

## Health and Community Services Committee Estimates 2013

**VOLUME OF ADDITIONAL INFORMATION** 



## **Health and Community Services Committee 2013**

## **Volume of Additional Information**

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5 June 2013	
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30 July 2013	
31 July 2013	

## Correspondence relating to attendance of non-committee members and replacement committee members

Letters from Leader of the Opposition (3) regarding appointment

Letter from Leader of the Opposition regarding attendance

Letters from Deputy Leader of the Opposition (2) regarding attendance

Letter from Mr Bill Byrne MP regarding attendance

Letters from Mrs Desley Scott MP (2) regarding attendance

Letter from Mr Curtis Pitt MP regarding attendance

## **Minister for Health**

## **Answers to Questions on Notice**

## **Questions taken on Notice at Hearing and Responses**

## Documents tabled at the hearing

- Department of Prime Minister and Cabinet, Treasury Executive Minute, regarding Commonwealth funding (by Hon Lawrence Springborg MP, Minister for Health)
- Ministerial Services Hospitality Certification regarding Cairns lunch (by Mrs Jo-Ann Miller MP)
- Email from Member for Cairns regarding mental health services (by Mrs Jo-Ann Miller MP)
- Deloitte, Independent Review of HIV Services in Metro North Hospital and Health Services, June 2013 (by Mrs Jo-Ann Miller MP)
- Queensland Health, Queensland Children's Hospital: Review of Options for the Outsourcing of Clinical and Support Services, KPMG, 2 July 2013, and covering email (by Hon Lawrence Springborg MP, Minister for Health)
- Map of the Herston site for the Royal Children's Hospital (by Mrs Jo-Ann Miller MP)
- Queensland Health, Sunshine Coast University Hospital: Review of Options for the Outsourcing of Clinical and Support Services, KPMG, 7 June 2013, and covering email (by Hon Lawrence Springborg MP, Minister for Health)
- pwc, GCUH Private Service Options: Clinical and Functional Analysis Gold Coast Hospital and Health Service, December 2012 (by Hon Lawrence Springborg MP, Minister for Health)

## Correspondence

- Letter from Minister for Health

## Minister for Community Services, Child Safety and Disability Services

## **Answers to Questions on Notice**

## **Questions taken on Notice at Hearing and Responses**

## Documents tabled at the hearing

- Queensland Council of Social Service Commentary State Budget 2013-14, 7 June 2013
   (by Mrs Desley Scott MP)
- Diagram of revised Blue Card process (by Mr Barry Salmon, Acting Commissioner for Children and Young People and Child Guardian)
- Diagram of current Blue Card process (by Mr Barry Salmon, Acting Commissioner for Children and Young People and Child Guardian)
- Letter from Premier regarding the Regional Community Association of Moreton Bay, 8 May 2013 (by Mrs Desley Scott MP)
- Extracts from Ministerial Diary Minister for Community Services, Child Safety and Disability Services, 1 February 2013 to 31 May 2013 (by Mrs Desley Scott MP)
- Extracts from Hansard dated 20 March 2013 and 16 April 2013 regarding the Regional Community Association of Moreton Bay (by Mrs Desley Scott MP)
- The Courier-Mail, 'Staff bid to oust board', 28 March 2013 (by Mrs Desley Scott MP)
- Letter from Adoption Loss Adult Support Australia Inc. to Hon Tracy Davis MP, Minister for Community Services, Child Safety and Disability Services, regarding meeting to discuss the follow on from the Queensland Apology 27th November 2012 (by Mrs Desley Scott MP)
- Media Statement, Financial Counselling Australia, 'Newman Government asked to Fund Financial Counselling', 13 June 2013 (by Mrs Desley Scott MP)
- Queensland Government, Queensland Youth Strategy 2013 (by Hon Tracy Davis MP, Minister for Community Services, Child Safety and Disability Services)

## Correspondence

- Letter from Minister for Community Services, Child Safety and Disability Services

## Minister for Aboriginal and Torres Strait Islander and Multicultural Affairs

## **Answers to Questions on Notice**

## Documents tabled at the hearing

- Hon Glen Elmes MP, Minister for Aboriginal and Torres Strait Islander and Multicultural Affairs and Minister assisting the Premier, Media Release, 'Cape York Welfare Reform Trial', 27 March 2013 (by Mr Curtis Pitt MP)
- Townsville Bulletin 'Alcohol bans discriminatory: Newman', 9 February 2013 (by Mr Curtis Pitt MP)

## Correspondence

- Letter from Mr David Glasgow, Family Responsibilities Commissioner

## Minister for National Parks, Recreation, Sport and Racing

**Answers to Questions on Notice** 

**Questions taken on Notice at Hearing and Responses** 

## Correspondence

- Letters from Minister for National Parks, Recreation, Sport and Racing (2)

## Minutes of Meetings

## 5 June 2013

## **MINUTES**



## Health and Community Services Committee Estimates Meeting

Wednesday 5 June 2013 at 10.50 am, Room 5.04A, Level 5, Parliamentary Annexe

Members present:

Mr Trevor Ruthenberg MP Chair

Mrs Jo-Ann Miller MP Deputy chair

Ms Ros Bates MP
Dr Alex Douglas MP
Mr John Hathaway MP
Mr Dale Shuttleworth MP

In attendance:

Ms Sue Cawcutt (Research Director)

Ms Lee Archinal (Principal Research Officer)
Ms Kath Dalladay (Principal Research Officer)
Mr Karl Holden (Principal Research Officer)

Apology:

Mr Steve Davies MP

### 1. Timetable for Estimates

<u>Resolved:</u> That the proposed timetable for the Estimates process is endorsed.

Moved:

Dr Douglas

Seconded:

Mr Hathaway

## 2. Estimates hearing schedule

<u>Resolved:</u> That the proposed schedule for hearings on 24 July 2013 is endorsed, as amended, and authorised for release to relevant Ministers, the Leader of Government Business and the Leader of the Opposition.

Moved:

Mr Hathaway

Seconded:

Mr Shuttleworth

## 3. Attendance of chief executive officers of agencies

<u>Resolved:</u> That the Chief Executive Officers of all relevant portfolio agencies listed in Schedule 7 of the Standing Orders be asked to attend the Estimates hearing for the time allocated to that portfolio area in the hearing schedule.

Moved:

Dr Douglas

Seconded:

Mrs Miller

## 4. Leave for other Members to ask questions during the Estimates hearing

<u>Resolved:</u> That the committee grants leave for Members who are not members of the committee to ask questions at the Estimates hearing.

Moved:

Mrs Miller

Seconded:

Dr Douglas

## 5. Ministerial opening statements

<u>Resolved:</u> That Ministers may make opening statements of up to five minutes.

Moved:

Mr Hathaway

Seconded:

Ms Bates

## 6. Media broadcast rules

<u>Resolved:</u> That the Conditions for Broadcasters of Proceedings and Guidelines for Camera Operators previously adopted by the committee are endorsed for the Estimates hearing.

Moved:

Mr Hathaway

Seconded:

Mr Shuttleworth

Next Estimates meeting: Wednesday 24 July 2013 at 8.45 am.

Meeting closed: 11.09 am

Trevor Ruthenberg MP

Chair

Certified correct on this

30 day of July

2013

## 24 July 2013

## **MINUTES**



## Health and Community Services Committee Estimates Meeting

Wednesday 24 July 2013 at 8.45 am, Room A35, Parliament House

Members present:

Mr Trevor Ruthenberg MP Chair

Mrs Jo-Ann Miller MP Deputy chair

Ms Ros Bates MP Mr Steve Davies MP Mr John Hathaway MP Mr Dale Shuttleworth MP

In attendance:

Ms Sue Cawcutt (Research Director)

Ms Kath Dalladay (Principal Research Officer)

Apology:

Dr Alex Douglas MP

### 1. Previous minutes

The minutes of the estimates meeting of 5 June 2013 had been circulated with the agenda.

Resolved: That the minutes for the meeting of 5 June 2013 are confirmed.

Moved:

Mr Hathaway

Seconded:

Ms Bates

## 2. Correspondence

Correspondence concerning attendance of replacement and visiting members at the estimates hearing was tabled.

## 3. Hearing schedule and materials

The hearing schedule, answers to questions on notice, list of chief executive officers who can be directly questioned and officials attending the hearing, and organisational charts were distributed.

## 4. Procedural matters

The chair outlined how the estimates hearing would be conducted and highlighted some procedural matters.

Next Estimates meeting: Tuesday 30 July 2013 at 9.00am, Room 5.04A, Level 5, Parliamentary Annexe

Meeting closed: 8.55 am

Trevor Ruthenberg MP

Chair

Certified correct on this

}*⊃* day

July

2013

## 30 July 2013

## **MINUTES**



## **Health and Community Services Committee**

## **Estimates**

Tuesday 30 July 2013 at 9.05 am

Room 5.04A, Level 5, Parliamentary Annexe

Members present:

Mr Trevor Ruthenberg MP *Chair* 

Mrs Jo-Ann Miller MP Deputy chair

Ms Ros Bates MP Mr Steve Davies MP Mr John Hathaway MP Mr Dale Shuttleworth MP Dr Alex Douglas MP

In attendance:

Ms Sue Cawcutt (Research Director)

Ms Kath Dalladay (Principal Research Officer) Mr Karl Holden (Principal Research Officer)

### 1. Previous Minutes

The minutes of the estimates meeting of 24 July 2013 had been circulated with the agenda.

Resolved: That the minutes for the meeting of 24 July 2013 are confirmed.

Moved:

Ms Bates

Seconded:

Mr Davies

<u>Resolved:</u> That the committee authorises the chair and deputy chair to confirm the minutes of today's meeting.

Moved:

Ms Bates

Seconded:

Mr Hathaway

## 2. Correspondence

Correspondence received and sent between 5 June 2013 to 26 July 2013 was considered.

Resolved: That the correspondence received between 5 June and 25 July 2013 is accepted and the correspondence out is endorsed.

Moved:

Mrs Miller

Seconded:

Dr Douglas

## 2.2 Tabling of Gold Coast University Hospital report

A letter from the Minister for Health regarding the Gold Coast University report tabled at the estimates hearing on 24 July 2013 was tabled at the meeting.

Resolved: That the committee orders in accordance with Standing Order 184(3) that a report about the Gold Coast University Hospital tabled by the Minister for Health at the Estimates Hearing on 24 July 2013 is not released or published, and that the committee will table and publish the PricewaterhouseCoopers report "GCUH Private Service Options: Clinical and Functional Analysis" which the Minister provided on 25 July 2013.

Moved:

Mr Hathaway

Seconded:

Ms Bates

## 3. Amendments to transcript of estimates hearing

Proposed changes to the proof Hansard transcript of the 24 July 2013 estimates hearing were considered. The committee agreed that the chair seek advice from the Clerk of the Parliament regarding changes to the transcript and that the secretariat listen to the Hansard tape, prior to the committee meeting at 8am on 31 July 2013 to further consider the matter.

## 4. Draft report

The chair's draft report for estimates, dated 26 July 2013, was considered.

Resolved: That the chair's draft report for estimates, dated 26 July 2013, is adopted subject to manuscript amendments discussed at the meeting.

Moved:

Mr Hathaway

Seconded:

Mr Davies

## 5. Statement of reservation and/or dissenting report

The Chair advised members that, under Standing Order 187, a reservation or dissenting report by a committee member may be added to the committee's report after it is adopted by the committee and reminded members that this must be provided to the Research Director within 24 hours after the committee's report is adopted, that is **9.30 am Wednesday 31 July 2013**.

## 6. Additional material to be tabled with the report and minutes

A list of additional material proposed to be tabled with the chair's draft report for estimates, dated 26 July 2013, was tabled during the meeting.

Resolved: That all proposed additional material be tabled with the estimates report.

Moved: Mr Davies

Seconded: Ms Bates

Meeting closed: 9.40 am

Trevor Ruthenberg MP

Chair

do-Ann Miller MP

**Deputy Chair** 

Certified correct on this

30 day

2013

## 31 July 2013

## **MINUTES**



## **Health and Community Services Committee Estimates**

Wednesday 31 July 2013 at 8.02 am

Room 5.04A, Level 5, Parliamentary Annexe and by teleconference

Members present:

Mr Trevor Ruthenberg MP Chair

Mrs Jo-Ann Miller MP Deputy chair

Ms Ros Bates MP Mr Steve Davies MP Mr John Hathaway MP Dr Alex Douglas MP

**Apologies:** 

Mr Dale Shuttleworth MP

In attendance:

Ms Sue Cawcutt (Research Director)

Ms Kath Dalladay (Principal Research Officer)

### 1. Minutes

Resolved: That the committee authorises the chair and deputy chair to approve the minutes of this meeting.

Moved:

Mr Davies

Seconded:

Mr Hathaway

## 2. Proposed amendments to transcript of estimates hearing

A paper summarising proposed amendments to the transcript and corrections and clarifications to the record was considered.

Resolved: That the committee accepts the proposed corrections to the transcript.

Moved:

Mr Davies

Seconded:

Dr Douglas

Resolved: That the committee notes the correspondence received to correct or clarify the record of the estimates hearing and agrees that correspondence to correct or clarify the record received before close of business on 1 August 2013 should be included in the additional material tabled with the committee's report on the estimates.

Moved:

Mr Davies

Seconded:

Mrs Miller

Meeting closed: 8.06 am

Les Casalt, Resord Dutor Certified correct on this 31 st day of July

2013

# Correspondence relating to attendance of non-committee members and replacement committee members

LEADER OF THE OPPOSITION MEMBER FOR INALA.



23 July 2013

Mr Trevor Ruthenberg MP
Chair
Health and Community Services Committee
Parliament House
Cnr George and Alice Streets Brisbane Qld 4000

RECEIVED

2 3 JUL 2013

HEALTH AND COMMUNITY SERVICES COMMITTEE

Dear Mr Ruthenberg OLLOL

I write regarding the estimates hearing for the Health and Community Services Committee on 24 July 2013.

In accordance with Standing Order 202 I advise of the inability to attend the committee hearing on 24 July 2013 by the Member for Bundamba. I have, therefore, appointed the Member for Woodridge to substitute for the member in accordance with the Standing Order for the period  $2.50-3.45 \, \mathrm{pm}$ .

Yours sincerely

Annastacia Palaszczuk MP Leader of the Opposition LEADER OF THE OPPOSITION MEMBER FOR INALA



23 July 2013

Mr Trevor Ruthenberg MP Chair Health and Community Services Committee Parliament House Cnr George and Alice Streets Brisbane Qld 4000

RECEIVED

2 3 JUL 2013

HEALTH AND COMMUNITY SERVICES COMMITTEE

Dear Mr Ruthenberg Lucov

I write regarding the estimates hearing for the Health and Community Services Committee on 24 July 2013.

In accordance with Standing Order 202 I advise of the inability to attend the committee hearing on 24 July 2013 by the Member for Bundamba. I have, therefore, appointed the Member for Mulgrave to substitute for the member in accordance with the Standing Order for the period  $7.30-8.25 \, \mathrm{pm}$ .

Yours sincerely

Annastacia Palaszczuk MP Leader of the Opposition LEADER OF THE OPPOSITION MEMBER FOR INALA



23 July 2013

Mr Trevor Ruthenberg MP Chair Health and Community Services Committee Parliament House Cnr George and Alice Streets Brisbane Qld 4000 RECEIVED

2 3 JUL 2013

HEALTH AND COMMUNITY SERVICES COMMITTEE

Dear Mr Ruthenberg Meron

I write regarding the estimates hearing for the Health and Community Services Committee on 24 July 2013.

Pursuant to Standing Order 181 (e) I seek leave from the committee to attend the committee hearing and ask questions of the Minister for Health, the Minister for Communities, Child Safety and Disability Services, the Minister for Aboriginal and Torres Strait Islander and Multicultural Affairs, and the Minister for National Parks, Sport and Racing.

Yours sincerely

Annastacia Palaszczuk MP Leader of the Opposition LEADER OF THE OPPOSITION
MEMBER FOR INALA



RECEIVED

2 4 JUL 2013

HEALTH AND COMMUNITY SERVICES COMMITTEE

24 July 2013

Mr Trevor Ruthenberg MP Chair Health and Community Services Committee Parliament House Cnr George and Alice Streets Brisbane Qld 4000

Dear Mr Ruthenberg

I write regarding the estimates hearing for the Health and Community Services Committee on 24 July 2013.

In accordance with Standing Order 202 I advise of the inability to attend the committee hearing on 24 July 2013 by the Member for Bundamba. I have, therefore, appointed the Member for Rockhampton to substitute for the member in accordance with the Standing Order for the period 8.35 – 9.30pm.

Yours sincerely

Annastacia Palaszczuk MP

Leader of the Opposition



23 July 2013

Mr Trevor Ruthenberg MP Chair Health and Community Services Committee Parliament House Cnr George and Alice Streets Brisbane Qld 4000

RECEIVED

24 JUL 2013

HEALTH AND COMMUNITY SERVICES COMMITTEE

Dear Mr Ruthenberg

I write regarding the estimates hearing for the Health and Community Services Committee on 24 July 2013.

Pursuant to Standing Order 181 (e) I seek leave from the committee to attend the committee hearing and ask questions of the Minister for Health and the Minister for Aboriginal and Torres Strait Islander and Multicultural Affairs and Minister Assisting the Premier.

Yours sincerely

Tim Mulherin MP Member for Mackay

## DEPUTY LEADER OF THE OPPOSITION MEMBER FOR MACKAY



STATE OF THE STATE

23 July 2013

Mr Trevor Ruthenberg MP Chair Health and Community Services Committee Parliament House Cnr George and Alice Streets Brisbane Qld 4000

RECEIVED

24 JUL 2013

HEALTH AND COMMUNITY SERVICES COMMITTEE

Dear Mr Ruthenberg

I write regarding the estimates hearing for the Health and Community Services Committee on 24 July 2013.

Pursuant to Standing Order 181 (e) I seek leave from the committee to attend the committee hearing and ask questions of the Minister for National Parks, Sport and Racing.

Yours sincerely

Tim Mulherin MP

Member for Mackay



23 July 2013

Mr Trevor Ruthenberg MP Chair Health and Community Services Committee Parliament House Cnr George and Alice Streets Brisbane Qld 4000

RECEIVED

2 3 JUL 2013

HEALTH AND COMMUNITY SERVICES COMMITTEE

Dear Mr Ruthenberg

I write regarding the estimates hearing for the Health and Community Services Committee on 24 July 2013.

Pursuant to Standing Order 181 (e) I seek leave from the committee to attend the committee hearing and ask questions of the Minister for Health and the Minister for National Parks, Sport and Racing.

Yours sincerely

Bill Byrne MP

Member for Rockhampton

## DESLEY SCOTT MP





23 July 2013

Mr Trevor Ruthenberg MP Chair Health and Community Services Committee Parliament House Cnr George and Alice Streets Brisbane Qld 4000

RECEIVED

2 3 JUL 2013

HEALTH AND COMMUNITY SERVICES COMMITTEE

Dear Mr Ruthenberg

I write regarding the estimates hearing for the Health and Community Services Committee on 24 July 2013.

Pursuant to Standing Order 181 (e) I seek leave from the committee to attend the committee hearing and ask questions of the Minister for Communities, Child Safety and Disability Services.

I look forward to hearing from you regarding this request.

y C. Scott

Yours sincerely

Desley Scott MP

Member for Woodridge

### DESLEY SCOTT MP

SHADOW MINISTER FOR COMMUNITIES, CHILD SAFETY, DISABILITY SERVICES AND MENTAL HEALTH MEMBER FOR WOODRIDGE



24 July 2013

Mr Trevor Ruthenberg MP Chair Health and Community Services Committee Parliament House Cnr George and Alice Streets Brisbane Qld 4000

RECEIVED
24 JUL 2013

HEALTH AND COMMUNITY SERVICES COMMITTEL

Dear Mr Ruthenberg

I write regarding the estimates hearing for the Health and Community Services Committee on 24 July 2013.

Pursuant to Standing Order 181 (e) I seek leave from the committee to attend the committee hearing and ask questions of the Minister for Aboriginal and Torres Strait Islander and Multicultural Affairs and Minister Assisting the Premier.

Yours sincerely

Desley C. Scott

Member for Woodridge

SHADOW TREASURER
MEMBER FOR MULGRAVE



23 July 2013

Mr Trevor Ruthenberg MP Chair Health and Community Services Committee Parliament House Cnr George and Alice Streets Brisbane Qld 4000

RECEIVED

24 JUL 2013

HEALTH AND COMMUNITY SERVICES COMMITTEE

Dear Mr Ruthenberg

I write regarding the estimates hearing for the Health and Community Services Committee on 24 July 2013.

Pursuant to Standing Order 181 (e) I seek leave from the committee to attend the committee hearing and ask questions of the Minister for National Parks, Sport and Racing.

Yours sincerely

Curtis Pitt MP

Member for Mulgrave



## Answers to Questions on Notice

Health and Community Services Committee

### **HEALTH AND COMMUNITY SERVICES COMMITTEE**

## **2013 ESTIMATES PRE-HEARING**

## **QUESTION ON NOTICE**

No. 1

THE HEALTH AND COMMUNITY SERVICES COMMITTEE ASKED THE MINISTER FOR HEALTH (Mr SPRINGBORG)—

## QUESTION:

I refer to page 10 of the SDS and ask the Minister to please outline, for each financial year from 2007-08 to 2016-17 inclusive, how much federal funding is committed to Queensland for public hospitals, other public health funding under National Partnership Agreements, and for capital and infrastructure under the Health and Hospitals Fund?

## ANSWER:

The table below shows the amount of Federal funding provided to Queensland for the period 2007-2008 to 2012-2013, and projected funding for the period 2013-2014 to 2016-2017 as per the 2013-2014 Commonwealth budget, for public hospitals through the National Health Agreement (NHA) Specific Purpose Payment and the National Health Reform Agreement (NHRA), other public health funding under National Partnership Agreements (NPA), and for capital and infrastructure under the Health and Hospitals Fund (HHF).

Table 1 Federal Funding committed to Queensland (2007-2008 to 2016-2017)

	2007-08 (SM)	2008-09 (\$M)	2009-10 (\$M)	2010-11 (\$M)	2011-12 (\$M)	2012-13 (SM)	2013-14 (\$M)	2014-15 (\$M)	2015-16 (\$M)	2016-17 (SM)	Total (SM)
Public Hospitals – NHA SPP / NHRA	1,896	2,008	2,206	2,381	2,505	2,661	2,831	3,130	3,457	3,816	26,891
Public Health											
Outcome Funding											
(PHOFA, Other											
SPP)	232	43									275
Public Hospital –											
NPA*	0	286	52	204	178	114	147	21	21	21	1,044
HHF	0	43	44	26	119	204	121	76	10	0	643
Other - NPA	102	28	83	68	205	119	156	166	161	184	1,272
Total	2,230	2,408	2,385	2,679	3,007	3,098	3,255	3,393	3,649	4,021	30,125

<sup>\*</sup>Includes funding provided through the NPA on Improving Public Hospital Services, and the NPA on Hospital Health and Workforce Reform for Emergency Department, Elective Surgery and Sub-Acute Care, and funding under the NPA on Health Infrastructure for diagnostic imaging.

Federal funding to Queensland has significantly decreased since the 2012-13 budget. Compared to the 2012-13 budget, funding to Queensland Health will decrease by \$489.9 million over four years (2012-2013 and 2015-16). The decreases are primarily related to reductions in National Health Reform Funding.

Table 2: Commonwealth Health Funding to Queensland Government (2012-13 to 2016-17)

		2012-13	2013-14	2014-15	2015-16	2016-17
	2012-13 Commonwealth Budget	ı		1	1	
Previous	2012-13 NHR Funding	2,724.0	2,929.4	3,267.6	3,634.9	
	NPP's	479.0	453.5	230.8	166.7	
	TOTAL	3,203.0	3,382.9	3,498.4	3801.6	
	2012-13 Mid-Year Economic and Fiscal Outlook			I		
Previous	2012-13 MYEFO NHR Funding	2,660.7	2,839.9	3,174.4	3539.1	
	NPP's	452.6	419.7	224.3	223.11	
	TOTAL	3,113.3	3,259.6	3,398.7	3762.21	
	2013-14 Commonwealth Budget			Г	<u> </u>	
Current	2013-14 NHR Funding	2,660.7	2,831.3	3,130.0	3,457.3	3816.5
Previous 2 Previous 2 Current 2	NPP's	437.9	424.1	262.8	191.88	205.4
	TOTAL	3,098.6	3,255.4	3,392.8	3,649.179	4,021.9
·	Difference (2012-13 Budget to 2013-14 Budget)	-104.4	-127.5	-105.6	-152.4	

### **HEALTH AND COMMUNITY SERVICES COMMITTEE**

### 2013 ESTIMATES PRE-HEARING

## **QUESTION ON NOTICE**

No. 2

THE HEALTH AND COMMUNITY SERVICES COMMITTEE ASKED THE MINISTER FOR HEALTH (Mr SPRINGBORG)—

### **OUESTION:**

I refer to page 21 of the SDS and ask the Minister to please outline, for each of the three categories of clinical urgency in elective surgery, for each month from June 2012 to June 2013 inclusive, and for all reporting hospitals and aggregated by HHS: what proportion of people were seen within the clinically recommended time; what was the average time in days waited beyond the clinically recommended time; and what was the number of persons in the 10% of longest waiting patients still waiting for treatment?

### ANSWFR:

The three measures requested relate to the National Elective Surgery Target (NEST), a target set for Australian jurisdictions as signatories to the National Partnership Agreement on Improving Public Hospital Services. The NEST has been embedded into the Service Level Agreements for 2012-2013 and 2013-2014 between the Department of Health and the Hospital and Health Services.

Queensland Health's Hospital Performance website publishes information on the percentage of elective surgery patients treated within the clinically recommended time by urgency category and by hospital. This information is available within the first two weeks following the end of each month.

The Hospital Performance website is designed for the public to access meaningful information about the performance of their local hospital. As opposed to the average overdue days measure a simpler set of information based on the number and percentage of patients who waited longer than the clinically recommended time, by urgency category and hospital each month is published.

The Hospital Performance website is available at: http://www.health.qld.gov.au/hospitalperformance/

I am also pleased to provide in Attachment 1, six tables containing the data requested:

- Table 1: The percentage of elective surgery patients treated within the clinically recommended time for their urgency category, by urgency category, by Hospital and Health Service, for each month from June 2012 to June 2013. Also provided are the results for March 2012.
- Table 2: The percentage of elective surgery patients treated within the clinically recommended time for their urgency category, by urgency category, by reporting hospital, for each month from June 2012 to June 2013. Also provided are the results for March 2012.
- Table 3: The average overdue days of elective surgery patients waiting longer than the clinically recommended time for their urgency category, by urgency category, by Hospital and Health

- Service, for each monthly census date from 1 July 2012 to 1 July 2013. Also provided are the results for 1 April 2012.
- Table 4: The average overdue days of elective surgery patients waiting longer than the clinically recommended time for their urgency category, by urgency category, by reporting hospital, for each monthly census date from 1 July 2012 to 1 July 2013. Also provided are the results for 1 April 2012.
- Table 5: The number of elective surgery patients waiting who were identified in the longest waiting 10% cohort, by Hospital and Health Service, by urgency category, for each monthly census date from 1 July 2012 to 1 July 2013. Also provided are the results for 1 April 2012. Please note that the 10% cohort is identified at 31 December of each year, so the cohort for census dates between 1 April 2012 and 1 January 2013 will be different from the cohort of patients for census dates between 1 February 2013 and 1 July 2013. Where N/A is listed, there has been no activity or patients to report against for that particular cohort or indicator. No reportable activity for these cohorts can indicate strong performance with low numbers, a positive outcome. Alternatively, in some limited cases, N/A is used where the facility was not a reporting entity in its own right at that time.
- Table 6: The number of elective surgery patients waiting who were identified in the longest waiting 10% cohort, by reporting hospital, by urgency category, for each monthly census date from 1 July 2012 to 1 July 2013. Also provided are the results for 1 April 2012. Please note that the 10% cohort is identified at 31 December of each year, so the cohort for census dates between 1 April 2012 and 1 January 2013 will be different from the cohort of patients for census dates between 1 February 2013 and 1 July 2013. Where N/A is listed, there has been no activity or patients to report against for that particular cohort or indicator. Alternatively, in some limited cases, N/A is used where the facility was not a reporting entity in its own right at that time.

Table 1: Percentage of elective surgery patients treated within clinically recommended times, by Hospital and Health Service, by urgency category (CAT), selected months

category (CAT), sele		Change of Government								Period p						
HHS	CAT	Mar-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	NEST Average - YTD
Cairns and	1	87%	84%	87%	89%	90%	84%	84%	96%	82%	91%	86%	85%	77%	84%	84%
Hinterland	2	71%	76%	79%	79%	76%	80%	74%	71%	81%	78%	82%	78%	80%	77%	79%
Timeriand	3	83%	85%	70%	68%	75%	83%	82%	91%	83%	74%	58%	67%	76%	67%	71%
<u>=</u>	1	78%	92%	86%	98%	98%	100%	99%	100%	100%	100%	100%	99%	97%	98%	99%
Central Queensland	2	0070	71%	71%	72%	68%	83%	86%	89%	84%	93%	95%	92%	86%	91%	90%
	3	99%	100%	100%	100%	100%	100%	100%	100%	97%	100%	100%	100%	100%	100%	99%
_	1	97%	96%	91%	94%	90%	92%	88%	93%	84%	90%	95%	100%	98%	100%	94%
Children's Health	2		82%	92%	92%	82%	79%	80%	80%	72%	76%	75%	84%	89%	89%	81%
	3	98%	100%	100%	100%	100%	100%	100%	100%	100%	98%	100%	95%	97%	100%	98%
	1	91%	92%	83%	91%	94%	92%	86%	87%	94%	97%	100%	99%	99%	99%	98%
Darling Downs	2	43%	54%	56%	46%	45%	46%	51%	66%	66%	45%	60%	67%	66%	75%	63%
	3	97%	96%	66%	76%	81%	84%	77%	83%	81%	81%	67%	70%	81%	64%	74%
	1	94%	88%	92%	94%	93%	92%	92%	91%	87%	91%	87%	88%	97%	98%	91%
Gold Coast	2	77%	82%	89%	88%	86%	84%	82%	82%	74%	73%	80%	86%	94%	97%	84%
	3	97%	99%	100%	97%	98%	96%	92%	94%	95%	98%	93%	92%	95%	95%	95%
	1	96%	96%	96%	97%	100%	93%	88%	80%	82%	95%	95%	97%	94%	100%	94%
Mackay	2	79%	97%	98%	96%	90%	88%	94%	68%	38%	50%	33%	69%	82%	99%	62%
	3	77%	100%	100%	95%	100%	91%	80%	88%	93%	75%	67%	90%	100%	100%	87%
	1	94%	98%	96%	95%	99%	99%	98%	97%	99%	98%	100%	100%	100%	100%	99%
Mater Health	2	83%	87%	91%	90%	98%	94%	89%	93%	97%	93%	98%	99%	99%	98%	97%
	3	100%	99%	100%	99%	100%	99%	99%	100%	99%	99%	100%	99%	100%	100%	100%
	1	90%	89%	89%	91%	92%	90%	93%	97%	98%	95%	95%	95%	92%	92%	95%
Metro North	2	69%	74%	75%	75%	73%	72%	76%	79%	72%	73%	69%	69%	74%	73%	72%
	3	90%	84%	88%	87%	81%	75%	76%	75%	82%	80%	75%	80%	85%	84%	81%
	1	88%	87%	84%	86%	87%	88%	93%	95%	85%	91%	94%	87%	89%	89%	89%
Metro South	2	80%	81%	81%	82%	82%	81%	84%	85%	82%	75%	74%	75%	74%	67%	75%
	3	80%	77%	90%	86%	85%	87%	84%	81%	91%	90%	86%	97%	83%	64%	85%
	1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
North West	2	100%	89%	100%	98%	100%	96%	77%	79%	91%	100%	90%	96%	100%	100%	96%
	3	100%	100%	100%	100%	100%	100%	100%	100%	na	100%	100%	100%	100%	100%	100%

	1	85%	85%	92%	91%	90%	89%	89%	96%	85%	92%	94%	88%	93%	94%	91%
Sunshine Coast	2	87%	79%	84%	88%	84%	85%	84%	86%	81%	73%	64%	70%	79%	61%	71%
	3	99%	84%	95%	95%	91%	94%	92%	94%	82%	89%	89%	94%	92%	92%	90%
	1	95%	93%	94%	95%	94%	93%	95%	95%	89%	88%	94%	87%	96%	91%	91%
Townsville	2	59%	55%	69%	61%	61%	81%	74%	67%	70%	70%	73%	70%	71%	72%	71%
	3	63%	50%	60%	51%	72%	54%	73%	73%	60%	59%	58%	70%	69%	74%	65%
	1	86%	94%	91%	90%	91%	86%	87%	93%	86%	89%	91%	94%	93%	93%	91%
West Moreton	2	74%	73%	74%	78%	72%	76%	57%	64%	71%	60%	59%	63%	55%	51%	60%
	3	81%	59%	68%	66%	70%	63%	55%	68%	72%	60%	64%	63%	55%	44%	60%
	1	85%	90%	89%	92%	92%	88%	89%	91%	92%	91%	93%	87%	94%	95%	92%
Wide Bay	2	73%	78%	83%	80%	79%	79%	86%	83%	83%	84%	84%	85%	86%	92%	86%
	3	85%	89%	83%	80%	83%	79%	75%	96%	87%	97%	85%	93%	100%	100%	94%
	1	89%	86%	89%	91%	91%	90%	92%	95%	90%	93%	94%	91%	93%	93%	92%
TOTAL	2	73%	78%	80%	79%	78%	80%	79%	80%	77%	74%	73%	76%	78%	76%	76%
	3	90%	90%	90%	88%	90%	88%	87%	89%	88%	89%	86%	87%	89%	86%	88%

Table 2: Percentage of elective surgery patients treated within clinically recommended times, by hospital, by urgency category (CAT), selected months

		Change of Government								Period p						
HHS	CAT	Mar-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Average June 2012 - June 2013
	1	100%	100%	100%	100%	100%	100%	100%	86%	89%	100%	100%	100%	100%	100%	98%
Atherton	2	95%	100%	93%	100%	100%	100%	100%	100%	92%	93%	100%	100%	94%	100%	98%
	3	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	1	na	100%	na	na	na	na	na	na	100%						
Beaudesert	2	na	28%	na	na	na	na	na	na	28%						
	3	na	100%	na		na	na	na	na	na	na	na	na	na	na	
	1	88%	96%	98%	100%	96%	95%	91%	97%	100%	97%	98%	100%	100%	100%	98%
Bundaberg	2	82%	91%	92%	92%	93%	87%	94%	92%	92%	94%	90%	97%	91%	95%	
	3	80%	83%	64%	85%	91%		70%	80%	80%	88%	100%	91%	100%	100%	86%
	1	98%	100%	100%	100%	100%	100%	100%	100%	97%	100%	97%	96%	100%	100%	99%
Caboolture	2	79%	93%	96%	95%	96%	85%	93%	97%	89%	88%	76%	84%	95%	95%	91%
	3	88%	92%	100%	100%	100%	89%	88%	100%	83%	75%	71%	89%	96%	96%	91%
	1	88%	83%	86%	87%	89%	83%	83%	96%	82%	90%	84%	85%	76%	83%	
Cairns	2	49%	70%	69%	68%	69%	82%	76%	74%	76%	65%	61%	67%	68%	58%	
	3	79%	83%	67%	64%	69%	77%	79%	88%	79%	68%	52%	60%	73%	64%	
	1	89%	96%	85%	95%	100%	96%	68%	88%	63%	89%	92%	85%	100%	80%	87%
Caloundra	2	94%	94%	93%	97%	82%	90%	88%	79%	86%	81%	49%	59%	93%	94%	83%
	3	100%	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%	100%	98%	100%	100%
	1	100%	100%	25%	100%	80%	100%	na	100%	100%	100%	100%	86%	0%	86%	81%
Emerald	2	100%	100%	80%	83%	100%	100%	100%	100%	100%	75%	100%	100%	50%	86%	90%
	3	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	1	100%	88%	98%	96%	100%	100%	100%	100%	100%	100%	100%	100%	98%	95%	
Gladstone	2	96%	95%	100%	94%	95%	100%	93%	94%	100%	100%	100%	100%	100%	100%	98%
	3	100%	100%	100%	100%	100%	100%	100%	100%	91%	100%	100%	100%	100%	100%	99%
	1	94%	88%	93%	95%	92%	91%	91%	92%	88%	92%	87%	88%	98%	97%	
Gold Coast	2	77%	82%	89%	91%	87%	85%	85%	83%	75%	75%	78%	89%	97%	98%	86%
	3	97%	99%	100%	99%	99%	96%	95%	96%	95%	99%	96%	93%	97%	94%	97%
	1	100%	100%	100%	100%	91%	92%	88%	100%	80%	100%	100%	92%	70%	100%	93%
Gympie	2	100%	95%	94%	100%	100%	100%	95%	86%	95%	78%	88%	68%	68%	100%	90%
	3	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	82%	100%	100%	100%	99%
	1	80%	83%	71%	80%	70%	67%	83%	77%	85%	85%	83%	74%	90%	92%	
Hervey Bay	2	51%	64%	64%	38%	58%	58%	71%	67%	76%	70%	68%	67%	77%	89%	67%
	3	79%	87%	90%	75%	69%	68%	68%	100%	83%	100%	71%	88%	100%	100%	85%

	1	50%	100%	86%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%
Innisfail	2	100%	78%	100%	100%	100%	100%	100%	100%	100%	75%	100%	100%	100%	100%	96%
	3	100%	100%	na	100%	100%	100%	na	100%	100%	100%	na	100%	na	100%	100%
	1	86%	94%	91%	90%	91%	86%	87%	93%	86%	89%	91%	94%	93%	93%	91%
Ipswich	2	74%	73%	74%	78%	72%	76%	57%	64%	71%	60%	59%	63%	55%	51%	66%
	3	81%	59%	68%	66%	70%	63%	55%	68%	72%	60%	64%	63%	55%	44%	62%
	1	na	100%	100%	100%	100%	na	86%	50%	na	100%	100%	0%	89%	80%	82%
Kingaroy	2	100%	100%	na	na	na	na	100%	na	na	100%	100%	100%	100%	100%	100%
	3	100%	100%	100%	na	na	na	na	na	na	100%	na	100%	100%	100%	100%
	1	99%	96%	96%	98%	92%	87%	97%	96%	78%	97%	95%	74%	84%	81%	90%
Logan	2	97%	96%	99%	98%	98%	92%	95%	97%	95%	80%	76%	67%	20%	17%	79%
	3	100%	100%	99%	100%	99%	100%	97%	100%	100%	96%	79%	100%	33%	42%	88%
	1	96%	96%	96%	97%	100%	93%	88%	80%	82%	95%	95%	97%	94%	100%	93%
Mackay Base	2	79%	97%	98%	96%	90%	88%	94%	68%	38%	50%	33%	69%	82%	99%	77%
	3	77%	100%	100%	95%	100%	91%	80%	88%	93%	75%	67%	90%	100%	100%	91%
	1	79%	89%	86%	83%	97%	97%	90%	94%	76%	81%	88%	63%	82%	87%	86%
Maryborough	2	64%	63%	80%	80%	71%	87%	82%	77%	65%	73%	82%	80%	82%	82%	77%
	3	100%	100%	93%	80%	100%	100%	92%	100%	100%	100%	100%	100%	100%	100%	97%
	1	94%	99%	99%	98%	100%	98%	98%	98%	98%	99%	100%	100%	100%	100%	99%
Mater Adult	2	86%	86%	94%	95%	98%	92%	89%	93%	96%	94%	98%	97%	98%	96%	94%
	3	100%	100%	100%	99%	100%	100%	99%	100%	98%	99%	100%	99%	100%	100%	100%
	1	91%	96%	92%	92%	100%	100%	98%	97%	100%	96%	100%	100%	100%	100%	98%
Mater Children's	2	76%	85%	86%	82%	98%	95%	90%	91%	96%	89%	98%	100%	99%	100%	93%
	3	100%	98%	100%	98%	99%	96%	99%	100%	100%	100%	100%	99%	100%	100%	99%
	1	95%	98%	93%	90%	95%	100%	na	93%	100%	97%	100%	100%	100%	100%	97%
Mater Mothers'	2	95%	98%	98%	96%	97%	97%	na	100%	100%	100%	97%	100%	100%	100%	99%
	3	100%	100%	100%	100%	100%	100%	na	100%	100%	100%	100%	100%	100%	100%	100%
	1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Mount Isa	2	100%	89%	100%	98%	100%	96%	77%	79%	91%	100%	90%	96%	100%	100%	94%
	3	100%	100%	100%	100%	100%	100%	100%	100%	na	100%	100%	100%	100%	100%	100%
	1	84%	83%	93%	89%	89%	88%	91%	96%	85%	92%	94%	86%	92%	93%	90%
Nambour	2	76%	69%	68%	76%	76%	75%	74%	83%	57%	54%	54%	64%	66%	48%	66%
	3	97%	70%	86%	89%	76%	73%	81%	85%	50%	74%	83%	88%	82%	82%	78%
	1	84%	81%	79%	83%	84%	88%	93%	96%	89%	89%	93%	92%	91%	89%	88%
Princess Alexandra	2	74%	71%	73%	76%	75%	74%	78%	81%	82%	72%	73%	75%	76%	69%	75%
	3	53%	52%	84%	74%	69%	77%	64%	42%	86%	87%	89%	100%	100%	63%	76%
	1	97%	99%	94%	90%	95%	83%	93%	93%	65%	92%	94%	86%	87%	96%	90%
QEII Jubilee	2	82%	89%	89%	86%	88%	89%	90%	83%	74%	73%	68%	68%	69%	60%	79%
ZEII Juonee	3	86%	86%	85%	84%	84%	86%	89%	91%	81%	81%	86%	88%	75%	62%	83%

	1	93%	82%	76%	87%	87%	74%	80%	94%	97%	97%	100%	100%	99%	100%	90%
Redcliffe	2	56%	68%	68%	63%	56%	57%	50%	59%	50%	61%	52%	53%	65%	69%	59%
	3	89%	67%	79%	78%	89%	68%	70%	72%	70%	76%	59%	79%	79%	87%	75%
	1	96%	100%	96%	96%	88%	96%	85%	94%	100%	100%	98%	86%	95%	91%	94%
Redland	2	78%	93%	98%	89%	95%	92%	96%	91%	89%	88%	94%	86%	92%	94%	92%
	3	98%	90%	90%	100%	100%	100%	100%	93%	100%	100%	88%	100%	100%	100%	97%
	1	na	na	89%	90%	97%	95%	94%	88%	80%	87%	85%	89%	96%	100%	91%
Robina	2	na	na	89%	83%	84%	81%	74%	81%	72%	70%	85%	80%	90%	95%	82%
	3	na	na	99%	94%	98%	98%	87%	90%	96%	94%	89%	90%	91%	97%	94%
Rockhampton Base	1	75%	92%	84%	98%	99%	100%	99%	100%	100%	100%	100%	99%	100%	100%	98%
	2	51%	63%	66%	66%	63%	81%	84%	88%	80%	92%	94%	91%	85%	90%	80%
	3	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Royal Brisbane &	1	85%	87%	91%	90%	92%	91%	95%	98%	97%	93%	91%	92%	88%	87%	92%
Women's	2	69%	71%	71%	76%	73%	71%	77%	79%	72%	69%	69%	68%	71%	70%	72%
Women's	3	87%	82%	81%	78%	69%	64%	67%	63%	74%	69%	71%	60%	73%	71%	71%
	1	97%	96%	91%	94%	90%	92%	88%	93%	84%	90%	95%	100%	98%	100%	93%
Royal Children's	2	82%	82%	92%	92%	82%	79%	80%	80%	72%	76%	75%	84%	89%	89%	82%
	3	98%	100%	100%	100%	100%	100%	100%	100%	100%	98%	100%	95%	97%	100%	99%
	1	97%	97%	94%	95%	91%	94%	96%	96%	100%	100%	100%	100%	100%	100%	97%
The Prince Charles	2	77%	83%	88%	75%	85%	84%	90%	87%	86%	89%	88%	88%	84%	82%	85%
	3	95%	95%	99%	100%	97%	100%	94%	94%	96%	95%	89%	92%	95%	90%	95%
	1	91%	92%	83%	91%	94%	92%	86%	88%	94%	97%	100%	100%	100%	100%	94%
Toowoomba	2	43%	54%	56%	46%	45%	46%	50%	66%	66%	41%	57%	65%	64%	73%	56%
	3	97%	96%	65%	76%	81%	84%	77%	83%	81%	80%	67%	57%	81%	63%	76%
	1	95%	93%	94%	95%	94%	93%	95%	95%	89%	88%	94%	87%	96%	91%	93%
Townsville	2	59%	55%	69%	61%	61%	81%	74%	67%	70%	70%	73%	70%	71%	72%	69%
	3	63%	50%	60%	51%	72%	54%	73%	73%	60%	59%	58%	70%	69%	74%	63%

Table 3: Average overdue days of elective surgery patients waiting longer than the clinically recommended time, by Hospital and Health

Service, by urgency category (CAT), selected monthly census dates

		Change of Government								Period p	ost Feder		ment's \$1 uts	03m health	funding	]
HHS	CAT	Mar-12	Jun-12	Jul-12	Aug-12	Sep-12		Nov-12	Dec-12	Jan-13	Feb-13			May-13	Jun-13	Average June 2012 - June 2013
Cairns and	1	17	22	19		16		31	16						18	
Hinterland	2	83	104	112	109				99			97	102		75	
Timteriana	3	38	56	62	69	68	76		95	81	75					
=	1	8	20	58		7	na		21	69					na	
Central Queensland	2	52	65	57	50	48			58		86				na	
	3	21	na	14	na	na	22	34	83	114	na	19		1	na	54
	1	na	na	na	na	na			na			na			na	
Children's Health	2	41	64	8	14	23	30	25	27	36	23	33	35	164	na	40
	3	na	na	na	na	na		na	na		na	na	na		na	
	1	12	9	13				3	28		na	na	na		na	
Darling Downs	2	68	69	78		81	83		88			72	69			
	3	76	98	88	98	64		80	91	99	100	74				
=	1	5	12	na	13			10	14			13			10	
Gold Coast	2	50	22	27	19	23			33		22	31	48		19	
	3	50	na	20	22	17		20	36	35		45				
=	1	8	39	67	211	na					14	3		70		
Mackay	2	43	93	na	na	16			25	29		35		65	na	
	3	121	na	na	na	na	17	24	34	24	26	40	na	na na	na	
=	1	na	na	na	na	na	na	na	na	na	na	na	na	na na	na	na
Mater Health	2	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	3	na	na	na	na	na		na	na	na	na	na	na		na	
=	1	33	13	17	21	28		28	11	17	15	22	21		25	
Metro North	2	121	120	127	119	104		105	109	107	109	120	132			
	3	166	171	170	176			127	143	141	135	129			174	
=	1	31	27	36		41	150	41	25	31	21	23			17	
Metro South	2	166	183	190	193	196		200	194		182	198			182	
	3	139	170	166	168	174	171	157	177	164		156		155	152	
	1	na	na	na	na	na		na	13			103			na	
North West	2	na	na	na	na	na	21	3	17	38		37	67	98	128	
	3	na	na	na	na	na		na	18			na	na	na na	na	
	1	3	19	35		1	208	20	14			5	11		na	
Sunshine Coast	2	48	63	66		46		35	49		39					
	3	19	64	50	48	56	62	65	74	90	105	124	140	138	53	82

	1	7	2	43	7	7	na	3	11	18	8	13	9	10	4	11
Townsville	2	77	78	83	79	96	69	71	74	60	69	82	92	104	143	85
	3	83	95	107	106	110	108	117	135	141	126	130	129	106	136	119
	1	8	14	17	24	8	na	62	na	16	20	na	na	na	na	23
West Moreton	2	166	135	133	146	149	139	118	149	145	134	131	136	129	123	136
	3	100	133	124	135	112	114	105	137	126	98	96	88	107	122	115
	1	28	14	6	13	20	na	21	19	32	44	43	62	3	14	24
Wide Bay	2	98	110	99	87	105	111	122	138	117	138	451	50	61	56	126
	3	71	59	63	62	67	85	90	100	112	109	403	54	81	74	105
	1	27	23	30	26	31	38	24	19	25	21	25	21	22	19	25
TOTAL	2	120	129	134	132	132	129	128	132	127	126	161	148	149	147	137
	3	120	141	138	140	131	124	120	142	137	133	148	138	138	137	136

Table 4: Average overdue days of elective surgery patients waiting longer than the clinically recommended time, by hospital, by urgency category (CAT), selected monthly census dates

		Change of Government								Period p	ost Feder		ment's \$1 uts	03m health	funding	
11110	G A TO	3.5 4.0	T 10	T 1 10		G 10	0 10	10	D 10	T 10	F 1 10	3.5 4.0			T 10	Average
HHS	CAT	Mar-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	June 2012 - June 2013
	1	na	na	na	na	na	na	na	na	na		na			87	
Atherton	2	na	na	na	na	na	na	na	17	24	na	13	43	na	na	24
	3	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na na
	1	na	na	na	na	na	na	na	na	na	na	na	na		na	
Beaudesert	2	na	na	na	na	na	na	na	na	na	na	na	na		na	11
	3	na	na	na	na		na		na	na		na	na			
	1	18	na	na	na	14	16		na	na	10	na	na			
Bundaberg	2	92	106	96			98	99	112	79		69	59		91	
	3	76	64	69	58			89	104	120	126	122	59			
	1	12	na	na	2				na	na		na	na	na	na	
Caboolture	2	18	na	na	36				16	24	18	na	3	1	1	15
	3	na	na	na	na	25	25		na	na		16				
	1	17	22	19	24	16			12	176		12				
Cairns	2	83	104	112	109				96	94		97	102	84		
	3	38	56	62	69	68		84	95	81	75	93	78	74	59	
	1	na	na	na	na	na	208	na	na	na		na	na	na	na	
Caloundra	2	22	na	10	14	20			na							
	3	na	na	na	na	na	na		na	na		na	20			
	1	na	14	na	na	na	na	21	na	na	na	na	12			
Emerald	2	na	26	na	na	na	na	na	na	62	na	na	8	24		30
	3	na	na	na	na	na			na	na	na	na	na			
	1	na	22	58			27	17	21	69		na	na	9	na	
Gladstone	2	13	23	26	na				19	17	4	13	na	na	na	
	3	40	na	14	na	na		34		114	na	19	na			
	1	5	12	na	12		12		19	17	15	13				
Gold Coast	2	50	22	27	19				31	22	18	24	42		22	
	3	50	na	20	22	17	14	20	37	37	51	55	57	33	20	
	1	na	na	na	8	na	na		16	na		4	na		na	
Gympie	2	na	na	na	na	na	na	10	5	6		29	60	na	na	21
	3	na	na	na	na				na	na		na	na	na		
	1	39	14	7	13		28		21	36		49	110	1	15	
Hervey Bay	2	78	77	72	68				54	88		52	32	40		
	3	70	50	56	66	63	78	26	60	52	54	21	15	2	21	43

	1	na	37	na	na	na	na	na	11	24						
Innisfail	2	na	4	na	na	na	na									
	3	na														
	1	8	14	17	24	8	9	62	na	16	20	na	na	na	na	21
Ipswich	2	166	135	133	146	149	139	118	142	145	134	131	136	129	123	135
r · · · ·	3	100	133	124	135	112	114	105	127	126	98	96	88	107	122	114
	1	na	17	24	na	5	na	17	na							
Kingaroy	2	na	na	21	na	7	na	14								
	3	na	23	53	84	na	53									
	1	na	na	na	na	na	na	1	11	na	na	4	9	7	12	
Logan	2	na	14	13	12	32	50	29	41	27						
	3	na	5	16	25	42	50	32	28							
	1	8	39	67	211	na	na	6	na	na	14	3	7	70	na	52
Mackay Base	2	43	93	na	na	16	33	26	25	29	25	35	57	65	na	41
	3	121	na	na	na	na	17	24	34	24	26	40	na	na	na	27
	1	9	na	3	na	na	5	na	2	16	na	2	13	3	12	7
Maryborough	2	151	180	154	191	279	202	217	143	225	219	621	28	36	28	194
	3	4	70	73	84	90	84	248	141	162	94	505	69	na	11	136
	1	na														
Mater Adult	2	na														
	3	na														
	1	na														
Mater Children's	2	na														
	3	na														
	1	na														
Mater Mothers'	2	na														
	3	na														
	1	na	13	44	72	103	na	na	na	58						
Mount Isa	2	na	na	na	na	na	21	3	17	38	11	37	67	98	128	47
	3	na	18	48	na	na	na	na	na							
	1	3	19	35	9	1	na	20	13	32	10	5	11	na	na	15
Nambour	2	49	63	66	47	46	41	36	50	46	45	54	60	58	35	
	3	18	64	50	48	56	62	65	74	90	106	124	142	147	69	
	1	32	29	37	34	45	57	44	28	32	25	24	27	23	15	
Princess Alexandra	2	171	187	195	198	204	199	208	165	194	197	213	218	223	213	
	3	143	177	179	187	194	191	165	170	174	176	169	174	167	173	
	1	na	16	33	31	21	35	na	14	19	10	na	12	30	9	
QEII Jubilee	2	124	147	145	148	132	135	124	127	122	101	104	67	62	46	112
	3	129	147	128	106	116	113	130	116	129	120	113	130	106	94	119

	1	8	8	19	19	43	20	16	9	18	na	na	na	na	na	19
Redcliffe	2	57	77	75	80	81	88	75	63	70	67	75	79	62	58	73
	3	36	35	48	47	57	68	79	85	87	81	62	72	74	80	67
	1	1	na	na	2	na	60	31	28	30						
Redland	2	88	9	173	135	109	128	157	130	135	235	159	107	117	122	132
	3	3	5	na	na	na	na	30	na	na	34	116	146	177	71	83
	1	na	na	na	22	18	na	43	3	15	11	14	na	na	na	18
Robina	2	na	na	na	na	na	15	24	36	20	28	37	53	88	12	35
	3	na	na	na	na	na	na	19	35	33	36	31	42	1	na	28
	1	8	21	na	21											
Rockhampton Base	2	53	68	60	50	52	59	51	60	72	89	89	92	51	na	66
	3	1	na	96	na	96										
David Drichana 6	1	38	21	15	20	18	23	33	15	16	15	22	21	23	25	21
Royal Brisbane &	2	135	131	142	131	112	113	112	116	117	121	129	142	143	139	127
Women's	3	174	182	182	195	165	143	138	145	152	148	144	156	177	180	162
	1	na	na	na	na	9	na	9								
Royal Children's	2	41	64	8	14	23	30	25	27	36	23	33	35	164	na	40
	3	na	28	na	na	na	na	na	28							
	1	na	9	19	25	36	18	na	21							
The Prince Charles	2	69	77	79	65	71	61	65	66	68	59	57	52	55	41	63
	3	92	15	36	40	69	52	40	55	47	33	43	24	33	7	38
	1	12	5	10	3	15	13	3	28	17	na	na	na	na	na	12
Toowoomba	2	68	69	78	71	81	83	84	86	84	69	72	69	43	na	74
	3	76	98	88	98	64	67	80	90	99	100	75	79	75	71	83
	1	7	2	43	7	7	15	3	11	18	8	13	9	10	4	11
Townsville	2	77	78	83	79	96	69	71	70	60	69	82	92	104	143	84
	3	83	95	107	106	110	108	117	132	141	126	130	129	106	136	119

Table 5: Number of elective surgery patients waiting from the longest waiting 10% cohort statewide (as at 31 December of the previous year), by Hospital and Health Service, by urgency category (CAT), selected months

		Change of Government		ζ- //						Period p	ost Feder		ment's \$10 uts	03m health	funding
HHS	CAT	Mar-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
Cairns and	1	na	1	na	na	na	na	na	na						
Hinterland	2	1	1	na	na	na	na	na	na	5	5	5	1	na	na
Timeriand	3	na	na	na	1	1	1	na	na	2	2	1	1	1	2
	1	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Central Queensland	2	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	3	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	1	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Children's Health	2	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	3	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	1	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Darling Downs	2	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	3	na	na	na	na	na	na	na	na		na	na	na	na	na
	1	na	na	na	na	na	na	na	na	2	1	na	na	na	na
Gold Coast	2	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	3	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	1	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Mackay	2	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	3	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	1	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Mater Health	2	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	3	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	1	4	1	na	na	1	1	1	1	na	na	na	na	na	na
Metro North	2	94	45		32	17	7	6	7	7	13	13	13	13	11
	3	52	34	26	21	15		6	5	4	16	16		16	16
	1	5	3	_	2	3		na	na		4	1	2	3	3
Metro South	2	132	103		80	67	60	57	56		223	211	199	185	136
	3	29	28	23	23	24	22	20	20	77	77	73	70	59	
	1	na	na	na	na	na	na	na	na	na	na	na	na	na	na
North West	2	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	3	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	1	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Sunshine Coast	2	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	3	na	na	na	na	na	na	na	na	1	1	na	na	na	na
	1	1	na	na	na	1	na	na							
Townsville	2	3	1	1	na	na	1	1	1	1	na			na	1
	3		na		na	na	na	na	na	18	8	7	6	4	4
	1	2	1	na	na	na	1	na	1	1	na	na	na	na	na

West Moreton	2	3	38	40	37	30	16	6	5	33	23	17	14	10	8
	3	3	na	1	1	1	4	1	1	5	3	3	5	3	3
	1	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Wide Bay	2	2	1	1	1	1	1	1	1	1	1	1	na	na	na
	3	2	na	na	na	na	na	na	na	na	na	na	1	1	1
	1	12	6	3	2	4	4	1	2	5	5	1	3	3	3
TOTAL	2	273	189	176	150	115	85	71	70	285	265	247	228	208	156
	3	86	62	50	46	41	33	27	26	107	107	100	99	84	71

Table 6: Number of elective surgery patients waiting from the longest waiting 10% cohort statewide (as at 31 December of the previous year), by urgency category (CAT), selected months

		Change of Government								Period p	ost Federa		ment's \$10 uts	03m health	funding
HHS	CAT	Mar-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
	1	na	na	na	na	na	na	na	na	na	na	na	na	na	n
Atherton	2	na	na	na	na	na	na	na	na	na	na	na	na	na	n
	3	na	na	na	na	na	na	na	na	na	na	na	na	na	n
	1	na	na	na	na	na	na	na	na	na	na	na	na	na	n
Beaudesert	2	na	na	na	na	na	na	na	na	na	na	na	na	na	n
	3	na	na	na	na	na	na	na	na	na	na	na	na	na	n
	1	na	na	na	na	na	na	na	na	na	na	na	na	na	n
Bundaberg	2	1	1	1	1	1	1	1	1	1	1	1	na	na	r
	3	na	na	na	na	na	na	na	na	na	na	na	na	na	n
	1	na	na	na	na	na	na	na	na	na	na	na	na	na	n
Caboolture	2	na	na	na	na	na	na	na	na	na	na	na	na	na	n
	3	na	na	na	na	na	na	na	na	na	na	na	na	na	r
	1	na	1	na	na	na	na	na	n						
Cairns	2	1	1	na	na	na	na	na	na	5	5	5	1	na	n
	3	na	na	na	1	1	1	na	na	2	2	1	1	1	
	1	na	na	na	na	na	na	na	na	na	na	na	na	na	r
Caloundra	2	na	na	na	na	na	na	na	na	na	na	na	na	na	r
	3	na	na	na	na	na	na	na	na	na	na	na	na	na	n
	1	na	na	na	na	na	na	na	na	na	na	na	na	na	1
Emerald	2	na	na	na	na	na	na	na	na	na	na	na	na	na	1
	3	na	na	na	na	na	na	na	na	na	na	na	na	na	1
	1	na	na	na	na	na	na	na	na	na	na	na	na	na	1
Gladstone	2	na	na	na	na	na	na	na	na	na	na	na	na	na	1
	3	na	na	na	na	na	na	na	na	na	na	na	na	na	1
	1	na	na	na	na	na	na	na	na	2	1	na	na	na	1
Gold Coast	2	na	na	na	na	na	na	na	na	na	na	na	na	na	1
	3	na	na	na	na	na	na	na	na	na	na	na	na	na	1
	1	na	na	na	na	na	na	na	na	na	na	na	na	na	1
Gympie	2	na	na	na	na	na	na	na	na	na	na	na	na	na	1
	3	na	na	na	na	na	na	na	na	na	na	na	na	na	1
	1	na	na	na	na	na	na	na	na	na	na	na	na	na	1
Hervey Bay	2		na	na	na	na	na	1							
	3	2	na	na	na	na	na	1							
	1	na	na	na	na	na	na	na	na	na	na	na	na	na	1
Innisfail	2		na	na	na	na	na	1							
	3	na	na	na	na	na	na	na	na	na	na	na	na	na	r
	1	2	1	na	na	na	1	na	1	1	na	na	na	na	r

Ipswich	2	41	38	40	37	30	16	6	5	33	23	17	14	10	8
_	3	3	na	1	1	1	4	1	1	5	3	3	5	3	3
	1	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Kingaroy	2	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	3	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	1	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Logan	2	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	3	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	1	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Mackay Base	2	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	3	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	1	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Maryborough	2	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	3	na	na	na	na	na	na	na	na	na	na	na	1	1	1
	1	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Mater Adult	2	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	3	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	1	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Mater Children's	2	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	3	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	1	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Mater Mothers'	2	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	3	na	na	na	na	na	na	na	na	na	na	na	na	na	na
7.6	1	na	na	na	na	na	na	na	na		na	na	na		na
Mount Isa	2	na	na	na	na	na	na	na	na	na	na	na	na	na	na
	3	na	na	na	na	na	na	na	na	na	na	na	na		na
NT 1	1	na	na	na	na	na	na	na	na	na	na	na	na		na
Nambour	2	na	na	na	na	na	na	na	na	na	na	na	na		na
	3	na	na	na	na	na	na	na	na	1	1	na	na		na
D: 41 1	1	4	3	3	2	3	2	na	na		4	1	2	3	3
Princess Alexandra	2	127	100	90	80	67	60	57	56		223	211	199	185	136
	3	24	24	23	23	24	22	20	20		77	73	70	59	45
OEH I-1-11-	1	1	0	na	na	na	na	na	na		na	na	na		na
QEII Jubilee	2	5	3	na	na	na	na	na	na		na	na	na		na
	3	5	4	na	na	na	na	na	na		na	na	na		na
D . 1 1100	1	1	na	na	na	na	na	na	na		na	na	na	na	na
Redcliffe	2	na	na	na	na	na	na	na	na		na	na	na	na	na
	3	na	na	na	na	na	na	na	na	na	na	na	na	na	na

	1	na													
Redland	2	na													
	3	na													
	1	na													
Robina	2	na													
	3	na													
	1	na													
Rockhampton Base	2	na													
	3	na													
Royal Brisbane &	1	3	1	na			1	1	1	na					na
Women's	2	94	45	44	32		7	6	7	7	13	13	13	13	
Women's	3	52	34	26	21	15	6	6	5	4	16	16	16	16	16
	1	na													
Royal Children's	2	na													
	3	na													
	1	na													
The Prince Charles	2	na													
	3	na													
	1	na													
Toowoomba	2	na													
	3	na													
	1	1	na	1	na	na									
Townsville	2	3	1	1	na	na	1	1	1	1	na	na	1	na	1
	3	na	18	8	7	6	4	4							

### **HEALTH AND COMMUNITY SERVICES COMMITTEE**

# **2013 ESTIMATES PRE-HEARING**

# **QUESTION ON NOTICE**

No. 3

THE HEALTH AND COMMUNITY SERVICES COMMITTEE ASKED THE MINISTER FOR HEALTH (Mr SPRINGBORG)—

## QUESTION:

I refer to the Summary of portfolio budgets in the SDS and ask the Minister to please outline, which 2013-14 Hospital and Health Service budget estimates are less than the 2012-13 actual expenditure and which 2013-14 Hospital and Health Service budget estimates are less than the benchmarked growth rate for the State agreed under the National Health Reform Agreement?

