22 October 2008

murlan

Mr Greg McAllan
NSW Health
73 Miller St
North Sydney
NSW 2060

Dear Greg,

Re: Proposed Private Hospital to 35 Water St, Wahroonga - Part 3A project application no. MP07_0151

I am writing to seek your advice in relation to the proposed 138 bed private hospital facility at 35 Water St, Wahroonga, of which the Department of Planning is the approval authority via Part 3A Major Projects Hospital of the EP & A Act.

The owners of 35 Water St, Wahroonga (Waterbrook at Wahroonga Pty Ltd) acquired the 2.13 hectare property in from NSW State Government in June 2005. The property is zone special uses 5(a) hospital. Between the 1952 and 2005 the property was owned operated by NSW Government as a children's convalescent hospital, known as the 'John Williams Hospital'. Over this period a number of hospital related improvements where added to the property including a patient ward joining the former homestead that is located on the property. Despite the improvements being in very poor condition after decades of neglect while operating as a public hospital facility, the property possesses unique heritage and landscape characteristics including the former Rippon Grange homestead and gardens and a stand of Blue Gum trees. The new owners wish to regain the unique and tranquil setting of the property through the establishment of a professional health care hospital. The proposal includes for the construction of new buildings to accommodate the health care services and wards, while the retained heritage buildings will accommodate uses ancillary to healthcare activities.

There has been ongoing consultation with health sector experts in recent months to ascertain appropriate health services to include in this hospital facility. The current proposed professional healthcare services to be provided to patients include:-

1. **Rehabilitation centre and wards**
   A rehabilitation centre is proposed and will include a hydrotherapy pool, gymnasium, multiple use rooms to deal with Physiotherapy, Speech Therapy, Occupational Therapy, Diversional Therapy and other rehabilitation and Post operative medical services.

   It is proposed to allocate 46 beds to rehabilitation patients located within wards in close proximity to the Rehabilitation Centre. See attached draft schedule of health care services for the location of wards. These wards will include patients being treated for orthopaedic rehabilitation, leg fractures, hip/knee replacements, arthritic and spinal conditions, cardiac rehabilitation, neurological rehabilitation such as stroke,

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Jones Bay Wharf
26 Pirrama Road
Pyrmont NSW 2009
Australia

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NSW HEALTH

Ref: H08/43121-2/ST

Mr Ben MacGibbon
Murlan Consulting Pty Ltd
Suite 110, Jones Bay Wharf
26 Pirrama Road
PYRMONT NSW 2009

Dear Mr MacGibbon

Proposed private hospital to be located at 35 Water Street, Wahroonga

I refer to your letter dated 22 October 2008 seeking advice on a proposal by Waterbrook Greenwich Pty Ltd to build a private hospital at 35 Water St, Wahroonga. The proposal is for a private hospital with a 46 rehabilitation unit, 32 bed medical unit, 36 bed psychiatric unit and 24 bed postnatal unit.

Following review of your proposal, I advise you would be required to submit an application for a private hospital to operate the 138 beds for the functions proposed. On receipt of the application, and if all requirements of the Private Hospitals and Day Procedure Centres Act 1988 and related regulations were satisfied, the premises supporting those 138 beds would be licensed under the Act as Rehabilitation, General, Psychiatric, Obstetric- Postnatal class beds. A Form 1 application for a private hospital is enclosed.

If you have any queries concerning this matter please contact Ms Sandra Townsend, A/Manager Compliance and System Performance on 9424 5958.

Yours sincerely

Deborah Best

Deborah Best
A/Director
Private Health Care Branch

6/11/08

NSW Department of Health
ABN 92 697 899 630
73 Miller St North Sydney NSW 2060
Locked Mail Bag 961 North Sydney NSW 2059
Tel (02) 9391 9000 Fax (02) 9391 9101
Website www.health.nsw.gov.au

NSW HEALTH

LICENCE APPLICATION SUBMISSION CHECKLIST

(to operate a Day Procedure Centre under the Private Hospitals & Day Procedure Centres Act 1988 and Day Procedure Centres Regulation 1996)

PLEASE TICK OR WRITE N/A FOR ALL THE QUESTIONS. IF ALL INFORMATION RELEVANT TO YOUR APPLICATION IS NOT INCLUDED THERE WILL BE A DELAY IN PROCESSING YOUR APPLICATION.

