Suite 14-18, 17 Bowen Bridge Road
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7 July 2026

Ms Shellee Chapman
Acting Health Service Chief Executive
Townsville Hospital and Health Service
Via Email Only: TSV-CEO@health.qld.gov.au

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

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: Response to NPAA correspondence dated 3 June 2026 Outstanding matters

Dear Ms Chapman,

Thank you for your response dated 17 June 2026 to NPAA's letter regarding patient safety and operational pressures at Townsville University Hospital.

NPAA acknowledges the response and the time taken to address the matters raised. However, we write to advise that a number of our specific requests remain unanswered, and we seek written responses to the following outstanding items within 14 days.

Theatre cancellation data. NPAA requested disclosure of TUH's theatre cancellation rate data and a comparison against other Queensland Hospital and Health Services. Your response described

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initiatives to reduce cancellations but did not provide the data requested. NPAA renews this request. Our members report TUH has the highest theatre cancellation rate in Queensland. If that is inaccurate, the data will demonstrate it. If it is accurate, the public and our members are entitled to know.

We note that Queensland Health's own performance data for April 2026 shows only 39.6% of Category 2 and 3 planned surgery patients were treated "in turn," against the Department's own 60% target, and that 723 patients are currently waiting longer than clinically recommended, up 14.0% on the same month last year. We ask THHS to explain this outcome alongside the cancellation data requested.

Theatre equipment funded timeline. NPAA requested a written commitment with a funded timeline for replacement of end-of-life theatre tables. Your response referenced an existing asset replacement program but provided no timeline and no funding commitment. A program without a timeline is not an answer to nurses describing theatre beds that wobble, lack replacement parts, and cannot be repaired. We ask for a specific funded timeline.

In April 2025, Director-General David Rosengren told a parliamentary committee that THHS's sustaining capital budget was "well overdrawn" and that the Department could not even approve a contract to repair the hospital's lifts. We ask THHS to confirm whether the asset replacement program is currently funded, and if so, on what date theatre tables specifically will be replaced.

Activity-based funding ED targets. NPAA asked whether THHS supports our call for removal of the 2.5-hour ambulance offload and 24-hour ED presentation targets. Your response acknowledged concerns and supported "ongoing system-level discussion." That is not a position. We ask whether THHS formally supports reform of these targets please?

Queensland Health's own performance data reinforces these accounts: only 45.7% of TUH emergency department patients had care completed within four hours in April 2026, falling to just 21.1% for patients requiring admission, and average lost ambulance minutes rose to 8.8 minutes, up 4.2 minutes on the same month last year. This is independent evidence that bed block and ramping are worsening, not stabilising.

Staffing safe minimum levels. Your response confirmed a casual pool of 413 employees and described ongoing recruitment. It did not address our members' accounts of days on which TUH operated with 20 or more staff below minimum safe levels. We ask whether THHS can confirm that minimum safe staffing levels are being met on all wards, and if not, what action is being taken.

Occupational violence. Your response did not address our members' accounts of a culture in which assaulted staff are told to "suck it up" and in which management places blame back on staff following an assault. We ask that THHS provide its occupational violence incident data for the ED and other wards for the past 12 months, and confirm what support measures exist for assaulted staff.

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This concern is no longer limited to nursing. In May 2026, 115 senior TUH medical staff wrote separately to the Premier and Health Minister alleging an almost identical pattern of executive culture, citing four failed culture reviews in a decade and a walkout after Board Chair Tony Mooney reportedly asked a doctor, "Are you deaf?" The Queensland president of the Australian Salaried Medical Officers' Federation, Dr Hau Tan, and AMA Queensland president Dr Nick Yim have since raised near-identical concerns publicly. This is a documented, cross-professional pattern.

Outpatient and community imaging costs. Your response stated that patients "are not expected to incur inappropriate out-of-pocket costs" for imaging. This describes the policy intent but does not confirm whether it is being met in practice, and does not address the specific member reports of patients being directed to community imaging at their own expense. We ask THHS to confirm whether any patients have incurred a gap payment for imaging in the past 12 months as a result of being referred to community providers, and if so, how many.

We look forward to your reply within 14 days.

Yours sincerely,

Kara Thomas
President, Nurses Professional Association of Australia