Suite 14-18, 17 Bowen Bridge Road
Bowen Hills, QLD, 4006
1300 263 374
hotline@npaa.asn.au
npaa.redunion.com.au

3 June 2026

Mr Kieran Keyes
Chief Executive Officer
Townsville Hospital and Health Service
Via email Only: TSV-CEO@health.qld.gov.au

Judy Morton
Executive Director Nursing and Midwifery
Via email Only: THHS_EDNMS@health.qld.gov.au

CC:
The Hon. Tim Nicholls MP
Minister for Health and Ambulance Services, Queensland Government
Via email Only: health@ministerial.qld.gov.au

The Hon. Mark Butler MP
Federal Minister for Health, Disability and the NDIS
Via email Only: minister.butler@health.gov.au

Dr David Rosengren
Director-General, Queensland Health
Via email Only: dg_correspondence@health.qld.gov.au

Mr Tony Mooney AM
Board Chair, Townsville Hospital and Health Service
Via email Only: Townsville_hhb@health.qld.gov.au

Re: Patient Safety Crisis at Townsville University Hospital — Urgent Action Required

Dear Mr Keyes and Ms Morton,

The Nurses Professional Association of Australia (NPAA) writes on behalf of nursing and midwifery staff at Townsville University Hospital (TUH). Many of the matters raised in this letter have been brought to your attention by clinical staff directly through internal formal escalation pathways.

Feedback from our anonymous member survey and engagement indicates some serious patient safety and staff safety concerns. The issues set out below are likely the cumulative consequence of a hospital that has been chronically under-resourced, required to implement policies that place inordinate pressure on frontline staff who are constrained by larger structural issues, and led by an executive culture that responds to clinical overload by setting performance targets rather than addressing structural causes. The burden of that failure falls almost entirely on nursing and midwifery staff and their patients.

Suite 14-18, 17 Bowen Bridge Road
Bowen Hills, QLD, 4006
1300 263 374
hotline@npaa.asn.au
npaa.redunion.com.au

Based on member feedback the cultural problems are not a middle management or frontline issue, they result from a disconnect between the executive, the government and the frontline.

1. Chronic Overload, Tier 3 and Ambulance Ramping

TUH is operating on Tier 3 status almost daily. On a typical day, more than 20 patients require admission with often only 7-8 planned discharges. The consequence is a cascade:

Emergency Department beds are blocked, ambulances are ramped outside rather than offloaded, patients are assessed and treated in waiting areas, corridors, and ward nurses absorb the pressure of a system operating permanently beyond capacity. One member told us:

> *"There are 20-plus admissions daily but only seven or eight discharges. We are nearly always on Tier 3. The ramping is constant — lots of people being treated in the waiting room. There is real pressure to push people to discharge from wards, so ED doesn't breach."*
> — TUH nurse

> *Nearly always Tier 3 — aged care beds unavailable, NDIS bed block, social admissions that cannot be discharged, and patients being sent home before they are clinically ready. Some return to emergency within days, extending their length of stay and deepening the very bed block the discharge pressure was meant to relieve. It is all about money, keeping the budget in check rather than delivering safe patient care.*

These structural pressures are compounded by two Queensland Government emergency department policies, the *2.5-hour ambulance offload target and the 24-hour ED presentation target*, both linked to activity-based funding. As NPAA has documented at hospitals across Queensland, these targets create pressure to move patients out of ED rapidly. The result is not improved care, it is displacement. Patients are moved from critical care to wards before they are clinically ready, discharged prematurely from wards or ED to free beds, and in some cases return to ED within days, extending length of stay and deepening the very bed block the policy was designed to relieve.

This is not a staffing failure. It is a structural one, driven by a bed base that has not grown with the catchment population, a chronic inability to discharge medically ready patients into aged care, NDIS, or community support settings, and a cost of living crisis that has made private health insurance unaffordable for many, with rising gap payments and a shrinking availability of private options placing further pressure on an already strained public system.

2. Bed Block and Social Discharge - A Problem Set to Worsen

A proportion of TUH's occupied beds are held by patients who are medically ready for discharge but cannot leave. NDIS and aged care placements are unavailable. Patients experiencing homelessness or other social problems are admitted with an inability to secure community support services to enable discharge.

Suite 14-18, 17 Bowen Bridge Road
Bowen Hills, QLD, 4006
1300 263 374
hotline@npaa.asn.au
npaa.redunion.com.au

> *Social admissions all the time because basically homeless and can't discharge them. Consultants too scared to discharge and no one in the community to accept them. 2–3 more homeless that should have been discharged months ago... no support service to assist them. bed blocked with geriatric and NDIS bed block or dump in ED when service withdraws.*
>
> *so many ED patients waiting for beds, seems to have increased*
>
> *Can't discharge from PACU at capacity so can't get them out. Worse this year — bed block got worse.*

These social and complex discharge cases block medical beds daily and drive the Tier 3 status that places nursing staff under constant pressure. A post major surgery patient was recently returned to a trolley following surgery because no ward bed was available, this is both a pressure area and recovery risk and a patient dignity failure after major abdominal surgery.

This situation will likely worsen following the 2026-27 Federal Budget. The Government's NDIS reforms, projected to deliver $37.8 billion in savings over four years through tighter access criteria and plan resets, will reduce the number of Australians supported in the community.

As noted in recent independent commentary, without substantial investment in community-based services, unmet need will land with hospitals. People who lose NDIS support will deteriorate and present to emergency departments and once admitted, many will not be dischargeable because the supports they relied on no longer exist.

