Calvary

Health Care Bethlehem

ANNUAL REPORT

2021-22

Continuing the Mission of the Sisters of the Little Company of Mary

Contents

Acknowledgement of land and traditional owners

Calvary Health Care Bethlehem acknowledges the traditional owners of this land, the Bunurong Peoples' of the Kulin Nation. We pay our respects to their Elders, past, present and emerging.

Calvary

CHAMPIONS OF CHANGE COALITION

Calvary is pleased to be recognised as a leader in gender equality by the Champions of Change Coalition.

Continuing the Mission of the Sisters of the Little Company of Mary

Print and design by the lovely folks at skoop

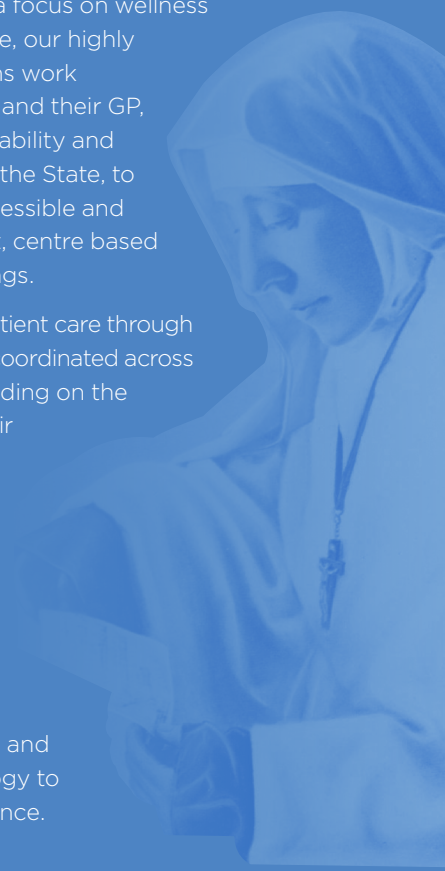
About Bethlehem

Opened in 1941 as a private hospital offering maternity, medical and surgical services, Calvary Health Care Bethlehem (Bethlehem) is part of a national charitable Catholic not-for-profit organisation with more than 18,000 staff and volunteers.

Today Bethlehem is a publicly funded health service, recognised as a specialist palliative care service and a state-wide provider of services for progressive neurological diseases. With a focus on wellness and active engagement in life, our highly skilled multidisciplinary teams work collaboratively with patients and their GP, community health, aged, disability and other health services across the State, to ensure that care is easily accessible and coordinated across inpatient, centre based and community based settings.

Bethlehem provides direct patient care through one point of access which is coordinated across the following settings depending on the needs of the patient and their family: centre based clinics, Day Centre, home based care and inpatient sub-acute beds.

We also provide: secondary consultation, telehealth consultations, 24 hour telephone support, after hours in-home support and integrated assistive technology to maximise patient independence.



The front cover image depicts one of two retirement apartment buildings which form part of the new integrated Calvary Kooyong Health and Retirement Precinct due to open in early 2023.

Message from the Chair and General Manager

Shannon Thompson

General Manager,
Calvary Health Care
Bethlehem

Jim Birch, AM

Chair,
LCMHC Board

Over the last 12 months, the health, aged care and disability sectors in which we operate have continued to be challenged by the COVID-19 pandemic. While the world has worked to adjust to living with this virus, the impacts have been far reaching; and in this last year as we have seen first-hand the longer term impacts of workforce shortages and change fatigue. Our staff continue to tackle these challenges with great commitment and deep compassion, to ensure the needs of our patients and their families are met.

To support our staff during this time, we have implemented a number of wellbeing initiatives. These initiatives have been well-received by our staff and have not only supported activities that relate to physical health, such as exercise, nutrition, massages; but have importantly focused on overall health and supporting our staff to tackle challenges such as burnout and building resilience. As we move forward, such wellbeing initiatives will be maintained as an important inclusion in the program of support activities offered to our people.

After a challenging year, we extend our sincere appreciation and thanks to our Executive, Managers and all our staff at Bethlehem. The work you do each day, your dedication, compassion and determination to provide the best care possible and "being for others" in the Spirit of Calvary, ensures we continue the mission of the Sisters of the Little Company of Mary as Venerable Mary Potter intended.

We continue to review our services and refine our service delivery models to remain responsive to the needs of the communities we serve. Over the last year this has seen Bethlehem expand our community based programs and centre based clinics and embed telehealth as part of our ongoing service delivery model.

Initially due to open towards the end of 2022, the Calvary Kooyong integrated precinct is now due for completion in late 2022, with a staged commissioning and opening in early 2023. The state construction shutdown in 2021, coupled with COVID-19-related issues including worker shortages at the site and supply chain disruptions, has led to a slight delay in completion and opening of the project.

Bethlehem services are expected to be relocated back to the Caulfield site, ready to commence operations from our new sub-acute facility from early in January, as we near the final stages of construction and works in the Huntly Suites 83-bed residential aged care and Bethlehem Sub-Acute wings. The Hyson Apartments, 69 independent living units, are also tracking ahead of schedule.

An extensive program to ensure the site is fully operational and ready to deliver safe, high-quality care is underway and the enthusiasm of the Bethlehem community is palpable as we excitedly look to the future. Our new built environment will support the delivery of compassionate person-centred care, which focuses on quality of life and achieving the best possible outcomes for patients and their families.

Delivering our services and developing innovative models of care would not be possible without our supporters, volunteers, and partners.

As always, we are very fortunate to have a committed volunteer community, including members of our Community Advisory Council; our Human Research Ethics and Ethics committees; those who bring a consumer focus to key governance committees and working parties; and those who assist in a wide range of clinical and corporate areas of our service. We also acknowledge all those who partner with us in different ways; other health service providers, community organisations, universities and the philanthropic community.

Thanks to each one of you, your contribution helps us to make a difference to the lives of those for whom we care. You are visible representatives of the communities we serve and vital to our mission.

Jim Birch, AM
Chair, LCMHC Board

Shannon Thompson
General Manager
Calvary Health Care Bethlehem

Foreword from the Chair

Calvary Ministries Trustee Board

"Spread God's Mercy, make it shine more and more . . ." Venerable Mary Potter.

Hon Michael Lee
Chair
Calvary Ministries

This year marks the 80th anniversary of Calvary Health Care Bethlehem.

The Sisters of the Little Company of Mary purchased Berklea Private Hospital at Caulfield in 1941. The official handover took place on 23 October 1941 at 4pm. 23 patients came in to the care of the Sisters. The hospital was in poor condition. Sister Carmelita describes the challenges of the Sisters' new accommodation.

> *Mother Ida and Mother Perpetua shared a shack in the backyard . . . when they eventually came to live at Caulfield. Five of us slept in what had been Matron's bedroom at night – while the Sister on night-duty slept there in the day. ... The room which had been Matron's sitting room became our first Chapel – later when we got possession of the house Miss Farnsworth bought us we moved into it as a convent and used Matron's bedroom as a Chapel until [one was] built onto the cottage.*

On 27 May 1942, Berklea Hospital became Bethlehem Hospital. And so the story of the service, that this year marks 80 years, began.

