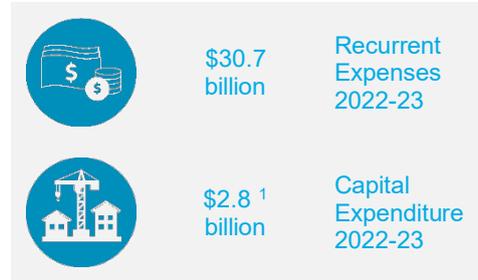


# 4. HEALTH CLUSTER

## 4.1 Introduction

The Health Cluster works to provide a world-class, sustainable health system that delivers high quality care and treatment, is personalised, invests in wellness, and is digitally enabled.



### State Outcomes to be delivered by the Health Cluster

<b>State Outcomes</b> What the Cluster is delivering for people and business	<b>Key Programs</b> underway to support delivery of Outcomes
<p><b>1. People receive high-quality, safe care in our hospitals</b></p> <p>When people are admitted to a hospital in New South Wales they can expect world-class medical and surgical care within clinically recommended timeframes, with NSW Health managing the largest public hospital system in Australia.</p> <p><i>2022-23 investment:</i> \$16.0 billion in recurrent expenses &amp; \$1.7 billion in capital expenditure</p>	<ul style="list-style-type: none"> <li>• Acute Services</li> <li>• Sub-Acute Services</li> <li>• Mental Health Services</li> <li>• Aged Care Services</li> </ul>
<p><b>2. People can access care in out of hospital settings to manage their health and wellbeing</b></p> <p>Healthcare extends beyond the hospital and connects across a range of care settings to reduce the burden of chronic disease, assist people with conditions to live well and avoid complications, support people to recover from illness and injury, and prevent avoidable hospitalisations. NSW Health services include non-admitted and community-based services, sub-acute services, hospital in the home, virtual care, and dental services.</p> <p><i>2022-23 investment:</i> \$8.0 billion in recurrent expenses &amp; \$475.1 million in capital expenditure</p>	<ul style="list-style-type: none"> <li>• Community Based Services</li> <li>• Mental Health Community Based Services</li> <li>• Aged Care Community Services</li> <li>• Drug &amp; Alcohol Services</li> <li>• Non-Admitted Services</li> </ul>
<p><b>3. People receive timely emergency care</b></p> <p>NSW Health is responsible for managing and operating ambulance and emergency services, which are often the first point of contact for people needing emergency healthcare.</p> <p><i>2022-23 investment:</i> \$4.0 billion in recurrent expenses &amp; \$562.6 million in capital expenditure</p>	<ul style="list-style-type: none"> <li>• Emergency Departments</li> <li>• Ambulance Emergency Services</li> </ul>

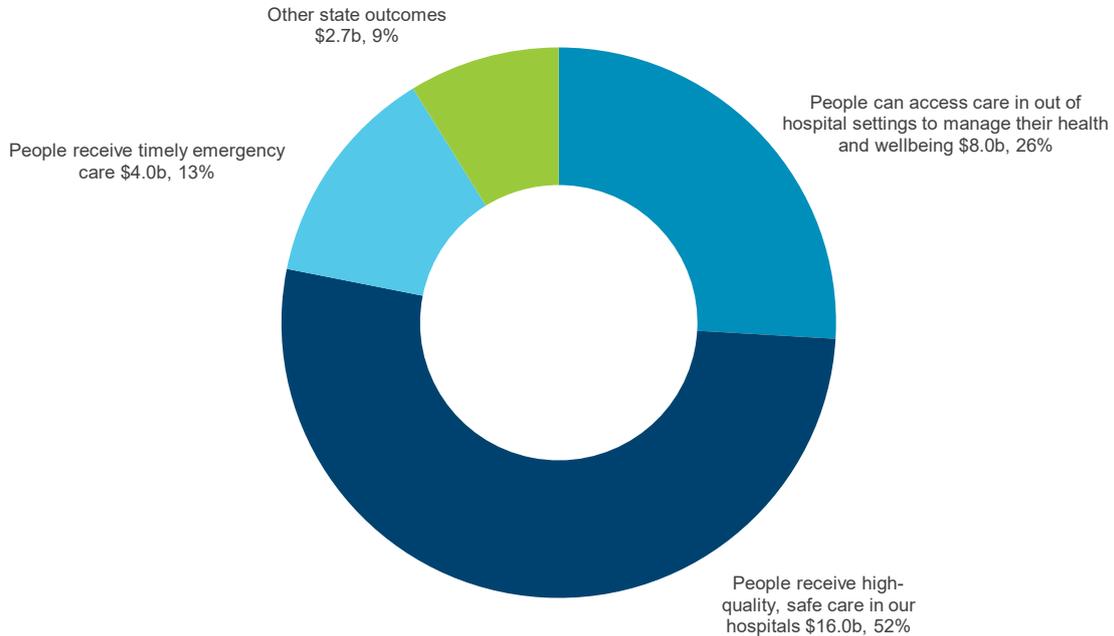
<sup>1</sup> The total amount of capital investment in 2022-23 will be \$3.0 billion. This includes \$179.1 million of capital expensing from the Ministry of Health's expense budget.

