

**Submission
No 201**

**THE SAFETY AND QUALITY OF HEALTH SERVICES PROVIDED BY NORTHERN
BEACHES HOSPITAL**

Organisation: NSW Health
Date Received: 20 May 2025

NSW Health Submission

The safety and quality of health services
provided by Northern Beaches Hospital



Contents

Executive Summary	4
1. Introduction	5
2. Safety and quality of health services provided at Northern Beaches Hospital	8
2.1. Emergency department services	9
2.2. Reportable Incidents and Serious Adverse Event Reviews (SAER)	9
2.3. Response of Northern Beaches Hospital to Review Incidents	10
2.4. Patient and carer escalation programs – REACH	11
2.5. Patient safety systems, processes and governance arrangements	12
2.6. Staffing at Northern Beaches Hospital	13
3. 2019 Parliamentary inquiry on the Operation and Management of Northern Beaches Hospital	15

Executive Summary

NSW Health welcomes the opportunity to make a submission to the Public Accounts Committee Inquiry into the safety and quality of health services provided by Northern Beaches Hospital.

This submission provides information on safety and quality, and governance processes that NSW Health has identified as relevant to the inquiry terms of reference.

The Northern Beaches Hospital (the Hospital) opened in October 2018. It is a licensed private hospital, operated by Healthscope, that provides public patient services as well as a range of private hospital services. Northern Beaches Hospital is the only public private partnership for comprehensive public patient services operating in NSW.

While the Hospital provides some public services, it should be noted that there are differences from other public hospitals in the way the Northern Beaches hospital operates, reports and is accountable for quality and safety indicators under the Public Private Partnership Project Deed.

The Northern Sydney Local Health District (NSLHD) provides management of the Project Deed on behalf of NSW Health. NSLHD and Healthscope have established a robust governance framework, consistent with the requirements of the Project Deed, and the NSW Public Private Partnership Policy Guidelines.

NSLHD closely monitors the performance of all obligations under the Project Deed including quality and safety, activity, finance and risk management. The Ministry of Health monitors performance at a District level and holds quarterly performance meetings with all Districts including NSLHD, in accordance with the NSW Health Performance Framework, where performance of individual hospitals within the Local Health District is discussed.

Northern Beaches Hospital is required to comply with incident management obligations as described in the Project Deed, including reporting incidents to NSLHD and the Ministry of Health.

Healthscope as the private operator is responsible for the daily operations of the hospital and has a fundamental obligation to deliver services to the highest standard of patient care and safety, and in accordance with the licensing standards under the *Private Health Facilities Act 2007*.

The Project Deed requires Healthscope to provide public health services in accordance with good operating practices, including having sufficient clinical staff to meet expectations of the Project Deed. Healthscope is responsible for workforce matters at Northern Beaches Hospital.

1. Introduction

In 2014, the NSW Government entered a public private partnership with the private sector operator, Healthscope, to deliver the Northern Beaches Hospital in Frenchs Forest. Healthscope designed, built and now operates the Hospital which opened in October 2018. The Northern Beaches Hospital is a private hospital that provides public patient services as well as a range of private hospital services. Northern Beaches Hospital is the only public private partnership for comprehensive public patient services operating in NSW.

The agreement for Healthscope to deliver public patient services in the Public Patient Portion is for an initial period of 20 years to 2038, with a potential five-year extension. The contractual ability to operate the Private Patient Portion of the Hospital is for a period of 40 years to 2058.

A Project Deed governs the Northern Beaches Hospital public private partnership. The key parties to the Project Deed are:

- *Healthscope*: the private operator of the hospital. Healthscope established several subsidiaries and holding corporations to conduct hospital operations including public patient services and the hospital car park.
- *Health Administration Corporation*: the Health Secretary incorporated as a corporation sole under section 9 of the *Health Administration Act 1982*. The NSW Ministry of Health acts as the Secretary of NSW Health's representative on Northern Beaches Hospital matters during the operational phase.
- *Northern Sydney Local Health District*: NSLHD primarily manages oversight of the operator's provision of public patient services on behalf of NSW Health.