I write this foreword more than two and a half years into the COVID-19 pandemic. The challenges the Sisters endured, as they began the Bethlehem service all those years ago, in the midst of World War Two, resonate.

Our present day leaders and staff, like their patients, have negotiated staff shortages, lock-downs, fatigue, challenges to mental health, and their own bouts of illness and those of their families. Their generosity and tireless service has been remarkable. Our staff have helped people in their care navigate both the pandemic and their own particular forms of suffering whilst managing constant change and the impact of the virus on their own lives. Volunteers, also, have played an important role.

The Trustees receive many reports of inspiring care.

The citation of a staff member nominated for the National Mary Potter Award reads, "She excels in holding space for patients and families, meeting them where they are, listening when they need an empathetic ear, and accompanying them throughout their journey." This is such an apt description of so many Bethlehem staff members.

We appreciate the efforts of Diversional Assistance volunteers at Calvary Health Care Bethlehem, who support people to be in the moment and find relief from their symptoms and prognosis for a short period of time. They companion patients with offers of hand massages, reading of newspapers, undertaking art projects together, or just being present.

In these and many other ways, the staff at Calvary Health Care Bethlehem fashion heritage for another time – when people may look to us as a guiding light in their time of trouble.

Our vocation is to heal the sick, to care for the dying, to care for each other and, in all these ways, to be for others. This is our purpose and our mission – to serve by being for others.

The enormity of the gift of our health and aged care workers to the community in the last two and a half years is among our most precious community assets.

I thank the Little Company of Mary Health Care Board of Directors, ably led by Jim Birch, AM, the National Executive Leadership Team led by Mr Martin Bowles, AO, PSM and the Executive team at Calvary Health Care Bethlehem led by Ms Shannon Thompson, for their dedication, attention to detail and their stewardship of our mission.

We offer our continued support and assure all that you are in our thoughts, hopes and prayers.

Thank you for all you are enduring and for all you are doing.

Hon Michael Lee

Chair, Calvary Ministries Trustee Board

Calvary

Strategic Intent 2021-2026

You matter. We care about you.

Our Mission

We bring the healing ministry of Jesus to those who are sick, dying and in need through 'being for others':

- in the spirit of Mary standing by her son on Calvary;
- through the provision of quality, responsive and compassionate health, community and aged care services;
- based on Gospel values; and
- in celebration of the rich heritage and story of the Sisters of the Little Company of Mary.

Our Values

Our Vision

As a Catholic Health, Community and Aged Care provider, to excel, and to be recognised as a continuing source of **healing, hope** and **nurturing** to the people and communities we serve.

Our Behaviours

- We will be present, attentive and listen to each other.
- We will recognise the achievements of others.
- We will actively involve each other in decision making.
- We will be transparent.
- We will be accountable for our actions.
- We will not look to shift blame.

Priority: A focus on quality and safety

All staff understand and are supported to perform their roles and responsibilities with maximum effectiveness.

Create respectful, collaborative relationships with patients, residents, clients, families, Visiting Medical Officers and community partners from which to grow compassionate, person-centered models

Commit to zero preventable harm and reduce the unplanned variation that leads to such harm, prioritising safety and continuous improvement.

Priority: Care of our people and our working environments

Provide safe, equitable workplaces that are welcoming and respectful of all.

Attract and encourage people who value making a difference and are willing to contribute a range of complementary skills, motivated by the spirit of 'being for others'.

Entrust, support and equip people to make their best and most effective contribution to Calvary's mission to provide 'healing, hope and nurturing to the people and communities we serve.'

Priority: Partnering and planning for the present and the future

Anticipate and respond to opportunities that will impact upon the communities that Calvary serves.

Partner to design and deliver new models that meet the emerging health and social needs of our

Plan for the integration of technology enabled care into our services and models of care

Advocate for, and initiate responses to, unmet needs and people experiencing disadvantage in the communities we serve.

Priority: Caring for our resources

Upgrade and maintain our facilities, ICT assets, infrastructure, and work environments and pursue innovative enterprise for the benefit of our people and our environment.

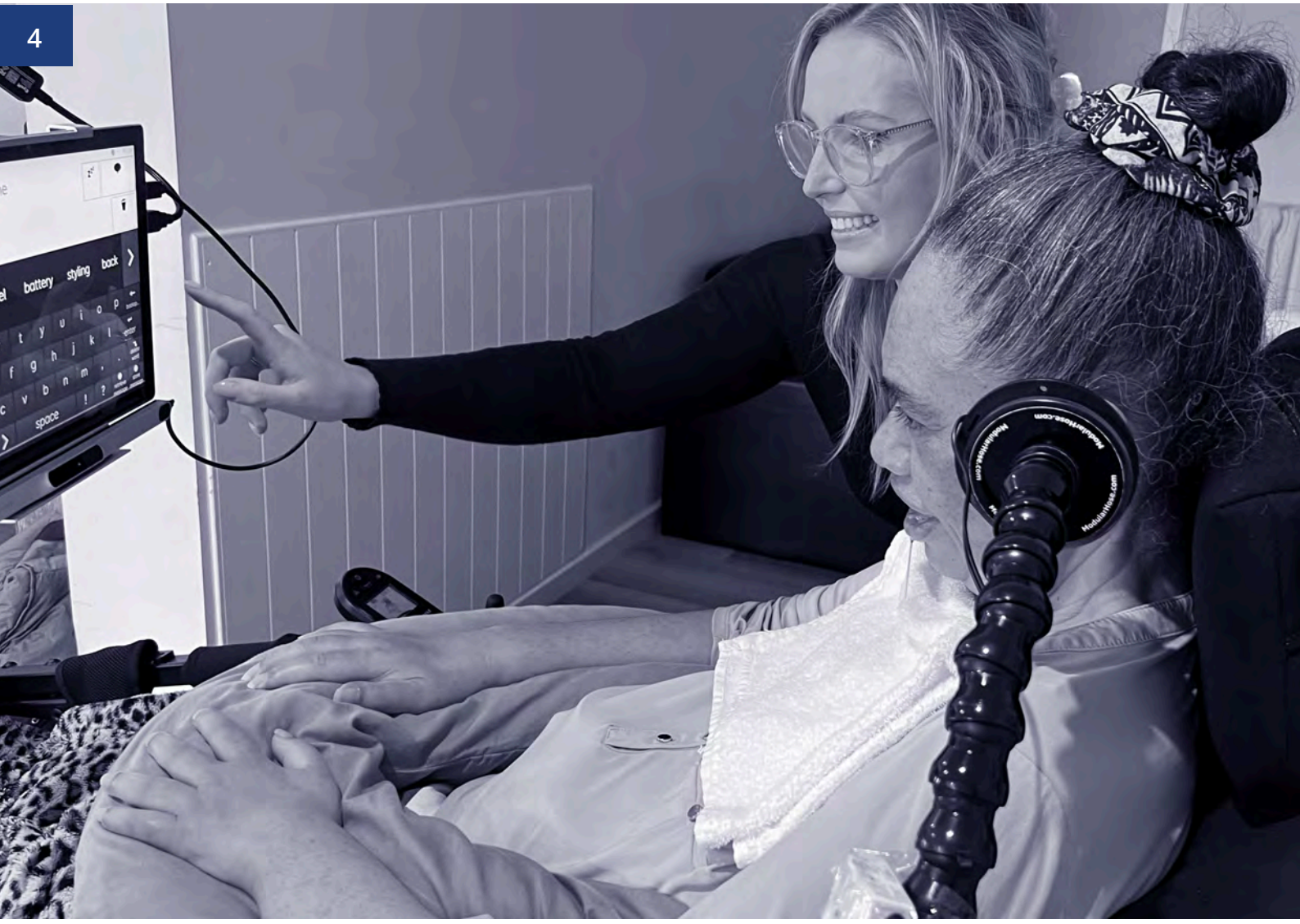
Sustain and develop new sources of funding to serve people now and in the future.