<p style="text-align: center;"><b>State Outcomes</b> What the Cluster is delivering for people and business</p>	<p style="text-align: center;"><b>Key Programs</b> underway to support delivery of Outcomes</p>
<p><b>4. Keeping people healthy through prevention and health promotion</b></p> <p>Preventive and population health measures are critical to keeping people healthier. These measures cover a range of functions including promoting public health, controlling infectious diseases, reducing preventive diseases and death, helping people manage their own health including mental health, and promoting equitable health outcomes in the community.</p> <p><i>2022-23 investment:</i> \$1.5 billion in recurrent expenses &amp; \$18.4 million in capital expenditure</p>	<ul style="list-style-type: none"> <li>• Dental Services</li> <li>• Health Protection Services</li> <li>• Health Prevention Services</li> <li>• Specific Health Screening Services</li> </ul>
<p><b>5. Our people and systems are continuously improving to deliver the best health outcomes and experiences</b></p> <p>A skilled workforce with access to world-leading education and training, and a system that harnesses research and digital innovation to inform service delivery is essential to continuously improve outcomes and experiences of care across the system. This expertise is delivered by a range of statutory bodies and system managers.</p> <p><i>2022-23 investment:</i> \$1.2 billion in recurrent expenses &amp; \$57.7 million in capital expenditure</p>	<ul style="list-style-type: none"> <li>• Teaching, Training &amp; Research</li> <li>• Teaching, Training &amp; Research in Mental Health</li> <li>• Medical Research Support Program</li> <li>• Research and Commercial Capacity Building Initiatives</li> <li>• Health Care Complaints Commission</li> <li>• Mental Health Commission of New South Wales</li> </ul>

## 4.2 Overview of Cluster expenses by State Outcome

A summary of expenses by State Outcome is provided in the charts below.

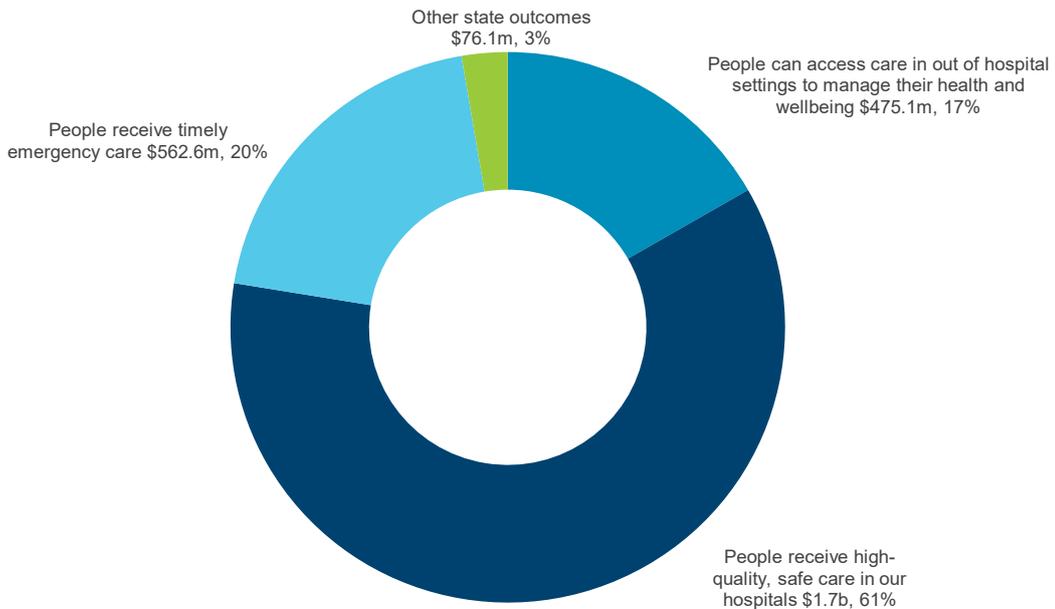
Chart 4.1: Recurrent expenses by Outcome 2022-23 (dollars and %)



Grouped for presentation purposes, "Other State Outcomes" comprises:

- Keeping people healthy through prevention and health promotion
- Our people and systems are continuously improving to deliver the best health outcomes and experiences

Chart 4.2: Capital expenditure by Outcome 2022-23 (dollars and %)



Note: The sum of percentages does not equal 100 due to rounding.

Grouped for presentation purposes, "Other State Outcomes" comprises:

- Keeping people healthy through prevention and health promotion
- Our people and systems are continuously improving to deliver the best health outcomes and experiences

## 4.3 Outcome 1: People receive high-quality, safe care in our hospitals

### State Outcome overview and 2022-23 investment

When people are admitted to a hospital in New South Wales, they can expect world-class medical and surgical care within clinically recommended timeframes, with NSW Health managing the largest public hospital system in Australia.



