

## Key Performance Indicators

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This document contains the Key Performance Indicators for each of the relevant Services (other than the Safety and Incident Management Service) to be delivered under the Fiona Stanley Hospital Facilities Management Services Contract dated 30 July 2011.

## Table of contents

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<b>Key Performance Indicators</b>	<b>1</b>
<b>Audio Visual Service</b>	<b>1</b>
<b>Cleaning Service</b>	<b>2</b>
<b>Electronic Records Management Service</b>	<b>3</b>
<b>Energy and Utilities Service</b>	<b>4</b>
<b>Estate Service</b>	<b>5</b>
<b>External Transport Service</b>	<b>8</b>
<b>Fleet Management Service</b>	<b>9</b>
<b>Grounds Maintenance Service</b>	<b>10</b>
<b>Health Records Management and Clinical Coding Service</b>	<b>11</b>
<b>Helpdesk and Communications Service</b>	<b>12</b>
<b>Human Resource Management Service</b>	<b>14</b>
<b>ICT Service</b>	<b>16</b>
<b>Internal Logistics</b>	<b>18</b>
<b>Linen Service</b>	<b>19</b>
<b>Managed Equipment Service</b>	<b>20</b>
<b>Management and Integration Service</b>	<b>22</b>
<b>Patient Catering Service</b>	<b>25</b>
<b>Pest Control Service</b>	<b>26</b>
<b>Property Management Service</b>	<b>27</b>

<b>Reception Service</b>	<b>27</b>
<b>Scheduling and Billing Service</b>	<b>28</b>
<b>Sterilisation Service</b>	<b>29</b>
<b>Supplies Management Service</b>	<b>30</b>
<b>Vehicle and Traffic Management Service</b>	<b>32</b>
<b>Waste Management Service</b>	<b>33</b>

## Audio Visual Service

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Ref	Performance Parameters
1	The system that enables the scheduling, automated booking and allocation of Audio Visual Equipment is available to Hospital Employees at all times.
2	Any action or request relating to a Booking is attended to within 10 minutes.
3	The Audio Visual Service is managed so that it is integrated with the Patient Entertainment Systems at all times in accordance with paragraphs 2.2(d) and 2.2(f) of this Specific Service Specification.
4	The Facilities Manager's Audio Visual Equipment meets the Facilities Reference Guide at all times.
5	Digital content specified by the Principal is streamed through the Audio Visual Equipment, when requested by the Principal.
6	Custom content on the public information and Wayfinding dynamic display devices are managed and updated in accordance with the Audio Visual Services Plan.
7	The Audio Visual Service is managed at all times, in accordance with the Principal's clinical and business system requirements, as required by paragraph 2.2(h) of this Specific Service Specification.
8	Relevant Audio Visual Equipment is provided and set up for its intended use at the time and location requested in each Booking that is made at least 2 hours before the requested time.
9	Training is provided in accordance with paragraph 2.2(k) of this Specific Service Specification.
10	Video Conferencing systems operate at the Site in accordance with the Audio Visual Technical Specification at all times.
11	The Audio Visual Equipment is capable of making notifications and messages for purposes of the Safety and Incident Management Service in accordance with the Audio Visual Service Plan for 98% of the time.
12	The Facilities Manager complies with paragraph 2.2(n) of this Specific Service Specification.
13	The Principal is notified within 1 Business Day if the safety or security of any Audio Visual Equipment has been compromised with a replacement or repair cost of greater than \$5,000 (Indexed).
14	Electrical, electronic monitoring and physical checks are performed in accordance with paragraph 2.2(p) of this Specific Service Specification and the Audio Visual Service Plan.
15	Amber or Green range is achieved for all Continuous Improvement Indicators on an annual basis.

## Cleaning Service

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Ref	Performance Parameters
16	Cleaning Equipment and Cleaning Consumables are provided, maintained, cleaned, stored and replaced in accordance with the relevant manufacturer's requirements and Good Industry Practice.
17	Scheduled Cleaning is only performed during the relevant Access Time for that area, unless otherwise agreed with the Principal in writing.
18	Scheduled Cleaning in Critically Important Functional Areas is completed in accordance with the Cleaning Service Plan and in accordance with the Cleaning Standards.
19	Scheduled Cleaning in Highly Important Functional Areas is completed in accordance with the Cleaning Service Plan and in accordance with the Cleaning Standards.
20	Scheduled Cleaning in Very Important Functional Areas is completed in accordance with the Cleaning Service Plan and in accordance with the Cleaning Standards.
21	Scheduled Cleaning in Important Functional Areas is completed in accordance with the Cleaning Service Plan and in accordance with the Cleaning Standards.
22	Isolation Cleans are attended to within the Attendance Time when requested in accordance with paragraph 2.2(a)(3) of this Specific Service Specification.
23	Emergency Faults are Attended to within the relevant Attendance Time.
24	Reactive Cleans are completed in respect of Emergency Faults within the relevant Rectification Time.
25	Urgent Faults are Attended to within the relevant Attendance Time.
26	Reactive Cleans are completed in respect of Urgent Faults within the relevant Rectification Time.
27	Non-Urgent Faults are Attended to within the relevant Attendance Time.
28	Reactive Cleans are completed in respect of Non-Urgent Faults within the relevant Rectification Time.
29	All Hospital beds are cleaned and made up with clean linen to meet the Cleaning Standards and at frequencies requested by Hospital Employees in accordance with the process stated in the Cleaning Service Plan.
30	All privacy curtains and blinds are present and clean in accordance with the Cleaning Standards.
31	Facilities Manager performs regular inspections of each Functional Area at times and frequencies specified in the Cleaning Service Plan to ensure each Functional Area is in a state of cleanliness compliant with the Cleaning Standards.

Ref	Performance Parameters
32	Facilities Manager develops and maintains methods and procedures to respond to an Outbreak.
33	Amber or Green range is achieved for all Continuous Improvement Indicators on an annual basis.

## Electronic Records Management Service

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Ref	Performance Parameters
1	The Hospital Records Management System is available at all times.
2	The Electronic Records Management Service is available for 99% of the time in any month as described in paragraph 2.4(b) of this Specific Service Specification.
3	Hospital Records Management System provided by the Facilities Manager is maintained, upgraded and replaced to maintain full interoperability and integration with the then current Facilities Reference Guide.
4	Hospital Records management complies with the relevant Health Policies specifically identified in paragraph 2.3(e) of this Specific Service Specification at all times.
5	99% of Scanning Items received are dealt with in accordance with paragraph 2.2(b)(i) of this Specific Service Specification.
6	All Non-Scanning Items are electronically identified in accordance with the requirements in this Specific Service Specification.
7	Each intended recipient of a Non-Scanning Item is notified of the arrival or receipt (as applicable) of all relevant Non-Scanning Items within 4 hours of arrival of the relevant item at the Site.
8	All Hospital Records converted to an electronic format comply with paragraph 2.3(a) of this Specific Service Specification.
9	99.5% of Hospital Records that are filed electronically are correctly filed within the Hospital Records Management System and named, in accordance with the User Instructions.
10	For each Urgent Request, Hospital Records are retrieved and made available within 30 minutes of receipt of the request.
11	For all Non-urgent Requests for scannable but not yet scanned Hospital Records stored within the Hospital Records Management System, Hospital Records are retrieved and made available within 4 hours of receipt of the request.
12	The Facilities Manager makes available to the Principal's Personnel appropriate training for the use of the User Instructions, as detailed in the Electronic Records Management Service Plan.

<b>Ref</b>	<b>Performance Parameters</b>
13	Audits are conducted in accordance with requirements of paragraph 2.3(d) of this Specific Service Specification.
14	Recommendations on the minimisation of paper-based Hospital Records are provided at the end of each Contract Year.
15	All Confidential Information is stored in a secure and safe manner so that it may only be accessed by the Principal's and Facilities Manager's Personnel identified in the Electronic Records Management Service Plan.
16	Amber or Green range is achieved for all Continuous Improvement Indicators on an annual basis.