Demonstrate our accountability to utilise our resources more effectively in the service of others.

In 5 years' time Calvary will...

Be the health, community and aged care provider of choice, delivering with equity and compassion integrated, seamless, safe and quality care appropriate to the individual and the community's needs.

Partnering & planning for the present and the future



Bethlehem on the move

As construction of our landmark Calvary Kooyong retirement living, health and residential aged care precinct in Caulfield South nears completion, the site is rapidly transforming and our Bethlehem staff are planning the return of our patients and services back to the site.

The development is due for completion in early December, and following a period of commissioning, our specialist palliative care and services for people living with progressive neurological conditions will begin operating from our new facility in the first few weeks of January 2023.

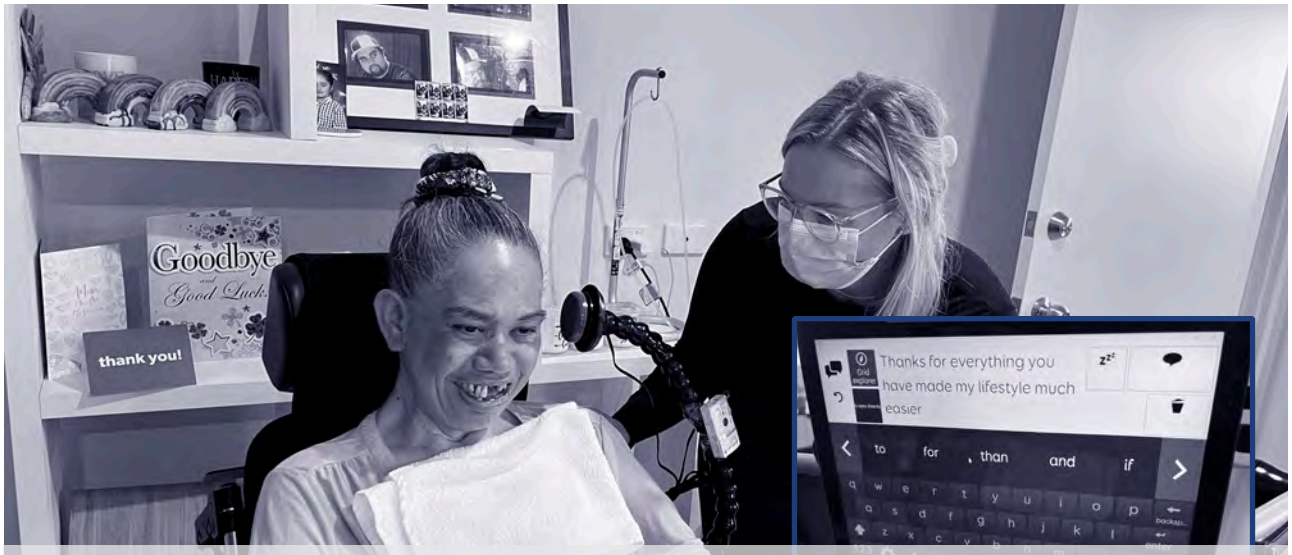
To support our preparations for the move to the new precinct, the Operational Readiness Committee and associated working groups have all been hard at work. Bethlehem has representatives in all working groups and at the Operational Readiness Committee, and each group has a program of tasks with agreed timelines that are being progressed.

Moving our services, ourselves and our patients to a new site is not new to Bethlehem staff. The whole Bethlehem team did an amazing job in moving to Parkdale four years ago. On 30 March, as part of the program of work for the Transition Working Group, a number of Department Managers and Executive Management Team members involved with our move from Caulfield to our Parkdale site in 2018, attended a workshop to review our move from Caulfield to Parkdale and look at what went well and what could have been improved. Learnings from the workshop are being applied to the planning for our next transition and the move back to the Caulfield site and the development of our Relocation Plan.

Bethlehem staff will undertake induction and orientation to the precinct and our new sub-acute facility prior to Christmas. Training and orientation will be delivered over a two week schedule in December through a range of training modalities including face-to-face and online.

While the internal fit-out is fast nearing completion, display rooms have been completed in each of the precinct buildings to give visitors to the site a sense of what the finished product will look like. These include a patient room in the new Bethlehem sub-acute health service wing, a resident's room in the aged care Huntly Suites, and an apartment in the Hyson Apartments independent living units.

A community open day will be held prior to the site becoming fully operational to enable local residents and community members to tour the site and learn more about how the integrated precinct will work. Site tours for key stakeholders will also be held prior to services and residents moving in.



NDIS client Tu has had regular support to help her communicate and maintain her connection with her family through special software and an Eye-gaze camera which allows hands-free access to her computer.

NDIS service grows

The NDIS team has grown from 17 to 21 clinicians in 2021-22 to accommodate the increasing demand for specialist clinicians in the progressive neurological area of practice, in particular for specialist behaviour support and collaborative team support for people with Huntington's disease, and for electronic assistive technology (EAT) and augmentative and alternative communication (AAC) for people with Motor neurone disease. The service has experienced significant growth in the number of participants being managed, with a 70% increase in participants in the last financial year. The Bethlehem NDIS team work with Bethlehem state-wide clinic specialists and external stakeholders, including a variety of health professionals, support workers, housing providers and support coordinators to provide timely, efficient and collaborative support to participants in their home.

The allied health team currently offers supports to almost 200 participants across

- specialist behavioural support;
- neuropsychology;
- occupational therapy;
- physiotherapy;
- speech pathology (including the Social Communication Group);
- dietetics (including the Home Enteral Nutrition Program); and
- music therapy.

The service operation is supported behind the scenes by the NDIS Manager, NDIS Coordinator, Finance Officer and Administration Assistant. The service strategy has continued to establish and grow allied health assistant and clinical psychology roles which will improve the offering of value for money support available.

Over the last year, clinicians continued to adapt and work flexibly in changing conditions during the COVID-19 pandemic to provide essential support which was required for many participants to remain safe and well and at home. Team Viewer software was piloted to provide remote technical support, to participant's devices, to troubleshoot issues and update settings. Team Viewer enabled NDIS clinicians to access a participant's communication software to customise communication phrases to ensure they could continue to communicate as their speech deteriorated while in lockdown in a residential aged care facility and unable to access face-to-face therapy.

