C-ECTF-21/3865 HPSP

SUBJECT: Financial Commitments made by the Department of Health to address emergency department and bed capacity pressures across the State

□ Approved □ Not approved □ Noted □ Further information required (see comments)	Signed
---	--------

ACTION REQUIRED BY - There is no specific timeframe required.

RECOMMENDATION

It is recommended the Minister:

 Note the following information relating to the financial commitments made by the Department of Health (the Department) to address Hospital and Health Services (HHSs) emergency department (ED) and bed capacity pressures.

ISSUES

- 1. In 2020-21 there has been significant demand growth in public ED's. This increased demand for unplanned care services has put increased pressure on Queensland's healthcare system.
- Queensland HHSs have raised concerns regarding the increase in demand being faced by EDs in managing business as usual clinical demands, in addition to the COVID-19 fever clinics and new COVID-19 related precautions. The surge in presentations is also impacting patient flow and bed availability across most HHSs, particularly in South East Queensland.
- 3. HHSs have been working hard to continue to respond to the increased emergency demand whilst simultaneously delivering planned care services including elective surgery, specialist outpatients and gastrointestinal endoscopy services. However, clinical prioritisation requires emergency care and emergency surgery to take precedence over planned care. Increased demand has led to the requirement for health services to appropriately prioritise care resulting in elective surgery cancellation and decreasing the ability for HHSs to deliver on planned care requirements.
- 4. Bed capacity is already constrained, particularly in the South East corner as there are physical bed shortages, in addition financial pressures and workforce shortages are impacting the ability of some HHSs to fully operationalise their usual physical bed capacity.
- 5. There have been lasting operational impacts of COVID-19 precautions within our EDs. This includes new infection control measures critical for the safety of both staff and patients such as, social distancing and personal protective equipment requirements. These processes increase the time required to provide treatment, impacting patient flow and emergency length of stay performance. In addition, several Queensland hospitals are providing COVID-19 fever clinics from their ED's. This is the most appropriate physical location for these health services but has had an impact of patient flow.
- 6. There is a risk of further deterioration due to the increase in ED demand generally experienced leading into and during the winter months.
- 7. Resultant bed shortages have led to delays in patient admissions to hospital from the ED and cancellations of elective surgeries. This impacts available ED resources and results in backlogs to Queensland Ambulance Services, impacting Queensland Ambulance Services off-load times (Patient Off Stretcher Time), loss minutes, increased ambulance ramping and capacity alerts. In addition, this impacts emergency length of stay performance and admitted performance.
- 8. Over the past financial year, there has been significant investment by the Department of Health in a range of hospital avoidance and diversion strategies. There are three key strategies to support hospitals cope with this increased demand:
 - 8.1. Reduce demand: ED avoidance programs;
 - 8.2. Improve flow in ED: Generating increased ED capacity through service redesign and increased efficiency; and
 - 8.3. Increasing bed base: Ensuring sufficient availability of inpatient bed capacity to support flow from the ED.