	You	PHCB
1. Have you enclosed an Application Form 1, completed and signed by the proposed licensee?	☐	☐
2. Have you attached a cheque for **$775.00**, payable to the NSW Health Department?	☐	☐
3. If the proposed licensee is a company - have you attached a copy of the Certificate of Incorporation and a copy of the Corporation Extract (these can be obtained from the Australian Securities & Investments Commission)? This list should contain company directors and secretary's names, title, date of birth, place of birth including town/city/country and full address.	☐	☐
4. If the proposed licensee is a Church group - have you attached a copy of the relevant Act of Parliament? This list should contain the same directors' details as outlined in point (3) above.	☐	☐
5. If the proposed licensee is an individual/s - have you included full name, title, date of birth, place of birth including town/city/country and full address?	☐	☐
6. Have you attached a covering letter indicating the telephone, fax numbers and contact name for the applicant with details of the item numbers and description of the proposed procedures including the class of licence sought, clinical specialties, paediatric requirements and a letter signed by an anaesthetist stating the level and type of anaesthetic to be used for the procedures specified?	☐	☐
7. Have you obtained approval of your proposed business name from the Office of Fair Trading and attached a copy to this application?	☐	☐
8. If the building is being leased please include a copy of the lease agreement.	☐	☐
9. Have you included the Statutory Declaration Form, Fitness and Probity Check Form and National Criminal Record Check Consent Form completed by each person who is an applicant, director or secretary of the company applying for this licence?	☐	☐
10. Have you included a current development application from local council for the use of the premises as a Class 9(a) health-care building?	☐	☐
11. Have you included two copies of architectural plans, drawn to a scale of 1:100 and showing the dimensions of each part of the facility?	☐	☐

APPLICATION FOR LICENCE to operate a DAY PROCEDURE CENTRE

NSW HEALTH

PREPARING THE APPLICATION - to be attended to by the Applicant/s

- The proposed licensee should familiarise themselves with the relevant Legislation governing licensed day procedure centres.
- An Application for licence should be made on the Form 1 provided under the Day Procedure Centres Regulation 1996. The Form 1 is to be completed and signed by the proposed licensee.
- A copy of the Form 1 is attached for your convenience. Further copies can be obtained from the Day Procedure Centres Regulation 1996.
- The prescribed licence fee of **$775.00** must be submitted with the application. Cheques should be made payable to the NSW Department of Health.
- If the licensee is a company, attach a copy of the Certificate of Incorporation and a copy of the Corporation Extract. These documents can be obtained from the Australian Securities and Investments Commission. This list should contain the Directors/Principals/Secretary's of the company full name, title, date and town/city/country of birth, current address and occupation.
- In the case of a Church group, attach a copy of the relevant Certificate of Incorporation or Act of Parliament, with a list of the Directors/Principals/Secretary. This list should contain the Directors/Principals/Secretary's full name, title, date and town/city/country of birth, current address and occupation.
- In the case of an individual/s, the details to be supplied are: full name, title, date and town/city/country of birth, current address and occupation.
- Attach a covering letter indicating the following detail: telephone and fax numbers, contact name for the application and details of item numbers and profile of anticipated procedures, including class of licence proposed, types of anaesthetic proposed, specialties listed, paediatric requirements and a signed letter from an anaesthetist endorsing the procedures and types of anaesthetics.
- Check with the Office of Fair Trading to ascertain whether you are required to obtain approval of your business name and, if so, attach a copy of the Certificate of Approval of a business name with your application.
- Attach a copy of the lease agreement if you are not the owner of the building.
- **A copy of the attached Statutory Declaration is to be completed by each person who is an applicant, or a director/secretary of a company applying for a licence or transfer of licence or being a newly appointed director/secretary of a licensee company under the Private Hospitals and Day Procedure Centres Act 1988.**

- In the event that any of the clauses in the Statutory Declaration numbered 3 to 12 cannot be declared, the person completing the Statutory Declaration should strike out and initial the particular clause(s). The Statutory Declaration should then be completed and details of the matter that led to the clause being struck out provided for the information of the Director-General, when the Statutory Declaration is returned.

