

# **Invitation to Supply**

# Part 5 – General Specification

Invitation to Supply Number:	HPVITS2016-098
Invitation to Supply Name:	Laundry and Linen Services
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# A Introduction

## 1 Purpose

- a. The purpose of this Part 5 General Specification, is to:
  - (i) detail the scope and range of services sought under this Invitation to Supply (ITS);
  - (ii) specify the requirements that Respondents and / or their offered products must meet (these requirements also form part of any resulting Agreement between HPV and any successful Respondent)

## 2 Scope

#### 2.1 The Services

- a. A contractor must have the capacity and capability to provide the services to each participating health service at each of the individual sites listed in appendices, including:
  - (i) Provision of all required linen stocks, as specified by each individual participating health service;
  - (ii) Delivery and distribution of all clean linen to designated delivery points (DDP);
  - (iii) Removal of all soiled linen from designated collection points (DCP);
  - (iv) Personal property and health service owned linen, as required;
  - (v) Repair and alteration service, where required;
  - (vi) Additional services, where required.
- b. Required service models are specified in the appendices and vary per participating health service. There are four service models required and each participating health service will specify the service model required at their health service. The required service models are Fully Managed, Bulk Delivery, Trolley Exchange and Linen Top Up.
- c. Fully Managed Service Model includes:
  - (i) The delivery of clean linen to specified delivery points, or linen storage points within the participating health service using any one of, or combination of, the three linen delivery models in 2.1 c e (Bulk Delivery, Trolley Exchange, Linen Top Up), in addition to the collection of soiled linen from specified collection points within the same participating health service.
  - (ii) The provision of labour as required to facilitate the delivery of clean linen in line with the linen delivery model(s) selected.
  - (iii) The provision of labour as required to facilitate the collection of soiled linen from the specified collection points.
  - (iv) The provision of trolleys, containers, moving equipment and all other items required for the transportation of linen to/from the specified linen delivery and collection points.
- d. Bulk Delivery Service Model includes:
  - The bulk delivery of clean linen to a designated delivery point(s) within the participating health service.
  - (ii) The provision of on-site labour to pack out/top up imprest linen trolleys from the bulk linen stock to agreed imprest levels and schedules.
  - (iii) The provision of on-site labour to facilitate an imprest linen trolley exchange from specified delivery points to an agreed schedule.

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- (iv) The provision of trolleys, containers, moving equipment and all other items required for the transportation of linen to and from specified delivery points.
- e. Trolley Exchange Service Model includes:
  - (i) The delivery of pre-stocked imprest linen trolleys directly to specified delivery points within the participating health service and the collection of soiled linen from a single collection location
  - (ii) The provision of off-site labour and facilities for pack out of imprest linen trolleys prior to delivery
  - (iii) The provision of labour to facilitate an imprest linen trolley exchange from specified delivery points to an agreed schedule
  - (iv) The provision of trolleys, containers, moving equipment and all other items required for the transportation of linen to and from delivery points.
- f. Linen Exchange/Top Up Service Model includes:
  - (i) The delivery of clean linen only (not imprest trolley) and collection of soiled linen from a single collection point to specified linen storage points within the participating health service
  - (ii) The provision of labour to facilitate the delivery of fresh linen to the linen storage points
  - (iii) The provision of trolleys, containers, moving equipment and all other items required for the transportation of linen to the linen storage points.

## 3 Requirements

## 3.1 Delivery

- a. A contractor must:
  - (i) Deliver the required quantities of linen to each site (and/or specified linen delivery or storage points) listed in the appendices and according to the delivery schedule set out in the appendices.
  - (ii) Ensure that all linen is delivered to each site (and/or specified linen delivery or storage points) in trolleys that are either completely sealed or securely covered by an impervious water proof cover.
  - (iii) Distribute delivered linen at each site in accordance with the specific requirements set out in the appendices.
  - (iv) Ensure that each DDP receives with each batch of linen a delivery docket specifying items and quantities supplied in each delivery.

#### 3.2 Collection of soiled linen

- a. A contractor must remove soiled linen from the DCPs listed in appendices, according to the collection schedule set out in the appendices.
- b. The contractor shall ensure that any extraneous objects (eg surgical instruments) or any item considered to be lost property, which may have been included with articles collected by the contractor are returned on a weekly basis to the participating health service.
- c. Linen bags for the collection of soiled linen must be provided by the contractor to the participating health services, as specified in the appendices. Linen bags must comply with the specified standards.