Calvary Health Care Bethlehem is a registered NDIS provider of allied health therapeutic support and specialist behaviour support, providing expert integrated multidisciplinary support.

Tu's NDIS story

Bethlehem patient Tu spent several months in hospital following her diagnosis with Motor neurone disease in 2020. During that time she was supported by the Bethlehem NDIS Provider Service, a multidisciplinary team of therapists who worked with Tu, her family, MND Victoria and NDIS support workers to oversee her transition from hospital into specialist disability accommodation.

This involved setting up suitable assistive technology, providing training to the support workers on how to best help her with her everyday activities, and ensuring she had access to an appropriate level of

NDIS funding for her supports through the provision of thorough assessment reports.

Since the move 18 months ago, regular visits have continued to address Tu's changing function and needs. These have included continuing to educate support workers as her routine and positioning needs change. Tu has also had regular support to help her to continue to communicate and maintain her connection with her family through special software and an Eye-gaze camera which allows hands-free access to the computer. This type of set up requires regular specialist support from the Speech Pathologist and Occupational Therapist to ensure it is customised for Tu's needs and that the support workers are also trained in how to help her to use it. Tu uses her Eye-gaze communication system all day every day and says she can't live without it!

The NP Care Project has been managed by Project Lead Maryanne McPhee

My NP Care – an integrated approach for people living with a progressive neurological disease

In the final phase of this two-year project, a new model of neuropalliative care was trialled in partnership with palliative care services across Victoria. Significant key learnings for the future have been identified and are being implemented.

Patients and carers valued the team-based approach and good communication. Key insights included:

"It is comforting to know that everyone is in the loop, communicating with each other."

"It cuts down on a lot of repetition. It's an excellent model for future neuro-palliative patients."

Patients and carers embraced digital platforms for needs assessment, care delivery and the sharing of care plans. Most importantly, patients and carers felt that the team understood and responded to their needs—important pillars of person-centred care.

People living with a progressive neurological disease want care from knowledgeable staff, delivered in a compassionate way to meet their expressed needs in a timely fashion.

Health professionals were positive about a more collaborative approach to care planning and delivery. They strongly endorsed the use of structured needs assessment tools, joint multi-disciplinary forums for case conferencing and team education, including the use of telehealth platforms.

"Without this multidisciplinary team meeting, the patient's care would have been much more fragmented."

The project highlighted that healthcare teams work more effectively when they work together, learn from each other and are innovative. Technology and e-health systems streamline the flow of information, support communication, education, and shared care planning.

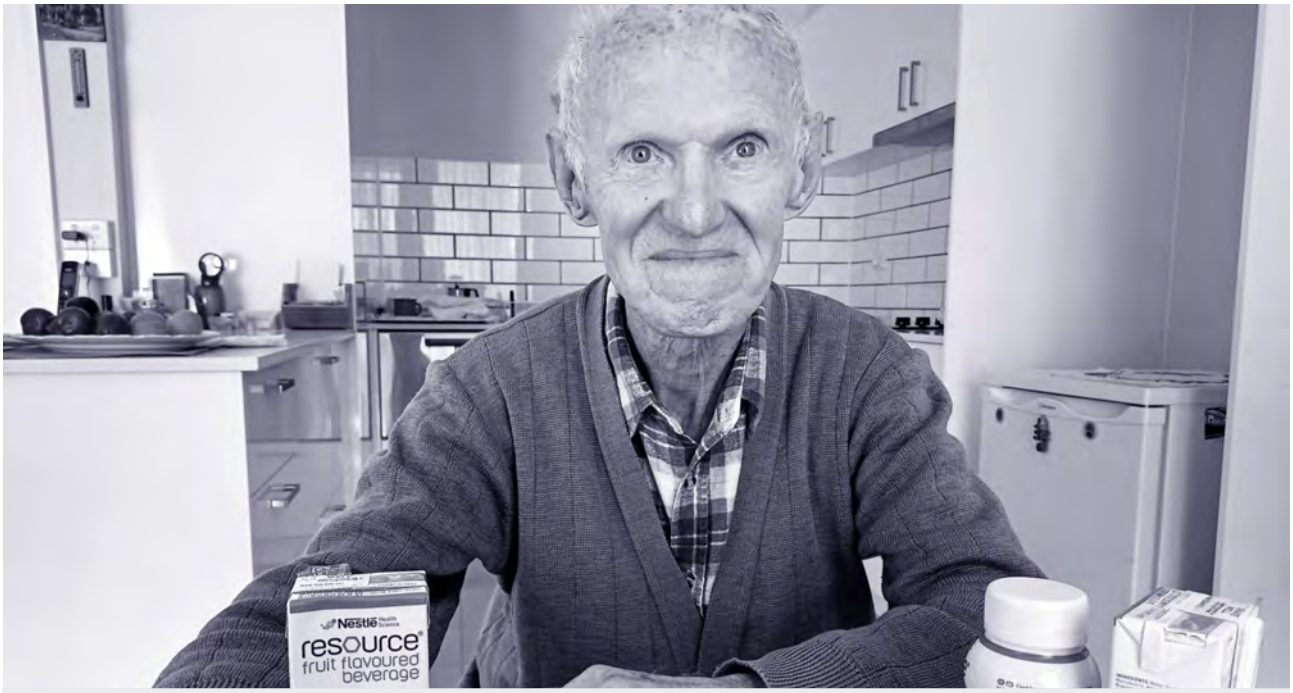
This project work has clearly identified ways to improve future care and ensure care and services are better integrated around the needs of each patient and their family. The compassionate and collective approaches to team-based care identified by this project are also being embraced.

The Bethlehem model helps improve resident and family end of life experience and build palliative care capacity in residential aged care

Ensuring access to specialist palliative care services for residents in residential aged care homes (RACH) impacted by the barriers and challenges presented throughout the pandemic has been an important area of focus for the Bethlehem Community Palliative Care Team. In particular, to support RACH's experiencing a COVID-19 outbreak, Bethlehem expanded our telehealth program across all teams, including the Community Palliative Care Service (CPCS).

Overcoming pandemic barriers with supported telehealth was well received by aged care staff, residents and their families and was supplemented by in-person reviews where required. The CPCS integrated palliative care needs round (PCNR) model of care continues to comprehensively assess and support residents' needs, provides education opportunities, and empowers RACH staff in the essential aspects of palliative care. PCNR builds capacity and sustainable improvements in the palliative approach to care and the end of life experience provided to residents and their families.

Bethlehem's support of residential aged care homes and their residents has been particularly important during the pandemic



William trialling some nutritional supplements at his home in Cheltenham during dietitian visit with Christine Young, who is a dietitian with Bethlehem.

Commonwealth Home Support Program (CHSP) helping older patients maintain their independence safely at home

In late 2021, Bethlehem was approached by Calvary Community Care to form a partnership to provide allied health CHSP services, including occupational therapy, physiotherapy, speech pathology, dietetics and music therapy. Demand for the new service is growing! Since commencing the service, Bethlehem has seen a steady increase in demand culminating in May with 90 hours of service delivery across more than 40 visits. We have expanded our CHSP allied health workforce to support this, with further growth expected as we move to the new Calvary Kooyong precinct.