## Energy and Utilities Service

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<b>Ref</b>	<b>Performance Parameters</b>
1	Utility supply is continuous to the Site at all times.
2	A report on the forecast usage patterns, peak demand and total annual usage of each Utility for the entire Site is provided to the Principal within 1 month of the end of each calendar year.
3	Inaccuracies regarding volumes and prices issued on invoices are identified and raised with the Utility Provider within one Business Day of receipt of the invoice.
4	Contingency plans addressing the loss of supply of all Utilities are reviewed and tested, as agreed with the Principal in the Energy and Utilities Service Plan.
5	Contingency plans are executed in accordance with the time frames specified in those plans, and if no time periods are specified then expediently, following the loss of one or more Utilities resulting in the continuous supply of Utilities.
6	The Principal's Representative is informed one week prior to any scheduled interruptions to any Utilities supply of which the Facilities Manager should reasonably have been aware.
7	All obligations, as required under each Utility Arrangement are complied with by the Facilities Manager.
8	The conservation policy, as updated in accordance with paragraph 2.2(m) of this Specific Service Specification, is available to all those persons stated in the Energy and Utilities Service Plan.
9	The Facilities Manager implements the Utilities conservation policy.
10	A report is provided to the Principal at least annually in the Annual Service Plan and includes all information identified in paragraph 2.2(m) of this Specific

<b>Ref</b>	<b>Performance Parameters</b>
	Service Specification.
11	Except to the extent covered under other KPIs, the Principal's obligations under each Utility Agreement are performed at all times.
12	Amber or Green range is achieved for all Continuous Improvement Indicators on an annual basis.

## Estate Service

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<b>Ref</b>	<b>Performance Parameters</b>
1	Accurate records of the cost of undertaking Additional Works and forecast costs of Additional Works within the Annual Services Plan are maintained at all times.
2	All Programmed Maintenance is carried out and completed by the agreed scheduled time and in accordance with the operational method statements contained in the Estate Service Plan and all other relevant Facilities Management Plans.
3	No Programmed Maintenance is carried out outside the times specified in paragraph 2.3 of this Specific Service Specification unless otherwise agreed with the Principal.
4	Other than in respect of the Facilities Manager's Equipment, all Emergency Faults are Attended to within the relevant Attendance Time and in accordance with the operational method statements contained in the Estate Service Plan and all other relevant Facilities Management Plans.
5	Reactive Maintenance is completed in respect of all Emergency Faults related to Building and Site Service Assets within the relevant Rectification Time and in accordance with the operational method statements contained in the Estate Service Plan and all other relevant Facilities Management Plans.
6	Other than in respect of the Facilities Manager's Equipment, all Urgent Faults are Attended to within the relevant Attendance Time and in accordance with the operational method statements contained in the Estate Service Plan and all other relevant Facilities Management Plans.
7	Reactive Maintenance is completed in respect of all Urgent Faults related to Building and Site Service Assets within the relevant Rectification Time and in accordance with the operational method statements contained in the Estate Service Plan and all other relevant Facilities Management Plans.
8	Other than in respect of the Facilities Manager's Equipment, all Non-Urgent Faults are Attended to within the relevant Attendance Time and in accordance with the operational method statements contained in the Estate Service Plan and all other relevant Facilities Management Plans.



Ref	Performance Parameters
9	Reactive Maintenance is completed in respect of all Non-Urgent Faults related to Building and Site Service Assets within the relevant Rectification Time and in accordance with the operational method statements contained in the Estate Service Plan and all other relevant Facilities Management Plans.
10	Faults related to Building and Site Components and Principal's Equipment are rectified and Reactive Maintenance is completed within the time period agreed with the Principal and in accordance with the operational method statements contained in the Estate Service Plan and all other relevant Facilities Management Plans.
11	The Principal is notified, within the timeframes stated in paragraph 2.2(d)(4)(B) of this Specific Service Specification, of the cost of undertaking the relevant works.
12	All additional plant and equipment are commissioned in accordance with paragraph 2.2(i) of this Specific Service Specification.
13	The procedure established under paragraph 2.2(o) of this Specific Service Specification is implemented and complied with by the Facilities Manager.
14	Appropriate Permits to Work are obtained and adhered to by the Facilities Manager and the Personnel in accordance with the process agreed by the Principal as required by paragraph 2.3(g) of this Specific Service Specification.
15	The Planning and Briefing Support Service is provided in accordance with the program agreed with the Principal as required by paragraph 2.2(n) of this Specific Service Specification.
16	The Facilities Manager completes all requests for Minor Works within the time agreed with the Principal.
17	All Additional Works are completed within the time agreed with the Principal and set out in the Estate Service Plan.
18	All Upgrade Works are completed within the timeframes agreed with the Principal and set out in the Estate Service Plan.
19	The Facilities Manager complies with paragraph 2.2(h)(1) of this Specific Service Specification.
20	The Facilities Manager complies with paragraph 2.2(h)(2) of this Specific Service Specification.
21	The Facilities Manager complies with paragraph 2.2(h)(3) of this Specific Service Specification.
22	The Facilities Manager complies with paragraph 2.2(h)(4) of this Specific Service Specification.
23	The Facilities Manager complies with paragraph 2.2(l) of this Specific Service Specification.
24	The Facilities Manager complies with paragraph 2.2(i) of this Specific Service Specification.
25	Window cleaning is undertaken so that, at point of cleaning, glazed surfaces are visibly clean and smear free with no blood or body substances, dust, dirt, debris, adhesive tape and spillages visibly present and have a uniformly shiny appearance.
26	Graffiti is removed from any part of the Site within 48 hours of notification to the Helpdesk.

Ref	Performance Parameters
27	All emergency systems within the Site, in the event that any electrical, water, gas or other Utility supplies to the Site are not available, operate correctly.
28	Records in respect of the Estate Service, as detailed in paragraph 2.2(k) of this Specific Service Specification, are provided to the Principal within 5 days of the request being made.
29	<p>Each lift achieves 99% Lift Availability (as defined below) for each week, as measured by the formula outlined below.</p> <p>In respect of each lift, the availability of the lift (<b>Lift Availability</b>) is calculated in accordance with the following formula:</p> $\text{Lift Availability (\%)} = ((\text{Total Time} - \text{Down Time}) \times 100) / \text{Total Time}$ <p>where:</p> <p>'<b>Down Time</b>' means the aggregate of the periods (in hours) during which the relevant lift was unavailable for normal use:</p> <ol style="list-style-type: none"> <li>1. if the relevant lift is not a Critical Care Lift, during Peak Operating Hours during the relevant week; or</li> <li>2. if the relevant lift is a Critical Care Lift, during the relevant week,</li> </ol> <p>in each case, excluding any period of unavailability due to the performance of Planned Maintenance, and '<b>Total Time</b>' means:</p> <ol style="list-style-type: none"> <li>1. in respect of a lift which is not a Critical Care Lift, the number of Peak Operating Hours during the relevant week; or</li> <li>2. in respect of a Critical Care Lift, 168.</li> </ol>

Ref	Performance Parameters
30	<p>Each bank of two or more lifts (<b>Lift Bank</b>) achieves 99.5% Lift Bank Availability (as defined below) each week, as measured by the formula outlined below.</p> <p>In respect of each Lift Bank, the availability of the Lift Bank (<b>Lift Bank Availability</b>) is calculated in accordance with the following formula:  Lift Bank Availability (%) = ((Total Time – Down Time) x 100) / Total Time</p> <p>where:</p> <p>'<b>Down Time</b>' means the aggregate of the periods (in hours) during which each lift within the relevant Lift Bank was:</p> <ol style="list-style-type: none"> <li>1. for each lift within the relevant Lift Bank that is not a Critical Care Lift, unavailable for normal use during Peak Operating Hours; and</li> <li>2. for each lift within the relevant Lift Bank that is a Critical Care Lift, unavailable for normal use during the relevant week,</li> </ol> <p>in each case, excluding any period of unavailability due to the performance of Planned Maintenance, and</p> <p>'<b>Total Time</b>' means:</p> <ol style="list-style-type: none"> <li>1. the number of lifts within the relevant Lift Bank which are not Critical Care Lifts multiplied by the number of Peak Operating Hours during the relevant week; plus</li> <li>2. the number of lifts within the relevant Lift Bank which are Critical Care Lifts multiplied by 168.</li> </ol>
31	Amber or Green range is achieved for all Continuous Improvement Indicators on an annual basis.