Healthscope is responsible for operating the Hospital as a licensed private hospital to meet the needs of the Northern Beaches community for both public and private patients. Under the Project Deed, Healthscope has a fundamental obligation to deliver services to the highest standard of patient care and safety. The objectives listed in the Northern Beaches Hospital Project Deed are to:

- a) deliver the best quality integrated health services and clinical outcomes to the community of the Northern Beaches area of Sydney and the State
- b) integrate health care to public patients and private patients to maximise the range and breadth of services available to the community of the Northern Beaches of Sydney
- c) provide health care teaching, training, education and research within the Facility as part of the NSLHD
- d) consolidate existing health services in the Frenchs Forest location to create critical mass, improving accessibility to health services
- e) deliver an integrated public and private health care facility to maximise the range and breadth of health services available to the community of the Northern Beaches area of Sydney
- f) address the demand and cost impact of current and future health services by enabling a sustainable health system by changing the patterns of supply and demand. This will be achieved by utilising the location of the Hospital, its operational and design innovation and digital hospital technologies.

The Hospital has 488 beds across private and public wards, 14 operating theatres, 4 procedural rooms, a 50-space emergency department and an on-site medical centre.

NSW Health uses a six-level scale to define public hospital services. Each level sets out the minimum services, specialisation and other requirements for clinical services to be delivered safely. Level one are more basic services and level six are highly advanced services. The Hospital provides a range of high-level surgical services, which are generally equivalent to a level five public hospital and provides teaching and training for clinical workforces.

Funding for Hospital Services

The Ministry of Health is the “system manager” of the NSW public health system and purchases services on behalf of the State from Local Health Districts, Specialty Health Networks, statewide and support organisations. Each year the Board Chair and Chief Executive of Local Health Districts enter into a Service Agreement with the Secretary, NSW Health. The Service Agreement provides an initial budget for a District and sets out the service and performance expectations for that funding. Each District then allocates funding across the range of services provided locally in hospitals and the community. Performance against the Service Agreement is managed in accordance with the NSW Health Performance Framework. By setting out service and performance expectations and funding, Service Agreements facilitate responsibility and accountability for safe, high quality and human centered care.

Funding for Northern Beaches Hospital Services

In parallel with the NSLHD Service Agreement, the Project Deed describes the way in which NSW Health purchases Activity from Northern Beaches Hospital. This is described in Schedule 16 and Schedule 20 of the Project Deed.

Activity Profile

Each year, the State of NSW is required to prepare an Annual Notice (including the Activity Profile) for the upcoming year that describes (by Service Category) the activity volume in National Weighted Activity Units (NWAU) that NSW Health expects to purchase, multiplied by the corresponding State Price. The Maximum Payment Amount (MPA) sets the upper limit for payment of the total activity purchase within each operating year. The Service Categories required for the Activity Profile are:

- General Admitted
- Renal Dialysis
- Mental Health
- Interventional Cardiology
- Emergency Department
- Non-Admitted Patients (NAP).

Schedule 16 of the Project Deed prescribes how the Activity Profile must be constructed.

The State has and continues to prepare the Activity Profile in accordance with these requirements. The key driver in the Activity Profile is the actual activity performed in the current operating year. Healthscope, the Hospital Operator, has an obligation to continue to provide safe and high-quality clinical service to all patients who present to the facility.

Payment for clinical services

Under the Project Deed, NSW Health pays Healthscope for the provision of public patient services provided at Northern Beaches Hospital, up to the MPA. The Monthly Service Payment is predominately comprised of public service activity measured in NWAU, multiplied by the State Price at a discount applied by Service Category.

Management of Activity Volume

After NSW Health has issued the Activity Profile, describing the activity volume that is expected to be purchased in the Operating Year, Healthscope then has an obligation to manage activity volume within this Profile.

This is achieved, in part, through the implementation of the Demand Management Plan, which is prepared by Healthscope and submitted to NSLHD, with corresponding quarterly reports on progress and strategies that will be delivered to manage activity below the cap.

The Project Deed allocates the risk of actual service volume (whether too few, or too many, patients attend) to the Operator, and this remains an obligation for Healthscope to deliver.

2. Safety and quality of health services provided at Northern Beaches Hospital

The Hospital is accredited to the National Safety and Quality Health Service (NSQHS) standards and has maintained this accreditation from the time of its opening in October 2018.

