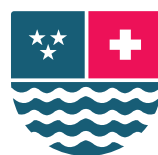




HALF-YEAR REPORT

1 January - 30 June, 2026



HSA
Health Services Authority

Committed to *Caring* for You

Table of Contents

Message from HSA CEO	3
About Us.....	6
Committees / Commissions / Councils.....	7
Governance	8
HR Analytics.....	9
Key Achievements and Problem Areas.....	11
Other Achievements	16
Learning and Development of Staff	21
Risk management.....	25
Scrutiny by Parliament and Public	41
Freedom of Information (FOI)	43
Looking Forward.....	44
Management Discussion and Analysis.....	46
Statement of Responsibility	56
Financials	57
Outputs.....	66

CEO's Message

During the first half of 2026, I was extremely proud to see the Cayman Islands Health Services Authority (HSA) continue to deliver on its commitment to the people of the Cayman Islands in a demanding and fast-changing healthcare environment. Across Grand Cayman and the Sister Islands, our teams sustained essential services while responding to growing demand, workforce pressures, infrastructure limitations and increasing expectations from the communities we serve. These realities tested our systems, but they also demonstrated the strength, professionalism and resilience of our staff. Through their continued dedication, HSA advanced important priorities in patient and staff experience, access to care, infrastructure development, financial stewardship, population wellness and technology.

One of our most meaningful achievements during this period was HSA's Joint Commission International reaccreditation. This outcome is a significant marker of quality and safety and it reflects the hard work of teams across all three islands. Being assessed against approximately 1,100 international standards, with only 21 opportunities for improvement identified, speaks to the discipline, preparation and commitment of our staff. More importantly, it reinforces our responsibility to maintain safe, reliable and patient-centred care every day, not only during an accreditation survey. I am



Lizzette Yearwood, Chief Executive Officer

deeply grateful to every member of staff who contributed to this achievement and to the culture of continuous improvement it represents.

Our staff remained at the centre of every area of progress. As of 30 June 2026, HSA's workforce stood at 1,271 full-time equivalents (FTE), reflecting the scale of the organisation and the breadth of services we provide. During the first half of the year, 47 new hires were onboarded and 129 employees

had their contracts renewed, helping to support both service continuity and workforce stability. Priority roles were filled across clinical, clinical support and administrative areas, including nursing, emergency medical services, ophthalmology, general practice, pharmacy, finance, patient experience and quality. We also strengthened staff development through leadership training, clinical education, wellness initiatives, employee

CEO MESSAGE

assistance support, internships and improved HR systems. Encouragingly, turnover reduced from 1.2% in January to 0.4% in June, reflecting positive progress in retention even as recruitment remains a key priority.

We also continued to see encouraging signs in patient experience. Our most recent patient feedback showed that patients were far more likely to recommend HSA services than to express dissatisfaction, with nearly three-quarters of respondents reporting a strongly positive experience. This is important because behind every score is a patient or family member who interacted with our services at a moment that mattered. We know there is always room to improve, but these results affirm the value of our ongoing work to strengthen communication, expand patient navigation, support multilingual access and make care more responsive to the needs of our diverse population.

Improving access to care remained a major focus. During the first half of the year, HSA reduced waiting lists in some surgical specialties, expanded paediatric services, established a paediatric cardiac clinic and introduced a monthly paediatric clinic at the East End Health Centre to better support families in the eastern districts. The completion of the Temporary Transitional Unit added nine inpatient beds, helping to ease bed pressures and support patient flow. Diagnostic and clinical support services also performed strongly, with improvements in laboratory, radiology and molecular testing turnaround times supporting faster clinical decision-making. In the Sister Islands,

services were maintained and Little Cayman Health Centre continued adapting its operations to support residents and visiting patients despite the logistical challenges of care delivery across multiple islands.

Our progress was also supported by investment in facilities and technology. Infrastructure projects advanced across several areas, including the front-entrance atrium at the Anthony S. Eden Hospital, doctors' quarters, the Morgue expansion, Ambulatory Care Unit relocation, Endoscopy Suite, Chemotherapy Unit expansion and West Bay Pharmacy renovation planning. These projects are investments in safer spaces, improved patient flow, staff support and future service capacity. At the same time, we strengthened our digital environment through improvements to system reliability, cybersecurity, medical imaging storage, network connectivity, disaster recovery and data protection. These investments are increasingly essential as modern healthcare depends on timely access to secure and reliable information.

Financially, HSA remained broadly stable, supported by sustained service demand, cost control, revenue integrity and strong liquidity. We continued to focus on improving coding, billing efficiency and financial oversight so that resources are used responsibly in support of patient care. At the same time, we remain realistic and transparent about the challenges before us. Staffing shortages, patient flow pressures, ageing infrastructure, documentation and billing delays, supply chain issues and high demand for mental health services continue to

require close attention. These are not simple issues, but they are being actively managed through recruitment, service planning, infrastructure works, process improvements and continued collaboration with the Board and Ministry.

As we look ahead, I want to thank our staff, Board, Ministry of Health, healthcare partners and the wider community for their continued support. HSA's achievements in the first half of the year belong to the people who show up every day to care for patients, support families, maintain services and solve complex problems often under pressure. We remain dedicated to building a healthcare system that is safe, compassionate, accessible and sustainable for the Cayman Islands and we will continue working with focus and accountability to meet the needs of our community now and in the future.



Lizzette Yearwood,
BSN, MHA, MMH, Cert Hon, JP
Chief Executive Officer



Caring for the ones you love most

HSA nurtures your family's health from planning to parenthood.



hsa.ky



Committed to *Caring* for You

Committed to *Caring* for You

The Health Services Authority (HSA) is the premier healthcare provider in the Cayman Islands and a Joint Commission International (JCI) Accredited organisation. Operating under the Ministry of Health, Environment & Sustainability, the HSA serves as the backbone of the Cayman Islands health system, playing a vital role in social stability and economic resilience. Since our establishment in 1937 as a modest four-bed hospital, the HSA has evolved into a comprehensive healthcare network comprising eleven facilities across Grand Cayman, Cayman Brac, and Little Cayman, employing 1,271 FTE, including 683 Caymanians.

The flagship facility, Anthony S. Eden Hospital, formerly known as the George Town Hospital, is a 136-bed hospital offering 24/7 accident and emergency services, ambulance services, maternity care, neonatal care (NICU), dialysis, outpatient pharmacy, and various diagnostic and specialist services. The HSA also operates district health centres, outpatient clinics, and the Faith Hospital which delivers care in Cayman Brac and Little Cayman Health Centre, ensuring healthcare access across all three islands. The HSA is also the sole provider of critical services such as hyperbaric centres, national blood banking, forensic laboratory services, and hospital-based dental and eye clinics.

OUR MISSION

The Mission of the Health Services Authority is to provide the highest quality healthcare and improve the well-being of people in the Cayman Islands through accessible, sustainable patient-focused services by highly skilled, empowered and caring staff in collaboration with our partners.

CORE VALUES

We believe that caring and compassionate personal behaviours are at the core of our organisation's commitment to delivering quality patient focused care. By making an official commitment to practice these values we reinforce them, acknowledge that they are expected behaviours and require our fellow employees to practice them diligently.

Respect
Responsibility
Integrity
Caring
Excellence

COMMITTEES / COMMISSIONS / COUNCILS

The Health Services Authority is governed by an eleven-member board, including seven non-executive directors and four ex-officio members, who establish the strategic policy direction for the organisation.

Insert Board/Commission/Council:	Member's Name:	Members Expiry Date:
Board of Directors, Chair	Timothy Ridley	27-Jan-27
Board of Directors, Deputy Chair	Dr. Neely M. Panton	1-Aug-27
Board of Directors, Director	Michelle Coleman	1-Aug-27
Board of Directors, Director	Petrina Moore	1-Aug-27
Board of Directors, Director	Buck Grizzel	1-Aug-27
Board of Directors, Director	Peter Spratt	1-Aug-27
Board of Directors, Director	Vacant	
Ex-Officio - Chief Executive Officer	Lizzette Yearwood	n/a
Ex – Officio - Medical Director	Delroy Jefferson	n/a
Ex-Officio - Govt. Finance Representative	Matthew Tibbetts	n/a
Ex-Officio - Govt. Ministry of Health Representative	Tamara Ebanks	n/a

GOVERNANCE

(List of ACTs and Regulations, Policies that affect the HEALTH SERVICES AUTHORITY)

Births and Deaths Registration Act (2021 Revision)	Human Tissue Transplant Act (2026 Revision)
Children's Act (2012 Revision)	Labour Act (2021 Revision)
Confidential Information Disclosure Act (2016)	Limitation Act (1996 Revision)
Coroner's Act (2021 Revision)	Mental Health Act (2023 Revision)
Data Protection Act (2017 Revision)	Mental Health Commission Act (2026 Revision)
Drug Rehabilitation Court Act (2015 Revision)	Pharmacy Act (1979)
Education Act (2024 Revision)	Prescription Act (2018 Revision)
Foundation Companies Act (2025 Revision)	Procurement Act (2023 Revision)
Freedom of Information Act (2021 Revision)	Public Authorities Act (2020 Revision)
Health Care Decisions Act (2022 Revision)	Public Health Act (2026 Revision)
Health Insurance Act (2021 Revision)	Public Management & Finance Act (2026 Revision)
Health Insurance Commission Act (2016 Revision)	Public Service Management Act (2018 Revision)
Health Practice Act (2026 Revision)	Standards in Public Life Act (2021 Revision)
Health Services (Fees) Act (2002 Revision)	Whistleblower Protection Act (2015)
Health Services Authority Act (2018 Revision)	Workmen's Compensation Act (1996 Revision)

REPORTS TABLED OR FILED BY STATUTORY DEADLINES

None

HUMAN RESOURCES ANALYTICS

As of June 30 2026, the total staffing level was 1,270.75 Full-Time Equivalents (FTEs), broken down below:

- Full-Time Staff: 1,249
- Temporary Staff: 16
- Part-Time Staff: 3.5 (0.5 x 7)
- Casual Staff: 2.25 (0.25 x 9)

Recruitment Achievements

Workforce:

- **47** new hires onboarded:
 - * 28 full-time employees (17 Caymanians, 11 Non-Caymanians; or 14 Clinical, 3 Clinical Support and 11 Non-Clinical)
 - * 19 temporary staff. (10 Caymanians, 9 Non-Caymanians; or 13 Clinical, 1 Clinical Support, 5 Non-Clinical)

129 employees renewed their contracts for continuation with the organisation

Priority Positions Filled:

- Key clinical roles: Registered Nurses in various specialties, Paramedics, EMT – Basic, Ophthalmologists, General Practitioners, and Pharmacy Technicians, were filled to address critical gaps.
- Key administrative roles such as Accounting Manager, Patient Experience Manager, Patient Financial Services Manager, Registra-

tion Supervisor, Infection Control & Quality Manager and Chief Pharmacist.

Streamlined Recruitment Processes:

- The VISTA HR Recruitment Module is in its final testing phase, with training, deployment readiness activities, and a proposed Go-Live date in place. Once implemented, the VISTA HR Recruitment Module will streamline and automate recruitment workflows, improving efficiency, visibility, reporting, and overall recruitment turnaround times.

Retention Initiatives

Employee Engagement:

- A follow-up employee engagement survey was conducted in Quarter 4 of 2025 to assess progress and identify further opportunities for improvement. Based on the feedback from staff, structured engagement activities such as leadership rounding, departmental partnerships, and senior management engagement were initiated. These efforts support timely issue resolution, foster ongoing dialogue, and promote a more inclusive and responsive workplace culture.

Leadership Development and Retention:

- Launch of the LearnUpon Learning Management System providing a centralized platform for the delivery and tracking of mandatory training across the organisation.
- ILM training programmes for leadership levels 2 & 5

Key Initiatives and Impact

Workforce Development:

- 100+ training sessions conducted, including phlebotomy courses, clinical ladders, and internship programmes.
- 50 summer interns, CIFEC and high school students participated in hands-on training.

Operational Efficiency:

- The full implementation of the VISTA HR System's leave management and employee self-service modules has enhanced employee access to HR services and information while increasing efficiency by reducing manual processes.
- Overtime controls are now active to manage and reduce costs. A dedicated overtime application is being rolled out by department to automate workflows, centralize authorizations, improve efficiency, and reinforce expense tracking.

Employee Wellness and Support:

- Enhanced the Wellness, Rewards & Recognition (WRR) programme through staff sports events, recognition initiatives, health screenings, employee forums, and well-being support.
- Continued delivering the Employee Assistance Program (EAP), offering confidential support for stress, anxiety, relationship challenges, and bereavement

Retention:

- Turnover rates remained below industry averages, reducing from 1.2% in January to 0.4% in June.

KEY ACHIEVEMENTS AND PROBLEM AREAS

Key Achievements

During the first half of 2026, the HSA continued to demonstrate persistence, adaptability and sustained commitment to service delivery in an increasingly complex operating environment. Despite rising demand for healthcare services, persistent workforce pressures, infrastructure constraints and financial challenges, HSA maintained stable operations across Grand Cayman and the Sister Islands while continuing to advance its strategic priorities. The organisation remained focused on strengthening patient and staff experience, improving access to care, expanding infrastructure capacity, supporting financial sustainability, advancing population wellness and investing in technology to improve safety, efficiency and resilience.

A major achievement was the implementation of HSA's strategic planning framework, which provides a clearer roadmap for aligning services, resources and performance expectations with long-term organisational priorities. The approval and implementation of the 2026–2030 Strategic Plan marked an important step in strengthening accountability across the Authority.

HSA made notable progress in enhancing patient and staff experience, particularly through its continued focus on quality, safety, accreditation readiness and organisational engagement. One of the most significant achievements during this period was the Joint Commission International (JCI) reaccreditation of the organisation. Following an intensive survey across all three islands, HSA was assessed against approximately 1,100 international standards, with only 21 opportunities for improvement identified. This represents a substantial reduction compared to

the previous accreditation cycle in 2023. It also reflects the Authority's sustained commitment to quality improvement, patient safety, staff preparedness and compliance with international healthcare standards.

Patient experience remained positive overall, with HSA's last patient feedback report showing that patients were far more likely to recommend the organisation than to express dissatisfaction. The organisation also advanced initiatives related to multilingual support, patient experience champions and improved patient navigation, thereby supporting a more responsive and inclusive care environment.

Staff experience and engagement remained a central part of HSA's progress. Staff participation was particularly strong in JCI readiness, health and safety training, emergency preparedness and wellbeing initiatives. The introduction of a physician wellness framework was an important step in addressing burnout risk and supporting job satisfaction among medical staff.

Recruitment and retention also remained key priorities, with active recruitment processes continuing across critical clinical and operational areas. Although workforce pressures persisted, HSA continued to advance measures aimed at building capacity, supporting professional development and improving the link between strategic objectives and staff performance expectations.

Progress was also made in improving access to care and services. Waiting lists for ophthalmology, orthopaedics and general surgery were reduced as a result of staffing improvements, demonstrating the positive impact of targeted recruitment and service planning. HSA also established a paediatric cardiac clinic and trialed

KEY ACHIEVEMENTS AND PROBLEM AREAS

collaboration with urgent care to improve access to paediatric services. The implementation of a Paediatric Early Warning Score on the paediatric ward further strengthened patient safety and early clinical intervention for children requiring care. Paediatric services were also expanded in the eastern districts with the introduction of a monthly Paediatric Clinic at the East End Health Centre. This expansion responds to increased demand among families in the eastern districts and the rising number of younger patients accessing services.

Inpatient capacity was improved through the completion and handover of the Temporary Transitional Unit, which added nine additional inpatient beds to help address high bed census pressures. While patient flow remained a challenge, this expansion provided meaningful short-term support for hospital capacity and demonstrated HSA's ongoing efforts to respond to increasing demand. Across the wider organisation, services were sustained despite pressure on emergency, urgent care, inpatient, diagnostic and therapy services.

Diagnostic and clinical support services continued to perform strongly, with laboratory services maintaining high activity levels, recording increased testing activity, and keeping turnaround times within target. Interventional radiology activity continued to expand. An artificial intelligence-driven radiology solution has been integrated with existing radiology systems, it improves early detection of abnormalities, increases diagnostic confidence, enhances efficiency, and reduces reporting delays, supporting high-quality, technology-enabled patient care. The Cayman Islands Molecular Biology Laboratory (CIMBL) also achieved notable turnaround improvements, reducing diagnostic turnaround times for some services from approximately 14 days to less than 24 hours. These improvements supported faster clinical decision-making, improved patient care and enhanced system efficiency.

Access to care across the Sister Islands

was also maintained. Little Cayman Health Centre adapted service delivery through revised clinic hours, air evacuations and support for visiting and resident patients.

Infrastructure development remained a major area of progress. Patients and visitors to the Anthony S. Eden Hospital will have a more welcoming and comfortable space following the recent enclosure of the front-entrance atrium, supporting HSA's ongoing efforts to improve the patient and staff experience. The doctors' quarters for on-call physicians also underwent significant upgrades to address facility issues caused by age, improving support for physicians required to remain on campus overnight. HSA advanced several capital and facility projects aimed at improving patient access, safety, compliance and long-term service capacity. Progress continued on the Morgue expansion, Ambulatory Care Unit relocation, Endoscopy Suite, Chemotherapy Unit expansion, West Bay Pharmacy renovation planning and other clinical area upgrades.

These infrastructure investments are essential to supporting service growth and operational resilience. Projects such as the Endoscopy Suite and Chemotherapy Unit expansion will help address clinical capacity constraints, while additional outpatient specialist space and pharmacy renovation planning will support future demand. Facilities and maintenance interventions also advanced across multiple areas, including mechanical, electrical, plumbing and fire system upgrades. While several projects remained dependent on approvals, procurement processes, and contractor timelines, the overall direction reflected sustained investment in the physical environment necessary to maintain safe, compliant, and efficient healthcare delivery.

HSA maintained a broadly stable financial position during the first half of 2026, supported by sustained service demand and continued focus on revenue integrity and cost control. In the latest available financial report, net revenue was \$114.1M, representing 10% year-on-year growth,

KEY ACHIEVEMENTS AND PROBLEM AREAS

while gross patient revenue stood at \$107.6M, with outpatient activity accounting for 60% and inpatient activity accounting for 40%. The organisation also maintained a strong liquidity position, with cash holdings of \$72.7M and a current ratio of 6:1. Year-to-date expenses were \$116.4M, which was 1% or \$1.04M below budget, demonstrating continued attention to cost management. Personnel costs remained the largest expense category, reflecting both the scale of HSA's workforce and the importance of staffing to service continuity. Coding productivity and accuracy improved, with coding accuracy reaching near-perfect levels. These improvements supported stronger revenue integrity and billing efficiency.

HSA also continued efforts to reduce revenue leakage and improve operational efficiency. Denials were with the accepted 5% industry benchmark however efforts continue to aimed at driving these numbers down with focus on patient denials through improvements in coding, documentation monitoring and revenue cycle improvements aimed at strengthening financial stewardship.

Population wellness remained a key area of focus through HSA's continued delivery of public health, screening, diagnostic, outreach, antenatal and child health services. These services support prevention, early intervention and access to care beyond the hospital setting, particularly for patients and families who benefit from community-based support. Cancer registry insights also continued to strengthen HSA's understanding of disease patterns in the Cayman Islands, including breast cancer among women and prostate cancer among men, providing important data to inform public education, screening, prevention and early detection efforts.

HSA's work in population wellness was also reflected in the continuity of services across the Sister Islands and the delivery of specialised and preventive services to vulnerable and dis-

persed communities. The provision of palliative care visits, public health outreach, vaccination and screening-related services, and community-based support contributed to broader health system resilience. These activities support HSA's role not only as a provider of acute and specialist care but also as a public healthcare organisation responsible for helping residents take proactive steps toward better health.

Technological innovation continued to strengthen HSA's resilience, cybersecurity, data management and clinical operations. During the reporting period, HSA advanced several important digital improvements, including upgrades to the systems used to store and back up medical imaging records, strengthen network connectivity across sites and improve the recovery of critical systems in the event of an outage or disruption. These improvements support more reliable access to clinical information, better continuity of care and stronger protection of patient and organisational data.

Cybersecurity was also strengthened through enhanced system monitoring and protection tools, which allow HSA to better identify, respond to and reduce potential cyber risks. Together, these investments support safer and more reliable digital operations at a time when healthcare delivery depends increasingly on secure technology, timely access to information and resilient systems.

Additional technology initiatives supported operational continuity and service improvement. HSA improved device security and compliance through upgrades that allow laptops, tablets and other devices to be managed more securely. Storage upgrades for medical imaging records were also approved to increase capacity and improve the speed at which clinical information can be transferred and accessed.

Disaster recovery capability was fortified through redundant network connectivity and secondary data centre arrangements. HSA also

KEY ACHIEVEMENTS AND PROBLEM AREAS

advanced clinical workflow and monitoring platform developments, while work continued on data governance, electronic information access, patient portal utilisation and system support for regulatory compliance. Together, these improvements reflect a deliberate shift toward more resilient, secure and integrated digital infrastructure.

