

Annual Report 2021-22



maryvale private
hospital



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Personalised Care Optimal Outcomes

Strategic Plan 2020 to 2023



Purpose

We provide personalised care with optimal outcomes



Vision

To be the first choice provider in Private Healthcare in Gippsland



Strategic Objectives

- Governance**
We are accountable for maintaining high standards of corporate, financial and clinical governance.
- Our People**
We build strong and sustainable relationships with our people, providers and community partners. We are seen as facility of choice for delivering quality health care services.
- Our Community**
We provide access to a range of health services, empower our community and deliver optimal health outcomes.
- Growth**
We explore new opportunities for the introduction of new health programs to meet the needs of our community, increasing the growth of our services.
- Sustainability**
We challenge the 'norms', update systems/policies/procedures reflecting best practice enhancing organisational efficiency, care delivery and financial improvement.



Values

- Innovation
- Integrity
- Accountability
- Teamwork
- Enjoyment
- Inclusion
- Safety
- Respect

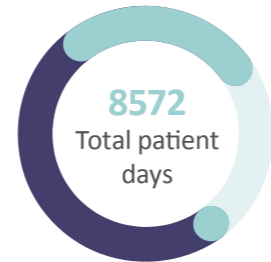


Enablers

- People & Partnerships
- Systems & Technologies
- Capital Investment
- Hospital Redevelopment

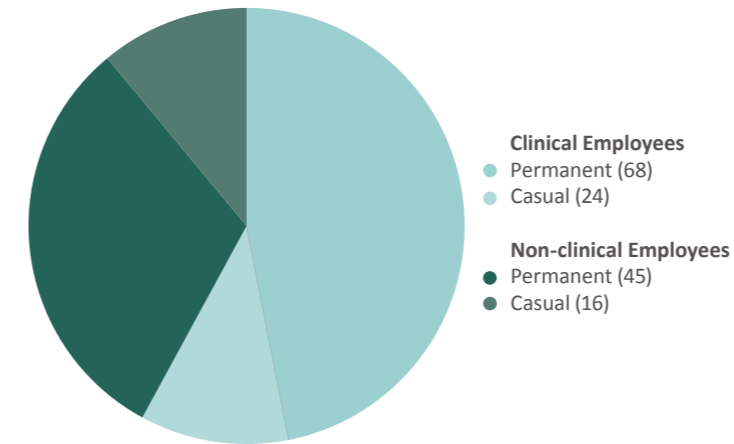
Highlights FY21-22

Patient Admissions

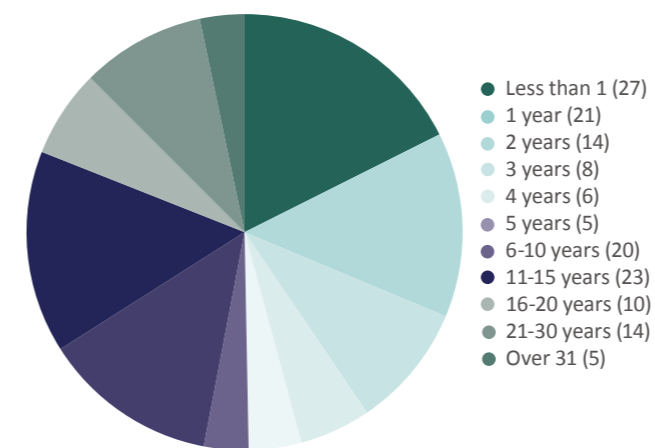


Our Workforce

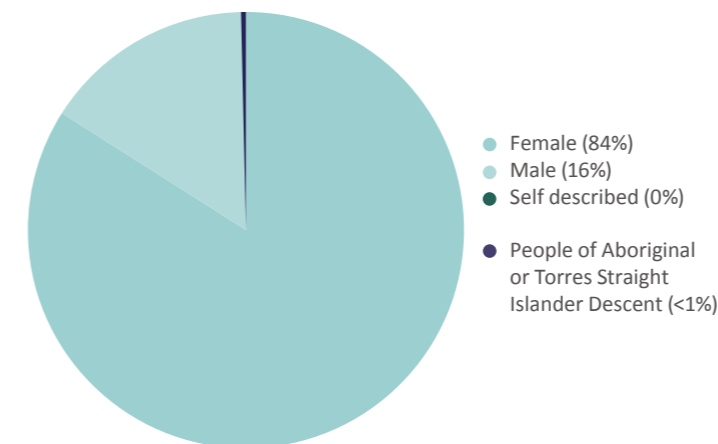
Total Headcount



Years of Service



Employed Staff



Clinical Services Provided

- Dental surgery
- Ear, nose and throat surgery
- Endoscopy
- Eye surgery
- Gastroenterology
- Internal medicine (including sub-specialties; cardiology, respiratory, rheumatology)
- General surgery (including breast, abdominal, gastrointestinal)
- Gynaecological surgery
- Oral/maxillofacial surgery
- Orthopaedic surgery
- Palliative care
- Plastic surgery
- Urological surgery
- Weight-loss surgery

Hospital Investment Program

\$424k capital investment included:

- Café development
- Bed replacement program
- Anaesthetic machine
- Paediatric care equipment
- Theatre table
- Orthopaedic surgery equipment
- Bariatric surgery equipment
- Finance system upgrade
- IT systems upgrade

Culture Action Plan for FY2021-22

- Review of organisational values ahead of strategic plan update
- Review of the staff induction and on boarding process including documentation
- Improvement of performance appraisal tools enhancing conversations for success
- Enhancing the culture of patient safety and addressing concerns immediately through Health, Safety & Environment Committee
- Delivery of senior leadership program
- Regular communication and updates to the entire team
- Increasing social media presence and reach to Gippslanders
- Commencement of cross functional working groups for key projects and continuous improvement opportunities

Key Personnel



Therese Tierney
Chair, Board of Directors

In addition to being Maryvale Private Hospital's Chair, Therese is currently the Chair Gippsland Primary Health Network, Chair East Gippsland Water Corporation, and the Deputy Chair VicWater. She is also the Chair of the Gippsland Regional Partnership Committee and a Member of the Victorian Regional Development Advisory Committee. Therese has more than forty-five years' experience in the health sector in CEO and senior management roles since 1994 in both metro Melbourne and regional Victoria and in both the private and public sector. Therese is a consultant and is currently an appointed ministerial delegate supporting boards to improve governance and create effective, safe and positive organisations.



Ormond Pearson
Director

Ormond has three decades of experience working in the health sector, as a CEO of public hospitals and in community health. In addition to being a Maryvale Board Director, Ormond has been a Board Director of Latrobe Health Services since 2013 and current Board Chair since 2014.



Ian Whitehead
Director

Ian is an experienced Chief Executive Officer with expertise in business strategy, change management, finance and marketing. Ian has worked in financial services, health and life insurance, property, retail and distribution and technology sectors. Ian has been the Chief Executive Officer of Latrobe Health Services since November 2018 and is Chair of the Australian Regional Health Group.



Kelly Rogerson
Director

Kelly is a Registered Nurse who commenced her career in Central Gippsland and has over 20 years' experience in the areas of intensive care, surgical (acute, emergency and elective) community and medical nursing, workforce planning, quality systems and health care improvement, accreditation, falls and pressure injuries, clinical practice and nursing management. Kelly's work experience has included Nurse Unit Manager roles within Surgical Acute/Elective /Colorectal and mixed surgical wards. She has further experience as an Intensive Care Nurse and Registered Nurse within metropolitan and regional settings. She has provided nursing expert evidence and review since 2012. She is currently the CEO at Palliative Care South East and the Chair of Palliative Care Victoria. Kelly is the previous Director of Nursing at Jessie McPherson Private Hospital and an Adjunct Associate Professor Clinical Practice at Monash University.



Rob Sinnett
Director – Resigned January 2022

Rob is an experienced clinician and retired anaesthetist with a career spanning over 30 years across Gippsland. Rob has a key interest in clinical governance and is an advocate for improving the patient's healthcare journey. Until his resignation, Rob was the Board representative on the Community Advisory Committee and conveyed the consumers voice directly to the Board.



Peter Kingwill
Director – Appointed June 2022

Peter has worked in Engineering and Information Technology fields with expertise in Project Management, Technology Change Management and business process review. Peter is a past Board director of West Gippsland Healthcare Group where he participated in the Audit and Finance, Project Control and Clinical Governance committees.



Shannon Wight
Director – Appointed June 2022

Shannon is a highly skilled and accomplished health executive who has experience delivering complex care in line with clinical performance standards within large, complex organisations and 24/7 environments. In a career spanning more than 25 years, Shannon is a Registered Nurse & Critical Care ICU RN and has a Masters in Business Administration. Her substantive role is Executive Director of Clinical Operations Eastern Health which follows many years of public health clinical and management experience in a variety of roles within acute healthcare settings at both Alfred and Monash Health.



Andrea Buckland
Company Secretary

Andrea has been the company Secretary since 2014 and Company Secretary, Latrobe Private Health Services since 2014, Andrea is an Independent Member, Audit, Risk and Finance Committee, Gippsland Primary Health Network (2022). She is also an Independent Member, Audit and Risk Committee, West Gippsland Catchment Management Authority (2022). Previously Chief Financial Officer of Latrobe Health Services from 2011 to December 2021, Andrea is an experienced senior executive with over 11 years' experience in Private Health Insurance and 20 years in other industries including technology, manufacturing, and professional services. Andrea has a depth of expertise in financial strategy and management, investment strategy and management, information technology, and management of critical business transitions, with a strong background in governance, risk management and compliance.