In NSW Health, annual Service Agreements between Local Health Districts and the NSW Health Secretary set out the performance expectations of Districts. Performance is assessed in terms of whether Districts are meeting key performance indicator (KPI) targets across a range of NSW Health strategic priorities, including NSW Health's Future Health Strategic Priority 2 - *Safe care is delivered across all settings*. The KPIs include safety and quality targets and access targets such as emergency department waiting times and planned surgery performance.

The Ministry of Health monitors the performance at a District level and holds quarterly performance meetings with all Districts including NSLHD, in accordance with the NSW Health Performance Framework, where performance of individual hospitals within the Local Health District is discussed.

While compared with public hospitals there are differences in the way the Northern Beaches Hospital operates, reports and is accountable for quality and safety, the same principles are applied by NSLHD to monitor the Hospital's performance under Schedule 18 of the Project Deed. KPIs in Schedule 18 have been updated throughout the operating term to keep contemporaneous with their sources, including the Service Agreement between NSLHD and the NSW Health Secretary.

The Project Deed describes the strategic objectives for the Project. This includes delivery of the best quality integrated health services and clinical outcomes to the community of the Northern Beaches area of Sydney and the State. Northern Beaches Hospital's performance is monitored by the Operational Services Group (OSG), established in accordance with clause 6.6.(c) of the Project Deed. Other governance structures have been operationalised including working groups based on services and streams. Further details are provided in Section 2.5.

Safety and Quality Indicators

Forming part of safety and quality performance monitoring, there are 16 nationally agreed hospital-acquired complication (HAC) indicators¹ that measure outcomes of hospital care for which clinical risk mitigation strategies may reduce, but not necessarily eliminate, the risk of occurrence. The occurrence of a HAC can lengthen a patient's stay in a hospital and divert resources away from other patients. It is a condition of accreditation that hospitals, including the Northern Beaches Hospital, maintain systems to monitor, act and document unwarranted variation in HACs.

The Ministry sets targets for 14 HACs in the annual Service Agreements for NSW Local Health Districts and Specialty Health Networks. Targets are risk-adjusted, depending on multiple

¹ Australian Commission on Safety and Quality in Health Care website page: www.safetyandquality.gov.au/our-work/indicators-measurement-and-reporting/hospital-acquired-complications-hacs

inputs, including the demographics and volume of patients². The Ministry monitors Districts' performance against the 14 HACs on a monthly basis as part of the NSW Health Performance Framework. The Hospital results form part of the NSLHD's results for all of the 14 HACs.

2.1. Emergency department services

Northern Beaches Hospital has a 24/7 Emergency Department providing a level 5 Emergency Medicine service, meaning the hospital is set up to treat higher complexity patients. The Hospital's Emergency Department forms part of the NSW Health system and plays a key role in the NSLHD's delivery of emergency services. The Hospital Emergency Department is effectively integrated into the NSLHD's Acute and Critical Care Network governance structures and communication pathways. The Hospital's Role Delineation by service is provided in Appendix A.

2.2. Reportable Incidents and Serious Adverse Event Reviews (SAER)

Serious incidents must be notified and escalated within Health Services and to the Ministry of Health by a Reportable Incident Brief (RIB). Reportable Incidents are defined in Appendix D of Incident Management Policy ([PD2020_047](#)).

A Serious Adverse Event Review must be undertaken for clinical Harm Score 1 incidents (death, Australian Sentinel Event or complete loss of service). The review is to identify any factors that caused or contributed to the incident, and any practices, processes or systems that could be reviewed for the purposes of a recommendations report. The Chief Executive of a Local Health District may also direct a SAER be undertaken for other clinical incidents (Harm Score 2 – 4) which may be due to serious systemic problems.

The Clinical Excellence Commission (CEC) allocates each SAER report received to a Serious Incident Review (SIR) sub-committee, where they are reviewed and classified by subject matter experts to identify themes, system wide learning and risks.

For any clinical incidents that occur in the Hospital and in line with the NSW Health Incident Management Policy Directive and *Private Health Facilities Act 2007*, the Hospital submits Reportable Incident Briefs (RIBs) and SAERs to the Ministry's Regulation and Compliance Unit. If the clinical incident relates to a public patient at the Hospital, the RIBs and SAERs are also submitted to the NSLHD.

