

Schedule 41 – Commercial Plans Schedule

Part A - Minimum Structural and Content Requirements for Project Plans

The Operator must ensure that any Project Plans (or reports) required under this Schedule 41 include the following minimum structural and content requirements:

- (a) a Project Plan must be structured in a logical format with content that clearly and concisely addresses the minimum requirements of that Project Plan;
- (b) a Project Plan must avoid ‘motherhood statements’ and is required to identify issues and propose solutions in a way that is clear and will be contractually binding as part of the Project Deed;
- (c) a Project Plan must be sufficiently detailed to enable the State to use the Project Plan in respect of contract management of this document without requiring any further information from the Operator;
- (d) a Project Plan must be a complete and integrated document that provides detail of innovative approaches that will be implemented at the NBH in the management and delivery of the Services, how expected benefits of solutions will be realised and measured and how for the term of the contract the Operator will continue to improve service delivery processes and/or outcomes;
- (e) a Project Plan must include nomination of all Accreditation required for the Services nominated at Law or to demonstrate Good Operating Practice. The Project Plan must demonstrate how such Accreditations will be achieved, managed, measured and maintained by the Operator in delivery of the Services;
- (f) where a Project Plan is required, the State may approve (where applicable and at its discretion) the Operator's use of a template company plan i.e. environmental management plan. Where the Operator proposes to use a company plan in lieu of a Project Plan:
 - (i) the company plan must be revised by the Operator to ensure that it addresses Project-specific issues;
 - (ii) the Operator's proposal to use the company plan must include, as a minimum:
 - (A) a summary of how the company plan will be made Project-specific; and
 - (B) a cover page and a contents page;
 - (iii) the Operator must obtain the executive authorisation for the Operator to use the company plan in lieu of the relevant Project Plan;
- (g) where plans are specified by the State or the Commonwealth or any of their entities, Commercial Plans must accord with any format and content requirements as defined by that entity;
- (h) Project Plans must be drafted using font size 11 (minimum); and
- (i) Project Plans must include:
 - (i) version control (including version number and date);
 - (ii) owner and executive authorisation panel / quality control panel;
 - (iii) contents page;

- (iv) purpose / introduction;
- (v) all diagrams / tables / schedules as attachments to the Project Plan (as to enable easy updating and editing); and
- (vi) schedule of anticipated review points and updates.

Project Plans for which requirements are prescribed in this Schedule 41 are the Commercial Plans namely:

1. Performance Management Plan;
2. Shared Portion and Post-Operating Term Strategy;
3. Compensable Patient Strategy; and
4. Associated Commercial Facilities Plan.

1. Performance Management Plan

1.1 Purpose

The purpose of the Performance Management Plan is to describe the Operator's approach to monitoring, recording diagnosing, remediating, reporting on KPIs and any other reporting required.

1.2 Minimum Project Plan Requirements

The Performance Management Plan must be in a form approved by the Client Representative and must include:

- (a) details of KPIs and other indicators being monitored;
- (b) process for recording KPIs;
- (c) details for remedying poor or failed performance;
- (d) reporting processes;
- (e) Project Plan renewal timeframes;
- (f) method of auditing performance; and
- (g) method of reporting and interfacing with the State regarding performance.

1.3 Project Plan Renewal Timeframe

An updated Performance Management Plan must be provided six months prior to Operational Readiness.

The Performance Management Plan must be renewed by the Operator in December every three years (as a minimum requirement) during the Term or as required to ensure accuracy and completeness as requirements are identified during the Project timeframe. Any deviations from the original Project Plan are to be clearly identified by the Operator and provided to the Client Representative for approval.

2. Shared Portion and Post-Operating Term Strategy

2.1 Purpose

The purpose of the Shared Portion and Post-Operating Term Strategy is to describe the Operator's approach to:

- (a) the way that Public Patients and Compensable Patients will co-exist; and

- (b) the method for continued sharing of appropriate resources.

