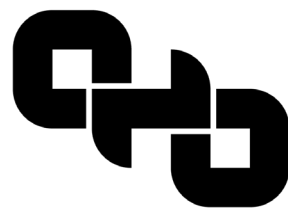




Annual Report **2021–2022**



OFFICE OF THE
HEALTH
OMBUDSMAN

**Office of the Health Ombudsman
Annual Report 2021–2022**

ISSN 2206-0634 (electronic)

ISSN 2206-0986 (printed)

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2 September 2022

The Honourable Yvette D'Ath 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 2021–2022 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 65 of this Annual Report.

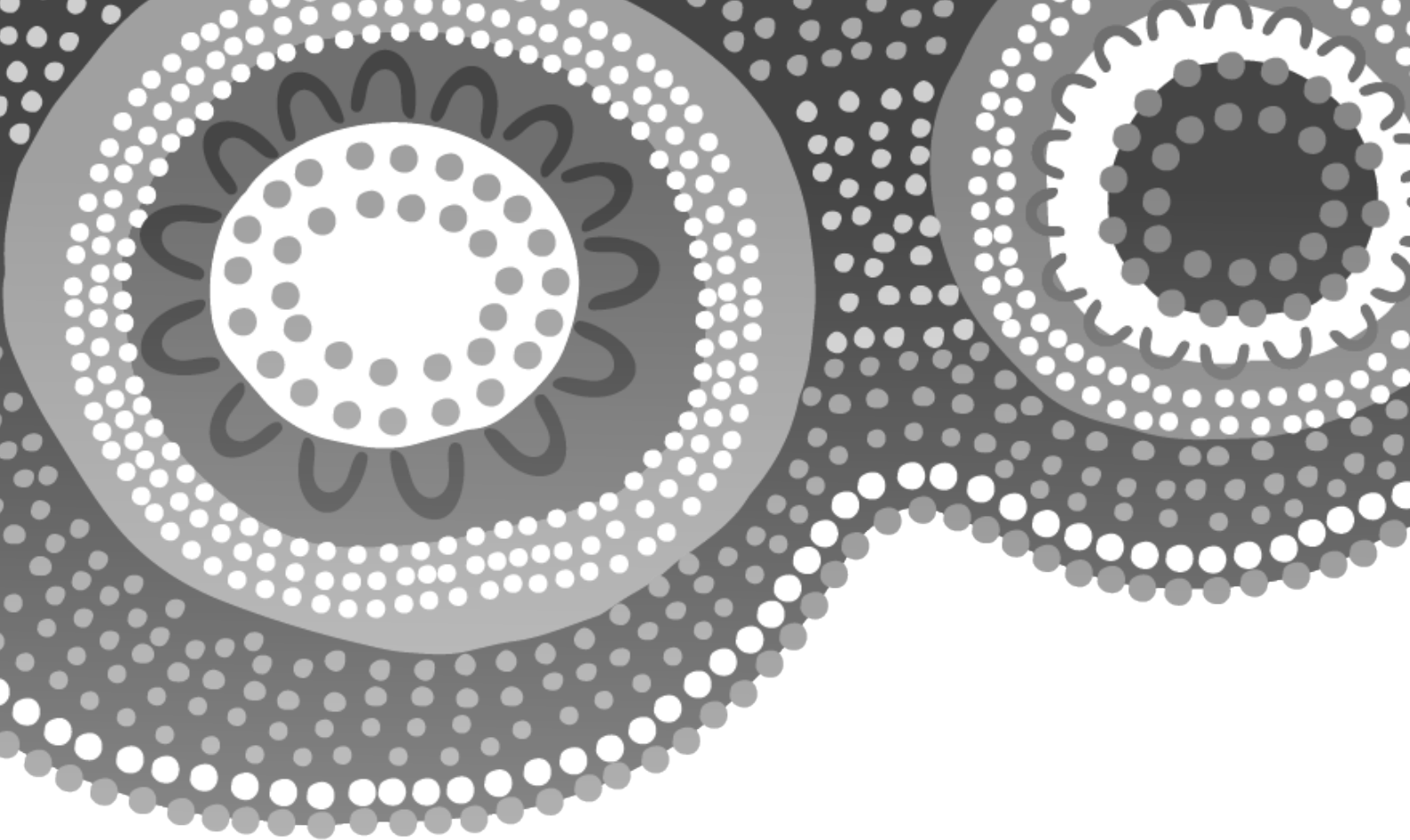
Yours sincerely



Dr Lynne Coulson Barr OAM
Health Ombudsman

Contents

Year in review	1	Organisational governance	28
About	4	Strategic workforce planning and performance	28
Jurisdiction	4	Internal accountability	30
Working with Ahpra	5	External accountability	32
Organisational structure	6	Financial summary	34
Health service complaints	7	Overview	34
Types of complaints	7	Financial position	34
Performance	8	Financial performance	34
Service delivery statements	8	Appendices	
Complaints intake and triage	9	Appendix 1—Abbreviations and acronyms	35
Assessment	12	Appendix 2—Glossary	36
Local resolution	13	Appendix 3—Financial statements	38
Conciliation	14	Appendix 4—Open data	64
Referrals to Ahpra and ‘joint consideration’	15	Appendix 5—Compliance checklist	65
Investigation	18		
Immediate Registration Action and Prohibition Orders	20		
Inquiry	21		
Director of Proceedings	21		
Support services	24		
Compliance monitoring	24		
Legal services	25		
Clinical advice	25		
Internal review	25		
Community engagement	26		
Information systems and recordkeeping	27		



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.

Year in review

It is my pleasure to present the Office of the Health Ombudsman (OHO) annual report for the 2021–22 financial year. I commenced my role as Health Ombudsman on 15 January 2022. This report includes the performance and operations of the OHO under the leadership of the former Health Ombudsman Mr Andrew Brown from 1 July 2021, until the completion of his term on 14 January 2022. I feel privileged to have the opportunity to build upon the OHO's existing strong performance and to strengthen the way in which the office works to achieve the key objectives of the *Health Ombudsman Act 2013*.

The OHO plays a critical role in protecting the health and safety of the public, by promoting high standards in health service delivery and maintaining public confidence in the health service complaints management system. The coregulatory model and the strong collaborative relationship between the OHO and the Australian Health Practitioner Regulation Agency (Aphra) are a key strength of Queensland's health service complaints management system. Complaints are a vital window into people's experiences of health care. As Queensland's single point of entry for all health service complaints and notifications, the OHO's effective complaints processes improves both individual outcomes and the safety and quality of health services for the wider community.

Between 15 January 2022 and 30 June 2022, I met with representatives from 53 organisations—including Queensland Health, government and statutory bodies, the health practitioner National Boards, Hospital and Health Services and health service provider groups, peak bodies and community advocacy groups—to learn about their perspectives of the health service complaints system, identify opportunities for collaboration and improvement, and to discuss my areas of focus for the OHO. I look forward to building on existing stakeholder relationships as well as seeking broader engagement with organisations and groups to ensure that the OHO is accessible and responsive to the needs of priority population groups and communities throughout Queensland.

Complaints data

In 2021–22, the OHO received the highest number of contacts ever in a single financial year, 13,025 contacts, an increase of 6 per cent from 2020–21 (12,278 contacts in 2020–21). We also saw a 2 per cent rise in complaints received for the year (9,619 complaints in 2021–22, compared with 9,387 complaints in 2020–21).

Professional performance (31 per cent), professional conduct (12 per cent) and poor communication (11 per cent) were the most frequently cited issues by complainants, which reflect similar trends to previous years.

In 2021–22, the health professions that accounted for the greatest percentage of complaints received were medical practitioners (57 per cent), nurses (12 per cent) and psychologists (6 per cent). For complaints about health service organisations public hospitals (33 per cent), correctional facilities (18 per cent) and medical centres (14 per cent) accounted for most of the complaints received.

Operational performance

I am pleased to report that the OHO has maintained its strong operational performance into this reporting period which is a credit to the commitment, dedication and hard work of the OHO staff and also the systems that have been put in place to support their work during the COVID-19 pandemic.

As published in the Service Delivery Statements (SDS), the OHO outperformed on three of its six 2021–22 service delivery measures including: 'percentage of complaints accepted within seven days', 'percentage of complaints assessed within timeframes' and 'percentage of disciplinary matters in which Queensland Civil and Administrative Tribunal (QCAT) decides there is a case to answer'. One of the six measures, 'percentage of immediate action decisions upheld by QCAT at review hearings', was deemed 'not applicable' as there were no review hearings of these decisions during 2021–22.

In 2021–22, the OHO finalised 98 per cent of complaint decisions within seven days. This represents an improvement of 3 per cent compared to 2020–21 and exceeded the OHO's 2021–22 service delivery target (90 per cent) by 8 per cent.

The OHO's percentage of assessments completed within legislative timeframes (92 per cent in 2021–22) was 1 per cent higher than 2020–21 and 2 per cent higher than the 2021–22 service delivery target (90 per cent).

The percentage of investigations finalised by the OHO within 12 months increased by 7 per cent to 66 per cent in 2021–22. Although we were not able to meet our 2021–22 service delivery target (75 per cent), this variance continues to be impacted by investigations which are paused whilst the matters are subject to criminal proceedings. When the number of paused matters is excluded, around 80 per cent of investigations were completed within 12 months. The increase in investigations finalised in 2021–22 positions us to achieve further improvement in 2022–23.

The coregulatory environment

In Queensland, the responsibility for managing complaints and notifications about registered health practitioners is shared between the OHO, Ahpra and the 15 health practitioner National Boards. A close working relationship between all coregulatory partners is essential for the system to work effectively, and I am pleased to say that 2021–22 resulted in another strong year of collaboration. On 6 December 2021, amendments to the *Health Ombudsman Act 2013* took effect requiring complaints and notifications about registered practitioners and students registered with Ahpra to be jointly considered by the OHO and Ahpra. It is a real credit to the work undertaken by the staff of both offices that the joint consideration process and associated IT system worked successfully from day one. This technical solution enables real-time electronic sharing of information between the case management systems of the two agencies, as

well as supporting processes for the OHO and Ahpra to jointly consider health practitioner complaints/notifications and determine which agency should deal with the matter.

These changes have improved the strength and efficiency of Queensland's coregulatory system by ensuring timely progression of matters between agencies, early clinical screening and robust regulatory decision making. The successful implementation of the joint consideration processes can be attributed to the strong consultative processes that were already in place prior to the implementation of joint consideration, as well as the shared understanding of regulatory risk and our respective roles.

The future

There are many opportunities to strengthen the way in which the OHO works to achieve the key objectives of the *Health Ombudsman Act 2013*. My priorities for 2022–23 include:

- engaging with internal and external stakeholders on the development of a new four-year strategic plan
- implementing practices and feedback processes to improve client service and to ensure that the OHO's processes are accessible, inclusive and responsive to all groups and communities throughout Queensland
- tracking the level of demand and engagement with health services, with a focus on population groups and communities which may experience barriers in raising health service complaints
- implementing the OHO's Aboriginal and Torres Strait Islander Cultural Competence Engagement Plan and strategies to deliver culturally safe and responsive services for First Nations peoples
- enhancing operational processes and practices across the OHO to maximise the impact of the OHO's work and performance of its functions

- development of a data warehouse and data analytic capabilities to identify and share information on systemic issues and trends identified in complaints and other matters relating to the delivery of health services and the regulation of health practitioners
- maintaining effective collaborative partnerships with Ahpra/National Boards and other regulatory agencies to ensure the best outcomes for the community.

I wish to acknowledge and thank the Minister for Health and Ambulance Services, the Hon, Yvette D'Ath MP, the Health and Environment Parliamentary Committee, and the A/Director-General for Queensland Health for their keen interest in the work of the OHO and the opportunities to maximise the OHO's contributions to addressing patient safety and quality issues across the health system.

Finally, I would like to thank all staff and stakeholders of the OHO for the warm welcome and support that I have received since my commencement in this important role. I feel honoured to lead such a dedicated and skilled group of staff who are committed to making a positive difference through the OHO's work, and who seek opportunities for continuous improvement of our processes. I also acknowledge the thousands of Queenslanders who have raised their concerns or notified the OHO of risks in the provision of health services and enabled the OHO to take action on these safety and quality issues.

I look forward to continuing to work with stakeholders across the health and regulatory sectors on the shared goals of protecting public health and safety and driving improvements in the delivery of health services for all Queenslanders.

Dr Lynne Coulson Barr OAM
Health Ombudsman

About

The OHO was established in 2014 as an independent statutory body providing a single point of entry for health service complaints and notifications in Queensland. The OHO's purpose is to protect the health and safety of consumers, promote high standards in health service delivery and facilitate responsive health service complaints management. Our vision is to influence the delivery of safe, competent and ethical health services that are responsive to consumer complaints.¹

Our work aligns with the objectives of **safeguarding our health** and **backing our frontline services** outlined in the Queensland Government's economic recovery plan *Unite and Recover*. We do this by:

- providing a fair, transparent and accountable system for effectively dealing with complaints and other healthcare matters in a timely manner
- taking proportionate and timely action in response to serious complaints and notifications about health practitioners
- identifying and analysing systemic issues impacting on the delivery of health services, the regulation of health practitioners and management of health complaints
- facilitating effective and efficient management and resolution of health service complaints.