### ANSWER:

There are six Hospital and Health Services (HHSs) that have published budget allocations for 2013-14 which indicate a decrease on their 2012-13 estimated actual expenditure. The six HHSs are Central West, Children's Health Queensland, Metro North, South West, Sunshine Coast and Wide Bay.

It is important to note that a number of factors are considered when determining budgets for HHSs including activity levels, projected growth for the region and new services planned. Budgets are not based solely on actual expenditure from the previous year. In addition, all HHSs are being funded in a way which incentifies them to deliver high quality services at or below the National Efficient Price.

The National Health Reform Agreement (NHRA) includes provisions for 'Maintenance of Effort' (clauses A80 and A81) regarding expenditure on health. The benchmark for assessing maintenance of effort for 2013-14 is growth of at least 5.25 per cent on a statewide basis relative to the outcome in 2012-13 for recurrent expenditure. The NHRA does not advise benchmarks for hospital-specific growth in funding.

On an individual HHS basis, two HHSs, Gold Coast and West Moreton, received budget allocations in 2013-14 more than 5.25 per cent above estimated actual expenditure for 2012-13 as reported in the SDS. The HHSs which received budget growth of less than 5.25 per cent compared are in the following table.

Hospital and Health Service
Cairns & Hinterland
Cape York
Central Queensland
Central West
Children's Health Queensland
Darling Downs
Mackay
Metro North
Metro South
North West
South West
Sunshine Coast
Torres Strait – Northern Peninsula
Townsville
Wide Bay
Total

It should be emphasised that comparing 2013-14 budgets to estimated actual expenditure for 2012-13 is problematic. Significant funds have been retained by the Department of Health for allocation to HHSs during 2013-14. These relate to a broad range of services for which budgets cannot be determined at this stage – for instance services that relate to capital builds where the completion date is uncertain at this stage, funding related to certain Commonwealth programs, funding to address unexpected increases in in-year demand for certain specialties, and others. When such factors are taken into account the overall increase in the Queensland Health consolidated budget for 2013-14 compared to estimated actual expenditure for 2012-13 is 4.5 per cent.

The NHRA also provides (clause A80 (d) (ii)) that a decision by a jurisdiction to constrain general growth in government expenditure would be an acceptable reason for failure to achieve 5.24% the benchmark, provided that the slowing in expenditure growth is not specific to the health system and that any slower growth in health expenditure is sustained beyond the end of the transition period.

Health is one of the Queensland Government's key priorities, evidenced by record increases to the Queensland Health budget under this Government. The Queensland Health budget has increased at a faster rate than the overall Queensland Government budget, a sign of the importance this Government attaches to Health despite the challenging fiscal environment we continue to face.

In accordance with clause A80 (d) (ii) the increase in the Queensland Health budget can be compared with the change in Queensland Government General Government Sector budgeted expenditure for the same period, which is forecast to contract slightly from \$48.518 billion in 2012-13 to \$48.436 billion in 2013-14 (a reduction of 0.2 per cent). Accordingly the benchmark criterion defined by the NHRA is being met.

### **HEALTH AND COMMUNITY SERVICES COMMITTEE**

### 2013 ESTIMATES PRE-HEARING

# **QUESTION ON NOTICE**

No. 4

THE HEALTH AND COMMUNITY SERVICES COMMITTEE ASKED THE MINISTER FOR HEALTH (Mr SPRINGBORG)—

### **QUESTION:**

I refer to page 21 of the SDS and ask the Minister to please outline, for each of the three categories of clinical urgency seeking Specialist Outpatient Services, in each clinical specialty, for each month from June 2012 to June 2013 inclusive, and for all reporting hospitals and aggregated by HHS: what proportion of people are waiting within the clinically recommended time; and what is the 90<sup>th</sup> percentile waiting time in days for patients?

## ANSWER:

Queensland Health's Hospital Performance website publishes information on the percentage of patients waiting for an initial specialist outpatient service event within the clinically recommended time for their urgency category, by urgency category, by specialist clinic, and by hospital, for the most recent quarterly census date. Also available online is the 90<sup>th</sup> percentile waiting time in days for initial service events, by urgency category, by specialist clinic, and by reporting hospital for the most recent quarter. The Hospital Performance website is available at <a href="http://www.health.qld.gov.au/hospitalperformance/">http://www.health.qld.gov.au/hospitalperformance/</a>

As the data source for these measures is a dynamic hospital information system, and these figures were re-generated in order to answer the question, some information provided may vary slightly from that reported through Hospital Performance. All information published on Hospital Performance is caveated as being preliminary and subject to change for this reason.

Queensland Health is leading the way concerning the transparency of reporting specialist outpatient waiting times, with the most detailed and up-to-date information on this service area, in Australia.

Queensland Health began publication of specialist outpatient waiting times in October 2012, following a number of investments in this area including enhancements to information systems, implementation of a statewide standard clinic code set, and appointment of Business Practice Improvement Officers in reporting hospitals. Prior to 1 July 2012, the lack of standardised systems and clinics codes, and poor data quality, precluded the responsible publication of waiting times.

For these reasons, some of the information requested is unavailable:

• The Mater Adult, Children's and Mothers' Public Hospitals, Princess Alexandra Hospital and Royal Brisbane and Women's Hospital data is not available because non-enterprise information systems are used in these hospitals. The Department of Health is working with the Mater Health Services and Metro North and Metro South Hospital and Health Services to develop a data extract from these systems to be able to report their activity and performance in the future.

- Regarding information on the percentage of patients waiting within clinically recommended times, data on patients waiting before 1 October 2012 is unavailable, as is data after 1 March 2013, as the most recent quarter's data is not yet validated by Hospital and Health Services.
- Regarding the 90<sup>th</sup> percentile waiting times, data on patients seen before July 2012 is unavailable, as is data after March 2013, as the most recent quarter's data is not yet validated by Hospital and Health Services.

I am also pleased to provide Attachment 1, 80 tables containing the data that we are able to provide:

- Tables 1 to 27: The percentage of patients waiting for an initial specialist outpatient service event within the clinically recommended time for their urgency category, by urgency category, by specialist clinic, by monthly census date from 1 October 2012 to 1 April 2013, for each reporting hospital. Cells with a dash ("-") denote that there were no patients waiting.
- Tables 28 to 40: The percentage of patients waiting for an initial specialist outpatient service event within the clinically recommended time for their urgency category, by urgency category, by specialist clinic, by monthly census date from 1 October 2012 to 1 April 2013, for each Hospital and Health Service. Cells with a dash ("-") denote that there were no patients waiting.
- Tables 41 to 67: The 90<sup>th</sup> percentile waiting time in days for initial service events, by urgency category, by specialist clinic, by month from October 2012 to March 2013, for each reporting hospital. Cells with a dash ("-") denote that there were no patients seen.
- Tables 68 to 80: The 90<sup>th</sup> percentile waiting time in days for initial service events, by urgency category, by specialist clinic, by month from October 2012 to March 2013, for each Hospital and Health Service. Cells with a dash ("-") denote that there were no patients seen.

Table 1: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Atherton Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	1	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Cardiology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	100%	100%	-	100%	50%	-
Dermatology	2	57%	67%	63%	50%	25%	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Diabetes	2	100%	100%	-	80%	88%	82%
	3	78%	78%	70%	100%	75%	75%
	1	-	-	-	-	-	-
Ear Nose and Throat	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Endocrinology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Gastroenterology	2	-	-	-	-	-	-
	3	_	_	-	_	-	-
	1	56%	50%	19%	65%	49%	44%
General Medicine	2	58%	65%	70%	90%	87%	80%
	3	100%	100%	100%	100%	100%	100%
	1	67%	100%	-	100%	83%	33%
General Surgery	2	56%	67%	39%	57%	85%	92%
5 ,	3	100%	100%	100%	100%	100%	100%
	1	-	_	100%	_	60%	43%
Gynaecology	2	75%	92%	86%	75%	80%	85%
-,	3	100%	100%	98%	100%	98%	100%
	1	-	-	-	-	-	-
Nephrology	2	_	-	_	-	-	-
	3	_	_	_	_	_	_
	1	_	_	_	_	_	_
Neurology	2	_	_	_	_	_	-
1100101087	3	_	_	_	_	_	_
	1	_	_	_	_	_	
Neurosurgery	2	_		_		_	_
ricarosargery	3	_		_	_	_	_
	1			_		_	_
Ophthalmology	2	_	_	_	_	_	_
opininaninology	3						
	1						
Orthopaedic	2	100%	100%	67%			_
Orthopaeuic	3	100/0	100/0	07/0	-	-	-
	1	-	-	-	-	-	-
Dain Managamant	2	-	-	-	-	-	-
Pain Management		-	-	-	-	-	-
	3	-	-	-	-	-	•

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Respiratory	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Rheumatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	•	•	•	-	-
Urology	2	-	-	-	-	-	-
	3	-	•	•	•	-	1
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	•		-	-
	3	-	-	-	_	-	-

Table 2: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Beaudesert Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Cardiology	2	-	-	-	1	-	-
	3	-	-	-	1	-	-
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Diabetes	2	-	-	-	-	-	-
	3	-	-	-	-	-	_
	1	-	-	-	-	-	-
Ear Nose and Throat	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	
Endocrinology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Gastroenterology	2	-	-	-	-	-	-
	3	-	-	-	-	-	_
	1	-	-	-	-	-	-
General Medicine	2	-	-	-	-	-	-
	3	-	-	-	100%	-	_
	1	100%	-	-	-	-	100%
General Surgery	2	-	100%	100%	30%	75%	100%
	3	50%	100%	100%	100%	100%	100%
	1	-	-	-	ı	100%	-
Gynaecology	2	-	-	-	100%	100%	100%
	3	-	-	-	1	-	-
	1	-	1	-	ı	1	-
Nephrology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Ophthalmology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Orthopaedic	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	_
	3	-	-	-	-	-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Respiratory	2	-	-	-	-	-	-
	3	1	1	1	-	-	-
	1	-	•	•	•	-	-
Rheumatology	2	-	-	-	-	-	-
	3	-	•	•	•	-	-
	1	ı	ı	ı	-	-	-
Urology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 3: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Bundaberg Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	1	•
Cardiac Surgery	2	-	-	-	-	ı	-
	3	-	-	-	-	-	-
	1	100%	-	-	50%	-	-
Cardiology	2	-	1	100%	1	1	•
	3	92%	100%	100%	-	100%	100%
	1	-	1	-	1	ı	1
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Diabetes	2	-	-	100%	-	-	-
	3	-	-	-	-	-	-
	1	25%	-	-	-	-	-
Ear Nose and Throat	2	44%	86%	76%	57%	10%	-
	3	48%	53%	71%	71%	71%	-
	1	-	50%	-	33%	ı	50%
Endocrinology	2	33%	46%	58%	39%	26%	38%
	3	5%	5%	5%	5%	-	-
	1	25%	17%	29%	14%	56%	20%
Gastroenterology	2	26%	45%	32%	19%	41%	43%
	3	75%	100%	100%	90%	100%	100%
	1	-	100%	-	100%	ı	ı
General Medicine	2	-	-	-	100%	100%	-
	3	-	-	-	1	1	1
	1	73%	83%	80%	79%	86%	90%
General Surgery	2	26%	37%	40%	36%	37%	56%
	3	79%	93%	94%	100%	97%	97%
	1	58%	61%	62%	46%	50%	58%
Gynaecology	2	86%	81%	81%	87%	84%	88%
	3	-	100%	100%	100%	100%	100%
	1	83%	50%	50%	50%	50%	92%
Nephrology	2	23%	23%	24%	20%	20%	26%
	3	48%	52%	54%	54%	50%	44%
	1	-	-	-	-	-	-
Neurology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Ophthalmology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	84%	95%	86%	87%	81%	82%
Orthopaedic	2	43%	46%	45%	37%	36%	39%
	3	54%	54%	54%	53%	56%	54%
	1	8%	8%	6%	9%	4%	8%
Pain Management	2	7%	6%	7%	9%	12%	12%
	3	39%	31%	31%	30%	40%	37%

Plastic and	1	_	_	_	_	_	_
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	•	-	-	-
	1	ı	ı	ı	-	ı	-
Respiratory	2	-	ı	ı	-	-	-
	3	-	1	1	-	-	-
	1	26%	24%	13%	17%	24%	38%
Rheumatology	2	15%	14%	17%	16%	16%	15%
	3	52%	46%	45%	45%	50%	45%
	1	89%	81%	33%	60%	33%	50%
Urology	2	23%	24%	20%	14%	-	-
	3	40%	38%	39%	37%	29%	25%
	1	-	-	-	-	-	-
Vascular Surgery	2	•	1	•		•	-
	3	-	-	-	_	-	-

Table 4: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Caboolture Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	90%	100%	100%	100%	100%	75%
Cardiology	2	55%	58%	49%	47%	43%	53%
	3	100%	100%	100%	100%	92%	93%
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	82%	57%	20%	33%	67%	33%
Diabetes	2	66%	70%	48%	33%	32%	31%
	3	95%	94%	94%	94%	100%	100%
	1	-	-	-	-	-	-
Ear Nose and Throat	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	_	-	-
Endocrinology	2	-	-	-	-	-	-
	3	-	-	-	1	-	1
	1	86%	91%	87%	100%	88%	100%
Gastroenterology	2	22%	16%	14%	17%	16%	17%
	3	44%	42%	41%	42%	40%	36%
	1	42%	100%	100%	100%	100%	93%
General Medicine	2	74%	26%	37%	57%	79%	89%
	3	100%	100%	100%	-	-	-
	1	86%	97%	96%	96%	90%	93%
General Surgery	2	90%	88%	93%	82%	83%	84%
	3	98%	100%	100%	100%	100%	100%
	1	88%	100%	100%	100%	93%	92%
Gynaecology	2	83%	95%	91%	83%	78%	79%
	3	99%	100%	100%	100%	100%	100%
	1	-	1	-	1	-	
Nephrology	2	-	-	-	1	-	1
	3	1	ı	-	ı	-	•
	1	ı	1	-	ı	-	1
Neurology	2	-	-	-	-	-	-
	3	1	ı	-	ı	-	•
	1	ı	1	-	ı	-	1
Neurosurgery	2	-	-	-	1	-	1
	3	1	ı	-	ı	-	•
	1	-	-	-	-	-	
Ophthalmology	2	-	-	-		-	
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Orthopaedic	2	-	-	-	-	-	-
<u> </u>	3						
	1	-	-	-	-	-	-
Pain Management	2	-	-	-		-	_
	3	-	-				_

Plastic and	1	_	_	_	_	_	_
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	20%	100%	33%	75%	100%	-
Respiratory	2	85%	53%	45%	26%	27%	21%
	3	75%	71%	60%	73%	64%	63%
	1	77%	75%	33%	100%	-	100%
Rheumatology	2	20%	16%	18%	15%	17%	26%
	3	20%	17%	14%	11%	14%	11%
	1	-	-	-	-	-	-
Urology	2	-	-	-	-	-	-
	3	100%	100%	100%	-	-	-
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 5: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Cairns Base Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	100%	-	-	-	-
Cardiac Surgery	2	65%	72%	20%	67%	50%	62%
	3	-	-	-	-	-	-
	1	74%	50%	55%	57%	62%	58%
Cardiology	2	47%	47%	44%	44%	49%	52%
	3	98%	97%	97%	95%	95%	92%
	1	47%	13%	12%	31%	35%	17%
Dermatology	2	22%	21%	21%	23%	26%	24%
	3	62%	61%	64%	65%	80%	81%
	1	30%	59%	29%	50%	26%	18%
Diabetes	2	58%	68%	75%	65%	71%	79%
	3	91%	94%	89%	96%	100%	95%
	1	75%	83%	67%	88%	90%	94%
Ear Nose and Throat	2	32%	32%	26%	24%	26%	27%
	3	79%	77%	77%	77%	73%	68%
	1	73%	42%	35%	54%	93%	71%
Endocrinology	2	27%	35%	57%	67%	70%	64%
	3	100%	96%	96%	91%	95%	97%
	1	16%	18%	7%	12%	10%	9%
Gastroenterology	2	54%	33%	10%	17%	33%	-
	3	-	100%	-	100%	100%	-
	1	83%	58%	56%	71%	71%	56%
General Medicine	2	100%	100%	100%	90%	89%	89%
	3	100%	100%	100%	100%	100%	100%
	1	86%	86%	70%	77%	72%	61%
General Surgery	2	30%	28%	29%	26%	26%	22%
	3	91%	91%	91%	90%	90%	90%
	1	73%	80%	74%	80%	79%	74%
Gynaecology	2	87%	90%	83%	78%	82%	86%
	3	99%	99%	99%	99%	99%	99%
	1	45%	1	33%	30%	44%	30%
Nephrology	2	68%	71%	63%	60%	67%	71%
	3	94%	95%	97%	95%	97%	96%
	1	13%	37%	6%	8%	23%	18%
Neurology	2	5%	19%	21%	13%	15%	12%
	3	40%	41%	83%	81%	77%	76%
	1	78%	75%	40%	71%	63%	43%
Neurosurgery	2	21%	26%	26%	21%	21%	25%
	3	39%	47%	52%	56%	59%	55%
	1	60%	75%	32%	59%	58%	27%
Ophthalmology	2	38%	42%	38%	39%	39%	35%
	3	49%	53%	53%	55%	57%	57%
	1	89%	93%	85%	86%	81%	66%
Orthopaedic	2	19%	34%	38%	45%	44%	50%
	3	60%	48%	48%	48%	47%	46%
	1	33%	-	-	-	-	98%
Pain Management	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Plastic and	1	-	100%	92%	100%	75%	50%
Reconstructive	2	3%	5%	7%	7%	6%	4%
Surgery	3	58%	62%	61%	63%	61%	61%
	1	50%	64%	44%	44%	73%	65%
Respiratory	2	29%	26%	28%	31%	30%	34%
	3	35%	30%	28%	28%	22%	17%
	1	36%	60%	47%	79%	77%	53%
Rheumatology	2	44%	81%	79%	71%	63%	64%
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Urology	2	-	-	-	-	-	-
	3	-	-	-	-	-	1
	1	83%	82%	60%	43%	33%	50%
Vascular Surgery	2	39%	48%	38%	36%	34%	29%
	3	72%	71%	67%	65%	64%	64%

Table 6: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Caloundra Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Cardiology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	100%	86%	-	100%	50%	50%
Diabetes	2	89%	93%	100%	100%	90%	83%
	3	100%	100%	100%	100%	100%	100%
	1	-	-	-	-	-	-
Ear Nose and Throat	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Endocrinology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	44%	20%	13%	28%	-	-
Gastroenterology	2	80%	100%	100%	-	33%	-
	3	100%	100%	100%	100%	100%	-
	1	-	-	-	-	-	-
General Medicine	2	100%	100%	100%	100%	100%	100%
	3	-	-	-	-	-	100%
	1	-	92%	59%	50%	60%	57%
General Surgery	2	55%	83%	70%	73%	10%	42%
	3	-	-	-	-	-	-
	1	-	-	-	-	100%	-
Gynaecology	2	-	4%	-	26%	-	67%
	3	-	100%	100%	-	-	-
	1	-	-	-	-	50%	50%
Nephrology	2	-	-	-	-	100%	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurology	2	-	33%	67%	13%	-	14%
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	80%	95%	74%	87%	80%	89%
Ophthalmology	2	35%	32%	29%	26%	26%	28%
,	3	33%	33%	33%	32%	32%	30%
	1	100%	94%	75%	86%	100%	100%
Orthopaedic	2	-	-	-	52%	18%	13%
2opacaio	3	-	-	-	100%	-	-
	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	-
-	3	-	-	-	-	-	-

Plastic and	1	_	_	_	_	_	_
	-						
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	•	-	-	-
	1	ı	ı	ı	100%	ı	-
Respiratory	2	38%	40%	ı	100%	ı	1
	3	-	-	1	-	-	-
	1	ı	ı	ı	ı	ı	ı
Rheumatology	2	-	1	ı	-	-	-
	3	ı	ı	ı	-	ı	1
	1	ı	ı	ı	ı	ı	ı
Urology	2	-	ı	ı	-	-	-
	3	-	ı	ı	-	-	-
	1	-	-	-	-	-	-
Vascular Surgery	2	•	1	•	-	•	•
	3	-	-		-	-	-

Table 7: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Emerald Hospital

Cardiac Surgery	Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
Cardiology    1		1	-	-	-	-	-	-
Cardiology	Cardiac Surgery	2	-	-	-	-	-	_
Cardiology         2		3	-	-	-	-	-	-
Dermatology		1	-	-	-	-	-	-
Dermatology	Cardiology		-	-	-	-	-	-
Dermatology         2   .			-	-	-	-	-	-
Diabetes			-	-	-	-	-	-
Diabetes	Dermatology		-	-	-	-	-	-
Diabetes			-	-	-	-	-	-
Bar Nose and Throat	_				-	-	-	-
Ear Nose and Throat         1         -	Diabetes						-	-
Ear Nose and Throat         2         -			100%	100%	100%	100%	100%	100%
Endocrinology			-	-	-	-	-	-
Endocrinology 2	Ear Nose and Throat		-	-	-	-	-	-
Endocrinology 3			-	-	-	-	-	-
Gastroenterology   1			-	-	-	-	-	
Gastroenterology   1	Endocrinology		-	-	-	-	-	-
Gastroenterology 2			-	-	-	-	-	-
Separal Medicine			-	-	-	-	-	-
General Medicine         1         -	Gastroenterology		-	-	-	-	-	-
General Medicine         2         100%         100%         -			-	-	-	-	-	-
Separal Surgery   1			-	-	-	-	-	-
General Surgery         1         75%         92%         79%         40%         86%         25%           3         100%         97%         66%         71%         46%         44%           44%         3         100%         100%         100%         100%         100%           6ynaecology         2         92%         100%         100%         100%         66%         7           Nephrology         2         92%         100%         100%         100%         100%         100%           Nephrology         2         92%         100% <td< td=""><td>General Medicine</td><td></td><td></td><td></td><td>-</td><td>-</td><td>-</td><td>-</td></td<>	General Medicine				-	-	-	-
General Surgery         2         97%         97%         66%         71%         46%         44%           3         100%         100%         100%         100%         100%         100%         100%           Gynaecology         2         92%         100%         100%         100%         100%         100%         100%           Nephrology         2         92%         100%         100%         - <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>-</td> <td>-</td> <td>-</td>					-	-	-	-
Gynaecology         3         100%         100%         100%         100%         67%         -           Bynaecology         2         92%         100% <td< td=""><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	0							
Gynaecology         1         100%         100%         75%         100%         67%         -           Rephrology         2         92%         100%         1	General Surgery							
Gynaecology         2         92%         100%         100%         100%         100%           Nephrology         1         -         -         -         -         -         -           Neurology         2         -         -         -         -         -         -           Neurology         2         -         -         -         -         -         -           Neurosurgery         2         -         -         -         -         -         -         -           Neurosurgery         2         -								100%
Nephrology	Curanalaru							1000/
Nephrology       1       -	Gynaecology					100%	100%	100%
Nephrology       2       -			100%	100%	100%	-	-	-
Neurology	Nonhrology		-	-	-	-	-	
Neurology       1       -	Nephhology		-	-	-	-	-	-
Neurology       2       -								
Neurosurgery       1       - <t< td=""><td>Neurology</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Neurology							
Neurosurgery       1       - <t< td=""><td>Neurology</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Neurology							
Neurosurgery       2       - <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>_</td><td></td></t<>							_	
3     -     -     -     -     -     -     -       Ophthalmology       2     -     -     -     -     -     -     -       Orthopaedic       2     -     -     -     -     -     -     -       3     -     -     -     -     -     -       Pain Management     2     -     -     -     -     -     -     -     -	Neurosurgery		_	_	_		_	_
Ophthalmology       1       -       <	, rear osar ger y		_	-	_	_	_	_
Ophthalmology     2     -     -     -     -     -     -       3     -     -     -     -     -     -       Orthopaedic     2     -     -     -     -     -     -       3     -     -     -     -     -     -       Pain Management     2     -     -     -     -     -     -			_	_	_	_	_	_
Orthopaedic     3     -     -     -     -     -     -     -       Orthopaedic     2     -     -     -     -     -     -     -       3     -     -     -     -     -     -     -       Pain Management     2     -     -     -     -     -     -     -	Ophthalmology		_	_	_	-	_	_
Orthopaedic 2	5 p		_	-	-	-	-	_
Orthopaedic     2     -     -     -     -     -     -       3     -     -     -     -     -     -       Pain Management     2     -     -     -     -     -     -			-	-	-	-	-	-
3     - <td>Orthopaedic</td> <td></td> <td>_</td> <td>_</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td>	Orthopaedic		_	_	-	-	-	-
Pain Management 2	- 1		-	-	-	-	-	-
Pain Management 2			-	-	-	-	-	_
	Pain Management		-	-	-	-	-	-
		3	-	-	-	-	-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Respiratory	2	-	-	-	-	-	-
	3	1	1	-	-	-	1
	1	-	•	•	•	-	1
Rheumatology	2	-	-	-	-	-	•
	gery 3  ratory 2  3  atology 2  3  logy 2  3  1	-	-	-	-	-	-
	1	-	•	•	•	-	•
Urology	2	-	-	-	-	-	ı
	3	-	-	-	-	-	ı
	1	-		-		-	•
Vascular Surgery	2	-		-		-	•
	3	-	-	-	-	-	-

Table 8: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Gladstone Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	100%	78%	81%	55%	34%
Cardiology  Dermatology  Diabetes  Ear Nose and Throat  Endocrinology  Gastroenterology  General Medicine  General Surgery	2	100%	100%	100%	100%	86%	75%
	3	100%	100%	100%	100%	100%	100%
	1	60%	67%	43%	8%	10%	9%
Dermatology	2	92%	83%	53%	50%	60%	63%
	3	-	-	-	-	- - 55% 86% 100% 10%	100%
Diabetes	1	-	33%	-	-	-	-
	2	100%	63%	54%	57%	46%	8%
	3	-	-	100%	100%	100%	100%
	1	-	-	-	-	-	-
Ear Nose and Throat	2	-	_	-	-	_	-
	3	-	-	-	-		-
	1	-	_	-	-	_	-
Endocrinology	2	-	75%	50%	25%	43%	33%
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Gastroenterology	2	-	-	-	-	-	-
0,	3	-	-	-	-	-	-
	1	71%	50%	-	-	50%	-
General Medicine	2	91%	82%	54%	63%		71%
	3	98%	100%	100%	100%		91%
	1	78%	61%	57%	65%		80%
General Surgery	2	65%	90%	79%	86%		98%
, , , , , , , , , , , , , , , , , , , ,	3	100%	100%	100%	100%		100%
	1	91%	83%	67%	83%		100%
Gvnaecologv	2	78%	68%	78%	72%		88%
, , , , , , , ,	3	100%	100%	100%	100%		100%
	1	-	-	-	-	-	-
Nephrology	2	_	_	_	_	_	_
	3	_	_	_	_	_	_
	1	_	_	_	_	_	_
Neurology	2	_	_	_	_	_	_
	3	_	_	_	_	_	_
	1	_	_	_	_	_	_
Neurosurgery	2	_	_	_	_	_	-
	3	_	_	_	_	55% 86% 100% 10% 60% 100% - 46% 100% 50% 66% 94% 95% 99% 100% 88% 85% 100%	-
	1	_	_	_	_	_	_
Onhthalmology	2	_	_	_		_	-
<b>5</b> p	3	_	_	_	_	_	_
	1	50%	43%	_	-	100%	100%
Orthonaedic	2	21%	16%	12%	13%		22%
Cardiology  Dermatology  Diabetes  Ear Nose and Throat  Endocrinology  Gastroenterology  General Medicine	3	92%	93%	93%	93%		87%
	1	<i>J27</i> 0	-	-	-	-	-
Pain Management	2	_	_	_	_	_	_
. am management	3						
	J	_	-	-	-	-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Respiratory	2	-	-	-	-	-	-
	3	1	1	1	-	-	-
	1	-	•	•	•	-	-
Rheumatology	2	-	-	-	-	-	-
	3	-	•	•	•	-	-
	1	ı	ı	ı	-	-	-
Urology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 9: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Gold Coast Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	85%	88%	46%	76%	67%	58%
Cardiac Surgery	2	100%	100%	100%	83%	91%	88%
	3	-	-	-	-	-	-
	1	36%	44%	21%	29%	34%	33%
Cardiology	2	24%	29%	28%	22%	18%	17%
	3	94%	94%	95%	95%	94%	94%
	1	22%	15%	-	19%	55%	60%
Dermatology	2	7%	13%	13%	10%	9%	11%
	3	44%	40%	42%	36%	36%	34%
	1	46%	33%	20%	35%	43%	32%
Diabetes	2	54%	52%	47%	39%	30%	18%
	3	100%	100%	100%	75%	75%	75%
	1	66%	70%	39%	63%	76%	54%
Ear Nose and Throat	2	13%	12%	12%	11%	10%	11%
	3	44%	44%	45%	44%	67% 91% - 34% 18% 94% 55% 9% 36% 43% 30% 75% 76%	41%
	1	56%	46%	18%	32%	58%	54%
Endocrinology	2	32%	30%	24%	23%	26%	28%
	3	69%	67%	58%	54%	%       67%         %       91%         -       -         %       34%         %       94%         %       95%         %       96         %       36%         %       75%         %       76%         %       10%         %       26%         %       58%         %       26%         %       19%         %       59%         %       59%         %       59%         %       55%         %       55%         %       59%         %       59%         %       59%         %       59%         %       59%         %       59%         %       59%         %       59%         %       59%         %       59%         %       59%         %       59%         %       59%         %       59%         %       50%         %       50%         %       50%	56%
	1	10%	12%	7%	14%	14%	11%
Gastroenterology	2	19%	21%	18%	19%	19%	20%
	3	66%	65%	63%	48%	45%	40%
	1	68%	72%	57%	64%	59%	61%
General Medicine	2	100%	100%	94%	100%	88%	100%
	3	100%	100%	100%	100%	42% 58% 26% 56% 14% 19% 45% 59% 88% 100% 55% 25% 40% 57% 59% 72% 63% 50%	100%
	1	70%	67%	43%	54%	55%	55%
<b>General Surgery</b>	2	27%	26%	27%	29%	25%	27%
	3	53%	53%	55%	43%	67% 91% 34% 18% 94% 55% 9% 36% 43% 30% 75% 76% 10% 42% 58% 26% 56% 14% 19% 45% 59% 88% 100% 55% 25% 40% 57% 59% 72% 63% 57% 59% 72% 63% 50% 72% 63% 50% 41% 9% 41% 9% 41% 9% 41% 9% 41% 9% 41% 89% 41% 89% 41% 89% 30%	35%
	1	73%	64%	41%	44%	57%	50%
Gynaecology	2	64%	63%	62%	63%	59%	57%
	3	77%	73%	73%	72%	72%	70%
	1	44%	52%	35%	56%	63%	60%
Nephrology	2	73%	83%	73%	50%	50%	56%
	3	-	-	-	-	-	-
	1	30%	37%	22%	33%	49%	35%
Neurology	2	74%	81%	79%	78%	71%	76%
	3	64%	67%	70%	57%	57%	75%
	1	65%	51%	31%	43%	41%	42%
Neurosurgery	2	11%	10%	9%	9%	9%	10%
	3	81%	76%	74%	71%	66%	60%
	1	52%	66%	51%	63%	62%	42%
Ophthalmology	2	32%	29%	29%	26%	29%	32%
	3	39%	40%	40%	41%	41%	40%
	1	87%	92%	86%	90%	89%	83%
Orthopaedic	2	30%	29%	28%	24%	24%	24%
	3	60%	58%	56%	54%	52%	49%
	1	48%	43%	32%	46%	50%	41%
Pain Management	2	21%	22%	23%	20%	30%	33%
anapement	3	3%	4%	4%	3%	3%	8%

Plastic and	1	75%	87%	64%	74%	73%	62%
Reconstructive	2	57%	75%	83%	81%	70%	80%
Surgery	3	81%	79%	73%	83%	82%	80%
	1	44%	54%	32%	39%	45%	46%
Respiratory	2	39%	35%	31%	26%	23%	26%
	3	100%	100%	100%	100%	97%	94%
	1	7%	2%	2%	7%	1%	7%
Rheumatology	2	11%	8%	6%	8%	4%	6%
	3	31%	29%	28%	25%	21%	24%
	1	71%	55%	43%	62%	52%	58%
Urology	2	81%	85%	81%	69%	66%	75%
	3	72%	68%	66%	74%	73%	74%
	1	83%	88%	68%	88%	81%	76%
Vascular Surgery	2	93%	89%	93%	91%	92%	98%
	3	100%	100%	100%	100%	100%	100%

Table 10: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Gympie Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	1	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Cardiology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	86%	75%	33%	63%	100%	100%
Diabetes	2	50%	100%	100%	100%	100%	100%
	3	100%	100%	100%	100%	100% 100% 17% 25% 50% 68% 100% 67% 86% 100% 50% 34% 86%	-
	1	-	-	-	-	-	-
Ear Nose and Throat	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	5 100% 5 100% 6	-
Endocrinology	2	-	-	-	-	-	-
	3	-	-	-	-		-
	1	33%	33%	43%	50%	17%	-
Gastroenterology	2	27%	13%	14%	-	25%	25%
	3	-	-	-	-	-	-
	1	83%	80%	50%	75%	50%	43%
General Medicine	2	82%	91%	71%	65%	68%	82%
	3	100%	100%	100%	100%	100%	-
	1	83%	100%	100%	83%	67%	75%
General Surgery	2	94%	98%	95%	84%	86%	90%
	3	99%	99%	100%	100%	100%	99%
	1	67%	85%	26%	48%	100% 100% 17% 25% 50% 68% 100% 67% 86% 100% 50% 34% 86% 60% 50%	36%
Gynaecology	2	34%	41%	31%	38%		36%
	3	93%	93%	93%	89%		83%
	1	75%	-	50%	40%		25%
Nephrology	2	-	-	-	67%	50%	67%
	3	-	100%	100%	100%	-	-
	1	-	-	-	-	-	-
Neurology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Ophthalmology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	50%	95%	100%	92%		75%
Orthopaedic	2	100%	80%	100%	69%		63%
	3	70%	67%	64%	68%		62%
	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Respiratory	2	-	-	-	-	-	-
	3	1	1	-	-	-	1
	1	-	•	•	•	-	1
Rheumatology	2	-	-	-	-	-	•
	gery 3  ratory 2  3  atology 2  3  logy 2  3  1	-	-	-	-	-	-
	1	-	•	•	•	-	•
Urology	2	-	-	-	-	-	ı
	3	-	-	-	-	-	ı
	1	-		-		-	•
Vascular Surgery	2	-		-		-	•
	3	-	-	-	-	-	-

Table 11: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Hervey Bay Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	1	-	1	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	57%	54%	80%	82%	71%	78%
Cardiology	2	93%	90%	92%	100%	100%	63%
	3	100%	100%	-	-	-	_
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	_
	3	-	-	-	-	-	-
	1	67%	75%	100%	86%	29%	50%
Diabetes	2	-	-	-	-	-	-
	3	-	-	-	-	6 83%	_
	1	-	-	-	-	-	-
Ear Nose and Throat	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	71% 100% 29%	-
Endocrinology	2	64%	58%	40%	13%	-	-
	3	100%	100%	89%	90%	83%	93%
	1	-	-	-	-	-	-
Gastroenterology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	86%	78%	65%	71%	75%	50%
General Medicine	2	58%	68%	65%	52%	39%	43%
	3	72%	72%	67%	63%	68%	65%
	1	85%	86%	79%	78%	83%	83%
General Surgery	2	60%	63%	57%	54%	65%	71%
	3	36%	35%	34%	36%	71% 100%	41%
	1	91%	67%	88%	88%	71% 100% 29%	90%
Gynaecology	2	90%	93%	96%	88%	85%	88%
	3	100%	100%	100%	100%	100%	100%
	1	100%	100%	80%	80%	33%	75%
Nephrology	2	94%	100%	76%	65%	73%	63%
	3	100%	100%	100%	100%	100%	100%
	1	-	-	-	-	-	-
Neurology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Ophthalmology	2	-	-	-	-	-	-
	3	-					
	1	50%	60%	100%	80%	75%	78%
Orthopaedic	2	38%	43%	40%	35%	35%	30%
	3	59%	53%	49%	42%	71% 100% 29% 29% 83% 83% 75% 39% 68% 83% 65% 42% 100% 85% 100% 85% 100%	41%
	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

-							
Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Respiratory	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Rheumatology	2	-	1	-	-	-	-
	3	-	-	-	-	-	-
	1	12%	19%	10%	23%	12%	13%
Urology	2	23%	23%	19%	20%	18%	15%
	3	64%	71%	70%	75%	82%	88%
	1	-	-	-	-	-	-
Respiratory  Rheumatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 12: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Innisfail Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	89%	13%
Cardiology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Diabetes	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Ear Nose and Throat	2	-	-	-	-	-	-
	3	-	-	-	-		
	1	-	-	-	-	-	-
Endocrinology	2	-	-	-	-	-	-
	3	-	-	-	-		
	1	22%	13%	6%	6%	6%	-
Gastroenterology	2	35%	18%	12%	17%	25%	19%
	3	-	-	-	-	-	-
	1	50%	50%	-	100%	75%	_
General Medicine	2	91%	83%	80%	73%	25%	73%
	3	-	100%	100%	-	-	100%
	1	60%	60%	48%	34%	50%	50%
General Surgery	2	75%	67%	63%	45%	53%	68%
	3	100%	100%	100%	100%	100%	100%
	1	-	20%	-	75%	29%	50%
Gynaecology	2	57%	63%	71%	54%	30%	54%
	3	88%	88%	89%	89%	88%	88%
	1	-	-	-	-	-	-
Nephrology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Ophthalmology	2	-	-	-	-	-	-
	3	-	-	-	-		
	1	-	-	-	-	-	-
Orthopaedic	2	-	-	-	-	-	-
	3	-	-	-	-		
	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	-
	3						

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Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Respiratory	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Rheumatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Urology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Vascular Surgery	2	-	100%	-	-	-	-
	3	-	-	-	-	-	-

Table 13: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Ipswich Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	1	-	-	-	-	-
	1	100%	83%	100%	100%	100%	60%
Cardiology	2	76%	72%	64%	69%	64%	67%
	3	100%	100%	100%	100%	100%	95%
	1	-	-	-		-	
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	ı
	1	80%	27%	100%	92%	61%	80%
Diabetes	2	57%	57%	50%	44%	45%	53%
	3	100%	100%	-	100%	100%	100%
	1	98%	96%	88%	96%	92%	88%
Ear Nose and Throat	2	50%	47%	54%	37%	33%	33%
	3	83%	87%	27%	87%	91%	93%
	1	-	-	-	-	-	-
Endocrinology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Gastroenterology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	100%	67%	100%	100%	80%	67%
General Medicine	2	85%	88%	75%	71%	67%	66%
	3	96%	100%	100%	100%	100%	100%
	1	88%	100%	100%	100%	96%	92%
General Surgery	2	58%	61%	67%	51%	51%	53%
	3	100%	100%	100%	100%	100%	100%
	1	79%	90%	85%	87%	86%	81%
Gynaecology	2	84%	90%	58%	65%	57%	57%
	3	100%	100%	100%	100%	100%	100%
	1	-	-	-	-	-	-
Nephrology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	100%		-	-	100%
Ophthalmology	2	18%	16%	56%	11%	11%	11%
	3	42%	43%		46%	46%	45%
	1	99%	99%	99%	97%	93%	94%
Orthopaedic	2	66%	63%	70%	43%	41%	41%
	3	56%	56%	4%	50%	55%	58%
	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Plastic and	1	79%	71%	59%	53%	86%	77%
Reconstructive	2	21%	23%	68%	22%	21%	21%
Surgery	3	89%	94%	86%	95%	94%	95%
	1	100%	67%	83%	89%	100%	100%
Respiratory	2	77%	80%	74%	58%	52%	63%
	3	100%	100%	100%	100%	100%	99%
	1	83%	67%	100%	100%	92%	89%
Rheumatology	2	43%	39%	43%	29%	33%	33%
	3	50%	64%	-	69%	72%	61%
	1	83%	88%	100%	100%	100%	78%
Urology	2	47%	50%	73%	49%	51%	52%
	3	42%	42%	1	43%	43%	42%
	1	-	1	1	-	1	-
Vascular Surgery	2	•	1	-		1	-
	3	-	-	-	-	-	-

Table 14: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Kingaroy Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	1	-	1
	1	50%	33%	-	-	20%	1
Cardiology	2	41%	48%	29%	10%	11%	7%
	3	21%	18%	18%	16%	17%	17%
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	1	ı	-	ı	-	-
	1	ı	ı	-	ı	-	1
Diabetes	2	-	-	-	-	-	-
	3	-	-	-	1	-	-
	1	-	-	-	-	-	-
Ear Nose and Throat	2	-	-	-	1	-	1
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Endocrinology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Gastroenterology	2	-	-	-	1	-	-
	3	-	-	-	1	-	-
	1	-	-	-	-	-	-
General Medicine	2	-	-	-	-	-	-
	3	-	-	_	-	-	-
	1	-	-	-	-	50%	67%
General Surgery	2	-	50%	50%	-	57%	50%
	3	50%	50%	50%	67%	67%	83%
	1	13%	4%	4%	13%	27%	21%
Gynaecology	2	15%	19%	19%	22%	19%	37%
	3	47%	47%	59%	64%	61%	47%
	1	-	-	-	1	-	-
Nephrology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	1	-	-
Neurology	2	-	-	-	ı	-	-
	3	-	-	-	-	-	-
	1	-	-	-	1	-	-
Neurosurgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	_
Ophthalmology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Orthopaedic	2	-	-	-	-	-	-
·	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	1	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Respiratory	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Rheumatology	2	-	1	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Urology	2	-	1	-	-	-	-
	3	-	1	-	-	-	-
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 15: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Logan Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	73%	67%	56%	67%	81%	60%
Cardiology	2	38%	49%	50%	47%	38%	41%
	3	30%	60%	68%	71%	65%	53%
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	25%	80%	-	50%	33%	50%
Diabetes	2	10%	10%	7%	4%	7%	10%
	3	21%	20%	23%	31%	39%	38%
	1	86%	63%	29%	38%	67%	45%
Ear Nose and Throat	2	39%	49%	58%	49%	20%	16%
	3	54%	52%	49%	47%	44%	50%
	1	80%	-	36%	60%	50%	44%
Endocrinology	2	9%	9%	8%	6%	6%	7%
	3	33%	40%	44%	45%	46%	43%
	1	57%	73%	43%	56%	49%	44%
Gastroenterology	2	19%	15%	13%	9%	14%	19%
	3	25%	35%	35%	33%	31%	28%
	1	77%	70%	23%	26%	31%	22%
General Medicine	2	17%	15%	11%	6%	10%	15%
	3	27%	38%	43%	47%	52%	50%
	1	82%	89%	100%	66%	91%	56%
General Surgery	2	29%	29%	25%	22%	26%	25%
	3	41%	41%	42%	43%	40%	40%
	1	71%	92%	47%	74%	96%	97%
Gynaecology	2	91%	94%	78%	76%	63%	54%
	3	18%	33%	44%	50%	51%	63%
	1	67%	79%	50%	83%	83%	100%
Nephrology	2	63%	63%	54%	56%	75%	70%
	3	75%	76%	83%	85%	85%	83%
	1	100%	100%	50%	100%	92%	7%
Neurology	2	100%	89%	100%	100%	100%	100%
	3	43%	43%	44%	43%	40%	38%
	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	ı	-	-
	3	-	-	-	-	-	-
	1	-	-	-	1	-	-
Ophthalmology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	86%	77%	33%	80%	88%	88%
Orthopaedic	2	25%	28%	24%	21%	17%	20%
-	3	39%	41%	43%	43%	45%	45%
	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	-
j	3	-	-	-	-	-	-

	•						
Plastic and	1	100%	-	-	-	-	-
Reconstructive	2	88%	88%	73%	41%	67%	44%
Surgery	3	40%	39%	41%	38%	38%	36%
	1	64%	100%	50%	33%	58%	71%
Respiratory	2	17%	13%	10%	10%	10%	11%
	3	37%	37%	40%	39%	38%	37%
	1	-	-	-	-	-	-
Rheumatology	2	-	1	1	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Urology	2	-	-	-	-	-	-
	3	-	1	1	-	-	-
	1	-	-	-	-	-	-
Vascular Surgery	2	_	-	-		_	-
	3	-	-	-	-	-	-

Table 16: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Mackay Base Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	17%	40%	44%
Cardiac Surgery	2	100%	100%	-	100%	-	100%
	3	100%	100%	100%	-	-	-
	1	98%	70%	26%	63%	67%	54%
Cardiology	2	70%	68%	59%	54%	48%	47%
	3	100%	100%	100%	100%	75%	75%
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	67%	60%	11%	27%	42%	33%
Diabetes	2	100%	94%	63%	61%	63%	73%
	3	100%	92%	100%	100%	64%	46%
	1	-	-	-	-	-	-
Ear Nose and Throat	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	100%	-	80%	46%
Endocrinology	2	100%	100%	79%	75%	60%	59%
	3	100%	100%	100%	100%	100%	100%
	1	-	-	-	-	100%	100%
Gastroenterology	2	100%	100%	100%	100%	88%	86%
	3	-	-	-	-	-	100%
	1	89%	60%	74%	57%	74%	65%
General Medicine	2	37%	40%	34%	31%	34%	38%
	3	93%	91%	77%	86%	93%	88%
	1	95%	92%	83%	92%	86%	86%
General Surgery	2	96%	98%	99%	98%	99%	99%
	3	100%	100%	100%	100%	100%	100%
	1	100%	100%	100%	75%	100%	92%
Gynaecology	2	96%	95%	92%	92%	95%	97%
	3	100%	100%	100%	100%	100%	100%
	1	100%	100%	75%	43%	50%	-
Nephrology	2	52%	59%	55%	41%	35%	28%
	3	57%	55%	55%	57%	60%	62%
	1	40%	39%	5%	31%	92%	56%
Neurology	2	95%	85%	66%	55%	48%	54%
	3	100%	100%	100%	100%	100%	100%
	1	44%	65%	62%	80%	93%	65%
Neurosurgery	2	16%	16%	16%	15%	13%	18%
	3	32%	33%	34%	35%	40%	38%
	1	-	50%	-	100%	-	
Ophthalmology	2	14%	14%	10%	6%	2%	
	3	49%	45%	46%	45%	40%	38%
	1	93%	87%	67%	83%	87%	84%
Orthopaedic	2	31%	27%	24%	18%	21%	19%
	3	22%	26%	42%	45%	39%	41%
						_	
	1						
Pain Management	2			-			

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	88%	86%	44%	53%	56%	53%
Respiratory	2	80%	67%	53%	53%	50%	66%
	3	98%	96%	91%	90%	92%	90%
	1	80%	80%	50%	100%	50%	67%
Rheumatology	2	100%	94%	88%	79%	62%	54%
	3	100%	100%	100%	100%	100%	100%
	1	89%	100%	84%	90%	73%	41%
Urology	2	41%	42%	37%	40%	35%	36%
	3	81%	74%	71%	68%	73%	68%
	1	58%	50%	25%	33%	58%	44%
Vascular Surgery	2	46%	37%	24%	20%	22%	22%
	3	64%	76%	74%	75%	76%	70%

Table 17: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Maryborough Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	29%	26%	16%	10%	13%	12%
Cardiology	2	25%	50%	44%	-	29%	25%
0,	3	-	-	-	-	-	-
	1	-	_	-	-	_	-
Dermatology	2	-	-	-	-	-	-
5,	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Diabetes	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Ear Nose and Throat	2	_	_	-	-	-	-
	3	_	_	-	-	-	-
	1	-	-	-	-	-	-
Endocrinology	2	50%	73%	44%	43%	17%	-
	3	83%	100%	100%	100%	100%	100%
	1	-	-	-	-	-	-
Gastroenterology	2	_	_	_	_	_	_
Gusti Genter Glogy	3	_	_	_	_	_	_
	1	83%	100%	_	80%	60%	75%
General Medicine	2	42%	47%	49%	38%	29%	44%
General Wiedlenie	3	66%	64%	51%	55%	63%	80%
	1	89%	86%	89%	77%	100%	83%
General Surgery	2	74%	72%	53%	47%	58%	53%
General Surgery	3	41%	47%	47%	45%	43%	41%
	1	100%	80%	100%	83%	100%	100%
Gynaecology	2	93%	91%	93%	88%	81%	84%
Cynaccology	3	100%	100%	100%	100%	100%	100%
	1	10070	-	100%	-	50%	-
Nephrology	2	67%	67%	88%	92%	67%	36%
repinology	3	100%	100%	100%	100%	100%	100%
	1	10070	-	-	-	-	-
Neurology	2	_	_	_	_	_	_
ricarology	3	_	_	_	_	_	_
	1	_	_	_	_	_	_
Neurosurgery	2	_	_	_	_	_	_
	3	_		_		_	
	1	_	_	_		_	_
Ophthalmology	2	_		_		_	
Opnthalmology	3	_				_	
	1	_	100%	100%	86%	100%	
Orthopaedic	2	36%	41%	38%	35%	28%	29%
Orthopaedic	3	62%	57%	57%	53%	52%	47%
	1	UZ/0 _	J1/0	J1/0 _	J3/0 _	JZ/0 _	+1/0
Pain Management	2	-	-	-	-	-	-
i ani ivianagement	3	-	-	-	-	-	-
	3	-	-	-	-	-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	1	1	-	-	-
Surgery	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Respiratory	2	-	-	-	-	-	-
	3	-	1	1	-	-	-
	1	-	-	1	-	-	-
Rheumatology	2	-	1	1	-	-	-
	3	-	1	1	-	-	-
	1	9%	14%	19%	15%	27%	16%
Urology	2	23%	25%	21%	14%	7%	8%
	3	45%	39%	39%	41%	41%	38%
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 18: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Mount Isa Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	10%	22%	23%	22%	22%	21%
Cardiology	2	20%	20%	9%	8%	3%	9%
	3	42%	38%	34%	33%	29%	23%
	1	-	29%	-	5%	6%	9%
Dermatology	2	26%	16%	10%	9%	6%	11%
	3	76%	77%	77%	63%	49%	41%
	1	22%	33%	18%	25%	14%	36%
Diabetes	2	67%	50%	67%	67%	67%	100%
	3	100%	100%	100%	-	-	100%
	1	-	-	-	-	-	-
Ear Nose and Throat	2	-	-	-	1	-	1
	3	-	-	-	1	-	1
	1	-	11%	-	-	80%	-
Endocrinology	2	27%	14%	7%	-	23%	18%
	3	33%	33%	33%	33%	40%	-
	1	17%	2%	-	-	-	2%
Gastroenterology	2	9%	10%	10%	7%	2%	-
	3	17%	16%	16%	16%	12%	11%
	1	71%	71%	29%	62%	53%	41%
General Medicine	2	78%	76%	68%	66%	66%	78%
	3	100%	100%	100%	100%	100%	100%
	1	67%	73%	57%	44%	60%	67%
General Surgery	2	96%	89%	82%	81%	80%	92%
	3	100%	100%	100%	100%	100%	100%
	1	56%	57%	36%	38%	47%	-
Gynaecology	2	70%	75%	65%	59%	52%	63%
	3	100%	100%	100%	100%	100%	100%
	1	75%	57%	17%	43%	38%	78%
Nephrology	2	56%	50%	50%	50%	33%	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	15%	16%	14%	13%	6%	15%
Ophthalmology	2	17%	17%	19%	16%	13%	16%
	3	71%	68%	63%	61%	60%	61%
	1	77%	84%	56%	68%	81%	96%
Orthopaedic	2	98%	97%	96%	91%	93%	100%
	3	100%	100%	100%	100%	100%	100%
	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	38%	15%	8%	-	-	-
Surgery	3	8%	8%	8%	8%	-	-
	1	-	67%	-	25%	50%	-
Respiratory	2	-	-	-	-	-	-
	3	33%	1	-	-	-	-
	1	-	1	1	-	1	•
Rheumatology	2	•	1		-		-
	3	100%	100%	-	-	-	-
	1	-	-	-	-	-	-
Urology	2	-	1	-	-	-	1
	3	ı	1	1	•	ı	ı
	1	-	-	-	-	-	-
Vascular Surgery	2	_	50%	29%			
	3	90%	95%	95%	80%	47%	48%

Table 19: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Nambour Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	100%	80%	-	90%	63%	100%
Cardiac Surgery	2	100%	100%	100%	100%	-	-
	3	-	-	-	-	-	-
	1	64%	56%	45%	35%	65%	64%
Cardiology	2	3%	30%	37%	34%	22%	19%
	3	-	-	-	5%	6%	6%
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	81%	66%	64%	68%	79%	59%
Diabetes	2	57%	54%	63%	62%	85%	89%
	3	100%	100%	100%	100%	100%	100%
	1	73%	100%	100%	100%	100%	100%
Ear Nose and Throat	2	59%	60%	60%	39%	66%	74%
	3	100%	100%	91%	87%	83%	77%
	1	72%	67%	55%	79%	68%	73%
Endocrinology	2	42%	49%	58%	69%	68%	83%
	3	20%	33%	33%	40%	50%	50%
	1	60%	51%	43%	45%	54%	59%
Gastroenterology	2	6%	5%	5%	7%	9%	11%
	3	-	-	100%	-	-	-
	1	62%	40%	37%	36%	81%	67%
General Medicine	2	64%	60%	43%	21%	88%	80%
	3	67%	67%	50%	67%	100%	100%
	1	91%	91%	80%	89%	89%	86%
General Surgery	2	54%	50%	52%	44%	47%	44%
	3	62%	60%	61%	58%	60%	62%
	1	95%	88%	84%	79%	84%	85%
Gynaecology	2	76%	74%	68%	63%	70%	72%
	3	81%	76%	74%	70%	70%	66%
	1	100%	67%	100%	100%	100%	33%
Nephrology	2	94%	84%	67%	63%	63%	69%
	3	100%	98%	99%	99%	91%	86%
	1	100%	100%	100%	100%	100%	-
Neurology	2	60%	56%	50%	48%	38%	34%
	3	-	-	-	-	25%	25%
	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Ophthalmology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	95%	98%	97%	97%	99%	93%
Orthopaedic	2	27%	29%	27%	23%	22%	22%
	3	73%	74%	76%	79%	80%	81%
	1	43%	17%	33%	100%	75%	88%
Pain Management	2	55%	67%	55%	43%	50%	100%
	3	76%	80%	88%	90%	95%	97%

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	59%	76%	75%	50%	70%	89%
Respiratory	2	26%	28%	30%	26%	20%	16%
	3	13%	13%	17%	8%	5%	5%
	1	-	-	1	-	-	1
Rheumatology	2	-		•	-		•
	3	-	1	-	-	-	-
	1	79%	94%	77%	88%	76%	88%
Urology	2	26%	22%	20%	20%	18%	19%
	3	29%	27%	28%	27%	24%	23%
	1	92%	92%	50%	100%	100%	88%
Vascular Surgery	2	100%	91%	100%	100%	100%	100%
	3	100%	100%	80%	100%	100%	100%

Table 20: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Queen Elizabeth II Jubilee Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Cardiology	2	93%	84%	76%	84%	85%	89%
	3	-	-	-	-	-	-
	1	-	-	-	-	-	1
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Diabetes	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Ear Nose and Throat	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	33%	-	25%	40%	75%	33%
Endocrinology	2	61%	63%	67%	77%	80%	75%
	3	80%	80%	80%	75%	75%	80%
	1	24%	48%	19%	27%	39%	30%
Gastroenterology	2	11%	12%	12%	18%	18%	18%
	3	18%	16%	18%	18%	33%	33%
	1	50%	25%	63%	25%	44%	77%
General Medicine	2	95%	94%	95%	89%	88%	87%
	3	100%	89%	92%	100%	100%	100%
	1	82%	81%	77%	57%	81%	84%
General Surgery	2	79%	70%	85%	66%	66%	63%
	3	98%	95%	97%	98%	98%	98%
	1	67%	77%	46%	73%	79%	64%
Gynaecology	2	91%	88%	87%	82%	83%	80%
	3	67%	56%	55%	58%	68%	71%
	1	-	-	-	-	-	-
Nephrology	2	_	-	_	-	-	-
	3	-	-	-	-	-	-
	1	50%	100%	-	50%	100%	-
Neurology	2	56%	48%	32%	33%	24%	17%
<i>.</i>	3	94%	92%	94%	94%	96%	96%
	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	-	-	-
,	3	-	-	-	-	-	-
	1	-	100%	-	_	-	_
Ophthalmology	2	60%	67%	71%	83%	60%	67%
·	3	43%	43%	42%	45%	50%	49%
	1	45%	14%	33%	43%	29%	38%
Orthopaedic	2	58%	70%	69%	81%	81%	78%
'	3	47%	48%	47%	46%	54%	54%
	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	-
<u> </u>	3	-	-	-	-	-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	67%	67%	42%	46%	56%	45%
Respiratory	2	74%	69%	64%	58%	58%	64%
	3	100%	100%	100%	100%	-	-
	1	31%	33%	27%	29%	44%	17%
Rheumatology	2	40%	44%	31%	37%	39%	45%
	3	71%	81%	75%	75%	75%	77%
	1	68%	67%	39%	51%	50%	53%
Urology	2	21%	24%	24%	31%	30%	31%
	3	23%	26%	27%	50%	42%	43%
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 21: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Redcliffe Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	100%	50%	33%	71%	60%	14%
Cardiology	2	46%	46%	43%	43%	26%	39%
	3	70%	69%	63%	61%	57%	53%
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Diabetes	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Ear Nose and Throat	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	100%	75%	67%	50%	40%	60%
Endocrinology	2	100%	100%	100%	100%	89%	88%
	3	100%	100%	100%	100%	100%	100%
	1	-	-	-	-	100%	88%
Gastroenterology	2	-	-	-	ı	-	79%
	3	9%	5%	4%	0%	-	1%
	1	82%	85%	70%	74%	90%	75%
General Medicine	2	93%	92%	85%	71%	73%	89%
	3	88%	88%	89%	91%	92%	100%
	1	81%	90%	70%	86%	86%	82%
General Surgery	2	46%	46%	42%	47%	41%	49%
	3	88%	89%	93%	95%	97%	97%
	1	78%	94%	92%	93%	71%	92%
Gynaecology	2	62%	63%	61%	60%	45%	46%
	3	92%	92%	88%	83%	80%	78%
	1	-	-	-	-	-	-
Nephrology	2	-	-	-	ı	-	-
	3	-	-	-	ı	-	-
	1	25%	75%	-	75%	90%	54%
Neurology	2	95%	91%	88%	88%	94%	85%
	3	100%	100%	100%	100%	100%	100%
	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	ı	-	-
	3	-	-	-	1	-	-
	1	-	-	-	1	-	-
Ophthalmology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	70%	81%	79%	68%	64%	56%
Orthopaedic	2	10%	10%	10%	8%	12%	15%
	3	45%	49%	51%	51%	54%	62%
	1	67%	100%	100%	-	50%	40%
Pain Management	2	25%	21%	19%	13%	20%	20%
J	3	-	-	-	-	-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	60%	50%	75%	11%	50%	50%
Respiratory	2	15%	15%	15%	23%	44%	44%
	3	100%	100%	100%	100%	100%	100%
	1	71%	75%	60%	56%	46%	57%
Rheumatology	2	84%	85%	65%	60%	55%	51%
	3	100%	100%	100%	100%	100%	83%
	1	41%	27%	15%	18%	29%	29%
Urology	2	15%	16%	16%	13%	11%	12%
	3	49%	47%	48%	44%	43%	41%
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 22: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Redland Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	1	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	89%	80%	50%	100%	100%	100%
Cardiology	2	39%	35%	30%	28%	28%	32%
	3	100%	100%	75%	55%	55%	50%
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	100%	91%	-	57%	60%	60%
Diabetes	2	55%	66%	62%	34%	33%	32%
	3	100%	100%	87%	82%	82%	65%
	1	-	-	-	-	-	-
Ear Nose and Throat	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	33%	50%	-	78%	89%	80%
Endocrinology	2	100%	96%	73%	62%	63%	59%
	3	100%	100%	100%	100%	100%	100%
	1	79%	80%	90%	80%	80%	65%
Gastroenterology	2	71%	77%	80%	59%	46%	57%
	3	75%	76%	82%	88%	90%	96%
	1	90%	100%	50%	60%	57%	83%
General Medicine	2	100%	94%	88%	85%	68%	69%
	3	100%	100%	100%	100%	100%	96%
	1	84%	88%	67%	93%	92%	9%
General Surgery	2	54%	60%	69%	71%	72%	74%
	3	98%	95%	97%	98%	97%	97%
	1	59%	73%	61%	67%	71%	56%
Gynaecology	2	68%	77%	63%	59%	56%	63%
	3	98%	98%	99%	99%	100%	100%
	1	-	-	-	100%	-	75%
Nephrology	2	100%	83%	75%	82%	79%	80%
	3	94%	100%	100%	100%	100%	100%
	1	-	67%	50%	-	-	-
Neurology	2	100%	100%	100%	75%	94%	91%
	3	100%	96%	94%	92%	82%	78%
	1	-	-	-	1	-	1
Neurosurgery	2	-	-	-	ı	-	1
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Ophthalmology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	100%	97%	94%	84%	63%	60%
Orthopaedic	2	26%	22%	21%	16%	19%	18%
•	3	21%	24%	25%	25%	25%	25%
	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	100%	100%	60%	67%	-	-
Respiratory	2	63%	63%	58%	45%	50%	50%
	3	68%	67%	65%	67%	63%	56%
	1	-	1	•	-	1	•
Rheumatology	2	•	1		-		•
	3	-	-	1	-	-	1
	1	38%	43%	23%	50%	29%	50%
Urology	2	21%	26%	28%	23%	15%	17%
	3	28%	28%	29%	29%	29%	27%
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 23: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Rockhampton Base Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	20%	18%	10%	14%	14%	20%
Cardiology	2	74%	49%	41%	17%	11%	10%
	3	70%	72%	64%	79%	72%	76%
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	67%	-	100%	67%	50%
Diabetes	2	65%	40%	27%	76%	82%	67%
	3	-	-	-	-	-	-
	1	74%	54%	59%	63%	67%	52%
Ear Nose and Throat	2	69%	78%	67%	47%	50%	51%
	3	60%	79%	74%	88%	87%	87%
	1	-	-	-	-	-	-
Endocrinology	2	-	-	-	-	-	-
	3	100%	100%	-	100%	100%	100%
	1	-	-	-	-	-	-
Gastroenterology	2	100%	100%	_	67%	50%	-
	3	100%	75%	100%	100%	100%	100%
	1	52%	33%	25%	55%	60%	42%
General Medicine	2	50%	47%	39%	35%	30%	35%
	3	83%	88%	88%	100%	87%	67%
	1	72%	72%	35%	73%	60%	69%
General Surgery	2	51%	67%	49%	26%	26%	30%
,	3	46%	70%	72%	44%	45%	42%
	1	46%	50%	45%	60%	53%	81%
Gynaecology	2	45%	42%	40%	41%	42%	42%
, ,	3	96%	94%	98%	98%	96%	90%
	1	13%	11%	9%	10%	28%	-
Nephrology	2	15%	21%	30%	35%	33%	37%
, ,,	3	33%	36%	50%	48%	52%	50%
	1	-	-	_	-	_	-
Neurology	2	-	-	-	-	-	-
0,	3	-	-	-	-	-	-
	1	12%	22%	52%	24%	21%	-
Neurosurgery	2	12%	9%	8%	10%	13%	9%
,	3	34%	49%	40%	41%	43%	42%
	1	-	-	-	-	-	_
Ophthalmology	2	-	-	-	-	-	-
Орпинанноюду	3	-	-	-	-	-	-
	1	62%	86%	82%	77%	88%	83%
Orthopaedic	2	19%	17%	16%	15%	17%	19%
·	3	52%	59%	57%	60%	64%	63%
	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
		<u>I</u>					

