

Healthcare Quarterly

Tracking public hospital and
ambulance service activity
and performance in NSW

October to December 2025



Overview

October to December 2025



Ambulance

There was a record number of calls, incidents and ambulance responses. The median response time for 'life threatening CAT 1' responses was relatively stable compared with the same quarter a year earlier.

Find out more from page 3



Elective surgery

More elective surgeries were performed and there was a drop in the number of patients on the waiting list, compared with the same quarter a year earlier.

Find out more from page 16



Emergency department

ED attendances reached a record high. A record number of patients left the ED without, or before completing, treatment.

Find out more from page 8



Admitted patients

Admitted patient activity reached a record high for any October to December quarter.

Find out more from page 22

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About this report

Healthcare Quarterly tracks activity and performance for ambulance, emergency department (ED), elective surgery and admitted patient services in NSW. Activity and performance results for seclusion and restraint are reported on a six-monthly basis. The Seclusion and Restraint Supplement is published in the April to June and October to December reports.

Healthcare Quarterly presents this quarter's results in comparison with the same period in previous years – taking into account seasonal effects on activity and performance – to show how demands on the system and the supply of services have changed over time.

NSW-level results in this report include more than 200 public hospitals and 91 local ambulance reporting areas. The Bureau of Health Information (BHI) Data Portal and the activity and performance profiles include individual results for the 76 larger public hospitals – including 36 in rural areas – and each of the local ambulance areas.

Data were drawn on the following dates: ambulance (15 January 2026); ED (13 February 2026); elective surgery (23 January 2026); admitted patients (22 January 2026). See the [technical supplement](#) to this report for descriptions of the data, methods and technical terms used to calculate activity and performance measures.

Interpreting results

This report includes health system activity and performance in urban and rural areas for the October to December 2025 quarter. Rural areas include regional, remote and very remote areas.

Information warehouse transition

NSW Health transitioned to a new central information warehouse on 1 July 2024. This may result in minor corrections and updates to admitted patient and ED activity and performance results.

Introduction of new clinical response grid

NSW Ambulance transitioned to a new clinical response grid on 5 February 2025. See page 4 for more details.

Introduction of new Hospital Access Targets

NSW Health introduced new Hospital Access Targets (HATs), relating to the time from arrival to leaving the ED. Reporting for some ED measures therefore changed in 2025. See page 9 for more details.

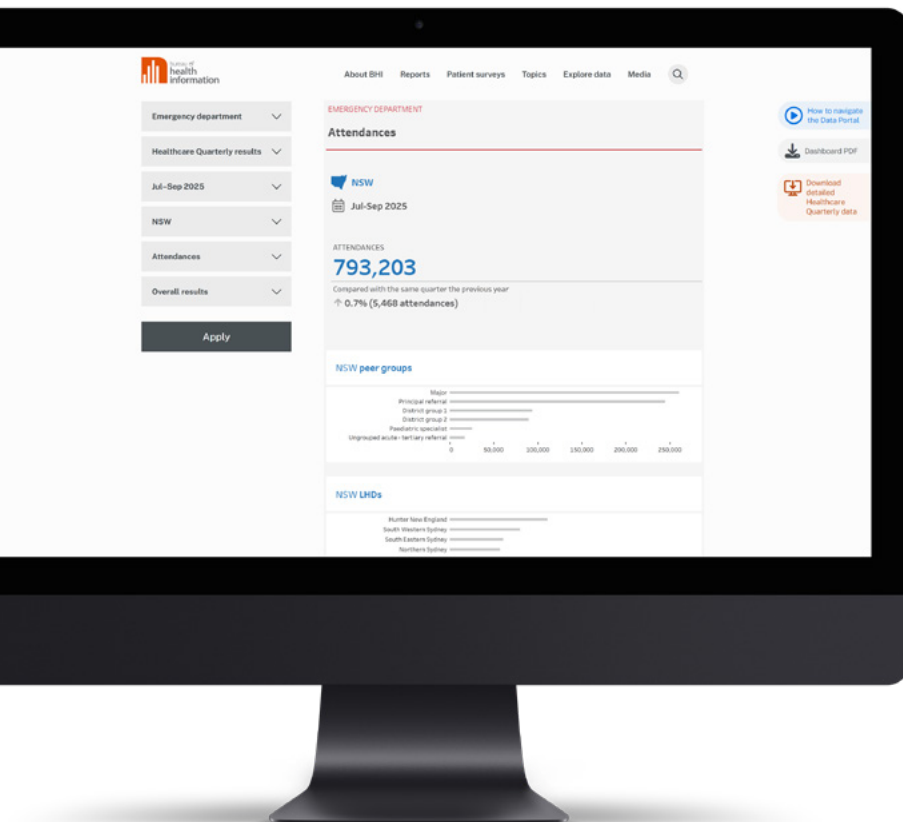
Interactive data

Bureau of Health Information Data Portal

The [BHI Data Portal](#) is part of a transition to a digital-first way of reporting healthcare performance results in NSW, making them more accessible and user friendly.

The Data Portal allows you to find and compare results showing the performance of the NSW healthcare system.

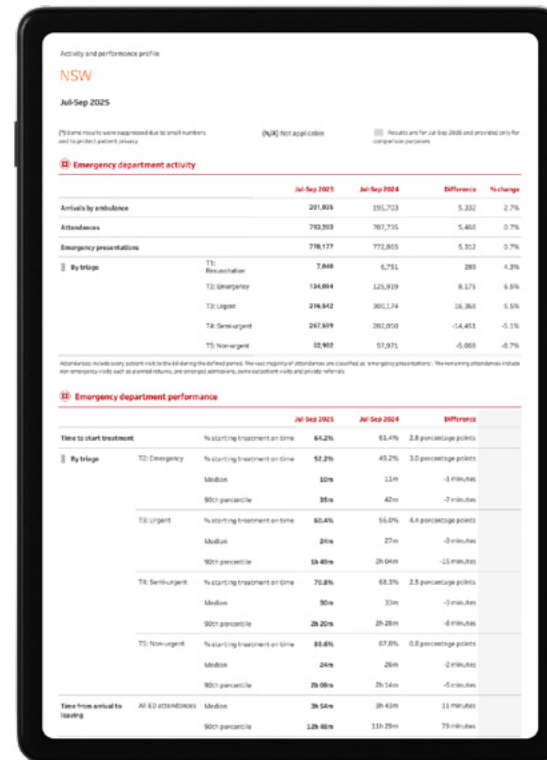
Detailed results, including trends, are provided for 76 individual hospitals, along with local health districts (LHDs) and hospital peer groups. Ambulance information is available for 91 local areas.



Activity and performance profiles

[Activity and performance profiles](#) provide a snapshot of selected ED, elective surgery and admitted patient measures for NSW, 76 individual hospitals, LHDs and hospital peer groups.

The profiles are a good starting point to see an overview of your local hospital's performance before a more detailed search in the Data Portal.



Navigating Healthcare Quarterly

For helpful tips on how to navigate *Healthcare Quarterly* information on our website, including the main report and activity and performance profiles, watch our video by clicking the button below.

[How to navigate Healthcare Quarterly](#)





Ambulance

NSW Ambulance delivers mobile health services and provides clinical care, rescue and retrieval services to people with emergency and medical health needs.

Healthcare Quarterly features a range of indicators of ambulance activity and performance, including ambulance responses and timeliness measures.



Key findings

October to December 2025

ACTIVITY

During the October to December 2025 quarter, the highest number of calls, incidents and ambulance responses were recorded since BHI began reporting in 2010.

There were 408,518 calls and 300,367 incidents, up 7.0% and 3.1%, respectively. However, the number of ambulance responses dispatched to these incidents was relatively stable (up 0.6%) compared with the same quarter a year earlier.

Of these responses, 14,417 were 'life threatening (CAT 1)' and 212,276 were 'emergency (CAT 2)'.

RESPONSE TIMES

The percentage of CAT 1 responses within 10 minutes was 61.6% – relatively stable when compared with the same quarter a year earlier.

The median response time for CAT 1 responses was 8.5 minutes – also relatively stable. One in 10 of these responses took longer than 19.0 minutes.

The median response time for 'lights and sirens (CAT 1 and 2)' responses was 14.6 minutes.

INTRODUCTION OF NEW CLINICAL RESPONSE GRID

On 5 February 2025, NSW Ambulance transitioned to a new clinical response grid, streamlining the number of response categories. The grid is designed to ensure patients receive the most appropriate care quickly and safely and is informed by historical data and stakeholder consultation.

The previous emergency response categories have been replaced by the following:

- Category 1 – Life threatening (e.g. cardiac or respiratory arrest)
- Category 2 – Emergency (e.g. breathing problems, serious haemorrhage)
- Category 3 – Urgent (e.g. abdominal pain, back pain)
- Category 4 – Less urgent (e.g. minor eye problem, nausea or vomiting).

This report also includes results for selected measures for cases requiring response under 'lights and sirens (CAT 1 and 2)' which are used during transport to hospital if the patient's condition is deemed as life-threatening or rapidly deteriorating.



Behind the key findings

Figure 1
Ambulance calls, incidents, responses and patient transports, NSW
October 2020 to December 2025

Of the 393,877 ambulance responses in October to December 2025, 66.6% (262,456) were in urban areas and 32.4% (127,718) were in rural areas.

On 5 February 2025, NSW Ambulance transitioned to a new clinical response grid. See page 4 for further details.

Note: Local areas are classified as 'urban' or 'rural' using the Accessibility/Remoteness Index of Australia (ARIA+), developed by the Australian Bureau of Statistics (ABS). For more information, see the technical supplement.

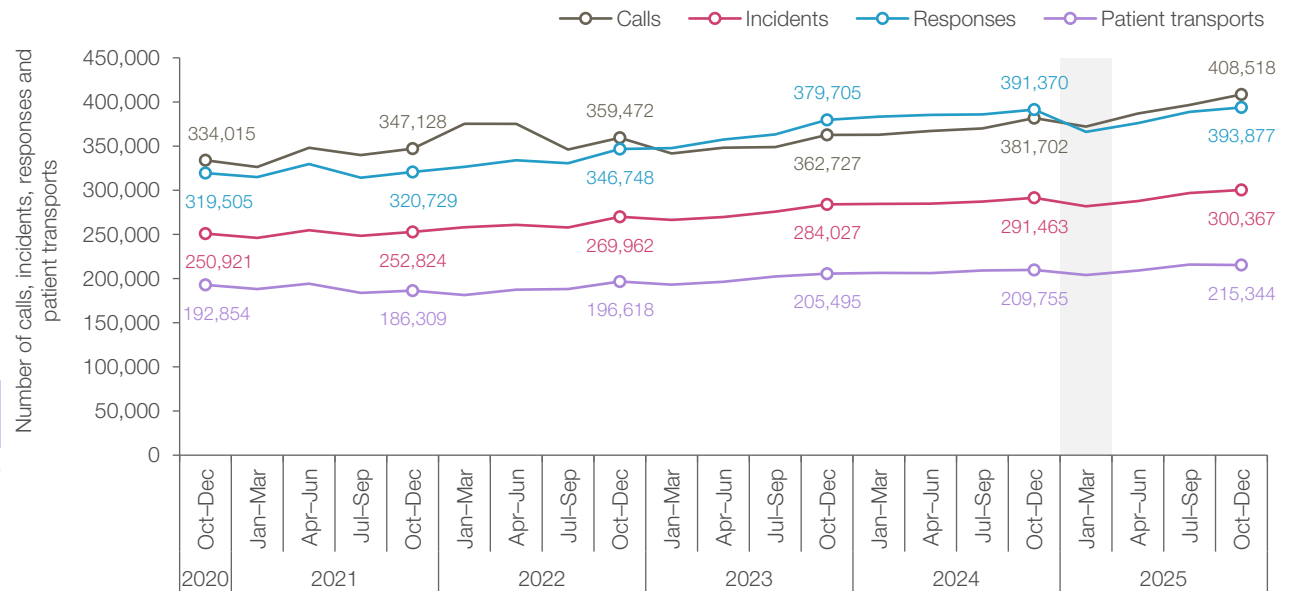
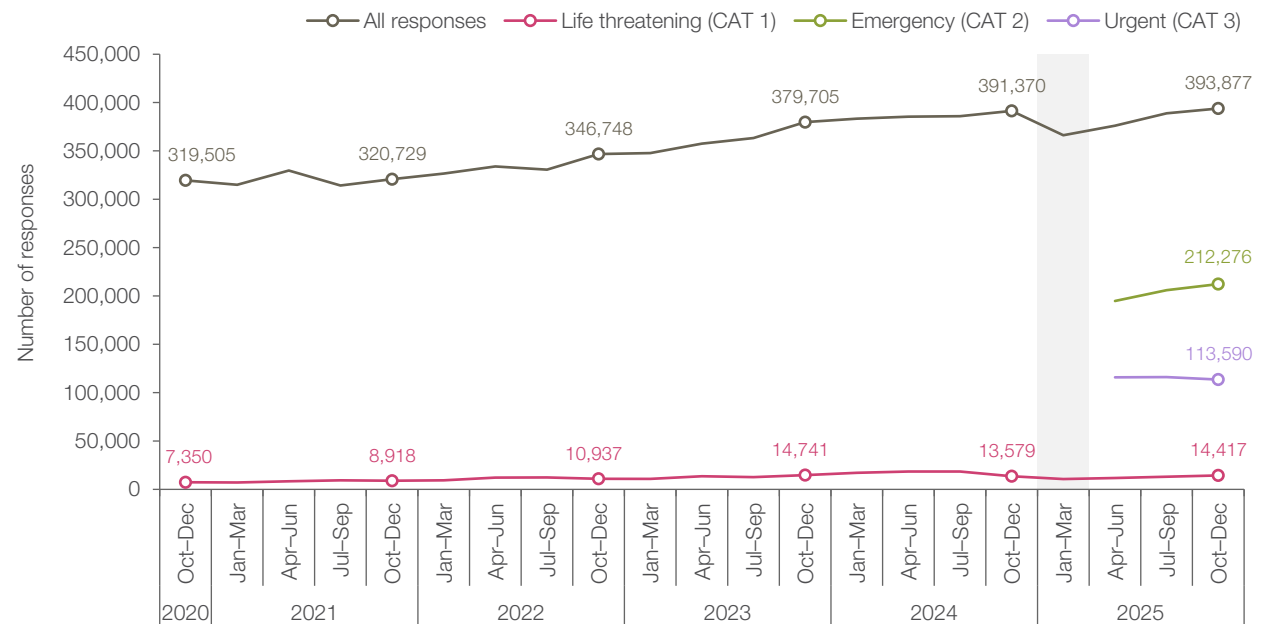