- The fact that a clause has been struck out is not of itself grounds for refusing an application, or for challenging the appointment of a new director/secretary. However, the Director-General may need to further consider the probity of the person concerned.

SUBMITTING THE APPLICATION

- The Form 1 - Application for licence, plus all documents should be sent by the applicant to:

  The Director
  Private Health Care Branch
  NSW Health Department
  Locked Mail Bag 961
  NORTH SYDNEY NSW 2059

ASSESSMENT - to be attended to by the Private Health Care Branch

- Upon receipt of the application, the Private Health Care Branch will assess it to determine whether the applicant is fit and proper to be a licensee of a day procedure centre.

  - This will involve:
    - advertising the application
    - police check
    - Australian Securities and Investments Commission check
    - NSW Medical Board check.

  - Whether the application meets the criteria of:
    - a day procedure centre under the legislation.

- **From the date of receipt of the Form 1 the assessment will take up to 6 weeks, provided there are no complications or further information required.**

- The Private Health Care Branch will send an acknowledgement letter advising you of the commencement of relevant checks, provided your application is complete and within the provisions of the Act and Regulations.

- If the application, based on the information provided, is not within the provisions of the Act and Regulations it will be returned to you. Details of who to contact for further information will be stated in the covering letter on return of your application.

- Following the consideration of all available information, a letter will be sent to the proposed licensee advising whether Approval in Principle is given. The letter of Approval in Principle will contain conditions which will need to be complied with before the licence is issued.

- If Approval in Principle is refused, written advice stating the reason for refusal and giving details on how to seek a review of the decision will be provided.

- A contact officer to assist you with the process prior to licensing will be specified in the Approval in Principle letter.

ISSUE OF THE LICENCE - to be attended to by the Private Health Care Branch

- Before the licence is issued, a final inspection is carried out to ensure that the Day Procedure Centre has been built in accordance with the approved plans and complies with the conditions of the Approval in Principle and all relevant Legislation.

- The new licensee is responsible for the conduct of the establishment as from the date of the licence.

- A copy of the licence will be forwarded to the Australian Government Department of Health and Ageing, Hospital Section for the issue of a provider number.

LEGISLATION

Act
Private Hospitals and Day Procedure Centres Act 1988

Regulation
Day Procedure Centres Regulation 1996

A copy of legislation is available at http://www.legislation.nsw.gov.au/

NSW DEPARTMENT OF HEALTH

Australasian Health Facility Guidelines
The Australasian Health Facility Guidelines (HFGs) can be downloaded at http://www.healthfacilityguidelines.com.au

NSW HEALTH DEPARTMENT

Form 1 Application for licence for a private hospital

(Clause 7)

(Private Hospitals and Day Procedure Centres Act 1988)

I/We, _____
(full name of applicant[s])

date of birth: _____ place of birth: _____

of _____
(address of applicant[s])

apply for a licence for a private hospital of the

following class[es] _____

The private hospital will be known as

_____
(proposed name)

and will be situated at

_____
(proposed location)

and will accommodate _____ patients.

The applicant[s] is/are/will be

* owner[s]
* lessee[s]

of the private hospital.