- 9. To date, the Department has invested over \$116 million during 2020-21 towards initiatives addressing these issues:
 - 9.1. In 2020-21 over \$56.6 million of recurrent and non-recurrent investments were made in proven models of care to decrease demand to public EDs around the state. This has included expansion of our Hospital in the Home, Residential Aged care Support Services, Mental Health Co-responder model and Care in the Right Setting funding.
 - 9.1.1. Specifically, investments included:
 - 9.1.1.1. \$2.5 million for the continuation or commencement of the successful Mental Health Co-Responder model, recurrently across Gold Coast, Metro South, West Moreton, Metro North, Townsville and Cairns HHSs;
 - 9.1.1.2. \$6.0 million towards the Better Health NQ Healthcare in the Home across Mackay, Townsville, Cairns and Hinterland, Torres and Cape and North West HHS;
 - 9.1.1.3. \$16.1 million during 2020-21 for the Care in the right setting program including; Fast Track Pain Management at Cairns and Hinterland HHS, GP Connect and Rapid Paediatric Sepsis Pathway at the Children's Health Queensland, Acute Geriatric Evaluation Services at Darling Downs HHS, Virtual Emergency Department and support for Minor Illness and Injury Centre within Metro North HHS, Geriatric Evaluation/management in the Home within Metro South HHS; and
 - 9.1.1.4. \$38.3 million for the delivery and expansion of our successful Hospital in the Home, Residential Aged Care Support Services programs across the state.
 - 9.2. A further \$10.3 million to support strategies to improve ED capacity, efficiency and patient flow. This includes Transfer Initiative Nurses Program to support Patient Off Stretcher Time and additional support for the Patient Access Coordination Hub (PACH). Investments have been made across Gold Coast, West Moreton, Metro South, Central Queensland and Townsville HHS.
- 10. During 2020-21 the Department has invested an additional \$55 million to expand inpatient capacity to support patient flow. This includes the \$25 million approved by the Director-General on 12 February 2021 with \$15 million already allocated to support an additional 130 beds across the system.
- 11. The recent \$15 million additional bed capacity was purchased over the last few weeks, whilst there is no performance data for this period to review, it is anticipated that little improvements will be have been see so far. This is because simultaneously to this investment, PAH has had to enact a lockdown in response to COVID-19 which has then in turn placed pressure on all surrounding sites, additionally Metro North and Cairns HHSs have had to expand COVID-19 bed capacity within the pressured footprints to respond and manage the increasing volumes of COVID-19 positive hotel quarantine patients. The remaining unallocated funds will be used to address urgent bed demand surges during the winter months.
- 12. Further strategies are currently being identified and implemented to provide further relief to HHSs in South East Queensland. Attachment 1 contains the first draft of a list of other potential actions which the Department is considering.
- 13. Further updates will be provided in MIN/DG performance reports.

BACKGROUND

- 14. Between 1 July 2020 and 28 February 2021, there were over 1.58 million presentations to Queensland's ED's, an increase of 11.5 per cent compared to the previous year.
- 15. On average, our EDs have seen over 6,500 patients each and every day this financial year up until 28 February 2021.
- 16. Over the same period, there were over 233,900 patients that required resuscitation (Category 1) or critical care (Category 2), over 15,100 or 6.9 per cent more patients than the previous year.
- 17. There were over 446,300 patients that arrived by ambulance.
- 18. Between 1 July 2020 and 28 February 2021, 1,182,909 patients were seen within the clinically recommended time, 78.6 per cent of all presentations.
- 19. For the same period, 75.4 per cent presentations were treated and discharged or admitted to hospital within four hours.
- 20. A South East Queensland PACH has been operational since March 2020. South East Queensland PACH supports communication and visibility of demand across HHS teams and provides trend analysis and escalation to the Department executives at the time of sustained increased demand.
- 21. Clinical Excellence Queensland are currently leading work on an Access Strategy reform program which aims to deliver longer term state-wide improvements to increase capacity and improve patient flow.

RESULTS OF CONSULTATION

22. No consultation was required for this brief.

RESOURCE/FINANCIAL IMPLICATIONS

23. There are no resource or financial implications associated with this brief.

Queensland Health
MINISTERIAL BRIEFING NOTE

C-ECTF-21/3865 HPSP

SENSITIVITIES/RISKS

- 24. There has been recent media attention on the increase in ED demand and corresponding impacts on ED performance.
- 25. Despite the additional allocation of funding, it is likely HHSs will continue to experience financial/access performance pressures due to the increased unplanned care demand.

ATTACHMENTS

26. Attachment 1. Further potential strategies being consider by the Department of Health

Author	Cleared by (Dir/Snr Dir)	Content verified by (DDG/CE)	Director-General Endorsement
Name: Ciaran McSherry	Name: Naomi Hebson	Name: Nick Steele	Name: Dr John Wakefield
Position: Manager	Position: Executive Director	Position: Deputy Director-General	
Unit: Contracting and	Branch: Contracting and	Division: Healthcare Purchasing	Signed
Performance Management	Performance Management	and System Performance	
Branch	Branch	Tel No: 3708 5820	1
Tel No:	Tel No: 3708 5851	Date Verified: 18 March 2021	0
Date Drafted: 16 March 2021	Date Cleared:17 March 2021		
	*Note clearance contact is also		
	key contact for brief queries*		Date 19 March 2021

Surge Activity Plan - South East Queensland public hospitals March 2021

Background

Public hospitals in South-East Queensland (SEQ) have been experiencing unprecedented levels of activity over the past five (5) months.