The OHO's decisions regarding health service complaints are guided by the following principle: *the health and safety of the public is paramount*². This principle, together with the Queensland Government's public sector values—*customers first, ideas into action, unleash potential, be courageous and empower people*—underlies our organisational values, which are listed below.

People and relationships

We are a people-focused organisation that recognises people are at the centre of

everything we do. We respect others, value diversity and recognise that meaningful relationships are critical to our success.

Getting it right

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

Fairness for all

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

Continuous improvement

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

Jurisdiction

The OHO, established under the *Health Ombudsman Act 2013* (the Act), commenced dealing with health complaints on 1 July 2014. Under the Act and the *Health Practitioner Regulation National Law (Queensland)* (the National Law), the OHO has broad powers to deal with complaints and other matters relating to the health, conduct and performance of registered and unregistered health practitioners and the services provided by health service organisations.

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

The OHO supports the Health Ombudsman, which is a statutory position whose responsibilities include protecting public health and safety and overseeing Queensland's health service complaints system. The Health Ombudsman Dr Lynne Coulson Barr OAM

¹ The OHO's vision, purpose, objectives and values are as published in the Office of the Health Ombudsman 2019–23 Strategic Plan, available at www.oho.qld.gov.au/about-us/strategic-plan.

² Section 4 of the *Health Ombudsman Act 2013*.

commenced in the role on 15 January 2022, succeeding the former Health Ombudsman Andrew Brown.

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 and investigate complaints and notifications about health services and health service providers, including registered and unregistered health practitioners
- take relevant action in relation to those complaints 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 QCAT.³

The Health Ombudsman is also required to report on specific matters to the responsible parliamentary committee and Minister.⁴ The Minister may direct the Health Ombudsman to investigate certain matters, conduct inquiries or provide information or reports.⁵

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 in relation to overseeing and regulating registered health practitioners. The OHO manages a single-entry point for all health service complaints in Queensland, including notifications regarding registered health practitioners. Complaints and notifications concerning registered health practitioners are received, triaged and managed by the OHO and can be referred to Ahpra. On 6 December 2021, the OHO and Ahpra introduced a process of joint consideration for complaints and notifications about registered health practitioners and students in accordance with changes to the Act.

See [page 18](#) for more details on matters referred between the OHO and Ahpra, and for more information regarding joint consideration.

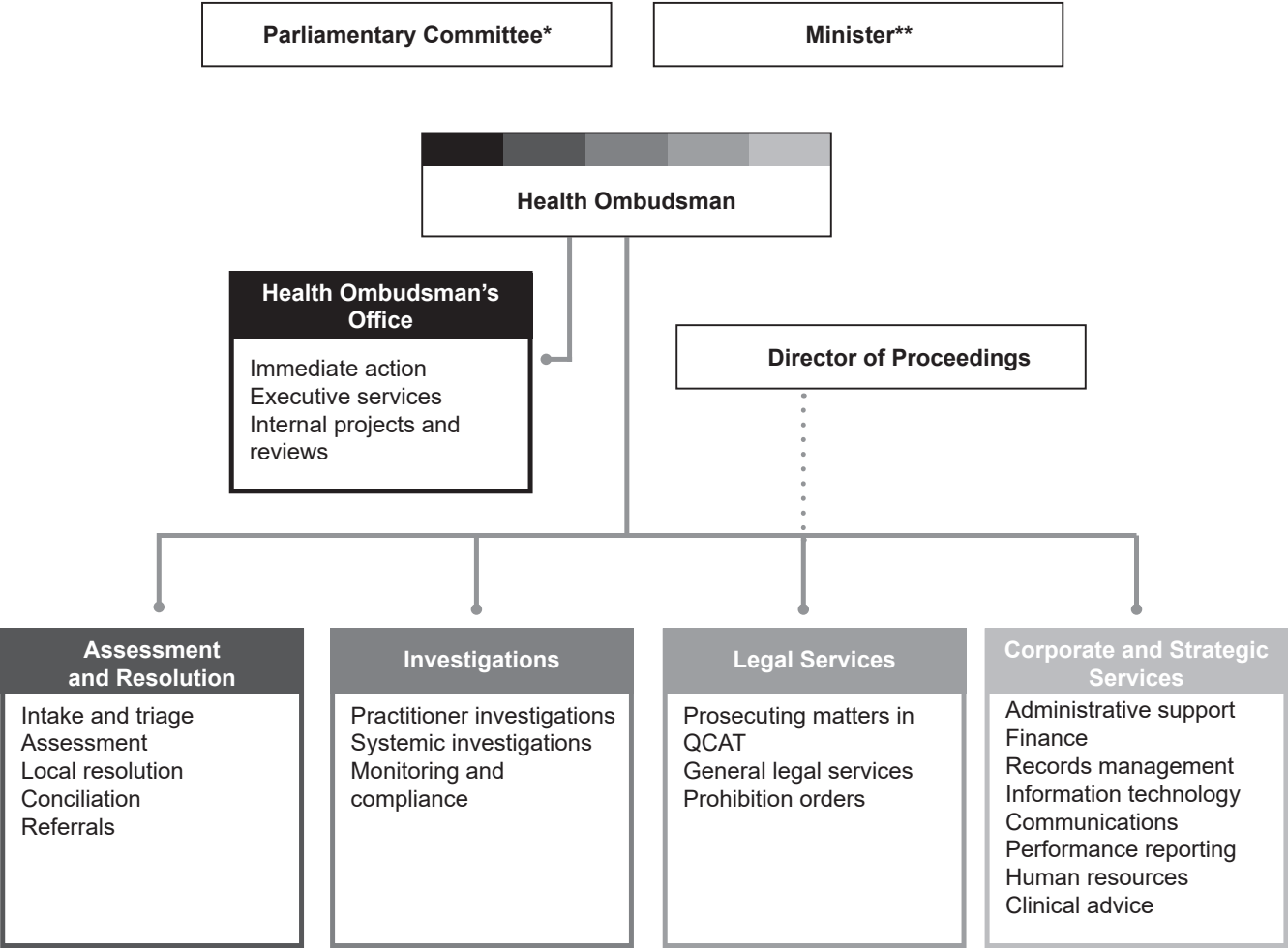
³ Section 94 of the Act.

⁴ The relevant Minister is the Hon Yvette D'Ath MP, Minister for Health and Ambulance Services.

⁵ Sections 81, 152 and 171 of the Act.

Organisational structure

Figure 1 Organisational structure of the Office of the Health Ombudsman as at 30 June 2022



*Health and Environment Committee

**Minister for Health and Ambulance Services

Health service complaints

Types of complaints

Complaints

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 health and wellbeing’⁶. Generally, complaints are made to our office about one or more of the following:

- health practitioners, including:
 - people who are accredited by a National Board and registered with Ahpra to work as a ‘registered health practitioner’
 - 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).

Sources of complaints

Anyone can make a complaint to the OHO if they are unhappy 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. Other sources of complaints include registered health practitioners, employers of registered practitioners, health education providers and other organisations.

Notifications

Mandatory notifications

Under the National Law it is mandatory for registered health practitioners, employers of registered practitioners and education providers to notify the OHO and Ahpra if a practitioner commits ‘notifiable conduct’, such as:

- practising while intoxicated by alcohol or drugs
- engaging in sexual misconduct with a patient
- has a health impairment that places patients or the public at risk of substantial harm
- placing the public at risk by practising in a way that deviates significantly from accepted professional standards.

Voluntary notifications

Voluntary notifications can be made to the OHO about registered health practitioners about matters regarding their health, conduct or performance. Examples include:

- poor professional conduct
- sub-standard knowledge, skill, judgement or care
- not meeting the standards of a fit and proper person to hold registration
- contravening the National Law or a condition of their registration
- improperly obtaining registration.

Typically, voluntary notifications made by members of the public are dealt with by the OHO as complaints.

Self-notifications

Registered practitioners and students may notify the OHO about their own health, conduct and/or performance. Additionally, practitioners have seven days to self-notify to the appropriate National Board about matters relating to criminal charges or convictions received, restrictions on their rights to practise and other matters outlined in the legislation.

Matters received from other organisations

The OHO receives notifications and complaints from other organisations, such as Queensland Health’s Medicines Compliance and Human Tissue Unit and on referral from agencies such as Ahpra, Queensland Police Service, Coroners Court of Queensland, Queensland Human Rights Commission and Queensland Ombudsman.

⁶ Section 7 of the Act.

Performance

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

The following pages detail the OHO's performance across these key functions during the 2021–22 financial year.

Service delivery statements

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

The service standards featured below are reported in the Service Delivery Statements as part of the Queensland Government's annual budget process. The table sets out the end of year position for all the OHO's service standards, published as part of the 2021–2022 Service Delivery Statement for Queensland Health.⁷

Table 1 The Office of the Health Ombudsman service standards

Service area	Notes	2021–22 Target/Estimate	2021–22 Actual
Percentage of complaints received and accepted within 7 days	1	90%	98%
Percentage of complaints assessed within timeframes	2	90%	92%
Percentage of complaints resolved within timeframes	3	100%	92%
Percentage of investigations finalised within 12 months ¹	4	75%	66%
Percentage of disciplinary matters in which Queensland Civil and Administrative Tribunal (QCAT) decides there is a case to answer	5	90%	100%
Percentage of immediate action decisions upheld by QCAT at review hearings	6	90%	N/A
<i>Efficiency measures</i> Not identified			

Notes:

1. This is a measure of service timeliness. On 6 December 2021, amendments to the Act came into effect changing the timeframe for initial decisions to accept or not accept matters from seven calendar days to seven business days.
2. This is a measure of service timeliness. On 6 December 2021, amendments to the Act came into effect changing the timeframe for completing assessments from 30 calendar days (or 60 calendar days if granted an extension) to 22 business days (or up to 44 business days if granted an extension).
3. This measure relates to local resolution services provided within legislative timeframes. On 6 December 2021, amendments to the Act came into effect changing the timeframe for completing local resolution matters from 30 calendar days (or 60 calendar days if granted an extension) to 22 business days (or up to 44 business days if granted an extension). The variance between the 2021–22 Target/Estimate and 2021–22 Actual is due to an increase in matters not accepted due to s35A and changes to the way local resolutions are classified as resolved and unresolved.

⁷ https://budget.qld.gov.au/files/Budget_2022-23_SDS_Queensland_Health.pdf

4. This is a measure of investigation timeliness. The variance between the 2021–22 Target/ Estimate and 2021–22 Actual is due to a range of factors including some investigations being paused while the Queensland Police Service undertakes criminal proceedings. Such matters are not finalised until after completion of any QPS investigation and ensuing court proceedings.
5. This is a measure of the effectiveness of the OHO investigations and prosecutions in bringing disciplinary proceedings before QCAT. This includes the sufficiency of evidence and that public interest factors are appropriately considered. Matters are referred to the Director of Proceedings following an investigation; the Director of Proceedings must then decide whether to refer the matter to QCAT for it to hear and decide the matter. To clarify this service standard, a ‘case to answer’ means that QCAT has upheld all or part of the case against the practitioner.
6. The variance between the 2021–22 Target/ Estimate and 2021–22 Actual reflects the fact QCAT did not hold any review hearings into immediate action decisions made by the Health Ombudsman in 2021–22.

For details of the OHO’s staffing levels as published in the Service Delivery Statements, see [page 28](#).

Complaints intake and triage

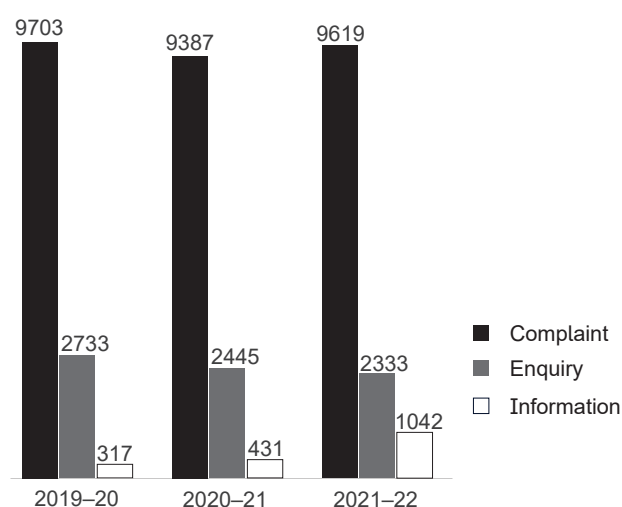
External stakeholders, including members of the public and health service providers can contact the OHO by phone, email, letter or our website’s online complaint form.⁸ Each contact is categorised as either a complaint, enquiry or information. Where a matter is identified as a complaint (including notifications and referrals received from other agencies), it is then subject to a triage process and risk assessment, during which there are seven days to decide whether to accept the matter and, if any, what action should be taken.⁹

Contacts received

In 2021–22, the OHO received 13,025 contacts—up 6 percent on 2020–21 (12,278 contacts). The 13,025 contacts received included:

- 9,619 complaints (74 per cent)
- 2,333 enquiries (18 per cent)
- 1,042 information contacts (8 per cent).^{10,11}

Figure 2 Number of contacts received



⁸ Plans are in place to introduce web chat functionality in 2022–23.