Key Organisational Challenges

The most significant and persistent challenge throughout the first half of 2026 was workforce capacity. Staffing shortages affected several critical areas, including Nursing, Mental Health Services, Urgent Care, Therapy Services, EMS, Environmental Services, Pharmacy and biomedical support. In many areas, overtime was required to maintain safety standards and protect continuity of care. While this helped sustain operations, it also increased fatigue risk, staff pressure and longer-term retention concerns. HSA continued active recruitment and onboarding activity, supported contract renewals and advanced staff wellbeing initiatives, but workforce supply remained a major operational risk.

Increasing service demand continued to place pressure on patient flow, access and capacity. A&E congestion, limited inpatient bed

availability, urgent care constraints and operating theatre limitations affected waiting times, patient movement and service throughput. Although the completion of the Temporary Transitional Unit provided additional inpatient capacity, demand continued to outpace available space and staffing in several areas. HSA responded through bed expansion, service planning, collaboration between Nursing and Medical leadership on patient off-load strategies and continued efforts to secure additional clinical and specialist space.

Infrastructure constraints remained a recurring risk. Ageing facilities, storage limitations, equipment servicing delays, operating theatre space, protracted approvals, among other issues, created operational and clinical pressures. HSA continued to progress major infrastructure projects and maintenance interventions, but several remained dependent on regulatory approvals, procurement timelines, contractor selection or specialist input.

Financial pressures also persisted despite strong liquidity and revenue growth. Delayed government payments and supply chain issues continue to affect performance. Parts of the business reporting system are not yet fully operational and or integrated, therefore staff continue to rely on manual processes in key areas such as fi-

KEY ACHIEVEMENTS AND PROBLEM AREAS

nance, procurement and inventory. This has created additional workload and increased the risk of errors, reporting inconsistencies and process inefficiencies. HSA continues to mitigate these risks through, revenue cycle improvements, planned system integration, consultant support and staff training. These efforts are important to ensuring that revenue growth translates into long-term financial sustainability.

Demand for mental health services remained high, placing pressure on clinical and security resources. The absence of permanent specialist staffing in some areas, reliance on interim accommodation arrangements and mental health-related security interventions highlighted the need for sustainable service capacity and structured behavioural response support. Infrastructure planning, including areas such as the Adolescent Inpatient Unit, is expected to support future service development, but workforce and service-model challenges remain.

Information systems and digital maturity continued to present both opportunities and risks. While HSA made strong progress in cybersecurity, disaster recovery and digital infrastructure, some operational areas continued to rely on manual workflows, paper-based documentation

and non-standardised processes. Cybersecurity testing identified vulnerabilities requiring remediation, while phishing simulation results underscored the need for ongoing staff training and awareness. HSA's continued investment in endpoint protection, data loss prevention, monitoring platforms and disaster recovery supports risk reduction, but sustained focus will be needed as digital dependence increases.

Overall, HSA advanced its strategic priorities while actively managing a broad range of operational risks. The organisation maintained service continuity, enhanced quality and safety, progressed major infrastructure and technology initiatives, improved aspects of access and revenue integrity and continued to invest in staff and patient experience. At the same time, workforce shortages, capacity constraints, infrastructure limitations, financial pressures, and system dependencies will require continued support from the Board and the Ministry to ensure HSA can meet growing healthcare demand and sustain safe, timely and high-quality care for the Cayman Islands community.

OTHER **ACHIEVEMENTS**

JANUARY

HSA to Offer 'Different Stories, Shared Hope' at Cancer Symposium

The Health Services Authority (HSA), in observance of World Cancer Day, will host its annual free symposium on February 2, 2026, from 4:30 p.m. to 7:30 p.m. at The Westin Grand Cayman, Seven Mile Beach Resort & Spa. The theme of the event, 'Different Stories, Shared Hope', highlights the collective resilience of patients and families in their fight against cancer.



With cancer ranking as the second leading cause of death in the Cayman Islands, the symposium is a vital resource in underscoring the profound impact cancer has on the individual, their families and communities.

Web Link: <https://www.hsa.ky/articles/hsa-to-offer-different-stories-shared-hope-at-cancer-symposium-on-feb-2>

Rotary Central helps secure new equipment for mobile blood donation bus

Rotary Central Cayman Islands has donated approximately \$10,000 to the Cayman Islands Blood Bank to support the purchase of two key pieces of equipment that will be used on the Mobile Blood Donation Bus, further strengthening the Blood Bank's ability to deliver safe, efficient and accessible blood collection services across the island.

The donation also supported the purchase of a Genesis Blood Collection Mixer, which helps ensure donated blood is collected safely by gently and consistently mixing it during the donation process. It allows staff to preset the volume of blood to be collected and includes built-in alerts to notify staff if blood flow slows, helping to ensure a smooth and safe donation experience.



Web Link: <https://www.hsa.ky/articles/rotary-central-helps-secure-new-equipment-for-mobile-blood-donation-bus>

FEBRUARY**HSA nurses receive Ruth E. McLaughlin Alumni Excellence Award three years in a row**

Christina Blair has been named the 2025 recipient of the Health City Ruth E. McLaughlin Alumni Excellence Award, marking the third year in a row a Health Services Authority (HSA) nurse has been recognised and reaffirming the high nursing standard upheld by the organisation.



This award recognises the outstanding alumni of the Ruth E. McLaughlin School of Nursing at University College of the Cayman Islands (UCCI), celebrating nurses who consistently demonstrate excellence in patient care or nursing administration. Additionally, it acknowledges those who embody the six Cs of nursing: care, compassion, courage, communication, commitment, and competence.

Web Link: <https://www.hsa.ky/articles/hsa-nurses-receive-ruth-e-mclaughlin-alumni-excellence-award-three-years-in-a-row>

HSA Hosts 14th Women's Health Conference with Focus on Reproductive Health

Reproductive health was the highlight at the 14th annual Health Services Authority's (HSA) Women's Health Conference on Friday, 13th March at Hotel Indigo.



The conference, hosted under the theme, Optimising Patient Care and Outcomes for Common Reproductive Health Concerns and held in observance of International Women's Day, brought together local and international clinicians and stakeholders to examine challenges, share evidence-based practices and strategies for improving women's reproductive health across diverse care settings.

Web Link: <https://www.hsa.ky/articles/hsa-to-host-14th-womens-health-conference-with-focus-on-reproductive-health>

OTHER **ACHIEVEMENTS**

MARCH

HSA Observes World Kidney Day with Free Health Screening, CME Events

In observance of World Kidney Day, the Health Services Authority (HSA) hosted two events on Thursday, 12 March 2026, under the theme, 'Kidney Health for All – Caring for People Protecting the Planet'.



A free health screening was held at the West Bay Health Centre from 10:00 am to 2:00 pm. As part of the event, the public had access to health checks, including blood pressure, blood sugar and urine test (optional). A physician, dietitian, pharmacist and diabetes educator was available on-site to review any abnormal results and provide guidance on kidney health.

Web Link: <https://www.hsa.ky/articles/hsa-to-observe-world-kidney-day-with-free-health-screening-cme-events>

Paediatric Clinic now offered at the East End Health Centre

Commencing April 2026 the HSA expanded paediatric services in the eastern districts with the introduction of a monthly Paediatric Clinic at the East End Health Centre. The clinic takes place on the second Wednesday of each month, from 2:00–4:00 p.m. A Paediatric Clinic is also offered at the Bodden Town Health Centre.

This expansion responds to increased demand among families in the eastern districts and the rising number of younger patients accessing services.

Web Link: <https://www.hsa.ky/articles/paediatric-clinic-now-offered-at-the-east-end-health-centre>



APRIL

HSA's Midwifery Symposium to Advocate for 'One Million More'

The Cayman Islands Health Services Authority (HSA) marked International Day of the Midwife 2026 by hosting its inaugural Midwifery Symposium on Tuesday, 5th May, from 8 am to 3 pm, at the Hibiscus Conference Rooms at the Anthony S. Eden Hospital, amplifying this year's global theme, "One Million More Midwives".



Observed worldwide, the day recognises the essential role midwives play in safeguarding maternal and newborn health, while calling on governments, policymakers, and health leaders to address a critical global workforce shortage.

Web Link: <https://www.hsa.ky/articles/hsas-midwifery-symposium-to-advocate-for-one-million-more>

MAY

HSA Accelerates Strategic Growth with Appointment of Senior Chief Financial Officer



The Health Services Authority (HSA) is proud to announce the strengthening of its executive leadership team with the appointment of Mr. David van Duynhoven as Senior Chief Financial Officer. This proactive move is designed to futureproof the organisation and ensure that key strategic and corporate developments remain focused on long-term success.

The appointment signals HSA's commitment to maintaining a robust focus on strengthening financial operations and enhancing organisational processes. Mr. van Duynhoven will provide strategic oversight for various system improvements, specifically targeting operational efficiency and advanced reporting to support the Authority's continued evolution.

Web Link: <https://www.hsa.ky/articles/hsa-accelerates-strategic-growth-with-appointment-of-senior-chief-financial-officer>

OTHER ACHIEVEMENTS

JUNE

Blood Bank website relaunches with new donor tools

Following World Blood Donor Day, the Cayman Islands Blood Bank has relaunched blood-bank.ky, enhancing the online platform design to make blood donation information and appointment booking more accessible to the public.



The revamped website serves as the central digital resource for blood donation services in the Cayman Islands, allowing residents to learn more about the donation process, check eligibility information, book appointments online, register to become a platelet donor and stay informed about community blood supply needs.

Web Link: <https://www.hsa.ky/articles/blood-bank-website-relaunches-with-new-donor-tools>

LEARNING AND DEVELOPMENT OF STAFF

The Health Services Authority through the Human Resources Department continues to provide training and development opportunities in various areas including new employee onboarding, mandatory training, clinical and role specific updates, conferences, career progression and leadership. Additionally, our investment in providing career exposure to the youth through various initiatives such as career fairs, work experience and our summer internship programme continues.

Learning and Professional Development

The Health Services Authority continued to strengthen its workforce through strategic investments in learning, leadership development, and clinical education. During the first half of 2026, HSA successfully launched the LearnUpon Learning Management System in partnership with the Civil Service College, providing a centralised platform for mandatory training across the organisation. Leadership capacity was enhanced through internationally recognised Institute of Leadership and Management (ILM) programmes, with 5 leaders completing Level 2 and Level 5 qualifications, strengthening succession planning and management capability.

HSA also achieved recognition as a Certified Phlebotomy Training Centre, reinforcing its commitment to clinical excellence and local workforce development. Ongoing support for specialised education, including paramedic and critical care nursing training, together with partnerships with local and international organisations, expanded professional development opportunities and

ensured staff remain equipped to deliver safe, high-quality patient care.

Clinical Education and Workforce Development

HSA continued to invest in building local healthcare capacity by supporting Caymanian clinicians through fully funded specialised training programmes in critical workforce areas. Two employees commenced advanced 12 – 18 months paramedic program with the National Medical Education and Training Center in the United States. In addition, two registered nurses pursued postgraduate critical care nursing education through the University of the West Indies, including clinical placements at Jackson Memorial Hospital in Florida.

HSA also became an approved Registered Phlebotomy Training Centre, with 10 participants advancing toward American Medical Technologists (AMT) certification. In partnership with the Cayman Islands Further Education Centre (CIFEC), the first cohort of 17 students successfully completed the Healthcare Aide Programme, combining classroom instruction with supervised clinical placements.

In addition, HSA continued to support employees' ongoing professional development through its Education and Training Initiative, enabling staff to gain new qualifications, maintain professional competencies, and prepare for future career opportunities. One hundred and fifty-nine (159) applications have been processed for local and overseas training and conferences.

LEARNING AND DEVELOPMENT OF STAFF

As part of our organizations' ongoing commitment to quality and safety, all staff complete mandatory core courses either annually or every two years. These courses focus on individual,

structural and cyber security and safety in the workforce. Over four thousand certificates have been issued for staff compliance across the various courses.

Mandatory Courses	Number completed
Basic Fire Safety	360
Basic Life Support/Cardio Pulmonary Resuscitation	172
Antibullying	324
Cybersecurity	279
Data Protection	325
Office Ergonomics	623
Disaster Preparedness	838
Workplace Violence (Hostile Situation)	472
Nonviolent crisis Intervention-CPI	325
Incident reporting	492
Total	4,210

In addition to our core mandatory training requirements, selected staff must complete role specific training courses. Over two thousand certificates have been issued for these courses.

Group Specific Courses:	Number completed
Bloodborne Pathogens	408
Basic Hazardous Materials	471
Compressed Gas	313
Hand Hygiene	512
Moving & Handling	115
Operating Room Fire	40
Medication Error Prevention	163
Advanced Cardiac Life Support	28
Pediatric Advanced Life Support	22
Neonatal Resuscitation	17
Fire Marshall	14
Code Pink	40
Just Culture	26
Customer Service	26
Standards of Performance	26
Child Sexual Abuse	27
Total	2,248

LEARNING AND DEVELOPMENT OF STAFF

Our continued professional development sessions (CMEs) conducted in-person or virtually continue to provide ongoing real world clinical case presentations, information updates and opportunities for collaboration between teams.

Three hundred and twelve (312) certificates issued for a wide range of topics including:

- Understanding Menopause and Hormone Replacement Therapy (HRT)
- Congenital Heart Disease and Serratia Sepsis
- Chorioamnionitis/Early Trimester loss
- Placenta Accreta Spectrum, Extreme Prematurity, Neiman Rod Myopathy
- Golden Hour for Neonates
- Compassion Fatigue in Nursing
- Blood Culture Collection Workshop

Additional CME credits have been provided for HSA-hosted public events such as the annual World Cancer Day Event, Women's Health Conference and Midwifery Symposium.

Work Experience

The Summer Student Internship programme has accepted 100 high school and university students into the programme for 4-to-6-week placements. 30 students started the June cohort gaining hands on experience in clinical and support departments across the organisation.

Students from four high schools completed their compulsory work week and gained valuable experience from real world experts in their field of interest.



RISK REGISTER

Key Risks

Lightning strike to generator rendering systems inoperable with no reliable back-up power support for critical patient care and operational functions

Further Actions to Mitigate Risks

Annual assessment of lightning suppression system.

Mitigating Strategies in Place

1. Lightning suppressant system installed.
2. Automatic safety switch in place which detects any system anomaly and initiates safety mode which protects the generator
3. Redundant generator in place that powers lifesaving medical equipment

Financial Value of Risk

Low

Key Risks

Potential for catastrophic impact and continuity of operations from fire in the backup generator room

Further Actions to Mitigate Risks

Visual inspection of the area monthly to ensure no flammable items are in and around the generator that adds risk.

Mitigating Strategies in Place

1. Fire alarm system in place to detect and alert to any fire
2. Fire suppression system in place to immediately control the fire until fire units arrive on scene
3. Infrastructure is compartmentalised to protect critical systems and contain fire within the particular compartment
4. Active fire wardens in place to carry out safety checks
5. Main generator is in a different location

Financial Value of Risk

Moderate

Key Risks

Potential for vicarious liability exposure for claims made against underinsured privileged physicians

Mitigating Strategies in Place

1. Levels of minimum med-mal insurance levels instituted.
2. Evidence of med mal insurance submitted annually prior to the renewal of privileges.
3. MD's office to automate insurance lapse notification in real time

Financial Value of Risk

Low

Key Risks

Potential for the inappropriate and unsolicited release of confidential material to the public.

Further Actions to Mitigate Risks

Continue awareness sessions and training of the staff in progress

Mitigating Strategies in Place

1. Training on Data Protection Act
2. Third party gap analysis and vulnerability penetration testing completed
3. Organisation-wide policies in place to protect and govern release of information
4. Media relations policy in place
5. All Board and Staff sign a confidentiality agreement
6. Individuals violating this policy will be handled according to HR policy
7. Robust IT Policies implemented to promote data retention and prevent loss.

Financial Value of Risk

Significant

RISK MANAGEMENT

Key Risks

Contracts supplied which could leave the organisation exposed to consultants/vendors benefit/financial gain.

Further Actions to Mitigate Risks

1. All contracts are drafted/vetted by counsel.

Financial Value of Risk

Low

Key Risks

Potential loss of revenue (loss of market share) from increased competition from private healthcare providers in the community

Further Actions to Mitigate Risks

Improve the marketing of services offered by the HSA, expand service offerings, improve throughput and reduce wait. Focus on patient satisfaction & quality improvement of all services.

Mitigating Strategies in Place

1. Annual strategic review undertaken as part of the budget and strategic planning process to identify opportunities for new services based on data and market analysis.
2. Periodic reviews are undertaken to identify opportunities and implement measures to improve quality of services and patient experiences.
3. Focus is placed on measures that will reduce waiting lists and waiting times.
4. Implement a fee for service model for physicians to promote staff retention and reduce waiting time.
5. Enhancements to call Centre and Patient Experience Teams

Financial Value of Risk

High

Key Risks

Difficulty/inability to provide current level of services due to lack of or disrepair of facilities

Further Actions to Mitigate Risks

Renovations in progress as per organisational need. Update of facility master plan.

Mitigating Strategies in Place

1. 30 year Facility Master Plan
2. Acquisition and lease of space for service expansion
3. Prioritization and completion of preventive maintenance, construction and refurbishment.
4. Development projects on HSA owned land in WB and BT.
5. Local and international healthcare partnerships.

Financial Value of Risk

Moderate

Key Risks

Potential for cost overrun on Contracted Goods and Services

Further Actions to Mitigate Risks

No Manual POs

Mitigating Strategies in Place

1. Purchase Orders required for each payment
2. All requests for payments on contracts appropriately supported and recorded
3. Implementation of budgetary control
4. Legal penalties incorporated in open contracts.
5. Negotiation of fixed cost contracts where possible.
6. Implement Oracle Fusion with three way matching capability, system tolerance implemented
7. Mandatory training for all persons in Procurement process

Financial Value of Risk

Moderate

Key Risks

Potential of cost overrun for professional services and large scale projects

Further Actions to Mitigate Risks

No Manual POs, budgetary control and change order process adherence

Mitigating Strategies in Place

1. Change order vetted and recommended by senior managers.
2. Contract negotiation
3. Legal review of contracts.
4. Establishment of a strict change order approval process.
5. Contracts drafted by HSA to protect and favour HSA's interest
6. System Budgetary controls in place to prevent unauthorised project creep and spend.

Financial Value of Risk

Moderate

Key Risks

Potential for unauthorized access to system for payroll and allowances

Further Actions to Mitigate Risks

2-step authentication & 90-day recredntial-ization procedures

Mitigating Strategies in Place

1. Restrict physical and system access to payroll info.
2. Restrict printing of payroll data to specific printers.
3. System audits.
4. Prevent data download without authroised security level access.
5. New robust Vista HR system currently being implemented.

Financial Value of Risk

Low

Key Risks

Potential for the payment of unauthorized personnel allowances or amounts in excess of the sum authorized

Further Actions to Mitigate Risks

Integration of payroll and time and attendance system. Reduce manual entries outside VISTA

Mitigating Strategies in Place

1. End dates entered into HR system to automate completion.
2. Double check completed by another HR Officer after amounts are inputted.
3. Segregation of duty - ensuring multiple levels of checks
4. Budgetary control
5. Exception reporting and reconciliation to detect unusual trends.
6. Cross referencing HR records with payroll recons.
7. HR audits
8. Payroll Officer inputs data, reviewed by DSTM and updates made by Payroll Officer.

Financial Value of Risk

Low

Financial Value of Risk

Potential for the alteration of leave forms once approved, or non-declaration of leave taken, allowing for financial advantage through employees promoting an inaccurate recording of leave

Further Actions to Mitigate Risks

Management of leave through Vista and to explore other softwares to accommodate complex scheduling

Mitigating Strategies in Place

1. Accrued leave balances are electronically reconciled every 6 months.
2. Leave to be electronically managed through software.
3. Time and attendance being explored for implementation.
4. CEO's approval required for leave in excess of 5 days being carried forward to a subsequent year.
5. Senior Managers held accountable for managing accrued vacation in their portfolios.

Financial Value of Risk

Low

RISK MANAGEMENT

Key Risks

Potential for the recording of false overtime entries to benefit in payroll and allowances

Further Actions to Mitigate Risks

Overtime request subject to multiple layers of scrutiny and vetting.

Mitigating Strategies in Place

1. Overtime policy reviewed and strengthened and requires preapproval of OT by senior manager
2. Monthly reporting and monitoring of overtime
3. Pre-approval of overtime.
4. Segregation of duty for the processing and payment of overtime with multiple levels of approval required

Financial Value of Risk

Low

Key Risks

Potential for the procurement of goods or services for personal use

Further Actions to Mitigate Risks

Monthly reports sent to all managers for review and monitoring of their department spend. HSA has adapted the whistleblower policy.

Mitigating Strategies in Place

1. All items procured require an IR, approved by relevant Section Manager and Senior Manager
2. IR must be submitted to Procurement Department for review and PO creation, along with all relevant supporting documents.
3. Automated system check for PO integrity.
4. Oracle Fusion further promotes segregation of duty and auditable approval trail
5. Procurement team then send final package to Finance for payment.