#### 3.3 Provision of Linen

- a. Indicative linen requirements including current volumes are provided for each participating health service and site, in the appendices. These requirements are an overview of the current arrangements in place and participating health services reserve the right to add additional service requirements with respect to the provision of linen services, during the term of the Contract. A contractor must provide all linen as requested by each participating health service.
- b. The supply and delivery of linen shall be at the expense of the contractor.
- c. It will be a contractor's sole responsibility to ensure sufficient linen is available at all times. A Schedule for the delivery of clean linen and the collection of soiled linen for each DDP (if required) is to be supplied to each participating health service.
- d. All linen delivered must be appropriately folded, stacked and completely covered with a suitable barrier.
- e. A contractor shall not discontinue or introduce any item of linen without prior written consent.
- f. A contractor shall not alter the manner in which linen is delivered, including the way in which the linen is folded and packaged, without prior written consent.
- g. The service model, trolley, container and moving equipment arrangements, linen bag arrangements, labour arrangements, delivery arrangements and soiled linen collection arrangements currently in place at each site is listed in appendices.

## 3.4 Standard of linen supplied

- a. A contractor must ensure that:
  - (i) The linen is not damaged or stained;
  - (ii) The linen is cleaned in a manner making it suitable for use by participating health services, while at the same time complying with the relevant Australian Standards, in particular but not limited to:
    - AS4146 Laundry Practice;
    - AS3789 Textiles for Health Care Facilities and Institutions;
    - AS4187 Cleaning, Disinfecting and Sterilising Reusable Medical and Surgical Instruments and Equipment and Maintenance of Associated Environments in Health Care Facilities;
    - Participating Health Services Site Specific Standards (such as EQuIPNational Standards) as set out in the appendices;
    - Any other standards that exist or come into effect during the life of the proposed agreement.
  - (iii) A monthly bacterial culture test report showing whether the supplied linen conforms to acceptable standards is to be provided to each participating health service:
    - Respondents are required to detail their proposed acceptable levels and "Action Levels" in regards to Total Aerobic Microbial Count (CFU per plate counts);
    - Respondents are required to nominate the number of tests to be undertaken and the standard areas of testing:
      - a. (Number) x Tests of Standard areas: (e.g. Sterilising Room, Folding Table, Hand Basin, Stock Trolley, etc.); and
      - b. (Number) x Tests of Variable areas.



- b. Subject to the terms of the proposed agreement, participating health services shall have the right to reject faulty or substandard linen items. Linen that does not meet acceptable standards shall be returned to the contractor at no additional cost to the participating health services and under the relevant service model, a credit provided for the value of the rejected linen along with a report detailing location and type of items rejected.
- c. Repair and maintenance of all items will remain the responsibility of the contractor. Repairs to linen items shall not affect the utility, function or aesthetics of the item.
- d. In the event that linen supplied by the successful Tenderer does not comply with agreed standards, the participating health service shall immediately inform the Provider in writing via email.
- e. Once informed that linen supplied does not comply with standards the contractor must give written notice as to the cause of the lapse and the steps taken by the successful Tenderer to remedy any such cause within five (5) business days.

## 3.5 Imprest

- a. Imprest levels are subject to change on an individual delivery point basis and contractors should be aware of constant variations in individual delivery point activity. Contractors must be capable of maintaining adequate linen levels when such variations occur. Current usage figures provided in appendices are subject to this activity variation and should be taken as a guide only.
- b. A contractor shall conduct a formal imprest review, for each participating health service at each site specified in the appendices on a quarterly basis. A review should identify if linen levels are at the most efficient level. Recommendations as to improvements in efficiency at each designated delivery point should be made to each participating health service and discussed between the contractors appointed Account Manager and the participating health service at the quarterly management meeting.

## 3.6 Trolleys, Containers and Moving Equipment

- a. A contractor shall provide necessary equipment to meet OH&S criteria on manual handling of linen this includes but is not limited to rising base trolleys / scissor lift trolleys, and motorised tugs for the movement of trolleys.
- b. A contractor will be required to implement a Maintenance Program to ensure trolleys, containers and moving equipment are properly maintained at all times.
- c. Placement of items on trolleys shall be consistent and standardised.
- d. The trolleys, containers, trolley tugs and other moving equipment to be provided for each participating health service and site is detailed in the appendices. Any requirements are to be provided at no additional expense to participating health services.

