible victim is informed, at the earliest practicable opportunity, about services and remedies available to them.

Where an eligible victim feels these rights have not been upheld by the OHO, in addition to making a complaint to the OHO they may make a complaint to the Office of the Victims' Commissioner.<sup>54</sup>

Since September 2024, the OHO has not received any complaints from victims about not upholding the Charter. The OHO has not referred any complaints about the Charter to another government entity.

## Consultancies

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

Information Access Group was contracted to deliver Easy Read conversion of the OHO's position statement on family violence, making it accessible to a wider audience, including people with disability, First Nations peoples, culturally and linguistically diverse communities and people with low levels of literacy.

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<sup>53</sup> <https://www.victimscommissioner.qld.gov.au/Charter-of-Victims-Rights>

<sup>54</sup> <https://www.victimscommissioner.qld.gov.au/>

# Financial summary

The OHO reported an operating surplus of \$2.6 million for the financial year 2024–2025. The operating surplus result reflects a similar pattern of expenditure to the previous financial year. More details are provided in the audited financial statements in Appendix 3.

## Financial position

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

At 30 June 2025, the OHO had \$4.2 million in total equity.

### Assets

The OHO's total assets were valued at \$5.6 million as at 30 June 2025. Current assets were valued at \$5.5 million and were available to meet current liabilities.

### Liabilities

As at 30 June 2025, the OHO's liabilities totalled \$1.4 million, which included: \$0.6 million in payables, and \$0.8 million owing to employees.

## Financial performance

The income statement shows the total income for 2024–2025 as \$33 million, an increase of \$0.5 million from the 2023–2024 financial year. Total expenses were \$30.5 million, providing the operating result of a \$2.6 surplus.

### Income

In 2024–2025, the OHO received \$32.2 million from Queensland Health and \$1 million from interest and other revenue.

### Expenses

Total operating expenses for 2024–2025 were \$30.5 million. Employee expenses accounted for 79 per cent of the OHO's total expenditure, followed by accommodation (4 per cent) and information technology costs (4 per cent). The remaining 13 per cent was expended across legal fees, temporary employment staff, QCAT fees and general operating costs.

# 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>
IT	Information Technology
Minister	Queensland Minister for Health and Ambulance Services
Minister (until 31 October 2024)	Minister for Health, Mental Health and Ambulance Services and Minister for Women
MOU	Memorandum of Understanding
National Boards	<p>The 15 national health practitioner boards:</p> <ul style="list-style-type: none"> <li>▪ Aboriginal and Torres Strait Islander Health Practice</li> <li>▪ Chinese medicine</li> <li>▪ Chiropractic</li> <li>▪ Dental</li> <li>▪ Medical</li> <li>▪ Medical Radiation Practice</li> <li>▪ Nursing and Midwifery</li> <li>▪ Occupational Therapy</li> <li>▪ Optometry</li> <li>▪ Osteopathy</li> <li>▪ Paramedicine</li> <li>▪ Pharmacy</li> <li>▪ Physiotherapy</li> <li>▪ Podiatry</li> <li>▪ Psychology.</li> </ul>
National Law	Health Practitioner Regulation National Law (Queensland)
OHO	Office of the Health Ombudsman
Parliamentary committee	Health Environment and Innovation Committee
Parliamentary committee (until 27 November 2024)	Health, Environment and Agriculture Committee
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.
Own motion	The Health Ombudsman may initiate own-motion matters based on information from government entities (e.g., QPS, Coroners Court, Queensland Ombudsman) or other sources, such as complaints data revealing potential systemic issues.
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 Innovation Committee from November 2025.

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.
Relevant action	Relevant action is defined under section 38 of the <i>Health Ombudsman Act 2013 (Qld)</i> .
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 registered 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  
30 June 2025**

**Office of the Health Ombudsman**  
**Financial Statements**  
for the year ended 30 June 2025

**TABLE OF CONTENTS**

<b>Financial Statements</b>	Statement of Comprehensive Income
	Statement of Financial Position
	Statement of Changes in Equity
	Statement of Cash Flows (including Notes to the Statement of Cash Flows)
<b>Notes to the Financial Statements</b>	A1. Basis of Financial Statement Preparation
	A1-1 General Information
	A1-2 Compliance with Prescribed Requirements
	A1-3 Presentation details
	A1-4 Authorisation of Financial Statements for Issue
	A1-5 Basis of Measurement
	A1-6 The Reporting Entity
	A2. Agency Objectives
	B1. Revenue
	B1-1 Grants and Contributions
	B2. Expenses
	B2-1 Employee Expenses
	B2-2 Supplies and Services
	B2-3 Other Expenses
	C1. Cash and Cash Equivalents
	C2. Receivables
	C2-1 Impairment of Receivables
	C3. Plant and Equipment
	C3-1 Closing Balances and Reconciliation of Carrying Amount
	C3-2 Recognition and Acquisition
	C3-3 Measurement using Historical Cost
	C3-4 Depreciation Expense
	C3-5 Impairment
	C4. Payables
	C5. Accrued Employee Benefits
	D1. Financial Risk Disclosure
	D1-1 Financial Instrument Categories
	D1-2 Risks Arising from Financial Statements
	D1-3 Credit Risk Disclosures
	D2. Contingencies
	D3. Events After the Balance Date
	D4. Future Impact of Accounting Standards not yet Effective
	E1. Budgetary Reporting Disclosure
	E1-1 Explanation of Major Variances - Statement of Comprehensive Income
	E1-2 Explanation of Major Variances - Statement of Financial Position
	E1-3 Explanation of Major Variances - Statement of Cash Flows
	F1. Key Management Personnel (KMP) Disclosures
	F2. Related Party Disclosures
	F3. First Year Application of New Accounting Standards or Change in Accounting Policy
	F4. Taxation
	F5. Climate Risk Disclosure
Certification	Management Certificate