Emergency Presentations

Emergency Department (ED) presentations in SEQ have seen a disproportionate increase in Category 1, 2 and 3 patients since October 2020, with the Category 1 and 2 patients increasing by 8.4% in the month of February 2021 compared to February 2020. While presentations to the ED via QAS has remained relatively stable, the number of ED walk-in patients has increased across SEQ. The admission rate from the ED has also increased, particularly when comparing Oct -Dec 2021 to the same period in 2019. All HHSs in SEQ have also reported increased mental health patient presentations (both adult and pediatric), and it has been noted that there is an increasing incidence of respiratory illness (e.g. RSV) in the community.

Increased presentations of Category 1, 2 and 3 and high admission rates is resulting in increased numbers of patients either waiting treatment in the ED of greater than 24 hours or patients awaiting admission (AWAs) posing significant patients safety risks. Consequently, QAS lost time has also increased impacting on the ability to deliver a timely response to the community further confounding the patient safety risks.

Surgery Demand

While elective surgery activity has fluctuated over the past year due to COVID responses, attempts are being made to return to pre-COVID levels to avoid longer waits for surgery. Many facilities in SEQ have reported steady growth in the demand for emergency surgery. There has been limited cancelation of elective surgery with HHSs reporting that they are actively managing elective demand in line with activity.

Inpatient Occupancy

Hospital occupancy levels since October 2020 have remained over 90% (ideal occupancy level for staff and patient safety) with many over 100% bed capacity during Monday – Friday. Currently almost 600 long stay patients occupy beds across SEQ: equally split between NDIS patients (286) and aged care/ complex patients (289).

It is suggested that the increased demand being experienced is due to a range of factors, such as increased population growth, patient with higher acuity presenting after not receiving their healthcare as early as desirable due to COVID in 2020, and that the public sector has promoted itself well through a strong response to the COVID pandemic.

Escalations/ signals of high demand

While some HHSs or their facilities have reported their status of increasing escalations, others have not necessarily called alerts/ codes as they managed their level of heightened demand as business as usual (BAU).

Local levers

HHSs have applied a number of levers to meet this demand:

- Rescheduling of planned care managed locally, however this has been limited to reduce the potential for clinically undesirable long waits.
- Local Patient Access Coordination Hubs (PACHs) or Heath Operations Centres (HOCs) have been employed to improve patient flow within and between facilities within the HHS.

Additional Challenges

Longer delays across the system are impacting on patient outcomes and increasing length of stay. There has also been some concern expressed regarding the safety of staff and patients, given the continued high demand.

While some HHSs have indicated they have physical beds available, staffing limitations are impacting on the ability to keep beds open or to flex beds. Staffing levels are being impacted by:

- Low casual pool staff availability due to no international workforce and these staff are used to support Fever Clinics and for the vaccination program.
- Sick leave is above normal patterns due to staff doing overtime to support additional shifts to fill roster gaps and due the burnout related to the
 increased complexity of the patient cohorts
- Increased maternity leave
- Increased delays in recruitment related to Responsible Workforce management
- FTE funding caps resulting in a reluctance to recruit flexibly to meet demand
- Inter-hospital transfer delays

General Practice is also reporting a 15% increase in attendances.

While the public sector has relied upon the private sector to meet some of the shortfalls in the past, the private sector is also indicating it has limited excess capacity due to growth in presentations and limited access to staffing.

