

2019–
2024

Royal Prince Alfred Hospital Strategic Plan



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Royal Prince
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Acknowledgement of Country

Sydney Local Health District acknowledges that we are living and working on Aboriginal land. We recognise the strength, resilience and capacity of Aboriginal people on this land. We would like to acknowledge all of the traditional owners of the land and pay respect to Aboriginal Elders past and present.

Our District acknowledges **Gadigal**, **Wangal** and **Bediagal** as the three clans within the boundaries of the Sydney Local Health District. There are about 29 clan groups within the Sydney metropolitan area, referred to collectively as the great **Eora Nation**. *Always was and always will be Aboriginal Land.*

We want to build strong systems to have the healthiest Aboriginal community in Australia.

Together under the Sydney Metropolitan Partnership Agreement, including the Aboriginal Medical Service Redfern and in collaboration with the Metropolitan Local Aboriginal Lands Council, Sydney Local Health District is committed to achieving equality to improve self-determination and lifestyle choices for our Aboriginal community.

Ngurang Dali Mana Burudi – A Place to Get Better

Ngurang Dali Mana Burudi — a place to get better, is a view of our whole community including health services, Aboriginal communities, families, individuals, and organisations working in partnership.

Our story

Sydney Local Health District's Aboriginal Health story was created by the District's Aboriginal Health staff.

The map in the centre represents the boundaries of Sydney Local Health District. The blue lines on the map are the Parramatta River to the north and the Cooks River to the south which are two of the traditional boundaries.

The **Gadigal**, **Wangal** and **Bediagal** are the three clans within the boundaries of Sydney Local Health District. They are three of the twenty-nine clans of the great **Eora Nation**. The centre circle represents a pathway from the meeting place for Aboriginal people to gain better access to healthcare.

The Goanna or Wirriga

One of Australia's largest lizards, the goanna is found in the bush surrounding Sydney.

The Whale or Gawura

From June to October pods of humpback whales migrate along the eastern coastline of Australia to warmer northern waters, stopping off at Watsons Bay the traditional home of the Gadigal people.

The Eel or Burra

Short-finned freshwater eels and grey Moray eels were once plentiful in the Parramatta River inland fresh water lagoons.

Source: Sydney Language Dictionary



Artwork

Ngurang Dali Mana Burudi — a place to get better

The map was created by our Aboriginal Health staff telling the story of a cultural pathway for our community to gain better access to healthcare.

Artwork by Aboriginal artist Lee Hampton utilising our story.

Foreword



Royal Prince Alfred Hospital (RPA) is one of Australia’s premier tertiary and quaternary referral hospitals serving a local and referral population from across the state, country and South Pacific.

Since its foundation more than 135 years ago, RPA has a record of pioneering innovative techniques, treatments and complex interventions, including Australia’s first aortic valve replacement, first liver transplant and first nuclear medicine department, among many others.

RPA has a national and international reputation for excellence, established through the efforts of staff in patient care, teaching, research and support services.

RPA is governed by and works in partnership with Sydney Local Health District to achieve the District’s vision of ‘excellence in healthcare for all’. The *RPA Hospital Strategic Plan 2019–2024* builds on Sydney Local Health District’s *Strategic Plan 2018–2023* and sets out the strategy for RPA over the next five years.

RPA is at the forefront of healthcare delivery, world leading research, high-quality education and leadership in healthcare. We strive to deliver concepts of equity, innovation, efficiency and patient and family centred care.

The *RPA Hospital Strategic Plan 2019–2024* integrates the CORE values of Collaboration, Openness, Respect and Empowerment and the Foundational Principles, which inform our Strategic Focus Areas.

The next five years is a particularly exciting time for the hospital as we progress the capital redevelopment of our campus.

The \$750 million stage one of the redevelopment will provide new and upgraded services and infrastructure that is purpose-designed to meet the needs of the growing and changing communities that we serve and to deliver the most modern models of care.

The population in the area surrounding the Camperdown campus is expected to grow by 40 per cent between 2016 and 2036.

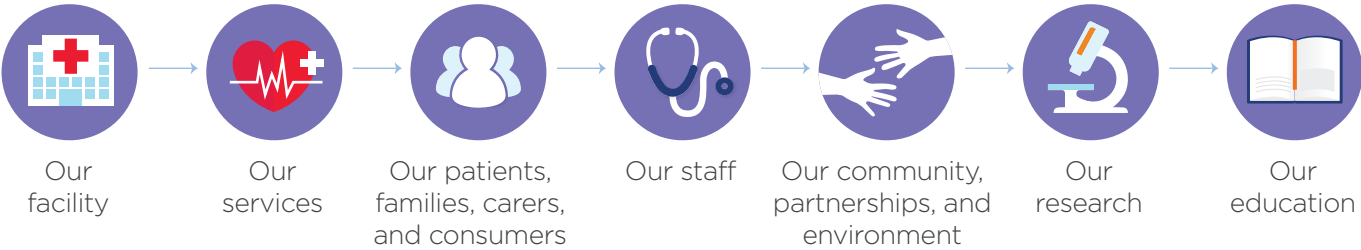
Stage one will include expanding the emergency and imaging departments, building more operating theatres and greater integration of ambulatory care services.

This is one of the most significant projects for the hospital over its long history, and will bring the required world-class infrastructure to the hospital, further strengthening our ability to deliver timely, high-quality and patient and family centred healthcare, research and education.

I am confident the *RPA Hospital Strategic Plan 2019–2024* will guide our direction and support the hospital in its mission to provide the innovative, high-quality, safe and accessible healthcare that optimally meets the need of our communities.

Mr Nobby Alcala
General Manager
Royal Prince Alfred Hospital

Strategic Focus Areas



Our vision and mission

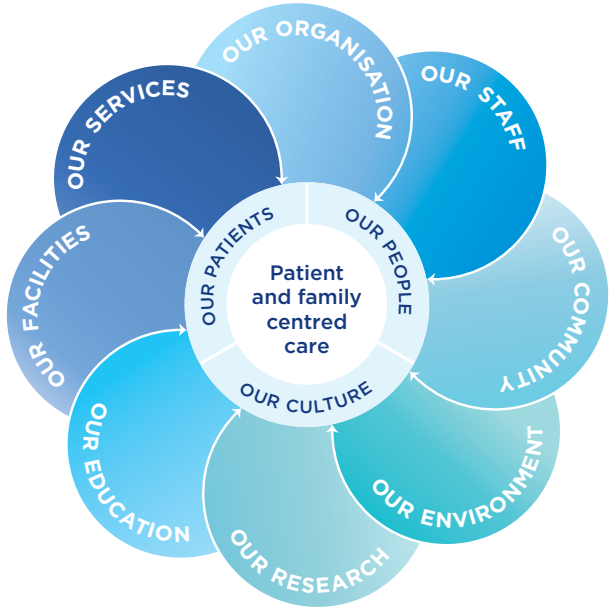
Our vision
Excellence in health and healthcare for all

Our mission
The mission of RPA Hospital, shared by Sydney Local Health District, is to:
Work with our communities to promote:
Co-designed and co-produced health policy, plans, new service models and research studies
Improvements in the social and environmental factors that sustain health
A healthcare system that is responsive to equity concerns
Best practice prevention, health promotion and health protection programs and strategies
Care in the community delivered close to where people live
Ensure that the community has equitable access to the highest quality patient/client and family/carer-centred care that is:
Integrated, timely, culturally safe and competent, evidence-based and efficient
Provided by a highly-skilled compassionate workforce who are committed, accountable, supported and valued
Supported by leading-edge research, education and medical and information technologies
Supportive of the healthcare of populations in other local health districts, states and territories across Australia and in other countries

Sydney Local Health District and RPA Hospital are committed to the principles of Patient and Family Centred Care (PFCC). PFCC embodies respect, compassion, support and responsiveness to the needs, experience, diversity and preferences of our patients, families, carers and the community. We work in partnership with our patients and consumers to improve health literacy, support self-management and provide care close to where people live.

The benefits associated with PFCC include decreased mortality, decreased readmission rates and improved adherence to treatment regimens. Delivering care across settings, in the home, community or hospital, should be seamless. Delivering truly integrated care requires collaborative solutions to health and empowered, self-reliant communities.

Strategic Focus Areas of the RPA Strategic Plan 2019–2024 directly relate to the principles of PFCC, as outlined below and opposite.



Strategic Focus Areas



Our facility

Providing modern, world-class infrastructure in our hospital with access to modern technologies that supports a holistic approach in the delivery of health services for our patients and their families.