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	50%	50%	14%	57%	83%	67%
Respiratory	2	33%	56%	80%	39%	19%	21%
	3	89%	100%	100%	100%	100%	100%
	1	19%	23%	23%	63%	71%	43%
Rheumatology	2	16%	21%	31%	26%	24%	19%
	3	-	-	-	-	50%	50%
	1	60%	48%	22%	51%	48%	43%
Urology	2	40%	33%	29%	30%	27%	35%
	3	48%	56%	50%	57%	57%	67%
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 24: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Royal Children's Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	1	-	1	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	100%	100%	50%	-	67%
Cardiology	2	79%	63%	67%	69%	58%	69%
	3	96%	94%	93%	91%	94%	94%
	1	22%	81%	50%	60%	58%	67%
Dermatology	2	82%	79%	80%	80%	75%	81%
	3	89%	86%	94%	92%	100%	100%
	1	-	100%	100%	100%	100%	100%
Diabetes	2	75%	63%	40%	71%	56%	25%
	3	100%	-	-	-	-	-
	1	62%	64%	40%	56%	61%	75%
Ear Nose and Throat	2	30%	33%	24%	14%	12%	15%
	3	40%	49%	52%	57%	63%	67%
	1	56%	65%	25%	63%	83%	75%
Endocrinology	2	79%	84%	65%	69%	70%	76%
	3	89%	88%	87%	90%	100%	96%
	1	33%	83%	50%	67%	60%	92%
Gastroenterology	2	45%	49%	44%	42%	47%	54%
	3	86%	84%	85%	86%	86%	83%
	1	-	1	-	1	ı	-
General Medicine	2	-	-	-	-	-	-
	3	-	ı	-	1	ı	-
	1	100%	-	-	1	-	-
General Surgery	2	100%	67%	33%	-	-	-
	3	89%	83%	80%	100%	100%	-
	1	-	1	-	1	-	-
Gynaecology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	50%	100%	50%	100%	100%	_
Nephrology	2	83%	78%	61%	71%	61%	67%
	3	94%	85%	92%	83%	100%	83%
	1	43%	60%	50%	75%	80%	80%
Neurology	2	39%	41%	36%	43%	40%	46%
	3	83%	83%	76%	82%	91%	86%
	1	42%	54%	27%	50%	25%	40%
Neurosurgery	2	82%	81%	80%	70%	72%	54%
	3	87%	82%	83%	88%	87%	75%
	1	43%	48%	41%	42%	59%	52%
Ophthalmology	2	37%	38%	35%	32%	34%	36%
	3	87%	91%	90%	91%	94%	90%
	1	78%	92%	83%	76%	90%	79%
Orthopaedic	2	31%	35%	31%	31%	31%	36%
	3	82%	83%	86%	88%	90%	91%
	1	67%	100%	100%	100%	100%	67%
Pain Management	2	100%	100%	100%	100%	78%	75%
	3	60%	-	100%	100%	100%	100%

Plastic and	1	67%	100%	88%	20%	25%	33%
Reconstructive	2	82%	79%	80%	73%	58%	64%
Surgery	3	65%	62%	60%	62%	67%	69%
	1	34%	46%	34%	59%	59%	50%
Respiratory	2	66%	53%	50%	60%	60%	63%
	3	53%	50%	44%	83%	90%	80%
	1	57%	67%	75%	71%	88%	67%
Rheumatology	2	100%	83%	67%	100%	50%	50%
	3	100%	100%	100%	1	1	1
	1	-	1	•	-	1	•
Urology	2	-	ı	ı	-	-	-
	3	-	ı	ı	-	-	-
	1	-	75%	50%	25%	50%	9%
Vascular Surgery	2	92%	90%	100%	82%	79%	55%
	3	100%	50%	50%	50%	50%	75%

Table 25: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - The Prince Charles Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	73%	88%	52%	67%	56%	45%
Cardiac Surgery	2	81%	84%	82%	74%	59%	59%
,	3	61%	65%	81%	78%	83%	83%
	1	32%	41%	38%	31%	29%	26%
Cardiology	2	54%	53%	50%	44%	43%	48%
0,	3	76%	74%	74%	72%	70%	73%
	1	-	_	_	-	-	_
Dermatology	2	-	_	_	-	-	_
<b>5</b> ,	3	-	-	-	-	-	-
	1	-	_	_	-	-	_
Diabetes	2	-	-	-	-	-	-
	3	-	_	_	-	-	_
	1	-	_	-	-	-	-
Ear Nose and Throat	2	-	_	_	-	-	_
	3	-	_	_	-	-	_
	1	50%	-	20%	56%	31%	17%
Endocrinology	2	65%	79%	67%	58%	53%	62%
	3	100%	100%	100%	100%	-	50%
	1	30%	47%	25%	48%	57%	24%
Gastroenterology	2	34%	46%	44%	50%	61%	63%
	3	95%	95%	94%	96%	98%	99%
	1	100%	-	100%	-	100%	50%
General Medicine	2	100%	100%	87%	83%	63%	86%
	3	-	-	100%	100%	100%	100%
	1	72%	80%	61%	67%	67%	69%
General Surgery	2	98%	93%	90%	92%	91%	92%
Concrat Cargory	3	100%	97%	98%	98%	100%	100%
	1	-	-	-	-	-	-
Gynaecology	2	_	_	_	-	_	_
2,	3	_	_	_	-	_	_
	1	_	_	_	-	_	_
Nephrology	2	_	_	_	_	_	-
	3	_	_	_	_	_	-
	1	60%	54%	19%	53%	50%	50%
Neurology	2	26%	29%	24%	20%	18%	19%
1100.01087	3	50%	43%	41%	38%	36%	40%
	1	-	-	-	-	-	-
Neurosurgery	2	_	_	_	_	_	-
	3	_	_	_	_	_	-
	1	_	_	_	_	_	_
Ophthalmology	2	_	_	_	-	_	-
5   1   1   1   1   1   1   1   1   1	3	_	_	_	-	_	_
	1	40%	54%	33%	33%	33%	33%
Orthopaedic	2	36%	34%	28%	26%	23%	27%
2opacaic	3	39%	40%	37%	39%	45%	50%
	1	-	-	-	-	-	-
Pain Management	2	_	_	_	_	_	_
. a Management	3					_	_
	,	_	-		-	-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	64%	59%	29%	31%	37%	34%
Respiratory	2	58%	64%	64%	63%	54%	53%
	3	93%	96%	81%	88%	98%	86%
	1	-	100%	-	-	-	-
Rheumatology	2	100%	1	1	-	1	1
	3	-	-	-	-	-	-
	1	29%	81%	38%	62%	69%	48%
Urology	2	78%	93%	96%	98%	70%	56%
	3	100%	100%	100%	100%	100%	100%
	1	100%	60%	-	80%	71%	46%
Vascular Surgery	2	97%	100%	100%	90%	89%	96%
	3	100%	100%	100%	100%	100%	100%

Table 26: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Toowoomba Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	52%	42%	42%	67%	88%	58%
Cardiology	2	63%	79%	75%	78%	86%	86%
	3	100%	100%	100%	100%	100%	100%
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Diabetes	2	-	100%	100%	100%	-	-
	3	-	-	-	-	-	-
	1	71%	69%	61%	50%	52%	53%
Ear Nose and Throat	2	9%	8%	8%	6%	6%	7%
	3	13%	14%	14%	13%	12%	12%
	1	-	-	-	50%	67%	40%
Endocrinology	2	22%	17%	17%	13%	38%	41%
	3	100%	100%	100%	86%	83%	84%
	1	100%	100%	-	88%	100%	78%
Gastroenterology	2	78%	77%	100%	60%	67%	93%
	3	-	100%	100%	-	-	-
	1	38%	87%	27%	43%	93%	76%
General Medicine	2	72%	62%	51%	47%	46%	44%
	3	100%	100%	100%	100%	100%	87%
	1	85%	71%	22%	55%	58%	59%
General Surgery	2	19%	21%	16%	16%	16%	17%
	3	46%	44%	44%	41%	39%	36%
	1	75%	52%	50%	79%	40%	57%
Gynaecology	2	27%	24%	23%	18%	14%	18%
	3	74%	81%	90%	91%	95%	94%
	1	100%	100%	10%	46%	64%	50%
Nephrology	2	42%	35%	25%	29%	25%	21%
	3	25%	34%	30%	26%	19%	19%
	1	100%	100%	-	100%	50%	75%
Neurology	2	25%	40%	39%	42%	30%	58%
	3	42%	43%	38%	38%	33%	30%
	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	100%	-
Ophthalmology	2	71%	93%	75%	50%	27%	50%
	3	32%	31%	31%	29%	30%	31%
	1	92%	92%	81%	89%	95%	95%
Orthopaedic	2	82%	86%	90%	91%	98%	97%
	3	57%	66%	64%	64%	64%	61%
	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	71%	75%	60%	75%	58%	38%
Respiratory	2	54%	39%	27%	18%	31%	23%
	3	100%	94%	95%	94%	98%	81%
	1	-	-	-	-	-	-
Rheumatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Urology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 27: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Townsville Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	83%	80%	83%	100%	80%	92%
Cardiac Surgery	2	95%	99%	95%	93%	90%	75%
	3	-	-	-	-	-	-
	1	24%	22%	18%	21%	25%	25%
Cardiology	2	20%	21%	22%	20%	22%	25%
	3	70%	72%	65%	64%	62%	61%
	1	29%	60%	-		55%	45%
Dermatology	2	95%	96%	87%	43%	49%	50%
	3	100%	100%	100%	100%	100%	100%
	1	16%	5%	10%	9%	14%	21%
Diabetes	2	40%	27%	6%	18%	18%	21%
	3	43%	32%	29%	33%	32%	29%
	1	57%	54%	56%	60%	68%	60%
Ear Nose and Throat	2	18%	16%	15%	11%	10%	11%
	3	20%	18%	17%	18%	19%	20%
	1	15%	5%	12%	9%	14%	17%
Endocrinology	2	17%	13%	7%	7%	8%	5%
	3	44%	33%	28%	27%	19%	19%
	1	48%	85%	35%	67%	67%	52%
Gastroenterology	2	87%	96%	92%	89%	76%	76%
	3	96%	88%	84%	80%	75%	75%
	1	17%	29%	20%	67%	57%	50%
General Medicine	2	52%	100%	100%	75%	67%	75%
	3	52%	38%	75%	67%	67%	50%
	1	74%	73%	68%	71%	77%	65%
General Surgery	2	18%	20%	21%	21%	20%	19%
	3	74%	74%	74%	69%	66%	66%
	1	39%	44%	41%	45%	50%	66%
Gynaecology	2	76%	78%	78%	62%	68%	50%
	3	92%	92%	95%	94%	95%	95%
	1	64%	67%	40%	100%	60%	70%
Nephrology	2	79%	82%	85%	69%	69%	81%
	3	100%	100%	100%	100%	100%	100%
	1	51%	47%	39%	52%	42%	40%
Neurology	2	45%	40%	30%	28%	38%	53%
	3	62%	54%	45%	41%	38%	32%
	1	38%	31%	19%	18%	36%	50%
Neurosurgery	2	14%	11%	11%	10%	11%	12%
	3	20%	21%	23%	24%	23%	24%
	1	57%	36%	36%	78%	80%	69%
Ophthalmology	2	14%	16%	15%	14%	10%	10%
	3	37%	36%	36%	37%	36%	34%
	1	80%	87%	69%	78%	86%	89%
Orthopaedic	2	69%	75%	69%	58%	39%	43%
	3	45%	42%	43%	44%	44%	43%
	1	33%	67%	67%	75%	-	50%
Pain Management	2	25%	33%	29%	27%	29%	29%
	3	100%	100%	100%	100%	100%	100%

Plastic and	1	80%	85%	58%	54%	50%	50%
Reconstructive	2	24%	30%	23%	12%	14%	14%
Surgery	3	27%	25%	17%	16%	15%	15%
	1	16%	17%	19%	4%	18%	21%
Respiratory	2	32%	23%	13%	16%	14%	17%
	3	80%	80%	50%	50%	60%	82%
	1	7%	3%	5%	6%	7%	5%
Rheumatology	2	8%	6%	5%	6%	5%	4%
	3	36%	33%	32%	30%	25%	23%
	1	64%	70%	20%	75%	62%	50%
Urology	2	86%	83%	82%	77%	72%	82%
	3	89%	88%	87%	88%	83%	88%
	1	57%	32%	41%	36%	64%	70%
Vascular Surgery	2	24%	32%	32%	27%	26%	23%
	3	25%	25%	26%	26%	25%	24%

Table 28: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Cairns and Hinterland HHS

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	100%	-	-	-	•
Cardiac Surgery	2	65%	72%	20%	67%	50%	62%
	3	-	-	-	-	-	
	1	74%	50%	55%	57%	63%	57%
Cardiology	2	47%	47%	44%	44%	49%	52%
 	3	98%	97%	97%	95%	95%	92%
	1	48%	15%	11%	32%	35%	17%
Dermatology	2	22%	22%	22%	24%	26%	23%
 	3	62%	61%	64%	65%	80%	81%
	1	29%	58%	28%	50%	26%	18%
Diabetes	2	59%	69%	74%	67%	73%	80%
	3	89%	92%	87%	96%	98%	94%
	1	75%	83%	67%	88%	90%	94%
Ear Nose and Throat	2	32%	32%	26%	24%	26%	27%
	3	79%	77%	77%	77%	73%	68%
	1	73%	42%	35%	54%	93%	71%
Endocrinology	2	27%	35%	57%	67%	70%	64%
	3	100%	96%	96%	91%	95%	97%
	1	17%	17%	7%	11%	9%	8%
Gastroenterology	2	43%	23%	11%	17%	27%	13%
J.	3	-	100%	-	100%	100%	
	1	61%	51%	25%	67%	54%	45%
General Medicine	2	75%	76%	77%	87%	82%	80%
=	3	100%	100%	100%	100%	100%	100%
	1	84%	85%	67%	73%	72%	60%
General Surgery	2	35%	33%	32%	29%	31%	29%
,	3	92%	93%	92%	92%	92%	92%
	1	66%	69%	69%	78%	71%	69%
Gynaecology	2	84%	87%	82%	74%	76%	83%
2,	3	98%	98%	97%	97%	98%	98%
	1	45%	-	33%	30%	44%	30%
Nephrology	2	68%	71%	63%	60%	67%	71%
	3	94%	95%	97%	95%	97%	96%
	1	13%	37%	6%	8%	23%	18%
Neurology	2	5%	19%	21%	13%	15%	12%
1100101087	3	40%	41%	83%	81%	77%	76%
	1	78%	75%	40%	71%	63%	43%
Neurosurgery	2	21%	26%	26%	21%	21%	25%
Neurosurgery	3	39%	47%	52%	56%	59%	55%
	1	60%	75%	32%	59%	58%	27%
Onhthalmology	2	38%	42%	38%	39%	39%	35%
Ophthalmology	3	49%	53%	53%	55%	57%	57%
	<u>3</u> 1	89%	93%	85%	86%	81%	66%
Orthonoodic	2	19%	35%	38%	45%	44%	50%
Orthopaedic	3						
		60%	48%	48%	48%	47%	46%
Dain Managamant	1	33%	-	-	-	-	98%
Pain Management	2	-	-	-	-	-	-
	3	_	-	-	-	-	-

Plastic and	1	-	100%	92%	100%	75%	50%
Reconstructive	2	3%	5%	7%	7%	6%	4%
Surgery	3	58%	62%	61%	63%	61%	61%
	1	50%	64%	44%	44%	73%	65%
Respiratory	2	29%	26%	28%	31%	30%	34%
	3	35%	30%	28%	28%	22%	17%
	1	36%	60%	47%	79%	77%	53%
Rheumatology	2	44%	81%	79%	71%	63%	64%
	3	1	1	1	1	-	1
	1	-	-	-	-	-	-
Urology	2	-	1		-	-	
	3	-	-	1	-	-	-
	1	83%	82%	60%	43%	33%	50%
Vascular Surgery	2	39%	49%	38%	36%	34%	29%
	3	72%	71%	67%	65%	64%	64%

Table 29: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Central Queensland HHS

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	
	3	-	-	-	-	-	
	1	20%	21%	12%	18%	17%	22%
Cardiology	2	74%	51%	43%	20%	13%	13%
J.	3	71%	74%	67%	80%	74%	78%
	1	60%	67%	43%	8%	10%	9%
Dermatology	2	92%	83%	53%	50%	60%	63%
5,	3	-	-	-	-	100%	100%
	1	40%	67%	-	75%	50%	33%
Diabetes	2	73%	55%	44%	69%	65%	41%
-	3	100%	100%	100%	100%	100%	100%
	1	74%	54%	59%	63%	67%	52%
Ear Nose and Throat	2	69%	78%	67%	47%	50%	51%
	3	60%	79%	74%	88%	87%	87%
	1	-	-	, 470	-	-	-
Endocrinology L	2	_	75%	50%	25%	43%	33%
211400111101087	3	100%	100%	-	100%	100%	100%
	1	10070	-	_	-	10070	10070
Gastroenterology	2	100%	100%		67%	50%	
Gustroenterology	3	100%	75%	100%	100%	100%	100%
	1	55%	35%	23%	52%	58%	36%
General Medicine	2	57%	53%	41%	38%	33%	39%
deficial Medicine	3	93%	97%	96%	100%	91%	77%
	<u>5</u> 1	74%				72%	66%
Conoral Curgony		1	70%	45%	70%		
General Surgery	3	57%	75%	55%	32%	33%	37%
	1	90%	93%	92%	59%	61%	58%
Cunacadasu		57%	62%	49%	64%	65%	83%
Gynaecology	2	51%	45%	44%	44%	45%	47%
	3	98%	98%	99%	99%	99%	97%
No. de colo	1	13%	11%	9%	10%	28%	270
Nephrology	2	15%	21%	30%	35%	33%	37%
	3	33%	36%	50%	48%	52%	50%
	1	-	-	-	-	-	-
Neurology	2	-	-	-	-	-	
	3	-	-	-	-	-	-
	1	12%	22%	52%	24%	21%	-
Neurosurgery	2	12%	9%	8%	10%	13%	9%
	3	34%	49%	40%	41%	43%	42%
-	1	-	-	-	-	-	-
Ophthalmology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
<u> </u>	1	62%	84%	79%	75%	88%	83%
Orthopaedic	2	19%	17%	16%	15%	17%	20%
	3	57%	63%	62%	64%	68%	66%
	1	-	-	-	-	-	
Pain Management	2	-	-	-	-	-	
Ī	3	-	-	-	-	-	
		-					

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	1	-	-	-
Surgery	3	-	-	-	-	-	-
	1	50%	50%	14%	57%	83%	67%
Respiratory	2	33%	56%	80%	39%	19%	21%
	3	89%	100%	100%	100%	100%	100%
	1	19%	23%	23%	63%	71%	43%
Rheumatology	2	16%	21%	31%	26%	24%	19%
	3	1	1	1	1	50%	50%
	1	60%	48%	22%	51%	48%	43%
Urology	2	40%	33%	29%	30%	27%	35%
	3	48%	56%	50%	57%	57%	67%
	1		-	-	-		-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 30: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Children's Health Services

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	
Cardiac Surgery	2	-	-	-	-	-	
	3	-	-	-	-	-	
	1	-	100%	100%	50%	-	67%
Cardiology	2	79%	63%	67%	69%	58%	69%
	3	96%	94%	93%	91%	94%	94%
	1	22%	81%	50%	60%	58%	67%
Dermatology	2	82%	79%	80%	80%	75%	81%
	3	89%	86%	94%	92%	100%	100%
	1	-	100%	100%	100%	100%	100%
Diabetes	2	75%	63%	40%	71%	56%	25%
	3	100%	-	-	-	-	
	1	62%	64%	40%	56%	61%	75%
Ear Nose and Throat	2	30%	33%	24%	14%	12%	15%
	3	40%	49%	52%	57%	63%	67%
	1	56%	65%	25%	63%	83%	75%
Endocrinology	2	79%	84%	65%	69%	70%	76%
<b>J</b> ,	3	89%	88%	87%	90%	100%	96%
	1	33%	83%	50%	67%	60%	92%
Gastroenterology	2	45%	49%	44%	42%	47%	54%
0,	3	86%	84%	85%	86%	86%	83%
	1	-	-	-	-	-	
General Medicine	2	_	_	_	_	_	
deneral Medicine	3	_	_	_	_	_	
	1	100%	_	_	_	_	
General Surgery	2	100%	67%	33%	-	_	
General Surgery	3	89%	83%	80%	100%	100%	
	1		-	-	-	-	
Gynaecology	2	_	_	_	_	_	
Gynaccology	3	_	_	_	_		
	1	50%	100%	50%	100%	100%	
Nephrology	2	83%	78%	61%	71%	61%	67%
Nephrology	3	94%	85%	92%	83%	100%	83%
	1	43%	60%	50%	75%	80%	80%
Neurology	2	39%	41%	36%	43%	40%	46%
iveurology	3					91%	
		83%	83%	76%	82%		86%
Nourocurgona	1	42%	54%	27%	50%	25%	40%
Neurosurgery	2	82%	81%	80%	70%	72%	54%
	3	87%	82%	83%	88%	87%	75%
Onbthalmala	1	43%	48%	41%	42%	59%	52%
Ophthalmology	2	37%	38%	35%	32%	34%	36%
	3	87%	91%	90%	91%	94%	90%
0.41	1	78%	92%	83%	76%	90%	79%
Orthopaedic	2	31%	35%	31%	31%	31%	36%
	3	82%	83%	86%	88%	90%	91%
	1	67%	100%	100%	100%	100%	67%
Pain Management	2	100%	100%	100%	100%	78%	75%
	3	60%	-	100%	100%	100%	100%

Plastic and	1	67%	100%	88%	20%	25%	33%
Reconstructive	2	82%	79%	80%	73%	58%	64%
Surgery	3	65%	62%	60%	62%	67%	69%
	1	34%	46%	34%	59%	59%	50%
Respiratory	2	66%	53%	50%	60%	60%	63%
	3	53%	50%	44%	83%	90%	80%
	1	57%	67%	75%	71%	88%	67%
Rheumatology	2	100%	83%	67%	100%	50%	50%
	3	100%	100%	100%	-	-	-
	1	-	-	-	-	-	-
Urology	2	-	-	1	-	-	1
	3	-	-	1	-	-	1
	1	-	75%	50%	25%	50%	9%
Vascular Surgery	2	92%	90%	100%	82%	79%	55%
	3	100%	50%	50%	50%	50%	75%

Table 31: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Darling Downs HHS

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	52%	40%	33%	50%	62%	47%
Cardiology	2	56%	71%	67%	68%	75%	78%
	3	24%	29%	45%	44%	44%	46%
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
<u> </u>	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Diabetes	2	-	100%	100%	100%	-	-
=	3	-	-	-	-	-	-
	1	71%	69%	61%	50%	52%	53%
Ear Nose and Throat	2	9%	8%	8%	6%	6%	7%
	3	13%	14%	14%	13%	12%	12%
	1	-		-	50%	67%	40%
Endocrinology	2	22%	17%	17%	13%	38%	41%
Endocrinology	3	100%	100%	100%	86%	83%	84%
	1	100%	100%	10070	88%	100%	78%
Gastroenterology	2	78%	77%	100%	60%	67%	93%
dustrochterology	3	7070	100%	100%	0070	0770	3370
		34%	77%	22%	30%	78%	68%
General Medicine	2	65%	56%	46%	43%	40%	38%
General Medicine							
	3	92%	92%	93%	95%	95%	85%
Company Company	1	84%	69%	21%	54%	58%	60%
General Surgery	2	19%	21%	16%	16%	17%	17%
	3	46%	44%	44%	42%	39%	37%
	1	50%	27%	24%	49%	30%	37%
Gynaecology	2	26%	24%	23%	18%	15%	19%
	3	66%	73%	83%	85%	88%	87%
	1	100%	100%	10%	46%	64%	50%
Nephrology	2	42%	35%	25%	29%	25%	21%
	3	25%	34%	30%	26%	19%	19%
-	1	100%	100%	-	100%	50%	75%
Neurology	2	25%	40%	39%	42%	30%	58%
	3	42%	43%	38%	38%	33%	30%
_	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	100%	-
Ophthalmology	2	71%	93%	75%	50%	27%	50%
	3	32%	31%	31%	29%	30%	31%
	1	92%	92%	81%	89%	95%	95%
Orthopaedic	2	82%	86%	90%	91%	98%	97%
· 	3	57%	66%	64%	64%	64%	61%
	1	-	-	-	-	-	-
Pain Management	2	_	_			_	_
	3	_	_			_	_

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	71%	75%	60%	75%	58%	38%
Respiratory	2	54%	39%	27%	18%	31%	23%
	3	100%	94%	95%	94%	98%	81%
	1	ı	ı	ı	1	ı	-
Rheumatology	2	ı	1	ı	ı	ı	-
	3	-	-	-	-	-	-
	1	ı	1	ı	ı	ı	-
Urology	2	-	-	•	-	-	-
	3	1	1	ı	ı	1	-
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 32: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Gold Coast HHS

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	85%	88%	46%	76%	67%	58%
Cardiac Surgery	2	100%	100%	100%	83%	91%	88%
	3	-	-	-	-	-	-
	1	36%	44%	21%	29%	34%	33%
Cardiology	2	24%	29%	28%	22%	18%	17%
	3	94%	94%	95%	95%	94%	94%
	1	22%	15%	-	19%	55%	60%
Dermatology	2	7%	13%	13%	10%	9%	11%
	3	44%	40%	42%	36%	36%	34%
	1	46%	33%	20%	35%	43%	32%
Diabetes	2	54%	52%	47%	39%	30%	18%
	3	100%	100%	100%	75%	75%	75%
	1	66%	70%	39%	63%	76%	54%
Ear Nose and Throat	2	13%	12%	12%	11%	10%	11%
	3	44%	44%	45%	44%	42%	41%
	1	56%	46%	18%	32%	58%	54%
Endocrinology	2	32%	30%	24%	23%	26%	28%
	3	69%	67%	58%	54%	56%	56%
	1	10%	12%	7%	14%	14%	11%
Gastroenterology	2	19%	21%	18%	19%	19%	20%
	3	66%	65%	63%	48%	45%	40%
	1	68%	72%	57%	64%	59%	61%
General Medicine	2	100%	100%	94%	100%	88%	100%
	3	100%	100%	100%	100%	100%	100%
	1	70%	67%	43%	54%	55%	55%
General Surgery	2	27%	26%	27%	29%	25%	27%
	3	53%	53%	55%	43%	40%	35%
	1	73%	64%	41%	44%	57%	50%
Gynaecology	2	64%	63%	62%	63%	59%	57%
	3	77%	73%	73%	72%	72%	70%
	1	44%	52%	35%	56%	63%	60%
Nephrology	2	73%	83%	73%	50%	50%	56%
	3	-	-	-	-	-	-
	1	30%	37%	22%	33%	49%	35%
Neurology	2	74%	81%	79%	78%	71%	76%
	3	64%	67%	70%	57%	57%	75%
	1	65%	51%	31%	43%	41%	42%
Neurosurgery	2	11%	10%	9%	9%	9%	10%
	3	81%	76%	74%	71%	66%	60%
	1	52%	66%	51%	63%	62%	42%
Ophthalmology	2	32%	29%	29%	26%	29%	32%
	3	39%	40%	40%	41%	41%	40%
	1	87%	92%	86%	90%	89%	83%
Orthopaedic	2	30%	29%	28%	24%	24%	24%
	3	60%	58%	56%	54%	52%	49%
	1	48%	43%	32%	46%	50%	41%
Pain Management	2	21%	22%	23%	20%	30%	33%
-	3	3%	4%	4%	3%	3%	8%

Plastic and	1	75%	87%	64%	74%	73%	62%
Reconstructive	2	57%	75%	83%	81%	70%	80%
Surgery	3	81%	79%	73%	83%	82%	80%
	1	44%	54%	32%	39%	45%	46%
Respiratory	2	39%	35%	31%	26%	23%	26%
	3	100%	100%	100%	100%	97%	94%
	1	7%	2%	2%	7%	1%	7%
Rheumatology	2	11%	8%	6%	8%	4%	6%
	3	31%	29%	28%	25%	21%	24%
	1	71%	55%	43%	62%	52%	58%
Urology	2	81%	85%	81%	69%	66%	75%
	3	72%	68%	66%	74%	73%	74%
	1	83%	88%	68%	88%	81%	76%
Vascular Surgery	2	93%	89%	93%	91%	92%	98%
	3	100%	100%	100%	100%	100%	100%

Table 33: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Mackay HHS

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	17%	40%	44%
Cardiac Surgery	2	100%	100%	-	100%	-	100%
	3	100%	100%	100%	-	-	
	1	98%	70%	26%	63%	67%	54%
Cardiology	2	70%	68%	59%	54%	48%	47%
J.	3	100%	100%	100%	100%	75%	75%
	1	-	-	-	_	_	
Dermatology	2	-	-	-	-	-	
5,	3	-	-	-	-	_	
	1	67%	60%	11%	27%	42%	33%
Diabetes	2	100%	94%	63%	61%	63%	73%
-	3	100%	92%	100%	100%	64%	46%
	1	-	-	-	-	-	
Ear Nose and Throat	2	_	_	_	_	_	
	3	_	_	_	_	_	
	1	_	_	100%	_	80%	46%
Endocrinology	2	100%	100%	79%	75%	60%	59%
Endocrinology	3	100%	100%	100%	100%	100%	100%
	1	10070	10070	10070	10070	100%	100%
Gastroenterology	2	100%	100%	100%	100%	88%	86%
dustrochicrology	3	10070	10070	10070	10070	0070	100%
		89%	60%	74%	57%	74%	65%
General Medicine	2	37%	40%	34%	31%	34%	38%
General Medicine							
	3	93%	91%	77%	86%	93%	88%
Canada Company	1	95%	92%	83%	92%	86%	86%
General Surgery	2	96%	98%	99%	98%	99%	99%
	3	100%	100%	100%	100%	100%	100%
6	1	100%	100%	100%	75%	100%	92%
Gynaecology	2	96%	95%	92%	92%	95%	97%
	3	100%	100%	100%	100%	100%	100%
	1	100%	100%	75%	43%	50%	
Nephrology	2	52%	59%	55%	41%	35%	28%
	3	57%	55%	55%	57%	60%	62%
	1	40%	39%	5%	31%	92%	56%
Neurology	2	95%	85%	66%	55%	48%	54%
	3	100%	100%	100%	100%	100%	100%
<u> </u>	1	44%	65%	62%	80%	93%	65%
Neurosurgery	2	16%	16%	16%	15%	13%	18%
	3	32%	33%	34%	35%	40%	38%
	1	-	50%	-	100%	-	-
Ophthalmology	2	14%	14%	10%	6%	2%	-
	3	49%	45%	46%	45%	40%	38%
	1	93%	87%	67%	83%	87%	84%
Orthopaedic	2	31%	27%	24%	18%	21%	19%
Ī	3	22%	26%	42%	45%	39%	41%
	1	-	-	-	-	-	
Pain Management	2	-	-	-	-	-	
-	3	-	-	-	-	-	-

Plastic and	1	_	_	_	_	_	_
	_				_		_
Reconstructive	2	-	ı	ı	1	-	-
Surgery	3	-	-	-	-	-	-
	1	88%	86%	44%	53%	56%	53%
Respiratory	2	80%	67%	53%	53%	50%	66%
	3	98%	96%	91%	90%	92%	90%
	1	80%	80%	50%	100%	50%	67%
Rheumatology	2	100%	94%	88%	79%	62%	54%
	3	100%	100%	100%	100%	100%	100%
	1	89%	100%	84%	90%	73%	41%
Urology	2	41%	42%	37%	40%	35%	36%
	3	81%	74%	71%	68%	73%	68%
	1	58%	50%	25%	33%	58%	44%
Vascular Surgery	2	46%	37%	24%	20%	22%	22%
	3	64%	76%	74%	75%	76%	70%

Table 34: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Metro North HHS (excluding Royal brisbane and Women's Hospital)

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	73%	88%	52%	67%	56%	45%
Cardiac Surgery	2	81%	84%	82%	74%	59%	59%
	3	61%	65%	81%	78%	83%	83%
	1	39%	46%	41%	34%	30%	27%
Cardiology	2	54%	54%	49%	45%	42%	49%
-	3	78%	76%	76%	74%	71%	73%
	1	-	_	-	-	-	_
Dermatology	2	-	_	_	-	-	_
-	3	-	-	-	-	-	-
	1	82%	57%	20%	33%	67%	33%
Diabetes	2	66%	70%	48%	33%	32%	31%
-	3	95%	94%	94%	94%	100%	100%
	1	-	-	_	-	-	_
Ear Nose and Throat	2	-	_	_	_	_	_
-	3	-	_	_	-	_	_
	1	70%	38%	38%	55%	33%	36%
Endocrinology	2	67%	81%	70%	62%	60%	68%
	3	100%	100%	100%	100%	92%	93%
	1	51%	59%	36%	66%	65%	38%
Gastroenterology	2	24%	26%	24%	29%	30%	32%
	3	36%		36%	37%	42%	39%
	1	78%	87%	75%	82%	93%	79%
General Medicine	2	84%	77%	73%	70%	73%	88%
General Wicarenie	3	90%	90%	93%	93%	94%	100%
	1	81%	90%	78%	88%	84%	82%
General Surgery	2	63%	58%	57%	61%	58%	64%
General Surgery	3	93%	94%	96%	97%	98%	98%
	1	80%	96%	95%	96%	83%	92%
Gynaecology	2	72%	75%	72%	69%	59%	60%
Gyriaccology	3	96%	96%	94%	92%	89%	88%
	1	3070	3070	J <del>-</del> 70	JZ/0	0370	- 0070
Nephrology	2	_	_	_		_	
Nephrology	3	_					
	1	53%	59%	17%	60%	68%	52%
Neurology	2	42%	41%	35%	33%	35%	34%
Neurology	3	76%	73%	71%	69%	66%	67%
	1	70%	75%	/ 170	09%	00%	0770
Neurosurgery	2	-	-	-	-	-	
iveurosurgery	3	-	-	-	-	-	-
		-	-	-	-	-	
On bath almost a serv	1	-	-	-		-	
Ophthalmology	2	-	-	-	-	-	
	3		- 000/	7.00	- C70/	- (20/	-
Outle and the	1	68%	80%	76%	67%	63%	55%
Orthopaedic	2	21%	21%	18%	16%	17%	21%
	3	42%	45%	45%	46%	50%	56%
	1	67%	100%	100%		50%	40%
Pain Management	2	25%	21%	19%	13%	20%	20%
	3	-	-	-	-	-	

Plastic and	1	-	1	-	1	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	58%	59%	36%	31%	41%	35%
Respiratory	2	63%	55%	52%	46%	47%	46%
	3	91%	92%	78%	85%	91%	84%
	1	75%	80%	54%	59%	46%	70%
Rheumatology	2	38%	38%	35%	33%	35%	39%
	3	28%	26%	23%	22%	24%	22%
	1	40%	32%	18%	28%	36%	32%
Urology	2	16%	18%	19%	19%	15%	14%
	3	55%	52%	53%	45%	44%	42%
	1	100%	60%	-	80%	71%	46%
Vascular Surgery	2	97%	100%	100%	90%	89%	96%
	3	100%	100%	100%	100%	100%	100%

Table 35: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Metro South HHS (excluding Princess Alexandra Hospital)

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	77%	70%	56%	69%	82%	61%
Cardiology	2	42%	45%	42%	41%	35%	39%
	3	34%	62%	68%	70%	64%	53%
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	57%	88%	-	54%	45%	55%
Diabetes	2	16%	17%	14%	8%	11%	13%
<b> </b>	3	33%	35%	35%	40%	47%	43%
	1	86%	63%	29%	38%	67%	45%
Ear Nose and Throat	2	39%	49%	58%	49%	20%	16%
=	3	54%	52%	49%	47%	44%	50%
	1	63%	20%	31%	62%	66%	50%
Endocrinology	2	24%	24%	23%	23%	24%	25%
, 	3	41%	47%	50%	50%	51%	50%
	1	51%	65%	42%	53%	50%	43%
Gastroenterology	2	18%	18%	18%	21%	20%	23%
0,	3	48%	41%	42%	42%	42%	43%
	1	76%	70%	40%	30%	37%	46%
General Medicine	2	54%	54%	53%	49%	44%	46%
	3	43%	51%	55%	58%	62%	58%
	1	82%	78%	75%	65%	85%	71%
General Surgery	2	46%	47%	51%	43%	46%	43%
	3	47%	47%	47%	49%	47%	46%
	1	67%	78%	49%	73%	84%	74%
Gynaecology	2	85%	87%	77%	74%	68%	66%
<u> </u>	3	55%	55%	60%	64%	70%	74%
	1	62%	79%	50%	88%	71%	89%
Nephrology	2	69%	67%	57%	61%	76%	74%
repinology	3	79%	82%	88%	89%	90%	89%
	1	67%	86%	29%	40%	80%	6%
Neurology	2	81%	63%	59%	54%	74%	75%
recurology	3	53%	53%	54%	53%	50%	48%
	1	3370	33/0	J470 -	33/0	3070	4070
Neurosurgery	2						
Neurosurgery	3	_	_			_	_
	<u>5</u> 1	-	100%	-	-	-	-
Ophthalmology	2	60%		71%	83%	60%	- 
	3	43%	67% 43%	42%	45%	50%	67% 49%
Orthopaedic	1	81%	82%	74%	79%	68%	80%
	2	28%	30%	27%	24%	21%	22%
	3	41%	43%	43%	43%	47%	47%
Dain Maria	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Plastic and	1	100%	-	-	-	-	-
Reconstructive	2	88%	88%	73%	41%	67%	44%
Surgery	3	40%	39%	41%	38%	38%	36%
	1	72%	83%	48%	42%	57%	56%
Respiratory	2	29%	23%	19%	18%	19%	21%
	3	41%	41%	43%	42%	40%	39%
	1	31%	33%	27%	29%	44%	17%
Rheumatology	2	40%	44%	31%	37%	39%	45%
	3	71%	81%	75%	75%	75%	77%
	1	65%	62%	35%	51%	46%	53%
Urology	2	21%	24%	24%	30%	29%	30%
	3	24%	26%	27%	40%	36%	36%
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 36: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - North West HHS

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	10%	22%	23%	22%	22%	21%
Cardiology	2	20%	20%	9%	8%	3%	9%
	3	42%	38%	34%	33%	29%	23%
	1	-	29%	-	5%	6%	9%
Dermatology	2	26%	16%	10%	9%	6%	11%
	3	76%	77%	77%	63%	49%	41%
	1	22%	33%	18%	25%	14%	36%
Diabetes	2	67%	50%	67%	67%	67%	100%
	3	100%	100%	100%	-	-	100%
	1	-	-	-	-	-	
Ear Nose and Throat	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	11%	-	-	80%	-
Endocrinology	2	27%	14%	7%	-	23%	18%
G,	3	33%	33%	33%	33%	40%	-
	1	17%	2%	-	-	_	2%
Gastroenterology	2	9%	10%	10%	7%	2%	-
O,	3	17%	16%	16%	16%	12%	11%
	1	71%	71%	29%	62%	53%	41%
General Medicine	2	78%	76%	68%	66%	66%	78%
	3	100%	100%	100%	100%	100%	100%
	1	67%	73%	57%	44%	60%	67%
General Surgery	2	96%	89%	82%	81%	80%	92%
General Sargery	3	100%	100%	100%	100%	100%	100%
	1	56%	57%	36%	38%	47%	10070
Gynaecology	2	70%	75%	65%	59%	52%	63%
dynaccology	3	100%	100%	100%	100%	100%	100%
	1	75%	57%	17%	43%	38%	78%
Nephrology	2	56%	50%	50%	50%	33%	7070
Nephrology	3	30/6	3070	3070	3070	33/0	
	1	-	-			-	-
Neurology	2	-	-		-	-	
Neurology	3	-	-	-	-	-	
		-	-	-	-	-	
Nourocurgona	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	-	-	
	3	450/	1.00/	4.40/	420/	-	450/
Onbthalmasla	1	15%	16%	14%	13%	6%	15%
Ophthalmology	2	17%	17%	19%	16%	13%	16%
	3	71%	68%	63%	61%	60%	61%
0.11	1	77%	84%	56%	68%	81%	96%
Orthopaedic	2	98%	97%	96%	91%	93%	100%
	3	100%	100%	100%	100%	100%	100%
	1	-	-	-	-	-	
Pain Management	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	38%	15%	8%	-	-	-
Surgery	3	8%	8%	8%	8%	ı	-
	1	-	67%	1	25%	50%	-
Respiratory	2	-	-	-	-	-	-
	3	33%	1	1	1	1	-
	1	-	-	-	-	-	-
Rheumatology	2	-	1	-	1	-	-
	3	100%	100%	1	1	1	-
	1	-	-	-	-	-	-
Urology	2	-	1	-	1	-	-
	3	-	1	-	-	-	-
	1	-	-	-	-	-	-
Vascular Surgery	2	-	50%	29%	-	-	-
	3	90%	95%	95%	80%	47%	48%

Table 37: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Sunshine Coast HHS

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	100%	80%	-	90%	63%	100%
Cardiac Surgery	2	100%	100%	100%	100%	-	-
	3	-	-	-	-	-	-
	1	64%	56%	45%	35%	65%	64%
Cardiology	2	3%	30%	37%	34%	22%	19%
	3	-	-	-	5%	6%	6%
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	84%	70%	59%	70%	76%	59%
Diabetes	2	64%	65%	73%	76%	87%	88%
	3	100%	100%	100%	100%	100%	100%
	1	73%	100%	100%	100%	100%	100%
Ear Nose and Throat	2	59%	60%	60%	39%	66%	74%
	3	100%	100%	91%	87%	83%	77%
	1	72%	67%	55%	79%	68%	73%
Endocrinology	2	42%	49%	58%	69%	68%	83%
	3	20%	33%	33%	40%	50%	50%
	1	56%	45%	38%	43%	49%	56%
Gastroenterology	2	7%	5%	6%	7%	9%	11%
	3	33%	50%	100%	100%	100%	-
	1	63%	43%	39%	41%	75%	61%
General Medicine	2	70%	70%	53%	43%	74%	83%
	3	75%	75%	60%	75%	100%	100%
	1	90%	91%	77%	86%	86%	83%
General Surgery	2	57%	57%	56%	48%	46%	47%
, , <u>, , , , , , , , , , , , , , , , , </u>	3	75%	73%	73%	71%	70%	70%
	1	87%	87%	64%	64%	74%	72%
Gynaecology	2	61%	60%	55%	54%	57%	60%
, ,,	3	86%	83%	83%	77%	76%	72%
	1	75%	40%	50%	60%	67%	33%
Nephrology	2	92%	82%	66%	62%	63%	69%
, 0,	3	100%	98%	99%	99%	91%	86%
	1	100%	100%	100%	100%	100%	-
Neurology	2	60%	56%	50%	47%	38%	34%
<u>.                                    </u>	3	-	-	-	-	25%	25%
	1	-	-	-	-	-	_
Neurosurgery	2	-	_	-	-	-	_
,	3	-	_	-	-	-	_
	1	80%	95%	74%	87%	80%	89%
Ophthalmology	2	35%	32%	29%	26%	26%	28%
	3	33%	33%	33%	32%	32%	30%
	1	94%	97%	97%	96%	98%	92%
Orthopaedic	2	27%	29%	27%	24%	23%	22%
2opacaio	3	71%	69%	67%	71%	71%	68%
	1	43%	17%	33%	100%	75%	88%
Pain Management	2	55%	67%	55%	43%	50%	100%
i ani ivianagement	3	76%	80%	88%	90%	95%	97%

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	1	-	-
Surgery	3	-	-	-	-	-	-
	1	59%	76%	75%	52%	70%	89%
Respiratory	2	27%	28%	29%	26%	20%	16%
	3	13%	12%	16%	8%	5%	5%
	1	-	-	-	-	-	-
Rheumatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	79%	94%	77%	88%	76%	88%
Urology	2	26%	22%	20%	20%	18%	19%
	3	29%	27%	28%	27%	24%	23%
Vascular Surgery	1	92%	92%	50%	100%	100%	88%
	2	100%	91%	100%	100%	100%	100%
	3	100%	100%	80%	100%	100%	100%

Table 38: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Townsville HHS

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	83%	80%	83%	100%	80%	92%
Cardiac Surgery	2	95%	99%	95%	93%	90%	75%
	3	-	-	-	-	-	-
	1	24%	22%	18%	21%	25%	25%
Cardiology	2	20%	21%	22%	20%	22%	25%
	3	70%	72%	65%	64%	62%	61%
	1	29%	60%	-	-	55%	45%
Dermatology	2	95%	96%	87%	43%	49%	50%
	3	100%	100%	100%	100%	100%	100%
	1	16%	5%	10%	9%	14%	21%
Diabetes	2	40%	27%	6%	18%	18%	21%
	3	43%	32%	29%	33%	32%	29%
	1	57%	54%	56%	60%	68%	60%
Ear Nose and Throat	2	18%	16%	15%	11%	10%	11%
	3	20%	18%	17%	18%	19%	20%
	1	15%	5%	12%	9%	14%	17%
Endocrinology	2	17%	13%	7%	7%	8%	5%
	3	44%	33%	28%	27%	19%	19%
	1	48%	85%	35%	67%	67%	52%
Gastroenterology	2	87%	96%	92%	89%	76%	76%
	3	96%	88%	84%	80%	75%	75%
	1	17%	29%	20%	67%	57%	50%
General Medicine	2	52%	100%	100%	75%	67%	75%
	3	52%	38%	75%	67%	67%	50%
	1	74%	73%	68%	71%	77%	65%
General Surgery	2	18%	20%	21%	21%	20%	19%
<b>5</b> ,	3	74%	74%	74%	69%	66%	66%
	1	39%	44%	41%	45%	50%	66%
Gynaecology	2	76%	78%	78%	62%	68%	50%
, 0,	3	92%	92%	95%	94%	95%	95%
	1	64%	67%	40%	100%	60%	70%
Nephrology	2	79%	82%	85%	69%	69%	81%
, 0,	3	100%	100%	100%	100%	100%	100%
	1	51%	47%	39%	52%	42%	40%
Neurology	2	45%	40%	30%	28%	38%	53%
	3	62%	54%	45%	41%	38%	32%
	1	38%	31%	19%	18%	36%	50%
Neurosurgery	2	14%	11%	11%	10%	11%	12%
	3	20%	21%	23%	24%	23%	24%
	1	57%	36%	36%	78%	80%	69%
Ophthalmology	2	14%	16%	15%	14%	10%	10%
орпитантоюду	3	37%	36%	36%	37%	36%	34%
	1	80%	87%	69%	78%	86%	89%
Orthonaedic	2	69%	75%	69%	58%	39%	43%
Orthopaedic	3	45%	42%	43%	44%	44%	43%
	1	33%	67%	67%	75%	44/0	50%
		25%	33%	29%	27%	29%	29%
Pain Management	2	1 1	2,707	/(10/. 1	, , , , ,		

Plastic and	1	80%	85%	58%	54%	50%	50%
Reconstructive	2	24%	30%	23%	12%	14%	14%
Surgery	3	27%	25%	17%	16%	15%	15%
	1	16%	17%	19%	4%	18%	21%
Respiratory	2	32%	23%	13%	16%	14%	17%
	3	80%	80%	50%	50%	60%	82%
	1	7%	3%	5%	6%	7%	5%
Rheumatology	2	8%	6%	5%	6%	5%	4%
	3	36%	33%	32%	30%	25%	23%
	1	64%	70%	20%	75%	62%	50%
Urology	2	86%	83%	82%	77%	72%	82%
	3	89%	88%	87%	88%	83%	88%
	1	57%	32%	41%	36%	64%	70%
Vascular Surgery	2	24%	32%	32%	27%	26%	23%
	3	25%	25%	26%	26%	25%	24%

Table 39: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - West Moreton HHS

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	100%	83%	100%	100%	100%	60%
Cardiology	2	76%	72%	64%	69%	64%	67%
	3	100%	100%	100%	100%	100%	95%
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	1	-	-
	1	80%	27%	100%	92%	61%	80%
Diabetes	2	57%	57%	50%	44%	45%	53%
	3	100%	100%	-	100%	100%	100%
	1	98%	96%	88%	96%	92%	88%
Ear Nose and Throat	2	50%	47%	54%	37%	33%	33%
	3	83%	87%	27%	87%	91%	93%
	1	-	-	-	-	-	-
Endocrinology	2	-	-	-	-	-	-
0,	3	-	-	-	-	-	-
	1	-	-	-	-	-	_
Gastroenterology	2	-	-	-	-	_	_
0,	3	-	-	_	-	_	_
	1	100%	67%	100%	100%	80%	67%
General Medicine	2	85%	88%	75%	71%	67%	66%
	3	96%	100%	100%	100%	100%	100%
	1	88%	100%	100%	100%	96%	92%
General Surgery	2	58%	61%	67%	51%	51%	53%
General Surgery	3	100%	100%	100%	100%	100%	100%
	1	79%	90%	85%	87%	86%	81%
Gynaecology	2	84%	90%	58%	65%	57%	57%
dynaccology	3	100%	100%	100%	100%	100%	100%
	1	10070	10070	10070	10070	10070	10070
Nephrology	2						
Nephrology	3	_				_	
	1	-		-	-	_	
Neurology	2	-	-	-	-	-	
Neurology	3	-	-	-	-	-	
		-	-	-	-	-	
Navinasiinasii	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	-	-	-
	3	-	4000/	-	-	-	4.000/
	1	400/	100%	-	- 440/	- 440/	100%
Ophthalmology	2	18%	16%	56%	11%	11%	11%
	3	42%	43%	-	46%	46%	45%
	1	99%	99%	99%	97%	93%	94%
Orthopaedic	2	66%	63%	70%	43%	41%	41%
	3	56%	56%	4%	50%	55%	58%
	1	-	-	-	-	-	
Pain Management	2	-	-	-	-	-	
	3	-	-	-	-	-	-

Plastic and	1	79%	71%	59%	53%	86%	77%
Reconstructive	2	21%	23%	68%	22%	21%	21%
Surgery	3	89%	94%	86%	95%	94%	95%
	1	100%	67%	83%	89%	100%	100%
Respiratory	2	77%	80%	74%	58%	52%	63%
	3	100%	100%	100%	100%	100%	99%
	1	83%	67%	100%	100%	92%	89%
Rheumatology	2	43%	39%	43%	29%	33%	33%
	3	50%	64%	1	69%	72%	61%
	1	83%	88%	100%	100%	100%	78%
Urology	2	47%	50%	73%	49%	51%	52%
	3	42%	42%	-	43%	43%	42%
	1		-	-	-	-	-
Vascular Surgery	2	-	-	-		-	-
	3	-	-	-	-	-	-

Table 40: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Wide Bay HHS

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-		
	1	40%	35%	31%	25%	29%	22%
Cardiology	2	77%	79%	83%	75%	67%	44%
	3	92%	100%	100%	-	100%	100%
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	_
	3	-	-	-	-	-	_
	1	50%	75%	100%	86%	29%	50%
Diabetes	2	-	-	50%	-	-	_
<b> </b>	3	-	-	-	-	-	-
	1	25%	-	-	-	-	-
Ear Nose and Throat	2	44%	86%	76%	57%	10%	-
=	3	48%	53%	71%	71%	71%	-
	1	-	33%	-	33%	-	50%
Endocrinology	2	43%	52%	54%	36%	22%	35%
<u> </u>	3	33%	42%	42%	44%	41%	43%
	1	25%	17%	29%	14%	56%	20%
Gastroenterology	2	26%	45%	32%	19%	41%	43%
0,	3	75%	100%	100%	90%	100%	100%
	1	81%	84%	61%	74%	71%	57%
General Medicine	2	52%	61%	60%	48%	36%	43%
	3	70%	70%	63%	61%	66%	71%
	1	76%	84%	81%	78%	86%	89%
General Surgery	2	47%	53%	49%	45%	51%	61%
	3	40%	42%	42%	43%	48%	49%
	1	74%	65%	70%	67%	70%	69%
Gynaecology	2	89%	87%	89%	88%	83%	87%
<u> </u>	3	100%	100%	100%	100%	100%	100%
	1	90%	71%	70%	60%	45%	78%
Nephrology	2	42%	43%	43%	42%	39%	36%
146611101084	3	59%	64%	63%	65%	63%	61%
	1	3370	0470	-	0370	-	01/0
Neurology	2	_	_	_		_	_
Neurology	3	_					
	1	-	-	-	-	_	-
Neurosurgery	2	-	-	-	-	-	-
Neurosurgery	3	-	-	-	-	-	-
		-	-	-		-	-
Onbthalmalagu	1	-	-	-		-	-
Ophthalmology	2	-	-	-	-	-	-
	3	- 000/	0.407	070/	- 0.004	- 020/	-
Outle and a sile	1	80%	94%	87%	86%	82%	80%
Orthopaedic	2	39%	43%	41%	36%	34%	33%
	3	58%	54%	52%	49%	52%	49%
_	1	8%	8%	6% <b>=</b> 24	9%	4%	8%
Pain Management	2	7%	6%	7%	9%	12%	12%
	3	39%	31%	31%	30%	40%	37%

Plastic and	1	_	_	_	_	_	_
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	-	-	1	-	-	-
Respiratory	2	-	-		-	-	-
	3	1	1	1	1	1	-
	1	26%	24%	13%	17%	24%	38%
Rheumatology	2	15%	14%	17%	16%	16%	15%
	3	52%	46%	45%	45%	50%	45%
	1	21%	25%	14%	22%	17%	14%
Urology	2	23%	24%	20%	17%	9%	10%
	3	46%	44%	45%	44%	39%	36%
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 41: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Atherton Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	1	-	-	1	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Cardiology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Diabetes	2	-	-	-	-	-	111
	3	-	-	484	-	-	-
	1	-	-	-	-	-	-
Ear Nose and Throat	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
e. L. d. d.	1	-	-	-	-	-	-
Endocrinology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
Castus automalasus	1	-	-	-	-	-	-
Gastroenterology	2	-	-	-	-	-	-
	3	111	140	210	155	122	-
Cananal Madiaina	2	114	140 171	210	155	133	80
General Medicine		147		181	85	100	119
	3	141	139	175	173	211	232
General Surgery	2	110	114	159	145	103	88
General Surgery	3	163	134	163	188	174	193
	1	103	134	103	100	1/4	193
Gynaecology	2		44			102	112
dynaccology	3	269		214	228	167	191
	1	203	203	-	-	107	191
Nephrology	2	_	_	_	_	_	_
repinology	3	_	_	_	_	_	
	1	-	_	_	-	-	_
Neurology	2	_	_	_	_	_	_
rear orogy	3	_	_	-	_	-	_
	1	_	_	_	_	_	_
Neurosurgery	2	_	_	-	_	-	_
	3	_	_	-	_	-	_
	1	-	-	-	-	-	-
Ophthalmology	2	-	-	-	-	-	-
Sprittiannology	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Orthopaedic	2	-	-	-	-	-	-
, i	3	_	-	-	_	-	-
	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	-
-	3	-	-	-	-	-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Respiratory	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Rheumatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Urology	2	-	-	-	-	-	-
	3	-	•	•	-	-	-
	1	-	-	-	-	-	-
Vascular Surgery	2	-		•	-	-	-
	3	-	-	-	-	-	-

Table 42: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Beaudesert Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Cardiology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Diabetes	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Ear Nose and Throat	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Endocrinology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Gastroenterology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
General Medicine	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
_	1	-	-	-	-	-	-
General Surgery	2	-	31	62	93	-	21
	3	-	-	-	-	-	152
	1	-	-	-	-	-	-
Gynaecology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Nephrology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Ophthalmology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Orthopaedic	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Respiratory	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Rheumatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	•	•	•	-	-
Urology	2	-	-	-	-	-	-
	3	-	•	•	•	-	1
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	•		-	-
	3	-	-	-	_	-	-

Table 43: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Bundaberg Hospital

Cardiac Surgery	1						
Cardiac Surgery		_	-	-	-	-	-
ı , ,	2	-	-	-	-	-	_
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Cardiology	2	-	-	-	-	-	-
	3	116	-	-	-	219	-
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Diabetes	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Ear Nose and Throat	2	322	214	245	276	304	-
	3	1208	1093	-	-	-	-
	1	-	-	-	-	-	-
Endocrinology	2	252	218	233	260	285	222
	3	2688	2718	2749	2780	2808	2839
_	1	154	-	-	-	-	-
Gastroenterology	2	279	293	297	315	309	350
	3	-	-	-	172	-	-
	1	-	-	-	-	-	-
General Medicine	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	37	34	50	45	40	29
General Surgery	2	500	373	301	288	235	201
	3	762	232	250	218	257	276
	1	72	77	97	69	90	94
Gynaecology	2	106	123	140	96	107	111
	3	-	-	-	-	-	-
Nonbrology	1	204	- 200	-	247	-	24
Nephrology	3	394	396	362	347	365	396
-	1	873	819	848	879	903	926
Neurology	2	-	-	-	-	-	-
Neurology	3	-	-	-	-	-	-
	1						
Neurosurgery	2						
rveurosurgery	3	_	_		_	_	_
	1	_	_	_	_	_	
Ophthalmology	2	_	-	_	_	-	_
Орпинанноюду	3	_	_	_	_	_	_
	1	136	15	32	36	45	58
Orthopaedic	2	893	902	921	961	910	934
Orthopaeuic	3	905	900	902	909	892	906
	1	624	628	649	629	630	659
Pain Management	2	1310	1338	1367	1386	1459	1466
	3	2619	2580	2611	2642	2598	2617

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Respiratory	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	209	190	191	215	218	123
Rheumatology	2	1662	1643	1580	1547	1407	1303
	3	615	645	676	707	731	764
	1	36	38	-	-	-	-
Urology	2	412	400	432	352	383	330
	3	1424	1461	1440	1476	1510	1547
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	•
	3	-	-	-	-	-	-

Table 44: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Caboolture Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	1	-	1	1	-
	3	-	-	-	-	-	-
	1	31	24	21	-	-	-
Cardiology	2	227	235	242	200	194	176
	3	266	290	315	344	338	333
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	498	-	-	-	-	-
Diabetes	2	156	163	187	201	225	222
	3	143	89	120	244	199	230
	1	-	-	-	-	-	-
Ear Nose and Throat	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Endocrinology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	62	18	31	22	30	-
Gastroenterology	2	513	536	567	596	618	642
	3	983	1011	1033	1064	1084	1105
	1	142	-	-	22	23	28
General Medicine	2	128	137	168	163	505	-
	3	-	-	-	-	-	-
	1	39	18	27	28	23	28
General Surgery	2	95	109	82	95	109	116
	3	239	227	256	251	256	189
	1	-	-	-	17	23	27
Gynaecology	2	105	75	86	98	113	112
	3	218	207	224	246	236	238
	1	-	-	-	-	-	-
Nephrology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Ophthalmology	2	-	-	-	-	-	
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Orthopaedic	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	
Pain Management	2	-	-	-	-	-	
	3	-	-	-	-	-	-

_							
Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Respiratory	2	103	151	182	183	211	242
	3	1	1	850	557	585	1
	1	58	-	-	-	-	-
Rheumatology	2	442	458	476	501	508	474
	3	1417	1447	1478	1509	1537	1568
	1	-	-	-	-	-	-
Urology	2	-	-	-	-	-	-
	3	128	122	153	-	-	-
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 45: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Cairns Base Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	523	325	872	587	723	589
	3	-	-	-	-	-	-
	1	78	96	91	81	73	70
Cardiology	2	188	212	237	255	261	278
	3	286	297	309	338	323	349
December	1	184	213	141	156	139	162
Dermatology	2	428	434	444	397	393	393
	3	1004	1023	1053	1083	944	970
Diabatas	1	165	86	136	108	123	141
Diabetes	2	223	192	205	168	143	118
	3 1	363 216	345	369 51	328 34	305 26	329 23
Ear Nose and Throat	2	458	38 429	434	414	380	392
Ear Nose and Inioat	3	584	569	594	592	598	606
	1	75	58	89	111	23	39
Endocrinology	2	244	248	226	259	193	163
Litaberinology	3	293	301	332	284	220	248
	1	136	152	176	210	174	179
Gastroenterology	2	240	132	338		-	173
Gustroenterology	3	240		-	_		1/3
	1	35	58		51	65	-
General Medicine	2	49	50	65	89	-	-
General Weaterne	3	36	-	64	56	-	67
	1	44	36	54	66	74	88
General Surgery	2	273	297	323	353	377	388
0 /	3	335	333	362	368	359	363
	1	69	53	82	107	56	73
Gynaecology	2	105	93	110	135	131	117
	3	184	199	223	212	231	243
	1	153	-	-	155	-	214
Nephrology	2	329	253	237	216	145	208
	3	253	243	227	257	186	208
	1	-	100	132	143	172	208
Neurology	2	882	823	326	352	368	399
	3	990	1020	767	798	551	584
	1	-	1	•	449	1	•
Neurosurgery	2	666	673	694	723	742	772
	3	754	802	830	854	869	893
	1	177	141	235	226	153	322
Ophthalmology	2	519	543	565	541	538	551
	3	861	856	875	895	903	918
	1	35	26	40	45	43	73
Orthopaedic	2	783	725	652	670	619	595
	3	617	785	804	830	854	874
	1	-	-	-	-	-	5
Pain Management	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

_							
Plastic and	1	-	-	21	-	-	-
Reconstructive	2	1169	1194	1109	1062	1087	1118
Surgery	3	764	891	770	754	779	810
	1	232	86	244	113	75	75
Respiratory	2	289	308	335	329	334	327
	3	630	660	690	696	710	742
	1	91	65	79	95	36	56
Rheumatology	2	149	125	105	127	150	143
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Urology	2	-	-	-	-	-	-
	3	-	-	1	-	-	-
	1	-	32	-	-	-	-
Vascular Surgery	2	216	223	250	281	307	301
	3	481	503	533	557	584	615