	July 2021	September 2021	November 2021	January 2022	March 2022	May 2022
Therese Tierney	✓	✓	✓	✓	✓	✓
Osmond Pearson	✓	✓	✓	✓	✓	✓
Ian Whitehead	✓	✓	✓	✓	✓	✓
Kelly Rogerson	✓	✓	✓	✓	✓	✓
Robert Sinnett	✓	✓	✓	Resigned		
Peter Kingwill	Appointed 1 June 2022					
Shannon Wight	Appointed 1 June 2022					

Directors Meeting Attendance FY2021–22

Executive Team



Lee Garwood
Chief Executive Officer

Lee joined the Maryvale team in November 2020 as our Chief Executive Officer. Lee joins us with 15 years of clinical and leadership experience in both the public and private healthcare sector across a wide range of surgical, medical, rehabilitation and mental health specialties.

Lee has a strong commitment in developing organisations by enhancing patient experience, improving quality and safety systems, implementation of new services and community engagement. With a focus on delivering a quality service and improving patient safety, Lee has significant experience in hospital accreditation processes against the National Safety and Quality Health Service (NSQHS) Standards under ISO and ACHS frameworks.

Lee is heavily involved in the training and development of clinical and non-clinical staff and is an Adjunct Senior Teaching Fellow at Federation University Australia and Conjoint Senior Lecturer appointment at the University of Newcastle. Lee also participates as an industry advisor to a number of Registered Training Organisations (RTOs) and mentor to students attending health-related degrees.

Outside of the workplace, Lee is a Board Director of Quantum Support Services, and enjoys giving back to the community by getting involved with Rotary participating in a number of local and international projects.



Daniel Scholtes
Director of Clinical Services

Daniel joined the Maryvale team in November 2020 as our Director of Clinical Services. Daniel joins us with extensive experience in Health Services across Gippsland in a wide range of roles with a specialisation in Perioperative and Emergency Nursing. Experiences and relationships built across the Gippsland Health Community gives Daniel both a unique insight and advantage for Maryvale Private Hospital as we strive to achieve our Strategic goals. Daniel's priorities are delivering Quality Care and ensuring Patient Safety. Daniel believes these are the key drivers for performance and patient satisfaction and are achieved through providing support and investment in staff. As someone that grew up in Gippsland, Daniel is passionate about delivering this service to the broader Gippsland community.



Susan Chan
Finance Manager

Susan joined the Maryvale Team in May 2013 as our Finance Manager leading our non-clinical services. Susan is a Chartered Accountant with over 15 years of experience, 9 of which have been across both public and private healthcare sector. Susan is an experienced leader with expertise in financial management, reporting, financial analysis and planning.

Senior Leadership Team

Fiona O'Mara
Executive Assistant

Kate Keppitipola
Business Development Manager

Anne-Maree Thomson
Nurse Unit Manager – Wards

Fran Van Dyke
Nurse Unit Manager – Theatre

Brenda Hudson
Administration Manager

Linda Hillman
Quality, Risk & Education Coordinator

Jenny McCarthy
Infection, Prevention & Control Coordinator

Emily Connell
Executive Chef

Stephen Cahill
Maintenance Coordinator

Michelle Marriot
Human Resources Advisor

From the Chair and CEO



We are pleased to present the Maryvale Private Hospital Annual Report 2021-22.

Key Appointments and Resignations for 2021-22

In January 2022, Dr Rob Sinnett resigned after 5 years on the Maryvale Private Hospital Board. We would like to thank Rob for his commitment and contributions to the Board and the Community Advisory Committee during his tenure and wish him well in his future endeavours.

In June 2022, the Board approved the appointment of Peter Kingwill and Shannon Wight as new Board members to Maryvale Private Hospital with their formal commencement of their directorship commencing 1 July 2022. We look forward to their contributions to the Board and the hospital.

Hospital Redevelopment

One of the most exciting aspects of the last year was the decision to redevelop Maryvale Private Hospital by the hospital's owner Latrobe Health Services. This project commenced its \$16m redevelopment to meet new compliance standards and positioning itself for future growth by more than doubling surgical capacity with an additional operating theatre, endoscopy suite, Day of Surgery Admission (DOSA) and Post Anaesthetic Care Unit (PACU).

The redevelopment will provide a fresh new look visually and improve hospital operations enhancing the patient's experience. Stage 1 is set to be delivered on time in November 2022, with subsequent stages 2a, 2b and 2c to be sequentially handed over for the project to be fully completed by April 2023.

Further details on our exciting redevelopment are covered later in this Annual Report.

Operational Performance

We acknowledge that the last two years dealing with COVID has created significant challenges for our community to access healthcare and elective surgery. This has resulted in a large part of elective care being deferred until the last half of this financial year. We are now starting to see positive indications of patients accessing healthcare and seeing growth in key specialties such as dental surgery, gastroenterology, general surgery, gynaecology, ophthalmology and orthopaedics.

Our workforce has been key to our successes this year, and we are forever grateful for their efforts and the service our staff provide to our patients. We would like to acknowledge the team's continued contributions particularly in these challenging times of COVID-19 and the added complexity of a redevelopment.

We anticipate our workforce will increase in line with our growth plans and subsequently a workforce plan has been implemented to ensure that the hospital can onboard clinical and non-clinical staff to match the future needs of our services.

The workforce plan implemented by our leadership team has resulted in:

- The appointment of a Hospital Educator to support new and existing staff in their learning and development needs
- Expansion of our newly implemented Registered Nurse Graduate Program to increasing the number of new graduates we accept to our program
- Plans to commence an Enrolled Nurse Graduate Program in Financial Year 2022-23
- Collaboration with training organisations, TAFE Gippsland and Federation University Australia for apprenticeships and training placements for students
- The attendance and participation at education institution events, trade events, and information events to engage our future workforce

Whilst navigating the pandemic, a Financial Improvement Plan was implemented this year to improve the hospital's day to day business costs. This has led to the leadership team reviewing and renegotiating new contracts and reducing our cost base to improve our financial performance for the financial year. Given current challenges with global supply chain, the costs of doing business will invariably change and potentially increase and will require monitoring and active management throughout Financial Year 2022-23.

COVID-19

There has been continued impacts on the health industry domestically and internationally, including Maryvale Private Hospital as a direct result of COVID-19. Maryvale Private Hospital has continued to play its part in ensuring the community of Gippsland can still access a high level of safe healthcare with enhanced safety measures.

Maryvale Private Hospital received support from the Department of Health's Private Hospital Funding Agreement (PHFA) through to 30 April 2022 which has supported the sustainability of the hospital and has facilitated public admissions and surgical cases to assist public health services to manage their urgent clinical cases and workloads.

Following the cessation of the PHFA, the hospital has negotiated an interim funding agreement with Latrobe Regional Hospital in a fee for service model for public admissions and surgical cases to assist in the deferred care needs as a result of the pandemic.

Whilst the hospital has rendered assistance to its colleagues in the public service, it has not been at the sacrifice of private patients accessing the hospital's services and we remain committed to providing access to a high standard of private healthcare to our patients.

Growth in Doctors and Practitioner Engagement

The growth of Maryvale Private Hospital's credentialed medical officers has been a significant focus acknowledging the hospital's planned growth trajectory over the next 5 years.

The hospital has credentialed an additional 19 medical officers this financial year, including:

- 4 x Anaesthetists (3 Specialists / 1 GP Anaesthetists)
- 2 x Dental Surgeons
- 3 x General Surgeons
- 1 x Palliative Care Physician
- 1 x Respiratory/ Sleep Physician
- 7 x Surgical Assistants
- 1 x Urologist

Whilst COVID-19 has challenged our Gippsland wide GP engagement program, it did recommence in Q3 of the financial year. The continued focus of our engagement program is to raise the profile of our hospital, services, specialists and to understand the immediate and future needs of our community.

As a newly endorsed Royal Australasian College of General Practitioners (RACGP) Education Provider, our continuing professional development program will provide an array of speciality education sessions tailored to the individual needs of our referring GPs utilising the skill of our credentialed specialists throughout the year.

From the Chair and CEO Continued

Governance

Maryvale Private Hospital has continued to improve its governance at all levels of the hospital. As the hospital is a fully owned subsidiary of Latrobe Health Services, Maryvale Private Hospital is required to meet a number of additional regulatory standards as defined by the Australian Prudential Regulation Authority (APRA).

The hospital underwent an external risk management review by owner Latrobe Health Services' Chief Risk Officer to take a 'pulse check' of the organisation, reviewing compliance against APRA standards and exploring opportunities for further governance improvement.

This review has led to the development of a Board endorsed plan to develop a risk and compliance roadmap for implementation over the coming years enhancing and maturing our governance systems and processes. As everyone at Maryvale Private Hospital is responsible for the part they play in clinical and corporate risk management, we look forward to working with the Maryvale team who will be an integral part to the contribution and achievement of the roadmap.

Organisational Culture

Providing a positive workplace culture means our people continue to have a great place to work. Our patients, stakeholders and community benefit from our passion and commitment to continuing to deliver exceptional patient care. Our 5-year Culture Action Plan is on track, focussing on staff and consumer engagement in keeping the enthusiasm and energy alive in our workplace; significantly transforming workplace culture.