Potential Solutions for Consideration

Timeframe	No.	Solution	Impact	Responsible area	
Immediate	1	Extension of mater contract for ED and medicine (2 weeks)	Additional 7 QAS 10 beds	HPSP	
	2 Utilisation of existing private contracts Dependent on contract and private capacity/capability				
	3	Manage elective surgery volumes based on facility/HHS demand pressure	Minimal however will reduce delays that may impact on patient outcomes	HHS CEs	
	4	Continue facility/HHS level solutions e.g. medical officer in PACH, maximise HITH and manage staffing levels, transit lounge utilization.	Moderate impact however maximum gains have already been achieved with marginal future gains expected	HHS CEs	

	5	Executive departmental communications to reduce reporting	Reduced departmental reporting by HHS	HPSP / CEQ
		burden	Increased departmental visibility of the issues	
	6	Review of the NDIS and Aged Care long stay patients and establishment of a Long Stay rapid response team to	Increased understanding of the issue to inform solutions in (1-3 months)	HIU / SPLB
		 Survey HHS re the need of current long stay complex patients 		
	7	Discussion with Commonwealth and NDIA re application process and options	Increased understanding of the issue to inform solutions	SPLB / HIU
	8	Contact OCNMO and AHPOQ re workforce for staffing existing additional beds - Location - LOS - Special needs	SEQ HHSs have indicated they have some additional beds available if staffed.	CEQ
	9	Emergency Surgery Management	Manage growing demand – Feasibility to be explored of using some private capacity for priority patient cohorts.	HPSP / HIU
			Minimal however will reduce delays that impact on patient outcomes and bed occupancy	
	10	Move Category 2-3 long wait surgical activity	Potential to move to Surgery Connect/Private sector/STARS	HPSP/ HIU
	11	South East Queensland Patient Access Coordination Hub (SEQ PACH) continuing to monitor the demand pressures and capacity limitations of the public hospital facilities in the southeast corner.	Providing a shared near real-time situational intelligence to promote visibility for the leadership teams to act in a timely manner, in response to bed capacity issues.	HIU
	12	Capacity Escalation Matrix review by the SEQ PACH, standardising terminology re. alerts/ codes, particularly the calling of Lean Forward, Stand Up, and Code Yellow alerts for bed capacity.	Standard terminology re. alerts/ codes – offering greater confidence in status alerts.	HHSs / HIU
		Development of an inter-HHS Load Sharing Agreement.	Agreement re. time limit and cohorts for load sharing of patients across HHSs where appropriate.	
Short Term	13	Open the existing additional beds	SEQ HHSs have indicated they have some additional beds available if staffed.	CEs / HPSP
1-3 months	14	Place NDIS and Aged Care long stay patients +/- Stranded patient Transition Engagement Program (STEP) clinically supported transfers to RACF	NDIS 286 pts Aged Care 289 pts STEP program supporting residential facilities when patient / resident initially transferred from hospital.	SPLB / HIU

	15	Capital application for 4 demountable hospital wards	Ipswich QEII/Redland Logan Toowoomba	HPSP
	16	Mental health capacity - consideration of: - private contract/off site facility - Co-responders in the community - Adult and Child and Youth service demand	Better manage increased demand for this cohort	CEQ / MHAODB
	17	ED-AIR - Emergency Department-Admission Interface Review models of care in the Emergency Department (e.g.CDU, SSU, Mental Health)	Promote consistency of models of care for patients admitted from the emergency department.	HIU
	18	Explore the feasibility and fund the expansion of the Transfer Initiative Nurse (TIN) roles in the SEQ HHSs.	Remove patients from an ambulance on hospital ramp as early as possible, and care for patients on-stretcher within the hospital and return paramedics to the community.	HPSP / HIU
	19	Fund Additional support staffing e.g. cleaners, wards persons and Assistants in Nursing (AINs).	Support discharge flow and reduce non clinical delays.	HPSP / HIU
	20	Fund additional 39 QAS staff and 11 vehicles to support timely interhospital transfers in RBWH, PAH, Mater Adults, SCHHS and GCHHS.	Support timely interhospital transfers.	HPSP / QAS
Medium Term 3-6 Months	21	Explore Virtual Care bed options (wearable devices)	Out-of-hospital management	HPSP/HIU
	22	Explore the feasibility of transferring current service to the private facilities (eg general Rehabilitation) and convert these areas to acute capacity.	Create greater public facility capacity.	CEQ / HIU
	23	Explore the use of more Enrolled Nurse (EEN) positions in pediatrics.	Support workforce shortages.	CEQ / OCNMO