Our community, partnerships, and environment

Engaging and partnering with our growing and ageing community to enable them to better understand the services we provide and to improve their access to the healthcare services they require. Improving the environment in which our communities live and work with a focus on equity, prevention, urban development and sustainability by building partnerships with community groups and other health organisations.



Our patients, families, carers, and consumers

Providing a world-class health service that has a focus on patient experience and outcomes, innovation and performance and driving improvements that matter to our patients and their families.



Our services

Providing integrated, culturally safe and competent multidisciplinary health services that deliver better and safer care to meet the changing demands and needs of the community.



Our staff

Working with our staff to support their development and their own health and wellbeing and to improve the ways in which we work together as a team including partnering with our patients and their families.



Our research

Supporting collaboration in clinical research with a focus on translating research findings into clinical practice that support better health outcomes for our patients and their families.



Our education

Developing education, training and professional development for our clinicians and health professionals that fosters a workplace culture of excellence in the delivery of health and healthcare.

Our values

RPA shares the CORE values of all NSW Health staff and Sydney Local Health District.

<p>Collaboration</p> <p>We work in collaboration with our patients/clients, communities, our colleagues, employees and with other agencies and services.</p>	<p>Openness</p> <p>We have transparent, clear, honest processes which feature strong community consultation processes.</p>
<p>Respect</p> <p>We value our diverse communities and respect cultural differences. We respect and celebrate the rights and culture of Aboriginal communities, the traditional owners of the land. We treat patients/clients, carers, colleagues and employees compassionately, fairly and positively. We uphold privacy, dignity and social justice. We are committed to employment, human and health rights.</p>	<p>Empowerment</p> <p>Our communities are empowered to contribute to the health system, to be self-reliant, resilient and to assume greater control over their health and social circumstances. Our patients, carers and families are empowered in decision-making about care. Our staff are supported to participate in the workplace and their views and opinions are valued and influential.</p>

The planning process

The *RPA Strategic Plan 2019–2024* has been developed through an inclusive Board, Executive, employee and community consultation process. The previous strategic plan and other Sydney Local Health District enabling plans were reviewed including a review of current population demographics and hospital activity. A major stakeholder workshop and a series of smaller, targeted consultations were held to inform the strategic priorities.

An Aboriginal Impact Statement was completed in consultation with Aboriginal community members and Sydney Local Health District’s Aboriginal Health Unit to ensure this plan acts to Close the Gap in health and equity between Aboriginal people and the rest of the community.

Our facility



Since 1882, RPA has provided high-quality, integrated clinical, teaching and research. RPA provides the broadest range of clinical services on one site in NSW.

Overview of RPA Campus

RPA forms a crucial part of Sydney Local Health District’s network of hospitals and health services. Sydney Local Health District services are provided across 15 locations, with the primary concentrations located across the four major health care campuses at Balmain Hospital, RPA, Concord Repatriation General Hospital (CRGH) and Canterbury Hospital. Sydney Local Health District also includes the tertiary oral health facility Sydney Dental Hospital. Sydney Local Health District has major community health centres at Croydon, Marrickville, Redfern and Canterbury.

RPA’s ability to deliver high volume district and tertiary services in a cost effective way is aided by RPA’s central location, close to the University of Sydney. A key to RPA’s high-quality clinical care is the translation of its research directly into positive patient care outcomes.

In close proximity to RPA, there are a number of internationally renowned medical and health research centres. These are strongly interrelated with the hospital and where many senior researchers conduct laboratory work and/or more intensive research.

RPA Campus also hosts the Institute of Rheumatology and Orthopaedics (IRO), the Professor Marie Bashir Centre and the Chris O’Brien Lifehouse (Lifehouse), from which RPA purchases selected public cancer care services.

Overview of Healthcare Services

RPA is a principal referral (Group A1) hospital. It provides tertiary and quaternary referral and district acute services, mainly at role delineation level six, to Sydney Local Health District and its local inner west catchment, other metropolitan residents, rural, interstate and overseas patients.

Some of the tertiary and quaternary services located at RPA include: neurointerventional radiology, a statewide Extracorporeal Membrane Oxygenation (ECMO) retrieval service, complex colorectal and upper gastrointestinal surgery, genomics, liver and kidney transplantation, complex cardiothoracic surgery, neonatal intensive care, neurosurgery, neurology maternity and fertility services and Level 1 Major Trauma Services.

*Selected public cancer services, are purchased from Chris O’Brien LifeHouse including Chemotherapy, Radiation Oncology, Breast Surgery, Head and Neck Surgery and Gynae-Oncology.

- RPA services include:
- Emergency Medicine including a Major Trauma service
 - Surgical and procedural specialties including Cardiothoracic, Interventional Cardiology, Diagnostic Gastrointestinal (GI) Endoscopy, Colorectal, Upper GI, Neurosurgery, Ophthalmology, Otolaryngology (ENT), Orthopaedics, Plastics and Reconstructive, Vascular, Gynaecology, Gynae-Oncology*, Urology, Breast*, Head and Neck*
 - Organ transplantation (liver and kidney)
 - Medical specialties including Cardiology, Dermatology, Gastroenterology, Endocrinology, Obesity, Genomics, HIV/AIDS, Immunology, Infectious Diseases, Neurology, Renal Medicine, Renal Dialysis, Respiratory, Sleep Disorders, Aged Care, Rehabilitation and Rheumatology
 - Neuro-Pathology
 - Cancer therapy including Medical Oncology*, Molecular Oncology, Haematology, Palliative Care
 - Maternity, Fetal Medicine, Neonatal Intensive Care and Paediatrics
 - Intensive Care
 - Anaesthetics
 - Medical Imaging – Radiology (including Intervention, Neuro-Intervention), Molecular Imaging (PET-CT, general nuclear medicine) and a PET cyclotron
 - Mental Health, Drug Health
 - Allied Health such as but not limited to, Dietetics and Nutrition, Occupational Therapy, Orthotics, Physiotherapy, Podiatry, Psychology, Social Work and Speech Pathology
 - Pathology provided through NSW Health Pathology

Key achievements

Recent infrastructure developments at RPA include expansion of ambulatory care services and construction of a new inpatient ward at the Institute of Rheumatology and Orthopaedics (IRO), completion of the NSW Health Statewide Biobank Project at Professor Marie Bashir Centre, the expansion

of the emergency department (ED) resuscitation area and the upgrade of King George V building.

The establishment of the RPA Institute of Academic Surgery (IAS), including the opening of the David Storey Surgical Skills and Simulation Centre, was a momentous achievement. The Centre has become the primary hub of surgical research and education at RPA, and aims to be at the forefront of surgical practice and patient care.

RPA has also successfully developed its information technology capabilities to enhance data management and medical and administrative information systems. This includes the roll-out of eMR, Surginet, hTrak, eMeds, HealthRoster, Bring Your Own Device (BYOD) and the Oncology and Haematology Management Information System⁴.

RPA actively supports the Arterie @ RPA program and other Health and the Arts initiatives that enhance RPA facilities, creating a more welcoming environment, inclusive of local community. A large mural for the IAS marked an Australian first collaboration between a public hospital and street artists.

Looking forward

Over the next five years, RPA will focus on redevelopment and expansion. RPA will look at addressing the needs of a growing, and ageing local and referral population, evolving technologies, and future models of care.

The hospital will require an expansion of inpatient capacity, a remodelled and expanded ED, added intensive care capacity and a major emphasis on ambulatory care. In addition, RPA requires expanded pre-admission clinic space, operating theatres (including hybrid theatres), medical and surgical facilities, medical imaging and diagnostic capabilities, paediatric services, clinical support services and a stronger rehabilitation capability.

Future redevelopment will be co-designed, planned and implemented with members of our local community, District networked services and key partners to ensure it is patient and family centred and supports the uptake of new integrated, personalised, multidisciplinary models of care.

The accelerated implementation of the information, communications and technology (ICT) systems is critical to RPA's redevelopment, including:

- State-of-the-art ICT infrastructure (for example hospital and patient-facing Wi-Fi, teleconference and remote access)
- Applications and services to support clinical care (for example, eMR optimisation, HealtheNet, Community Health and Outpatient Care)

This technological system implementation may also include embracing remote medical and health monitoring. Exciting innovations such as: wearable devices, telehealth, portable and point-of-care diagnostics, health apps, new roles for robotics (including our surgical robotics program), the development of innovative medical devices and innovative uses of smartphones and iPads, will continue to evolve for staff and patients alike.

Planning and constructing a major purpose-built research facility on the RPA campus with tertiary hospital, medical research institute, University of Sydney and industry presence will facilitate more efficient, effective infrastructure utilisation and a more visible research presence. This research facility will aim to be the leading translational research hub in Australia.