This financial year has focused on a range of culture development activities including:

- A review the organisational values with our staff which will contribute to development of the next iteration of our strategic plan
- Review of the staff induction and onboarding process to ensure a seamless and engaging welcome to the hospital
- Revision of position descriptions reflecting organisational purpose, vision and values along with current role expectations to ensure staff are provided with clear directions in their role

- Revision of appraisal tool to improve communication between appraiser and appraisee, providing opportunity for two way conversations, accomplishments, development opportunities and goal setting
- Ensuring all staff are committed to creating a culture of patient safety and are empowered to raise all concerns immediately through an effective Health, Safety and Environment Committee
- Delivery of senior leadership program to support our leaders in their roles
- Providing regular communication and updates to the hospital team and our doctors from the Board of Directors and Executive Team
- Establishment of social media presence to reach a variety of consumers to showcase our services, initiatives and good news stories
- Commencement of cross functional working groups for key projects and continuous improvement opportunities, including; day surgery working group, redevelopment working group and workforce planning group
- Improving the patient admission process in line with the commissioning of the redevelopment and implementation of new patient pre-admission systems

Digital Transformation

Maryvale Private Hospital continues its digital transformation which commenced last financial year in partnership with IT managed service provider Viatek. The continued evolution of the hospital's IT assets, clinical and operational applications and data security services will continue to improve the end user experience of our staff, doctors, patients and carers.

This year the digital transformation program included:

- Improved system failsafe and cyber security
 - Disaster & Recovery Services – ensuring systems remain available 24/7
 - Multi-factor Authentication – protecting the hospital and its data against unauthorised external access
 - Virtual Private Networks – providing a secure and safe way to store and access data
- Implementation of organisational policies
 - Acceptable Use of Information Communication & Technology – ensuring our systems are only used for the intent they are designed to be used for and access is only provided where it is role appropriate
 - My Health Record – ensuring appropriate policies, processes and access permissions are in place for the uploading and retrieval of information from a patient's My Health Record profile
- Upgrade to printer/multi-function fleet
 - New partnership with Viatek Print Services to upgrade existing print fleet
 - Introduction of secure release printing software papercut to improve our carbon footprint in reducing print waste
- Expansion of existing ConnX HR platform
 - Progression to paperless HR process and automation
 - Onboarding process for new starters
 - Digital time sheet transition

- Digital discharge summaries – integration with our primary and tertiary care facilities along with integration to My Health Record is progressing towards becoming a mandatory requirement, to improve the communication, continuity and safety of patient care. The hospital has reviewed a number of systems for the delivery of this service and will proceed with the implementation of a new system next financial year to be available and online by the commissioning of Stage 1 of our redevelopment
- Exploration of online pre-admission portal – allowing our patients and their carers to complete pre-admission requirements via their electronic device which will vastly improve the patient experience whilst allowing the hospital to receive the information at the earliest opportunity and plan for care delivery. Like the implementation of digital discharge summaries, it is anticipated that this service will be available and online by the commissioning of Stage 1 of our redevelopment

Thank you!

We thank the Maryvale Private Hospital Board and the Leadership Team for their incredible efforts, guidance and leadership through another year of significant change, and for their unwavering focus on our patients and improving their experience. We thank our wonderful people; staff, doctors and community partners who allow us to deliver care to our patients each day and successfully overcome the challenges of the last year

We thank our community for continuing to support and trust us to care for their health needs, and we look forward to unveiling Stage 1 of our redevelopment for the direct benefit of Gippslanders



Therese Tierney

Therese Tierney
Board Chairperson



Lee Garwood

Lee Garwood
Chief Executive Officer



Hospital Redevelopment

Latrobe Health Services are investing \$16M for a major upgrade and expansion of Maryvale Private Hospital, doubling the hospital's surgical throughput and creating more than 110 construction, clinical and non-clinical jobs in Gippsland including project construction, specialists and nursing staff, administration, contractors and suppliers during the construction and beyond.

Staff, doctors and surgeons are excited about the redevelopment and its opportunity to improve the patient experience.

Each year, about 38,000 Gippslanders are admitted for treatment in private hospitals. This development will mean more options and less need to travel for those within the region wanting to access specialist health care.

Latrobe Health Services established Maryvale Private Hospital in 1991 and it has cared for more than 55,000 patients and 151,000 bed days over its three decades of operations.

Maryvale's exceptional reputation will be further enhanced because of the redevelopment, particularly among Gippslanders who have been using the hospital's services since 1991. Maryvale is very excited that Latrobe Health Services has the commitment and the confidence to invest in our hospital so that we can continue to provide valuable services to our community.

INTREC Management has been appointed to deliver Maryvale's redevelopment. INTREC is a privately-owned Australian company, specialising in construction, commercial fit outs and building refurbishment with extensive expertise and experience in the health sector with recent health builds in Warragul and Frankston. We are delighted this project will use a variety of trades, sub-contractors and suppliers from across the Gippsland region to deliver the redevelopment.

We understand that all build projects cause an element of disruption and we would like to thank our staff, doctors, patients and the wider community for their understanding whilst we undertake this very exciting redevelopment to improve access to services for Gippslanders.

The redevelopment works, which commenced in January 2022, include two new operating theatres and an additional 19 beds. A post-acute care recovery unit, new admission and waiting areas, consulting suites expansion, surgical sterilisation upgrade and staff, patient and visitor amenities are part of the upgrade.

Stage 1 of the redevelopment is due to be completed in November 2022, with the remaining stages completed between November 2022 and April 2023.

Latrobe Health Services, the sole owner of Maryvale Private Hospital announced the funding as part of its commitment to ensuring access to quality health services in the region. The investment will more than double surgical capacity with two additional operating theatres, day surgery unit and sterilising department.

The redevelopment of Maryvale Private Hospital provides modern surgical facilities and amenities that mean private hospital patients are more likely to receive the care they need close to home, reducing the burden of travel. It also makes working from Gippsland a more attractive option for specialist surgeons and physicians, improving access to health services within the region.

For patients, the redevelopment represents an increase in specialist services available and contemporary and first-rate care in Gippsland. The creation of the purpose-built modern-day surgery facilities will mean that patients will experience smooth and streamlined admission and reduced waiting times in the hospital.



Medical Advisory Committee

Dr Grant Harrison, the Chair of our Medical Advisory Committee, outlines the importance of the Committee and the valuable work and contributions their members make to the clinical governance at Maryvale Private Hospital.

What is the Medical Advisory Committee?

The Committee is a key component of the Clinical Governance Framework at Maryvale Private Hospital. To ensure that we provide quality clinical care; departmental and compliance reports are tabled and discussed at a range of meetings. All these reports are escalated to the Medical Advisory Committee to have organisational oversight.

The Committee consider, investigate, report, make recommendation and advise the Hospital Executive as a delegate of Maryvale Private Hospital Board of Directors. The key areas of focus include but are not restricted to the review of: Clinical Outcomes, Quality Management and Accreditation, Morbidity and Mortality, Ethical issues, and the credentialing of health professionals.

The committee membership is comprised of medical practitioners across a range of specialties representing the 110 medical and health practitioners that are credentialed at Maryvale Private Hospital.

Our current representatives are:

- **Dr Grant Harrison** (Anaesthetist)
Chair
- **Dr Watson Gomez** (Anaesthetist)
- **Mr Neil Jayasuriya** (General Surgeon)
- **Dr Julian Rong** (Gastroenterologist / Physician)
- **Mr David Scott** (General Surgeon)
- **Mr Malcolm Thomas** (Orthopaedic Surgeon)
- **Dr Ian Webb** (General Practitioner)
- **Mr Lee Garwood**
Chief Executive Officer
- **Mr Daniel Scholtes**
Director Clinical Services

Why is there a Committee?

The Medical Advisory Committee:

- Enables active communication between Directors, Hospital Executives and health professionals to facilitate the safe provision of patient services and the application of appropriate policies and procedures
- Through membership, the committee represents the clinical specialties provided at the hospital
- Identifies the health needs of the community and advises on services that may be required to meet those needs
- Ensures optimum delivery of patient care is maintained through contemporary best practice and research
- Undertakes formal reviews of clinical outcomes, clinical management and peer review systems
- Ensures all accredited practitioners are appropriately credentialed, qualified, registered and abide by Maryvale Private Hospital's By-Laws

Focus for the year

- Maintaining an overview of the hospital's response to COVID-19, ensuring appropriate actions to limit and mitigate the risk of COVID-19 to the hospital
- Credentialing of new and existing health practitioners, specifically a considerable number of new doctors who will provide services at the hospital for years to come
- Review and endorsement of a Palliative Care Research Project in collaboration with Federation University Australia to examine the communication between nurses and patients/ family members who are at the end of their life
- Review of existing Voluntary Assisted Dying decision of being an 'Information and Support' service, and the outcome of this review means we will remain at this level
- Discussed topical challenges of medical workforce recruitment in the setting of COVID-19 and future pipeline talent availability



Dr Grant Harrison
Chair
*Medical Advisory
Committee*

Community Advisory Committee

May Sennett, the Chair of our Community Advisory Committee, outlines the importance of the Committee and the valuable work and contributions their members make to Maryvale Private Hospital.

What is the Community Advisory Committee?

The Committee provides a forum for consumers (patients, carers, local community members) to be involved in the planning and delivery of Health Services at Maryvale Private Hospital. Members are either current or former patients, family members or community representatives ensuring there is appropriate representation of our community within the Committee. With this in mind we encourage those members of the community from a diverse range of backgrounds to consider joining the Committee.

The Committee provides a central focus for strategies and mechanisms of Maryvale Private Hospital to be tabled for consumer, carer and community perspective. The hospital also receives advice on future strategy initiatives, major initiatives and changes which the hospital proposes to introduce in an effort to improve service availability to the wider community.