**Office of the Health Ombudsman**  
**Statement of Comprehensive Income**  
for the year ended 30 June 2025

		2025 Actual \$000	2025 Original Budget \$000	2025 Budget Variance* \$000	2024 Actual \$000
<b>OPERATING RESULT</b>	<b>Note</b>				
<b>Income from continuing operations</b>					
Grants and other contributions	B1-1	32,161	32,161	..	28,451
Interest		925	350	575	473
Other revenue		62	5	57	142
<b>Total income from continuing operations</b>		<b>33,148</b>	<b>32,516</b>	<b>632</b>	<b>29,066</b>
<b>Expenses from continuing operations</b>					
Employee expenses	B2-1	24,123	22,923	1,200	21,999
Supplies and services	B2-2	5,437	9,544	(4,107)	6,139
Depreciation	C3-4	53	20	33	36
Other expenses	B2-3	913	29	884	122
<b>Total expenses from continuing operations</b>		<b>30,526</b>	<b>32,516</b>	<b>(1,990)</b>	<b>28,296</b>
<b>Operating result for the year</b>		<b>2,622</b>	<b>..</b>	<b>2,622</b>	<b>770</b>
<b>TOTAL COMPREHENSIVE INCOME</b>		<b>2,622</b>	<b>..</b>	<b>2,622</b>	<b>770</b>

\* An explanation of major variances is included in Note E1.  
The accompanying notes form part of these financial statements.

**Office of the Health Ombudsman**  
**Statement of Financial Position**  
for the year ended 30 June 2025

	Note	2025 Actual \$000	2025 Original Budget \$000	2025 Budget Variance* \$000	2024 Actual \$000
<b>Current assets</b>					
Cash and cash equivalents	C1	4,488	1,456	3,032	1,572
Receivables	C2	779	654	125	912
Prepayments		261	136	125	239
<b>Total current assets</b>		<b>5,528</b>	<b>2,246</b>	<b>3,282</b>	<b>2,723</b>
<b>Non-current assets</b>					
Plant and equipment	C3	119	33	86	175
<b>Total non-current assets</b>		<b>119</b>	<b>33</b>	<b>86</b>	<b>175</b>
<b>Total assets</b>		<b>5,647</b>	<b>2,279</b>	<b>3,368</b>	<b>2,898</b>
<b>Current liabilities</b>					
Payables	C4	627	824	(197)	612
Accrued employee benefits	C5	794	657	137	681
<b>Total current liabilities</b>		<b>1,421</b>	<b>1,481</b>	<b>(60)</b>	<b>1,293</b>
<b>Total liabilities</b>		<b>1,421</b>	<b>1,481</b>	<b>(60)</b>	<b>1,293</b>
<b>Net assets</b>		<b>4,227</b>	<b>798</b>	<b>3,428</b>	<b>1,605</b>
<b>Equity</b>					
Contributed equity		1,394			1,394
Accumulated surplus/(deficit)		2,833			211
<b>Total equity</b>		<b>4,227</b>			<b>1,605</b>

\* An explanation of major variances is included in Note E1.  
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 2025

	2025 \$000	2024 \$000
<b>Contributed Equity</b>		
Balance as at 1 July	1,394	1,394
<b>Balance as at 30 June</b>	<b>1,394</b>	<b>1,394</b>
<b>Accumulate surplus/(deficit)</b>		
Balance as at 1 July	211	(558)
Operating result	2,622	770
<b>Balance as at 30 June</b>	<b>2,833</b>	<b>211</b>

**Office of the Health Ombudsman**  
**Statements of Cash Flows**  
for the year ended 30 June 2025

	2025 Actual	2025 Original Budget	2025 Budget Variance*	2024 Actual
Note	\$000	\$000	\$000	\$000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>				
<i>Inflows:</i>				
Grants and other contributions	32,161	32,161	..	28,451
Interest receipts	925	350	575	473
GST input tax credits from ATO	602	..	602	625
GST collected from customers	5	..	5	6
Other	62	(14)	76	142
<i>Outflows:</i>				
Employee expenses	(23,959)	(22,923)	(1,036)	(22,290)
Supplies and services	(5,402)	(9,544)	4,142	(6,349)
GST paid to suppliers	(557)	..	(557)	(666)
GST remitted to ATO	(9)	..	(9)	(13)
Other	(913)	(29)	(884)	(122)
<b>Net cash provided by/(used in) operating activities</b>	<b>2,914</b>	<b>1</b>	<b>2,914</b>	<b>258</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>				
Proceeds/(payments) for plant and equipment	3	..	3	(140)
<b>Net cash used in investing activities</b>	<b>3</b>	<b>..</b>	<b>3</b>	<b>(140)</b>
<b>Net increase/(decrease) in cash held</b>	<b>2,917</b>	<b>1</b>	<b>2,917</b>	<b>118</b>
<b>Cash and cash equivalents - opening balance</b>	<b>1,572</b>	<b>1,455</b>	<b>117</b>	<b>1,454</b>
<b>Cash and cash equivalents - closing balance</b> C1	<b>4,489</b>	<b>1,456</b>	<b>3,034</b>	<b>1,572</b>