\$16.0 billion

Recurrent Expenses 2022-23



\$1.7 billion

Capital Expenditure 2022-23

### 2022-23 State Outcome Budget highlights

In 2022-23, the Health Cluster will invest \$17.8 billion (\$16.0 billion recurrent expenses and \$1.7 billion capital expenditure) in this Outcome, including:

- \$899.4 million recurrent expenses (\$961.4 million over four years) to fund the ongoing costs of responding to COVID-19, including:
  - \$286.5 million to continue the hospital response, including testing in hospitals
  - \$252.6 million for personal protective equipment to keep our frontline workers safe
  - \$180.1 million for the operation of COVID-19 and fever clinics
  - \$161.2 million to continue the public health response, including surveillance and testing in the community
  - \$19.0 million for the management of long COVID to provide access to integrated care, including specialist allied health, nursing and medical care.
- \$544.4 million recurrent expenses (\$776.7 million over two years) to fund Health Service Resilience programs, to address workforce issues arising from the long lasting COVID-19 pandemic to protect and ensure the best outcomes for the people of New South Wales and the health and safety of NSW Health staff
- \$435.0 million for a \$3,000 health worker payment in recognition of their work on the frontline of the COVID-19 pandemic (funded in 2022-23 expensed in 2021-22)
- \$307.6 million recurrent expenses (\$408.0 million over two years) to enable additional elective surgery to address overdue procedures arising from the suspension of non-urgent elective surgery during the COVID-19 pandemic
- \$210.0 million recurrent expenses (\$883.1 million over four years) to boost the regional workforce with strategies to address the future pipeline of healthcare workers including increasing health training positions locally in rural areas, supporting professional development of rural workforce, and providing recruitment and retention incentives to support sustainable workforce supply
- \$115.8 million recurrent expenses (\$200.5 million over two years) to fund services in new hospitals opened in 2021-22 and scheduled to open in 2022-23
- \$34.3 million recurrent expenses (\$149.5 million over four years) to expand and enhance the existing Isolated Patients Travel and Accommodation Assistance Scheme to improve access to timely specialist and preventative care and reduce patients' out of pocket expenses
- \$25.6 million recurrent expenses to continue to provide highly specialised cell and gene therapies for patients with rare or late-stage diseases
- \$2.0 million capital expenditure (\$45 million over four years) for the redevelopment of Albury Hospital

- \$2.0 million capital expenditure (\$14.6 million over four years) to commence work on the Banksia Mental Health Unit at Tamworth
- an additional \$1.0 million capital expenditure (an additional \$40.0 million over four years) for the ongoing Cowra Hospital Redevelopment
- \$1.0 million capital expenditure (\$24.2 million investment over four years) to commence work on the Grafton Hospital Redevelopment
- \$1.0 million capital expenditure (\$18.5 million investment over four years) to commence work on the Bathurst Health Service Redevelopment
- \$1.0 million capital expenditure (\$11.0 million over four years) to commence work on the fitout of the acute services building at the Prince of Wales Hospital
- \$1.0 million capital expenditure (\$8.0 million over three years) for extended hours childcare centres in four new hospital builds across the state for hospital staff, including at Westmead Precinct, Bankstown Hospital, Shellharbour, and Shoalhaven Hospitals
- \$500,000 capital expenditure (\$9.5 million over four years) to commence work on the new car park at St George Hospital.

## Key performance insights

This section provides analysis and insights on key Outcome Indicators for this State Outcome.

### Elective surgery patients treated on time

Elective surgery activity has continued to be significantly impacted by the COVID-19 pandemic with periods of temporary but necessary suspension of non-urgent surgery. This response was a crucial step to prioritise the increased demand for beds by patients with COVID-19, and to keep staff and patients safe by maintaining workforce capacity.

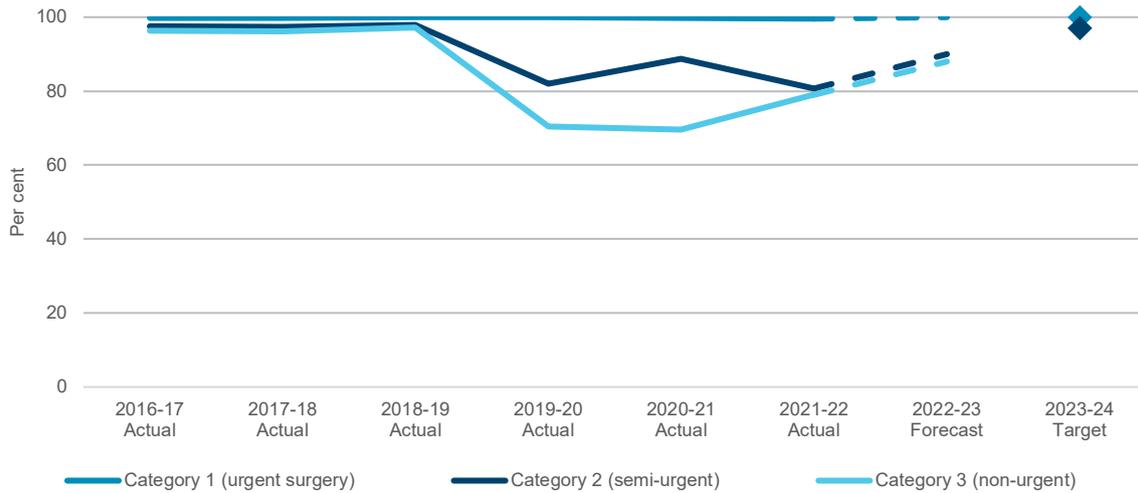
The COVID-19 pandemic in New South Wales escalated during 2021 and early 2022, with the Delta and Omicron variants increasing case numbers significantly. COVID-19 related demand for hospital beds and furloughing of workforce increased. To ensure capacity and resources required for the COVID-19 response were prioritised during the outbreaks, non-urgent elective surgery was temporarily suspended in public and private hospitals in Greater Sydney, Central Coast, Illawarra Shoalhaven and Western New South Wales from August to October 2021. In January 2022 non-urgent surgery requiring an overnight stay was suspended in public and private hospitals across New South Wales.