NSLHD continues to monitor the ongoing compliance of the Hospital through the Operational Services Group.

The CEC and, within the Ministry of Health, the Patient Safety First Unit (PSFU), and the Mental Health Branch have a shared responsibility to review all clinical RIBs daily and to identify any statewide implications or other concerns requiring escalation.

The CEC is responsible for any follow-up of incidents in public facilities unless assigned specifically to another agency. This includes incidents related to public patient services provided by Northern Beaches Hospital.

² At this stage, NSW Health does not have a statewide data collection to support monitoring of two of the national indicators: Surgical complications requiring unplanned return to theatre and Unplanned intensive care unit admission.

The Ministry of Health's Regulation and Compliance Unit has portfolio responsibility for regulation of private health facility licensing in NSW and in consultation with the Ministry PSFU, is responsible for any follow up of incidents relating to private facilities.

All public hospitals in NSW use a statewide incident management system (ims+) and this allows for feedback and analysis of trends identified from incident reports and SAER Reports aggregated to state, local health district, facility, specialty, service and ward level.

The Hospital uses the Healthscope RiskMan Incident Management System. All Clinical Incidents and near misses (whether public or private patients) are reported through the RiskMan incident reporting module, and these are reviewed daily by the Hospital Quality Team. The Hospital modified their RiskMan module to include the ability to report Harm Score for an incident to align with NSW Health facility reporting. NSLHD does not have direct visibility within the Hospital's RiskMan system but receives aggregated reporting on risks.

There may be instances where NSLHD staff (for example community health) become aware of an incident that occurred when a patient was admitted to Northern Beaches Hospital. While the RiskMan and ims+ systems are not linked, a hospital location for Northern Beaches Hospital is available in the NSLHD ims+ system. This allows NSLHD staff to enter incident details, which are then transmitted manually to the Hospital each week for management and response.

2.3. Response of Northern Beaches Hospital to Review Incidents

Northern Beaches Hospital is required to report on clinical incidents in relation to public patients under the terms of the Project Deed, and under the *Private Health Facilities Act 2007* for clinical incidents in relation to private patients.

As a privately licensed facility, incidents are reported by the Hospital to the Ministry's Regulation and Compliance Unit in accordance with the requirements of the *Private Health Facilities Act 2007* and Regulation.

Schedule 19 of the Project Deed describes Quality and Safety Reporting for public patient services provided by the Hospital. All Harm Score 1 incidents are reported according to the Deed requirement via a Reportable Incident Brief (RIB) and undergo a SAER. All Harm Score 2 incidents not reported via RIB are reported to the NSLHD each week in an agreed format including incident detail and Riskman number. Less serious incidents are reported to NSLHD in aggregate monthly.

All SAERs from the Hospital relating to public patients are provided to NSLHD, and in accordance with the Incident Management policy, are then escalated to the NSW Ministry of Health. Any issues of concern, raised by either NSLHD or Ministry of Health, are then raised with the Hospital for further review.

NSLHD engages with the Hospital directly if they have any queries regarding findings or recommendations, noting that these reports are final documents once received as endorsed by the Hospital Chief Executive and Executive team according to the Incident Management policy. SAER recommendations are a standing agenda item at the Operational Services Group meeting and tracked to completion.

The Hospital undertakes a Healthscope determined review of Harm Score 2 incidents, usually a Critical Systems Review (CSR). A CSR is a systematic process of analysis used to critically analyse an incident/event from a systems vulnerability or failure perspective, and to identify

actions that can minimise the risk of a recurrence. A CSR is to be completed within 45 calendar days of the date of the event and signed off by the Director of Nursing once complete. A CSR may also be voluntarily performed on any event, to assist in the system analysis of a near-miss, incident, adverse event, risk, hazard or trend that is of concern. NSLHD tracks the completion of CSRs by the Hospital through to recommendation completion at the bi-monthly NSLHD/Northern Beaches Hospital Quality and Safety Working Group.

2.4. Patient and carer escalation programs – REACH

The Hospital has several patient and carer escalation pathways available including Recognise, Engage, Act, Call, Help is on its way (REACH), and Between the Flags programs.