Financial Value of Risk

Low

Key Risks

Potential use of Procurement for favourable treatment of suppliers for personal gain

Further Actions to Mitigate Risks

Annual review of declarations of interest with monitoring by procurement teams during the year.

Mitigating Strategies in Place

1. Purchase Orders required for each payment
2. All requests for payments are appropriately supported and recorded
3. System verification of the budget against all IRs prior to payment, by HSA's Decision Support & Transaction Manager.
4. Declaration of interest required for senior personnels, material purchases require competition or approval of Procurement Committees, purchasing decisions supported by multiple levels of review depending on value.
5. Procurement Manual updated in 2023

Financial Value of Risk

Low

Key Risks

Potential for unnecessary or excessive purchasing in return for gifts/kickbacks

Further Actions to Mitigate Risks

Staff awareness and monitoring

Mitigating Strategies in Place

Donations & Gift Register & Policy in place. Purchasing decisions subject to multiple levels of approval, procurement policies in place supported by legal framework

Financial Value of Risk

Low

Key Risks

Potential overcharging or provision of false accounts by suppliers

Further Actions to Mitigate Risks

No charges to system and banking data without procurement vetting.

Mitigating Strategies in Place

Procurement Policy in place to ensure comparative quotes which are reviewed by Procurement Committee and PPC

Financial Value of Risk

Low

Key Risks

Potential Manipulation of accounts payable vendor Masterfile

Further Actions to Mitigate Risks

No changes to system and banking data without procurement vetting

Mitigating Strategies in Place

Creation of Vendor Masterfile is segregated across several teams:

1. All relevant support for a payment is put together by relevant cost centre manager;
2. Procurement team gather all relevant KYC on vendor if not already provided by requesting cost centre;
3. Processes are being updated now that HSA has moved to Oracle Fusion.

Financial Value of Risk

Low

Key Risks

Potential for the payment of fictitious invoices by accounts payable

Further Actions to Mitigate Risks

Multiple layers of review and segregation of duty in the payment process

Mitigating Strategies in Place

Procurement process followed - depending on value, 2 to 3 quotes may be required prior to purchases going through the Procurement process (also if value exceeds a certain threshold, it may need to go out for Tender) - Procurement committee review, contract creation, IR creation, PO creation, budget review prior to being paid for. All invoices to be supported by Purchase Order and or valid contracts

Financial Value of Risk

Low

Key Risks

Potential for the collusion with suppliers in providing false invoices or invoices that overcharge the organisation by accounts payable

Further Actions to Mitigate Risks

Multiple layers of review and segregation of duty in the payment process

Mitigating Strategies in Place

Procurement Policy in progress which reflects current practice. Procurement processes follow regulatory guidelines, including open tender process for larger items which allows for some element of transparency.

Depending on value, 2 to 3 quotes may be required prior to purchases going through the Procurement process (Procurement committee review, contract creation, IR creation, PO creation, budget review) prior to being paid for. Multiple approval levels in place for material contracts.

Financial Value of Risk

Moderate

RISK MANAGEMENT

Key Risks

Cost of doing business is not reflected in our charge master.

Further Actions to Mitigate Risks

Charge Master Review

Mitigating Strategies in Place

1. Continuous review of charge master to ensure alignment with standard health insurance fees
2. Payment policy has been updated and monitor for compliance.
3. A collector/counsellor is available to assess need and encourage patients to pay at the point of service.
4. Close collaboration with the DFS continues to provide patients with the necessary financial assistance they need to access services
5. Assessment & revision of Cabinet outputs periodically
6. Building of cost model to determine true cost of goods and services provided
7. Advocacy to Ministry to update Charge-master fees

Financial Value of Risk

Moderate

Key Risks

Revenue loss due to unrecorded charges and missing physician notes.

Further Actions to Mitigate Risks

Ongoing monitoring and followup by Rev. Accountant

Mitigating Strategies in Place

Acquire an encoder and software to assist with the accurate entry of charges. Procurement has started; Bonfire RFP ends in Q4 2026; Implementation Targeted Q2 2027

Financial Value of Risk

Moderate

Key Risks

Cash reserves below statutory levels

Further Actions to Mitigate Risks

Monitor and awareness

Mitigating Strategies in Place

Cash management strategy including cash forecast. Control discretionary spending. Strict budgetary control processes

Financial Value of Risk

Moderate

Key Risks

Risk that self-insurance model may result in significant claim cost leading to severe adverse impact on HSA's finances

Further Actions to Mitigate Risks

Consider current plan and future sustainability.

Mitigating Strategies in Place

Medical Director's Office signs off on referrals through referral office, expanding ability to self-provide services, enforcement of policy regarding working dependent spouses, review for all external hospital stays over 10 days, limitation language regarding Biologics. Review external referral practices. Work with administrator to ensure claims are appropriately reviewed.

Financial Value of Risk

Moderate

Key Risks

Majority of revenue from a single revenue source

Further Actions to Mitigate Risks

Diversification of customer database

Mitigating Strategies in Place

Seek New Revenue Opportunities. Brand Development. Increase marketing

Financial Value of Risk

Significant

Key Risks

Potential for supply chain shortages due to increase tariffs resulting higher financial burden to procure medical supplies.

Further Actions to Mitigate Risks

Contract monitoring

Mitigating Strategies in Place

Monitor trigger events in supply chain. Form alliances with other health care providers

Financial Value of Risk

Significant

Key Risks

Declining reimbursement (acceptance) rates

Further Actions to Mitigate Risks

Staff awareness and training

Mitigating Strategies in Place

Revenue Cycle Review. Training of team members. Denial Tracking and root cause analysis. Reduce billing errors. Improved pre-authorization process. Timely reworking on denied claims. Submit claims within 180 days from date of service. Periodical meeting with stakeholders.

Financial Value of Risk

Moderate

Key Risks

Potential for patient safety issues, understaffing and staff burnout due to the difficulty in recruiting experienced nursing staff

Further Actions to Mitigate Risks

Additional incentives to attract nurses are being discussed.

Mitigating Strategies in Place

1. Transition to practice programme instituted for new RNs
2. Variety of recruitment methods are being used to attract nurses, including agencies
3. Recruitment Manager
4. JCI Accreditation to attract
5. Plan to have a recruitment event in USA - DON, CHRO and Nurse Manager

Financial Value of Risk

Significant

Key Risks

Potential for delays in transporting patients from Faith Hospital to Anthony S. Eden Hospital

Further Actions to Mitigate Risks

Ongoing training for staff who may have to accompany patients to Anthony S. Eden Hospital to include proper use of PPE and infection control measures

Mitigating Strategies in Place

1. Evacuation plan with Cayman Airways
2. MOU with RCIPS for use of helicopter
3. Nurse Escort policy developed and agreed with CINICO

Financial Value of Risk

Moderate

RISK MANAGEMENT

Key Risks

Potential for patient falls in the inpatient and outpatient setting

Further Actions to Mitigate Risks

Patient safety awareness and measures.

Mitigating Strategies in Place

1. Fall risk assessment for each patient
2. Use of fall prevention interventions
3. Regular rounding by nurses
4. Quarterly monitoring of in-patient fall rates, ongoing training, bed/chair alarms, signs in room "call don't fall"
5. Fall risk scoring for outpatients and in-patients, place pts with high fall risk near nurses' station, pt/family education, hourly rounding.

Financial Value of Risk

Moderate

Key Risks

Potential for unauthorised entry to the Maternity Unit

Further Actions to Mitigate Risks

FOB access for authorized staff

Mitigating Strategies in Place

1. Buzzer on entry
2. CCTV at door entry
3. Totguard system in place

Financial Value of Risk

Low

Key Risks

Potential disruption in Pharmacy services due to failures in inventory management system

Further Actions to Mitigate Risks

Continuous monitoring of the physical stock to reduce stockouts

Mitigating Strategies in Place

1. New Pharmacy System has been implemented.
2. New Software is being reviewed as a potential inventory management system for the Pharmacy

Financial Value of Risk

Low

Key Risks

Potential for inadequate Blood Supply with poor patient outcome

Further Actions to Mitigate Risks

Ongoing marketing and blood drives to recruit new donors

Mitigating Strategies in Place

1. Contracts are in place for blood and products.
2. Increase of blood collection pool from previously Bovine Spongiform restricted area.
3. Organised schedule for recruiting blood donors is in place.
4. Mobile blood bank.
5. Space for Blood collection being expanded with new facility planned for Smith Road.
6. New website launched to facilitate blood drives and appointment scheduling.

Financial Value of Risk

Low

Key Risks

Potential for quality or system failure resulting in poor patient experience or clinical outcome

Further Actions to Mitigate Risks

Ongoing staff training.
Ongoing risk assessments

Mitigating Strategies in Place

1. Increased focus on improving the patient experience
2. Increased focus on staff training and development plan.
3. Provision of continuing education to reduce risk of adverse outcome.
4. Real Time patient survey. Increase Patient Experience Team.
5. Robust system for RCA whenever patient issues arise

Financial Value of Risk

Moderate

Key Risks

Adults, Children and adolescents are being admitted to the Medical and Surgical Unit due to insufficient MH inpatient rooms

Further Actions to Mitigate Risks

Segregate as much as possible with enhanced supervision. Segregation within the unit has been created. Security has been stationed in the unit 24/7. Access control points and CCTV installed.

Mitigating Strategies in Place

1. Look for alternative site for temporary location.
2. Use HSA owned property for purposed build Behavioural Health Facility.
3. Partner with Ministry of Health for funding for a purposed built facility.

Financial Value of Risk

Significant

Key Risks

Inadequate funding for the replacement of aging clinical equipment

Further Actions to Mitigate Risks

Ongoing reviews by staff and Biomed team confirm need for replace end of life equipment. Audit of equipment. Update equipment management software.

Mitigating Strategies in Place

1. Review replacement schedule. Work in Collaboration with the clinical team on procurement.
2. Replace equipment according to schedule. Update and maintain accurate asset list for equipment.
3. Develop an item catalog to seek donations
4. Equipment is being replaced as scheduled. Advise on end of useful life of equipment.

Financial Value of Risk

Moderate

Key Risks

Adverse patient outcomes from medication errors

Further Actions to Mitigate Risks

Optimise Staffing, Open pill counters, segregation of medicines

Mitigating Strategies in Place

1. Ongoing education
2. Quality checks
3. Staff rotation to reduce fatigue
4. Review of errors to determine the root cause

Financial Value of Risk

Low

RISK MANAGEMENT

Key Risks

Staff occupational exposure to chemicals

Further Actions to Mitigate Risks

Continuous monitoring and safety training. Appropriate use of PPE. Hood assessment and certification.

Mitigating Strategies in Place

1. Active Health and Safety Program.
2. Safety Data Sheets.
3. Risk assessments.
4. Site inspections.
5. Staff Hazmat Training.
6. Chemicals list log.
7. Air quality testing.
8. Surface Testing.

Financial Value of Risk

Low

Key Risks

Potential loss of supplies due to fire in Materials Management and Pharmacy Stores

Further Actions to Mitigate Risks

Regular mandatory fire training and fire drills

Mitigating Strategies in Place

1. Smoke detectors are functional
2. Flammable items are separated and stored in safety cabinets.
3. Daily rounds by Fire wardens
4. Quarterly Inspections & Risk Assessments by Health & Safety Officer
5. Independent Assessments
6. Fire suppression system installed Cameras installed

Financial Value of Risk

Low

Key Risks

Potential Risk for Legionella colonization

Further Actions to Mitigate Risks

Urgent action to mitigate risk: DEH, WAC, collaboration to identify possible sources

Mitigating Strategies in Place

1. Block off affected areas.
2. Perform remediation work in affected areas
3. Flushing water systems and replaced water-supply fixtures
4. Enhance clinical assessment for patients who may be at increased risk
5. Obtain specialist technical guidance from water treatment consultant regarding hospital water systems.

Financial Value of Risk

Significant

Key Risks

In-patient pharmacy not well ventilated and too many staff for the space

Further Actions to Mitigate Risks

Expansion of inpatient pharmacy infrastructure

Mitigating Strategies in Place

Reduced the number of staff working in the facility to 4 at any time
Air Handler replaced and ventilation improved. Pharmacy location expanded to Smith Road Medical Centre

Financial Value of Risk

Moderate

Key Risks

Retention Challenges

Further Actions to Mitigate Risks

Continuous utilization of the Just Culture
Maintain JCI Accreditation

Mitigating Strategies in Place

1. Staff survey completed to get feedback to ascertain staff issues and factors affecting morale.
2. Staff wellness programme
3. Staff sensitization of relevant policies affecting work life
4. Select staff allowed to work remotely
5. Select staff allowed to work flex time to accommodate child-care issues.
6. Exit surveys
7. CHRO Townhall meeting to get staff feedback
8. Regular compensation review

Financial Value of Risk

Low

Key Risks

Potential improper recruitment practices

Further Actions to Mitigate Risks

Electronic HR Recruitment System Implemented

Mitigating Strategies in Place

1. Clear recruitment policies and procedures
2. Clear interviewing and selection guideline
3. Disclosure Form
4. Recruitment manager in post

Financial Value of Risk

Low

Key Risks

Potential for the Inappropriate use of vehicles

Further Actions to Mitigate Risks

Whistleblowing encouraged

Mitigating Strategies in Place

1. Policy for the use and maintenance of vehicles
2. Use of log book to sign out and return vehicles
3. Vehicles being clearly branded with new HSA logo

Financial Value of Risk

Moderate

Key Risks

Potential for the unauthorised or private use of telephone

Further Actions to Mitigate Risks

Whistleblowing encouraged

Mitigating Strategies in Place

1. Monitor telephone use
2. Invoices audited for anomalous transactions
3. Cell phone access codes for authorised personnel

Financial Value of Risk

Low

Key Risks

Inappropriate personal use of the email/internet

Further Actions to Mitigate Risks

Whistleblowing encouraged, training

Mitigating Strategies in Place

1. Email and Internet Policies
2. Supervision and monitoring

Financial Value of Risk

Low

RISK MANAGEMENT

Key Risks

Potential for the use of patient information for personal gain or influence

Further Actions to Mitigate Risks

Whistleblowing encouraged, Data Protection Training

Mitigating Strategies in Place

1. Organisations policies, procedures
2. Privileging guidelines are in place
3. Monitoring of privileged physicians by MD, DMD
4. Auditing of medical record access

Financial Value of Risk

Moderate

Key Risks

Potential for bias in referral recommendations for gain/advantage with overseas medical entities

Further Actions to Mitigate Risks

Audits

Mitigating Strategies in Place

1. MD and DMD approve referrals.
2. Monitoring reports provided by administrators.
3. Referrals Office report on monthly statistics.
4. Appeals Referral Committee reviews non-approvals.

Financial Value of Risk

Moderate

Key Risks

Potential loss of key staff in single incumbent positions due to retirement, resignation, lack of trained personnel on island and difficulty in recruiting and retaining professionals

Further Actions to Mitigate Risks

Documentation of functional processes ongoing entity

Mitigating Strategies in Place

1. Development and ongoing review of recruitment and retention strategies
2. Development of succession plan
3. Funding of succession plan
4. Cross training of staff in these positions

Financial Value of Risk

Moderate

Key Risks

Potential loss of key clinical staff due to legislative changes related to term limits

Further Actions to Mitigate Risks

CHRO and Legal Counsel sensitized all staff of new changes

Mitigating Strategies in Place

1. Email with information and FAQ
2. Staff encourage to seek professional counsel for specifics.
3. Encouraging Caymanian via Career Fairs to pursue careers in the healthcare field.

Financial Value of Risk

Significant

Key Risks

Potential Security breach of IT system

Further Actions to Mitigate Risks

Audits, monitoring of system

Mitigating Strategies in Place

1. Intrusion detection assessment
2. Periodic audit of active directory
3. Scheduled audits of IT system usage logs
4. Security software
5. Ongoing training and phishing
6. Information Security Manager hired.
7. Cyber Insurance
8. Close collaboration with CIG's CISCO

Financial Value of Risk

Moderate

Key Risks

Potential for business interruption due to natural, internal or external disaster

Further Actions to Mitigate Risks

Creation of redundancy and daily backup to downtime and ensure business continuity.

Mitigating Strategies in Place

Back up takes place daily and the data is replicated off site daily.

Construction micro hospital facilities in the districts.

Decentralizing inpatient and outpatient services to other HSA owned locations.

Financial Value of Risk

Significant

Key Risks

Security of Staff and Facilities

Further Actions to Mitigate Risks

Enhanced security, incident reporting, rounding. CPI Training

Mitigating Strategies in Place

1. Installation of additional CCTV cameras
2. Access control and maintenance of alarms on exits
3. Issuing of ID cards to all staff
4. Installation of gate to rear parking lot.
5. Issue panic button to all staff with rollout in move volatile areas currently ongoing.

Financial Value of Risk

Significant

Key Risks

Lack of space for operating needs

Mitigating Strategies in Place

1. Space needs considered as part of annual strategic plan.
2. Reconfigurations carried out to maximize space use.
3. Admin and non revenue generation functions moved out of hospital setting where possible.
4. Active management of lease and owned property portfolio.
5. Expansions, renovations, relocation.
6. Increase budgetary allocation to support projects.

Financial Value of Risk

Significant

RISK MANAGEMENT

Key Risks

The prevalence of Cyber Ransomware attacks targeting the Global Healthcare Sector, means that there is a likelihood that HSA, could be targeted with the same. The risk assessment is that it is LIKELY that HSA could be targeted with a ransomware attack, as a result of perceptions about CI's ability and willingness to pay the ransom

Further Actions to Mitigate Risks

Continuous monitoring for unusual activity and potential threats across the network.

Mitigating Strategies in Place

1. Full replication and backup of all HSA's data to the existing Jersey Data Centre
2. Full tested Business Continuity and Disaster Recovery Arrangements
3. Third Party Cloud Hosting Supplier Assurance (Cerner)
4. Implement strengthened access control measures, including Multi-Factor Authentication (MFA), least privileged access and eliminated deprecated/weak authentication protocols from across the network.
5. Implement restrictions on remote third-party access tools.
6. Evolve to a 24/7/365 Security Operations Centre. HSA has AI systems on the Network (DT) and across the End-Point Devices (EDR) already in place that can detect and autonomously thwart but still the materialization of this risk is still possible through a sophisticated and determined adversary.

Financial Value of Risk

Moderate

Key Risks

The risk that Oracle Health (CERNER) becomes unavailable and this extends for a period of time. Oracle Health is HSA's most critical clinical supply chain provider and should they fall victim to a significant cyber-attack. Software as a Service Healthcare providers are being targeted and have fallen victim to disruptive cyber attacks recently, e.g. EPIC EHR cyber attack resulted in a global outage.

Further Actions to Mitigate Risks

Downtime manual process in place.

Mitigating Strategies in Place

1. HSA to re-assess its business continuity plans based on scenarios relevant to a significant cyber-attack on its critical third-party supply chains, which renders the third-party service unavailable.
2. Based on the impact, to determine whether to accept the risk or to devise a business continuity plan that has a level of independence from the third-party.
3. To seek cyber and resilience security attestations from Cerner
4. To consider requesting a flat copy of all HSA data in Cerner on a regular basis to be backed up in the Jersey Data Centre

Financial Value of Risk

Significant

Key Risks

There is a risk of HSA suffering a large scale data breach of sensitive/personal data or otherwise confidential information.

Further Actions to Mitigate Risks

Continuous monitoring

Mitigating Strategies in Place

HSA has already implemented one best-in-breed tools that provide a level of safeguarding against Large-Scale Data Breach cyber-attacks; Dark Trace AI network detect and respond.

1. Evolve to a 24/7/365 Security Operations Centre
2. Implement Data Loss Prevention (DLP) and Data Lifecycle Management (DLM) Tools
3. Enhance configuration on the FW
4. Data encryption to render the data unreadable if stolen

Financial Value of Risk

Moderate

Key Risks

Network cybersecurity attack resulting in wide-scale outage of HSA clinical services

Mitigating Strategies in Place

1. New Alternative Network/DC in GCM at Smith Road Centre.
2. New Network/DC at Faith Hospital.
3. Build resilience into the network at Anthony S. Eden Hospital as per audit findings.

Financial Value of Risk

Significant

Key Risks

Espionage cyber-attacks

Mitigating Strategies in Place

1. To implement elevated security measures on the computers and mobile devices used by those deemed at risk of espionage attack. The elevated security measures include their remote home working environment.
2. Quarterly executive cyber education training for those deemed at risk.
3. Elevated monitoring of the devices of those deemed at risk.

Financial Value of Risk

Moderate

Key Risks

Social engineering based cyber-attacks

Mitigating Strategies in Place

1. All staff mandatory training to cover this type of attack.
2. Simulation of social engineering attacks
3. Regular publicity of these types of attacks
4. Ensure frictionless reporting of suspected or actual attacks via email and telephone

Financial Value of Risk

Moderate

Key Risks

Disruption to Critical National Infrastructure

Mitigating Strategies in Place

1. Government led initiative is required working closely with OfREG.
2. If there is an option to diverse utility supply this should be considered.