Key priorities for our facility

- 1 Plan for and champion the redevelopment of RPA Hospital, in accordance with RPA Clinical Services Strategy and Clinical Services Plan, addressing the needs of the growing and changing local and referral population
- 2 Review and enhance RPA facilities, including outpatient and ED waiting areas, with a focus on accessibility, cultural appropriateness and patient centred care
- 3 Complete the roll out and optimisation of a mobile, integrated, lifelong eMR, to support best practice care, integrated across care partners in the primary, community and acute care system
- 4 Co-locate tertiary hospital, medical research institutes, University of Sydney and industry centres to facilitate research collaboration and increase efficiencies



Our community, partnerships and environment



As a principal referral group A1 hospital, RPA provides tertiary and quaternary referral and district acute services to Sydney Local Health District and its local inner west catchment, as well as to other metropolitan residents, rural, interstate and overseas patients.

RPA maintains strong partnerships with other health service providers including community organisations, Non-Government Organisations (NGOs), the Central and Eastern Sydney Primary Health Network (CESPHN), Aboriginal Medical Service (AMS) Redfern, general practitioners, not-for-profit and private health service providers. RPA has strong affiliations with a large number of research institutes and a close partnership with the University of Sydney.

Addressing the population growth, ageing and chronicity in the community and in accordance with the NSW State Health Plan and the NSW Integrated Care Strategy, Sydney Local Health District has developed a strong integrated care strategy.

RPA clinicians contribute to the development of many alternate models of care to manage increasing demand and to ensure that appropriate clinical care is delivered in the right place at the right time.

Key features include collaborative links with the CESPHN, the development of over 800 active HealthPathways, two major funded integrated care projects targeting vulnerable and disadvantaged people, a strong case management chronic care program, an active community consultation approach and very strong integration across government and non-government sectors.

RPA, as part of Sydney Local Health District, is involved in a number of strategic partnerships with other District services, and partner healthcare and service delivery organisations. This includes:

- The Sydney Metropolitan Local Aboriginal Health Partnership (SMLAHP) Agreement between AMS Redfern, Sydney Local Health District, Northern Sydney Local Health District, South Eastern Sydney Local Health District, Sydney Children's Hospital Network and St Vincent's Hospital is an important partnership which guides health service improvements targeting Aboriginal people
- Pathways are available for Aboriginal patients between RPA, AMS Redfern, GPs and clinics, including staff training provided in partnership with AMS Redfern
- An Aboriginal Oral Health Clinic, developed with Sydney Local Health District Oral Health Services, was piloted at RPA to improve the oral health of pregnant women and their families
- Sydney District Nursing, managed by Sydney Local Health District's Community Health Services, provides home and community-based post-acute care, preventative care and chronic care. It actively seeks to ensure people can return at the earliest time and remain in their homes. For example, the Hospital in the Home (HiTH) service at RPA provides day only hospital and home-based acute care treatment, in partnership with Sydney District Nursing

- The Community Health Palliative Care service integrates medical and nursing services and aims to ensure that people are provided with care to stay in their own homes
- The Residential Aged Care Outreach Program provides primary care services for people living in residential aged care facilities
- Developing a pathway of options and care in renal services, ensuring that where possible, patients can home dialyse or self-dialyse in a supported environment
- Expanding care coordination with primary care services, including establishing a novel 'Xtend program' to further support those with cardiac heart failure to remain at home. RPA has also established a strong Cardiac Rehabilitation program and a Pulmonary Rehabilitation program to minimise patient use of inpatient beds.

RPA is centrally located in the Sydney metropolitan area, positioned directly west of the Sydney central business district (CBD). Sydney Local Health District covers the Local Government Areas (LGAs) of Inner West Council, Canada Bay, Canterbury-Bankstown (Canterbury part), City of Sydney (Sydney South and West Statistical Local Areas only), Burwood and Strathfield.

Sydney Local Health District is bounded by Western Sydney LHD and South Western Sydney LHD to the west, South Eastern Sydney LHD to the south and east and Northern Sydney LHD across the Parramatta River. It encompasses a land area of 126 square kilometres with a population density of approximately 5,400 residents per square kilometre. This population will continue to increase with planning for greater density development and infill throughout Sydney Local Health District.

The Department of Planning and Environment population forecasts expect Sydney Local Health District catchment to grow to 766,530 in 2026 (an increase of 23% from 2016), with further growth to 832,790 by 2031 (an increase of 43%). Table 1 provides the projected Sydney Local Health District population by LGA, 2016–2036.

Aboriginal people make up 1.1% of the District's population, compared with 2.5% of the state's population. The Inner West and City of Sydney councils have the highest number of Aboriginal residents (2,000 and 1,800 respectively) in the District, with the lowest number of Aboriginal people residing in Strathfield LGA. Consistent with state and national figures, the age profile of Aboriginal people in the District is younger than the non-Aboriginal population.

Table 1
Sydney Local Health District LGA Population Growth Forecasts

LGA	2016	2021	2026	2031	2036	Ten year change (2016–2026)	Twenty year change (2016–2036)
Burwood	38,850	44,900	49,130	53,490	57,520	38%	48%
Canada Bay	90,840	95,190	103,880	113,630	122,900	25%	35%
Canterbury-Bankstown*	156,650	174,780	194,710	217,750	239,760	39%	53%
Inner West	190,490	201,960	210,700	221,730	232,150	16%	22%
Strathfield	41,230	50,410	55,930	60,190	64,870	46%	57%
Sydney†	121,470	139,610	152,180	166,000	178,590	37%	47%
Total	639,530	706,850	766,530	832,790	895,790	30%	40%

Source: NSW Department of Planning and Environment Population Projections, 2016. *Canterbury LGA only. †Sydney South and Sydney West SLAs only.



Our community, partnerships and environment

In 2017–18, RPA had 1,697 admissions where a person identified as Aboriginal, 64 admissions where a person identified as both Aboriginal and Torres Strait Islander and 34 where a person identified as Torres Strait Islander.

Around 44% of residents of Sydney Local Health District were born overseas. In 2016, 53% of Sydney Local Health District residents spoke a language other than English at home. The most common non-English language was Mandarin (9%), then Arabic (5%) and Cantonese (4%). And, 9% of Sydney Local Health

District residents report that they do not speak English well. This is around twice the proportion for NSW as a whole.

A feature of the District’s social diversity is our proud lesbian, gay, bisexual, transgender, intersex and queer (LGBTQI+) community. A number of our suburbs have the highest proportions of same-sex couples in Australia. There is evidence that LGBTQI+ communities experience high levels of health disparities including higher rates of poor mental health and higher smoking rates.

Sydney Local Health District is characterised by socio-economic diversity, with pockets of both extreme advantage and disadvantage. The LGAs with the highest proportion of the population receiving social welfare assistance include Canterbury and Inner West Council. Mean taxable income is lowest in Canterbury LGA, which has a higher index of disadvantage than the rest of the state. The District is characterised by a large population of people who are homeless and 40% of the NSW boarding houses are located in the District.

Overall, people based in Sydney Local Health District are in good health, with higher life expectancy than the NSW average. In 2016, 84.7% of residents over 16 considered themselves to have excellent, very good or good health, compared to 80.0% for NSW. Table 2 provides detail of selected health-related indicators of health-related behaviour and health outcomes for residents within the District and NSW.

Looking forward

Continuing to strengthen current relationships, clinical protocols, partnerships and networks between the health services across Sydney Local Health District and rural and regional partners will ensure equitable access to complex and appropriate care of the highest quality and optimise patient outcomes.

The planned establishment of RPA HealthOne East Green Square will further strengthen Sydney Local Health District’s strong integrated care strategy. The RPA HealthOne East Green Square is an Academic General Practice and Primary Care Centre, with a specific focus on primary care provision, hospital avoidance, education, research and with a leadership and coordination role in the local health and medical neighbourhood.

The HealthOne will work with the local community, NGOs and other agencies, to improve and promote health and wellbeing, and to develop an integrated, innovative approach to primary care service delivery, education and research in Green Square. Community engagement, empowerment and co-design will be integral to ensure that the planning, delivery, services and structures respect, and are based upon the needs and aspirations of the local community.