REACH

REACH is a system that helps patients, carer/s, and their family to escalate their concerns with staff about worrying changes in a patient's condition. The aim of REACH is to improve early recognition, escalation and response to clinical deterioration (physical and mental health) by partnering with patients, families and carers.

While this service has been in place at the Hospital since September 2019, the Hospital has recently implemented improvements to the visibility of the REACH program. These include ensuring REACH protocols are communicated directly to parents and children and providing written information about REACH in the Emergency Department. Information about the REACH program will now be proactively provided to parents in the Emergency Department as part of their initial triage, via a card with a QR code. The QR code can then be scanned by the parent of any child and will provide information around the REACH program and the process of escalating their concerns and direct them to the REACH telephone.

The CEC is working to strengthen, reinvigorate and relaunch REACH across NSW. The review will draw on NSW Health, national and international best practice and be informed by clinicians, patient safety experts, consumers and families.

Between the Flags

The NSW Health Between the Flags system is a 'deteriorating patient safety net system' for patients who are cared for in public health facilities, designed to assist clinicians to recognise when patients are deteriorating and to respond accordingly. The Hospital uses the NSW Health Between the Flags standard observation charts for all patient cohorts neonatal, age-appropriate paediatric charts, maternity and adults. The observation charts are integrated in the Hospital's electronic medical record (eMR).

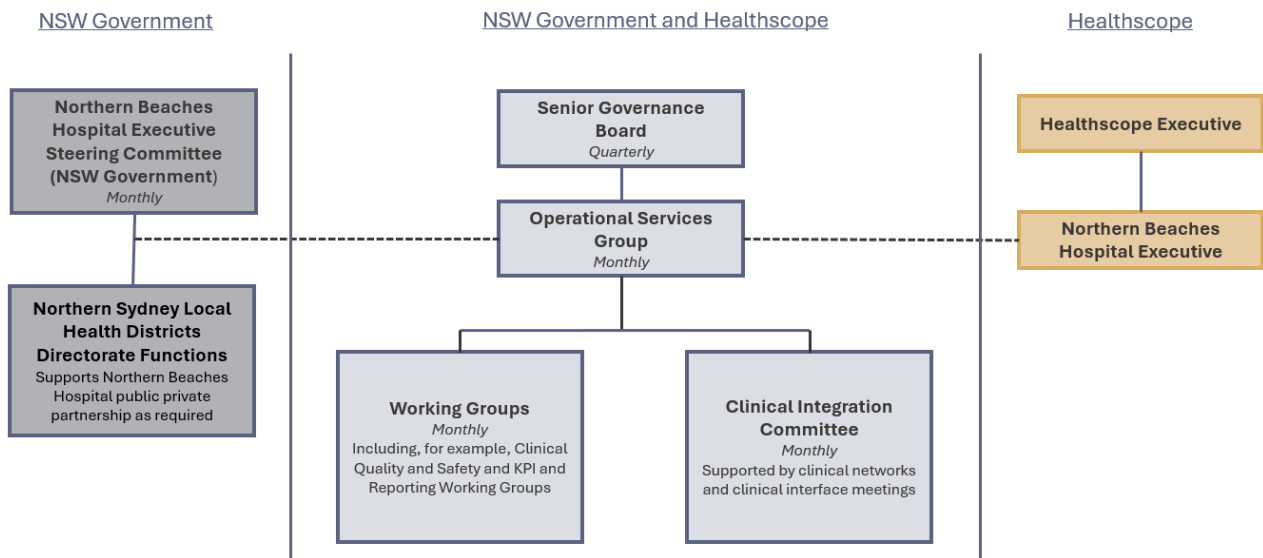
Agency for Clinical Innovation Emergency Nursing Framework HIRAIID

The Agency for Clinical Innovation Emergency Nursing Framework HIRAIID (History, Infection, Red Flags, Assessment, Interventions, Diagnostics, communication, re-assessment) is used by the Northern Beaches Hospital Emergency Department. The HIRAIID documentation was built into eMR in February 2023, consisting of HIRAIID -Adult, Paediatric, Mental Health, Rapid and Re-assessment (on clinical handover, deterioration, and rounding/re-assessment). This was based on the NSW Health's HIRAIID templates. A HIRAIID paper form was also created for downtime at the Hospital. The initial HIRAIID nursing assessment flags the need for medical officer review. For initial patient assessment and handover/ shift change the HIRAIID is completed including the "Escalation required" and "Who to, Why and When" questions. Escalation is to Nursing Unit Manager and then to the Senior Medical Staff. There is also a

detailed education program that supports the HIRAID practice. Regular audits demonstrate a high level of compliance by nursing staff at the Hospital.