*The accompanying notes form part of these financial statements.*

**NOTES TO THE STATEMENT OF CASH FLOWS**

**CF-1 Reconciliation of operating result to net cash provided by operating activities**

	2025 Actual \$000	2024 Actual \$000
Operating surplus/(deficit)	2,622	770
<i>Non-cash items included in operating result:</i>		
Depreciation and amortisation expense	53	36
<i>Changes in assets and liabilities</i>		
(Increase)/decrease in receivables	133	(258)
(Increase)/decrease in prepayments	(22)	(102)
(Decrease)/increase in payables	15	(124)
Increase/(decrease) in accrued employee benefits	113	(64)
<b>Net cash provided by/(used in) operating activities</b>	<b>2,914</b>	<b>258</b>



**Office of the Health Ombudsman  
Notes to the Financial Statements  
for the year ended 30 June 2025**

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**SECTION 1  
ABOUT THE AGENCY AND THIS FINANCIAL REPORT**

**A1 BASIS OF FINANCIAL STATEMENT PREPARATION**

**A1-1 GENERAL INFORMATION**

The Office of the Health Ombudsman ("the office") is a Queensland Government statutory authority per the *Public Sector Act 2022* and 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 Street, Brisbane QLD 4000.

**A1-2 COMPLIANCE WITH PRESCRIBED REQUIREMENTS**

The office 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 2024.

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

New accounting standards early adopted and/or applied for the first time in these financial statements are outlined in Note F4.

**A1-3 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**

For the period ending 2023-24 financial statements except where restated for a prior period error.

**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 the right at the end of the reporting period to defer settlement to beyond 12 months after the reporting date.

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

**A1-4 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.

**Office of the Health Ombudsman  
Notes to the Financial Statements  
for the year ended 30 June 2025**

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**A1 BASIS OF FINANCIAL STATEMENT PREPARATION (continued)**

**A1-5 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.

**A1-6 THE REPORTING ENTITY**

The financial statements include all income, expenses, assets, liabilities and equity of the office. The office does not control any entities.

**A2 AGENCY OBJECTIVES**

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 and the services provided by health service organisations.

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:

- 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; and
- Provide information about minimising and resolving health service complaints; and
- Report publicly on the performance of the OHO's functions.

**Office of the Health Ombudsman**  
**Notes to the consolidated financial statements**  
for the year ended 30 June 2025

**SECTION 2**  
**NOTES ABOUT OUR FINANCIAL PERFORMANCE**

**B1 REVENUE**

**B1-1 GRANTS AND CONTRIBUTIONS**

	<b>2025</b>	<b>2024</b>
	<b>\$000</b>	<b>\$000</b>
Grants from Government	32,161	28,451
<b>Total</b>	<b>32,161</b>	<b>28,451</b>

**Accounting policy - Grants and contributions**

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.

**B2 EXPENSES**

**B2-1 EMPLOYEE EXPENSES**

	<b>2025</b>	<b>2024</b>
	<b>\$000</b>	<b>\$000</b>
<b>Employee Benefits</b>		
Wages and salaries	17,843	16,300
Employer superannuation contributions	2,519	2,289
Annual leave levy	1,909	1,779
Long service leave levy	421	433
<b>Employee Related Expenses</b>		
Workers' compensation premium	92	54
Payroll tax	1,139	1,030
Other employee related expenses	200	114
<b>Total</b>	<b>24,123</b>	<b>21,999</b>

The number of employees as at 30 June 2025, includes both full time and part time employees, and is measured on a full time equivalent basis (reflecting Minimum Obligatory Human Resource Information MOHRI).

	<b>2025</b>	<b>2024</b>
	<b>No.</b>	<b>No.</b>
Full-time equivalent employees	150	146

**Office of the Health Ombudsman**  
**Notes to the consolidated financial statements**  
**for the year ended 30 June 2025**

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**B2 EXPENSES (continued)**

**B2-1 EMPLOYEE EXPENSES (continued)**

**Accounting policy - Wages and salaries**

Wages and salaries due but unpaid at reporting date are recognised in the statement of financial position at the current salary rates. As the department expects such liabilities to be wholly settled within 12 months of reporting date, the liabilities are recognised at undiscounted amounts.

**Accounting policy - Sick leave**

Prior history indicates that on average, sick leave taken each reporting period is less than the entitlement accrued. This is expected to continue in future periods. Accordingly, it is unlikely that existing accumulated entitlements will be used by employees and no liability for unused sick leave entitlements is recognised. As sick leave is non-vesting, an expense is recognised for this leave as it is taken.

**Accounting policy - Annual leave and Long Service leave**

Under the Queensland Government's Annual Leave Central Scheme and Long Service Leave Central Scheme, a levy is made on the office to cover the cost of employees' annual leave (including leave loading and on-costs). The levies are expensed in the period in which they are payable. Amounts paid to employees for annual leave are claimed from the scheme quarterly in arrears.

**Accounting policy - 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 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.

**Office of the Health Ombudsman**  
**Notes to the consolidated financial statements**  
**for the year ended 30 June 2025**

**B2 EXPENSES (continued)**

**Accounting policy - Workers' compensation premiums**

The department 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 F1.