Figure 2
Ambulance responses, by response category, NSW
October 2020 to December 2025

In October to December 2025, 38,644 ambulance responses were 'less urgent (CAT 4)' and 14,939 responses were in other categories (CAT 5–9).

On 5 February 2025, NSW Ambulance transitioned to a new clinical response grid. As the new Category 1 – Life threatening (CAT 1) and previous Priority 1A – Highest priority (P1A) are reasonably similar, historical trends continue to be presented for these responses, which are now referred to as 'life threatening (CAT 1)'. Other new categories are not comparable with previous 'priorities' and begin from the April to June 2025 quarter. All historical results are available in the BHI Data Portal. See page 4 for further details.



Behind the key findings

Figure 3

Percentage of responses within 10 minutes, life threatening (CAT 1) cases, NSW

October 2020 to December 2025

In October to December 2025, the percentage of CAT 1 responses within 10 minutes was 65.8% in urban areas and 52.2% in rural areas.

On 5 February 2025, NSW Ambulance transitioned to a new clinical response grid. As the new Category 1 – Life threatening (CAT 1) and previous Priority 1A – Highest priority (P1A) are reasonably similar, historical trends continue to be presented for these responses, which are now referred to as 'life threatening (CAT 1)'. Other new categories are not comparable with previous 'priorities' and begin from the April to June 2025 quarter. All historical results are available in the BHI Data Portal. See page 4 for further details.

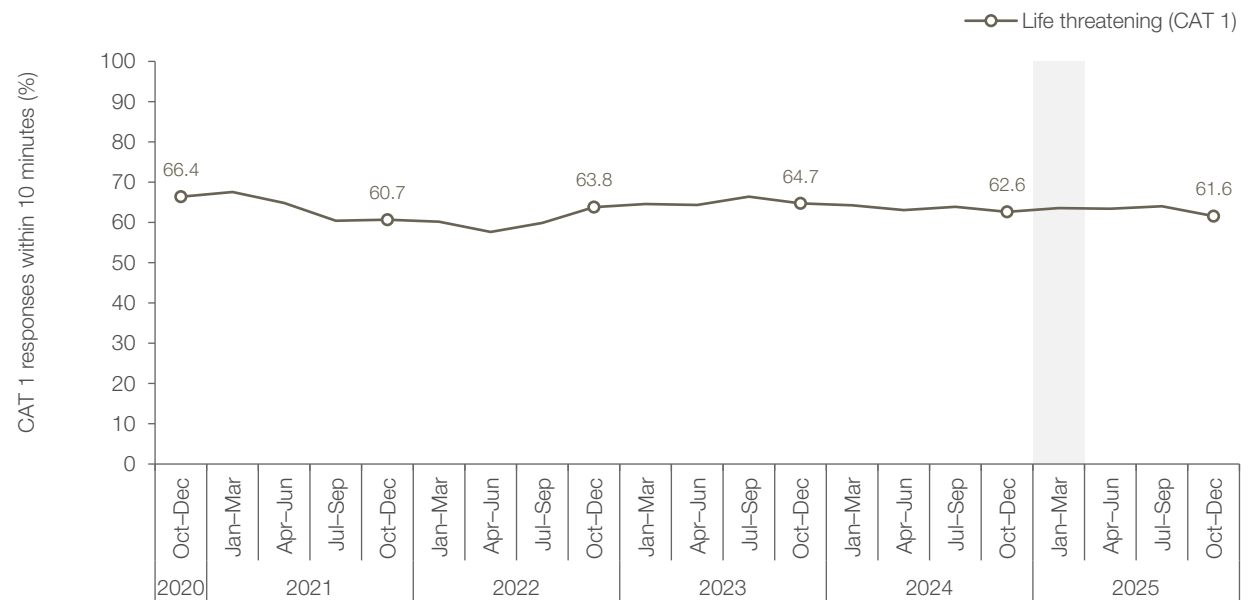


Figure 4

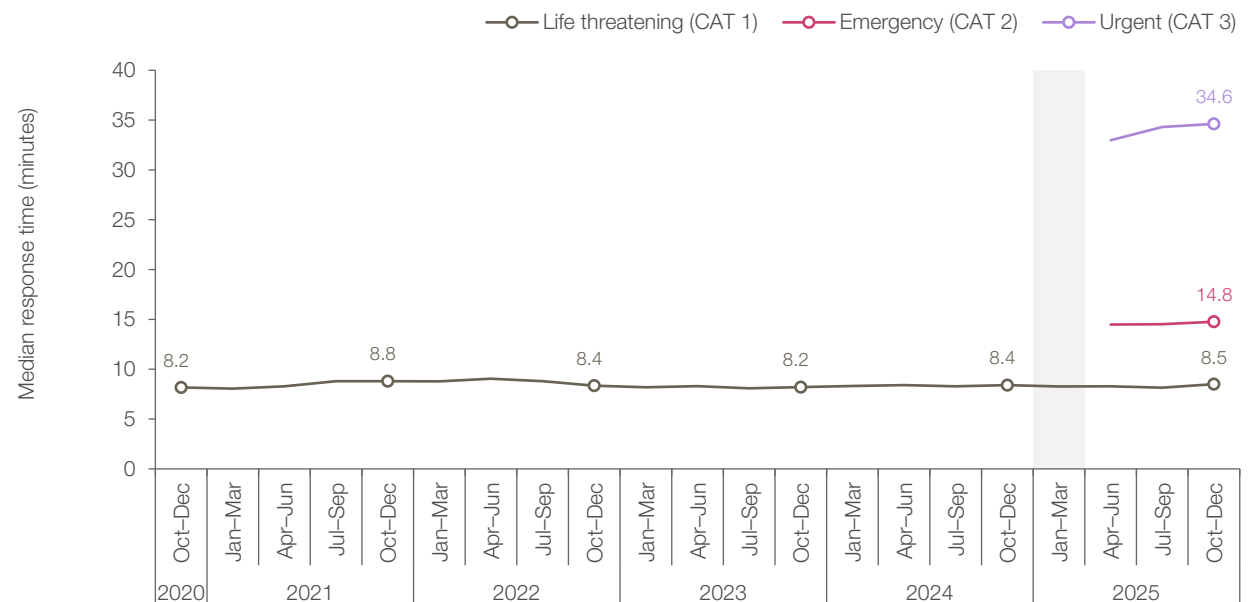
Median response times, by response category, NSW

October 2020 to December 2025

In October to December 2025, the median response time for 'lights and sirens (CAT 1 and 2)' responses was 14.6 minutes.

The median response time for:

- CAT 1 cases was 8.1 minutes in urban areas and 9.7 minutes in rural areas
- CAT 2 cases was 14.9 minutes in urban areas and 14.2 minutes in rural areas
- CAT 3 cases was 40.6 minutes in urban areas and 26.1 minutes in rural areas.



Behind the key findings

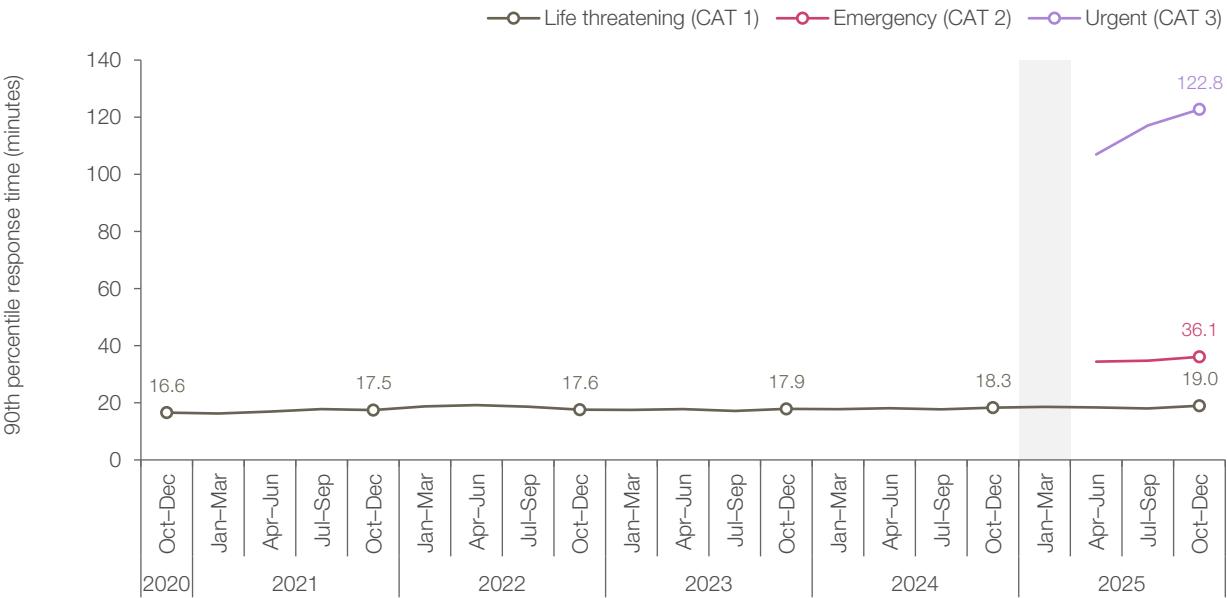
Figure 5
90th percentile response times, by response category, NSW
October 2020 to December 2025

In October to December 2025, the 90th percentile response time for 'lights and sirens (CAT 1 and 2)' responses was 35.7 minutes.

The 90th percentile response time for:

- CAT 1 cases was 15.9 minutes in urban areas and 26.7 minutes in rural areas
- CAT 2 cases was 34.7 minutes in urban areas and 38.7 minutes in rural areas
- CAT 3 cases was 148.8 minutes in urban areas and 81.4 minutes in rural areas.

On 5 February 2025, NSW Ambulance transitioned to a new clinical response grid. As the new Category 1 – Life threatening (CAT 1) and previous Priority 1A – Highest priority (P1A) are reasonably similar, historical trends continue to be presented for these responses, which are now referred to as 'life threatening (CAT 1)'. Other new categories are not comparable with previous 'priorities' and begin from the April to June 2025 quarter. All historical results are available in the BHI Data Portal. See page 4 for further details.





Emergency department

NSW public hospital emergency departments (EDs) are open to everyone and provide specialised assessment and life-saving care for acutely unwell patients. EDs often act as an entry point to inpatient services.

Healthcare Quarterly features a range of indicators of ED activity and performance, including ED attendances and timeliness measures.