## External Transport Service

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Ref	Performance Parameters
1	The External Transport Service is provided between 6.30am and 6.30pm each Business Day and 7.00am and 5.30pm each day that is not a Business Day.
2	The External Transport Service is provided in accordance with paragraph 2.2(b) of this Specific Service Specification.
3	Each External Transport Vehicle is kept clean, neat and tidy.
4	All Personnel providing the External Transport Service are appropriately licensed, accredited and certified at all times.
5	Booking service complies with the requirements of this Specific Service Specification for 99% of any month.

Ref	Performance Parameters
6	Each Emergency Request is attended to within the relevant Attendance Time.
7	Each Urgent Request is attended to within the relevant Attendance Time.
8	Each Non-Urgent Request is attended to within the relevant Attendance Time.
9	Amber or Green range is achieved for all Continuous Improvement Indicators on an annual basis.

## Fleet Management Service

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Ref	Performance Parameters
1	Each Fleet Vehicle (excluding those under repair, maintenance and cleaning) is available for use or in use 24 hours a day, 7 days a week.
2	Fleet Vehicles are procured and replaced according to recommendations made in Annual Service Plan and compliance with the WA Health Motor Vehicle Fleet Policy.
3	Safe and secure storage for each Fleet Vehicle is provided when that Fleet Vehicle is not allocated to an individual.
4	Booking systems and fleet management information is available electronically / online for Hospital Employee's use.
5	Each request for Booking Fleet Vehicles made between 6:30 am and 5:30 pm is responded to and confirmed (where an appropriate vehicle is available) or alternatives are suggested (where an appropriate vehicle is not available) within 1 hour of the relevant request being made.
6	Each request for Booking Fleet Vehicles made between 5:30 pm and 6:30 am the following morning is confirmed (where an appropriate vehicle is available) or alternatives are suggested (where an appropriate vehicle is not available) by 7.30am the next morning.
7	Each user who has Booked a Fleet Vehicle is provided with an appropriate vehicle at the Booked time.
8	Each Fleet Vehicle is maintained in accordance with relevant manufacturers' recommendations, lease agreements and insurance requirements.
9	The Facilities Manager develops and implements the processes described in paragraph 2.2(l) of this Specific Service Specification.
10	All Fleet Vehicles and users of those vehicles are equipped with all licences, permits and accreditations required by Law at all times.
11	Two or more fuel cards from different issuers are present in all Fleet Vehicles for use with the designated Fleet Vehicle only.
12	Fleet Vehicles that have suffered Major Damage are taken from the pool, booked into an appropriate repairer and the relevant insurer is contacted within 4 hours of Handback.

<b>Ref</b>	<b>Performance Parameters</b>
13	All Minor Damage to a Fleet Vehicle approved for repair by the Principal is repaired within 4 weeks of the Facilities Manager becoming aware of the damage.
14	Fleet Vehicles are able to be conveniently returned After Hours.
15	Each infringement notice received is managed in accordance with the Fleet Management Service Plan.
16	Except to the extent covered by other KPIs, the Principal's obligations under the Fleet Management CUA, and lease agreements entered into, are performed at all times.
17	Green range is achieved for each Continuous Improvement Indicator on an annual basis.

## Grounds Maintenance Service

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<b>Ref</b>	<b>Performance Parameters</b>
1	Planned Grounds Maintenance causes no unnecessary disruptions to Hospital Users and neighbours to the Site.
2	Planned Grounds Maintenance is not performed outside of the times set out in the Grounds Maintenance Service Plan.
3	Emergency Faults are Attended within the relevant Attendance Time.
4	Urgent Faults are Attended within the relevant Attendance Time.
5	Non-Urgent Faults are Attended within the relevant Attendance Time.
6	Reactive Service is performed in respect of Emergency Faults within the relevant Rectification Time.
7	Reactive Service is performed in respect of Urgent Faults within the relevant Rectification Time.
8	Reactive Service is performed in respect of Non-Urgent Faults within the relevant Rectification Time.
9	The Grounds Maintenance Service is performed in accordance with paragraph 2.2(c) of this Specific Service Specification.
10	All external staircases and fire routes are free from obstruction at all times.
11	The reticulation system does not deliver water to walkways or buildings.
12	The Grounds Maintenance Service is performed in accordance with paragraph 2.2(f) of this Specific Service Specification.

Ref	Performance Parameters
13	The Grounds Maintenance Service is performed in accordance with the Horticulture and Grounds Maintenance Standards.
14	Amber or Green range is achieved for all Continuous Improvement Indicators on an annual basis.

## Health Records Management and Clinical Coding Service

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Ref	Performance Parameters
1	Planned Grounds Maintenance causes no unnecessary disruptions to Hospital Users and neighbours to the Site.
2	Planned Grounds Maintenance is not performed outside of the times set out in the Grounds Maintenance Service Plan.
3	Emergency Faults are Attended within the relevant Attendance Time.
4	Urgent Faults are Attended within the relevant Attendance Time.
5	Non-Urgent Faults are Attended within the relevant Attendance Time.
6	Reactive Service is performed in respect of Emergency Faults within the relevant Rectification Time.
7	Reactive Service is performed in respect of Urgent Faults within the relevant Rectification Time.
8	Reactive Service is performed in respect of Non-Urgent Faults within the relevant Rectification Time.
9	The Grounds Maintenance Service is performed in accordance with paragraph 2.2(c) of this Specific Service Specification.
10	All external staircases and fire routes are free from obstruction at all times.
11	The reticulation system does not deliver water to walkways or buildings.
12	The Grounds Maintenance Service is performed in accordance with paragraph 2.2(f) of this Specific Service Specification.
13	The Grounds Maintenance Service is performed in accordance with the Horticulture and Grounds Maintenance Standards.
14	Amber or Green range is achieved for all Continuous Improvement Indicators on an annual basis.
15	Health Records are available to be accessed and retrieved by Hospital Employees 24 hours per day, seven days per week.
16	Health Record Management and Clinical Coding Service is available between 8.00am and 6.00pm, seven days per week.

<b>Ref</b>	<b>Performance Parameters</b>
17	Health Record Management and Clinical Coding Service complies with the requirements of the Health Policies (including the WA Health Coding Standards), ICD-10, the National Health Data Dictionary and the accreditation requirements of the Evaluation and Quality Improvement Program.
18	Each Personnel employed to provide the Health Record Management and Clinical Coding Service is trained, supervised and managed in accordance with Good Industry Practice.
19	Each Health Record Management and Clinical Coding Service enquiry is responded to, in a non-automated fashion, within 5 minutes of receipt.
20	Each original hard copy Health Record is retrieved from Off Site Storage within 24 hours of request.
21	In any random sample of 300 Patients, no more than one Patient has more than one Unit Medical Health Record Number.
22	Each Health Record is scanned and stored electronically within 1 Business Day of receiving information.
23	99% of Health Records converted to an electronic format are converted in accordance with paragraph 2.2(b) of the Service Specifications.
24	A Provisional Diagnosis Code is assigned within 24 hours of each Patient's admission.
25	98% of Provisional Diagnosis Codes are checked against the Patient's current medical status each day of their admission and the Provisional Diagnosis Code is changed where appropriate.
26	98% of final diagnosis and intervention codes are entered in the System within 24 hours of completion of the discharge summary by the relevant Hospital Employee.
27	Each Health Record is available on arrival of the Patient for booked admissions and out Patient appointments.
28	Each of the relevant Hospital Employees have been provided training for the appropriate use of the Health Record Management and Clinical Coding System.
29	Amber or Green range is achieved for all Continuous Improvement Indicators on an annual basis.