Key priorities for our community, partnerships and environment

- 1

Build and leverage strategic partnerships across the health and social care system, to minimise service fragmentation and ensure equitable access to high-quality patient care
- 2

Strengthen engagement and existing partnerships with Aboriginal communities and organisations to ‘Close the Gap’ in health behaviours, health outcomes and access to health services between Aboriginal and non-Aboriginal people
- 3

Contribute to the planned establishment of RPA HealthOne East Green Square as part of the broader Sydney Local Health District integrated care strategy

Table 2
Selected health-related indicators for residents of Sydney Local Health District and NSW

Indicator	Sydney Local Health District	Trend since 2002	NSW	NSW trend since 2002
Excellent, very good, or good self-rated health, persons aged 16 years and over, 2015	84.7%	Small improvement	80.0%	Steady
Diabetes or high blood glucose, persons aged 16 years and over	7.0%	60% increase	8.9%	37% increase
Alcohol consumption at levels posing long-term risk to health by Local Health District, persons aged 16 years and over, NSW 2016	31.6	40% decrease	29.8%	Small decrease
Current smoking, persons aged 16 years and over, 2016	15.7%	40% decrease	15.0%	33% decrease
Recommended fruit consumption, persons aged 16 years and over, 2015	46.3%	Steady	47.3%	Steady
Recommended vegetable consumption, persons aged 16 years and over, 2015	8.4%	Steady	6.7%	Steady
Overweight or obesity in adults, 2016	38.3%	Slight increase	53.3%	16% increase
Insufficient physical activity, persons aged 16 years and over, 2015	35.4%	20% decrease	42.8%	18% increase
Circulatory disease deaths, 2015	124.8 per 100,000	52% decrease	153.5 per 100,000	40% decrease
Cancer death	146.6 per 100,000	19% decrease	162.2 per 100,000	11% decrease

Source: HealthStats NSW, May 2017



Our patients, families, carers and consumers



RPA forms a crucial part of the Sydney Local Health District network, supporting other District facilities and services, as well as partner organisations in health and social care sectors. This network ensures that efficient, timely care is provided to both our local catchment and broader referral population.

Patients, families and carers are at the centre of everything we do at RPA. Patient and Family Centred Care is about including patients and their families as partners in the provision of healthcare. This embodies respect, compassion, support and responsiveness to the needs, experience, diversity and preferences of our patients, families, carers and the community.

The benefits associated with patient centred care include decreased mortality, decreased readmission rates and improved adherence to treatment regimens. Delivering care across settings, in the home, community or hospital should be seamless. Delivering truly integrated care requires collaborative solutions to health and empowered, self-reliant communities.

RPA, as key contributor to Sydney Local Health District and the wider NSW Health system, will ensure that the system works to improve health outcomes, to improve the experience of care and provide efficient and effective care through the Leading Better Value Care (LBVC) Program. LBVC is focused on enhanced capacity, accelerating key strategies that have demonstrated benefit for patients and improve patient experience and reported outcomes enabling effective and efficient care.

RPA is committed to strengthening the response to patients, families and carers who have experienced violence, abuse and neglect. An integrated service response for victims and families will continue to focus on enhancing healthy development, preventing violence, and responding to the causes and impacts of abuse and neglect.

Key achievements

RPA has a strong commitment to consumer and community participation, and works hard to ensure consumers, patients and communities have access to health services appropriate to their needs. The facility actively supports consumer and community participation at all levels, in planning, policy development, health service management, clinical research and guideline development.

The RPA Consumer and Community Advisory Network convenes monthly to discuss ways in which RPA can improve hospital services. RPA's General Manager and Executive attend this meeting, as well as consumer representatives, who provide valuable feedback.

RPA recognises Aboriginal and Torres Strait Islander cultural protocols and strategies to improve health outcomes including:

- Acknowledgement to Country
- Processes to support identification of Aboriginal people.
- Provision of welcoming areas and safe spaces for patients, families and staff such as the Sister Alison Bush Lounge and RPA Cultural Garden
- Active involvement in cultural events
- Display of local identification posters, Aboriginal flags and culturally relevant health information in relevant areas of the hospital.

Family, friends, and carers of patients at RPA are now able to visit their loved ones any time of day, with the removal of restricted visiting hours under an innovative new policy recognises family, friends, and carers as partners in care.

Wayfinding kiosks are installed in three locations of RPA to assist visitors in finding their services and provide details of accessible routes and availability of services such as disabled toilets and parking facilities. The RPA Shuttle Service commenced on 29 October 2018 to further assist patients and carers with mobility issues.

RPA has 23 units involved in the Patient and Family Centred Care Initiatives program, implementing targeted strategies including Productive Ward, Heart of Health, Intentional Rounding and Essentials of Care. Preliminary evaluation has identified reductions in falls, medication errors, pressure injuries as well as an increase in patient satisfaction.

Looking forward

RPA aims to continuously develop systems that involve consumers and communities in planning, delivery, monitoring and evaluation of care. This includes identifying opportunities for improved communication with consumers to support effective partnerships. RPA will continue to collaborate with the community to assist in developing information and resources for patients and families. Aboriginal representation is encouraged and facilitated for relevant committees and meetings.

RPA will continue to work with Sydney Local Health District's Aboriginal Health Unit to implement ongoing strategies to improve health outcomes in health priority areas identified in the *Sydney Local Health District Aboriginal Health Strategic Plan 2018-2022*. Aboriginal representation is and will be encouraged for all relevant committees and meetings.

Initiatives designed to improve patient and family centred involvement include patient health education to address chronic disease and lifestyle issues such as implementation of the 'Make Every Encounter Count' strategy, strengthening LBVC and improved health literacy for priority populations.

Key priorities for our patients, families, carers and consumers

- 1 Implement flexible and adaptive models of care to address the needs and challenges of specific cohorts (such as the aged, people with disability, indigenous, culturally and linguistically diverse and people from rural and remote areas)
- 2 Consider informational and emotional needs of patients, families and carers in the design and delivery of clinical care services
- 3 Design and implement easy-to-navigate care pathways, which facilitate active involvement of patients, families and carers in their care



Our services



Throughout its history, RPA has led innovation in healthcare and has been the first to undertake a number of life changing treatments for patients, such as:

- Endovascular aortic valve replacements
- Coronary angiography
- Endovascular surgery
- The first ECMO retrieval program
- Extracorporeal irradiation and re-implantation of bone for primary bone sarcoma
- The development of cochlear implants
- Developing the continuous positive airway pressure (CPAP) machine
- Undertaking pioneering work on the clinical use of routine HIV drug resistance genotyping of individual patients' virus,
- Discovering a range of novel devices including a new approach to cardiotocography (CTG) monitoring
- The introduction of triage nurses

Most recently, RPA has been the Australian site for trialling genetic therapy; successfully treating thalassemia and haemophilia type B. RPA's specialty services are numerous, and include the Australian Liver Transplant service (a national centre), kidney transplantation, cardiovascular and cardiothoracic services, genomics, neurosciences and neuro-intervention, haematology, cancer care, highly complex maximally invasive surgery (for example pelvic exenteration and peritonectomy), intensive care, neonatal care, maternity and gynaecology.

RPA is an internationally and nationally respected principal A1 referral hospital, which provides a very broad range of highly complex clinical services. RPA has a leadership role in the state in complex clinical service development and the rapid translation of research and innovation into patient care.

Each year RPA provides more than 84,000 admissions and discharges, treats more than 78,000 people in ED, delivers over 5,100 babies, provides almost 20,000 operations, receives more than 22,000 ambulances and provides outpatient services to more than 560,000 people per year.

On a daily basis, RPA provides care to approximately 250 people who present to our ED, with approximately 35% of these patients requiring subsequent admission to an inpatient ward. Intake is mostly from Sydney Local Health District and its local inner west catchment, however RPA also provides specialised tertiary and quaternary services to other metropolitan residents, rural, interstate and overseas patients.

Looking forward

RPA's organisational culture has a strong focus on safety and quality. We are committed to proactive, continuous improvement and the pursuit of excellence. From 1 January 2019, Australian health services will be assessed for compliance against the newly introduced National Safety and Quality Standards (NSQHS) Standards (2nd Edition). RPA will build on the excellent structures and frameworks already in place to ensure current and future service delivery approaches are aligned to NSQHS 2nd Edition standards.

In recognition of RPA's unique role in the state of providing highly specialised services, successfully trialling novel complex interventions within a research framework, RPA will continue to expand its tertiary and quaternary roles.

Examples of ongoing and future service developments include: building on the current successful genetic therapy trials; trialling novel transplantation modalities; researching the efficacy of new approaches to robotic surgery (including artificial intelligence); and providing novel multidisciplinary clinics for the management of complex medical diseases such as pulmonary hypertension, neuro-immunology, and interstitial lung disease.

RPA will continue to build its medical imaging capacity, including interventional and neuroradiology services and Positron Emission Tomography-Magnetic Resonance (PET-MR) imaging, in line with recent technology advances, changing models of care and changing population demographics.