All emergency surgery and urgent elective surgery continued to be performed during this challenging period. Once COVID-19 case numbers and hospitalisations began to decrease, surgery restrictions started to ease.

By pausing some surgeries, there has been an increase in the number of patients waiting longer than clinically recommended, increasing the number of overdue surgical procedures and impacting the performance against this indicator. Surgical teams across the state are continuing to work to address the volume of patients waiting extended periods for surgery.

Performance levels are expected to improve after the majority of patients whose surgery is currently overdue are treated. Until that time, performance for on time surgery will remain challenged. All Districts and Networks are in the process of implementing surgery recovery plans, with strategies to address overdue procedures including increasing internal and external capacity through additional funding for more surgical activity.

Chart 4.3: Proportion of elective surgery patients treated on time



### Overall patient experience index – adult admitted patients

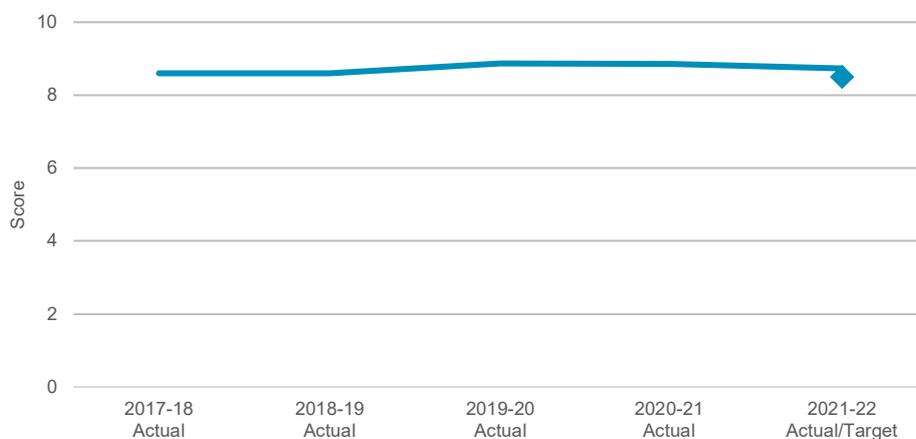
Overall, patients in NSW public hospitals are continuing to receive excellent care and treatment according to the Bureau of Health Information.

The COVID-19 pandemic has changed how services are delivered in New South Wales as hospitals act to maintain sufficient capacity and ensure the safety of staff and patients in a pandemic context.

Performance against this indicator is measured quarterly and continues to perform above target. During the period from July to September 2021, patients were reporting a better than target level of experience with an overall score of 8.74 out of 10, above the NSW target of 8.5. NSW Health’s *Elevating the Human Experience – Our Guide to Action*, is being implemented to continue to improve the experiences of patients, carers and staff across rural and metropolitan health services in New South Wales.

The NSW Ministry of Health established seven enabler working groups, comprised of more than 500 patients, carers, academics, and health staff. Recommendations from these working groups have informed the development of an 18-month workplan for elevating the human experience and NSW Health will develop a longer workplan in partnership with consumers and staff to further drive experience improvement across New South Wales.

Chart 4.4: Overall patient experience index - adult admitted patients



Note: 2021-22 actual as at July-September 2021 quarter.

## Performance indicators for this Outcome

Outcome Indicators	Units	2021-22	2022-23
		Actual	Forecast
Elective surgery patients treated on time	%		
Percentage of elective surgery patients treated on time Category 1 (urgent surgery)		99.6	100
Percentage of elective surgery patients treated on time Category 2 (semi-urgent)		80.7	90.0
Percentage of elective surgery patients treated on time Category 3 (non-urgent)		79.0	88.0
Fall-related injuries in hospital	no. <sup>(b)</sup>	6.3	5.6
Overall patient experience index - adult admitted patients <sup>(a)</sup>	no.	8.7	8.6
Unplanned hospital readmissions within 28 days of separation for all admissions	%	5.4	5.6

### Notes:

(a) Score out of 10 – results for the July to September 2021 period

(b) Number per 100,000

## 4.4 Outcome 2: People can access care in out of hospital settings to manage their health and wellbeing

### State Outcome overview and 2022-23 investment

Healthcare extends beyond the hospital and connects across a range of settings to reduce the burden of chronic disease, assist people with conditions to live well and avoid complications, support people to recover from illness and injury, and prevent avoidable hospitalisations. NSW Health services include non-admitted and community-based services, sub-acute services, hospital in the home, virtual care, and dental services.