## Helpdesk and Communications Service

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<b>Ref</b>	<b>Performance Parameters</b>
1	Helpdesk is operational for the Service Times.

Ref	Performance Parameters
2	Each day's Helpdesk data and records are maintained and available to the Principal's Personnel, including following partial or complete failure of the Helpdesk.
3	A Disaster Recovery and Business Continuity Plan is annually provided to and approved by the Principal, to ensure, in the event of a fault, no impact to the operation of the Hospital and no Health Functions Disruption occurs.
4	Helpdesk systems, Software and Hardware comply at all times with the Facilities Reference Guide.
5	All licences relevant to the Helpdesk and Communications Equipment are up to date and renewed prior to their expiry date.
6	Operational policies, procedures and record keeping methods are in compliance with and allow the operation of the Performance Regime in accordance with the Contract.
7	The Helpdesk has real time access to appropriate records for the Services at all times.
8	The Principal has electronic access to the Software, systems and records as per paragraph 2.3(c)(3) of this Specific Service Specification and as stated in the Helpdesk and Communications Service Plan.
9	All Helpdesk staff have training in customer service in accordance with the Helpdesk and Communications Services Plan.
10	All staff providing the Helpdesk and Communications Service have the ability to speak, understand, read and comprehend English to a level sufficient to undertake the duties of the relevant position and can communicate to Hospital Users effectively, having regard to the requirements of their position.
11	98% of requests logged through the Helpdesk in any month are logged with the correct details fully completed.
12	At all times at least one staff member operating the Helpdesk has completed a basic medical terminology course as stated in the Helpdesk and Communications Service Plan.
13	A translator service is available through Helpdesk for 98% of the time in any month as stated in the Helpdesk and Communications Service Plan.
14	A personal, non-automated answer is provided within 15 seconds for 95% of Non Helpdesk Calls in any month.
15	A personal, non-automated answer is provided within 30 seconds for 99% of Non Helpdesk Calls in any month.
16	A personal, non-automated answer is provided within 30 seconds for 70% of Helpdesk Calls in any month.
17	A personal, non-automated answer is provided within 60 seconds for 99% of Helpdesk Calls in any month.
18	The Helpdesk provides a non-automated response to electronic mail enquiries within 10 minutes of receipt.
19	The Helpdesk provides a non-automated response to facsimile enquiries within 30 minutes of receipt.
20	The Helpdesk responds to written mail enquiries received via the mail room within 2 Business Days of receipt.



Ref	Performance Parameters
21	Where required by the eligible Hospital User, Helpdesk and Communications Service Staff provide verbal or written progress reports and proposed rectification times within 2 hours of a request to do so.
22	An activity report for each request or fault reported is generated in accordance with the requirements of this Specific Service Specification and demonstrably communicated to the relevant service provider.
23	Helpdesk and Communications Service staff provide responses to enquiries in accordance with the Emergency Management Plan in the event of an Emergency.
24	Amber or Green range is achieved for all Continuous Improvement Indicators on an annual basis.

## Human Resource Management Service

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Ref	Performance Parameters
1	The Facilities Manager provides each of the services described in paragraph 2.2(e)(other than those services referred to in any other KPI in this Specific Service Specification).
2	The Facilities Manager provides all reasonable assistance as required by paragraph 2.2(c) of this Specific Service Specification.
3	Human Resource Management Service is Site based and provided between 9.00am and 5.00pm, each Business Day.
4	The Facilities Manager provides information and support in respect of the items identified in paragraph 2.2(e)(1) of this Specific Service Specification on request to Health Employees and volunteers at the Hospital and in accordance with the Human Resource Management Service Plan.
5	The Facilities Manager provides a recruitment and selection service in accordance with paragraph 2.2(e)(4) of this Specific Service Specification.
6	The Facilities Manager provides procedural advice and administrative assistance, where requested by Principal's Personnel, as required by paragraph 2.2(e)(5)of this Specific Service Specification.
7	All positions requiring pre-employment screening under the <i>Working with Children (Criminal Record Checking) Act 2004 (WA)</i> are identified, and liaison occurs as required by paragraph 2.2(e)(6)of this Specific Service Specification.
8	The Facilities Manager monitors and notifies the Principal no later than 3 months prior to the expiry of each fixed-term contract relating to a Health Employee.
9	An employee welfare service is provided in accordance with paragraph 2.2(e)(9) of this Specific Service Specification.

Ref	Performance Parameters
10	Each Health Employee who is redeployed or displaced from their substantive position is managed by the Facilities Manager in accordance with paragraph 2.2(e)(12) of this Specific Service Specification.
11	The Facilities Manager provides access to information identified in paragraph 2.2(e)(13) of this Specific Service Specification in accordance with the Human Resource Management Service Plan.
12	The Facilities Manager compiles, analyses and provides workforce planning information, statistics and other data as required by paragraphs 2.2(e)(14), 2.2(e)(15) and 2.2(e)(16) of this Specific Service Specification.
13	The Facilities Manager complies with paragraph 2.2(f) of this Specific Service Specification for each volunteer commencing service.
14	Each of the Personnel that utilise the human resource information system are trained and competent in the use of the human resource information systems nominated by the Principal and cooperate with the Health Corporate Network as required by paragraph 2.2(g)(1) of this Specific Service Specification.
15	The Principal is notified within one Business Day of any reasonably held suspicions regarding matters specified in paragraph 2.2(g)(4) of this Specific Service Specification that the Principal may be obliged to report to the Western Australian Corruption and Crime Commission, under the provisions of the <i>Corruption and Crime Commission Act 2003 (WA)</i> .
16	The Facilities Manager provides the Principal with any information in its possession that relates to the potential serious misconduct by public officers, within one day of it becoming aware of the information.
17	Non-clinical and learning development programs for Hospital Employees are provided in accordance with paragraph 2.3(a) of this Specific Service Specification and the Human Resource Management Service Plan.
18	The learning and development record of each Hospital Employee trained by the Facilities Manager is accurately maintained and up-to-date at all times, in the format stated in the Human Resource Management Service Plan.
19	The induction program set out in the Human Resource Management Service Plan is maintained by the Facilities Manager as required by paragraph 2.3(f) of this Specific Service Specification.
20	Each new Hospital Employee, volunteer and Personnel undertake the induction program prior to commencing any work on the Site as required by paragraph 2.3(g) of this Specific Service Specification.
21	The Facilities Manager provides advice and support to the relevant Principal's Personnel managing Hospital Employees in respect of the items identified in paragraph 2.4(a) of this Specific Service Specification in the format specified in the Human Resource Management Service Plan.
22	Risk management strategies are implemented and managed in accordance with paragraph 2.4(c) of this Specific Service Specification, at all times.
23	Occupational safety and health education and training is delivered to all Hospital Employees and volunteers at the Hospital, within the timeframes stated in the Human Resource Management Service Plan.

<b>Ref</b>	<b>Performance Parameters</b>
24	The Facilities Manager undertakes ad hoc and regular occupational safety and health audits in relation to the Site and reports on the outcomes and risk mitigation and management plans to the Principal as required by paragraph 2.4(f)(1) of this Specific Service Specification.
25	The Facilities Manager advises the Principal of suitable and appropriate personal protective equipment for Hospital Employees and volunteers at the Hospital prior to the induction of each such person.
26	Suitable first-aid materials are available at all times to Hospital Employees and volunteers at the Hospital in the locations stated in the Human Resource Management Service Plan.
27	Each Hospital Employee and volunteer at the Hospital requiring medical screening following a work related incident is referred to the appropriate service within 2 Business Days of notification of the incident.
28	The Facilities Manager provides workers compensation training and education to Hospital Employees, in accordance with the Human Resource Management Service Plan.
29	The Facilities Manager conducts each workers compensation claim in accordance with the Human Resource Management Service Plan.
30	The Facilities Manager oversees all injury management and return-to-work programs for each Hospital Employee in accordance with the Human Resource Management Service Plan.
31	Amber or Green range is achieved for all Continuous Improvement Indicators on an annual basis.