CHSP provides services to help people over the age of 65 maintain their independence and continue living safely at home and in the community, enhancing their wellbeing and quality of life.

One of the patients assisted through this new arrangement is 88 year-old William, who lives alone and was referred to Bethlehem for dietetics and occupational therapy services. He is supported by his niece Sandra, who said of the service:

"Calvary Health has been attentive to my uncle's needs to help him live independently. I am impressed with their communication with me, which has helped me navigate how to best support him with the care he receives. I am really pleased to have Calvary Health help us and very much value their time and medical expertise"

"We had a wonderful OT here, very efficient and caring. So very helpful and knew just what was needed for Peter. So patient and kind, I could not be more pleased with this health care."

Mary

Associate Professor Susan Mathers (above) is a chief investigator on the MiNDAUS project alongside fellow Associate Professor Paul Talman from Barwon Health.

The MiNDAUS registries

Funded by an National Health and Medical Research Council (NHMRC) grant, MiNDAUS is a nation-wide partnership of people living with Motor neurone disease (MND), caregivers of people with MND, clinicians and scientific researchers. The MiNDAUS registries bring together clinical data from people living with MND across Australia, linking with other research data, including genetic and environmental factors held in the existing Sporadic ALS Australian (SALSA) database at the University of Queensland. The MiNDAUS clinical registry updates and preserves the previous Australian Motor Neurone Disease Registry (AMNDR) database.

A major improvement has been the development of the MiNDAUS patient registry, where individuals with MND can maintain their own health information and care plans, review clinical data that is collected about them in the clinic, and share their own data with other healthcare providers or family.

The de-identified data in the clinical part of the registry is available to researchers working to better understand the causes and potential cure for MND. Clinicians will also use the registry to identify sub-groups of patients who may be more responsive to certain treatments in future clinical trials of therapy.

The database has been built to exacting standards of security and confidentiality and has been approved by the Human Research Ethics Committee of Monash Health and the Research Ethics and Ethics Committee of Bethlehem.

The MiNDAUS partnership is already seeking funding to further develop the MiNDAUS digital platform with the aim of assisting people with MND to maximise their well-being, access evidence-based care, to participate in research and contribute to the design and evaluation of how their health care and community services are delivered.

Associate Professor Susan Mathers, Director of Neurology at Bethlehem and Paul Talman, Head of Neurology at Barwon Health are chief investigators on this project and coordinate the clinics for people with MND at Bethlehem and Barwon Health. Dr Laura Perju-Dumbrava is the principal investigator at Bethlehem, overseeing the roll-out of the MiNDAUS registries for our patients.

The work of the Bethlehem multidisciplinary teams are a feature of the online capacity building workshops

Capacity building PND workshops successfully transition to online format

For many years the State-wide Progressive Neurological Disease Service (SPNDS) has been running specialist education for community clinicians to learn more about the care and management of people living with PND. The full-day education forums have always proven successful and a great opportunity for networking and shared learning.

COVID-19 restrictions created the opportunity to move to an online format in 2021. We had over 100 clinicians from around Australia join us, and through Seqirus' generous sponsorship, sent resource packs to most participants. These were greatly appreciated. One participant commented: "it was nice to receive the pack in the mail …nice touch … makes you feel a part of the event". Evaluation of the online forums found the opportunity was well-received and 100% of participants said they would recommend the workshops to others.

Participants provided the following comments:

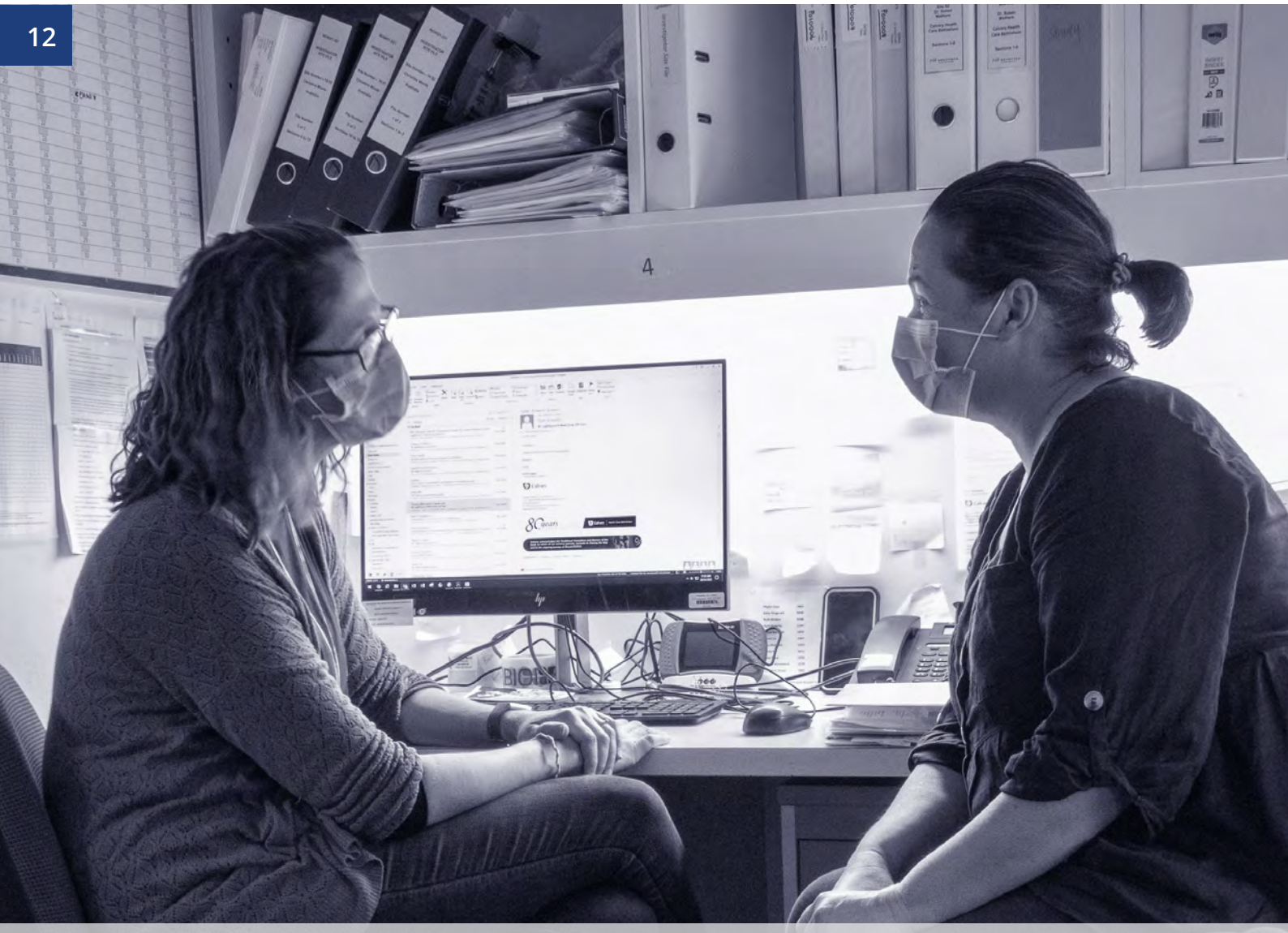
"I always enjoy the Calvary workshops. They always have new information and help to reinforce the knowledge I already have."

