

Schedule 19 – Reporting Requirements

1. General obligations

The Operator must:

- (a) provide reports in the areas of performance, activity, finance, facility management and other reporting;
- (b) provide all reports outlined in this Schedule 19, and those required by the Accrediting Body and State (acting reasonably) and Commonwealth Governments to the Client Representative;
- (c) provide all reports in the manner and format required by the State;
- (d) provide to the State such information in relation to the Services and the Project that the State reasonably requires including all information reasonably required to answer ministerial enquiries and parliamentary questions within the given timeframes, using the required format as directed by the State;
- (e) provide all reports in accordance with the timeframes indicated in this Schedule, as updated from time to time, including:
 - 1) weekly reports provided within two Business Days of the end of the period;
 - 2) monthly reports provided within seven Business Days of the end of the period;
 - 3) quarterly reports provided within 14 Business Days of the end of the period;
 - 4) six monthly reports provided within 21 Business Days of the end of the period;
 - 5) annual reports (other than the Annual Report) provided within 20 Business Days of the end of the period; and
 - 6) if no period is specified, at reasonably periodic intervals as required by the State and notified to the Operator;
- (f) ensure all IM&T Systems have the capability to provide all data reasonably required by the State in the manner and format specified in the IM&T Requirements;
- (g) work with the State in providing data, at least as provided by other NSW public hospitals;
- (h) provide all data and reports to State central data collections in the manner and format requested by the Licensing Authority; and
- (i) upon request, grant permission to the Client Representative to access all activity data sets held centrally by the State.

2. Performance Reporting

2.1 Clinical and Corporate Governance

The Operator must report on the following:

- (a) the Operator's systems for developing and implementing practices and procedures for ensuring Good Operating Practice in relation to the Services;
- (b) compliance with the NSW Ministry of Health's policies to the extent that they are relevant to the Services and any policies introduced by the Operator, reported annually;

- (c) compliance with and revision of the Operator's own business continuity plan and alignment with the current NSW Ministry of Health business continuity plan as updated from time to time, reported annually;
- (d) compliance with and revision of the Operator's service delivery plan and alignment with the Role Delineation, reported annually;
- (e) clinical staff performance monitoring and systems to continuously review and improve performance, including peer review mechanisms, reported annually;
- (f) all governance indicators as specified in the Performance Schedule;
- (g) results of annual reviews of high volume and/or high cost clinical procedures conducted at the Facility as nominated by the NSW Ministry of Health. In conducting each review, the Operator must assess:
 - 1) the training of practitioners and staff; and
 - 2) the procedures used and the outcome of these procedures,
 and the Operator must report the results of each of these reviews to the State promptly upon completion;
- (h) evidence (as required by the State) of current licensing with the Licensing Authority and report on any Licensing Authority key recommendations or areas for improvement (including in respect of any Adverse Licence Conditions); and
- (i) provide to the State on request a copy of, or access to, the Patient consent register referred to in clause 54.9(e)(i).

2.2 Safety and Quality

The Operator must:

- (a) following identification and incident classification, all actual (as defined in the Incident Management Policy Brief (PD2007.061)) incidents, both clinical and corporate and including Clinical Incidents, are required to be notified to the Client Representative, via a Reportable Incident (as defined in the Incident Management Policy Brief (PD2007.061)) within 24 hours of the Operator becoming aware of the incident. Reportable Incident Briefs are to be supplied in the format prescribed within the NSW Incident Management Policy, PD2006_030;
- (b) provide an annual report summarising the outcomes of the Operator's continuous quality improvement process including any changes implemented through the Quality Assurance Management Plan;
- (c) report annually on compliance with all aspects of the Safety, Quality and Risk Management Plan including explanation of deviations from the plan; and
- (d) report annually on all revisions or amendments to the Safety, Quality and Risk Management Plan including revised areas of the plan.