⁹ This timeframe is mandated under section 35 of the Act.

¹⁰ A further 31 contacts were ‘yet to be identified’.

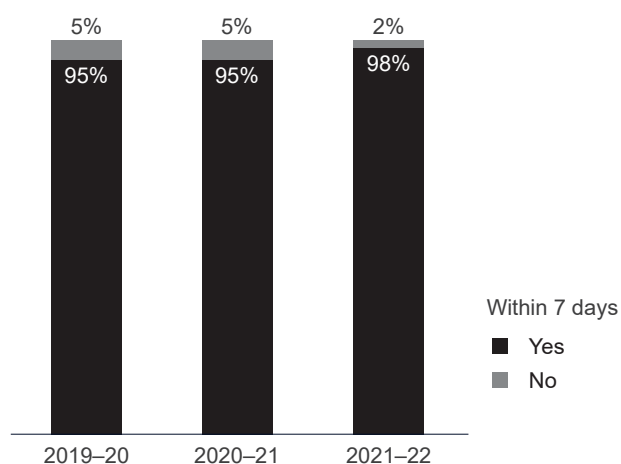
¹¹ Increased numbers of information contacts has predominantly come from two sources; an increase in information cases received from government entities; QPS in particular, and also an increase in information cases registered when members of the public contact the OHO in response to high profile cases which have appeared in the media.

Decisions made within seven business days

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

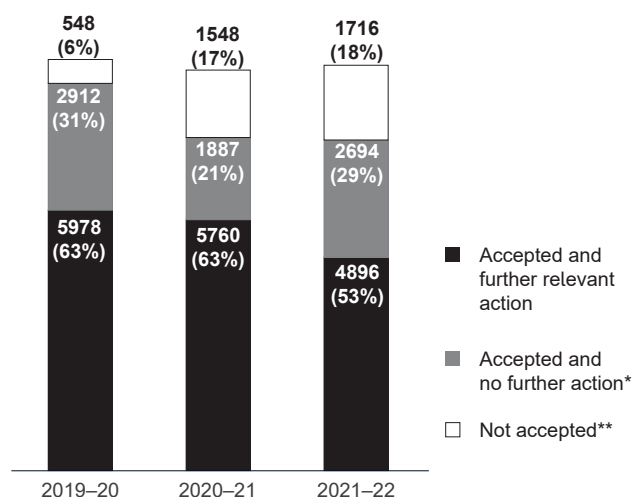
In 2021–22, 98 per cent of intake decisions were made within the seven-day legislative timeframe—up from 95 per cent in 2020–21 and 2019–20, respectively.

Figure 3 Percentage of decisions made within 7 days



Complaints accepted vs not accepted

Figure 4 Number of complaints accepted vs not accepted



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

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

Outcomes of accepted complaints

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

Number of decisions made	2021–22	
	Number	%
Referred to Ahpra and the National Boards	2,013	38
Referred to another entity	1,390	26
Assessment	1,063	20
Local resolution	830	16
Investigation	36	<1
Conciliation	1	<1
Total	5,333	100

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

Spotlight on complaints intake

Of the **9,619** complaints received:

- ✓ **87 per cent** were health service complaints
- ✓ **9 per cent** were voluntary notifications
- ✓ **3 per cent** were mandatory notifications
- ✓ **<1 per cent** were self-notifications
- ✓ **<1 per cent** were referrals from other organisations.

For complaints about individual practitioners, **90 per cent** related to registered practitioners and **4 per cent** related to unregistered practitioners (**5 per cent** of individual practitioners were unknown and **<1 per cent** were student practitioners).

Complaint issues:

- ✓ **15,612** complaint issues were identified, including **6,890** about health practitioners and **8,722** about health service organisations.
- ✓ The top issues identified in complaints against practitioners were:
 - professional performance—**31 per cent** (4899 out of 15,612 issues)
 - professional conduct—**12 per cent** (1,813 out of 15,612 issues)
 - poor communication/information—**11 per cent** (1,785 out of 15,612 issues)

✓ Of the **6,890** issues relating to health practitioners, most related to:

- medical practitioners—**3925** (57 per cent)
- nurses—**838** (12 per cent)
- psychologists—**443** (6 per cent)
- dentists—**407** (6 per cent).

✓ Of the **8722** issues concerning health service organisations, most related to:

- public hospitals – **33 per cent** (2856 out of 8722 issues)
- correctional facilities – **18 per cent** (1572 out of 8722 issues)
- medical centres – **14 per cent** (1210 out of 8722 issues).

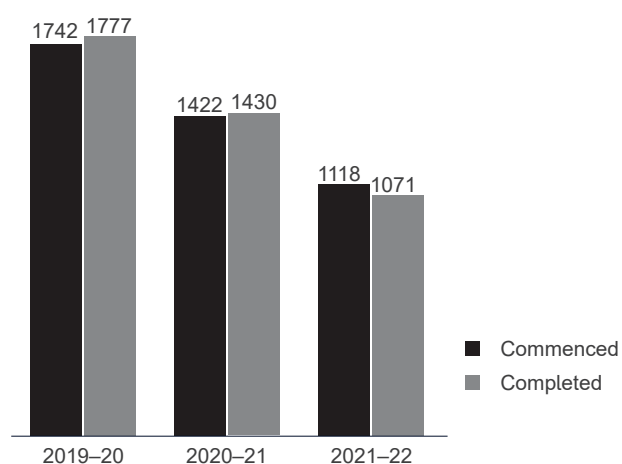
Assessment

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

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.¹²

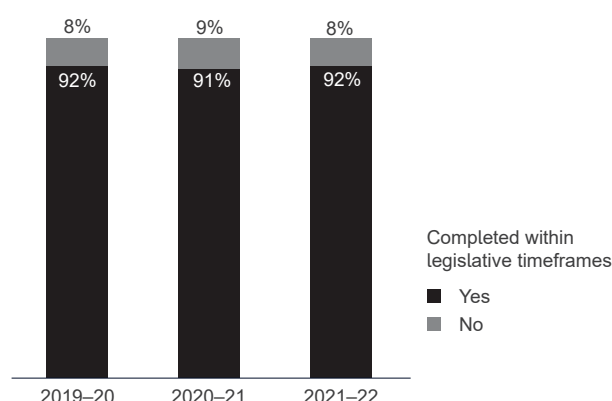
The decline in number of matters referred for assessment is likely attributed to the ongoing effects of the March 2020 legislative amendments. This amendment provided for complaints to not be accepted if the complainant had not first sought a resolution of the complaint with the health service provider, and it was reasonable to do so in the first instance. It is also due to the introduction of the joint consideration process which provides for early consultation with Ahpra on complaints about registered practitioners after accepting a complaint, which may result in an earlier decision to take no further action, or referral to Ahpra, rather than referring for assessment.

Figure 5 Number of assessments started and completed



¹² 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.

Figure 6 Percentage of assessments completed within legislative timeframes



Assessment decisions

'Assessment decisions' measures the number and type of relevant actions taken at the assessment stage of the complaints handling process. 'Assessment decisions' and 'Assessments completed' (from previous table/graph) may not necessarily match as each completed assessment can result in multiple assessment decisions.

Table 3 Assessment decisions

Number of decisions made	2021-22	
	Number	%
No further action*	684	59
Referred to Ahpra and the National Boards	201	17
Referred to another entity	112	10
Investigation	118	10
Conciliation	47	4
Local resolution	1	<1
Referred to Director of Proceedings	0	0
Total	1,163	100

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

Local resolution

Local resolution is a voluntary process for resolving complaints quickly with minimal intervention by the OHO. As its name suggests, complaints identified for local resolution are resolved between the complainant and the health service provider, with assistance of the OHO to clarify the issues of concern and to negotiate strategies which might lead to a resolution of the complaint. The outcomes that can be achieved via local resolution are varied and are tailored to address the circumstances of each complaint. Potential outcomes include an apology, policy and process improvements and refunds for out-of-pocket expenses or corrective costs. Often the health consumer may require ongoing healthcare, making the local resolution process an important step in rebuilding trust and confidence in the treating relationship. This may be achieved by sharing information regarding the care received, improving the understanding of clinical treatment or administration procedures, and developing communication protocols for the future.

In 2021–22, the OHO commenced 841 local resolutions and completed 905 local resolutions. Of the 905 completed local resolutions,¹³ 833 (92 per cent) were completed within legislative timeframes. The decrease in local resolutions commenced and completed relative to previous years is attributed to two key process changes: firstly, the application of s35A of the Act, which allows the OHO to not accept complaints in cases where the complainant did not first seek to resolve their complaint with the health service provider prior to making the complaint to the OHO and it is assessed as reasonable in the circumstances for the complainant to first seek resolution directly with the provider.

In these circumstances, the OHO may however assist with advice and assistance to guide the complainant on how to raise their concerns directly with the provider. The second key process change relates to the delegates providing early advice to complainants, which serves to clarify and sensitively explain information relevant to their complaint. Providing advice and information at an earlier point allows the matter to be promptly finalised and provides a better standard of customer service to complainants.

Figure 7 Number of local resolutions

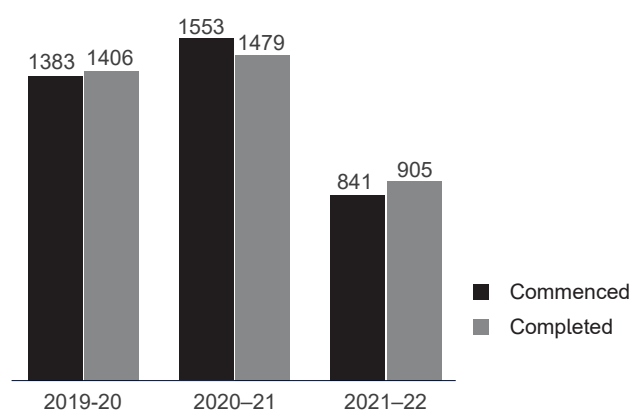
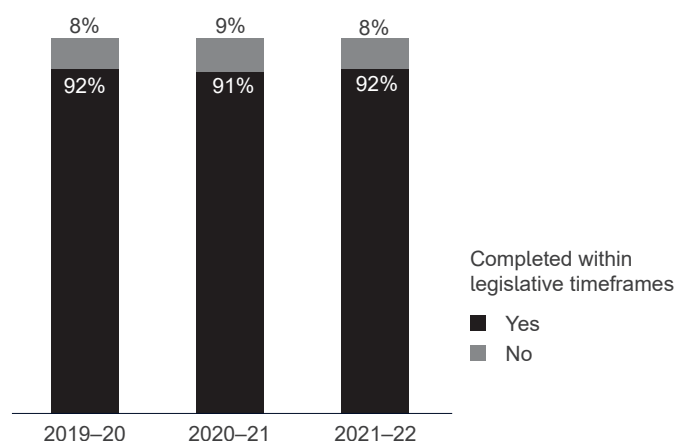


Figure 8 Percentage of local resolutions completed within legislative timeframes



¹³ This comprised of 759 local resolutions which were started in 2021-22 and 146 local resolutions which started in 2020-21.

Table 4 Outcomes of local resolution

Local resolution outcomes	2021–22	
	Number	%
Resolved	530	59
Not resolved*	304	34
Complaint withdrawn	54	6
Local resolution did not commence**	17	2
Total	905	100

*Prior to 6 December 2021 local resolutions were classified as resolved if the OHO was satisfied that the health service provider acted in good faith to reasonably resolve the complaint. From 6 December 2021, changes to reporting classifications were made such that, local resolutions were classified as resolved only for complaints where the complainant was satisfied with the outcome achieved.

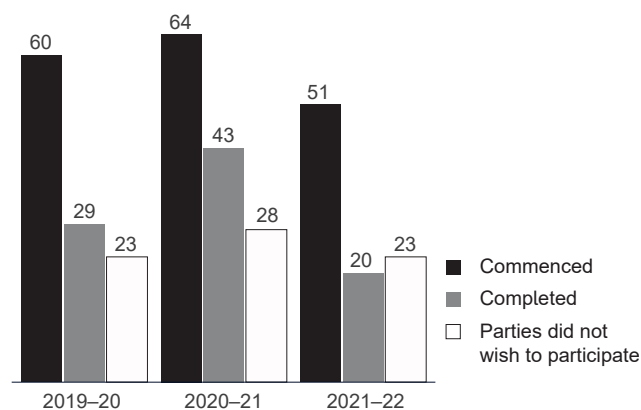
**As local resolution is a voluntary process, it cannot commence unless both parties agree to participate in the process.