\$8.0  
billion

Recurrent  
Expenses  
2022-23



\$475.1  
million

Capital  
Expenditure  
2022-23

### 2022-23 State Outcome Budget highlights

In 2022-23, the Health Cluster will invest \$8.4 billion (\$8.0 billion recurrent expenses and \$475.1 million capital expenditure) in this Outcome, including:

- \$30.7 million recurrent expenses and \$2.0 million capital expenditure (\$650.4 million recurrent and \$93.0 million capital over five years) to enhance end of life and palliative care services for people across New South Wales through:
  - enhancing pain and other symptom management options
  - increasing capacity and ensuring equitable access to supportive and palliative care in NSW hospitals
  - enhancing outpatient and community health services providing end of life and palliative care
  - supporting consumer choice and excellence in end of life and palliative care, including an increase in First Nations palliative care staff, and the provision of education and training through scholarships and clinical placements.
- \$7.4 million recurrent expenses and \$6.0 million capital expenditure (\$62.0 million recurrent and \$18.0 million capital over four years) to extend and expand the Affordable IVF Program to support families with the high costs associated with pre-IVF fertility testing, fertility treatments, and preservation. This forms part of the Government's *Women's Opportunities Statement*
- \$6.0 million recurrent expenses (\$28.5 million over four years) for Lifeline to meet the increasing demand for mental health crisis services
- \$6.0 million recurrent expenses to contribute to the redevelopment of the Salvation Army's William Booth House in Surry Hills to expand existing program capacity and provide a more contemporary model of care
- \$3.4 million recurrent expenses (\$40.3 million over four years) to establish up to 16 new services, including four hubs for women experiencing severe symptoms of menopause and address the associated health risks. This forms part of the Government's *Women's Opportunities Statement*. The initiative will build on NSW's successful model of bone health services to give women access to a broader range of support services, including:
  - the four hubs will be larger services providing a range of support services, including access to medical staff for medical assessments and pharmacotherapy
  - the services will have a coordinator and a range of allied health or nursing staff to support women in accessing appropriate care including support to make healthy behaviour choices.

- \$3.1 million recurrent expenses (\$9.8 million over three years) to expand the current Building on Aboriginal Communities Resilience initiative to a further 12 Aboriginal Community Controlled Health Organisations
- \$2.5 million recurrent expenses (\$10.1 million over four years) to embed culturally appropriate models of mental health care into the NSW health system to improve mental health outcomes for First Nations people and support future ways of working under Closing the Gap
- \$1.7 million recurrent expenses (\$13.5 million over four years) to expand the State-wide Community and Court Liaison Service to an additional 36 local courts, providing people with serious mental illness charged with low level offences access to necessary treatment and care from Local Health District Mental Health Services as an alternative to custody.

## Key performance insights

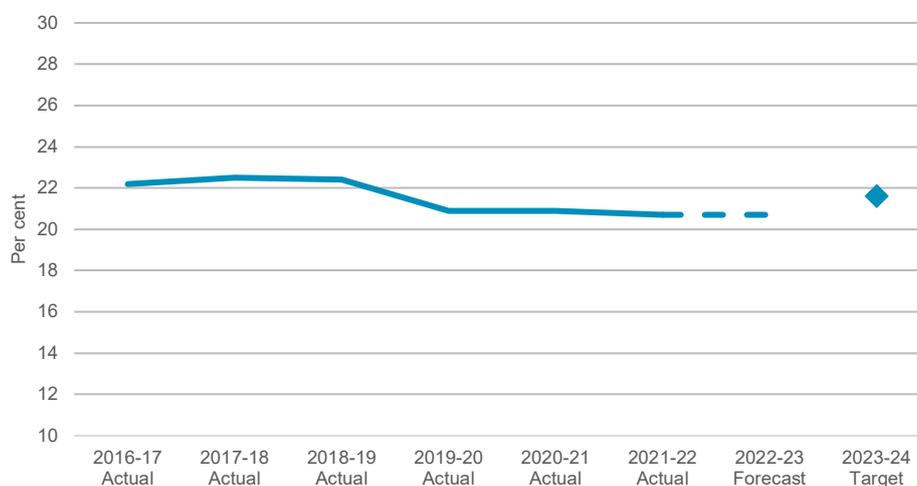
This section provides analysis and insights on key Outcome Indicators for this State Outcome.

### Reduce preventable visits to hospital by caring for people in the community

This is a Premier's Priority focused on improving outpatient and community care. This focuses on caring for people in the community and, keeping people healthy in the community for as long as possible, while ensuring the hospital system operates efficiently for those who need it.

Performance against this indicator is exceeding the performance target as the NSW health system returns to pre-COVID-19 pandemic hospital activity levels and continues to track better than target. The system continues to focus on integrated approaches to delivering care in the community including virtual care and preventative care, to support patients to be treated outside of the hospital setting.

Chart 4.5: *Proportion of total days spent in hospital by people with conditions where hospitalisation is potentially preventable*



## Performance indicators for this Outcome

Outcome Indicators	Units	2021-22 Actual	2022-23 Forecast
Mental Health acute post discharge follow-up within 7 days <sup>(a)</sup>	%	75.0	79.0
Proportion of total days spent in hospital by people with conditions where hospitalisation is potentially preventable <sup>(b)</sup>	%	19.9	20.7

Notes:

- (a) Results for YTD February 2022
- (b) Results for YTD January 2022

## 4.5 Outcome 3: People receive timely emergency care

### State Outcome overview and 2022-23 investment

NSW Health is responsible for managing and operating ambulance and emergency services, which are often the first point of contact for people needing emergency healthcare.