The Committee makes recommendations to the Board of Directors and regularly receives feedback from the Committee via the Hospital Executive. All Committee representatives are members of our local community and current representatives are:

- **Ms May Sennett**
Chairperson
- **Mr Tony Dickinson**
- **Ms Ann Malone**
- **Dr Rob Sinnett** (Until January 2022)
- **Ms Wendy Young**
- **Ms Valerie Giles**
- **Ms Carolyn Reid-Corry**

We would like to acknowledge and thank Board member Dr Rob Sinnett's membership and continued contributions to the Community Advisory Committee through the years until his resignation in January 2022.

Why is there a Committee?

As a requirement of the Australian Commission on Safety and Quality in Health Care (ACSQHC)'s National Safety and Quality Health Service (NSQHS), most commonly termed as the 'National Standards', there is a mandated 'Partnering with Consumers' Standard.

The intention of this standard is to ensure leaders of a health service organisation who develop, implement and maintain systems partner with consumers. These partnerships relate to the planning, design, delivery, measurement and evaluation of care to ensure the current and future needs of our community are met.

The Maryvale Private Hospital Board believe that as part of good hospital governance, consumer input is imperative to the success of the organisation.

The Partnering with Consumers Standard aims to create health service organisations with mutually beneficial outcomes by having:

- Consumers as partners in planning, design, delivery, measurement and evaluation of systems and services
- Patients as partners in their own care, to the extent that they choose
- The Partnering with Consumers Standard recognises the importance of involving patients in their own care and provides clear communication to patients. This standard, together with the Clinical Governance Standard, underpins all the other standards

Focus for the year

Despite COVID-19 still being a challenge for meeting in person, the Committee continued its work in a 'virtual' environment to:

- Be the voice of the community, and provide feedback from interactions they have with patients and their families following experiences at Maryvale Private Hospital
- Provide feedback to the Hospital Executive on proposed redevelopment and future direction for strategic planning consideration for services likely to be required by future patients and their families

How can I be a part of the Committee?

Would you like to be a part of a committee that assists Maryvale Private Hospital in ensuring its consumers continue to have access to high quality health care? If so, then we would love to hear from you!

From time to time, there are opportunities for new members to join the Committee. For expressions of interest, please send an email to the Chief Executive Officer at enquiry@maryvaleph.com.au to register your interest.



May Sennett
Chair
Community Advisory
Committee



Consumer Feedback

Why is consumer feedback important?

Consumer feedback is extremely important for Maryvale Private Hospital to understand the experiences of those who access our hospital and its services.

Consumer feedback is received in several ways not limited to, but including:

- Patient experience survey (during or after discharge)
- Verbal feedback whilst in attendance at the hospital
- By email or telephone call to the hospital
- Through our complaints process
- Through Government or regulatory bodies

This allows the hospital to understand the experience of those who access or visit our services, review our services/ processes, and make improvements for future patients and visitors.

What have our patients said about their experience at Maryvale Private Hospital?

“Very professional staff with regards to my questions. Friendly and approachable.”

Great nurses and the guys that push beds into theatre are fun take my mind from the operation.

The nurses were great as usual. I've been to Maryvale a few times everyone is fantastic. I'm happy when I'm there.

The kindness of your staff from when I first presented at reception until I left was exemplary.

I was treated really well, so looked after, I felt like royalty. I wasn't expecting my own room and bathroom, the nurses were lovely and attended to all my needs. Thanks.

Do you have feedback about your experience?

We appreciate all feedback from those who access or visit Maryvale Private Hospital and pride ourselves on the service we provide to the community of Gippsland.

If you would like to provide any feedback about your stay or visit to Maryvale Private Hospital please contact the Chief Executive Officer, Lee Garwood or Director of Clinical Services, Daniel Scholtes by emailing enquiry@maryvaleph.com.au or calling the Executive Office on **(03) 5132 1201**.

I was spoilt, there was nothing that was too much trouble for them.

It was the first time I came to this hospital and friends had already recommended this place, saying the care was exceptional. I agree and would highly recommend it my friends.

Delicious food, beautifully presented and served with a friendly smile always. Thank you.

A wonderful hospital with 1st class staff.

Excellent staff, inclusive of all areas of the hospital Wonderful doctors, anaesthetist and nurses in theatre and ward.

Quality and Risk Report



Quality and Risk Statement

Maryvale Private Hospital is committed to providing safe and quality services to our community in line with Commonwealth, State and governing bodies legislation, guidelines and advisories.

Our hospital has a clinical governance and competency framework which guides the principles of safe care delivery to our patients, and is supported by our comprehensive library of policies, procedures and guidelines.

The hospital is accredited against the Australian Commission on Safety and Quality in Health Care (ACSQHC) National Standards for Quality in Health Care (NSQHC) and is independently audited by the Australian Commission on Healthcare Standards (ACHS).

The hospital places great value on the importance of quality improvement and risk minimisation. Our commitment to quality improvement and risk minimisation is reflected in our Quality Improvement and Risk Identification Program, which is designed to continually identify and address any issues that have the potential to compromise the level of care given to patients.

The reporting, reviewing and actioning of quality and safety data is monitored by a number of Committees. Subsequently these committees report to the Board of Directors ensuring the highest level of patient safety and quality outcomes are maintained.

Maryvale Private Hospital is committed to making sure the voices of our consumers (patients, family members, carers, and interested community members) are heard and included in the planning and development of our care and services. Our Community Advisory Committee meets quarterly to review patient documentation, safety, quality data, systems and processes that may improve patient care and outcomes.

At Maryvale Private Hospital, we are committed to the safety and wellbeing of children who attend the hospital as a patient or visitor and respect the individual and cultural needs of those accessing our services. We have a zero-tolerance approach to child abuse.

Maryvale Private Hospital's policies, procedures, systems and processes together create a culturally safe and inclusive environment and meet the needs of Aboriginal children, young people and their families. Systems are in place to mitigate risks, identify and escalate concerns regarding the safety and wellbeing of a child which includes the investigation and reporting of incidents or concerns.

We follow and adhere to the prescribed Child Safe Standards. Posters displaying children's rights under the Child Safe Standards are displayed at the main reception of the hospital.



Child Safe Standards

At Maryvale Private Hospital, we view the safety and wellbeing of children is a priority.

We are committed to child safety including the provision of a safe environment where children are able to have a voice, feel safe, secure and receive age-appropriate care. Young people predominantly access our dental, ear, nose and throat (ENT), and general surgery services.

Victoria's Child Safe Standards are a mandatory framework to protect children and young people from harm and abuse. The Child Safe Standards (the Standards) commenced in Victoria in January 2016.



Quality and Risk Report Continued



Quality and Risk Statement

Child Safe Standards

After five years, we have seen Standards improve safety for children and young people. Changes have been made to make the Standards even stronger and come into effect 1 July 2022. In our continued commitment to safeguard the safety of children in our hospital and the implementation of these new standards, a comprehensive gap analysis was undertaken leading to an action plan being formulated.

Education around the new standards was undertaken by our Executive Team, Nurse Unit and Associate Nurse Unit Managers which include:

- Mandatory Reporting
- Indicators of abuse
- Resources available in the community
- Barriers that people from cultural or linguistically diverse backgrounds may face

To enhance our child safe practices, the hospital has also updated its internal governance processes including:

- The current child safe policy was reviewed against the revised standards to ensure it encompasses the updates from 1 July 2022
- The Maryvale Private Hospital Quality Statement has been updated to include commitment to the safety of children and is freely available on our website for visitors, consumers and the general public to access
- Children's Rights in Healthcare & Young People's Healthcare Rights Posters are displayed on our consumer information noticeboard
- Our commitment to the safety of children is displayed on our digital display in the main foyer of the hospital
- Reviewed our Community Advisory Committee membership to include engagement of opinions from children and/or families of young children
- Implementation of a journey booklet for younger people accessing our services which provides information on our service

Risk Management

Hospital Acquired Complications

According to the Australian Commission on Safety and Quality in Health Care (ACSQHC), Australia has one of the best health systems in the world. Health systems are supported by dedicated clinicians who work hard to ensure that their patients receive safe and high-quality care.

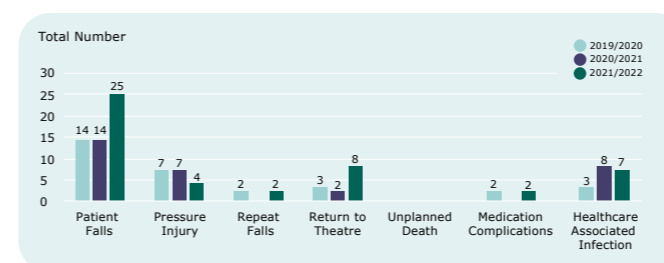
Maryvale Private Hospital has appropriate governance and risk management frameworks to ensure contemporary and safe health care. Sometimes, health care does not go to plan which may result in a Hospital Acquired Complications (HACs). In an effort to reduce potential risks of these adverse events, Maryvale Private Hospital along with other hospitals monitor a detailed list of HACs.

Our HACs for 2021/22 are outlined in the following graph and overall shows the majority of our HACs were either neutral or trending downwards. The exception to this is our falls and return to theatres rate, where cases have been reviewed and determined not to have any concerning factors or trends which require changes to clinical practice or procedures, however will be a continued focus for the new financial year.

Any significant incident is comprehensively reported through our Clinical Governance framework to our Clinical Leadership Committee, Medical Advisory Committee and Board of Directors, along with strategies identified for improvement.

