Healthcare Quarterly

Tracking public hospital and ambulance service activity and performance in NSW

April to June 2026

bureau of health information

Overview

April to June 2026

Ambulance

Ambulance responses reached a record high. There was an increase in the percentage of 'life threatening CAT 1' responses within 10 minutes compared with the same quarter a year earlier.

Find out more from page 4

Admitted patients

The average length of stay increased for all overnight non-acute episodes.

Find out more from page 16

Emergency department

More patients were treated on time compared with the same quarter a year earlier. However, the time spent in the ED increased for all patients.

Find out more from page 9

Elective surgery

More procedures were performed on time and the median waiting time for semi-urgent and non-urgent surgery decreased compared with the same quarter a year earlier.

Find out more from page 21

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 with 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 170 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 (7 July 2026); ED (14 July 2026); elective surgery (15 July 2026); admitted patients (10 July 2026). See the technical supplement for descriptions of the data, methods and technical terms used to calculate activity and performance measures.

Transition to the Single Digital Patient Record

NSW Health is transitioning to the Single Digital Patient Record (SDPR) which is providing a full picture of a person's health information — including test results, appointments and treatment history — in one secure system. Over several years, the SDPR is being introduced in every NSW Health public hospital and health service. So, no matter which NSW Health service is visited, the healthcare team will have access to the right information when it is needed most.

The SDPR is replacing existing systems, linking patient records, test results and hospital information. While the SDPR implementation ensures patient care will not be disrupted, the complex integration and alignment of these systems and processes means there will be temporary interruptions to the centralised data BHI uses for public reporting.

During the transition, there will be times when data are not accessible to BHI to analyse and publish. As the implementation continues, this may result in data for some measures or entities (i.e. hospital, local health district [LHD], peer group, NSW) being incomplete or unavailable in the report.

Wherever data are robust and available for meaningful public reporting, BHI will include them in the report, with notes provided where required to support interpretation of the results.

Where data are not available in time for a particular *Healthcare Quarterly* report, they will be updated as part of future releases in digital products such as the BHI Data Portal, when they become available.

Justice Health and Forensic Mental Health (Justice Health NSW) and NSW Health Pathology (John Hunter Hospital Lab) transitioned to the SDPR on 25 March 2026 and Hunter New England Local Health District and NSW Health Pathology (Hunter New England sites) transitioned on 27 May 2026.

For more information about the SDPR, please visit the NSW Health website.

Impact on this issue of Healthcare Quarterly

For this issue of *Healthcare Quarterly*, at the time of download, centralised data were unavailable for public reporting for Hunter New England LHD for 27 May to 30 June 2026 for emergency department and admitted patient services, and from 30 April to 30 June for elective surgery services. See respective key findings pages in this report for more information.

Seclusion and restraint data for Justice Health NSW were unavailable from 28 February to 30 June 2026 and from 30 April to 30 June for Hunter New England LHD. See Seclusion and Restraint Supplement for more information.

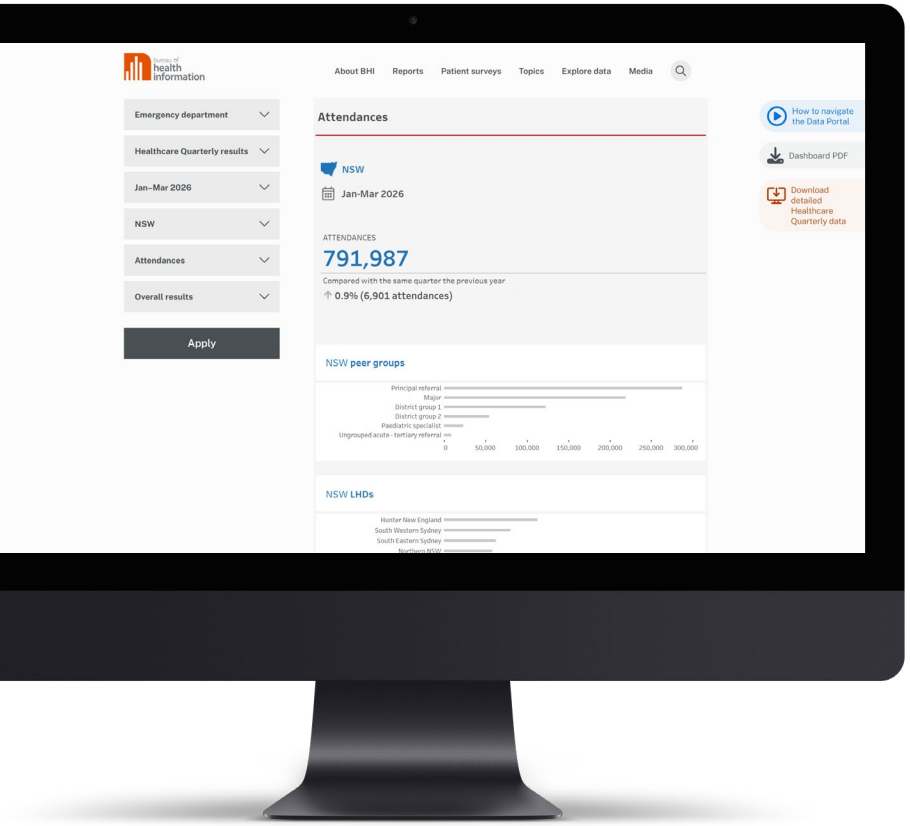
Interactive data

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.

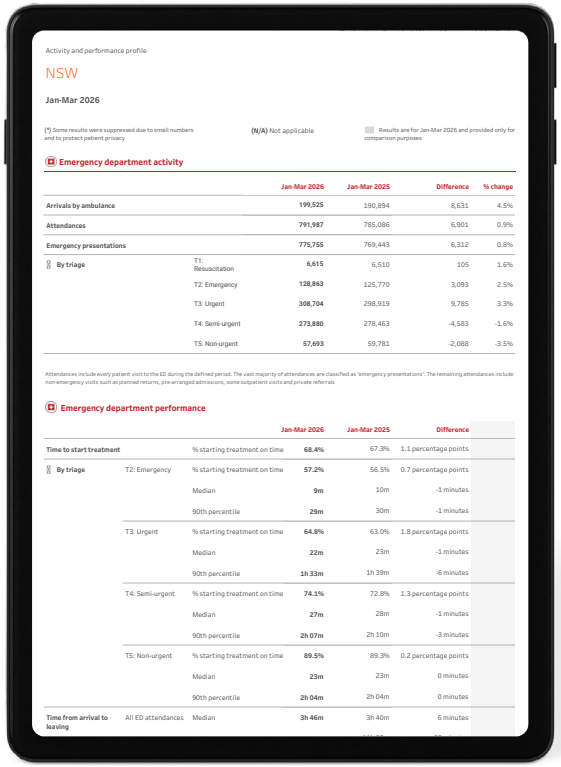
Detailed results, including trends, are provided for 76 individual hospitals, along with local health districts (LHDs) and hospital peer groups. Ambulance information is available for 91 local areas.



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.


Activity and performance profile

NSW

Jan-Mar 2026

(*) Some results were suppressed due to small numbers and to protect patient privacy

(N/A) Not applicable

Results are for Jan-Mar 2026 and provided only for comparison purposes

Emergency department activity

		Jan-Mar 2026	Jan-Mar 2025	Difference	% change
Arrivals by ambulance		199,525	190,894	8,631	4.5%
Attendances		791,987	785,086	6,901	0.9%
Emergency presentations		775,755	769,443	6,312	0.8%
By triage	T1: Resuscitation	6,615	6,510	105	1.6%
	T2: Emergency	128,863	125,770	3,093	2.5%
	T3: Urgent	308,704	298,919	9,785	3.3%
	T4: Semi-urgent	273,880	278,463	-4,583	-1.6%
	T5: Non-urgent	57,693	59,781	-2,088	-3.5%

Attendances include every patient visit to the ED during the defined period. The vast majority of attendances are classified as 'emergency presentations'. The remaining attendances include non-emergency visits such as planned returns, pre-arranged admissions, some outpatient visits and private referrals

Emergency department performance

			Jan-Mar 2026	Jan-Mar 2025	Difference
Time to start treatment		% starting treatment on time	68.4%	67.3%	1.1 percentage points
By triage	T2: Emergency	% starting treatment on time	57.2%	56.5%	0.7 percentage points
		Median	9m	10m	-1 minutes
		90th percentile	29m	30m	-1 minutes
	T3: Urgent	% starting treatment on time	64.8%	63.0%	1.8 percentage points
		Median	22m	23m	-1 minutes
		90th percentile	1h 33m	1h 39m	-6 minutes
	T4: Semi-urgent	% starting treatment on time	74.1%	72.8%	1.3 percentage points
		Median	27m	28m	-1 minutes
		90th percentile	2h 07m	2h 10m	-3 minutes
	T5: Non-urgent	% starting treatment on time	89.5%	89.3%	0.2 percentage points
		Median	23m	23m	0 minutes
		90th percentile	2h 04m	2h 04m	0 minutes
Time from arrival to leaving	All ED attendances	Median	3h 46m	3h 40m	6 minutes

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

April to June 2026

ACTIVITY

During the April to June 2026 quarter, the highest number of ambulance responses was recorded since BHI began reporting in 2010.

There were 296,175 incidents – up 2.9% (8,434) compared with the same quarter a year earlier. A total of 395,042 responses were dispatched to these incidents – up 5.1% (19,002).

Of these responses, 14,209 were 'life threatening (CAT 1)' and 214,769 were 'emergency (CAT 2)'.

The transition to the Single Digital Patient Record (SDPR) has not affected the Ambulance section.

RESPONSE TIMES

The percentage of CAT 1 responses within 10 minutes was 65.1% – up 1.7 percentage points compared with the same quarter a year earlier.

The median response times for CAT 1, CAT 2 and 'urgent (CAT 3)' responses were 8.1, 14.1 and 33.8 minutes, respectively – all relatively stable.

Behind the key findings

Figure 1

Ambulance calls, incidents, responses and patient transports, NSW

April 2021 to June 2026

Of the 395,042 ambulance responses in April to June 2026, 67.8% (267,750) were in urban areas and 31.4% (124,090) were in rural areas.

On 5 February 2025, NSW Ambulance transitioned to a new clinical response grid. See the technical supplement 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.

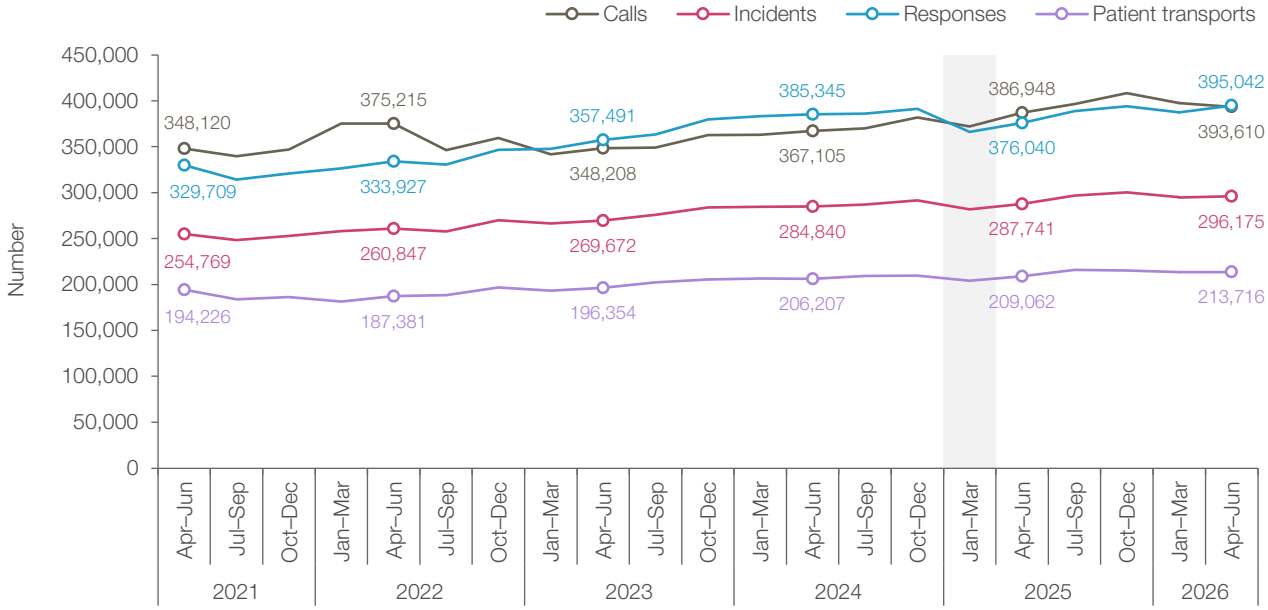


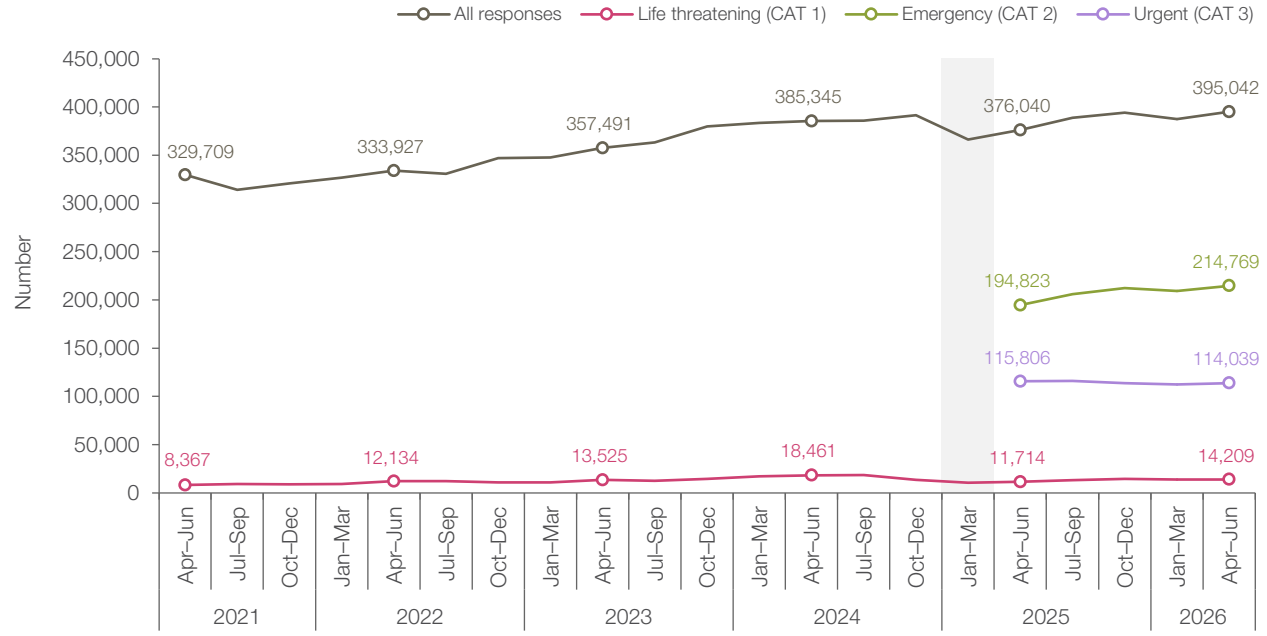
Figure 2

Ambulance responses, by response category, NSW

April 2021 to June 2026

In April to June 2026, 36,791 ambulance responses were 'less urgent (CAT 4)' and 15,225 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.



