

Schedule 40 – Operational 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 40 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 (excluding the Demand Management 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 (other than the Demand Management 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, Operational Plans and Services Plans (excluding the Demand Management Plan) must accord with any format and content requirements as defined by those entities;
- (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 40 are the Operational Plans and Services Plans namely:

1. Operational Service Delivery Strategy Plan;
2. Disaster Management Plan;
3. Safety, Quality and Risk Management Plan;
4. Clinical Services Delivery Plan;
5. Clinical Support Services Delivery Plan;
6. Non-Clinical Support Services Delivery Plan;
7. TTER Plan or Teaching, Training, Education and Research Plan;
8. Workforce Plan;
9. IM&T Plan; and
10. Demand Management Plan.

1. Operational Service Delivery Strategy Plan

1.1 Purpose

The purpose of the Operational Service Delivery Strategy is to describe the Operator's overall approach to 'whole-of-hospital' matters that require Facility-wide strategies. The Project Plan must demonstrate how the Operator will facilitate contemporary, best practice hospital operations to meet the State's Service requirements including services for the Compensable Patients. The Plan must also demonstrate how the Operator will ensure that the Facility is the primary hospital within the Catchment Area for Hospital Users.

1.2 Minimum Project Plan Requirements

The Operator must provide an Operational Service Delivery Strategy in a form approved by the Client Representative and include:

- (a) **(Organisational arrangements for operational service delivery)** details of the overall structure of the organisation, including:
 - (i) a diagram of the organisational structure;
 - (ii) the management arrangements and reporting relationships for the operation of the Facility;
 - (iii) the proposed personnel for key leadership positions within the Facility;
 - (iv) the proposed arrangement for managing the operational interface between Public Patients and Compensable Patients;
 - (v) description of how the Project may fit into a broader health and hospital portfolio of the Operator to ensure long term success and stability of performance of the Services;
 - (vi) the proposed arrangements for managing the Facility 24 hours a day seven days a week including any after-hours strategies; and

- (vii) the proposed arrangements for managing contracted Services.
- (b) **(Management and Governance of Clinical Services)** details regarding the overall structure and functional grouping of the full range of Clinical Services and Clinical Support Services, including an organisational chart and:
- (i) the governance structure for overseeing the quality and safety of clinical care;
 - (ii) the management and reporting relationships of Clinical Services staff for the leadership of clinical care within the organisation;
 - (iii) the Operators strategy to demonstrate how it will engage in continuous Clinical Service redesign and innovation focused on and improving clinical outcomes and efficiency (details of how this will be reported and measured during the Operating Term must be provided);
 - (iv) arrangements for ensuring clinical accountability for patients as they transition between departments, subcontracted Services or facilities for treatment or diagnostic episodes of care; and
 - (v) the management and reporting relationships for Clinical Support Services functions;
- (c) Additionally, the Operator must describe the process for:
- (i) ensuring accountability of Clinical Services staff within their professional scope of practice; and
 - (ii) ensuring contemporary arrangements for Clinical Services review, peer review and timely, transparent, reflective communication, inclusive of all parties to clinical care.
- (d) **(Service Access and Patient Flow)** details of how:
- (i) outpatient demand will be managed, including, waiting list management, hours of operation and clinical and non-clinical linkages and the operational approach to the management of outpatients;
 - (ii) elective demand will be managed for elective surgery and booked medical admissions, including waiting list management, bed plans, hours of operation and clinical and non-clinical linkages and the operational approach to the management of elective admissions and discharges;
 - (iii) non-elective demand will be managed for:
 - (A) Emergency Department;
 - (B) Bed management – including critical care Beds, ICU etc;
 - (C) mental health; and
 - (D) obstetrics,
 including Bed plans, hours of operation and clinical and non-clinical linkages and the operational approach to the management of non-elective admissions and discharges;
 - (iv) Patient flow will be managed for:
 - (A) Patients within State-wide networks;
 - (B) Patients within NSLHD networks; and