I/We attach the following information:

(1) In the case of an application by a corporation:

(a) a copy of the certificate of incorporation,

_____

* Delete whichever is not applicable

(b) the address of the registered office of the corporation,

(c) the full name, date and place of birth, residential address and position of:

(i) each current director of the corporation,

(ii) the principal executive officer of the corporation,

(iii) the secretary or, if there is more than one, each secretary of the corporation,

(d) in the case of a corporation limited by shares:

(i) the types of shares and the number of shares of each type issued,

(ii) in the case of a private corporation-the full name of, and the number of shares of each type held by, each shareholder,

(iii) in the case of a public corporation-a list of the 20 largest shareholdings and of the full names of the holders of each of those shareholdings,

(e) if the shares are held by another corporation, the name of the ultimate holding corporation.

(2) If the private hospital is leased, a copy of the lease.

(3) If the private hospital is proposed to be leased, a description of the proposed lease arrangements.

(4) In the case of a rehabilitation class private hospital, the additional information in Annexure A.

(5) In the case of a psychiatric class private hospital, the additional information in Annexure B.

I/We also enclose the prescribed application fee.

_____ _____

(Print name) (Signature)

_____ _____

(Position) (Date)

STATUTORY DECLARATION

OATHS ACT 1900, NINTH SCHEDULE

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(Note: an individual declaration is to be made by each applicant or director of an applicant company)

I, ... of.....
(name) (address)
in the State of New South Wales ..... do hereby
(occupation)
solemnly and sincerely declare and affirm that:

1. I was born on ..... in[1] :.....

2. I am[2] an applicant / a director of a company applying for
   a) a licence in the name of .....
   b) the transfer of licence to .....
   c) authorisation as a new director on the Board of ..... a licensee company, replacing .....

3. I have previously been involved in the operation of a licensed private health care facility or service in Australia and /or ..... (country), as per the attached details (name and address of facility and licensing authority)[3].

4. (STRIKE OUT AND INITIAL IF NOT APPLICABLE TO YOU)
   I am currently or have previously been a health practitioner[4] in .....(insert name of Australian State/Territory or New Zealand). I am currently or have previously been a member of the..... [5]profession. My date of registration was ..... and my registration number is.....

5. Neither I, nor any company of which I have been, or am a director, secretary, executive officer or manager of, or in which I have a five percent or more share holding, have been involved in the operation of a private health care facility or service in any Australian State or Territory or any other country, the licence of which was cancelled.

6. I have never been convicted of an offence that carried a penalty of imprisonment of 12 months or more in Australia or any other country.

7. Neither I, nor any company of which I have been, or am a director, secretary, executive officer or manager of, or in which I have a five percent or more share holding, have had proceedings commenced for a breach of legislation for the licensing or operating of a private health care facility or service of any Australian State or Territory or any other country.

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[1] Insert City, State and Country

[2] Strike out and initial those not applicable

[3] Strike out and initial if not applicable

[4] A health practitioner means a natural person who provides a health service (whether or not the person is registered under a health registration act). For more information refer to s4 Health Care Complaints Act 1993

[5] Insert name of profession whether a registered or non-registered profession

8. Neither I, nor any company of which I have been, or am a director, secretary, executive officer or manager of, or in which I have a five percent or more share holding, have been refused a licence for a private health care facility or service in any State or Territory in Australia or any other country.

9. Neither I, nor any company of which I have been, or am a director, secretary, executive officer or manager of, or in which I have a five percent or more share holding, have been investigated or convicted of any offence involving the obtaining of money or a benefit by any untrue or misleading representations under any Commonwealth, State or Territory law of Australia or the laws of any other country.

10. I have never been declared a bankrupt or a debtor under any bankruptcy law of the Commonwealth, State or Territory law of Australia or other country.

11. I have never been associated with a company that was wound up or subject to an application for, or placed in receivership or liquidation under any Commonwealth, State or Territory law of Australia or the laws of any other country.

12. I have never been charged with any offence relating to the assault or abuse of any person.

13. I undertake to inform the Director-General of the NSW Department of Health, to the extent of my awareness, of:
    - the commencement of any investigation into my professional practise or conduct; or
    - any restriction on my professional practice; or
    - the commencement of a criminal investigation or of legal proceedings for a breach of any legislation, by me or any company of which I am a director, secretary, executive officer or manager, or in which I have a share holding of 5 percent or more.