Behind the key findings

Figure 3

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

April 2021 to June 2026

In April to June 2026, the percentage of CAT 1 responses within 10 minutes was 68.9% in urban areas and 56.2% in rural areas.

On 5 February 2025, NSW Ambulance transitioned to a new clinical response grid. See the technical supplement for further details.

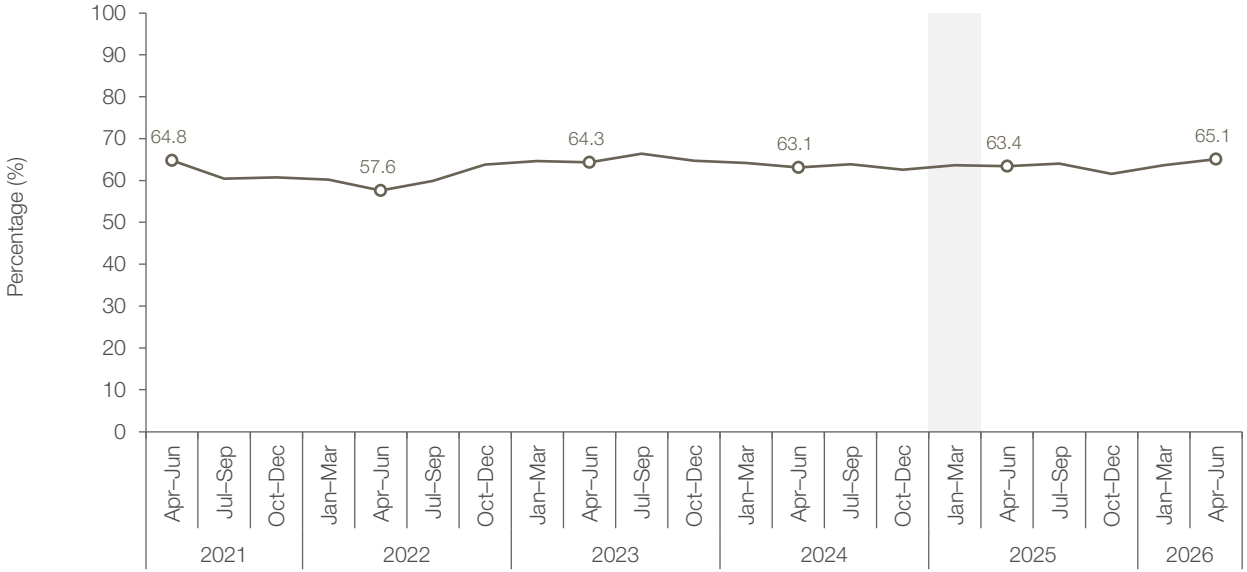


Figure 4

Median response times, by response category, NSW

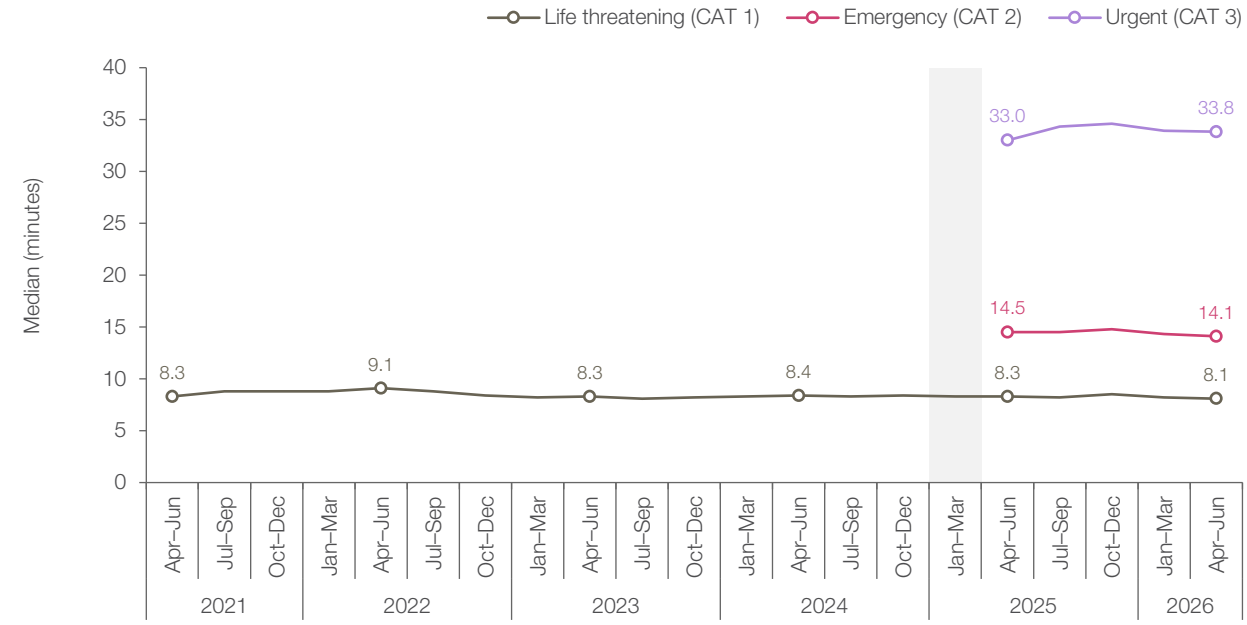
April 2021 to June 2026

In April to June 2026, the median response time for 'lights and sirens (CAT 1 and 2)' responses was 13.9 minutes.

The median response time for:

- CAT 1 cases was 7.8 minutes in urban areas and 9.0 minutes in rural areas
- CAT 2 cases was 14.3 minutes in urban areas and 13.3 minutes in rural areas
- CAT 3 cases was 39.4 minutes in urban areas and 25.5 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.



Behind the key findings

Figure 5

90th percentile response times, by response category, NSW

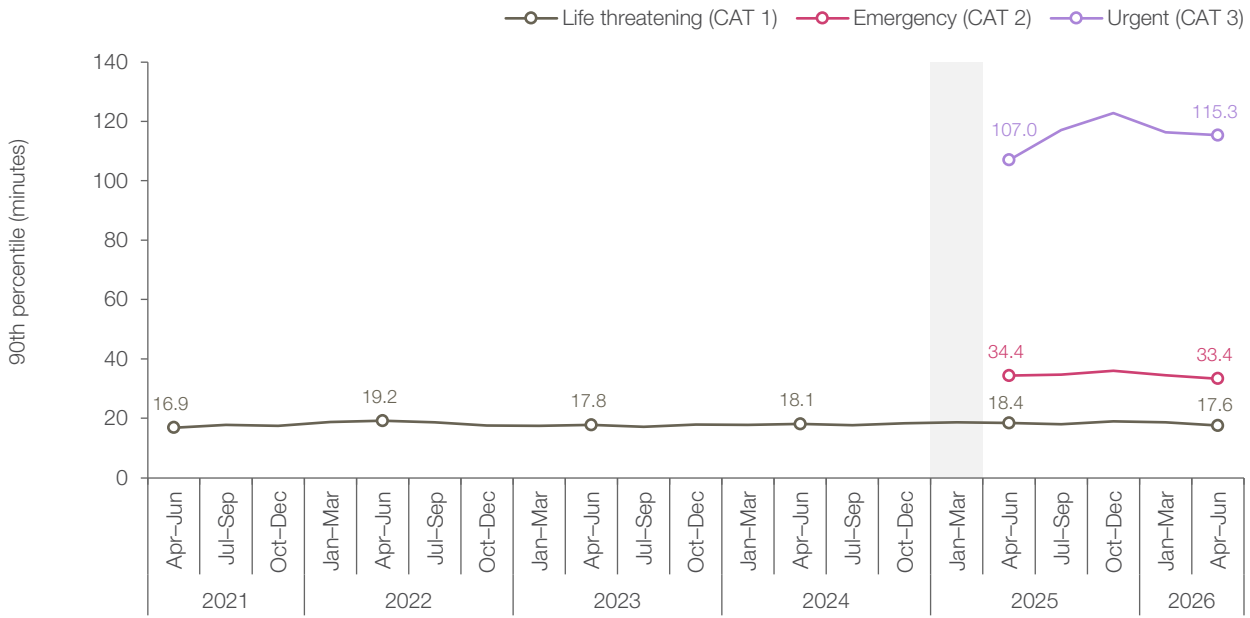
April 2021 to June 2026

In April to June 2026, the 90th percentile response time for 'lights and sirens (CAT 1 and 2)' responses was 33.0 minutes.

The 90th percentile response time for:

- CAT 1 cases was 15.2 minutes in urban areas and 24.9 minutes in rural areas
- CAT 2 cases was 31.7 minutes in urban areas and 36.5 minutes in rural areas
- CAT 3 cases was 138.4 minutes in urban areas and 78.5 minutes in rural areas.

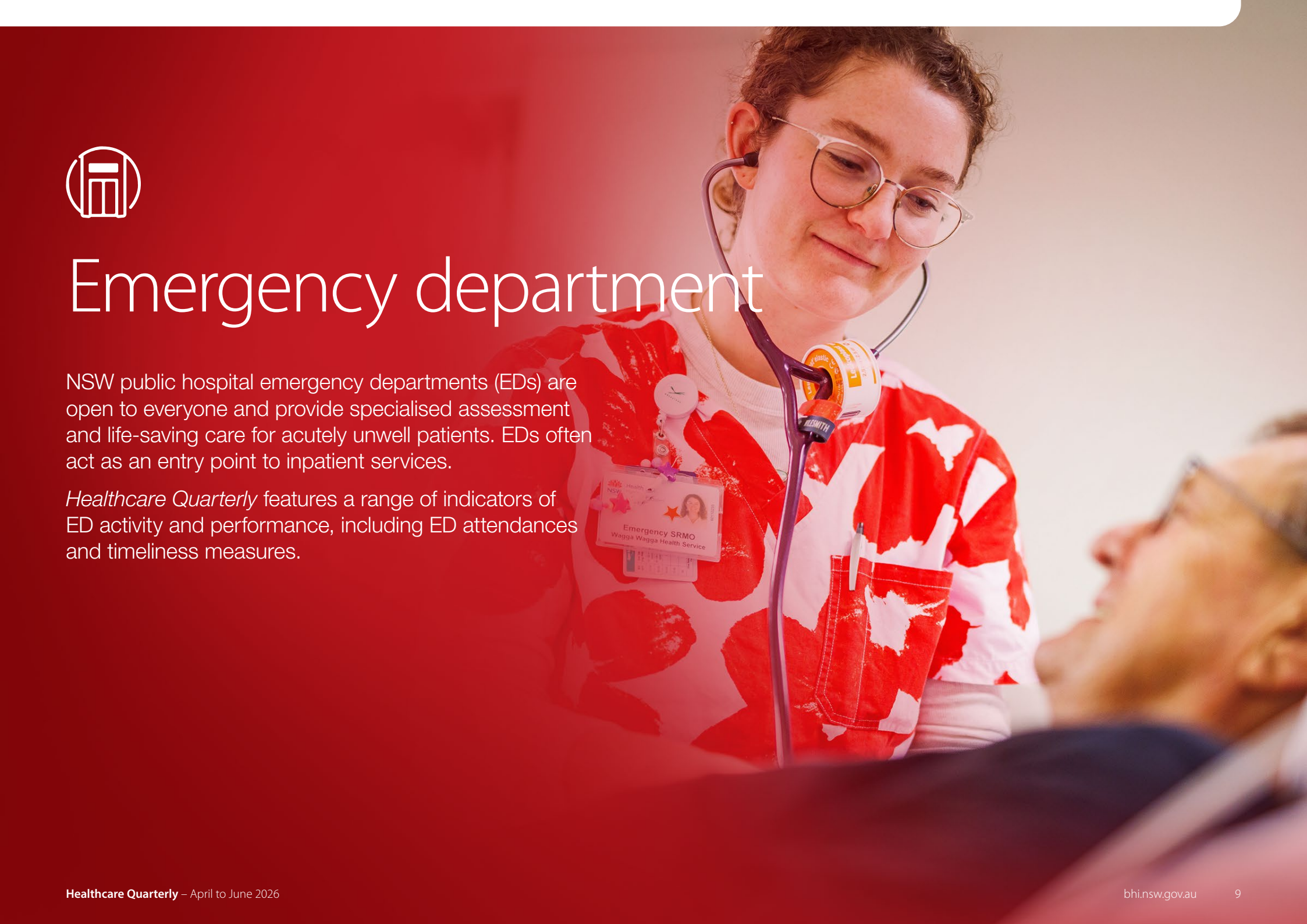
> On 5 February 2025, NSW Ambulance transitioned to a new clinical response grid. As the new Category 1 – Life threatening (CAT 1) and previous Priority 1A – Highest priority (P1A) are reasonably similar, historical trends continue to be presented for these responses, which are now referred to as 'life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



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.



Key findings

April to June 2026

ACTIVITY

In April to June 2026, there were 748,242 ED attendances, not including Hunter New England Local Health District after 27 May 2026.

TIME TO START TREATMENT

Treatment started on time for 68.7% of all patients who presented to the ED – up 2.6 percentage points compared with the same quarter a year earlier.

Impact of Single Digital Patient Record transition on NSW ED reporting

Hunter New England LHD transitioned to the Single Digital Patient Record (SDPR) on 27 May 2026. Centralised data from Hunter New England LHD were not available for this report for the period 27 May to 30 June 2026.