Conciliation

Conciliation is a voluntary process for resolving highly complex or sensitive complaints including complaints requiring detailed explanations or confidential complaint resolution. The process is facilitated by skilled conciliators who use their independence and specialist dispute resolution and negotiation skills to assist all parties to be heard, identify issues for discussion and negotiate outcomes between the parties.

Information disclosed during a conciliation process—including details relating to any agreements or negotiations—is confidential and privileged, meaning it cannot be discussed outside the process or admitted as evidence in a proceeding before a court, tribunal or disciplinary body. Whether parties agree to undertake conciliation can therefore depend on the likelihood of them wishing to take other action, such as legal action.

Unlike assessment and local resolution, there are no stated timeframes in the Act with respect to conciliation. In 2021–22, 51 conciliations were started (down from 64 in 2020–21), 23 were closed due to parties opting not to participate and 20 were completed. Of the 20 conciliations completed, four were completed in less than three months, six were completed in 3–6 months, five were completed in 6–9 months, one was completed in 9–12 months and four were completed in more than 12 months.

Figure 10 Number of conciliations

Referrals to Ahpra and 'joint consideration'

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

During 2021–22, the OHO referred 1599 complaints to other appropriate government agencies (state or Commonwealth) to deal with, down slightly from 1,673 in 2020–21. Most referrals to government entities occur at the intake and triage stage, however referrals to other entities can be made following most other relevant actions.

Joint consideration

On 6 December 2021, the OHO and Ahpra commenced joint consideration for complaints and notifications about registered health practitioners and students registered with Ahpra. Under joint consideration, data is shared by the OHO and Ahpra in real time resulting in the timely progression of matters between our agencies, early clinical screening and robust regulatory decision making. These matters must be considered and decided upon within seven business days. Matters are either retained by the Health Ombudsman, referred to Ahpra or no further action. 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 may decide to have the matter referred to them. This is known as subsequent joint consideration.

This section of the report has been divided into matters received from 6 December 2021 onwards where joint consideration applies, and historical matters received before this date where the previous consultation process was applied. The datasets in each section are represented differently due to the change in business process.

Joint consideration matters

The following data reflects the changes since the introduction of joint consideration from 6 December 2021.

Table 5 Initial joint consideration consultations

Consultation matters	6 Dec 2021– 30 Jun 2022
	Number
Matters commenced	2,138
Matters finalised within statutory timeframe	2,068
Matters finalised outside statutory timeframe	42
Decision pending at end of month	28

Table 6 Outcome of initial joint consideration consultations by practitioner type

Practitioner type	No Further Action	OHO to retain	Refer to Ahpra	Total
	Number	Number	Number	Number
Chinese Medicine Practitioner	2	0	4	6
Chiropractor	2	3	24	29
Dental Prosthetist	1	3	4	8
Dental Therapist	1	0	1	2
Dentist	38	21	62	121
Medical Practitioner	517	139	673	1,329
Medical Radiation Practitioner	0	0	5	5
Midwife	0	1	8	9
Nurse	54	60	170	284
Occupational Therapist	5	1	5	11
Optometrist	4	0	2	6
Oral Health Therapist	1	0	1	2
Osteopath	3	1	3	7
Paramedic	3	6	23	32
Pharmacist	22	16	35	73
Physiotherapist	14	7	16	37
Podiatrist / Chiropodist	3	5	5	13
Psychologist	43	17	72	132
Student Practitioner	2	2	3	7
Total	715	282	1,116	2,113

Table 7 Outcome of subsequent joint consideration consultations by practitioner type

Practitioner type	No Further Action	No SJC response given	Refer to Ahpra	Total
	Number	Number	Number	Number
Medical Practitioner	39	1	0	40
Chiropractor	1	0	0	1
Nurse	2	0	0	2
Pharmacist	2	0	0	2
Dentist	2	0	0	2
Paramedic	1	0	0	1
Psychologist	3	0	0	3
Student Practitioner	2	0	0	2
Total	52	1	0	53

Pre-joint consideration matters

The tables below show matters consulted with Ahpra prior to joint consideration (1 July 2021 to 5 December 2021).

Table 8 Consultation on matters

Consultation matters	1 Jul 2021– 5 Dec 2021
	Number
Matters consulted on*	1,371
Matters referred	1,359
Matters retained by the office**	39
Decision pending	0

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

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

Table 9 Number of practitioners referred to Ahpra by practitioner type

Practitioner type	Number
Aboriginal and Torres Strait Islander Health Practitioner	3
Chinese Medicine Practitioner	9
Chiropractor	13
Dental Practitioner	100
Medical Practitioner	683
Medical Radiation Practitioner	6
Nursing and midwifery practitioner	340
Occupational Therapist	11
Optometrist	5
Osteopath	3
Paramedic	30
Pharmacist	54
Physiotherapist	12
Podiatrist	5
Psychologist	75
Student Practitioner	10
Total	1,360

Investigation

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

Generally, investigations are to be completed within 12 months, although this may be extended due to the size, nature or complexity of the matter. Under the Act, all investigations open for more than 12 months must be published in a register on the OHO's website.¹⁴ The Act also requires that the responsible parliamentary committee and Minister are advised of investigations that have been open for more than two years.¹⁵

In 2021–22, the OHO commenced 207 investigations compared to 173 investigations commenced in 2020–21—an increase of 20 per cent over the 12 months. This increase corresponds with an increase in complaints received over that period. Twenty-three of the 207 investigations commenced were subsequently joined with an existing investigation and two were separated from an existing investigation, leaving a total of 186¹⁶ investigations commenced in 2021–22.

The OHO finalised 158 investigations in 2021–22 which is comparable to the 160 investigations finalised in 2020–21. Of the 158 investigations finalised, 104 (66 per cent) were completed within 12 months, 42 (27 per cent) were closed between 12 and 24 months of their commencement and 12 (8 per cent) were closed after having been open¹⁷ longer than two years (refer figure 12). This represents an improvement on 2019–20 and 2020–21 where closures within 12 months were 64 and 59 per cent, respectively.

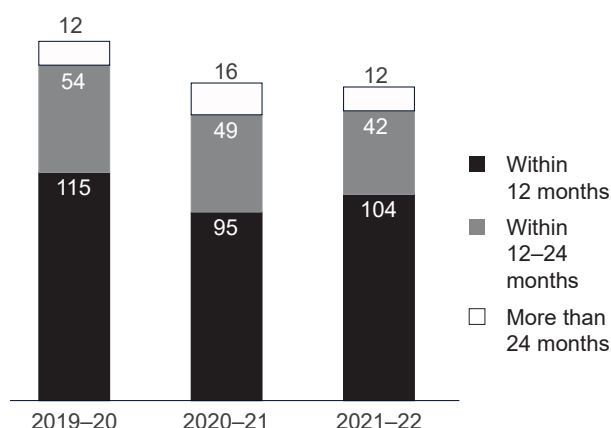
¹⁴ Section 85(4) of the Act.

¹⁵ Section 85(8)(a) of the Act.

¹⁶ The two investigations separated from existing investigations are included within the number of investigations commenced.

¹⁷ 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.

Figure 12 Number of investigations completed within timeframes



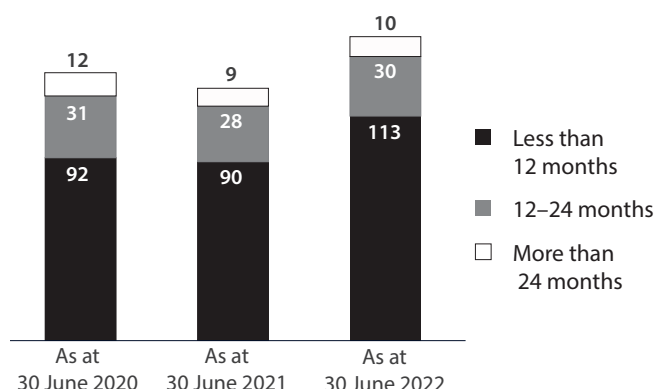
While open, an investigation can be either active or paused—the latter being where the OHO halts an investigation to allow the prosecution of a related matter to progress through the criminal justice system without interference or duplication of effort (e.g. an investigation being undertaken by the Queensland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

When the paused matters are excluded from the calculation of completed matters the percentage of closed investigations within 12 months increases from 66 per cent to 80 per cent.

At 30 June 2022, 153 investigations remained open. Of these, 113 (74 per cent) were aged less than 12 months, 30 (20 per cent) were aged between 12 and 24 months and 10 (7 per cent) were aged more than 24 months (see figure 13). This is comparable to last year where 22 per cent were aged between 12 and 24 months and 7 per cent were more than 24 months old. Of these 153 open investigations, 53 were paused (35 per cent) and 100 (65 per cent) were active matters. While open active investigations increased from 75 matters last year to 100 matters this year, 88 (88 per cent) were open less than 12 months compared with 62 (83 per cent) last year.

This continued trend of reducing older open investigations remains a focus for the OHO which will continue into 2022–23.

Figure 13 Timeframes for open investigations



Practitioner investigations

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

All 158 closed investigations related to individual practitioners. Two-thirds related to registered practitioners (106 out of 158), whereas unregistered practitioners accounted for one-in-three closed investigations (52 out of 158). 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 permanent prohibition order against the practitioner.¹⁸ 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 permanent 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. In other cases, an investigation may establish that the matter does not meet the threshold of seriousness that warrants the OHO retaining the matter and, in the cases of a registered practitioner, it may be referred to Ahpra and the relevant National Board to manage.

An investigation may result in multiple outcomes. Recommendations for referral to the Director of Proceedings accounted for 72 (45%) of the 160 investigation outcomes finalised in 2021–22. Investigation outcomes are detailed further in table 10.

Table 10 Outcomes of investigations*

Investigation outcomes	2021–22	
	Number	%
Matters recommended for referral to the Director of Proceedings	72	45
No further action	35	22
Referred to Ahpra	8	5
Recommended that the Health Ombudsman issue a permanent prohibition order	31	19
Referred to another agency	14	9
Total	160	100

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

¹⁸ Part 8A of the Act.

Systemic investigations

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

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

In 2021–22, 2 systemic investigations were commenced and 1 systemic investigation was continued from 2020–21. As at 30 June 2022, 3 systemic investigations remained open.

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

The OHO did not make any recommendations for monitoring in 2021–22 due to the systemic investigations still being in process. However, 2 monitoring cases remain open as at 30 June 2022.

Immediate Registration Action and Prohibition Orders

In the most serious cases, it may be necessary for the Health Ombudsman to take immediate action against a health practitioner. Part 7 of the Act outlines the Health Ombudsman's 'immediate action' powers in relation to health

practitioners. Under the Act, the Health Ombudsman can take immediate action where a reasonable belief is formed that:

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

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

Since 1 March 2020, the Health Ombudsman has had the power to issue unregistered practitioners permanent prohibition orders in certain circumstances.¹⁹

Show cause notices

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

The show cause process is important in terms of affording the practitioner procedural

¹⁹ An investigation into the practitioner must be completed and the Health Ombudsman must be satisfied that the practitioner poses a serious risk to persons as a result of their health, conduct or performance. Prior to 1 March 2020, only QCAT had the power to issue such orders.

fairness, particularly given immediate action may impact the practitioner's ability to earn a living. It also enables the Health Ombudsman to be better informed in relation to the context and substance of the allegations.

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

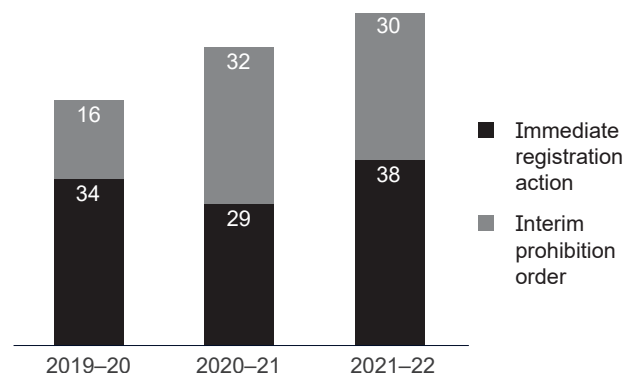
In 2021–22, the Health Ombudsman issued 53 show cause notices, 38 immediate registration actions²⁰ and 30 interim prohibition orders.²¹

Practitioners have the right to seek review of the Health Ombudsman's decision to take immediate action by making an application to QCAT.²² Practitioners are informed of this right in the notice of decision to take immediate action issued by the Health Ombudsman. Two applications for review of an immediate action decision were lodged with QCAT in June 2022.

In 2021–22, the Health Ombudsman issued 14 permanent prohibition orders, compared with 11 in 2020–21 and 1 in 2019–20. Details regarding these orders are published on the OHO website.²³

Practitioners can apply to QCAT to review any permanent prohibition order issued to them by the Health Ombudsman.²⁴ In 2021–22, no practitioners filed applications in QCAT for review of a permanent prohibition order.