The $1.7 billion commitment to 5,000 new residential aged care beds is welcome, but construction incentives do not take effect until July 2027. TUH's discharge block crisis is happening now. Regional hospitals like TUH, serving large, geographically isolated catchments with ageing populations, will bear the greatest impact of both the NDIS tightening and the delayed aged care bed investment.

3. Theatre Equipment Failures

Poor theatre equipment increases patient risks. Theatre bed issues are being escalated through TUH's escalation reporting channels. However, there is no specific timeline for bed replacement. TUH Nurses have reported through our anonymous survey:

> *Nothing happens and we are told there is no money. The beds are at the end of life. They are no longer repairable and replacement parts are not easily available. Sometimes they can wobble, malfunction, limit patient positioning or inability to accommodate x-ray.*

Would you like your theatre bed to wobble or the brakes to fail if you were having your heart, brain or child operated on?

4. Theatre Cancellations

Suite 14-18, 17 Bowen Bridge Road
Bowen Hills, QLD, 4006
1300 263 374
hotline@npaa.asn.au
npaa.redunion.com.au

NPAA members have reported that TUH has the highest rate of theatre cancellations in Queensland. PACU (Post Anaesthesia Care Unit) suffers from bed block. Patients booked as day cases, including, members allege, cases that are clinically known in advance to require overnight admission, wait 6 or more hours in PACU for a ward bed. PACU does not have bathroom facilities or ward-appropriate equipment.

> *"Higher up executives don't seem to grasp why we need people out of PACU. For them it is about budget. Patients sit for hours. It is a production line. Management is not there for the patient."*

We ask that Queensland Health's theatre cancellation data for TUH be disclosed, with a comparison against other HHS's.

5. Staffing, Outpatient Waits and Occupational Violence

TUH nursing staff are working without a sufficient casual pool as many are on contracts, are regularly filling unplanned absences through overtime, sometimes under duress, and are doing so in an environment of elevated occupational violence. Members describe days on which TUH has operated with 20 or more staff below minimum safe levels. Outpatient and antenatal wait times are extended, with patients in some specialties told to access scans in the community at their own expense.

Occupational violence in TUH wards and often in the Emergency Department is a recurring and documented concern. One member told us:

> *"Management doesn't care. When staff are assaulted they put the blame back on you. Abuse is tolerated. Patients know that if they act up they get what they want and staff have to suck it up."*
> — NPAA member, Emergency Department nurse, TUH

Furthermore, ICU nurses report staffing issues being allocated Double or triple patients if deemed suitable for ward. When performing transfer to ward, leaving remaining patients to be cared for by other (overloaded) staff.

6. Executive Culture and Where the Problem Sits

Based on consistent member feedback the cultural issues do not lie with middle management or frontline staff. Those teams are, by consistent account, working really hard in extremely difficult circumstances. The problem is described as residing within the executive tier, an executive approach that responds to clinical deterioration by setting throughput targets, that deflects accountability downward, and that is now spending money on another culture review while theatre beds remain broken.

> *"Most of the issues raised by staff are not middle management issues. It is executive management. It is perhaps time they looked at themselves."*
> — TUH nurse

Suite 14-18, 17 Bowen Bridge Road
Bowen Hills, QLD, 4006
1300 263 374
hotline@npaa.asn.au
npaa.redunion.com.au

"They are good at making themselves look good and pushing down, making everyone else the issue."
— TUH nurse

NPAA notes that the decision to commission a further culture review, while documented capital equipment failures remain unaddressed, is itself a signal about executive priorities that has not gone unnoticed by clinical staff.

Our Asks
NPAA requests a formal written response to the following please:

- **Theatre equipment:** Provide a written commitment with a funded timeline for replacement of end of life theatre tables.
- **PACU and theatre cancellations:** Confirm what protocol exists when PACU reaches capacity. We request that TUH undertake a formal review of PACU bed block
- **Theatre cancellations:** Disclose TUH's theatre cancellation and infection rate rate data and provide a comparison against other Queensland HHSs.
- **Discharge planning:** Confirm what funded discharge planning resources, including social workers, NDIS liaison, and aged care coordination, are currently in place at TUH, and what additional investment is sought from the State and federal Government to address social and complex discharge blocks.
- **Staffing:** Confirm whether the current casual pool is sufficient to fill unplanned leave without relying on overtime, and confirm that agency access is available to short-staffed wards.
- **Outpatient and antenatal access:** Confirm what action is being taken to address extended outpatient waiting times and the practice of directing patients to obtain specialist scans in the community at their own expense.
- **Activity-based funding ED targets:** Confirm whether TUH supports NPAA's call for the removal of the 2.5-hour ambulance offload target and 24-hour ED presentation target linked to activity-based funding, which member feedback identifies as a driver of premature discharge and excessive frontline pressure.
- **Hospital expansion:** Confirm the revised timeline for the TUH expansion and confirm what interim measures are in place to manage bed capacity while the expansion remains delayed.
- **State and federal collaboration:** Confirm whether the Queensland Government and the Federal Government have a shared plan for addressing the structural drivers of TUH's bed block, specifically NDIS access, aged care placement, and hospital capacity. Confirm what authority the Townsville HHS has to make local decisions and access local resources to address issues that centralised processes have failed to resolve.

We would appreciate a written response within 14 days.

Yours sincerely,

Kara Thomas
President - Nurses Professional Association of Australia