There is a growing demand for ambulatory care services, and an associated need to develop new multidisciplinary models to address complex medical issues and chronic diseases. RPA remains committed to providing patient and family centred ambulatory care services, through the implementation of the Outpatient Transformation Program.

Key priorities for our services

- 1 Identify opportunities to improve or re-design services
- 2 Investigate opportunities to improve the integration of health services
- 3 Support innovation and performance to drive service improvements

Table 3
Acute activity flows for RPA by LHD of residence, 2017/18

District of Usual Residence	Total episodes	%
Sydney LHD	40,811	68.4%
South Eastern Sydney LHD	3,792	6.4%
South Western Sydney LHD	3,166	5.3%
Overseas Locality	2,591	4.3%
Northern Sydney LHD	2,262	3.8%
Western Sydney LHD	1,831	3.1%
Western NSW LHD	1,494	2.5%
Illawarra Shoalhaven LHD	712	1.2%
Hunter New England LHD	651	1.1%
Central Coast LHD	515	0.9%
Interstate	497	0.8%
Nepean Blue Mountains LHD	464	0.8%
Mid North Coast LHD	326	0.5%
Murrumbidgee LHD	259	0.4%
Southern NSW LHD	231	0.4%
Northern NSW LHD	83	0.1%

Source: FlowInfo v17.0, 2018

Table 4
Activity for RPA and IRO, 2017/18

Hospital	RPA	IRO
Separations	82,966	1,644
Same day	40,011	334
Same day separations	48.23%	20.32%
Total bed days	300,784	5,363
Acute average length of stay	3.12	3.25
Daily average inpatient	824.07	14.69
Occupancy rate	94.10%	59.60%
Acute bed days	300,784	5,363.00
Total available beds*	280,321	9,000
Average available beds*	768	24.66
Non admitted patient service events	537,936	34,018
Emergency Department attendances	75,854	-
Ambulance Presentations	22,544	-
Births	5,140	

Source: Sydney Local Health District STARS, 2018



Our staff



The current workforce profile for RPA includes close to 5,000 staff across all services, excluding community health.

The table and figure below provide the breakdown of the RPA workforce by occupational groups.

The Good Health – Great Jobs Aboriginal Workforce Strategic Framework 2011–2015 required an increase in the representation of Aboriginal and Torres Strait Islander employees to 2.6% of the NSW public health sector across all health professions. This target provides a means of addressing equity, ‘closing the gap’ in health outcomes between Aboriginal and non-Aboriginal people, and providing culturally safe and competent health services.

From 2016, the new target from the Public Service Commission (PSC) is 1.8% Aboriginal workforce representation in each remuneration category by 2021.

As of May 2018, Aboriginal employees made up 1% of the RPA workforce by head count, based on information collected in workforce diversity profile report. Strategies to increase Aboriginal workforce participation include development of an Aboriginal Workforce intranet page, establishment of identified and targeted positions across the Aboriginal workforce and strong engagement of education and training services. All RPA staff attend mandatory Respecting the Difference cultural training and strategies are in place to increase Aboriginal workforce participation across all salary bands.

The central location of RPA with established transport infrastructure means it is in a very fortunate position to readily attract employees. As at 2015, 40% of our workforce live within the Sydney Local Health District catchment area while 55% travel from adjacent districts. The remaining 5% of employees reside outside of the Sydney metropolitan area.

The current rate of urban growth and development within Sydney is likely to have a greater impact on workforce recruitment and retention for the District. While the workforce talent pool may be greater, the cost of living in Sydney, combined with increasing traffic congestion and limited parking options, may start to drive the workforce to more affordable regional centres.

Key achievements

Central to workplace culture are core values that define an organisation’s identity and behaviour. For RPA, the CORE values of Collaboration, Openness, Respect and Empowerment, underpin culture reform and inform every aspect of the business.

This includes regular communication and engagement with RPA staff on key developments and strategic priorities, as well as at events such as quarterly staff forums and staff barbecues. In 2018, the new multi-storey staff car park was completed and opened offering 996 car parking spaces for staff.

RPA remains committed to supporting the wellbeing of all staff. RPA offers a variety of wellbeing initiatives to staff, including: GetHealthy@Work with Fitness Passport, Steptember, NSW Ministry of Health’s Healthy Food and Drink Policy, website information and promotions. Weekly Sankalpa sessions are also available, which focus on developing mindfulness, compassion, and relaxation/stress reduction skills.

In 2017, RPA commenced a pilot wellbeing program for basic physician trainees (BPTOK). The program was recently awarded \$210,000 in funding from NSW Health as part of the Junior Medical Office (JMO) Be Well program and will now be rolled out to all doctors across RPA, Concord, Canterbury and Balmain hospitals.

The new program, branded MDOK, aims to teach medical staff the skills to care for their own health, manage traumatic events and mentor younger staff, in addition to attending workshops and sessions on goal-setting, relaxation, stress management, clinical debriefing, nutrition and exercise.

In 2017, the RPA JobSupport partnership was recognised with a commendation in the Driving Public Sector Diversity Award. This partnership has been recognised as a leading program of its kind and proven to be very successful in transitioning candidates to employment with a success rate of 81%.

Looking forward

A commitment to future generations of employees should include pre-employment strategies, consideration of flexible work practices, succession planning and strong collaborative relationships with workforce development. Concentrating on these values will place RPA in a prime position as employer of choice for Aboriginal people.

RPA will retain and develop its commitment to supporting new entrants to the workforce through a variety of educational pathways and programs. Critical to recruiting and developing junior staff, or staff returning to the workforce, is high quality orientation, ensuring an adequate supply of good quality clinical placements and a well-structured approach to mentoring in the early years of work.

Building a culturally competent and safe organisation through further implementation of the Respecting the Difference training program and associated strategies, will further develop the cultural competence of the organisation and promote greater understanding of the needs of Aboriginal people and how we deliver our health services. RPA will continue to place greater emphasis on valuing employees through feedback and enhanced recognition programs, maintaining a focus on employee

Key priorities for our staff

- 1 Promote opportunities for greater employee engagement and participation at both a strategic and operational level
- 2 Support managers to build healthy teams and look after our staff, including through participation in staff wellbeing programs
- 3 Attract, retain and develop exceptional staff by becoming an employer of choice
- 4 Inspire a culture of accountability through high-quality feedback, continuous performance development cycles and recognition of employee excellence

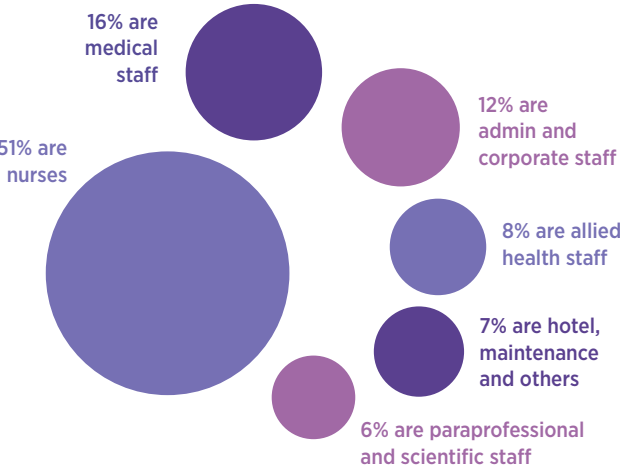
wellbeing and promoting opportunities for team building, working partnerships, increased collaboration and consultation.

Table 5
RPA Workforce headcount, 2018²

Staffing	Headcount
Medical	712
Nursing	2,261
Allied health	380
Paraprofessional and scientific staff	254
Admin and corporate	549
Hotel, maintenance and others	307
Total	4,463

Source: Stafflink, as of 2 June 2018

Figure 1
RPA Workforce headcount, 2018²



Source: Stafflink, as of 2 June 2018

Our research



Research, innovation and education are deeply embedded in the role and function of RPA. RPA's research partners are numerous and include the University of Sydney, the Centenary Institute, the Woolcock Institute, the Brain and Mind Centre, Professor Marie Bashir Centre and Charles Perkins Centre.

Sydney Research was formed as a collaboration of these institutes and centres to harness and optimise biomedical research, clinical trials, clinical research, public health, primary care and health services research within the inner west area and beyond and, in particular, on the RPA campus. Sydney Research aspires to be Australia's leading translational research entity, converting discoveries into better health and 'taking health and medical research to the next level'.

RPA also embraces, encourages and supports local innovation through participation in the annual Sydney Local Health District Innovation and Research Symposium and quarterly innovation challenge The Pitch.