Figure 13 Number of immediate actions taken by the Health Ombudsman



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.²⁵

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.

Director of Proceedings

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

- the paramount guiding principle of the Act
- the seriousness of the matter²⁶

²⁰ Immediate registration actions apply only to registered health practitioners and may result in the Health Ombudsman suspending or imposing conditions on the practitioner's registration.

²¹ The Health Ombudsman can issue prohibition orders against unregistered practitioners

²² Sections 63 and 74 of the Act

²³ Section 90Q of the Act.

²⁴ Section 90N of the Act.

²⁵ Part 12 of the Act.

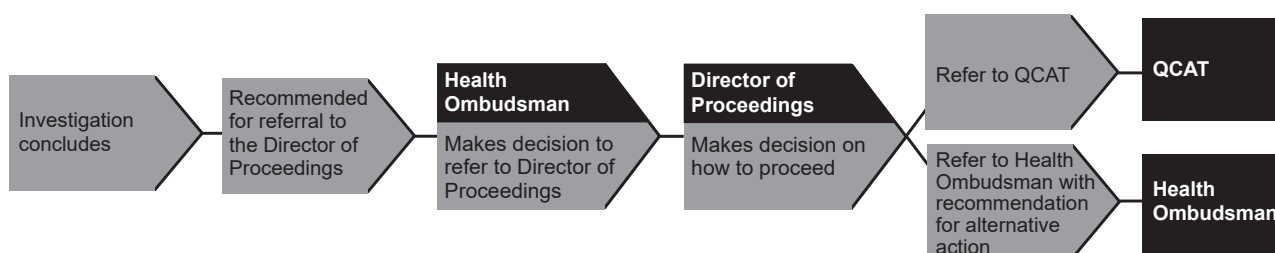
²⁶ Factors which inform the seriousness of a matter may include: the nature and extent of the conduct and/or performance; evidence of relevant codes, standards or guideline breaches; and whether the practitioner has shown remorse or insight.

- the likelihood of proving relevant matters before QCAT
- the orders QCAT might make
- anything else considered relevant.²⁷

If the Director of Proceedings refers a matter to QCAT the Director of Proceedings then prosecutes the matter on behalf of the Health Ombudsman. If the Director of Proceedings decides not to refer a matter to QCAT the matter must be referred back to the Health Ombudsman at which point the Director of Proceedings may also recommend that the Health Ombudsman refer the matter to Ahpra, undertake further investigation or take no further action.

The diagram in figure 14 demonstrates the pathway a matter takes from the conclusion of an investigation to its filing in QCAT or referral back to the Health Ombudsman.²⁸ 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.

Figure 14 Legislative pathway for referring a matter to QCAT



Decisions by the Director of Proceedings

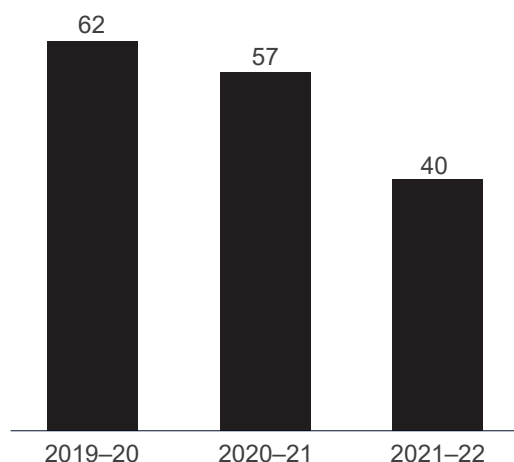
In 2021–22, the Director of Proceedings received 70 matters from the Health Ombudsman for consideration for referral to QCAT—19 fewer than in 2020–21. The Director of Proceedings also referred 24 matters back to the Health Ombudsman and filed 40 matters in QCAT. The 40 matters filed in QCAT concerned issues such as:

- fraud
- inappropriate prescribing/dispensing
- breach of conditions
- illegal practice
- poor clinical performance
- possession of child exploitation material
- boundary violations
- drug offences
- sexual assault.

²⁷ 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.

²⁸ For the Health Ombudsman to deal with the matter under section 105 of the Act.

Figure 15 Matters filed in QCAT



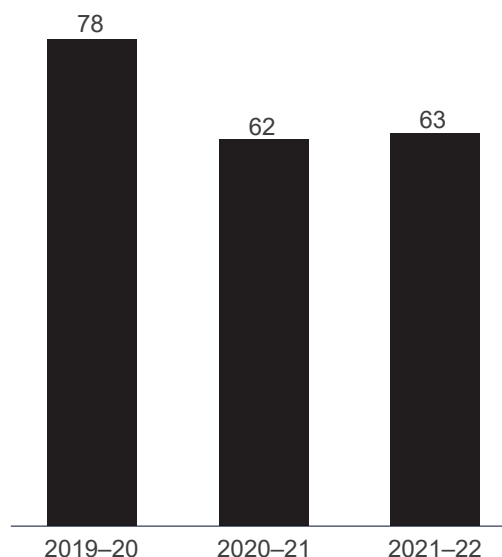
The reduction in the number of matters referred to the Director of Proceedings and filed in QCAT in 2021-22 compared to previous years is due to a number of factors. These include the reduction of the backlog of aged matters and the legislative changes which provide for the Health Ombudsman to refer certain serious matters to Aphra under s91C of the Act, and the power to issue unregistered practitioners permanent prohibition orders.

In 2021-22, QCAT handed down 63 decisions on matters filed by the Director of Proceedings²⁹ resulting in:

- 23 practitioners had their registrations cancelled and/or were disqualified from applying for registration
- 20 practitioners were reprimanded or cautioned
- 9 practitioners were suspended
- 7 practitioners had conditions imposed on their registration
- 4 practitioners were fined (with fines ranging from \$2,000 to \$25,000).

QCAT decisions are available from the Supreme Court Library Queensland website at www.sclqld.org.au/caselaw/QCAT.

Figure 16 Decisions handed down by QCAT



As at 30 June 2022, 77 OHO matters were with QCAT including 6 that had been heard and awaiting a decision. There were 28 matters awaiting action by the Director of Proceedings.

²⁹ There was 1 further matter that was withdrawn.

Support services

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

Compliance monitoring

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

- an immediate action
- permanent prohibition order
- QCAT order in relation to an unregistered practitioner
- the practitioner's compliance with the action is monitored to mitigate the risk to public health and safety.

In 2021–22, the OHO commenced 75 new practitioner monitoring cases and closed 43 cases. A single practitioner may be monitored for different issues or orders. As at 30 June 2022, the OHO had 200 open cases (refer table 11) relating to 190 practitioners, of which 86 were registered practitioners and 104 were unregistered practitioners or registered practitioners practicing outside their field of registration (see figure 17).

Figure 17 Number of practitioners under monitoring

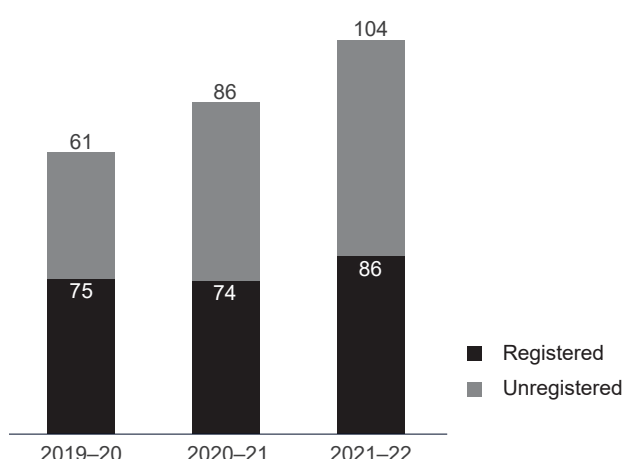


Table 11 Open monitoring cases by type

Open monitoring cases by action type	2021–22	
	Number	%
Immediate registration action—conditions	58	29
Interim prohibition order—prohibited	37	18
QCAT issued conditions or prohibition	35	17
Permanent prohibition order	25	13
Interim prohibition order—restrictions	24	12
Immediate registration action—suspension	23	11
QCAT interim decision	0	0
Total	202	100

A practitioner's suspected or identified noncompliance with immediate action may result in further investigation, which can lead to appropriate action. 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.³⁰

Where there is evidence of a breach of the Act, the Executive Director, Legal Services considers whether prosecution is appropriate. In 2021–22, two matters were referred for summary prosecution.

³⁰ Section 78 of the Act.

Legal services

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

Legal assistance can be requested by 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 in respect of health regulation, administrative and public law issues—including interpretation of the Act, the National Law, and other relevant legislation—to ensure decisions are legally sound. The legal team divides its work across providing legal services and supporting the Director of Proceedings.

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

Clinical advice

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

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

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 of the practitioner who provided the health service complained about
- lack of any conflicts of interest with the matter or parties to the matter.

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

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

In 2021–22 there were 64 clinical advice reports requested. Of the 64 requests, 36 per cent were made in the initial stages of the complaints management process—intake, triage and assessment. The remaining requests were sought during investigations (56 per cent), during legal review (6 per cent), or when considering or taking immediate action (2 per cent).

Internal review

The OHO conducted a review of our internal review policy in May 2022, including a review of the legal basis for the Health Ombudsman to conduct internal review of decisions made under the *Health Ombudsman Act 2013*. As a result, a decision was made to suspend the internal review function in late June 2022 as the review established that Health Ombudsman does not have the power to conduct internal reviews under the current legislative provisions.

The Health Ombudsman encourages parties who are dissatisfied with a decision to contact the case officer or delegate in the first instance. Where a party remains dissatisfied with an outcome, they may make a request for external review to the Queensland Ombudsman.

The internal review process provides important opportunities for quality assurance and process improvement within the OHO, therefore the Health Ombudsman is pursuing options which may allow the reinstatement of this function in the future.

In 2021–22, complainants were able request a review if they are dissatisfied with the outcome of their complaint until late June 2022. During this time, the OHO received 182 review requests and finalised 198 review requests. A total of 170 requests were accepted for internal review, with the original decision upheld on 158 occasions (93 per cent of instances). There were 12 reviews that resulted in the original decision being repealed. Of these, 11 matters were repealed with a new decision to take further relevant action. In one matter the original decision was repealed, but no further action was taken.

Community engagement

The OHO is committed to fostering strong stakeholder relationships and promoting awareness of its role and functions. These education and engagement activities are particularly important for the OHO's key function of maintaining public confidence in the health service complaints system. In 2021–22, the Health Ombudsman participated in education and engagement activities with 95 individual stakeholder groups and attended 153 stakeholder meetings. Stakeholders at these meetings included representatives from Ahpra, other government agencies, health service provider groups, Hospital and Health Services, and community advocacy groups.

Operationally, our strong relations with agencies, such as with QPS, are critical

to our work as regulators and in providing robust and efficient complaints management services. In 2021–22, we continued to build on these existing relationships as well as develop relations with other organisations. By fostering positive relationships and networking we were able to leverage benefit and extend our reach into the community. For example, our participation in monthly Black Coffee networking meetings has enabled us to reach out to Aboriginal and Torres Strait Islander communities in regional Queensland and inform them on what we do and how we can help their communities.

Due to ongoing disruptions relating to the COVID-19 pandemic, the 2021 NAIDOC Family Fun Day event at Musgrave Park was cancelled and the OHO was not able to participate in this planned engagement activity. With the recommencement of community events, an increase in engagement activities is planned for 2022–23, including NAIDOC Week events in Ipswich, Rockhampton and Yeppoon.

The OHO has continued to engage with the community through the OHO's website, providing detailed information relating to what an individual should do if they have a health service complaint; how to raise a health service complaint with the OHO; and where to find information about health service providers, their registration or practising status, and any orders or actions taken against them.

Next year the OHO plans to undertake increased community engagement, particularly in Queensland's regional areas, remaining committed to building the cultural safety and accessibility of the OHO's services for Aboriginal and Torres Strait Islander peoples.

Information systems and recordkeeping

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

The OHO has applied the General Retention and Disposal Schedule (GRDS) from Queensland State Archives as a basis for retaining information according to legislative responsibility.

In December 2021, the OHO appointed a dedicated Information Management Officer to manage all corporate records.

The OHO's corporate records are managed in an electronic document and records management system (MicroFocus 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. OHO has more than 2.1 million records held in Content Manager and Resolve.

Hard copy records are stored off-site with an approved third-party provider (ZircoData).

Steps towards a wholly digital recordkeeping environment are underway and will be implemented as priorities allow. These steps include a whole of organisation digitisation process for all incoming documentation.

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

Organisational governance

Strategic workforce planning and performance

At the end of the financial year, the OHO had 125.2 full-time equivalent (FTE) employees.