- (C) Patients that require appropriate transfer to other facilities;
- (e) details of how it will be responsive to:
 - (i) NSW Health requirements, through strategies covering:
 - (A) responsiveness to demand at all times; and
 - (B) maintenance of agreed Service delivery levels at all times throughout the Private Patient Portion Term.
 - (ii) specific population groups in accordance with legislated requirements and local area needs, including:
 - (A) Aboriginal and Torres Strait Islander Patients;
 - (B) Patients from non-English speaking backgrounds; and
 - (C) Patients with physical or intellectual disabilities.
- (f) an outline of management methods, including:
 - (i) capacity management principles relevant to the Service, and the protocols to be implemented to meet short-term fluctuations in Service levels;
 - (ii) systems that will be implemented to deliver, manage, monitor and report the status of the Service; and
 - (iii) other relevant information relating to management of critical flows for example staff, patient, equipment and materials flows;
- (g) **(Integration and Coordination)** the Operator must articulate a strategy for Service integration which includes processes for ensuring Services and providers will seamlessly interact with, and be organised to support the patient flow and the patient journey, including the timely communication of information pertaining to the Patient:
 - (i) when discharged home;
 - (ii) when transferred to another Service or level of care;
 - (iii) when appropriately transferred or discharged to other NSLHD facilities or services or other private facilities or non-government organisations
 - (iv) when being received into care; and
- (h) Additionally, the Operator must articulate how it will undertake those aspects of Service delivery that will require a coordinated approach, addressing (as a minimum) proposed processes for participating in strategic level committee and Health Service planning to ensure timely, quality Clinical Services delivery consistent with NSLHD goals and priorities;
- (i) Nomination of any strategies or consideration of linkages with the NSW Agency for Clinical Innovation (ACI) and other NSW Health Pillars (as applicable).

1.3 Project Plan Renewal Timeframe

An update of the Operational Service Delivery Strategy must be provided 12 months prior to Operational Readiness then a minimum of every three months until commencement of the Operating Term.

The Operational Service Delivery Strategy must be renewed annually by the Operator at the same time that the Annual Notice is finalised during the Operating Term or more frequently 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. Disaster Management Plan

2.1 Purpose

The purpose of the Disaster Management Plan is to describe the Operator's approach to addressing internal Site emergencies and catastrophic failures, as well as the Operator's role as part of the overall State response to external emergencies and disasters.

2.2 Minimum Project Plan Requirements

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

- (a) how the Operator will meet State emergency and disaster services requirements as a 'Medical Service', as articulated within the NSW HEALTHPLAN (a supporting plan of the NSW State Disaster Plan (**Displan**)) approved by the State and adapted from time to time;
- (b) how the Operator will participate in a whole-of-health response in the event of an emergency by coordinating with other 'Health Areas' and 'NSW Health Related Services', as identified within the NSW HEALTHPLAN;
- (c) the Operator's staffing strategy in the event of a disaster or emergency; and
- (d) the Operator's proposed arrangements for ensuring, where possible, that:
 - (i) the Facility continues to operate; and
 - (ii) the State can respond to increased public demand for the time during and immediately after an emergency or disaster.

2.3 Project Plan Renewal Timeframe

The Disaster Management Plan must be renewed by the Operator as required to ensure:

- (a) compliance with the requirements set out in NSW HEALTHPLAN and Displan throughout the Term; or
- (b) 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. Safety, Quality and Risk Management Plan

3.1 Purpose

The purpose of the Safety, Quality and Risk Management Plan is to describe the Operator's approach to safety and quality, and risk management and how it is applied across all aspects of the Project.

3.2 Minimum Project Plan Requirements

The Safety, Quality and Risk Management Plan must be in a form approved by the Client Representative and must include:

Risk Management

- (a) an integrated risk management plan and risk management system for the purpose of ensuring that clinical and corporate risks are identified, minimised and managed for all Services;

- (b) a system for identification, reporting and investigation of all extreme and high risks (both corporate and clinical), and Sentinel Events in accordance with and as defined in the NSW Incident Management Policy (2007) or its current equivalent;
- (c) a system for the management of Clinical Incidents that aligns with the NSW Incident Management Policy (2007) or its current equivalent;
- (d) implementation of a complaints management system that enables reporting to the State;
- (e) compliance with the NSW Health Enterprise-Wide Policy and Framework (as updated or as applicable from time to time);
- (f) causal analysis of any areas of medium or low risk identified by the Operator and/or the State, including:
 - (i) immediate and long term corrective actions (where appropriate); and
 - (ii) appropriate follow up to ensure the effectiveness of any actions taken;
- (g) obligations on the Operator in respect of the provision of feedback to all relevant Personnel and the Client Representative on the actions to be taken to address areas of concern, including ongoing monitoring of performance in the areas of concern following the feedback;