## ICT Service

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<b>Ref</b>	<b>Performance Parameters</b>
1	In any month the Availability of each Class-A Application to be not less than 99.8%.
2	In any month the Availability of each Class-B Application to be not less than 99.5%.
3	In any month the Availability of each Class-C Application to be not less than 98%.
4	In any month the number of Chronic Outages for any single Class-A Application is zero.
5	In any month the number of Chronic Outages for any single Class-B Application is zero.
6	In any month the number of Chronic Outages for any single Class-C Application is zero.
7	The mean Application Response Time in any month for any Class-A Application is less than 2.0 seconds.

Ref	Performance Parameters
8	The mean Application Response Time in any month for a Class-B Application is less than 3.0 seconds.
9	The mean Application Response Time in any month for a Class-C Application is less than 5.0 seconds.
10	All scheduled backup restore tests are completed.
11	At least 95% of Changes are implemented on or before the date agreed by the CAB.
12	The number of Changes that have been implemented unsuccessfully and are the cause of a Priority 1 or Priority 2 Incident is zero.
13	All Priority 1 Incidents are Resolved within 2 hours.
14	The initial Response for all Priority 1 Incidents is made within 15 minutes.
15	All Priority 2 Incidents are Resolved within 8 hours.
16	The initial Response for all Priority 2 Incidents is made within 1 hour.
17	All Priority 3 Incidents are Resolved within 1 Business Day.
18	The initial Response for all Priority 3 Incidents is made within 2 hours.
19	The percentage of ICT Incidents reopened due to the reoccurrence of an ICT Incident is not more than 5% of ICT Incidents.
20	The initial Response to every Severity 1 Security Incident is made within 15 minutes.
21	All Security Requests classified as Priority 1 are Resolved within 2 hours.
22	Security Vulnerabilities are Resolved within 24 hours following assessment.
23	Number of ICT Incidents as a result of failed wireless network access points.
24	Number of ICT Incidents as a result of failed fixed network ports.
25	The mean time of the round-trip time taken, for a sample 64-byte data packet to cross the Network Infrastructure from any End Point Device within the Systems to any Enterprise Hardware within the CCR within the same Security Domain and return to that same End Point Device is less than 10 milliseconds.
26	The mean time of the round-trip taken for a sample 64-byte data packet to cross the Network Infrastructure from a nominated End Point Device within the Systems to any nominated Enterprise Hardware within the CCR in any other Security Domain and return to that same End Point Device is less than 100ms.
27	The Business Continuity Plan is certified by an appropriately qualified external reviewer as required by paragraph 2.4(f) of the Management and Integration Service Specification on an annual basis.

<b>Ref</b>	<b>Performance Parameters</b>
28	At least 98% of scheduled backups have been completed in accordance with the data backup plan/schedule.
29	The CMDB is at least 95% accurate.
30	The percentage of Service Requests which have been completed in accordance with their resolution times detailed in the Service Catalogue, including EUC IMACs, is at least 95%.
31	Amber or Green range is achieved for all Continuous Improvement Indicators on an annual basis.

## Internal Logistics

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<b>Ref</b>	<b>Performance Parameters</b>
1	All incoming couriered items are delivered to the recipient within 120 minutes of receipt of the relevant item.
2	The movement of Deceased Persons is performed in accordance with paragraph 2.2(g) of this Specific Service Specification.
3	All Emergency Requests are attended to within the relevant Attendance Time.
4	All Emergency Requests are completed within the relevant Completion Time.
5	All Urgent Requests are attended to within the relevant Attendance Time.
6	All Urgent Requests are completed within the relevant Completion Time.
7	All Non-Urgent Requests are attended to within the relevant Attendance Time.
8	90% of Non-Urgent Requests in any month are completed within the relevant Completion Time.
9	All Planned Requests are attended to within the relevant Attendance Time.
10	90% of Planned Requests in any month are completed within the relevant Completion Time.
11	Amber or Green range is achieved for all Continuous Improvement Indicators on an annual basis.

## Linen Service

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Ref	Performance Parameters
1	Stock control system and inventory information is provided in accordance with paragraph 2.2(g) of this Specific Service Specification.
2	Linen Equipment is stored, maintained, cleaned and replaced in accordance with manufacturers' requirements and Good Industry Practice for 98% of the time in any month.
3	Each item of Linen and Uniforms that is provided by the Facilities Manager is of a quality that meets Standards AS 3789, AS 4480, and JIS T 9241.
4	Each item of Theatre Linen is clearly marked as Theatre Linen, including whether it is sterilised.
5	All Linen and Uniforms delivered to the relevant storage areas, including Emergency Supplies, are Clean in accordance with Standard AS/NSZ 4146 and free from blemishes and contamination.
6	Scheduled supplies of Linen are delivered to designated storage areas at the times agreed in the Linen Service Plan.
7	Minimum Stock Levels of Linen are maintained at all times.
8	Sufficient levels of Clean Theatre Linen are sterilised to ensure uninterrupted operational requirements.
9	Requests for the supply and collection of Linen made by Hospital Employees between the hours of 6.30am and 6.00pm are completed within 30 minutes of the request being received.
10	Requests for the supply and collection of Linen made by Hospital Employees outside the hours of 6.30am and 6.00pm are completed within 1 hour of the request being received.
11	A complete system for the segregation of all types of Linen is established and maintained at all times.
12	Scheduled Used Linen collection occurs at least daily.
13	Used Linen collections are conducted to ensure receptacles are not more than 75% full or malodorous.
14	All Linen receptacles are lined with appropriate bags at all times.
15	Amber or Green range is achieved for all Continuous Improvement Indicators on an annual basis.

## Managed Equipment Service

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Ref	Performance Parameters
1	The Facilities Manager establishes and maintains a Clinical Products Review Committee with membership approved by the Principal.
2	MES Equipment excluding Low Value Items and its associated service history are traceable by the Asset Management System for 99% of the time.
3	Each item of MES Equipment, as selected and directed by the Principal, is procured in accordance with the procurement process in paragraph 2.4 of this Specific Service Specification.
4	All MES Equipment is adequately licensed and meets the requirements of the Therapeutic Goods Administration at all times.
5	MES Equipment is installed and commissioned in accordance with manufacturer instructions and guidelines.
6	All installed MES Equipment is tested and certified in accordance with all Laws prior to commissioning.
7	Manufacturer's claimed performance is achieved on the date of planned commissioning, and is verified in writing by a Hospital Employee designated by the Principal.
8	Scheduled Maintenance is carried out at the times detailed in the Managed Equipment Service Plan.
9	Emergency Faults in respect of Group A MES Equipment are Attended to within the Attendance Times (or any other standard accepted by the Principal under a Non Compliant Proposal).
10	Urgent Faults in respect of Group A MES Equipment are Attended to within the Attendance Times (or any other standard accepted by the Principal under a Non Compliant Proposal).
11	Non-Urgent Faults in respect of Group A MES Equipment are Attended to within the Attendance Times (or any other standard accepted by the Principal under a Non Compliant Proposal).
12	Reactive Maintenance Activity in respect of Group A MES Equipment for each Emergency Fault is completed within the Rectification Times (or any other standard accepted by the Principal under a Non Compliant Proposal).
13	Reactive Maintenance Activity in respect of Group A MES Equipment for each Level 1 Fault which is Urgent is completed within the Rectification Times (or any other standard accepted by the Principal under a Non Compliant Proposal).
14	Reactive Maintenance Activity in respect of Group A MES Equipment for each Level 2 Fault which is Urgent is completed within the Rectification Times (or any other standard accepted by the Principal under a Non Compliant Proposal).
15	Reactive Maintenance Activity in respect of Group A MES Equipment for each Non-Urgent Fault is completed within the Rectification Times (or any other standard accepted by the Principal under a Non Compliant Proposal).