\$4.0  
billion

Recurrent  
Expenses  
2022-23



\$562.6  
million

Capital  
Expenditure  
2022-23

### 2022-23 State Outcome Budget highlights

In 2022-23, the Health Cluster will invest \$4.6 billion (\$4.0 billion recurrent expenses and \$562.6 million capital expenditure) in this Outcome, including:

- \$135.2 million recurrent expenses and \$98.9 million capital expenditure (\$1.0 billion recurrent and \$565.3 million capital over four years) to assist NSW Ambulance address the surge in demand for out of hospital critical care, including additional staff and 30 new ambulance stations across Regional New South Wales and Metropolitan Sydney. The first eight stations will be at Warilla, Kincumber, Lisarow, Gateshead, Swansea, Cherrybrook, Raby and Narellan in the coming year with 22 more stations over the following three years
- \$11.3 million recurrent expenses and \$10.0 million capital expenditure (\$79.5 million recurrent and \$15.0 million capital over four years) to provide comprehensive and integrated in-house Secondary Triage and Alternative Referral services within a purpose designed and built Virtual Clinical Coordination Centre co-located and integrated within NSW Ambulance's State Operations Centre
- \$10.0 million capital expenditure (\$20.0 million over two years) to ensure system compliance, maintain existing networks and equipment, and upgrade legacy communication systems in advance of the rollout of the Public Safety Network.

## Key performance insights

This section provides analysis and insights on key Outcome Indicators for this State Outcome.

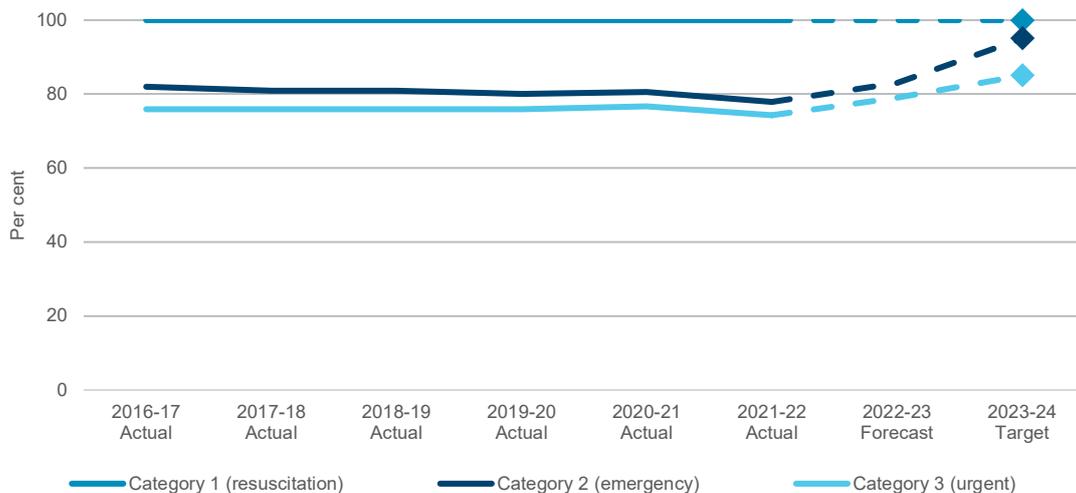
### Triage category 1, 2 and 3 patients commence treatment on time in the emergency department

This is a Premier’s Priority and NSW Health continues to be strongly focused on maintaining the performance of Triage category 1, whilst continuing to lift the performance of Triage categories 2 and 3.

The Government’s record level of funding has ensured the percentage of Triage category 1 (immediately life-threatening) patients seen on time has remained at 100 per cent for several years. Emergency departments are experiencing their busiest periods ever following the first wave of the COVID-19 pandemic, resulting in less Triage category 2 and 3 patients being seen on time in 2020-21 than in the previous financial year.

NSW Health improvement strategies include streaming patients safely and effectively through evidence-based clinical pathways that support timely assessment and treatment of patients. The Good to Great program is a leadership initiative, founded on the principles of elevating the human experience, aimed at improving emergency department performance and safety culture. Good to Great has 12 multidisciplinary teams across metropolitan, regional, and remote emergency departments. Participants are guided to consider their leadership, culture of their teams, and experience of patients and staff to better understand their performance.

Chart 4.6: Percentage of Triage category 1, 2 and 3 patients who commence treatment on time in the emergency department



## Performance indicators for this Outcome

Outcome Indicators	Units	2021-22 Actual	2022-23 Forecast
Overall patient experience index - emergency department patients <sup>(b)</sup>	no.	8.6 <sup>(a)</sup>	8.5
Transfer of care from ambulance to emergency department staff within 30 minutes	%	82.6	87.0
Triage category 1, 2 and 3 patients commence treatment on time in the emergency department	%		
Proportion of Emergency Department patients in NSW seen on time Category 1 (resuscitation) treatment commenced within 2 minutes <sup>(c)</sup>		100	100
Proportion of Emergency Department patients in NSW seen on time Category 2 (emergency) treatment commenced within 10 minutes <sup>(c)</sup>		77.9	83.0
Proportion of Emergency Department patients in NSW seen on time Category 3 (urgent) treatment commenced within 30 minutes <sup>(c)</sup>		74.3	79.0

### Notes:

- (a) Score out of 10.
- (b) 2021-22 Actuals provided are a year to date as at March 2022.
- (c) 2021-22 Actuals provided are a year to date as at March 2022.

## 4.6 Outcome 4: Keeping people healthy through prevention and health promotion

### State Outcome overview and 2022-23 investment

Preventive and population health measures are critical to keeping people healthier. These measures cover a range of functions including promoting public health, controlling infectious diseases, reducing preventable diseases and death, helping people manage their own health including mental health, and promoting equitable health outcomes in the community.