Safety and Quality

- (h) alignment with the NSW Health Patient Safety and Clinical Quality Program (2005), or its current equivalent, as well as any current National Safety and Quality Health Service Standards or its equivalent;
- (i) an appropriate strategy and timetable for achieving accreditation by an Accrediting Body;
- (j) maintenance of Operating Term Quality Standards including identification and management of Clinical Service, Clinical Support Service and Non Clinical Support Service quality risks across the Facility;
- (k) strategies for achieving the requirements of this document;
- (l) strategies to ensure that quality is maintained and improved over the life of the Private Patient Portion Term;
- (m) methodologies to identify and respond to consumer satisfaction with the Services, ensuring that these methodologies are particularly aimed at assessing and delivering consumer value;
- (n) commitment to improving the outcomes of care and Service delivery including implementation of a Facility-wide continuous quality improvement program;
- (o) ensure health care incidents, complaints and feedback are reported and managed to ensure improvements to the systems of care;
- (p) ensure external service providers (including any Subcontractors) are managed to maximise safety and quality care and Service delivery;
- (q) maintaining a safe environment for employees, Patients, Consumers and Hospital Users;
- (r) safety management systems that ensure safety and wellbeing for Patients, Consumers, Hospitals Users, Subcontractors and Personnel;
- (s) emergency and Disaster management strategies that support safe practice and a safe environment in alignment with the Services Specification; and

- (t) compliance with all Laws and national, State and area health service policies and procedures to ensure a consistent approach to the safety and quality of Services provided.

3.3 Project Plan Renewal Timeframe

An update of the Safety, Quality and Risk Management Plan must be provided six months prior to Operational Readiness.

The Safety, Quality and Risk 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.

4. Clinical Services Delivery Plan

4.1 Purpose

The purpose of the Clinical Services Delivery Plan is to describe the Operator's approach to organising, managing and delivering Clinical Services, noting where applicable any specific operational strategies, controls and interdependencies that are specific to that Clinical Service (for example, where the delivery of the Clinical Services relies on specific digital hospital solutions).

4.2 Minimum Project Plan Requirements

The Clinical Services Delivery Plan must be in a form approved by the Client Representative and must include:

- (a) a description of where the nominated Clinical Services fit within the organisational structure;
- (b) the scope of the Clinical Services to be delivered in order to meet the requirements as set out in the Clinical Services Specification;
- (c) a strategy to ensure appropriate care is provided to all patients who present to the Facility, or deteriorate while at the Facility, to a level beyond the identified role delineation. The strategy must address the provision of care, alternate facility identification and transportation / appropriate transfer arrangements.
- (d) the workforce profile for each of the Clinical Services that describes the skill mix and categories of staff;
- (e) The model of care (referencing evidence based care) to be implemented in order to deliver the scope of Clinical Services, describing:
 - (i) how each Clinical Service, as described by the Services Specification, will be provided;
 - (ii) where each Clinical Service will be provided;
 - (iii) who will be involved in the delivery of each Clinical Service;
 - (iv) when each Clinical Service will be provided – hours of operation;
 - (v) how Patient care will be coordinated across Patient boundaries, addressing interdepartmental dependencies and functional relationships; and
 - (vi) how each Clinical Service will integrate with other essential and community health services;
- (f) a description of how the Clinical Services will be organised to ensure they are delivered efficiently, effectively and to a high standard (e.g. streaming of high volume activity), so that for each Clinical Service:

- (i) KPIs are achieved;
- (ii) legislative or other quality standard requirements are adhered to; and
- (iii) performance standards are achieved (including how they will be measured and reported against);
- (g) details of arrangements to ensure appropriate care is provided to all patients who present to the Facility, including those patients who require a higher level of patient care (beyond the Service Role Delineation of the Facility) when they present or following deterioration;
- (h) any particular needs identified for each Clinical Service and how the Operator will meet these needs; and
- (i) where relevant, details of any proposed Subcontractors for the delivery of Clinical Services during the Operating Term.

4.3 Project Plan Renewal Timeframe

An updated Clinical Services Delivery Plan must be provided six months prior to Operational Readiness.

The Clinical Services Delivery Plan must be renewed by the Operator each year (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. Clinical Support Services Delivery Plan

5.1 Purpose

The purpose of the Clinical Support Services Delivery Plan is to describe the Operator's approach to organising, managing and delivering Clinical Support Services.