**B2-2 SUPPLIES AND SERVICES**

	<b>2025</b>	<b>2024</b>
	<b>\$000</b>	<b>\$000</b>
Office accommodation	1,286	1,325
Legal fees	1,013	1,004
Information technology	1,348	1,076
Consultants and contractors	382	929
Employment agency staff	410	875
QCAT fees <sup>(1)</sup>	76	75
Corporate service charges	248	247
Supplies and consumables	231	213
Telecommunications	166	169
Minor plant and equipment	221	182
Sundry expenses	56	43
<b>Total</b>	<b>5,437</b>	<b>6,139</b>

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

**Accounting policy - Office accommodation**

Payments for non-specialised commercial office accommodation under the Queensland Government Accommodation Office (QGAO) framework arise from non-lease arrangements with the Department of Housing and Public Works, who has substantive substitution rights over the assets used within these schemes. Payments are expensed as incurred and categorised within office accommodation and employee housing line items.

**Accounting policy - Grant expense**

For a transaction to be classified as supplies and services, the value of goods or services received by the department 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 in Note B2-2.

**Office of the Health Ombudsman**  
**Notes to the consolidated financial statements**  
**for the year ended 30 June 2025**

**B2 EXPENSES (continued)**

**B2-3 OTHER EXPENSES**

	<b>2025</b>	<b>2024</b>
	<b>\$000</b>	<b>\$000</b>
Insurance premium QGIF	11	6
Queensland Audit Office - external audit fees for the audit of the financial statements	24	21
Bad debts expense	..	1
Disposal plant and equipment	8	..
Special payments	870	93
<b>Total</b>	<b>913</b>	<b>122</b>

**Audit fees**

Total audit fees quoted by the Queensland Audit Office relating to the 2024-25 financial statements are \$23,550 (2023-24: \$21,400).

**Special payments**

Special payments represent ex gratia expenditure and other expenditure that the office is not contractually or legally obligated to make to other parties. Special payments during 2024-25 include the following payments over \$5,000:

- ex-gratia payments to the Queensland Civil Administrative Tribunal (QCAT) for MOU and registry fees.
- ex-gratia payments for two voluntary medical retirements.
- an out-of-court settlement was paid to a private individual.



**Office of the Health Ombudsman**  
**Notes to the consolidated financial statements**  
**for the year ended 30 June 2025**

**SECTION 1**  
**NOTES ABOUT OUR FINANCIAL POSITION**

**C1 CASH AND CASH EQUIVALENTS**

	<b>2025</b>	<b>2024</b>
	<b>\$000</b>	<b>\$000</b>
Cash at bank	4,488	1,572
<b>Total</b>	<b>4,488</b>	<b>1,572</b>

**Accounting policy - Cash and cash equivalents**

For the purposes of the statement of financial position and the statement of cash flows, cash assets include all cash and cheques receipted but not banked at 30 June 2025.

**C2 RECEIVABLES**

	<b>2025</b>	<b>2024</b>
	<b>\$000</b>	<b>\$000</b>
Trade debtors	1	1
Sundry receivable	21	12
Accrued revenue	..	71
	<b>22</b>	<b>84</b>
 GST receivable	 181	 203
GST payable	4	2
	<b>185</b>	<b>205</b>
 Long service leave reimbursements	 98	 228
Annual leave reimbursements	474	395
<b>Total</b>	<b>779</b>	<b>912</b>

**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 the consolidated financial statements**  
for the year ended 30 June 2025

### **C3 PLANT AND EQUIPMENT**

#### **C3-1 CLOSING BALANCES AND RECOGNITION OF CARRYING AMOUNT**

	<b>2025</b>	<b>2024</b>
	<b>\$000</b>	<b>\$000</b>
At cost plant and equipment	615	623
Less: Accumulated depreciation	(496)	(448)
<b>Total</b>	<b>119</b>	<b>175</b>
<i>Represented by movements in carrying amount:</i>		
Carrying amount at 1 July	175	73
Acquisitions	6	139
Disposals	(8)	..
Depreciation for the period	(53)	(36)
<b>Carrying amount at 30 June</b>	<b>119</b>	<b>175</b>

#### **C3-2 RECOGNITION AND ACQUISITION**

##### **Accounting policy - Cost of acquisition**

Property, plant and equipment acquisitions are initially recognised at cost determined as the value of consideration exchanged for the asset, plus associated costs directly attributable to the acquisition and getting the asset installed and 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.

#### **C3-3 MEASUREMENT USING HISTORICAL COST**

##### **Accounting policy**

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 expensed in the year of acquisition.

#### **C3-4 DEPRECIATION EXPENSE**

##### **Accounting policy**

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.

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.

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

<b>Class</b>	<b>Useful life</b>
Plant and equipment	
Office equipment	4 years
Audio visual equipment	4 years

**Office of the Health Ombudsman**  
**Notes to the consolidated financial statements**  
for the year ended 30 June 2025

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**C3 PLANT AND EQUIPMENT (continued)**

**C3-6 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.

**C4 PAYABLES**

	<b>2025</b>	<b>2024</b>
	<b>\$000</b>	<b>\$000</b>
<b>Current</b>		
Trade and other creditors	371	252
Accrued expenses	256	360
<b>Total</b>	<b>627</b>	<b>612</b>

**Accounting policy**

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

**C5 ACCRUED EMPLOYEE BENEFITS**

	<b>2025</b>	<b>2024</b>
	<b>\$000</b>	<b>\$000</b>
<b>Current</b>		
Salaries and wages related	71	..
Annual leave levy payable	566	550
Long service leave levy payable	143	131
Parental leave payable	4	..
Superannuation	10	..
<b>Total</b>	<b>794</b>	<b>681</b>

