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11 August 2026

Leena Singh
Chief Executive
Cairns and Hinterland Hospital and Health Service
Via Email Only: CHHHS_ocecorro@health.qld.gov.au

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

Re: Staff and Patient Safety at Atherton Hospital, Parking, Occupational Violence, and Staffing

Dear Ms Singh,

We write on behalf of our members at Atherton Hospital regarding three connected safety concerns raised consistently through recent member feedback: parking access, occupational violence, and staffing levels.

Parking
Our members tell us that finding a park by the start of a shift is difficult even on an ordinary working day, but the annual Atherton Show closure of Jack Street, and we understand Robert Street, makes it substantially worse, and for far longer than the two days of the event itself. Streets are bollarded off several days before the Show begins, removing parking relied on by staff and patients for the better part of a week or more each year.

During this year's closure specifically, our members reported:

- Being pushed into parking as far as 700 metres from the hospital, with one member describing the distance as "impossibly far" and another walking 15 minutes in the rain to reach their car.
- Walking alone after dark on streets described as quiet, with "not many other people around," and by another member as having "a large number of lurking locals" after later finishes.
- A vehicle parked in the Show's overflow parking area having its tyres slashed in daylight by a member of the public.
- Security coverage at night is limited to a single guard, who is also called on to assist the Emergency Department, leaving escort support frequently unavailable exactly when the closure has pushed staff furthest from the building.
- A Community Health staff member unable to get Show staff to move a vehicle blocking the Community Health fleet carpark, with police ultimately needing to be called to resolve it, directly disrupting home-visit operations.
- On the patient side, oncology day unit patients and elderly, cardiac, and other unwell Community Health patients arrived anxious, short of breath, or with elevated blood pressure

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after the longer uphill walk forced on them during the closure period, and Community Health patients actively avoided booking appointments on Show days because they knew access would be too difficult.

This sits on top of a parking shortfall our members say exists year-round regardless of the Show, elderly and mobility-impaired patients unable to find nearby parking, and staff describing on-site parking as ranging from "sometimes hard" to "always hard" to find on an ordinary day.

We ask that the following be established as standing arrangements, addressing both the everyday shortfall and the additional strain the annual closure places on it, rather than a fix considered only in the lead-up to the Show:

1. Reinstate the grassed overflow area off Mazlin Street for staff parking, with adequate lighting, available year-round for late and night shift staff, and guaranteed during the Show closure period specifically.
2. A shuttle or security escort for staff finishing after dark, resourced separately from ED security coverage, with capacity scaled up for the duration of the Show closure.
3. A genuine review of on-site parking capacity
4. A permanent, clearly sign-posted patient drop-off and patient-specific parking arrangement for Community Health and oncology outpatients, with specific arrangements confirmed ahead of each year's Show closure.
5. Time-limited, monitored parking bays reserved for outpatients during business hours, so spaces actually turn over for appointments rather than being taken up by all-day parking.

Occupational Violence

Our members report that violence from patients with complex behavioural and cognitive needs has become a near-daily occurrence on the ward, managed in a facility without appropriate secure capacity for it.

Most recently, a patient with dementia and a known history of aggression, for whom cutlery access had already been restricted, obtained a knife and attempted to attack staff members. Security and staff had already logged multiple risk assessments on this same patient prior to this incident, following established internal escalation pathways. A decision to transfer the patient to a more appropriate secure setting in Cairns was reportedly made and then placed on hold. Staff have described being on the receiving end of this and similar patients' aggression repeatedly, including being kicked and struck, and have raised serious concern about what will happen if this pattern continues before a transfer is actioned.

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5. Urgently review why documented risk assessments and an agreed transfer decision were not acted on in this case, and confirm what safeguards are now in place for staff and other patients.
6. Provide members with a clear, transparent pathway for escalating unresolved occupational violence risk, including when local decisions appear to be overridden or delayed.

Staffing and Resourcing

Related concerns raised by members include: staff regularly working above safe ratios (5–6 patients where the ratio is 4); casual staff carrying high shift loads while regular and permanent staff vacancies go unfilled; a mismatch between funded and actual bed numbers, including wards routinely running well above funded capacity; short-stay beds opened without corresponding funding; and at least one patient occupying an acute bed for an extended period, reportedly around 340 days, while awaiting an appropriate aged care placement due to behavioural needs, adding further pressure to an already stretched ward.

We ask CHHHS to:

7. Review ratio compliance on wards managing high-acuity and behavioural patients, and the resourcing gap between funded and actual bed numbers.
8. Address the underlying placement delays contributing to bed block, given the direct flow-on to staff workload and safety.

We recognise budget pressures are real, but our members are clear that tolerating this level of violence and understaffing as a normal part of the job is a substantial driver of the retention and recruitment problems. We ask for a response within 14 days.

Yours sincerely,

Kara Thomas
President, Nurses Professional Association of Australia