Table 12 Figure 2: Workforce profile data¹

Gender	Number (headcount)	Percentage of total workforce (Calculated on headcount) ³
Man	38	28.79%
Woman	94	71.21%
Non-binary	0	0
Diversity groups		
Women	94	71.21%
Aboriginal Peoples and Torres Strait Islander Peoples	(<5)	-
People with disability	6	4.55%
Culturally and Linguistically Diverse – Born overseas	(<5)	-
Culturally and Linguistically Diverse – Speak a language at home other than English (including Aboriginal and Torres Strait Islander languages or Australian South Sea Islander languages)	(<5)	-
		Percentage of total leadership cohort (Calculated on headcount)
Women in leadership roles ²	8	61.54%

Notes:

1 To ensure privacy, in tables where there are less than 5 respondents in a category, specific numbers have been replaced by <5.

2 Women in leadership roles are considered those positions that are Senior Officer and equivalent and above. There may be some irregularities with the PSC workforce data as some of our PO6 classified staff have crept into SO salary and equivalent due difference between our wages rates and the core public sector wages.

3 Workforce percentages have not been rounded to the nearest whole number, in line with MOHRI Benchmarks Dashboard.

Inclusion and diversity

The OHO encourages women in leadership and is committed to increasing workforce diversity.

This is being achieved through several strategies and is reflected in staff position descriptions, which include statements on workforce diversity and acknowledgement of Aboriginal and Torres Strait Islander peoples and culture.

The OHO has embraced the Queensland Public Sector Flexible by Design 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 at June 2022, approximately 14 per cent of staff work part time, an increase from 12 per cent in 2020–21 due to an increase in staff opting for part-time work arrangements after returning from parental leave or for other life commitments. Most staff access flexible working arrangements which include compressed hours, flexible start and finish times, and working remotely.

All staff at the OHO have the support and capability to work remotely. This has allowed the OHO to continue business operations despite the impact of events including COVID-19 community transmissions.

The OHO's employees are engaged under the current enterprise bargaining agreement Queensland Health Sector Certified Agreement (No. 10) 2019. Union members at the office meet with Human Resources and the executive management team as part of the Joint Consultative Committee process to raise and discuss relevant industrial relations matters.

As at 30 June 2022, the next enterprise bargaining scheme was being negotiated and is expected to commence 1 September 2022.

Staff care and development

The OHO is committed to creating an environment where staff are engaged and provided with opportunities to grow professionally. New employees undergo a formal induction—including orientation and safety briefing—and take part in cultural capability training as part of their mandatory training requirements. With remote working increasingly becoming the norm, the OHO developed an online induction program, which can be accessed remotely.

Staff undertake mandatory training upon commencement of employment with the office, and complete required training on an annual basis.

In 2021–22, face-to-face training was restricted due to COVID-19, however the office provided a range of opportunities for learning and development, including seminars on health sector practices, standards and regulation and stakeholder engagement and training in:

- 'Thrive' training for staff wellbeing and support strategies
- Aboriginal and Torres Strait Islander cultural capability and safety training
- complaints management
- IT specialist related training

- intermediate investigative interviewing
- Certificate IV Government Investigations (regulatory compliance).

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

In 2020–21 the OHO launched an organisation-wide framework that links learning and development opportunities systematically with business needs; supports staff in any upskilling to achieve the OHO's strategic goals; and establishes priorities and plans for training activities and resources. The framework outlines the OHO's approach for staff development in line with the 70:20:10 model, with work-based learning accounting for 70 per cent, collaborative learning accounting for 20 per cent, and structured learning accounting for 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 office continues to offer a confidential 24-hour employee assistance program providing staff with access to free, short-term, professional counselling for employment or personal matters. We also recognise the high level of emotional labour required to deal with health service complaints and have developed additional initiatives to support staff in this regard. In addition to the Thrive staff wellbeing training referred to above, the office has developed procedures around effective responses to complaints and managing unreasonable complainant conduct to further ensure the safety of our staff and members of the public.

Early retirement, redundancy and retrenchment

No redundancy, early retirement or retrenchment packages were paid in 2021–22.

Internal accountability

Executive Leadership Committee

Positions held as at 30 June 2022:

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 4–5](#).

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, as well as 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 contributions to public sector leadership and the community have been recognised by numerous awards including Medal of the Order of Australia (OAM).

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

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

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

Scott is a lawyer with over 30 years' experience in private and government practice focusing on criminal prosecutions, professional regulation and discipline. Scott joined the OHO in August 2015 as Director, Legal Services and later commenced as Director of Proceedings and Executive Director, Legal Services in March 2018.

Acting Executive Director, Assessment and Resolution—Maree Hill

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

Maree has 30 years' experience as a registered nurse, having first trained at the Royal Brisbane Hospital and then completing tertiary qualifications including a Bachelor of Nursing, Master of Nursing and Master of Health Science.

Maree has specialised in the areas of health care, professional standards, complaints and regulation. Maree joined the OHO after several years as an executive at Ahpra. Her previous roles at the OHO include Director for Complaints Intake, Assessment and Referrals and Director Assessment and Resolution.

Executive Director, Investigations— Kelly Gleeson

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

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

Acting Executive Director, Corporate and Strategic Services—Karen Simpson

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

Karen is a lawyer with over 30 years' experience working in government and in private practice with a focus on workers' compensation, professional regulation and discipline. Karen joined the OHO in February 2019 as Director, Legal Services. Karen commenced as A/Executive Director, Corporate and Strategic Services in November 2021.

Risk and Audit Committee

The OHO's Risk and Audit Committee (the Committee) is responsible for providing independent assurance and assistance to the Health Ombudsman on the OHO's risk management framework, control environment and financial reporting process. The Committee does not replace established

management responsibilities and delegations, the responsibilities of other executive management groups within the OHO, or the reporting lines of external audit functions.

The Committee's membership is comprised of external and internal appointments. Will Sadler was appointed Chair and an external member of the Committee on 4 July 2019. His appointment has been extended for two years until June 2024. Will is an experienced risk professional and is currently employed as General Manager Risk and Assurance at Australian Retirement Trust. Will is also a Chartered Accountant and member of the Chartered Accountants Australia & New Zealand.

Terry Campbell was appointed Deputy Chair and an external member of the Committee from 4 July 2019 until 30 June 2022. Terry is the Director of ARC Consultancy, an audit and risk focused company. In addition to her position on the Committee, Terry is also Chair of another government audit and risk committee. She has over 20 years' government audit and risk experience and previously held senior positions with the Queensland Audit Office. The recruitment process for a Deputy Chair has commenced.

Internal member for 2021–22:

- Ms Jess Wellard, Executive Director, Assessment and Resolution (1 July 2020 to 20 June 2022).

Invitees for 2021–22:

- Ms Kelly Gleeson Executive Director Investigations (1 July 2021 to 30 June 2022)
- Mr Scott McLean Executive Director Legal Services (1 July 2021 to 30 June 2022)
- Mr Jordan Welke Director Office of the Health Ombudsman (1 July 2021 to 14 January 2022)
- Ms Maree Hill A/Executive Director Assessment and Resolution (23 May 2022 to 30 June 2022)
- Ms Meagan Tucker A/Director Office of the Health Ombudsman (17 January 2022 to 8 April 2022)

- Ms Prue Beasley Director Office of the Health Ombudsman (11 April 2022 to 30 June 2022).

Only external appointees who are not public servants are eligible to receive remuneration. In 2021–22, Will Sadler received \$6,000 and Terry Campbell received \$4,500 for their service on the Committee.

The Committee convened four formal meetings in 2021–22. Key achievements include:

- monitored development and implementation of the Joint Consideration venture with Ahpra, including major changes to core software systems and business processes
- reviewed and approved the 2020-2021 Annual Financial Statements
- implemented a Risk and Audit Committee action register, including monitoring of actions
- chair met with incoming Health Ombudsman Dr Lynne Coulson Barr OAM to review the Committee's performance and achievements and discuss key issues and priorities for the coming year.

Internal audit

A temporary internal audit function was established in September 2021. The function was established to provide independent appraisal of internal control systems, business systems and process audits across all operational divisions.

Key achievements for 2021–22:

- completed audits in relation to prohibition orders, compliance with section 85 of the Act (extension of aged investigations before the investigation due date) and compliance with section 84 of the Act (requirement to provide progress reports)
- supported management by providing advice on governance and related issues including risk management.

Service delivery complaints

There were 4 service delivery complaints made against the OHO in 2021–22. The complaints

related to communication and professionalism of the OHO's staff and all resulted in no further action.

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 in relation to the health, conduct and performance of registered health practitioners who provide health services in Queensland.

The relevant minister is the Honourable Yvette D'Ath MP, Minister for Health and Ambulance Services.

Parliamentary Committee

The Health and Environment Committee of the 57th Parliament was established as a portfolio committee of the Queensland Legislative Assembly on 26 November 2020. The committee's responsibilities include monitoring and review in relation to the operation of the health complaints 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. Committee members include:

- Mr Aaron Harper MP, Member for Thuringowa (Chair)
- Mr Robert (Rob) Molhoek MP, Member for Southport (Deputy Chair)
- Mr Stephen (Steve) Andrew MP, Member for Mirani
- Ms Ali King MP, Member for Pumicestone
- Ms Joan Pease MP, Member for Lytton
- Mr Samuel (Sam) O'Connor MP, Member for Bonney.

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 2021–22, the Queensland Ombudsman received 83 complaints about the OHO. The Queensland Ombudsman undertook investigations into 37 of the 83 complaints it received. Those investigations revealed no findings of maladministration. Meanwhile, one investigation was resolved with the OHO agreeing to rectify an issue.

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 2021–22 all Code of Conduct training, both for new employees and annual refresher training for existing employees, was delivered via the OHO's consolidated 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 2021–22 the OHO received no complaints about its decisions in relation to human rights issues.

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 *Health Ombudsman Act 2013*.³¹

In 2021–22, the OHO received 12 health service complaints that were noted to have potentially engaged at least one human rights issue. Decisions for these matters were made at the intake stage to:

- assess four of the complaints
- consult and refer four complaints to another government entity
- take no further action in relation to two of the complaints
- not accept one complaint (advice and assistance provided)
- consult and refer two complaints to Ahpra and another government entity
- undertake local resolution on one complaint.

The OHO will be undertaking further work in 2022–23 on processes to identify human rights issues in health services complaints and will be seeking advice and engagement with the Queensland Human Rights Commission on these processes.

³¹ Section 66(2)(a) of the Human Rights Act.

Financial summary

Overview

The OHO ended the year in a secure financial position with an operating surplus of \$485,000. The operating result reflects a similar pattern of expenditure to the previous financial year involving legal fees and critical IT project costs. Full 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 2022, the OHO had \$1.310 million in total equity.

Assets

The OHO's total assets were valued at \$2.522 million as at 30 June 2022. Current assets were valued at \$2.511 million and were available to meet current liabilities.

Liabilities

As at 30 June 2022, the OHO's liabilities totalled \$1.212 million, which included:

- \$0.764 million in payables
- \$0.448 million owing to employees.

Financial performance

The income statement shows the total income for 2021–22 as \$22.866 million, an increase of \$299,000 from the 2020–21 financial year. Total expenses were \$22.381 million, providing the operating result of \$485,000.

Income

In 2021–22, the OHO received \$22.586 million from Queensland Health³² and \$280,000 from interest and other revenue.

Expenses

Total operating expenses for 2021–22 was \$22.381 million. Employee expenses accounted for 78 per cent of the OHO's total expenditure, followed by accommodation (5 per cent) and legal fees (4 per cent). The remaining 13 per cent was expended across information technology, temporary employment staff, QCAT fees and general operating costs.

³² Part of the funding administered by Queensland Health to the Office comes from a recurrent grant from Queensland Treasury and a contribution that Ahpra make pursuant to s26A of the Health Practitioner Regulation National Law (Queensland).

Appendix 1—Abbreviations and acronyms

Abbreviation	Full definition
Act	<i>Health Ombudsman Act 2013</i>
Ahpra	Australian Health Practitioner Regulation Agency
Human Rights Act	<i>Human Rights Act 2019</i>
IT	Information technology
Minister	Queensland Minister for Health and Minister for Ambulance Services
National Boards	<p>The 15 national health practitioner boards, one each for:</p> <ul style="list-style-type: none"> ▪ Aboriginal and Torres Strait Islander health practice ▪ Chinese medicine ▪ chiropractic ▪ dental ▪ medical ▪ medical radiation practice ▪ nursing and midwifery ▪ occupational therapy ▪ optometry ▪ osteopathy ▪ paramedicine ▪ pharmacy ▪ physiotherapy ▪ podiatry ▪ psychology.
National Law	<i>Health Practitioner Regulation National Law (Queensland)</i>
OHO	Office of the Health Ombudsman
Parliamentary committee	Health and Environment Committee
QCAT	Queensland Civil and Administrative Tribunal

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.
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.
Coregulation	In the context of this report, coregulation refers to the regulatory powers shared by the OHO and Ahpra and the National Boards in the management of complaints about registered health practitioners.
Correctional facility/centre	A place of incarceration run by government officials.
COVID-19	Coronavirus disease, specifically that which was first identified in Wuhan City, China in December 2019, caused by the SARS-CoV-2 virus.
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, an education provider is a university, other tertiary education institution, specialist medical or other health profession college that provides a program of study or clinical training for a health professional registered under the National Registration and Accreditation Scheme.
Enquiry	A matter raised with the OHO that does not constitute a health service complaint or notification.
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.