Financial Value of Risk

Moderate

RISK MANAGEMENT

Key Risks

Cyber-attack targeting electronic and internet enabled medical devices

Mitigating Strategies in Place

1. Setup a Project Team Working Group to mitigate this vulnerability
2. Extreme care and due diligence is required when assessing and remediating vulnerabilities or security weaknesses with the medical devices.
3. Incorporate all medical devices within the scope of the Vulnerability Management.
4. Consider isolating the medical devices from the corporate network, through air-gapping and creating separation through a virtual LAN.
5. Assess whether the existing IT scanning tool, Qualys is 'fit for purpose' for agent-less scanning of the Medical Devices, if not assess the market for Medical Device Scanning tool.
6. If the findings point to significant vulnerable medical devices or insecure settings, urgent action will be required to engage with the vendor to seek their action and information on secure measuring.

Financial Value of Risk

Moderate

Key Risks

Risk of non-compliance with relevant applicable laws in the event of a significant or disruptive cyber incident

Mitigating Strategies in Place

1. Seek legal counsels' advice on all of the applicable clauses from the laws and regulations and assess for responsibility and compliance.
2. Any suspected or actual non-compliances must continue to be immediately reported to the HSA Leadership.

Financial Value of Risk

Significant

Key Risks

Delays in approvals for use of additional space for service expansion may impact patient care, increase wait times, strain operations, and affect institutional reputation and financial sustainability.

Further Actions to Mitigate Risks

1. Have a clear understanding of the updated regulatory requirement for planning and HPC.
2. Continue to liaise with Planning in the early stages of planned expansions to mitigate delays.

Mitigating Strategies in Place

1. Annual Licencing and reaccreditation managed by designated personnel.
2. Planning and HPC requirement must be explicit from the initial stage.
3. DSS will ensure that the requirements are agreed on during the planning phase.

Financial Value of Risk

Moderate

Key Risks

Required staff licenses or professional registrations may expire, which could affect compliance requirements and continuity of service delivery.

Further Actions to Mitigate Risks

Staff reminders of expiration date.

Mitigating Strategies in Place

1. Licensing period to be managed via VISTA
2. Contract database management.

Financial Value of Risk

Low

SCRUTINY BY PARLIAMENT AND PUBLIC

Parliamentary Questions (PQs)

This section describes Parliamentary Questions and how they were dealt with. It includes all entities and SAGCs under the remit of the Ministry of Health & Wellness.

Parliamentary questions received:

Q1. How many vacation days were Health Services Authority employees entitled to for the years 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, and 2025

A1. Detailed breakdown of vacation days provided.

Q2. How many vacation days were used by Health Services Authority employees for the years 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, and 2025?

A2. Detailed breakdown of vacation days provided.

Q3. How many sick days were incurred by staff at the Health Services Authority for the years 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, and 2025?

A3. Detailed breakdown of sick days provided.

Q4. How much did the Health Services Authority spend on overtime for the years 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, and 2025?

A4. Detailed breakdown of overtime provided.

Q5. How much did the Health Services Authority spend on duty allowance broken down by department for the years 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, and 2025?

A5. Detailed breakdown of duty allowance provided.

Q6. How many employees at the Health Services Authority were over the age of 65 broken down by nationality (Caymanian vs. Non-Caymanian) as at December 31 for the years 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, and 2025?

A6. Detailed breakdown of staff over 65 provided.

Q7. Could consideration be had to immediately install vending machines in high-traffic areas, such as the main entrance and outpatient lobbies of the Anthony S. Eden Hospital to ensure decentralised access to necessities such as basic refreshments, considering the distance and accessibility of the main cafeteria?

A7. Yes. The option to install vending machines can and have been considered and is currently already included in the plans and concept layout design for the Atrium.

Public Accounts Committee (PAC)

Provided the following:

- A detailed breakdown for 2025 of non-insured patients versus patients with inadequate insurance coverage.
- Caymanians appearing in the accounts receivable (outstanding balance) data & the geographic distribution of outstanding balance
- Financial management and recovery measures being used to combat accounts receivable (outstanding balance).
- Ratio of clinical versus non-clinical staff 2022 –2025
- Report detailing commercial invoices, including a breakdown of activity exceeding \$10,000 for FY 2025
- 2025 Medical Costs for HMP Inmates who are foreign nationals

Finance Committee

No appearances to Finance Committee.

Freedom of Information (FOI)

APPLICATION DETAILS	NUMBER
Total Applications Received	6
Total Applications Opened	2
Total Applications Closed	4
Applications for Personal Information (Applicant's own)	2
Application for General Information	4
TIMELINE DETAILS	NUMBER
Request Information (Decision made within 30 days)	3
Request Information (Decisions made later than 30 days and no extension taken under section 7 (4))	nil
Request Information (Decision extended under section 7 (4))	1
Request Information (Decision extended under section 7 (4) but responded to later than 60 days.)	nil
Internal Review (Decision made within 30 days)	nil
Internal Review (Decision made later than 30 days)	nil
FEES	
Fees levied under \$100.00	nil
Fees levied \$101 - \$500	nil
Fees levied \$501 - \$1,000	nil
Fees levied over \$1,000	nil
Fees excused	nil
AMMENDMENTS AND ANNOTATIONS	
Request for Amendment or Annotation under section (28)	nil
Number Amended	nil
Number Annotated	nil
INTERNAL REVIEWS	
Number of Requests for Internal Review	nil
Number of Internal reviews Appealed	nil

A FORWARD VIEW



Building on the progress achieved during the first half of 2026, the Health Services Authority will continue advancing initiatives that strengthen access to care, improve patient outcomes and support a more resilient and sustainable health-care system for the Cayman Islands. Guided by our Strategic Plan and in close collaboration with the Ministry of Health, local stakeholders and international partners, our priorities for the remainder of the year focus on enhancing healthcare delivery while preparing the organisation to meet the evolving needs of our growing population.

Expanding access to high-quality care will remain a central priority. HSA will continue strengthening community-based healthcare through initiatives such as the Ministry's HEARTS Programme, supporting earlier intervention and

improved management of hypertension and diabetes. We will also broaden access through enhanced virtual consultation services for General Practice and Urgent Care, while expanding specialist and nurse-led services, including an Ostomy Nurse-Led Clinic and a targeted Public Health Nursing Home Visit Programme for high-risk pregnant women. Across the Sister Islands, infrastructure improvements will continue to optimise clinical space, expand diagnostic imaging capacity and improve access to specialist outpatient services, while ongoing planning for expanded mental health facilities will support more comprehensive care for patients with behavioural health needs.

Developing and supporting our workforce remains fundamental to delivering safe, compas-

sionate and high-quality care. HSA will continue investing in recruitment, succession planning, leadership development and professional education while strengthening the local healthcare workforce through initiatives such as the Return to Nursing Programme, the Healthcare Aide Programme, the Pharmacy Technician hybrid programme and expanded partnerships with academic institutions. Opportunities for Caymanians to pursue specialised medical training, including General Surgery through collaboration with the Royal College of Surgeons of the United Kingdom and the continued development of postgraduate medical education, will help build local clinical expertise and support the long-term sustainability of the healthcare workforce.

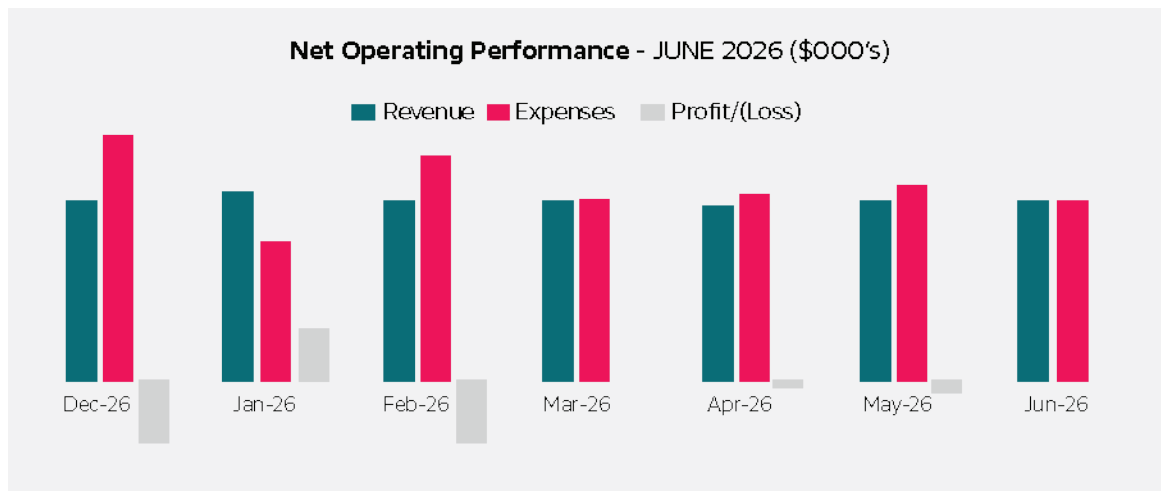
Innovation and digital transformation will continue to enhance both patient care and operational efficiency. Planned initiatives include introducing artificial intelligence tools to support physicians with clinical decision-making and reduce administrative documentation, allowing more time for direct patient care. HSA will also improve the patient experience through digital enhancements such as self-check-in services and continued investment in secure, resilient information systems that strengthen service delivery across the organisation. Digital transformation will also extend to laboratory and diagnostic services, supporting faster workflows, improved integration and more timely clinical information.

The Authority will also continue advancing the Cayman Islands Molecular Biology Laboratory as a centre of excellence in advanced diagnostics and public health surveillance. Priorities include expanding molecular diagnostic and genomic testing, introducing additional specialised services on island and reducing reliance on overseas laboratories, allowing patients to receive faster, more accessible care closer to home. HSA will continue strengthening national public health surveillance through integrated monitoring of infectious diseases, antimicrobial resistance and environmental health risks, while pursuing international recognition and expanding strategic partnerships with organisations such as PAHO/WHO, CARPHA and other global public health leaders. These initiatives will enhance national health security, improve outbreak preparedness and further position the Cayman Islands as a regional leader in laboratory medicine and disease surveillance.

As we look ahead, HSA remains committed to working collaboratively with the Ministry of Health, healthcare partners and the wider community to deliver accessible, high-quality and sustainable healthcare. By continuing to invest in our people, services, infrastructure, technology and innovation, we are building a stronger, more resilient health system that will better serve the people of all three Cayman Islands for generations to come.

FINANCIAL PERFORMANCE: MANAGEMENT DISCUSSION AND ANALYSIS

Executive Summary



Year to Date (YTD) Deficit \$-2.3 million

Net revenue fell below the YTD budget by \$3.6 million (-3.1%), indicating a negative operational performance. However, when compared to prior year, revenues were \$10.0 million (10%) higher, in line with the reported 7.1% Year-on-Year (YOY) growth in patient numbers.

Outpatient and Inpatient revenue were split: 60%:40% respectively.

Inpatient Metrics

- Overall Bed Occupancy Rate was 70.9 %
- Average Length of Stay (ALOS) was 5.3 days

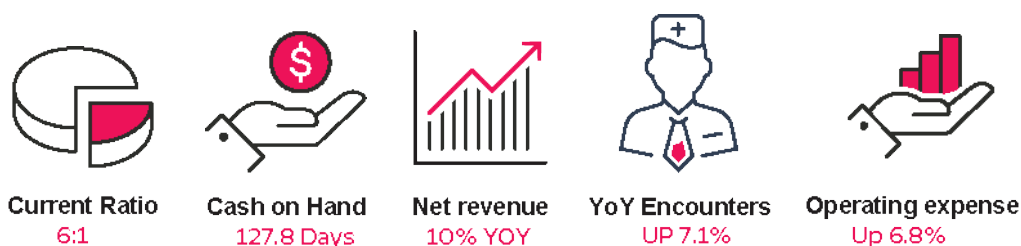
Contractual Adjustments: \$9.2 million YTD compared to budget of \$6.8 million and prior year cost of \$7.8 million.

Total YTD Expenses: \$116.4 million, 1% (\$1.04 million) below the budgeted \$117.5 million (ytd) but was 6.8% above prior year results (\$109.0 million).

YTD personnel costs were \$75.5 million which was \$0.6 million better than budget but \$2.8 million higher than prior year. This was in line with the FTE.

Despite the revenue growth, expenses have outpaced expectations, fully offsetting the gains.

Key Performance Indicators



HSA remains in a liquid position at 6:1 at the end of June 2026. However, it is crucial to remain vigilant, as continued delayed payments from government entities can negatively impact cash flows and increased the receivables position. This underscores the need for proactive cash flow management and customer base diversification.

To avoid losses and prevent capital erosion, revenue must grow at a higher rate than expenses.

Four measures that have been implemented and remain key to achieving financial stability are:

1. budgetary control
2. staff headcount capped at 1,420
3. management of the chargemaster database and
4. Improved revenue capture, measurement and reporting.

FINANCIAL POSITION

Total assets decreased by 4% while YOY liabilities increased by 6%.

Jun-25		Jun-26	Movement from PY	YTD BUDGET	Variance
Actual in \$000's	FINANCIAL POSITION	Actual in \$000's	\$000's	Budget in \$000's	\$000's
245,360	Total Assets	236,239	(9,120)	253,425	(17,186)
(262,223)	Total Liabilities	(278,264)	(16,041)	(287,098)	8,834
(16,864)	Net Accumulated Surplus/(Deficit)	(42,025)	(25,161)	(33,673)	(8,352)

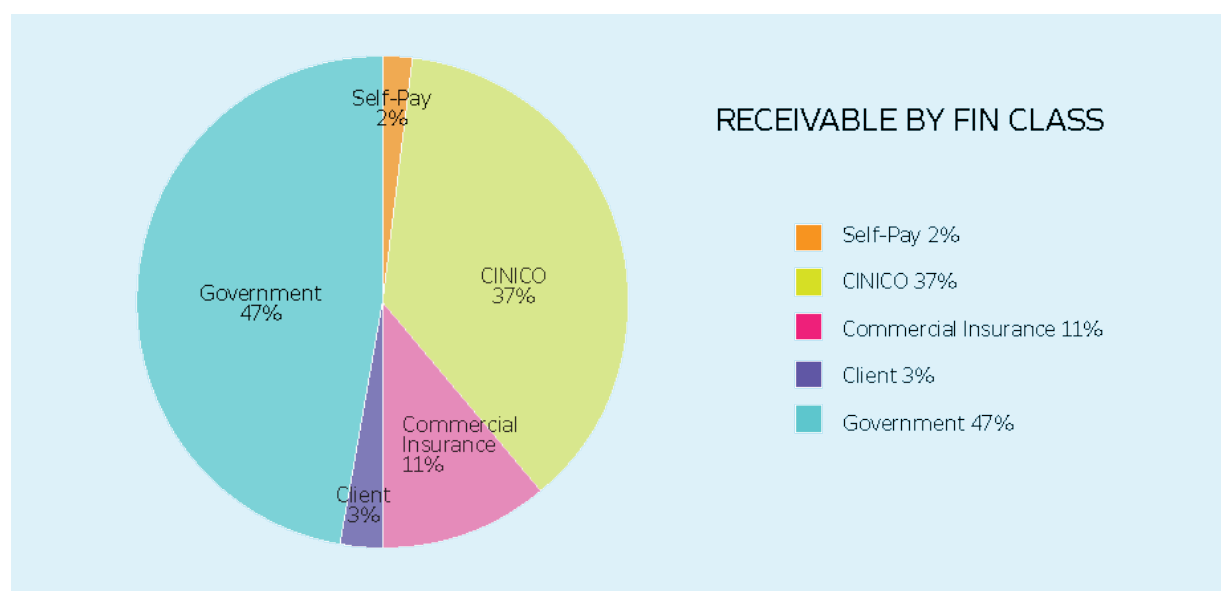
Total assets included cash holdings (\$72.7 million), property, plant, and equipment (\$106.3 million), accounts receivable (\$40.1 million), and inventories (\$14.6 million) offset by past service liabilities of \$253.6 million, leases of \$4.6 million, trade creditors and accruals of \$9.3 million, other creditors including employee entitlements and patient credits of \$10.8 million.

INVESTMENT AND CASH MANAGEMENT

HSA currently has three term deposits as detailed below.

Term Deposit	Principal Amount	Interest Rate	Maturity Date	Interest at Maturity
CNB 7-day Depo	10,093,902	3.25%	07.07.2026	6,291
FCIB 30-day Dep	15,043,767	3.57%	01.07.2026	47,085
CNB 90-day Dep	20,365,894	3.73%	24.09.2026	191,473
	45,503,564			244,849

NET ACCOUNTS RECEIVABLE AND RISK CONCENTRATION



Self-pay [persons deemed underinsured / uninsured] encounters represent 2% of the total receivable. This category represents the highest risk of default for collections due to the transient nature of most of the patients in this receivable grouping. As part of any future risk management strategy, HSA must reposition itself to enhance third party revenue and improve collection.

CIG Receivable

An amount of \$4.6 million remains outstanding from the MoF in relation to the 2020 Covid-19 reimbursables. The MoH is indebted to the HSA to the tune of \$15.8 million (see table below) including an undisputed 2024 receivable of \$6.6 million. Continued late payments from CIG can present cash flow challenges. Therefore, diligent collection of receivables remains imperative to meet, exceed, and maintain statutory cash targets.

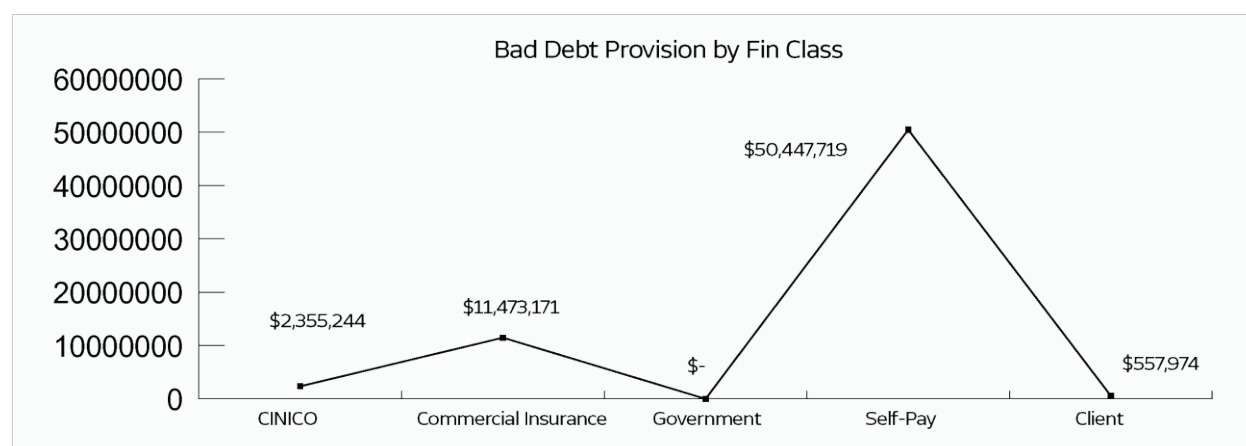
Patient Receivables

At the end of June 2026, total patient receivable was \$102.5 million offset by allowances for credit losses of \$64.5 million in accordance with accounting requirements and policy.

Net Patient Aged Receivables Schedule June 2026

		<u>0-30</u>	<u>31-60</u>	<u>61-90</u>	<u>91-180</u>	<u>181-365</u>	<u>365 +</u>	<u>Total</u>
CINICO	\$	1,379,519	\$ 4,676,684	\$ 2,759,919	\$ 4,690,180	\$ 382,966	\$ -	\$ 13,889,269
Commercial Insura	\$	1,774,344	\$ 674,490	\$ 410,201	\$ 1,158,307	\$ 191,764	\$ -	\$ 4,209,106
Client	\$	300,808	\$ 295,712	\$ 153,407	\$ 306,269	\$ 85,074	\$ -	\$ 1,141,269
Government	\$	3,166,878	\$ 2,380,733	\$ 1,101,427	\$ 3,534,713	\$ 1,298,149	\$ 6,333,860	\$ 17,815,760
Self-Pay	\$	91,781	\$ 165,831	\$ 150,235	\$ 358,520	\$ 141,360	\$ -	\$ 907,727
	\$	<u>6,713,330</u>	<u>\$ 8,193,450</u>	<u>\$ 4,575,190</u>	<u>\$ 10,047,988</u>	<u>\$ 2,099,313</u>	<u>\$ 6,333,860</u>	<u>\$ 37,963,131</u>

Allowance for credit losses on patient debts was \$64.5 million at the end of June.



FINANCIAL PERFORMANCE SUMMARY

Whilst the growth in revenue performance remains a positive indicator, increased and sustained efforts are required to maintain the growth in revenue and reduce uncompensated care to cover the cost of operations.