Following an incident, examples of improvement actions to our quality and monitoring systems include:

- A full in depth clinical review of the case or incident to identify opportunities for practice improvement
- Engagement of clinical and non-clinical staff, patients and their families
- Targeted education and development opportunities
- Review and revision of processes, policies and procedures to improve systems and future care delivery



Healthcare Acquired Complications 2021-2022

Minimising Patient Harm

Patients at Maryvale Private Hospital undergo extensive risk screening to identify patients who are at the greatest risk of harm while receiving health care.

Medication Complications

A total of 2 medication complications were recorded in the Financial Year. This means less than 1% of our patients experienced a medication complication in hospital, representing a medication complication rate of 0.02% per patient day.

The hospital ensures appropriate medication safety strategies are in place to keep patients safe whilst in our care. These strategies include:

- Nursing staff complete an annual medication competency
- Comprehensive suite of medication policies available for staff
- Medication reconciliation of a patient's medication upon admission and discharge
- Pharmacist available to review patients who take lots of medications (poly-pharmacy) or high risk medications
- Regular quality audits completed for compliance to policies and procedures



Medication Complication 2021-2022

Patient Falls

A total of 25 falls were recorded in the Financial Year of which, one patient had a repeat fall. This means less than 1% of our patients experienced a fall in hospital, representing a low falls rate of 0.28% per patient day.

Falls are reported at the Clinical Leadership and Community Advisory Committee meetings. Each incidence is reviewed by the Quality & Risk Coordinator to identify any emerging trends. The emerging trends are:

- Most falls occur to patients over the age of 65
- There are higher incidences of falls with medical admissions

The hospital ensures falls strategies are in place, which include:

- All patients who stay overnight are risk assessed on admission, weekly and on change of clinical condition
- Comprehensive policy and procedure in place
- Specialist mobility equipment available for prevention of falls

Quality and Risk Report Continued



Quality and Risk Statement

Pressure Injury Development

A total of 4 acquired Pressure Injuries were recorded in the Financial Year. This means less than 1% of our patients experienced an acquired pressure injury whilst in hospital, representing a low pressure injury rate of 0.05% per patient day. Pressure Injuries are reported at the Clinical Leadership and Community Advisory Committee meetings. Each incident is reviewed by the Quality & Risk Coordinator to identify any emerging trends. The emerging trends are:

- Most Pressure Injuries occur to patients over the age of 65
- There are higher incidences of a pressure injuries with medical admissions

The hospital ensures Pressure Injury strategies are in place, which include:

- All patients who stay overnight are risk assessed on admission, weekly and on change of clinical condition
- Comprehensive policy and procedure in place
- Specialist pressure relieving equipment available for prevention and management of pressure injuries
- Forms part of mandatory education for nursing staff

Return to Theatre

Maryvale Private Hospital has appropriate governance and capability frameworks to ensure patients are assessed and deemed medically appropriate to be admitted and operated on. We want to ensure patients who choose our hospital feel safe whilst in our care.

In the event of any return to theatre, all cases are reviewed internally in an open and transparent manner. These cases are then presented at our Clinical Leadership and Medical Advisory Committees to explore opportunities for improvement in; patient risk assessment, communication, clinical care delivery or any other factors which may have played a part in the return to theatre.

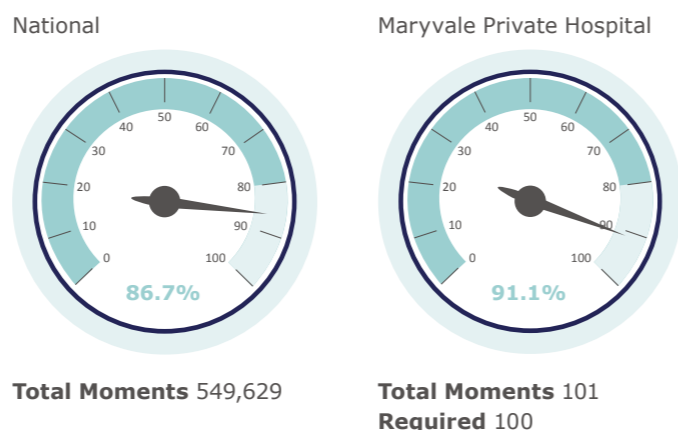
Healthcare Associated Infection (HCAI)

A total of 7 HCAI were recorded in the Financial Year. This means less than 1% of our patients experienced a HCAI whilst in hospital, representing a low HCAI rate of 0.09% per patient day. Maryvale Private Hospital has a comprehensive infection, prevention and control program which is supported by regular internal and external auditing schedules. Maryvale Private Hospital reports HCAs through Clinical Leadership, Medical Advisory and Community Advisory Committee meetings to review opportunities to improve future patient care.

Hand Hygiene

Hand hygiene is the single most important factor in reducing infections. Our hands may look clean but microorganisms that cause infections are invisible to our eyes. Evidence suggests the '5 Moments for Hand Hygiene' system for training and reminding health care workers when to clean their hands assists in minimising the risk of spreading infection between the health care worker, the patient, and the environment.

Maryvale Private provides regular audit data throughout to Hand Hygiene Australia and is benchmarked nationally. We are proud of our hand hygiene compliance rate with our most recent audit result showing the hospital has a hand hygiene compliance rate of 91.6% against the national benchmark of 87.6%



Vaccination Program

Influenza – Following the recent mandate from the Secretary of the Department of Health, it is mandatory for health workers to have an annual influenza vaccination by August each year to protect their patients and the public. All public and private hospitals to report the number of employees who have had their vaccination to the Victorian Hospital Acquired Infection Surveillance System (VICNISS).

COVID-19 – We are pleased to report that following the recommendations and guidelines provided by the Victorian Department of Health, all Maryvale Private Hospital staff have been fully vaccinated against COVID-19.

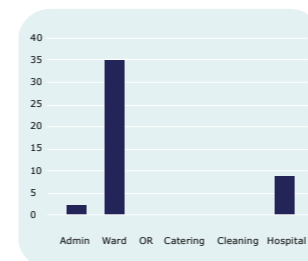
Consumer Feedback

We value the feedback we receive from patients, families, carers and members of our community. Feedback is an integral part of the continuous quality improvement system and provides information on the quality and safety of our hospital, and opportunities for future improvement.

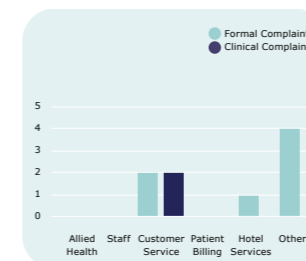
We receive consumer feedback in three ways:

- Compliments
- Complaints
- Patient experience survey

In addition to the patient experience surveys, we received a total of 46 compliments and 9 complaints through the year. This means less than 1% of our patients experienced a situation whilst in hospital warranting a complaint, representing a complaint rate of 0.21% per patient day.



Compliments 2021-2022



Complaints 2021-2022

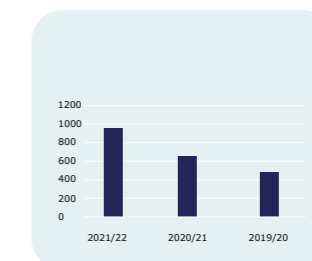
Patient Experience Survey

At Maryvale Private Hospital, we strive to continually improve how we work together to enhance patient satisfaction and clinical outcomes. To help us achieve this, all patients are given the opportunity to complete a Patient Experience Survey.

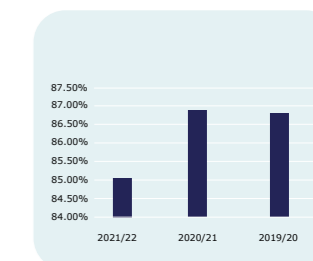
The survey can be completed at any stage of the patient's journey, including after discharge. All patients are encouraged to complete the Patient Experience Survey after discharge so we can tailor care and delivery of clinical services in the future.

To help reduce our footprint on the environment our Patient Experience Survey is almost exclusively online, and available in paper format for those who are unable to access or utilise our online platform. Patients can access the survey via our website at the bottom of each page or via our QR code on our Patient Experience Survey posters in each patient room and throughout the hospital.

To ensure our return rates remained stable, discharged patients are provided with a reminder initially via email, which saw a decline in Patient Experience Survey return rates. We have since transitioned the reminders to SMS messages which has seen a significant improvement in return rates with our patients.



Survey Returns 2021-2022



Satisfaction 2021-2022

Performance Review

How do our patients think we have performed?

We asked our patients a variety of questions relating to their experience, and here's what they said



Linda Hillman
Quality, Risk & Education
Coordinator



Music Medicine for Managing Perioperative Anxiety and Pain

In Maryvale Private Hospital's commitment to delivering contemporary and innovative practice, Clinical Nurse Specialist Angelina Draper shares her research and journey on improving anxiety and pain for patients undergoing surgery with the use of music medicine with her recent publication in the Victorian Perioperative Nurses Group newsletter.

Music Medicine Research

Since ancient times, music has been globally recognised for its therapeutic value. Music Medicine is defined as the passive listening of prerecorded music. It is offered to patients by health care personnel for symptom management, and to attain and maintain health and wellbeing. Music medicine is a safe and inexpensive intervention.

Modern medicine is developing to include new technologies, but also the use of alternative therapies, such as music. How music exerts therapeutic effects is still not completely understood. The positive effects of music on emotional and physiological responses via regulation of the autonomic nervous system, and impact on brain structures known to be crucially involved in emotional process are documented in the literature.