\$1.5  
billion

Recurrent  
Expenses  
2022-23



\$18.4  
million

Capital  
Expenditure  
2022-23

### 2022-23 State Outcome Budget highlights

In 2022-23, the Health Cluster will invest \$1.6 billion (\$1.5 billion recurrent expenses and \$18.4 million capital expenditure) in this Outcome, including:

- \$34.0 million recurrent expenses and \$13.1 million capital expenditure (\$180.9 million recurrent and \$48.1 million capital over four years) to deliver four new proposals under the *Brighter Beginnings Initiative* and part of the *Women's Opportunities Statement* to:
  - Provide development checks for children in preschools
  - Expand the Sustaining NSW Families program to an additional six program sites and develop and test two new variations of the program – Sustaining NSW Families Lite and Sustaining NSW Families Plus
  - Deliver the Pregnancy Family Conferencing Program state-wide
  - Expand the Digital Baby Book initiative, to provide real-time information with hospital, community-based and general practice health records of children.
- \$4.5 million recurrent expenses (\$11.9 million over three years) to deliver a campaign targeting reduced uptake of e-cigarettes among young people
- \$873,000 recurrent expenses (\$9.7 million over four years) to improve cancer care pathways for First Nations people across the state
- \$507,000 recurrent expenses (\$5.2 million over four years) to support the emotional wellbeing of expectant and new parents and to promote community awareness of perinatal mental health needs.

## Key performance insights

This section provides analysis and insights on key Outcome Indicators for this State Outcome.

### Towards zero suicides

This is a Premier's Priority to reduce the rate of suicide deaths in New South Wales by 20 per cent by 2023.

Despite recent natural disasters and the COVID-19 pandemic, performance against this indicator has remained stable and data from the NSW Suicide Monitoring System indicates the number of suicides in 2021 in New South Wales has decreased by just over two per cent compared to 2019.

Reducing the rate of suicide requires a collaborative approach across the health system and government agencies and non-government services. The NSW Suicide Data Monitoring System has been established in collaboration between the NSW Ministry of Health, Department of Communities and Justice, the State Coroner and NSW Police to enable the collection and reporting of information on recent suspected and confirmed suicides in New South Wales. NSW Health is continuing to work with these agencies to provide monthly public NSW Suicide Monitoring System Reports.

Towards Zero Suicides is continuing with a \$143.4 million investment over four years, with suicide prevention initiatives that address priorities in the Strategic Framework for Suicide Prevention in NSW 2018-2023 and contribute to the Premier's Priority.

15 initiatives have been implemented across New South Wales. Together the initiatives provide a holistic approach to suicide prevention that includes:

- alternatives to presenting to the emergency department for people in distress
- training for NSW Government staff and community members in suicide awareness and response skills
- support for people after a suicide attempt or bereavement
- is responsive to the needs of local communities.

Chart 4.7: Number of suicides per 100,000 people



## Pregnant women quitting smoking by the second half of their pregnancy

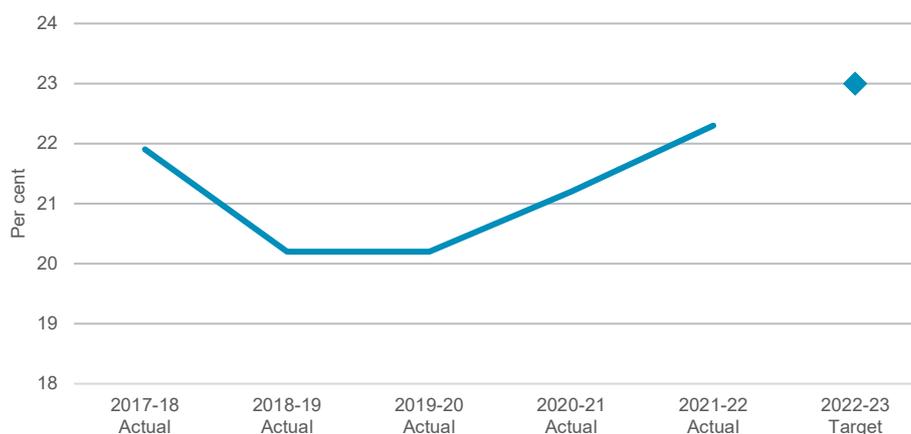
This indicator is aligned with NSW Health's priority to minimise the harm associated with tobacco use in pregnancy. Exposure to tobacco smoke causes numerous health conditions among adults and children, and smoking (first or second hand) during pregnancy can affect the health of both mother and baby. Key policies to support this priority include targeted campaigns to motivate smokers to quit, providing cessation support, smoke-free laws, and restricted advertising, promotion and supply of tobacco and e-cigarettes.

Performance against this indicator has remained stable. NSW Health is continuing to work to ensure all pregnant women who smoke are offered cessation support as part of routine care provided in public hospitals throughout their pregnancy.

The NSW Ministry of Health is finalising a new policy directive to provide guidance to the system on smoking cessation in pregnancy. The NSW Ministry of Health is collaborating with eHealth and the Clinical Excellence Commission to improve data systems to reflect clinical practice and inform policy implementation and quality improvement. Recent enhancements to NSW Health's Public Maternity Services clinical digital platform have seen an improvement in numbers of electronic referrals to Quitline with improved rates of referral.