2.5. Patient safety systems, processes and governance arrangements

There are established governance structures in place with Healthscope under the Project Deed, as managed by NSLHD on behalf of NSW Health. The governance arrangements are as shown below:



NSLHD closely monitors the performance of all obligations including quality and safety, activity, finance and risk management and provides regular updates to the Ministry of Health.

The Project Deed specifies a minimum set of governance committees to discuss service and contract issues as well as a range of reporting and assurance requirements. Reporting is used by the NSLHD to assess the performance of Healthscope in providing public health services and other Project Deed requirements.

Ministry of Health Governance

The NSW Health Performance Framework documents how the Ministry of Health monitors and assesses the performance of public sector health services to achieve expected service levels, financial performance, governance, and other requirements. The Performance Framework clearly outlines the process of assessing the level of performance of each health service. It allows the Ministry to identify and acknowledge sustained high performance with the view for lessons to be shared across NSW Health. Where underperformance is identified, the Framework sets out the process to escalate concerns and ensure support is available to remediate performance.

Northern Sydney Local Health District Governance of Northern Beaches Hospital

NSLHD and Healthscope have established a governance framework, consistent with the requirements of the Project Deed, and the NSW Public Private Partnership Policy Guidelines. This includes;

Strategic governance

- a) **Northern Beaches Hospital Executive Steering Committee (ESC) – NSW Health:** the ESC provides strategic advice to the Chief Executive, NSLHD and the Client Representative in relation to the operation and management of Northern Beaches Hospital. The membership includes the NSLHD's Chief Executive and Client Representative, and senior executive representation from NSW Health and NSW Treasury. The ESC meets quarterly and facilitates effective management of the Project Deed, monitors operational and financial performance of the Hospital including the financial model, and monitors intended benefits as described in the Northern Beaches Hospital Benefits Realisation Plan.
- b) **Senior Governance Board (SGB):** The SGB was established in March 2023. The SGB provides a forum for collaborative discussion between the State and the Operator to enhance the ongoing relationship between the parties, and to pre-emptively resolve any material issues emerging in respect of administering the Project Deed. The SGB meets quarterly, and the membership includes Ministry, NSLHD, Healthscope Executive and Northern Beaches Hospital Executive.

Performance management

- c) Performance is monitored by NSLHD monthly in an **Operational Services Group** where there is review of operational performance including patient access and flow, finance and operations and quality and safety. When results do not meet expectations, NSLHD requests Northern Beaches Hospital to review their performance and consider additional improvement strategies that could be implemented. There are other internal forums that monitor quality and safety outcomes including the Quality and Safety Working Group.
- d) The NSLHD Clinical Quality and Safety Working Group is the shared forum for detailed discussion of quality and safety issues that arise across NSLHD and within Northern Beaches Hospital, to facilitate open and collaborative sharing between the sectors. The Working Group also aims to operationalise the quality and safety interfaces through regular review of systems and processes. The Working Group also functions as an expert reference group for the Operational Services Group with respect to Quality and Safety matters.

2.6. Staffing at Northern Beaches Hospital

The Project Deed requires Healthscope to provide public health services in accordance with good operating practices including sufficient clinical staff to meet expectations of the Project Deed. The Project Deed also requires the Hospital to submit a project plan for workforce to the NSLHD, as set out in clause 13 and schedule 40. During the operating term, Northern Beaches Hospital are required to review 'the Plan' in December at least every three years. The Northern Beaches Hospital Workforce Plan was last updated in December 2024. Implementation of the Workforce Plan is monitored through the Operational Services Group.

Healthscope is solely responsible for workforce matters at Northern Beaches Hospital, including:

- recruitment, training and retention of suitably qualified, accredited and registered staff
- payment of all employee entitlements
- negotiation of terms and conditions of employment with its employees and their representatives, subject to obligations in relation to staff migration
- ensuring a healthy and safe workplace
- managing the performance and conduct of employees.