Introduction of new Hospital Access Targets

NSW Health has introduced new Hospital Access Targets (HATs) for local health districts (LHDs) designed to improve access to hospital services. They relate to the time from arrival to leaving the ED, for:

- all patients – leaving the ED within 12 hours
- discharged patients – leaving the ED within four hours
- patients treated and admitted to an ED Short Stay Unit – leaving the ED within four hours
- patients treated and admitted to hospital or transferred to another hospital – leaving the ED within six hours.

As a consequence, the activity and performance measures in figures 9–12 now reflect new groupings of patients.

These groupings include patients admitted to ED Short Stay Units, which provide short-term, intensive treatment to selected patients.

Where measures continue to be comparable, trends are provided. For new measures, the January to March 2025 quarter is the first data point.

All historical results are available in the [BHI Data Portal](#).

See the [technical supplement](#) for more details.

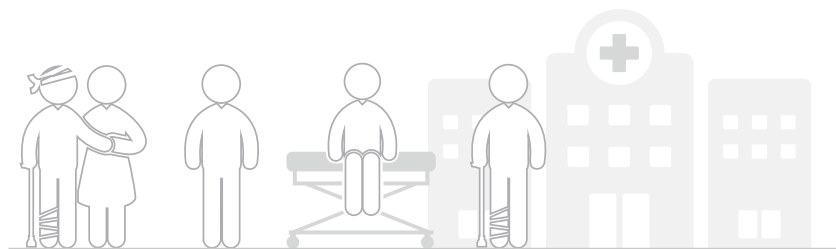
Key findings

October to December 2025

ACTIVITY

There were 820,009 ED attendances – up 2.2% (17,482) compared with the same quarter a year earlier and the highest of any quarter since BHI began reporting in 2010.

Presentations in triage categories 1, 2 and 3 were up and triage categories 4 and 5 were down, compared with the same quarter a year earlier.



TIME TO START TREATMENT

Treatment started on time for 66.3% of all patients who attended the ED – relatively stable compared with the same quarter a year earlier.



TIME FROM ARRIVAL TO LEAVING ED

The median time from arrival to leaving the ED for all patients was 3 hours and 46 minutes – up 12 minutes compared with the same quarter a year earlier. The median times for other patient groupings were:

- treated and discharged patients – 3 hours and 12 minutes
- patients treated and admitted to an ED Short Stay Unit – 4 hours and 13 minutes
- patients treated and admitted to hospital or transferred to another hospital – 8 hours and 50 minutes.

A record number of patients (79,004) left without, or before completing, treatment – up 15.9% (10,846).

Reporting of these measures has changed. See page 9 for more details.



TIME TO TRANSFER CARE

200,848 patients arrived by ambulance – up 2.2% compared with the same quarter a year earlier.

80.9% of patients who arrived by ambulance had their care transferred to ED staff within 30 mins – down 2.5 percentage points.



Behind the key findings

Figure 6

Emergency department attendances, NSW

October 2020 to December 2025

Of the 820,009 ED attendances in October to December 2025, 64.1% (525,938) were in urban hospitals and 35.9% (294,071) were in rural hospitals.

*All hospitals' cohort includes more than 170 EDs submitting data to the NSW Emergency Department Data Collection (EDDC) in each quarter.

Note: Hospitals are classified as 'urban' or 'rural' using ARIA+, which is the standard used by the ABS. For more information, see the technical supplement.

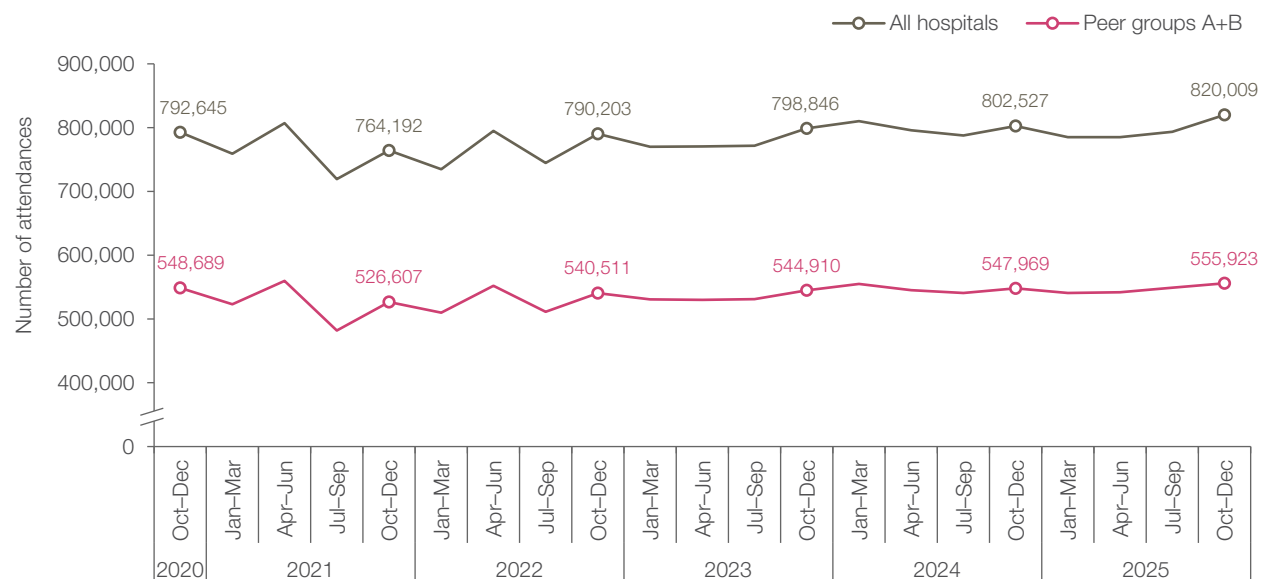
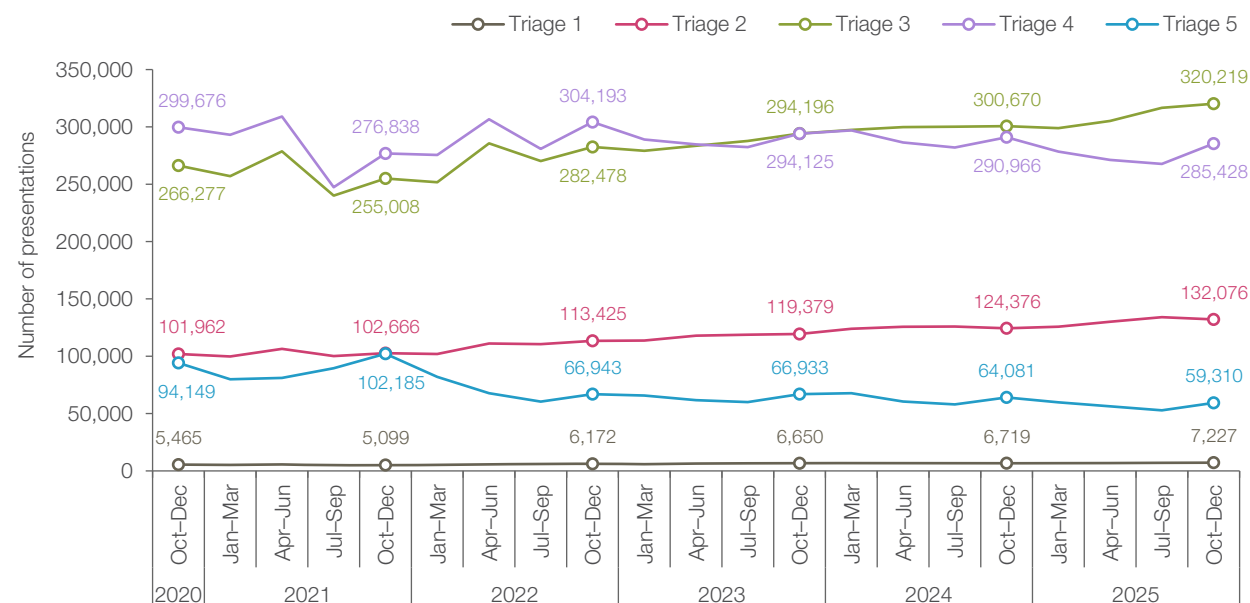


Figure 7

Emergency presentations, by triage category, NSW

October 2020 to December 2025

On arrival at the ED, patients are allocated to one of five triage categories, based on urgency.



Behind the key findings

Figure 8

Percentage of patients starting treatment on time, by triage category, NSW

October 2020 to December 2025

In October to December 2025, the percentage of all patients who had their treatment start on time was 63.2% in urban hospitals and 72.1% in rural hospitals.

The Australasian College for Emergency Medicine (ACEM) recommended maximum waiting times for ED treatment to start are:

- Triage 2: Emergency – 80% within 10 minutes
- Triage 3: Urgent – 75% within 30 minutes
- Triage 4: Semi-urgent – 70% within 60 minutes
- Triage 5: Non-urgent – 70% within 120 minutes.

Note: Due to differences in data definitions, reporting periods and the number of hospitals included, *Healthcare Quarterly* results for the percentage of patients whose treatment started on time are not directly comparable with figures reported by other agencies and jurisdictions. For more information, see the technical supplement.

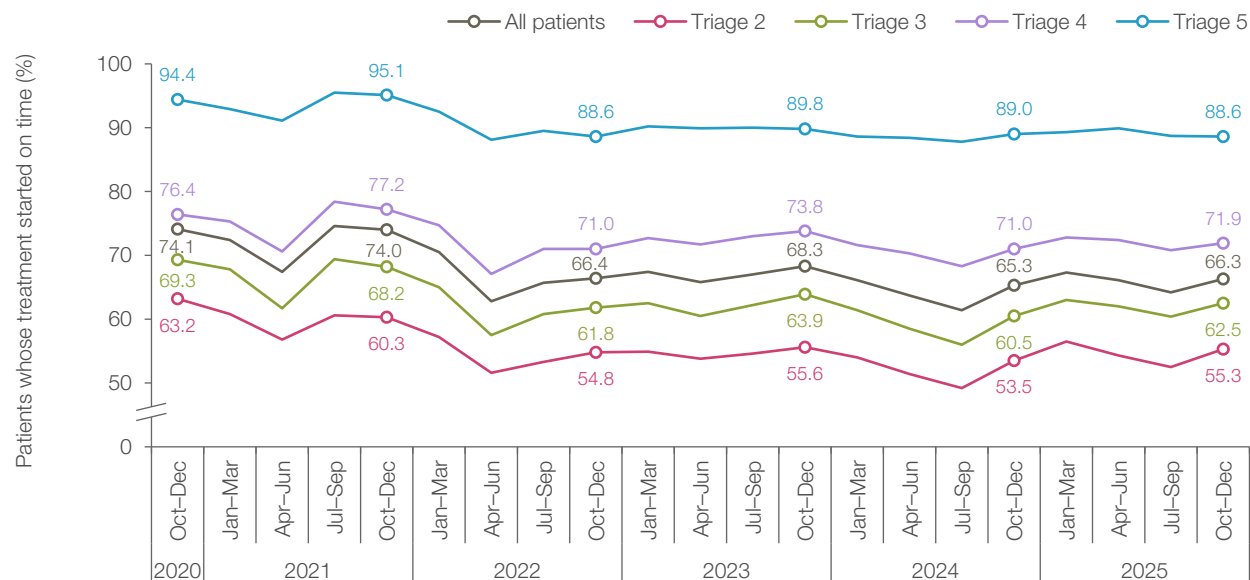


Figure 9

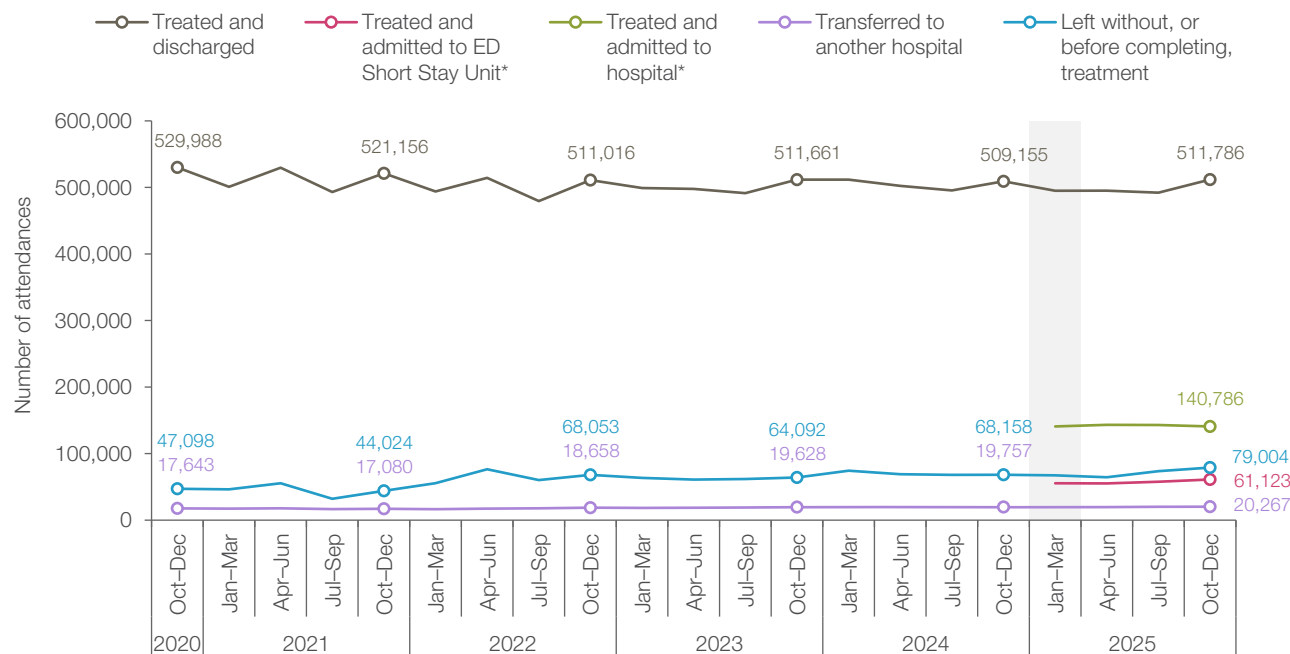
Emergency department attendances, by mode of leaving, NSW

October 2020 to December 2025

Of the 79,004 patients who left without, or before completing, treatment in October to December 2025, 34.6% were Triage 3, 44.7% were Triage 4 and 12.5% were Triage 5.