Term	Definition
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 and Environment Committee.
Permanent 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 permanent prohibition orders, though it should be noted that not all such orders are necessarily permanent, as they may be for a stated period of time.
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.
Public hospital	A hospital operated and managed by the State of Queensland.
Registered (health) practitioner	A person registered to practise one of the 15 health professions regulated under the National Law, other than as a student.
Restrictions	Limitations placed on an unregistered practitioner's practice by the Health Ombudsman as part of an interim prohibition order or a final prohibition order.
Sanction	An official penalty imposed by QCAT on a registered health practitioner. The penalty must be protective of the health and safety of the public.
Student	In the context of this report, a student is a person enrolled in a program of study or undertaking clinical training for a health profession.
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 15 professions regulated under the National Law, or who is registered but is providing a health service other than in their capacity as a registered health practitioner.

Appendix 3—Financial statements



Office of the Health Ombudsman Financial Statements

for the period ended 30 June 2022

Office of the Health Ombudsman Financial Statements 2021-22

<u>Contents</u>	<u>Page No</u>
Statement of Comprehensive Income	3
Statement of Financial Position	4
Statement of Changes in Equity	5
Statement of Cash Flows	6
Notes To and Forming Part of the Financial Statements	7-22
Management Certificate	23
Audit Certificate	24 - 25

Office of the Health Ombudsman

Statement of Comprehensive Income for the period ended 30 June 2022

		2022 Actual	2022 Original Budget	2022 Budget Variance*	2021 Actual
	Notes	\$'000	\$'000	\$'000	\$'000
Income					
Grants and other contributions	4	22,586	22,436	150	22,330
Interest		74	50	24	81
Other revenue		206	5	201	156
Total Income		22,866	22,491	375	22,567
Expenses					
Employee expenses	5	17,543	18,936	(1,393)	17,976
Supplies and services	6	4,718	3,513	1,205	4,074
Depreciation	10	18	20	(2)	20
Other expenses	7	102	22	79	162
Total Expenses		22,381	22,491	(110)	22,232
Operating Result		485	-	485	335
Total Comprehensive Income		485	-	485	335

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

Office of the Health Ombudsman

Statement of Financial Position as at 30 June 2022

		2022 Actual	2022 Original Budget	2022 Budget Variance	2021 Actual
	Notes	\$'000	\$'000	\$'000	\$'000
Current Assets					
Cash and cash equivalents	8	1,751	742	1,009	849
Receivables	9	498	352	146	567
Prepayments		262	469	(207)	355
Total Current Assets		2,511	1,563	948	1,771
Non Current Assets					
Plant and equipment	10	11	90	(79)	28
Total Non Current Assets		11	90	(79)	28
Total Assets		2,522	1,653	869	1,799
Current Liabilities					
Payables	11	764	435	329	448
Accrued employee benefits	12	448	764	(316)	526
Total Current Liabilities		1,212	1,199	13	974
Total Liabilities		1,212	1,199	13	974
Net Assets		1,310	454	856	825
Equity					
Contributed equity		1,394			1,394
Accumulated (deficit)		(84)			(569)
Total Equity		1,310			825

The accompanying notes form part of these financial statements.

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

Office of the Health Ombudsman**Statement of Changes in Equity
for the period ended 30 June 2022**

	2022	2021
	\$'000	\$'000
Contributed Equity		
Balance as at 1 July	1,394	1,394
Balance as at 30 June	1,394	1,394
Accumulated Surplus		
Balance as at 1 July	(569)	(904)
Operating result from continuing operations	485	335
Balance as at 30 June	(84)	(569)

The accompanying notes form part of these statements.

Office of the Health Ombudsman

Statement of Cash Flows for the period ended 30 June 2022

		2022 Actual	2022 Original Budget	2022 Budget Variance	2021 Actual
	Notes	\$'000	\$'000	\$'000	\$'000
Cash flows from operating activities					
<i>Inflows:</i>					
Grants and other contributions		22,586	22,417	169	22,330
GST collected from customers		11	-	11	12
GST input tax credits from ATO		477	-	477	403
Interest receipts		74	50	24	81
Other		206	5	201	156
<i>Outflows:</i>					
Employee expenses		(17,606)	(18,936)	1,330	(18,393)
Supplies and services		(4,334)	(3,513)	(821)	(3,929)
GST paid to suppliers		(401)	-	(401)	(460)
GST remitted to ATO		(9)	-	(9)	(11)
Other		(102)	(22)	(80)	(162)
Net cash provided by operating activities		902	1	901	27
Cash flows from investing activities					
<i>Outflows:</i>					
Payments for plant and equipment		-	(80)	80	-
Net cash (used in) investing activities		-	(80)	80	-
Net increase/(decrease) in cash held		902	(79)	981	27
Cash at beginning of financial year		849	821	28	822
Cash at end of financial year	8	1,751	742	1,009	849
Reconciliation of Operating Result to Net Cash from Operating Activities					
Operating surplus		485			335
Depreciation expense		18			20
Changes in assets and liabilities:					
(Increase)/decrease in receivables		69			(216)
Decrease in prepayments		93			115
Increase in payables		317			12
Decrease in accrued employee benefits		(79)			(239)
Net cash provided by operating activities		902			27

The accompanying notes form part of these financial statements.

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

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2021-22

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

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

Section 2: Notes about our Financial Performance

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

Section 3: Notes about our Financial Position

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

Section 4: Notes about Risk and Other Accounting Uncertainties

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

Section 5: Notes on our Performance compared to Budget

- Note 16: Budgetary Reporting Disclosures

Section 6: Other information

- Note 17: Key Management Personnel (KMP) Disclosures
Note 18: Related Party Transactions
Note 19: Future Impact of Accounting Standards Not Yet Effective
Note 20: Climate Risk Disclosure

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2021-22

1. General Information

These financial statements cover the Office of the Health Ombudsman.

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

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

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

Level 12, 400 George St
BRISBANE QLD 4000

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

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

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

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

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

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

The Office of the Health Ombudsman performs this role by:

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

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2021-22

3. Basis of Financial Statement Preparation

Compliance with Prescribed Requirements

The Office of the Health Ombudsman has prepared these financial statements in compliance with section 39 of the *Financial and Performance Management Standard 2019*. The financial statements comply with Queensland Treasury's Minimum Reporting Requirements for reporting periods beginning on or after 1 July 2021.

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.

Accounting Standards Applied for the First Time

No Australian Accounting Standards have been applied for the first time on the 2021-22 financial statements.

Accounting standards early adopted

No Australian Accounting Standards have been early adopted for 2021-22.

Presentation

Currency and Rounding

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

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

Comparatives

Comparative information reflects the audited 2020-21 financial statements.

Current/Non-Current Classification

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

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

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

Authorisation of Financial Statements for Issue

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

Basis of Measurement

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

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

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2021-22

	2022 \$'000	2021 \$'000
4. Grants and Other Contributions		
Grants from Government	22,586	22,330
Total	22,586	22,330

Accounting policy

Grants and contributions arise from non-exchange transactions where the agency does not directly give approximately equal value to the grantor. The Office's grant from Government is accounted for under AASB 1058 *Income for Not-for-Profit Entities*, whereby revenue is recognised upon receipt of the grant funding.

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

5. Employee Expenses

Employee Benefits

Wages and salaries	13,279	13,519
Employer superannuation contributions	1,735	1,766
Annual leave levy	1,200	1,405
Long service leave levy	315	331

Employee Related Expenses

Workers' compensation premium	58	61
Payroll tax	805	816
Other employee related expenses	151	78

Total	17,543	17,976
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The number of employees as at 30 June, includes both full time and part time employees, and is measured on a full time equivalent basis (reflecting Minimum Obligatory Human Resource Information (MOHRI)).

	2022 No.	2021 No.
Full-Time Equivalent Employees	125	129

Accounting policy

Wages, Salaries and Sick leave

Wages and salaries due but unpaid at reporting date are recognised in the Statement of Financial Position at the current salary rates. As the Office expects such liabilities to be wholly settled within 12 months of reporting date, the liabilities are recognised at undiscounted amounts. As sick leave is non-vesting, an expense is recognised for this leave as it is taken.

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2021-22

5. Employee Expenses (continued)

Annual Leave and Long Service Leave

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

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

Superannuation

Post-employment benefits for superannuation are provided through defined contribution (accumulation) plans or the Queensland Government's defined benefit plan (the former QSuper defined benefit categories now administered by the Government Division of the Australian Retirement Trust) as determined by the employee's conditions of employment.

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

Defined Benefit Plan - The liability for defined benefits is held on a whole-of-government basis and reported in those financial statements pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting*. The amount of contributions for defined benefit plan obligations is based upon the rates determined by the Treasurer on the advice of the State Actuary. Contributions are paid by the Office at the specified rate following completion of the employee's service each pay period. The Office's obligations are limited to those contributions paid.

Workers' Compensation Premiums

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

Key management personnel and remuneration disclosures are detailed in Note 17.

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2021-22

	2022 \$'000	2021 \$'000
6. Supplies and Services		
Property lease and rental	1,202	1,152
Legal fees	988	945
Information technology	828	491
Consultants and contractors	822	734
Employment agency staff	196	13
QCAT Fees ⁽¹⁾	120	87
Corporate service charges	195	175
Supplies and consumables	150	135
Telecommunications	155	218
Minor plant and equipment	45	93
Sundry expenses	17	31
Total	4,718	4,074

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

Lease Expense

The Office has an operating lease for office accommodation.

Lease expenses include lease rentals for leases of low value assets and lease rentals for non-specialised commercial office accommodation with the Department of Energy and Public Works (DEPW). Lease payments are recognised in the period they are incurred.

Operating leases are entered into as a means of acquiring access to office accommodation and storage facilities. Lease payments contain fixed rate increases of 3.5 per cent per annum. The 2021-22 lease commitment disclosures are not classified as leases under AASB 16 *Leases*.

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

7. Other Expenses

Insurance	4	4
Queensland Audit Office - external audit fees for the audit of financial statements ⁽²⁾	18	18
Special Payments ⁽³⁾	80	140
Total	102	162

(2) Total audit fees quoted by the Queensland Audit Office relating to the 2021-22 financial statements are \$18K (2021 \$17.5K). There are no non-audit services included in this amount.

(3) In 2021-22 there was one class of special payment exceeding \$5,000. This related to other QCAT fees.

8. Cash and Cash Equivalents

Cash at bank	1,751	849
Total	1,751	849

Office of the Health Ombudsman**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2021-22**

8. Cash and Cash Equivalents (continued)**Accounting policy**

For the purposes of the Statement of Financial Position and the Statement of Cash Flows, cash assets include all cash and cheques receipted but not banked at 30 June.

	2022 \$'000	2021 \$'000
9. Receivables		
Trade debtors	0	15
Sundry Receivable	3	1
	<hr/>	<hr/>
	3	16
GST receivable	130	168
GST payable	(3)	(2)
	<hr/>	<hr/>
	127	166
Long service leave reimbursements	35	39
Annual leave reimbursements	333	346
	<hr/>	<hr/>
Total	498	567

Accounting policy - Receivables

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

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

Accounting policy - Impairment of receivables

The Office's receivables are primarily from Queensland Government agencies or Australian Government agencies. The Office did not incur any impairment loss for receivables as at 30 June 2022 (2021 \$0). Refer to Note 14 for the Office's credit risk management policies.

Disclosure - Credit risk exposure of receivables

The maximum exposure to credit risk at balance date for receivables is the gross carrying amount of those assets. No collateral is held as security and there are no other credit enhancements relating to the agency's receivables.

The Office uses a provision matrix to measure the expected credit losses on trade and other debtors. The Office measures the expected credit loss based on the individual customer. The Office has assessed there to be no expected credit losses on outstanding receivables.

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2021-22

10. Plant and Equipment and Depreciation Expense

	2022 \$'000	2021 \$'000
At cost plant and equipment	801	801
Less: Accumulated depreciation plant and equipment	(790)	(773)
Total	11	28

Plant and Equipment and Depreciation Expense Reconciliation

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

Carrying amount at 1 July	28	48
Acquisitions	-	-
Depreciation for period	(18)	(20)
Carrying amount at 30 June	11	28

Accounting policy

Cost of Acquisition

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

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

Plant and Equipment

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

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

Depreciation Expense

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

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

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

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

Impairment

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

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2021-22

	2022 \$'000	2021 \$'000
11. Payables		
Trade and other creditors	143	390
Accrued expenses	621	58
Total	764	448

Accounting policy

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

12. Accrued Employee Benefits

Salary and wages related	-	33
Annual leave levy payable	345	395
Long service leave levy payable	103	91
Superannuation	0	4
Parental leave payable	0	3
Total	448	526

Accounting policy

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

13. Contingencies

	2022 Number of cases	2021 Number of cases
As at 30 June there are:		
Director of Proceeding (DoP) matters which have been heard but are awaiting a decision by Queensland Civil Administrative Tribunal (QCAT).	6	2
Judicial review matter which has been heard but is awaiting a decision by Supreme Court ⁽¹⁾	1	1
Filed in QCAT but not yet heard	71	104
Immediate Action review matters which have been filed in QCAT but not yet heard	2	1
Total	80	108

(1) The judicial review matter has been heard but is awaiting final orders on costs.