For activity measures: Due to incomplete data, comparisons at a NSW level cannot be made with the same quarter the previous year.

For time to start treatment, time from arrival to leaving ED and time to transfer care: BHI assessed the effect of incomplete data and found that it had minimal impact. Comparisons with previous quarters should be made with caution.

TIME FROM ARRIVAL TO LEAVING ED

The median time from arrival to leaving the ED for all patients was 3 hours and 49 minutes – up 5 minutes compared with the same quarter a year earlier.

- 89.7% of all patients left within 12 hours – relatively stable
- 64.0% of patients treated and discharged left within 4 hours – down 2.1 percentage points
- 48.2% of patients treated and admitted to an ED Short Stay Unit left within 4 hours – up 1.9 percentage points
- 30.9% of patients treated and admitted to hospital or transferred to another hospital left within 6 hours – down 2.1 percentage points

TIME TO TRANSFER CARE

187,623 patients arrived by ambulance, not including Hunter New England LHD after 27 May 2026.

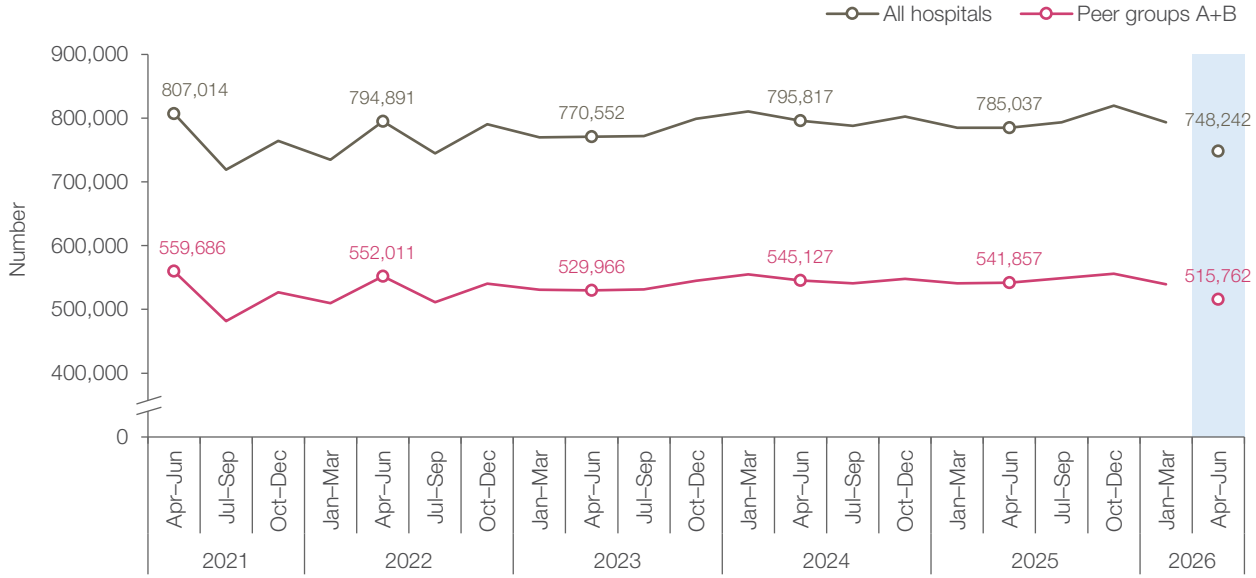
80.3% of patients who arrived by ambulance had their care transferred to ED staff within 30 minutes – relatively stable.

Behind the key findings

Figure 6

Emergency department attendances, NSW

April 2021 to June 2026



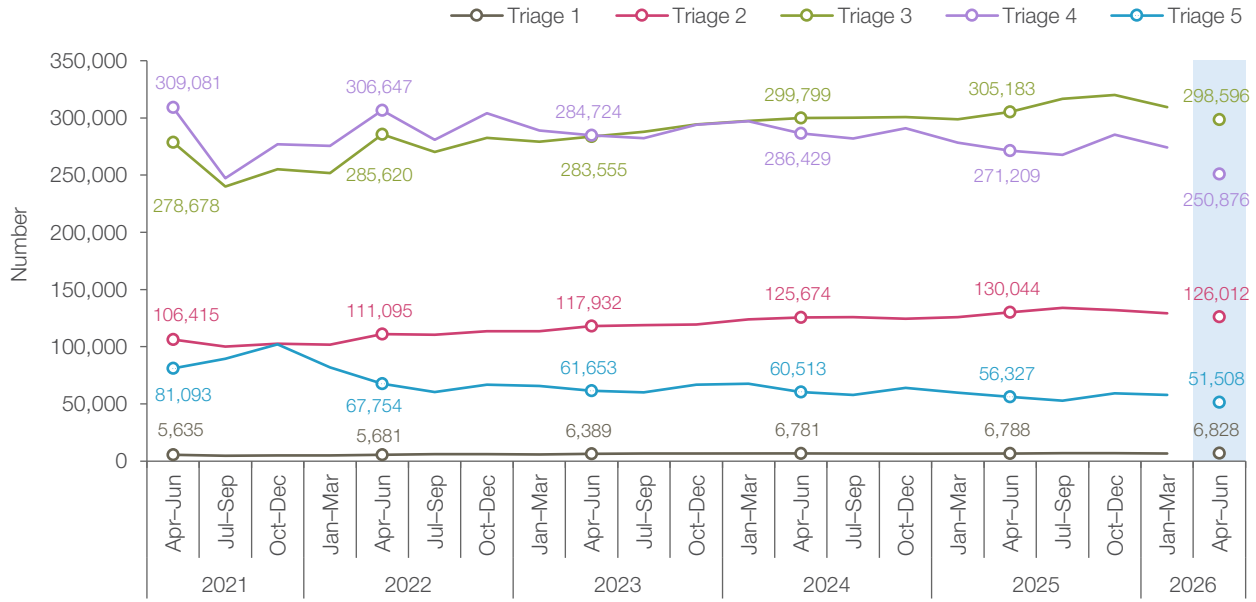
Due to the SDPR transition, comparisons at a NSW level cannot be made with previous quarters.

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

Figure 7

Emergency presentations, by triage category, NSW

April 2021 to June 2026



Due to the SDPR transition, comparisons at a NSW level cannot be made with previous quarters.

Behind the key findings

Figure 8

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

April 2021 to June 2026

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.

Due to the SDPR transition, comparisons with previous quarters at a NSW level should be made with caution.

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.

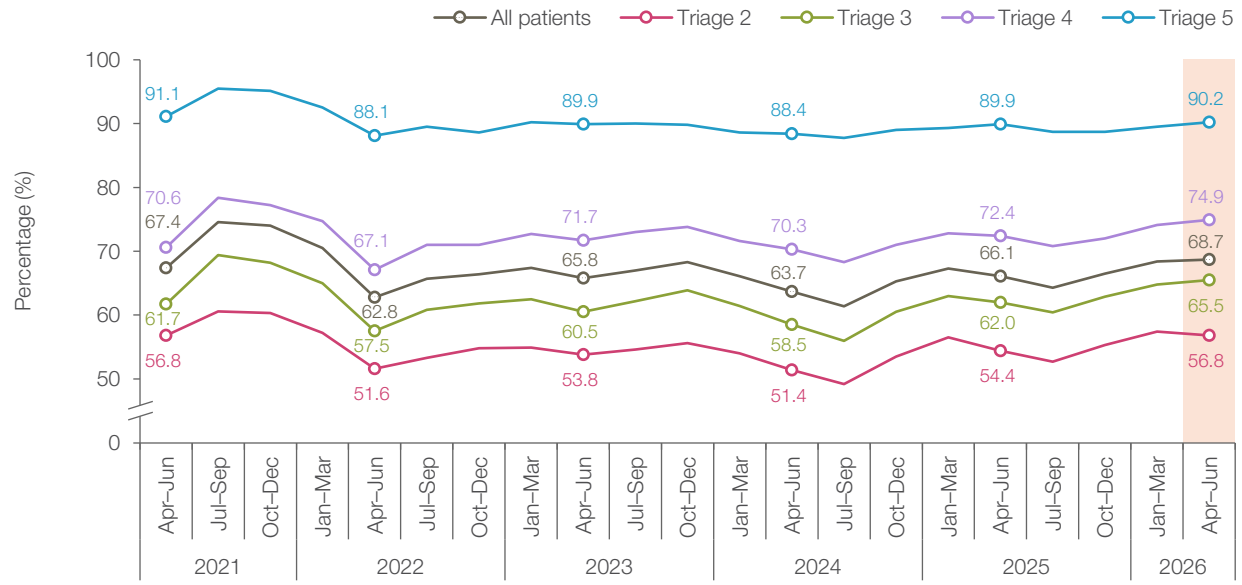


Figure 9

Emergency department attendances, by mode of leaving, NSW

April 2021 to June 2026

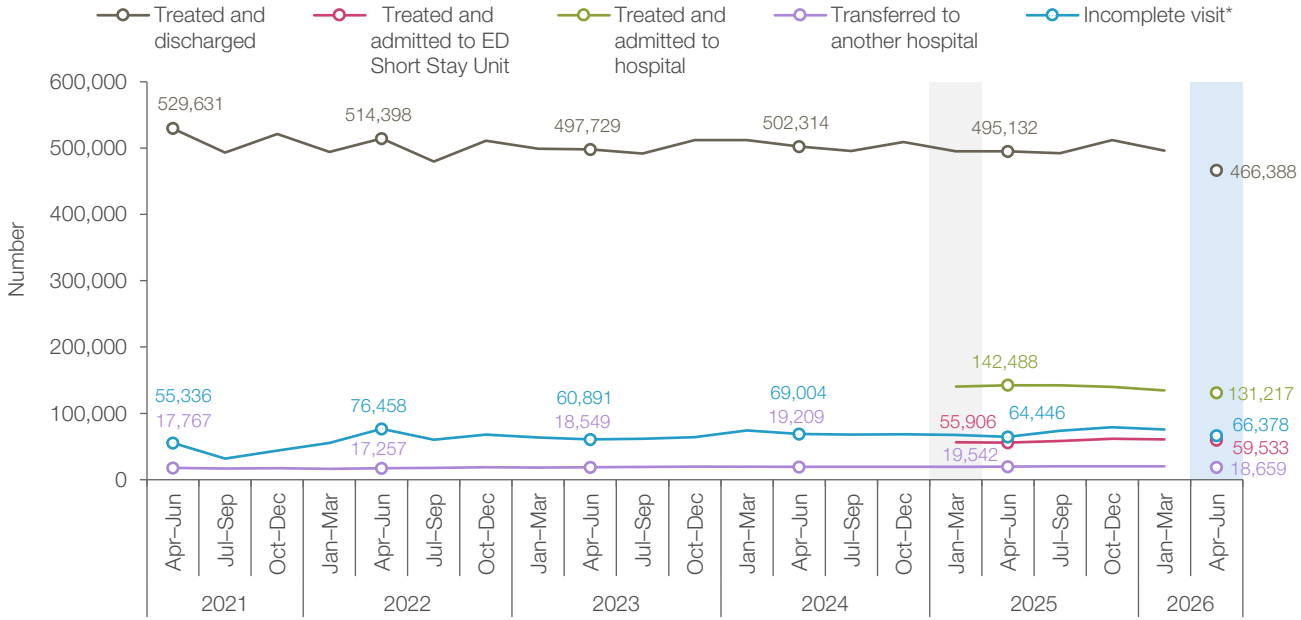
Between April and June 2026, 66,378 patients had incomplete ED visits:

- 24,980 (37.6%) did not wait for treatment to formally start†
- 41,398 (62.4%) left after treatment had started, against clinical advice or before all processes were finalised (e.g. receiving prescriptions or test results).

Of the patients with incomplete visits, 36.7% were Triage 3, 42.7% were Triage 4 and 11.8% were Triage 5.

Some patient groupings have changed, therefore trends are unavailable.

Due to the SDPR transition, comparisons at a NSW level cannot be made with previous quarters.



* To reduce the risk of misinterpretation, this category label was changed from 'Left without, or before completing, treatment' in January to March 2026.

† This group includes some patients who may have received initial clinical care, such as simple pain relief and had observations taken before leaving.

For more results, including for the 76 larger hospitals, explore the Data Portal

Behind the key findings

Figure 10

Median time from arrival at the emergency department to leaving, by mode of leaving, NSW

April 2021 to June 2026

Some patient groupings have changed, therefore trends are unavailable.

Due to the SDPR transition, comparisons with previous quarters at a NSW level should be made with caution.

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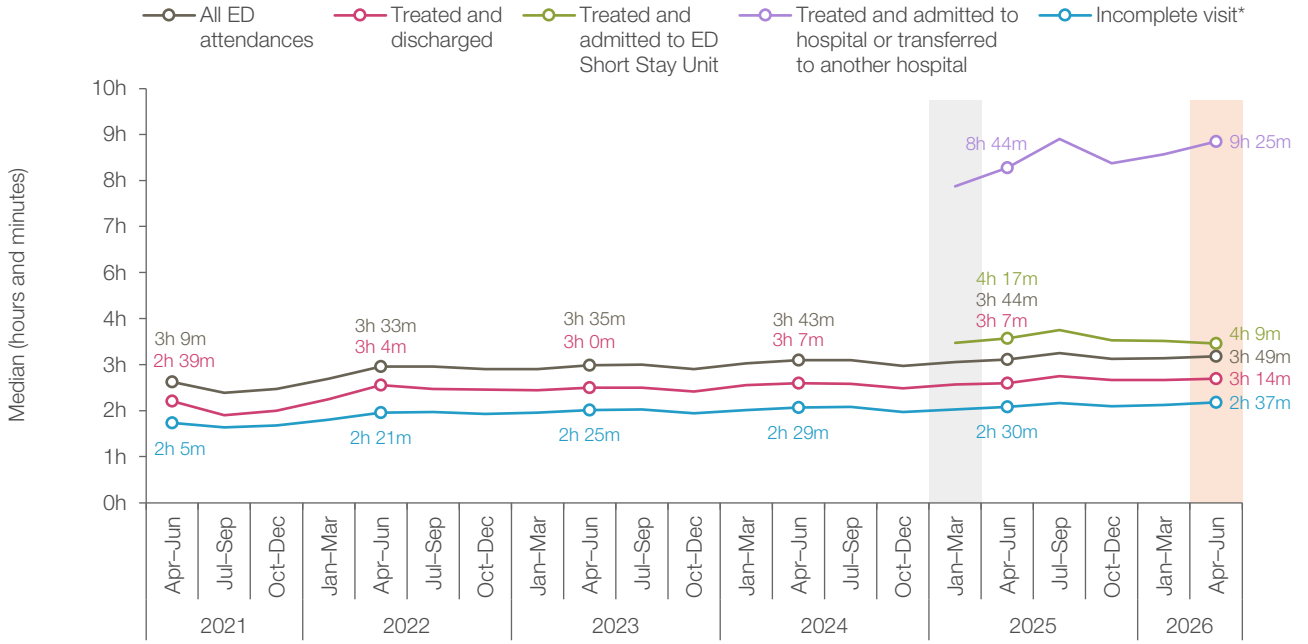

Figure 11

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

April 2021 to June 2026

Some patient groupings have changed, therefore trends are unavailable.