Table 46: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Caloundra Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Cardiology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
Diahatas	1	-	-	- C1	-	- 00	-
Diabetes	2	7.4	36	61	-	88	-
	3	74	72	100	-	-	-
Ear Nose and Throat	2	-	-	-	-	-	-
Edi Nose alla Illioat	3	-	-	-	-	-	-
	1	_	-	-	_	-	_
Endocrinology	2						
Endocrinology	3	_	-	-	_	-	_
	1	85	100	89	788	-	-
Gastroenterology	2	-	-	-	-	_	_
,	3	_	-	-	-	-	_
	1	-	-	-	-	-	-
General Medicine	2	-	-	-	-	-	-
	3	-	-	-	-	-	216
	1	-	29	33	-	-	-
General Surgery	2	126	112	132	152	141	159
	3	-	-	-	1	-	-
	1	-	-	-	-	-	-
Gynaecology	2	154	149	162	187	203	117
	3	1	ı	1	ı	ı	ı
	1	-	1	1	ı	1	ı
Nephrology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
Out had to be a	1	43	26	37	42	54	37
Ophthalmology	2	265	267	281	305		310
	3	1370	1395	1421	1443	1464	1488
Orthopaedic	1	8	7	-	-	-	-
	3	-	-	-	583	622	-
	1	-	-	-	-	-	_
Pain Management	2	-	-	-	-	-	-
i ani ivianagement	3						
	3	_	_	_	_	-	_

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	1	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Respiratory	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Rheumatology	2	-	1	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Urology	2	-	1	-	-	-	-
	3	-	1	-	-	-	-
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 47: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Emerald Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	1	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	ı	ı	-	ı	-	-
Cardiology	2	-	-	-	ı	-	-
	3	1	ı	-	ı	-	-
	1	-	1	-	ı	-	-
Dermatology	2	-	-	-	ı	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Diabetes	2	-	-	-	-	-	-
	3	-	-	-	1	-	-
	1	ı	ı	-	ı	-	-
Ear Nose and Throat	2	-	-	-	-	-	-
	3	-	-	-	_	-	-
	1	-	-	-	-	-	-
Endocrinology	2	-	-	-	-	-	-
	3	-	-	-			
	1	-	-	-	-	-	-
Gastroenterology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	_
General Medicine	2	-	-	-	-	-	-
	3	-	-	-	ı	-	-
	1	-	29	35	1	38	41
General Surgery	2	58	88	119	140	146	129
	3	170	200	231	262	290	321
	1	-	-	-	-	-	-
Gynaecology	2	75	-	-	ı	-	50
	3	169	-	-	ı	-	-
	1	-	-	-	1	-	-
Nephrology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Ophthalmology	2	-	-	-	-	-	_
Sprinamiology	3	-	-	-	-	-	_
	1	-	-	-	-	-	_
Orthopaedic	2	-	-	-	-	-	_
O. Gropacaic	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	-
	3	-	-	-	_	-	-
	•						

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	1	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Respiratory	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Rheumatology	2	-	1	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Urology	2	-	1	-	-	-	-
	3	-	1	-	-	-	-
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 48: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Gladstone Hospital

Cardiology 3	Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
Cardiology    1		1	-	-	-	-	-	-
Cardiology	Cardiac Surgery	2	1	ı	-	1	-	-
Cardiology 3		3	-	-	-	-	-	-
Dermatology		1	ı	6	-	55	81	114
Dermatology	Cardiology	2	-	11	35	65	89	111
Dermatology		3	-	-	-	-	-	-
Diabetes		1	-	1	-	129	162	193
Diabetes	Dermatology	2	67	124	133	147	165	185
Diabetes 2		3	-	-	-	-	-	-
Ear Nose and Throat  Ear Nose and Throat  2		1	-	-	-	-	-	-
Ear Nose and Throat  2	Diabetes	2	-	93	124	155	183	214
Ear Nose and Throat 3		3	-	-	-	-	-	-
Endocrinology 2		1	ı	1	-	1	-	-
Endocrinology 2	Ear Nose and Throat	2	-	-	-	-	-	-
Endocrinology 3		3	-	-	-	-	-	-
Gastroenterology 2		1	-	-	-	-	-	-
Gastroenterology	Endocrinology	2	-	-	-	-	-	-
Gastroenterology    2		3	-	-	-	-	-	-
Seneral Medicine		1	-	-	-	-	-	-
General Medicine	Gastroenterology	2	-	-	-	-	-	-
General Medicine         2         86         107         141         169         176         204           3         247         240         168         199         243         300           General Surgery         1         52         87         104         128         25         40           3         186         178         206         174         202         233           Gynaecology         2         106         145         179         186         120         102           3         107         128         156         150         169         169           Nephrology         2         -         -         -         -         -         -           Neurology         2         -         -         -         -         -         -         -           Neurology         2         -         -         -         -         -         -         -         -         -           Neurology         2         -         -         -         -         -         -         -         -         -         -         -         -         -         - <t< td=""><td></td><td>3</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td></t<>		3	-	-	-	-	-	-
September   Sept		1	-	-	-	-	-	-
General Surgery 2 128 88 116 116 50 53 3 186 178 206 174 202 233 4 1 2 2 106 174 202 233 4 1 2 2 106 145 179 186 120 102 3 107 128 156 150 169 169 169 169 169 169 169 169 169 169	General Medicine	2	86	107	141	169	176	204
General Surgery         2         128         88         116         116         50         53           3         186         178         206         174         202         233           Gynaecology         1         23         -		3	247	240	168	199	243	300
Gynaecology     1     23     -     -     -     -       Gynaecology     2     106     145     179     186     120     102       3     107     128     156     150     169     169       Nephrology     2     -     -     -     -     -     -       Neurology     2     -     -     -     -     -     -       Neurology     2     -     -     -     -     -     -       Neurology     2     -     -     -     -     -     -       Neurosurgery     2     -     -     -     -     -     -       Ophthalmology     2     -     -     -     -     -     -       Orthopaedic     2     438     399     407     425     387     389       3     321     267     292     323     347     372       Pain Management     2     -     -     -     -     -     -     -		1	52	87	104	128	25	40
Gynaecology       1       23       - <t< td=""><td>General Surgery</td><td>2</td><td>128</td><td>88</td><td>116</td><td>116</td><td>50</td><td>53</td></t<>	General Surgery	2	128	88	116	116	50	53
Gynaecology       2       106       145       179       186       120       102         Nephrology       1       -       -       -       -       -       -         Neurology       2       -       -       -       -       -       -         Neurosurgery       2       -       -       -       -       -       -       -         Neurosurgery       2       -		3	186	178	206	174	202	233
Nephrology		1	23	-	-	-	-	-
Nephrology       1       -	Gynaecology	2	106	145	179	186	120	102
Nephrology       2       -		3	107	128	156	150	169	169
Neurology		1	-	-	-	-	-	-
Neurology 2	Nephrology	2	-	-	-	-	-	-
Neurology       2       -		3	-	-	-	-	-	-
Neurosurgery       3       - <t< td=""><td></td><td>1</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td></t<>		1	-	-	-	-	-	-
Neurosurgery       3       - <t< td=""><td>Neurology</td><td>2</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td></t<>	Neurology	2	-	-	-	-	-	-
Neurosurgery       2       - <t< td=""><td></td><td>3</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td></t<>		3	-	-	-	-	-	-
Ophthalmology     1     -     -     -     -     -     -       Ophthalmology     2     -     -     -     -     -     -       3     -     -     -     -     -     -       Orthopaedic     2     438     399     407     425     387     389       3     321     267     292     323     347     372       Pain Management     2     -     -     -     -     -     -     -		1	-	-	-	-	-	-
3       -       <	Neurosurgery	2	-	-	-	-	-	-
Ophthalmology       2       -       <		3	-	-	-	-	-	-
Orthopaedic     3     -     -     -     -     -     -     -       Orthopaedic     2     438     399     407     425     387     389       3     321     267     292     323     347     372       Pain Management     2     -     -     -     -     -     -		1	-	-	-	-	-	-
Orthopaedic     3     -     -     -     -     -     -     -       Orthopaedic     2     438     399     407     425     387     389       3     321     267     292     323     347     372       Pain Management     2     -     -     -     -     -     -	Ophthalmology	2	-	-	-	-	-	-
Orthopaedic     2     438     399     407     425     387     389       3     321     267     292     323     347     372       Pain Management     2     -     -     -     -     -     -     -     -		3	-	-	-	-	-	-
3     321     267     292     323     347     372       1     -     -     -     -     -     -       Pain Management     2     -     -     -     -     -     -		1	-	-	-	-	-	-
3     321     267     292     323     347     372       1     -     -     -     -     -     -       Pain Management     2     -     -     -     -     -     -	Orthopaedic	2	438	399	407	425	387	389
Pain Management 2			321		292		347	372
			-	-	-	-	-	-
	Pain Management	2	-	-	-	-	-	-
,   3   -  -  -  -  -	-	3	-	-	-	-	-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	1	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Respiratory	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Rheumatology	2	-	1	-	-	-	-
	3	-	1	-	-	-	-
	1	-	-	-	-	-	-
Urology	2	-	1	-	-	-	-
	3	-	1	-	-	-	-
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 49: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Gold Coast Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	33	31	70	74	97	61
Cardiac Surgery	2	_	_	_	106	11	-
,	3	-	-	-	-	-	-
	1	127	114	137	157	184	200
Cardiology	2	540	533	546	571	579	573
0,	3	254	263	260	290	316	303
	1	105	107	131	114	142	-
Dermatology	2	735	752	780	810	824	754
<i>5,</i>	3	934	939	962	991	1017	1004
	1	155	183	178	183	164	162
Diabetes	2	385	314	267	344	291	328
	3	-	-	-	-	-	-
	1	83	58	78	87	96	130
Ear Nose and Throat	2	772	780	794	802	757	749
	3	1246	1270	1299	1313	1338	1341
	1	127	145	137	158	113	113
Endocrinology	2	374	397	426	428	445	463
	3	524	550	524	501	526	557
	1	613	548	517	456	469	474
Gastroenterology	2	682	678	698	714	739	740
2404. 2011.20. 21.287	3	478	508	539	569	596	627
	1	76	75	85	79	80	82
General Medicine	2	65	55	56	72	92	68
General Wiedleine	3	-		-	- 72	92	-
	1	69	66	82	91	101	103
General Surgery	2	534	534	532	542	561	573
General Sargery	3	495	462	488	535	552	641
	1	71	75	103	89	108	94
Gynaecology	2	195	216	208	221	225	248
dynaccology	3	489	501	516		494	509
	1	143	120	127	138	129	82
Nephrology	2	155	120	102	230	241	- 02
Пертообу	3	133	_	102			_
	1	225	255	276	278	211	236
Neurology	2	168	158	163	145	145	157
Neurology	3	799	130	885	143	143	137
	1	181	141	227	114	124	145
Neurosurgery	2	898	932	953	982	1008	1019
Neurosurgery	3	517	448	470	497	509	537
	1	108	81	93	128	152	184
Ophthalmology	2	332	325	343	352	343	326
Ophthalmology	3	1198	1215	1235	1154	1134	1152
	1	38	23	40	30	31	40
Orthopaedic	2	512	496	494	499		504
Orthopaedic	3		662	682	701	490 715	734
	1	661 127		117			
Dain Managamant	2		137		128	118	144
Pain Management		1093	917	894	977	929	951
	3	744	774	805	836	864	898

Plastic and	1	49	44	46	53	94	111
Reconstructive	2	234	176	125	151	155	173
Surgery	3	411	429	458	421	437	439
	1	126	140	161	172	193	191
Respiratory	2	303	312	334	340	344	340
	3	208	248	279	281	273	256
	1	447	452	470	490	514	522
Rheumatology	2	1200	1230	1259	1275	1306	1333
	3	1320	1350	1366	1392	1426	1448
	1	91	108	128	125	122	107
Urology	2	118	102	110	121	143	158
	3	491	526	550	502	494	504
	1	43	37	51	39	44	64
Vascular Surgery	2	59	91	75	77	53	64
	3	52	88	111	-	-	-

Table 50: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Gympie Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	1	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Cardiology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Diabetes	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Ear Nose and Throat	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Endocrinology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Gastroenterology	2	532	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	83	70	-	-
General Medicine	2	105	85	122	144	112	119
	3	-	-	-	-	-	-
	1	-	-	-	43	-	-
General Surgery	2	69	68	77	97	99	83
	3	238	253	260	260	255	261
	1	48	32	60	72	96	94
Gynaecology	2	204	222	253	277	280	295
	3	296	308	339	370	403	438
	1	-	-	-	-	-	-
Nephrology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Ophthalmology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	5	14	13	-
Orthopaedic	2	-	94	76	107	131	130
	3	470	486	498	526	526	552
	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	1	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Respiratory	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Rheumatology	2	-	1	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Urology	2	-	1	-	-	-	-
	3	-	1	-	-	-	-
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 51: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Hervey Bay Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	150	177	47	51	62	-
Cardiology	2	72	87	55	52	74	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Diabetes	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Ear Nose and Throat	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Endocrinology	2	184	149	154	-	-	-
	3	-	-	-	364	384	170
	1	-	-	-	-	-	-
Gastroenterology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	140	50	61	92	42	67
General Medicine	2	200	184	206	185	198	195
	3	620	638	669	693	645	543
	1	40	40	59	42	44	76
General Surgery	2	200	187	201	193	198	164
	3	1257	1093	1029	1030	1012	986
	1	25	ı	-	-	1	30
Gynaecology	2	85	57	68	95	113	104
	3	169	191	207	228	249	272
	1	-	-	-	-	-	-
Nephrology	2	69	74	96	110	119	125
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Ophthalmology	2	-	-	-	-	-	_
·	3	-	-	-	-	-	-
	1	-	-	-	36	-	43
Orthopaedic	2	567	569	597	620	637	668
<u> </u>	3	1600	1579	1589	1574	1479	1549
	1	-	-	-	-	-	-
Pain Management	2	-	-	-		-	-
	3	-	-	-	-	-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Respiratory	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Rheumatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	252	272	299	321	319	347
Urology	2	776	792	825	852	724	768
	3	647	850	813	472	647	606
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 52: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Innisfail Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	1	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Cardiology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
51.1.	1	-	-	-	-	-	-
Diabetes	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
5 N 17 .	1	-	-	-	-	-	-
Ear Nose and Throat	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
Finale antical to	1	-	-	-	-	-	-
Endocrinology	2	-	-	-	-	-	-
	3	122	162	104	- 225	252	-
Castroontorology	2	133	163 415	194	225	253	268 516
Gastroenterology		385	415	446	472	490	210
	3	-	-	-	-	-	-
General Medicine	2	68	109	134	161	-	220
General Medicine	3	00	109	134	101	-	220
	1	41	- 57	70	95		
General Surgery	2	219	135	157	185	211	202
General Sargery	3	136	150	180	209	225	252
	1	-	-	-	-	-	
Gynaecology	2	217	163	196	225	260	367
, , , , , , , ,	3	371	378	407	429	368	399
	1	-	-	-	-	-	_
Nephrology	2	-	-	-	-	-	_
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurology	2	-	-	-	1	-	-
	3	-	-	-	1	-	-
	1	-	-	-	-	-	_
Neurosurgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	1	-	-	-
Ophthalmology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Orthopaedic	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	1	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Respiratory	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Rheumatology	2	-	1	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Urology	2	-	1	-	-	-	-
	3	-	1	-	-	-	-
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 53: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Ipswich Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	1	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Cardiology	2	138	157	166	176	189	176
	3	133	132	131	153	186	212
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
District	1	52	46	246	25	52	35
Diabetes	2	201	202	246	184	182	185
	3	17	-	-	- 10	-	-
Ear Nose and Throat	2	17 226	27	30 292	18	25	27
Ear Nose and Illioat	3	400	226 389	512	264 388	277 339	279 324
	1	400	303	312	300	333	324
Endocrinology	2	-	-	-	_	-	_
Lituocimology	3						
	1						
Gastroenterology	2	_	_	_	_	_	_
Gustroenterology	3	_	-	-	-	-	_
	1	_	_	_	_	_	_
General Medicine	2	111	96	139	130	142	143
	3	157	109	-	156	177	196
	1	29	13	12	11	12	27
General Surgery	2	223	211	242	232	231	236
	3	-	-	-	-	-	-
	1	42	30	32	35	44	36
Gynaecology	2	105	89	161	134	140	152
	3	118	125	227	142	136	153
	1	-	-	-	-	-	-
Nephrology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
Ophthalmology	1	-	-	-	-	-	-
	2	766	779	-	828	839	859
	3	1200	1202	-	1244	1250	1240
Omth. 1 11	1	15	11	15	25	24	18
Orthopaedic	2	160	171	229	214	215	230
	3	553	555	662	604	604	592
Doin Managaras	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

<u>-</u>							
Plastic and	1	39	38	49	72	43	54
Reconstructive	2	701	712	250	748	769	795
Surgery	3	764	245	1	262	263	277
	1	-	-	1	-	17	-
Respiratory	2	128	131	110	185	210	217
	3	164	167	72	198	254	278
	1	-	-	-	-	29	-
Rheumatology	2	361	388	1	430	409	396
	3	523	520	-	563	571	602
	1	-	-	-	-	-	-
Urology	2	285	266	179	266	258	259
	3	1032	1002	-	983	951	969
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 54: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Kingaroy Hospital

Cardiac Surgery 2	Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
Cardiology  2 634 605 656 869 864 1610 3 1900 1930 1961 1992 2020 2051  Dermatology 2		1	-	-	-	-	-	-
Cardiology 2 634 605 656 869 864 1610 3 1900 1930 1961 1992 2020 2051  Dermatology 2	Cardiac Surgery	2	1	ı	-	ı	-	-
Cardiology 2 634 605 656 869 864 1610 3 1900 1930 1961 1992 2020 2051  Dermatology 2		3	-	-	-	-	-	-
Dermatology		1	-	1	-	1	-	-
Dermatology	Cardiology	2	634	605	656	869	864	1610
Dermatology         2         - <th< td=""><td></td><td>3</td><td>1900</td><td>1930</td><td>1961</td><td>1992</td><td>2020</td><td>2051</td></th<>		3	1900	1930	1961	1992	2020	2051
Diabetes		1	-	-	-	-	-	-
Diabetes	Dermatology	2	-	-	-	-	-	-
Diabetes 2 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -		3	-	-	-	-	-	-
Ear Nose and Throat  Ear Nose and Throat  2		1	-	-	-	-	-	_
Ear Nose and Throat  2	Diabetes	2	-	-	-	-	-	-
Ear Nose and Throat		3	-	-	-	1	-	-
Endocrinology 2		1	ı	1	-	ı	-	-
Endocrinology 2	Ear Nose and Throat	2	-	-	-	ı	-	-
Endocrinology 2		3	-	-	-	ı	-	-
Gastroenterology 2		1	-	-	-	-	-	-
Gastroenterology         1         -	Endocrinology	2	-	-	-	-	-	-
Gastroenterology         2         -		3	-	-	-	-	-	-
General Medicine   1		1	-	-	-	-	-	-
General Medicine         1         -	Gastroenterology	2	-	-	-	-	-	-
General Medicine         2         -		3	-	-	-	-	-	-
General Surgery         1         -		1	-	-	-	-	-	-
General Surgery         1         -	General Medicine	2	-	-	-	-	-	-
General Surgery         2         -		3	-	-	-	-	-	-
Gynaecology         3         - <th< td=""><td></td><td>1</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td></th<>		1	-	-	-	-	-	-
Gynaecology         1         301         331         362         393         421         452           3         714         744         768         798         827         862           Nephrology         2         - <td>General Surgery</td> <td>2</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td>	General Surgery	2	-	-	-	-	-	-
Gynaecology         2         534         565         595         644         666         674           3         714         744         768         798         827         862           Nephrology         2         -         -         -         -         -         -           Neurology         2         -         -         -         -         -         -           Neurology         2         -         -         -         -         -         -           Neurosurgery         2         -         -         -         -         -         -           Neurosurgery         2         -         -         -         -         -         -         -           Ophthalmology         2         -         -         -         -         -         -         -           Orthopaedic         2         -         -         -         -         -         -         -         -           Pain Management         2         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -		3	-	-	-	-	-	-
Nephrology         3         714         744         768         798         827         862           Nephrology         2         - <t< td=""><td></td><td>1</td><td>301</td><td>331</td><td>362</td><td>393</td><td>421</td><td>452</td></t<>		1	301	331	362	393	421	452
Nephrology       1       -	Gynaecology	2	534	565	595	644	666	674
Nephrology       2       -		3	714	744	768	798	827	862
Neurology       3       -		1	-	-	-	-	-	-
Neurology       1       -	Nephrology	2	-	-	-	-	-	-
Neurology       2       -		3	-	-	-	-	-	-
Neurosurgery       3       - <t< td=""><td></td><td>1</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td></t<>		1	-	-	-	-	-	-
Neurosurgery       1       - <t< td=""><td>Neurology</td><td>2</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td></t<>	Neurology	2	-	-	-	-	-	-
Neurosurgery       2       - <t< td=""><td></td><td>3</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td></t<>		3	-	-	-	-	-	-
3     -     -     -     -     -     -     -       Ophthalmology     2     -     -     -     -     -     -     -       3     -     -     -     -     -     -     -       Orthopaedic     2     -     -     -     -     -     -       3     -     -     -     -     -     -       Pain Management     2     -     -     -     -     -     -		1	-	-	-	-	-	-
Ophthalmology       1       -       <	Neurosurgery	2	-	-	-	-	-	-
Ophthalmology       2       -       <		3	-	-	-	-	-	-
3     -     -     -     -     -     -     -       Orthopaedic     2     -     -     -     -     -     -       3     -     -     -     -     -     -       Pain Management     2     -     -     -     -     -     -     -		1	-	-	-	-	-	-
3     -     -     -     -     -     -     -       Orthopaedic     2     -     -     -     -     -     -       3     -     -     -     -     -     -       Pain Management     2     -     -     -     -     -     -     -	Ophthalmology	2	-	-	-	-	-	-
Orthopaedic       2       - <td< td=""><td></td><td>3</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td></td<>		3	-	-	-	-	-	-
3     - <td></td> <td>1</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td>		1	-	-	-	-	-	-
3     - <td>Orthopaedic</td> <td>2</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td>	Orthopaedic	2	-	-	-	-	-	-
Pain Management 2		3	-	-	-	-	-	-
		1	-	-	-	-	-	-
	Pain Management	2	-	-	-	-	-	-
		3	-	-	-	-	-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	1	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Respiratory	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Rheumatology	2	-	1	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Urology	2	-	1	-	-	-	-
	3	-	1	-	-	-	-
Vascular Surgery	1	-	-	-	-	-	-
	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 55: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Logan Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	42	56	46	70	43	68
Cardiology	2	241	191	190	208	224	245
	3	2597	2489	2405	2419	2464	2638
	1						
Dermatology	2	_	_	_	_	_	_
Dermatology	3	_	_		_	_	
	1	-					-
Diabatas	2	1167	1176	1205	1220	1220	1257
Diabetes		1167	1176	1205	1239	1239	1257
	3	2683	2713	2744	2741	2463	2428
	1	35	56	47	66	-	52
Ear Nose and Throat	2	246	229	245	277	737	712
	3	925	955	944	963	956	902
_	1	40	-	64	75	76	51
Endocrinology	2	823	800	766	794	817	844
	3	2608	2631	2657	2729	2769	2800
	1	50	50	49	72	49	56
Gastroenterology	2	472	500	529	560	577	605
	3	1431	884	882	935	911	970
	1	44	41	48	71	94	103
General Medicine	2	372	375	399	429	456	485
	3	2699	2712	2739	2720	2647	2691
	1	36		16	46	25	35
General Surgery	2	273	257	281	309	311	335
General Sargery	3	2194	2174	2095	1997	1547	1089
	1	38	2174	58	55	23	25
Gynaecology	2			109	128		167
Gyriaecology		87	85			142	
	3	2732	2745	2768	2788	2820	2695
	1	64	35	-	-	-	-
Nephrology	2	119	117	148	135	127	127
	3	2335	2350	2304	2294	2218	2228
	1	-	-	-	-	28	58
Neurology	2	80	-	68	-	44	70
	3	779	792	804	828	850	880
	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
Ophthalmology	1	-	-	-	-	-	-
	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	42	36	-	45	34	31
Orthopaedic	2	345	345	370	394	410	426
J. C. Topacaic	3	2368	2238	2147	2174	2092	2030
	1	2300	2230	214/	21/4	2032	2030
Dain Management	2	-	-	-	-	-	_
Pain Management		3050	3000	-	-	-	-
	3	2658	2690	-	-	-	-

-							
Plastic and	1	-	-	-	-	-	-
Reconstructive	2	86	91	103	134	126	147
Surgery	3	789	801	817	848	868	877
	1	56	-	-	68	65	-
Respiratory	2	543	543	559	589	615	636
	3	2153	2075	1858	1854	1676	1704
	1	-	-	-	-	-	-
Rheumatology	2	-	1	-	-	-	-
	3	1	1	ı	-	-	-
	1	-	-	-	-	-	-
Urology	2	-	1	-	-	-	-
	3	ı	1	•	-	-	1
	1	-	-	-	-	-	-
Vascular Surgery	2	•	1	-	-	-	-
	3	-	-	-	-	-	-

Table 56: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Mackay Base Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	50	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	1	ı	1	1	1	-
	1	20	40	71	102	112	146
Cardiology	2	114	131	161	169	181	186
	3	269	299	330	361	389	420
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	1	ı	1	1	ı	-
	1	ı	787	ı	515	379	574
Diabetes	2	56	85	184	183	171	133
	3	261	291	320	351	379	410
	1	ı	1	ı	1	ı	-
Ear Nose and Throat	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	1	-	37	64
Endocrinology	2	1	45	196	232	144	154
	3	-	-	-	-	-	-
	1	-	1	1	1	9	19
Gastroenterology	2	-	-	-	-	72	113
	3	-	-	-	-	1	-
	1	27	47	65	84	65	85
General Medicine	2	359	271	268	260	232	227
	3	338	361	393	411	351	376
	1	22	22	39	28	35	40
General Surgery	2	36	32	53	74	47	45
	3	186	-	-	-	-	-
	1	-	-	-	-	12	23
Gynaecology	2	58	71	83	68	56	67
	3	80	83	90	120	111	127
	1	-	1	1	1	1	-
Nephrology	2	162	159	175	206	226	243
	3	519	546	577	604	640	670
	1	65	84	105	120	25	53
Neurology	2	74	97	127	152	154	174
	3	-	97	125	154	177	207
	1	95	42	59	35	30	47
Neurosurgery	2	893	913	937	904	840	775
	3	1416	1441	1464	1485	1436	1456
	1	-	-	-	-	-	-
Ophthalmology	2	371	401	432	463	491	522
	3	883	912	937	974	1002	1033
	1	21	32	60	43	37	38
Orthopaedic	2	490	493	509	495	493	522
	3	1731	1665	1608	1636	1667	1666
	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	398
	3	-	-	-	-	-	-

_							
Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	1	1	-	-	-
	1	-	32	53	87	100	110
Respiratory	2	106	118	151	182	223	254
	3	294	327	354	252	269	297
	1	-	-	1	-	-	72
Rheumatology	2	63	85	101	109	134	164
	3	-	-	-	-	-	-
	1	31	23	33	25	43	68
Urology	2	204	205	224	249	233	256
	3	438	449	484	483	501	511
	1	75	84	97	106	97	-
Vascular Surgery	2	207	244	266	308	329	356
	3	1581	1517	1516	1532	1544	1591

Table 57: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Maryborough Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	1	-	-	1	1	-
	3	-	-	-	-	-	-
	1	659	689	720	751	779	810
Cardiology	2	-	815	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Diabetes	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	1	-	-	1	1	-
Ear Nose and Throat	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Endocrinology	2	-	183	-	-	-	-
	3	-	-	-	-	-	-
	1	1	-	-	1	1	-
Gastroenterology	2	-	-	-	-	-	-
	3	-	-	-	1	1	-
	1	-	-	-	-	45	-
General Medicine	2	417	446	381	414	390	417
	3	646	675	705	735	736	520
	1	-	29	-	42	-	-
General Surgery	2	155	142	186	196	179	196
	3	1381	1227	1205	1081	984	794
	1	-	-	-	-	-	-
Gynaecology	2	73	59	73	91	112	143
	3	-	-	-	46	70	-
	1	1	-	-	1	1	-
Nephrology	2	-	-	-	86	114	143
	3	-	-	-	-	-	-
	1	-	-	-	1	ı	-
Neurology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	1	-	-	1	1	-
Neurosurgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	1	ı	-
Ophthalmology	2	803	836	868	897	925	962
	3	889	933	964	994	1022	1046
	1	-	-	-	-	-	-
Orthopaedic	2	574	597	628	656	668	704
	3	1448	1480	1500	1530	1558	1593
	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Respiratory	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Rheumatology	2	-	1	1	-	-	-
	3	-	-	-	-	-	-
	1	228	245	276	304	306	337
Urology	2	808	776	837	875	916	953
	3	927	927	958	994	1022	1058
Vascular Surgery	1	-	-	-	-	-	-
	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 58: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Mount Isa Hospital

Cardiac Surgery	- 768 1041 1123 417 1021 598 336 - - -
Cardiology	1041 1123 417 1021 598
Cardiology 2 898 926 958 988 1016 3 960 990 1019 1048 1087 1 450 370 401 370 429 1 994 3 446 475 506 537 567 1 1 - 215 246	1041 1123 417 1021 598
Cardiology         2         898         926         958         988         1016           3         960         990         1019         1048         1087           Dermatology         2         872         900         929         945         994           3         446         475         506         537         567           Diabetes         2         -         -         -         -           3         -         -         -         -         -           Branch         1         -         215         246         -         -           1         -         -         -         -         -         -         -           2         -	1041 1123 417 1021 598
Second	1123 417 1021 598
Dermatology	417 1021 598
Dermatology	1021 598
3	598
Diabetes	
Diabetes         2         -<	
Separate   Separate	- - - -
Ear Nose and Throat  2	- - -
Ear Nose and Throat  2	- - -
3	-
Endocrinology 2 867 955 986 1132 1059 3	-
Endocrinology 2 867 955 986 1132 1059 3	
Gastroenterology  1 608 721 752 838 1053  3 864 894 925 955 987  1 63 73 97 115 134  General Medicine  2 183 158 150 165 142  3 137 158 196 163 136  General Surgery  2 65 93 116 108 145  3 - 107 139 - 209  Gynaecology  2 149 101 132 135 130  Gynaecology  2 201 163 194 173 181	-
Gastroenterology         1         608         721         752         838         1053           3         1298         1328         1357         1388         1423           3         864         894         925         955         987           4         63         73         97         115         134           5         150         165         142         142           3         137         158         196         163         136           4         66         85         117         146         141           5         93         116         108         145           3         -         107         139         -         209           1         149         101         132         135         130           Gynaecology         2         201         163         194         173         181	672
Gastroenterology         2         1298         1328         1357         1388         1423           3         864         894         925         955         987           4         63         73         97         115         134           5         15         150         165         142           3         137         158         196         163         136           4         66         85         117         146         141           5         93         116         108         145           3         -         107         139         -         209           1         149         101         132         135         130           Gynaecology         2         201         163         194         173         181	-
3     864     894     925     955     987       General Medicine     1     63     73     97     115     134       3     137     158     150     165     142       3     137     158     196     163     136       4     66     85     117     146     141       4     65     93     116     108     145       3     -     107     139     -     209       1     149     101     132     135     130       Gynaecology     2     201     163     194     173     181	1034
General Medicine     1     63     73     97     115     134       2     183     158     150     165     142       3     137     158     196     163     136       4     66     85     117     146     141       5     93     116     108     145       3     -     107     139     -     209       1     149     101     132     135     130       Gynaecology     2     201     163     194     173     181	1454
General Medicine         2         183         158         150         165         142           3         137         158         196         163         136           4         1         66         85         117         146         141           5         93         116         108         145           3         -         107         139         -         209           1         149         101         132         135         130           Gynaecology         2         201         163         194         173         181	1018
3     137     158     196     163     136       4     1     66     85     117     146     141       5     2     65     93     116     108     145       3     -     107     139     -     209       1     149     101     132     135     130       Gynaecology     2     201     163     194     173     181	169
General Surgery     1     66     85     117     146     141       2     65     93     116     108     145       3     -     107     139     -     209       1     149     101     132     135     130       Gynaecology     2     201     163     194     173     181	173
General Surgery     2     65     93     116     108     145       3     -     107     139     -     209       1     149     101     132     135     130       Gynaecology     2     201     163     194     173     181	-
3     -     107     139     -     209       1     149     101     132     135     130       Gynaecology     2     201     163     194     173     181	
1     149     101     132     135     130       Gynaecology     2     201     163     194     173     181	75
Gynaecology 2 201 163 194 173 181	- 244
	241
3   1/5  136  1/6  182  184	210
	190
Nephrology 2	
3	
1	
Neurology 2	
3	
1	
Neurosurgery 2	
3	
1 826 857 885 917 949	976
Ophthalmology 2 1004 1034 1063 1096 1124	1153
3 463 485 515 539 566	577
1 72 86 163 182 65	19
Orthopaedic 2 43 33 56 85 87	73
3	
1	
Pain Management 2	-
3	- -

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Plastic and	1	-	-	-	-	-	-
Reconstructive	2	912	942	973	1004	1103	-
Surgery	3	758	788	819	850	896	-
	1	-	-	1	-	-	-
Respiratory	2	-	-	-	-	-	-
	3	-	1	-	-	-	-
	1	-	1	•	-	1	•
Rheumatology	2	-		•	-		•
	3	-	1	1	1	1	1
	1	-	-	1	-	-	-
Urology	2	-	1	ı	•	ı	ı
	3	-	ı	ı	-	-	-
	1	-	1	•	-		-
Vascular Surgery	2	-	1	•			•
	3	363	323	354	376	403	429

Table 59: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Nambour Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	13	32	-	30	-	-
Cardiac Surgery	2	_	_	-	_	_	-
	3	-	-	-	-	-	-
	1	59	54	62	74	80	48
Cardiology	2	644	663	678	683	710	735
o,	3	963	993	1024	1055	1083	1114
	1	-	-	-	-	-	-
Dermatology	2	_	_	-	_	_	-
	3	-	_	_	_	_	-
	1	65	52	80	68	39	49
Diabetes	2	249	194	280	147	93	91
	3	-	-	-	-	-	-
	1	66	-	-	-	-	-
Ear Nose and Throat	2	129	158	173	200	195	168
	3	322	339	357	387	410	441
	1	41	88	92	57	50	37
Endocrinology	2	278	255	181	142	148	132
,	3						-
	1	57	75	120	94	79	81
Gastroenterology	2	1361	853	812	640	640	622
2401.00.110.0108/	3	-	-	-	-	-	-
	1	123	184	218	240	56	47
General Medicine	2	338	362	419	606	-	-
General Medicine	3	- 330	-	713	-		_
	1	30	28	43	34	36	35
General Surgery	2	254	281	293	317	344	376
General Sargery	3	1211	1136	1106	1103	1116	1103
	1	22	30	35	37	38	36
Gynaecology	2	119	120	136	135	132	144
dynaccology	3	428	456	487	514	541	571
	1				- 314	341	5/1
Nephrology	2	79	95	121	144	153	118
Nephrology	3	254	283	309	335	361	390
	1	234	203	303	-	19	330
Neurology	2	167	176	189	206	228	241
Neurology	3	107	170	103	200	220	241
	1						
Neurosurgery	2	_		_			
Neurosurgery	3	_		_			
	1	_		_			_
Ophthalmology	2	-	_	-	-	_	-
Opininaliniology	3	-	-	-	-	-	-
	1	21	11	15	12	15	20
Orthopaedic	2	437	452	473	498	503	521
Orthopaedic	3	437 378			498 469		521
	1	67	407	438	409	497	528
Dain Managamant	2		222	427	-	-	-
Pain Management		485	322	427	254	-	120
	3	1056	677	481	351	269	130

Plastic and	1	-	-	1	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	105	51	71	61	50	-
Respiratory	2	646	579	595	573	590	598
	3	2319	2349	2363	2394	2456	2487
	1	-	-	-	-	-	-
Rheumatology	2	-	-	1	-	-	1
	3	-	-	-	-	-	-
	1	42	22	53	33	50	32
Urology	2	631	648	678	696	697	697
	3	1725	1726	1752	1780	1802	1832
Vascular Surgery	1	26	9	-	-	15	-
	2	55	57	35	-	22	33
	3	273	-	-	-	-	-

Table 60: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Queen Elizabeth II Jubilee Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Cardiology	2	72	105	144	131	137	67
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Diabetes	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Ear Nose and Throat	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Endocrinology	2	289	240	265	166	107	130
	3	1329	379	410	-	-	500
	1	176	164	173	179	190	216
Gastroenterology	2	1311	1311	1335	1276	1280	1295
	3	2637	2700	2764	2718	2393	2424
	1	-	-	-	-	-	55
General Medicine	2	86	58	76	95	94	119
	3	- 42	-	61	88	115	141
Conoral Surgary	2	42 127	58 546	57	50	52	39
General Surgery	3	183	186	125 156	115 169	136 188	151 161
	1	130	137	276	78	49	70
Gynaecology	2	87	101	111	108	105	117
dynaecology	3	419	450	475	487	507	536
	1	413	430	4/3	407	-	-
Nephrology	2	_	_	_		_	_
i vepinology	3	_	-	-	_	-	_
	1	_	-	_	_	_	_
Neurology	2	262	200	223	212	236	265
1100101087	3	337	317	288	317	291	277
	1	-	-	-	-	-	
Neurosurgery	2	_	-	_	-	-	_
,	3	-	-	-	-	-	_
	1	-	-	-	-	-	-
Ophthalmology	2	868	-	-	-	-	_
	3	808	796	818	831	826	813
	1	497	-	-	-	-	-
Orthopaedic	2	696	435	463	316	250	273
	3	778	792	812	821	800	782
	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

_							
Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	1	-	-	-
	1	-	-	868	800	-	89
Respiratory	2	170	241	265	262	252	274
	3	-	-	1	-	-	-
	1	121	131	149	160	-	220
Rheumatology	2	241	268	284	298	264	334
	3	387	408	439	464	492	516
	1	167	103	198	143	144	174
Urology	2	1200	1198	1219	1079	1109	1134
	3	2043	2069	2093	2029	2058	2077
	1	-	-	-	-	-	-
Vascular Surgery	2	•	1	•		-	-
	3	-	-	-	-	-	_

Table 61: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Redcliffe Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	1	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Cardiology	2	227	172	187	210	218	227
	3	455	447	476	500	507	526
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Diabetes	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Ear Nose and Throat	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Endocrinology	2	-	-	-	-	-	-
	3	-	-	-	-	109	114
	1	-	-	-		-	-
Gastroenterology	2	423	453	484	513	547	479
	3	1212	1242	1273	1312	1358	1335
	1	53	38	59	65	31	50
General Medicine	2	83	80	100	114	113	101
	3	418	405	354	259	283	224
	1	49	23	53	42	33	44
General Surgery	2	323	274	273	221	217	217
	3	484	503	228	214	212	230
6	1	42	17	28	21	91	29
Gynaecology	2	150	155	154	171	185	180
	3	336	354	384	406	417	416
Nanhaalaa	1	-	-	-	-	-	-
Nephrology	3	-	-	-	-	-	-
	1	-	-	-	-	- 20	<u>-</u> гл
Nourology	2	71	84	97	105	39 86	57
Neurology	3		168				101
	1	162	100	193	191	192	223
Neurosurgery	2	-	-	-	-	-	-
Neurosurgery	3						
	1	_	_	_	_	_	
Ophthalmology	2		_	_		_	
Орпипанноюду	3			_			_
	1	55	60	72	80	95	106
Orthopaedic	2	582	615	642	639	681	693
Orthopaedic	3	1877	1782	1758	1801	1712	1635
	1	-			- 1001		-
Pain Management	2	372	359	386	418	440	470
	3	-	-	-	-		-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	98	-	-	-	-	-
Respiratory	2	552	582	270	318	-	-
	3	-	-	-	-	-	-
	1	-	-	47	65	77	-
Rheumatology	2	107	96	126	148	158	181
	3	-	-	-	-	-	-
	1	132	117	137	149	137	137
Urology	2	1305	1314	1325	1350	1359	1379
	3	1871	1883	1846	1886	1889	1886
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 62: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Redland Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	1	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Cardiology	2	225	248	264	289	300	308
	3	315	345	376	407	435	466
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	23	-	-	-	-
Diabetes	2	154	154	154	182	198	210
	3	310	337	368	395	423	454
	1	-	-	-	-	-	-
Ear Nose and Throat	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Endocrinology	2	59	89	119	139	150	158
	3	-	-	-	-	-	-
	1	61	52	29	45	56	60
Gastroenterology	2	161	120	121	132	152	158
	3	443	508	479	390	326	209
	1	34	-	-	-	-	-
General Medicine	2	69	73	97	108	147	144
	3	213	241	273	303	326	345
	1	52	26	61	24	29	53
General Surgery	2	204	193	193	173	128	122
	3	260	281	230	189	180	145
	1	96	77	101	118	122	82
Gynaecology	2	129	130	145	151	167	178
	3	155	171	132	157	177	187
	1	-	-	-	1	-	-
Nephrology	2	77	88	-	155	106	133
	3	101	114	138	156	184	213
	1	-	-	-	-	-	-
Neurology	2	65	-	-	98	66	88
	3	308	306	334	364	392	421
	1	ı	-	1	1	-	-
Neurosurgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	ı	ı	1	ı	ı	-
Ophthalmology	2	-	-	-		-	-
	3	1	1	-	1	-	-
	1	10	5	29	35	-	85
Orthopaedic	2	547	557	578	609	607	612
	3	1337	1340	1364	1380	1391	1412
	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Respiratory	2	159	180	174	192	181	200
	3	462	492	523	554	582	613
	1	-	-	-	-	-	-
Rheumatology	2	-	1	-	-	-	1
	3	-	-	-	-	-	-
	1	-	257	305	285	315	-
Urology	2	446	451	482	513	542	579
	3	2051	2081	2110	2141	2167	2194
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 63: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Rockhampton Base Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-		1	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	330	328	350	373	396	380
Cardiology	2	349	310	343	449	520	509
	3	520	549	581	606	650	672
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Diabetes	2	170	185	229	167	176	221
	3	-	-	-	1	-	-
	1	90	146	68	84	103	95
Ear Nose and Throat	2	164	156	166	171	176	207
	3	422	427	426	385	375	390
	1	-	-	-	-	-	_
Endocrinology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Gastroenterology	2	-	-	-	ı	-	-
	3	-	-	-	-	-	-
	1	207	208	239	166	80	152
General Medicine	2	287	291	301	325	283	281
	3	476	384	436	347	375	406
	1	91	53	83	82	104	73
General Surgery	2	369	347	341	324	305	311
,	3	751	762	796	799	804	826
	1	83	98	126	144	167	68
Gynaecology	2	192	194	218	241	248	251
, 5,	3	239	273	271	295	325	350
	1	318	389	509	588	462	_
Nephrology	2	1042	1026	1042	1067	1084	940
, ,	3	1720	1749	1694	1740	1707	1723
	1	-	-	-	-	-	-
Neurology	2	-	-	-	-	-	-
	3	-	-	-	-	_	-
	1	754	476	371	403	463	476
Neurosurgery	2	1128	1154	1182	1192	1208	1236
]	3	1135	1005	1084	1115	1100	1129
	1	-	-	-			-
Ophthalmology	2	-	-	-	_	_	_
Орпинанноюду	3	_	-		_	_	_
	1	83	43	48	50	34	41
Orthopaedic	2	506	516	540	554	542	543
2. anopacaio	3	882	858	880	879	877	800
	1	-	-	-	-	-	-
Pain Management	2	_	_	_	_	_	_
. am management	3				_	_	
	3	_			_		

To the second se							
Plastic and	1	-	-	-		-	-
Reconstructive	2	-	1	1	-	-	-
Surgery	3	-	-	-	-	-	-
	1	334	-	-	-	-	-
Respiratory	2	328	-	-	204	210	214
	3	-	-	-	-	-	-
	1	284	263	478	456	316	-
Rheumatology	2	703	724	677	657	545	512
	3	-	-	-	-	-	-
	1	184	143	154	95	123	152
Urology	2	544	489	489	457	392	307
	3	633	648	683	718	746	775
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 64: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Royal Children's Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	1	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Cardiology	2	143	-	-	163	197	149
	3	317	313	345	329	282	305
	1	-	87	123	71	97	-
Dermatology	2	143	125	152	137	116	124
Dermatology	3	391	358	287	329	-	264
	1	-	-	-	- 323	_	-
Diabetes	2	_	-	-	109	_	-
Diabetes	3	_	_		-	_	_
	1	90	98	120	99	71	75
Ear Nose and Throat	2	421	435	455	460	487	484
Lai Nose and Tilloat	3	829	836	853	870	855	
	1	023	68	633	870	633	850
Endocrinology	2	134		120	145	120	145
Endocrinology			99	129	145	129	145
	3	340	357	436	337	220	255
Cttl	1	246	231	204	255	92	24
Gastroenterology	2	246	260	291	255	279	274
	3	398	428	450	458	438	450
	1	-	-	-	-	-	-
General Medicine	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
General Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Gynaecology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Nephrology	2	95	124	157	176	158	156
	3	281	366	284	382	-	-
	1	268	69	-	-	-	-
Neurology	2	276	270	291	308	283	269
	3	410	432	470	446	322	502
	1	115	88	103	107	-	-
Neurosurgery	2	109	122	129	140	142	185
	3	357	381	409	372	416	-
	1	330	360	391	422	390	157
Ophthalmology	2	343	353	346	349	334	309
-	3	647	359	364	322	345	363
	1	62	26	57	92	31	45
Orthopaedic	2	360	358	349	378	382	369
	3	412	421	449	441	354	311
	1	-	-			-	-
Pain Management	2	_	_	59	88	_	_
. a management	3						
	J	_	-	-	_	-	-

Plastic and	1	-	-	31	-	-	-
Reconstructive	2	124	166	176	174	214	165
Surgery	3	743	773	805	835	742	695
	1	140	162	187	74	96	98
Respiratory	2	307	267	298	223	200	230
	3	1240	1270	-	-	290	592
	1	-	-	-	-	-	-
Rheumatology	2	-	1	1	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Urology	2	-	-	-	-	-	-
	3	-	1	1	-	-	-
	1	-	-	-	329	357	392
Vascular Surgery	2	89	65	-	91	114	146
	3	-	-	-	-	-	-

Table 65: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - The Prince Charles Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	45	29	53	80	130	175
Cardiac Surgery	2	206	189	110	130	138	129
	3	721	638	588	646	644	674
	1	138	242	183	242	270	285
Cardiology	2	247	260	250	262	266	256
	3	514	530	555	584	603	594
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Diabetes	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Ear Nose and Throat	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	223	-
Endocrinology	2	135	126	119	127	280	393
	3	-	-	-	-	-	-
	1	70	92	90	89	94	83
Gastroenterology	2	227	205	214	214	163	153
	3	306	254	281	263	256	270
	1	-	-	-	-	-	-
General Medicine	2	-	-	87	92	-	112
	3	-	-	-	-	-	76
	1	170	39	105	134	132	88
General Surgery	2	58	75	90	73	86	75
	3	70	58	84	116	99	123
	1	-	-	-	-	-	-
Gynaecology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Nephrology	2	-	-	-	-	-	-
	3	-	- 244	450	- 44-	- 435	-
Namele	1	99	241	153	117	125	128
Neurology	2	344	359	379	394	397	406
	3	710	740	770	801	828	852
Nourocuracu	1	-	-	-	-	-	-
Neurosurgery	3	-	-	-	-	-	-
		-	-	-	-	-	-
Onhthalmalagu	1	-	-	-	-	-	-
Ophthalmology	2	-	-	-	-	-	-
	3	202	-	-	-	-	-
Orthonoodia		292	99	-	240	222	-
Orthopaedic	2	255	275	295	318	323	334
	3	1023	1052	1071	1088	1089	1098
Dain Managamant	2	-	-	-	-	-	-
Pain Management		-	-	-	-	-	-
	3	-	-	-	-	-	-

-							
Plastic and	1	-	-	1	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	61	404	537	484	499	487
Respiratory	2	318	288	283	237	272	301
	3	285	306	606	377	288	396
	1	-	-	-	-	-	-
Rheumatology	2	-	1	1	-	-	-
	3	-	-	-	-	-	-
	1	-	48	58	67	67	102
Urology	2	-	26	57	84	110	137
	3	-	1	1	-	-	-
	1	-	-	-	-	-	38
Vascular Surgery	2	27	55	81	81	129	49
	3	-	3	-	-	-	-

Table 66: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Toowoomba Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	_
	3	-	-	-	-	-	-
	1	148	164	214	1	-	40
Cardiology	2	364	173	169	173	104	115
	3	-	1	54	84	97	128
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Diabetes	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	86	63	75	71	92	81
Ear Nose and Throat	2	1336	1354	1377	1402	1409	1434
	3	1812	1842	1873	1896	1917	1946
	1	-	-	-	-	-	-
Endocrinology	2	-	1080	1212	827	497	692
	3	-	-	-	578	786	501
	1	-	-	-	-	9	39
Gastroenterology	2	-	134	-	-	-	40
	3	-	-	-	-	-	-
	1	198	50	127	-	22	37
General Medicine	2	326	292	152	266	262	243
	3	202	233	262	289	317	371
	1	39	82	219	94	81	108
General Surgery	2	496	516	545	572	590	620
- ,	3	1606	1628	1657	1691	1726	1762
	1	58	95	98	111	220	62
Gynaecology	2	357	383	406	419	443	441
, ,	3	527	521	349	244	224	246
	1	-	22	53	77	95	_
Nephrology	2	193	218	249	268	295	302
. 0,	3	1278	1310	1341	1372	1400	1431
	1	-	-	-	-	_	_
Neurology	2	345	312	330	301	325	179
0,	3	1502	1527	1558	1585	1615	1632
	1	-	-	-	-	-	-
Neurosurgery	2	-	_	-	-	_	-
0 ,	3	-	_	-	-	_	-
	1	-	-	-	-	_	-
Ophthalmology	2	_	87	119	150	162	203
Opininalinology	3	1102	1129	1149	1180	1189	1211
	1	29	26	40	41	11	21
Orthopaedic	2	171	110	105	88	58	58
Orthopaeuic	3	723	695	718	728	694	702
	1		-		-	-	-
Pain Management	2	_	_	_	_	_	_
. am management	3			_		_	
	J	_	_	_	_		

<u>-</u>							
Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	63	71	97	62	82	107
Respiratory	2	142	620	574	573	410	612
	3	224	257	288	319	342	394
	1	-	-	-	-	-	-
Rheumatology	2	-	1	-	-	-	1
	3	-	1	ı	-	-	1
	1	-	-	-	-	-	-
Urology	2	-	1	-	-	-	-
	3	1	1	•	•	-	1
	1	-	-	-	-	-	-
Vascular Surgery	2	-	1	-		-	•
	3	-	-	-		-	-

Table 67: 90th percentile waiting time in days, for specialist outpatient initial service events, by specialist clinic and urgency category (CAT), for selected months - Townsville Hospital

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	37	-	-	-	19
Cardiac Surgery	2	44	40	60	80	67	-
	3	-	-	-	-	-	-
	1	163	170	186	204	207	185
Cardiology	2	565	555	556	562	542	559
	3	894	874	916	884	971	1000
	1	-	-	-	-	108	139
Dermatology	2	57	80	94	125	123	154
	3	-	-	78	109	131	161
	1	400	344	265	293	314	257
Diabetes	2	472	597	627	545	595	722
	3	711	725	768	799	834	872
	1	64	93	111	103	244	130
Ear Nose and Throat	2	793	816	827	857	885	910
	3	873	898	924	948	968	998
	1	344	351	288	296	287	294
Endocrinology	2	634	649	679	702	727	744
	3	767	850	885	911	941	970
	1	79	60	90	100	101	67
Gastroenterology	2	105	72	84	94	101	124
	3	345	372	398	427	444	459
	1	329	302	-	-	-	-
General Medicine	2	527	-	-	-	-	-
	3	501	-	-	-	-	-
	1	58	66	90	102	110	53
General Surgery	2	574	600	626	653	680	708
	3	535	558	587	613	638	659
	1	165	168	162	148	184	145
Gynaecology	2	191	180	159	189	157	220
	3	342	325	280	263	245	258
	1	59	79	-	-	-	36
Nephrology	2	175	141	124	125	141	151
	3	-	-	-	-	-	-
	1	92	86	78	70	87	103
Neurology	2	256	277	314	353	388	398
	3	514	544	574	600	634	657
	1	193	220	259	316	314	281
Neurosurgery	2	862	891	916	946	974	1005
	3	969	998	1022	1051	1079	1109
	1	65	119	98	100	45	59
Ophthalmology	2	1429	1448	1463	1491	1522	1553
	3	1185	1198	1224	1251	1271	1295
	1	40	45	52	81	79	43
Orthopaedic	2	162	165	194	224	238	213
	3	821	852	877	896	918	944
	1	-	-	-	-	-	-
Pain Management	2	910	401	418	418	417	440
	3	-	-	-	-	_	122

Plastic and	1	50	40	73	97	129	-
Reconstructive	2	1450	1476	1512	1549	1570	1628
Surgery	3	2142	2164	2231	2262	2290	2321
	1	805	823	672	708	727	620
Respiratory	2	902	995	818	794	821	846
	3	-	-	-	-	-	468
	1	792	830	855	871	880	889
Rheumatology	2	1008	1038	1069	1095	1123	1153
	3	984	1015	1045	1077	1106	1136
	1	72	53	-	45	47	-
Urology	2	100	121	131	121	133	124
	3	373	376	412	421	465	384
	1	77	101	123	139	78	123
Vascular Surgery	2	1318	1306	1332	1368	1392	1431
	3	2009	2036	2065	2093	2120	2147

Table 68: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Cairns and Hinterland HHS

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	
Cardiac Surgery	2	523	325	872	587	723	589
	3	-	-	-	-	-	-
	1	78	96	91	81	73	70
Cardiology	2	188	212	237	255	261	278
	3	286	297	309	338	323	349
	1	183	213	135	155	137	162
Dermatology	2	425	431	438	395	388	392
-	3	1004	1023	1053	1083	944	970
	1	164	84	136	108	123	141
Diabetes	2	221	190	201	158	147	116
<b> </b>	3	375	357	391	336	313	334
	1	216	38	51	34	26	23
Ear Nose and Throat	2	458	429	434	414	380	392
=	3	584	569	594	592	598	606
	1	75	58	89	111	23	39
Endocrinology	2	244	248	226	259	193	163
,	3	293	301	332	284	220	248
	1	133	163	193	225	235	226
Gastroenterology	2	370	420	446	453	478	494
0,	3	_	_	_	_	_	_
	1	100	125	194	129	106	80
General Medicine	2	120	150	169	108	124	120
	3	131	124	157	86	129	237
	1	42	39	59	74	74	88
General Surgery	2	268	292	321	350	373	377
	3	301	310	329	304	321	316
	1	100	130	161	108	75	81
Gynaecology	2	118	103	126	153	157	153
2,	3	235	234	249	256	266	263
	1	153			155		214
Nephrology	2	329	253	237	216	145	208
	3	253	243	227	257	186	208
	1		100	132	143	172	208
Neurology	2	882	823	326	352	368	399
1100101087	3	990	1020	767	798	551	584
	1	-	-	-	449	-	-
Neurosurgery	2	666	673	694	723	742	772
Treat obat Bery	3	754	802	830	854	869	893
	1	177	141	235	226	153	322
Ophthalmology	2	519	543	565	541	538	551
Орпинанноюду	3	861	856	875	895	903	918
	1	35	26	40	45	43	73
Orthopaedic	2	783	725	652	670	619	595
	3	617	785	804	830	854	874
	<u>5</u> 1	017	763	004	630	634	5
Pain Management	2	_	-	-	-	-	3
r am ivianagement		-	-	-	-	-	-
	3	-	-	-	-	-	-

Plastic and	1	-	-	21	-	-	-
Reconstructive	2	1169	1194	1109	1062	1087	1118
Surgery	3	764	891	770	754	779	810
	1	232	86	244	113	75	75
Respiratory	2	289	308	335	329	334	327
	3	630	660	690	696	710	742
	1	91	65	79	95	36	56
Rheumatology	2	149	125	105	127	150	143
	3	-	1	1	-	-	-
	1	-	-	-	-	-	-
Urology	2	-	-	-	-	-	-
	3	-	ı	ı	ı	ı	-
	1	-	32	I	ı	ı	-
Vascular Surgery	2	216	222	250	281	307	301
	3	481	503	533	557	584	615

Table 69: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Central Queensland HHS

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	330	325	348	363	376	365
Cardiology	2	346	305	337	444	515	508
	3	520	549	581	606	646	671
	1	-	-	-	129	162	193
Dermatology	2	67	124	133	147	165	185
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Diabetes	2	170	143	168	156	183	220
	3	-	-	-	-	-	-
	1	90	146	68	84	103	95
Ear Nose and Throat	2	164	156	166	171	176	207
	3	422	427	426	385	375	390
	1	-	-	-	-	-	-
Endocrinology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Gastroenterology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	188	207	238	164	124	178
General Medicine	2	261	270	296	316	267	268
-	3	267	280	303	328	358	393
	1	65	65	84	97	87	65
General Surgery	2	357	324	330	318	302	304
	3	378	221	263	755	763	774
	1	82	92	125	134	110	63
Gynaecology	2	185	194	218	240	248	239
	3	199	225	232	257	269	300
	1	318	389	509	588	462	-
Nephrology	2	1042	1026	1042	1067	1084	940
, 5.	3	1720	1749	1694	1740	1707	1723
	1	-	-	-	-	-	-
Neurology	2	_	_	-	-	-	-
- 1	3	-	-	-	-	-	-
	1	754	476	371	403	463	476
Neurosurgery	2	1128	1154	1182	1192	1208	1236
- ,	3	1135	1005	1084	1115	1100	1129
	1	-	-	-	-	-	_
Ophthalmology	2	-	-	-	-	-	-
. 5,	3	-	-	_	-	-	-
	1	83	57	49	52	33	41
Orthopaedic	2	499	507	531	543	535	537
- 1	3	875	844	860	864	771	789
	1	-	-	-	-	-	-
Pain Management	2	_	_	_	_	_	_
	3	_	_	_	_	_	_
	ى	-	-	-	-	-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	334	-	-	-	-	-
Respiratory	2	328	-		204	210	214
	3	1	1	1	1	1	-
	1	284	263	478	456	316	-
Rheumatology	2	703	724	677	657	545	512
	3	1	1	1	1	1	-
	1	184	143	154	95	123	152
Urology	2	544	489	489	457	392	307
	3	633	648	683	718	746	775
	1		-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 70: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Children's Health Services

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Cardiology	2	143	-	-	163	197	149
	3	317	313	345	329	282	305
	1	-	87	123	71	97	-
Dermatology	2	143	125	152	137	116	124
	3	391	358	287	329	-	264
	1	-	-	-	-	-	-
Diabetes	2	-	-	-	109	-	-
	3	-	-	-	-	-	-
	1	90	98	120	99	71	75
Ear Nose and Throat	2	421	435	455	460	487	484
	3	829	836	853	870	855	850
	1	-	68	-	-	-	-
Endocrinology	2	134	99	129	145	129	145
o,	3	340	357	436	337	220	255
	1	-	231	-	-	92	24
Gastroenterology	2	246	260	291	255	279	274
5,	3	398	428	450	458	438	450
	1	-	-	-	-	-	-
General Medicine	2	-	-	-	-	-	-
	3	_	_	-	_	_	-
	1	_	_	_	_	_	-
General Surgery	2	_	-	-	_	_	-
	3	_	-	_	_	_	-
	1	_	_	_	_	_	_
Gynaecology	2	_	-	_	_	_	-
<b>G</b> yaccoogy	3	_	-	_	_	_	-
	1	_	_	_	_	_	_
Nephrology	2	95	124	157	176	158	156
repinology	3	281	366	284	382	-	130
	1	268	69	204	302	_	_
Neurology	2	276	270	291	308	283	269
Neurology	3	410	432	470	446	322	502
	1	115	88	103	107	522	302
Neurosurgery	2	109	122	103	140	142	185
iveurosurgery	3						103
	1	357	381	409	372	416	1 - 7
Onhthalmalagu	2	330	360	391	422	390	157
Ophthalmology	3	343	353	346	349	334	309
		647	359	364	322	345	363
Outloon = = = !: =	1	62	26	57	92	31	45
Orthopaedic	2	360	358	349	378	382	369
	3	412	421	449	441	354	311
	1	-	-		-	-	
Pain Management	2	-	-	59	88	-	-
	3	-	-	-	-	-	-

Plastic and	1	-	-	31	-	-	-
Reconstructive	2	124	166	176	174	214	165
Surgery	3	743	773	805	835	742	695
	1	140	162	187	74	96	98
Respiratory	2	307	267	298	223	200	230
	3	1240	1270	1	1	290	592
	1	-	-	-	-	1	-
Rheumatology	2	-	1	1	-	1	-
	3	1	1	1	1	1	-
	1	-	-	-	-	-	-
Urology	2	-	•		-	1	-
	3	-	1	1	-	1	-
	1	-	-	-	329	357	392
Vascular Surgery	2	89	65	-	91	114	146
	3	-	-	-	-	-	-

Table 71: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Darling Downs HHS

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	144	147	209	245	114	143
Cardiology	2	436	379	277	251	175	238
<i>5,</i>	3	1900	1930	1961	1992	2020	2051
	1	-	-	-	_	-	-
Dermatology	2	-	-	-	-	-	-
	3	_	_	-	-	_	_
	1	-	_	-	-	-	-
Diabetes	2	-	-	-	-	-	-
-	3	_	_	_	_	_	_
	1	86	63	75	71	92	81
Ear Nose and Throat	2	1336	1354	1377	1402	1409	1434
Lai Nose and Imoat	3	1812	1842	1873	1896	1917	1946
	1	1012	1042	1075	1030	1317	1340
Endocrinology	2		1080	1212	827	497	692
Lituociffology	3	_	1000	1212	578	786	501
	1	-	-	-	3/6	9	39
Castroontorology		-	124	-	-	9	
Gastroenterology	2	-	134	-	-	-	40
	3	- 005	-	4047	4000	- 4406	-
	1	985	593	1047	1089	1106	377
General Medicine	2	431	489	380	436	1024	1155
	3	210	241	269	296	324	376
	1	48	125	324	101	92	108
General Surgery	2	498	516	546	574	590	620
	3	1617	1641	1671	1703	1739	1770
-	1	301	331	362	393	421	452
Gynaecology	2	369	395	416	444	464	452
	3	647	644	588	603	550	566
_	1	-	22	53	77	95	-
Nephrology	2	193	218	249	268	295	302
	3	1278	1310	1341	1372	1400	1431
	1	-	-	-	-	-	-
Neurology	2	345	312	330	301	325	179
	3	1502	1527	1558	1585	1615	1632
	1	-	-	-	1	-	-
Neurosurgery	2	-	-	-	1	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Ophthalmology	2	-	87	119	150	162	203
	3	1102	1129	1149	1180	1189	1211
	1	29	26	40	41	11	21
Orthopaedic	2	171	110	105	88	58	58
'	3	723	695	718	728	694	702
	1	-	-	-	-	-	-
Pain Management	2	_	_	-	_	_	_
	3	_	_	_	_	_	_
	,						

