

South West Health Community News

Quality of Care (June-2026)

Quality of Care Summary: January to June 2026

Between 1 January and 30 June 2026, South West HHS's key achievements included:

- ✓ A range of local co-design, quality improvement and community engagement sessions, including with First Nations People, continued to be held on a regular basis.
- ✓ This included extensive engagement across our communities – and with staff and partners – to complete the preparation of our next three-year commitments under *Our Way – Together*, to inform both our action plan for 2025 to 2028 in addition to the development of a dedicated, place based action plan for the Cunnamulla community – [you can access these documents here](#).
- ✓ [Our Board](#) and [our Executive Team](#) prepared [a new Strategic Plan to commence from 1 July 2026](#) and continued to travel across the region, meeting with local community members and partners to better understand how we can all work together to support local needs and aspirations.
- ✓ We reviewed patient bedside information, introducing QR codes as well as paper copies for the convenience of people accessing our services, and their carers / visitors.
- ✓ We continued to host, and participate alongside our partners, a wide range of health promotion and community focused activities across the South West:
 - Approximately 130 events, engaging 8,025 participants, were hosted over the six-month period.
 - Broadly, this meant we continued to host at least one event every 1.5 days – and kept up our trend of delivering at least 5% growth of events year on year over the past four years.
- ✓ Our second *Culture Compass* survey generated above target participation rate of 71%, and valuable insights to support meaningful actions that celebrate what's working, identify priorities for improvement and create actions in response that make a real difference.
- ✓ Year to date complaints management continued to be met within key target measures:
 - Overall, 88% of complaints were resolved within 14 days – well within the 35 day statewide target.
 - In total, we received 57 complaints – 19 fewer than the previous six-month period.
 - In addition, we also welcomed 60 formal compliments, most of which related to our levels of caring.
 - We received no complaints regarding Human Rights or racial discrimination.
 - In response to feedback, a range of service improvements were initiated, including: Updating our approach to correspondence; Supporting statewide Patient Travel Subsidy Scheme requirements; Reviewed internal procedures for residential care clients and improved medication identification protocols.

In keeping with other health providers, our challenges included:

- Ongoing demands on our staff, particularly national workforce pressures and increasing demand.
- This included difficulties in securing external staffing and locums for our services – which continue to be appropriately risk managed to ensure continuity of safe and effective services.



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➤ However, through the hard work and dedication of our staff and teams, South West HHS has continued to deliver high rates of favourable performance against many of our key targets, as detailed overpage and [other data available online](#).

Looking ahead for the months ahead we will continue to:

- ❖ Deliver high-quality, culturally safe, reliable and integrated healthcare.
- ❖ Grow our workforce and forging strong community partnerships to ensure equitable health outcomes for all.
- ❖ Drive new values of WE CARE (Wellness, Engagement, Courage, Accountability, Respect, Equality) in all we do.



Stay up-to-date with our latest news via our [Facebook page](#) and [Pulse magazine](#)
Our Annual Report, for the 2025-2026 Financial Year, [is also available here](#)

Performance snapshot: at 30 June 2026

South West Health continued to deliver strong levels of safe, effective, and equitable care against its performance expectations.

The following table provides a summary of performance against key performance indicators at 30 June 2026 (unless otherwise indicated)

Key performance indicators:		Why is this important?	Target	Our performance
Emergency presentations				
	Emergency Department (ED) length of stay: % of emergency stays within 4 hours	Measures the timely transfer of emergency patients to an inpatient bed or discharged home - reflecting overall effectiveness of hospital patient flow processes from ED	≥ 80.0%	86%
	ED wait time by triage category	Time in minutes for each ED presentation to commencement of treatment - at 2 / 10 / 20 / 60 / 120mins - with Category (CAT) 1 being highest priority	CAT 1: 100%	100%
			CAT 2: ≥ 80%	100%
			CAT 3: ≥ 75%	96%
			CAT 4: ≥ 70%	97%
			CAT 5: ≥ 70%	99%
Surgical procedures ¹				
	Elective surgery: Category 1 (30 days)	Measures the percentage of patients who received their elective surgery within clinically recommended time with CAT 1 being the highest priority	CAT 1: ≥ 98%	79%
	Category 2 (90 days)		CAT 2: ≥ 95%	90%
	Category 3 (365 days)		CAT 3: ≥ 95%	97%

¹ Ensuring all referrals were seen within their respective timescales of 30 / 90 / 365 days remained challenging across the year. However, where this could not be achieved, each patient was risk assessed and provided with the next available booking to minimise waiting - consideration was also given towards establishing additional clinics, reviewing sessional capacity and other patient prioritisation strategies to minimise the impact on referrals throughout the year.