**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* .

**Office of the Health Ombudsman**  
**Notes to the consolidated financial statements**  
**for the year ended 30 June 2025**

**SECTION 4**  
**NOTES ABOUT RISK AND OTHER ACCOUNTING UNCERTAINTIES**

**D1 FAIR VALUE MEASUREMENT**

**D1-1 FINANCIAL INSTRUMENTS CATEGORIES**

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. The office has the following categories of financial assets and financial liabilities:

<b>Financial assets</b>		<b>2025</b>	<b>2024</b>
	<b>Note</b>	<b>\$000</b>	<b>\$000</b>
Cash and cash equivalents	C1	4,488	1,572
Financial assets at amortised cost:			
<i>Receivables</i>	C2	779	912
<b>Total financial assets</b>		<b>5,267</b>	<b>2,484</b>
<b>Financial liabilities</b>		<b>2025</b>	<b>2024</b>
	<b>Note</b>	<b>\$000</b>	<b>\$000</b>
Financial liabilities at amortised cost:			
<i>Payables</i>	C4	627	612
<b>Total financial liabilities</b>		<b>627</b>	<b>612</b>

No financial assets and financial liabilities have been offset and presented net in the statement of financial position.

**D1-2 RISKS ARISING FROM FINANCIAL STATEMENTS**

**(a) 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. The office provides written principles for overall risk management, as well as policies covering specific areas.

**Office of the Health Ombudsman**  
**Notes to the consolidated financial statements**  
**for the year ended 30 June 2025**

**D1 FAIR VALUE MEASUREMENT (continued)**

**D1-2 RISKS ARISING FROM FINANCIAL STATEMENTS (continued)**

**(a) Risk exposure (continued)**

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

<b>Risk</b>	<b>Definition</b>	<b>Exposure</b>
Credit risk	The risk that 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 C2). 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 C4).
Market risk	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. Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates.	The office does not trade in foreign current and is not materially exposed to commodity price changes or other market prices. The office is exposed to interest rate risk on 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.

**(b) Risk measurement and management strategies**

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

<b>Risk exposure</b>	<b>Measurement method</b>	<b>Risk Management strategies</b>
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.

**Office of the Health Ombudsman**  
**Notes to the consolidated financial statements**  
**for the year ended 30 June 2025**

**D1 FAIR VALUE MEASUREMENT (continued)**

**D1-3 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 C2), for which the loss allowance is always measured at lifetime expected credit losses.

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.

**D2 CONTINGENCIES**

**Litigation in progress**

As at 30 June 2025, the following cases were filed in the courts naming the State of Queensland acting through the office as defendant:

	<b>2025</b> <b>Number of</b> <b>cases</b>	<b>2024</b> <b>Number of</b> <b>cases</b>
<b>Director of proceedings (DoP)</b>		
- matters which have been filed in QCAT but not yet heard	62	67
- matters which have been heard in QCAT <sup>(1)</sup>	2	2
- matters which have been heard in the Court of Appeal but are awaiting a decision	..	1
<b>Immediate Action</b>		
- matters which have not yet been heard in the Court of Appeal	..	1
- matters which have been filed in QCAT but not yet heard	5	2
- matters which have been heard in QCAT but are awaiting a decision	1	..
<b>Judicial review</b>		
- matter which has been part heard	1	..
- matter still in litigation (not yet heard)	1	1
<b>Total</b>	<b>72</b>	<b>74</b>

(1) 2024-2025 includes 1 matter heard and awaiting a decision and 1 matter part heard.

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.

**D3 EVENTS OCCURRING AFTER BALANCE DATE**

There were no significant events occurring after balance date.

**Office of the Health Ombudsman**  
**Notes to the consolidated financial statements**  
**for the year ended 30 June 2025**

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**D4 FUTURE IMPACT OF ACCOUNT STANDARDS NOT YET EFFECTIVE**

At the date of authorisation of the financial report, the expected impacts of new or amended Australian Accounting Standards issued but with future effective dates are set out below:

***AASB18 Presentation and Disclosure in Financial Statements***

AASB18 applied to not-for-profit public sector entities for annual reporting periods beginning on or after 1 January 2028, which will be the 2028-29 financial year for the office.

This standard sets out new requirements for the presentation of the Statement of Comprehensive Income, requires new disclosures about management-defined performance measures and removes existing options in the classification of dividends and interest received and interest paid in the Statement of Cash Flows.

The AASB is aware that there are issues that need to be clarified in applying AASB18's new requirements to not-for-profit entities. The AASB expects to conduct outreach with not-for-profit and public sector entities to address these issues, and expects that modifications to AASB18 for application by these entities could take the form of guidance, exemptions and alternative requirements.

The office will make an assessment of the expected impacts of AASB18 after the AASB has decided on the modifications applicable to not-for-profit public sector entities. AASB18's changes will only affect the presentation and disclosure, it will not affect the recognition or measurement of any reported amounts.

All other Australian account standards and interpretations with future effective date are either not applicable to the Office's activities or have no material impact on the office.



**Office of the Health Ombudsman**  
**Notes to the consolidated financial statements**  
**for the year ended 30 June 2025**

**SECTION 5**  
**NOTES ON OUR PERFORMANCE COMPARED TO BUDGET**

**E1 BUDGETARY REPORTING DISCLOSURES**

This section contains explanations of major variances between the office's actual 2024-25 financial results and the original budget presented to Parliament.