Jun-25		Jun-26	Movement from PY	YTD BUDGET	Variance
Actual in \$ 000's	FINANCIAL PERFORMANCE	Actual in \$ 000's	\$000'S	Budget in \$000's	\$000'S
104,073	Revenue	114,119	10,046	117,728	(3,609)
108,997	Operating Expenses	116,445	7,448	117,494	1,048
(4,924)	Net Surplus/(Deficit)	(2,326)	2,598	234	2,561

REVENUE

In the month of June, total net revenue of \$19.0 million was up \$0.1 million from May 2026. Daily average revenue for June was \$0.63 million vs \$0.61 million recorded in May reflecting a marginal increase in the daily revenue performance.

YTD trends: Net patient revenue increased by 10% YoY.

Inpatient revenue remains constant, outpatient increased by 19%, and district health centers increased by 1%. The growth in district health centers revenues resulted from expanded hours and additional services at the community health centres. These trends highlight steady growth across financial class, with particularly strong performance in outpatient services, reflecting the impact of extended operating hours, seasonal impact and additional services.

TOP REVENUE EARNERS

The ten listed departments in the table below accounted for 70% (\$74.9M) of the gross YTD revenue (\$107.6M)

Center Name	Revenue
Operating Theatre	15,257,712
Laboratory (Pathology)	9,941,029
Faith Hospital	9,252,833
Radiology	8,566,020
Pharmacy -Hospital	7,220,419
Pharmaceutical Dispensary -	6,389,709
Accident & Emergency	6,004,326
Mental Health Ward	4,431,073
Specialist Clinic	4,030,118
Intensive Care Unit	3,886,977
	<u>74,980,217</u>

REVENUE UNDER BUDGET PERFORMANCE

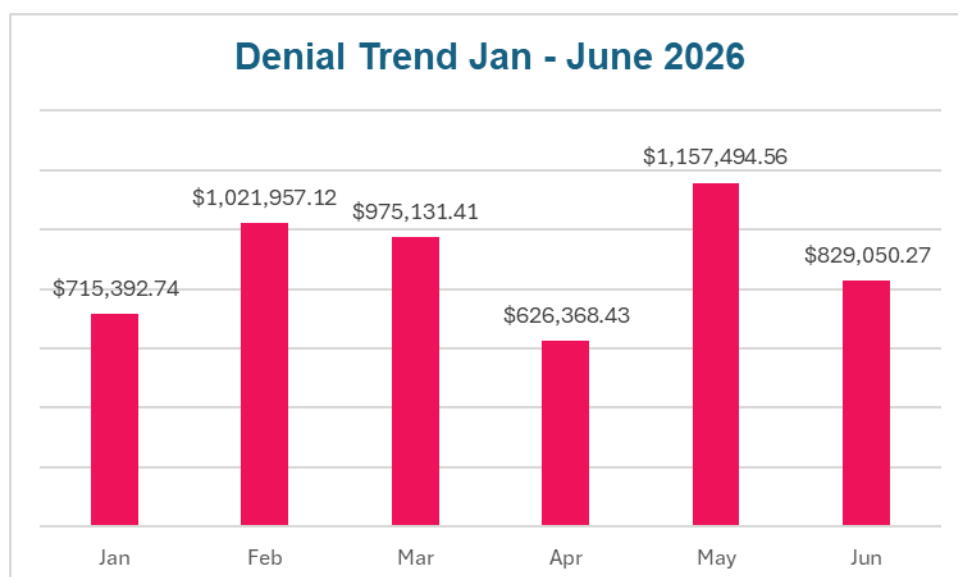
Some departments fell below budget targets. The top ten (10) cost centers reporting negative revenue budget variances are shown in the accompanying below.

Center Name	Revenue	YTD Budget	Variance
Pharmaceutical Dispensary -	6,389,709	8,024,866	-20%
Radiology	8,566,020	9,874,828	-13%
Dental	2,425,312	3,354,546	-28%
Maternity Ward	1,665,246	2,260,987	-26%
Neonatal Intensive Care	1,055,930	1,650,000	-36%
Pharmacy Inpatient	272,227	735,000	-63%
Physiotherapy	3,157,973	3,500,000	-10%
Pharmacy	7,220,419	7,550,000	-4%
CIH Outpatient Department	2,768,310	3,028,719	-9%
West Bay Health Centre	1,808,438	2,053,193	-12%

Denials

Denials have an adverse effect on personnel costs, as the rectification means additional man-hours and potential overtime costs, as well as delays the submission progress for new claim submissions as the staff shifts focus to address denied claims.

The total denied amount for June was \$0.8 million down from \$1.2M reported in May 2026. June denials decreased by 28.4% (\$0.4M) compared to May. While June performance improved compared to May, denials remain above January levels, highlighting the need for continued focus on reducing preventable denials, strengthening front-end processes, improving documentation quality, and ensuring timely billing and coding.



Denial Composition

The two primary denial reasons were non-covered charges and benefit maximum reached.

Denial activity remains heavily concentrated in the Critical Care Unit and Inpatient services and arising from the presentation of SHIC plans. Future focus will remain on benefit-limit monitoring, non-covered service prevention, and reducing technical denial causes to sustain the positive trend through the remainder of 2026. This intervention will be realized through the Benefits verification team, to be implemented in Q4 2026 and Q1 2027 respectively among other planned intervention strategies.

GOVERNMENT PROGRAMMES

Government Programmes (Episodic & Non-Episodic Outputs) budget amounts to \$64.9 million for 2026. At the end of June 2026, the status of these programmes is shown below:

Program	Budget	Billed	Collected	Unpaid
Patients Outputs (Episodic)	\$ 36,652,000	\$ 23,703,849	\$ 19,088,727	\$ 4,615,122
Programmes (Non-Episodic)	28,258,252	14,129,126	11,774,272	2,354,854
Total	64,910,252	37,832,975	30,862,999	6,969,976

The YTD activity for patient outputs (see Patient Output Episodic Summary below) shows that there will be recorded shortfalls in the annual episodic output budget. The MoH is advised monthly.

PATIENT OUTPUT (EPISODIC) SUMMARY

The projections below are based on claims submitted to the MoH year to date. Overall, six (6) outputs are expected to exceed budget but, HEA 2 - Indigents will be the most material. Based on the current throughput after 5.5 months of billing, it is anticipated that HEA 2 – Indigents, will exceed the budgeted \$28.3 million by circa \$1.3 million. Any overspend on episodic will be rectified by the MoH however in the interim HSA is expected to deliver said services without interruption to the public.

CIG ref	Prog No.	Program	Budget	SIF	Total Funds	Billing to-date	12-month Moving Projection	Projected Undrawn / (Shortfall)
HEA 17	HSA1	Beyond Insurance	1,675,000		1,675,000	1,083,250	2,363,455	(688,455)
	HSA2	Uninsured Pregnant Women	200,000		200,000	145,948	318,432	(118,432)
	HSA3	Postnatal	125,000		125,000	57,655	125,793	(793)
HEA 2	HSA7	Indigents	28,300,000	4,500,000	32,800,000	15,641,297	34,126,465	(1,326,465)
HEA 16	HSA37	Geriatric Services	4,000,000		4,000,000	4,677,933	10,206,398	(6,206,398)
HEA 19	HSA38	Chronic Ailment	1,360,000		1,360,000	1,884,019	4,110,586	(2,750,586)
HEA 23	HSA42	Provision of Antiretroviral Me	492,000		492,000	120,558	289,339	202,661
HEA 20	HSA41	PH Communicable Diseases	450,000		450,000	80,690	176,050	273,950
		Cayman Aids Foundation	50,000		50,000	12,500	50,000	-
			36,652,000	4,500,000	41,152,000	23,703,849	51,766,519	(10,614,519)

EXPENDITURE

Expense Management: June 2026 expenses totaled \$19.0 million, which was \$0.5 million (3%) below the budget. Year-to-date (YTD), expenses of \$116.4 million exceeded the 2025 YTD outturn by \$7.4 million (6.8%), indicating the need for continued monitoring and cost control.

Personnel Costs amounted to 65% of the year-to-date expenses and remained the largest expense category, Supplies and Materials: 14% and all other expenses combined: 21%

PERSONNEL COSTS

Personnel costs: YTD 1% below budget. Headcount: 1286 (1271 FTE equivalent)

June 2025	YTD	Current YTD Actual	YTD Budget
\$72,727,252	Personnel Cost	\$75,480, 889	\$76,096,549

Staff costs have largely remained flat averaging \$12.5 million monthly including provisions and past service liabilities. There was a noticeable spike YOY in staff allowances and staff overseas medical care which have grown between 9%-16% respectively.

Three (3) key staff ratios that are currently being monitored are as follows;

Non-Clinical Staff Ratio (JUNE 2026) : 23% vs US National average of 25-35%

Salary as a % of Revenue: 66%

Overtime as a % of total staff costs: 3% vs target of 2%

As of June 2026, the 1,271 FTEs represented a 10% increase from 1,158 employees in June FY2022 using a five-year trend analysis. This rise in the headcount has significantly impacted personnel expenses. Additionally, HSA implemented the government-mandated 5% cost-of-living adjustment (COLA), further increasing staff rates and associated pension costs.

While the growth in patient numbers and the expanded scope of operations have supported the need for the increased headcount, efforts are being made to find internal efficiency through improved business processes and the use of technology where possible, as continued growth in staff headcount is not sustainable. In 2025, the leadership took the decision to actively manage recruitment, which slowed the growth and associated costs YoY. This strategic position is being continued in 2026 (where possible).

Contractual allowances increased by \$1.4 million (18%) when compared to YTD 2025. Staff contractual adjustment as of June 2026 was \$9.2 million, which was 36% above the YTD budget.

Prior Year	Composition	Amount
6,897,630	Capitalation Adjustment - Employee	8,325,066
900,363	Contractual Allowance Adjustments	914,964
7,797,992	Total	9,240,030

Supplies and materials accounted for 14.0% of total operating expenses, remaining the second largest expenditure category. The primary contributor was drug costs of \$8.4 M.

Inventory usage reporting continues to be an area of focus. Historical challenges related to cost accounting and inventory configuration within the Fusion ERP system have limited the availability of reliable usage data since 2022, resulting in an estimated accrual of **\$5.3 million** (based on prior year activity) for MedSurg inventory usage. Fusion continues to reflect inconsistent amounts due to “missing” inventory usage data caused by incomplete and inaccurate system configuration which renders the available output data unreliable.

Working closely with Clear Tech consultants, significant efforts are underway to resolve these issues. Preliminary usage data and reports have been generated, representing an important step toward improving the accuracy and reliability of inventory usage reporting. Further validation and refinement of the data are ongoing, with the consultants targeting full resolution by the end of **Q3 2026**.

While the absence of complete and reliable usage reporting has previously impacted the year-end audit process and contributed to a qualified audit opinion, management continues to monitor progress closely and supports the implementation of the corrective measures currently being undertaken.

The increase in supplies and materials therefore needs to be closely monitored. Data entry is being verified for accuracy while system integrity and business processes continue to be tested and verified. HSA is in the process of exploring alternative purchasing practices with a view to minimizing the expense of buying supplies and materials.

Utility costs: The primary utility expenditure was electricity, which accounted for 70% of the total utility expenditure. YTD utility costs stand at \$1.6 million, which is \$0.2 million below the 2025 costs. This was primarily due to the gains from the solar system.

Summary

In summary, YTD operating expenditure was \$1.04 million better than budget but was \$7.4 million worse than the 2025 outturn. The trend of losses YTD highlights early budget pressure, driven largely by uncertainty around supplies and material costs.

Due to the projected negative impact of current market changes, ongoing war and growing competition, it is important that revenue surpass or, at a minimum, keep pace with the growth in expenditure levels to mitigate erosion in capital. The following are being pursued.

1. Continued monitoring of the Chargemaster service list and rates for pharmacy and med surg.
2. Improve revenue cycle management (reduce denials, improve revenue capture, improve collection efforts, and reduce and eliminate double handling of data).
3. Identify and reduce uncompensated care (reduce deficiencies).

Similarly, efforts are being made to address expenses:

1. Continued management and monitoring of staff costs, including overtime and headcount.
2. Reviewing business processes and harnessing technology to maximize the use of resources.
3. Management of procurement activities to reduce cost and waste across the organization.
4. All departments required to return a 5% surplus on budget.

One of the key areas for a winning strategy is to reduce manual intervention and reliance on human input, as this drives costs. The way forward is to optimize existing IT systems to improve business procedures and increase efficiency across the entire organization.

While the organization faces challenges, strategic management of assets and waste reduction will provide a foundation for financial stability to navigate the evolving financial landscape.



HEALTH SERVICES AUTHORITY

STATEMENT OF RESPONSIBILITY FOR FORECAST FINANCIAL STATEMENTS FOR THE PERIOD ENDING 30 JUNE 2026 AND FORECAST TO 31 DECEMBER 2026

These forecast financial statements have been prepared in accordance with the provisions of the Public Management and Finance Act (2020 Revision).

The Board accepts responsibility for the accuracy and integrity of the financial information in these financial statements.

To the best of our knowledge the statements are:

- a. Complete and reliable.
- b. Fairly reflect the forecast financial position as of 30 June 2026 and forecast financial position as at 31 December 2026 and performance for the Health Services Authority for the financial period ending 30 June 2026 and the forecast financial performance to 31 December 2026; and
- c. Comply with generally accepted accounting practice.

Chief Executive Officer
Cayman Islands Health Services Authority

27 July 2026

Chief Financial Officer
Cayman Islands Health Services Authority

27 July 2026

Chairperson of the Board
Cayman Islands Health Services Authority

27 July 2026

STATEMENT OF FINANCIAL POSITION

June YTD 2025	Financial Position as at 30 June 2026	Current Month Actual	PY vs CY	in %
Current Assets				
32,055,549	Cash & Cash Equivalents	27,205,237	(4,850,312)	-15%
18,896,239	Short-term investments	45,503,564	26,607,325	141%
706,240	Prepaid Expense	2,428,316	1,722,076	244%
49,181,053	Accounts Receivable (Net)	37,963,131	(11,217,922)	-23%
14,683,499	Ministry Receivables (Net)	1,756,199	(12,927,300)	-88%
1,177,503	Other Receivables	410,243	(767,260)	-65%
19,701,819	Inventories	14,637,724	(5,064,095)	-26%
136,401,902	Total	129,904,413	(6,497,489)	-5%
Property Plant & Equipment				
167,753,968	Property Plant & Equipment	171,608,195	3,854,227	2%
(60,954,001)	Accumulated Depreciation	(68,787,807)	(7,833,806)	13%
5,899,879	Right-of-use Assets	9,291,213	3,391,334	57%
(3,741,902)	Accumulated Dep Right-of-use Assets	(5,776,543)	(2,034,641)	54%
108,957,944	Total	106,335,058	(2,622,887)	-2%
245,359,846	Total Assets	236,239,471	(9,120,375)	-4%
Current Liabilities				
3,797,446	Trade payables	168,776	3,628,670	96%
1,157,045	Stale dated payables	16,938	1,140,107	100%
6,475,794	Accruals	8,586,416	(2,110,622)	-33%
17,164,244	Other Creditors	10,832,599	6,331,645	37%
395,833	Provision - legal	510,000	(114,167)	0%
548,566	Operating Lease Rental	1,397,463	(848,897)	-155%
29,538,928	Total	21,512,193	8,026,735	27%
Non-current Liabilities				
229,213,000	Unfunded Past Service Health Care	253,297,000	24,084,000	11%
1,533,500	Unfunded Defined Benefit Obligation	279,499	1,254,001	82%
1,937,949	Non-current Lease liability	3,175,541	(1,237,592)	-64%
232,684,449	Total	256,752,040	24,100,408	10%
262,223,376	Total Liabilities	278,264,233	32,127,143	12%
(16,863,530)	Net Assets	(42,024,763)	(25,161,232)	149%
Net Worth				
(4,923,873)	Surplus/(Deficit)	(2,326,042)	2,597,830	53%
42,801,302	Assets Revaluation	42,801,302	-	0%
141,983,402	Contributed capital B/F	141,983,402	-	0%
(196,724,361)	Accumulated Surplus/(Deficit)- B/F	(224,483,423)	(27,759,063)	-14%
(16,863,530)	Net Deficit	(42,024,763)	(25,161,232)	149%

STATEMENT OF FINANCIAL PERFORMANCE

Financial Performance for the period ending June 2026												
June YTD 2025		Note	Current Month				Current YTD					%
			Actual	Month Budget	Variance	%	Actual	YTD Budget	Variance	%	PY change	change
	GROSS PATIENT REVENUE											
5,944,451	Routine Care (Room & Board)	8	932,107	1,036,974	(104,867)	-10%	6,052,825	6,221,842	(169,017)	-3%	108,374	2%
36,801,636	Inpatient Ancillary		6,102,728	5,612,480	490,247	9%	36,791,190	33,674,883	3,116,307	9%	(10,446)	0%
42,746,087	Total Inpatient Revenue		7,034,835	6,649,454	385,381	6%	42,844,015	39,896,725	2,947,290	7%	97,928	0%
50,718,117	Outpatient Ancillary		10,348,037	10,743,462	(395,425)	-4%	60,503,812	64,460,772	(3,956,959)	-6%	9,785,695	19%
4,171,761	Clinics		740,118	806,080	(65,962)	-8%	4,211,213	4,836,477	(625,264)	-13%	39,452	1%
54,889,879	Total Outpatient Revenue		11,088,155	11,549,541	(461,387)	-4%	64,715,025	69,297,249	(4,582,224)	-7%	9,825,147	17.9%
97,635,965	Total		18,122,990	18,198,996	(76,006)	0%	107,559,040	109,193,973	(1,634,933)	-1%	9,923,075	10%
-	REVENUE DEDUCTION							-				
7,797,992	Contractual Adjustments	9	1,735,201	1,130,819	(604,382)	-53%	9,240,030	6,784,914	(2,455,116)	-36%	1,442,037	18%
7,797,992	Total		1,735,201	1,130,819	(604,382)	-53%	9,240,030	6,784,914	(2,455,116)	-36%	1,442,037	18%
89,837,973	Net Patient Revenue		16,387,788	17,068,177	(680,388)	-4%	98,319,010	102,409,060	(4,090,049)	-4%	8,481,038	9%
	OTHER REVENUE											
12,809,500	Government Programmes (non-episodic)	10	2,354,854	2,354,854	0	0%	14,129,126	14,129,126	0	0%	1,319,626	10%
54,711	Property Rental		7,064	6,914	150	2%	41,783	41,483	300	1%	(12,928)	-24%
381,250	Concession Income		68,750	68,750	-	0%	412,500	412,500	-	0%	31,250	82%
38,310	Miscellaneous Sales		1,397	5,833	(4,436)	-76%	20,994	35,000	(14,006)	-40%	(17,316)	-2%
913,861	Other Receipts		213,647	116,833	96,814	83%	1,186,886	701,000	485,886	69%	273,025	30%
37,721	Donations	11	-	-	-	X	8,875	-	8,875	X	(28,846)	0%
14,235,354	Total Other Revenue		2,645,712	2,553,185	92,528	4%	15,800,165	15,319,109	481,055	3%	1,564,811	11%
104,073,327	Total Net Revenue		19,033,501	19,621,361	(587,861)	-3.0%	114,119,175	117,728,169	(3,608,994)	-3.1%	10,045,848	10%
	EXPENSES											
72,727,252	Personnel Cost	2, 12(a)	12,995,009	12,682,758	(312,250)	-2%	75,480,889	76,096,549	615,660	1%	(2,753,637)	-4%
13,341,182	Supplies & Materials	13	2,074,201	2,619,331	545,130	21%	16,591,991	15,715,988	(876,003)	-6%	(3,250,809)	-24%
1,863,131	Utilities	14	297,289	343,136	45,847	13%	1,620,482	2,058,815	438,333	21%	242,649	13%
5,286,257	Other Operating Expenses	15	466,618	1,164,407	697,788	60%	5,305,250	6,986,441	1,681,191	24%	(18,993)	0%
1,183,280	Information Technology Costs	16	256,481	260,063	3,583	1%	1,677,941	1,560,381	(117,560)	-8%	(494,662)	-42%
1,364,736	Insurance		241,461	255,073	13,612	5%	1,423,338	1,530,436	107,098	7%	(58,602)	-4%
143,414	Impairment of Inventory		82,123	41,667	(40,456)	-97%	246,140	250,000	3,860	2%	(102,726)	0%
291,714	Travel & Subsistence		36,788	85,327	48,539	57%	178,171	511,962	333,792	65%	113,543	39%
1,232,113	Legal & Professional Fees		543,135	354,958	(188,177)	-53%	1,628,833	2,129,747	500,914	24%	(396,719)	-32%
187,090	Training		27,606	53,884	26,278	49%	193,691	323,305	129,614	40%	(6,601)	-4%
14,758	Reference Materials		85	4,055	3,970	98%	12,143	24,328	12,184	50%	2,615	0%
6,806,664	Doubtful Debt		1,200,000	817,471	(382,529)	-47%	7,200,000	4,904,826	(2,295,174)	-47%	(393,336)	-6%
4,555,607	Depreciation	17	811,773	900,150	88,377	10%	4,886,348	5,400,902	514,554	10%	(330,741)	-7%
108,997,199	Total Expenses		19,032,569	19,582,280	549,711	3%	116,445,217	117,493,679	1,048,462	1%	(7,448,018)	-6.8%
(4,923,873)	Net Income/(Deficit)		932	39,082	(38,150)		(2,326,042)	234,490	(2,560,532)		2,597,830	102.4%