Ref	Performance Parameters
16	Regular inspections of the Hospital and quality audits of MES Equipment are conducted in accordance with paragraph 2.9(d) of this Specific Service Specification.
17	Product training is provided in accordance with paragraph 2.10 of this Specific Service Specification and the Managed Equipment Service Plan.
18	80% of the number of Low Value Items as stated in Appendix E of this Specific Service Specification are available for use.
19	Each item of Group B MES Equipment with an annual maintenance value of less than \$31,000 (Indexed) has an Uptime Percentage in any Quarter of greater than the relevant Quarterly Uptime Percentage Target (or any other standard accepted by the Principal under a Non Compliant Proposal).
20	Each item of Group B MES Equipment with a an annual maintenance value of less than \$31,000 (Indexed) has an Uptime Percentage in any Contract Year of greater than or equal to the relevant Annual Uptime Percentage Target (or any other standard accepted by the Principal under a Non Compliant Proposal).
21	Each item of Group B MES Equipment with an annual maintenance value of between \$31,000 and \$102,000 (Indexed) has an Uptime Percentage in any Quarter of greater than or equal to the relevant Quarterly Uptime Percentage Target (or any other standard accepted by the Principal under a Non Compliant Proposal)
22	Each item of Group B MES Equipment with an annual maintenance value of between \$31,000 and \$102,000 (Indexed) has an Uptime Percentage in any Contract Year of greater than or equal to the relevant Annual Uptime Percentage Target (or any other standard accepted by the Principal under a Non Compliant Proposal).
23	Each item of Group B MES Equipment with an annual maintenance value of greater than \$102,000 (Indexed) has an Uptime Percentage in any Quarter of greater than or equal to the relevant Quarterly Uptime Percentage Target (or any other standard accepted by the Principal under a Non Compliant Proposal)
24	Each item of Group B MES Equipment with a an annual maintenance value of greater than \$102,000 (Indexed) has an Uptime Percentage in any Contract Year of greater than or equal to the relevant Annual Uptime Percentage Target (or any other standard accepted by the Principal under a Non Compliant Proposal).
25	Amber or Green range is achieved for all Continuous Improvement Indicators on an annual basis.



## Management and Integration Service

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Ref	Performance Parameters
1	The Performance Monitoring Plan, as detailed in paragraph 2.1(h) of this Specific Service Specification, is accurate, accessible and verifiable by the Principal at all times.
2	The Principal is advised within one hour of any breaches of Laws or Authorisations as required by paragraph 2.1(i) of this Specific Service Specification.
3	An accurate organisation structure chart, as described in paragraph 2.2(b) of this Specific Service Specification, is maintained and provided (within 1 day of a change) to the Principal.
4	Personnel or delegates (authorised by the Principal) attend meetings called with at least 1 week's notice as requested by the Principal or authorised Hospital Employees in accordance with paragraph 2.2(d) of this Specific Service Specification.
5	Governance frameworks are maintained in accordance with the requirements in paragraph 2.3 of this Specific Service Specification and provided to the Principal at the end of each month.
6	The Facilities Manager provides to the Principal the recommendations of regular expert and quality reviews of the performance of each of the Services as required by paragraph 2.3(b)(2) of this Specific Service Specification.
7	The Facilities Manager provides to the Principal an annual independent expert review of the performance of all Services planning and delivery, as required by paragraph 2.3(b)(3) of this Specific Service Specification.
8	The Business Continuity Plan is certified by an appropriately qualified external reviewer as required by paragraph 2.3(f) of this Specific Service Specification on an annual basis.
9	Each Service Level agreed with the Principal in accordance with paragraph 2.4(g) of this Specific Service Specification, is achieved in any month.
10	Information or draft responses are provided to the Principal in accordance with paragraphs 2.6(d) and 2.6(e) of this Specific Service Specification and in the timeframe required.
11	All electronic data is treated in accordance with paragraph 2.6(f) of this Specific Service Specification.
12	A computer model in respect of the provision of all Services, as specified in paragraph 2.7 of this Specific Service Specification, is accurate, up to date and accessible by the Principal at all times.

Ref	Performance Parameters
13	The Principal is advised within one hour of any media enquiries made to any Personnel as required by paragraph 2.10(a) of this Specific Service Specification.
14	The Facilities Manager complies with paragraph 2.10(b) of this Specific Service Specification.
15	An integrated Site-wide Asset Management System, as detailed in paragraphs 2.11(a) and 2.11(d) of this Specific Service Specification, is maintained and operational at all times.
16	The Asset Management System is accessible at all times in accordance with paragraphs 2.11(b) and 2.11(c) of this Specific Service Specification.
17	An Inventory Management System, as detailed in paragraph 2.11(e) of this Specific Service Specification, is maintained and operational at all times.
18	The Facilities Manager holds a valid ISO 9001 accreditation as required by paragraph 2.12(c) of this Specific Service Specification, at all times.
19	Compliance with the Australian Council on Healthcare Standards standards is maintained as required by paragraph 2.12(c) of this Specific Service Specification, at all times.
20	Customer satisfaction surveys are conducted and information provided to the Principal in accordance with paragraph 2.12(e) of this Specific Service Specification.
21	Risk documentation is updated every 3 months, as required by paragraph 2.13(c) of this Specific Service Specification, and submitted to the Principal.
22	Principal Personnel and officers and employees of WA Health are not approached or communicated with in regards of employment opportunities as required by clause 6.1(h) of the Contract.
23	There is a Facilities Manager's Representative at all times who is appropriately qualified in accordance with clause 6.4(a) of the Contract.
24	The Principal is notified at least 5 Business Days before changing the Facilities Manager's Representative as specified in clause 6.4(b) of the Contract.
25	Each of the Facilities Manager's representatives attend meetings of the Facilities Management Advisory Group as per clause 6.5 of the Contract.
26	Weekly facilities management meetings are convened and chaired by the Facilities Manager and address the requirements as set out in clause 6.6 of the Contract.
27	The Facilities Manager attends meetings in accordance with clause 6.7 of the Contract, when requested with at least 2 days notice by the Principal.
28	Each Key Personnel is engaged, assigned and experienced as required by clause 6.8 of the Contract.
29	Prior approval from the Principal is obtained before replacing Key Personnel as required by clause 6.9 of the Contract.
30	The Principal is notified within 5 Business Days of the Facilities Manager becoming aware of changes in relation to Subcontractors as specified in clause 6.9(b) of the Contract.

Ref	Performance Parameters
31	Each Personnel is suitably clothed and equipped with the appropriate safety equipment at all times in accordance with clause 6.10(a) of the Contract for 98% of the time in any month.
32	The Facilities Manager complies with clause 6.12(a) of the Contract.
33	The Principal is notified as soon as practicable of any event that has occurred in relation to any Personnel as set out in clause 6.12(d) of the Contract.
34	Each proposed Services Subcontract is tendered in accordance with clause 7.3(a) of the Contract.
35	Information relating to proposed or existing Subcontractors, as specified in clause 7.5 of the Contract, is provided to the Principal within the timeframes requested.
36	The Principal is notified of any meeting or discussion with a stakeholder (as defined in the Stakeholder Management Plan) as required by clause 8.3(b) of the Contract.
37	A register of consultation with stakeholders (as defined in the Stakeholder Management Plan) is maintained as set out in clause 8.3(d) of the Contract.
38	Assistance is given to, and Records are made available to each of the persons listed in clause 9.2(a) of the Contract for the purposes specified under clause 9 of the Contract.
39	Access to the Facilities Manager's Personnel and facilities is provided to each of the persons listed in clause 9.2(a) of the Contract for the purposes specified under clause 9 of the Contract.
40	The Annual Service Plan is prepared and provided to the Principal in accordance with the requirements set out in clause 15.6 of the Contract.
41	The Principal is notified within 24 hours of any accident, incident, injury or property damage as specified in clauses 23.3(a) and 23.3(b) of the Contract.
42	A written report is provided to the Principal on any incident specified in clause 23.3 of the Contract, within 2 days, in accordance with clause 23.3(c) of the Contract.
43	All reportable situations are reported and the Facilities Manager complies with all other obligations under the <i>Dangerous Goods Safety Act 2004 (WA)</i> as required by clause 23.4 of the Contract.
44	The Facilities Manager complies with clause 25.4(a) of the Contract.
45	Notify the Principal within 5 Business Days of becoming aware of any incident involving Confidential Information as specified in clause 34.2 of the Contract.
46	Each Facility Management Plan is provided to the Principal and reviewed and updated in the timeframes required in accordance with Schedule 1 of the Contract.
47	The Service Report is provided to the Principal on a monthly basis in accordance with the requirements of Schedule 16 of the Contract.