14. I understand that in the event of my misleading, or failing to disclose to the Director-General any information concerning any of the above mentioned matters any licences that I, or any company of which I am a director, secretary, executive officer or manager, may hold and/or applications for a licence or transfer of licence which I, or any company of which I am a director, secretary, executive officer or manager, have applied for, under the Private Hospitals and Day Procedure Centres Act 1988 or Nursing Homes Act, may be cancelled.

And I make this solemn declaration, as to the matter aforesaid, according to the law in this behalf made – and subject to the punishment by law provided for any wilfully false statement in any such declaration.

TAKEN and declared at Sydney in the)
said State this day of 20) .....
(signature)

before me .....
(please print)
Solicitor of the Supreme Court of N.S.W. .....
(signature)

OR

.....
(please print)
Justice of the Peace .....
(signature)

.....
(Registered No.)

NSW HEALTH

Fitness and Probity Checks

I hereby give my consent to the Department of Health to carry out relevant searches that may include corporate searches, checks with health professional registration boards, NSW Medical Registration Board (including registration status and release of information on any current or ongoing investigations), the Health Care Complaints Commission and criminal record checks.

I also understand that I may be requested to provide further information relevant to determining fitness and probity.

----------	----------	----------
Name	Signature	Date

(August 2001)

NSW HEALTH

NATIONAL CRIMINAL RECORD CHECK CONSENT FORM

Provide your full name as well as any other names / aliases by which you have been known. ***Employers are required to sight applicant's original identifying documents as per 100 point ID check.***

	Family or Last Name	Given Name 1	Given Name 2	Given Name 3
Current Name #				
Other / Alias 1				
Other / Alias 2				
Other / Alias 3				
Gender	☐ Male ☐ Female	**Date of Birth**	/ / (dd/mm/yy)	
Place of Birth	**City:**	**State:**	**Country:**	
Current Address			Date: / / to current	
Previous Addresses (within last 5 years)	1.		/ / to / /	
	2.		/ / to / /	
	3.		/ / to / /	
Telephone No:		**Driver's Licence No:**	**State:**	
		Passport No:	**Country:**	
Position		**Type of Position**	☐ Paid Employee or ☐ Volunteer	

1. I acknowledge that I have read the Information sheet provided with this Form and understand that the position for which I am being considered is in a category for which NO exclusion has been granted from the application of the Spent Convictions Scheme, as described under the heading "Spent Convictions Schemes" in the Information sheet.
2. I certify that the personal information I have provided on this Form relates to me and is correct;
3. I acknowledge that any information provided by me on this Form or by Australian police services as a result of the records check may be taken into account by NSW Health in assessing my suitability for the above position.
4. I consent to: (i) my employer forwarding details obtained from this form to NSW Health;
   (ii) NSW Health forwarding details obtained from this form to the CrimTrac Agency and/or to Australian police services or other relevant law enforcement agencies.
5. I consent to:
   (i) the CrimTrac Agency making enquiries to Australian police services;
   (ii) Australian police services obtaining and disclosing from their records personal information about me, including any outstanding charges, criminal convictions and findings of guilt recorded against me for any offences in any jurisdiction, that may be disclosed according to the laws of the jurisdiction and, in the absence of any laws governing the release of that information, according to the jurisdiction's information release policy, and forwarding relevant information to the CrimTrac Agency; and
   (iii) the CrimTrac Agency providing relevant information to NSW Health for the purposes of allowing NSW Health to assess my suitability in relation to my employment.

I am aware that if any such records are identified, NSW Health may seek additional information relating to that record from sources such as courts, police, prosecutors and past employers. I understand that the purpose of seeking this information is to enable a full and informed employment risk assessment and that where other information is available, NSW Health will obtain that information for employment risk assessment purposes only. I acknowledge that any information obtained as part of this process may be used by Australian Police Services for law enforcement purposes including the investigation of any outstanding criminal offences.