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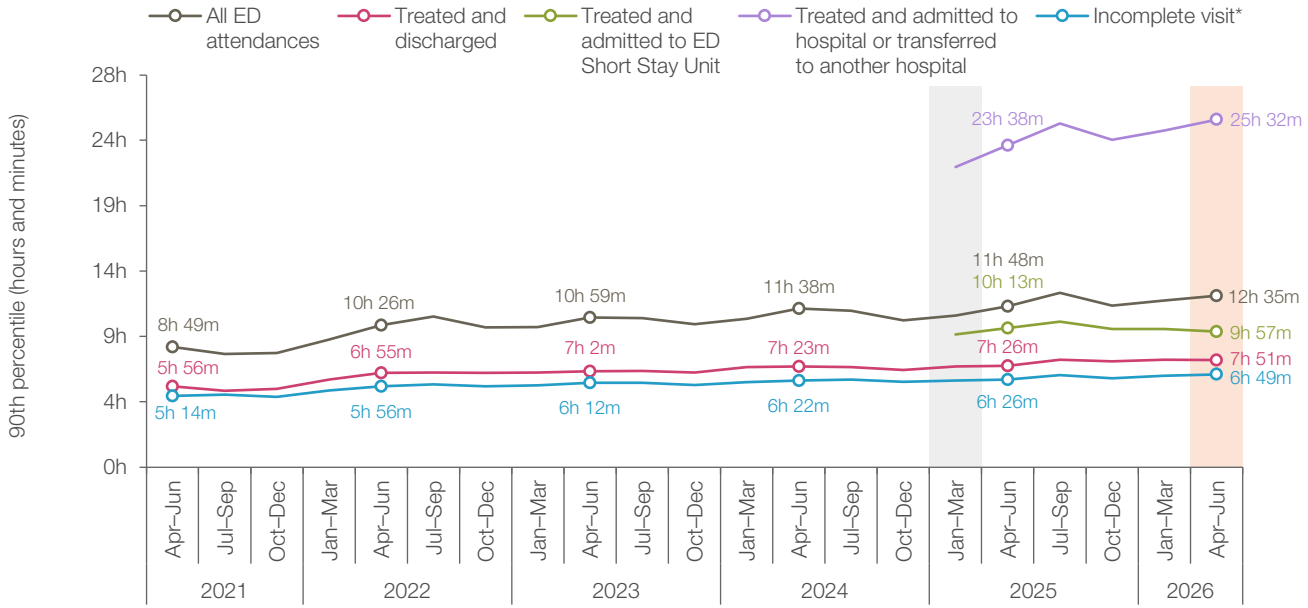


For more results, including for the 76 larger hospitals, explore the Data Portal

Behind the key findings

Figure 12

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

April 2021 to June 2026

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.

Some patient groupings have changed, therefore trends are unavailable.

Due to the SDPR transition, comparisons with previous quarters at a NSW level should be made with caution.

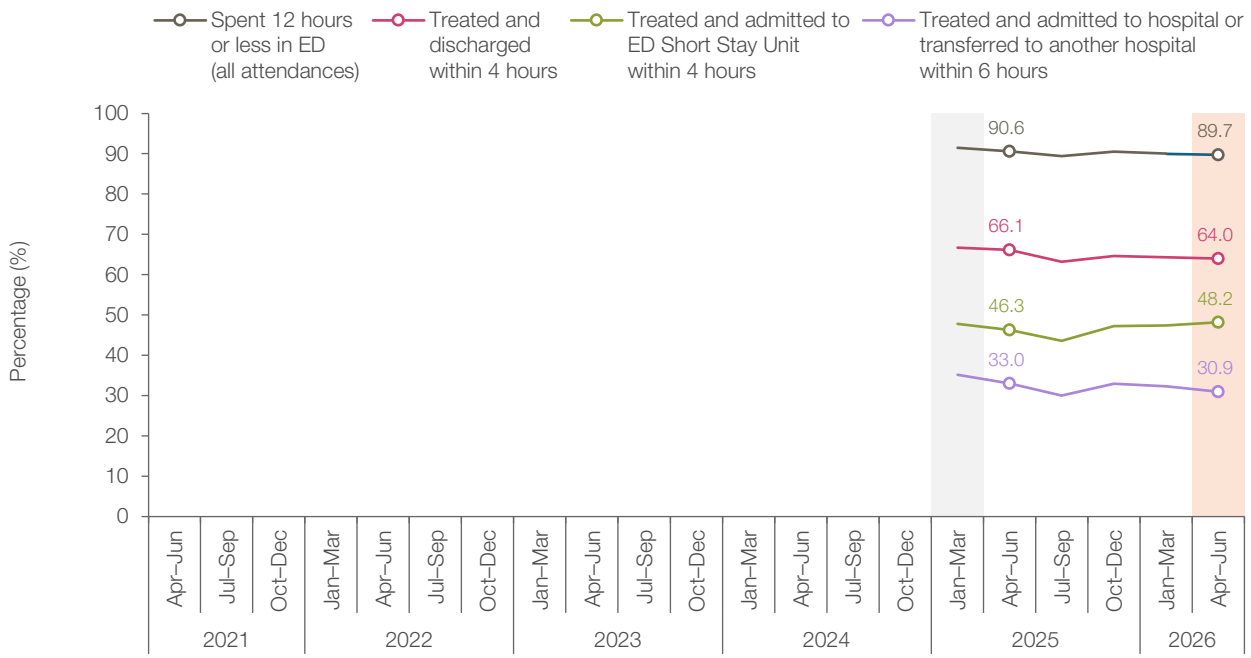
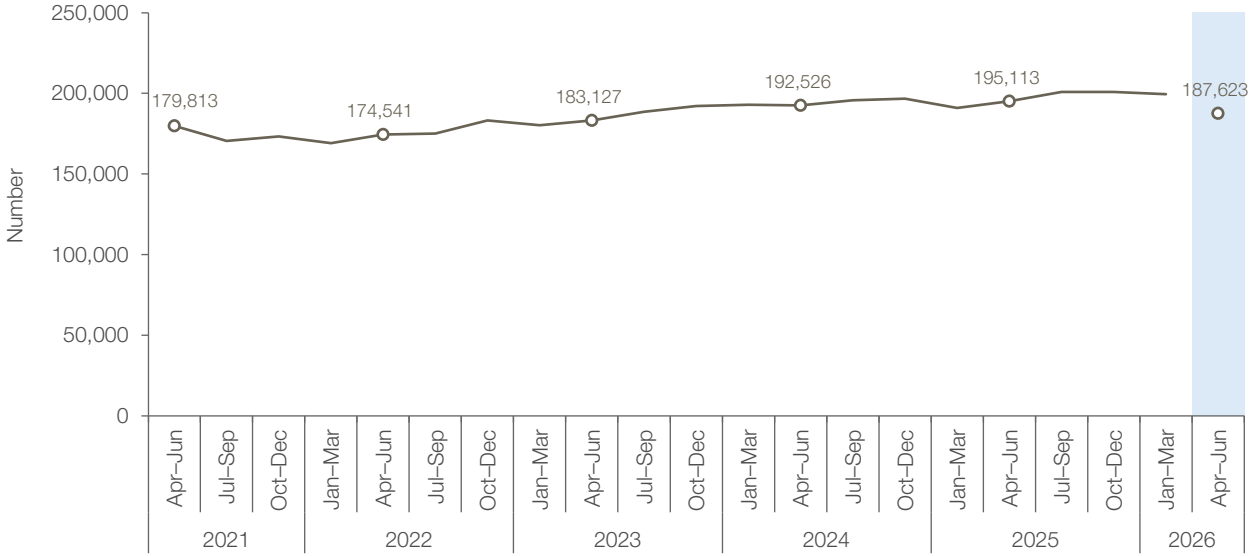


Figure 13

Arrivals by ambulance, NSW

April 2021 to June 2026

Due to the SDPR transition, comparisons at a NSW level cannot be made with previous quarters.



Behind the key findings

Figure 14

Percentage of patients transferred from paramedics to emergency department staff within 30 minutes, NSW

April 2021 to June 2026

Due to the SDPR transition, comparisons with previous quarters at a NSW level should be made with caution.

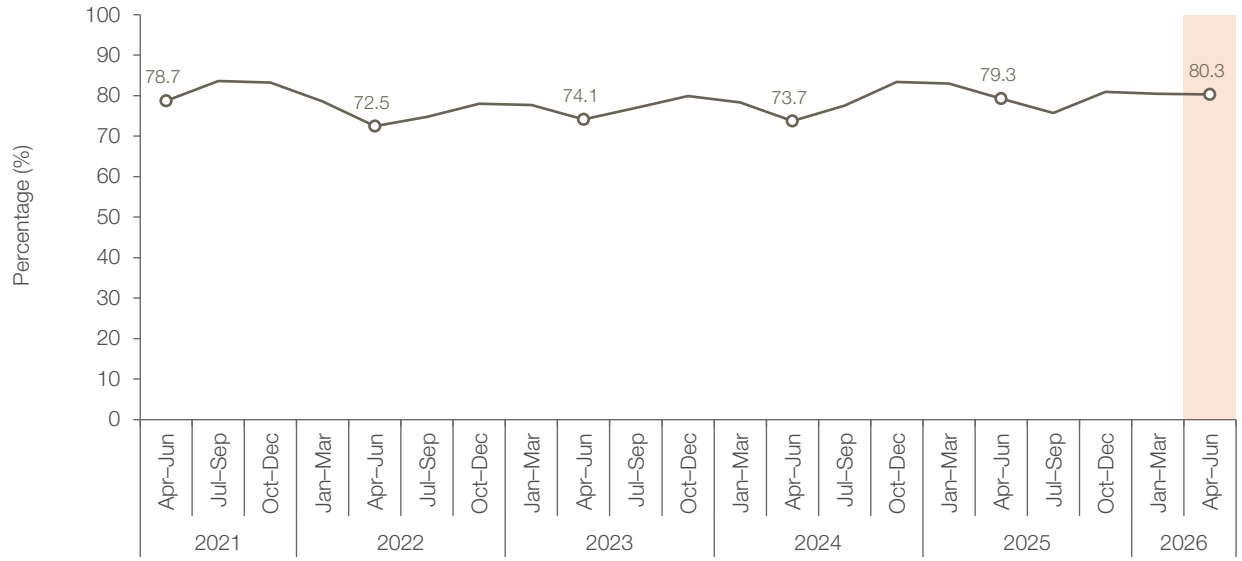
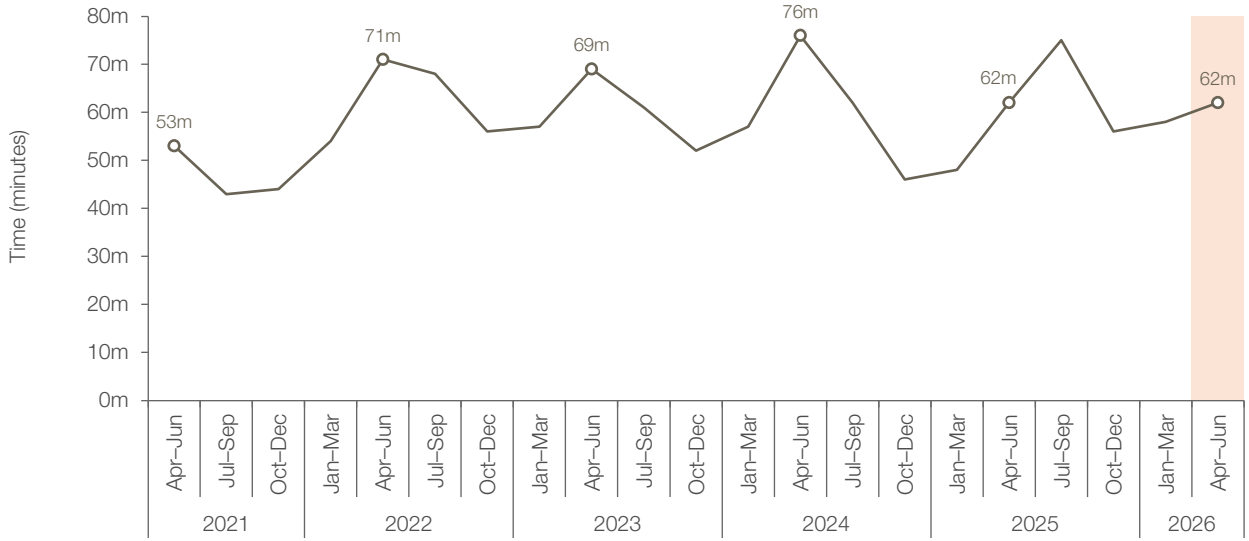


Figure 15

90th percentile time to transfer care from paramedics to emergency department staff, NSW

April 2021 to June 2026

Due to the SDPR transition, comparisons with previous quarters at a NSW level should be made with caution.



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 care 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.

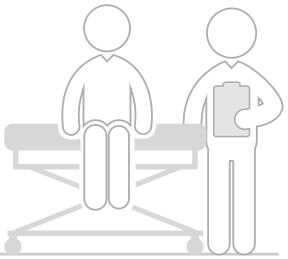
Key findings

April to June 2026

EPISODES OF CARE

In April to June 2026, there were 498,949 admitted patient episodes, not including Hunter New England Local Health District after 27 May 2026.

Of these, 238,311 were acute same-day and 233,632 were overnight episodes of care.



AVERAGE LENGTH OF STAY

The average length of stay for all overnight episodes was 6.4 days – up from 6.1 days in the same quarter a year earlier.

The average length of stay for overnight non-acute episodes was 20.3 days – up 2.0 days.