2.3 Aboriginal Health

The Operator must provide a report annually on:

- (a) women who identify as having an Aboriginal baby who receive antenatal care before 14 weeks gestation (as a percentage of total women seen);
- (b) Aboriginal persons who have had an unplanned hospital readmission within 28 days of separation (as a percentage of all persons);

- (c) Aboriginal persons who have had unplanned and emergency re-presentations to the Emergency Department within 48 hours (as a percentage of all persons); and
- (d) Aboriginal workforce as a proportion of total workforce.

2.4 Risk Management

The Operator must:

- (a) provide verbal reports to the Client Representative for high and extreme levels of clinical, corporate and occupational health and safety risks (as identified in accordance with the Safety, Quality and Risk Management Plan) on the day the risk is identified, or the day the Operator becomes aware the risk has been identified, with a written report following at a reasonable timeframe (but in any event not later than the date for provision of the next Monthly Performance Report in accordance with this document);
- (b) provide the formal Facility risk register to the Client Representative every six months; and
- (c) report annually on all revisions or amendments to the Safety, Quality and Risk Management Plan including revised areas of the plan.

2.5 System Interaction

The Operator must:

- (a) report annually on the progress of hospital avoidance strategies and the performance of the Urgent Care Alternate Strategies Services, including:
 - 1) numbers of presentations to the on-site General Practitioner service or equivalent;
 - 2) numbers of ED presentations who ultimately receive Urgent Care Alternate Strategies Services; and
 - 3) numbers by condition of avoidable hospital admissions, admitted for treatment to the Facility; and
- (b) report to the State annually on integration strategies in accordance with its obligations under this document.

2.6 Key Performance Indicators and Targets

The Operator must:

- (a) collate and submit data required by the Accrediting Body and ACSQHC in line with the established collection periods and simultaneously provide copies of that data to the State;
- (b) provide the State with a copy of any report relating to the Accreditation Requirements of the Facility received from the Accrediting Body or ACSQHC within 14 days of receipt of the report;
- (c) provide the State with a copy of Patient satisfaction surveys in relation to the Public Patient Portion, the Services, the Shared Portion and relevant Associated Commercial Facilities issued and report on the results and outcomes of the surveys annually;
- (d) provide an annual report on the number of ministerial and parliamentary enquiries or complaints received and responded to in relation to the Services;
- (e) report on all KPIs within the required timeframe as set out in the KPI Table;
- (f) provide any other reports or information reasonably required by the State or Commonwealth, including but not limited to any future changes in clinical indicator reporting requirements; and

- (g) in relation to the KPIs, generate reports (in a form approved by the State) for review at relevant hospital safety and quality or clinical governance committees.

2.7 Failures

The Operator must submit to the State each Operating Month during the Operating Term, within seven days of the end of the Operating Month (unless otherwise stated) a report (the **Monthly Performance Report**) setting out the level of the Operator's performance of the Services against each KPI which is required to be reported against within that Operating Month, and which must contain full details of (among other things):

- (a) each Failure;
- (b) in respect of each Failure, details of each parameter used to calculate the associated Failure Abatements in accordance with the Payment Schedule and the Performance Schedule including, where applicable, the following:
 - 1) the nature of the Failure;
 - 2) the date, time, extent and duration of the Failure;
 - 3) the specific location of the Failure;
 - 4) the required date and time of Remedy and the actual date and time of Remedy; and
 - 5) the actual Target and Performance Threshold for the Failure;
- (c) the total of any Failure Points (calculated by reference to the relevant part or parts of the KPI Table) and Failure Abatements, including a detailed breakdown of how these were calculated;
- (d) the total accumulated Failure Points and Failure Abatements across all Services within the preceding 12 month period;
- (e) any written report required in accordance with section 2.4(a) above; and
- (f) any other information that the State reasonably requires in relation to the calculation of Failure Points and Failure Abatements.

3. Activity Reporting

3.1 General

The Operator must submit reports on hospital activity for Admitted, emergency and Non-Admitted episodes involving Public Patients (including as to the number and nature of Qualifying Persons) as required by the State and Commonwealth Governments. These reporting requirements may change from time to time at the discretion of the State.

3.2 Weekly reports

Weekly submission (Monday to Sunday) of data on Patients on waitlists (e.g. elective surgery waitlist) containing all data, according to the business rules and definitions currently described by the State as amended from time to time, to be submitted no later than two Business Days following each weekly reporting period.