#### 3.7 Transition-In

- a. Tender respondents must provide a detailed transition plan, covering fully how a transition of supply into a participating health service will be managed and what the requirements of the participating health service at each site will be.
- b. A contractor's management is to coordinate a seamless transition with the previous supplier.
- c. The first linen delivery will be made to each delivery point on the changeover day.

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## 3.8 Emergency Delivery

- a. The successful Tenderer will provide each participating health service with a contact name and telephone number (business and after hours) to provide immediate assistance in case of emergency. The contact must be available 24 hours per day, 365 days per year.
- b. Emergency linen provision will be required from time to time. Tender respondents will be required to demonstrate a capacity to supply linen to the appropriate site when required within three (3) hours of a request, in the case of a stock shortage or a disaster/emergency.

## 3.9 Business Continuity and Contingency

- a. Tender respondents will be required to demonstrate and to provide full details, that suitable business continuity and contingency plans are in place in the event of their own inability to supply the services. Details should include:
  - (i) How the linen service can maintain supply to participating health services during emergency response situations arising from external disasters of equipment failure
  - (ii) Alternative sources of linen provision (At no additional cost to participating health services) in the event that the provider cannot supply.
  - (iii) Risk Management Plan(s);
  - (iv) Business Contingency Plan(s);
  - (v) Workplace Health & Safety Plan(s); and
  - (vi) Any other relevant information.
- b. Subject to the terms in the proposed agreement a contractor must notify participating health services and HPV of any supply or delivery problems.
- c. If during the term of the agreement, a contractor cannot supply the product at the time and cannot fulfil the contracted delivery requirements, HPV and each participating health service reserves the right to purchase the product or alternative product from an alternative source.
- d. A contractor must reimburse the participating health service purchasing cost for the difference between the agreement price and the cost to the participating health service including freight, until the product is available from the contractor.
- e. Notification of problems with delivery are to be in writing by e-mail or fax to the participating health service within one (1) working day of the contractor becoming aware of the situation
- f. Delays in service provision extending beyond 48 hours' notice are to be notified to the nominated HPV and participating health service representative in writing by e-mail or fax.

#### 3.10 Continuous Improvement

a. A contractor is required to identify and demonstrate opportunities where their services may be used to enhance or improve current linen handling practices and strategies for linen cost minimisation.

#### 3.11 Customer Owned Goods

 A contractor will be required to launder a range of participating health service owned items, including but not limited to quilts, bed screens, pressure care aids, lifting/ hoist harnesses, shower curtains, mattress overlays, eggshell mattresses and linen skip harnesses.

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b. A contractor must establish a process to ensure the health service owned items are returned to the department requesting the service.

## 3.12 Ownership of linen

a. All contractor supplied linen remains the property of a contractor and the reasonable access to participating health service premises shall be given while the agreement remains in force, for the purpose of checking linen stocks. Participating health service staff will not be made available to participate in a contractor's stock take at any time.

## 3.13 General Requirements

- a. Respondents must be a registered/licenced Linen service provider
- b. Subject to specific service requirements, a contractor is required to undertake to provide the services up to 24 hours per day, 7 days per week, on each week of the year
- c. The successful Tenderer is responsible for all charges, taxes and other fees associated with the creation and maintenance of the service.
- d. The successful Tenderer must ensure that they comply with all relevant state and federal acts and regulations in provision of the linen service including but not limited to:
  - (i) Occupational Health & Safety Act 2004 (Vic)
  - (ii) Workplace Relations Act 1996 (Cth)
  - (iii) Workplace Injury Rehabilitation and Compensation Act 2013 (Vic)
  - (iv) Equal Opportunity Act 2010 (Vic)
  - (v) Accident Compensation Act 1985 (Vic)
  - (vi) Business Names Act 2011 (Vic)
  - (vii) Privacy and Data Protection Act 2014 (Vic)

## 3.14 Invoices

- a. The successful respondent will send to each participating health service, invoices as per the detail and schedule contained in the appendices.
- b. Those invoices shall be available both in an electronic and hardcopy format as agreed between each individual participating health service and a contractor.
- c. Invoices will clearly indicate the name of the DDP, cost centre (as supplied by a participating health service), quantity and costs per individual items and can be easily reconciled with the delivery dockets that accompany each delivery.
- d. Invoices are to be provided not more than three (3) working days after the end of each period detailed in the invoice schedule of the appendices.