CEQ	Clinical Excellence Queensland
HPSP	Healthcare Purchasing and System Performance
HIU	Healthcare Improvement Unit
HHS CEs	Hospital and Health Service Chief Executives
MHAODB	Mental Health Alcohol and Other Drugs Branch
OCNMO	Office of the Chief Nurse and Midwifery Officer
SPLB	Social Policy and Legislation Branch



Available and temporary unavailable bed and bed alternatives by public acute and psychiatric hospitals, Queensland January to July 2021

Statistical Reporting and Coordination, Statistical Services Branch

Data Specification

Data Source: Monthly Activity Collection (MAC) - BED Form

Prepared by: Statistical Reporting and Coordination, Statistical Services Branch, Queensland Health

Time period: January to July 2021

Status: p. Data are preliminary and subject to change

Date Created: 29-September-2021

Data limitation: 1. Beds reported as a

1. Beds reported as at the last Wednesday within the reporting period (month).

- 2. Includes bed alternatives but not cots for well neonates.
- 3. Bed variations:
 - a. Julia Creek temporary closed 2 beds and then hospital closed moving the 2 beds across to the Multi Purpose Health Service (MPHS).
 - b. Augathella March 2021 2 beds closed for renovations; April 2021 2 beds unavailable due to renovation
 - c. Cunnamulla from 1 July 2021, 10 beds moved to the MPHS.
 - d. Surgical Treatment and Rehabilitation Service Opened 8 February 2021.
 - e. Caloundra from 1 July 2021, 1 bed alternative moved to Sunshine Coast University Hospital, 4 palliative beds closed.
 - f. Charters Towers Rehabilitation Unit from 1 July 2021 Closed and beds moved to Community Care Unit
 - g. Kirwan Rehabilitation Unit from 1 July 2021 partially closed/downsized to one remaining ward the other beds moved to Community Care Unit.
 - h. Cooktown from 1 July 2021, 8 Renal chairs transferred to Cooktown (prev as satellite from Cairns) and 3 additional bed alternatives.

n.a - not applicable, hospital/service closed or recategorised.

Table 1) Available and temporary unavailable bed and bed alternatives, public acute and psychiatric hospitals, Queensland January to July 2021