HOSPITAL IN THE HOME (HITH)

HITH was used for 4.8% of all acute overnight episodes of care – up from 4.2% in the same quarter a year earlier.

BABIES BORN

There were 16,204 babies born in NSW public hospitals, not including Hunter New England LHD after 27 May 2026.

Impact of Single Digital Patient Record transition on NSW admitted patient services reporting

Hunter New England LHD transitioned to the Single Digital Patient Record (SDPR) on 27 May 2026. Centralised data from Hunter New England LHD were not available for this report for the period 27 May to 30 June 2026.

Justice Health and Forensic Mental Health Network (Justice Health NSW) transitioned to the SDPR on 25 March 2026. Centralised data from Justice Health NSW were not available for this report for the period 25 March to 30 June 2026.

For episodes of care and babies born: Due to incomplete data, comparisons at a NSW level cannot be made with the same quarter the previous year.

For average length of stay and HITH: BHI assessed the effect of incomplete data and found that it had minimal impact. Comparisons with previous quarters should be made with caution.

Behind the key findings

Figure 16

Episodes of care, by care type, NSW

April 2021 to June 2026

Admitted patient episodes of care can be:

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

Due to the SDPR transition, comparisons at a NSW level cannot be made with previous quarters.

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

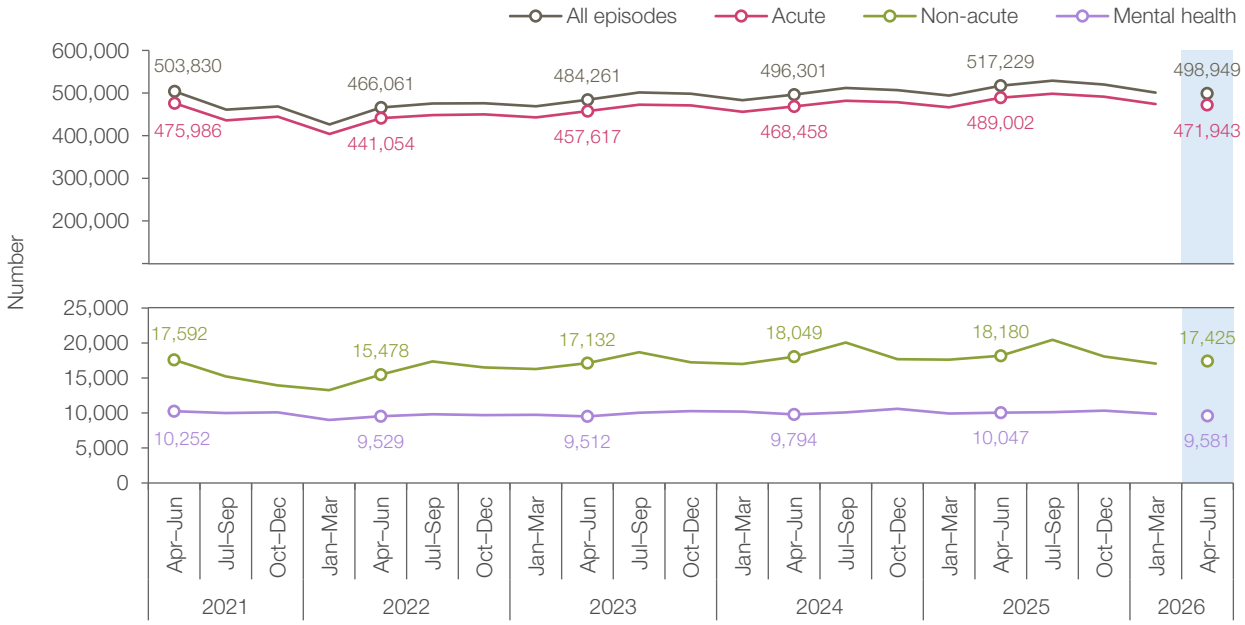


Figure 17

Acute episodes of care, by stay type, NSW

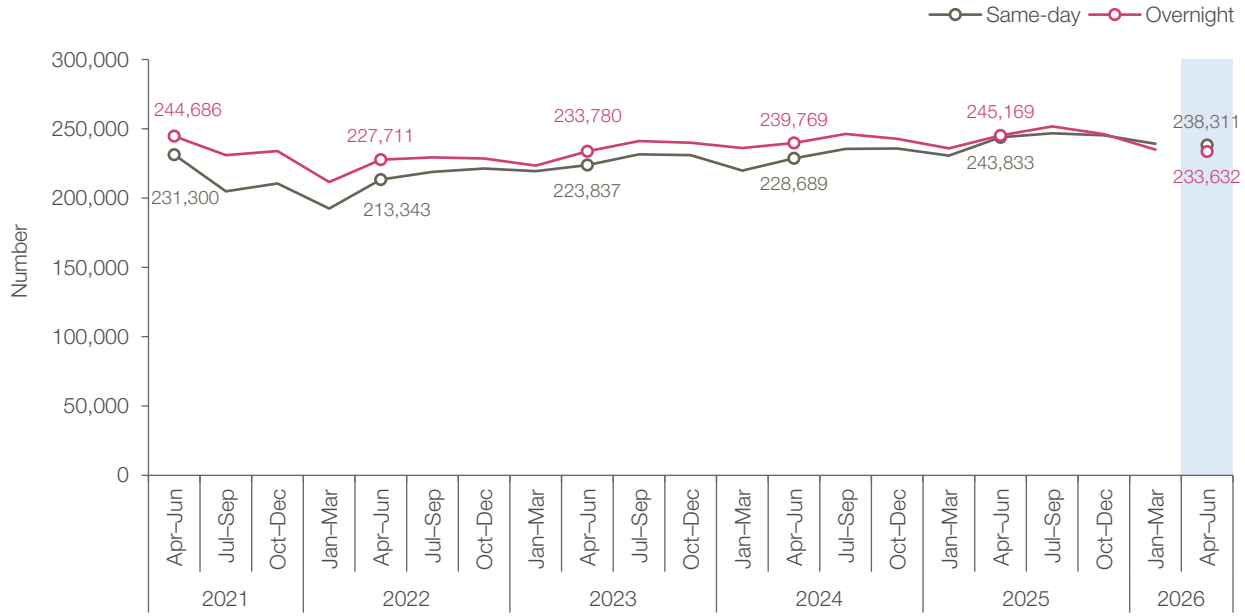
April 2021 to June 2026

Admitted patient episodes of care can be:

- same-day
- overnight.

Due to the SDPR transition, comparisons at a NSW level cannot be made with previous quarters.

Note: 'Same-day' refers to patients who were admitted and discharged on the same day, this includes patients admitted for treatment or surgery discharged on the same calendar day. 'Overnight' refers to patients who spent at least one night in hospital.



For more results, including for the 76 larger hospitals, explore the Data Portal

Behind the key findings

Figure 18

Average length of stay for overnight episodes, by care type, NSW

April 2021 to June 2026

BHI previously published analysis about the length of stay, including for admitted patients waiting to be discharged to residential aged care or home-based support. Read more here.

Due to the SDPR transition, comparisons with previous quarters at a NSW level should be made with caution.

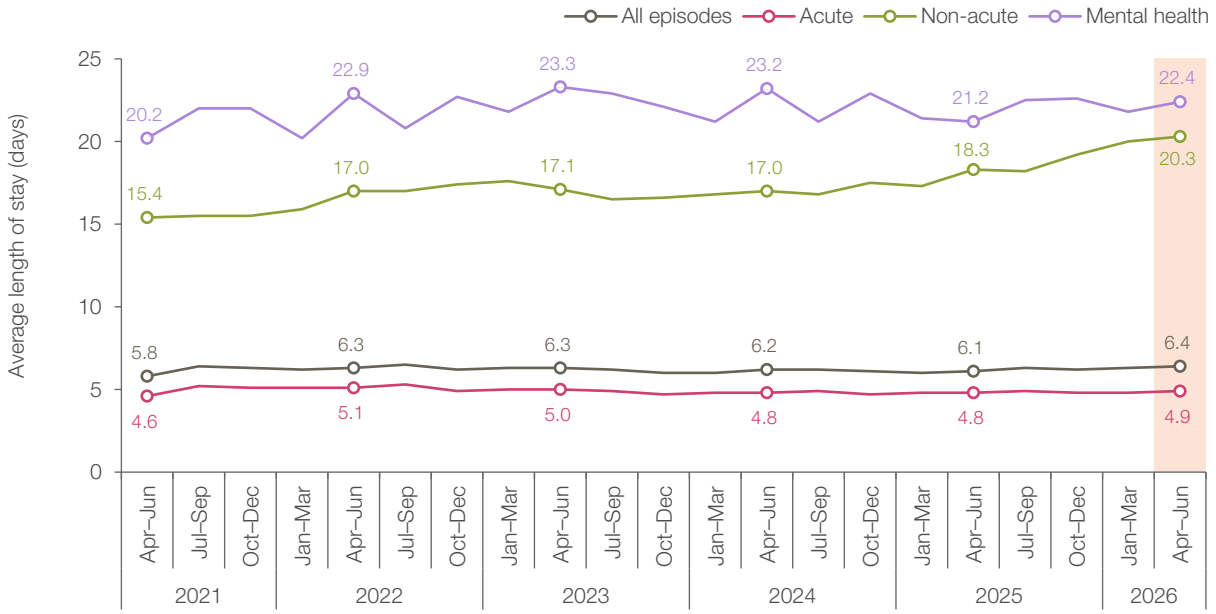


Figure 19

Percentage of acute overnight episodes involving Hospital In the Home (HITH), NSW

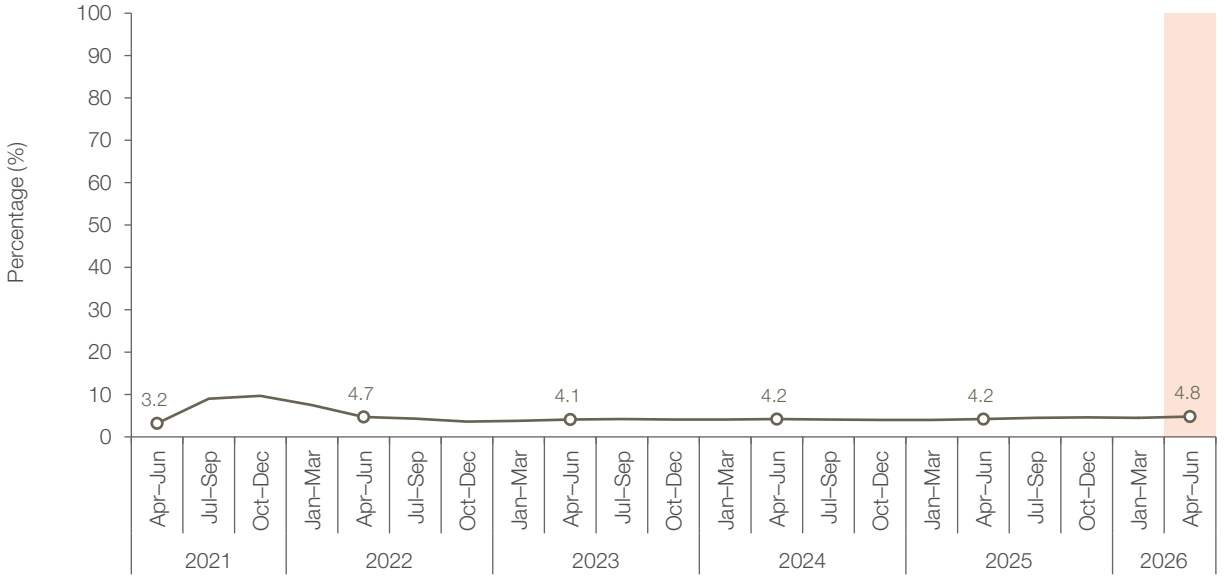
April 2021 to June 2026

HITH provides hospital-level short-term care to patients in their home or preferred community setting and includes daily clinical care from a member of the HITH team.

NSW Health's KPI target for Hospital in the Home admitted activity is 5%.

In April to June 2026, HITH was used for 10,410 acute overnight episodes of care.

Due to the SDPR transition, comparisons with previous quarters at a NSW level should be made with caution.



Note: 'Episodes involving HITH' refers to overnight episodes where HITH services were used at least once during the episode of care for the patient.

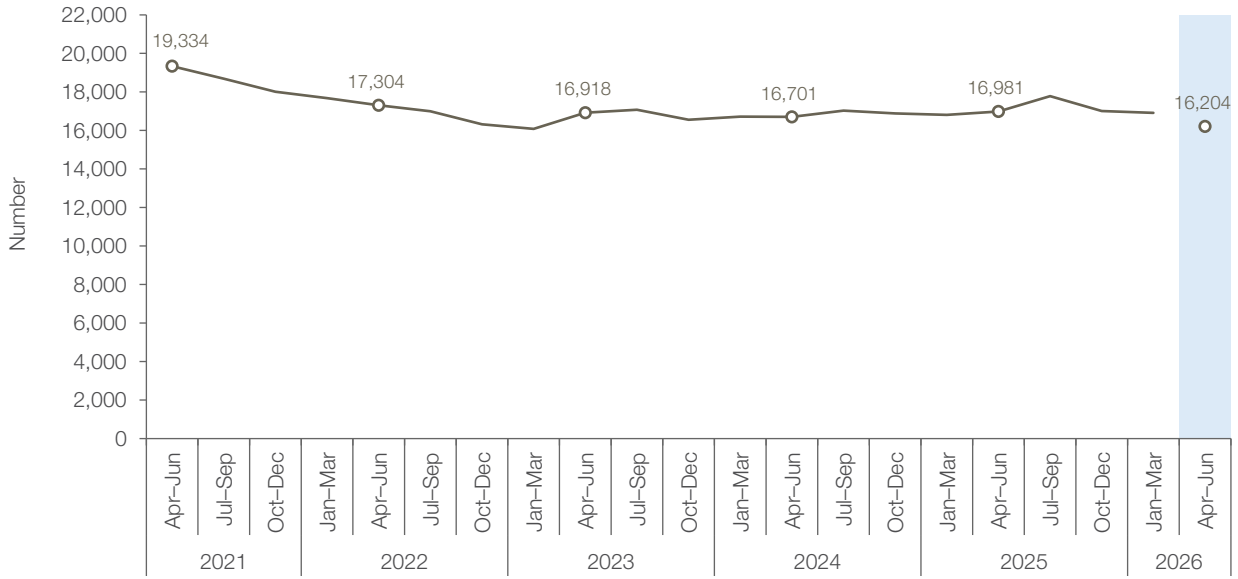
Behind the key findings

Figure 20

Babies born in public hospitals, NSW

April 2021 to June 2026

Due to the SDPR transition, comparisons at a NSW level cannot be made with previous quarters.