Key achievements

Across Sydney Local Health District, there are 550 active clinical trials of which 300 are occurring within Sydney Local Health District hospitals – predominately RPA. In 2016–17, Sydney Research received \$97 million in highly competitive category one grants; over 5,550 publications with 56.8% ranked in the top 25% most

cited worldwide and supported over 934 Higher Degree research students. In 2016, Sydney Local Health District, in collaboration with its partners, was given recognition by the National Health and Medical Research Council (NHMRC) as one of only four Advanced Health Research and Translation Centres in Australia.

In 2014, the University of Sydney opened the Charles Perkins Centre, which is dedicated to finding real-world, big-picture solutions to obesity, diabetes and cardiovascular disease. The centre features an advanced clinical research facility, operated by RPA, with 10 active research clinics testing new multidisciplinary models of care and conducting clinical research trials.

The RPA Institute of Academic Surgery (IAS) was established in 2014 and is the first hospital based institute of its kind in Australia to focus solely on academic surgery. The IAS aims to enhance the current models of academic surgery at RPA. The IAS is developing research, innovation and education collaborations with key partners such as universities, colleges and government bodies involved in the training of surgical disciplines. The IAS aims to be a leader in the education and training of graduate, fellowship and post-fellowship surgeons and associated surgical specialty disciplines at a national and international level.

The RPA Surgical and Robotic Training Institute opened in 2017 and is the first of its kind in Australia. The Institute is training surgeons from across Australia and Asia in robotic techniques for cardiovascular, urology, gynaecology and colorectal procedures.

Looking forward

Sydney Local Health District has an ongoing commitment to the development and expansion of major integrated research and research translation centres such as the Institute for Musculoskeletal Health, the Drug Health Centre, the future Infectious Diseases and Immunology Centre and the emerging Sydney Institute for Women, Children and their Families.

In 2017–18, a new partnership was established, called the Camperdown-Ultimo Collaboration Area with a vision to further develop the global health, education, knowledge and cultural corridor along Broadway as a visible knowledge, cultural and economic zone for the state and nation, through collaboration, planning, improved connectivity and industry partnerships.

RPA is committed to participating in planning for the Sydney Innovation and Technology Hub, a major state-wide technology and innovation project, stretching from Central to Eveleigh and the Camperdown Biotechnology Hub. This innovation project features collaboration with state government, industry and universities. It aims to create jobs, attract the best and brightest talent and build the health and education research enterprise.

Key priorities for our research

- 1 Celebrate and maintain 'world-class' status of RPA through proactive communication of research successes and innovation
- 2 Advance translational healthcare research by leveraging strategic partnerships with medical research institutes, universities and industry partners
- 3 Support involvement of staff, patients, families and communities in all phases of the research cycle
- 4 Advocate and promote the development and successful implementation of the Camperdown-Ultimo Collaboration Area and Sydney Innovation and Technology Hub



Our education



Education and training is one of the key investments Sydney Local Health District and RPA makes in its current and future staff and in its mission to achieve patient and family centred care.

The ongoing development of RPA's role in undergraduate and postgraduate medical, nursing, midwifery and allied health education, mentoring and clinical research, in collaboration with the University of Sydney and other relevant tertiary providers, will facilitate the expansion of junior and pre-vocational medical training in integration with that of other health disciplines. Student units in allied health, nursing and midwifery need to be developed.

Broadening vocational training experiences to include a multidisciplinary learning environment will foster collaboration and assist our trainees in developing high quality teamwork and communication skills. Overall, encouraging and facilitating exposure of our vocational trainees to a variety of these learning experiences will better prepare them for practice, while also accrediting college curriculum objectives to be optimally satisfied.

The Centre for Education and Workforce Development (CEWD) is Sydney Local Health District's education and training service. It is also a leading provider

of education to the health workforce in NSW. Sydney has a strong commitment to providing its workforce with the necessary skills and experience to ensure excellence in healthcare for all. CEWD courses are underpinned by the NSW Health CORE values and support the provision of patient and family centred care.

Through the CEWD, specialist clinical educators and external partners, Sydney Local Health District is able to offer existing employees opportunities to progressively develop their clinical, technical and management skills through education and training contextualised to the needs of the health workforce. Opportunities exist to build expertise for their current role as well as new skills to support career development.

A key requirement in the immediate future is to purposefully and strategically expand RPA's clinical placement capacity, while ensuring quality clinical learning. This approach will ensure professional development opportunities for the increasing number and range of health professionals wishing to train at RPA. This is a major undertaking and needs to be purposefully developed and negotiated in collaboration with other partners and providers.

Key achievements

At RPA, the majority of medical education occurs as daily interactions between staff ('on-the-run'), including clinically based education and department-based education. Because of the tertiary and quaternary roles of the hospital, department-based education is world-class.

Educational facilities within the IAS have significantly enhanced the ability to undertake multidisciplinary surgical education and training. Since its establishment in 2014, the IAS has delivered 420 courses to more than 4000 participants.

In-house education sessions and in-service training are offered across all wards and ED, intensive care services as well as various other surgical and medical departments run simulations. Grand rounds are an important tradition at RPA hospital, with regular case-based lectures, contextualised within an evidence base. Local research findings are regularly discussed in lectures.

RPA continues to support the Graduate Health Management Program, providing support and guidance to participants during their rotational placements. CEWD offers a range of coaching and people management programs for managers. These are also supported by Health Education and Training Institute (HETI) and courses available through the University of Tasmania. New Nursing Unit Manager group sessions are run on a monthly basis supporting professional development.

RPA also participates in the Royal Australian College of Medical Administrators and Nursing Management Rotation training programs. Trainees are provided with regular meetings, coaching, support, given a particular project to manage and are involved with other areas of hospital management.

Looking forward

Technology-assisted learning is a valuable education tool which ensures accessibility to a larger number of people and encourages self-directed learning. A range of technology-assisted modalities are available, including video-conferencing and telehealth. The impact of technology assisted learning needs to be evaluated. As a 21st century education facility RPA needs to cater for students, junior staff and senior staff across all disciplines with IT optimisation.

The significant education and training role of the hospital generates a need for larger educational facilities. There are major demands placed on tertiary and quaternary facilities such as RPA for clinical placements, hosting university and higher education students and continuing professional education and events. Quality education and training facilities are required for workforce recruitment and retention.

State-of-the-art educational facilities and technology is necessary in order for RPA to continue to provide accessible, modern education and training. RPA intends to fully integrate patient-centred research and education into the fabric of the hospital so that discovery and translation is seamless.

Key priorities for our education

- 1 Partner with universities and education institutes to offer sector-ready professional development opportunities, targeted to service needs
- 2 Promote availability and access to modern, evidence-based education methods and infrastructure
- 3 Embed a continuous learning culture through support for reflective learning and customised development pathways



Implementation and governance

The *RPA Hospital Strategic Action Plan 2019–2024* has been developed with specific strategies to achieve the priorities of the RPA Strategic Plan.

Four timeframes have been developed to provide a sequential order of completion throughout the Strategic Plan term.

The implementation of this action plan will be monitored by RPA Executive and nominated responsible persons.

RPA will subsequently develop a yearly report at the end of each financial year for the Strategic Plan term, which will be presented to and discussed by the RPA Clinical Council.

Timeframes	
Short term	0–12 months
Medium term	1–3 years
Long Term	4–5 years
Ongoing	Ongoing



Strategic Action Plan 2019–2024

Focus area 1: Our facilities

Strategy	Timeframe	Outcomes/measures	Relates to NSQHS (2nd ed)
Priority 1: Redevelopment of RPA Hospital			
Plan for and champion the redevelopment of RPA Hospital, to address the needs of the growing and changing local and referral population			
a Complete RPA Clinical Services Plan b Complete master planning for RPA Hospital and RPA Precinct (in collaboration with key stakeholders) c Complete capital planning of site	Medium-long term	Health facilities are designed and developed to address population growth and consumer needs	Clinical Governance (Standard 1)
Engage clinicians in planning new models of care based on service demand, planned redevelopment and infrastructure expansions	Medium-long term		
Develop a communication strategy for RPA staff, patients and families/carers, the wider community and other key partners to support the transition of services during the redevelopment	Medium term		
Priority 2: Enhancing RPA facilities			
Review and enhance RPA facilities with a focus on accessibility, cultural appropriateness and patient centred care			
Conduct a review of bed utilisation (including operating theatres, ICU and ward configurations) to inform short- and medium-term demand management strategies	Short-medium term	Health facilities are designed and developed to address population growth and consumer needs	Clinical Governance (Standard 1)
Review models of care for high volume areas (e.g. ED, ICU, Paediatrics) to identify opportunities to improve delivery of efficient, high-quality, patient-centred care within available footprint	Short-medium term		
Priority 3: ICT Strategies and eMR rollout			
Complete the roll out of a mobile, integrated, lifelong eMR to support best practice care			
Complete transition to fully integrated eMR across RPA (including, but not limited to, PowerChart Maternity, Between the Flags) and contribute to MyHealth Record expansion	Medium-long term	Healthcare and information technology is state-of-the-art and patient and family centred Improved health literacy, self-management and service navigation	Clinical Governance (Standard 1) Partnering with Consumers (Standard 2) Communication for Safety (Standard 6)
Upgrade and update RPA intranet and internet websites to ensure a user friendly and responsive experience	Medium term		
Investigate opportunities to better utilise electronic communication with patients/families/carers (i.e. telehealth, emails and SMS for appointments and follow up)	Short-medium term		