People awaiting surgery often experience high levels of anxiety. This may lead to negative bodily responses, such as hypertension and increased cortisol levels. Anxiety may interfere with commencement of anaesthesia, and slow down postoperative recovery. Sedatives and anxiolytics are regularly administered before surgery. These often have negative side effects, and may interact with anaesthetic medications, prolonging patient recovery and discharge.

On a neurophysiological level, music induces relaxation through its impact on central nervous system responses. More specifically, the anxiolytic effect of music is achieved through suppression of the sympathetic nervous system, the 'fight or flight' response.

Music furthermore triggers the limbic system in the brain to release endorphins; these neurotransmitters play an important role in enhancing a sense of well-being. Numerous studies have shown that Music Medicine can reduce patients level of anxiety in the perioperative environment.

The Maryvale Experience

Operating theatre staff recently undertook a small informal questionnaire of patients anxiety levels across the perioperative environment. Twelve randomly selected patients who underwent a surgical procedure were surveyed. The majority of these patients (8 of 12) experienced a significant level of anxiety across their perioperative journey, and (10 of 12 patients) believed that listening to music across the perioperative environment may be beneficial in lowering their feelings of fear, worry, and anxiety.

With financial support from the Victorian Perioperative Nurses Group (VPNG) Mary Barry Education grant, the project leader purchased three music devices for each theatre, which accompanied each patient along their perioperative journey (from the anaesthetic room, into the operating theatre and then into recovery). A Spotify music subscription was also purchased, and linked to each device.

Literature identified there are certain genres of music and characteristics within music that are known to be calming and relaxing.

By increasing parasympathetic nervous system activity, they can be effective in producing a calming environment for patients, and less likely to pose a distraction to staff. Examples of these genres include classical, smooth jazz, easy listening, and New Age music. The characteristics that are common to relaxing music are slow tempo, regular rhythm, and simple melodies. Several playlists of different genres were available for patients to choose from on admission into the operating suite.

The decision to use patient-selected music is based on the assumption that music preference plays an important part in the effectiveness of music relaxation.

The use of patient satisfaction surveys post-operatively provided feedback about effectiveness of the intervention.

Ten post intervention surveys have been returned thus far, yielding promising results. 8/10 patients reported that they enjoyed listening to music across their perioperative journey, and agreed music intervention helped them feel calmer and more relaxed.

Summary

Literature shows that Music Medicine is a safe, inexpensive intervention, which can help reduce patients anxiety and pain perception. Further it can potentially reduce the requirement of opioid and sedative medication, and adverse effects. In turn, this can potentially lead to improved patient outcomes, reduced hospital costs, and enhanced patient satisfaction. This endeavours to generate further interest in the implementation of perioperative Music Medicine as a non-pharmaceutical, non-medication approach to enhance patient outcomes.



Angelina Draper
Clinical Nurse Specialist
Operating Theatres

Maryvale in the Community

Rotary Pride in Workmanship Award

This year, Maryvale Private Hospital was delighted to nominate three of our team members for the consideration of a Pride of Workmanship Award for their valuable contributions and commitment to the hospital in their roles. We were delighted that all three nominations were accepted and endorsed by the Rotary Club of Traralgon. To encourage and recognise vocational excellence, with particular regard to quality, productivity, initiative, responsibility, ethics and creativity; Rotary provides employers with the opportunity, of recognising and acknowledging the efforts and contributions of an employee / volunteer who consistently achieves exceptional standards in their work.

The Pride of Workmanship Award, consistent with its emphasis on the commitment to a job well done on the part of an employee, has as its theme “Do it once, Do it well, build a better Australia”. The Pride of Workmanship Award was conceived to embrace all aspects of one’s vocation, including quality, productivity, initiative, responsibility, ethics and creativity. The Pride of Workmanship Award is to be seen and to be acknowledged as recognition of a person, in any vocation, whose abilities and dedication to their vocation are consistently of a high standard.

Our nominees, Carol Smith (Administration Officer), Wendy Balfour (Registered Nurse) and Angelina Draper (Clinical Nurse Specialist) joined members of the leadership team at the Rotary Club of Traralgon, where they received their Pride of Workmanship Award along with other community peers for dedication to their role within the community.

We wish Carol, Wendy, Angelina and the other Awardees a heartfelt congratulations and thank them for their commitment in their roles within the community.



Rod Taylor Medal

Rod Taylor, known to many, worked at Maryvale Private Hospital looking after hospital maintenance. During that time, he was a colleague and friend to many. This saw some great relationships develop in and outside of work. Rod was loved by everyone, a fantastic listener and problem solver – he really was one in a million.

Rod Taylor was an avid footballer with a passion for the Mid Gippsland Football League and two key clubs, those being Boolarra and Newborough football clubs.

Rod was a life member and past player of the Boolarra Football Club, and for many years was the President of the League. In his later years Rod strongly followed the Newborough Football Club with his son Brad being involved as a player.

On Rod’s passing, the Maryvale team wanted to honour his memory resulting in the creation of the inaugural Rod Taylor medal being presented to the best player on field of the annual Boolarra and Newborough football match.

Since the inaugural year, Maryvale Private Hospital has carried on this tradition by presenting the annual Rod Taylor Medal.

This year, our Chief Executive Officer had the pleasure of attending the Boolarra versus Newborough match and presenting player Patrick Charles with the 2022 Rod Taylor Medal for Best Player on Field. Congratulations to Patrick from the Maryvale team!



Rotary District Conference Sponsorship

Maryvale and Latrobe Health Services were the gold sponsors of the Rotary District Conference which brought approximately 200 Rotarians to the Latrobe Valley Region and was the first event to take place in the newly opened Gippsland Performing Arts Centre.

District 9820 itself spans from the south-eastern suburbs, to the Mornington peninsula and beyond the Latrobe Valley, and is one of the largest districts across Victoria.

This year, the Conference focused on a range of areas including: community engagement, health and environmental sustainability. It provided avenues for discussing a life living with COVID-19 and how Rotary can continue in its fundraising and project contributions to improve the lives of others domestically and internationally.

During the course of the weekend conference, Maryvale and Latrobe Health Services engaged with Rotarians at planned events and had the ability to address the delegation on our commitment to the community, our growth and increasing our services through our upcoming redevelopment.



Gippsland United Basketball Sponsorship

Maryvale was proud to sponsor the game night where Gippsland United played Surf Coast Chargers (Women) and Mildura Heat (Mens) at the Gippsland Basketball Stadium. Gippsland United Basketball is a Joint Venture between Traralgon Amateur Basketball Association and Combined Gippsland Basketball Association. Gippsland United aims to:

- Develop a solid, independent program that provides an Elite pathway for Athletes, Coaches, Referees, Technical Officials and Administration Officers
- Improve the quality of basketball options across all facets in the Gippsland Region by providing and supporting direct opportunities to further the development of Athletes and Coaches
- Be a united voice in Gippsland to investigate facility development and gaps therein and progress solutions with Local Government, State Government and Federal Government
- Develop a brand that represents the Parties in such manner that can attract a strong supporter base and corporate support while inspiring juniors to continue the pathway program through to the senior elite program
- Ensure the Program is inclusive and that the Program and Joint Venture operates at all times with integrity and transparency

We’re proud to support such events which encourages team inclusivity and the participation of juniors in sport in the region, with pathways through to senior professional programs. We believe it is also important to sponsor and support events which promote active and healthy lifestyles understanding the importance of encouraging proactive health and wellbeing activities through participation in sports.



Financial Statements



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Director's Report

The Directors present their report, together with the financial statements for Maryvale Private Hospital Pty Ltd (the Company) for the year ended 30 June 2022.

Directors

The following persons were Directors of the Company during the whole of the financial year and up to the date of this report, unless otherwise stated:

Ormond Pearson

Robert Sinnett (resigned 11 January 2022)

Ian Whitehead

Kelly Rogerson

Therese Tierney

Peter Kingwill (appointed 1 June 2022)

Shannon Wight (appointed 1 June 2022)

Principal Activities

During the financial year, the principal continuing activity of the Company was the provision of hospital services.

Dividends

There were no dividends paid, recommended or declared during the current or previous financial year.

Review of Operations

The loss for the Company after providing for depreciation and income tax, amounted to \$347,145 (30 June 2021: profit \$117,110).

Significant Changes in the State of Affairs

There were no significant changes in the state of affairs of the Company during the financial year.

Matters Subsequent to the End of Financial Year

No matter or circumstance has arisen since 30 June 2022 that has significantly affected, or may significantly affect the Company's operations, the results of those operations, or the Company's state of affairs in future financial years.

Likely Developments and Expectations and Expected Results of Operations

Information on likely developments in the operations of the Company and the expected results of operations have not been included in this report because the Directors believe it would be likely to result in unreasonable prejudice to the Company.

Environmental Regulation

The Company is not subject to any significant environmental regulation under Australian Commonwealth or State law.

Shares Under Option

There were no unissued ordinary shares of the Company under option outstanding at the date of this report.

Shares Issued on the Exercise of Options

There were no ordinary shares of the Company issued on the exercise of options during the year ended 30 June 2022 and up to the date of this report.

Indemnity and Insurance of Officers

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer of the Company.

Indemnity and Insurance of Auditor

The Company has not, during or since the end of the financial year, indemnified or agreed to indemnify the auditor of the Company or any related entity against a liability incurred by the auditor.

During the financial year, the Company has not paid a premium in respect of a contract to insure the auditor of the Company or any related entity.