2.2 Minimum Project Plan Requirements

The Shared Portion and Post-Operating Term Strategy must be in a form approved by the Client Representative and must include:

- (a) details of the Operator's access needs for Common Areas;
- (b) details of the likely areas to continue to be occupied by sublessees / subcontracted Service providers;
- (c) for the areas to continue to be occupied by sublessees / subcontracted Service providers, details of:
 - (i) the nature of the tenancy arrangement;
 - (ii) any goods and services to be provided to each party;
 - (iii) the prioritisation rules and process for service delivery amongst the parties;
 - (iv) a summary of the applicable service standards regime(s); and
 - (v) a draft of the applicable pricing regime in accordance with the Post Operating Term sharing arrangements;
- (d) For each State or Operator controlled area, details of:
 - (i) the goods and services to be provided to each party;
 - (ii) the prioritisation rules and process for service delivery amongst the parties; and
 - (iii) the implication and allocation of clinical needs.

2.3 Project Plan Renewal Timeframe

An updated Shared Portion and Post-Operating Term Strategy must be provided six months prior to Operational Readiness.

The Shared Portion and Post-Operating Term Strategy must be renewed by the Operator in December of every five years (as a minimum requirement) during the Term and a minimum of one year prior to the end of Term or as required to ensure accuracy and completeness as requirements are identified during the Project timeframe. Any deviations from the original Project Plan are to be clearly identified by the Operator and provided to the Client Representative for approval.

3. Compensable Patient Strategy

3.1 Purpose

The purpose of the Compensable Patient Strategy is to describe the Operator's approach to the delivery of Services to Compensable Patients and the processes for ensuring that conversion of any Compensable Patients that might otherwise choose to be a Public Patient is maximised.

3.2 Minimum Project Plan Requirements

The Compensable Patient Strategy must be in a form approved by the Client Representative and must include:

- (a) the Private Patient clinical services delivery plan;
- (b) Activity Profile;

- (c) details of the likely size and capacity of the Compensable Patient offering to commence at the start of operations to meet the State's identified Compensable Patient demand;
- (d) details of growth, expansion and development of additional and larger private patient services over time;
- (e) Clinical Support Services;
- (f) proposed patient flow process and referral process;
- (g) private patient conversion targets;
- (h) a process for measuring and reporting;
- (i) strategies for achieving private patient conversion targets, including:
 - (i) patient liaison processes to achieve conversion;
 - (ii) facility design and patient flow process to achieve conversion;
 - (iii) details of agreements with all compensators (including health funds);
 - (iv) details of any agreements with Medical Officers; and
 - (v) detailed design and building information that exhibits the ability to provide the maximum amount of private patient conversion;
- (j) Emergency Department avoidance strategies including:
 - (i) interface with local GPs; and
 - (ii) on-Site avoidance strategies and alternative management strategies; and
- (k) Emergency Care Alternate Strategies Services including:
 - (i) an area to be used for the performance of the Emergency Care Alternate Strategies Services as appropriate given the nature of the Emergency Care Alternate Strategies Services;
 - (ii) the proposed billing status of the Emergency Care Alternate Strategies Services provided from time to time; and
 - (iii) an outline of the proposed number and (if applicable) timing of consulting hours, operating hours and hours of availability of emergency Care Alternate Strategies Services.

3.3 Project Plan Renewal Timeframe

An updated Compensable Patient Strategy must be provided six months prior to Operational Readiness.

The Compensable Patient Strategy must be renewed by the Operator in December every three years (as a minimum requirement) during the Term or as required to ensure accuracy and completeness as requirements are identified during the Project timeframe. Any deviations from the original Project Plan are to be clearly identified by the Operator and provided to the Client Representative for approval.

4. Associated Commercial Facilities Plan

4.1 Purpose

The purpose of the Associated Commercial Facilities Plan is to describe the Operator's approach to the provision of other services and facilities

4.2 Minimum Project Plan Requirements

The Associated Commercial Facilities Plan must be in a form approved by the Client Representative and must include:

- (a) an area retail and commercial strategy, including:
 - (i) market research and analysis of appropriateness of opportunities;
 - (ii) patronage and flows of visitors to the Site;
 - (iii) traffic interfaces and ability of traffic (foot and vehicle) to be managed; and
 - (iv) drawings and description of each of the above;
- (b) individual sub-plans (including where appropriate diagrams, description and drawings) for each distinct commercial element outlining:
 - (i) size of space;
 - (ii) nature of the Associated Commercial Facilities;
 - (iii) hours of operation;
 - (iv) goods and services to be provided from the Associated Commercial Facilities;
 - (v) likely service providers and process used to attract tenants / service providers;
 - (vi) tenure arrangements and proposed / actual lease or licence plans and details; and
 - (vii) financial model (including all detailed assumptions) for each area and the revenue share;
- (c) the full financial model for the term outlining:
 - (i) all capital and recurrent cash flows;
 - (ii) financing cash flows; and
 - (iii) revenue sharing mechanisms with the State.