**E1-1 EXPLANATION OF MAJOR VARIANCES - STATEMENT OF COMPREHENSIVE INCOME**

<b>Interest:</b>	The Office received total grant funding in July 2024, generating higher than expected interest during the financial year.
<b>Other revenue:</b>	Actual other revenue includes costs awarded to the Office from the Queensland Civil and Administrative Tribunal (\$60,000). These costs are not budgeted.
<b>Supplies and services:</b>	The variance is due the timing of litigation and subsequent costs (\$112K), the relinquishment of a property lease (\$83K) and special payments included in other expenditure (\$656K). The supplies and services budget was realigned post original budget.
<b>Other expenses:</b>	The variance relates to ex-gratia special payments totalling \$870,000.

**E1-2 EXPLANATION OF MAJOR VARIANCES - STATEMENT OF FINANCIAL POSITION**

<b>Cash and cash equivalents:</b>	Cash assets are higher than budgeted due to expenditure underspends and timing of payments.
<b>Receivables:</b>	The variance is a result of payments made to employees for the Annual Leave and Long Service Leave central schemes that are yet to be reimbursed to the office.
<b>Current prepayments:</b>	The variance is mainly due to new contracts for IT software that were not included in the budget.
<b>Accrued employee benefits:</b>	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 during the year.

**E1-3 EXPLANATION OF MAJOR VARIANCES - STATEMENT OF CASH FLOWS**

<b>Interest receipts:</b>	Cash inflows from interest receipts are higher than budgeted due to the same factors outlined in the major variances for the statement of comprehensive income.
<b>Other inflows:</b>	Other cash inflows are higher than budgeted due to the same factors outlined in the major variances for the statement of comprehensive income.
<b>Supplies and services:</b>	Cash outflows from supplies and services are lower than budgeted due to the same factors outlined in the major variances for the statement of comprehensive income.
<b>Other outflows:</b>	Other cash outflows are higher than budgeted due to the same factors outlined in the major variances for the statement of comprehensive income.

**Office of the Health Ombudsman**  
**Notes to the consolidated financial statements**  
**for the year ended 30 June 2025**

**SECTION 6**  
**OTHER INFORMATION**

**F1 KEY MANAGEMENT PERSONNEL (KMP) DISCLOSURE**

**Details on 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 and Ambulance Services - Tim Nicholls.

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 2024-25 and 2023-24. Further information on these positions can be found in the body of the Annual Report under the section relating to Executive Management.

<b>Position</b>	<b>Position Responsibility</b>
Health Ombudsman	The Health Ombudsman is responsible for the Chief Executive functions of the Office of the Health Ombudsman and the performance of the Health Ombudsman's functions under the <i>Health Ombudsman Act 2013</i> , including the receipt, assessment, resolution, investigation of health service complaints and other relevant actions.
Executive Director, Assessment & Resolution	Responsible for complaints intake, triage and early resolution, joint consideration processes with Ahpra, assessment, complaints management and oversight (referral), local resolution and conciliation functions.
Executive Director, Investigations	Responsible for undertaking investigations into complaints about practitioners, health services and systemic issues in health service delivery, monitoring the implementation of recommendations arising from investigations, and monitoring the compliance of practitioners subject to orders.
Director of Proceedings (statutory position)  and  Executive Director, Legal Services and General Counsel	The Director of Proceedings (DoP) is appointed under the <i>Health Ombudsman Act 2013</i> and is responsible for decisions on whether or not to refer matters involving registered practitioners to QCAT for disciplinary proceedings and the management of the conduct of those proceedings.  The Executive Director, Legal Services and General Counsel is responsible for providing legal advice and input across all the OHO's functions, managing RTI and unregistered practitioner matters, immediate action reviews and any other legal or prosecutorial matters.
Executive Director, Corporate and Strategic Services	Provides support services including human resource management, performance reporting, communications and media management, stakeholder engagement, finance and asset management, information technology, risk management and records management.
Director, Office of the Health Ombudsman	Responsible for the immediate action function of protecting public health and safety, expert/clinical advice function, policy governance and operational projects, provision of high level executive services and advice to the Health Ombudsman and liaison with the Minister's Office, Parliamentary committee, and other bodies.

**Office of the Health Ombudsman**  
**Notes to the consolidated financial statements**  
**for the year ended 30 June 2025**

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**F1 KMP DISCLOSURE (continued)**

**KMP remuneration policies**

Ministerial remuneration entitlements are outlined in the Legislative Assembly of Queensland's Members' Remuneration Handbook. The department 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 other KMP is set by the Queensland Public Sector Commission as provided for under the *Public Sector Act 2022*. Individual remuneration and other terms of employment (including motor vehicle entitlements and performance payments if applicable) are specified in employment contracts.