Left without, or before completing, treatment includes patients who left the ED before their treatment started, and those whose treatment started but left before it was completed.

Some patient groupings have changed, therefore trends are unavailable. See page 9 for more detail.



* Prior to January to March 2025, these attendances were reported together as Treated and admitted to hospital.

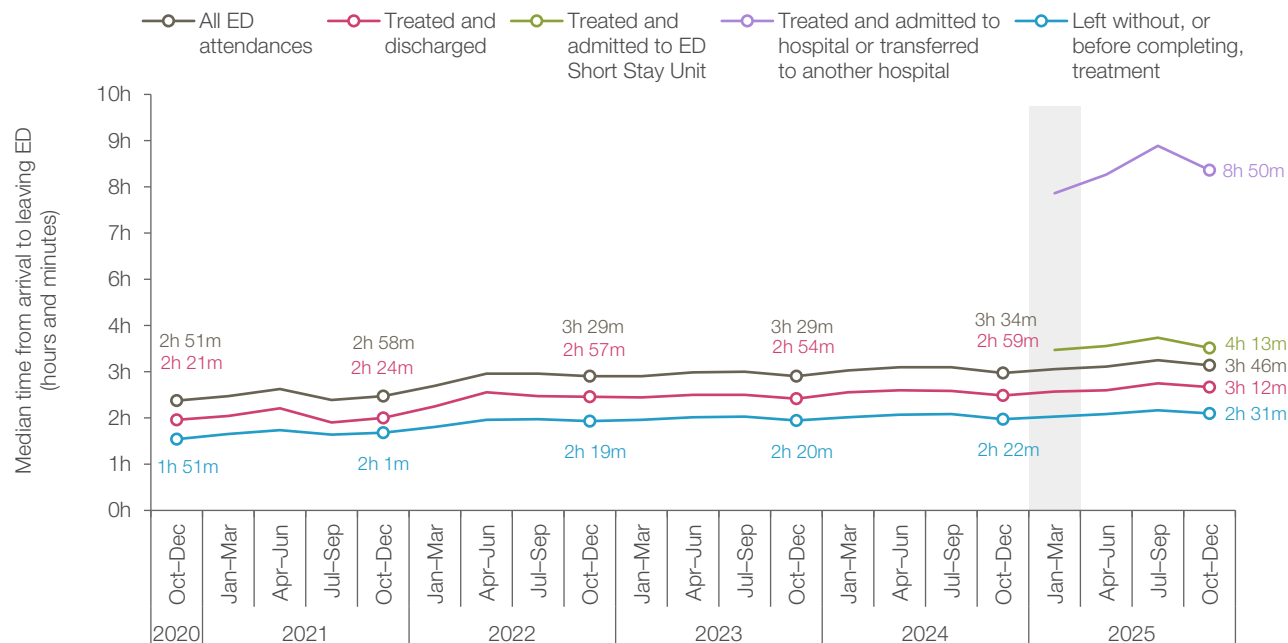
Behind the key findings

ADDITIONAL INSIGHTS

Figure 10

Median time from arrival at the emergency department to leaving, by mode of leaving, NSW
October 2020 to December 2025

Some patient groupings have changed, therefore trends are unavailable.
See page 9 for more detail.



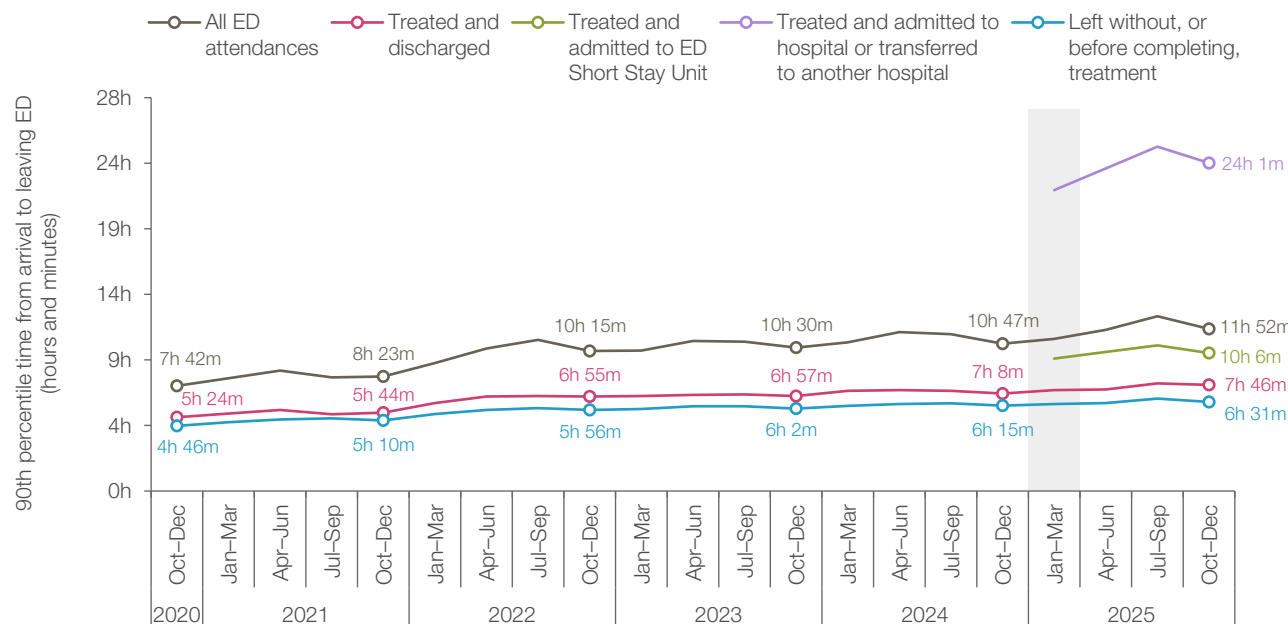
ADDITIONAL INSIGHTS

Figure 11

90th percentile time from arrival at the emergency department to leaving, by mode of leaving, NSW
October 2020 to December 2025

In October to December 2025, one in 10 patients in urban hospitals spent longer than 13 hours and 18 minutes in the ED and one in 10 patients in rural hospitals spent longer than 9 hours and 2 minutes.

Some patient groupings have changed, therefore trends are unavailable.
See page 9 for more detail.



Behind the key findings

Figure 12

Percentage of patients leaving the emergency department within specified time, by mode of leaving, NSW

October 2020 to December 2025

NSW Health's Hospital Access Targets for LHDs for time from arrival to leaving are:

- all patients – at least 95% of patients leave within 12 hours
- discharged – at least 80% of patients leave within four hours
- treated and admitted to an ED Short Stay Unit – at least 60% of patients leave within four hours
- treated and admitted to hospital or transferred to another hospital – at least 80% of patients leave within six hours.

Patient groupings and time-based performance measures have changed, therefore trends are unavailable. See page 9 for more detail.

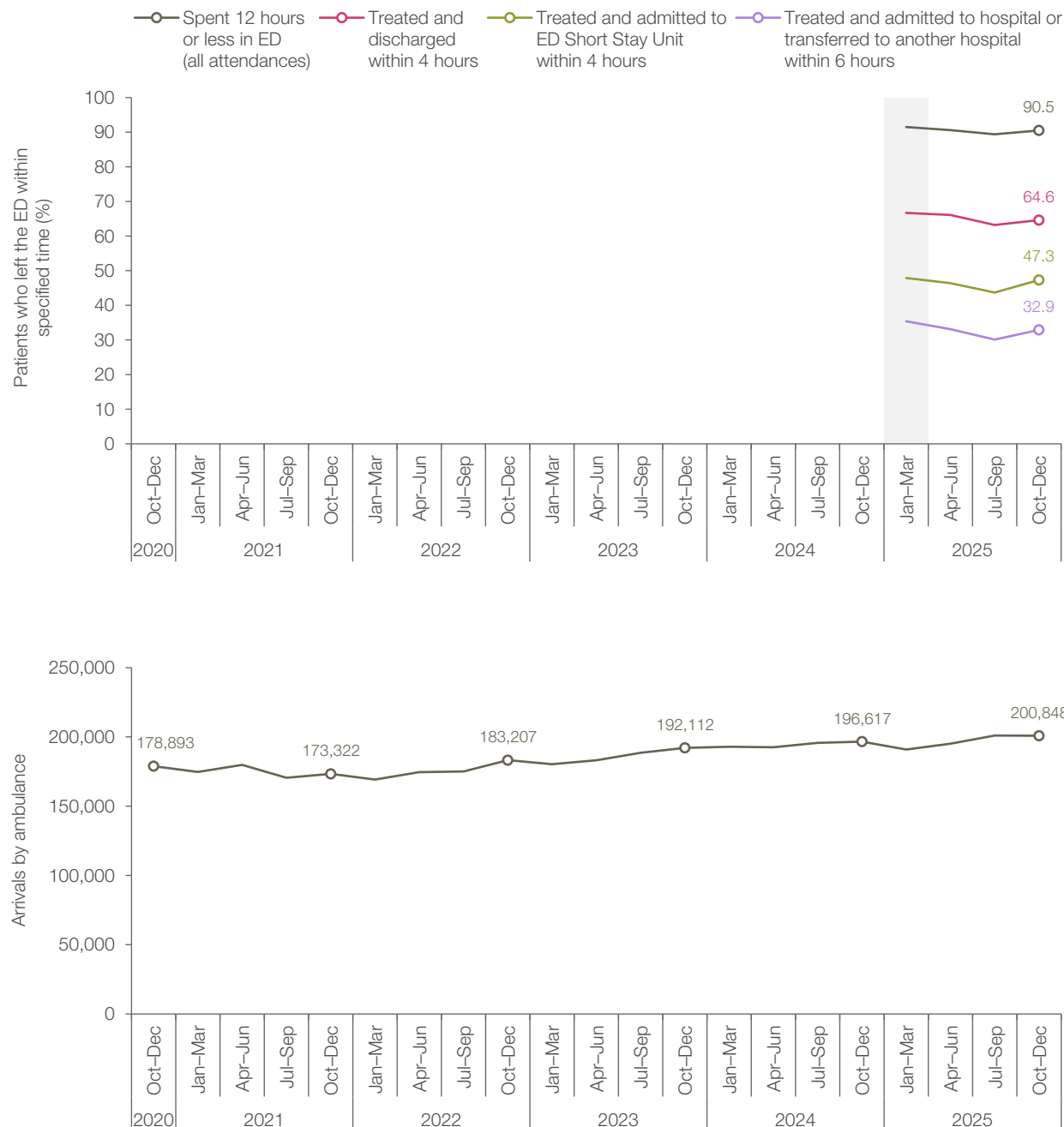
* Includes patients who were treated and discharged from ED, and those who left without, or before completing, treatment. See the technical supplement for more information.