In total 1,154 elective surgeries, and 642 GIE, referrals were provided during 2025-2026 – this was 136 more surgeries, and 171 more endoscopies, than the previous financial year. Despite this additional demand, 92% of elective and 62% GIE referrals were seen in time overall.

Key performance indicators:		Why is this important?	Target	Our performance
	Gastrointestinal endoscopy patients (GIE): Category 4 (30 days)	Percentage of patients who received their GIE within clinically recommended times, with CAT 4 being the highest priority	CAT 4: ≥ 98%	61%
	Category 5 (90 days) Category 6(365 days)		CAT 5: ≥ 95%	62%
			CAT 6: ≥ 95%	62%
Dental services				
	Access to oral health services	Percentage patients waiting less than two years for treatment	≥85%	100%
	Preventative Oral Health activity	A healthy mouth has general health benefits – preventive services help improve and maintain the health of teeth, gums and soft tissues	17%	26%
	Access to emergency dental care for adult public dental patients	Measures the percentage of people who received emergency dental care, with Code 1 being the highest priority	Code 1: (1 day) 100%	99%
			Code 2: (3 days) ≥95%	Nil patients
			Code 3a: (5 days) ≥85%	84%
			Code 3bc: (10 days) ≥80%	87%
			Code 3d: (31 days) ≥75%	99%
Access to services				
	Telehealth utilisation rates	To achieve a full year target of 4,481, approximately 374 occasions of service/mth are required.	100%	133% 5,933 provided
	Smoking cessation clinical pathway – public hospital inpatients, dental clients and community mental health episodes	Supporting people who access our hospital or dental services who wish to quit smoking	Inpt: ≥85% with ≥60% completed	90% / 61%
			Dental: ≥80% with ≥60% completed	96% / 100%
	Proportion of mental health service episodes with a documented care plan	Ensuring mental health clients have a current care plan which is refreshed at least every 91 days	≥85%	74% ²

² Mental health care plan performance relates to maintaining an individual plan which is required to be reviewed at least every 90 days. Across 469 clients in total, 55 care plans exceeded this benchmark at some point over the course of the year. Client management / triage is anticipated to improve following commencement of previously vacant administration support position and a more stabilised clinical workforce.

A separate reporting measure, almost 83% of clients separately accessing Alcohol or Other Drugs service support have valid care plans (65% target).

Key performance indicators:		Why is this important?	Target	Our performance
Quality and Safety				
	Hospital Acquired Complications	Total number of complications arising from care in our facilities (across 14 categories)	N/A	Within target³ At 31 March 2026
	National Sentinel events	Specific patient safety events that are wholly preventable and result in serious harm, or death (across 10 categories)	Nil	Nil As at 31 March 2026
	SAC reporting	Completion of Severity Access Code 1 reviews within 90 days – reviewing incidents that have or could have caused serious harm or death, and making improvements	≥ 70%	89% As at 31 March 2026
	Healthcare-associated Staphylococcus Aureus (including MRSA) rates	Rate of healthcare associated infections per 10,000 acute public hospital patients	≤2 per 10,000 bed days	Nil At 31 December 2025
	Complaints resolved within 35 calendar days	Percentage of submitted complaints within 35 days, ensuring feedback is resolved in a timely manner	≥ 80%	96%⁴



Further information regarding our performance is also maintained on the [Queensland Health website](#)

If you require more information in relation to this summary, please contact us at: SWHHS-EDGSP@health.qld.gov.au

³ From 1 July 2025, the way Hospital Acquired Complications data is managed has changed compared to previous years. During the current reporting period, South West HHS facilities are rated as performing within expected tolerances.

⁴ Between 1 July 2025 and 30 June 2026, we received 158 compliments and 133 complaints – where the 35 day benchmark couldn't be achieved, this may have been due to requiring additional time to resolve matters in full.