3.3 Monthly reports

The Operator must submit to the State each Operating Month during the Operating Term, within seven days of the end of the Operating Month (unless otherwise stated):

- (a) the '**Monthly Activity Report**' (in the form required by the State) setting out the volume of the Services undertaken for the immediately preceding Operating Month, and which must contain full details of (among other things):
- 1) the Services provided by Service Category during the Operating Month to which the report relates, reconciled with the information contained in the individual Patient records;
 - 2) the Services provided by Service Category from the commencement of that Operating Year to the end of the Operating Month to which the report relates;
 - 3) the Services provided to Qualifying Persons during that Operating Month (including the number and nature of those Qualifying Persons);
 - 4) the volume of Services provided from the commencement of that Operating Year to the end of the Operating Month to which the report relates;
 - 5) the variance between the contracted level of Services and actual Services provided from the commencement of that Operating Year to the end of the Operating Month to which the report relates (including any shortfall in Actual Service Volumes of the type referred to in section 4(b) of the Activity Schedule);
 - 6) any Further Services provided as a result of activity purchased by the State in accordance with the Activity Schedule and Payment Schedule;
 - 7) the number of Bed Days used by the Operator, provided by Service Category, for the preceding Operating Month;
 - 8) supporting information (including claim forms) identifying any amounts comprising the Reimbursement Payment, including amounts reimbursed to the Operator from the Commonwealth in accordance with the PBS;
 - 9) Compensable Patient activity volumes for the relevant Operating Month;
 - 10) Emergency Department conversion rates of Patients to Compensable Patients;
 - 11) instances of Patient transfers, including such information as the State may reasonably require from time to time in order to assess the Operator's compliance with clause 52.2 (Inappropriate transfer) of the Project Deed;
 - 12) instances of reversal of Patient election for the purposes of section 6 of the Activity Schedule; and
 - 13) any other information that the State reasonably considers appropriate; and
- (b) a report containing all data currently described and defined in the National Hospital Morbidity Database, as amended from time to time, for each Inpatient Episode of Care.

3.4 Audit report

The Operator must provide to the State, within 120 days of the end of each Operating Year:

- (a) an audit report, prepared by an independent and reputable auditor, who has audited the Performance Data, the Monthly Performance Reports and the Monthly Activity Reports for that Operating Year; and
- (b) an audit report, prepared by an independent, external auditor approved by the State, of its compliance for that Operating Year with:
 - 1) the requirements set out in paragraphs (a) and (b) of the definition of 'Accreditation Requirements'; and

- 2) the requirements of the ACHS EQIP National Program.

3.5 Interpretation

In the following sections 3.6, 3.7 and 3.8, capitalised terms have the same meaning as given to them in section 10.1 of Schedule 40.

3.6 Demand Management Plan Reporting

- (a) The Operator and the State must convene and meet on a quarterly basis within 30 Business Days of the end of each of the months of September, December, March and June in each Operating Year to discuss:
 - 1) the implementation of the Service Category Strategies outlined in the Demand Management Plan for that Operating Year;
 - 2) progress in relation to the Target NWAU Reductions as set out in that Demand Management Plan;
 - 3) both:
 - (A) factors which may have contributed to the Operator's over- or under-performance against the Target NWAU Reductions; and
 - (B) any steps or strategies of the type referred to in section 3.7(d), including any reasonable resultant adjustments to the Target NWAU Reductions;
 - 4) progress in relation to the Operator's other Demand Management Obligations (other than those referred to in subparagraph (a)(2) above); and
 - 5) any suggestions from the State or the Operator for improvements to the Demand Management Plan with the aim of facilitating achievement of the Target NWAU Reductions for that Operating Year, through a 'Demand Management Forum'.
- (b) The Operator is required to develop terms of reference, to be agreed by the State, for the Demand Management Forum, including proposing appropriate representatives of the Operator and the State to attending each Demand Management Forum.
- (c) Without limiting the balance of this section 3.6, in the event that the Operator does not meet the Target NWAU Reductions, or has otherwise not complied with its Demand Management Obligations, for the Current Operating Year, the State and the Operator will meet through the Demand Management Forum:
 - 1) to discuss and explain the specific areas of the failure that caused the Operator to fail to satisfy the Target NWAU Reductions or to comply with its other Demand Management Obligations for that Current Operating Year; and
 - 2) to discuss measures and steps that the State may recommend for consideration by the Operator in relation to the Upcoming Operating Year.