STATEMENT OF CASH FLOWS

CAYMAN ISLANDS HEALTH SERVICES AUTHORITY			
Statement of Cash Flows			
For the period ending 30 June 2026			
(stated in Cayman Islands dollars)			
30-Jun-25	30-Jun-26	Budget	Variance
Cash provided by/(applied in):			
Operating activities			
(4,923,873)	Net income (loss) for the year (2,326,042)	234,490	(2,560,532)
	Add item not affecting working capital		
6,806,664	Allowance for credit losses 7,200,000	4,904,826	2,295,174
4,555,607	Depreciation 4,886,348	5,400,902	(514,554)
143,414	Inventory (write-up) write-downs 246,140	250,000	(3,860)
	Prior Period adjustments		-
Net changes in non-cash working capital balances relating to operations:			
(9,098,739)	Accounts receivable, net, (increase) (12,293,054)	5,056,952	(17,350,006)
(10,989,991)	Other receivables, (increase) decrease 953,105	5,000	948,105
(2,148,484)	Inventory, net, (increase) decrease (474,470)	2,800,000	(3,274,470)
1,627,769	Advances to suppliers, (increase) decrease -	-	-
(187,599)	Prepaid expenses, (increase) decrease (1,343,312)	250,000	(1,593,312)
(1,131,412)	Accounts payable and accrued expenses, increase (decrease) (1,429,660)	(312,022)	(1,117,639)
20,756	Right of use asset, (increase) decrease	450,000	(450,000)
(647,283)	Lease Liability, increase (decrease)	150,000	(150,000)
4,750,500	Employee pension benefits, net, increase (decrease) 276,499	(23,333)	299,833
25,795,054	Employee healthcare benefits, net, increase (decrease) 8,261,000	1,416,667	6,844,333
14,572,383	Net cash generated from operating activities 3,956,553	20,583,481	(16,626,928)
Investing activities			
(6,658,677)	Cost of fixed assets purchased (2,488,026)	(2,082,426)	(405,600)
	Short-term investments (10,211,893)	1,212,797	(11,424,690)
(6,658,677)	Net cash provided by (used in) investing activities (12,699,919)	(869,629)	(11,830,290)
Financing activities			
-	Finance interest on Operating Leases	-	-
-	Lease Liabilities - Long-term, (decrease) increase (287,569)	69,975	(357,544)
-	Net cash used in financing activities (287,569)	69,975	(357,544)
7,913,706	Increase/ (Decrease) in cash during the period (9,030,935)	19,783,828	(28,814,763)
24,141,844	Cash and cash equivalents at beginning of the period 36,236,172	36,236,172	-
32,055,549	Cash and cash equivalents at end of the period 27,205,237	56,020,000	(28,814,763)
18,896,239	Term Deposits 45,503,564	15,000,000	30,503,564
50,951,788	Aggregate Cash 72,708,801	71,020,000	1,688,801

ACCOUNTING POLICIES

Basis of Accounting

These financial statements are prepared on an accrual basis under the historical cost convention, valued in Cayman Islands dollars.

Revenue Recognition

Patient revenue is recognized on the day services are provided.

Budget

Budget figures used are based on the approved 2026/2027 Purchase and Ownership agreements.

Revenue

This comprises (1) revenue from patient charges that are posted to each encounter at the discharge date including government programs such as Indigent, uninsured/underinsured children, antenatal et al, which are either run automatically from the system or manually by the ward/registration clerk or physicians (2) Autopsies & (3) Prison care conducted at the prison.

Revenue Deduction

Contractual allowances comprise deductions against revenues for HSA Employees & Dependents medical costs for services that were provided by HSA. These are periodically directly written off from Accounts Receivable and against Contractual Adjustments.

Non-Episodic Fee Outputs

Non- Episodic fee (output) comprises outputs purchased by Cabinet in respect of Faith Hospital, District Clinics, Mental Health, School Health, and Ambulance and the Microbiology Lab.

Rental Income

Rental space for Hyperbaric Chamber, Barista, and Smith Road Centre.

Miscellaneous Sales & Other Receipts

This comprises interest received on cash balances, medical supplies, morgue fees, food sales & catering service and reimbursement from the Ministry for sponsored training.

Personnel Costs

Comprises all costs relating to salaries & wages, allowances, pensions, recruitment, overseas medical costs of staff etc.

Doubtful Debts Expense

Based on Doubtful debts percentage that has been estimated on monthly basis and approved by the board, plus uncollectible cabinet output receivable.

Supplies & Materials

Comprises all cost relating to drugs, medical supplies, food & dietary & housekeeping supplies.

Utilities

Comprises all costs relating to electricity, water, telephone & cable..

Other Operating Expense

Included within other operating expenses are miscellaneous administrative costs and minor equipment repairs.

Cash & Cash Equivalents

Comprises bank accounts & petty cash. These accounts are both current accounts and saving accounts, of which all accounts are interests bearing.

Prepaid Expense

Prepaid Portion of Service Maintenance Agreement, Nursing, Registration, and other expenses.

Accounts Receivable

Represents patient accounts receivable net of doubtful debts reserve to reflect true receivables. Summaries of the Aged Trial Balance are provided in the notes.

Cabinet Receivables & Other receivables

Non-episodic fee output receivable, including billing for equity injection.

Inventory

Represents stock on hand in the Pharmacy and Material Management warehouse.

Trade Payable

Invoiced items received and input into the system that are yet to be processed for payment.

Accruals

items received but not yet billed, invoiced, or paid.

NOTES TO FINANCIAL STATEMENTS

1. Cash Holdings

Cash & Cash Equivalent

Prior Year	Composition	Amount
20,421	Cash on hand	20,499
29,019,157	KYD-Operating Account	24,917,583
2,574,417	USD-Operating Account	1,396,939
345,059	KYD-Cayman Brac Savings Account	682,345
96,496	USD-Cayman Brac Savings Account	187,871
32,055,549	Total	27,205,237

Investments

Prior Year	Composition	Amount
18,896,239	CI\$ Fixed Deposits (>90 Days)	45,503,564
50,951,788	Aggregate cash	72,708,801

2. Patient Accounts Receivable (Net)

Prior Year	Composition	Amount
98,351,784	Gross Accounts Receivable	102,532,761
(2,477,758)	Public Health Contractual Allowance	(190,157)
-	Provision for Doubtful	(4,597,278)
(46,692,973)	Provision for Doubtful Debts	(59,782,195)
49,181,053	Accounts Receivable (Net)	37,963,131

3. Personnel Cost

Prior Year	Composition	YTD	Budget	Variance
51,810,840	Salary and Wages	51,530,129	51,828,608	298,479
1,560,000	Staff Honorarium	3,002,800	-	(3,002,800)
6,193,895	Personnel Costs - Pension Contributions	6,184,153	6,404,640	220,488
546,672	Other Personnel Costs - Salary and Allowances	787,251	1,849,394	1,062,143
1,732,234	Allowance	2,011,162	4,163,532	2,152,371
10,452,877	Overseas Medical & Health care	11,429,010	11,377,954	(51,055)
430,734	Personnel Costs - Other	536,385	472,420	(63,965)
72,727,252	Total	75,480,889	76,096,549	615,660

FINANCIAL PERFORMANCE RATIO

	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
OPERATING STATEMENT							
Net Revenue	18,964	19,626	18,747	19,092	18,706	18,915	19,034
Operating Expense	25,560	14,601	23,788	19,092	19,439	20,493	19,033
Net Surplus/Deficit	(6,595)	5,025	(5,042)	()	(732)	(1,578)	1
BALANCE SHEET							
Assets	231,458	238,098	237,631	236,154	232,697	233,882	236,239
Liabilities	271,156	264,636	269,791	268,330	273,145	275,907	278,264
Net Worth	(39,699)	(26,538)	(32,160)	(32,176)	(40,448)	(42,026)	(42,025)
CASH FLOWS							
Operating activities, net	23,672	(8,515)	(16,951)	(10,505)	(5,309)	1,007	3,957
Investing activities, net	(26,267)	(10,341)	(10,921)	3,888	(11,562)	(11,949)	(12,700)
Financing activities, net	(225)	(75)	(75)	(75)	(75)	(220)	(288)
Cash Net change	(2,820)	(18,931)	(27,947)	(6,691)	(16,946)	(11,163)	(9,031)
LIQUIDITY							
Current Ratio	5.4	5.9	5.2	5.8	6.5	6.2	6.0
Quick Ratio	4.73	5.24	4.61	5.2	5.8	5.6	5.4
Days cash on hand	138.5	99.0	94.7	105.0	113.5	123.7	127.8
Net Working Capital Ratios	4.4	4.9	4.2	4.8	5.5	5.2	5.0
Accounts Receivable Turnover	2.51	2.51	2.51	2.51	2.51	2.51	2.51
Ave. Collection period. (Days)	24	12	24	36	48	61	73
Inventory Turnover	0.41	0.10	0.37	0.30	0.11	0.21	0.14
Liabilities Turnover	7.97	3.61	0.87	3.71	4.31	3.69	3.53
Average Payments (Days)	46	8	70	25	28	41	52
FINANCIAL LEVERAGE							
Debt Ratio	1.17	1.11	1.14	1.14	1.17	1.18	1.18
Debt to Capitalization same as	(6.83)	(9.97)	(8.39)	(8.34)	(6.75)	(6.57)	(6.62)
Debt to Equity Ratio (debt serv	(6.83)	(9.97)	(8.39)	(8.34)	(6.75)	(6.57)	(6.62)
PROFITABILITY RATIO							
Return on Assets	-3%	2%	-2%	0%	0%	-1%	0%
Operating Margin	-35%	26%	-27%	0%	-4%	-8%	0%
Return on Equity/ROI	17%	-19%	16%	0%	2%	4%	0%

MONTHLY FINANCIAL PERFORMANCE – REVENUES BY COST CENTRE

Center Name	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	2026 YTD Actual	2026 Budget Full	2026 BUDGET Prorated	2026 YTD - with sub
Medical Ward Unit	680,314	548,656	652,170	634,799	601,317	473,310	3,590,567	7,448,450	3,724,225	3,590,566.63
Surgical Ward	577,859	414,135	446,326	428,646	428,961	391,469	2,687,396	5,243,092	2,621,546	2,687,395.92
Physiotherapy	615,710	526,588	724,109	471,851	394,355	425,360	3,157,973	7,000,000	3,500,000	3,157,972.56
Radiology	1,509,770	1,386,537	1,391,298	1,382,140	1,453,095	1,443,179	8,566,020	19,749,656	9,874,828	8,566,019.50
Operating Theatre	2,498,925	2,704,658	2,258,483	2,732,956	2,503,885	2,558,807	15,257,712	24,403,644	12,201,822	15,257,712.49
Pharmaceutical Dispensary	1,018,352	993,946	1,070,506	1,074,335	1,077,671	1,154,901	6,389,709	16,049,733	8,024,866	6,389,709.46
Mental Health Ward	133,497	101,941	146,303	132,139	137,802	134,663	786,345	8,994,860	4,497,430	4,431,072.74
Pharmacy	1,201,701	1,447,140	1,228,759	1,094,214	1,064,693	1,183,912	7,220,419	15,100,000	7,550,000	7,220,419.03
Pharmacy Inpatient	55,934	43,585	50,794	37,800	35,043	49,071	272,227	1,470,000	735,000	272,226.57
Paediatric Ward	66,566	109,152	94,002	130,305	79,399	111,668	591,091	1,100,000	550,000	591,091.38
Faith Hospital	1,193,781	1,226,453	1,245,107	1,060,806	1,193,961	1,252,225	7,172,333	17,096,616	8,548,308	9,252,832.74
Cardiology	477,873	440,172	430,682	403,767	487,784	449,192	2,689,470	5,000,000	2,500,000	2,689,470.19
Mental Health - OPD	193,439	181,565	233,151	207,995	200,431	234,124	1,250,706	2,958,964	1,479,482	1,697,103.59
Specialist Clinic	656,226	663,548	668,436	667,380	676,924	697,605	4,030,118	6,500,000	3,250,000	4,030,118.38
Maternity Ward	317,096	245,295	251,060	320,625	267,433	263,735	1,665,246	4,521,975	2,260,987	1,665,245.70
Ambulatory Surgery &	107,717	268,451	275,173	277,316	276,672	214,724	1,420,051	1,878,881	939,440	1,420,051.45
Bodden Town Health C	163,644	143,694	176,840	180,137	155,296	181,613	1,001,224	2,472,288	1,236,144	1,126,223.58
Women's Health	144,017	155,342	198,562	176,566	165,817	173,165	1,013,468	2,392,806	1,196,403	1,013,467.77
West Bay Health Centre	259,187	253,223	270,687	260,954	248,225	266,161	1,558,438	4,106,387	2,053,193	1,808,438.26
Default	10,742	(8,442)	1,455	22,962	(16,508)	3,972	14,180	-	-	14,180.49
Adolescent Mental Health	66,643	69,018	92,715	75,737	85,251	70,284	459,648	1,855,164	927,582	1,059,647.56
EYE CLINIC	171,479	195,271	230,676	181,956	173,671	180,977	1,134,029	1,700,000	850,000	1,134,029.02
CIH Outpatient Department	491,693	441,885	476,179	444,897	441,478	472,177	2,768,310	6,057,437	3,028,719	2,768,309.79
East End Health Centre	48,630	50,813	55,109	63,907	49,361	54,089	321,909	837,809	418,904	371,909.16
Molecular Biology	198,773	192,957	194,609	189,791	222,664	209,444	1,208,238	3,150,000	1,575,000	2,208,237.97
Medical Records	1,959	3,203	3,134	2,666	2,642	2,481	16,084	-	-	16,083.95
North Side Health Centre	53,137	52,847	52,134	52,554	60,479	52,853	324,003	912,074	456,037	424,003.45
Overseas Medical	1,485	0	495	495	0	0	2,475	52,000	26,000	2,475.00
Prison Health Centre	351	187	218	549	2,888	80	4,273	252,849	126,425	4,273.27
Respiratory Therapy	233,764	257,469	201,982	299,926	217,162	243,423	1,453,726	2,240,000	1,120,000	1,453,725.56
Dental	373,127	354,211	438,145	423,536	336,780	499,514	2,425,312	6,709,091	3,354,546	2,425,312.00
Histo / Cyto	36,319	55,934	55,115	48,044	39,716	47,081	282,210	700,000	350,000	282,209.55
Ambulance Services	116,861	97,021	119,687	114,049	116,551	99,041	663,210	5,023,139	2,511,569	2,521,209.83
Neonatal Intensive Care	314,967	126,645	100,286	165,588	138,377	210,067	1,055,930	3,300,000	1,650,000	1,055,930.22
Dialysis-Outpatient	453,630	483,974	467,130	463,128	451,161	487,150	2,806,172	6,000,000	3,000,000	2,806,172.21
Forensics Science	94,640	97,514	147,222	67,934	90,991	136,929	635,231	1,400,000	700,000	635,231.12
Accident & Emergency	1,055,748	918,825	1,010,474	1,017,661	1,025,380	976,238	6,004,326	11,831,406	5,915,703	6,004,325.73
Public Health Servic	90,895	74,538	116,333	101,467	90,174	133,279	606,686	3,200,000	1,600,000	1,606,685.83
Sports Medicine Cent	2,241	896	1,899	3,380	832	533	9,780	81,000	40,500	9,780.33
Laboratory (Pathology)	1,711,788	1,607,294	1,686,684	1,644,391	1,564,969	1,725,903	9,941,029	20,211,446	10,105,723	9,941,029.26
George Town Health Centre	162,086	160,861	179,014	153,286	164,495	185,402	1,005,144	5,169,433	2,584,717	2,518,143.70
Oncology	76,995	90,166	97,381	87,465	87,923	96,682	536,612	1,636,000		604,611.70
Intensive Care Unit	754,975	543,667	589,572	703,516	739,038	556,210	3,886,977	7,980,000	3,990,000	3,886,977.26
Transition Unit	9,486	80,756	7,614	29,721	6,198	(675)	133,100		-	133,099.87

OUTPUTS

PURCHASE AGREEMENT ALLOCATION SUMMARY						
FY 2026-2028						
I. Non-Programme/episodic output						
Ministry Reference	Entity Reference	Output Description	FY 2026	June 2026 YTD	FY 2026 Forecast	Full Year Performance 2025
HEA 17	HSA1	Medical Care for Beyond Ins Coverage/Un-insured Children	1,675,000	\$1,083,250	\$2,363,455	\$2,584,340
	HSA2	Medical Care for Uninsured/Underinsured Pregnant Women	200,000	\$145,948	\$318,432	\$277,000
	HSA3	Postnatal and Family Planning Services to Uninsured/Under-Insured Caymanians	125,000	\$57,655	\$125,793	\$154,904
HEA 2	HSA7	Medical Care for Indigents	28,300,000	\$15,641,297	\$34,126,465	\$34,122,766
HEA 16	HSA37	Geriatric Services	4,000,000	\$4,677,933	\$10,206,398	\$7,811,868
HEA 19	HSA38	Medical Care for Chronic Ailments	1,360,000	\$1,884,019	\$4,110,586	\$3,473,224
HEA 20	HSA41	PH Investigations & Treatment of Communicable Diseases	500,000	\$80,690	\$176,050	\$79,795
HEA 23	HSA42	Provision of Antiretroviral Medication	492,000	\$120,558	\$289,339	\$330,090
Total for Episodic Output (drawn per patient encounter basis)			36,652,000	\$23,691,349	\$51,716,519	\$48,833,987
II. Programme /non-episodic output						
HEA 18	HSA11	School Health Nursing	1,100,000	550,000	1,100,000	\$1,100,000
	HSA12	School Dental Programme	1,400,000	700,000	1,400,000	\$1,400,000
HEA 6	HSA21	Cayman Brac and Little Cayman	4,161,000	2,080,500	4,161,000	\$4,161,000
HEA 10	HSA23	Ambulance Services	3,716,000	1,858,000	3,716,000	\$3,716,000
HEA 12	HSA28*	Adult Mental Health (Combines HSA47)	5,835,000	2,917,500	5,835,000	\$5,835,000
HEA 11	HSA31	Bodden Town Clinic	250,000	125,000	250,000	\$250,000
	HSA32	East End Clinic	100,000	50,000	100,000	\$100,000
	HSA33	North Side Clinic	200,000	100,000	200,000	\$200,000
	HSA34	George Town Clinic	3,026,000	1,513,000	3,026,000	\$3,026,000
	HSA48	West Bay Clinic	500,000	250,000	500,000	\$0
HEA 20	HSA39	Public Health Programme	2,000,000	1,000,000	2,000,000	\$2,000,000
HEA 21	HSA40	Medical Internship Programme	287,000	143,500	287,000	\$287,438
HEA 25	HSA43	Children Trauma Diagnosis & Treatment (formerly Child Abuse Programme)	208,000	104,000	208,000	\$208,000
HEA 26	HSA44	Cancer Registry	136,000	68,000	136,000	\$136,000
HEA 24	HSA45	Adolescent Mental Health Hub	1,200,000	600,000	1,200,000	\$1,200,000
	HSA46	Molecular Biology	2,000,000	1,000,000	2,000,000	\$2,000,000
	HSA49	Mobile Nursing Team	684,796	0	0	\$0
	HSA50	Adolescent Mental Health Ward	1,454,456	727,228	1,454,456	\$1,454,456
Total for Non-episodic output (fixed monthly payments)			28,258,252	13,786,728	27,573,456	27,073,894
Total output programme allocation FY 2026 and FY 2027			64,910,252	37,478,077	79,289,976	\$75,907,881

HSA 1	Medical Care for Beyond Insurance Coverage/Un-insured Children				
DESCRIPTION					
Provision of medical care for beyond insurance coverage/ un-insured children which includes General Practice, Specialist clinic visits, emergency medical care, diagnostic and therapeutic support services, and inpatient care for children 18 years of age or younger.					
MEASURES	2026	2026	2026		2025
	1 Jan to	1 Jan to	FY Forecast		12-Month
	31 Dec 2026	June YTD	31 Dec 2026		Actual
QUANTITY					
· Number of emergency visits to Accident & Emergency	1,400 - 1,800	2014	3028		2,446
· Number of visits to General Practitioner	2,418 - 3,750	2100	4706		3,750
· Number of Specialist Clinic visits	2,257 - 3,500	2000	4111		3,500
QUALITY					
· Percentage of compliance with internal quality review programmes	95-100%	95%	95%		95%
· Percentage of parents satisfied with the service	95-100%	95%	95%		95%
TIMELINESS					
· Emergency services available 24 hours per day, 365 days per year	100%	100%	100%		100%
· Outpatient visits are scheduled on average within two weeks of request.	95-100%	100%	100%		95%
· Elective inpatient admissions scheduled within two weeks of request	95-100%	100%	100%		100%
LOCATION					
· Grand Cayman and Cayman Brac	95-100 %	100%	100%		100%
COST	\$1,675,000	\$1,083,250	\$2,363,455		\$2,584,340
RELATED BROAD OUTCOME:					
Improve Quality of Life for Caymanians					