Hospital Sector	Hospital and Health Service	Hospital	Bed Availability	January	February	March	April	May	June	July
Public Acute	Cairns and Hinterland	Atherton	Available	64	64	64	64	64	64	64
		Babinda	Available	11	11	11	11	11	11	11
		Cairns	Available	670	670	670	670	670	668	660
		Gordonvale	Available	24	24	24	24	24	24	24
		Herberton	Available	38	38	38	38	38	38	38
		Innisfail	Available	63	63	63	63	63	63	63
		Mareeba	Available	51	51	51	51	51	51	51
		Mossman	Available	18	24	24	24	24	24	24
			Temporary Unavailable	6	-	-	-	-	-	-
	-	Tully	Available	22	22	22	22	22	22	22
	Central Queensland	Baralaba	Available	5	5	5	5	5	5	5
		Biloela	Available	24	24	24	24	24	24	24
		Blackwater	Available	10	10	10	10	10	10	10
		Capricorn Coast (Yeppoon)	Available	22	22	22	22	22	22	22
		Emerald	Available	37	37	37	37	37	37	37
		Gladstone	Available	94	94	94	94	94	94	94
		Mount Morgan	Available	9	9	9	9	9	9	9
		Moura	Available	3	3	3	3	3	3	3
		Rockhampton	Available	327	327	327	327	327	327	329
		Springsure Theodore	Available Available	10 6						
		Woorabinda	Available	7	7	7	7	7	7	7
	Central West	Alpha	Available	4	4	4	4	4	4	4
	Central West	Barcaldine	Available	12	12	12	12	12	12	12
		Blackall	Available	11	11	11	11	11	11	11
		Longreach	Available	23	23	23	23	23	23	23
		Winton	Available	8	8	8	8	8	8	8
	Children's Health Queensland	Ellen Barron Centre	Available	21	21	21	21	21	21	26
			Temporary Unavailable	5	5	5	5	5	5	-
		Queensland Children's Hospital	Available	346	358	370	370	370	370	364
		•	Temporary Unavailable	_	-	_	-	-	-	9
	Darling Downs	Cherbourg	Available	17	17	17	17	17	17	17
		Chinchilla	Available	16	16	16	16	16	16	16
		Dalby	Available	43	43	43	43	43	43	43
		Goondiwindi	Available	32	32	32	32	32	32	32
		Inglewood	Available	10	10	10	10	10	10	10
		Jandowae	Available	12	12	12	12	12	12	12
		Kingaroy	Available	54	54	68	68	68	68	68
		Miles	Available	13	13	13	13	13	13	13
		Millmerran	Available	11	11	11	11	11	11	11
		Murgon	Available	15	15	15	15	15	15	15
		Nanango	Available	10	10	10	10	10	10	10
		Oakey	Available	10	10	10	10	10	10	10
		Stanthorpe	Available	31	31	31	31	31	31	31
		Tara Taroom	Available Available	15 10						
		Texas	Available	6	6	6	6	6	6	6
		Toowoomba	Available	444	428	428	427	427	427	441
		Warwick	Available	73	73	73	73	73	73	73
		Wondai	Available	5	5	5	5	5	5	5
	Gold Coast	Gold Coast University	Available	910	926	928	932	924	925	930
		Robina	Available	442	420	427	431	431	431	433
	Mackay	Bowen	Available	27	27	27	27	27	27	27
		Clermont	Available	10	10	10	10	10	10	10
		Collinsville	Available	8	8	8	8	8	8	8
		Dysart	Available	9	9	9	9	9	9	9
		Mackay Base	Available	235	235	243	243	243	243	243
		Moranbah	Available	12	12	12	12	12	12	12
		Proserpine	Available	33	33	33	33	33	33	33
		Sarina	Available	16	16	16	16	16	16	16
	Metro North	Caboolture	Available	313	313	313	313	313	313	307
		Da	ogo 0 of 10							