4.3 Project Plan Renewal Timeframe

An updated Associated Commercial Facilities Plan must be provided six months prior to Operational Readiness.

The Associated Commercial Facilities Plan must be renewed by the Operator in December every three years (as a minimum requirement) during the Term or as required to ensure accuracy and completeness as requirements are identified during the Project timeframe. Any deviations from the original Project Plan are to be clearly identified by the Operator and provided to the Client Representative for approval.

5. Car Park Plan

5.1 Purpose

The purpose of the Car Park Plan is to describe the Operator's approach to the provision of car parking on the Site, including multi-storey parking solution if proposed.

5.2 Minimum Project Plan Requirements

The Car Park Plan must be in a form approved by the Client Representative and must include:

- (a) a Car Park management plan that details:
 - (i) the total number of car bays and the total number of each type of car bay;

- (ii) a traffic assessment validating the parking requirements and how the need will be addressed;
 - (iii) the pricing framework (including demonstration of compliance with the NSW Health, Hospital Car Parking Fees Policy – PD2013_031) including any indexation and escalation over the Operating Term
 - (iv) access and hours of operation (for delivery of the Services access must be 24 hours per day every day). Total reliance on non-staff operations is not acceptable;
 - (v) lifecycle and asset management;
 - (vi) staffing levels (to ensure safe and effective car parking operations and to minimise delays and inconvenience to Hospital Users)
 - (vii) management strategy; and
 - (viii) ticketing and access carding;
- (b) details of the car parking services specification and operating requirements including:
- (i) space priority;
 - (ii) allocation of spaces (staff, Hospital Users etc);
 - (iii) disabled parking;
 - (iv) shift changeover parking;
 - (v) access and car park spaces for ambulances and emergency vehicles;
 - (vi) access and car park spaces for VIPs;
 - (vii) access and car parking spaces for service and logistical vehicles (including waste removal);
 - (viii) motorbikes;
 - (ix) bicycles;
 - (x) vehicle and user security;
 - (xi) access arrangements;
 - (xii) management of staff car parking and access;
 - (xiii) signage and marketing;
 - (xiv) infringement notice arrangements;
 - (xv) free parking and drop off spaces (an adequate allocation must be provided with minimum 30 minutes free);
 - (xvi) access and car park spaces for volunteers;
 - (xvii) access and car parking spaces for Hospital Users experiencing financial hardship;
 - (xviii) long term patients / carers (more than eight weeks consecutive treatment reduced rates);
 - (xix) frequent use arrangements;
 - (xx) groups/categories: the following groups/categories of Hospital Users visitors and patients will be eligible to obtain concession rates when parked in a designated gated parking area:

- (A) holders of a road traffic authority issued disabled parking permit;
 - (B) holders of a blue pension card;
 - (C) holders of a gold veteran affairs card;
 - (D) holders of a maroon and yellow health care card;
 - (E) Centrelink beneficiaries;
 - (F) ongoing cancer treatment patients;
 - (G) patients and patient carers attending more frequently than twice weekly;
 - (H) cardiac rehabilitation education and exercise class attendees;
 - (I) daily dressing outpatients; and
 - (J) health promotion education class attendees.
- (xxi) disaster alert strategy;
 - (xxii) quality assurance;
 - (xxiii) occupational health and safety; and
 - (xxiv) proposed reporting framework including:
 - (A) financial;
 - (B) usage;
 - (C) frequency;
 - (c) details of the tenure (in years) required for the Car Park facilities (noting that the car park is to return to the State at the end of the Operating Term);
 - (d) the name and corporate details of the service providers;
 - (e) the contractual arrangements proposed and copies of such;
 - (f) the commercial structure proposed; and
 - (g) details of the base case cashflows and costs in respect of the Car Park for the term of the Car Park.

5.3 Project Plan Renewal Timeframe

An updated Car Park Plan must be provided six months prior to Operational Readiness.

The Car Park Plan must be renewed by the Operator in December every three years (as a minimum requirement) during the Term or as required to ensure accuracy and completeness as requirements are identified during the Project timeframe. Any deviations from the original Project Plan are to be clearly identified by the Operator and provided to the Client Representative for approval.