HSA 2	Medical Care for Uninsured/Underinsured Pregnant Women				
DESCRIPTION					
Provision of medical care for Caymanian (including spouse of Caymanian) uninsured/under insured pregnant women which includes Specialist Clinic visits, emergency medical care, diagnostic and therapeutic support services, and inpatient care.					
MEASURES	2026	2026	2026		2025
	1 Jan to	1 Jan to	FY Forecast		12-Month
	31 Dec 2026	June YTD	31 Dec 2026		Actual
QUANTITY					
· Total number of antenatal visits	2000 - 2500	1984	3000		2015
QUALITY					
· Percentage of pregnant women booking before 16 weeks gestation (as reported per annum)	90-100%	81%	90%		95%
· Percentage of pregnant women with at least 8 antenatal visits (as reported per annum)	90-100%	93%	95		99%
TIMELINESS					
· Availability of appointment as per protocol	98-100%	100%	100%		100%
LOCATION					
· Grand Cayman and Cayman Brac	100%				100%
COST	\$200,000	\$145,948	\$318,432		\$277,000
RELATED BROAD OUTCOME:					
Improve Quality of Life for Caymanians					

HSA 3	Postnatal and Family Planning Services to Uninsured/Under-Insured Caymanians				
DESCRIPTION					
Provision of Postnatal and Family Planning Services to uninsured/under insured Caymanians (including spouses of Caymanians) beyond insurance coverage. The service provides clinic visits, family planning services and methods.					
MEASURES	2026	2026	2026		2025
	1 Jan to	1 Jan to	FY Forecast		12-Month
	31 Dec 2026	June YTD	31 Dec 2026		Actual
QUANTITY					
· Total number of postnatal clinic visits to (OB/GYN)	500 - 850	2224	2600		1416
· Total number of family planning clinic visits to (OB/GYN)	400 - 600	798	1500		466
QUALITY					
· Percentage compliance with internal quality review programme (periodic audits)	95-100%	95	95		95%
· Percentage of satisfied clients with the service (periodic survey)	95-100%	95	95		100%
TIMELINESS					
· Availability of appointment as per protocol	95-100%	95	95		95%
LOCATION					
· Grand Cayman and Cayman Brac	100%	100%	100%		100%
COST	\$125,000	\$57,655	\$125,793		\$154,904
RELATED BROAD OUTCOME:					
Improve Quality of Life for Caymanians					

HSA 7	Medical Care for Indigents				
DESCRIPTION					
Provision of Medical care to Indigent patients which includes:					
· Primary care					
· Secondary care services					
· Dental and mental health care					
MEASURES	2026 1 Jan to 31 Dec 2026	2026 1 Jan to June YTD	2026 FY Forecast 31 Dec 2026		2025 12-Month Actual
QUANTITY					
· Number of emergency visits to Accident and Emergency	3,000 - 4,000	1,719	3,438		3,452
· Number of GP clinic visits	12,000 -16,000	6,660	13,320		14,538
· Number of specialist clinic visits	8,000 -11,000	5,609	11,218		10,134
· Number of dialysis patient treatment sessions	2,500 - 4,500	2,100	4,200		2,330
· Number of in-patient days	5,000 - 7,000	3,146	6,292		6,220
· Number of dental clinic visit	1,000 - 1,500	1,388	2,776		1,656
· Number of Inpatient admissions	700 - 850	500	1,000		704
QUALITY					
· Percentage of patients satisfied with the service.	95-100%	95%	95%		95%
· Emergency services available 24 hrs. per day, 365 days per year	100%	100%	100%		100%
· Outpatient visits scheduled on average within two weeks of request.	95-100%	95%	95%		95%
· Elective inpatient admissions scheduled within two weeks of request	95-100%	95%	95%		95%
TIMELINESS					
· Percentage of patients seen in GP within 30 minutes of apt. time	75-80%	75%	75%		75%
· Percentage of patients seen in SPC within 30 minutes of appt. time	75-80%	75%	75%		75%
· Percentage of patients seen in Dental Clinic within 30 minutes of appt. time	75-80%	75%	75%		75%
LOCATION					
· Cayman Islands Hospital, Faith Hospital, and District Clinics (the latter for outpatients only)	100%	100%	100%		100%
COST	\$28,300,000	\$15,641,297	\$34,126,465		\$34,122,766
RELATED BROAD OUTCOME:					
Improve Quality of Life for Caymanians					

HSA 37	Geriatric Services				
DESCRIPTION					
To provide comprehensive health care to residents 60years and over who are uninsured or under insured or have exhausted their coverage.					
MEASURES	2026	2026	2026		2025
	1 Jan to	1 Jan to	FY Forecast		12-Month
	31 Dec 2026	June YTD	31 Dec 2026		Actual
QUANTITY					
· Number of admissions (excluding Indigents)	350 - 450	282	564		334
· Number of inpatient days	2000 - 3000	1721	3442		2944
· Number of outpatient visits (primary, specialist and dental)	7000 - 7500	5834	7276		7,317
· Number of prescriptions dispensed	3500 - 4000	3070	6140		5,762
QUALITY					
· Average Length of Stay (LOS)	4-7 days	7	7		5 days
· Readmissions within 1/52 with same diagnosis	<1%	1%	1%		1.40%
· Patient safety events	0%	<0.2%	<0.2%		0%
· Average number of prescriptions/patients	1-5	5	5		5.99
TIMELINESS					
· Average time from decision to admission within two hours	95- 100%	95%	95%		95%
· Waiting time to SPC appointment less than four weeks	80- 90%	80%	80%		80%
· Outpatient visits scheduled on average within two weeks of request	90- 100%	90%	90%		90%
· Elective inpatient admissions scheduled within two weeks of request	100%	100%	100%		100%
LOCATION					
· Cayman Islands	100%	100%	100%		100%
COST	\$4,000,000	\$4,677,933	\$10,206,398		\$7,811,868
RELATED BROAD OUTCOME:					
Improve Quality of Life for Caymanians					

HSA 38	Medical Care for Chronic Ailments				
DESCRIPTION					
To provide care to Cayman residents with chronic non-communicable diseases who are either uninsured or under insured.					
MEASURES	2026	2026	2026		2025
	1 Jan to	1 Jan to	FY Forecast		12-Month
	31 Dec 2026	June YTD	31 Dec 2026		Actual
QUANTITY					
· Patients seen with chronic non-communicable diseases	100 - 160	80	175		175
QUALITY					
· Percentage of chronic patients seen by a physician monthly	100%	100%	100%		100%
· Percentage of patients seen by nutritionist monthly	100%	100%	100%		100%
· Percentage of patients with blood studies completed monthly	100%	100%	100%		100%
TIMELINESS					
· Number of patients seen within 30 minutes of appointment	100%	100%	100%		100%
LOCATION					
· Health Services Authority, Cayman Islands	100%	100%	100%		100%
COST	\$1,360,000	\$1,884,019	\$4,110,586		\$3,473,224
RELATED BROAD OUTCOME:					
Improve Quality of Life for Caymanians					

HSA 41	Public Health Investigations and Treatment of Communicable Diseases				
DESCRIPTION					
This includes provision of medical examinations or tests in the interest of the public health of these islands and medical care at Health Services Authority to clients with AIDS, Tuberculosis (including Direct Observation Therapy (DOT) for TB patients), Malaria or other communicable disease as certified by the Medical Officer of Health, as per the Health Fees Act and regulations.					
MEASURES	2026	2026	2026		2025
	1 Jan to 31 Dec 2026	1 Jan to June YTD	FY Forecast 31 Dec 2026		12-Month Actual
QUANTITY					
· Total Number PLWHA (persons living with HIV and AIDS) living on Island	90 - 95	88	88		82
· Number of PLWHA under HSA care (with HSA-PH card)	35 - 40	50	55		40
· Number of TB patients treated	1 - 5	11	11		5
· Number of Latent TB patients treated	1 - 5	4	7		7
· Number of TB investigations done	14 - 17	20	20		15
· Number of Malaria patients treated	1 - 5	2	2		0
· Number of patients admitted for Communicable Disease treatment as per the Law	1 - 5	5	5		5
· Number of STI screening tests done through the screening programme	450 - 650	360	300-450		533
QUALITY					
· Percentage of TB patients that completed the full treatment protocol	100%	100%	100%		100%
· Percentage of contacts of TB patients that have been investigated	100%	100%	100%		100%
TIMELINESS		100%	100%		
· Emergency services available 24 hours per day	100%	100%	100%		100%
· All patients needing an admission are admitted immediately	100%	100%	100%		100%
· Percentage of patients commencing treatment within one	100%	100%	100%		100%
LOCATION		100%			100%
· Grand Cayman and Sister Islands		100%	100%		
COST	\$500,000	\$80,690	\$176,050		\$79,795
RELATED BROAD OUTCOME:					
Improve Quality of Life for Caymanians					

HSA 42	Provision of Antiretroviral Medication				
DESCRIPTION					
Provision of antiretroviral medication for People Living with HIV/AIDS (“PLWHA”) and prophylaxis for uninfected partners.					
MEASURES	2026	2026	2026		2025
	1 Jan to	1 Jan to	Forecast		12- Month
	31 Dec 2026	June YTD	31 Dec 2026		Actual
QUANTITY					
· Number of PLWHA under HSA care (with HSA-PH card)	35 - 40	50	55		40
· Number of persons on prophylactic treatment	12 - 15	10	15		11
QUALITY					
· Percentage of patients complying with antiretroviral regime	100%	100%	100%		88%
TIMELINESS					
· Percentage PLWHA having quarterly reviews	100%	100%	100%		88%
· Percentage of patients commencing treatment within one week of diagnosis	100%	100%	100%		100%
LOCATION					
· Grand Cayman and Cayman Brac	100%	100%	100%		100%
COST	\$492,000	\$120,558	\$289,339		\$330,090
RELATED BROAD OUTCOME:					
Improve Quality of Life for Caymanians					

HSA 11	School Health Nursing Services				
DESCRIPTION					
Provision of health education, screening and immunization services at all schools and treatment of minor ailments in school-based clinics.					
MEASURES	2026	2026	2026		2025
	1 Jan to	1 Jan to	FY Forecast		12-Month
	31 Dec 2026	June YTD	31 Dec 2026		Actual
QUANTITY					
· Number of school nurse clinic sessions	2000 - 3000	979	2000		2223
· Number of school health screening sessions	550 - 1,000	1054	2500		1803
· Number of health education sessions	200 - 400	439	800		540
Number of children	5,000 - 6,500	5150	9500		9,453
QUALITY					
· Percentage of school aged children fully immunized as per National Immunization Schedule	95-100%	95-%	95%		95%
TIMELINESS					
· Percentage of students assessed prior to school entry per school year (September to July)	90-100%	95%	95%		100%
LOCATION					
School nursing service-School Health Centres (John Gray and Clifton Hunter High Schools) full time nurse; Red Bay Primary – twice weekly; Marie Martin (George Town) Primary – three times weekly; Joanna Clarke (Savannah) Primary – three times weekly; Prospect Primary-three times weekly; Private schools –twice weekly, Lighthouse School daily, Sir. John A Cumber Primary daily; Theoline McCoy (Bodden Town) twice weekly, EE Primary twice weekly, Edna Moyle NS primary twice weekly.	95-100 %	95%	95%		95-100 %
COST	1,100,000	550,000	1,100,000		1,100,000
RELATED BROAD OUTCOME:					
Improve Quality of Life for Caymanians					

HSA 12	School Dental Programme (formerly Dental Services to Children and Special Needs Population)				
DESCRIPTION					
Provision of routine dental care at the clinics and hospitals.					
Service includes:					
· Examinations, restorative care, preventive care, extractions, and specialist referrals.					
· Oral Hygiene /oral health promotion in the form of videos, handouts, lectures, and demonstrations					
· Dental screening and epidemiology.					
· Arranging and carrying out general anesthetic sessions.					
MEASURES	2026 1 Jan to 31 Dec 2026	2026 1 Jan to June YTD	2026 FY Forecast 31 Dec 2026		2025 12-Month Actual
QUANTITY					
· Number of dentist clinic sessions	246 - 452	242	484		309
· Number of hygienist clinic sessions	164 - 493	216	432		277
· Number of school dental therapist sessions	657 - 1,149	410	820		833
Number of children under this output	5000-7000	3327	6654		6000
Number of Operating Room sessions	50-100	27	54		80
QUALITY					
· Percentage compliance with clinical quality	95-100 %	100%	100%		100%
· Percentage of clients satisfied with the service (periodic survey twice yearly)	95-100 %	100%	100%		100%
Percentage of Operating Room sessions completed	95-100%	95%	95%		100%
· Percentage of children with toothache who are	95 -100%	100%	100%		100%
TIMELINESS					
· Percentage of clinics held as per schedule.	90 -100%	0.95	0.95		0.95
· Percentage of new school entrants screened each year.	95 -100%	0.95	0.95		1
· Percentage of children with toothache who are seen within 24 hours	95 -100%	100%	100%		100%
LOCATION					
· This service is provided at our school clinics and the dental clinics at Cayman Islands Hospital, Bodden Town and West Bay dental clinics, Clifton Hunter High School, John Cumber Primary, Savannah, George Town Primary and Prospect Primary.	95-100%	100%	100%		100%
COST	1,400,000	700,000	1,400,000		\$1,400,000
RELATED BROAD OUTCOME:					
Improve Quality of Life for Caymanians					

HSA 21	Medical Services in Cayman Brac and Little Cayman				
DESCRIPTION					
· Maintenance of health care facilities in Cayman Brac and Little Cayman.					
· Provision of public health, mental health, specialist services and pre-hospital emergency care (ambulance service).					
MEASURES	2026	2026	2026		2025
	1 Jan to 31 Dec 2026	1 Jan to June YTD	FY Forecast 31 Dec 2026		12-Month Actual
QUANTITY					
· Maintenance of facilities including utilities for Faith Hospital, Dental Clinic and Little Cayman Clinic	3	3	3		3
· Total number of public health visits	1,000 - 2,000	1239	2478		2,320
· Total number of Specialist clinic visits	5000 - 6,000	4637	9274		4,213
· Total number of mental health visits	1800 - 3000	693	1967		1967
· Total number of ambulance calls, patient transport, and home visits	500 - 1000	430	860		2416
QUALITY					
· Emergency services available 24 hours per day	100%	100%	100%		100%
· Percentage of school aged children fully immunized as per National Immunization Schedule	90-100%	95%	95%		95%
· Percentage of infants (<5yrs) fully immunized as per National Immunization Schedule	95-100%	98%	98%		98%
TIMELINESS					
· Outpatient visits scheduled on average within one week of request.	95- 100 %	95%	95%		95%
· Elective Inpatient admissions scheduled within two weeks of request	95- 100 %	100%	100%		100%
LOCATION					
· Health Service Authority facilities on Cayman Brac and Little Cayman	100%	100%	100%		100%
COST	\$4,161,000	\$2,080,500	\$4,161,000		\$4,161,000
RELATED BROAD OUTCOME:					
Improve Quality of Life for Caymanians					

HSA 23	Ambulance Services				
DESCRIPTION					
Provision of 24 hours a day pre-hospital emergency care and non-emergency transport for residents and visitors in Grand Cayman.					
MEASURES	2026 1 Jan to 31 Dec 2026	2026 1 Jan to June YTD	2026 FY Forecast 31 Dec 2026		2025 12- Month Actual
QUANTITY					
· Total number of emergency and non-emergency calls	10,000 -21,000	7607	15,500		14,079
· Total number of transport refusal	400 - 600	47	100		115
· Total number of repsonse stations maintained	4	4	4		4
QUALITY					
· All vehicles and equipment check thoroughly daily (as per protocol) for roadworthiness and operational effectiveness	100%	99%	99%		95%
TIMELINESS					
· Unit responded within 1.5 to 2 minutes of call (unless unit on another call)	100%	100%	100%		95%
· All Emergency Calls for service will receive a response time of 8 minutes (8:59) or less 90% of the times, within their coverage area.	90%	80%	80%		90%
· All patients requiring cardiac resuscitation will have the cardiac monitor applied within 3 minutes of arrival (driven by early access defibrillation when warranted).	100%	95%	95%		100%
LOCATION					
· Station at West Bay Clinic, Grand Cayman	100%	100%	100%		100%
· Station at North Side Clinic, Grand Cayman	100%	100%	100%		100%
· George Town Hospital, Grand Cayman	100%	100%	100%		100%
· Station at Bodden Town, Grand Cayman	100%	100%	100%		100%
COST	\$3,716,000	\$1,858,000	\$3,716,000		\$3,716,000
RELATED BROAD OUTCOME:					
Improve Quality of Life for Caymanians					

HSA 28	Adult Mental Health (Combines HSA 47)				
DESCRIPTION					
Provide adult residents and visitors of the Cayman Islands with 24-hour inpatient and outpatient mental health services. Providing mental health/status assessments and treatment of patients referred for care of psychiatric disorders, diagnostic testing, and psychological consultation. Consultation with other Government departments and assessment and management of acute exacerbation of symptoms.					
MEASURES	2026	2026	2026		2025
	1 Jan to	1 Jan to	FY Forecast		12-Month
	31 Dec 2026	June YTD	31 Dec 2026		Actual
QUANTITY					
· Number of beds	8	y	y		11
· Number of patients	100 - 200	172	344		182
· Number of patient days	3,800 - 5,000	2298	4596		3,829
· Number of diagnostic tests	200	100	200		150
· Number of patient days for clients detained under involuntary status (Mental Health Act Remand)	500 - 1000	467	934		364
· Number of visits to Day Centre	800 - 1,600	700	1400		2,400
· Number of Clients using Day Centre	250 - 350	250	500		280
· Number of Outpatient Clinic visits	8,000 - 11000	4956	9912		9,900
· Number of home visits	1400 - 1800	712	1600		2,400
QUALITY					
· Average length of stay in hospital (days)	15 - 20	17	17		18
· Percentage of patients requiring re-admission for the same condition within three days of discharge	<20%	<20%	<20%		<20%
· Percentage compliance with an internal clinical quality review program	95%-100%	95%	95%		95%
TIMELINESS					
· Percentage of patients seen within 12 hours of emergency call	100%	100%	100%		100%
· Percentage of admissions accepted within one hour of notification.	75-80 %	75%	75%		76%
· Percentage of admissions accepted within one hour of notification.	95-100 %	95%	95%		<95%
· Percentage of patients seen within 30 minutes of appointment time	95-100 %	95%	95%		95%
· Percentage of patients who receive appointments within 72 hours of request					
LOCATION					
· George Town Hospital, Mental Health In-Patient and Out-Patient Units, Grand Cayman	100%	100%	100%		100%
COST	\$5,835,000	\$2,917,500	\$5,835,000		\$5,835,000
RELATED BROAD OUTCOMES:					
Improve Quality of Life for Caymanians					

HSA 31	Services at Bodden Town Health Centre				
DESCRIPTION					
Provision of primary health care services: routine medical and nursing care, home health care of the elderly and home bound; postnatal care, child health services (growth and development and immunization), pharmacy services, health education, nutrition counselling and communicable disease surveillance.					
MEASURES	2026 1 Jan to 31 Dec 2026	2026 1 Jan to June YTD	2026 FY Forecast 31 Dec 2026		2025 12-Month Actual
QUANTITY					
· Number of Doctor clinic session	450 - 500	260	520		450
· Number of Nurse’s Clinic sessions	1800 - 2400	984	1968		1900
· Number of Pharmacist clinic sessions	700 - 1200	520	1040		1000
· Number of Child Health clinic sessions	150 - 250	83	166		200
· Number of Postnatal clinic sessions					
o Mothers	80 - 100	54	108		100
o Babies - Pediatrician	80 - 100	48	96		96
o Babies - Public Health Nurse	80 - 100	48	96		96
· Number of Nutrition counseling sessions	18 - 20	10	20		20
· Number of Physicians Home visit sessions	80 - 90	38	76		78
· Number of Nurse home visits	350 - 450	152	304		300
· Number of Postnatal home visits	140 - 200	97	530		200
· Number of community health education sessions conducted	5 - 8	6	12		8
QUALITY					
· Percentage of infants fully immunized against Diphtheria, Whooping Cough, Tetanus, Polio and Haemophilus Influenzae B (annual data)	90-100%	95%	95%		90%
· Percentage of postnatal mothers with at least two home visits	90-100%	77%	77%		95%
· Percentage of clients satisfied with the service (periodic survey—twice yearly)	80-90%	85%	85%		80%
TIMELINESS					
· Monday and Thursday 8:30 a.m. – 9:00 p.m.	98-100%	98%	98%		100%
· Tuesday, Wednesday, & Friday 8:30 a.m. - 4:30 p.m., Sat. 8:30 a.m. - 12:00 p.m.	98-100%	98%	98%		100%
· General Practitioner Service Monday, Wednesday, Thursday and Friday	98-100%	98%	98%		100%
LOCATION					
· Bodden Town Health Centre	100%	100%	100%		100%
COST	\$250,000	\$125,000	\$250,000		\$250,000
RELATED BROAD OUTCOME:					
Improve Quality of Life for Caymanians					