Name: **Signature:** **Date:** / /

NSW HEALTH
Working as a Team

REHABILITATION CLASS APPLICATION SUBMISSION CHECKLIST

(to conduct rehabilitation services at the Private Hospital under the Private Hospitals & Day Procedure Centres Act 1988 and Private Hospitals Regulation 1996)

PLEASE TICK OR WRITE N/A FOR ALL THE QUESTIONS. IF ALL INFORMATION RELEVANT TO YOUR APPLICATION IS NOT INCLUDED THERE WILL BE A DELAY IN PROCESSING YOUR APPLICATION.

	Applicant	Office Use
1. Have you enclosed an Application Form 3, completed and signed by the licensee and 2 copies of plans scaled 1:100 showing the area proposed? The plans should address relevant components of the Australasian Health Facility Guidelines for 'Rehabilitation Unit' available at www.healthfacilityguidelines.com.au	❑	❑
2. Does the area proposed include patient areas adequately equipped for dining, therapy and other activities?	❑	❑
3. A specialist in rehabilitation medicine has been appointed to the Medical Advisory Committee (MAC) and his/her name has been provided.	❑	❑
4. Have you submitted the following written policy/documentation on the provision of rehabilitation services that includes:		
- Statement of the Private Hospital's philosophy of service.	❑	❑
- Details of the liaison to be established with community based services to ensure continuity of care.	❑	❑
- Clear criteria and assessment procedures for the admission of both inpatients and outpatients to rehabilitation programs.	❑	❑
- Arrangements made for the transfer of patients to appropriate facilities in the event of unexpected complications.	❑	❑
- Range of programs/services including clinical profiles and diagnoses, day patient services, therapy programs for different treatment streams i.e orthopaedic, neurological and reconditioning rehabilitation.	❑	❑
- Duty roster showing numbers of registered nurses/allied health professionals with appropriate qualifications/experience including the number of staff credentialed in FIM scoring.	❑	❑
- Example of a patient rehabilitation plan that will be based on patient assessment and has provision for:		
➢ The needs and limitations of the patient and goals of the plan.	❑	❑
➢ Involves a multi-disciplinary team with active participation of the family of the patient.	❑	❑
➢ Includes provision for discharge, continuing care and review.	❑	❑
- Procedures for regularly evaluating the progress of each patient against the written rehabilitation plan.	❑	❑
- Example of a complete admission clinical record pack that includes but is not limited to admission form, clinical assessment (including reason for admission and perceived need for rehabilitation consistent with the		

admission policy), rehabilitation plan, evaluation methods and discharge plan. ❑ ❑

- Formal and planned discharge procedure. ❑ ❑
- Case management meetings involving the treating medical practitioner and appropriate therapists for the review of rehabilitation plans. ❑ ❑
- Evidence that the Private Hospital will have access to specialists for consultation. ❑ ❑
- Evidence that the Private Hospital will have access to a neuro-psychologist if patients with brain impairment are being treated. ❑ ❑
- Evidence that the Private Hospital will have access to a clinical psychologist if patients with chronic pain are being treated. ❑ ❑

Please Note:
Private Hospitals providing rehabilitation services **only** are also required to meet the general provisions of the legislation for **all** private hospitals. These are; Parts 1, 2, 3 and 4 and Schedule 1, Private Hospitals Regulation 1996. Submissions must include information relevant to these general provisions. Particular note should be made to Schedule 1, clause 15 – **Quality Assurance**.

5. Policy and procedures for evaluating and recording the quality of clinical service and care has been provided. Relevant external standards, colleges and professional guidelines have been taken into account when formulating these policies and procedures. ❑ ❑

NSW HEALTH

PSYCHIATRIC CLASS APPLICATION SUBMISSION CHECKLIST

(to conduct psychiatric services at the Private Hospital under the Private Hospitals & Day Procedure Centres Act 1988 and Private Hospitals Regulation 1996)

PLEASE TICK OR WRITE N/A FOR ALL THE QUESTIONS. IF ALL INFORMATION RELEVANT TO YOUR APPLICATION IS NOT INCLUDED THERE WILL BE A DELAY IN PROCESSING YOUR APPLICATION.