"I liked how we got to see the case studies (real life stories) and relating them to the goals of the workshop. It was very helpful to absorb all of the information and made more sense when it was applied."

Importantly, SPNDS would like to thank the patients profiled during the workshops, as their input added to the learning for all participants.

With the success of the online workshops and their improved reach, Bethlehem has made the decision to include them as an integral part of our capacity building program.

Our strategy and year in review



Our research programs have been a particular area of strategic growth at Bethlehem over the last few years

Environmental sustainability

The COVID-19 pandemic continued to challenge aspects of Environmental Sustainability practices during the 2021-2022 period. Despite the challenges of needing to use some disposable items due to infection control procedures during the pandemic, Bethlehem has continued to embrace sound environmental principles and practices with a view to minimise our operational impact on the environment.

This has been evident from the reduction of non-clinical waste streams for the 2021–2022 period. General waste has decreased by 3.6% and co-mingled recycling has reduced by 18%. The amount of green waste and organic waste has remained consistent.

Our recycling programs include cardboard and paper, green waste, co-mingled (plastic and tin), batteries, fluorescent tubes and printer toner cartridges. Organic Food Waste is collected and converted into high grade compost through an in-vessel composting process.

One area that the pandemic has significantly impacted is the generation of clinical waste. Due to the continued strain on clinical waste services across the whole health care sector, multiple service providers were used to collect clinical waste during the year to meet the high demand of collections. As a result of multiple providers, a usage figure for the amount of waste generated was not attainable.

The 2021-2022 period saw a significant reduction in the amount of fuel used for the service's fleet vehicles. Precise and efficient planning of community patient visits saw a 40% reduction in fuel usage. This is in part also due to the majority of the fleet being comprised of hybrid vehicles.

We have continued to monitor our utility usage measured against a baseline usage figure that was established for the Parkdale site using the figures from the 2018-2019 year. While water usage remained stable, with a minor decrease of less than 1%, gas usage decreased by 17% and electricity usage increased by just under 2%.

Our recycling programs include cardboard and paper, green waste, co-mingled (plastic and tin), batteries, fluorescent tubes and printer toner cartridges

Each year Bethlehem continues to increase the number of hybrid vehicles in its fleet

Environmental sustainability

The following environmental performance figures display the previous figures established for the Parkdale site and the corresponding figures for for subsequent years, including 2021-2022. Data for these focus areas are monitored throughout the year and strategies to improve our environmental practices are applied, demonstrating our ongoing commitment to environmental sustainability.

	Baseline Parkdale	2019-20	2020-21	2021-22
Electricity				
Consumption (kW)	434 995	434 995.	417 399	425,605
Consumption by area (kW/m2)	149.4	135.90	130.40	133.0
Natural Gas and LPG				
Consumption (MJ)	2 189 571	1 790 528	2 021 854	1 670 214
Consumption by area (MJ/m2)	684.2	559.50	631.80	521.9
Petrol				
Consumption (L)	9084	9 136	7171	5450
Water				
Consumption (kL)	2 445	2 639	2 637	2 545
Consumption by area (kL/m2)	0.76	0.82	0.82	0.79
Waste				
Clinical waste (kg)	509	964.00	1003.00	N/A
General waste (tonnes)	67.59	27.55	29.00	25
Recycled waste (tonnes)	24.38	17.59	16.79	13.18

Calvary Health Care Bethlehem would like to acknowledge the Honourable Martin Foley, Minister for Equality and Minister for Health and Ambulance Services from 21 July 2021 to 27 June 2022 and the Honourable Mary-Anne Thomas, Minister for Health and Ambulance Services from 27 June 2022. Bethlehem would also like to acknowledge the Honourable Harriet Shing, Minister for Equality from 27 June 2022. Calvary Health Care Bethlehem would also like to acknowledge the Honourable James Merlino, Minister for Mental Health from 21 July 2021 to 27 June 2022 and the Honourable Gabrielle Williams, Minister for Mental Health from 27 June 2022.

Strategic priorities

Aligned to the allowances in the Health Services Act 1988, an abbreviated Annual Statement of Priorities process was adopted for 2021-22 due to the COVID-19 pandemic. Bethlehem contributed to the achievement of the Government's priorities by:

Specific priorities	Health services deliverables	Progress
Maintain Bethlehem's robust COVID-19 readiness and response, working with the Department of Health to ensure rapid response to outbreaks, if and when they occur, which includes providing testing for our community and staff, where necessary and if required. This includes preparing to participate in, and assist with, the implementation of the COVID-19 vaccine immunisation program rollout, ensuring our local community's confidence in the program.	Maintain a current COVID-19 Safe Plan aligned to the Victorian Health Service Guidance and Response to COVID-19 Risks (VHSGR) Roadmap	Achieved
	Maintain a current COVID-19 Outbreak Management Plan	Achieved
	Maintain a Respiratory Protection Plan, including fit testing completed for all at risk Bethlehem staff	Achieved
	Promote and encourage Bethlehem staff and local communities to participate in COVID-19 vaccination programs, in partnership with the South East Public Health Unit (SEPHU)	Achieved
Actively collaborate on the development and delivery of priorities within our Health Service Partnership, contribute to inclusive and consensus-based decision-making, support optimum utilisation of services, facilities and resources within the partnership, and be collectively accountable for delivering against partnership accountabilities as set out in the Health Service Partnership Policy and Guidelines	Aligned to the priorities as set out for Health Service Partnerships in 2021-22 and relative to Bethlehem's role in our regional partnership, support the pandemic response through the provision of specialist palliative care support for people with COVID-19 in the community and residential care settings.	Achieved
Embed the Aboriginal and Torres Strait Islander Cultural Safety Framework into the organisation and build a continuous quality improvement approach to improving cultural safety, underpinned by Aboriginal self-determination, to ensure delivery of culturally safe care to Aboriginal patients and families, and to provide culturally safe workplaces for Aboriginal employees.	Review and update Bethlehem's Culturally Responsive Health Care Policy to ensure alignment with and principles of the Aboriginal and Torres Strait Islander Cultural Safety Framework are embedded and enacted.	Achieved
	Aligned to the Framework's cultural safety continuum and continuous learning and improvement, deliver training to staff 'Culturally Responsive Care - Aboriginal & Torres Strait Islander Perspectives'	Achieved

Analysis of workforce (by full time equivalent positions (FTE))

Hospitals labour category	JUNE Current monthly FTE		JUNE Average monthly FTE	
	2021	**2022**	**2021**	**2022**
Nursing	84.1	86	79.2	78
Administration and clerical	11.7	17.0	15.2	18
Medical support	3.3	4.0	3.4	3.0
Hotel and allied services	7.6	3.0	7.1	2.0
Medical officers	6.6	6.6	6.5	6.0
Sessional clinicians	4.4	4.4	4.3	4.0
Ancillary staff (allied health)	45.5	47.0	37.7	41.0
	1163.2	**168.0**	**153.4**	**152.1**

Financial commentary

In 2021-22, Calvary Health Care Bethlehem was required to respond to the COVID-19 pandemic, and in doing so was unable to achieve some of the deliverables as per the targets expressed in the Statement of Priorities. The Calvary Health Care Bethlehem operating result was achieved with support from the Department of Health and Human Services. There were no subsequent events to balance date. The future impact of the pandemic or other events on the operations of Calvary Health Care Bethlehem is un-known.