5.2 Minimum Project Plan Requirements

The Clinical Support Services Delivery Plan must be in a form approved by the Client Representative and must include:

- (a) a description of where the nominated Clinical Support Services fit within the organisational structure;
- (b) the scope of the Clinical Support Services to be delivered to meet the requirements as set out in the Clinical Services Specification;
- (c) the workforce profile for each Clinical Support Service that describes the skill mix and categories of staff;
- (d) the model of care / model of service delivery (referencing evidence based care) to be implemented to deliver the scope of the Clinical Support Services, describing:
 - (i) how each Clinical Support Service will be provided;
 - (ii) where each Clinical Support Service will be provided;
 - (iii) who will be involved in the delivery of each Clinical Support Service;
 - (iv) when each Clinical Support Service will be provided – hours of operation;
 - (v) how Patient care will be coordinated across Patient boundaries; and
 - (vi) how the Clinical Support Service will integrate with other essential Clinical Support Services, Non-Clinical Support Services and community health services;

- (e) details of what performance standards will be adopted by the Operator and how they will be met (including the standard and quality to be delivered, how they will objectively measured and reported such that the standard and quality has been achieved and how it will be reported and any non-conformances cured and or abated); and
- (f) details of any particular needs identified for each Clinical Support Service and how the Operator will meet these needs; and
- (g) where relevant, details of any proposed Subcontractors for the delivery of Clinical Support Services during the Operating Term.

5.3 Project Plan Renewal Timeframe

An updated Clinical Support Services Delivery Plan must be provided 6 months prior to Operational Readiness.

The Clinical Support Services Delivery Plan must be renewed by the Operator in December each year (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.

6. Non-Clinical Support Services Delivery Plan

6.1 Purpose

The purpose of the Non-Clinical Support Services Delivery Plan is to describe the Operator's approach to organising, managing and delivering Non-Clinical Support Services.

6.2 Minimum Project Plan Requirements

The Non-Clinical Support Services Delivery Plan must be in a form approved by the Client Representative and must include:

- (a) the scope of each Non-Clinical Support Service, which must include Pastoral Care services;
- (b) details of how each proposed Non-Clinical Support Service will be provided;
- (c) details of who will provide each Non-Clinical Support Service;
- (d) details of who will receive each Non-Clinical Support Service;
- (e) details of when each Non-Clinical Support Service will be provided – hours of operation;
- (f) details of how legislative or other quality standard requirements will be adhered to;
- (g) details of what performance standards will be adopted by the Operator and how they will be met (including the standard and quality to be delivered, how they will objectively measured and reported such that the standard and quality has been achieved and how it will be reported and any non-conformances cured and/or abated); and
- (h) where relevant, details of any proposed Subcontractors for the delivery of Non-Clinical Support Services during the Operating Term.

6.3 Project Plan Renewal Timeframe

An updated Non-Clinical Services Delivery Plan must be provided six months prior to Operational Readiness.

The Non-Clinical Support Services Delivery Plan must be renewed by the Operator each year (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.

7. TTER Plan

7.1 Purpose

The purpose of the TTER Plan is to describe the Operator's approach to organisation, management, development and renewal of teaching, training, education and research at the Facility, at the level of service required and beyond, with a focus on bid enhancement and 'value add'. The TTER Plan must also respond to and reflect the requirements of Clauses 59.13(e) and (f).

7.2 Minimum Project Plan Requirements

The TTER Plan must be in a form approved by the Client Representative and must include in relation to the Compensable TTER Services, Embedded TTER Services and any Research Services being provided directly in relation to Patient care:

Teaching, Training and Education

- (a) a teaching, training and education framework that ensures the Operator implements best practice for its workforce within its service delivery obligations for the Project (across all Clinical Services, Clinical Support Services and Non-Clinical Support Services) and that demonstrates opportunities for all staff to benefit from teaching, training and education;
- (b) a training governance framework, demonstrating how teaching, training and education will be coordinated in accordance with State practices, including for staff / student placements;
- (c) a governance framework and management plan as to how students are managed including medical student, nursing students, allied health students etc. and what infrastructure and facilities will be provided;
- (d) nomination of what teaching, training and education infrastructure and facilities will be provided as to deliver the Services;
- (e) how obligations for undergraduate and graduate placements for all trades and professions will be met;
- (f) the management and administration of the teaching and training requirements for JMOs (noting that JMOs are to be included under the Workforce Plan);
- (g) which activities are deemed to meet minimum requirements, and those which are identified as 'value add' (over and above minimum requirements);
- (h) how the teaching, training and education activities will be appropriately incorporated into the overall delivery of Services including how the Operator will engage in communication including government, universities, training bodies; and
- (i) with all of the above activities specified in the TTER Plan pursuant to this Section 7.2 being appropriately characterised as the Compensable TTER Services, Embedded TTER Services or Research Services which are not directly related to patient care.