ADDITIONAL INSIGHTS

Figure 13

Arrivals by ambulance, NSW

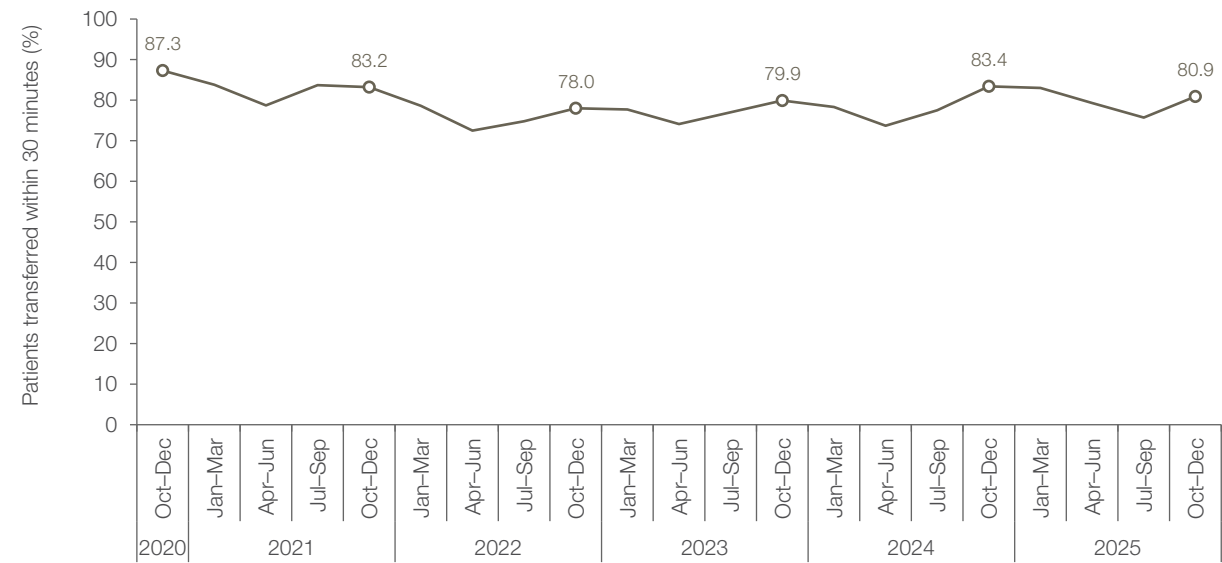
October 2020 to December 2025



Behind the key findings

Figure 14
Percentage of patients transferred from paramedics to emergency department staff within 30 minutes, NSW
October 2020 to December 2025

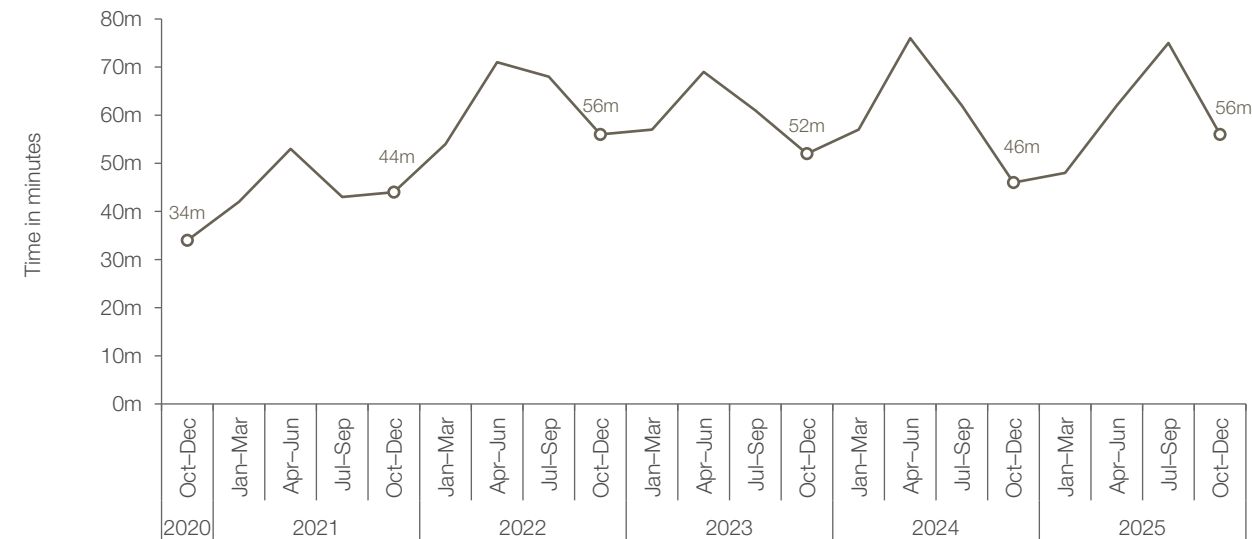
The percentage of patients transferred from paramedics to ED staff within 30 minutes in October to December 2025 was 78.9% in urban hospitals and 85.9% in rural hospitals.



ADDITIONAL INSIGHTS

Figure 15
90th percentile time to transfer care from paramedics to emergency department staff, NSW
October 2020 to December 2025

In October to December 2025, one in 10 patients in urban hospitals waited longer than 1 hour and 3 minutes and one in 10 patients in rural hospitals waited longer than 39 minutes.





Elective surgery

Elective surgery is planned and can be booked in advance. Following specialist clinical assessment, patients are placed on a waiting list and given a clinical priority – urgent, semi-urgent or non-urgent – depending on the seriousness of their condition.

Healthcare Quarterly features a range of indicators of elective surgery activity and performance, including surgical volumes and timeliness measures.

Key findings

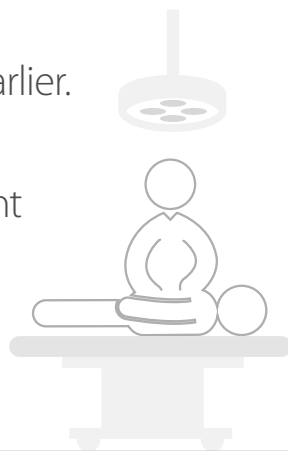
October to December 2025

SURGERIES PERFORMED

There were 58,922 elective surgeries performed – up 7.2% (3,956) compared with the same quarter a year earlier.

More surgeries were performed across all urgency categories, with the largest increase in the semi-urgent category – up 10.0% (2,123).

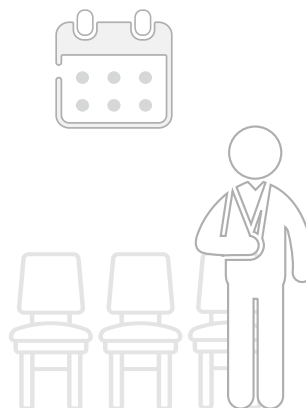
2,828 elective surgeries were contracted to private hospitals – up from 662 the same quarter a year earlier.



WAITING TIMES

83.1% of elective surgeries were performed on time – relatively stable compared with the same quarter a year earlier.

The median waiting time for patients who received non-urgent surgery was 324 days – up 15 days from the same quarter a year earlier, but down from the record high (343 days) in the April to June 2025 quarter.



PATIENTS ON WAITING LIST

There were 92,812 patients on the waiting list at the end of December 2025 – down 7.4% (7,423) from the same time a year earlier.

3,845 patients on the waiting list had waited longer than clinically recommended – down 43.8% (2,997) compared with the end of December 2024.



Behind the key findings

Figure 16

Elective surgeries performed, by urgency category, NSW

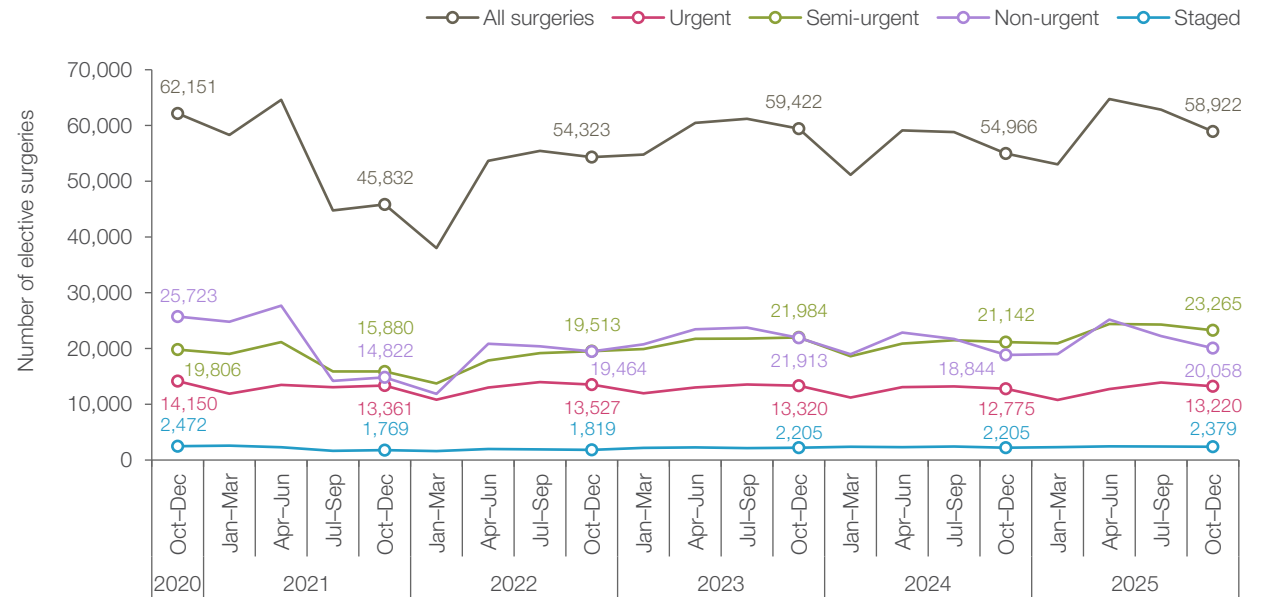
October 2020 to December 2025

Of the 58,922 elective surgeries performed in October to December 2025, 72.1% (42,494) were in urban hospitals and 27.9% (16,426) were in rural hospitals.

In addition to elective surgery, there were 26,328 emergency surgeries performed in public hospitals.

In response to the COVID-19 pandemic, non-urgent elective surgery was suspended resulting in decreases in elective surgery performed in April to June 2020, July to September 2021, October to December 2021 and January to March 2022. For more information, see the technical supplement.

Note: Hospitals are classified as 'urban' or 'rural' using ARIA+, which is the standard used by the ABS. For more information, see the technical supplement.



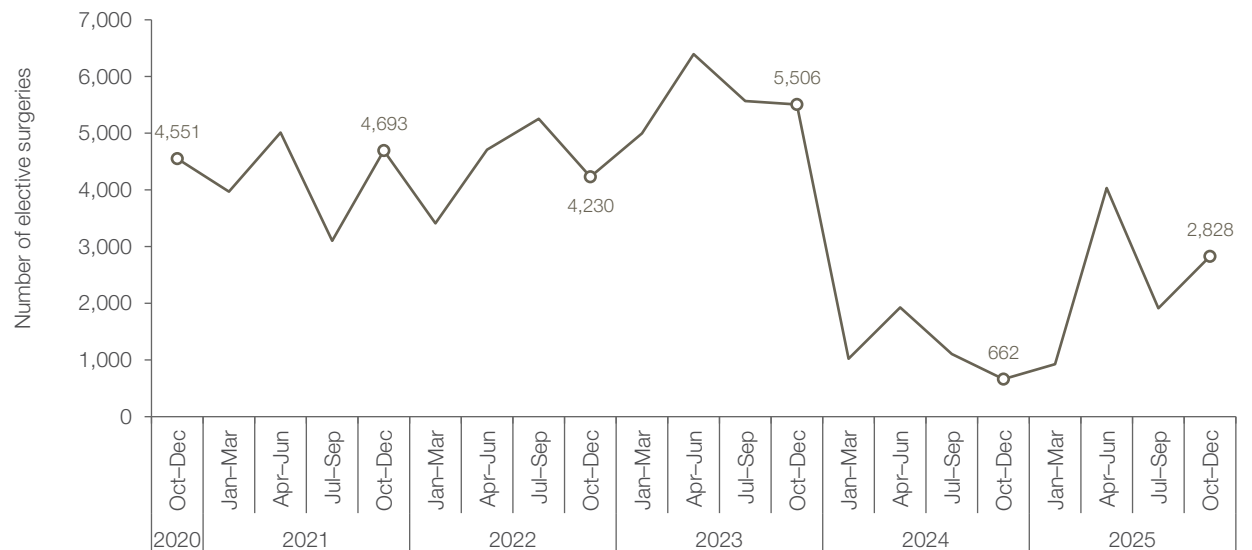
ADDITIONAL INSIGHTS

Figure 17

Elective surgeries contracted to private hospitals, NSW

October 2020 to December 2025

A partnership with the private hospital sector was implemented under the National Partnership Agreement on Private Hospital and COVID-19 between 2020 and September 2022. Partnerships with the private hospital sector have continued under statewide agreements since 2022.