Ref	Performance Parameters
48	No Personnel smoke anywhere on the Site.
49	Amber or Green range is achieved for all Continuous Improvement Indicators on an annual basis.

## Patient Catering Service

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Ref	Performance Parameters
1	Each item of crockery, cutlery, jugs and glassware provided to Patients complies with the standard in Appendix D of this Specific Service Specification.
2	The Functional Units used solely as part of the Patient Catering Service and all Patient Catering Equipment are cleaned, managed and maintained in accordance with the catering Cleaning Standards.
3	HACCP accreditation is maintained by the Facilities Manager at all times.
4	The Australia New Zealand Food Standards Code and HACCP guidelines are complied with by the Facilities Manager at all times.
5	The menu complies with the Menu Standards and Nutrition Standards at all times and provide for all Patient dietary requirements.
6	The AMS provides an accurate pictorial representation of all meal items.
7	Approval is gained from the Principal prior to the implementation of all menus and any specific item on the menu.
8	The menu provided to each Patient meets the Menu Standards.
9	Suitable theme day menus are provided to all Patients.
10	The AMS is operational and meets the Principal's functional requirements including ordering, review and verification of orders and updates to orders through a variety of media including the Patient Entertainment System at all times except during Planned Maintenance.
11	Each meal complies with the Australia New Zealand Food Standards Code, Nutrient Standards and Menu Standards.
12	Each Patient receives the correct meal (other than therapeutic diet meals) as per their order.
13	Each therapeutic diet meal provided to Patients is correct as per their meal order.
14	Each meal delivered to Patients is of the same standard to that which was agreed with the Principal prior to being placed on the menu with respect to nutritional content, menu composition and cycle, ingredients and temperature.

Ref	Performance Parameters
15	Each Neutropenic diet meal is prepared using Cook Fresh methodology, in a Cook Fresh Kitchen and is in accordance with the Nutrition Standards and the Australia New Zealand Food Standards Code.
16	All meals (other than Non-scheduled Patient Catering Requests) are delivered at the Scheduled Meal Times.
17	Each Non-scheduled Patient Catering Request for snacks and beverages are delivered within the Non-scheduled Catering Request Delivery Times.
18	Each meal is served with appropriate crockery, cutlery and consumables for each meal, snack and beverage (including special items, where clinically required).
19	Crockery, cutlery, trays and uneaten food items are removed from each Patient within 60 minutes of the Patient having received the meal.
20	All Patient Catering Equipment is removed from ward areas and corridors outside of Scheduled Meal Times.
21	Amber or Green range is achieved for all Continuous Improvement Indicators on an annual basis.

## Pest Control Service

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Ref	Performance Parameters
1	Planned Pest Control Service is undertaken at the times and frequencies set out in the Pest Control Service Plan unless otherwise agreed with the Principal.
2	Facilities Manager undertakes regular inspections as per Pest Control Services Plan to indicate no outbreaks arising from lack of effective Planned Pest Control Service delivery.
3	No adverse impact on Hospital User safety as a result of either Planned Pest Control Service or Reactive Pest Control Service delivery occurs.
4	Pest Control Service delivery meets requirements of Environmental Authorisations for Protected Pests.
5	Emergency Faults are Attended within the relevant Attendance Time.
6	Emergency Faults are rectified within the Rectification Time.
7	Urgent Faults are Attended within the relevant Attendance Time.
8	Urgent Faults are rectified within the Rectification Time.
9	Non-Urgent Faults are Attended within the relevant Attendance Time.

<b>Ref</b>	<b>Performance Parameters</b>
10	Non-Urgent Faults are rectified within the Rectification Time.
11	Protected Pests are managed and treated in accordance with the requirements of the relevant Environmental Authorisations.
12	Amber or Green range is achieved for all Continuous Improvement Indicators on an annual basis.

## Property Management Service

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<b>Ref</b>	<b>Performance Parameters</b>
1	100% occupancy across all retail tenancies on the Site is achieved each calendar year.
2	The Retail Mix Strategy is reviewed, and where appropriate updated, annually.
3	The Principal's obligations under each Property Agreement are performed at all times.
4	The change of Property Parties is conducted in accordance with the Property Agreements and paragraph 2.2(e) of this Specific Service Specification.
5	Monthly compliance reviews are conducted and reports provided to the Principal by the Facilities Manager relating to Property Party compliance with Laws and terms of each Property Agreement.
6	Action in accordance with the Property Management Service Plan, Laws and the terms of Property Agreements is taken by the Facilities Manager, on behalf of the Principal, for non-compliance of Laws or the terms of a Property Agreements by a Property Party.
7	Amber or Green range is achieved for all Continuous Improvement Indicators on an annual basis.

## Reception Service

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<b>Ref</b>	<b>Performance Parameters</b>
1	The Reception Service is provided in accordance with the Service Times.
2	All enquiries of Hospital Users to the Reception Service are attended to within 2 minutes of the enquirer presenting to the Reception area.

Ref	Performance Parameters
3	A translator / interpreter service is available within 5 minutes of the enquirer presenting to the Reception area.
4	Reception Services are provided in a professional, courteous and welcoming manner.
5	All courier items received are receipted appropriately.
6	Amber or Green range is achieved for all Continuous Improvement Indicators on an annual basis.

## Scheduling and Billing Service

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Ref	Performance Parameters
1	The Scheduling System's design and management facilitates advance and short notice requests, enables integration with the Principal's scheduling systems, and facilitates the changing workflows of Hospital Employees at all times, except during upgrades, maintenance, or replacement.
2	The Scheduling System provides accessibility for Hospital Employees at all times.
3	All relevant and necessary information (including directions, cancellation policies and clinical requirements) is provided to Scheduling Users at least 2 days prior to the date of booking (unless booking is made less than 2 days from the date of appointment).
4	Each Scheduling Users is informed of their appointment time, date, any instructions that are relevant to their appointment or booking, and directions to the relevant area within 24 hours of the appointment being made.
5	Each Bookable Space scheduling request is responded to and confirmed or counter offered within 30 minutes between the hours of 6.30am and 6.00pm.
6	Each Bookable Space is ready and available for its intended booked use at the times and for the duration specified in the booking.
7	The Bookable Space provided meets the requirements (including equipment requirements) of the Scheduling User, given the information provided in the booking.
8	The Facilities Manager implements and complies with the policy for loss of or damage to property in Bookable Spaces as approved by the Principal under paragraph 2.2(b) of this Specific Service Specification.
9	The scheduling of each Patient booking is made consistent with the Scheduling and Billing Service Plan.
10	Notification is provided to relevant Principal's Personnel proposed to attend an appointment within 1 hour of such appointment being cancelled.

Ref	Performance Parameters
11	All appointments are managed in accordance with the Metropolitan Health Services (WA Health) Specialist Outpatient Services Access Policy and the WA Health Elective Surgery Management and Waitlist Policy.
12	All billing services are provided in accordance with the Health Accounting Manual and <i>Financial Management Act 2006 (WA)</i> .
13	An electronic, direct billing system meets the capabilities required in paragraph 2.3(b) of this Specific Service Specification and is available at all times.
14	All bills are generated within 2 Business Days from the date that the goods or services are provided.
15	Debtors and collections are managed in accordance with the relevant WA Health Policy.
16	All monies are distributed to the Principal on a monthly basis in a format that has been agreed with the Principal.
17	All account management systems, account codes and account structures are fully integrated with the Principal's Standard Operating Environment.
18	Green range is achieved for each Continuous Improvement Indicator on an annual basis.