Research

- (j) a research governance framework, demonstrating how research will be coordinated and how it will accord with State standards and NSLHD research governance practices for approving and monitoring research; managing intellectual property rights and providing access to research information and data;

- (k) strategies that will be implemented to ensure a strong research culture exists at the Facility, that enables continuous Service improvement and the delivery of evidence based care;
- (l) plans to generate revenue for the purposes of research; and
- (m) activities are deemed to meet minimum requirements and those which are identified as 'value add' (over and above minimum requirements).

7.3 Project Plan Renewal Timeframe

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

The TTER Plan must be renewed by the Operator and provided to the Client Representative for approval not later than 31 August in every Operating Year (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.

8. Workforce Plan

8.1 Purpose

The purpose of the Workforce Plan is to demonstrate how the Operator will maintain a suitable workforce, including its overall approach to planning, recruiting, managing and retaining personnel required to deliver the Services.

8.2 Minimum Project Plan Requirements

The Workforce Plan must be in a form approved by the Client Representative and must:

- (a) describe the Operator's approach to its workforce, including:
 - (i) its approach to the recruitment and engagement of staff, particularly in the context of increased workforce demand in the Catchment Area;
 - (ii) its management of staff turnover and any retention strategies including intern positions and undergraduate and postgraduate teaching training and education programs;
 - (iii) outsourcing and sub-contracts (where appropriate and in accordance with the Project Deed);
 - (iv) consideration of connections and collaborations with existing training networks;
 - (v) its systems and processes for ensuring that all staff are appropriately qualified, accredited, registered and insured, and working within the scope of their practice;
 - (vi) its plan for managing situations where staff who are performing the same functions are engaged using different terms and conditions of employment (e.g. Migrating Employees); and
 - (vii) any entitlements or benefits that the Operator's employees are entitled to (in addition to those imposed by the State in respect of Migrating Employees);
- (b) a detailed workforce structure for all proposed positions at the Facility at the beginning of the Term, which provides sufficient information to undertake the Migration process including number of employees (full time equivalent) by:
 - (i) grade and classification under the applicable NSW Health Award (or, if not known, proposed level of qualification, i.e. enrolled nurse, registered nurse and assistant in nursing, and remuneration); and

- (ii) staff groups (including nursing, Clinical Support Staff, Non-Clinical Support Staff; Allied Health and senior medical workforce);
- (c) identify any proposed changes to the workforce structure in the medium and long term, anticipated efficiency improvements, and how they will be achieved;
- (d) provide a strategy for JMOs that includes information about how the Operator proposes to use JMOs at the Facility, including:
 - (i) how many JMOs the Operator anticipates will be required, by type (i.e. resident, registrar, intern etc.) and specialty;
 - (ii) the facilities and support services to accommodate JMOs and the JMO management unit (this is the unit responsible for the administration and organisation of the junior medical workforce);
 - (iii) how it will provide appropriate and adequate supervision and rostering;
 - (iv) how it will ensure that it has in place insurance provisions that fully cover the JMOs when under the Operators control;
 - (v) how it will respond to circumstances where the number of JMOs supplied by the State differs from that required by the Operator including study leave;
 - (vi) how it will respond to any unavailability of JMOs allocated to the Facility (including for short term absences such as sick leave and annual leave); and
 - (vii) acknowledging that the Operator will bear the costs, risks and responsibility for the unavailability of JMOs.
- (e) a strategy for Subcontractors that identifies all of the tasks and functions that it would, if selected as the Operator, outsource to a third party, including:
 - (i) the anticipated volume of Services to be outsourced; and
 - (ii) the associated workforce reduction in full time equivalent permanent positions compared to the number of employees that the Operator would have employed but for outsourcing of the function; and
- (f) how the Operator's workforce strategy links to the Work Health and Safety Management Plan so as to demonstrate how the Operator will meet its obligations under the WHS Legislation and any other applicable legislation.