3.7 Quarterly Demand Management Report

- (a) For each Demand Management Forum to be convened and held in an Operating Year in respect of the quarters ending September, December and March, the Operator is required to submit a "**Quarterly Demand Management Report**" in a format agreed by the State two weeks prior to that Demand Management Forum, setting out:
 - 1) progress in the implementation of Service Category Strategies (whether or not those strategies are contained in the Demand Management Plan) and in the

achievement of the Target NWAU Reductions set out in the Demand Management Plan for that Operating Year;

- 2) any deviations from the Service Category Strategies outlined in the applicable Demand Management Plan, the extent of and reasons for any such deviation, and the resulting NWAU impact (positive or negative);
- 3) Actual NWAU Reductions for all Service Category Strategies to that point;
- 4) events or circumstances that have affected, or will or are likely to affect, progress in any Service Category Strategies and the achievement of any Target NWAU Reduction, and steps the Operator has taken or proposes to take to mitigate the effects of those events or circumstances, in that Operating Year;
- 5) results of the implementation of any of those Service Category Strategies;
- 6) the Operator's assessment as to whether any Target NWAU Reduction in the Demand Management Plan may not be met by the end of that Operating Year (having regard to limb (3) above), including the reasons therefore;
- 7) any other events, circumstances, contingencies, matters or other information in relation to:
 - (A) the performance and execution of the Demand Management Plan; or
 - (B) any Target NWAU Reduction;

for that Operating Year that the Operator reasonably considers relevant.

- (b) The representatives of the State and the Operator shall engage in discussions at each Demand Management Forum to review and discuss the Quarterly Demand Management Report.
- (c) In the event that the representatives of the State and the Operator attending the Demand Management Forum are unable to reach agreement on any material matter which requires resolution at a Demand Management Forum, either the State or the Operator (or both of them) may escalate the relevant matter or matters to the next meeting of the Senior Governance Board.
- (d) The State may identify to the Operator in each Demand Management Forum held in an Operating Year any additional or varied suggested steps and strategies that the State expects (acting reasonably) the Operator to:
 - 1) implement or maintain; and
 - 2) have the capacity to implement or maintain,

in order to achieve or exceed the Target NWAU Reductions or otherwise appropriately manage Public Patient demand at the Facility by the end of that Operating Year. For the avoidance of doubt, this does not limit the Operator's obligations to perform its Demand Management Obligations, nor to develop and implement appropriate Service Category Strategies, in accordance with this Agreement.

3.8 Annual Demand Management Report

The Operator must submit a detailed “**Annual Demand Management Report**” for each Current Operating Year by 31 July in the Upcoming Operating Year in a format agreed by the State, to include:

- (a) a consolidation of information from each Quarterly Demand Management Report from the Current Operating Year;
- (b) the results of the evaluation activities undertaken in accordance with the evaluation plan referred to at section 10.5(b)(v) of Schedule 40 for the Current Operating Year, and any proposed changes to the evaluation plan methodology itself; and
- (c) an analysis of how the relevant Demand Management Plan and individual Service Category Strategies within it can be improved for future Operating Years.