## Sterilisation Service

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Ref	Performance Parameters
1	Sterilisation Service is operational during the Service Times.
2	Sterilisation Equipment is procured, stored and replaced in accordance with manufacturer's instructions and Good Industry Practice at all times.
3	All Sterilisation Equipment is maintained and cleaned in accordance with Standard 4187 and HTM2030 / ISO 15883 and Good Industry Practice at all times.
4	Electronic Medical Device tracking system is provided in accordance with Appendix B at all times.
5	Sterilisation Service is performed in accordance with all standards and guidelines defined in paragraph 2.2(p) of this Specific Service Specification, including AS/NZS 4187 and ISO13485, at all times.
6	Facilities Manager attends Clinical Products Review Committee and provides reports on the items specified in paragraph 2.2(j) of this Specific Service Specification.
7	The Medical Device database is accessible by Hospital Employees at all times.
8	The Medical Device database is maintained and accurate at all times.



Ref	Performance Parameters
9	All records are maintained in accordance with Health Policies and Standard 4187 requirements at all times.
10	Each Medical Device is not damaged during the performance of the Sterilisation Service in compliance with the manufacturer's instructions and all relevant Standards.
11	All Loan Instruments are checked against the technical specification and safely prepared in accordance with procedures agreed with the owner of the Loan Instrument prior to return.
12	All Medical Devices and Packs used by designated Fast Track areas are available for re-use within 3 hours between the hours of 7 am and 11 pm.
13	All Packs used in designated Urgent areas are available for re-use within 4 hours between the hours of 7 am and 11 pm.
14	All Packs used in designated Routine areas are available for re-use within 24 hours.
15	Sufficient Sterile equipment is available to meet the requests of Hospital Employees between the hours of 11 pm and 7 am.
16	All instrument sets are processed individually (and not mixed with other sets during processing).
17	All non-automated washing is conducted in accordance with the protocols detailed in the Sterilisation Services Plan.
18	Each Re-usable Medical Device is inspected after cleaning and Disinfection to ensure it is performing in accordance with its functional or operational requirements.
19	Each Medical Device and Pack that has been Sterilised and Compiled is validated by trained Personnel as being intact and Sterile.
20	Each item of Clean Theatre Linen (as defined in the Linen Service Specification) is Sterilised and appropriately wrapped prior to distribution.
21	Facilities Manager coordinates the repair and maintenance process of Medical Devices which are not performing in accordance with functional and operational requirements.
22	Amber or Green range is achieved for all Continuous Improvement Indicators on an annual basis.

## Supplies Management Service

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Ref	Performance Parameters
1	Each location maintains the required level of Imprest.
2	Accurate and up to date inventory list is available at all times.

Ref	Performance Parameters
3	Valid invoices issued to Principal within 3 Business Days of receipt from the provider of the Supplies.
4	Deliveries of Supplies are only accepted through the locations specified in the Supplies Management Services Plan.
5	No out of date Supplies are supplied for use in the Hospital.
6	All Dangerous Goods are received and recorded on material safety data sheets.
7	Supplies which do not comply with the relevant order are replaced within 8 hours of receipt.
8	The Principal is notified of any overdue Supplies and relevant action taken to mitigate any risks within 4 hours of notification from the provider of the Supplies.
9	Emergency Requests are attended to and completed within the relevant Attendance Time.
10	Urgent Requests are attended to and completed within the relevant Attendance Time.
11	Non-Urgent Requests are attended to and completed within the relevant Attendance Time.
12	Facilities Manager replaces any Supplies damaged by the Facilities Manager.
13	Supplies are correctly labelled at all times.
14	Imprest levels are achieved at the times stated in the Supplies Management Services Plan.
15	All records requested by the Principal from the Supplies operational support system are provided within 1 Business Day of request.
16	The Facilities Manager informs Principal of a Supplies recall event within 2 hours of the time the Facilities Manager is notified, becomes aware, or ought reasonably to have become aware of the supplies recall event.
17	Medical Gases do not fall below levels agreed by Principal.
18	Requests for printing and copying are returned within the priority times agreed in the Supplies Management Service Plan.
19	The Principal's obligations under each Supply agreement are performed at all times.
20	Amber or Green range is achieved for all Continuous Improvement Indicators on an annual basis.

## Vehicle and Traffic Management Service

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Ref	Performance Parameters
1	Each vehicle parking bay is available for its intended use, as specified in the Fiona Stanley Hospital Travel and Access Plan, 24 hours per day, 7 days per week.
2	Each emergency vehicle bay (including each ambulance bay) is available and accessible for their intended purpose only.
3	Each medical specialist bay is available and accessible for their intended purpose only.
4	Access to drop off zones is available and accessible for their intended purpose only.
5	Each disabled bay is available and accessible for their intended purpose only.
6	Each fleet vehicle bay is available and accessible for their intended purpose only.
7	Each staff bay is available and accessible for their intended purpose only.
8	Each visitors' bay is restricted for their intended purpose only.
9	All access, egress and circulation routes for emergency vehicles (including fire paths) are safe, clearly marked and continuously free from congestion in a manner that maintains a free flow of traffic at all times, and are available for use by appropriate vehicles.
10	All revenue from the Vehicle and Traffic Management Service (including fees and fines) in any month is collected and electronically distributed to the Principal on the second Business Day of the following month.
11	Each application for a Permit is accepted (and the Permit issued) or rejected within the next Business Day of the application being made.
12	Permits are revoked within the next Business Day of a Direction by the Principal to do so.
13	An accurate and up to date database of all Permit holders, including details of each Permit holder's identity, and the vehicle registration(s), vehicle make(s) and model(s) for each Permit holder is maintained.
14	Fines are issued to each person or vehicle (where appropriate) in breach of the relevant Laws and where such fines are able to be issued.
15	Fines enforcement occurs such that 70% of fines issued, by number, are collected within the period stipulated within the relevant Laws.
16	Each Emergency Fault is rectified within the relevant Rectification Time.
17	Each Urgent Fault is rectified within the relevant Rectification Time.
18	Each Non-Urgent Fault is rectified within the relevant Rectification Time.

<b>Ref</b>	<b>Performance Parameters</b>
19	Information detailing current fees and the policy for lost tickets and Permits is displayed at every entrance to the Vehicle Parking Areas at all times.
20	All changes made to current fees and the policy for lost tickets and Permits are clearly communicated and notified to the relevant Hospital Users at least 10 days prior to their implementation.
21	Manual processes are utilised to ensure Vehicle and Traffic Management Services are performed within 10 minutes of an equipment failure.
22	Amber or Green range is achieved for all Continuous Improvement Indicators on an annual basis.

## Waste Management Service

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<b>Ref</b>	<b>Performance Parameters</b>
1	All Waste is managed in accordance with the Waste Management Service Plan.
2	All Waste collection points are emptied at least daily and prior to being 75% full, malodorous or posing a risk to any Hospital User.
3	All Waste is handled in accordance with the Waste Management Service Standards.
4	All Waste collection points display procedures to Segregate Waste at all times.
5	The Waste Management Service comply with Standards AS/NSZ 3816 and AS4031 and all Environmental Laws at all times.
6	All contractors performing any of the Waste Management Services are appropriately licensed.
7	All Waste transferred from the Site is disposed of in licensed Waste disposal sites.
8	Waste receptacles are positioned in areas identified in the Waste Management Service Plan.
9	All Waste collection points contain appropriate receptacles in accordance with the Waste Management Service Plan.
10	Amber or Green range is achieved for all Continuous Improvement Indicators on an annual basis.