NSW Health is also collaborating on a number of research projects aimed at strengthening approaches for smoking cessation in pregnancy. Over 325 carbon monoxide monitors have been provided through the Safer Baby Bundle program to maternity services to support conversations with expecting parents about smoking harms.

Chart 4.8: Proportion of women quitting smoking by the second half of their pregnancy



## Performance indicators for this Outcome

Outcome Indicators	Units	2021-22 Actual	2022-23 Forecast
Breast Screen participation rates (Women Aged 50-74)	%		
Percentage of Breast Screen participation rates (Women Aged 50-69)		48.9	≥54
Percentage of Breast Screen participation rates (Women Aged 70-74)		52.6	≥55
Children fully immunised at one year of age	%		
Aboriginal children	%	93.2	95.0
Non-Aboriginal children		94.0	95.0
Get Healthy Information and Coaching Service - Get Healthy in Pregnancy Referrals	no.	10,457	13,000
Pregnant women quitting smoking by the second half of their pregnancy	%	22.3	22.5
Towards zero suicides (rate per 100,000 people)	no.	11.1	n.a.

## 4.7 Outcome 5: Our people and systems are continuously improving to deliver the best health outcomes and experiences

### State Outcome overview and 2022-23 investment

A skilled workforce with access to world leading education and training, and a system that harnesses research and digital innovation to inform service delivery is essential to continuously improving outcomes and experiences of care across the system. This expertise is delivered by a range of statutory bodies and system managers.



\$1.2  
billion

Recurrent  
Expenses  
2022-23



\$57.7  
million

Capital  
Expenditure  
2022-23

### 2022-23 State Outcome Budget highlights

In 2022-23, the Health Cluster will invest \$1.2 billion (\$1.2 billion recurrent expenses and \$57.7 million capital expenditure) in this Outcome, including:

- \$14.9 million capital expenditure (\$4.1 million recurrent expenses and \$139.2 million capital expenditure over four years) towards the Sydney Biomedical Accelerator Complex project, comprising a state-of-the-art biomedical research complex spanning the Royal Prince Alfred Hospital and the University of Sydney campuses. This is part of developing the State's future economy strategy
- \$2.1 million recurrent expenses and \$3 million capital expenditure (\$11.8 million recurrent expenses and \$3.0 million capital expenditure over four years) to boost resources for the Health Care Complaints Commission, enabling it to process complaints in a more timely way, and replacing the legacy complaints management system
- \$400,000 recurrent expenses and \$34.2 million capital expenditure (\$51.8 million recurrent and \$49.6 million capital over four years) to establish a globally competitive and commercially viable Viral Vector Manufacturing Facility within the Westmead Health Precinct as part of the Government's investment in research and development to support the State's future economy.

## Key performance insights

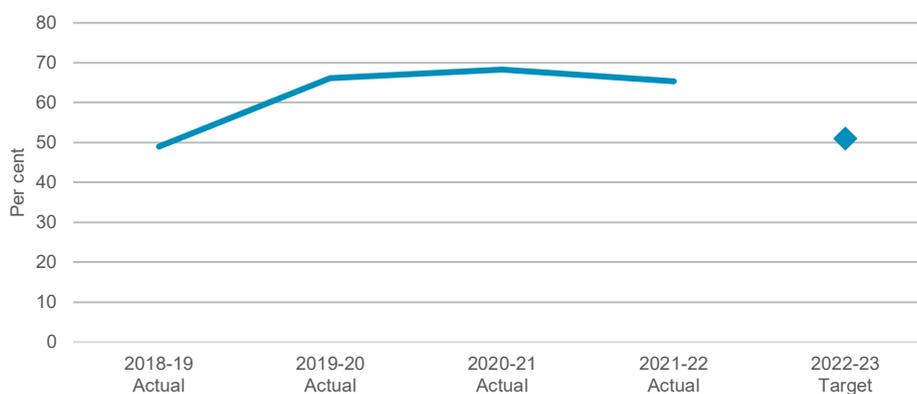
This section provides analysis and insights on key Outcome Indicators for this State Outcome.

### Increase the percentage of discharge summaries delivered electronically to General Practitioners (GPs)

Electronic discharge summaries enable well-coordinated and effective sharing of health information between care settings and clinicians. They support patients as they return to the community and may reduce unnecessary hospital visits. A number of planned projects will focus on increasing the percentage of discharge summaries delivered electronically to GPs.

Performance against this indicator shows that over the past 18 months, the proportion of patient discharges from NSW Health hospitals with discharge summaries delivered electronically to GPs has been above target. There is also an increase in information relating to GPs being captured and maintained within the Electronic Medical Record (eMR), resulting in an increase in discharge summaries being sent to GP messaging-brokers to electronically send on to GPs.

Chart 4.9: Increase in the percentage of discharge summaries delivered electronically to GPs



## Performance indicators for this Outcome

Outcome Indicators	Units	2021-22 Actual	2022-23 Forecast
Ethics Application Approvals - By the Human Research Ethics Committee within 45 calendar days	%	84.0	85.0
Increase the percentage of discharge summaries delivered electronically to GPs	%	65.3	70.0
People Matter Employee Survey engagement index	%	64.0	65.0