Remuneration expense 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;
- 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 the consolidated financial statements**  
**for the year ended 30 June 2025**

**F1 KMP DISCLOSURE (continued)**

**Remuneration Expenses**

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

**2024-25**

Position	Short term employee expenses		Long term employee expenses	Post-employment expenses	Termination benefits	Total
	Monetary expenses	Non-monetary expenses				
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<i>Health Ombudsman</i>						
Current	426	7	11	51	..	<b>495</b>
<i>Executive Director, Assessment &amp; Resolution</i>						
Current	236	..	6	29	..	<b>271</b>
<i>Executive Director, Investigations</i>						
Current	236	7	6	29	..	<b>278</b>
<i>Director, Office of the Health Ombudsman</i>						
Current	168	..	4	22	..	<b>194</b>
<i>Director of Proceedings and Executive Director, Legal Services and General Counsel</i>						
Temporary relieving	404	..	10	49	..	<b>463</b>
<i>Executive Director, Corporate and Strategic Services</i>						
Current	243	7	6	29	..	<b>285</b>
<b>Total remuneration</b>	<b>1,713</b>	<b>21</b>	<b>43</b>	<b>209</b>	<b>..</b>	<b>1,986</b>

**2023-24**

Position	Short term employee expenses		Long term employee expenses	Post-employment expenses	Termination benefits	Total
	Monetary expenses	Non-monetary expenses				
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<i>Health Ombudsman</i>						
Current	404	7	10	51	..	<b>473</b>
<i>Executive Director, Assessment &amp; Resolution</i>						
Current	204	..	5	30	..	<b>239</b>
<i>Executive Director, Investigations</i>						
Current	192	7	5	32	..	<b>235</b>
Temporary relieving (acting)	27	..	1	3	..	<b>31</b>
<i>Director, Office of the Health Ombudsman</i>						
Current	148	..	4	19	..	<b>171</b>
<i>Director of Proceedings and Executive Director, Legal Services</i>						
Temporary relieving (from 11/03/2024)	176	..	4	22	..	<b>202</b>
Former (to 15/03/2024)	142	7	3	23	..	<b>175</b>
<i>Executive Director, Corporate and Strategic Services</i>						
Current	225	7	6	30	..	<b>268</b>
<b>Total remuneration</b>	<b>1,518</b>	<b>28</b>	<b>38</b>	<b>210</b>	<b>..</b>	<b>1,794</b>

**Office of the Health Ombudsman**  
**Notes to the consolidated financial statements**  
**for the year ended 30 June 2025**

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## **F2 RELATED PARTY DISCLOSURES**

### **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 B1-1).

The Office also had transactions in 2024-25 with other Queensland Government entities. These include the following material transactions:

- Department of Housing and Public Works - accommodation services and fleet vehicles services, refer to Note B2-2.
- Department of Justice - Queensland Civil and Administrative Tribunal and Crown Law services, refer to Note B2-2.
- Corporate Administration Agency - corporate service charges, refer to Note B2-2.
- Workcover Queensland - workcover expenses, refer to Note B2-1.
- Queensland Government Insurance Fund - insurance expense, refer to Note B2-3.
- Queensland Audit Office - audit services, refer to Note B2-3.

## **F3 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 office for the first time in 2024-25 had any material impact on the financial statements.

### **Accounting standards early adopted**

No Australian Accounting Standards have been early adopted for 2024-25.

## **F4 TAXATION**

The Office is a State body as defined under the *Income Tax Assessment Act 1936* and is exempt from Commonwealth taxation with the exception of Fringe Benefits Tax (FBT) and Goods and Services Tax (GST). FBT and GST are the only taxes accounted for by the Office. GST credits receivable from, and GST payable to the ATO, are recognised (refer to Note C2).

## **F5 CLIMATE RISK DISCLOSURE**

### *Whole-of-Government climate-related reporting*

The State of Queensland, as the ultimate parent of the Office of the Health Ombudsman, provides information and resources on climate related strategies and actions accessible at <https://www.energyandclimate.qld.gov.au/climate> and <https://www.treasury.qld.gov.au/energy-and-climate/>

The Queensland Sustainability Report (QSR) outlines how the Queensland Government measures, monitors and manages sustainability risks and opportunities, including governance structures supporting policy oversight and implementation. To demonstrate progress, the QSR also provides time series data on key sustainability policy responses. The QSR is available via Queensland Treasury's website at <https://www.treasury.qld.gov.au/programs-and-policies/queensland-sustainability-report>

**Office of the Health Ombudsman**  
**Notes to the consolidated financial statements**  
**for the year ended 30 June 2025**

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**F5 CLIMATE RISK DISCLOSURE (continued)**

Office accounting estimates and judgements - climate-related risks

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 office, including directives from Government or Queensland Treasury.

**Office of the Health Ombudsman  
Management Certificate  
for the year ended 30 June 2025**

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These general purpose financial statements have been prepared pursuant to s.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 s.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 2025 and of the financial position of the agency at the end of that year; and

We acknowledge responsibility under s.7 and s.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.



Dr Lynne Coulson Barr OAM  
Health Ombudsman

22 August 2025



Dermot Tiernan  
Executive Director  
Corporate and Strategic Services

20 August 2025



## 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 2025, 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 2025, 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](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 2025:

- 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* 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

26 August 2025  
Queensland Audit Office  
Brisbane

# Appendix 4—Open data

The following information for 2024–2025 is available on the Queensland Government Open Data website at [www.data.qld.gov.au](http://www.data.qld.gov.au):

- consultancies
- Queensland Language Services Policy.

The OHO incurred no overseas travel expenditure in 2024–2025.

The OHO received no service delivery complaints relating to a complaint about the Charter of Victims' Rights in 2024–2025.