Proceedings on Behalf of the Company

No person has applied to the Court under section 237 of the Corporations Act 2001 for leave to bring proceedings on behalf of the Company, or to intervene in any proceedings to which the Company is a party for the purpose of taking responsibility on behalf of the Company for all or part of those proceedings.

Auditor's Independence Declaration

The auditor's independence declaration is included in the Annual Report and forms part of the Director's report for the financial year ended 30 June 2022.

This report is signed in accordance with a resolution of Directors, pursuant to section 298(2)(a) of the Corporations Act 2001.

On behalf of the Directors



Therese Tierney

Therese Tierney
Board Chairperson

27 September 2022

General Information

The financial statements cover Maryvale Private Hospital as an individual entity. The financial statements are presented in Australian dollars, which is Maryvale Private Hospital's functional and presentation currency.

Maryvale Private Hospital is a Company limited by shares, incorporated and domiciled in Australia. Its registered office and principal place of business are:

Registered Office

286 Maryvale Road, Morwell VIC 3840

Principal Place of Business

286 Maryvale Road, Morwell VIC 3840

A description of the nature of the Company's operations and its principal activities are included in the Directors' Report, which is not part of the financial statements.

The financial statements were authorised for issue, in accordance with a resolution of Directors. The Directors have the power to amend and reissue the financial statements.

Statement of Profit or Loss and other Comprehensive Income

For the year ended 30 June 2022

	Notes	2022	2021
		\$	\$
Revenue	3	14,554,385	14,246,618
Expenses			
Employee benefits expense		9,253,809	8,670,932
Depreciation and amortisation expense	4(a)	117,322	50,762
Other expenses		5,519,357	5,397,273
Finance costs	4(b)	11,042	10,541
Profit/(Loss) before income tax expense		(347,145)	117,110
Income tax expense		-	-
Total comprehensive profit/(loss) for the year attributable to the owners of Maryvale Private Hospital		(347,145)	117,110

The accompanying notes form part of these financial statements.

Statement of Financial Position

For the year ended 30 June 2022

	Notes	2022	2021
		\$	\$
Assets			
Current assets			
Cash and cash equivalents	5	2,028,825	2,736,613
Receivables	6	1,240,888	909,388
Inventories	7	673,024	652,868
Other	8	2,601,618	1,448,943
Total current assets		6,544,355	5,747,811
Non-current assets			
Property, plant and equipment	9	614,995	355,152
Total non-current assets		614,995	355,152
Total assets		7,159,350	6,102,964
Liabilities			
Current liabilities			
Trade and other payables	10	2,701,322	1,448,137
Employee benefits	11	1,938,705	1,835,542
Total current liabilities		4,640,027	3,283,679
Non-current liabilities			
Employee benefits	12	255,613	208,430
Total non-current liabilities		255,613	208,430
Total liabilities		4,895,640	3,492,109
Net assets		2,263,710	2,610,855
Equity			
Issued capital		2,700,000	2,700,000
Accumulated deficits	14	(436,290)	(89,145)
Total equity		2,263,710	2,610,855

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

For the year ended 30 June 2022

	Issued Capital	Retained Profits	Total Equity
	\$	\$	\$
Balance at 1 July 2020	2,700,000	(206,255)	2,493,745
Profit after income tax expense for the year	-	117,110	117,110
Total comprehensive loss for the year	-	117,110	117,110
Balance at 30 June 2021	2,700,000	(89,145)	2,610,855
Balance at 1 July 2021	2,700,000	(89,145)	2,610,855
Profit after income tax expense for the year	-	(347,145)	(347,145)
Total comprehensive loss for the year	-	(347,145)	(347,145)
Balance at 30 June 2022	2,700,000	(436,290)	2,263,710

The accompanying notes form part of these financial statements.

Statement of Cash Flows

For the year ended 30 June 2022

		2022	2021
	Notes	\$	\$
Cash flows from operating activities			
Receipts from customers (inclusive of GST)		11,144,620	10,788,992
Payments to suppliers and employees (inclusive of GST)		(13,926,481)	(14,871,759)
Interest and other revenue received		3,344,247	2,577,247
Net cash (used in)/ from operating activities	21	562,386	(1,505,520)
Cash flows from investing activities			
Payments for property, plant and equipment		(1,270,173)	(405,915)
Net cash used in investing activities		(1,270,173)	(405,915)
Cash flows from financing activities			
Proceeds from issue of share capital		-	-
Net cash from financing activities		-	-
Net (decrease)/increase in cash and cash equivalents		(707,787)	(1,911,435)
Cash and cash equivalents at the beginning of the financial year		2,736,612	4,648,047
Cash and cash equivalents at the end of the financial year	5	2,028,825	2,736,613

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

For the year ended 30 June 2022



Note 1. Significant accounting policies

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

New, revised or amending Accounting Standards and Interpretations adopted

The Company has adopted all of the new, revised or amending Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that are mandatory for the current reporting period.

Any new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

AASB 1060 General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities

The Company has adopted AASB 1060 from 1 July 2021. The standard provides a new Tier 2 reporting framework with simplified disclosures that are based on the requirements of IFRS for SME's. As a result, there is increased disclosure in these financial statements for key management personnel and related parties.

Basis of preparation

These general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards – Simplified Disclosures issued by the Australian Accounting Standards Board ('AASB') and the Corporations Act 2001, as appropriate for not-for-profit entities.

Historical cost convention

The financial statements have been prepared under the historical cost convention.

Critical accounting estimates

The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the Company's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in Note 2.

Revenue recognition

Hospital income is recognised when it is probable that the economic benefit will flow to the hospital and the revenue can be reliably measured.

Interest

Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

Other revenue

Other revenue is recognised when it is received or when the right to receive payment is established.

Income tax

The Company is exempt from income tax expense as it is a Public Benevolent Institution (PBI) endorsed to access the tax concession.

Current and non-current classification

Assets and liabilities are presented in the Statement of Financial Position based on current and non-current classification.

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

Cash and cash equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of 3 months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Trade and other receivables

Trade receivables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Trade receivables are generally due for settlement within 30 days.

Collectability of trade receivables is reviewed on an ongoing basis. Debts which are known to be uncollectable are written off by reducing the carrying amount directly. A provision for impairment of trade receivables is raised when there is objective evidence that the Company will not be able to collect all amounts due according to the original terms of the receivables. Significant financial difficulties of the debtor, probability that the debtor will enter bankruptcy or financial reorganisation and default or delinquency in payments (more than 60 days overdue) are considered indicators that the trade receivable may be impaired.

The amount of the impairment allowance is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the original effective interest rate. Cash flows relating to short-term receivables are not discounted if the effect of discounting is immaterial.

Other receivables are recognised at amortised cost, less any provision for impairment.

Inventories

Store inventories are recorded at cost.

Plant and equipment

Plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Depreciation is calculated on a straight-line basis to write off the net cost of each item of plant and equipment (excluding land) over their expected useful life as follows:

- **Furniture and Equipment** 6.6 years
- **Fixtures and Fittings** 10 years
- **Mobile Phones** 2 years
- **Computers (Hardware and Software)** 5 years

The residual values, useful life and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

Leasehold improvements are depreciated over the estimated useful life of the assets.

An item of plant and equipment is derecognised upon disposal or when there is no future economic benefit to the Company.

Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

Notes to the Financial Statements

For the year ended 30 June 2022



Impairment of non-financial assets

Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

Recoverable amount is the higher of an asset's fair value less costs of disposal and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are Companied together to form a cash-generating unit.

Trade and other payables

These amounts represent liabilities for goods and services provided to the Company prior to the end of the financial year and which are unpaid. Due to their short-term nature, they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

Employee benefits

• Short-term employee benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled within 12 months of the reporting date are measured at the amounts expected to be paid when the liabilities are settled.

• Other long-term employee benefits

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

Defined contribution superannuation expense

Contributions to defined contribution superannuation plans are expensed in the period in which they are incurred.

Issued capital

Ordinary shares are classified as equity.

Incremental costs directly attributable to the issue of new shares or options are shown in equity as a deduction from the proceeds.

Goods and Services Tax (GST) and other similar taxes

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case, it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the Statement of Financial Position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

New Accounting Standards and Interpretations not yet mandatory or early adopted

Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet mandatory, have not been early adopted by the Company for the annual reporting period ended 30 June 2022. The Company has not yet assessed the impact of these new or amended Accounting Standards and Interpretations.

Comparative Revisions

Comparative information has been revised where appropriate to enhance comparability. Where necessary, comparative figures have been adjusted to conform with changes in presentation in the current year.

Note 2. Critical accounting judgements, estimates and assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

Estimation of useful life of assets

The Company determines the estimated useful life and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful life could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful life is less than previously estimated, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

Employee benefits provision

As discussed in Note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

COVID-19

The impact to hospital revenue due to elective surgery restrictions was offset by entering into the Private Hospital Funding Agreement (COVID-19) with the State of Victoria. The agreement offered viability for the hospital during the COVID-19 pandemic and restrictions to elective surgery. The funding arrangements support maintenance of staff levels and the ability to assist in servicing public patients; it does not enable profit from the agreement. Total support received through the Funding Agreement for the financial year was \$2,656,286. A prior year adjustment to the support received in FY20 of \$228,228 has been included in the total support report for FY 22 of \$2,428,058.