8.3 Project Plan Renewal Timeframe

An updated Workforce Plan must be provided one year prior to Operational Readiness.

The Workforce 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.

9. IM&T Plan

9.1 Purpose

The purpose of the IM&T Plan is to describe the Operator's approach to the development and maintenance of the information management and technology systems that underpin the delivery of Services. The solution must also address the State's requirement for a leading edge digital hospital solution.

9.2 Minimum Project Plan Requirements

The IM&T Plan must be in a form approved by the Client Representative and must include:

- (a) the Operator's strategy for the delivery and maintenance of a leading edge digital hospital solution for the Project. The strategy must:
 - (i) demonstrate how the technology and innovation to be implemented will create improved performance, better health outcomes and research data sharing; and
 - (ii) detail how the Operator will ensure that its digital hospital and IM&T solution will be renewed and updated over the Term;
- (b) details of how the Operator's plan for implementing the Facility-wide IM&T infrastructure solution at Service commencement;
- (c) details of how the Operator's IM&T solution will interface with the requisite State systems and software;
- (d) details of how the Medical Records will be managed such that they are available to support the transfer of patient information, supporting continuity of care of Patients;
- (e) details of how the Medical Records will be compatible with State systems;
- (f) details of the systems that will be adopted to ensure that the requirements of the Project Documents can be administered and managed by the State (including reporting, activity, performance, payment etc.);
- (g) an information security plan;
- (h) the process for replacing and upgrading, identifying and implementing new medical technology throughout the Term, which must be detailed in:
 - (i) a lifecycle management plan;
 - (ii) a systems maintenance plan; and
 - (iii) a technology adoption plan;
- (i) the Operator's proposed systems testing methodology;
- (j) a regular performance reporting schedule;
- (k) details of how the Operator will address certain issues, including but not limited to:
 - (i) information privacy;
 - (ii) data governance;
 - (iii) IM&T system business continuity; and
 - (iv) IM&T system disaster recovery;
- (l) details of the processes that will be implemented to ensure that, for both the digital hospital solution and the IM&T solution:
 - (i) Services are enabled; and
 - (ii) legislative or other quality standard requirements are adhered to.

9.3 Project Plan Renewal Timeframe

An updated IM&T Plan must be provided six months prior to Operational Readiness.

The IM&T 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.

10. Demand Management Plan

10.1 Definitions

In this Section 10:

Actual NWAU Reduction means, in relation to a Service Category Strategy for an Operating Year, the actual reduction in the number of NWAU achieved by the Operator in that Operating Year as a direct and immediate result of the implementation of that Service Category Strategy.

Demand Management Forum is defined in Section [10.7(a)].

Service Category means:

- (a) the Unplanned Admitted Service Category and Non-Admitted Service Category; or
- (b) the Planned Admitted and Non-Admitted Service Category,

and “**Service Categories**” means all or of them (as the context permits).

Service Category Strategy means, in relation to an Operating Year, any strategy, activity, plan, program or action, or cessation or modification of any of them, relating to a Service Category, as identified and described in the Demand Management Plan for that Operating Year.

SMP means specialist medical practitioners including VMOs and Staff Specialists.

Target NWAU Reduction means, in relation to a Service Category Strategy to be implemented by the Operator in the course of an Operating Year, the target reduction in the number of NWAU treated at the Facility to be achieved by the Operator in that Operating Year as a direct and immediate result of the implementation of that Service Category Strategy:

- (a) as set out in that Demand Management Plan at the commencement of that Operating Year; and
- (b) if applicable, as modified as a result of any Demand Management Forum convened and held during that Operating Year.

10.2 Upcoming Operating Year and Current Operating Year

- (a) Where the expression “**Upcoming Operating Year**” is used in this Section 10, it denotes a reference to the Operating Year to which a Demand Management Plan, Activity Profile or Annual Notice (as the context may require) is to apply.
- (b) Where the expression “**Current Operating Year**” is used in this Section 10, it denotes the Operating Year immediately preceding the Upcoming Operating Year to which it relates.

10.3 Purpose

The purpose of the Demand Management Plan is to describe the Operator’s approach and processes to managing the demand of Services to Patients so as to ensure compliance with Item 5(a) of the Activity Schedule.