# Appendix 5—Compliance checklist

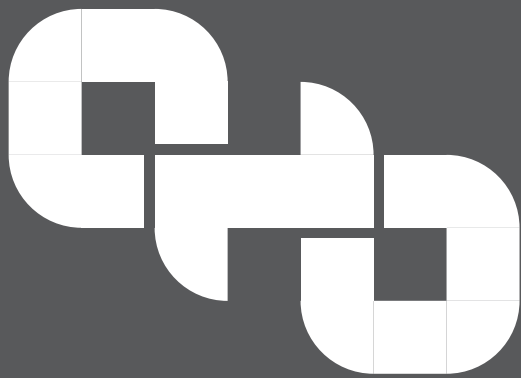
Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	<ul style="list-style-type: none"> <li>A letter of compliance from the accountable officer or statutory body to the relevant Minister/s</li> </ul>	ARRs – section 7	<a href="#">Page I</a>
Accessibility	<ul style="list-style-type: none"> <li>Table of contents</li> </ul>	ARRs – section 9.1	<a href="#">Page II</a> <a href="#">Pages 59–60</a>
	<ul style="list-style-type: none"> <li>Glossary</li> </ul>		
	<ul style="list-style-type: none"> <li>Public availability</li> </ul>	ARRs – section 9.2	<a href="#">Inside front cover</a>
	<ul style="list-style-type: none"> <li>Interpreter service statement</li> </ul>	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3	<a href="#">Inside front cover</a>
	<ul style="list-style-type: none"> <li>Copyright notice</li> </ul>	<i>Copyright Act 1968</i> ARRs – section 9.4	<a href="#">Inside front cover</a>
	<ul style="list-style-type: none"> <li>Information Licensing</li> </ul>	<i>QGEA – Information Licensing</i> ARRs – section 9.5	<a href="#">Inside front cover</a>
General information	<ul style="list-style-type: none"> <li>Introductory Information</li> </ul>	ARRs – section 10	<a href="#">Pages 1–9</a>
Non-financial performance	<ul style="list-style-type: none"> <li>Government’s objectives for the community and whole-of-government plans/specific initiatives</li> </ul>	ARRs – section 11.1	<a href="#">Page 6</a>
	<ul style="list-style-type: none"> <li>Agency objectives and performance indicators</li> </ul>	ARRs – section 11.2	<a href="#">Page 6</a> and <a href="#">14–40</a>
	<ul style="list-style-type: none"> <li>Agency service areas and service standards</li> </ul>	ARRs – section 11.3	<a href="#">Page 14</a>
Financial performance	<ul style="list-style-type: none"> <li>Summary of financial performance</li> </ul>	ARRs – section 12.1	<a href="#">Page 57</a>
Governance – management and structure	<ul style="list-style-type: none"> <li>Organisational structure</li> </ul>	ARRs – section 13.1	<a href="#">Page 9</a>
	<ul style="list-style-type: none"> <li>Executive management</li> </ul>	ARRs – section 13.2	<a href="#">Pages 50–51</a>
	<ul style="list-style-type: none"> <li>Government bodies (statutory bodies and other entities)</li> </ul>	ARRs – section 13.3	Not applicable
	<ul style="list-style-type: none"> <li>Public Sector Ethics</li> </ul>	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4	<a href="#">Page 54</a>
	<ul style="list-style-type: none"> <li>Human Rights</li> </ul>	<i>Human Rights Act 2019</i> ARRs – section 13.5	<a href="#">Pages 55</a>
	<ul style="list-style-type: none"> <li>Queensland public service values</li> </ul>	ARRs – section 13.6	<a href="#">Page 6</a>
Governance – risk management and accountability	<ul style="list-style-type: none"> <li>Risk management</li> </ul>	ARRs – section 14.1	<a href="#">Page 52</a>
	<ul style="list-style-type: none"> <li>Audit committee</li> </ul>	ARRs – section 14.2	<a href="#">Page 52</a>
	<ul style="list-style-type: none"> <li>Internal audit</li> </ul>	ARRs – section 14.3	<a href="#">Page 52</a>
	<ul style="list-style-type: none"> <li>External scrutiny</li> </ul>	ARRs – section 14.4	<a href="#">Page 53</a>
	<ul style="list-style-type: none"> <li>Information systems and recordkeeping</li> </ul>	ARRs – section 14.5	<a href="#">Page 46</a>
	<ul style="list-style-type: none"> <li>Information Security attestation</li> </ul>	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	<b><u>Page 47</u></b>
	▪ Early retirement, redundancy and retrenchment	Directive No.04/18 <i>Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2	<b><u>Page 49</u></b>
Open Data	▪ Statement advising publication of information	ARRs – section 16	<b><u>Page 89</u></b>
	▪ Consultancies	ARRs – section 31.1	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
	▪ Overseas travel	ARRs – section 31.2	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
	▪ Queensland Language Services Policy	ARRs – section 31.3	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
	▪ Charter of Victims’ Rights	<i>VCSVRB Act 2024</i> ARRs – section 31.4	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
Financial statements	▪ Certification of financial statements	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	<b><u>Page 86</u></b>
	▪ Independent Auditor’s Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	<b><u>Pages 87–88</u></b>

FAA *Financial Accountability Act 2009*

FPMS *Financial and Performance Management Standard 2019*

ARRs *Annual report requirements for Queensland Government agencies*



OFFICE OF THE  
**HEALTH**  
OMBUDSMAN

## Contact details



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## More information



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Chat with us online  
[www.oho.qld.gov.au](http://www.oho.qld.gov.au)



[/office-of-the-health-ombudsman](https://www.facebook.com/office-of-the-health-ombudsman)