Behind the key findings

Figure 18

Percentage of elective surgeries performed on time, by urgency category, NSW

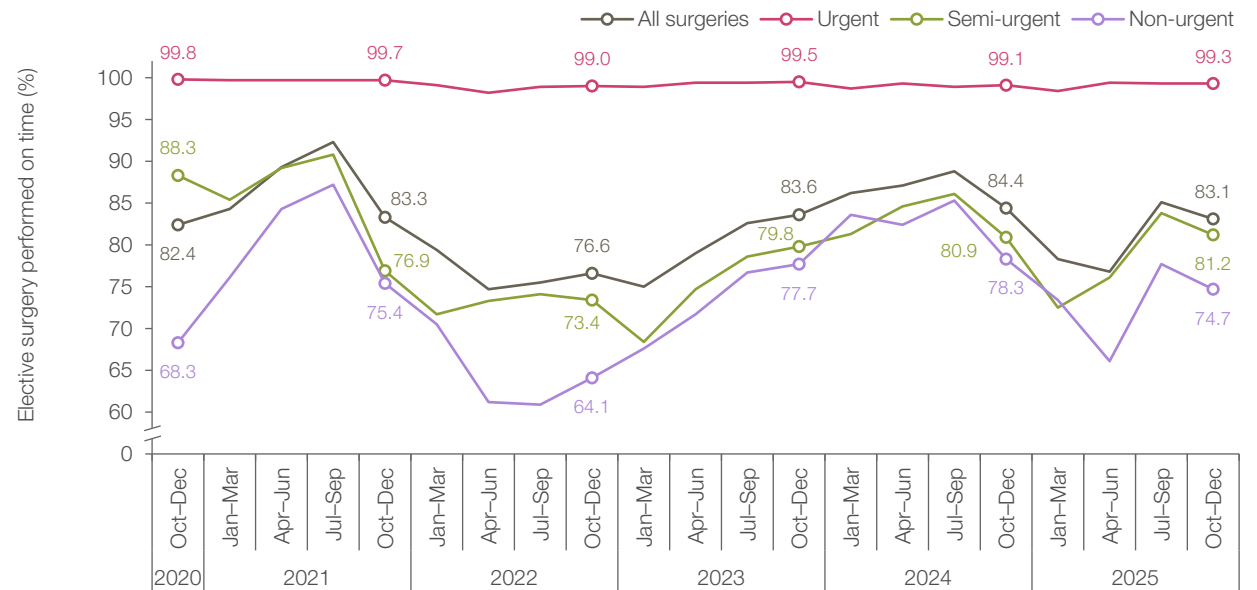
October 2020 to December 2025

In October to December 2025, the percentage of elective surgeries performed on time was 82.9% in urban hospitals and 83.7% in rural hospitals.

Clinically recommended NSW Health maximum waiting times for elective surgery are:

- Urgent – 30 days
- Semi-urgent – 90 days
- Non-urgent – 365 days.

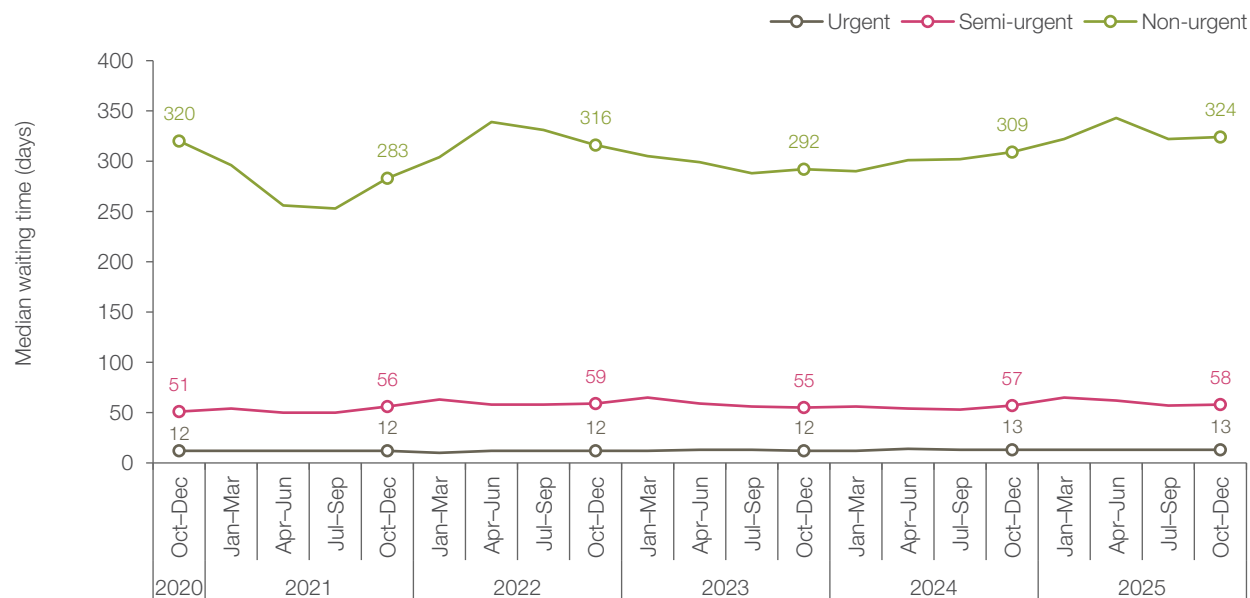
The percentage of elective surgeries performed on time is calculated based on those patients who received surgery during the quarter. This measure may be affected by increased numbers of patients who had waited longer than clinically recommended for surgeries.



Behind the key findings

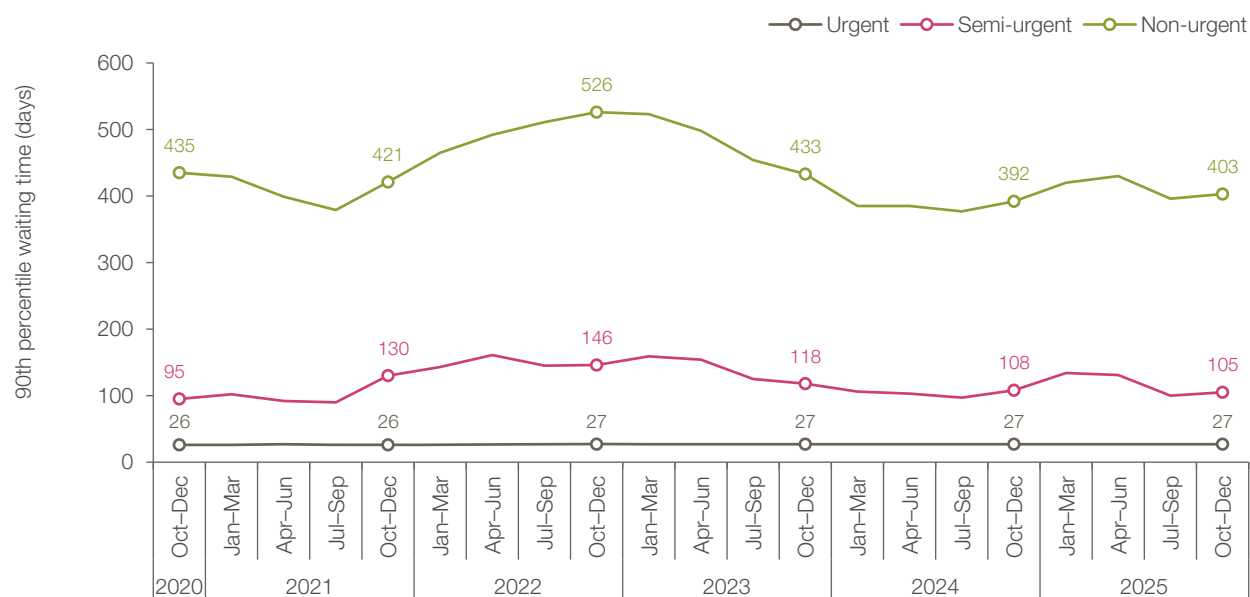
Figure 19
Median waiting time for elective surgery, by urgency category, NSW
October 2020 to December 2025

Waiting times are calculated based on those patients who received surgery during the quarter.



ADDITIONAL INSIGHTS

Figure 20
90th percentile waiting time for elective surgery, by urgency category, NSW
October 2020 to December 2025



Behind the key findings

Figure 21
Patients on the waiting list ready for surgery at the end of the quarter, by urgency category, NSW
October 2020 to December 2025

Of those patients on the waiting list ready for surgery at the end of the October to December 2025 quarter, 72.4% (67,161) were in urban hospitals and 27.6% (25,651) were in rural hospitals.

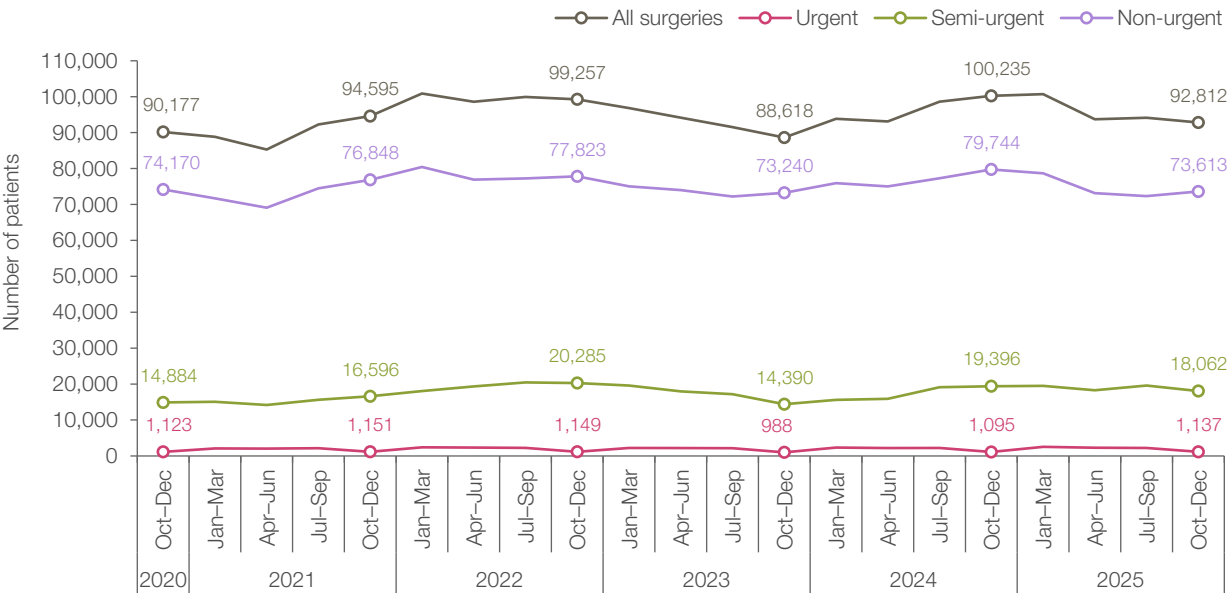
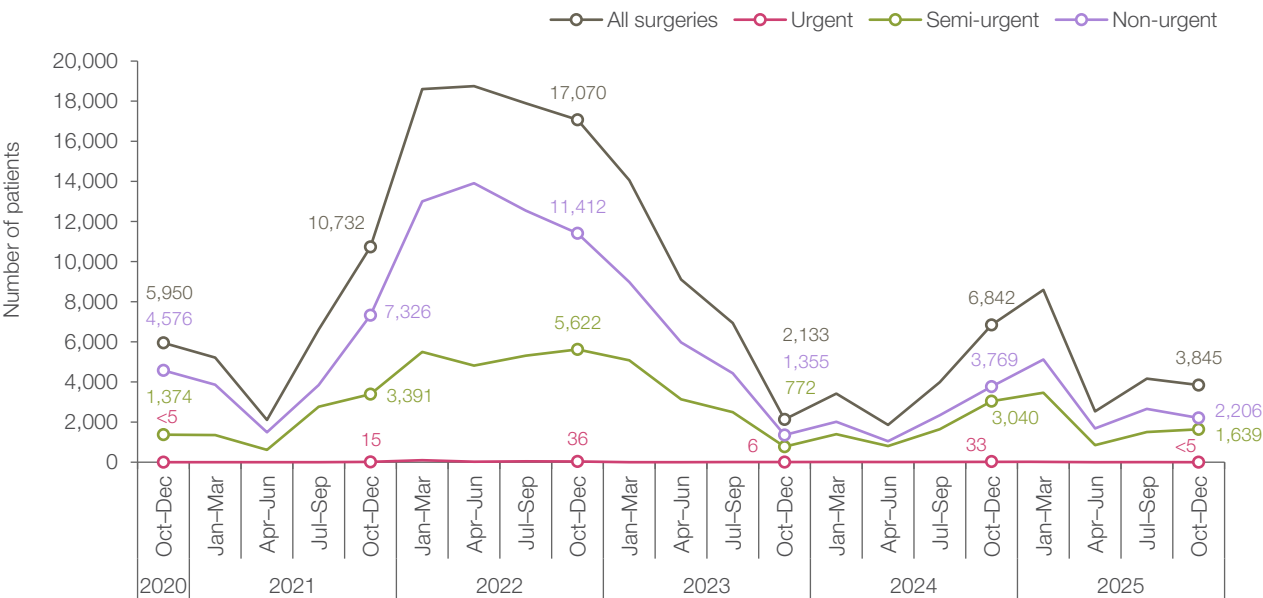


Figure 22
Patients on the waiting list ready for surgery at the end of the quarter who had waited longer than clinically recommended, by urgency category, NSW
October 2020 to December 2025

Of those patients on the waiting list ready for surgery at the end of the October to December 2025 quarter who had waited longer than clinically recommended, 79.3% (3,048) were in urban hospitals and 20.7% (797) were in rural hospitals.