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	63	71	97	62	82	107
Respiratory	2	142	620	574	573	410	612
	3	224	257	288	319	342	394
	1	-	-	-	-	-	-
Rheumatology	2	ı	•	I	•	-	-
	3	-	-	-	-	-	-
	1	ı	•	I	•	-	-
Urology	2	-	-	-	-	-	-
	3	1	•	ı	•	-	-
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	1	-	-	-

Table 72: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Gold Coast HHS

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	33	31	70	74	97	61
Cardiac Surgery	2	-	-	-	106	11	-
	3	-	-	-	-	-	-
	1	127	114	137	157	184	200
Cardiology	2	540	533	546	571	579	573
	3	254	263	260	290	316	303
	1	105	107	131	114	142	_
Dermatology	2	735	752	780	810	824	754
	3	934	939	962	991	1017	1004
	1	155	183	178	183	164	162
Diabetes	2	385	314	267	344	291	328
	3	-	-	-	-	-	_
	1	83	58	78	87	96	130
Ear Nose and Throat	2	772	780	794	802	757	749
	3	1246	1270	1299	1313	1338	1341
	1	127	145	137	158	113	113
Endocrinology	2	374	397	426	428	445	463
0,	3	524	550	524	501	526	557
	1	613	548	517	456	469	474
Gastroenterology	2	682	678	698	714	739	740
	3	478	508	539	569	596	627
	1	76	75	85	79	80	82
General Medicine	2	65	55	56	72	92	68
Centeral Medicine	3	-	-	-	-	92	-
	1	69	66	82	91	101	103
General Surgery	2	534	534	532	542	561	573
General Surgery	3	495	462	488	535	552	641
	1	71	75	103	89	108	94
Gynaecology	2	195	216	208	221	225	248
dynaecology	3	489	501	516	513	494	509
	1	143	120	127	138	129	82
Nephrology	2	155	120	102	230	241	02
Nephrology	3	155	-	102	230	241	-
	1	225	255	276	270	211	226
Nourology		225	255	276	278	211	236
Neurology	2	168	158	163	145	145	157
	3	799	-	885	-	-	-
N	1	181	141	227	114	124	145
Neurosurgery	2	898	932	953	982	1008	1019
	3	517	448	470	497	509	537
- 1.1	1	108	81	93	128	152	184
Ophthalmology	2	332	325	343	352	343	326
	3	1198	1215	1235	1154	1134	1152
_	1	38	23	40	30	31	40
Orthopaedic	2	512	496	494	499	490	504
	3	661	662	682	701	715	734
	1	127	137	117	128	118	144
Pain Management	2	1093	917	894	977	929	951
	3	744	774	805	836	864	898

Plastic and	1	49	44	46	53	94	111
Reconstructive	2	234	176	125	151	155	173
Surgery	3	411	429	458	421	437	439
	1	126	140	161	172	193	191
Respiratory	2	303	312	334	340	344	340
	3	208	248	279	281	273	256
	1	447	452	470	490	514	522
Rheumatology	2	1200	1230	1259	1275	1306	1333
	3	1320	1350	1366	1392	1426	1448
	1	91	108	128	125	122	107
Urology	2	118	102	110	121	143	158
	3	491	526	550	502	494	504
	1	43	37	51	39	44	64
Vascular Surgery	2	59	91	75	77	53	64
	3	52	88	111	-	-	-

Table 73: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Mackay HHS

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	50	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	20	40	71	102	112	146
Cardiology	2	114	131	161	169	181	186
	3	269	299	330	361	389	420
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
<i>5,</i>	3	-	-	-	-	-	-
	1	-	787	-	515	379	574
Diabetes	2	56	85	184	183	171	133
	3	261	291	320	351	379	410
	1	-	-	-	-	-	-
Ear Nose and Throat	2	_	-	-	_	_	-
Lai Nose and Timoat	3	_	_	_	_	_	_
	1	_	_	_	_	37	64
Endocrinology	2	_	45	196	232	144	154
Litabermology	3	_	45	130	232	144	134
	1	_				9	19
Gastroenterology	2	_	_			72	113
dastroenterology	3	-	-	-	-	72	113
		27	47	-	- 0.4	-	-
Canaval Madiaina	1		47	65	84	65	85
General Medicine	2	359	271	268	260	232	227
	3	338	361	393	411	351	376
0 10	1	22	22	39	28	35	40
General Surgery	2	36	32	53	74	47	45
	3	186	-	-	-	-	-
	1	-	-	-	-	12	23
Gynaecology	2	58	71	83	68	56	67
	3	80	83	90	120	111	127
	1	-	-	-	-	-	-
Nephrology	2	162	159	175	206	226	243
	3	519	546	577	604	640	670
_	1	65	84	105	120	25	53
Neurology	2	74	97	127	152	154	174
	3	-	97	125	154	177	207
	1	95	42	59	35	30	47
Neurosurgery	2	893	913	937	904	840	775
	3	1416	1441	1464	1485	1436	1456
	1	-	-	-	-	-	-
Ophthalmology	2	371	401	432	463	491	522
	3	883	912	937	974	1002	1033
	1	21	32	60	43	37	38
Orthopaedic	2	490	493	509	495	493	522
•	3	1731	1665	1608	1636	1667	1666
	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	398
	3	_	_				-
	<u> </u>						

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	-	32	53	87	100	110
Respiratory	2	106	118	151	182	223	254
	3	294	327	354	252	269	297
	1	-	-	-	-	-	72
Rheumatology	2	63	85	101	109	134	164
	3	-	-	-	-	-	-
	1	31	23	33	25	43	68
Urology	2	204	205	224	249	233	256
	3	438	449	484	483	501	511
	1	75	84	97	106	97	-
Vascular Surgery	2	207	244	266	308	329	356
	3	1581	1517	1516	1532	1544	1591

Table 74: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Metro North HHS (excluding Royal brisbane and Women's Hospital)

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	45	29	53	80	130	175
Cardiac Surgery	2	206	189	110	130	138	129
	3	721	638	588	646	644	674
	1	128	205	165	242	270	281
Cardiology	2	240	243	244	242	249	235
	3	493	512	522	550	572	560
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	498	-	-	-	-	-
Diabetes	2	156	163	187	201	225	222
	3	143	89	120	244	199	230
	1	-	-	-	-	-	-
Ear Nose and Throat	2	-	_	_	-	_	-
	3	-	-	-	-	-	-
	1	104	-	-	196	222	255
Endocrinology	2	134	123	117	127	146	255
σ,	3	-	-	-	-	141	118
	1	69	89	88	73	81	73
Gastroenterology	2	491	507	530	528	562	587
5,	3	1109	1115	1133	1165	1156	1146
	1	72	36	46	44	29	46
General Medicine	2	106	117	137	128	120	103
	3	254	240	222	250	287	224
	1	51	29	53	41	37	47
General Surgery	2	252	228	228	195	204	188
	3	255	251	228	233	218	228
	1	42	16	28	20	51	29
Gynaecology	2	142	124	141	158	155	154
2,	3	285	298	329	357	378	377
	1	-	-	-	-	-	-
Nephrology	2	_	_	_	_	_	-
	3	_	_	_	_	_	-
	1	98	186	149	106	125	116
Neurology	2	339	350	357	386	375	374
1100101087	3	627	656	687	719	753	781
	1	-	-	-	7 13	-	- 701
Neurosurgery	2	_	_	_	_	_	_
rearosargery	3	_				_	_
	1	_			_	_	_
Ophthalmology	2	_		_		_	_
Opninalmology	3	_	_	_	_	_	_
	1	58	64	81	81	95	110
Orthopaedic	2	503	524	543	548	583	598
Orthopaeuic	3	1362	1297	1296	1318	1324	1284
	1	1302	1437	1230	1310	1324	1204
Pain Management	2	372	359	386	418	440	470
r am ivianagement	3	3/2	339	360	418	440	4/0
	3	-	-	-	-	-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-	1	-	-	-
Surgery	3	-	-	-	-	-	-
	1	90	353	514	397	415	438
Respiratory	2	210	240	252	225	256	287
	3	326	348	604	417	306	414
	1	64	55	52	63	77	111
Rheumatology	2	427	425	444	470	463	356
	3	1416	1446	1477	1508	1536	1567
	1	133	115	134	148	132	132
Urology	2	1302	1302	1309	1328	1343	1371
	3	1762	1792	1803	1877	1885	1884
	1	-	-	-	-	-	38
Vascular Surgery	2	27	55	81	81	129	49
	3	-	3	-	-	-	-

Table 75: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Metro South HHS (excluding Princess Alexandra Hospital)

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	_
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	42	42	46	69	42	63
Cardiology	2	232	229	242	255	274	266
	3	2593	2472	2405	2410	2459	2573
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	190	31	-	72	45	55
Diabetes	2	1097	1125	1153	1176	1172	1198
	3	2683	2644	2658	2683	2381	2383
	1	35	56	47	66	-	52
Ear Nose and Throat	2	246	229	245	277	737	712
-	3	925	955	944	963	956	902
	1	58	70	90	81	63	47
Endocrinology	2	792	769	728	744	767	790
0,	3	2603	2614	2629	2718	2746	2757
	1	87	95	83	79	87	62
Gastroenterology	2	1227	1246	1266	1053	1043	1041
0,	3	917	1685	1599	1632	916	969
	1	63	107	62	77	95	96
General Medicine	2	337	356	378	408	434	457
	3	2675	2673	2674	2652	2437	2568
	1	42	39	62	50	37	45
General Surgery	2	252	256	257	284	289	312
General Surgery	3	2154	2122	2037	1041	1044	1055
	1	99	99	196	75	49	63
Gynaecology	2	105	100	116	134	150	158
dynaccology	3	2589		2407	2356	2254	2216
	1	62	35				-
Nephrology	2	115	117	148	137	125	131
repinology	3	2325	2273	1300	601	438	375
	1	2323	2275	1300		37	62
Neurology	2	142	192	203	172	177	194
recardingy	3	756	772	776	802	828	854
	1	730	772	770	502	020	- 034
Neurosurgery	2						
Neurosurgery	3	_	_			_	_
	<u>3</u> 1	-	-	-	-	-	-
Ophthalmology	2	868	-		-	-	-
Opninalmology	3		706	010	021	926	012
		808	796	818	831	826	813
Outhorsedia	1	46	41	54	48	121	51
Orthopaedic	2	430	425	445	457	471	487
	3	1149	1067	968	977	996	1001
Dain Manager	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	-
	3	2658	2690	-	-	-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	86	91	103	134	126	147
Surgery	3	789	801	817	848	868	877
	1	67	348	117	78	67	85
Respiratory	2	492	512	531	555	576	598
	3	2039	2033	1746	1651	1478	1508
	1	121	131	149	160	-	220
Rheumatology	2	241	268	284	298	264	334
	3	387	408	439	464	492	516
	1	168	139	211	188	144	178
Urology	2	1183	1179	1202	1055	1085	1112
	3	2053	2082	2107	2135	2138	2150
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-

Table 76: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - North West HHS

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	
Cardiac Surgery	2	-	-	-	-	-	
	3	-	-	-	-	-	
	1	853	794	794	655	853	768
Cardiology	2	898	926	958	988	1016	1041
	3	960	990	1019	1048	1087	1123
	1	450	370	401	370	429	417
Dermatology	2	872	900	929	945	994	1021
	3	446	475	506	537	567	598
	1	-	215	246	-	-	336
Diabetes	2	-	-	-	-	-	
	3	-	-	-	-	-	
	1	-	-	-	-	-	
Ear Nose and Throat	2	-	-	-	-	-	
	3	-	-	-	-	-	
	1	708	-	751	-	-	
Endocrinology	2	867	955	986	1132	1059	672
O,	3	_	-	-	_	_	-
	1	608	721	752	838	1053	1034
Gastroenterology	2	1298	1328	1357	1388	1423	1454
	3	864	894	925	955	987	1018
	1	63	73	97	115	134	169
General Medicine	2	183	158	150	165	142	173
deficial Medicine	3	137	158	196	163	136	1/3
	1	66	85	117	146	141	
General Surgery	2	65	93	116	108	145	75
General Surgery	3	- 05	107	139	100	209	73
	1	149	101	132	135	130	241
Gynaecology	2	201	163	194	173	181	210
Gyriaecology	3	175	136	176	182	184	190
	1	1/3	130	170	102	104	190
Nephrology	2	-	-	-		-	
Nephilology	3	-	-		-	-	•
			-	-		-	-
Nourology	1	-	-	-	-	-	-
Neurology	2	-	-	-		-	-
	3	-	-	-	-	-	-
N	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	-	-	•
	3	-	-	-	-	-	
	1	826	857	885	917	949	976
Ophthalmology	2	1004	1034	1063	1096	1124	1153
	3	463	485	515	539	566	577
	1	72	86	163	182	65	19
Orthopaedic	2	43	33	56	85	87	73
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Pain Management	2	-	-	-	-	-	-
	3	-	-	-		-	-

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	912	942	973	1004	1103	-
Surgery	3	758	788	819	850	896	-
	1	-	-	-	-	-	-
Respiratory	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Rheumatology	2	-	-	-	-	-	-
	3	-	1	1	1	-	-
	1	-	-	-	-	-	-
Urology	2	-	-	-	-	-	-
	3	-	1	-	-	-	-
	1	-	-	-	-	-	-
Vascular Surgery	2	-	-	-	-	-	-
	3	363	323	354	376	403	429

Table 77: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Sunshine Coast HHS

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	13	32	-	30	-	-
Cardiac Surgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	
	1	59	54	62	74	80	48
Cardiology	2	644	663	678	683	710	735
	3	963	993	1024	1055	1083	1114
	1	-	-	-	-	-	-
Dermatology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	56	49	77	67	39	49
Diabetes	2	230	160	146	133	93	95
	3	81	72	94	130	122	-
	1	66	-	-	-	-	-
Ear Nose and Throat	2	129	158	173	200	195	168
	3	322	339	357	387	410	441
	1	41	88	92	57	50	37
Endocrinology	2	278	255	181	142	148	132
	3	-	-	-	-	-	-
	1	67	88	103	126	110	93
Gastroenterology	2	1352	852	811	644	647	622
	3	-	-	-	-	-	-
	1	120	173	217	218	59	73
General Medicine	2	324	353	388	436	112	126
	3	-	-	-	-	_	211
	1	30	29	37	45	43	35
General Surgery	2	243	264	287	309	336	368
, , , , , , , , , , , , , , , , , , ,	3	877	898	928	952	949	954
	1	36	32	49	71	50	67
Gynaecology	2	160	178	196	185	192	202
, ,,	3	402	420	451	477	502	528
	1	-	_	-	106	_	-
Nephrology	2	80	97	124	148	156	118
. 0,	3	254	283	309	335	361	390
	1	-	-	-	-	19	-
Neurology	2	169	177	189	210	231	245
0,	3	-	-	-	-	-	-
	1	_	_	-	_	_	-
Neurosurgery	2	-	_	-	-	_	
0 ,	3	-	_	-	-	_	
	1	43	26	37	42	54	37
Ophthalmology	2	265	267	281	305	315	310
	3	1370	1395	1421	1443	1464	1488
	1	21	11	15	15	15	23
Orthopaedic	2	437	452	473	498	505	523
O mopucuic	3	456	472	498	519	519	546
	1	67	<del>4</del> /2	+30	213	213	340
Pain Management	2	485	322	427		-	
i ani ivianagement	3	1056	677	481	351	269	130

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-		-	-	-	-
Surgery	3	-	-	-	-	-	-
	1	105	51	71	57	50	-
Respiratory	2	706	635	601	573	590	598
	3	2319	2315	2346	2394	2456	2487
	1	-	-	-	-	-	-
Rheumatology	2	-	1	1	-	-	-
	3	-	1	1	1	1	-
	1	42	22	53	33	50	32
Urology	2	631	648	678	696	697	697
	3	1725	1726	1752	1780	1802	1832
	1	26	9	-	-	15	-
Vascular Surgery	2	55	57	35	-	22	33
	3	273	-	-	-	-	-

Table 78: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Townsville HHS

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	37	-	-	-	19
Cardiac Surgery	2	44	40	60	80	67	-
-	3	-	-	-	-	-	-
	1	163	170	186	204	207	185
Cardiology	2	565	555	556	562	542	559
_,	3	894	874	916	884	971	1000
	1	-	-	-	-	108	139
Dermatology	2	57	80	94	125	123	154
-	3	-	-	78	109	131	161
	1	400	344	265	293	314	257
Diabetes	2	472	597	627	545	595	722
	3	711	725	768	799	834	872
	1	64	93	111	103	244	130
Ear Nose and Throat	2	793	816	827	857	885	910
-	3	873	898	924	948	968	998
	1	344	351	288	296	287	294
Endocrinology	2	634	649	679	702	727	744
<b>0</b> ,	3	767	850	885	911	941	970
	1	79	60	90	100	101	67
Gastroenterology	2	105	72	84	94	101	124
0,	3	345	372	398	427	444	459
	1	329	302	-	-	-	-
General Medicine	2	527	-	-	-	_	-
-	3	501	-	-	-	-	-
	1	58	66	90	102	110	53
General Surgery	2	574	600	626	653	680	708
	3	535	558	587	613	638	659
	1	165	168	162	148	184	145
Gynaecology	2	191	180	159	189	157	220
2,	3	342	325	280	263	245	258
	1	59	79	-	-		36
Nephrology	2	175	141	124	125	141	151
	3	-			-		-
	1	92	86	78	70	87	103
Neurology	2	256	277	314	353	388	398
1100101087	3	514	544	574	600	634	657
	1	193	220	259	316	314	281
Neurosurgery	2	862	891	916	946	974	1005
rearosargery	3	969	998	1022	1051	1079	1109
	1	65	119	98	100	45	59
Ophthalmology	2	1429	1448	1463	1491	1522	1553
Sprittianificion	3	1185	1198	1224	1251	1271	1295
	1	40	45	52	81	79	43
Orthopaedic	2	162	165	194	224	238	213
Orthopaedic	3	821	852	877	896	918	944
		021	032	0//	050	310	344
Pain Management	2	910	401	418	418	417	440
r am ivianagement		910	401	418	418	41/	
	3	-	-	-	-	-	122

Plastic and	1	50	40	73	97	129	-
Reconstructive	2	1450	1476	1512	1549	1570	1628
Surgery	3	2142	2164	2231	2262	2290	2321
	1	805	823	672	708	727	620
Respiratory	2	902	995	818	794	821	846
	3	-	1	1	1	-	468
	1	792	830	855	871	880	889
Rheumatology	2	1008	1038	1069	1095	1123	1153
	3	984	1015	1045	1077	1106	1136
	1	72	53	-	45	47	-
Urology	2	100	121	131	121	133	124
	3	373	376	412	421	465	384
	1	77	101	123	139	78	123
Vascular Surgery	2	1318	1306	1332	1368	1392	1431
	3	2009	2036	2065	2093	2120	2147

Table 79: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - West Moreton HHS

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	
Cardiac Surgery	2	-	-	-	-	-	
	3	-	-	-	-	-	
	1	-	-	-	-	-	,
Cardiology	2	138	157	166	176	189	176
	3	133	132	131	153	186	212
	1	-	-	-	-	-	
Dermatology	2	-	-	-	-	-	
	3	-	-	-	-	-	
	1	52	46	-	25	52	35
Diabetes	2	201	202	246	184	182	185
=	3	-	-	-	-	-	
	1	17	27	30	18	25	27
Ear Nose and Throat	2	226	226	292	264	277	279
	3	400	389	512	388	339	324
	1	-	-	-	-	-	
Endocrinology	2	_	_	_	_	_	
	3	_	_	_	_	_	
	1	_	_	_	_		
Gastroenterology	2	_	_				
Gustroenterology	3	_	_	_	_	_	
	1					_	
General Medicine	2	111	96	139	130	142	143
General Medicine	3	157	109	139	156	177	196
	1	29	13	12	11	177	27
Conoral Surgary							
General Surgery	3	223	211	242	232	231	236
		- 42	- 20	22	25	- 4.4	26
Cunacalagu	1	42	30	32	35	44	36
Gynaecology	2	105	89	161	134	140	152
	3	118	125	227	142	136	153
Nambualasu.	1	-	-	-	-	-	-
Nephrology	2	-	-	-	-	-	-
	3	-	-	-	-	-	
	1	-	-	-	-	-	-
Neurology	2	-	-	-	-	-	
	3	-	-	-	-	-	
	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
<b>-</b>	1	-	-	-	-	-	-
Ophthalmology	2	766	779	-	828	839	859
	3	1200	1202	-	1244	1250	1240
<u>_</u>	1	15	11	15	25	24	18
Orthopaedic	2	160	171	229	214	215	230
	3	553	555	662	604	604	592
	1	-	-	-	-	-	
Pain Management	2	-	-	-	-		
	3	-	-	-	-	-	-

Plastic and	1	39	38	49	72	43	54
Reconstructive	2	701	712	250	748	769	795
Surgery	3	764	245	-	262	263	277
	1	-	-	-	-	17	-
Respiratory	2	128	131	110	185	210	217
	3	164	167	72	198	254	278
	1	-	-	-	-	29	-
Rheumatology	2	361	388	1	430	409	396
	3	523	520	1	563	571	602
	1	-	-	-	-	-	-
Urology	2	285	266	179	266	258	259
	3	1032	1002	ı	983	951	969
	1		-	-	-	-	-
Vascular Surgery	2	-			-	-	-
	3	-	-	-	-	-	-

Table 80: Percentage of patients waiting for a specialist outpatient initial service event within the clinically recommended time, by specialist clinic and urgency category (CAT), for selected months - Wide Bay HHS

Clinic	CAT	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	1	-	-	-	-	-	-
Cardiac Surgery	2	-	-	-	-	-	-
-	3	-	-	-	-	-	-
	1	605	636	695	747	761	804
Cardiology	2	769	791	452	877	905	936
	3	114	_	-	-	219	-
	1	-	-	-	-	-	-
Dermatology	2	-	_	-	-	-	-
-	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Diabetes	2	-	-	-	-	-	-
-	3	-	_	-	-	-	-
	1	-	-	-	-	-	-
Ear Nose and Throat	2	322	214	245	276	304	-
	3	1208	1093			-	-
	1	-	-	_	_	_	_
Endocrinology	2	216	210	230	251	276	233
211000111101087	3	2661	2657	2666	2685	2691	2733
	1	154		-	-	-	
Gastroenterology	2	279	293	297	315	309	350
Gustroenterology	3	2/3	233	-	172	303	-
	1	142	40	59	84	42	68
General Medicine	2	279	257	249	261	267	292
deneral Medicine	3	633	645	675	700	698	
	<u>5</u> 1	38	38	57	45	39	536 32
General Surgery	2						
General Surgery		416	286	243	241	214	200
	3	1273	1093	1006	1016	988	894
Curanalasu	1	47	73	91	59	81	69
Gynaecology	2	93	103	103	93	110	119
	3	161	184	197	214	235	251
Ni a mbana la ana	1	75	260	50	81	98	44
Nephrology	2	377	368	337	336	357	380
	3	795	806	838	868	894	878
	1	-	-	-	-	-	-
Neurology	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Neurosurgery	2	-	-	-	-	-	-
	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Ophthalmology	2	803	836	868	897	925	962
	3	889	933	964	994	1022	1046
	1	136	16	32	36	47	55
Orthopaedic	2	604	606	637	670	689	719
	3	1268	1207	1046	1056	1038	1055
	1	624	628	649	629	630	659
Pain Management	2	1310	1338	1367	1386	1459	1466
	3	2619	2580	2611	2642	2598	2617

Plastic and	1	-	-	-	-	-	-
Reconstructive	2	-	-		-	-	-
Surgery	3	-	-	-	-	-	-
	1	-	-	-	-	-	-
Respiratory	2	-	-	-	-	-	-
	3	1	ı	ı	1	1	-
	1	209	190	191	215	218	123
Rheumatology	2	1662	1643	1580	1547	1407	1303
	3	615	645	676	707	731	764
	1	241	268	299	317	322	350
Urology	2	624	616	662	723	745	848
	3	1184	1251	1238	1273	1304	1348
	1		-	-	-		-
Vascular Surgery	2	-		-	-	-	-
	3	-	-	-	-	-	-

## **HEALTH AND COMMUNITY SERVICES COMMITTEE**

#### 2013 ESTIMATES PRE-HEARING

## **QUESTION ON NOTICE**

No. 5

THE HEALTH AND COMMUNITY SERVICES COMMITTEE ASKED THE MINISTER FOR HEALTH (Mr SPRINGBORG)—

## **QUESTION:**

I refer to page 21 of the SDS and ask the Minister to please outline, for each reporting hospital and aggregated by HHS and totalled for the state; how many patients are waiting for an initial service event in surgical or non-surgical specialist outpatient clinic and how many such initial service events have occurred in each month from June 2012 to June 2013 inclusive?

# ANSWER:

Queensland Health's Hospital Performance website publishes information on the number of patients waiting for an initial specialist outpatient service event by specialty type, and by hospital, for the most recent quarterly census date. Also available online is the number of initial service events, by specialty type, and by reporting hospital for the most recent quarter. The Hospital Performance website is available at <a href="http://www.health.qld.gov.au/hospitalperformance/">http://www.health.qld.gov.au/hospitalperformance/</a>

Because the data source for these measures is a dynamic hospital information system, and these figures were re-generated in order to answer the question, some information provided may vary slightly from that reported through Hospital Performance. All information published on Hospital Performance is caveated as being preliminary and subject to change for this reason.

Queensland Health began publication of quarterly specialist outpatient activity in April 2013, following a number of investments in this area including enhancements to information systems, implementation of a statewide standard clinic code set, and appointment of Business Practice Improvement Officers in reporting hospitals. Prior to April 2013, hospital staff completed an annual survey to manually count the numbers of patients waiting. Standardised systems and clinics codes, and improved data quality has allowed more regular publication of specialist outpatient activity and demand.

For these reasons, some of the information requested is unavailable. Regarding the initial service events, data before July 2012 is unavailable, as is data after March 2013, as this quarter's data is not yet validated by Hospital and Health Services. Regarding information on the patients waiting for an initial service event, monthly data on patients waiting is unavailable before 1 October 2012.

I am also pleased to provide in Attachment 1, six tables containing the available data:

 Table 1: The number of patients waiting for an initial specialist outpatient service event, by specialty type, by reporting hospital, for each monthly census date from 1 October 2012 to 1 March 2013.

- Table 2: The number of patients waiting for an initial specialist outpatient service event, by specialty type, by Hospital and Health Service, for each monthly census date from 1 October 2012 to 1 March 2013.
- Table 3: The number of surgical initial specialist outpatient service events, by reporting hospital, for each month from July 2012 to March 2013.
- Table 4: The number of non-surgical initial specialist outpatient service events, by reporting hospital, for each month from July 2012 to March 2013.
- Table 5: The number of initial service events in a surgical specialist outpatient clinic, by Hospital and Health Service, for each month from July 2012 to March 2013.
- Table 6: The number of non-surgical initial specialist outpatient service events, by Hospital and Health Service, for each month from July 2012 to March 2013.

Table 1: Number of patients waiting for an initial service event in a specialist outpatient clinic, Queensland Reporting Hospitals, selected months

HOSPITAL			surgi	ical					non-su	rgical		
HOSPITAL	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
Atherton Hospital	150	162	139	119	170	168	119	137	116	102	118	136
Beaudesert Hospital	5	29	29	20	17	27	132	142	154	135	153	158
Bundaberg Hospital	2,149	2,088	1,964	1,878	1,858	1,777	898	899	920	915	953	914
Caboolture Hospital	2,520	2,324	2,432	2,502	2,650	2,688	1,616	1,544	1,554	1,589	1,567	1,454
Cairns Base Hospital	8,125	8,074	8,217	8,540	8,744	8,952	3,831	3,950	3,725	3,761	3,955	4,077
Caloundra Hospital	2,749	2,731	2,677	2,725	2,744	2,705	65	75	63	67	51	57
Emerald Hospital	110	147	151	126	146	142	33	36	19	18	39	34
Gladstone Hospital	554	532	532	526	538	526	344	433	367	348	315	336
Gold Coast Hospital	18,806	19,106	19,615	19,985	19,856	19,858	5,210	5,194	5,426	5,411	5,355	5,169
Gympie Hospital	731	776	776	746	767	739	287	283	301	339	317	241
Hervey Bay Hospital	2,141	2,145	2,080	1,874	1,615	1,564	830	814	749	617	547	527
Innisfail Hospital	431	477	500	315	311	272	91	87	72	83	138	126
Ipswich Hospital	6,489	6,649	1,113	7,501	7,773	7,851	2,097	2,074	592	2,275	2,108	2,059
Kingaroy Hospital	99	99	106	100	112	112	80	83	82	78	82	75
Logan Hospital	10,275	10,269	10,778	11,087	10,840	12,175	5,035	5,008	5,197	5,450	5,413	5,474
Mackay Base Hospital	2,514	2,559	2,640	2,664	2,434	2,522	1,620	1,972	2,014	2,097	2,274	2,367
Maryborough Hospital	1,251	1,245	1,212	1,152	1,047	977	355	371	335	317	291	326
Mount Isa Hospital	1,097	1,090	1,112	1,168	1,106	975	581	598	580	644	607	590
Nambour Hospital	6,839	6,475	6,810	6,894	7,179	7,113	2,574	2,480	2,599	2,630	2,584	2,394
Queen Elizabeth II Jubilee Hospital	10,329	9,777	9,766	8,674	8,308	8,424	573	602	614	627	593	610
Redcliffe Hospital	5,871	5,684	5,934	5,764	5,563	5,652	1,409	1,299	1,372	1,417	1,479	1,457
Redland Hospital	3,298	3,053	3,108	3,260	3,265	3,169	1,014	1,006	1,012	1,142	1,154	1,205
Rockhampton Base Hospital	4,204	4,278	4,522	5,830	5,751	5,778	2,006	2,151	2,135	2,379	2,355	2,208
Royal Children's Hospital	4,584	4,384	4,230	4,279	4,041	3,745	2,139	1,972	1,880	1,930	1,799	1,732
The Prince Charles Hospital	2,675	3,012	3,139	3,318	3,212	3,294	2,942	3,051	3,220	3,339	3,555	3,729
Toowoomba Hospital	9,394	9,086	9,224	9,466	9,520	9,940	1,128	1,158	1,251	1,328	1,343	1,403
Townsville Hospital	12,427	12,638	12,476	12,789	12,829	12,853	8,242	7,550	7,240	7,114	6,865	6,719
TOTAL <sup>1</sup>	119,817	118,889	115,282	123,302	122,396	123,998	45,251	44,969	43,589	46,152	46,010	45,577

<sup>&</sup>lt;sup>1</sup> excludes Princess Alexandra and Royal Brisbane and Women's Hospitals

Table 2: Number of patients waiting for an initial service event in a specialist outpatient clinic, by Hospital and Health Service, Queensland Reporting Hospitals, selected months

HHS			surg	ical					non-sı	urgical		
11113	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
Cairns and Hinterland HHS	8,706	8,713	8,856	8,974	9,225	9,392	4,041	4,174	3,913	3,946	4,211	4,339
Central Queensland HHS	4,868	4,957	5,205	6,482	6,435	6,446	2,383	2,620	2,521	2,745	2,709	2,578
Children's Health Queensland	4,584	4,384	4,230	4,279	4,041	3,745	2,139	1,972	1,880	1,930	1,799	1,732
Darling Downs HHS	9,493	9,185	9,330	9,566	9,632	10,052	1,208	1,241	1,333	1,406	1,425	1,478
Gold Coast HHS	18,806	19,106	19,615	19,985	19,856	19,858	5,210	5,194	5,426	5,411	5,355	5,169
Mackay HHS	2,514	2,559	2,640	2,664	2,434	2,522	1,620	1,972	2,014	2,097	2,274	2,367
Metro North HHS <sup>1</sup>	11,066	11,020	11,505	11,584	11,425	11,634	5,967	5,894	6,146	6,345	6,601	6,640
Metro South HHS <sup>2</sup>	23,907	23,128	23,681	23,041	22,430	23,795	6,754	6,758	6,977	7,354	7,313	7,447
North West HHS	1,097	1,090	1,112	1,168	1,106	975	581	598	580	644	607	590
Sunshine Coast HHS	10,319	9,982	10,263	10,365	10,690	10,557	2,926	2,838	2,963	3,036	2,952	2,692
Townsville HHS	12,427	12,638	12,476	12,789	12,829	12,853	8,242	7,550	7,240	7,114	6,865	6,719
West Moreton HHS	6,489	6,649	1,113	7,501	7,773	7,851	2,097	2,074	592	2,275	2,108	2,059
Wide Bay HHS	5,541	5,478	5,256	4,904	4,520	4,318	2,083	2,084	2,004	1,849	1,791	1,767

<sup>&</sup>lt;sup>1</sup> excludes Royal Brisbane and Women's Hospital

<sup>&</sup>lt;sup>2</sup> excludes Princess Alexandra Hospital

Table 3: Number of initial service events in surgical specialist outpatient clinics, Queensland Reporting Hospitals, selected months

HOSPITAL	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
Atherton Hospital	44	66	32	68	41	36	42	17	49
Beaudesert Hospital				1		4	6	6	5
Bundaberg Hospital	389	480	383	470	543	471	422	457	519
Caboolture Hospital	366	437	282	378	386	229	155	229	281
Cairns Base Hospital	1,068	1,296	997	1,285	1,267	957	1,074	1,229	1,169
Caloundra Hospital	288	277	250	261	263	151	189	203	221
Emerald Hospital	28	35	22	49	9	11	4	33	7
Gladstone Hospital	135	114	98	154	147	112	123	155	154
Gold Coast Hospital	2,071	2,461	2,071	2,600	2,559	1,979	2,324	2,612	2,586
Gympie Hospital	88	113	100	140	84	76	77	94	112
Hervey Bay Hospital	439	462	371	495	460	379	370	320	282
Innisfail Hospital	76	29	30	53	16	24	10	72	66
Ipswich Hospital	1,151	1,099	997	1,249	1,201	884	599	1,113	1,203
Kingaroy Hospital	8	12	7	12	8	1	17	6	38
Logan Hospital	733	684	495	745	831	534	502	588	691
Mackay Base Hospital	408	548	509	654	546	363	628	747	568
Maryborough Hospital	217	210	148	245	218	151	117	127	129
Mount Isa Hospital	182	216	154	171	200	82	121	182	186
Nambour Hospital	815	979	830	961	1,065	719	728	771	856
Queen Elizabeth II Jubilee Hospital	966	1,130	877	1,028	1,123	812	692	1,012	1,012
Redcliffe Hospital	903	999	888	1,021	833	514	655	677	744
Redland Hospital	440	491	483	643	559	437	354	479	471
Rockhampton Base Hospital	500	510	439	584	540	441	436	592	621
Royal Children's Hospital	985	1,153	997	1,060	1,033	791	780	857	1,050
The Prince Charles Hospital	431	479	393	479	513	293	369	455	545
Toowoomba Hospital	504	537	483	500	560	444	347	509	483
Townsville Hospital	1,407	1,577	1,387	1,455	1,393	1,024	999	1,150	1,092
TOTAL <sup>1</sup>	14,642	16,394	13,723	16,761	16,398	11,919	12,140	14,692	15,140

<sup>&</sup>lt;sup>1</sup> excludes Princess Alexandra and Royal Brisbane and Women's Hospitals

Table 4: Number of initial service events in non-surgical specialist outpatient clinics, Queensland Reporting Hospitals, selected months

HOSPITAL	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
Atherton Hospital	67	51	52	49	52	43	32	38	41
Beaudesert Hospital	4	3	5	13		7	20	22	13
Bundaberg Hospital	160	140	129	145	185	119	120	147	200
Caboolture Hospital	309	260	209	288	231	129	150	221	225
Cairns Base Hospital	1,194	1,237	1,149	1,198	1,290	878	1,182	1,278	1,307
Caloundra Hospital	38	41	37	36	48	34	32	45	59
Emerald Hospital	6	17	18	12	7	31	5	21	6
Gladstone Hospital	165	141	114	124	96	118	126	129	79
Gold Coast Hospital	1,215	1,180	1,079	1,327	1,297	953	1,248	1,393	1,353
Gympie Hospital	73	106	110	89	110	42	68	100	115
Hervey Bay Hospital	245	256	263	289	282	190	232	183	164
Innisfail Hospital	62	45	40	55	52	45	24	54	45
Ipswich Hospital	719	781	678	809	904	580	588	785	825
Kingaroy Hospital	4	6	3	7	2		3	3	8
Logan Hospital	357	341	265	512	463	363	410	454	464
Mackay Base Hospital	377	456	435	438	582	788	851	1,745	3,059
Maryborough Hospital	52	82	61	75	85	69	56	49	58
Mount Isa Hospital	80	98	94	112	102	101	63	143	79
Nambour Hospital	624	750	690	796	876	607	526	735	846
Queen Elizabeth II Jubilee Hospital	136	137	122	146	153	91	119	142	142
Redcliffe Hospital	364	339	285	366	323	200	257	310	341
Redland Hospital	187	178	160	222	221	131	85	154	142
Rockhampton Base Hospital	355	335	313	332	363	322	272	391	376
Royal Children's Hospital	773	956	776	700	831	506	508	580	581
The Prince Charles Hospital	375	344	352	419	429	310	355	440	458
Toowoomba Hospital	179	165	153	242	222	153	227	262	291
Townsville Hospital	1,154	1,410	1,251	1,324	1,451	835	978	1,180	1,116
TOTAL <sup>1</sup>	9,274	9,855	8,843	10,125	10,657	7,645	8,537	11,004	12,393

<sup>&</sup>lt;sup>1</sup> excludes Princess Alexandra and Royal Brisbane and Women's Hospitals

Table 5: Number of initial service events in a surgical specialist outpatient clinic, by Hospital and Health Service, Queensland Reporting Hospitals, selected months

HHS	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
Cairns and Hinterland HHS	1,188	1,391	1,059	1,406	1,324	1,017	1,126	1,318	1,284
Central Queensland HHS	663	659	559	787	696	564	563	780	782
Children's Health Queensland	985	1,153	997	1,060	1,033	791	780	857	1,050
Darling Downs HHS	512	549	490	512	568	445	364	515	521
Gold Coast HHS	2,071	2,461	2,071	2,600	2,559	1,979	2,324	2,612	2,586
Mackay HHS	408	548	509	654	546	363	628	747	568
Metro North HHS <sup>1</sup>	1,700	1,915	1,563	1,878	1,732	1,036	1,179	1,361	1,570
Metro South HHS <sup>2</sup>	2,139	2,305	1,855	2,417	2,513	1,787	1,554	2,085	2,179
North West HHS	182	216	154	171	200	82	121	182	186
Sunshine Coast HHS	1,191	1,369	1,180	1,362	1,412	946	994	1,068	1,189
Townsville HHS	1,407	1,577	1,387	1,455	1,393	1,024	999	1,150	1,092
West Moreton HHS	1,151	1,099	997	1,249	1,201	884	599	1,113	1,203
Wide Bay HHS	1,045	1,152	902	1,210	1,221	1,001	909	904	930

<sup>&</sup>lt;sup>1</sup> excludes Royal Brisbane and Women's Hospital <sup>2</sup> excludes Princess Alexandra Hospital

Table 6: Number of initial service events in a non-surgical specialist outpatient clinic, by Hospital and Health Service, Queensland Reporting Hospitals, selected months

HHS	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
Cairns and Hinterland HHS	1,323	1,333	1,241	1,302	1,394	966	1,238	1,370	1,393
Central Queensland HHS	526	493	445	468	466	471	403	541	461
Children's Health Queensland	773	956	776	700	831	506	508	580	581
Darling Downs HHS	183	171	156	249	224	153	230	265	299
Gold Coast HHS	1,215	1,180	1,079	1,327	1,297	953	1,248	1,393	1,353
Mackay HHS	377	456	435	438	582	788	851	1,745	3,059
Metro North HHS <sup>1</sup>	1,048	943	846	1,073	983	639	762	971	1,024
Metro South HHS <sup>2</sup>	684	659	552	893	837	592	634	772	761
North West HHS	80	98	94	112	102	101	63	143	79
Sunshine Coast HHS	735	897	837	921	1,034	683	626	880	1,020
Townsville HHS	1,154	1,410	1,251	1,324	1,451	835	978	1,180	1,116
West Moreton HHS	719	781	678	809	904	580	588	785	825
Wide Bay HHS	457	478	453	509	552	378	408	379	422

<sup>&</sup>lt;sup>1</sup> excludes Royal Brisbane and Women's Hospital <sup>2</sup> excludes Princess Alexandra Hospital

### **HEALTH AND COMMUNITY SERVICES COMMITTEE**

### **2013 ESTIMATES PRE-HEARING**

### **QUESTION ON NOTICE**

No. 6

THE HEALTH AND COMMUNITY SERVICES COMMITTEE ASKED THE MINISTER FOR HEALTH (Mr SPRINGBORG)—

### QUESTION:

I refer to page 7 of the SDS and ask the Minister to please outline, what proportion of the well-used KPMG figure of \$1.2 billion for describing the seven years estimated costs for the Queensland Health payroll and rostering systems can be attributed to normal operational costs for such a large and complex workforce, particularly where costs previously expended in health districts budgets are now overtly attributed to these systems?

### ANSWER:

The \$1.253 billion cost that KPMG estimated included \$1 billion for normal operating costs over seven years.

Please refer to the attached KPMG Report for all Queensland Payroll information.



### Queensland Health

### Review of the Queensland Health Payroll System

31 May 2012 This report contains 45 pages QH Payroll Review Report 31 May 2012 VF





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### Queensland Health Payroll Overview

### Background

1

Queensland Health (QH) went live with a new payroll system, comprising two interfacing systems Workbrain and SAP, on 8 March 2010 and since then have experienced significant and ongoing challenges with the system.

### Complex operating environment

The QH payroll operating environment is uniquely complex in that.

- QH employs approximately 85,000 staff across a range of professional occupations, many of whom work a 24-hour, seven day a week roster.
- Staff are employed under two different Acts, are covered by 12 different industrial awards and are impacted by 6 different industrial agreements, creating over 200 allowances and up to 24,000 different combinations of pay.
- The payroll system has been significantly modified to support this complexity with over 2,500 customisations to the system and over 130 manual workarounds.
- 1,010 payroll staff are required to perform over 200,000 manual processes on an average of 92,000 forms to deliver approximately \$250m (gross) in salaries to QH's 85,000 staff each fortnight.

### Payroll issues and solutions

At present there are nine high priority issues and a number of other issues impacting on QH's ability to deliver accurate pay outcomes each fortnight. QH has put significant effort into resolving these issues and has developed a plan to address the highest priorities with six key projects.

One of these projects is focussed on **analysing the future payroll solution options** and includes a targeted approach to the external market to understand the range of system solutions and payroll operating models that may be available.

### Payroll system costs

It is envisaged that the total cost of the QH payroll system will be \$1,253.5m between FY10 and FY17 of which \$416.6m will have been incurred to the end of FY12 and a further \$836.9m forecast to be spent from FY13 to the end of FY17

Of the total costs of \$1,253.5m

- \$1,008.0m relates to payroll operations that has and will continue to ensure that QH staff are paid on a fortnightly basis, and
- \$245.5m relates to fixing the key issues and undertaking a systems analysis to determine the longer term solution for the payroll system.

It must be noted that the \$1,253.5m excludes any costs associated with the reimplementation or upgrade of the system, any contingencies associated with the implementation of system solutions, and additional FBT costs that may arise from waiving overpayments rather than recovering them.

### Recommendation

QH need to implement the projects that deliver payroll outcome improvements, while concurrently using a targeted approach to engage the external market to determine the best solution that accounts for the future environment



### 2 Executive Summary

QH has experienced significant and ongoing challenges with its payroll system since implementation in March 2010. In light of this, the incoming Liberal National Party Government outlined a key commitment in the Premier's First 100 Day Action Plan for Queensland to start an 'Audit of the Queensland Health Payroll to determine current errors and faults'. As such, KPMG has been engaged to review the current status, proposed solutions, strategies, programs of work and governance frameworks in place for the QH payroll system.

The current review has been undertaken through interviews with relevant stakeholders and analysis of key secondary source documents relating to historical and current issues, proposed solutions and actions associated with the QH payroll system.

The details of KPMG's findings are provided in this report which outlines: the scope of the review; the history and broader context of the QH payroll system; general themes or observations; specific findings against the key issues identified to date and the solutions that have been proposed by QH to address these key issues; analysis of QH's indicative future costing for its payroll operations and improvement projects; and analysis of portfolio governance.

### 2.1 Summary Findings

As a result of document reviews and interviews, KPMG have identified a number of summary findings to be highlighted as part of this Executive Summary. Specifically:

- The QH payroll operating environment and broader context is uniquely complex. QH employs approximately 85,000 staff across a range of professional occupations, many of whom work a 24-hour, seven-day-a-week roster. Key features of the current industrial environment for QH are that employees are employed under two different Acts, are covered by 12 different industrial awards and are impacted by six different industrial agreements with over 200 separate allowances in operation across these awards and agreements. This complexity is estimated to result in over 24,000 different pay combinations each fortnight. In previous reviews conducted by Ernst & Young<sup>2</sup>, it was recognised that the QH rostering and payroll system is unique, when comparing major payroll systems both in Australia and internationally.
- There is a lengthy and convoluted history behind the current QH payroll system which pre-dates the implementation of the solution in March 2010. An appreciation of the history of key decisions made, improvement initiatives undertaken and the evolution of the implementation project is important context for informing decision-making on future actions and associated future investments for the QH payroll system. In addition, it is recognised by key stakeholders that a number of contributing factors led to the significant challenges experienced with operating the new payroll system following 'go live' in March 2010. These factors are documented in a range of QH reviews and external reviews<sup>3</sup> and include:

Source: <a href="http://www.thepremier.qld.gov.au/assets/100-day-action-plan.pdf">http://www.thepremier.qld.gov.au/assets/100-day-action-plan.pdf</a>
 Source: Ernst & Young, Review of Payroll and Rostering Solutions, September 2010

<sup>&</sup>lt;sup>3</sup> Source: Various QH Internal Reports on Payroll, March 2010- May 2012; Ernst & Young; KPMG; Queensland Audit Office Report to Parliament No. 7 for 2010, Information systems governance and control, including the Queensland Health Implementation of Continuity Project.



- The 'go-live' of the new payroll system was problematic and resulted in significant issues that have taken some time to address: When implemented on 8 March 2010, the new payroll system had not undergone a full parallel pay run comparison, the technical infrastructure had failed, there were major system performance issues and a backlog of approximately 20,000 payroll related forms that had not been processed. This was exacerbated by the lack of familiarity of QH staff with new payroll processes and a lack of visibility of bottlenecks in the payroll process when being performed. The extent of the potential impact on the effective operation of the payroll system had not been fully understood prior to 'go-live' and the ongoing legacy of these issues neither predicted nor planned for;
- Centralisation of payroll processing prior to the implementation of the new system: The payroll operating model implemented in line with the new payroll system centralised payroll processing, thus severing the linkage between the Districts and their local payroll providers (hubs). This meant that payroll officers were to be responsible for interpreting pay information without the benefit of local knowledge of the Districts and relationships with District staff that have previously assisted with the interpretation process;
- The complexity of the award conditions and associated pay combinations: This has led to the need for significant customisation of the awards interpretation engine (Workbrain) and the payroll system (SAP). These customisations introduced considerable complexity into the administration of the payroll system itself which have impacted on its performance. Regardless of the design of the QH payroll system, the current complexity of the industrial environment for QH will continue to have the potential to impact on payroll performance into the future. Simplification of the current awards structure would require a Whole of Government approach. An assessment of the feasibility of this is beyond the scope of the current review;
- There are some fundamental features of the current QH payroll cycle which negatively impact on pay accuracy and, correspondingly, payroll performance:

  These features include existing practices which allow QH staff to lodge claims for payment over a retrospective time period of up to six years and the current timing of the pay date. The timing of the pay date essentially requires line managers to estimate likely hours to be worked by staff for the final two days of any given pay period. This approach invariably leads to discrepancies between actual hours worked and pay entitlements and has led to significant challenges in managing overpayments to staff. Currently, approximately 3,400 staff receive overpayments each pay period. The total dollar value of these overpayments is approximately \$1.7 million per pay period and has been accruing at that rate since 2010. Overpayments also incur Fringe Benefits Tax liabilities for QH, the magnitude of which is proportionate to the amount of overpayments outstanding across QH;
- The business processes designed to deliver the payroll each fortnight are highly manual<sup>4</sup>: The business processes involve approximately 130 manual system 'work-arounds', double handling of pay forms, retrospective payments, ad hoc payments and other associated adjustments. QH estimate that approximately 200,000 manual processes are required to process on average 92,000 forms within the payroll hubs every fortnight.

<sup>&</sup>lt;sup>4</sup> Source: QH internal reporting documentation on payroll, sourced May 2012 QH Payroll Review Report 31 May 2012 VF



Approximately 500 additional payroll staff (beyond that required under the previous payroll system) have been required to complete these processes each fortnight.

### 2.2 Key Issues

Since the issues experienced following the initial 'go-live' of QH Payroll in March 2010, there has been a significant program of work and resources dedicated across QH and Queensland Shared Services (QSS) to firstly stabilise the current system and, more recently, to improve the performance of the existing system.

The current status of the QH payroll system is that there remains a number of key issues to be addressed. Namely:

- 1 **Historical payroll forms submission:** the current degree of retrospectivity accommodated by the QH payroll system whereby staff can submit forms for work completed up to six years ago is creating significant payroll system performance issues.
- 2 The relationship between the Districts and Payroll hubs: there are significant opportunities to strengthen the link between payroll staff and their 'customers' in the Districts and restore the relationship model where payroll teams typically were 'closer' to their customers and had a strong working knowledge of the specific Districts and health services they supported.
- Time between roster close and pay date: as outlined above, the QH pay run currently commences before roster close. There is a need to expedite decision making around moving the current pay date to allow for the pay run to be based on actual hours worked rather than forecast hours worked. Changing the pay date would improve the accuracy of employee pay by allowing more time to process roster changes and therefore reducing the number of underpayments, overpayments or adjustments required.
- 4 Payroll processing accountabilities of QH and QSS: Following the PwC shared services report in 2010<sup>5</sup>, QH and QSS are progressing plans to technically separate the QH payroll system from the Whole of Government environment. After technical separation and transition, QH will be accountable for the transaction processing, data, operation and support of the technology system (on the basis that the functions currently performed by QSS would be transitioned across to QH). There are clear benefits to establishing a separate technical platform for QH given the scale and complexity of the QH payroll system. However, it will be important to effectively manage the timing and people impact of any potential transition of QSS personnel across to QH. We understand that any potential transition of QSS across to QH is considered a medium term opportunity and that the immediate focus is on technical separation.
- Overpayments and Entitlements: As at May 2012 QH had overpaid staff \$112.3m, of which \$16.5m has been repaid and \$3.3m waived, leaving \$91m outstanding. QH has an obligation under the Financial Accountability Act 2009 to recover these amounts; however there is currently a moratorium in place preventing QH from implementing QH-instigated overpayment recovery. QH has been required to fund FBT liabilities associated with overpayments and this represents a significant additional cost burden to

<sup>&</sup>lt;sup>5</sup> Source: PwC Shared Services Review, September 2010 QH Payroll Review Report 31 May 2012 VF



QH. While the previously agreed overpayment moratorium is in place, the amount increases by approximately \$1.7m per fortnight. A key strategy to reduce future overpayments relates to moving the pay date as this will significantly improve the accuracy of data provided to payroll. In addition to overpayments, the issue of employee leave and balances requires further investigation and analysis. PwC has conducted a number of reviews into Leave balances and they have identified that up to 20,000 leave transactions are still outstanding since the move from the previous Lattice Payroll system across to SAP. Whilst these outstanding leave balances require attention and rectification, it is understood that it will take some time for QH to undertake the necessary work to resolve the current leave balances issues.

- 6 Electronic rostering for line managers: There is no whole-of-department approved electronic rostering system for line managers. Currently, rosters and subsequent changes are created manually. Rosters are currently the primary input into the payroll system as such, the accuracy and timeliness of roster development and submission has a critical impact on payroll performance (accuracy, timeliness, etc.). It will be important for a thorough assessment of the electronic rostering solution options be conducted before proceeding with a preferred option.
- Payroll system fixes: As of 2 May 2012, there are 570 logged system issues, 76 of which are identified as having the potential to impact on staff pay. System defect fixes and enhancements are required to occur during designated 'major release' schedules, of which there are three scheduled per annum. There have been some delays in addressing specific defects and issues due to the prioritisation of other 'fixes' including the pay date change, changes associated with enterprise bargaining changes, legislative compliance changes etc. There is a need to gain endorsement for an agreed longer-term approach to implementing key system changes so that the release windows can be utilised more effectively.
- Upgrading and / or reimplementation of the payroll and awards interpretation systems: The currently implemented Workbrain (1,029 customisations) and SAP (1,507 customisations) systems have been heavily customised and are not operating optimally in the QH environment. Customisations are costly to manage, increase risk and impact on system performance and should be minimised where practical. In addition, OH has identified that support for the current Workbrain and SAP systems will expire in November 2014 and June 2015, respectively. As such, there will be a requirement for further investment in either a system upgrade or a system reimplementation before 2014. KPMG note that QH has allocated \$25m to complete a 'systems analysis' project which was to be focused on assessing and planning for an upgrade of SAP and the award interpretation engine. Part of this project will consider options for moving some or all standard SAP functionality that is currently in Workbrain into SAP. As part of this process it would be prudent for QH to make a targeted approach to the external market to understand the range of system solutions and payroll operating models that may be available. Such a 'request for information' process could be included in the \$25m currently set aside for the upgrade planning project.

<sup>&</sup>lt;sup>6</sup> Source: PwC Leave Balances Review Phase 1, March 2011. QH Payroll Review Report 31 May 2012 VF



9 Payroll project funding: There has been considerable analysis done to quantify the costs associated with the operation and improvement of the QH payroll system since March 2010.

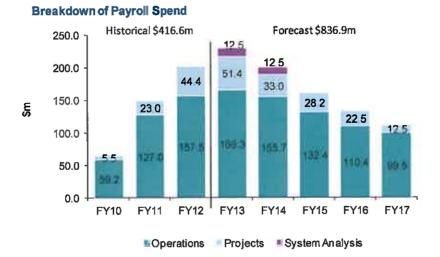
### 2.3 Costs

The total cost of the QH Payroll system between FY10 and the end of FY17 is estimated to be \$1,253.5m. Of this, \$416.6m is the historical spend between FY10 and the end of FY12 and \$836.9m is the forecast spend from FY13 to the end of FY17. The FY10 costs include nine months of costs related to the previous payroll system.

The costs associated with the payroll system can be split between:

- Business As Usual the costs associated with ensuring Queensland Health employees are paid on a fortnightly basis and the system maintained (\$1,008.0m);
- Project Costs the costs that are aimed at fixing the problems associated with the existing system (\$220.5m); and
- Future Systems Analysis the projects to undertake systems analysis in order to determine the requirement for further investment in either a system upgrade or a system reimplementation (\$25.0m).

The following graph illustrates the split of the historical and forecast spend between operations, projects and systems analysis.



### Of the \$836.9m in forecast costs between FY 13 and FY17:

- 64% do not have approved funding, and
- 79% of the forecast costs are considered obligated by virtue of the need to deliver a payroll outcome each fortnight and to maintain the system.



The total costs exclude some costs that are yet to be quantified. The key costs not included are listed below with more detail included in *Section 4.3* of the report. These key costs include:

- Upgrade or Reimplementation Costs: Costs associated with performing an upgrade or re-implementing the award interpretation and payroll systems (SAP and Workbrain). The costs forecast to date reflect only the work to analyse the current systems prior to a decision being made as to the system to implement. It is recommended that a contingency amount be included in any future estimate of project costs associated with an upgrade or reimplementation as it is considered better practice for major information technology projects particularly those with the complexity and risk profile such as that associated with QH Payroll;
- Fringe Benefits Tax (FBT): FBT associated with waiving any overpayment debts that are not recoverable. The debt waiver FBT is more costly for QH than the loan FBT currently included in the forecast costs. Based on calculations as at 4 April 2012, the debt waiver FBT could be as high as \$110.4m if no overpayments are recovered.

### 2.4 Projects

QH has developed a forward plan with specific initiatives to address these issues. These initiatives include:

- 1 **Payroll Hub Restructure:** aims to restore the close working relationship between the Districts and the hubs and is planned to be completed in FY14 (project costs: \$5.0m; funded: nil).
- 2 Pay Date Change: proposes to move the pay date by seven days to allow sufficient time for submission and processing of payroll forms with the aim to improve the accuracy of pays. The key benefit anticipated from this project is a reduction in future overpayments (and associated FBT liability for QH). This is proposed to be completed in FY13 (project costs: \$38.7m; funded: nil).
- 3 Overpayments and Entitlements: dedicated project focused on recovering historical overpayments and leave entitlements, proposed to be completed in FY14 (project costs: \$22.3m; funded: nil).
- 4 **Electronic Rostering:** a two-year initiative focused on rolling out an electronic rostering system across QH business units on an opt-in basis. Proposed to be completed in FY14 (project costs: \$38.9m; funded: nil).
- 5 Payroll Self Service: the implementation of a Payroll Self Service web application to give QH employees access to important pay related information. The majority of the functionality associated with Payroll Self Service will be implemented in FY13 with some ongoing work required out to FY15 (project costs: \$8.2m; funded: nil).
- 6 Payroll Portfolio Governance and Projects: a four-year program of work focused on a series of other projects aimed at improving payroll. This program will address aspects including workforce management, business improvement, governance and assurance and business and financial management (project costs: \$82m; funded: \$10m).



### 2.5 Recommendations

Whilst there are a range of key issues to be addressed and a corresponding series of actions proposed, there are a number of immediate or priority actions for QH.

Specifically, QH should:

- 1 Expedite approval to lift the current moratorium on QH-instigated recovery of overpayments and commence processes to recover overpayments.
- 2 Expedite approval to implement the change in pay date and commence processes to implement the change in pay date.
- 3 Take proactive measures to further reduce the degree of retrospectivity built into current QH payroll processes by implementing a change program to significantly reduce the window for lodging historical payroll forms.
- 4 Commence work on **SAP** and award interpretation engine upgrade planning including considering options including the move of some or all standard SAP functionality that is currently in Workbrain into SAP. As part of this planning activity, it would be appropriate to approach a targeted external market to explore other systems and payroll operating models available to QH including associated costs, benefits and risks.

As outlined in this report, KPMG recommends a number of additional recommendations in relation to:

- Clarifying, communicating and committing to the forward strategy for the payroll system;
- Governance and decision-making;
- Ensuring adequate focus is given to stakeholder engagement and effective change management to support required changes in business approaches, processes and systems architecture; and
- Adopting a stronger focus on business benefits as well as providing greater clarity to stakeholders regarding the funding status for the payroll program to assist with determining priorities for future spend and value for money assessments.

Further details on the scope and findings of the review as well as recommendations are provided in this report.

It is noted that, at the time of writing this report, the operating environment for QH is changing rapidly. These changes include specific announcements regarding Government decisions on specific next steps to be taken in relation to QH Payroll. Where practical, we have noted any known changes or outcomes in this report current as at 31 May 2012.



### 3 Introduction

QH has experienced a number of significant and ongoing challenges associated with the March 2010 implementation of a new payroll system. The QH payroll system and its ongoing implementation, change and improvement has been the subject of numerous internal and external reviews since 'going live' on 8 March 2010.

As an outcome of the recent State Government elections in March 2012, Queensland experienced a change of government. A key commitment documented in Premier Newman's First 100 Day Action Plan for Queensland<sup>7</sup> was to commence an 'Audit of the Queensland Health Payroll to determine current errors and faults'. In this context, KPMG has been engaged to assist Queensland Health and the Minister for Health with a review of the status of the current payroll system at Queensland Health. The review conducted by KPMG, including this report, meets the terms of reference set out for the engagement, however it does not represent an 'Audit', or any other exercise leading to the provision of assurance, in accordance with standards issued by the Australian Auditing and Assurance Standards Board.

### 3.1 Overview of the current review

The objectives of the current review are to provide:

- A review and summary of current systems and processes issues which are resulting in incorrect employee pay outcomes, associated with the introduction in March 2010 of the payroll system for QH;
- A review and summary of current QH solutions strategies and programs of work, including their forecast solution outcomes, timeframes and cost;
- A review of the information technology governance frameworks currently implemented by QH relevant to the payroll system; and
- Recommendations, based on KPMG's analysis and findings under focus areas regarding the
  way forward for QH in relation to the governance and oversight of the delivery of the
  solution outcomes to enhance value for money and improve the effectiveness of the payroll
  systems and process issues.

The focus of the analysis has been on both the analysis of key existing secondary source documents relating to historical and current issues, proposed solutions and actions associated with the QH payroll systems as well as consultation with a range of key stakeholders across QH, Queensland Shared Services (QSS) and other parties external to Government.

In undertaking the current review, KPMG has sourced a range of documents pertinent to the: implementation of the current payroll system; the current nine key issues identified by QH and QH's proposed solutions and decisions required to address those key issues going forward. Appendix 1 provides a list of the documents reviewed as part of the current review.

<sup>&</sup>lt;sup>7</sup> Source: http://www.thepremier.qld.gov.au/assets/100-day-action-plan.pdf



Important disclaimers and limitations relevant to an understanding of this report are set out in Section 6 of this report.

### 3.2 Brief summary of the history of the QH Payroll implementation

An understanding of the history behind the implementation of the QH Payroll system is pertinent to the current review in that it provides further context and insight into the sequence of decisions and events that have led to the current situation in relation to QH Payroll.