Strategy	Timeframe	Outcomes/measures	Relates to NSQHS (2nd ed)
Priority 4: Co-location of research partners			
Co-locate tertiary hospital, medical research institutes, University of Sydney and industry centres to facilitate research collaboration and increase efficiencies			
Develop, plan and construct a new dedicated Research Building at RPA, which facilitates the physical co-location of key research partners	Medium-long term	Pioneering health and medical research, discovery and translation which is responsive to needs of our community	Communicating for Safety (Standard 6)



Focus area 2: Our communities, partnerships and environment

Strategy	Timeframe	Outcomes/measures	Relates to NSQHS (2nd ed)
Priority 1: Strategic partnerships			
Build and leverage strategic partnerships across the health and social care system, to minimise service fragmentation and ensure equitable access to high-quality patient care			
Work closely with networked hospitals, CESPHN, residential aged care and rehabilitation facilities and other community service partners to develop and implement Health Pathways, improve discharge communication and streamline admission and discharge processes	Medium term	Right care is provided at right time and right place Care is integrated and patient and family centred	Comprehensive Care (Standard 5) Communicating for Safety (Standard 6)
Partner with consumers to ensure literature and health communications are designed in formats which recognise the community's health literacy needs	Medium term	Improvement in local population's health status and health literacy	Partnering with Consumers (Standard 2) Comprehensive Care (Standard 5)
Priority 2: Engagement with Aboriginal Communities			
Strengthen engagement and existing partnerships with Aboriginal communities and organisations to 'Close the Gap' in health behaviours, health outcomes and access to health services between Aboriginal and non-Aboriginal people			
Develop an Aboriginal Cultural Plan, in collaboration with Sydney Local Health District Aboriginal Health and local Aboriginal communities and organisations	Short-medium term	Advancement in 'Closing the Gap' in health behaviours, health outcomes and access to health services between Aboriginal and non-Aboriginal people.	Partnering with Consumers (Standard 2) Comprehensive Care (Standard 5)
Priority 3: Establishment of RPA HealthOne			
Contribute to the planned establishment of RPA HealthOne East Green Square, as part of the broader Sydney Local Health District integrated care strategy			
Support expansion of integrated models of care through development of RPA HealthOne Green Square, in collaboration with key service partners	Medium-long term	Improved management of chronic disease in the community and reduction in avoidable admissions Improvement in service access and health outcomes for disadvantaged and vulnerable groups	Partnering with Consumers (Standard 2) Comprehensive Care (Standard 5)

Focus area 3: Our patients, families, carers and consumers

Strategy	Timeframe	Outcomes/measures	Relates to NSQHS (2nd ed)
Priority 1: Flexible and adaptive models of care			
Implement flexible and adaptive models of care to address the needs and challenges of specific cohorts (such as the aged, people with disability, indigenous, culturally and linguistically diverse and people from rural and remote areas)			
Recognise and address barriers to accessing health care services and returning to the community (such as accommodation and transport options), through collaboration with key service partners	Short-medium term	Improvement in service access and health outcomes for disadvantaged and vulnerable groups Care is personalised, responsive and culturally appropriate Improved management of chronic disease in the community and reduction in avoidable admissions	Partnering with Consumers (Standard 2) Comprehensive Care (Standard 5)
Work with clinicians to develop a whole of system, cross-cultural approach to patient health education to address chronic disease and lifestyle issues (including implementation of the ‘Make Every Encounter Count’ strategy)	Medium-long term		
Priority 2: Use of patient experience and outcomes data			
Use patient, family and carer experience data and other business intelligence to inform clinical service design			
Increase use of patient experience data and other business intelligence to ensure services meet the current and future needs of patients, carers and families, including: <ul style="list-style-type: none">• Performance monitoring• Clinical and corporate governance• Health informatics capability	Medium term	Improved access to care and service navigation Care is personalised, responsive and culturally appropriate	Partnering with Consumers (Standard 2) Comprehensive Care (Standard 5)
Ensure patient-reported experience measures and patient-reported outcome measures are implemented across all care types, inform improved delivery of care and provide patients with direct and timely feedback about their outcomes	Medium term	Improved access to care and service navigation Care is personalised, responsive and culturally appropriate	Partnering with Consumers (Standard 2)
Priority 3: Easy-to-navigate care pathways			
Design and implement easy-to-navigate care pathways, which facilitate active involvement of patients, families and carers in their care			
Introduce a patient concierge function at key access points (e.g. ED and Pre-admission Clinic) to serve as a primary contact point for patients, carers and families	Short-medium term	Patients and families are treated with dignity and respect and are actively involved in their care Care is personalised, responsive and culturally appropriate	Partnering with Consumers (Standard 2) Comprehensive Care (Standard 5)

Focus area 4: Our services

Strategy	Timeframe	Outcomes/measures	Relates to NSQHS (2nd ed)
Priority 1: Advance tertiary and quaternary services			
Continue to advance tertiary and quaternary service depth and breadth, in meeting the health needs of our people and communities that we service			
Ensure advancement of tertiary and quaternary referral services, aligned to our research strengths and state-wide priorities, is recognised in future redevelopment of RPA Hospital	Medium-long term	Specialised, innovative care options are available for patients across the state	Comprehensive Care (Standard 5)
Priority 2: Align service delivery to relevant standards			
Build on our achievements of excellence in healthcare and pursue innovative service delivery to meet the growing health demands of our population			
Ensure RPA services operate within innovative and evidence-based models of care which meet and exceed the National Safety and Quality Health Service (NSQHS) and other relevant standards	Short-medium term	Right care is provided at the right place and the right time Ensuring highest possible performance, outcomes and value for money	Standards 1–9
Continue to drive implementation of LBVC initiatives across RPA and IRO	Short-medium term	Right care is provided at the right place and the right time	Clinical Governance (Standard 1)
Continue to monitor and improve Emergency Treatment Performance and related hospital performance indicators, through implementation of RPA Whole of Health program.	Short-medium term	Right care is provided at the right place and the right time Ensuring highest possible performance, outcomes and value for money	Clinical Governance (Standard 1)
Priority 3: Outpatient Transformation Project			
Continue to implement Sydney Local Health District’s Outpatient Transformation Project at RPA, to support planned growth in ambulatory care services and improve the experience of care for patients and their families			
Enhance support and structure of ambulatory care services and expand innovative, patient and family centred models of care	Short-medium term	Right care is provided at the right place and the right time	Clinical Governance (Standard 1)
Establish new RPA Ambulatory Care Business Unit and identify opportunities to drive improvements in patient and family centred care	Short-medium term	Health facilities are designed and developed to address population growth and consumer needs	Clinical Governance (Standard 1)