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

April to June 2026

SURGERIES PERFORMED

In April to June 2026, there were 54,587 elective surgeries performed, not including Hunter New England Local Health District for the entire quarter.

Of these, 20,353 were semi-urgent and 20,782 were non-urgent.

2,808 elective surgeries were contracted to private hospitals during the quarter.

PATIENTS ON WAITING LIST

There were 78,355 patients on the waiting list at the end of June 2026, not including Hunter New England LHD.

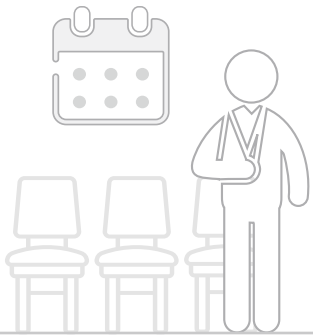
Of those patients, 14,828 were waiting for semi-urgent surgery and 61,554 for non-urgent surgery.

697 patients on the waiting list had waited longer than clinically recommended.

WAITING TIMES

85.6% of elective surgeries were performed on time – up 8.8 percentage points from the same quarter a year earlier, not including Hunter New England LHD.

The median waiting time for patients who received semi-urgent surgery was 57 days, and non-urgent surgery was 315 days, down 5 and 28 days, respectively.



Impact of Single Digital Patient Record transition on NSW elective surgery reporting

Hunter New England LHD transitioned to the Single Digital Patient Record (SDPR) on 27 May 2026. Centralised data from Hunter New England LHD were not available for this report.

Hunter New England LHD and Justice Health and Forensic Mental Health Network (Justice Health NSW) results have been excluded entirely from NSW totals for the April to June 2026 quarter.

For number of elective surgeries performed and patients on waiting list: As data were not available for Hunter New England LHD and Justice Health NSW at the time of reporting, comparisons at a NSW level cannot be made with the same quarter the previous year.

For surgery waiting times: BHI assessed the effect of the data not available on NSW surgery waiting time results and found that it had limited impact. Comparisons with previous quarters should be made with caution.

Behind the key findings

Figure 21

Elective surgeries performed, by urgency category, NSW

April 2021 to June 2026

In addition to elective surgery, there were 24,187 emergency surgeries performed in public hospitals, not including Hunter New England LHD.

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.

Due to the SDPR transition, comparisons at a NSW level cannot be made with previous quarters.

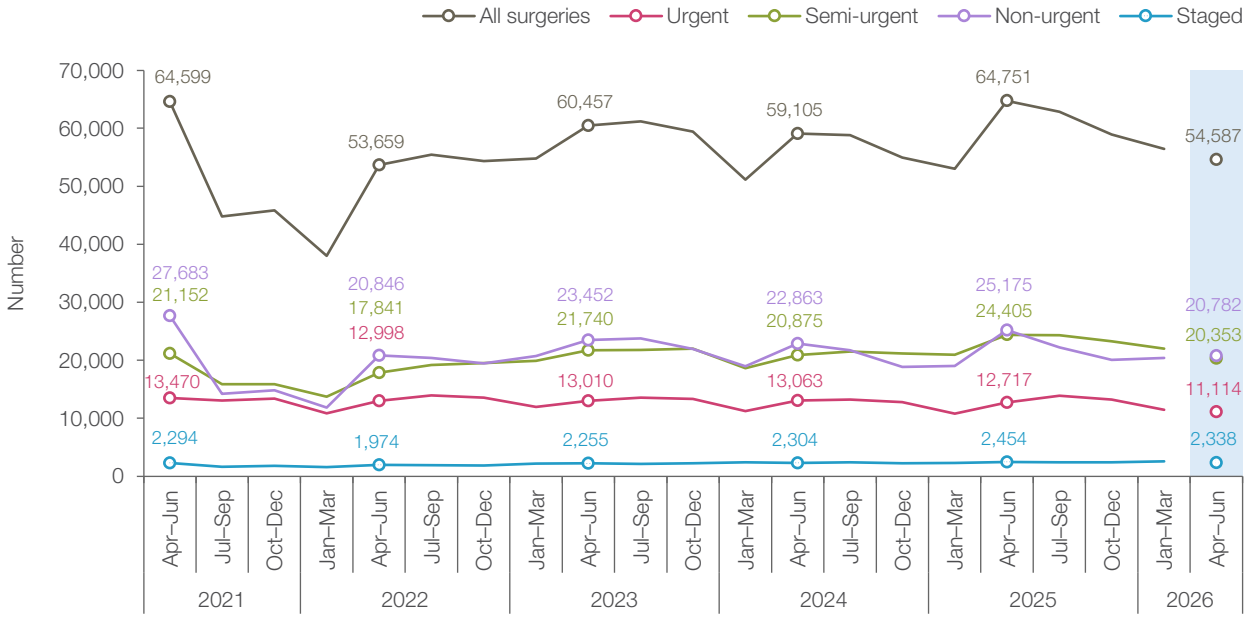


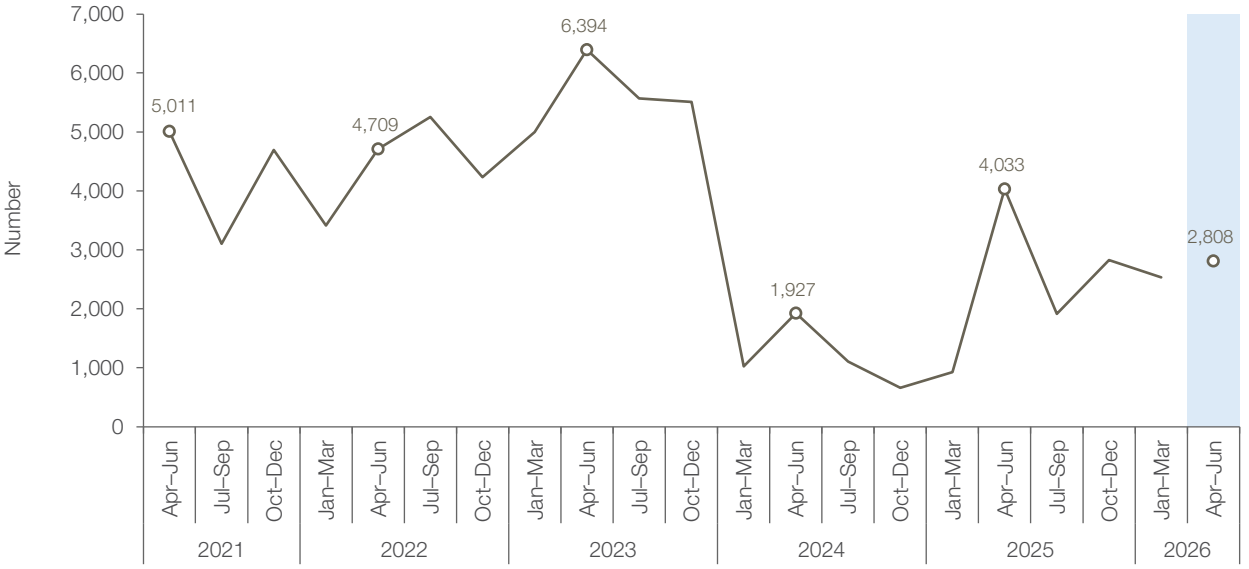
Figure 22

Elective surgeries contracted to private hospitals, NSW

April 2021 to June 2026

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.

Due to the SDPR transition, comparisons at a NSW level cannot be made with previous quarters.



Behind the key findings

Figure 23

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

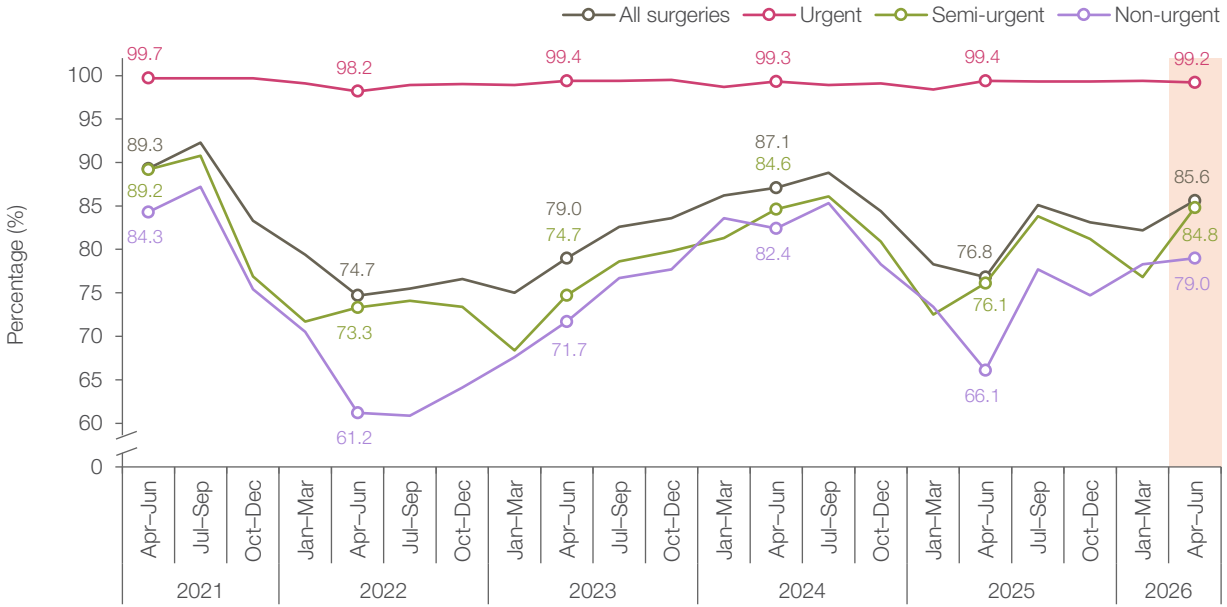
April 2021 to June 2026

NSW Health's clinically recommended 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.

Due to the SDPR transition, comparisons with previous quarters at a NSW level should be made with caution.



Behind the key findings

Figure 24

Median waiting time for elective surgery, by urgency category, NSW

April 2021 to June 2026

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

Due to the SDPR transition, comparisons with previous quarters at a NSW level should be made with caution.

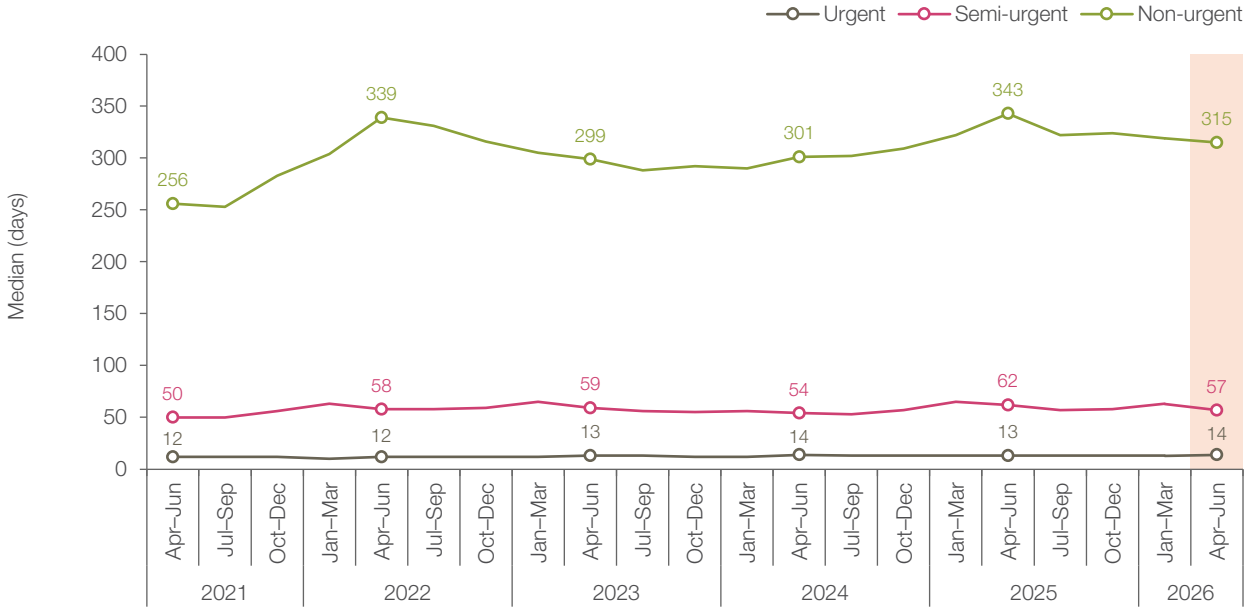
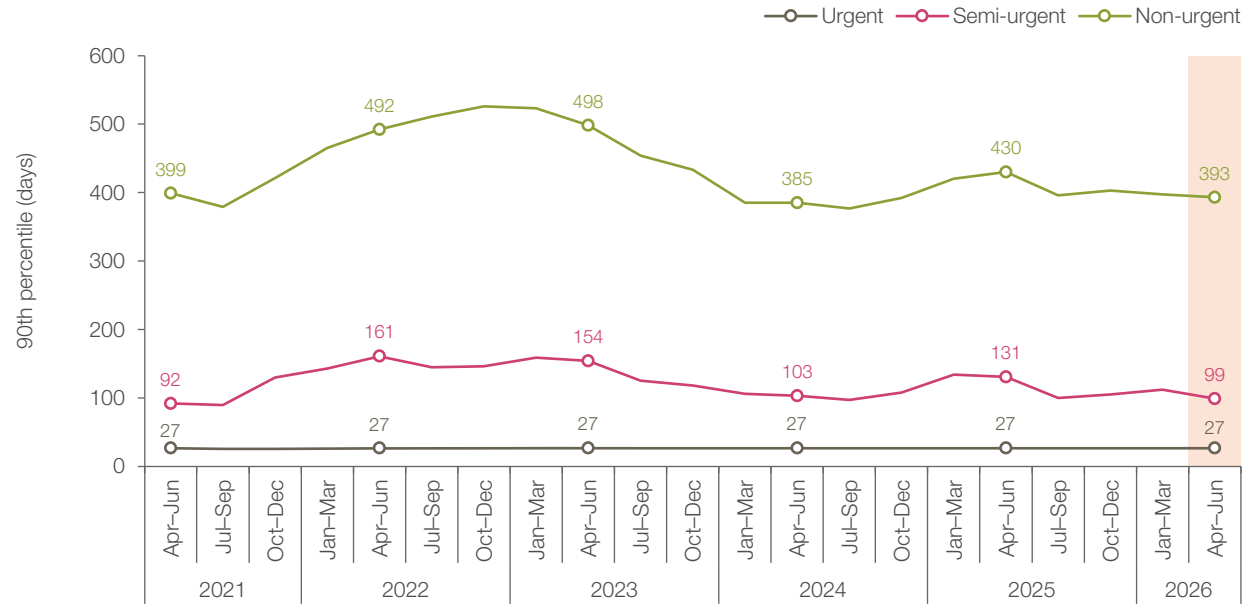


Figure 25

90th percentile waiting time for elective surgery, by urgency category, NSW

April 2021 to June 2026

Due to the SDPR transition, comparisons with previous quarters at a NSW level should be made with caution.