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

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2021-22

14. Financial Risk Disclosures

(a) Financial Instrument Categories

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

Financial Assets	Note	2022 \$'000	2021 \$'000
Financial Assets			
Cash and cash equivalents	8	1,751	849
Financial assets at amortised cost:			
<i>Receivables</i>	9	498	567
Total Financial Assets		2,249	1,416
Financial Liabilities			
Financial liabilities at amortised cost:			
<i>Payables</i>	11	764	448
Total Financial Liabilities at amortised cost		764	448

Accounting Policy

Recognition

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

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

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

(b) Risks Arising From Financial Instruments

Risk Exposure

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

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

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2021-22

14. Financial Risk Disclosures (continued)

(b) Risks Arising From Financial Instruments (continued)

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

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

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

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

Risk Exposure	Measurement Method	Risk Management Strategies
Credit risk	Ageing analysis, earnings at risk	The Office proactively pursues the recoverability of monies owed to them. Exposure to credit risk is monitored on an ongoing basis.
Liquidity risk	Sensitivity analysis	The Office reduces exposure to liquidity risk by ensuring the Office has sufficient funds available to meet employee and supplier obligations as they fall due. This is achieved by ensuring that minimum levels of cash are held within the various bank accounts.
Market risk	Interest rate sensitivity analysis	The Office does not undertake any hedging in relation to interest risk. The Office reduces its exposure to market risk by holding cash funds in Australian Financial Institutions.

(c) Credit Risk Disclosures

Credit risk management practices

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

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2021-22

14. Financial Risk Disclosures (continued)

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

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

15. Events Occurring after Balance Date

There were no significant events occurring after balance date.

16. Budgetary Reporting Disclosures

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

(a) Other Revenue

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

(b) Employee expenses

The variance is a result of lower than anticipated FTEs in the first quarter of the financial year.

(c) Supplies and services

The variance relates to a continuation of higher legal fees and information technology (IT) expenses incurred to implement legislative amendments that became effective from December 2021 and the transition of IT infrastructure from on-premise to the cloud.

Explanation of Major Variances - Statement of Financial Position

(d) Cash and cash equivalents

Cash assets are higher than budgeted due to the timing of invoices received at 30 June.

(e) Current receivables

The variance is a result of the timing of the payroll and related employee receivables.

(f) Current prepayments

The variance is a result of the timing of the final fortnightly payroll for the year which included 1 day relating to 2022-23.

(g) Plant and equipment

The variance is a result of the Office transitioning IT infrastructure from on-premise to the cloud.

(h) Current payables

Payables are higher than budgeted due to the timing of invoices received at 30 June and includes \$402,000 in legal fees.

(i) Accrued employee benefits

The variance relates to the timing of payments related to annual and long service leave entitlements.

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2021-22

17. Key Management Personnel (KMP) Disclosures

Details of Key Management Personnel

The Office's responsible Minister is identified as part of the Office's KMP, consistent with additional guidance included in the revised version of AASB 124 *Related Party Disclosures*. This Minister is the Minister for Health and Ambulance Services - Yvette D'Ath.

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 2021-22 and 2020-21. Further information on these positions can be found in the body of the Annual Report under the section relating to Executive Management.

Position	Position Responsibility
Health Ombudsman	The Health Ombudsman oversees the administration and performance of the Office of the Health Ombudsman's functions, including the receipt, assessment, resolution and investigation of health service complaints.
Executive Director, Assessment & Resolution	The Executive Director, Assessment & Resolution manages the triage and assessment unit and the resolution and conciliation unit.
Executive Director, Investigations	The Executive Director, Investigation manages the investigations unit and the audit and compliance unit.
Director of Proceedings (statutory position) and Executive Director, Legal Services	The Director of Proceedings (DoP) is appointed under the <i>Health Ombudsman Act 2013</i> and is independent from the Health Ombudsman. The DoP decides whether a matter should be referred to QCAT. The Executive Director, Legal Services oversees the Legal Services division which provides a range of legal services to the OHO and prosecutes matters referred to QCAT by the Director of Proceedings (DoP).
Executive Director, Corporate and Strategic Services	The Executive Director, Corporate and Strategic Services manages the corporate support services, policy and stakeholder engagement strategy and coordination of the Office.

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2021-22

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

KMP remuneration policies

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

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

Remuneration expenses for those KMP comprise the following components:

Short term employee expenses, including:

- salaries, allowances and leave entitlements earned and expensed for the entire year, or for that part of the year during which the employee occupied a KMP position;
- performance payments recognised as an expense during the year; and
- non-monetary benefits - consisting of provision of vehicle together with fringe benefits tax applicable to the benefit.

Long term employee expenses include amounts expensed in respect of long service leave entitlements earned.

Post-employment expenses include amounts expensed in respect of employer superannuation obligations.

Termination benefits include payments in lieu of notice on termination and other lump sum separation entitlements (excluding annual and long service leave entitlements) payable on termination of employment or acceptance of an offer of termination of employment.

Performance Payments

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

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2021-22

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

Remuneration Expenses

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

2021-22

Position	Short Term Employee Expenses		Long Term Employee Expenses	Post-Employment Expenses	Termination Benefits	Total Expenses
	Monetary Expenses \$'000	Non-Monetary Benefits \$'000	\$'000	\$'000	\$'000	\$'000
<i>Health Ombudsman</i>						
Current	193	1	5	23	-	222
Former	234	5	5	26	-	270
<i>Executive Director, Assessment & Resolution</i>						
Former	190	7	5	20	-	222
Temporary Relieving	32	-	1	3	-	36
<i>Executive Director, Investigations</i>						
Current	195	6	5	21	-	227
<i>Director of Proceedings</i>						
Current						0
<i>Executive Director, Legal Services & Director of Proceedings</i>						
Current	195	5	5	22	-	227
<i>Executive Director, Corporate & Strategic Services</i>						
Temporary Relieving	127	-	3	13	-	143
Former	65	-	2	9	-	76
Total Remuneration	1,231	24	31	137	-	1,423

2020-21

Position	Short Term Employee Expenses		Long Term Employee Expenses	Post-Employment Expenses	Termination Benefits	Total Expenses
	Monetary Expenses \$'000	Non-Monetary Benefits \$'000	\$'000	\$'000	\$'000	\$'000
<i>Health Ombudsman</i>						
Current	398	6	9	48	-	461
<i>Executive Director, Assessment & Resolution</i>						
Current	194	6	5	20	-	225
<i>Executive Director, Investigations</i>						
Current	197	6	7	21	-	231
Relieving	9	-	-	1	-	10
<i>Executive Director, Legal Services & Director of Proceedings</i>						
Current	191	6	4	20	-	221
Relieving	25	-	1	3	-	29
<i>Executive Director, Corporate & Strategic Services</i>						
Current	198	-	5	21	-	224
Total Remuneration	1,212	24	31	134	-	1,401

Office of the Health Ombudsman

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 2021-22

18. Related Party Transactions

Transactions with people/entities related to KMP

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

Transactions with other Queensland Government-controlled entities

The Office received funding from Queensland Health. The funding provided is predominately for operational requirements and management of complaints against registered and unregistered practitioners (refer Note 4).

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

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

19. Future Impact of Accounting Standards Not Yet Effective

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

20. Climate Risk Disclosure

Current Risk Assessment

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

**Management Certificate
for the Office of the Health Ombudsman**

These general purpose financial statements have been prepared pursuant to section 62(1) of the *Financial Accountability Act 2009* (the Act), section 39 of the *Financial and Performance Management Standard 2019* and other prescribed requirements. In accordance with section 62(1)(b) of the Act we certify that in our opinion:

- (a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and
- (b) the financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of the Office of the Health Ombudsman for the financial year ended 30 June 2022 and of the financial position of the agency at the end of that year; and

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



Name: Dr Lynne Coulson Barr OAM
Title: Health Ombudsman

Date: 12/08/2022



Name: Karen Simpson
Title: A/Executive Director, Corporate and Strategic Services

Date: 12/08/2022

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 the Office of the Health Ombudsman.

In my opinion, the financial report:

- a) gives a true and fair view of the entity's financial position as at 30 June 2022, and its financial performance and cash flows for the year then ended
- b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards.

The financial report comprises the statement of financial position as at 30 June 2022, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including summaries of significant accounting policies and other explanatory information, and the management certificate.

Basis for opinion

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

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

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

Responsibilities of the entity for the financial report

The Health Ombudsman is responsible for the preparation of the financial report that gives a true and fair view in accordance with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards, and for such internal control as the Health Ombudsman determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial report

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

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

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

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

Statement

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2022:

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

Prescribed requirements scope

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



D J Toma
as delegate of the Auditor-General

12 August 2022

Queensland Audit Office
Brisbane

Appendix 4—Open data

Introduction

The following information for 2021–22 is available on the Queensland Government Open Data website at www.data.qld.gov.au:

1. consultancies
2. Queensland Language Services Policy.

The OHO incurred no overseas travel expenditure in 2021–22.

Appendix 5—Compliance checklist

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	<ul style="list-style-type: none"> A letter of compliance from the accountable officer or statutory body to the relevant Minister/s 	ARRs – section 7	Page I
Accessibility	<ul style="list-style-type: none"> Table of contents Glossary 	ARRs – section 9.1	Page II Pages 36–37
	<ul style="list-style-type: none"> Public availability 	ARRs – section 9.2	Inside front cover
	<ul style="list-style-type: none"> Interpreter service statement 	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3	Inside front cover
	<ul style="list-style-type: none"> Copyright notice 	<i>Copyright Act 1968</i> ARRs – section 9.4	Inside front cover
	<ul style="list-style-type: none"> Information Licensing 	<i>QGEA – Information Licensing</i> ARRs – section 9.5	Inside front cover
General information	<ul style="list-style-type: none"> Introductory Information 	ARRs – section 10	Pages 1–5
Non-financial performance	<ul style="list-style-type: none"> Government's objectives for the community and whole-of-government plans/specific initiatives 	ARRs – section 11.1	Page 4
	<ul style="list-style-type: none"> Agency objectives and performance indicators 	ARRs – section 11.2	Pages 4 and 8–23
	<ul style="list-style-type: none"> Agency service areas and service standards 	ARRs – section 11.3	Page 8
Financial performance	<ul style="list-style-type: none"> Summary of financial performance 	ARRs – section 12.1	Page 34
Governance – management and structure	<ul style="list-style-type: none"> Organisational structure 	ARRs – section 13.1	Pages 6 and 30–31
	<ul style="list-style-type: none"> Executive management 	ARRs – section 13.2	Pages 30–31
	<ul style="list-style-type: none"> Government bodies (statutory bodies and other entities) 	ARRs – section 13.3	Not applicable
	<ul style="list-style-type: none"> Public Sector Ethics 	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4	Page 33
	<ul style="list-style-type: none"> Human Rights 	<i>Human Rights Act 2019</i> ARRs – section 13.5	Page 33
	<ul style="list-style-type: none"> Queensland public service values 	ARRs – section 13.6	Page 4
Governance – risk management and accountability	<ul style="list-style-type: none"> Risk management 	ARRs – section 14.1	Pages 31–32
	<ul style="list-style-type: none"> Audit committee 	ARRs – section 14.2	Pages 31–32
	<ul style="list-style-type: none"> Internal audit 	ARRs – section 14.3	Page 32
	<ul style="list-style-type: none"> External scrutiny 	ARRs – section 14.4	Page 32
	<ul style="list-style-type: none"> Information systems and recordkeeping 	ARRs – section 14.5	Page 27

Summary of requirement		Basis for requirement	Annual report reference
Governance – risk management and accountability <i>(continued)</i>	▪ Information Security attestation	ARRs – section 14.6	Not applicable
	▪ Strategic workforce planning and performance	ARRs – section 15.1	Page 28
Governance – human resources	▪ Early retirement, redundancy and retrenchment	Directive No.04/18 Early Retirement, Redundancy and Retrenchment ARRs – section 15.2	Page 29
Open Data	▪ Statement advising publication of information	ARRs – section 16	Page 64
	▪ Consultancies	ARRs – section 33.1	www.data.qld.gov.au
	▪ Overseas travel	ARRs – section 33.2	www.data.qld.gov.au
	▪ Queensland Language Services Policy	ARRs – section 33.3	www.data.qld.gov.au
Financial statements	▪ Certification of financial statements	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	Page 60
	▪ Independent Auditor's Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	Pages 61–63