# 4 Reporting

#### 4.1 DDP reports

a. A contractor must provide computer generated monthly usage reports, identifying weekly usage and cost at each DDP

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- b. The reports will record complete details of each item supplied during the previous month, quantities supplied, credits processed (where applicable) and itemised costs.
- c. The use of email to distribute the monthly usage report is the preferred option for distribution of such reports.

## 4.2 Other reports

a. A contractor must provide KPI reports on a monthly basis, reporting performance against the KPIs set in section 4.6.

### 4.3 Customer surveys

a. A contractor shall conduct customer satisfaction surveys to a schedule agreed with each individual health service (At a minimum on an annual basis) and shall report the results of the survey, plus any corrective action necessary, to the participating health service. HPV shall approve the methodology, structure and content of the survey prior to distribution.

#### 4.4 Laundry Facilities and Site Visits

a. HPV and Participating Health Services require the capacity to conduct site visits at all laundry facilities used to provide services under the agreement, to confirm the continued compliance to relevant standards. Site visits should occur within a two (2) week period following a request for site access by HPV.

## 4.5 Complaints

a. A mechanism for the management of complaints must be established, which must include an education plan to inform all staff responsible for the cost centres that receive linen across all participating health services. Complaints are to be addressed promptly and written responses directed to the person who originated the complaint.

### 4.6 Key Performance Indicators

- a. A contractor will be required to comply with a set of mutually agreeable Key Performance Indicators (KPIs) related to the provision of the service, covering such matters as:
  - (i) Supply and delivery performance;
  - (ii) Linen Wastage, Improvements and Efficiency;
  - (iii) Linen standard;
  - (iv) Compliance with regulatory requirements;
  - (v) Customer satisfaction;
  - (vi) Education; and
  - (vii) Complaints management.
  - (viii) Reporting
- b. The minimum KPIs to comply with at all participating health services are detailed in schedule 1 of this Part 5 General Specification. A contractor will be required to comply with these KPIs and any additional KPIs that are agreed with an individual participating health service.

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## 4.7 Sustainability Management

- a. A contractor will be required to detail their social, environmental and economic sustainability management and practices, including but not limited to:
  - (i) Fair employment practices;
  - (ii) Fair trade and ethical sourcing practices;
  - (iii) Workforce welfare;
  - (iv) Employee training;
  - (v) Energy use;
  - (vi) Water use;
  - (vii) Waste reduction;
  - (viii) Natural habitat impact;
  - (ix) Noise, pollutants and emissions reductions/controls;
  - (x) Carbon footprint;
  - (xi) Supply chain efficiencies;
  - (xii) Operational cost efficiencies;
  - (xiii) Life cycle efficiencies.

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# **Appendix 1 - Key Performance Indicators**

Area	Key Performance Indicator (KPI)	Indicator	Measure	Target
	Linen Standards	Linen supplied conforms to the required standards as detailed in clause 3.4 of Statement of Requirements.	Count of supplied linen that is rejected as unsuitable.	98% (ie less than 2% of linen supplied shall be reject linen)
Quality	Stored appropriately	Linen supplied is covered appropriately to maintain integrity of goods.	Count of goods that are rejected as unsuitable for use due to uncovered or unsuitably covered trolleys/bundle. Conducted through random quality and	100%
	In full	Supply to agreed imprest levels	Count of orders that are incomplete in accordance to the required imprest level	98%
Delivery	On time	All deliveries made to DDPs within 30mins of the agreed schedule.	Count of orders not received within the required timeframes.	98%
	Collection of soiled linen from wards	Soiled linen shall not remain in ward areas for no more than five (5) hours.	Count of collections not completed within specified timeframes. Conducted through random quality and specification audits.	98%
Collection	Collection of soiled linen from hospital	Soiled linen shall not remain in the hospital for more than twenty-four (24) hours.	Count of collections not completed within specified timeframes. Conducted through random quality and specification audits.	98%
Reporting	Reporting requirements	All reports will be provided at the agreed time.	Count of reports received within agreed timeframes.	100%
	Urgent orders	Supplier attends to urgent orders within the required timeframes.	Count of urgent orders attended to within customer expectations.	100%
Customer Service	Issue resolution	Operational issues are resolved within seven (7) days of notification.	Count of issues unresolved within turn time.	100%