Focus area 5: Our staff

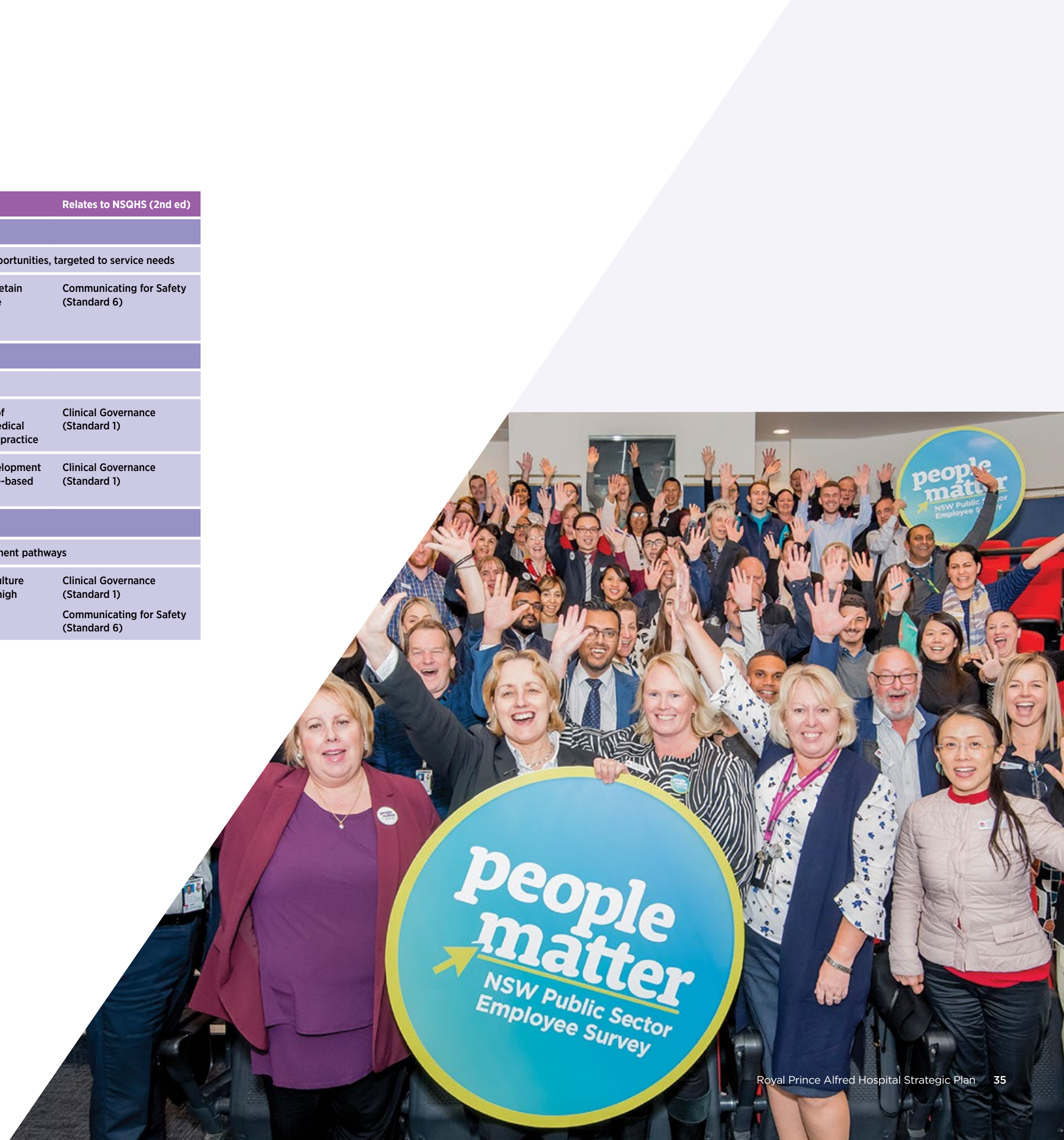
Strategy	Timeframe	Outcomes/measures	Relates to NSQHS (2nd ed)
Priority 1: Employee engagement			
Promote opportunities for greater employee engagement and participation at both a strategic and operational level			
Obtain regular feedback from staff through formal (e.g. annual People Matter Employee Survey, staff forums) and informal channels. Use this to inform strategic and operational planning, celebrate successes, as well as to identify and implement new strategies or innovations	Short-medium term	Year-on-year increase in employee engagement levels and People Matters Survey results	Communicating for Safety (Standard 6)
Strengthen workplace culture by embedding CORE values into all aspects of hospital operations	Short-medium term	Year-on-year increase in employee engagement levels and People Matter Employee Survey results	Communicating for Safety (Standard 6)
Priority 2: Supporting managers			
Support managers to build healthy teams and look after our staff			
Develop and implement the Management Accountability Framework and toolkit across all workforce groups	Short-medium term	Managers feel supported and empowered to fulfill the core expectations of their role	Clinical Governance (Standard 1)
Priority 3: Attract and retain quality staff			
Attract, retain and develop exceptional staff by becoming an ‘employer of choice’			
Streamline recruitment and on-boarding processes and offer flexible employment models, wherever practicable	Short-medium term	Ability to attract and retain high quality workforce	Clinical Governance (Standard 1)
Partner across service sectors to address known access barriers for staff (e.g. transport/parking)	Medium-long term	Work environments are safe, supportive, flexible and healthy	Communicating for Safety (Standard 6)
Increase Aboriginal workforce participation, to meet PSC target of 1.8% across all remuneration categories by 2021.	Medium term	Increase in workforce diversity and provision of culturally appropriate care	Clinical Governance (Standard 1)
Continue to support and champion employee wellbeing initiatives, such as staff lounge and staff welcome centre, Sankalpa and MDOK programs	Short-medium term	Work environments are safe, supportive, flexible and healthy	Clinical Governance (Standard 1)
Priority 4: Employee excellence and accountability			
Inspire a culture of accountability through high-quality feedback, continuous performance development cycles and recognition of employee excellence			
Identify and champion local department/unit and hospital-wide opportunities to recognise and celebrate employee excellence	Short-medium term	Our workforce capability is strengthened and valued	Communicating for Safety (Standard 6)
Embed a continuous cycle of setting personal and/or service-level objectives across all levels of staff, including identifying areas of development and reviewing performance against agreed measures	Medium-long term	Performance driven culture aligned to RPA strategic and operational objectives	Clinical Governance (Standard 1)

Focus area 6: Our research

Strategy	Timeframe	Outcomes/measures	Relates to NSQHS (2nd ed)
Priority 1: Research success and innovation			
Celebrate and maintain RPA's world-class status through proactive communication of research successes and innovation			
Increase awareness of research success and innovation across all levels of the organisation and broader community, including via ongoing participation in The Pitch and Sydney Local Health District Innovation and Research Symposium	Short-medium term	Research is responsive to the needs of the organisation and community	Clinical Governance (Standard 1) Communicating for Safety (Standard 6)
Priority 2: Translational healthcare research			
Advance translational healthcare research by leveraging strategic partnerships with medical research institutes, universities and industry partners			
Strategically collaborate with research institutes and industry partners, including via construction of a dedicated Research Building at RPA	Medium-long term	Realisation of new opportunities for health and medical research, discovery and translation	Communicating for Safety (Standard 6)
Priority 3: Staff and patient involvement in research			
Support involvement of staff, patients, families and communities in all phases of the research cycle			
Promote patient/consumer involvement in the design and implementation of research projects and clinical trials	Medium-long term	Increased patient/community participation in clinical trials and research studies Research is responsive to the needs of the organisation and community	Partnering with Consumers (Standard 2)
Provide quarantined time and develop dedicated ward, service and hospital-level spaces to promote employee participation in research activities	Medium-long term	Increased participation in research by staff from all disciplines Research is responsive to the needs of the organisation and community	Clinical Governance (Standard 1) Communicating for Safety (Standard 6)
Priority 4: Sydney Innovation and Technology Hub			
Advocate and promote the development and successful implementation of the Camperdown-Ultimo Collaboration Area and Sydney Innovation and Technology Hub			
Continue to contribute to the planning and establishment of major technology and innovation precinct, Sydney Innovation and Technology Hub in the Camperdown-Ultimo Collaboration Area	Medium-long term	Reduced time between health and medical research and translation with significant community benefit	Communicating for Safety (Standard 6)

Focus area 7: Our education

Strategy	Timeframe	Outcomes/measures	Relates to NSQHS (2nd ed)
Priority 1: Sector-ready training opportunities			
Partner with universities and education institutes to offer ‘sector-ready’ professional development opportunities, targeted to service needs			
In partnership with Universities and other tertiary education providers, develop training pathways and placement opportunities that lead to tangible qualifications	Short-medium term	Ability to attract and retain high-quality workforce	Communicating for Safety (Standard 6)
Priority 2: Education methods and infrastructure			
Promote availability and access to modern, evidence-based education methods and infrastructure			
Implement revised training programs (particularly within surgical departments) based on Entrustable Professional Activities (EPAs)	Short-medium term	Improved translation of competency-based medical education into clinical practice	Clinical Governance (Standard 1)
Increase the availability and use of innovative, integrated education facilities (e.g. simulators) and identify opportunities for quarantined training time	Medium-long term	Staff training and development is integrated, evidence-based and responsive	Clinical Governance (Standard 1)
Priority 3: Reflective practice and continuous learning			
Embed a continuous learning culture through support for reflective learning and customised development pathways			
Promote a culture of reflective practice and ongoing learning through on-the-job feedback, opportunities for formal and informal mentoring and peer-support	Medium-long term	Develop/strengthen culture of accountability and high performance	Clinical Governance (Standard 1) Communicating for Safety (Standard 6)





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