Whilst the QH Payroll history has been documented across a range of QH and other reports, the following captures the key facts: 8,9,10,11

- Prior to the implementation of the current system, QH operated a Lattice payroll system and ESP as a rostering system. These systems had been in place since a progressive system roll out that commenced in 1996 and ran over a 6 year period to 2002;
- When Lattice and ESP were rolled out, payroll departments were part of their respective Districts – processing of pays was undertaken locally and there were close working relationships between line managers and local payroll staff;
- Whilst processing of pays occurred locally, the actual running of the pay was undertaken centrally essentially a 'hub and spoke' model was in operation;
- In July 2003, a shared services model was formally introduced across Queensland Government;
- In late 2007, QH determined that there was a **need to look at alternative systems** to replace the Lattice system. There were concerns that Lattice would not be supported beyond June 2008 unless QH committed to an upgrade to a newer version of Lattice. There were also some concerns about the ability of the new version of Lattice to support enterprise bargaining changes required by QH;
- In addition, as of 2005, the Whole-of-Government system for payroll had been identified as SAP ECC5 and Workbrain. As a result, it was decided that QH would replace the Lattice / ESP system with SAP ECC5 / Workbrain as part of the Whole-of-Government Shared Services Initiative;
- In 2007, QH was identified as a 'priority' agency for implementation of SAP / Workbrain
  given what had been identified as key risk exposure relating to the legacy Lattice / ESP
  system. CorpTech (QSS) had established additional internal capability and systems to
  support Lattice beyond the timeframe for vendor support (June 2008) however, there was a
  recognition that this represented a short term solution only;
- To cater for QH's specific business needs including the complex award structure, retrospectivity and concurrent employment, a significant number of customisations were made to both Workbrain and SAP;

<sup>8</sup> Source: Queensland Audit Office Report to Parliament No. 7 for 2010, Information systems governance and control, including the Queensland Health Implementation of Continuity Project

<sup>&</sup>lt;sup>9</sup> Source: QH Quarterly Audit Committee Report, February 2012

<sup>&</sup>lt;sup>10</sup> Source: QH internal reporting documentation on payroll, sourced April 2012

<sup>11</sup> Source: Interviews with QH stakeholders, April & May 2012



- There were a series of significant delays and cost overruns associated with the delivery of SAP and Workbrain with the system going live on 8 March 2010;
- Associated with the implementation of the new system was further standardisation and centralisation of payroll processing including the introduction of central processing teams and a centralised pay run. As such, the key linkage between the Districts and their local payroll providers was severed payroll staff were required to process unfamiliar rosters for staff members across the state.
- In addition, fundamental differences in how Districts and line managers were providing pay information and rosters were identified with each District continuing to provide the information in the format they had developed locally (this was a continuation of what had occurred with the Lattice system however, now the payroll officers responsible for interpreting the pay information from the Districts did not have the local knowledge or relationships that had previously assisted with the interpretation process);
- During the payroll cut-over period to the new system, there were significant issues with the
  availability of the system to payroll staff which reduced the processing time available. This
  created an initial backlog of payroll forms and unprocessed adjustments for the period
  just prior to the 'go-live' date that grew over subsequent pay periods;
- It took approximately **eight months to process the backlog** of pay adjustments and forms to return to previous (BAU) levels;
- Given the significant issues identified following the initial 'go-live', it was decided to
  establish a Payroll Stabilisation Project specifically focused on stabilising the new payroll
  system. The four key focus areas for this project were: standardisation and improvement of
  District and Division business processes; payroll processing; payroll system performance;
  and support and communications for QH staff, line managers and other key stakeholders.
- During the remainder of 2010, a review of the suitability of the SAP / Workbrain systems was undertaken by Ernst and Young<sup>12</sup> which concluded that: SAP could provide an appropriate payroll system for QH; there was no clear 'leader' in rostering products adopted in either the Australian or international context and no 'dominant' payroll and rostering system specifically designed to work together for the health care sector; and the replacement of Workbrain with an alternative rostering system was viewed as having the potential to place significant additional burden of staff at significant additional cost. The overarching recommendation from Ernst and Young was for QH to continue with a two-phased approach of: 1) stabilisation and 2) optimisation of the existing system.
- Since 2010, QH together with QSS has undertaken a range of programs, projects and other
  initiatives that have been focused on stabilisation and optimisation. These have been
  grouped under the:
  - 'Payroll Improvement Program' (July 2010 April 2011);
  - 'Payroll Operating Model Implementation' (July 2010 April 2011);
  - 'Payroll Foundation Program' (November 2010 February 2012);
  - 'Employee Overpayments Program (EOP) (March 2011 ongoing);

<sup>&</sup>lt;sup>12</sup> Source: Ernst and Young, Review of payroll and rostering solutions, September 2010 QH Payroll Review Report 31 May 2012 VF



- The 'Director-General's Taskforce and Engagement Project' (August 2011 January 2012); and
- 'Payroll Release Program' (October 2010 ongoing);
- In September 2011, a Payroll Portfolio which brought together all the key payroll
  activities including the DG's Taskforce, the Payroll Release Program; the Payroll
  Foundation Program and the Employee Overpayments Program was established under
  an Executive Director.

See *Appendix 3* for further information on the detailed timeline for the QH payroll system since 'go-live' in March 2010.

### 3.3 Broader context for QH Payroll

In reviewing the current systems and process issues and proposed solutions for the QH Payroll system, it is important to also consider the complexity of the current operating environment of QH.

Specifically, it has been noted that: 13,14,15

- QH employs approximately 85,000 staff across a range of professional occupations, many of whom work a 24-hour, seven day-a-week roster;
- The industrial environment for QH is particularly complex given that employees are employed under two different Acts, are covered by 12 different industrial awards and are impacted by six different industrial agreements. In addition, there are over 200 separate allowances across the awards and agreements. It is estimated that this complexity results in over 24,000 different pay combinations;
- 1,010 payroll staff are currently required to deliver approximately \$250m (gross) in salaries to QH's 85,000 employees each fortnight;
- In previous reviews conducted by Ernst & Young<sup>16</sup>, it was recognised that the QH rostering and payroll system is unique when comparing major payroll systems both in Australia and internationally. For this reason it is difficult to compare or benchmark the operating costs associated with QH payroll and provide any commentary regarding the appropriateness or efficiency of the QH payroll and associated costs. In saying this, it is noted from a scan of interstate health agencies and their current payroll solutions that QH has the second largest workforce and the most complex awards structure in Australia and is unique in that it has adopted a centralised payroll solution (whereas a number of other health agencies have deployed multiple solutions across their networks of health regions or districts). <sup>17</sup>
- The current payroll for QH is made up of **two interfacing software systems**: Workbrain and SAP. Workbrain is an award interpretation engine and SAP is the payroll system. Both systems are required to work together in a synchronised way to deliver the pay outcomes for

<sup>&</sup>lt;sup>13</sup> Source: Auditor-General Report to Parliament No. 7 for 2010

<sup>&</sup>lt;sup>14</sup> Source: QH internal reporting documentation on payroll, sourced April 2012

<sup>&</sup>lt;sup>15</sup> Source: Interviews with QH stakeholders, April & May 2012

<sup>&</sup>lt;sup>16</sup> Source: Ernst and Young, Review of payroll and rostering solutions, September 2010

<sup>&</sup>lt;sup>17</sup> Source: Anecdotal feedback from discussions with industry representatives, May 2012





QH each fortnight and any improvements or changes to one system need to be reflected in both systems to maintain synchronicity;

- A significant number of customisations have been made to both Workbrain (1,029 customisations) and SAP (1,507 customisations) to tailor them to QH's requirements and context. These customisations have been necessary to capture the complexity of awards conditions for QH employees but have introduced significant complexity into the administration of the payroll system itself that has impacted on payroll performance;
- Approximately 3,200 employees across QH have concurrent employment arrangements
  whereby employees have multiple positions within QH at the same time and different
  employment conditions / entitlements for each position. The management of concurrent
  staff introduces significant business and technical complexity to the payroll system and this
  impacts on payroll performance and processing work volumes; and
- The **current processes** associated with delivering the payroll service involve a significant number of manual 'work-arounds', double handling of pay forms, retrospective payments, ad hoc payments and other associated adjustments.

These key facts highlight a number of significant challenges for QH that relate to both the design of the QH payroll system as well as the ongoing management of the performance of the payroll function. It is recognised that these challenges have contributed to some of the significant issues QH has experienced since the implementation of the payroll system in March 2010.



### 4 Analysis and findings

In conducting the current review, the analysis and subsequent key findings can be grouped as follows:

- 1. General themes or observations:
- Specific findings for each of the nine identified and documented key issues (refer Section 4.2) of the current QH payroll situation and the solutions proposed by QH to address those key issues;
- 3. Analysis of QH's indicative future costing for its payroll operations and improvement projects; and
- 4. Analysis of portfolio governance.

### 4.1 General themes or observations

- Recognition of the importance of the current focus areas the nine key issues:
  - It is important to recognise that QH's highest priority continues to be the delivery of the QH payroll each fortnight and QH has maintained this priority whilst working to resolve systems and processes issues and bring about improvements in payroll outcomes.
  - Significant work has been undertaken by QH to identify the critical issues that are contributing to the performance of the QH payroll system. This has resulted in QH identifying nine key issues, a number of other issues and a plan to address the issues through six projects with corresponding identified requirements for funding to resolve them.<sup>18</sup>
  - The nine key issues documented in a range of QH source documents<sup>19,20,21,22,23</sup> relating to the payroll project address the key current issues and priorities for QH regarding its payroll system. Notably, these issues represent a mix of strategic and tactical focus areas and a complex inter-relationship exists between the nine key areas.
  - KPMG identified an additional key issue outlined by stakeholders and documented in previous reviews<sup>24,25,26</sup> regarding employee leave and entitlements. Whilst it is appropriate for QH to consider elevating leave and entitlements for inclusion as a specific key issue, it is noted that specific actions to address entitlements have been included in the proposed Overpayments and Entitlements project.
  - Beyond the key issues, a number of other issues have been identified that will need to be addressed through the improvement program going forward (see 'Other QH Payroll issues raised' in Section 4.2 below for further details).

<sup>&</sup>lt;sup>18</sup> Source: QH internal reporting documentation on payroll, sourced April 2012

<sup>19</sup> Source: Ernst & Young, Review of Payroll and Rostering Solutions, September 2010

Source: Ernst & Young, Interim Pain Point Assessment, October 2011
 Source: KPMG, Queensland Health Payroll Update, August 2011

<sup>&</sup>lt;sup>22</sup> Source: KPMG, Interim Queensland Health Payroll Action Plan Update, October 2011

<sup>&</sup>lt;sup>23</sup> Source: QH Audit Committee: Quarterly Payroll Report, October 2011

Source: Ernst & Young, Interim Pain Point Assessment, October 2011
 Source: Ernst & Young, Review of Payroll and Rostering Solutions, September 2010

<sup>&</sup>lt;sup>26</sup> Source: KPMG, Interim Queensland Health Payroll Action Plan Update, October 2011



### Recognition of the ongoing 'fragility' of the OH payroll system:

- It is important to recognise that, even though significant progress has been made in stabilising the QH payroll system, the system remains 'fragile' in the sense that any system changes that are introduced have the potential to impact on pay outcomes.
- The degree of customisation of the current payroll and award interpretation systems has created complexity that makes the potential impacts of new Releases and system changes difficult to predict.
- Whilst testing does occur prior to the roll out of new Releases, there is typically a 'shake down' period after each Release where unforeseen impacts need to be identified and rectified.

### A historical and current focus on resolving critical issues and improving system performance:

- It has been observed that the payroll program has been oriented towards identifying and addressing specific symptoms and issues related to operational performance of the payroll function – that is, there has been a 'bottom up' focus and priority on resolving critical issues that are impacting on payroll accuracy and performance.
- It is now appropriate for the program to articulate the 'bigger picture' view, including identifying and communicating what the end system will look like (from an operating and service model perspective) including what payroll and rostering functions will be performed, by whom and where, across QH.
- In addition, the payroll function needs to continue to consider the impacts of the National Health Reforms and the implementation of Hospital Boards across QH.

### Strategic significance of resolving key remaining questions regarding the go forward plan for the technical payroll system:

- KPMG agrees with QH's assessment that there is still more analysis needed to be undertaken to articulate the way forward in terms of what is required from a system upgrade or reimplementation perspective.<sup>27</sup> As noted earlier, the emphasis to date has been continued delivery of payroll on a fortnightly basis.
- A specific project planned for FY12/13 which will be focused on the analysis of the business requirements and options for SAP (which have been developed) and awards interpretation engine upgrade or reimplementation.
- This analysis is a critical next step required to get a clear picture of the way forward for the technical solution.
- As noted previously, it may be prudent for QH to make a targeted approach to the external market to understand the range of system solutions that may be available. Such a 'request for information' process could be included in the \$25m currently set aside for the 'systems analysis' project.

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<sup>&</sup>lt;sup>27</sup> Source: Payroll Portfolio Strategies: Project / Initiative Definitions, April 2012 OH Payroll Review Report 31 May 2012 VF



### Governance of the Payroll Program:

- The importance of having the right governance structures, leadership, ownership, engagement and positive working relationships across Agencies and key stakeholders was recognised.
- The governance framework has been adapted as the payroll portfolio has evolved over time.
- Whilst it has been recognised by the Queensland Auditor-General<sup>28</sup> and others that the governance frameworks that were in place for QH payroll both prior to 'go-live' and immediately following 'go-live' were not adequate, the current governance framework has some key strengths in terms of committee membership, leadership engagement and clearly defined roles and responsibilities.

### • Future structural alignment and respective roles and responsibilities for QH and Queensland Shared Services (QSS):

- The key steps required for technical separation of the QH HR system from the Whole-of-Government system have been commenced and the timeframe for the full technical separation is currently estimated to be the end of 2012.<sup>29</sup>
- The future arrangements for the structural alignment and reporting relationships for QSS
  as the technical service provider requires further consideration, consultation and planning.
- A need exists to ensure that any potential structural re-alignment or transition of QSS personnel across to QH is carefully planned and managed to ensure that there will be no negative impact on 'business as usual' (BAU) payroll system performance.

### Costs associated with the QH Payroll project:

- The historical and anticipated future costs for the QH Payroll project have been outlined by QH in key documents reviewed by KPMG and a summary of these costs is provided in this report.
- Some future costs potential savings are dependent on Government endorsement to proceed with specific payroll improvement initiatives that are aligned with addressing the nine key issues. In addition, QH is committed to an underlying cost associated with continuing to deliver payroll services across QH these costs are, in effect, the 'minimum' costs QH will be required to fund over the coming period to ensure that the payroll system delivers essential payroll services to QH staff (i.e. BAU payroll services).
- The total cost identified by QH for the payroll project reflects the cost for ongoing BAU service delivery together with the costs associated with specific improvement initiatives focused on addressing the nine key issues.<sup>30</sup> QH has identified that support for the current Workbrain and SAP systems will expire in November 2014 and June 2015 respectively. As such, there will be a requirement for further investment in either a system upgrade or system reimplementation before 2014.

<sup>&</sup>lt;sup>28</sup> Source: Queensland Audit Office Report to Parliament No. 7 for 2010, Information systems governance and control, including the Queensland Health Implementation of Continuity Project.

<sup>&</sup>lt;sup>29</sup> Source: Interviews with QH stakeholders, April & May 2012

<sup>&</sup>lt;sup>30</sup> Source: Additional financial data as provided by Payroll Portfolio Team, May 2012



- The costs associated with the system upgrade or implementation have not been quantified to date and represent additional costs beyond the current 'minimum' identified and outlined in the report which relate to a preliminary 'systems analysis' only.
- In addition, any funding associated with a targeted approach to the external market to understand the range of system solutions that may be available to QH beyond the current system and operating model has not been identified. Any fundamental change in the system for the QH Payroll such as moving to an alternative system, would have significant cost escalation, risk escalation and business process implications that would require thorough assessment prior to proceeding with an alternative system. That is, there are potentially significant negative drawbacks or consequences associated with adopting a new system. For example: the timeframe for implementing a new system would be a minimum of 2-3 years; there would be costs and resourcing impacts of running up to three payroll systems simultaneously (Lattice, SAP and a potential new system); and the current complexity of the QH award conditions would mean a degree of customisation of any chosen system which would impact on system performance, cost and resourcing requirements (as is the current situation with SAP).

### • The significance of the current Industrial Relations environment:

- The Unions that serve QH staff will remain a key stakeholder in the payroll project and effective engagement with this stakeholder group will remain key to the successful implementation of specific payroll improvement initiatives, such as moving the pay date and implementing electronic rostering, etc.
- It is acknowledged that the complexity of the current awards framework across QH has and continues to have a significant impact on the performance of the current payroll system.

### • The need to commit to a plan and move forward:

- It will be important for the Queensland Government and QH to reach agreement on the way forward and commit to specific actions to resolve current issues and move towards a stable operating environment as soon as is practical.
- This will start the process of rebuilding the trust and confidence of QH staff but will take some time and will require continued delivery of outcomes that improve the payroll experience for QH staff.



### 4.2 Specific findings against the nine key issues

The following table provides a brief summary of the key findings for each of the identified key issues:

Key Issue	Summary of Findings
Historical payroll forms submission	<ul> <li>Implementation of a new policy that curtails historical payroll form submission will have the potential to significantly improve payroll performance and efficiency but will require a comprehensive organisational change management and communications approach.</li> <li>Historical form submission (going back up to six years in some cases) requires the payroll system to retrospectively adjust pay and entitlements. KPMG notes that the current timeframes and volumes associated with retrospective payments are likely to be significant and, anecdotally, this feature of QH payroll is unusual when comparing QH with other major payroll systems.</li> </ul>
2. The relationship between Districts and payroll hubs	<ul> <li>There is recognition of the potential benefit of devolving some payroll functions to the Hospital Boards however, it will be critical to clearly define respective roles and responsibilities between the Hospital Boards and QH Divisions (i.e. 'corporate').</li> <li>In terms of the timing of the transition of payroll functions to the Hospital Boards, it will be important to achieve a balance between the benefits to be gained by bringing the payroll function closer to the customer at the local District / Hospital Board level and maintaining a more 'centralised' approach in the near term whilst work on stabilising and improving the payroll function is underway.</li> </ul>
3. Time between roster close and pay date	<ul> <li>Moving the pay date would improve the accuracy of employee pay and should result in improved pay outcomes. However, there will need to be sufficient focus on the changes required to business processes and culture to ensure that the gains achieved are realised and sustained.</li> </ul>
4. Payroll processing accountability	There are clear benefits in establishing a separate technical platform for QH given the scale and complexity of the QH payroll system and the divergent upgrade path from the current Whole of Government system. Further consideration is required regarding any subsequent transition of QSS personnel (and / or the current QSS functions) across to QH.
5. Overpayments and Entitlements	QH has an obligation under the Financial Accountability Act 2009 to recoup overpayments. It will be important to provide adequate



Key Issue	Summary of Findings
	resources to assist staff in a timely, proactive manner regarding their overpayment liability and options for paying the funds back to QH. In addition, it will be critical to keep all key stakeholders informed throughout the process.
	• Known system issues which are impacting on pay accuracy include: system-generated automatic top-ups; manual top-ups resulting in a double payments in a limited number of cases; and payment of overtime to employees whilst they are on leave. It is noted that a series of manual work-arounds are currently in place to try and mitigate the impacts of these system issues.
	There are plans to address these system issues through the Release schedule for system fixes and enhancements.
6. Electronic rostering for line managers	• There are clear efficiency and workflow benefits to an effective electronic rostering system. Earlier reviews by Ernst and Young <sup>31</sup> identified that an electronic rostering system would decrease the time taken to resolve pay-related enquiries, decrease the average number of roster amendments and reduce the incidence of award breaches.
	• In addition, rosters are currently the primary input into the payroll system and, as such, the accuracy and timeliness of rosters has a critical impact on payroll performance.
	Further work is required to analyse the options for an electronic rostering system and again, the implementation of such a system will require adequate focus on education, communications and support to line managers during implementation.
7. Payroll system fixes <sup>32</sup>	As of 2 May 2012, there are 570 logged system issues, 76 of which are identified as having the potential to impact on staff pay.
	Other specific system fixes that have been scheduled for implementation include: enterprise bargaining back pay and superannuation contributions.
	A key challenge in performing system fixes is that there are limited windows available to perform system enhancements (which are referred to as 'Releases') and, as such, forward planning, prioritisation and commitment to follow through are critical to ensuring these windows can be effectively utilised.
8. Upgrade of SAP and the	There are differing options regarding what QH's future system

<sup>31</sup> Source: Ernst and Young, eRoster Benefits Study, January 2012.
32 Source: QSS, Known Issues Report, 2 May 2012

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Key Issue	Summary of Findings
reimplementation of an awards interpretation engine	<ul> <li>requirements and system architecture should look like.</li> <li>Further work is required to understand the required degree of customisation and functionality in both SAP and Workbrain and to determine the most cost effective system for QH going forward.</li> <li>Key considerations for the future system will be the future payroll operating and service delivery model as well as the importance of accurate data migration.</li> </ul>
9. Payroll project funding	<ul> <li>There has been considerable analysis performed by QH to quantify the funding requirements of the current and future projects associated with QH payroll.</li> <li>For further details, please refer to the commentary under Section 4.3: Analysis of indicative costs.</li> </ul>

### Other OH Payroll issues raised:

Notably, in addition to the nine key issues, a number of other issues were also identified in the QH documents reviewed and raised by key stakeholders. These issues include: 33,34,35,36,37,38,39

Leave and entitlements: As outlined above, the issue of employee leave and balances requires further investigation and analysis and should be considered for elevation as a 10th key issue. We note that within the scope of the proposed overpayments recovery project there is some provision for addressing entitlements and leave. We also note that PwC has conducted a number of reviews into leave balances<sup>40</sup> associated with the QH Payroll project and they have identified some issues with outstanding leave transactions associated with the move from the previous Lattice payroll system across to SAP. Specifically, it is understood that when the payroll system was switched over to SAP, there were approximately 20,000 forms that were not yet processed and therefore the associated transactions were not migrated across to SAP. 41 Approximately 5,700 employees require adjustments to their leave balances relating to leave transactions that occurred prior to 8 March 2010. Paperwork for these adjustments was received after 'go-live' and the employee has been paid but leave balances have not been adjusted. Whilst these outstanding leave balances require attention and rectification, it is understood that it will take some time for QH to undertake the necessary work to resolve the current leave balances issues. In addition, there are known system issues relating to the interface of leave balances between Workbrain and SAP. There are at least 16,000 employees with leave balances that differ between Workbrain and  $SAP^{38}$ .

<sup>33</sup> Source: QH Audit Committee: Quarterly Payroll Report, October 2011

<sup>34</sup> Source: Ernst & Young, Review of Payroll and Rostering Solutions, September 2010

<sup>&</sup>lt;sup>35</sup> Source: Ernst & Young, Interim Pain Point Assessment, October 2011

<sup>&</sup>lt;sup>36</sup> Source: KPMG, Queensland Health Payroll Update, August 2011 KPMG

<sup>&</sup>lt;sup>37</sup> Source: 2011 KPMG, Interim Queensland Health Payroll Action Plan Update, October 2011

<sup>38</sup> Source: QH internal reporting documentation on payroll, sourced April 2012

<sup>&</sup>lt;sup>39</sup> Source: Interviews with OH stakeholders, April & May 2012

<sup>&</sup>lt;sup>46</sup> Source: PwC Leave Balances Review Phase 1, March 2011

<sup>&</sup>lt;sup>41</sup> Source: PwC Leave Balances Review Phase 1, March 2011



- Concurrent employment: Approximately 3,200 employees across QH have concurrent employment arrangements. A concurrent employment arrangement involves an employee having multiple positions within QH at the same time and different employment conditions / entitlements for each position. It is understood that the management of concurrent staff introduces significant business and technical complexity to the payroll system. The future system for managing concurrent employment requires further investigation and analysis.
- Ongoing confusion regarding interpretation of payslips: It is understood that despite the
  release of explanatory materials, staff are still experiencing significant problems reading,
  interpreting and understanding their payslips.
- Interface issues: The interfaces between SAP and Workbrain are complex and there have been ongoing issues with keeping the two systems synchronised. This requires significant effort to maintain and should be included in the detailed investigation of any future system.
- Salary sacrificing: The system does not currently allow for salary sacrificing of
  retrospective payments. As such, there is a requirement for QH employees to manually
  manage their Fringe Benefits Tax and superannuation contribution caps. The solution for
  this issue requires further consideration as it is understood that the proposed system fix is
  complex.
- Annual Leave Central Scheme: The system is currently incorrectly calculating QH's
  Annual Leave Central Scheme liability and further work is required to fix this issue.
- Attributing costs accurately to cost centres: Workbrain is not able to apportion employee
  costs to multiple cost centres. A timeframe and plan for resolving this issue has not been
  confirmed as yet.

It is understood that the current program of work being proposed by QH encompasses six key projects which have been identified to address the nine key issues outlined above. The analysis of indicative costs set out in *Section 4.3* of this report has focused on the key components of the ongoing funding of payroll operations, the funding of the six priority improvement projects as well as the funding required to investigate any potential upgrades or reimplementations of the current payroll system.

 $<sup>^{42}</sup>$  Source: QH internal reporting documentation on payroll, sourced April 2012 QH Payroll Review Report 31 May 2012 VF

### Analysis of indicative costs<sup>43</sup>

4.3

### What is the Cost of Queensland Health payroll?

with the system and corresponding operating model, as estimated by QH, are summarised below. Queensland Health has estimated the costs The new Queensland Health payroll system was implemented in March 2010 and the actual and forecast costs through to FY17 associated associated with running payroll operations and fixing the key issues associated with the payroll system, both in the short and longer term. The Payroll Portfolio team provided these costs.

Symmany of Payroll Costs Sm		Historic				Forecast			Ì
Area of Opend	FY10	FY41	FY12	FW3	FY14	FY15	FY16	FY17	Total
				i					
Operations	307	7.07	5	5	2	26.3	62.5	57.5	611.9
Payroll and Establishment	40.0		9 0		0 75	53.5	8	403	956
Queensland Shared Sewices	<u>.</u>	7	9 6	4		7		<u>«</u>	8
Payrol Release Program	0.0	:	Ö	ď	ť	2	3	2	<u>;</u>
Payroll Portfolio Governance	0.0	0.0	0.0	2.5	2.5	o:	0.0	0.0	6.0
Total Operations	59.2	127.0	157.5	166.3	156.7	132.4	110.4	99.6	1,008.0
Paymall Projects - Omanisational Chance			•						
Doubli His Dosta Aria	0.0	0.0	0.0	5.0	0.0	0.0	0.0	0.0	5.0
Paylor Date Change	0.0	0.0	1.2	8.9	8.3	7,5	6.8	0.0	38.7
Tray Data Citatigate (Nemarkate (% Entitlements)	1.2	1.9	5.6	11.4	2.2	0.0	0.0	0.0	22.3
Cheparica (a Linucitions)	0.0	0'0	0.0	7.5	9.3	10.6	7.2	4.3	38.9
Describility Commence & Digisets	0.0	0.0	35.4	15.6	11.2	9.1	8.5	2.2	82.0
Payroll Follow Coxeniance of Explants	0'0	0.0	2.2	3.0	2,0	0,	0.0	0'0	8.2
Total American Chance Projects	1,2	1.9	44.4	51.4	33.0	28.2	22.5	12.5	196.1
Payroll Projects - Technology Change									
Business requirements consolidation & analysis of SAP upgrade / re-implementation planning	0.0	0.0	0.0	10.0	10.0	o,o	0.0	0.0	20.0
Award Interpretation engine planning	0.0	0.0	0.0	2.5	2.5	0.0	0.0	0.0	5.0
Total Technology Change Projects	0.0	0.0	0.0	12.5	12.6	0.0	0.0	8	22.0
Other						(	ć	ć	7
Previous Payroll Projects	4.3	21.1	0.0	0,0	0.0	0.0	000	0.0	407
Total Other	4.3	7.7	0.0	0.0	0.0	0.0	0,0	0.0	4.
Total	64.7	150.0	201.9	230.2	201.2	160,6	132.9	1120	1,263.6

<sup>&</sup>lt;sup>43</sup> Additional financial data as provided by Payroll Portfolio Team -- May 2012 & Payroll Portfolio Strategics: Project / Initiative Definitions -- 24 April 2012 QH Payroll Review Report 31 May 2012 VF

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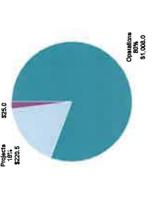
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Payroll Costs from FY10 to FY17 (\$m)

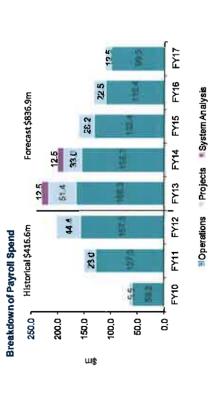
### What does the cost comprise of?

The costs total \$1,253.5m of which \$416.6m will be incurred by the end of FY12 and \$836.9m will be expended between FY13 and FY17. It should be noted that the FY10 amount includes nine months of costs under the previous payroll system. Of the total costs:

- \$1,008.0m relates to operations;
- \$220.5m of the costs relate to projects; and
- \$25.0m to the systems analysis.



The graph below depicts the split of the historic and forecast spending across the areas of operations, projects and systems analysis. The forecast costs total \$836.9m, of which 79% relates to operations. The costs associated with the payroll system are expected to decrease over time after a peak in FY13. The decrease in costs results from a reduction in project activity and the assumed realisation of benefits resulting from the implementation of projects.



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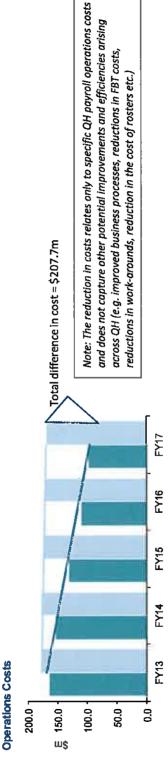


# What are the costs that will be incurred if the projects are not implemented?

reduction in rostering costs, improvements in business process efficiency, reduction in work-arounds etc. It should also be recognised that levels resulting in operational costs \$207.7m higher than currently forecast from FY13 to FY17. The \$207.7m represents the benefits to expected within QH payroll operations for the period from FY13 to FY17. There will be other benefits arising from the improvement If the project activities were not implemented and the resulting benefits not realised the cost of operations would continue at their current payroll operations that are expected to be achieved through the implementation of the projects. These benefits only relate to the benefits projects that have not yet been quantified which may include savings related to a reduction in award breaches, reduced FBT costs, the savings are expected to continue beyond FY17.

The projects are expected to cost \$245.5m over the period to FY17.

The graph below depicts the difference in the operations costs under the two scenarios.



Operations with project implementation

Operations without project implementation

### What is Queensland Health obligated to spend?

In the following table, forecast costs have been broken down according to whether they are funded / unfunded and obligated / uncommitted. These classifications are described below.

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- Funded -- these are the forecast costs for which there is approved funding;
- Unfunded these are the forecast costs that do not currently have approved funding. These costs fall within the forward budget periods:
- Obligated these are the forecast costs that QH will need to incur in order to deliver a payroll outcome each fortnight and to maintain the system; and
- Uncommitted costs these costs are currently not committed, however benefits are expected to be achieved if these costs are incurred.

The following table outlines a breakdown of costs between FY13 and FY17 which are expected to total \$836.9m. Of these:

- 64% do not have approved funding; and
- 79% of the forecast costs are considered 'obligated'.

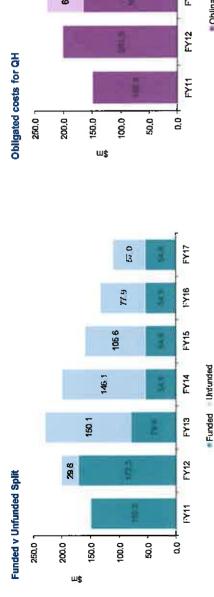
Breakdown of Foreca	st Costs Sm					ŀ	ľ	١	
Description	Forecast	Funded	%	Unfunded	W. Unc	% Uncommitted	%	Obiigated	5
Operations	664.3	289.5	<b>44</b> %	3748 56	%	0	%0	664.3	
Projects	147.6	10.0	%	137 6 93	%	147.E	100%	0	%
Systems Analysis	25.0	a	%0	25 0 100%	%	52	25 100%	0	%0
Total	836.9	299.5	36%	537.4 64	%	172.6	21%	664.3	79%

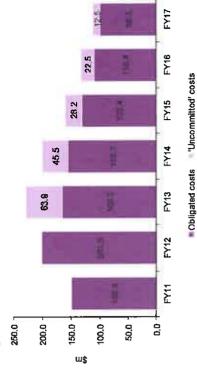
There is an element of the forecast costs that does not have approved funding. The forecast costs total \$836.9m, of which \$537.4m or 64% is unfunded.

This operational spend is considered to be obligated spending for Queensland Health in order to pay the Payroll and Establishment staff required for the delivery of pays. This cost decreases over time based on the assumption that efficiencies will occur within operations as the projects are implemented. If the projects do not proceed it is likely that this operations cost will not decrease as anticipated in the current Some of this unfunded element of the forecast costs relates to operations and totals \$374.8m or 56% of the forecast operations costs.

The historical component of the total costs is considered 'obligated' as it is spending that has already been incurred. This includes the costs from FY10 the end of FY12. These costs total \$416.6m over this period. The following graphs illustrate the funded and obligated costs over time.

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### Key points to note include:

- There is \$29.6m of unfunded costs identified in FY12;
- There is an overall shortfall in the funding of forecast costs out to FY17 of \$537.4m. 55% of this occurs in FY13 and FY14. Operations is expected to have to continue their staffing at the current level in these years as the efficiency improvements expected from the projects are not all expected to be realised until FY15 and beyond;
- The operations costs are forecast to begin reducing from FY14 as the improvements relating to the projects are expected to start to be realised;
- benchmark the operating costs associated with QH payroll and provide any commentary regarding the appropriateness or efficiency of It should be noted that in previous reviews conducted by Ernst & Young<sup>44</sup>, it was recognised that the QH rostering and payroll system is unique when comparing major payroll systems both in Australia and internationally. For this reason it is difficult to compare or the QH payroll and associated costs;
- There has been no forecast beyond FY17 as this will depend on the decisions made in relation to the system and therefore the operating costs associated with the system at that time; and

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<sup>&</sup>lt;sup>44</sup> Source: Ernst and Young, Review of payroll and rostering solutions, September 2010.
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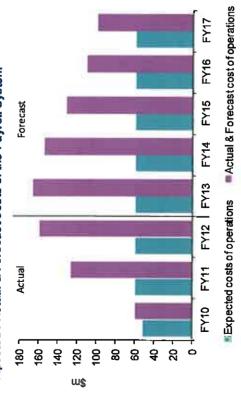


These costs do not include the cost to upgrade and / or re-implement the current SAP and Workbrain systems. An estimate of this cost requires further investigation and will be a focus of the 'Technology Change Project' (systems analysis project) which is planned for FY13 and FY14.

# What was the expected cost of the new QH Payroll System?

costs expected to be incurred. Over the period the difference has totalled approximately \$530m. The forecast costs assume the projects are Prior to the new payroll system being implemented, it was not expected that the costs of the new payroll system would be as significant as expected to be required to fund operations. The following illustrates the difference between the expected costs and the actual and forecast they have been. Whilst a business case outlining the expected costs was not originally prepared, a budget was approved for the costs implemented and the associated benefits realised.

## Expected v Actual & Forecast Costs of the Payroll System



These operations costs have increased significantly for a number of reasons including:

from 600 to 920. Whilst a key objective would be to improve payroll efficiencies and reduce the requirement for payroll staff over time, The additional payroll staff required to process the pay each fortnight due to the highly manual business processes. There is currently in excess of 1,000 payroll staff. The increase occurred during the Payroll Stabilisation Project when the number of payroll staff increased QH Payroll Review Report 31 May 2012 VF

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there is a need to continue with the current staffing profile for QH until significant improvements in system performance and reductions in manual work-arounds, etc. can be achieved;

- The additional system fixes and changed business requirements;
- Increased demand on the system resulting from both the additional payroll staff, projects such as PIP and PFP, the industrial agenda and outstanding defect rectification;
- Increased system capacity requirements due to growing transactional volume and retrospective activity;
- The complexity of the award conditions and associated pay combinations leading to significant customisation of the awards interpretation engine (Workbrain) and the payroll solution (SAP).

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### What are the key assumptions used by OH in developing the cost forecasts?

Some key assumptions made by QH in developing the forecasts include:

- Payroll and Establishment Cost reductions in Payroll and Establishment over time reflect
  a decrease in total funding assuming benefits are realised. However, these savings are
  dependent on a number of improvement projects going ahead and the timeframes in which
  they are delivered.
- Overpayments Overpayments will start to be recovered and the recovery will reduce the FBT liability over time. The overpayments project is expected to be completed within FY14. The FBT associated with the overpayment loans has been included in Operations as this spend will occur regardless of whether the recovery process occurs as a component of this has already been incurred.<sup>45</sup> This amount assumes all overpayments will be recovered within two years.
- Change to pay date The spend assumes the approval for the pay date change was
  provided in April 2012. We understand that Government is currently considering changes
  to the pay date.
- **Electronic Rostering** Support demands for an electronic rostering system will increase as it is rolled out to more business units. Assumes roll out to 950 business units per year.
- Payroll Portfolio Engagement of specialist skills and resources for the various projects can be fast tracked / attracted. The resourcing assumes adoption of the proposed four year strategy and work priorities.

In the time available, KPMG has not been able to assess the reasonableness of the forecasts or the key underlying assumptions, however the following observations can be made:

- KPMG recognises that significant planning has been undertaken by QH to forecast the costs
  associated with the six projects identified to address the significant payroll issues. It is
  acknowledged that over time these costs will continue to change as assumptions change
  including timing.
- Some costs are yet to be quantified and are excluded from the total costs. These excluded costs are outlined below;
  - Upgrade or Reimplementation Costs Costs associated with performing an upgrade or re-implementing of the award interpretation and payroll systems (SAP and Workbrain). The costs forecast to date reflect only the work to analyse the current systems prior to a decision being made as to the system to implement. It is recommended that a contingency amount be included in any future estimate as this is considered better practice for major information technology projects particularly those with the complexity and risk profile such as that associated with QH Payroll;
  - Fringe Benefits Tax The costs identified by Queensland Health include an amount of FBT payable on the overpayment loans. The amount included relates to a loan fringe benefit that arises in relation to the overpayments and assumes 100% of overpayments will be recovered and that they will be recovered within two years. Overpayments do not become loans under FBT law until Queensland

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<sup>&</sup>lt;sup>45</sup> Financial data provided by Payroll Portfolio Team (May 2012)



Health notifies employees of the overpayment. This is the point at which FBT starts accruing.

The amount currently included in the costs does not take into account FBT associated with waiving any overpayment debts that are not recoverable. The FBT payable where the overpayment loans are waived could potentially be more costly for QH than the loan FBT currently included in the forecast costs. This will depend on the value of the overpayments that are recovered and the timeframe within which they are recovered.

As at 4 April 2012, Queensland Health calculated scenarios to determine the potential cost if 100% of the overpayments were not recovered. These calculations were based on the overpayments that have been notified to date and the overpayments incurred in FY12 that are yet to be notified, totalling \$127.0m. The FBT liability on outstanding debts will vary depending on when the write-off occurs and the notional interest rate applied in calculating the loan fringe benefit. If 100% of the overpayment loans are recovered within a two-year time frame, the FBT cost will be approximately \$8.03m. This could increase to a FBT cost of approximately \$110.4m if none of the overpayments are recovered and 100% of the debts are immediately waived. This figure could increase where there is no recovery and the timing of waiving them is delayed.

- Contingency There is currently no contingency amount included within the costs for the projects (which is considered better practice for complex systems and information technology-related change projects). When considering allowances for contingency, there are two key dimensions to be assessed: project complexity and project risk. In the case of QH Payroll, given the complexity of the operating environment, the legacy of historical issues with the implementation of the payroll solution and the complexity and risk-appetite of the stakeholder environment, it would be prudent to consider any improvement projects associated with QH Payroll as being 'high complexity' and 'high risk' and thus warranting a significant contingency allowance;
- Relocation Costs Costs associated with relocating payroll staff to align them with Districts:
- Allowances for growth or change to QH costs are based on the current operating model for QH and do not take account of proposed changes e.g. Hospital Boards; and
- Extended timeframes Extension of implementation timelines that may result from any stakeholder issues identified.

### 4.4 Portfolio Governance

KPMG's analysis of information technology frameworks implemented by QH relevant to the payroll system has focused on three aspects:

- 1 A brief overview and commentary on historical governance for QH Payroll;
- 2 A review of the current situation in terms of current information technology governance frameworks; and

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3 Insights into the likely future governance requirements for OH Payroll.

### Brief overview on historical governance for OH Payroll

The historical challenges and issues associated with governance for QH Payroll have been well documented in previous reports including the Queensland Auditor-General Report to Parliament No. 7 for 2010, Information systems governance and control, including the Queensland Health Implementation of Continuity Project. 46

The key findings from the Auditor General's Report<sup>47</sup> were as follows:

- Project governance prior to 'go-live', including managing relationships with key stakeholders was not effective in ensuring roles and responsibilities were clearly articulated and in ensuring there was clear accountability for efficient and effective implementation of the system;
- The governance structure for the system implementation, as it related to CorpTech, the prime contractor, and Queensland Health, was not clear, causing confusion over the roles and responsibilities of the various parties;
- There was inadequate documentation of business requirements at the commencement of the project;
- The absence of a periodic review of the business needs contributed to subsequent difficulties with system testing and the implementation of a system which did not meet the needs of Queensland Health's operating environment;
- System and process testing prior to 'go-live' had not identified a number of significant implementation risks and therefore the extent of the potential impact on the effective operation of the payroll system had not been fully understood and quantified;
- System useability testing and the validation of the new processes in the business environment was not performed. As a result, Queensland Health had not determined whether systems, processes and infrastructure were in place for the effective operation of the new system;
- A number of critical business readiness activities and practices were not fully developed prior to the implementation of the new system; and
- Several changes to payroll administration practices including the re-allocation of processing duties within payroll were introduced at the same time as the release of the SAP and Workbrain systems.

Out of this review, the Auditor-General identified a number of key 'learnings' and corresponding specific recommendations for information technology governance which included a requirement for<sup>48</sup>:

Formal documentation of roles and responsibilities, accountabilities and key performance indicators for all relevant parties;

<sup>46</sup> Source: QAO website, <a href="http://www.qao.qld.gov.au/report-no-7-for-2010">http://www.qao.qld.gov.au/report-no-7-for-2010</a>

<sup>&</sup>lt;sup>47</sup> Source: QAO Report to Parliament No. 7 for 2010, Information systems governance and control, including the Queensland Health Implementation of Continuity Project.

48 Source: QAO Report to Parliament No. 7 for 2010, Information systems governance and control, including the

Queensland Health Implementation of Continuity Project (Section 2.4: Audit Findings)



- Formal documentation of the program being divided into tranches with 'end of tranche' reviews recommended to assess program effectiveness, risks, issues, benefits, etc;
- In accordance with the Queensland Government project management methodology, higher
  risk projects to be periodically reviewed to ensure that risks are controlled and the project
  is on track. Large projects should be divided into stages with each stage clearly planned,
  controlled and 'end stage reviews' performed; and
- Specifically, for Shared Services systems implementations, the governance structure to
  cover all related parties. An end-to-end governance structure, including a project board
  should be established at the outset of the project.

#### **Current situation**

The QH Payroll Portfolio information technology governance framework is primarily focused on a planned and successful delivery of Releases for SAP and Workbrain. The purpose of the Payroll Portfolio and the associated portfolio activity is to ensure that the operational aspect of "paying" QH staff is accomplished successfully.

During the process of consultation with the Payroll Portfolio Executive Director, the Program Management Office (PMO) and PRP Program Director, KPMG were provided with a range of documents outlining the Payroll Portfolio governance arrangements.<sup>49</sup> These documents were analysed and discussed with Payroll Portfolio stakeholders (for further details on the documents reviewed in relation to governance, refer to *Appendix 1*).

Supporting the QH Payroll Portfolio are seven governance streams linked with the payroll Solution Deployment Life Cycle (SDLC).

These governance frameworks include:

- Payroll Portfolio Steering Committee (PPSC) provides a comprehensive overarching
  governance framework managing the strategic direction and payroll business requirements
  of the QH Payroll Portfolio ensuring business alignment. This framework, which is
  structured on better practice governance, includes elements that: endorse the Release
  management process; set the strategic direction for the key payroll elements; provide
  financial oversight; and ensure benefits realisation.
- The Payroll Portfolio (office) is the delivery arm of the PPSC. The Acting Deputy Director General Human Resource Services, who is the Senior Responsible Officer (SRO), is responsible through the governance framework of the Payroll Portfolio (office) for the execution and the delivery of the payroll portfolio blueprint.
- Release Management Group (RMG) and the Release Working Group (RWG) maintain
  a governance structure that ensures a comprehensive framework relating to application
  (system) Release management. The Acting Deputy Director General Human Resource
  Services is the chair of the RMG. The three working groups support the development of
  system requirements associated with system performance management, deployment of
  workarounds and improvement in payroll performance. There is alignment with the CaRB
  ensuring that the planned Releases are successful from a technical deployed perspective.

<sup>&</sup>lt;sup>49</sup> Source: Payroll Portfolio Governance Documents, Sourced April 2012 QH Payroll Review Report 31 May 2012 VF



- Queensland Shared Service (QSS) Change and Releases Board (CaRB) provides approval for Releases and delivery gates and collaboratively engages with RMG and RWG to deliver the required Payroll systems.
- The Payroll Release Program (PRP) is core to tactical and operational success of the QH payroll. The Program provides analysis, articulates requirements, conducts User Acceptance Testing (UAT), provides system assurance, provides RMG secretariat, business transition and supports system Release management. PRP requirements are represented on the RMG and provide input to RWG. The artefacts developed are aligned to better practice, and are comprehensive in nature. It was identified that the artefacts are utilised at all level of payroll portfolio governance.
- Technical Approvals Group (TAG) supports Information and Communication Technology (ICT) Governance frameworks and works collaboratively with all working groups, PRP and CaRB. TAG provides technical advice and reviews.
- The Program Committees relate to individual delivery programs relating to identified and planned business requirements by the PPSC and the Payroll Portfolio (office). Solution Deployment Life Cycle (SDLC) program and project management approach is aligned to industry better practice and Queensland Government Chief Information Office standard frameworks which are based on Managing Successful Programs (MSP®) and PRINCE2 for the management of the individual projects.
- The Strategic Review Team (SRT) is responsible for QH District representation on the payroll portfolio. The team provides business assurance and a change management focus relating to business processes. The team also provides advice and assurance on state-wide training and functional roll-out. The SRT terms of reference define roles and responsibilities, authorities and membership. The team is active in providing strategic and tactical advice to the Payroll Portfolio through the Executive Director and the Portfolio team

The QH Payroll Portfolio Steering Committee has an established and effective governance framework, defined outcomes, linkages to working groups, reporting structures and defined roles and responsibilities. The governance framework has matured over the portfolio life cycle and especially in the last ten months with the engagement of professional executive staff who have taken ownership of the required business solution and actions to ensure that staff are successfully paid.

In particular, consolidation of payroll programs under a single portfolio has improved operational and strategic governance, inter-group communication and stakeholder engagement.

The Payroll Portfolio governance frameworks deployed are scalable, flexible and adaptable and, as such, will continue to evolve when the payroll operating and business model for the Hospital Board / Pay Hub environments are defined and deployed.

Notably, there is evidence that the governance framework for QH Payroll has addressed the 'Learnings' specifically outlined in Section 2.4 of the Queensland Auditor-General's Report to Parliament No. 7 for 2010, Information systems governance and control, including the Queensland Health Implementation of Continuity Project (an overview of which is provided above). 50

<sup>&</sup>lt;sup>50</sup> Source: Queensland Audit Office website, <a href="http://www.qao.qld.gov.au/report-no-7-for-2010">http://www.qao.qld.gov.au/report-no-7-for-2010</a> QH Payroll Review Report 31 May 2012 VF





In summary, based on professional judgement, experience and technical knowledge, the formal and structured Payroll Portfolio governance frameworks currently in place are considered to be aligned to industry better practice and consistent with KPMG's expectations for the Program.

# Insights into the likely future governance requirements for QH Payroll

As the portfolio continues its pathway to the 2017 environment, there will be a requirement for dedicated participation, renewal of focus and alignment by the PPSC to ensure the successful delivery of business outcomes.

From a portfolio assurance perspective, as the payroll portfolio pathway moves from predominately *defect* management to *system enhancement* and then *discovery of the next system to be deployed*, the governance roles and responsibilities need to be reviewed in the context of the new environments. Consideration should be given to the development and articulation of a suitable operating and business model for the Hospital Board environment. This will drive the design of systems and will impact the governance frameworks, transition plans and cost.

At the program release level, the governance structure should continue to maintain the collaborative relationship between the Release Management Group, Release Working Group and QSS Change and Release Board (CaRB).

For new programs and projects within the Payroll Portfolio, consideration should be given to deploying the robust approach of the Payroll Portfolio relating to governance frameworks, documentation, planning and quality management. With the proposed actions to remediate the identified portfolio issues there will be a requirement for increased emphasis on organisational change, user training, operating structure and system support.

In addition, the Payroll Portfolio governance frameworks need to be reflected in the current QH financial system upgrade (known as SAPFIR Upgrade) program of work as there is a dependency with the finance system on the payroll system. The governance framework adopted and deployed by the Payroll Release Program (PRP) should be embraced for all projects that are part of the Payroll Portfolio.

As identified by the Queensland Auditor-General and in line with the Queensland Government project management methodology, it would be appropriate for a program of the scale, complexity and risk profile of the QH Payroll to implement mechanisms for the program to undergo periodic review. This periodic review would take the form of staged 'gating' at key stages during the program lifecycle to assess ongoing program viability, benefits realisation and assess the effectiveness of program processes in managing risks, issues, benefits, program management activities and lessons learnt.



# 5 Recommendations and next steps

Based on the analysis and consultation performed to date, the following recommendations are proposed for QH:

# Forward strategy for payroll system

- 1. As a priority, identify, document and communicate the future payroll operating and service delivery models to be used by QH. These need to take into account the impact of the move to the Hospital Boards model.
- 2. Develop a list of prioritised payroll projects to implement the above models and design a detailed schedule that takes into account the combined impacts of the projects to ensure that the impact on staff is minimised. In particular, there is a need to:
  - Expedite approval to lift the current moratorium on QH-instigated recovery of overpayments and commence processes to recover overpayments;
  - Expedite approval to implement the change in pay date and commence processes to implement the change in pay date;
  - Take proactive measures to further reduce the degree of retrospectivity built into current QH payroll processes by implementing a change program to significantly reduce the window for lodging historical payroll forms.
- 3. Initiate the proposed study to determine future business requirements and options regarding an upgrade (or reimplementation) of SAP and the awards interpretation engine. As part of this planning activity, it would be appropriate to approach the broader external market to explore other systems available to QH including associated costs, benefits and risks. It may also be appropriate to engage with a wider group of stakeholders across government including the Queensland Government Chief Information Officer regarding the proposed scope and approach of such a market scanning initiative.
- Initiate work on investigating the electronic rostering system options, focussed on scalability, ability to interface with SAP and the longer-term vision for the time and attendance business process for QH.

# Governance and decision-making

- 5. Make key decisions to implement the go-forward strategy that underpin the six key improvement projects focused on changes to current business approaches and systems architecture. The aim of these improvement projects will be to realise improvements in payroll performance including accuracy, timeliness, reductions in manual data entry and retrospectivity.
- 6. Continue with the current governance framework for the payroll portfolio. The governance structure should include:
  - The current committee structure and associated membership;
  - Engagement of key senior leaders; and
  - Clearly defined roles and responsibilities.





It is also important to recognise that as the payroll portfolio evolves, the governance roles and responsibilities will also need to adapt to ensure the appropriate levels of governance are maintained.

- Maximise the available 'windows' for system enhancements or fixes through developing a
   'forward plan' for system enhancements and changes that can then be managed by the
   RMG.
- 8. Adopt an enterprise framework for portfolio / program governance such that there is a clear link between Payroll Portfolio Governance and the QH financial system upgrade (SAPFIR Upgrade) given there are interdependencies between the finance and payroll systems.
- Ensure that the division of responsibility for Release content and technical deployment remains in place and that this is independent of any organisational or reporting relationship changes across QH and QSS.
- 10. Engage the services of an independent third party to undertake independent assurance activities across the major programs of work that constitute the payroll portfolio. In line with the Queensland Audit Office recommendations, assurance for the QH Payroll Portfolio should include the implementation of a periodic review process. This period review would take the form of staged 'gating' at key stages during the program lifecycle to assess ongoing program viability, benefits realisation and assess the effectiveness of program processes in managing risks, issues, benefits, program management activities and lessons learnt.<sup>51</sup>

#### People and change

- 11. Implement a stakeholder engagement program across QH that focuses on:
  - Communicating the way forward in terms of the operating and service delivery model;
     and
  - Building trust in the payroll process through demonstrating consistent, measureable
    improvements in performance, transparency in decision making and demonstrating
    tangible benefits to staff and line managers through changes in payroll business
    processes and ways of working.

There is a clear need to demonstrate to line managers and staff what the benefits of specific improvements to the payroll and rostering processes will be from their perspectives as endusers.

- 12. Ensure that any changes to business approaches or systems architecture which impact on staff are supported by a comprehensive change management and communications approach that considers the potential impact on frontline staff of the sequencing of change activities.
- 13. Defer any significant disruption or organisational changes to key payroll functions (including QSS) until there is greater stability in the payroll system and performance improvements have been demonstrated.
- 14. Commence work on exploring opportunities to simplify the current awards structure across QH. Whilst it is recognised that simplification of the current awards structure would require a Whole of Government approach, it is well recognised by key QH Payroll stakeholders that

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<sup>51</sup> Source: QAO Report to Parliament No. 7 for 2010, Information systems governance and control, including the Queensland Health Implementation of Continuity Project



the current complexity of the industrial environment for QH is having an ongoing significant impact on payroll performance as it has contributed to payroll administrative costs and system customisation. Regardless of any improvements that can be made to the QH payroll system and associated business processes, the complexity of the award conditions will continue to have an impact on overall performance.

# **Funding**

- 15. In communicating the key costs of the QH payroll project, it is important to distinguish between the following key cost drivers:
  - 'BAU' costs to deliver the minimum requirements associated with the production of the QH payroll each pay period;
  - system maintenance and defect rectification;
  - · system enhancements; and
  - 'discretionary' improvement projects.
- 16. The funding envelope for QH payroll currently includes funded and unfunded components with a significant proportion of these components representing 'committed' expenditure based on current system requirements and the need to invest in ongoing improvements to maintain and / or improve system performance. Stakeholders would benefit from greater visibility of the funding shortfall between what has been committed versus what has received funding allocations to assist with determining the priority for future spend and value for money assessments.
- 17. When considering the business cases for specific improvement projects and initiatives in relation to QH payroll, it is imperative that adequate focus is given to quantifying the tangible benefits to be gained from each initiative so this can be considered in the context of the significant costs involved and the costs incurred to date.



# 6 Disclaimers

#### Inherent Limitations

This report has been prepared as outlined in the "Introduction and overview of the current review" section. The services provided in connection with this engagement comprise an advisory engagement, which is not subject to assurance or other standards issued by the Australian Auditing and Assurance Standards Board and, consequently no opinions or conclusions intended to convey assurance have been expressed. Any use of the words "audit" or "review" in our engagement contract or in this report should not be taken to imply otherwise.

We have not compiled, examined or applied other procedures to the forecast information prepared by QH in accordance with Australian, or any other, auditing or assurance standards. Accordingly, we do not express any opinion as to whether the forecast costs set out in this report will be incurred as set out, or whether any assumptions underlying those forecast costs are reasonable. We do not warrant or guarantee any statements as to the future costs. There will usually be differences between forecast or projected and actual results, because events and circumstances frequently do not occur as expected or predicted, and those differences may be material.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by, Queensland Health management and stakeholders consulted as part of the process.

KPMG have indicated within this report the sources of the information provided. We have not sought to independently verify those sources unless otherwise noted within the report.

KPMG is under no obligation in any circumstance to update this report, in either oral or written form, for events occurring after the report has been issued in final form.

The findings in this report have been formed on the above basis.

# Third Party Distribution and Reliance

This report is solely for the purpose set out in the "Introduction and overview of the current review" section and for Queensland Health's information, and is not to be used for any other purpose or distributed to any other party without KPMG's prior written consent.

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# 7 Appendix 1 Source Documents

#### Details of source documents reviewed

- 1. Queensland Health Audit Committee: Quarterly Payroll Audit Report for April 2012
- 2. Queensland Health Quarterly Audit Committee Report February 2012
- 3. Queensland Health Audit Committee: Quarterly Payroll Report -October 2011
- 4. Auditor-General Report to Parliament No. 7 for 2010: Information systems governance and control, including the Queensland Health Implementation of Continuity Project June 2010
- 5. Payroll Portfolio Governance
  - a. Release Management Group Terms of Reference
  - b. Principles of RMG as tabled at the PPSC on 16 February2012
  - c. Strategic Review Terms of Reference current TOR
  - d. Strategic Review Team Terms of Reference draft going forward pending approval of new governance arrangements
  - e. Strategic Review Team Minutes of the meeting of 2 February, 2012
  - f. PPSC Terms of Reference draft TOR
  - g. PPSC Papers 31 January 2012
  - h. PPSC Minutes for 31 January 2012
  - PPSC Papers for 16 Feburary2012
- 6. Payroll Release Program documents
  - a. Governance Framework
  - b. Quality Management Framework
  - c. Terms of Reference for Working Groups
  - d. Prioritisation and Forward Plan
  - e. Release Minutes and Status Reporting
  - f. Release Reports
  - g. Release Working Papers
- 7. Payroll Portfolio Strategies: Project / Initiative Definitions -24 April 2012
- 8. QSS, Known Issues Report 2 May 2012
- 9. Additional financial data as provided by Payroll Portfolio Team May 2012
- 10. QH Internal reporting documentation on payroll, sourced April 2012





- 11. Queensland Nurses Union Re: Proposed way forward for Queensland Health Payroll 9
  December 2011
- 12. Ernst & Young Review of Payroll and Rostering Solutions September 2010
- 13. Ernst & Young Payroll Foundation Program (PFP) Review Final Report June 2011
- 14. Ernst & Young Payroll Improvement Program (PIP) Review Final Report June 2011
- 15. Ernst & Young Interim Pain Point Assessment October 2011
- 16. Ernst & Young eRoster Benefits Study -27 January 2012
- 17. Ernst & Young eRoster Pilot Site Benefits Phase 3 Report: Royal Brisbane & Women's Hospital (RBWH) March 2012
- 18. Ernst & Young Review of the Early Deliverables Trial Draft 29 March 2012
- 19. Pricewaterhouse Coopers Shared Services Review September 2010
- 20. Pricewaterhouse Coopers Leave Balance Review Phase 1- 10 March 2011
- 21. Pricewaterhouse Coopers Leave Balance Review Phase 2 -22 June 2011
- 22. KPMG, Queensland Health Payroll Update August 2011
- 23. KPMG, Interim Queensland Health Payroll Action Plan Update October 2011



8 Appendix 2 Glossary of Terms

Term	Definition
BAU	Business as usual
CaRB	Change and Releases Board
CBRC	Cabinet Budget Review Committee
Corporate	QH Divisions (i.e. Finance, Human Resources, IT functions)
СРІ	Consumer Price Index
FBT	Fringe Benefit Tax
FTE	Full Time Equivalent
ICT	Information and Communication Technology
MSP®	Managing Successful Programs®
PMO	Program Management Office
PPSC	Payroll Portfolio Steering Committee
PRINCE2	Projects In a Controlled Environment
PRP	Payroll Release Program
QН	Queensland Health
QH HR	Queensland Health Human Resource Services
QSS	Queensland Shared Services
Releases	Payroll system enhancements
RMG	Release Management Group
RWG	Release Working Group
SAPFIR	QH Finance System FAMMIS Upgrade
SDLC	Solution Deployment Life Cycle



Term	Definition
SITIA	Department of Science, Information Technology, Innovation and the Arts
SRO	Senior Responsible Officer
SRT	Strategic Review Team
TAG	Technical Approvals Group
The current review	KPMG review of payroll and rostering system at Queensland Health
UAT	User Acceptance Testing



#### **Appendix 3 Queensland Health Payroll Timeline** 9

No.	Term	Definition
1	Payroll Stabilisation Project (PSP)	Established on 19 April 2010 to identify and implement strategies to stabilise the new payroll system. The project encompassed four pieces of work: district and division business processes, payroll processing, payroll system, and support and communications.
2	Payroll Improvement Program (PIP)	Established in July 2010 to build on the work of the PSP and to oversee the implementation of the new payroll operating model. The program was also responsible for establishing an end to end personalised service model in all districts and payroll hubs. PIP was also responsible for overseeing the reduction in the backlog of payroll forms processing, system defect fixes, and system releases.
3	Payroll Release Program (PRP)	Established in late 2010 to continue on the work of the Queensland Health Implementation of Continuity (QHIC) project, which provided the QH support for the payroll system implementation. The QHIC was transitioned to the PRP to provide a thorough change control and gating process to oversee changes to the system in production. In addition to system fixes, PRP is also responsible for a number of BAU activities such as security updates and system maintenance as well as system changes to support new industrial agreements.
	Payroll Foundation Program (PFP)	Established in November 2010 to deliver on the seven operational pain points identified by Ernst & Young in their September 2010 review of system sustainability. PFP included 2 phases of work that focus on improving the business process and functionality of the payroll and rostering system and delivering additional functionality.
5	Payroll Portfolio (PP)	Established in September 2011 to form a single portfolio of payroll related programs and projects. The Payroll Program, PFP, PRP, and Payroll and Establishment have all transitioned to the PP.

Review into QH Payroll Viay 2012 KPMG Apr 2012 Systems Release Announces First 100 Day Action Plan Change of Gov't Premier Newman Mar 2012 EY eRoster 2012 Jan 2012 Study Benefit QLD Audit Office Report No. 11 13 Nov 2011 Oct 2011 KPMG Review Optimisation management Oct 2011 EY Review of complex 4 Cases Systems Release pp (Oct 10 ~ ongoing) Nov 2011 Engagement Project pp (Mar 11 - ongoing) (Aug 11 - Jan 12) PP (Nov 10 - ongoing) 2 He ds of Agreement (Aug 11 -- Nov 11) AG Qualified Report 2011 1. Sep 2011 Sep 2011 Review تة S Payroll Portfolio (PP) Sep 2011 Moratorium on Systems Refease Overpayments Aug 2011 Announced 9 Jul 2011 Established Sep 2011 2 Review Into Aug 2011 existing priorities KPMG DG's Taskforce & QLD Audit Office Aug 2011 Report No. 4 21 Jun 2011 of progress Apr 2011 EY Review by PFP Enhancement 2011 Jun 2011 Roster Project Support Stacks Release SAP Overpayment 20 Jun 2011 Notification Jun 2011 Systems Formal improvements EY Review of identified by Apr 2011 Enhancement Apr 2011 Payshp Project Apr 2011 Systems Release Overpayments Program (EOP) PwC Review of Leave Balance Employee Mar 2011 Mar 2011 Migration commenced being made ğ System rectifications Systems Feb 2011 Dec 2010 +8 QLD Audit Office Report No. 13 18 Nov 2010 Systems Release Dec 2010 Appendix 3: Queensland Health Payroll Timeline EY Review of Sustainability Major backlog of Sep 2010 Report & Roadmap System forms was eliminated Payroll Foundation ď Oct 2010 (Jul 10 - Apr 10) Program (PFP) Established A Nov 2010 AG Qualified 20 Aug 2010 Services Model QH Corporate Services Restructure Report PwC Review of Payroll Release Program (PRP) establish HR as a separate Division in response to QAO report 7— 3 Oct 2010 Sep 2010 Shared Aug 2010 KPMG Payroll Model Report Operating Jul 2010 2010 mplementation Improvement Program (PIP) Office Report 29 Jun 2010 2 July 2010 Operating QLD Audit Model Payroll Payroll No. 7 See Appendix 3 Queensland Health Payroll Timeline Suspension of nplementation Auto-Recovery KPIMG Payroll May 2010 (Apr 10 - Jul 10) May2010 Review Project (PSP) Established 19 April 2010 Stabilisation Mac Payroll commences State-wide Apr 2010 hotline 8 Mar 2010 QH Payroll 'Go Live' Payroll Programs and Projects STIOGEN UAD Key Reviews Milestones Communications

#### 2013 ESTIMATES PRE-HEARING

#### **QUESTION ON NOTICE**

No. 7

THE HEALTH AND COMMUNITY SERVICES COMMITTEE ASKED THE MINISTER FOR HEALTH (Mr SPRINGBORG)—

#### **QUESTION:**

I refer to page 4 of the SDS and ask the Minister to please list consultancies for Queensland Health and its Hospital and Health Services for the period June 2012 to June 2013 inclusive in the same format as the Right To Information request QHDL 12/13 029.