Part A: Legislative Requirements- Schedule 2, Part 4 Private Hospitals Regulation 1996.

	Applicant	Office Use
1. Have you enclosed an Application Form 3, completed and signed by the licensee and 2 copies of plans scaled 1:100 showing the area proposed? The plans should address relevant components of the Australasian Health Facility Guidelines for 'Adult Mental Health Acute Inpatient Unit' available at www.healthfacilityguidelines.com.au	❑	❑
2. Have you attached a cheque for **$80.00**, payable to the NSW Health Department? (*Mental Health Act 2007*)	❑	❑
3. Does the area proposed include patient areas adequately equipped for dining, therapy and other activities?	❑	❑
4. Have you submitted an environmental risk assessment of the area proposed to address arrangements for patient safety, protection, privacy and observation?	❑	❑
5. If Electro-Convulsive Therapy (ECT) is proposed 2 copies of plans scaled 1:100 showing the procedure room, recovery room and associated areas are enclosed.	❑	❑
6. A psychiatrist has been appointed to the Medical Advisory Committee (MAC) and his/her name has been provided.	❑	❑
7. Have you submitted the following documentation?		
- Clear criteria and assessment procedures for the admission of inpatients and day patients to psychiatric programs.	❑	❑
- Policy on the criteria for admission/exclusion.	❑	❑
- Details of the liaison to be established with community based services to ensure continuity of care.	❑	❑
- Arrangements made for the transfer of patients to appropriate facilities in the event of unexpected complications.	❑	❑
- Range of programs/services including clinical profiles and diagnoses, day patient services, ECT, therapy programs for different treatment streams i.e. D&A, acute psychiatry.	❑	❑
- Statement of the Private Hospital's philosophy of service.	❑	❑
- Duty roster showing numbers of registered nurses with appropriate qualifications/experience including range of allied health professionals i.e. clinical psychologists.	❑	❑
- Policy and procedure for the support of the function of the Mental Health Review Tribunal.	❑	❑
- Policy and procedure for the support of the function of official visitors, authorised officers and welfare officers.		
- Policy and procedure for the support of the administration of the Guardianship Act 1987.	❑	❑

NSW HEALTH

- Policy and procedure for the management of patients' trust funds.
- Example of a patient treatment plan that will be based on patient assessment and includes provision for discharge, continuing care and review.
- Example of a complete admission clinical record pack that includes but is not limited to admission form, clinical assessment (including risk assessment/observation form), evaluation methods and discharge plan.
- Evidence that the Private Hospital will have access to a psychiatrist at all times.
- Evidence that the Private Hospital will have access to a general practitioner and relevant specialists for consultation at all times.

8. Have you submitted policy and protocols that confirm all equipment and drugs for the provision of ECT comply with contemporary standards and relevant reference sources? Models of care for inpatients and day patients undergoing ECT have been included.

Part B: Requirements in accordance with Mental Health Act 2007.

9. Have you provided the name, qualifications and experience of the person who will be Medical Superintendent?

10. Have you provided written permission for the application proposal to be released and reviewed by the NSW Department of Health Centre for Mental Health as part of the approval process?

Links to Public Facilities

11. Have you provided written permission for release of the proposal under commercial-in-confidence to Area Health Service Chief Executives for comment to assist in facilitating linkages to public mental health services?

12. Have you provided a copy of the licensee's letter to the relevant Area Health Service Chief Executive advising of the proposed psychiatric service and arrangements in place for the acceptance of patients requiring transfer for a higher level of psychiatric care? The Chief Executive's reply should be provided when available.

Please Note:
Private Hospitals providing psychiatric services **only** are also required to meet the general provisions of the legislation for **all** private hospitals. These are; Parts 1, 2, 3 and 4 and Schedule 1, Private Hospitals Regulation 1996. Submissions must include information relevant to these general provisions. Particular note should be made to Schedule 1, clause 15 – **Quality Assurance**.