The Demand Management Plan will outline the actions to be undertaken by the Operator in an Operating Year with the object of reducing the demand for, and the performance of, Services to Public Patients at the Facility. This includes identifying strategies in areas such as:

- (a) the timing of care;
- (b) the modalities of care; and

- (c) alternative funding sources for Public Patient care (outside of the Monthly Service Payment and other State funding).

10.4 The classification of a Demand Management Plan

- (a) The Demand Management Plan is in addition to and does not limit any of the Operator's other obligations under the Project Documents and/or other Project Plans, including those that impact, or have the potential to impact, Public Patient demand management.
- (b) The Demand Management Plan is directed towards all aspects of Public Patient demand management from time to time at the Facility as distinct from the provision of services to Compensable Patients and each Service Category Strategy shall complement, but be separate from, the Compensable Patient Strategy.
- (c) For the avoidance of doubt, the following activities fall within the Compensable Patient Strategy to the exclusion of the Demand Management Plan:
 - (i) compensable funding sources uptake (such as Private Health Insurance (PHI) and Department of Veterans' Affairs (DVA)) for unplanned patients, including but not limited to:
 - (A) improvements to patient liaison processes which are aimed to maximise conversion; and
 - (B) improvements to private patient offerings which are aimed to maximise conversion; and
 - (ii) compensable funding sources uptake (such as PHI and DVA) for planned patients, including but not limited to:
 - (A) improvements to private patient offerings which are aimed to maximise compensable funding source uptake; and
 - (B) the related interface with SMPs, including the provision of any supporting tools or resources which are aimed to maximise uptake.

10.5 Minimum Demand Management Plan Requirements

The Demand Management Plan for each Operating Year must be in a form approved by the Client Representative (following the processes set out in this section 10) and must include:

- (a) the Service Category Strategies the Operator has implemented, or is planning to implement, to manage Public Patient activity, with regard to:

(Unplanned Admitted Service Category)

- (i) Emergency Department (ED) presentation avoidance, including but not limited to:
 - (A) the interface with local GPs;
 - (B) the interface with community services;
 - (C) services provided through the GP Clinic and any on-site medical centre;
 - (D) non-admitted models of care provided by the Operator; and
 - (E) other relevant Service Category Strategies.
- (ii) Unplanned hospital admission avoidance and management, including but not limited to:
 - (A) services provided by the GP Clinic or any on-site medical centre;
 - (B) the interface with community services;

- (C) non-admitted models of care provided by the Operator, such as rapid-access clinics;
- (D) appropriate length-of-stay minimisation; and
- (E) other relevant Service Category Strategies.

(Planned Admitted Service Category)

- (iii) Planned hospital admission avoidance and management, including but not limited to:
 - (A) non-admitted models of care provided by the Operator;
 - (B) appropriate surgical wait times;
 - (C) appropriate length-of-stay minimisation;
 - (D) the interface with local GPs, particularly with regards to referral pathways;
 - (E) the interface with SMPs, including the provision of any supporting tools or resources to maximise uptake and the appropriate management of Public Patient referrals from outside the Catchment Area; and
 - (F) other relevant Service Category Strategies.

(Non-Admitted Service Category)

- (iv) Non-Admitted Patient demand management, including but not limited to:
 - (A) encouraging delivery of public care through the use of other available funding mechanisms, including no-gap clinics; and
 - (B) other relevant Service Category Strategies.
- (b) detail with regard to each Service Category Strategy, including:
 - (i) the target patient cohort;
 - (ii) the operational approach, such as (as applicable) model of care, hours of operation, allocated clinical and clinical support resources, patient flow processes or referral processes;
 - (iii) the start date or expected start date of implementation;
 - (iv) the estimated Target NWAU Reductions applicable to each Service Category Strategy (being the target reasonably expected to be achieved if all aspects of the relevant Service Category Strategy are successfully implemented), including calculation methodology; and
 - (v) an ongoing evaluation plan to monitor implementation and effectiveness, including actual NWAU impact and a comparison of that impact as against corresponding Target NWAU Reductions for that Operating Year; and
 - (vi) consideration of other demand management programs or strategies which have been or will be introduced and implemented at public hospitals in the NSW public health system, to the extent to which they could reasonably be introduced and implemented by the Operator at the Facility.