Admitted patients

People are admitted to hospital for a wide range of services, including medical and surgical care. Admissions can be acute (for immediate treatment) or non-acute (for rehabilitation, palliative care, geriatric or other reasons). People may also be admitted for mental health-related reasons, which can be acute or non-acute.

Healthcare Quarterly features a range of indicators of admitted patient activity.

Information regarding seclusion and restraint practices in NSW public hospitals can be found in the [Seclusion and Restraint Supplement](#).



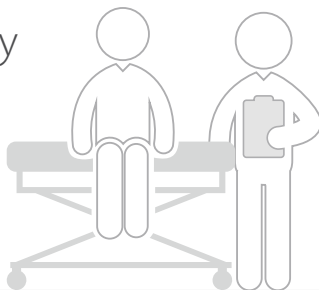
Key findings

October to December 2025

EPISODES OF CARE

There were 518,436 admitted patient episodes – up 2.5% (12,624) compared with the same quarter a year earlier and the highest of any October to December quarter since BHI began reporting in 2010.

Of these, 244,192 were acute same-day episodes and 245,927 were acute overnight episodes, up 4.0% and 1.3%, respectively.



BABIES BORN

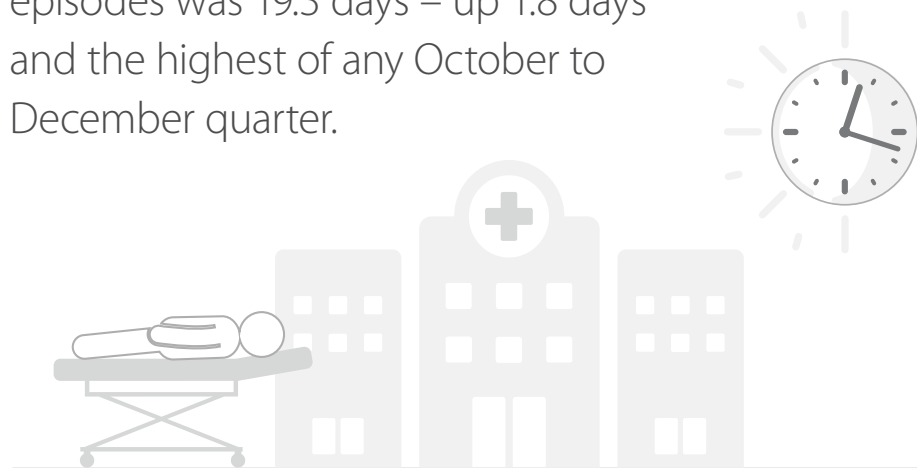
17,042 babies were born in public hospitals – relatively stable compared with the same quarter a year earlier.



AVERAGE LENGTH OF STAY

The average length of stay for all overnight episodes was 6.2 days – relatively stable compared with the same quarter a year earlier.

The average length of stay for overnight non-acute episodes was 19.3 days – up 1.8 days and the highest of any October to December quarter.



Behind the key findings

Figure 23
Episodes of care, by care type, NSW
October 2020 to December 2025

Admitted patient episodes of care can be:

- acute (immediate treatment)
- non-acute (e.g. rehabilitation, palliative care)
- mental health (acute or non-acute).

Of the 518,436 episodes in October to December 2025, 75.2% (389,672) were in urban hospitals and 24.8% (128,764) were in rural hospitals.

Note: Results are calculated from more than 200 hospitals in each quarter reported in *Healthcare Quarterly*.

Hospitals are classified as 'urban' or 'rural' using ARIA+, which is the standard used by the ABS. For more information, see the technical supplement.

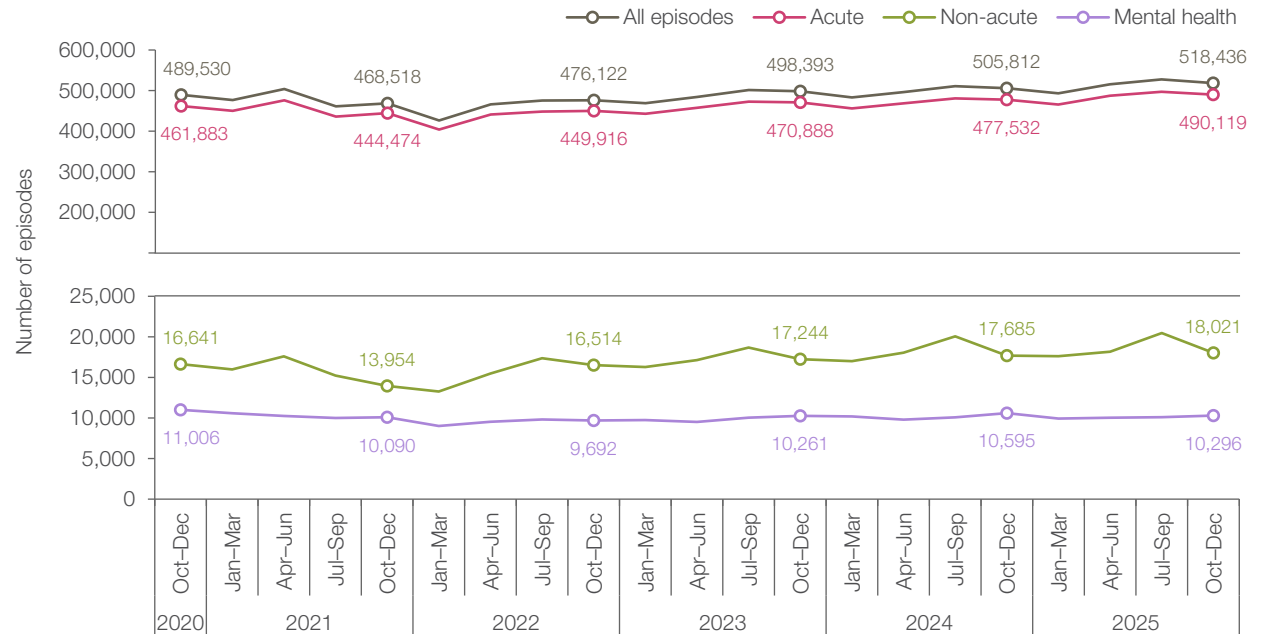
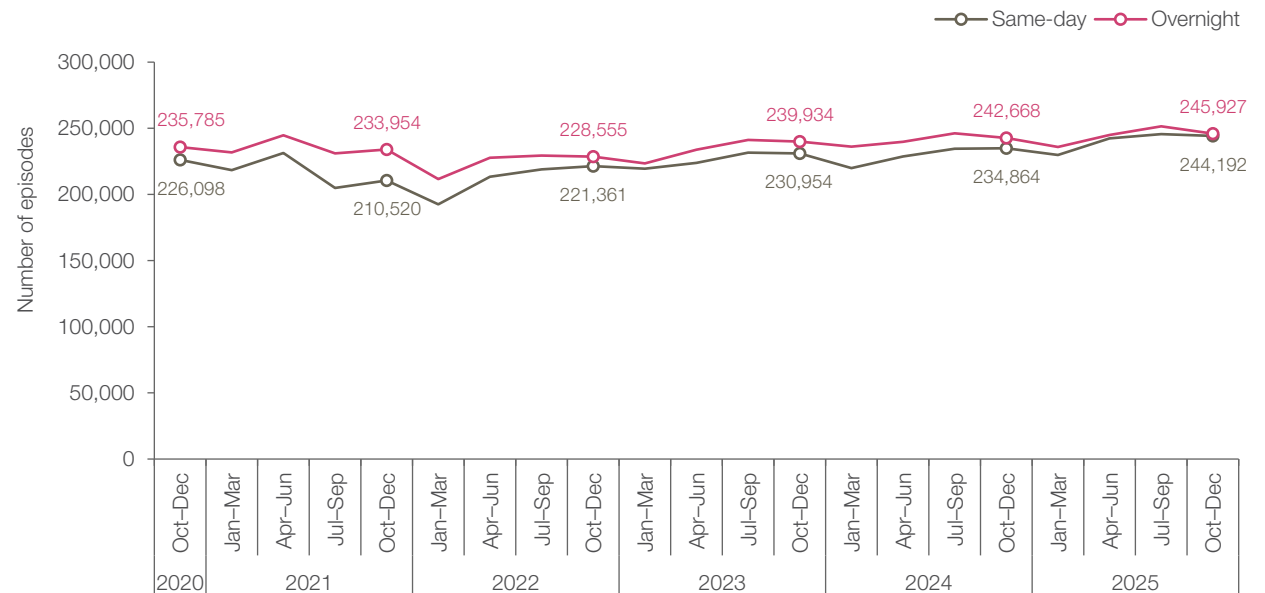


Figure 24
Acute episodes of care, by stay type, NSW
October 2020 to December 2025

Admitted patient episodes of care can be:

- same-day
- overnight.

Note: 'Same-day' refers to patients who were admitted and discharged on the same day. 'Overnight' refers to patients who spent at least one night in hospital.



Behind the key findings

Figure 25
Average length of stay for overnight episodes, by care type, NSW
October 2020 to December 2025

For acute overnight episodes in October to December 2025, the average length of stay was 5.0 days in urban hospitals and 4.3 days in rural hospitals.