4. Financial Reporting

4.1 Invoices and Accounts

The Operator must submit to the State with each Operations Payment Claim a list of:

- (a) all Admitted Patients treated at the Facility during the period to which the Operations Payment Claim relates showing in relation to each Public Patient:
 - 1) admission number;
 - 2) medical record number;
 - 3) admission status;
 - 4) date and time of admission;
 - 5) date and time of discharge;
 - 6) care type;
 - 7) diagnosis related group as utilised by NSW Health;
 - 8) patient date of birth;
 - 9) Service Category;
 - 10) admitted from (establishment);
 - 11) readmission status;
 - 12) Patient election status (including any reversals of election);
 - 13) number of Bed Days;
 - 14) hospital discharge ward;
 - 15) discharge clinician (Medical Registration Number);
 - 16) discharged to (establishment);
 - 17) mode of separation;
 - 18) patient post code;
 - 19) the number of leave days;
 - 20) the Mental Health Legal Status; and
 - 21) Functional Impairment Measure Codes.
- (b) All Emergency Department Patients treated at the Facility during the period to which the Operations Payment Claim relates showing in relation to each Public Patient:
 - 1) event and medical record number;

- 2) date and time of Triage, seen and discharge;
 - 3) patient post code;
 - 4) Triage code;
 - 5) diagnosis;
 - 6) Patient election status (including any reversals of election)
 - 7) discharge type; and
 - 8) source of referral; and
- (c) all Non-Admitted Patients treated at the Facility during the period to which the Operations Payment Claim relates showing in relation to each Public Patient:
- 1) admission number (where applicable);
 - 2) medical record number;
 - 3) patient post code;
 - 4) date and time of appointment;
 - 5) visit type and clinic type;
 - 6) Patient election status (including any reversals of election);
 - 7) appointment category code;
 - 8) group session identifier; and
 - 9) source of referral.

The Operator must provide additional data or data sets as requested from time to time consistent with requirements under the hospitals funding arrangements between the Commonwealth, State and Territory Governments and the NSW Ministry of Health's operational instructions and circulars issued from time to time.

4.2 Financial Statements

- (a) No later than four months after the end of each Financial Year, the Operator must give the Client Representative:
- 1) unconsolidated audited financial statements for the previous Financial Year for the Operator;
 - 2) the audited financial statements for the previous Financial Year of any consolidated entity of which the Operator forms part; and
 - 3) the audited financial statements for the previous Financial Year of the Construction Contractor Guarantor.
- (b) Without limiting paragraph 4.2(a), upon request by the State, the Operator must promptly provide to the State copies of all documents, reports, plans, materials, certificates, notices (including any updated financial models or reports) which the Operator provides to any Debt Financier.
- (c) Each of the documents to be provided to the State in accordance with this Section 4.2 must be accompanied by a certificate signed by two authorised officers of the relevant entity certifying that the information provided is accurate, complete and correct in all respects.

- (d) The Operator must prepare (or procure the preparation of) the accounts and financial statements required under this Section 4.2 in compliance with Law and, without limitation, in accordance with the accounting principles generally accepted in Australia and consistently applied.
- (e) Financial statements for the Operating Year must be audited and included within the Operator's annual report for the Facility.

4.3 Financial Audits

The Operator must provide to the State, within 120 days of the end of each Operating Year during the Operating Term, an audit report, prepared by an independent and reputable auditor, who is a member of the Certified Practising Accountants of Australia or Institute of Chartered Accountants or National Institute of Accountants, and who has audited the financial statements for that Operating Year for the annual report.

5. Facility Management Reporting

The Operator must provide comprehensive and regular reporting to the State on asset management activities undertaken by the Operator under this document. This includes:

- (a) annual reporting of:
 - 1) all non-compliances with the scheduled asset maintenance works within the Annual Works Plan for the previous Operating Year, the reasons for non-compliance and the remedial action taken (or the proposed rectification plan if the works are outstanding);
 - 2) all non-compliances with the scheduled Lifecycle Refurbishment Works within the Asset Lifecycle Plan for the previous Operating Year, the reasons for non-compliance and the remedial action taken (or the proposed remedial action if the works are outstanding);
 - 3) all non-compliances with the scheduled maintenance, replacement, refurbishment or purchase of Medical Equipment, Non-Medical FF&E and Consumables within the Asset Lifecycle Plan for the previous Operating Year, the reasons for non-compliance and the remedial action taken (or the proposed remedial action if the works are outstanding); and
 - 4) details of any asset disposal during the previous Operating Year,
- (b) monthly reporting of:
 - 1) all non-compliances with the scheduled asset maintenance works within the Annual Works Plan for the previous Operating Month, the reasons for non-compliance and the remedial action taken (or the proposed remedial action if the works are outstanding);
 - 2) all non-compliances with the scheduled Lifecycle Refurbishment Works within the Asset Lifecycle Plan for the previous Operating Month, the reasons for non-compliance and the remedial action taken (or the proposed remedial action if the works are outstanding);
 - 3) all reactive maintenance or asset replacement undertaken during the previous Operating Month due to a Failure;
 - 4) details of any Asset Events, including:

- (A) management of service provision used in the event of an Asset Event;
 - (B) action taken for asset repair or replacement or reinstatement of any part of the Facility affected by an Asset Event;
 - (C) timeframe taken for asset repair or replacement or reinstatement of any part of the Facility affected by an Asset Event; and
 - (D) mitigation strategies to be implemented for the risk management of future Asset Event; and
- 5) details of any proposed amendments to the Annual Works Plan in respect of the scheduled asset maintenance and Lifecycle Refurbishment Works for the forthcoming three month period; and
- (c) preparing and maintaining (so that it is at all times kept up to date), an asset register which details all assets of the Public Patient Portion in the format required by the State.

6. Other Reporting

6.1 Annual Report

- (a) The Operator must provide to the State an annual report on the operations of the Facility establishing compliance with the requirements set out in this Schedule 19 (the **Annual Report**). The Annual Report must be published within four Operating Months of the end of each Operating Year.
- (b) The Annual Report must cover the requirements set out in this Schedule 19, giving emphasis to the range, quality, responsiveness and appropriateness of Services delivered.
- (c) The Annual Report must report in reasonable detail as required by the State on (among other things) the following topics:
 - 1) role and structure of the Facility;
 - 2) reporting structure to the State;
 - 3) role delineation of services;
 - 4) IM&T Systems;
 - 5) advances in medical procedures and technology;
 - 6) Facility interaction with the rest of the NSW Ministry of Health and NSLHD;
 - 7) workforce (including Key Personnel and staff turnover);
 - 8) TTER Services;
 - 9) operational report;
 - 10) Patient and Consumer satisfaction and complaints;
 - 11) Carers recognition report;
 - 12) multicultural health reporting;
 - 13) stakeholder engagement and communication report;
 - 14) disability access and inclusion;
 - 15) performance and quality indicators and targets (including performance against KPIs);

- 16) Facility activity and utilisation;
- 17) audited financial statements and audit reports for the Operating Year in accordance with Sections 4.2 and 4.3 of this Schedule 19;
- 18) revenue received with respect to Associated Commercial Facilities and car parking; and
- 19) the Written Down Value of the Private Patient Portion (423 Beds) and the Written Down Value of the Private Patient Portion (Total Beds) (both as defined in Schedule 12) and details of any change to those values during the last Operating Year.

6.2 Value Adding Initiatives Implementation Plans

- (a) The Operator must provide to the State:
 - 1) on a quarterly basis, within 14 days of the end of the quarter, reports in relation to the proposed implementation or discontinuation of each initiative proposed as value adding to this document, as identified in paragraph 6.2(b); and
 - 2) on an annual basis, within 14 days of the end of each Operating Year, progress reports on each of those initiatives which are continuing, including details of the progress of the implementation of each initiative, and detailed implementation plans when available.
- (b) These reports must be provided for:
 - 1) any Health Initiatives implemented in accordance in accordance with clause 52.10 of the Project Deed; and
 - 2) any other initiatives as agreed between the Operator and the State.

6.3 General Undertakings

- (a) The Operator must provide the State (within five Business Days of its receipt or sending) a copy of any notice, report, order or communication sent by or received by the Operator:
 - 1) to or from or with any Authority or other person in relation to the Facility or the Services which is material to the performance of the Operator's obligations in respect of the Project; and
 - 2) to or from any person alleging anything which constitutes a material breach by the Operator of any Project Document.
- (b) When the communication is oral, the Operator must pass on the substance of the communication in writing to the State.