#### ANSWER:

Queensland Health has engaged a number of consultants during the period June 2012 to June 2013. On 1 July 2013, Queensland Health was restructured from one single organisation into 18 separate legal entities, namely the Department of Health and 17 Hospital and Health Services. 2012-13 was a period of transformational change to the way Queensland Health operated. Much of the consultancy expenditure relates to preparation for this restructure and capacity and capability building in the 12 months since the restructure occurred, to ensure that appropriate systems and processes were in place to support good governance, improved efficiency and achievement of value for money.

From June 2012 to June 2013 inclusive, the Hospital and Health Services spent approximately \$7.28 million in consultancies. Using Departmental reporting systems, it is extremely difficult to separate the June 2012 data from the remainder of the 2011-12 financial year for Departmental consultancies. Therefore, July 2012 to June 2013 data (inclusive) is provided for Departmental consultancies. From July 2012 to June 2013, the Department of Health spent around \$11.37 million in consultancies.

The 2012-13 expenditure is significantly less than the \$26.770M spent on consultancies during the 2011-12 period, predominantly accumulated under the former Labor Government.

The list of consultancies engaged by Queensland Health from June 2012 to June 2013 is attached. This list has been prepared in the same format and basis as the Right to Information request QHDL 12/13 029.

# CONSULTANCY AGREEMENTS - Department of Health - 1 July 2012 to 30 June 2013 (consultancies entered into prior to 01/07/2012 not included)

Financial year consultant is engaged	Health Service District or DoH	Organisational Unit Name	Name of project the consultant is engaged for	Consultant's organisation Name	Consultant's organisation address	Name of consultant	Consultancy publicly advertised?	Reasons for not advertising	Agreement Date DD/MM/YY	Commencement Date DD/MM/YY	Termination Date DD/MM/YY	Brief description of project and reasons for engaging the consultant	QH Contact Officer (Name, Address and Telephone)	Agreed value	Expense	Capitalised	Total
2012-13	DoH	SSS	Visa systems, sponsorship arrangements and processes	Absolute Immigration Services (AIS)	Suite 1, 25 Claremont Street, South Yarra Vic 3141	Jamie Lingham	No	Sole Supplier	26/11/2012	26/11/2012	30/06/2013	Visa systems, sponsorship arrangements and processes	margarita McCracken 147- 163 Charlotte Street Brisbane Qld 4000 3234 1685	132,840.00	46,340.00		46,340.00
2012-13	DoH	SPP	Rural & Remote Health Transfer	Allens<>Linklaters	PO Box 7082, Riverside Centre, Brisbane	Peter James	No	Panel Arrangement				Rural & Remote Health Transfer	Helen Ceron	1,349.50	1,349.50		1,349.50
2012-13	DoH	HIB	Sunshine Coast University Hospital Project	Appian Group	Level 2, Unit 2, 8 Outram Street, West Perth WA 6008	Marie-Andree Founier	No	Experts in the health planning field.	26/10/2012	26/10/2012	31/03/2017	Health Planning Advisory Panel for the SCUH Project.	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	150,000.00		12,604.50	12,604.50
2008-09	DoH	HIB	Sunshine Coast University Hospital Project	Argyle Corporate Advisors	Ground Floor 488 Queen Street Brisbane Q 4000	Peter Bruton	No	RFT was sent to 3 invitees, original contract amount <\$100,000	1/04/2008	1/04/2008	31/12/2012	Probity Advisor for the SCUH project.	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	682,740.45		31,182.50	31,182.50
2012-13	DoH	HIB	Sunshine Coast University Hospital Project	Argyle Corporate Advisors	Ground Floor 488 Queen Street Brisbane Q 4000	Peter Bruton	No	Approval was granted to confine the tender as continuity of advisers from the procurement phase was desirable.	2/01/2013	2/01/2013	31/03/2017	Probity Advisor for the SCUH project.	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	150,000.00		12,477.50	12,477.50
2011-12	DoH	HIB	Moranbah Capital Infrastructure Planning Study	Bickerton Masters Architecture Pty Ltd	99 Brookes Street, Fortitude Valley QLD 4006	Andrew Masters	Yes		22/02/2012	1/05/2012	31/08/2012	To complete of site inspection of the Hospital and Provide a final high quality Capital Infrastructure Planning Study Report of which is acceptable to QH	Allison Waters Level 5 Anzac Square Building. 200 Adelaide Street. (07) 3006 2720	84,010.30	153,556.00	N/A	153,556.00
2012-13	DoH	HSSA	Business Case for procurement of Laboratory Information System	Business Aspect	Po Box 641 Spring Hill QLD 4004		No	Closed Tender	25/10/2012	1/11/2012		Engage Consultants to review current and future state Laboratory Information System	Deb Hornsby	223,640.00	226,740.00		226,740.00
2012-13	DoH	SPP	ORRH transition database copy	Byindex Associates	not available	not available	No	N/A				ORRH engaged this company to copy a database for use by two distinct units of QH - QCP and the Cunningham Centre as part of the transition.	Janette Jones	880.00	880.00		880.00
2012-13	DoH	HSSA	Commercial Manager Project	C&N Consulting	11 Drury St, Windsor Qld 4030	Cherie Jones			29/01/2013	1/02/2013	20/05/2013	An appointment of the interim Commerical Manager.	Kerry Duffy	1,600 per day	100,800.00		100,800.00
2012-13	DoH	НІВ	Sunshine Coast University Hospital Project	Cambray Consulting	320 Adelaide Street, Brisbane Q 4000	Andrew Douglas Anne Coutts Andrew Barrie Richard Quinn Melinda Plank Mya Roth Michelle Taylor	No	Approval was granted to confine the tender as continuity of advisers from the procurement phase was desirable.	20/09/2012	24/09/2012	31/03/2017	Provide Engineering / Traffic advisory services to the SCUH Project team.	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	671,382.00		195,540.00	195,540.00
2012-13	DoH	HIB	Sunshine Coast University Hospital Project	Carramar Consulting	Unit 8, 220 Boundary Street, Spring Hill Q 4000	Jane Yacopetti Cath Lewin Jodie Green Leonie Hobbs	No	Pre-qualified consultancts under QH Panel Arrangement	12/10/2012	15/10/2012	31/03/2017	Health Planning Advisory Panel for the SCUH Project.	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	150,000.00		91,507.29	91,507.29
2011-12	DoH	SSS	CEO Assessments	Cerno Limited	Level 8, Sybase House, 101 Lambton Quay, Wellington 4140 New Zealand	Dr Dave George	Yes		17/02/2012	6/01/2012		CEO Assessments	Donna Russell 147- 163 Charlotte Street Brisbane Qld 4000 3235 9524	199,640.00	7,415.51		7,415.51
2011-12	DoH	HIB	Dalby Hospital Capital Infrastructure Planning Study	Conrad Gargett Achitecture	Level 27/ 400George Street Brisbane Qld 4000	David Peters	Yes		ТВА	TBA	31/07/2012	To increase site, building and health services access for residents in a defined catchment. To acheieve critical success factor and health needs for the hospital site.	Allison Waters Level 5 Anzac Square Building. 200 Adelaide Street. (07) 3006 2720	33,222.75	30,202.50	N/A	30,202.50
2009-10	DoH	HIB	Sunshine Coast University Hospital Project	Conrad Gargett Riddel	Level 1/99 Melbourne Street South Brisbane Q 4101	Bruce Wolfe	Yes	40109	19/10/2009	31/12/2012		Provide masterplanning services to the SCUH project.	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	1,741,750.00		23,383.00	23,383.00
2012-13	DoH	НВ	Sunshine Coast University Hospital Project	Conrad Gargett Riddel	Level 1, 99 Melbourne Street, South Brisbane Q 4001	Bruce Wolfe David Peters Harm Hollander John Flynn Geoff Cordingley Katharina Nieberier-Walker Yvonne Ranzen Peter Richards Lawrence Toaldo Brent Sanders Tarek Barclay Katie MacLennan ARUP Buro North	No	Approval was granted to confine the tender as continuity of advisers from the procurement phase was desirable.	20/09/2012	24/09/2012	31/03/2017	Provide Architecture and Masterplanning advisory services to the SCUH Project team.	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	1,156,305.00		247,655.50	247,655.50
2012-13	DoH	SSS	Workforce performance and improvement	Daum & Co	Level 50, 120 Collins Street, Melbourne Vic 3000	Tony Karantonis	No	Sole Supplier	8/03/2012	1/01/2013	31/03/2013	To develop planning, forecasting and quantitativa performance measures and benchmarks a study to identify workforce gaps and causes will be undertaken .	Lyn Rowland 147-163 Charlotte Street Brisbane Qld 4000 3234 1685	46,470.00	46,470.00		46,470.00
2011-12	DoH	HIB	Sunshine Coast University Hospital Project	Decision Point Consulting	PO Box 16083, City East Q 4002	Alaistair Sharman Carl Rogers Greg Hoskin	No	Consultancy considered most suitable due to previous involvement in the project.	20/07/2011	1/07/2011	28/02/2013	ICT Planning Consultant	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	359,216.36		7,600.00	7,600.00

Financial year consultant is engaged	Health Service District or DoH	Organisational Unit Name	Name of project the consultant is engaged for	Consultant's organisation Name	Consultant's organisation address	Name of consultant	Consultancy publicly advertised?	Reasons for not advertising	Agreement Date DD/MM/YY	Commencement Date DD/MM/YY	Termination Date DD/MM/YY	Brief description of project and reasons for engaging the consultant	QH Contact Officer (Name, Address and Telephone)	Agreed value	Expense	Capitalised	Total
2012-13	DoH	нів	Sunshine Coast University Hospital Project	Deloitte Touche Tohmatsu	Riverside Centre, Level 25, 123 Eagle Street, Brisbane Q 4000	Craig Smith Mike Kissane Luke Baxby Toni Cunnimgham Mark Watson Martin Freeman Natasha Doherty	Yes		20/09/2012	24/09/2012	31/03/2017	Provide advice with the ICT funding submission.	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	370,179.09		149,792.83	149,792.83
2012-13	DoH	SSS	Criminal history Process review and ode of conduct training improvement	Deloitte Touche Tohmatsu	Riverside Centre, Level 25, 125 Eagle Street Brisbane Qld 4000	Lynn Lucas	No	Sole Supplier	29/08/2012	29/01/2013	To be confirmed dependant on assistance provided by QH	Review criminal history Process and improving the code of conduct training.	Donna Russell 147- 163 Charlotte Street Brisbane Qld 4000 3235 9524	17,080.00	17,080.00		17,080.00
2012-13	DoH	SSS	Contestability Strategy Residential Aged Care Facilities	Deloitte Touche Tohmatsu	Riverside Centre, Level 25, 125 Eagle Street Brisbane Qld 4000	Michael Kissane		speciliast skills required and not available in DoH	19/03/2013	20/03/2013	31/05/2013	To obtain Divistment Strategy report for Contestability Strategy Residential Aged Care Facilities	Dawn Mirris Director Contestability Branch 163 Charlotte Street Brisbane Qld 4000	322,195.00	329,482.50		329,482.50
2012-13	DoH	ODG	Accrual transaction 0121947075. Review of HSIA services to HHSs under contestability.	Deloitte Touche Tohmatsu	Level 9, Grosvenor Place, 225 George Street, NSW 2000	Craig Smith	No	Went out to 4 organisations only— type 4 procurement — case of genuine urgency and specific requirements. Very specific requirements and short timeframe so was sent out to nonimated companies that had this experience.	15/02/2013	7/02/2013	11/04/2013	Deloitte consultancy. The service provided is a form of contestability that should be applied to HSIA and services it provided to HHSs.	Bernadette Harvey	410,000.00	\$410,000.00		410,000.00
2012-13	DoH	SPP	Clinical Costing Forum for HHS - educating the costing workforce and improving HHS costing capabilities	Deloitte Touche Tohmatsu	Riverside Centre, Level 25, 123 Eagle St, Brisbane	Toni Cunnningham, Director	No	N/A	29/06/2012	29/06/2012	29/06/2012	The purpose of the forum is to deliver a coordinated and consistent approach to educating the costing workforce and improving Health and Hospital Service costing capability. With no formal external network available, profesional development of costing sta	Gerry Wyvill, Senior Director, Special Projects - ABF Program	4,100.09	13,665.36		13,665.36
2012-13	DoH	HIB	Sunshine Coast University Hospital Project	Destravis Group	PO Box 2679, Wellington Point Q 4160	Dr John Holm Gunther De Graeve	No	Consultancy considered most suitable due to previous involvement in the project.	26/10/2012	26/10/2012	31/03/2017	Health Planning Advisory Panel for the SCUH Project.	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	150,000.00		27,825.00	27,825.00
2012-13	DoH	HSCI	Cardiac Technologies	DLA Piper Australia	140 William Street, Melbourne, VIC 3001	Dr Heather Wellington / Dr Kelly Shaw / Dr Paul Woodhouse	Yes	Through a panel of providers	6/12/2012	1/08/2012	31/12/2012	DLA Piper Australia will undertake an assessment of new cardiac technologies. Consultants will develop a comprehensive report and summarise best clinical practice and evidence available on new and emerging cardiac technologies in order to assist HealthPAC	Linda Mundy Senior Research Manager HealthPACT Secretariat Lobby 2, Level 2, Citilink Busienss Centre 153 Campbell Street Herston 4006 3131 6969	57,100.00	57,100.00		57,100.00
2012-13	DoH	SSS	Assistance with developing a HR Strategy for Queensland Health	Donaldson Consulting Group	PO Box 190 The Gap Qld 4061	N/A	No	Genuine Urgency	23/10/2012	26/10/2012	29/10/2012	Assistance with developing a HR Strategy for Queensland Health	Lyn Rowland L15, QHB 3234 1685	57,600.00	14,400.00		14,400.00
2012-13	DoH	HSSA	Operational Support for change within FSS	ENCORPORATE	188 Narelle Lane Towrang NSW 2580	Matthew Johnston	No		13/09/2012	27/02/2013		Operational Support for change and restrcuture within FSS	Greg Shaw	1000 per day	125,000.00		125,000.00
2012-13	DoH	HSSA	Business Re enginnering Central Pharmacy	ENCORPORATE	188 Narelle Lane Towrang NSW 2580	The Change Tank	No		13/09/2012	1/03/2013	1/03/2013	TRANSMISSION BUSINESS C PHARMAC	Lindsay Boyd	100,000.00	60,652.53		60,652.53
	DoH	HSSA	Cataloguing Improvement	ENCORPORATE	188 Narelle Lane Towrang NSW 2580		No		13/03/2013	22/03/2013	25/04/2013	Cataloguing Improvement	John Lee	60,000.00	60,000.00		60,000.00
2011-12	DoH	SSS	FAA Payroll Phase 2 Project - Second Stage	Ernst & Young	1 EAGLE ST WATERFRONT PLACE BRISBANE	David Hodges, Susanne Wauchope, Penny Shield, Jon Lucas, Mareike Domin	No	Genuine Urgency	11/01/2013	7/02/2013	12/07/2013	Provide input into the 30 June 2013 CFO statement with regard to controls. Enable and support ongoing process and control improvement to reach a sustainable standardised practice	ean Clifford - 34067687	419,200.00	249,197.73		249,197.73
2011-12	DoH	HSIA	Costing & Funding - Full Cost Pricing model	Ernst & Young	1 Eagle St, Brisbane	Daniele Bird	No	Panel 160 agreement	19/12/2011	9/01/2012	31/08/2012	The scope of the engagement for the Cost Refresh has been overhauled to now include Full Cost Pricing for ID in line with the LHHN implementation.	Kate Coehn	648,894.00	69,801.83		69,801.83
2011-12	DoH	SPP	District Autonomy Preparedness Phase 3 Part 2	Ernst & Young	1 Eagle Street	David Hodges	No	Panel Arrangement	8/12/2011	28/11/2011	30/04/2012	Phase 3 Part 2 of the District Autonomy Preparedness project is for the consultant to undertake a 'Readiness Assessment' of Districts Readiness against the pre-defined set of pre-conditions.	Nick Steele	2,268,000.00	36,917.61		36,917.61
2012-13	DoH	SSS	Change Readiness Assessment for the Change of Pay Date	Ernst & Young		Ernst & Young	No	Genuine Urgency	18/10/2012	13/08/2012	22/08/2012	Change Readiness Assessment for the Change of Pay Date	Lyn Rowland L15, QHB 3234 1685	18,000.00	18,000.00		18,000.00
2012-13	DoH	HSCI	Queensland Institute of Clinical Redesign (QuICR) Cohorts 2-4	Ernst & Young	111 Eagle Street, Brisbane QLD 4000	Jonathan Lunn	No	Tendered from Panel 160 listed Consultants	12/04/2013	16/04/2013	30/06/2014	Ermst & Young will conduct a range of local clinical process redesign projects being undertaken across the majority of the 17 HHSs, continuing to engage in still and knowledge development of senior clinicians and project managers and providing senior clin	Jason Currie Executive Director Clinical Services Redesign	489,000.00	255,169.47		255,169.47
2012-13	DoH	HSCI	Queensland Institute of Clinical Redesign (QuICR) Redesign Leaders Network	Ernst & Young	111 Eagle Street, Brisbane QLD 4000	Jonathan Lunn	No	Tendered from Panel 160 listed Consultants	28/05/2013	28/05/2013	30/06/2014	Ernst & Young will work collaboratively to provide "Redesign Leaders Network" program of professional development and networking opportunities for experienced redesign and improvement personnel within HHSs in Old, and to support and enhance the QuICR Rede	Jason Currie Executive Director Clinical Services Redesign Program Lobby 3, Level 2, Citilink Business Centre 153 Campbell Street Herston 4006 07 3131 3214	315,350.00	52,852.36		52,852.36

Financial year consultant is engaged	Health Service District or DoH	Organisational Unit Name	Name of project the consultant is engaged for	Consultant's organisation Name	Consultant's organisation address	Name of consultant	Consultancy publicly advertised?	Reasons for not advertising	Agreement Date DD/MM/YY	Commencement Date DD/MM/YY	Termination Date DD/MM/YY	Brief description of project and reasons for engaging the consultant	QH Contact Officer (Name, Address and Telephone)	Agreed value	Expense	Capitalised	Total
2012-13	DoH	ODG	Queensland Health Renewal Taskforce	Ernst & Young	Level 51, 111 Eagle Street Brisbane QLD 4000	Jonathan Lunn	No	QH Panel 160 used	13/12/2012	21/11/2012	3/12/2012	Old Hth Renewal Taskforce to develop and deliver the workshop 'Building health system stewardship to realise the befefits of the reform'	Bernadette Harvey Project Officer	24,720.00	24,720.00		24,720.00
2012-13	DoH	ODG	Comparison of Queensland Health functional structure to Health System Management trends and practices	Ernst & Young	Level 51, 111 Eagle St, Brisbane	David Roberts & Paul Dolan	No	QH Panel 160 used	5/09/2012	3/09/2012	7/09/2012	Comparison of Queensland Health functional structure to Health System Management trends and practices	Bernadette Harvey	9,500.00	9,500.00		9,500.00
2012-13	DoH	НВ	Hospital Car Parks Preliminary Assessment Project	Ernst & Young	Level 51 One One One 111 Eagle Street Brisbane Q 4000	Mark White Amanda Evans Mike Reid Paul Laxon Richard Featherby Sarah Phillips David Garland Cameron Bird Noel Arulanantham Kim Meikel Rose Simon Campbell	Yes	RfP sent to three companies.	18/01/2013	18/01/2013	30/04/2013	Financial / Commercial advisory services for the Hospital Car Parks Preliminary Assessment Project	Anita Womersley L6 - 200 Adelaide St. Brisbane 3006 2844	100,000.00	89,030.00		89,030.00
2012-13	DoH	ODG	Building health system stewardship to realise the benefits of reform workshop	Ernst & Young	111 Eagle Street, Brisbane QLD 4000	Jonathan Lunn	No	QH Panel 160 used (extension)	22/03/2013	25/03/2013	25/03/2013	Consultancy Services provided by J Lunn to assist the Old Ht. Renewal Taskforce to develop and deliver a follow up workshop to build on the outcomes of the Building health system stewardship to realise the benefits of reform' workshop. Follow up workshop held on 25 March 2013	Bernadette Harvey	3,153.00	\$3,153.00		3,153.00
2012-13	DoH	SPP	ABF Techical Model Review and Validation	Ernst & Young	1 Eagle Street	Dave Roberts	No	Panel Arrangement	24/01/2013	24/01/2013	30/06/2013	Two stage project to independently validate the model and provide ongoing ah-hoc advisory support.	Michael Crouch	97,246.00	97,246.00		97,246.00
2012-13	DoH	SPP	Future Medical Service Requirements Project - QCP	Ernst & Young	1 Eagle Street	Jim Birch	No	Panel Arrangement	20/07/2012	20/07/2012	23/12/2012	Review the current state of the QRGP focussing on stakeholder engagement and process efficiency, cost analysis, needs and expections of rural communities, workforce analysis and workforce framework.	Janette Jones	181,590.93	145,272.75		145,272.75
2012-13	DoH	SPP	Reassment of Darling Downs HHS readiness level	Ernst & Young	1 Eagle Street	David Hodges	No	Panel Arrangement		9/05/2013	7/06/2013	Reassment of Darling Downs HHS readiness level	Helen Ceron	50,000.00	23,810.00		23,810.00
2012-13	DoH	HSSA	HSSA Advisory Board	Gary Sturgess	Box 2136 GPO Sydney NSW 2001	Gary Sturgess	No		15/02/2013	5/04/2013		G Strugess has been aapointed as the HSSA Advisory Board Chair	Kathy Byrne	20,000.00	4,439.73		4,439.73
2012-13	DoH	ODG	Queensland Health Renewal Taskforce	Glenn Poole	PO Box 1917 Toowong Qld 4006	Glenn Poole	No	approved by A/Snr Director, Health Services Purchasing & Logistic Branch	5/10/2012	19/11/2012	6/02/2013	Reviewed the structure and legislative framework for the operation sof the Qld Public Hospital Foundations.	Bernadette Harvey Project Officer	10,500.00	10,500.00		10,500.00
2012-13	DoH	ODG	Queensland Health Renewal Taskforce	Glenn Poole	PO Box 1917 Toowong Qld 4006	Glenn Poole	No	approved by A/Snr Director, Health Services Purchasing & Logistic Branch	5/10/2012	13/11/2012	31/01/2013	Phase 3 - Establsih a strategy for the future allocaiton of funding for grants programs and the procurement of professional services across Qld Heatth	Bernadette Harvey Project Officer	12,000.00	12,000.00		12,000.00
2012-13	DoH	ODG	Phase 2 Consultancy 260912-081012	Glenn Poole	PO Box 1917, Toowong QLD 4066	Glenn Poole	No	approved by A/Snr Director, Health Services Purchasing & Logistic Branch	5/10/2012	26/09/2013	8/10/2012	Phase 2 - Establsih a strategy for the future allocaiton of funding for grants programs and the procurement of professional services across Qld Heatth	Bernadette Harvey	5,250.00	5,250.00		5,250.00
2012-13	DoH	ODG	Phase 1 Consultancy 100912-260912	Glenn Poole	PO Box 1917, Toowong QLD 4066	Glenn Poole	No	approved by A/Snr Director, Health Services Purchasing & Logistic Branch	5/10/2012	10/09/2012	26/09/2012	Phase 1 - Establsih a strategy for the future allocation of funding for grants programs and the procurement of professional services across Old Heatth	Bernadette Harvey	6,750.00	6,750.00		6,750.00
2012-13	DoH	HSCI	Integrated Health Planning Unit	Griffith University	170 Kessels Road, Nathan, QLD	Dr Roslyn Sorensen, Mr Mark Avery and Ms Helen Cooper	Yes		23/04/2013	23/04/2013	30/09/2013	Consultant to develop a post graduate university Integrated Health Planning Unit that will focus on developing workforce planning capability with clear linkages to service, funding, capital and information system planning.	Amanda Hammer A/Director, Workforce Planning Level 13, Block 7 RBWH	61,995.00	21,700.00		21,700.00
2012-13	DoH	SSS	ERP Payroll within Queensland Health	Haffenden Consulting Pty Ltd	13 Dellwood Street, Ferney Hills Qld 4055	Lyn Haffenden	No	Sole Supplier	3/11/2012	3/11/2012	31/07/2013	Lead, manage and resolve critical and operational issues impacting ERP Payroll to meet Queensland Health's requirements.	Lyn Rowland 147-163 Charlotte Street Brisbane Qld 4000 3234 1685	149,000.00	120,000.00		120,000.00
2011-12	DoH	SPP	Torres Strait Financial Management Plan	Health Insight NSW	4 Belleview Street, Kogarah NSW 2217	Mike Wallace	No	N/A	20/06/2012	20/06/2012	20/09/2012	Provide Professional support and advice to the DCEO, Torres Strait Health and Hospital Service in regard to current financial performance of the Service and develop strategies and a financial recovery plan to return the Service to a blanace or better oper	Chantal Casey	150,000.00	16,800.00		16,800.00
2012-13	DoH	HIB	Sunshine Coast University Hospital Project	Healthcare Partnering	2nd Floor, 14 Hays Mews, London	Tina Nolan John Kelly	No	Approval was granted to confine the tender as continuity of advisers from the procurement phase was desirable.	20/09/2012	24/09/2012	31/03/2017	Provide Clinical Planning advisory services to the SCUH Project team.	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	502,467.90		15,895.00	15,895.00
2012-13	DoH	SSS	Divisional HR Review	HRM Advisory	PO Box 355, CALOUNDRA QLD 4551	Neil McCormick	No	Genuine Urgency	3/06/2013	7/06/2013	24/06/2013	Review of Divisional HR for Human Resources Services Branch, System Support Services	Margarita McCracken 147- 163 Charlotte Street Brisbane Qld 4000 3234 1685	25,200.00	25,200.00		25,200.00
2012-13	DoH	HIB	Sunshine Coast University Hospital Project	Jill Howard & Assocites	86 Edgevale Road, KEW VIC 3101	Jill Howard	No	Expert in the health planning field.	12/10/2012	15/10/2012	31/12/2014	Health Planning Advisory Panel for the SCUH Project.	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	300,000.00		118,563.68	118,563.68

Financial year consultant is engaged	Health Service District or DoH	Organisational Unit Name	Name of project the consultant is engaged for	Consultant's organisation Name	Consultant's organisation address	Name of consultant	Consultancy publicly advertised?	Reasons for not advertising	Agreement Date DD/MM/YY	Commencement Date DD/MM/YY	Termination Date DD/MM/YY	Brief description of project and reasons for engaging the consultant	QH Contact Officer (Name, Address and Telephone)	Agreed value	Expense	Capitalised	Total
2011-12	DoH	HSCI	Clinical Services Redesign Project - Wide Bay	KM&T	Suite 6.02, 6A Glen Street, Milsons Point NSW 2061	Mike O'Connor	No	Tendered from Panel 160 listed Consultants	13/06/2012	13/06/2012	12/12/2012	KM&T will work collaboratively with the Wide Bay Project Team to provide expertise in service redesign and business improvement methodologies to improve service delivery.	Jason Currie Executive Director Clinical Services Redesign Program Lobby 3, Level 2, Citilink Business Centre 153 Campbell Street Herston 4006 07 3131 3211	592,322.00	526,562.82		526,562.82
2012-13	DoH	HSCI	Clinical Services Redesign Project - RBWH	KM&T	Suite 6.02, 6A Glen Street, Milsons Point NSW 2061	Mike O'Connor	No	Tendered from Panel 160 listed Consultants	22/08/2012	30/08/2012	11/04/2014	KM&T will work collaboratively with the Royal Brisbane Project Team to provide expertise in service redesign and business improvement methodologies to improve service delivery.	Jason Currie Executive Director Clinical Services Redesign Program Lobby 3, Level 2, Citilink Business Centre 153 Campbell Street Herston 4006 07 3131 3214	1,252,764.00	1,138,501.34		1,138,501.34
2009-10	DoH	HIB	Sunshine Coast University Hospital Project	KPMG	71 Eagle Street Brisbane Q 4000	Adrian Box	No	Engaged under the DIP Panel arrangement.	1/12/2009	1/12/2009	31/12/2012	Provide specialist commercial & financial advisory services to the SCUH project.	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	2,089,906.00		78,847.46	78,847.46
2010-11	DoH	HSCI	Clinical Services Redesign Project - Ipswich	KPMG	Riperian Plaza, 71 Eagle St, Brisbane QLD 4000	Wilf Williams	No	Tendered from Panel 160 listed Consultants	19/04/2011	19/04/2011	31/12/2013	Part 1: KPMG will work collaboratively with Ipswich to improve access to and experience for patients at the Hospitals including achievement of 80% of patients admitted or discharged from the emergency department within 4 hours. Part 2: Coaching, mentoring	Jason Currie Executive Director Clinical Services Redesign Program Lobby 3, Level 2, Citilink Business Centre 153 Campbell Street Herston 4006 07 3131 3214	Part 1: 470,743 Part 2: 100,000	117,854.91		117,854.91
2011-12	DoH	SSS	Provision of advice regarding Health and Hospital QLD restructure	KPMG	Riparian Plaza, 71 Eagle St, Brisbane Q 4000	Bridgette Jackson Laura Bradey Felipe Barra De Costa	No	Panel Arrangement No PL160	20/01/2012	19/12/2011	23/01/2012	Provision of advice regarding health restructure	Susan Middleditch L16, QHB 3234 0622	90,787.00	90,826.00		90,826.00
2011-12	DoH	HSCI	National Poisons Project	KPMG	147 Collins Street, Melbourne VIC 3000	Brendan Rynne			20/01/2012	20/01/2012	Nov 2012 schedule 2 point 4	Engagement of a consultant to scope issues in relation to the development of national uniform controls over poisons. Also consultation with stakeholders, preparation of risks and final report.	Sophie Dwyer, L1, 15 Butterfield St Herston (07)332893266	\$125,500 for phase 1, \$144,200 total Phases 1&2.	144,200.00		144,200.00
2011-12	DoH	HSCI	Clinical Services Redesign Project - Princess Alexandra Hospital	KPMG	Riperian Plaza, 71 Eagle St, Brisbane QLD 4001	Wilf Williams	No	Tendered from Panel 160 listed Consultants	14/11/2011	14/11/2011	31/12/2013	KPMG will work collaboratively with the Princess Alexandra Hospital to provide expertise in service redesign and business improvement methodologies to access to and experience for patients - including the acheivement of 70% of patients are admitted or dis	Jason Currie Executive Director Clinical Services Redesign Program Lobby 3, Level 2, Citilink Business Centre 153 Campbell Street Herston 4006 07 3131 3208	663990	89,459.33		89,459.33
2012-13	DoH	SSS	Contestability	KPMG	71 Eagle St, Brisbane	Michael Gillin	No	speciliast skills required and not available in DoH	6/05/2013	6/05/2013	31/05/2013	Strategic procurement advice	Richard Cassidy	31,680.00	31,680.00		31,680.00
2012-13	DoH	НІВ	Transaction Director, possible sale of Noosa Hospital and Holy Spirit Northside Hospital	KPMG	GPO Box 223, Brisbane Queensland 4001	Paul Morris	No	Offer confined to four companies with current/previous experience Queensland Government land projects due to the level of complexity with this project	20/12/2012	10/12/2012	30/06/2013	OH requires the services of a transaction directo to facilitate the possible sale of the Noosa Hospital and Holy Spirit Northside Hospital. The transaction needs to be executed buthe end of June 2013.	Peter Lincoln, Commercial Director, Level 6, Anzac Square, 200 Adelaide Street, 3006 2712	259,743.00	190,903.00		190,903.00
2012-13	DoH	НІВ	Sunshine Coast University Hospital Project	KPMG	Riperian Plaza, 71 Eagle St, Brisbane Q 4000	Adrian Box Graham Brook John Sams Paul Morris Susie Thorne Brandon Joyce Kate Kavanaugh Matthew O'Brien	No	Approval was granted to confine the tender as continuity of advisers from the procurement phase was desirable.	20/09/2012	24/09/2012	31/06/2013	Provide Financial / Commercial advisory services to the SCUH Project team.	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	850,000.00		390,757.48	390,757.48
2012-13	DoH	НІВ	RCH Site Investigations Project	KPMG	147 Collins Street, Melbourne Vic 3000	Adrian Box John Sams Sue Williams Paul Morris Susie Thorne Richard Matthews Kate Kavanaugh	No	Assessment made of firms under QH Business Consultancy Services Panel 160 & KPMC assessed as being most appropriate.	19/09/2012	1/10/2012	30/11/2012	Financial / Commercial advisory services for the Royal Children's Hospital Site Investigations Project	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	200,000.00	175,000.00		175,000.00
2012-13	DoH	HIB	Sunshine Coast University Hospital Project	KPMG	Riparian Plaza, 71 Eagle Street, Brisbane Q 4000	Adrian Box Malcolm Lowe- Lauri Tony Miller John Sams Kathryn Cook Stephen Gow	Yes		040/03/2013	4/03/2013	30/06/2013	Project Director to lead the Value for Money Business Case - clinical and operational services, Sunshine Coast University Hospital Project	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	737,500.00		708,721.00	708,721.00
2012-13	DoH	HSCI	Clinical Services Redesign Project - Redcliffe	KPMG	Riperian Plaza, 71 Eagle St, Brisbane QLD 4000	Wilf Williams	No	Tendered from Panel 160 listed Consultants	26/10/2012	26/10/2012	11/04/2014	KPMG will work collaboratively with Redcliffe hospital with the following focus areas: Emergency Department patient journey, general medicine patient journey, long-stay medical patients, patient flow and bed management and the referral of patients, patient flow and bed management and the referral of	Program Lobby 3, Level 2, Citilink	142,652.00	133,255.30		133,255.30

Financial year consultant is engaged	Health Service District or DoH	Organisational Unit Name	Name of project the consultant is engaged for	Consultant's organisation Name	Consultant's organisation address	Name of consultant	Consultancy publicly advertised?	Reasons for not advertising	Agreement Date DD/MM/YY	Commencement Date DD/MM/YY	Termination Date DD/MM/YY	Brief description of project and reasons for engaging the consultant	QH Contact Officer (Name, Address and Telephone)	Agreed value	Expense	Capitalised	Total
2012-13	DoH	HSCI	Townsville Hospital Surgical Clinical Services Redesign Project (SCALPEL)	KPMG	Riperian Plaza, 71 Eagle St, Brisbane QLD 4000	Wilf Williams	No	Tendered from Panel 160 listed Consultants	25/06/2013	25/06/2013	30/06/2014	KPMG will work collaboratively on the Townsville Hospital Project at the Hospital, which is part of the Townsville HHS. The project will focus on addressing the capacity gap between specialist outpatient referral and booking process and the operating the	Jason Currie Executive Director Clinical Services Redesign Program Lobby 3, Level 2, Citilink Business Centre 153 Campbell Street Herston 4006 07 3131 3214	220,000.00	19,000.00		19,000.00
2012-13	DoH	SPP	Strong Kids in Schools Initiative - Child Health Workers Resource Package	Louise Livingstone tdg as Freestone Associates	72 Tucker St, Machans Beach 4878	Louise Livingstone	No	N/A	17/05/2011	17/05/2011	12/03/2013	Strong Kids in Schools Initiative - to develop the Child Health Workers Resource Package	Krystel Mitchell	90,000.00	30,000.00		30,000.00
2012-13	DoH	НІВ	Hospital Car Parks Preliminary Assessment Project	Luxmoore Parking & Safety	191 Carr Place, Leederville WA 6007	L Schneider D Thompson P Bourlotos L Yarrow A Oakes G Sheldon C Rial	Yes	RtP sent to three companies.	18/01/2013	18/01/2013	30/04/2013	Provide specifialst advisory services to support HIB in completing a Preliminary Assessment of Car Park development opportunities under the State's Value For Money (VFM) Framework.	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	119,570.00	87,604.67		87,604.67
2011-12	DoH	HIB	Sunshine Coast University Hospital Project	MBMpl Pty Ltd	Level 7, 68 Pitt Street, Sydney NSW 2000	Dougal Sport David Pearson Justin Noakes Scott Denison	No	The RM Adviser to the project failed to deliver the quality of service required and was replaced with MBM. Approval granted DG (BR054158) on 24/05/2012	2/05/2012	3/05/2012	31/12/2013	Provide facility management lead advisory services to the SCUH Project	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	566829		302,549.03	302,549.03
2010-11	DoH	SSS	Own Source Revenue	Paul Tridgell Pty Ltd	5 Seville Place Kenthurst	Dr Paul Tridgell	No	Genuine Urgency	N/A		1/07/2013	Provide strategic advice on Own Source Revenue (OSR) initiatives with emphasis on activity based funding implications as a result of the National Health Reform Agreement (NHRA).	Mark Davey Senior Director Finance Branch		17,016.40		17,016.40
2011-12	DoH	SSS	Financial & Financial Governance Review - Gold Coast & Townsville	Paxton Consulting Pty Ltd	Level 2, 448 St Kilda Road, Melbourne, Victoria, 3004	Andrew Cook Ross Cooke Rob Gilbert Julian Maiolo	No	Genuine Urgency	23/03/2012	9/03/2012	31/07/2012	Consultancy Services for Gold Coast and Townsville with objective to manage: Financial & Financial Governance and Demand Management	Susan Middleditch L16, QHB 3234 0622	500000	301,278.15		301,278.15
2012-13	DoH	СМВ	Financial & Financial Governance Review - Cairns	Paxton Consulting Pty Ltd	Level 2, 448 St Kilda Road, Melbourne, Victoria, 3004	Andrew Cook Ross Cooke Rob Gilbert Julian Maiolo	No	Genuine Urgency	12/03/2013	12/03/2013	30/07/2013	Consultancy Services for Cairns Hospital (LHHN) with objective to manage: Financial & Financial Governance and Demand Management	Tony Hendry, Chief Finance Officer, Ph: 323 40974	150,000.00	72,546.07		72,546.07
2012-13	DoH	СМВ	Financial & Financial Governance Review - Wide Bay HHS	Paxton Consulting Pty Ltd	Level 2, 448 St Kilda Road, Melbourne, Victoria, 3004	Andrew Cook Ross Cooke Rob Gilbert Julian Maiolo	No	Genuine Urgency	6/03/2013	6/03/2013	30/07/2013	Consultancy Services for Wide Bay (LHHN) with objective to manage: Financial & Financial Governance and Demand Management	Tony Hendry, Chief Finance Officer, Ph: 323 40974	200,000.00	61,714.35		61,714.35
2012-13	DoH	СМВ	Financial & Financial Governance Review - South West HHS	Paxton Consulting Pty Ltd	Level 2, 448 St Kilda Road, Melbourne, Victoria, 3004	Andrew Cook Ross Cooke Rob Gilbert Julian Maiolo	No	Genuine Urgency	1/02/2013	1/02/2013	31/02/13	Consultancy Services for South West (LHHN) with objective to manage: Financial & Financial Governance and Demand Management	Tony Hendry, Chief Finance Officer, Ph: 323 40974	53,843.00	77,583.12		77,583.12
2012-13	DoH	SSS	Financial & Financial Governance Review - West Moreton	Paxton Consulting Pty Ltd	Level 2, 448 St Kilda Road, Melbourne, Victoria, 3004	Andrew Cook Ross Cooke Rob Gilbert Julian Maiolo	No	Genuine Urgency	23/07/2012	23/07/2012	24/09/2012	Consultancy Services for West Moreton Hospital (LHHN) with objective to manage: Financial & Financial Governance and Demand Management	Susan Middleditch L16, QHB 3234 0622	200,000.00	184,036.45		184,036.45
2010-11	DoH	HSCI	Clinical Services Redesign Project - Royal Children's Hospital	PricewaterhouseCoopers	Riverside Centre, 123 Eagle St, Brisbane QLD 4000	Damian Green	No	Tendered from Panel 160 listed Consultants	11/03/2011	11/03/2011	30/06/2012	PwC will work collaboratively with the Royal Children's Health Service District Project team to undertake clinical process redesign and embed improvements to build on the work of the RCH in meeting and sustaining their vision of no patients waiting longer	Jason Currie Executive Director Clinical Services Redesign Program Lobby 3, Level 2, Citilink Business Centre 153 Campbell Street Herston 4006 07 3131 3212	459,456.00	100,000.00		100,000.00
2010-11	DoH	HSCI	Clinical Services Redesign Project - Cairns	PricewaterhouseCoopers	Riverside Centre, 123 Eagle St, Brisbane QLD 4000	Damian Green	No	Tendered from Panel 160 listed Consultants	25/05/2011	25/05/2011	31/12/2013	Part 1: PwC will assist Cairns Base Hospital to achieve state targets of less then 20% access block or patients waiting more than eight hours for acute admission following presentation to the Emergency Department. The outcomes of the project will support	Jason Currie Executive Director Clinical Services Redesign Program Lobby 3, Level 2, Citilink Business Centre 153 Campbell Street Herston 4006 07 3131 3214	Part 1: 460,560 Part 2: 120,000	226,135.92		226,135.92
2011-12	DoH	HSCI	Clinical Services Redesign Project - Toowomba	PricewaterhouseCoopers	Riverside Centre, 123 Eagle St, Brisbane QLD 4000	Damian Green	No	Tendered from Panel 160 listed Consultants	26/02/2012	26/02/2012	31/12/2013	Part 1: PwC will work collaboratively with the Toowcomba Hospital to provide expertise in service redesign and business improvement methodologies to access to and experience for patients - including the acheivement of 75% of patients are admitted or disch	Jason Currie Executive Director Clinical Services Redesign Program Lobby 3, Level 2, Citilink Business Centre 153 Campbell Street Herston 4006 07 3131 3206	Part 1: 628,493 Part 2: 100,000	243,770.07		243,770.07
2011-12	DoH	ODG	Health Reform	PricewaterhouseCoopers	GPO Box 150, Brisbane	David McKeering, Michael Easton, Chris Rogan, Grant Bowman, Antje Voeller, Maren Mojen	Yes		2/12/2011	4/11/2011	16/12/2011	Consult with DG & DDG's for configuration of the revised restructure. Identify key dependencies between blueprinting & VSP. VSP classification, analysis of work impact statements, VSP reporting and developing a level 5 (sub function) establishment model for the future department.	Vaun Peate, L19 147-163 Charlotte St, Brisbane Ph. 3234 1191	94,312.50	94,312.50		94,312.50
2011-12	DoH	SPP	To suport Rural and Remote HSD	PricewaterhouseCoopers	Eagle Street	Michael Walsh	No	Panel Arrangement	15/05/2012	15/05/2012	30/06/2012	Engagement of Consultancy Services to support Rural and Remote Health Service Districts complete critical development activities as identified in their final Readiness Assessment Report incl. variation for RAP QA	Chantal Casey	200,000.00	11,840.00		11,840.00

Financial year consultant is engaged	Health Service District or DoH	Organisational Unit Name	Name of project the consultant is engaged for	Consultant's organisation Name	Consultant's organisation address	Name of consultant	Consultancy publicly advertised?	Reasons for not advertising	Agreement Date DD/MM/YY	Commencement Date DD/MM/YY	Termination Date DD/MM/YY	Brief description of project and reasons for engaging the consultant	QH Contact Officer (Name, Address and Telephone)	Agreed value	Expense	Capitalised	Total
2012-13	DoH	HSSA	Full Cost Pricing Model	PricewaterhouseCoopers	Darling ParkingTower 2 , 201 Sussex St, Sydney NSW 1171	Craig Fenton, Michael Easton, Hettie Farrell, David Fairbrother			5/11/2012	1/12/2012	1/01/2013	PWC is engaged to provide expertise supporting and implementing the HSSA financial commercialisation.	Michael Kelly	131,736.00	124,453.45		124,453.45
2012-13	DoH	HSSA	Business Efficiency Review and Variation Cost	PricewaterhouseCoopers	Darling ParkingTower 2 , 201 Sussex St, Sydney NSW 1171	Craig Fenton, Michael Easton, Hettie Farrell, David Fairbrother	No	Panel 160	5/12/2012	5/12/2012	28/03/2013	The consultancy is engaged to complete a strategic sourcing implementation roadmap as part of the delivery of the HSSA business model review.	Michael Kelly	129,720.00	119,350.00		119,350.00
2012-13	DoH	HSSA	Strategic Sourcing	PricewaterhouseCoopers	Darling ParkingTower 2 , 201 Sussex St, Sydney NSW 1171	Craig Fenton, Michael Easton, Hettie Farrell, David Fairbrother	No	Panel 160	8/10/2012	8/10/2012	28/03/2013	The consultancy is engaged to complete a strategic sourcing implementation roadmap as part of the delivery of the HSSA business model review.	Michael Kelly	101,280.00	101,280.00		101,280.00
2012-13	DoH	HSSA	Partnering Roadmap	PricewaterhouseCoopers	Darling ParkingTower 2 , 201 Sussex St, Sydney NSW 1171	Craig Fenton, Michael Easton, Hettie Farrell, David Fairbrother	No	Panel 160	8/10/2012	8/10/2012	30/05/2013	The consultancy is engaged to complete a strategic sourcing implementation roadmap as part of the delivery of the HSSA business model review.	Michael Kelly	120,000.00	120,000.00		120,000.00
2012-13	DoH	HSCI	Clinical Services Redesign Project - Caboolture	PricewaterhouseCoopers	Riverside Centre, 123 Eagle St, Brisbane QLD 4000	Sue Hawes	No	Tendered from Panel 160 listed Consultants	5/11/2012	5/11/2012	11/04/2014	PwC will work collaboratively with Caboolture hospital with the following focus areas: patient flow and bed management for all presentations and admissions to the hospital, services and processes that are considered to impact on patient flow, discharge pl	Jason Currie Executive Director Clinical Services Redesign Program Lobby 3, Level 2, Citlink Business Centre 153 Campbell Street Herston 4006 07 3131 3214	149,135.00	114,948.60		114,948.60
2012-13	DoH	HSCI	Caims Base Hospital Surgical Clinical Services Redesign Project (SCALPEL)	PricewaterhouseCoopers	Riverside Centre, 123 Eagle St, Brisbane QLD 4000	Michael Dickson	No	Tendered from Panel 160 listed Consultants	27/06/2013	27/06/2013	30/06/2014	PwC will work collaboratively on the Caims Base Hospital Project at the Hospital, which is part of the Caims & Hinterland HHS. The project will focus on booking processes and theatre efficiencies. The project will be patient focussed and will systemati	Jason Currie Executive Director Clinical Services Redesign Program Lobby 3, Level 2, Citilink Business Centre 153 Campbell Street Herston 4006 07 3131 3214	220,000.00	20,000.00		20,000.00
2012-13	DoH	HSCI	Toowoomba Hospital Surgical Clinical Services Redesign Project (SCALPEL)	PricewaterhouseCoopers	Riverside Centre, 123 Eagle St, Brisbane QLD 4000	Michael Dickson	No	Tendered from Panel 160 listed Consultants	27/06/2013	27/06/2013	30/06/2014	PwC will work collaboratively on the Toowcomba Hospital Project at the Hospital, which is part of the Darling Downs HHS. The project will focus on discharge planning and coordination; and post-surgical review/pathways. The project will be patient focus	Jason Currie Executive Director Clinical Services Redesign Program Lobby 3, Level 2, Citilink Business Centre 153 Campbell Street Herston 4006 07 3131 3214	200,000.00	27,000.00		27,000.00
2012-13	DoH	ODG	Accrual for Professional services rendered in accorance with the PwC Letter or Engagement.	PricewaterhouseCoopers	Darling Park Tower 2, 201 Sussex Street, SYDNEY NSW 1171	Pricewaterhouse Coopers	No	Was advertised previously see row 6 (but need to verify this further)	Need to confirm	2/04/2013	24/05/2013	Accrual for Professional services rendered in accordance with the PwC Letter or Engagement in alignment with requriements under the Business Consultancy Services Panel Arrangement 160.	Kirrily Magill	399,367.00	399,367.00		399,367.00
2012-13	DoH	SPP	Reassment of Gold Coast HHS readiness level	PricewaterhouseCoopers	GPO Box 150, Brisbane	Christoper Rogan	No	Panel Arrangement	1/05/2013	6/05/2013	7/06/2013	Reassment of Gold Coast HHS readiness level	Helen Ceron	50,745.00	25,373.00		25,373.00
2012-13	DoH	SPP	Reassment of Townsville HHS readiness level	PricewaterhouseCoopers	GPO Box 150, Brisbane	Christoper Rogan	No	Panel Arrangement	1/05/2013	6/05/2013	7/06/2013	Reassment of Townsville HHS readiness level	Helen Ceron	50,993.00	25,497.00		25,497.00
2012-13	DoH	HSIA	Procurement Readiness, Business Case Finalisation and for Review Implementation Program Planning Project	PricewaterhouseCoopers	Riverside Centre, 123 Eagle St, Brisbane, Qld	David McKeering	No	Panel 160 agreement	16/05/2013	Commence 5 working days from the date of receipt of the letter of engagement from Department ( Estimate Jun 2013)	Estimate 1/06/2014	PWC engaged to undertake a consultancy for Procurement Readiness and Business Case Finalisation.	Wayne Bucklar	923,968.85	514,911.69		514,911.69
	DoH	HSSA	HSSA Business Model	PricewaterhouseCoopers	123 Eagle St, Brisbane QLD 4001	Michael Easton	No		1/09/2012	18/09/2012	1/11/2012	Business Modelling Tools for Service lines - calculation methodology & structual changes of the organisation	Patsy Purtill	27,962.00	27,962.00		27,962.00
2012-13	DoH	HSSA	Human Resource and Communication Consiulting	Prominence Pty Ltd	PO Box 66 Taigum QLD 4018	S Tierney, J Abad, K Anning, J Moore, S Bliss, L Ryan	No	Panel 160	25/09/2012	3/09/2012	1/12/2012	HR Change and Transition Communication and Media Management during whole of government reform priorities	Kerry Duffy	298,000.00	270,909.10		270,909.10
2012-13	DoH	HSSA	Cost of Capital Report	QLD Treasury Corporation	Level 6 123 Albert St Brisbane QLD	Randall Wilson	No		1/11/2012	15/11/2012	30/11/2012	Capital report prepared for HSSA on weighted average cost of Capital	Michael Kelly	13,200.00	12,000.00		12,000.00
2012-13	DoH	HIB	Sunshine Coast University Hospital Project	Redback Health Services	Suite 4, 334 Highbury Road, Mt Waverley Vic 3149	lan Harris Trent Butcher	No	Approval was granted to confine the tender as continuity of advisers from the procurement phase was desirable.	20/09/2012	24/09/2012	31/03/2017	Provide equipment advisory services to the SCUH Project team.	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	543,457.00		88,573.16	88,573.16
2012-13	DoH	НІВ	Sunshine Coast University Hospital Project	Rider Levett Bucknall	Level 13, 10 Eagle Street, Brisbane Q 4000	Paul Megram Stuart Haughton Blair Swanston Brian Timothy- Parkes	No	Approval was granted to confine the tender as continuity of advisers from the procurement phase was desirable.	12/10/2012	24/09/2012	31/03/2017	Provide Quantity Surveying services to the SCUH Project Team.	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	988,890.00		187,911.00	187,911.00

2012-13 DoH  2012-13 DoH  2012-13 DoH  2012-13 DoH  2012-13 DoH  2012-13 DoH	H HIB H HIB H SSS	Hospital Car Parks Preliminary Assessment Project  RCH Site Investigations Project  RCH Site Investigations Project  Sunshine Coast University Hospital Project  Contestability	Rider Levett Bucknall  Rider Levett Bucknall  Savills  SKM  Strategic Insight  Strategic Momentum	Level 13, 10 Eagle Street, Brisbane Q 4000  Level 13, 10 Eagle Street, Brisbane Q 4000  Level 2, 66 Eagle Street, Brisbane Q 4000  32 Cordelia Street South Brisbane Q 4101	Paul Megram Stuart Haughton Blair Swanston Brian Timothy- Parkes Paul Megram Lee Whatmore Brian Timothy- Parkes Matthew Buckley Shannon Dooland	Yes Yes	Three written quotes obtained.  Three written quotes obtained.  Three written quotes obtained.	21/02/2013	21/02/2013	30/04/2013	Cost Planning advisory services for the Hospital Car Parks Preliminary Assessment Project  Cost Planning advisory services for the Royal Children's Hospital Site Investigations Project	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844 Anita Womersley L6 - 200 Adelaide St, Brisbane	15,000.00 47,544.00	6,857.50 20,237.50		6,857.50 20,237.50
2012-13 DoH 2012-13 DoH 2012-13 DoH 2012-13 DoH	H HIB H HIB H SSS	Project  RCH Site Investigations Project  Sunshine Coast University Hospital Project	Savills  SKM  Strategic Insight	Brisbane Q 4000  Level 2, 66 Eagle Street, Brisbane Q 4000  32 Cordelia Street	Lee Whatmore Brian Timothy- Parkes Matthew Buckley				1/10/2012	30/11/2012		L6 - 200 Adelaide St,	47,544.00	20,237.50		20,237.50
2012-13 DoH 2012-13 DoH 2012-13 DoH	H HIB H SSS	Project  Sunshine Coast University Hospital Project	SKM Strategic Insight	Brisbane Q 4000  32 Cordelia Street	Shannon	Yes	Three written quotes obtained.					3006 2844				1
2012-13 DoH 2012-13 DoH	H SSS	Hospital Project	Strategic Insight					19/10/2012	19/10/2012	31/12/2012	Valuation services for the Royal Children's Hospital Site Investigations Project	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	48,125.00	48,125.00		48,125.00
2012-13 DoH	H SSS	Contestability				No	Approval was granted to confine the tender as continuity of advisers from the procurement phase was desirable.	6/08/2012	6/08/2012	31/12/2012	Review of Stocklands Flood Report	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	1,422.00		1,422.00	1,422.00
		Contestability	Strategic Momentum	28/1 Moore Street Taringa QLD 4068	Peter Barker			19/04/2013	9/04/2013	8/10/2013	Provision of expert advise encompassing industrial relations, workforce planning, communications, project management and commercialised activities		149,697.00	37,650.15		37,650.15
2012-13 DoH	H HSSA		Group	6 Torrens St, Annerley	Michelle Sorrell	No	extension of existing contract	21/05/2013	21/05/2013	14/06/2013	Engagement communication for Contestability	Richard Cassidy	28,160.00	25,600.00		25,600.00
		Transition Support Service	Strategic Momentum Group	6 Torrens St, Annerley Qld 4103	P Burrow, W Clarke, T Scoble, P Gwizdalla,L Cavanagh, M Byrne, B Kingston, S Bell	No	Matter of Urgency	26/09/2012	26/09/2012	1/11/2012	Support services associated with implementing the whole of government reform priorities	Kerry Duffy	148,210.00	148,690.00		148,690.00
2011-12 DoH	H SPP	Recruitment of Health Service Chief Executives	Talent Partners	Level 35, Central Plaza 1, 345 Queen Street	Peter Gibson	Yes	N/A	5/01/2012	5/12/2012	30/06/2012	Executive search and recruitment services for Health Service Chief Executive Officers	Donna Russel	331,500.00	195,500.00		195,500.00
2008-09 DoH	н нв	Sunshine Coast University Hospital Project	Thinc Health Australia	GPO Box 10214 Brisbane Q 4001	Andrew Bott	No	Consultancy considered most suitable due to previous involvement in the project.	9/06/2009	19/01/2009	31/12/2013	Provision of clinical planning and FF&E advisory services to the SCUH project.	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	1,392,910.00		159,939.58	159,939.58
2012-13 DoH	н нів	RCH Site Investigations Project	Thomson Adsett	124 Robertson Street, Fortitude Valley Q 4006	Don marshall Nic Hughan Yvonne Lim Kristy Anderson	No	Short timeframe for project & company had previously undertaken a detailed technical assessment of options for the RCH site.	19/09/2012	1/10/2012	30/11/2012	Master-Planning and Technical advice for the Royal Children's Hospital Site Investigations Project	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	105,020.00	78,429.09		78,429.09
2012-13 DoH	н нв	Sunshine Coast University Hospital Project	ThreePlus	15 Cordelia Street, South Brisbane Q 4101	Barton Green Tania Stibbe Naomi Bastin Megan Houston Robert Allan	No	The request to confine tenders to Three Plus was driven by the need to avoid openly advertising tenders at a sensitive time in the procurement of SCUH, the fact that Three Plus key competition in the market for infrastructure and PPP related communications expertise was acting for a bidder for SCUH and that Three Plus have a Director level resource based in Nambour with directly relevant experience on projects of this nature. Approval granted DG (BR054511) on 22/06/2012)	27/06/2012	1/07/2012	31/06/2013	Provides communications services to the SCUH Project	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	386,780.00		286,123.76	286,123.76
2011-12 DoH	н нв	Target Operating Model for HPID - Program Management Office	Turner & Townsend Pty Ltd	Level 3, 179 Turbot Street Brisbane QLD 4000	Chris Anstead & Phill Morrissey	No	Due to the genuine urgency requirement to provide a review and assessment of the HPID roles, responsibilities and functions are at an optimal level for the National Reform transition from 1 July 2012.	22/05/2012	5/07/2012	31/08/2012	To provide a review and assessment of the HPID division. To ensure key functions of the HPID roles, responsibilities and functions are at an optimal level for the National Health Reform Transition from 1 July 2012	Christine Crain or Leesa Wallace - Level 6 Anzac Square Building. 200 Adelaide Street. (07) 3006 2820	292,636.30	282,340.00	N/A	282,340.00
2012-13 DoH	н нв	Sunshine Coast University Hospital Project	Umow Lai	Level 4, 10 Yarra St, South Yarra Vic 3104	Elizabeth Coe Garry Powerll Andrew Jenkinson Brian McDonnell Silvia Misuraca Graeme Smith Anthony Marklunk Sean Wooster Patrick Leung Glenn Garnham Matthew Douglas Hewshott Intelligent Risks	No	Approval was granted to confine the tender as continuity of advisers from the procurement phase was desirable.	20/09/2012	24/09/2012	31/03/2017	Provide Engineering / ICT / ESD advisory services to the SCUH Project team.	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	2.416,493.00		569,237.69	569,237.69
2012-13 DoH		Change and Transition Communication Management	Warren Clarke Consulting		Warren Clarke			25/09/2012	25/09/2012	1/11/2012	HSSA urgently required the expertise resources without delaying to provide support in the implementation of the	Kerry Duffy	22,500.00	56,250.00		56,250.00
DoH	H HSSA										transition program.				I	1

Financial year consultant is engaged	Health Service District or DoH	Organisational Unit Name	Name of project the consultant is engaged for	Consultant's organisation Name	Consultant's organisation address	Name of consultant	Consultancy publicly advertised?	Reasons for not advertising	Agreement Date DD/MM/YY	Commencement Date DD/MM/YY	Termination Date DD/MM/YY	Brief description of project and reasons for engaging the consultant	QH Contact Officer (Name, Address and Telephone)	Agreed value	Expense	Capitalised	Total
2012-13	DoH	HIB	Sunshine Coast University Hospital Project	Wood & Grieve		Michael Prior Mike Brice Alex Saunders Martin O'Connor Grant Thornton Ant McGrath	No	Approval was granted to confine the tender as continuity of advisers from the procurement phase was desirable.	20/09/2012	24/09/2012	31/03/2017	Provide technical advisory engineering services to the SCUH project team.	Anita Womersley L6 - 200 Adelaide St, Brisbane 3006 2844	2,026,643.45		358,052.50	358,052.50