Notes to the Financial Statements

For the year ended 30 June 2022

Note 3. Revenue

	2022	2021
	\$	\$
Operating Revenue		
Theatre and Accommodation Charges	11,545,836	11,733,967
Other Revenue	205,955	181,412
Total Operating Revenue	11,751,791	11,915,379
Other Revenue		
Supplier Loyalty Program	162,902	111,576
Rental Revenue	211,812	194,243
Loss on Sale of Asset	(178)	-
COVID-19 Cost Recovery	2,428,058	2,025,420
	2,802,594	2,331,239
Revenue	14,554,385	14,246,618

Note 4. Result for the year

	2022	2021
	\$	\$
(a) Expenses		
Depreciation of plant and equipment	117,322	50,762
Impairment of plant and equipment	-	-
(b) Finance Costs		
Bank Charges	11,042	10,541
Total Finance Costs	11,042	10,541

Notes to the Financial Statements

As at 30 June 2022

Note 5. Current assets - cash and cash equivalents

	2022	2021
	\$	\$
Cash on hand	835	835
Cash at bank	2,027,990	2,735,778
Total cash	2,028,825	2,736,613

Note 6. Current assets - trade and other receivables

	2022	2021
	\$	\$
Trade receivables	795,332	496,929
Less: provision for impairment of receivables	(10,000)	(10,000)
Other receivables	785,332	486,929
	455,556	422,459
Total receivables	1,240,888	909,388

Note 7. Current assets - inventories

	2022	2021
	\$	\$
Store inventory	673,024	652,868
Total inventory	673,024	652,868

Notes to the Financial Statements

As at 30 June 2022

Note 8. Current assets - other

	2022	2021
	\$	\$
Accrued revenue	1,545,022	1,278,576
Prepayments	155,820	170,367
Other *	900,775	-
	2,601,618	1,448,943

* Other assets largely represents non – refundable deposits paid on furniture, fixtures and equipment for the Maryvale Private Hospital redevelopment. All payments of deposits have been made out to suppliers and as at 30 June 2022, deposits paid total to \$892,831.

Note 9. Non-current assets - plant and equipment

	2022	2021
	\$	\$
Plant and equipment - at cost	6,411,522	6,035,297
Less: accumulated depreciation	(5,796,527)	(5,680,145)
	614,995	355,152

Note 10. Current liabilities - trade and other payables

	2022	2021
	\$	\$
Trade payables	1,642,280	1,328,716
Accrued expenses	167,069	119,421
	891,974	-
	2,701,322	1,448,137

* The short-term loan represents an interest - free funding agreement between Latrobe Health Services Limited and Maryvale Private Hospital for the payment of deposits on furniture, fixtures and equipment. The total amount to be loaned is \$1,500,000 which is to be repaid within 12 months and provided in instalments. As at 30 June 2022, \$891,974 has been loaned to Maryvale Private Hospital.

Notes to the Financial Statements

As at 30 June 2022

Note 11. Current liabilities - employee benefits

	2022	2022
	\$	\$
Employee benefits – annual leave	920,902	897,974
Employee benefits – long service leave	1,017,803	937,568
Employee benefits	1,938,705	1,835,542

Note 12. Non-current liabilities - employee benefits

	2022	2021
	\$	\$
Employee benefits – long service leave	255,613	208,430

Note 13. Equity - issued capital

	2022	2021
	\$	\$
200,000 (2021– 200,000) Fully paid ordinary shares	200,000	200,000
2,500,000 (2021– 2,500,000) Redeemable preference shares	2,500,000	2,500,000
	2,700,000	2,700,000

Ordinary shares have the right to receive dividends as declared and, in the event of winding up the Company, to participate in the proceeds from the sale of all surplus assets in proportion to the number of shares held. Ordinary shares entitle their holder to one vote at a meeting of the Company.

Redeemable preference shares are redeemable at the discretion of the Directors of the Company. The holder of the redeemable preference shares has no right to receive a dividend or, in the event of winding up the Company, to participate in the proceeds from the sale of all surplus assets. The redeemable preference shareholders are not entitled to vote at a meeting of the Company.

Notes to the Financial Statements

As at 30 June 2022

Note 14. Equity - retained profits

	2022	2021
	\$	\$
Retained profits/(Accumulated deficits) at the beginning of the financial year	(89,145)	(206,255)
Profit / (Loss) after income tax expense for the year	(347,145)	177,110
Retained profits/(Accumulated deficits) at the end of the financial year	(436,290)	(89,145)

Note 15. Related party transactions

Parent entity

The immediate parent entity is Latrobe Health Services Limited, which at 30 June 2022 owned 100% (2021: 100%) of the issued share capital of the Company.

Key Management Personnel

Disclosures relating to key management personnel are set out in Note 16.

Transactions with related parties

The following revenue/(expenditure) transactions (excluding GST) occurred with related parties:

	2022	2021
	\$	\$
The following are receivables from/(payables to) related parties		
Short term loan – Latrobe Health Services limited		
Terms and conditions	(891,974)	-

All related party transactions were made on normal commercial terms and conditions and at market rates.

Notes to the Financial Statements

For the year ended 30 June 2022

Note 16. Key Management Personnel Compensation

Any person(s) having authority or responsibility for planning and controlling the activities of the Company, directly or indirectly, including any director (whether executive or otherwise) of that entity is considered key management personnel. The totals of remuneration paid to key management personnel of the Company during the current and prior financial years are as follows:

	2022	2021
	\$	\$
Total compensation paid to key management personnel	582,990	562,135

Note 17. Remuneration of Auditors

During the current and previous financial years the following fees were paid or payable for services provided by Grant Thornton the auditor of the Company –

	2022	2021
	\$	\$
Audit services – Grant Thornton	18,000	17,000

Note 18. Contingent liabilities

The Company had no contingent liabilities as at 30 June 2022 and 30 June 2021.

Note 19. Commitments

The Company had no commitments for expenditure as at 30 June 2022 and 30 June 2021.

Note 20. Parent entities

No matter or circumstance has arisen since 30 June 2022 that has significantly affected, or may significantly affect the Company's operations, the results of those operations, or the Company's state of affairs in future financial years.

Notes to the Financial Statements

As at 30 June 2022

Note 21. Reconciliation of profit/ (loss) after income tax to net cash from operating activities

	2022	2021
	\$	\$
Profit / (Loss) after income tax expense for the year	(347,145)	117,110
Adjustments for		
Loss on Sale of Asset	170	-
Depreciation and amortisation	117,322	50,762
Change in operating assets and liabilities		
Decrease/(increase) in trade and other receivables	(331,492)	(351,551)
Decrease/(increase) in inventories	(20,156)	(143,548)
Increase/(decrease) in accrued revenue	(266,446)	(763,123)
Decrease/(increase) in prepayments	14,547	2,520
Decrease/(increase) in other current assets	(7,945)	-
Increase/(decrease) in trade and other payables	1,253,185	(552,649)
Increase in employee benefits	150,346	134,959
	562,386	(1,505,520)

Directors' Declaration

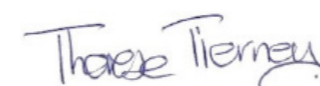
For the year ended 30 June 2022

In the Directors' opinion:

- the Company is not a reporting entity because there are no users dependent on general purpose financial statements. Accordingly, as described in Note 1 to the financial statements, the attached special purpose financial statements have been prepared for the purposes of complying with the *Corporations Act 2001* requirements to prepare and distribute financial statements to the owners of Maryvale Private Hospital;
- the attached financial statements and notes comply with the *Corporations Act 2001*, the Accounting Standards as described in Note 1 to the financial statements, the *Corporations Regulations 2001* and other mandatory professional reporting requirements;
- the attached financial statements and notes give a true and fair view of the Company's financial position as at 30 June 2022 and of its performance for the financial year ended on that date; and
- there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the Board of Directors made pursuant to section 295(5)(a) of the *Corporations Act 2001*.

On behalf of the Directors



Therese Tierney
Director

27 September 2022

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Auditor's Independence Declaration

To the Members of Maryvale Private Hospital Pty Ltd

In accordance with the requirements of section 307C of the *Corporations Act 2001*, as lead auditor for the audit of Maryvale Private Hospital Pty Ltd for the year ended 30 June 2022, I declare that, to the best of my knowledge and belief, there have been:

- a no contraventions of the auditor independence requirements of the *Corporations Act 2001* in relation to the audit; and
- b no contraventions of any applicable code of professional conduct in relation to the audit.



Grant Thornton Audit Pty Ltd
Chartered Accountants



D M Scammell
Partner – Audit & Assurance

Melbourne, 27th September 2022

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Independent Auditor's Report

To the Members of Maryvale Private Hospital Pty Ltd

Report on the audit of the financial report

Opinion

We have audited the financial report of Maryvale Private Hospital Pty Ltd (the Company), which comprises the statement of financial position as at 30 June 2022, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the Directors' declaration.

In our opinion, the accompanying financial report of the Company is in accordance with the *Corporations Act 2001*, including:

- a giving a true and fair view of the Company's financial position as at 30 June 2022 and of its performance for the year ended on that date; and

complying with Australian Accounting Standards and the *Corporations Regulations 2001*.

Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the *Corporations Act 2001* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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Emphasis of matter – basis of accounting

We draw attention to Note 1 of the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the Directors' financial reporting responsibilities under the *Corporations Act 2001*. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Information other than the financial report and auditor's report thereon

The Directors are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 2022, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Directors' for the financial report

Management are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the *Corporations Act 2001* and is appropriate to meet the needs of the Members. The Directors' responsibility also includes such internal control as the Directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/auditors_responsibilities/ar3.pdf. This description forms part of our auditor's report.

Grant Thornton Audit Pty Ltd
Chartered Accountants

D M Scammell
Partner – Audit & Assurance

Melbourne, 27th September 2022





maryvale
private
hospital