Behind the key findings

Figure 26

Patients on the waiting list ready for surgery at the end of the quarter, by urgency category, NSW

April 2021 to June 2026

Due to the SDPR transition, comparisons at a NSW level cannot be made with previous quarters.

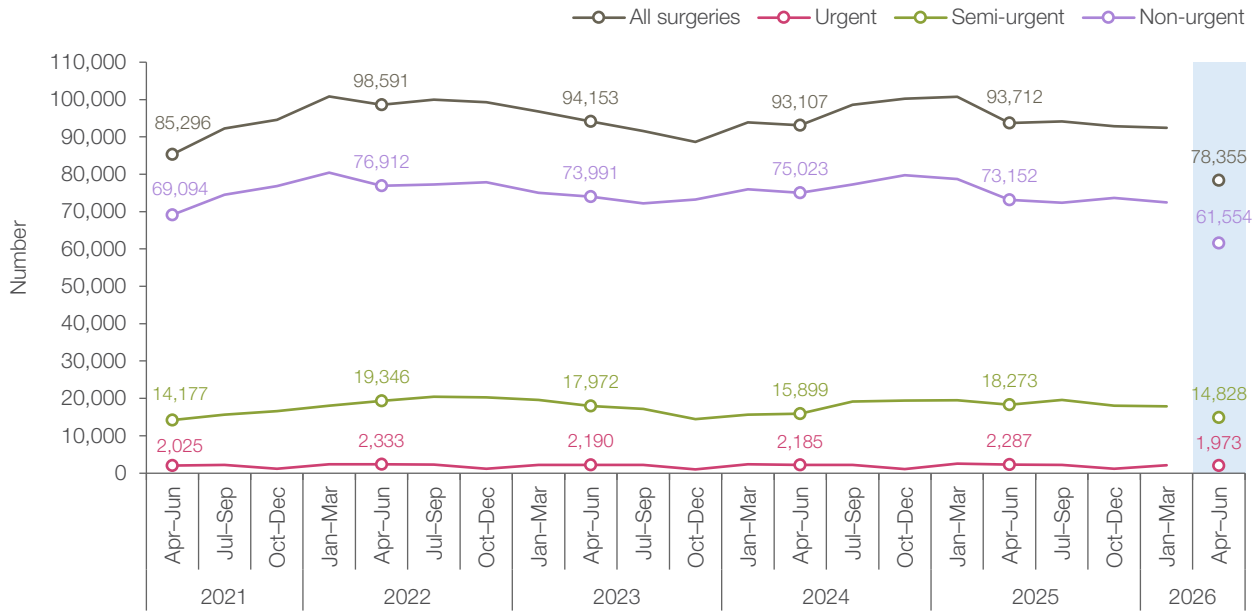
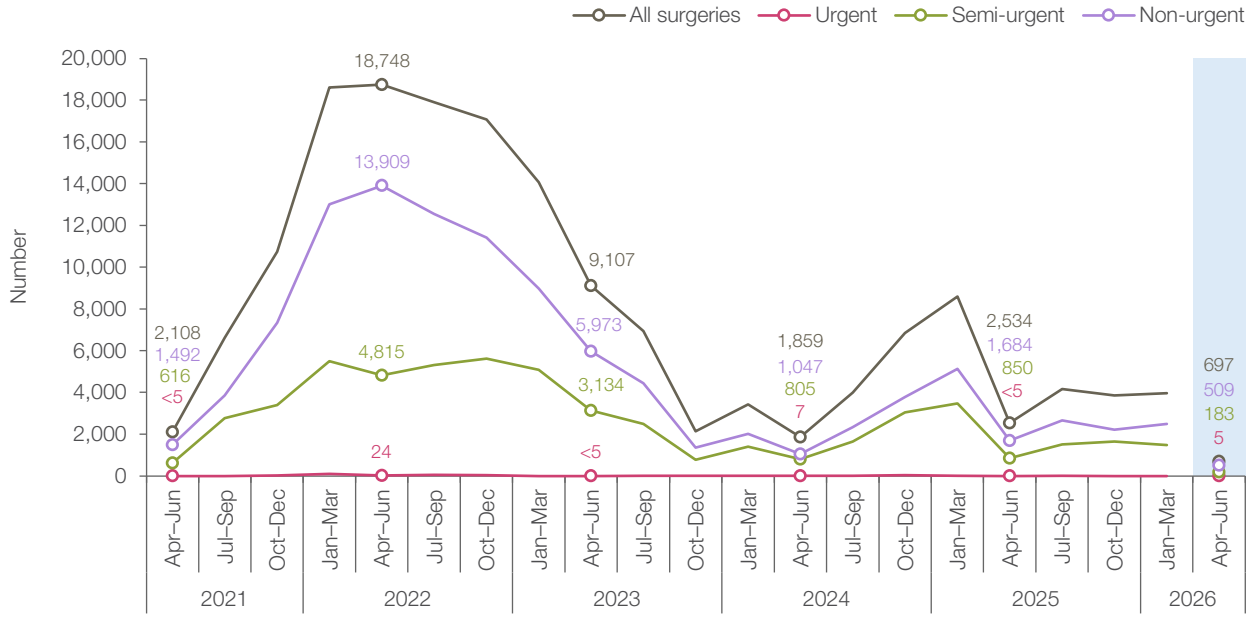


Figure 27

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

April 2021 to June 2026

Due to the SDPR transition, comparisons at a NSW level cannot be made with previous quarters.



Special reporting

Same day surgery refers to a planned surgical admission where the patient is admitted and discharged on the same calendar day, without an overnight hospital stay.

Introduction

This Special Reporting section provides insights into same day surgery for selected procedures across NSW public hospitals.

Same day surgery sees patients admitted, undergo a procedure and discharged on the same day, where clinically appropriate, reducing the need for an overnight hospital stay.

It aims to improve access to services, patient experience and reduce the risk of hospital-acquired complications (NSW Health, 2026).

Increasing use of same day surgery, where it is safe to do so, is a priority for NSW Health. In 2025–26, NSW Health updated targets for the following eight procedures that should routinely be done on the same day, unless otherwise indicated:

- Inguinal hernia repair (repair of hernia in the groin)
- Elective cholecystectomy (removal of the gallbladder)
- Tonsillectomy and adenoidectomy (removal of tonsils/ adenoids)
- Septoplasty (repair nose cartilage/bones)
- Functional endoscopic sinus surgery (FESS)
- Mastectomy (removal of the breast)
- Hysterectomy for non-cancer reasons (removal of the uterus)
- Thyroidectomy / hemithyroidectomy (removal of all or part of thyroid).

In 2025–26, NSW Health introduced targets for local health districts (LHDs) for the percentage of selected procedures that should be completed as same day. For 2026–27, targets were introduced for an additional 14 surgeries.

Key findings

Overall, the use of same day surgery for the eight selected procedures has increased across NSW.

In January to March 2026, 47.3% of procedures (3,045) were performed as same day surgery – up 5.3 percentage points compared with the same quarter a year earlier.

Same day surgery varies across districts, with use ranging from 25.0% to 59.1% across selected procedures in January to March 2026.

Compared with the same quarter a year earlier, 13 of 17 LHDs increased the percentage of selected procedures performed as same day surgery in January to March 2026.

Across NSW, the highest percentage of same day surgery was for septoplasty, while the highest number was for inguinal hernia repair.

Figure 28

Percentage of the eight selected procedures performed as same day surgery, NSW

July 2023 to March 2026

Between July 2023 and March 2026, the percentage of selected procedures performed as same day surgery increased by 12.9 percentage points.

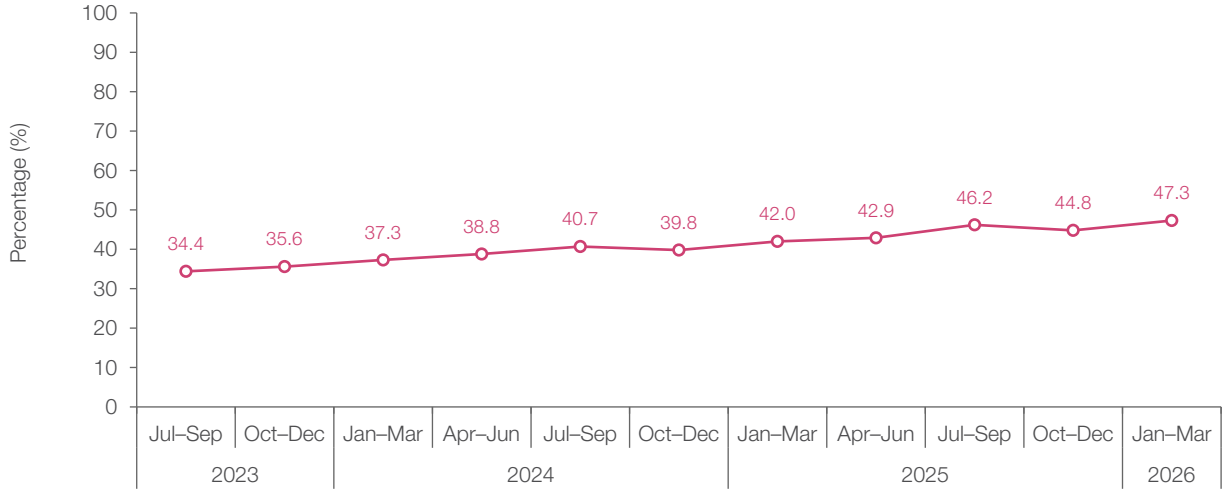


Figure 29

Number of the eight selected procedures performed as same day surgery, NSW

July 2023 to March 2026

In January to March 2026, of the 6,433 selected procedures performed, 3,045 (47.3%) were performed as same day surgery.

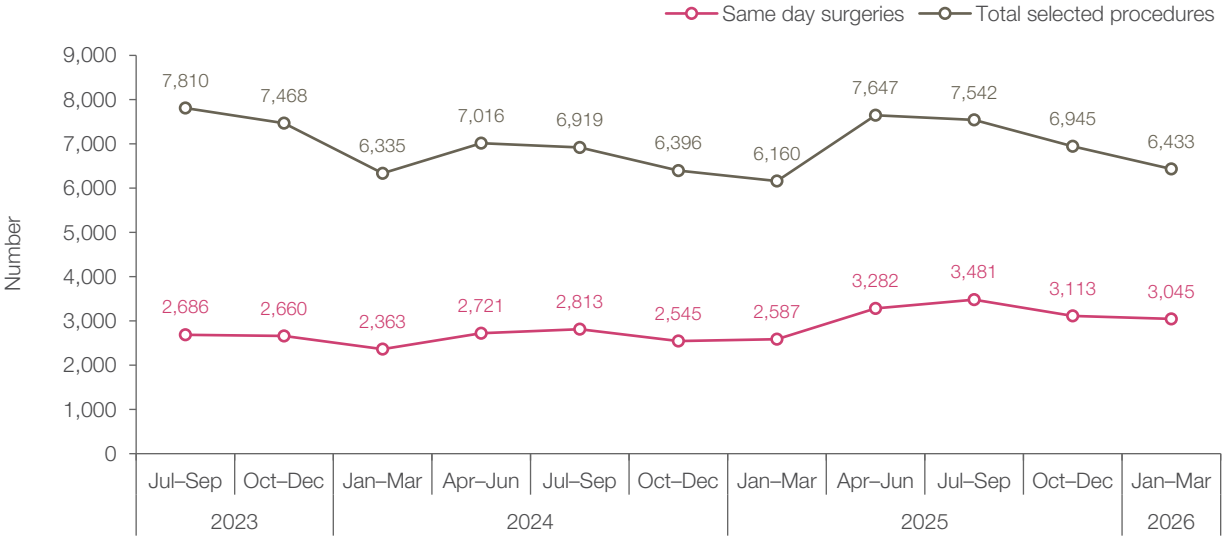


Figure 30

Percentage of the eight selected procedures performed as same day surgery, by LHD

January to March 2026

NSW Health has set targets for the percentage of selected procedures performed as same day surgery. For LHDs and St Vincent's Health Network (SVHN), the 2025–26 target is 68.8%. For Sydney Children's Hospitals Network (SCHN), the target is 62.1%.