# CONSULTANCY AGREEMENTS - Hospital and Health Services 1 June 2012 to 30 June 2013

Name of HHS	Financial year in which Consultancy was first	Consultant's details (Organisation/ Vendor	Consultant's details (Organisation/ Vendor	Consultancy publicly advised (Yes or No)  Date of Agreement	Date of Commencement	Date of Termination	Brief description of projects and reasons for consultancy	Details of officer overseeing project (Name, Business Address and Telephone)	Agreed value: direct costs incurred/levied by consultant	Agreed value	Total 2012-13 financial year expenditure (GST	2012-13 capitalised expenditure (GST (GST excl.		2011-12 capitalised expenditure (GST excl.)	Outstanding
Cairns HHS	N/A - no consultancies	(Organisation) Vendor	(Organisation/ vendor	advised (res of No)	Commencement			(Name, business Address and Telephone)	incurred/levied by consultant	-	year experiordire (GST	experiancie (GST exci.		experialiture (GST exci.)	
Cape York HHS	2012-13	Ernst and Young	1 Eagle Street, Waterfront No.	6/11/2012	29/10/2012	21-Dec-12	Organisational Review and Redesign	Cape York HHS CE Susan Turner, William	\$150,000	\$175,000	177,283	0	0	0	15,000
Cape York HHS	2012-13	Maven Australia Pty Ltd	Place, Brisbane, QLD4000 PO Box 1331L, VIC 3001 - No	23/03/2012	21/03/2012	30/06/2012	Cost Savings Strategies/Value management Proposal	McCormack PI, Sheridan St Cairns Cape York HHS CE Susan Turner, William	\$28,500	\$33,000	31,440	0	0	0	- 0
Central Queensland	2012/13	Ernst & Young	Level 1 Maven House 125	6-Feb-1	6-Feb-13	3	Assurance Planning and Internal Audit Establishment	McCormack PI, Sheridan St Cairns Nik Fokas, CQHHS, 49207016	150,000.00		\$145,977.60	\$0.00	\$0.00	\$0.00	\$0.00
HHS Central Queensland	2012/13	Ernst & Young	No	6-Feb-1	6-Feb-13	3	Organisation Development Support and Workforce Planning	Nik Fokas, CQHHS, 49207017	135,000.00		\$133,484.64	\$0.00	\$0.00	\$0.00	\$0.00
HHS Central Queensland	2012/13	Rowland Pty Ltd	No	13-Dec-12	13-Dec-13	3	Reputation Management and Internal Communication Strategy	Maree Geraghty, CQHHS, 49206282	265,915.00		\$ 201,573.00	\$0.00	\$0.00	\$0.00	\$0.00
HHS Central Queensland	2012/13	Rowland Pty Ltd	No	21-Dec-13	21-Dec-13	3	Gladstone Hospital Community Consultation and Future Directions Paper Moura Hospita	Maree Geraghty, CQHHS, 49206283	15,300.00		\$ 76,891.00	\$0.00	\$0.00	\$0.00	\$0.00
HHS Central West HHS	2012/13	Paxton Partners Pty Ltd	Level 2, 448 St Kilda Road No	26/11/2012	26/11/2012	22/01/2013	Financial sustainability assessment	Michel Lok	\$ 7,810.00	\$ 9,818.54	\$ 9,818.54	0	0	0	0
Central West HHS	2012/13	Carramar Consulting	Melbourne Vic 3004 Unit 8, 220 Boundary Street No.	29/04/2013	13/05/2013	31/07/2013	Provided advice on infrastructure and maintenance strategies	169 Eagle Street Michel Lok	\$ 56,000.00	\$ 60,000.00	\$ 56,000.00	\$ -	0	0 \$	4,000.00
Central West HHS	2012/13	ArkAeon Pty Ltd	Spring Hill Old 4000 GPO Box 1302 No	3/12/2012	3/12/2012	30/06/2013	Provided advice on financial controls, procedures and structure	169 Eagle Street Melissa Schroffel	\$ 37,125.00	\$ 39,454.54	\$ 39,454.54	0	0	0	0
Children's Health	2012/13	University of Queensland	Brisbane Old 4001 School of Social Work and Ye	rs 15/06/2012	Jul-12	Nov-12	Engage Miriam Locke to teach Professional Practice Portfolio for	169 Eagle Street Jennifer Crimmins, Executive Director, RCH	\$7,600.00	\$7,600.00	\$7,600.00		-+		Nil
Queensland Children's Health	2012/13	University of Queensland	Social Services St Lucia QLD 4072 Ye	rs 19/02/2012	1/09/2012	30/06/2013	Social Work during Semester 2 (10 weeks) Provision of tele-paediatric services for the 2012/13 financial year	Craig Kennedy, Operations Manager, Division	\$257,867.50	\$257,867.50	\$257,867.50		-+		Nil
Queensland Children's Health	2012/13	Pricewaterhouse Coopers	GPO Box 150 Brisbane Q Ye		8/08/2012		Establishment of Internal Audit function and integrated risk mgt	of Medicine and Oncology  Deb Miller, A/Executive Director OSM 3636	\$30,000.00	\$30,000.00	\$20,000.00		$\longrightarrow$		Nil
Queensland Children's Health	2012/13	Pricewaterhouse Coopers	4001 GPO Box 150 Brisbane Q Ye	s 8/08/2012	8/08/2012		framework Establishment of Internal Audit function and integrated risk mgt	6602 Deb Miller, A/Executive Director OSM 3636	\$30,000.00	\$30,000.00	\$40,000.00		$\longrightarrow$		Nil
Queensland Children's Health	2012/13	University of Queensland	4001 St Lucia QLD 4072 Ye	rs 15/04/2013	15/04/2013		framework Undertake a comprehensive evaluation of the Good Start program fo	6602	\$150,000.00	\$150,000.00	\$100,000.00		$\longrightarrow$		Nil
Queensland Children's Health	2012/13	Ernst & Young	111 Eagle St Brisbane Q Ye		18/03/2013		Pacific Islander and Maori children. Evaluation will ascertain the Delivery of an internal audit plan	Health and Community Services 3636 7439  Deb Miller, A/Executive Director OSM 3636	\$174,000.00	\$174,000.00	\$113,028.30				Nil
Queensland Children's Health	2012/13	Arena Organisational	4000 17 Kinmond St Wavell Ye	s 2/10/2012	2/10/2012	)	Engage Gary Uhlmann to implement the workforce reduction	6602 Loretta Seamer, Chief Finance Officer,	\$255,024.00	\$255,024.00	\$255,024.00				Nil
Queensland Children's Health	2012/13	Consultants Pty Ltd Business Aspect	Heights Q 4012 PO Box 641 Spring Hill Ye	s 1/02/2013	1/02/2013	30/06/2013	strategies within CHQ Business Analysis for release one of the ieMR project RCH	36366605 Sue McKee, General Manager Operations,	\$170,568.00	\$170,568.00	\$170,568.00		$\longrightarrow$		
Queensland	2012-13	Ernst and Young	QLD 4004 111 Eagle Street BRISBANE No		27/08/2012		To provide a baseline financial diagnostic assessment of the Darling	3636 8262	\$90,000 (plus expenses).	\$170,000.00	\$ 118,174	0	0	0	
Gold Coast	2011/2012	Leadership Health Services	QLD 4000	03-Nov-1	14-Nov-11		Downs Hospital and health Service and to report on the scale of Review of Oral Health	Jofre, Baillie Henderson Hospital  Adrian Nowitzke, CEO	Approved variation of \$22,500.	55,000.00	16,500.00	3	38,500.00	-	
Gold Coast	2012/2013	Deloittes	Bunjurgen Qld 4310 PO Box 1463, Brisbane, Qld,	27-Mar-12	14-1107-11	02-Wd1-12	GCUH Scenario Analysis			66,975.00	52,635.43	- 3	3,300.00	-	14,339.57
			4000				*	Trever Saunders, CFO	-	27,954.00		-		-	1,764.80
Gold Coast	2012/2013	Deloittes	PO Box 1463, Brisbane, Old, 4000	03-Aug-12			GCUH Scenario Analysis extension	Trever Saunders, CFO	-	27,954.00	29,718.80	-			
Gold Coast	2012/2013	Deloittes	PO Box 1463, Brisbane, Old, 4000				GCUH Scenario Analysis	Trevor Saunders, CFO			21,379.69	-			21,379.69
Gold Coast	2012/2013	Deloittes	PO Box 1463, Brisbane, Old, 4000	210.11	24.0.14	07.010	Engagement 406574 Consultancy services for development of Site Specific Grant	Trevor Saunders, CFO		01 000 00	15,362.75			-	15,362.75
Gold Coast	2012/2013	Value Based Health Services	Bridgewaterhouse Cenury Park, Caspian Rd Altrincham	24-Oct-12	24-Oct-12		Review of GCHHS Situation Analysis	Ron Calvert, CE		81,000.00	81,000.00				-
Gold Coast	2012/2013	Value Based Health Services	Bridgewaterhouse Cenury Park, Caspian Rd Altrincham	07-Jan-13	07-Jan-13		Supplementary report to Situations Analysis - NEAT/NEST database analysis and Leadership/Developmental Seminars			30,000.00	30,000.00				-
Gold Coast	2012/2013	Value Based Health Services	Bridgewaterhouse Cenury Park, Caspian Rd Altrincham	25-Feb-13	25-Feb-13	15-Mar-13	Supplementary report to Situation Analysis - access time improvement, information systems and developing integrated care	Ron Calvert, CE		38,000.00	38,000.00				-
Gold Coast	2012/2013	Value Based Health Services	Bridgewaterhouse Cenury Park, Caspian Rd Altrincham				Transformational change framework - Web based reporting, Integrated Care & Access improvement	Ron Calvert, CE		44,000.00	44,000.00	-		-	-
Gold Coast	2012/2013	Pricewaterhouse Coopers	GPO Box 150, Brisbane, No Qld, 4001	27-Mar-1	27-Mar-13	·	Organisational Review	Ron Calvert, CE	2,500.00	153,900.00	155,210.76				1,189.24
Gold Coast	2012/2013	Quality Directions Aust	22 Tivoli Rd, South Yarra, VIC, 3141	27-Mar-1	Apr-13	·	Clinical Governance Review	Ron Calvert, CE		27,442.35	27,442.35				-
Gold Coast	2012/2013	Talent 2	PO Box 1516, North Sydney, No. NSW, 2059		22-Apr-13	·	GCHHS Executive Restructure	Ron Calvert, CE	12,500.00	12,500.00	12,500.00	-		-	12,500.00
Gold Coast	2012/2013	Pricewaterhouse Coopers	GPO Box 150, Brisbane, Qld, 4001	09-Nov-12	09-Nov-12		PHASE 1 GCUH Private Provision Options	Naomi Dwyer, ED Organisation Development		117,862.00	119,038.52			-	1,176.52
Gold Coast	2012/13	Pricewaterhouse Coopers	GPO Box 150, Brisbane, Qld, 4001	27-Mar-13	12-Feb-13		PHASE 2 Radiation Oncology Tender and Latent Capacity Tender	Naomi Dwyer, ED Organisation Development		413,775.00	439,421.27			-	25,646.27
Gold Coast	2012/13	Pricewaterhouse Coopers	GPO Box 150, Brisbane, Qld, 4001	21-Feb-1	01-Mar-13		Review of Pharmacy management and supply of	Naomi Dwyer, ED Organisation Development		16,542.00	16,537.00				5.00
Gold Coast	2012/12013	Effective Governance	3/16 McDougall St, Milton QLD 4064	05-Nov-12	12-Nov-12		Strategic Workshops and Board Review	Ron Calvert, CE		49,500.00	51,241.16			-	1,741.16
Gold Coast	2012/12013	Effective Governance	3/16 McDougall St, Milton QLD 4064	05-Dec-12	14-Dec-12		Strategy planning workshops	Ron Calvert, CE		30,093.75	39,468.02			-	9,374.27
Gold Coast	2012/2013	Jonny Taitz	Royal North Shore Hospital Pacific Highway, St	21-Nov-12	26-Nov-12		GCHHS Clinical Govenance Review	Naomi Dwyer, ED Organisation Development		9,000.00	9,173.27			-	173.27
Gold Coast	2012/2013	UHY Haines Norton	GPO Box 2876 Brisbane Qld 4001	15-Nov-12	22-Nov-12	28-Feb-13	Probity Advice re Radiation Therapy Cancer Services options review & Latent Capacity GCUH	Naomi Dwyer, ED Organisation Development		60,500	50,571.82				9,928.18
Gold Coast	2012/2013	Ingham Institute for Applied Medical Research	1 Campbell St, Liverpool NSW 2170	28-Feb-13	25-Feb-13	3 25-Jun-13	Consultancy Services from Michael Barton	Naomi Dwyer, ED Organisation Development		\$3500 per day	-	-	-	-	
Gold Coast	2012/2013	Freshfield Propriety Limited	PO Box 485 Roseville NSW 2069	06-May-13	May 2013	subject to PPP process	Technical expertise and advice on outsourcing, contestability and the emangement of opportunities and risks associated with PPP from Mr	Naomi Dwyer, ED Organisation Development		\$2,500.00 up to 20,000.00	-	-	-	-	
Mackay HHS	NA - no consultancies														
Metro North HHS	2011/12	Deloitte Touche Tohmatsu	Riverside Centre No Level 25	29/06/2012	4/06/2012	30/10/2012	Engagement No: 371217 Assist in the development of purchasing framework project plans and	Martin Heads Chief Financial Officer		\$449,744.00	\$417,518.02	\$0.00	\$52,294.11	\$0.00	-20,068.13
Metro North HHS	2012/13	Deloitte Touche Tohmatsu	Riverside Centre No Level 25	6/08/2012	6/08/2012	30/09/2012	Engagement No. 391222 To complete a volume and financial analysis of Sub Acute care	Martin Heads Chief Financial Officer		\$47,371.00	\$50,152.07	\$0.00	\$0.00	\$0.00	-2,781.07
Metro North HHS	2012/13	Deloitte Touche Tohmatsu	Riverside Centre No Level 25	9/11/2012	30/10/2012	30/11/2012	Engagement No: 403764  Analyse following priority areas on behalf of MNHHSf for	Kerry Mahon Chief Operation Officer		\$109,035.00	\$115,632.34	\$0.00	\$0.00	\$0.00	-6,597.34
Metro North HHS	2012/13	Deloitte Touche Tohmatsu	Riverside Centre No Level 25	9/08/2012	15/07/2012	30/09/2012	Engagement No. 392373 To provide accounting advice and guidelines for the management of	Martin Heads		\$65,790.00	\$46,723.95	\$0.00	\$0.00	\$0.00	19,066.05
Metro North HHS	2012/13	Deloitte Touche Tohmatsu	Riverside Centre No Level 25	28/02/2012	20/02/2012	30/04/2012	Engagement No. 386007 To complete a risk assessment of the purchasing framework for	Martin Heads Chief Financial Officer		\$61,493.00	\$12,990.23	\$0.00	\$0.00	\$0.00	48,502.77
Į		l .	Level 20	<u>l</u>	ļ	ļ	TO complete a risk assessment of the purchasing framework for	Chief i Indical Officer			ļ			ļ	

Name of IIIIS	Financial year in which	Consultant's details	Consultant's details	Consultancy publicly	Date of Agreement	Date of	Date of Termination	Drief description of projects and reasons for consultance	Details of officer overseeing project	Agreed value: direct costs	A grood value	Total 2012-13 financial	2012-13 capitalised	2011-12 expenditure total	011-12 capitalised	Outstanding
Name of HHS Metro North HHS	Consultancy was first 2012/13	(Organisation/ Vendor Deloitte Touche Tohmatsu	(Organisation/ Vendor Riverside Centre	advised (Yes or No) No		ommencement	Date of Termination	Brief description of projects and reasons for consultancy Engagement No: 405526	(Name, Business Address and Telephone)  David Alcorn		Agreed value \$175,875.00	year expenditure (GST \$114,618.75	expenditure (GST \$0.00		enditure (GST excl.) \$0.00	Outstanding 61,256.25
			Level 25	No	29/11/2012	26/11/2012	31/12/2012	Assist the RBWH to inform the budget process for 2013-14 through	Chief Executive Officer						\$0.00	2,090.30
Metro North HHS	2011/12	INNIS Partnerships	58 Finsbury Street NEWMARKET	NO	1/03/2012			Engagement No: Discovery interviews to capture clinician experiences of delivering	Zarina Khan Team Leader		\$25,500.00	\$451.00	\$0.00			·
Metro North HHS	2011/12	KPMG Financial Advisory Services	Riparian Plaza Level 16	No	8/09/2011	29/08/2011	29/08/2011	Engagement No: RBWH Butterfield Car park Review.	Kelly Favaloro Manager Strategy & Efficiency Unit		\$150,756.00	\$112,334.54	\$0.00	\$33,931.84	\$0.00	4,489.62
Metro North HHS	2012/13	KPMG Financial Advisory Services	Riparian Plaza Level 16	No	29/10/2012	5/11/2012	31/03/2013	Engagement No: Undertake an analysis of current financial and operational	Keith Love Director Governance		\$228,000.00	\$242,615.00	\$0.00	\$0.00	\$0.00	-14,615.00
Metro North HHS	2012/13	Deloitte Touche Tohmatsu	Riverside Centre	No	25/06/2012	26/06/2012	31/07/2012	Engagement No: 388027 To complete an independent costing of the children's emergency	Martin Heads Chief Financial Officer		\$34,500.00	\$36,410.00	\$0.00	\$0.00	\$0.00	-1,910.00
Metro North HHS	2012/13	Deloitte Touche Tohmatsu	Riverside Centre	No	23/01/2013	17/12/2012	31/03/2013	Engagement No: 406932	Kerrie Mahon		\$146,340.00	\$105,941.01	\$0.00	\$0.00	\$0.00	40,398.99
Metro North HHS	2012/13	Deloitte Touche Tohmatsu	Level 25 Riverside Centre	No	26/04/2013	19/04/2013	24/05/2013	Analyses the costs and benefits of responses to achieve the NEST Engagement No: 412735	Chief Operations Officer Kerrie Mahon		\$134,202.00	\$84,547.26	\$0.00	\$0.00	\$0.00	49,654.74
Metro North HHS	2012/13	Deloitte Touche Tohmatsu	Level 25 Riverside Centre	No				Provide review of HIV Services provided by the Metro North Hospital Engagement No: 410298	Chief Executive Officer Kerrie Mahon		\$191,332.00	\$148,004.02	\$0.00	\$0.00	\$0.00	43,327.98
		Healthcare Management	Level 25 107 Fergie St. Fitzroy North,		8/04/2013	6/03/2013	30/08/2013	Provide Project Management 2013/14 Budget Build This is to plan for the future delivery of safe and sustainable public	Chief Executive Officer Kirsten Smith Project							
Metro South HHS	2012 - 2013	Advisors	Victoria 123 Eagle St, Brisbane QLD		15/10/2012	12/11/2012	31/03/2013	health services in the Brisbane South-West area by developing the Reviewing Metro South's Finance Function, including the current	Manager Service Alister Whitta	\$154,500.00	\$169,950.00	\$108,150.90		\$ 246,238.00		\$ 105,378.00
Metro South HHS	2012 - 2013	PricewaterhouseCoopers	4000		29/01/2013	10/12/2013	18/02/2013	organisation structure to provide all of services efficiently and	Acting Chief Financial Officer Metro	\$98,625.00	\$108,488.00	\$99,998.00		\$ 69,947.01		\$ -
Metro South HHS	2012-2013	Ernst & Young						Metro South Health Readiness Assessment	Kay Toshach Executive Director, Organisational			\$71,500.00				\$ 3,202.28
Metro South HHS	2012 - 2013	Paxton Partners	Level 2, 448 Kilda road, Melbourne, Victoria 3004		19/03/2013	Mar-13	Apr-13	Reviewing Metro South HHS financial forecasts and finance function to provide an independent analysis of the achievability of current and		\$31,273.00	\$34,400.00	\$32,119.29	0	0	0	0
Metro South HHS	2012 - 2013	Calvert & Ewan	635 Lawrence Hargrave Drive, Wombarra, NSW 2515		6/02/2013	Feb-13	Mar-13	Providing consultancy services for the review of Education, Training and Professional Development Functions of Metro South Health.		\$22,000.00	\$24,200.00	\$30,573.07	-	0	0	0
Metro South HHS	2012 - 2013	Susan C Young	532 West Road, Coominya, OLD 4311		11/02/2013	Feb-13	Mar-13	Providing consultancy services for the review of Education, Training	Kay Toshach	\$22,000.00	\$24,200.00	\$28,000.00	0	0	0	0
Metro South HHS	2012 - 2013	Prominence	PO Box 99, Taigum, QLD			Jan-13	Feb-13	and Professional Development Functions of Metro South Health.  Providing consultancy services to develop a Performance	Executive Director, Organisational Kay Toshach	\$24,000.00	\$26,400.00	\$27,000.00				
		Australian Healthcare &	4018 PO Box 78, Deakin West,			3411 13	10010	Management Framework for the Board, its members and	Executive Director, Organisational Kay Toshach	\$24,000.00	\$25,400.00					
Metro South HHS	2012 - 2013	Hospital Association	ACT 2600					No contract  Providing consultancy for planning South West Corridor facility	Executive Director, Organisational Kay Toshach			\$21,000.00				
Metro South HHS	2012-2013	Thinc	DDO Invest 10, 200 Over Ct		l.:l 12	1/00/2012	20/00/2012	requirements	Executive Director, Organisational			\$26,627.00				
North West HHS	2012-2013	Sylvia Chapman	BDO, level 18, 300 Queen St Brisbane		Jul-12	1/08/2012		Finance and Audit review	Sylvia Chapman			45762.5				
North West HHS	2012-2013	Australian Healthcare Associates	Locked bag,32005 Collins St Ease VIC 8003		Apr-12	24/04/2012	ongoing	Quality, Safety and Risk Review	Jo Lacy			24893.95				
North West HHS	2012-2013	Herron Todd White						Tropicare Villas Valuation Report				7400				
North West HHS	2012-2013	Davis Langdon						2012-13 Buildings Valuation Report				65670				
South West HHS								Health Service Planning	Aspex Consulting, Melbourne Vic,	129,605.79	129,605.79	129,605.79	0	0	0	96,804.00
Sunshine Coast HHS	2011-12	Decision Point Consulting	PO Box 16083 CITY EAST	Vas	Jul-11	1/07/2011	28/02/2014	Development of a strategic ICT business case (2011) and analysis of	(03)94190006 f Erin Railton / Scott Lisle - Sunshine Coast	\$ 359,216.00	\$ 359,216.00	7600				-
		Pty Ltd Deloitte Touche Tohmatsu	QLD 4002 PO Box 1463 BRISBANE	N.				ICT procurement options paper for SCUH Develop ICT investment plan to identify cashable benefits of the	University Hospital Project, Ground Floor, Scott Lisle/Mark Wilde, Executive Project			7000				
Sunshine Coast HHS	2011-12	Consulting	QLD 4001 (Level 25/26 GPO Box 2650 SYDNEY	No	Jan-12	13/02/2012	31/12/2012	Strategic ICT business case developed by Decision Point above.	Director, Health Planning and Infrastructure	\$ 69,947.01	\$ 69,947.01					
Sunshine Coast HHS		Price Waterhouse Coopers	NSW 1171 DX77 Sydney	No	Jan-13	1/02/2013		Review of People & Culture Function	K Hegarty HSCE Ph: 54706605	\$ 85,000.00	\$ 85,000.00	\$ 81,797.72				
Torres Strait Northern Peninsula HHS	2013	Health Insight NSW PTY LTD	4 Bellevue Street Kogarah NSW 2217	No	27/09/2013	1/10/2013	30/06/2013	HHS readiness assessment	Mike Wallace, Health Insight NSW PTY LTD 0408 288 352	\$2,400 PER DAY	UP TO 150,000	15,600				
Torres Strait Northern Peninsula HHS	2013	Paxton Partners	Level 2, 448 St Kilda Road, Melbourne, Vic 3004	No	4/04/2013	15/04/2013	30/06/2013	Review of Primary Health Services	Julian Maiolo	58,563		100,000				
Torres Strait Northern Peninsula HHS	2012	Barbara Schmidt & Associates P/I	PO Box 63M Manunda Qld	No	16/11/2011	14/11/2011	6/04/2012** **6/4/12 was contracted	Torres Model of Care	Barbara Schmidt	157, 960		87,500				
Townsville HHS	2012-13	Pricewaterhouse Cooper	GPO Box 150, Brisbane QLD	Panel 160	19/06/2012	19/06/2012		Consultancy Agreement - Reform Readiness for Transition to	Andrew Johnson a/DCEO,TTH	\$ 147,510.00	\$ 147,510.00	\$ 157,527.74				\$0
Townsville HHS	2012-13	Pricewaterhouse Coopers	GPO Box 150, Brisbane QLD	Panel 160	23/07/2012	23/07/2012	3/08/2012	Hospital and Health Service. Townsville (includes variation 1 To consult on the development of Governance Frameworks,	Karen Roach, interim DCEO THHS	\$101,795	\$101,795	\$101,795				
Townsville HHS	2012-13	Tracey Silvester	4001 3 Austin Street, Wavell	Proposal received from	1/10/2012	1/10/2012	30/11/2012	Financial Management planning, Audit Framework for Townsville Provision of model of care for Sub Acute Care, Townsville HHS	Vivian Blake, a/Chief Operating Officer,	\$12,568	\$12,568	\$12,568				
Townsville HHS	2012-13	Carramar Consulting		Tracey Silvester who has Type 4 procurement	5/11/2012	5/11/2012	31/01/2013	Regional Birthing Options (phase 1) and Strategic Plan (Phase 2),	THHS Karen Roach, interim DCEO THHS	\$109,268	\$109,268	\$106,827				
		, ,	Spring Hill QLD 4000 PO Box 63 M, Manunda QLD	delegation due to urgency				THHS								
Townsville HHS	2012-13	Barbara Schmidt & Associates P/L	4870	supply situation	13/06/2012	13/06/2012		Review of Joyce Palmer Health Services Palm Island	Richard Glenn, Operations Director TTH	\$129, 858	\$129,858	\$129,858				
Townsville HHS	2012-13	Pricewaterhouse Cooper	GPO Box 150, Brisbane QLD 4001	Panel 160	30/05/2013	1/05/2013	30/06/2013	Review and develop baseline budget for FY14	Karen Roach, interim DCEO THHS	\$191,383	\$191,383	\$191,383				
Townsville HHS	2012-13	Pricewaterhouse Cooper	GPO Box 150, Brisbane QLD 4001	Panel 160	24/08/2012	20/08/2012	31/08/2012	To consult on the development of Governance Frameworks, Indicators, Strategic Plans for Townsville Hospital & Health Service	Karen Roach, interim DCEO THHS	\$148,102	\$148,102	\$148,102				
Townsville HHS	2012-13	Pricewaterhouse Cooper	GPO Box 150, Brisbane QLD	Panel 160	24/08/2012	20/08/2012	31/08/2012	To consult on the development of Organisational Structure, budget process and ICT planning for the Townsville Hospital and Health	Karen Roach, interim DCEO THHS	\$148,684	\$148,684	\$148,684				
West Moreton HHS	2012-2013	Carramar Consultants Pty	Carramar Consultants Pty	NO	11/12/2012	16/11/2012	14/12/2012	Review planning and provide advice for the outsourcing of public	Linda Hardy, Executive Director Clinical	24,552.00	24,552.00	18,200.00				
West Moreton HHS	2012-2013	Ltd Ernst & Young	Ltd, Ernst & Young	NO	6/11/2012	12/11/2012	21/12/2012	activity to a new facility proposed for Springfield HR function review & design to define the core services of HR	Operations 3810 1884 Alan Milward, Acting Executive Director	109,560.00	109,560.00	102,716.93				
West Moreton HHS	2012-2013	,	680 George Street, Sydney Ernst & Young	NO				function, the model for service delivery, and the required capability HR Advisory Services under Rohan Barrett (Senior Manager) -	Workforce 3810 1885 Alan Milward, Acting Executive Director							
West Moreton HHS	2012-2013	Ernst & Young	680 George Street, Sydney Prominence Pty Ltd,	NO	6/11/2012	12/11/2012	21/12/2012	Extension to above consultancy	Workforce 3810 1885	16,000.00	16,000.00	16,000.00				
		Prominence Pty Ltd	PO Box 66, Taigum Qld	NO.	6/02/2013	5/02/2013	19/02/2013	To provide Strategic and Communication facilitators to the WMHHS for the 2013 Strategic Planning forum.	Operations 3810 1884	10,450.00	10,450.00	9,500.00				
West Moreton HHS	2012-2013	Ernst & Young	Ernst & Young 680 George Street, Sydney	NU	26/09/2012	2/10/2012	30/10/2012	Relation to the establishment of the internal audit and risk management function as per the engagement agreement 26	Lynne Kieran, Principal Internal Auditor 3810 1305, Lynette Gill, HHS Financial Readiness	38,169.48	38,169.48	38,169.48				
West Moreton HHS	2012-2013	Paxton Partners	Paxton Partners Level 2, 448 St Kilda Road,	NO	5/12/2012	1/02/2013	1/05/2013	Benchmarking exercise for Victoria, Queensland and New South Wales	Sharon Kelly, Executive Director - Mental Health 3271 8538	32,072.24	32,072.24	32,072.24			T	7
West Moreton HHS	2012-2013	Ernst & Young	Ernst & Young 680 George Street, Sydney	NO	28/11/2012	4/02/2013	18/04/2013	Addendum 28/11/12 to agreement 26/9/12 to the establishment of internal audit function, the consultant was engaged to assist with	Linda Hardy, Executive Director Clinical Operations 3810 1884	60,000.00	60,000.00	60,000.00				
West Moreton HHS	2012-2013	Ernst & Young	Ernst & Young	NO	4/03/2013	4/03/2013	5/06/2013	Interim Fee for professional services to West Moreton HHS Rapid	Linda Hardy, Executive Director Clinical	18,750.00	18,750.00	18,750.00				
West Moreton HHS	2012-2013	Ernst & Young	680 George Street, Sydney Ernst & Young	NO	4/03/2013	4/03/2013	5/06/2013	Capability Assessment (Readiness Assessment) Interim Fee for professional services to West Moreton HHS Rapid	Operations 3810 1884 Linda Hardy, Executive Director Clinical	18,750.00	18,750.00	18,750.00				
West Moreton HHS	2012-2013	Renoir Consulting (Aust) Pty	680 George Street, Sydney  Renoir Consulting (Aust) Pty	NO	,,55/2010	3/06/2013		Capability Assessment (this component sourced from DoH)  Analysis Fees (WMA772)	Operations 3810 1884 Lesley Dwyer Health Service Chief Executive	99,000.00	99,000.00	99,000.00				
West Moreton HHS	2012-2013	Ltd	Ltd Thinc Health Aust, Level 7,	NO	-			-	3810 1126 Linda Hardy, Executive Director Clinical							
		Thinc Health Aust	333 Ann Street, Brisbane Old Thinc Health Aust, Level 7,	NO	4/03/2013	4/03/2013		WM and MSHHS Service Needs Planning - professional fees	Operations 3810 1884 Linda Hardy, Executive Director Clinical	49,880.48	49,880.48	49,880.48				
West Moreton HHS	2012-2013	Thinc Health Aust	333 Ann Street, Brisbane Old	INO	4/03/2013	4/03/2013	13/05/2013	WM and MSHHS Services Needs Planning - reimburse accommodation, meals, airfares	Operations 3810 1884	53,255.38	53,255.38	53,255.38				

Name of HHS	Financial year in which Consultancy was first	Consultant's details (Organisation/ Vendor	Consultant's details (Organisation/ Vendor	Consultancy publicly advised (Yes or No)	Date of Agreement	Date of Commencement	Date of Termination	Brief description of projects and reasons for consultancy	Details of officer overseeing project (Name, Business Address and Telephone)	Agreed value: direct costs incurred/levied by consultant	Agreed value	Total 2012-13 financial year expenditure (GST	2012-13 capitalised expenditure (GST	2011-12 expenditure total (GST excl.)	2011-12 capitalised expenditure (GST excl.)	Outstanding
West Moreton HHS	2012-2013	Rowdy PR	Rowdy PR,	NO	N/A	1/11/2013	1/05/2013	Barrett Adolescent Centre project plan which formed bases of	Laurence McDowell, Business Manager, The	17 020 00	17 020 00	17 020 00			ĺ	
		Rowuy FR	6 Hibiscus Street, Everton		IWA	1/11/2013	1/03/2013	communications	Park	17,020.00	17,020.00	17,020.00			1	
Wide Bay HHS	2012/2013	Garry White	Garry White, 12 Hawke	Advised to WBHHS staff.	1/11/2012	10/12/2012	Feb-13	Reviews of financial management capacity and capability and	Adrian Pennington, Chief Executive -	\$48,000	\$48,000	\$48,000			-	
-			Close, Nuneaton					clinical redesign strategic alignment, capacity and capability across	WBHHS						1	

#### 2013 ESTIMATES PRE-HEARING

#### **QUESTION ON NOTICE**

No. 8

THE HEALTH AND COMMUNITY SERVICES COMMITTEE ASKED THE MINISTER FOR HEALTH (Mr SPRINGBORG)—

#### **QUESTION:**

How many public beds will be available at the time of opening and also 12 months after opening, of the Gold Coast University Hospital, including beds for mental health, rehabilitation and day surgery?

#### ANSWER:

The current 454 overnight beds at the Gold Coast Hospital will relocate to Gold Coast University Hospital (GCUH). This includes adult and children's services as well as mental health and rehabilitation. In addition, the day surgery activity currently located at the SurgiCentre will relocate to GCUH.

There will be 750 overnight beds available at GCUH to service the long term needs of the community. By the end of the 2013/14 financial year, it is anticipated that the number of overnight beds will increase in line with the provision of activity purchased in the 2013/14 Service Agreement. The service has anticipated that up to 511 overnight beds may be required to be open in 2013/14.

# This will primarily include:

- the opening of Cardiac Surgery with related ward and intensive care beds and interventional cardiology activity;
- establishment of a full neonatal service including growth in neonatal cots, paediatric medicine, surgery and children's critical care, and maternity beds and delivery suites;
- cancer ward beds to support the establishment of the radiation oncology service, with additional chemotherapy delivery chairs;
- Medical, surgical and intensive care beds to support the growth through the emergency department of critical and trauma patients, with rehabilitation to support that service; and
- mental health beds to provide inpatient care in support of community services.

The 2014/15 Service Agreement is not yet finalised but it is anticipated that it will include the full year effect of the beds opened in 2013/14 and growth in beds in line with the population requirements.

Recognising there will be latent bed capacity within the GCUH the Gold Coast Hospital and Health Service have released an Expression of Interest (EOI) to the market for Private Sector utilisation of up to 156 overnight beds and other space such as offices and ambulatory clinics pending demand necessitating public sector use. An outcome of that EOI process is anticipated by late 2013.

#### 2013 ESTIMATES PRE-HEARING

#### **QUESTION ON NOTICE**

No. 9

THE HEALTH AND COMMUNITY SERVICES COMMITTEE ASKED THE MINISTER FOR HEALTH (Mr SPRINGBORG)—

#### **QUESTION:**

When will elective joint replacement surgery re-commence in Queensland hospitals. Which hospitals will not be re-commencing joint replacement surgery from 01 July 2013?

#### ANSWER:

As at 1 July 2013 there were no restrictions on the delivery of orthopaedic joint replacement surgery within Hospital and Health Services.

Wide Bay Hospital and Health Service, The Prince Charles Hospital and Toowoomba Hospital are currently undertaking additional orthopaedic joint surgery as a result of improved cost efficiencies achieved within the Hospital and Health Service.

Mater Health Services is undertaking additional orthopaedic joint surgery for the Princess Alexandra Hospital as a result of additional funding provided through the Surgery Connect Program.

As at 1 August 2013 (following staff recruitment) the Princess Alexandra Hospital will initially increase the amount of orthopaedic joint replacement surgery performed per month to compensate for the reduction in joint replacement surgery between January – June 2013.

Metro South Hospital and Health Service has reviewed the volume of orthopaedic joint replacement surgery required in 2013/14 and will redistribute flow to enable decreased waiting times. The Princess Alexandra Hospital will perform 150 lower limb joint replacement surgeries annually, the Queen Elizabeth II Jubilee Hospital will perform 50 lower limb joint replacement surgeries per month (previously 25 per month) and the Logan Hospital will perform 20 orthopaedic joint replacement surgeries per month.

#### 2013 ESTIMATES PRE-HEARING

# **QUESTION ON NOTICE**

No. 10

THE HEALTH AND COMMUNITY SERVICES COMMITTEE ASKED THE MINISTER FOR HEALTH (Mr SPRINGBORG)—

## **QUESTION:**

What steps have been taken in Queensland hospitals to address the sterilisation procedures of all water used in the hospitals, in particular what chlorination procedures have been undertaken to ensure all water taken in is sterile?

# ANSWER:

Potable water is supplied to Queensland hospitals by one of two ways: from a town water supply or, where there is no access to a town water supply, via an on-site water supply. The safety of town water supplies is subject to regulation under the *Water Supply (Safety and Reliability) Act 2008* and the *Public Health Act 2005*.

The key requirement of these two pieces of legislation is to develop a Drinking Water Quality Management Plan. The Drinking Water Quality Management Plans must adopt a proactive, risk management framework with regards to ensuring the safety of the water supplied to the community, an approach consistent with the Australian Drinking Water Guidelines. The approach is not prescriptive in terms of treatment or management practices but the water supplier must be able to demonstrate there are controls in place to remove any contamination of the source water and to prevent recontamination as the water is supplied to its customers, including hospitals.

Conventional water treatment processes include filtration to remove particles from water and disinfection for killing organisms that may cause illness. In Queensland drinking water service providers primarily use chlorination for disinfection. This process typically results in a residual level of disinfectant remaining in the water supply such that the treated water cannot easily become re-contaminated in the distribution network – that is, as it is supplied to the customer.

Because Queensland's drinking water supplies are already regulated to ensure safety, our hospitals do not need to undertake any further treatment of incoming water supplies for the majority of their patients. However, there may be instances where water of an

extremely high quality is required in small quantities for specialised processes such as renal dialysis. Also, for certain surgical procedures such as wound irrigation, pre-packaged 'sterile' water is also required.

In instances where hospitals are served by on-site supplies, such as rainwater tanks or bores, the hospital management must take precautions to ensure that the water supply does not constitute a risk to patients, staff or visitors. This may include employing various treatment processes, but each hospital served by these private water supplies makes that decision based on their individual circumstances.

Concern regarding water supplies in hospitals has attracted a lot of attention over the past few weeks due to the recent outbreak of Legionnaires disease, a rare pneumonia-type illness, attributed to the water supply at the Brisbane Wesley Hospital. In response to the Wesley incident, I requested that all Queensland public and private hospitals test their water supplies for *Legionella* bacteria. This testing program is primarily seeking to ensure that heated water systems within hospitals are being managed appropriately. The greatest risk for *Legionella* multiplication in a water supply within any building typically arises within cooling towers and where heated water is stored or is allowed to sit at a temperature favourable to *Legionella* growth.

Indeed, the *Legionella* sampling program currently being undertaken within Queensland hospitals has detected the presence of the bacteria at a number of locations. The location of all detections has been made public via a special website which is being updated by the Department of Health on a weekly basis.

At this point I should note that it is important to remember that the presence of *Legionella* bacteria within a water system does not equate to a health risk for patients, staff or visitors. Many strains of the naturally occurring *Legionella* bacteria do not cause disease. The transmission of *Legionella* is dependent on a number of factors and disease surveillance suggests that instances of hospital-acquired Legionnaires disease are very rare.

Where detections of *Legionella* in Queensland hospitals have been identified through water testing remedial actions have immediately been initiated. Typically these include:

- the isolation of the detection site to prevent exposure;
- hot water flushing and/or chemical disinfection of the implicated pipework to eliminate the bacteria;
- the disinfection or replacement of water outlets such as taps and showerheads; and
- re-sampling to confirm elimination of the bacteria prior to recommencing use of the outlet.

Where chemical disinfection has been used to eliminate *Legionella* bacteria this typically involves the addition of chlorine to the water at the facility, and the circulation of that water throughout all affected plumbing. Both the hot water flushing and additional chemical disinfection are currently only performed in response to these detections.

Finally I might add that to reassure the public of the safety of water supplies in Queensland hospitals I have ordered a full review to investigate and make recommendations in relation to the emergence of cases of Legionnaires disease in Queensland at the Wesley Hospital and to examine the broader implications for the prevention and management of *Legionella* in Queensland hospitals. This review should be finalised by 30 September 2013.

#### 2013 ESTIMATES PRE-HEARING

#### **QUESTION ON NOTICE**

No. 11

THE HEALTH AND COMMUNITY SERVICES COMMITTEE ASKED THE MINISTER FOR HEALTH (Mr SPRINGBORG)—

## **QUESTION:**

With reference to the Budget Highlight - Backlog maintenance outlined on pages 6-7 of the SDS, can the Minister provide an outline of the projects to be funded under this initiative, including the facility name, brief description on the maintenance works to be undertaken and the projected commencement date?

# ANSWER:

The Backlog Maintenance Remediation Program has been established to address the \$327 million backlog maintenance liability.

The funding will be used to address approximately 5000 outstanding maintenance issues in health facilities across the State over a four year period. The primary focus of the funding will be directed towards issues in health care facilities in regional, rural and remote parts of the State, but it will also address outstanding issues in metropolitan areas.

This funding will be used to repair and replace major infrastructure items such as air conditioning systems, power supply, passenger lifts, roof repairs, ward and bathroom refurbishments, replace ageing floor coverings and enable an extensive repainting program to be undertaken at many hospitals.

Funding has been allocated to Hospital and Health Services based on the extent of their backlog maintenance listed in the backlog maintenance register as at 31 December 2012. The allocations are shown in the table below:

Hospital and Health Service	Total Backlog Maintenance Allocation (\$'000)
Cairns and Hinterland	13,375
Cape York	4,708
Central Queensland	9,345
Central West	5,824
Children's Health Services	763
Darling Downs	50,591
Gold Coast	631
Mackay	6,634
Metro North	65,087
Metro South	67,108
North West	5,515
South West	7,100
Sunshine Coast	6,175
Torres Strait-Northern Peninsula	31,587
Townsville	17,190
West Moreton	19,933
Wide Bay	12,771
Health Service Support Agency	2,490
Grand Total	326,827

Some examples illustrating the type of work being undertaken as part of this program include the following:

- a. Commencing this year, the South West Hospital and Health Service will replace the vinyl flooring in the Mitchell hospital, replace the floor and wall tiles throughout the St George Hospital and the patient bathrooms in the Augathella Hospital will be refurbished.
- b. The Central Queensland Hospital and Health Service will replace roof sheeting on the Blackwater Hospital while the emergency power system will be replaced and repairs made to the passenger lifts at the Gladstone Hospital.
- c. The Cairns and Hinterland Hospital and Health Services will replace the ageing air conditioning system at the Innisfail Hospital and internal wall and ceiling repairs will be undertaken prior to the repainting of the Mossman Multipurpose Health Centre.

#### 2013 ESTIMATES PRE-HEARING

# **QUESTION ON NOTICE**

No. 12

THE HEALTH AND COMMUNITY SERVICES COMMITTEE ASKED THE MINISTER FOR HEALTH (Mr SPRINGBORG)—

## **QUESTION:**

With reference to the Budget Highlight - Rural Telehealth Service outlined on page 7 of the SDS, can the Minister outline the enhanced telehealth services to be funded under this initiative, including the facility name and the projected commencement date?

#### ANSWER:

To improve health equity and support rural and remote Queenslanders to live longer, healthier and more independent lives, the Government is implementing a new Rural Telehealth Service as outlined in the Blueprint for Better Healthcare in Queensland.

The Government has approved funding of \$30.9 million over four years to establish the Rural Telehealth Service to enhance telehealth models of care, improve access to specialist consultation and provide emergency management advice and support across the state with an emphasis on improving access to clinical services in rural and remote communities.

These services will provide unprecedented access to a new generation of safe and sustainable care for residents in small, rural or remote communities for the very first time. A staged implementation of the Rural Telehealth Service will be progressed and will include a rollout commencement across six trial sites during the third quarter of the 2013-14 financial year.

#### 2013 ESTIMATES PRE-HEARING

#### **QUESTION ON NOTICE**

No. 13

THE HEALTH AND COMMUNITY SERVICES COMMITTEE ASKED THE MINISTER FOR HEALTH (Mr SPRINGBORG)—

## **QUESTION:**

With reference to the Budget Highlight - Revitalisation of regional, rural and remote services outlined on page 7 of the SDS, can the Minister those projects being funded under this initiative, including the facility name, a brief description of the project and the projected commencement date?

#### ANSWER:

As part of revitalisation of regional, rural and remote services and to address the specific service delivery challenges for the health sector in non-metropolitan areas, the Government has approved funding of \$51.9 million over four years, commencing in 2013-2014, to enable better access to health care services for Queenslanders in regional, rural and remote communities. Projects being funded under this initiative will include:

- enhanced outpatient and primary health care models, delivering safe and sustainable care with a focus on mental health, chronic disease and emergency care; and
- delivery of enhanced outreach services including ambulatory care, specialist consultations, planned procedures and health information through a multidisciplinary care model.

In 2013-2014, funding will support projects at Chinchilla Health Service, St George Hospital, Charleville Hospital, Moura Community Hospital, Alpha Multipurpose Health Service, Atherton Hospital and Eidsvold Health Service.

The Department is commencing preliminary planning work with each of the relevant Hospital and Health Services during July 2013 to ensure enhanced services are operational and available in a timely way. Details of the projects, including project commencement dates, are yet to be finalised. It is anticipated work on projects will commence from September 2013.

This initiative is separate to the Rural Telehealth Service which is being established to further improve access to health services and eliminate extended waiting times for treatment.

### 2013 ESTIMATES PRE-HEARING

# **QUESTION ON NOTICE**

No. 14

THE HEALTH AND COMMUNITY SERVICES COMMITTEE ASKED THE MINISTER FOR HEALTH (Mr SPRINGBORG)—

## **QUESTION:**

Analysis of the operating budget seems to indicate Queensland Health actually managed to balance its books this year, and furthermore, as outlined in footnote 4 on page 13 of the SDS, some \$150m is to carried over into 2013-14 for additional activity by HHS's. Can the Minister advise what activities he sees this \$150m being allocated towards?

# ANSWER:

Approximately \$150 million has been identified to support the funding of additional activity and incentive payments to reward best practice care, in 2013-14. This funding is new in 2013-14 not a carry forward from previous years. This is in addition to the funding already allocated to the Hospital and Health Services. The additional funding will support:

- quality improvement payments for Hospital and Health Services to reward improvements in elective and emergency surgery and emergency department access, and to incentivise best practice across a range of identified clinical areas including stroke unit care;
- the Healthcare Innovation Fund. The fund has been established to invest in innovation,
  with a focus on maximising the potential to deliver exceptional improvement in the
  healthcare system by driving the use of innovative service models which are able to
  deliver better care at lower cost. All Hospital and Health services have been invited to
  submit proposals to the fund;
- specified developments including additional paediatric beds within Metro North Hospital and Health Service and developments to support elective surgery and emergency department activity in Metro South Hospital and Health Service; and
- the In-Year Activity Pool which will act as a contingency fund to support unexpected in year variations in activity for high cost, low volume services for example transplantations, high cost home care patients, and severe burns.

All of the funding will be provided in full to the	Hospital and	l Health	Services	throughout
2013-14 to support frontline healthcare services.				

### 2013 ESTIMATES PRE-HEARING

## **QUESTION ON NOTICE**

No. 15

THE HEALTH AND COMMUNITY SERVICES COMMITTEE ASKED THE MINISTER FOR HEALTH (Mr SPRINGBORG)—

## **QUESTION:**

Can the Minister please advise on the current status of the new Minor Trauma Centre in Kallangur.

### ANSWER:

The new Minor Trauma Centre in Kallangur provides a bulk billing medical service staffed by a multidisciplinary team. The Centre also provides an extended hours service.

I draw your attention to the Blueprint for better healthcare in Queensland, which outlines structural and cultural improvements to establish Queensland as the leader in Australian healthcare. Improving health partnerships and enhancing coordination with the primary healthcare sector are key outcomes of health sector reform.

Government has committed to developing closer working relationships between General Practitioners (GPs) and the hospital system. This Centre is an excellent example of the private sector taking part of the burden off hospitals. It is estimated that about 30 per cent of people in our hospital emergency departments are likely to be more suited to treatment in GP clinics. I am informed that the Minor Trauma Centre in Kallangur is also servicing an unmet need in the community, for people that wouldn't necessarily attend hospital Emergency Departments, but who may not have access to, or be able to afford a GP.

I can advise that there has been a small decrease in Category 5 (lowest level) presentations to Emergency Departments within the Metro North Hospital and Health Service since the new Minor Trauma Centre in Kallangur opened, which is a welcome outcome, although there is no defined link between the small decrease in Category 5 presentations and services provided by the Minor Trauma Centre. The Hospital and Health Services will continue working closely with their Medicare Locals and other local service providers to develop better partnerships with health services in the community such as Minor Trauma Centres.

I am pleased that centres such as these are becoming a bigger part of community healthcare, this is an example of my Government's commitment to providing Queenslanders with value in health services through public, private and not-for-profit partnerships to improve the healthcare system to meet the needs and choices of Queenslanders.

## **2013 ESTIMATES PRE-HEARING**

# **QUESTION ON NOTICE**

No. 16

THE HEALTH AND COMMUNITY SERVICES COMMITTEE ASKED THE MINISTER FOR HEALTH (Mr SPRINGBORG) —

# **QUESTION:**

Can the Minister please provide a break-down by HHS of the impact of reductions in Commonwealth Government funding for the 2012-13 financial year, as well as for the 2013-14 and 2014-15 financial years?

# **ANSWER:**

The Commonwealth's 2012-13 Mid-Year Fiscal and Economic Outlook advised that Queensland would receive less National Health Reform (NHR) funding than originally announced in the 2012-2013 Federal Budget. Queensland received \$63 million less NHR funding in 2012-2013 and the 2011-2012 payments for the National Healthcare Specific Purpose Payments were also retrospectively reduced by \$40 million (non recurrently), resulting in a total reduction in funding in 2012-2013 of \$103.43 million.

Table 1: Impact of this funding reduction on Hospital and Health Services (HHS) budgets

Hospital and Health Service	Reduction \$M
Cairns and Hinterland	6.52
Cape York	0.85
Central Queensland	4.81
Central West	0.58
Children's Health Queensland	3.35
Darling Downs	6.12
Gold Coast	9.22
Mackay	3.17
Metro North	22.47
Metro South	18.76
Mt Isa	1.45
South West	1.22
Sunshine Coast	7.03
Torres Strait-Northern Peninsula	0.92
Townsville	7.79
West Moreton	4.27
Wide Bay	4.91
Total Reduction in 2012-13	103.43

The 2012-2013 Mid-Year Fiscal and Economic Outlook (October 2012) also included reductions in National Health Reform (NHR) Funding compared to the 2012-2013 Federal Budget of \$89 million in 2013-2014 and \$93 million in 2014-2015.

Subsequently, in the 2013-2014 Federal Budget (May 2013) these reductions were increased to \$98 million and \$138 million respectively. Total NHR funding to Queensland Health as outlined in the 2013-2014 Commonwealth budget papers is identified in the table below. The outcome for 2014-2015 will depend on the level of public hospital activity and decisions by the Independent Hospital Pricing Authority on the National Efficient Price, and is hence difficult to project at this stage.

Total Federal funding to Queensland will decrease by \$489.9 million between 2012-2013 and 2015-2016 compared to the 2012-2013 Commonwealth budget. The decreases are primarily related to reductions in National Health Reform Funding.

Table 2: Commonwealth Health Funding to Queensland Government

		2012-13	2013-14	2014-15	2015-16	
	2012-13 Commonwealth Budget					
Previous	2012-13 NHR Funding	2,724.0	2,929.4	3,267.6	3,634.9	
	NPP's	479.0	453.5	230.8	166.7	
	TOTAL	3,203.0	3,382.9	3,498.4	3,801.6	
	2012-13 Mid-Year Economic and Fiscal Outlook				T	
Previous	2012-13 MYEFO NHR Funding	2,660.7	2,839.9	3,174.4	3539.1	
	NPP's	452.6	419.7	224.3	223.11	
	TOTAL	3,113.3	3,259.6	3,398.7	3,762.21	
	2013-14 Commonwealth Budget					
Current	2013-14 NHR Funding	2,660.7	2,831.3	3,130.0	3,457.3	
	NPP's	437.9	424.1	262.8	191.88	
	TOTAL	3,098.6	3,255.4	3,392.8	3,649.179	
	Difference (2012-13 Budget to 2013-14 Budget)	-104.4	-127.5	-105.6	-152.4	- 4

# **National Health Reform Funding**

Difference (2012-13 NHR Budget to 2012-13 NHR MYEFO)	-63.3	-89.5	-93.2	-95.8
Difference (2012-13 NHR Budget to 2013-14 NHR Budget)	-63.3	-98.1	-137.6	-177.6

### 2013 ESTIMATES PRE-HEARING

## **QUESTION ON NOTICE**

No. 17

THE HEALTH AND COMMUNITY SERVICES COMMITTEE ASKED THE MINISTER FOR HEALTH (Mr SPRINGBORG)—

## **QUESTION:**

What was the total value of overpayments recovered from Queensland Health employees over the 2012-13 financial year, and what is the current outstanding balance of taxpayer funds in overpayments made to Queensland Health employees?

### ANSWER:

Throughout the course of the 2012-13 financial year, \$18.5 million in overpayments was repaid by current or former Queensland Health staff. This is a significant amount and I want to thank each staff member who has taken steps to resolve their overpayment.

Almost 8,000 staff have entered into a repayment plan or have indicated an intention to repay since the beginning of the 2012-13 financial year. This means that there is a projected \$6.4 million to be progressively recovered from these agreed repayment plans.

A critical activity to reduce the current outstanding balance was the pay date change in October 2012. Moving the pay date to 10 days after the close of the roster period instead of three days has more than halved the number of new overpayments that are identified each pay.

Another key initiative to reduce the current outstanding balance is the introduction of automated repayments from July 2013. This will reduce further growth in the outstanding balance and allow case managers to focus on resolving existing overpayments with current and former Queensland Health staff. Once automated repayments is implemented for all of Queensland Health, by November 2013, the department anticipates that approximately 70% of the new overpayments that are identified each pay will be fully recovered within six pay periods.

Additionally, a number of other changes have been introduced to make it easier for staff to resolve their overpayments. More than 24,000 staff can now view a summary of their overpayments online at any time, and will soon be able to self-nominate a repayment planas they would in managing any other finances electronically. This feature will be extended

to all staff by November 2013. Following recent legislative changes, it is now possible for staff to authorise repayment plans over the phone, rather than needing to take additional steps to complete a form. Importantly, the new legislation also means that any overpayment that remains outstanding when a staff member leaves the department will be recovered from their separation pay.

As at the end of the financial year, \$97.7 million remains outstanding and ongoing efforts will continue to recover these funds.

### 2013 ESTIMATES PRE-HEARING

## **QUESTION ON NOTICE**

No. 18

THE HEALTH AND COMMUNITY SERVICES COMMITTEE ASKED THE MINISTER FOR HEALTH (Mr SPRINGBORG)—

## **QUESTION:**

Can the Minister advise of any new initiatives been put in place to recover over-paid monies to Queensland Health and what steps have been put in place in order to reduce the rate at which such Queensland Health over-payments occur?

### ANSWER:

Since March 2012, significant steps have been taken, not only to recover overpayments but to prevent their occurrence.

In relation to recovery, a major milestone has been the introduction of automated repayments. This will apply to new overpayments and will reduce further growth in the outstanding overpayments balance. Implementation of automated repayments commenced in July and will continue in stages throughout the rest of the year.

Additionally, a number of changes have been introduced to make it easier for staff to resolve their overpayments. More than 24,000 staff can now view a summary of their overpayments online at any time, and will soon be able to self-nominate a repayment plan—as they would in managing any other finances electronically. This feature will be extended to all staff by November 2013. Following recent legislative changes, it is now possible for staff to authorise repayment plans over the phone, rather than needing to take additional steps to complete a form. Importantly, the new legislation also means that any overpayment that remains outstanding when a staff member leaves the department will be recovered from their separation pay.

In relation to preventing overpayments, the pay date change in October 2012 successfully moved the pay date to 10 days after the close of the roster period instead of three days, allowing more time to submit, approve and process payroll forms before the pay run starts. This greatly reduced the number and value of new overpayments that occur and the number of ad-hoc payments needing to be made.

The majority of overpayments are now caused by late forms, and significant efforts have focused on tackling this underlying issue. Strong action was taken to stop the submission of forms older than three months and a targeted Forms and Rosters Challenge was initiated in April 2012 to encourage staff to submit payroll forms on time. Additionally, a project is currently underway to give line managers visibility of rosters — which will enable them to correct any inaccuracies and therefore prevent overpayments. This will be rolled out to key groups of line managers throughout the rest of the year and into 2014, with an initial focus on nursing staff.

All of this has meant that the number of overpayments has dropped by more than 60% in the past year, from \$1.7m per fortnight at June 2012 to \$0.66m for the last pay period in 2012-13.

### 2013 ESTIMATES PRE-HEARING

## **QUESTION ON NOTICE**

No. 19

THE HEALTH AND COMMUNITY SERVICES COMMITTEE ASKED THE MINISTER FOR HEALTH (Mr SPRINGBORG)—

## **QUESTION:**

Can the Minister please advise the detail in relation to the paediatric beds at the Redlands Hospital?

### ANSWER:

Paediatric services provided by Redland Hospital include:

- Neonatal service—special care nursery (six beds);
- Paediatrics inpatient service (general paediatrics ward) (six beds); and
- Children's ambulatory including general paediatric clinics, developmental paediatric clinics and paediatric respiratory clinic.

In addition, Redland Hospital Paediatric Department liaises with other services that provide care to infants, children and adolescents. These services include:

- Child Health and School nurses;
- Paediatric Allied Health Services, Redland and Wynnum Health Service Centres;
- Paediatric Respiratory Educators, Redland Health Service Centre;
- Child Youth Mental Health Service, Redlands;
- Departments of Emergency Medicine, Redland and Wynnum Hospitals;
- Tertiary Units within Mater and Royal Children's Hospitals (eventually QCH);
- Child Protection Unit, Mater Children's Hospital; and
- Logan Hospital as a part of Metro South Health Women's and Children's stream.

Furthermore, capital works associated with the redevelopment of paediatric services at Redland Hospital were completed on time and under budget in September 2012. The additional capacity added through this redevelopment (with approved variations) includes:

- a dedicated paediatric waiting and treatment area in the Emergency Department, including four treatment spaces;
- expansion of the adult Short Stay Unit from five to 10 beds;
- dedicated mental health assessment and treatment area in the Emergency Department;
- refurbishment and expansion of the paediatric ward from current six to 11 beds; and

• a new multi-disciplinary paediatric outpatient wing, including four additional paediatric consulting rooms.

From 1 July 2013, Metro South Health identified \$537,000 of recurrent funding to open the Paediatric Treatment area in the Emergency Department. This will facilitate the area opening seven days per week. Opening hours will be aligned with peak demand for paediatric emergency services.

The other areas of the redevelopment are yet to be commissioned.

# Questions taken on Notice at Hearing and Responses

### **2013 ESTIMATES**

# **HEARING QUESTION ON NOTICE**

No. 1

Hansard Ref: Page 9

MS PALASZCZUK ASKED THE MINISTER FOR HEALTH (Mr SPRINGBORG)—

## QUESTION:

In relation to the Metro North Hospital and Health Service, how many nurses received a letter about possible dismissal?

### ANSWER:

The Graduate Nurse Supported Practice Unit will provide an opportunity for the Metro North Hospital and Health Service to employ 140 graduate nurses to ensure the long term viability of Metro North's nursing workforce. It will also enable these graduate nurses to develop skills to further their professional development.

I can confirm that 3,490 Nurses were sent the letter in question. I acknowledge that the initial letter was poorly worded. However, a second version of the letter was sent confirming that no forced redundancies would occur. I am advised that as of 24 July 2013, 224 nurses have already expressed interest in a voluntary redundancy.

Failure to employ the 140 graduate nurses within the Metro North Hospital and Health Service will jeopardise the ongoing sustainability of safe quality care being provided by expert professional nurses. I commend the Metro North Hospital and Health Service on their efforts to ensure the future viability of their nursing workforce, and the opportunity they are providing for graduate nurses entering the workforce.

## **2013 ESTIMATES**

# **HEARING QUESTION ON NOTICE**

No. 2

Hansard Ref: Page 19

MRS MILLER ASKED THE MINISTER FOR HEALTH (Mr SPRINGBORG)—

## QUESTION:

Would the Minister provide the whole salary packages which includes phones, cars et cetera for everyone in his staff?

# ANSWER:

As at 30 June 2013, the total number of staff in the Office of the Minister for Health was 8.5 Ministerial FTEs plus 3 FTEs as Departmental positions.

I am advised that in the office of Labor's previous Minister for Health, Geoff Wilson, there were 15.6 FTEs plus 3 FTEs as Departmental positions.

Salary packaging for each Ministerial staffer in the Office of the Minister for Health as at 30 June was:

Chief of Staff	SES3.1
Principal Policy Advisor	SO3
Principal Media Advisor	SO3
Principal Advisor (0.5 FTE)	SO3
Senior Advisor	AO8/1
Advisor	AO7/1
Personal Assistant	AO5/4
Office Manager	AO5/2
Driver/Assistant	0.03

The office is provided with one vehicle.

### **2013 ESTIMATES**

# **HEARING QUESTION ON NOTICE**

No. 3

Hansard Ref: Page 24

DR DOUGLAS ASKED THE MINISTER FOR HEALTH (Mr SPRINGBORG)—

## QUESTION:

Is the Minister aware of any comparative efficiency studies between private and public hospitals for equivalent patients in Queensland?

Would the Minister list those ones that are being investigated?

### ANSWER:

Queensland Health is aware of some efficiency studies for comparable patients in private and public hospitals specific to Queensland.

In 2010, the Productivity Commission presented a paper to the Australian Conference of Economists titled 'Measuring the technical efficiency of public and private hospitals in Australia'. This was the first study of its kind nationally. The study found that 'on average, for-profit and public contract hospitals were estimated to be more efficient than public and not-for-profit private hospitals, in terms of their potential to increase output for a given set of inputs. However, for-profit, not-for-profit and public hospitals were found to be similarly efficient with respect to their potential to economise on input use for a given level of output'. The paper also acknowledged a number of data limitations which, if addressed, could produce more accurate estimation results.

This paper also summarises the few multivariate studies of hospital efficiency in Australia and reports the findings of those studies indicate that:

- for-profit private hospitals are more technically efficient than not-for-profit private hospitals (Webster, Kennedy and Johnson 1998)
- metropolitan public acute hospitals are more technically efficient than smaller rural hospitals (SCRCSSP 1997; Wang and Mahmood 2000a)
- private hospitals give rise to better health outcomes than public hospitals (Chua, Palangkaraya and Yong 2008).

It is clear from this study that each case needs to be considered on its merits.

As outlined in the Blueprint for Better Healthcare, public sector health services will be exposed to contestability.

Contestability is a process of reviewing the delivery of our services, to ensure all Queenslanders receive value for money services, when and where they need them, for generations to come. It encourages innovation and smarter thinking and focuses on building partnerships to improve access to and economic efficiency of public services, for all Queenslanders.

Queensland Health has started to look at new innovative approaches to service delivery, however we have not yet completed our analysis to be able to present the findings.

## **2013 ESTIMATES**

# **HEARING QUESTION ON NOTICE**

No. 4

**Hansard Ref: Page 50** 

MRS MILLER ASKED THE MINISTER FOR HEALTH (Mr SPRINGBORG)—

## QUESTION:

Can the Minister explain why a patient admitted to the Ipswich Hospital could not be provided renal dialysis services and why her partner was required to administer this procedure in the hospital with consumables brought from their home?

Do you have clinically qualified staff rostered on the week-ends to administer renal dialysis?

## ANSWER:

Based on the information provided, Queensland Health has been unable to identify the particular case referred to by the Member. If the Member would like to provide further information to my office, I would be happy to have the matter further investigated.

Ipswich Hospital has qualified renal dialysis nurses rostered on every weekend in line with the operating hours of the renal service.

There is further capability through the intensive care unit for renal dialysis needs outside of these hours.

Ipswich Hospital is also linked with Princess Alexandra Hospital through a network of services to provide skills as expertise as required.

## **2013 ESTIMATES**

# **HEARING QUESTION ON NOTICE**

No. 5

**Hansard Ref: Page 50** 

MRS MILLER ASKED THE MINISTER FOR HEALTH (Mr SPRINGBORG)—

# QUESTION:

Is the Minister aware his government has abolished the position of the social worker clinical specialist supporting burns patients in the intensive care unit at the Royal Brisbane Hospital?

Is the Minister aware this dedicated staff member was advised of their fate by email last Thursday?

## ANSWER:

The Metro North Hospital and Health Service allied health workforce is currently being remodelled. This includes refocussing some positions, and creating new positions to ensure the needs of patients are met. This change is fundamental to providing both the sustainability and flexibility needed in a contemporary health service. I can confirm that a number of allied health positions within the Royal Brisbane and Women's Hospital are affected by the changes, including a Specialist Burns/ICU Social Worker.

Through this restructuring process, the Specialist Burns/ICU Social Worker HP5 position is being substituted with a HP4 position. The service will continue to be provided to this area by a social worker with appropriate specialist skills.

All changes made to date have been planned not only to ensure correct consideration of patient and service needs, but to also comply with industrial obligations. Metro North recognises that these changes are challenging and has provided necessary supports to assist staff to deal with change. Staff affected, including the staff member in question, have been offered the opportunity to take a redundancy or to deploy to vacancies in other areas of Metro North.

The social worker in question was informed of the organisational change affecting her position through an individual meeting on Thursday, 18 July 2013. She was invited to attend a meeting regarding the organisational change in advance of the announcement to the wider staff group. She was unavailable for the first meeting offered and attended a subsequent meeting with her Union Organiser in attendance. The wider staff group were informed of the organisational change after these individual staff meetings.

Metro North is committed to providing high quality and sustainable health care to the people it serves. This means finding opportunities to redesign current services to provide value to taxpayers without compromising high quality patient care, ensuring that the right person is delivering the right care, in the right place, at the right time. Metro North's priority is and will remain to provide safe, high quality and responsible health care services to patients.