Summary of financial results ($000's)

	2022	**2021**	**2020**	**2019**	**2018**
Operating result*	751	573	(388)	(824)	286
Total revenue	29,546	28,121	27,564	24,646	23,437
Total expenses	29,005	28,362	27,310	26,502	24,651
Net result from transactions	**541**	**(241)**	**254**	**(1,856)**	**(1,214)**
Total other economic flows	500	70	147	275	175
Net result	**1,041**	**(171)**	**401**	**(1,581))**	**(1,039)**
Total assets	14,984	15,288	14,860	12,389	14,210
Total liabilities	8,309	9,621	9,022	6,953	7,193
Net assets	**6,675**	**5,667**	**5,838**	**5,436**	**7,017**
Total equity	6,675	5,667	5,838	5,436	7,017

Details of information and communication technology (ICT) expenditure
excluding GST

Business as usual (BAU) expenditure (excluding GST)	**Non business as usual (non-BAU) expenditure** (excluding GST) ($ million)		
Total (excluding GST)	**Total**=Operational expenditure and Capital Expenditure (excluding GST)	Operational expenditure (excluding GST)	Capital expenditure (excluding GST)
$1.062971	$0	$0	$0

Net results ($000s)

Reconciliation between the net result from transactions reported in the model to the operating result as agreed in the Statement of Priorities.

* The net operating result is the result which the health service is monitored against in its Statement of Priorities.

	2022	2021	2020	2019	2018
Net operating result *	751	573	(388)	(824)	286
Capital and specific items					
Capital purpose income	549	0	0	0	0
Specific income	41	62	1,542	0	150
COVID-19 State Supply Arrangements – Assets received free of charge or for nil consideration under the State Supply Arrangements	0	19	0	0	0
State supply items consumed up to 30 June 2020	139	79	0	0	0
Assets provided free of charge	0	0	0	0	0
Assets received free of charge	0	4	0	0	0
Expenditure for capital purpose	(101)	(125)	(92)	(528)	(169)
Depreciation and amortisation	(838)	(852)	(808)	(386)	(1,346)
Impairment of non-financial assets	0	0	0	0	0
Finance costs (other)	0	0	0	-118	-135
Net results from transactions	**541**	**(241)**	**254**	**(1,856)**	**(1,214)**

Details of individual consultancies less than $10,000

In 2021-22, there were 3 consultancies where the total fees payable to the consultants were less than $10,000. The total expenditure incurred during 2021-22 in relation to these consultancies is $10,755 (excl. GST).

Details of individual consultancies more than $10,000

In 2021-22 there were no consultancies where the total fees payable to the consultants was more than $10,000.

Occupational health and safety data

Occupational Health and Safety Statistics	2021-22	2020-21	2019-20
The number of reported hazards/incidents for the year per 100 FTE	16	22	16
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	0.61	Nil	1.357
The average cost per WorkCover claim for the year	$50,272	Nil	$130,842.24

Part B: Performance priorities

High quality and safe care

Key performance indicator	Target	2021-22 Result
Infection prevention and control		
Compliance with the Hand Hygiene Australia program	85%	90%
Percentage of healthcare workers immunised for influenza	92%	96%
Patient experience		
Victorian Healthcare Experience Survey – patient experience	95% positive experience	*Full Compliance
Healthcare associated infections (HAI)		
Rate of patients with SAB per occupied bed days	<1/10,000	Achieved
Continuing Care		
Functional independence gain from an episode of rehabilitation admission to discharge relative to length of stay	> 0.645	- 0.111

*Insufficient data

Effective financial management

Key performance indicator	Target	2021-22 result
Finance		
Operating result ($m)	0.0	0.75
Average number of days to paying trade creditors	60 days	39 days
Average number of days to receiving patient fee debtors	60 days	31 days
Adjusted current asset ratio	0.7 or 3% improvement from base target	0.90
Current days available cash	14 days	40 days
Variance between forecast and actual net result from transactions (NRFT) for the current financial year ending 30 June	Variance < $250,000	not achieved

Part C: Activity and funding

Funding type	2021-22 Activity achievement
Consolidated Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	2,570
Acute non-admitted:	
Home enteral nutrition NWAU	23

Attestations

Financial Management Compliance attestation - SD 5.1.4

I, Jim Birch, on behalf of the Responsible Body, certify that Calvary Health Care Bethlehem has no Material Compliance Deficiency with respect to the applicable Standing Directions of the Minister under the Financial Management Act 1994 and Instructions.

Jim Birch
Chair
Little Company of Mary Health Care
25 August 2022

Responsible Bodies Declaration

In accordance with the Financial Management Act 1994, I am pleased to present the Report of Operations for Calvary Health Care Bethlehem for the year ending 30 June 2022.

Jim Birch
Chair
Little Company of Mary Health Care
25 August 2022

Data Integrity Declaration

I, Shannon Thompson, certify that Calvary Health Care Bethlehem has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Calvary Health Care Bethlehem has critically reviewed these controls and processes during the year.

Shannon Thompson
General Manager
Calvary Health Care Bethlehem
20 July 2022

Conflict of interest Declaration

I, Shannon Thompson, certify that Calvary Health Care Bethlehem has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of hospital circular 07/2017 Compliance Reporting in Health Portfolio Entities (Revised) and has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC. Declaration of private interest forms have been completed by all executive staff within Calvary Health Care Bethlehem and members of the board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each executive board meeting.

Shannon Thompson
General Manager
Calvary Health Care Bethlehem
20 July 2022

Integrity, Fraud and Corruption Declaration

I, Shannon Thompson, certify that Calvary Health Care Bethlehem has put in place appropriate internal controls and processes to ensure that Integrity, fraud and corruption risks have been reviewed and addressed at Calvary Health Care Bethlehem during the year.

Shannon Thompson
General Manager
Calvary Health Care Bethlehem
20 July 2022

Merit and equity principles

Merit and equity principles are encompassed in all employment and diversity management activities throughout Calvary Health Care Bethlehem. Calvary Health Care Bethlehem is an equal opportunity employer and is committed to providing for its employees a work environment which is free of harassment or discrimination, together with an environment that is safe and without risk to health. Bethlehem's employees are committed to our values and behaviours as the principles of employment and conduct. Calvary Health Care Bethlehem promotes cultural diversity and awareness in the workplace.

Local Jobs First Act FRD 25D

In 2021-22 there were no contracts requiring disclosure under the Local Jobs First Policy.