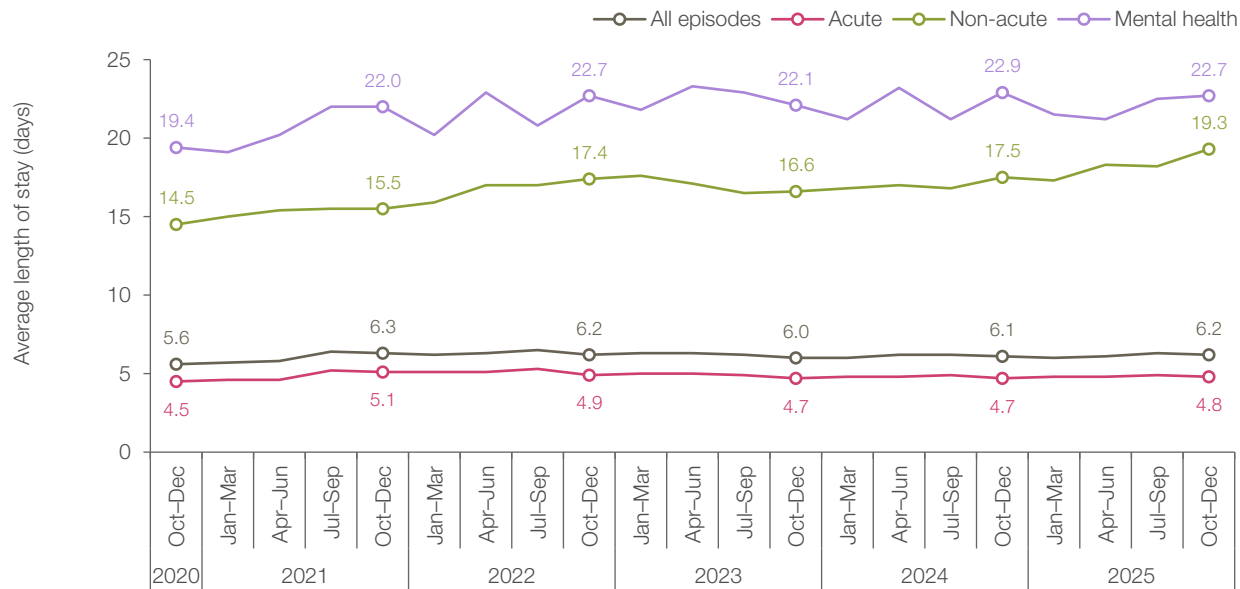
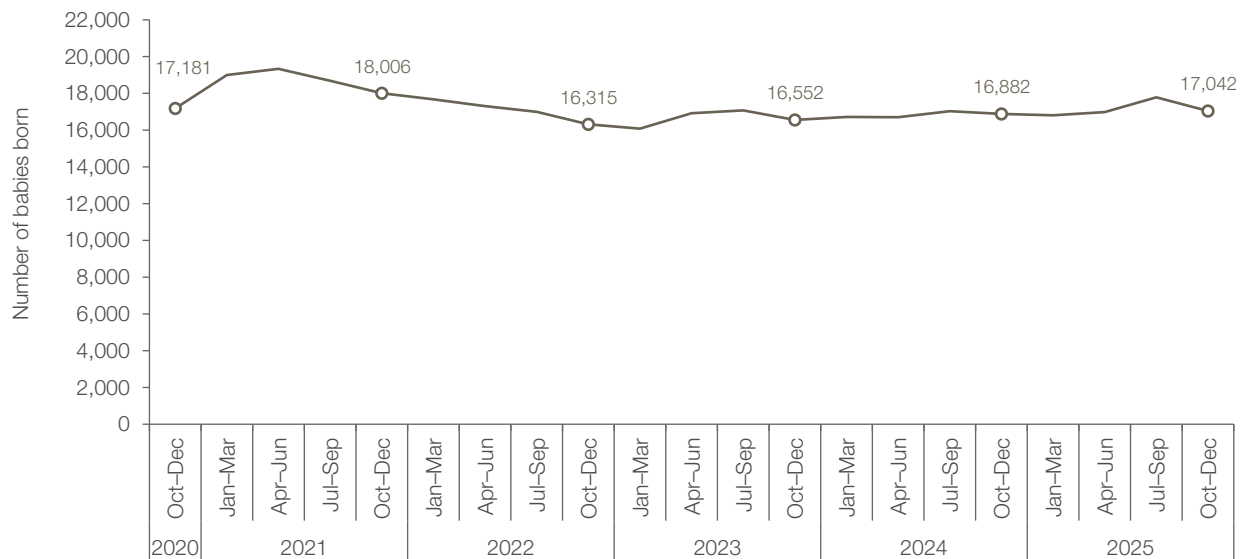


Figure 26
Babies born in public hospitals, NSW
October 2020 to December 2025





Activity and performance tables

Features a range of selected measures of activity and performance for this quarter for ambulance, emergency department, admitted patients and elective surgery.

Activity

Activity		Oct-Dec 2025	Oct-Dec 2024	COMPARING 2025 WITH 2024	
				Difference	% change
Responses		393,877	391,370	2,507	0.6%
By category	CAT 1: Life threatening	14,417	13,579	838	6.2%
	CAT 2: Emergency	212,276	n/a	n/a	n/a
	CAT 1 and 2: Lights and sirens	226,693	n/a	n/a	n/a
	CAT 3: Urgent	113,590	n/a	n/a	n/a
	CAT 4: Less Urgent	38,644	n/a	n/a	n/a
	CAT 5–9: Other categories	14,939	n/a	n/a	n/a
Incidents		300,367	291,463	8,904	3.1%

Performance

Performance			Oct-Dec 2025	Oct-Dec 2024	COMPARING 2025 WITH 2024	Difference
Response time						
By category	CAT 1: Life threatening	Median	8.5 mins	8.4 mins		0.1 mins
		90th percentile	19.0 mins	18.3 mins		0.7 mins
		% within 10 minutes	61.6%	62.6%		-1.1 percentage points
	CAT 2: Emergency	Median	14.8 mins	n/a		n/a
		90th percentile	36.1 mins	n/a		n/a
	CAT 1 and 2: Lights and sirens	Median	14.6 mins	n/a		n/a
		90th percentile	35.7 mins	n/a		n/a
	CAT 3: Urgent	Median	34.6 mins	n/a		n/a
		90th percentile	122.8 mins	n/a		n/a

Reporting of ambulance activity and performance has changed to align with the introduction of NSW Ambulance's new clinical response grid categories, therefore comparisons with the previous year are unavailable. See page 4 for more details.

Emergency department

Activity

Activity		COMPARING 2025 WITH 2024			
		Oct-Dec 2025	Oct-Dec 2024	Difference	% change
Arrivals by ambulance		200,848	196,617	4,231	2.2%
Attendances		820,009	802,527	17,482	2.2%
Emergency presentations		804,260	786,812	17,448	2.2%
By triage category	T1: Resuscitation	7,227	6,719	508	7.6%
	T2: Emergency	132,076	124,376	7,700	6.2%
	T3: Urgent	320,219	300,670	19,549	6.5%
	T4: Semi-urgent	285,428	290,966	-5,538	-1.9%
	T5: Non-urgent	59,310	64,081	-4,771	-7.4%

Performance

			COMPARING 2025 WITH 2024			
			Oct-Dec 2025	Oct-Dec 2024	Difference	
Percentage of patients transferred from ambulance to ED within 30 minutes			80.9%	83.4%	-2.5 percentage points	
Time to start treatment	All patients	% starting treatment on time	66.3%	65.3%	1 percentage points	
By triage category	T2: Emergency (Recommended: 80% in 10 minutes)	% starting treatment on time	55.3%	53.5%	1.8 percentage points	
		Median	10 mins	10 mins	unchanged	
		90th percentile	32 mins	34 mins	-2 mins	
	T3: Urgent (Recommended: 75% in 30 minutes)	% starting treatment on time	62.5%	60.5%	2 percentage points	
		Median	23 mins	24 mins	-1 min	
		90th percentile	1 hour 39 mins	1 hour 45 mins	-6 mins	
	T4: Semi-urgent (Recommended: 70% in 60 minutes)	% starting treatment on time	71.9%	71.0%	0.9 percentage points	
		Median	29 mins	30 mins	-1 min	
		90th percentile	2 hours 13 mins	2 hours 15 mins	-2 mins	
	T5: Non-urgent (Recommended: 70% in 120 minutes)	% starting treatment on time	88.6%	89.0%	-0.4 percentage points	
		Median	24 mins	25 mins	-1 min	
		90th percentile	2 hours 9 mins	2 hours 6 mins	3 mins	
	Time from arrival to leaving	Time (all attendances)	Median	3 hours 46 mins	3 hours 34 mins	12 mins
			90th percentile	11 hours 52 mins	10 hours 47 mins	1 hour 5 mins
		% within specified time	Discharged within 4 hours	64.6%	n/a	n/a
			Treated and admitted to ED Short Stay Unit within 4 hours	47.3%	n/a	n/a
			Treated and admitted to hospital or transferred to another hospital within 6 hours	32.9%	n/a	n/a
12 hours or less in ED (all attendances)			90.5%	n/a	n/a	

Reporting for this measure has changed. Patient groupings and time-based performance measures have changed, therefore comparisons with the previous year are unavailable. See page 9 for more details.

Reporting for this measure has changed. Patient groupings and time-based performance measures have changed, therefore comparisons with the previous year are unavailable. See page 9 for more details.

Elective surgery

Activity

Activity		Oct-Dec 2025	Oct-Dec 2024	COMPARING 2025 WITH 2024	
				Difference	% change
Elective surgeries performed		58,922	54,966	3,956	7.2%
By urgency	Urgent	13,220	12,775	445	3.5%
	Semi-urgent	23,265	21,142	2,123	10.0%
	Non-urgent	20,058	18,844	1,214	6.4%
	Staged*	2,379	2,205	174	7.9%

Performance

Performance			Oct-Dec 2025	Oct-Dec 2024	COMPARING 2025 WITH 2024		
					Difference	% change	
Waiting time	All patients	% on time	83.1%	84.4%	-1.3 percentage points	n/a	
	By urgency	Urgent	% on time (Recommended: within 30 days)	99.3%	99.1%	0.2 percentage points	n/a
			Median	13 days	13 days	0 days	n/a
			90th percentile	27 days	27 days	0 days	n/a
	Semi-urgent	% on time (Recommended: within 90 days)	81.2%	80.9%	0.3 percentage points	n/a	
			Median	58 days	57 days	1 days	n/a
			90th percentile	105 days	108 days	-3 days	n/a
	Non-urgent	% on time (Recommended: within 365 days)	74.7%	78.3%	-3.6 percentage points	n/a	
			Median	324 days	309 days	15 days	n/a
			90th percentile	403 days	392 days	11 days	n/a
Patients on waiting list ready for elective surgery at end of quarter			92,812	100,235	-7,423	-7.4%	
By urgency	Urgent		1,137	1,095	42	3.8%	
	Semi-urgent		18,062	19,396	-1,334	-6.9%	
	Non-urgent		73,613	79,744	-6,131	-7.7%	
Patients on waiting list ready for elective surgery who had waited longer than clinically recommended at end of quarter			3,845	6,842	-2,997	-43.8%	

* Staged surgery refers to surgery that, for medical reasons, cannot take place before a certain amount of time has elapsed (includes all non-urgent cystoscopy patients).

Admitted patients

Activity			COMPARING 2025 WITH 2024			
			Oct-Dec 2025	Oct-Dec 2024	Difference	% change
Episodes of care			518,436	505,812	12,624	2.5%
By care type	Acute		490,119	477,532	12,587	2.6%
	By stay type	Overnight	245,927	242,668	3,259	1.3%
		Same-day	244,192	234,864	9,328	4.0%
	Non-acute		18,021	17,685	336	1.9%
	Mental health		10,296	10,595	-299	-2.8%
Average length of stay for overnight episodes (days)			6.2	6.1	0.1	1.6%
By care type	Acute		4.8	4.7	0.1	2.1%
	Non-acute		19.3	17.5	1.8	10.3%
	Mental health		22.7	22.9	-0.2	-0.9%
Bed days			1,931,995	1,866,107	65,888	3.5%
By care type	Acute		1,427,535	1,383,736	43,799	3.2%
	Non-acute		294,984	263,428	31,556	12.0%
	Mental health		209,476	218,943	-9,467	-4.3%
Babies born			17,042	16,882	160	0.9%

Explanation of key terms

Ambulance

Calls

Calls received at the ambulance control centre, requesting an ambulance vehicle.

Incident

A call to the ambulance control centre that results in the dispatch of one or more ambulance vehicles.

Response

The dispatch of an ambulance vehicle to an incident. There may be multiple responses to a single incident. Responses include vehicles cancelled prior to arrival at the incident scene.

Response time

The time from when a call for an ambulance is placed 'in queue' for vehicle dispatch by the ambulance control centre, to the time the first vehicle arrives at the scene.

Emergency department (ED)

ED attendances

The count of every patient visit to the ED during the defined period.

Emergency presentations

The vast majority of ED attendances are classified as 'emergency presentations', where the intent of the visit to the ED is to receive emergency care. The remaining attendances include non-emergency visits such as planned returns, pre-arranged admissions, some outpatient visits and private referrals.

Time from arrival to leaving ED

The time from a patient's arrival at the ED until their departure from the ED.

Time to start treatment

The time from a patient's arrival at the ED until the start of their clinical treatment in the ED.

Time to transfer care

For patients transported to the ED by ambulance, the time from their arrival at the ED to when responsibility for their care is transferred from paramedics to ED staff in an ED treatment zone.

ED Short Stay Units

Provide short-term intensive treatment to selected ED patients.

Left without, or before completing, treatment

Patients who left the ED before their treatment started, and those whose treatment started but left before it was completed.

Admitted patients

Average length of stay

The mean of total bed days for all completed episodes of care. That is, the total number of days in hospital for all episodes of care divided by the total number of episodes of care.

Bed days

For an overnight admitted patient episode, the difference, in days, between the episode start date and the episode end date, minus any leave days during the episode. Same-day episodes count as one bed day.

Episode of care

When a person is admitted to hospital, they begin what is termed an admitted patient episode or 'episode of care'. Patients may have more than one type of care during the same hospital stay, each of which is regarded as a separate episode of care.

Elective surgery

Waiting list

The elective surgery waiting list is dynamic, driven by the number of patients added to the list and the number of patients who receive their surgery or otherwise leave the list. Information about the number of patients waiting for surgery is a snapshot of the list on a single day.

Waiting time

The number of days from a patient's placement on the elective surgery waiting list until they undergo surgery.



BUREAU OF HEALTH INFORMATION

1 Reserve Road
St Leonards NSW 2065
Australia
Telephone: +61 2 9464 4444
bhi.nsw.gov.au

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