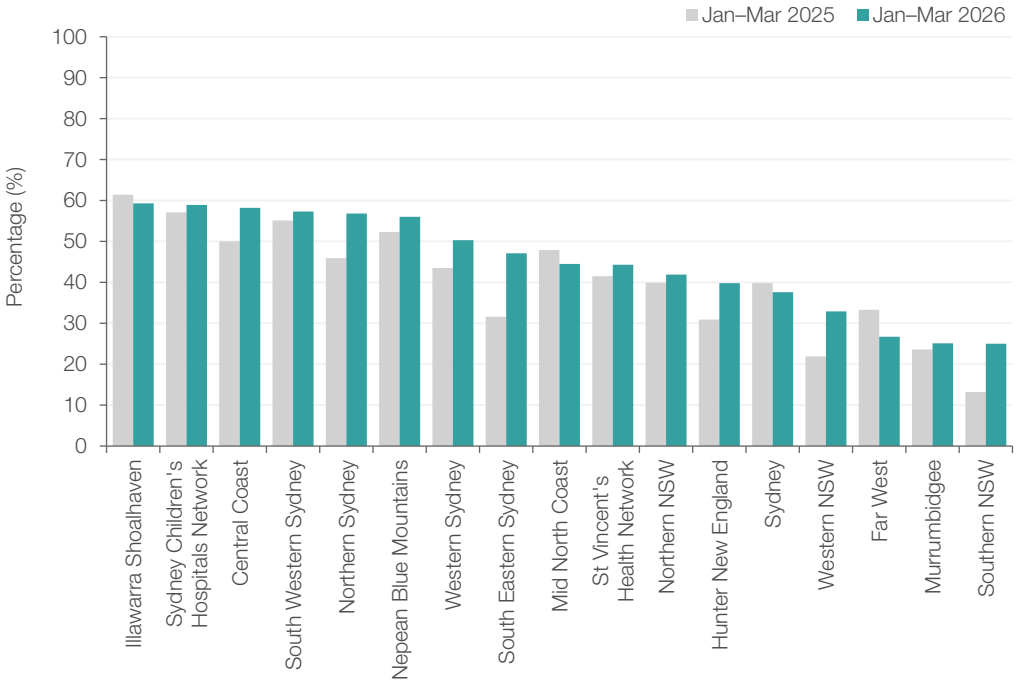


Figure 31

Number of the eight selected procedures performed as same day surgery, by LHD

January to March 2026

Compared with the same quarter a year earlier, 13 of 17 LHDs increased their number of same day surgeries performed in January to March 2026.

	Illawarra Shoalhaven	Sydney Children's Hospitals Network	Central Coast	South Western Sydney	Northern Sydney	Nepean Blue Mountains	Western NSW	South Eastern Sydney	Mid North Coast	St Vincent's Health Network	Northern NSW	Hunter New England	Sydney	Western Sydney	Far West	Murrumbidgee	Southern NSW
Jan–Mar 2026	220	146	178	453	304	224	122	215	129	47	139	261	198	292	<5	69	44
Jan–Mar 2025	240	100	171	392	225	206	80	114	126	34	140	222	218	229	8	63	20

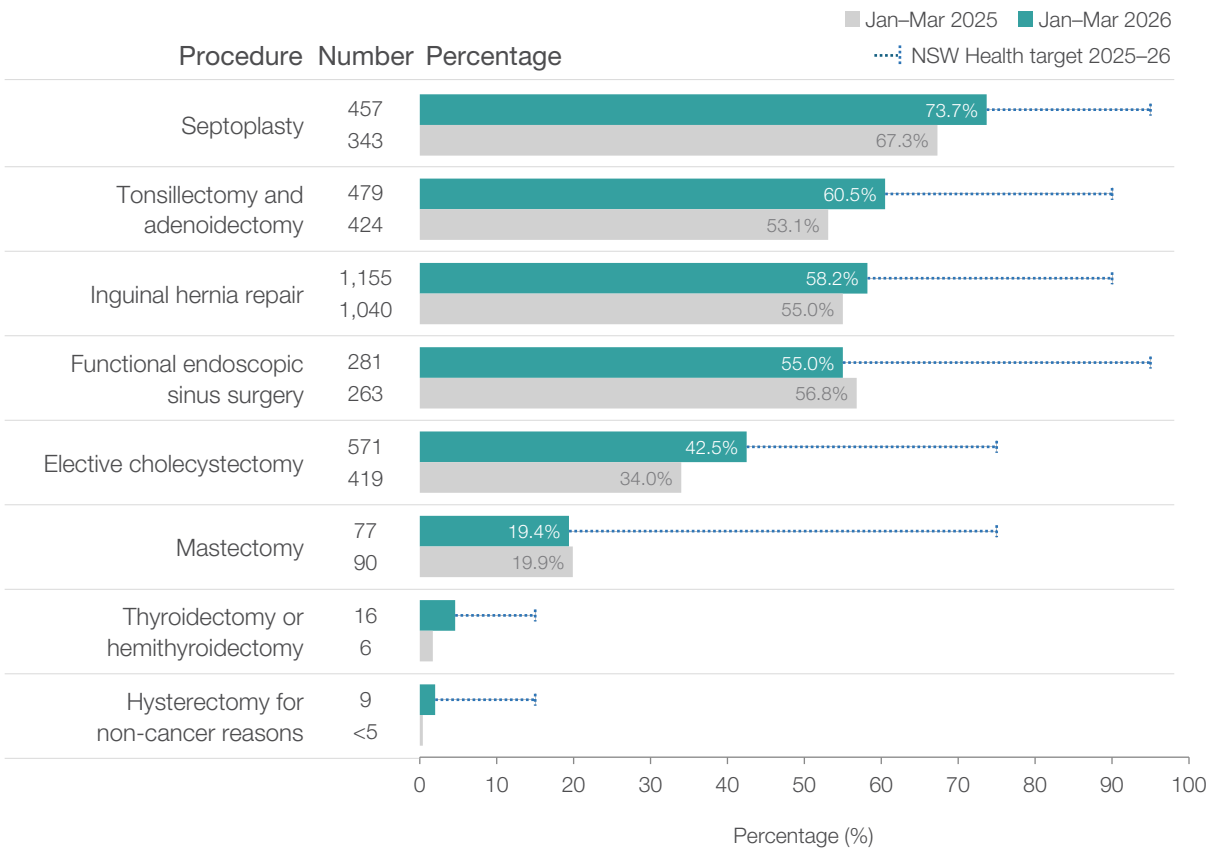
Figure 32

Percentage and number of the eight selected procedures performed as same day surgery, by procedure

January to March 2026

In January to March 2026, the percentage of same day surgeries increased for six of the eight selected procedures, when compared with the same quarter the previous year.

The largest increases were for elective cholecystectomy and tonsillectomy – up 8.5 and 7.4 percentage points, respectively.



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.

Ambulance

Activity

		Apr–Jun 2026	Apr–Jun 2025	COMPARING 2026 WITH 2025 Difference	% change
Responses		**395,042**	376,040	19,002	5.1%
By category	CAT 1: Life threatening	**14,209**	11,714	2,495	21.3%
	CAT 2: Emergency	**214,769**	194,823	19,946	10.2%
	CAT 1 and 2: Lights and sirens	**228,978**	206,537	22,441	10.9%
	CAT 3: Urgent	**114,039**	115,806	-1,767	-1.5%
	CAT 4: Less urgent	**36,791**	39,033	-2,242	-5.7%
	CAT 5–9: Other categories	**15,225**	14,656	569	3.9%
Incidents		**296,175**	287,741	8,434	2.9%

Performance

			Apr–Jun 2026	Apr–Jun 2025	COMPARING 2026 WITH 2025 Difference
Response time					
By category	CAT 1: Life threatening	Median	**8.1 mins**	8.3 mins	-0.2 mins
		90th percentile	**17.6 mins**	18.4 mins	-0.8 mins
		% within 10 minutes	**65.1%**	63.4%	1.7 percentage points
	CAT 2: Emergency	Median	**14.1 mins**	14.5 mins	-0.4 mins
		90th percentile	**33.4 mins**	34.4 mins	-1.0 mins
	CAT 1 and 2: Lights and sirens	Median	**13.9 mins**	14.3 mins	-0.4 mins
		90th percentile	**33.0 mins**	34.1 mins	-1.1 mins
	CAT 3: Urgent	Median	**33.8 mins**	33.0 mins	0.8 mins
		90th percentile	**115.3 mins**	107.0 mins	8.3 mins

Emergency department

Activity*

		Apr–Jun 2026	Apr–Jun 2025	COMPARING 2026 WITH 2025* Difference	% change
Arrivals by ambulance		**187,623**	195,113	n/a	n/a
Attendances		**748,242**	785,037	n/a	n/a
Emergency presentations		**733,820**	769,551	n/a	n/a
By triage category	T1: Resuscitation	**6,828**	6,788	n/a	n/a
	T2: Emergency	**126,012**	130,044	n/a	n/a
	T3: Urgent	**298,596**	305,183	n/a	n/a
	T4: Semi-urgent	**250,876**	271,209	n/a	n/a
	T5: Non-urgent	**51,508**	56,327	n/a	n/a

Performance†

			Apr–Jun 2026	Apr–Jun 2025	COMPARING 2026 WITH 2025 Difference
Percentage of patients transferred from ambulance to ED within 30 minutes			**80.3%**	79.3%	1 percentage points
Time to start treatment	All patients	% starting treatment on time	**68.7%**	66.1%	2.6 percentage points
By triage category	T2: Emergency	% starting treatment on time	**56.8%**	54.4%	2.4 percentage points
	(Recommended: 80% in 10 minutes)	Median	**10 mins**	10 mins	unchanged
		90th percentile	**28 mins**	33 mins	-5 mins
	T3: Urgent	% starting treatment on time	**65.5%**	62.0%	3.5 percentage points
	(Recommended: 75% in 30 minutes)	Median	**22 mins**	24 mins	-2 mins
		90th percentile	**1 hour 27 mins**	1 hour 43 mins	-16 mins
	T4: Semi-urgent	% starting treatment on time	**74.9%**	72.4%	2.5 percentage points
	(Recommended: 70% in 60 minutes)	Median	**26 mins**	29 mins	-3 mins
		90th percentile	**2 hours 2 mins**	2 hours 12 mins	-10 mins
	T5: Non-urgent	% starting treatment on time	**90.2%**	89.9%	0.3 percentage points
	(Recommended: 70% in 120 minutes)	Median	**22 mins**	23 mins	-1 min
		90th percentile	**2 hours**	2 hours 1 min	-1 min
Time from arrival to leaving	Time (all attendances)	Median	**3 hours 49 mins**	3 hours 44 mins	5 mins
		90th percentile	**12 hours 35 mins**	11 hours 48 mins	47 mins
	% within specified time	Discharged within 4 hours	**64%**	66.1%	-2.1 percentage points
		Treated and admitted to ED Short Stay Unit within 4 hours	**48.2%**	46.3%	1.9 percentage points
		Treated and admitted to hospital or transferred to another hospital within 6 hours	**30.9%**	33.0%	-2.1 percentage points
		12 hours or less in ED (all attendances)	**89.7%**	90.6%	-0.9 percentage points

* **For activity measures:** Due to incomplete data, comparisons at a NSW level cannot be made with the same quarter the previous year.

† **For performance measures:** BHI assessed the effect of incomplete data and found that it had minimal impact. Comparisons with previous quarters should be made with caution.

Elective surgery

Activity*

		Apr–Jun 2026	Apr–Jun 2025	COMPARING 2026 WITH 2025* Difference	% change
Elective surgeries performed		**54,587**	64,751	n/a	n/a
By urgency	Urgent	**11,114**	12,717	n/a	n/a
	Semi-urgent	**20,353**	24,405	n/a	n/a
	Non-urgent	**20,782**	25,175	n/a	n/a
	Staged	**2,338**	2,454	n/a	n/a

Performance

			Apr–Jun 2026	Apr–Jun 2025	COMPARING 2026 WITH 2025 Difference	% change
Waiting time†	All patients	% on time	**85.6%**	76.8%	8.8 percentage points	n/a
By urgency	Urgent	% on time (Recommended: within 30 days)	**99.2%**	99.4%	-0.2 percentage points	n/a
		Median	**14 days**	13 days	1 day	n/a
		90th percentile	**27 days**	27 days	0 days	n/a
	Semi-urgent	% on time (Recommended: within 90 days)	**84.8%**	76.1%	8.7 percentage points	n/a
		Median	**57 days**	62 days	-5 days	n/a
		90th percentile	**99 days**	131 days	-32 days	n/a
	Non-urgent	% on time (Recommended: within 365 days)	**79.0%**	66.1%	12.9 percentage points	n/a
		Median	**315 days**	343 days	-28 days	n/a
		90th percentile	**393 days**	430 days	-37 days	n/a
Patients on waiting list ready for elective surgery at end of quarter*			**78,355**	93,712	n/a	n/a
By urgency	Urgent		**1,973**	2,287	n/a	n/a
	Semi-urgent		**14,828**	18,273	n/a	n/a
	Non-urgent		**61,554**	73,152	n/a	n/a
Patients on waiting list ready for elective surgery who had waited longer than clinically recommended at end of quarter*			**697**	2,534	n/a	n/a

* **For elective surgeries performed and patients on waiting list:** As data were not available for Hunter New England Local Health District and Justice Health NSW at the time of reporting, comparisons at a NSW level cannot be made with the same quarter the previous year.

† **For surgery waiting times:** BHI assessed the effect of the data not available on NSW surgery waiting time results and found that it had limited impact. Comparisons with previous quarters should be made with caution.

Admitted patients

Activity*

			Apr–Jun 2026	Apr–Jun 2025	COMPARING 2026 WITH 2025* Difference	% change
Episodes of care			**498,949**	517,229	n/a	n/a
By care type	Acute		**471,943**	489,002	n/a	n/a
	By stay type	Overnight	**233,632**	245,169	n/a	n/a
		Same-day	**238,311**	243,833	n/a	n/a
	Non-acute		**17,425**	18,180	n/a	n/a
	Mental health		**9,581**	10,047	n/a	n/a
Bed days			**1,876,341**	1,898,875	n/a	n/a
By care type	Acute		**1,384,293**	1,428,776	n/a	n/a
	Non-acute		**299,183**	278,904	n/a	n/a
	Mental health		**192,865**	191,195	n/a	n/a
Hospital in the Home	Acute overnight episodes involving HITH		**10,410**	9,560	n/a	n/a
Babies born			**16,204**	16,981	n/a	n/a

Performance†

		Apr–Jun 2026	Apr–Jun 2025	COMPARING 2026 WITH 2025 Difference	% change
Average length of stay for overnight episodes (days)		**6.4**	6.1	0.3	4.9%
By care type	Acute	**4.9**	4.8	0.1	2.1%
	Non-acute	**20.3**	18.3	2.0	10.9%
	Mental health	**22.4**	21.2	1.2	5.7%
Hospital in the Home	% of acute overnight episodes involving HITH	**4.8%**	4.2%	0.6 percentage points	n/a

* **For activity measures:** Due to incomplete data, comparisons at a NSW level cannot be made with the same quarter the previous year.

† **For performance measures:** BHI assessed the effect of incomplete data and found that it had minimal impact. Comparisons with previous quarters should be made with caution.

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.

Incomplete visit

Patients who did not wait for treatment to formally start, and those who left after treatment had started, against clinical advice or before all processes were finalised (e.g. receiving prescriptions or test results).

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.

Hospital in the Home (HITH)

HITH is an admitted clinical service offering hospital level care to patients in their home or preferred location.

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.

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Please note there is the potential for minor revisions of data in this report.
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