Hospital Sector Hospital and Health Service Hospital Bed Availability January February March Apr Temporary Unavailable 1 1 1 1 1 Kilcoy Available 20 20 20 20 Temporary Unavailable 2 2 2 2 2 2 Redcliffe Available 383 383 383 383 Temporary Unavailable 9 9 9 9	l May	June	July
Temporary Unavailable 2 2 2 2 Redcliffe Available 383 383 383 383	1	1	3
Redcliffe Available 383 383 383 383		20	20
	2 409	2 409	1 418
Temporary oriavanable 5 5 5 5	7	7	2
Royal Brisbane & Women's Available 1,005 952 952 952		953	969
Temporary Unavailable 18 15 15 15 15 15 15 15 15 15 15 15 15 15		16 116	18 116
Temporary Unavailable - 30 7 -	-	-	-
The Prince Charles Available 679 671 671 671	671	671	654
Temporary Unavailable 6 6 6 6		6	24
Metro South Beaudesert Available 34 28 28 28 Logan Available 463 470 470 470		28 467	28 479
Temporary Unavailable	11	2	-
Princess Alexandra Available 1,043 1,055 989 1,018		1,038	1,045
Temporary Unavailable 34 22 88 59	64	72	-
Queen Elizabeth II Available 238 238 238 238 Redland Available 195 196 195 195 195	238 195	238 198	239 200
Redland Available 195 196 195 195 Temporary Unavailable 6 6 6 6		198	4
North West Cloncurry Available 15 15 15 15		15	15
Doomadgee Available 5 5 5 5		5	5
Temporary Unavailable 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		3	3
Julia Creek Temporary Unavailable 2 2 2 2 2 2 2 Mornington Island Available 6 6 6 6		n.a 6	n.a 7
Temporary Unavailable 5 5 5 5	5	5	4
Mount Isa Available 79 79 79 79		85	85
Temporary Unavailable 3 3 3 3	3	3	5
Normanton Available 14 14 14 14 14 South West Augathella Available 4 4 2 2	14 2	14 2	14
Temporary Unavailable 2		2	2
Charleville Available 21 21 21 21	21	21	21
Cunnamulla Available 18 18 18 18 18		18	8
Temporary Unavailable 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 7	- 7
Injune Available 7 7 7 7		7	7
Mitchell Available 12 12 12 12	12	12	12
Mungindi Available 3 3 3 3		3	3
Quilpie Available 6 6 6 6 6 6 6 Roma Available 44 44 44 44	6 44	6 44	6 44
St George Available 31 31 31 31		31	31
Surat Available 4 4 4 4	4	4	4
Sunshine Coast Caloundra Available 40 40 40 40		40	35
Gympie Available 85 85 85 85 Maleny Available 25 25 25 25	85 25	85 25	85 25
Nambour Available 157 157 157 157 157		155	157
Sunshine Coast University Available 619 635 635 625	629	629	629
Torres and Cape Bamaga Available 16 16 16 16		16	16
Cooktown Available 16 16 16 16 16 46	16 29	16 29	27 29
Temporary Unavailable	17	17	17
Weipa Available 22 22 22 22 22 22 22 22 22 22 22 22 22	22	22	22
Townsville Ayr Available 31 31 31 31 31	31	31	31
Charters Towers Available 27 27 27 27 27 27 27 27 27 27 27 27 27	27 2	27 2	26 3
Home Hill Available 14 14 14 14 14	14	14	14
Hughenden Available 9 9 8 8		9	9
Temporary Unavailable 1 1			-
Ingham Available 32		32 11	32 11
Temporary Unavailable 4 4 4 4 4		4	4
Richmond Available 6 6 6 6	6	6	6
Townsville University Available 736 736 736 736		742	742
West Moreton Boonah Available 22 22 22 22 22 22 22 22 20		22 20	22 20
Gatton Available 22 22 22 22		22	22
lpswich Available 437 437 437 437		437	422
		15	15
Laidley Available 15 15 15 15		7 249	7 258
Wide BayBiggendenAvailable777		16	16
·			
Wide Bay Biggenden Available 7 7 7 7 Bundaberg Base Available 249 249 249 249 249	4	4	4
Wide Bay Biggenden Available 7 2 2 2 2 <td>10</td> <td>10</td> <td>10</td>	10	10	10
Wide Bay Biggenden Available 7 24 24 24 24	10 6	10 6	10 6
Wide Bay Biggenden Available 7 24 24 24 24	10 6 207	10	10
Wide Bay Biggenden Available 7 24 24 24 24	10 6 207	10 6 207	10 6 210
Wide Bay Biggenden Available 7 4 4 4 4 <td>10 6 207 95 14 4</td> <td>10 6 207 95 14 4</td> <td>10 6 210 96 14 4</td>	10 6 207 95 14 4	10 6 207 95 14 4	10 6 210 96 14 4
Wide Bay Biggenden Bundaberg Base Available Available 7 4 4 4 <th< td=""><td>10 6 207 95 14 4</td><td>10 6 207 95 14 4</td><td>10 6 210 96 14 4</td></th<>	10 6 207 95 14 4	10 6 207 95 14 4	10 6 210 96 14 4
Wide Bay Biggenden Available 7 4 4 4 4 <td>10 6 207 95 14 4 12</td> <td>10 6 207 95 14 4</td> <td>10 6 210 96 14 4</td>	10 6 207 95 14 4 12	10 6 207 95 14 4	10 6 210 96 14 4
Wide Bay Biggenden Available 7 7 7 7 7 7 7 7 7	10 6 207 95 14 4 12	10 6 207 95 14 4 12 108	10 6 210 96 14 4 12