Junior Medical Officers (JMOs), however, remain employees of NSLHD and are rotated through Northern Beaches Hospital via secondment to enable them to complete training. Healthscope is responsible for the day-to-day management of the JMOs at Northern Beaches Hospital in consultation, where required, with NSLHD as the employer.

The Hospital sub-contracts third party providers for medical imaging, pharmacy and pathology services

3. 2019 Parliamentary inquiry on the Operation and Management of Northern Beaches Hospital

On 27 February 2020, the NSW Legislative Council Portfolio Committee Number 2 published its report on the inquiry into the Operation and Management of the Northern Beaches Hospital. The report covered the decision to proceed with a public private partnership to deliver the hospital, the effect of the hospital on public health services in the Northern Beaches catchment and the first 16 months of operation at the hospital.

The Committee report noted that in the early months of the Northern Beaches Hospital there were several issues around inadequate medical supplies, short-staffing, poor planning for initial emergency loads, access to public patient records and the time taken to achieve teaching and training accreditation. The Committee also recorded its concern with the public private partnership model used to deliver public hospital services.

Under the 2020 Government Response, NSW Health was responsible or partially responsible for 22 of the 23 recommendations. The remaining recommendation was for the NSW Government to not enter into any public private partnerships for future public hospitals. The response of former NSW Government supported 16 recommendations, noted five and did not support two recommendations.

NSW Health has completed required actions to implement all of the supported recommendations. Very few of the recommendations are relevant to the current inquiry, however some of the actions taken by NSW Health have included:

- Recommendation 2 – Standard of care for all patients continues to be closely monitored by NSW Health through regular quality and safety reporting.
- Recommendation 12 – NSLHD continues to monitor effectiveness through routine performance reporting. Northern Beaches Hospital performance data is published in line with other NSW public hospitals. Further to the data published by the Bureau of Health Information and the Australian Institute of Health and Welfare, Northern Beaches Hospital also publishes several safety and quality performance indicators on the Northern Beaches Hospital website.
- Recommendation 18 – The Clinical Integration Committee was established in September 2020 and includes representatives from NSLHD and Northern Beaches Hospital. The Committee supports the delivery of high-quality patient care by strengthening current operational links and driving further opportunities for collaboration.

Appendix A – Northern Beaches Hospital services and role delineation

NSW Health uses a six level scale to define public hospital services. Each level sets out the minimum services, specialisation and other requirements for clinical services to be delivered safely. Level one are more basic services and level six are highly advanced services. This scheme of public hospital services has changed since the Northern Beaches Hospital opened in October 2018.

Exhibit 10 discusses the two services marked in the table by an asterisk. Service	Service type	Manly Hospital	Mona Vale Hospital	Northern Beaches Hospital
Anaesthetics and Recovery	Core Services	4	4	5
Operating Suite	Core Services	4	4	5
Intensive Care Services	Core Services	5	4	5
Nuclear Medicine	Core Services	3	3	5
Radiology and interventional radiology	Core Services	4	4	5
Pathology	Core Services	4	4	5
Pharmacy	Core Services	4	4	5
Emergency Medicine	Clinical Services - Emergency Medicine	4	4	5
Acute Stroke Services*	Clinical Services - Medicine	Not stipulated	Not stipulated	4

Cardiology and Interventional Cardiology	Clinical Services - Medicine	4	4	5
Dermatology	Clinical Services - Medicine	4	4	4
Drug and Alcohol Services	Clinical Services - Medicine	3	3	No Planned service
Endocrinology	Clinical Services - Medicine	4	4	5
Gastroenterology	Clinical Services - Medicine	4	4	5
General and Acute Medicine	Clinical Services - Medicine	4	4	5
Geriatric Medicine	Clinical Services - Medicine	5	5	5
Haematology	Clinical Services - Medicine	4	4	5
Immunology	Clinical Services - Medicine	4	4	5
Infectious Diseases	Clinical Services - Medicine	4	4	5
Neurology	Clinical Services - Medicine	4	4	5
Oncology - Medical	Clinical Services - Medicine	4	4	5