HSA 32	Services at East End District Health Centre				
DESCRIPTION					
Provision of primary health care services: routine medical and nursing care, home health care of the elderly and home bound; postnatal care, child health services (growth & development and immunization), pharmacy services, health education, nutrition counselling and communicable disease surveillance.					
MEASURES	2026	2026	2026		2025
	1 Jan to 31 Dec 2026	1 Jan to June YTD	FY Forecast 31 Dec 2026		12-Month Actual
QUANTITY					
· Number of Doctor clinic sessions	250 - 350	184	324		290
· Number of Nurse Clinic sessions	600 - 950	422	802		850
· Number of Pharmacist clinic sessions	250 - 400	208	350		350
· Number of Child Health clinic sessions	40 - 50	11	21		45
· Number of Nutrition counseling sessions	25 - 40	12	24		30
· Number of Physicians Home visit sessions	80 - 90	22	38		85
· Number of Nurse home visits	350 - 450	200	340		200
· Number of community health education sessions conducted	4 - 6	2	6		12
QUALITY					
· Percentage of infants fully immunized against Diphtheria, Whooping Cough, Tetanus, Polio and Haemophilus Influenza B (annual data)	90-100%	95%	95%		90%
· Percentage of clients satisfied with the service (periodic survey—twice yearly)	98-100%	98%	98%		98%
TIMELINESS					
· Monday – Friday 8:30 a.m. – 4:30 p.m.	98-100%	98%	98%		100%
· Saturday 8:30 a.m. – 12:00 p.m.	98-100%	98%	98%		100%
· General Practitioner Service - Monday, Wednesday and Thursday	98-100%	98%	98%		100%
LOCATION					
· East End Health Centre.	100%	100%	100%		100%
COST	\$100,000	\$50,000	\$100,000		\$100,000
RELATED BROAD OUTCOME:					
Improve Quality of Life for Caymanians					

HSA 33	Services at North Side District Health Clinic				
DESCRIPTION					
Provision of primary health care services: routine medical and nursing care, home health care of the elderly and home bound; postnatal care, child health services (growth and development and immunization), pharmacy services, health education, and communicable disease surveillance.					
MEASURES	2026	2026	2026		2025
	1 Jan to	1 Jan to	FY Fore cast		12-Month
	31 Dec 2026	June YTD	31 Dec 2026		Actual
QUANTITY					
· Number of Doctor clinic sessions	250 - 450	163	303		400
· Number of Nurse Clinic sessions	800 - 1100	458	878		1000
· Number of Pharmacist clinic sessions	25 - 50	208	350		350
· Number of Child Health clinic sessions	40 - 50	11	19		50
· Number of Nutritional Counselling	18 - 20	12	24		20
· Number of Physicians Home visit sessions	80 - 90	38	68		80
· Number of Nurse home visits	350 - 450	115	225		200
· Number of community health education sessions conducted	4 - 6	11	19		6
QUALITY					
· Percentage of infants fully immunized against Diphtheria, Whooping Cough, Tetanus, Polio and Haemophilus Influenza B (annual data)	90-100%	95%	95%		90%
· Percentage of clients satisfied with the service (periodic survey—twice yearly)	98-100%	98%	98%		80%
TIMELINESS					
· Monday – Friday 8:30 a.m. – 4:30 p.m.	98-100%	98%	98%		100%
· Saturday 8:30 a.m. – 12:00 p.m.	98-100%	98%	98%		100%
· General Practitioner service on Tuesdays, Thursdays and Fridays	98-100%	98%	98%		100%
LOCATION					
· North Side Health Centre	100%	100%	100%		100%
COST	\$200,000	\$100,000	\$200,000		\$200,000
RELATED BROAD OUTCOME:					
Improve Quality of Life for Caymanians					

HSA 39	Public Health Programmes				
DESCRIPTION					
Provision of administrative services for the Public Health programmes such as communicable disease surveillance and control, HIV/AIDS, Immunization, HIV/AIDS, Tobacco Control, Health Promotion programmes and their implementation.					
MEASURES	2026	2026	2026		2025
	1 Jan to	1 Jan to	FY Forecast		12-Month
	31 Dec 2026	June YTD	31 Dec 2026		Actual
QUANTITY					
· Number of hours of administrative services	500 - 900	242	492		600
· Number of Communicable Disease reports compiled from eight sentinel sites	45 - 70	26	52		62
· Number of Press Release issued	15 - 30	10	25		18
· Number of antigens included in the vaccination programme	14 - 50	14	28		30
· Number of Community Health events organized, such as World Health Day and World AIDS Day	40 - 70	30	70		60
QUALITY					
· Programme documents and programme meet the quality review of Caribbean Public Health Agency CARPHA / Pan American Health Organization (PAHO)	95-100%	100%	100		95%
· Percentage of sites reporting weekly	95-100%	100%	100%		95%
· Percentage of participants satisfied from health promotion events (average per survey respondent)	80-90%	85%	85%		75%
TIMELINESS	98-100%	98%	98%		98%
· Percentage Compliance with weekly surveillance reports to CARPHA					
· Percentage of Health Promotion sessions and events conducted as scheduled	95-100%	100%	100%		95%
LOCATION					
· Services provided through Public Health Department at HSA and Health Centers George Town, West Bay, Bodden Town, East End, North Side and Sister Islands.	100%	100%	100%		100%
COST	\$2,000,000	\$1,000,000	\$2,000,000		\$2,000,000
RELATED BROAD OUTCOME:					
Improve Quality of Life for Caymanians					

HSA 34	Services at George Town District Health Centre				
DESCRIPTION					
Provision of primary health care services: routine medical & nursing care and pharmacy services, at George Town GP clinic, home health care of the elderly and home bound; postnatal care, child health services (growth and development and immunization) at Public Health clinic, health education, nutrition counselling and communicable disease surveillance.					
MEASURES	2026	2026	2026		2025
	1 Jan to	1 Jan to	FY Forecast		12-Month
	31 Dec 2026	June YTD	31 Dec 2026		Actual
QUANTITY					
· Number of Doctor’s dinic session	3,000 - 4,500	1680	3360		3,352
· Number of Nurse Clinic sessions	3,800 - 5,500	2001	4002		4,031
· Number of Pharmacist dinic sessions	0	0	0		0
· Number of Child Health clinic sessions	600 - 800	484	968		630
· Number of Antenatal (Midwife) dinic sessions	180 - 260	112	224		210
· Number of Postnatal clinic sessions					
o Mothers	45 - 70	20	40		35
o Babies—Pediatrician	25 - 30	8	16		16
o Babies—Public Health Nurse	45 - 70	28	56		52
· Number of Nutrition counseling sessions	200 - 250	108	216		214
· Number of physicians Home visit sessions	250 -300	150	300		300
· Number of Nurse home visit sessions	450 - 800	350	700		700
· Number of Nurse home visits	1,500 - 2,500	867	1734		1,700
· Number of Postnatal home visits	400 - 750	350	700		700
· Number of community health education sessions conducted	140 - 200	70	140		140
QUALITY					
· Percentage of infants fully immunized against Diphtheria, Whooping Cough, Tetanus, Polio and Haemophilus Influenzae B (annual data)	90-100%	95%	95%		95%
· Percentage of postnatal mothers with at least two home visits	90-100%	95%	95%		80%
· Percentage of dients satisfied with the service (periodic survey—twice yearly)	80-90%	85%	85%		80%
TIMELINESS					
· Monday - Friday 8:30 a.m. – 9:00 p.m.	98-100%	98%	98%		98%
· Saturday 8:30 a.m. – 12:00 noon	98-100%	98%	98%		95%
LOCATION					
· George Town Health Centre	100%	100%	100%		100%
COST	\$3,026,000	\$1,513,000	\$3,026,000		\$3,026,000
RELATED BROAD OUTCOME:					
Improve Quality of Life for Caymanians					

HSA48	Services at West Bay District Health Clinic (new output)		
DESCRIPTION			
Provision of primary health care services: routine medical and nursing care, home health care of the elderly and home bound; postnatal care, child health services (growth and development and immunization), pharmacy services, health education, and communicable disease surveillance.			
MEASURES	2026	2026	2026
	1 Jan to	1 Jan to	FY Forecast
	31 Dec 2026	June YTD	31 Dec 2026
QUANTITY			
· Number of Doctor clinic sessions	250 - 300	359	659
· Number of Nurse Clinic sessions	600 - 900	1191	2191
· Number of Pharmacist clinic sessions	250 - 400	208	350
· Number of Child Health clinic sessions	40 - 60	93	165
· Number of Nutritional Counselling	18 - 20	26	26
· Number of Physicians Home visit sessions	80 - 90	86	162
· Number of Nurse home visits	350 - 450	481	881
· Number of community health education sessions conducted	4 - 6	2	8
QUALITY			
· Percentage of infants fully immunized against Diphtheria, Whooping Cough, Tetanus, Polio and Haemophilus Influenza B (annual data)	90-100%	95%	95%
· Percentage of clients satisfied with the service (periodic survey—twice yearly)	98-100%	98%	98%
TIMELINESS			
· Monday – Friday 8:30 a.m. – 4:30 p.m.	98-100%	98%	98%
· Saturday 8:30 a.m. – 12:00 p.m.	98-100%	98%	98%
· General Practitioner service on Tuesdays, Thursdays and Fridays	98-100%	98%	98%
LOCATION			
· North Side Health Centre	100%	100%	100%
COST	\$500,000	\$250,000	\$500,000
RELATED BROAD OUTCOME:			
Improve Quality of Life for Caymanians			

HSA 50	Inpatient Adolescent Mental Health (new output)			
DESCRIPTION				
Provision of a 24-hour inpatient behavioural health unit, staffed by qualified Behavioural Health practitioners, with associated Community Health Resources. Expansion of the current inpatient patient behavioural health unit to accommodate inpatient adolescent behavioural health beds.				
MEASURES		2026	2026	2026
		1 Jan to 31 Dec 2026	1 Jan to June YTD	FY Forecast 31 Dec 2026
QUANTITY				
	Number of beds	3*	3	3
	Number of patients	60-100	67	134
•	Number of patient days for IP Behavioral Health	1,000	500	1,000
•	Average Daily Census for IP Behavioral Health	3-5	5	5
•	Total Patient admissions for IP Behavioral Health	60-100	45	90
QUALITY				
•	Percentage of compliance with internal quality behavioral health department risk assessment and associated remediations	90-95%	100%	100%
•	Percentage of parents satisfied with the service.	95-100%	95%	95%
•	Behavioural Health Sentinel Events (absconding, violence to staff or patients, self-harm/suicide)	<3	4	4
TIMELINESS				
•	Patients presenting to the Emergency Department with a Behavioural Health condition will be evaluated by a physician specializing in Behavioural Health within 2-4 hours.	85%	95%	95%
•	Elective inpatient admissions scheduled within one week of request	95-100 %	95%	95%
LOCATION				
•	Health Services Authority, Grand Cayman	100%	100%	100%
COST		\$1,454,456	\$727,228	\$1,454,456
RELATED BROAD OUTCOME:				
Improve Quality of Life for Caymanians				

HSA 40	Medical Internship Programme				
DESCRIPTION					
Provision of medical internship at the Health Services Authority to strengthen the capacity building of the cadre of junior doctors, and to support and sustain clinical development through interaction with consultant level staff at the Health Services Authority.					
MEASURES	2026	2026	2026		2025
	1 Jan to	1 Jan to	FY Forecast		12-Month
	31 Dec 2026	June YTD	31 Dec 2026		Actual
QUANTITY	6	5	8		6
• Number of Interns					
QUALITY	100%	100%	100%		100%
• Programme satisfies the requirements of the Caribbean Association of Medical Council (CAMC)					
TIMELINESS	100%	100%	100%		100%
• In accordance with CAMC’s requirements					
LOCATION	100%	100%	100%		100%
• Grand Cayman					
COST	\$287,000	\$143,500	\$287,000		\$287,438
RELATED BROAD OUTCOME:					
Improve Quality of Life for Caymanians					

HSA 43	Provision of Psychological Trauma Diagnosis and Treatment for Children				
DESCRIPTION					
Provision of psychological trauma services and psychological expertise in child sexual abuse treatment to the Cayman Islands Government Health Service. To provide high quality assessments, trauma related diagnoses, treatment planning and support for children who have been abused or who are at high risk for abuse. Works with other health care professionals and community partners to provide a comprehensive multi-disciplinary team approach to service user’s care and treatment planning. To provide factual and evidence-based information to the community towards the reduction of child abuse and their role in providing a safe and nurturing environment for the healthy development of the Children of the Cayman Islands.					
MEASURES	2026	2026	2026		2025
	1 Jan to	1 Jan to	FY Forecast		12-Month
	31 Dec 2026	June YTD	31 Dec 2026		Actual
QUANTITY					
· Total number of new child abuse cases referred per year	50-100	44	88		80
· At least one activity report per quarter to the Medical Director which shall include statistical data as well as any relevant activities for that month	10	5	10		4
· Facilitation of at least four public education events / seminars per year that provide evidence-based information on child abuse prevention and/or creation of safer communities for the children of the Cayman Islands.	20	10	20		10
· Completion of full trauma assessment reports for all new cases referred through the Family Support Unit.	20-30	15	30		19
· Participation in at least one training per year focusing on development of international standard child trauma service provision for child abuse victims and their families.	5-10	5	10		5
QUALITY					
· Percentage of children referred in writing, seen within four weeks of initial referral.	100%	100%	100%		80%
· Percentage of persons attending community trainings that provide written feedback on provided feedback forms indicating average or above satisfaction with the content of the training	50%	20%	20%		17%
TIMELINESS					
· Available eight hours per day, five days per week.	100%	100%	100%		88%
· Available for special events/activities on weekends.	100%	100%	100%		85%
LOCATION					
· Grand Cayman	100%	100%	100%		88%
COST	\$208,000	\$104,000	\$208,000		\$208,000
RELATED BROAD OUTCOME:					
Improve Quality of Life for Caymanians					

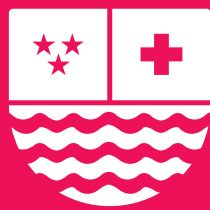
HSA 44	Cancer Registry				
DESCRIPTION					
Collection, management, and analysis of cancer surveillance data for the Cayman Islands. The purpose of the Cayman Islands Cancer Registry is to gain the most accurate understating of cancer trends in the Cayman Islands population in order to learn how to best prevent and manage this disease of high public health significance.					
MEASURES	2026	2026	2026		2025
	1 Jan to	1 Jan to	FY Forecast		12-Month
	31 Dec 2026	June YTD	31 Dec 2026		Actual
QUANTITY					
• Total number of new cancer cases registered per year.	24 - 36	24	40		32
• At least one activity report per month to the Cancer Registry Board. This report shall include statistical data as well as any relevant activities for that month.	12	6	12		12
• Attendance at least four events per year through the Cayman Islands Cancer Society which provides the opportunity for cancer survivors to register.	4 - 6	2	4		4
• Participation in at least one training per year focusing on cancer surveillance and cancer trends.	1 - 2	3	4		1
QUALITY					
• Percentage of cancer surveillance data collected that meets the minimum requirements as set forth by the World Health Organization.	100%	100%	100%		100%
• Percentage of data collected of a high quality, free of errors and/or duplicates.	100%	100%	100%		100%
TIMELINESS					
• Available eight hours per day, five days per week.	100%	100%	100%		100%
• Available for special events/activities on weekends.	50%	50%	50%		50%
LOCATION		100%			
• Cayman Islands	100%		100%		100%
COST	\$136,000	\$68,000	\$136,000		\$136,000
RELATED BROAD OUTCOME:					
Improve Quality of Life for Caymanians					

HSA 45	Adolescent Mental Health Hub (Alex's Place)				
DESCRIPTION					
Provision of Acute Mental Health Services to Adolescents (age 10 thru 20) thru the Mental Health Hub.					
MEASURES	2026	2026	2026		2025
	1 Jan to	1 Jan to	FY Forecast		12-Month
	31 Dec 2026	June YTD	31 Dec 2026		Actual
QUANTITY					
· Number of Outpatient visits	2,000 - 3,000	1,500	3,000		2,500
Diagnostic Services -Lab	150	121	221		93
Diagnostic Services - Radiology	23	14	28		15
· Number of patients referred for admissions	100-150	45	90		120
QUALITY					
· Percentage of compliance with internal quality review programme	95-100%	100%	100%		95-100%
Percentage of parents satisfied with the service	95-100%	95-100%	95-100%		95-100%
· Percentage of patients satisfied with the service	95-100%	95-100%	95-100%		95-100%
TIMELINESS					
· Emergency services available 24 hrs. per day, 365 days per year	100%	100%	100%		100%
· Outpatient visits scheduled on average within one week of request	95-100 %	95-100%	95-100%		95-100%
· Elective inpatient admissions scheduled within one week of request	95-100 %	95-100%	95-100%		95-100%
LOCATION					
· Health Services Authority, Grand Cayman	100%	100%	100%		100%
COST	\$1,200,000	\$600,000	\$1,200,000		\$1,200,000
RELATED BROAD OUTCOME:					
Improve Quality of Life for Caymanians					

HSA 46 Provision of Molecular Biology Testing Services					
DESCRIPTION					
Provision of a Molecular Biology Laboratory testing services to introduce revolutionary technology in the local healthcare setting to advance Public Health surveillance. This will reduce reliance on international resources and expertise, mitigate transport risk for infectious disease samples, enable timelier decision making, and reduce cost.					
MEASURES	2026	2026	2026		2025
	1 Jan to 31 Dec 2026	1 Jan to June YTD	FY Forecast 31 Dec 2026		12-Month Actual
QUANTITY					
• Genetic and Genomic diagnosis of underlying cancer risk evaluation (Prostate, Breast & Ovarian, Pancreatic, Gastrointestinal hereditary cancer screening)	10-30	0	0		10
• Genomic surveillance and newborn screening for inborn (or hereditary) errors of metabolism.	50-75	50	75		75
• Medical Genetic testing for family planning and disease diagnosis	1-10	0	0		0
• Ataxia, G6PD, Cayman Cerebral Ataxia, etc	1-10	0	0		0
• Clinical Microbiological sequencing for pathogen identification.	150-250	130	260		200
• Anti-microbial resistance (AMR) typing and surveillance.	1-10	0	0		0
• Mosquito-vector disease surveillance	50-100	39	78		80
• Coral and fish sequencing	1-10	0	0		0
• Enhanced gastrointestinal surveillance testing	100-200	81	162		150
• Respiratory pathogen surveillance and testing	500-700	322	644		600
• Sepsis Blood Culture testing	1800- 2500	1039	2078		1800
• Pharmacogenomic testing	60-100	28	56		60
• High-Risk Human papilloma virus genotyping	900-1100	965	1930		1000
• Sexual Health Testing (Broadest panel in Cayman)	1500-2000	844	1688		1600
QUALITY					
• Ensure Laboratory regional output and participation meet the quality review standards of Caribbean Public Health Agency (CARPHA), Pan American Health Organization (PAHO), and the United Kingdom Health Security Agency (UKHSA).	100%	100%	100%		90%
TIMELINESS					
• Make available the results, analyses and where required, the data of Laboratory Services to the Ministry of Health.	100%	100%	100%		100%
LOCATION					
• George Town Hospital	100%	100%	100%		100%
COST	\$2,000,000	\$1,000,000	\$2,000,000		\$2,000,000
RELATED BROAD OUTCOME:					
Improve Quality of Life for Caymanians					

HSA 49		Mobile Mental Health Nursing Team		
DESCRIPTION				
Provision of a 12 hour community-based crisis intervention service staffed by qualified Behavioural Health practitioners, with associated Community Health Resources, and Outpatient Behavioural Health services to offer care and support to stabilize individuals in crisis, assess their needs, and continue to provide them support at home, to promote recovery and reduce the need for hospitalization.				
MEASURES		2026	2026	
		1 Jan to	FY Forecast	
		June YTD	31 Dec 2026	
QUANTITY				
Number of Patients		150-250		
Average number of patients per month		1-5		
QUALITY				
• Percentage of successful referrals		60-85%		
• Percentage of patient satisfaction		85-100%		
• Percentage of continuity of care		85-100%		
TIMELINESS				
• Response time within 30-45 minutes		95-100%		
Service availability and accessibility		100%		
LOCATION				
• Health Services Authority, Grand Cayman		100%		
COST		\$684,796		
RELATED BROAD OUTCOME:				
Improve Quality of Life for Caymanians				

New Output. Staff being recruited.
Work currently spread among other outputs and units



HSA

Committed to *Caring* for You