13. Policy and procedures for evaluating and recording the quality of clinical service and care has been provided. Relevant external standards, colleges and professional guidelines have been taken into account when formulating these policy and procedures. (Reference NSW Department of Health: Outcome measurements using established tools [MHOAT] www.health.nsw.gov.au/policy/cmh/mhoat)

spinal, post-surgical, Parkinson's disease, Multiple Sclerosis, and Oncology patient rehabilitation.

2. **Medical Services wards**
   It is proposed to allocate 32 beds to the provision of general medical services to patients. The medical services will include:-

   - Post-operative / Post-acute professional healthcare services. This wound include post-surgery treatment including pain management, would care management, medication management Nurse administered clinical procedures eg Care of peritoneal dialysis catheter site, Tracheotomy care. These services will support the acute medical and surgical services of nearby acute and surgical hospitals.
   - Chronic pain management and treatment.
   - Palliative care

3. **Psychiatric wards**
   It is proposed to allocate 36 beds to the provision of psychiatric services to patients. The psychiatric conditions that will be assessed, managed and treated by qualified psychiatric medical practitioners and staff to the psychiatric wards will include:-

   - Mood and anxiety disorders, including depression.
   - Post traumatic stress disorder.
   - Behavioural disorders.
   - Eating disorders
   - Drug and/or alcohol addictions
   - Mental illness
   - Aged psychiatric care

   Psychiatric services will be provided to three wards. These wards are in parts of the hospital facility that can be appropriately secured and isolated from other hospital areas.

4. **Postnatal wards**
   It is proposed to allocate 24 beds to postnatal care services. The professional healthcare services to be provided to the wards specialising postnatal care will focus on the management and treatment of physical or psychological complications the mother has that has arisen from giving birth, or subsequent to giving birth.

This facility will provide much needed professional health care services to the North Shore community, while complementing the acute level of health services provided by the Sydney Adventist Hospital and the Hornsby Hospital and alleviating demand otherwise required to be serviced by those facilities.

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26 Pirrama Road
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NSW Health will be provided with more details of the clinical services to be provided to each of the health care functions within the future license application for private hospital beds, as required of the Private Hospitals and Day Procedures Act 1998.

In relation to facility operations and staffing, all patients in the hospital are expected to be in-patients. There may also be a small number of out-patients utilising the rehabilitation centre. Patients will be admitted by medical practitioners and registered nurses via the admissions clinic. All in-patients will be charged a fee for services. Staffing will include Specialist Consultants, Doctors, Registered Nurses, Nurses, Nurses Aides, Personal Carers, Diversional Therapists, physiotherapists, professional health carers, kitchen staff, facilities staff, administrators and management.

Other features of the 35 Water St facility include a central commercial kitchen to cater for patient and staff requirements, staff facilities including training rooms, consulting rooms, family rooms, a café and chapel located in the former homestead, administration offices located in the former homestead and over 90 car-parks to cater for doctors, staff and visitors. All patients will have their own room and ensuite.

The hospital facility will be designed and constructed to the Private Hospitals Regulations 1996, Australian Health Guidelines, the BCA and other relevant regulatory requirements. In addition the ongoing operations of the facility will be fully compliant with all relevant legislation and regulations.

As a preliminary step to us lodging an application for private hospital bed licences, we would appreciate if you could advise us by return correspondence the extent to which you believe the proposed hospital meets the criteria of a 'private hospital' as covered in the Private Hospitals and Day Procedures Act 1998. Could you also advise of the types of class of licences that would be appropriate to apply for based in the enclosed information.

We believe our unique approach in providing integrated rehabilitation, medical, psychiatric and postnatal professional health services throughout the facility will be sought after as the future demand for health care services increases over the coming decades.

We are happy to meet to discuss any queries you have on the enclosed, otherwise please contact the undersigned.

Yours sincerely,

pp

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