Freedom of Information Act 2012

The Freedom of Information Act 2012 provides a legally enforceable right of public access to information held by government agencies. The three applications made to Calvary Health Care Bethlehem were processed in accordance with the Freedom of Information Act 2012. Bethlehem provides a report on these requests to the Freedom of Information Commissioner. Applications, and requests for information about making applications, under the Act can be made to:

Freedom of Information Officer, Health Information Services, 152 Como Parade West, Parkdale VIC 3195.

At the time of writing, applications cost about $30.

Safe Patient Care Act 2015

The hospital has no matters to report in relation to its obligations under section 40 of the Safe Patient Care Act 2015.

Protected Disclosure Act 2012

Calvary Health Care Bethlehem is committed to extend the protections under the Protected Disclosure Act 2012 (Vic) to individuals who make protected disclosures under that Act or who cooperate with investigations into protected disclosures. The procedure and brochure are available to all staff on the Calvary Connect intranet site and to the public via our Quality and Safe Systems Manager.

Carers Recognition Act 2012

At Calvary Health Care Bethlehem we understand that our patients and clients, their families and carers need to play an active part in their healthcare. They want to make meaningful decisions about their treatment, feel empowered to question and work with us to improve the quality and safety of our services. We take all practicable measures to ensure our employees and agents reflect the care relationship principles in developing, providing or evaluating support and assistance for persons in care relationships.

Building Act 1993

No new building projects have been undertaken in the financial year ending 30 June 2022. In order to maintain buildings in a safe and serviceable condition, routine inspections were undertaken. Where required, Calvary Health Care Bethlehem proceeded to implement the highest priority recommendations arising out of those inspections through planned maintenance works. Calvary Health Care Bethlehem has also complied with Department of Health Fire Risk Management Guidelines.

National Competition Policy

Calvary Health Care Bethlehem continues to takes all practicable measures to ensure compliance with the National Competition Policy and Competitive Neutrality Policy Victoria including:

Requirement for staff to declare conflicts of interest;

- compliance with Health Purchasing Victoria/ HealthShare Victoria probity policies; and
- probity principles embedded in procurement.

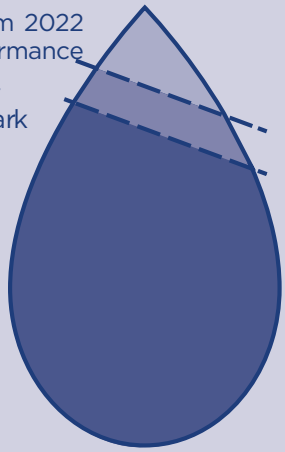
Excellence in care

Hand Hygiene

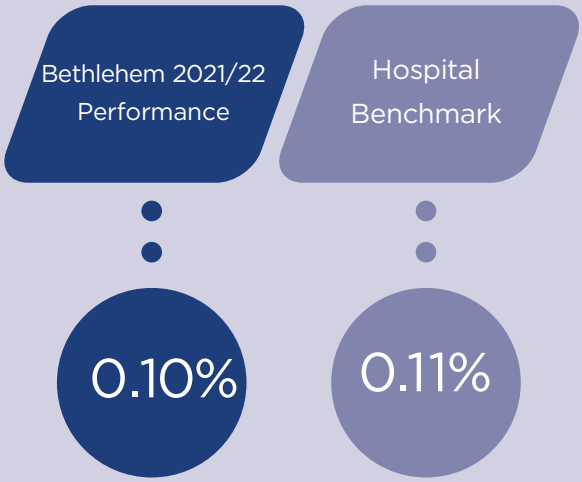
How clean are our hands?

90% Bethlehem 2022 Performance

85% Industry benchmark



Pressure injuries



Infections - Staph Aureus Bacteraemia

How robust are our infection controls?

0.00/ 10,000 OBD Bethlehem 2021/22 performance

0.87/ 10,000 OBD Industry benchmark

Patient falls

Bethlehem 2021/22 performance

0.89/ 1000 OBD

Industry Benchmark

4.0/ 1000 OBD

Medication

Medication errors requiring interventions

0.50/ 1000 OBD Bethlehem 2021/22 performance

<0.5/ 1000 OBD Industry benchmark

Staff

Flu Immunisation

96% Bethlehem 2021/22 performance

92% Industry benchmark

Complaints

21 5.5 days average to resolution

* OBD = Overnight Bed Stay

High reliability care

Clinical Governance Framework – delivering safe and effective care

Calvary continues to be committed to delivering excellence in care and providing the highest possible levels of patient, resident and client safety outcomes.

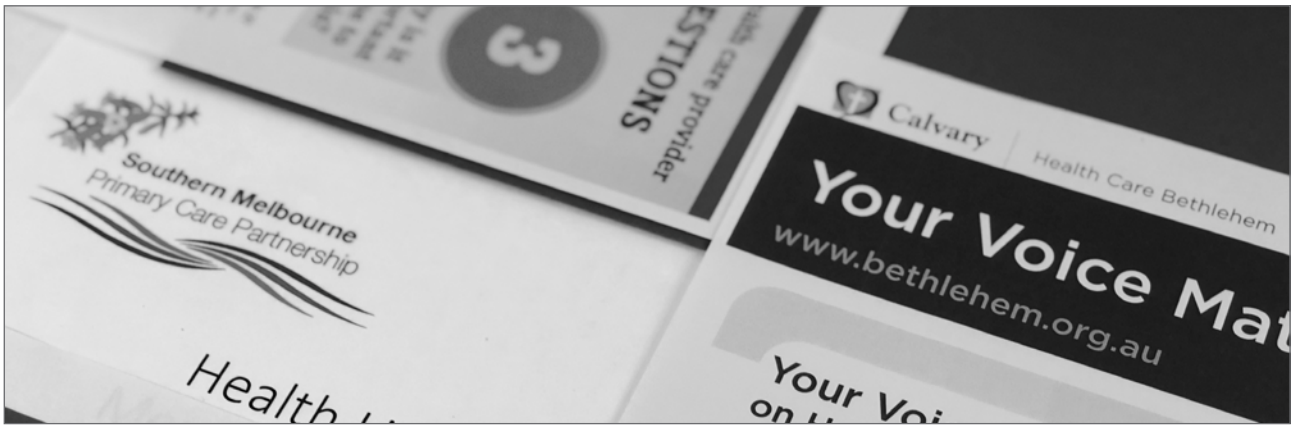
The Calvary Clinical Governance Framework, approved by the Calvary Board in May 2019, is a vital reference for providing guiding principles for staff and partners in the provision of care. This structure sets the expectations and encourages all to participate proactively in the improvement process and in sustaining a safety-orientated culture.

The framework sets out the key structures, systems and processes that enable organisation-wide accountability for the delivery of high quality, safe care.

The framework is comprised of five major domains:

1. leadership and culture;
2. consumer partnership;
3. workforce;
4. risk management; and
5. clinical practice.

Source: Safer Care Victoria, Delivering High Quality Health Care; Victorian Clinical Governance Framework, June 2017

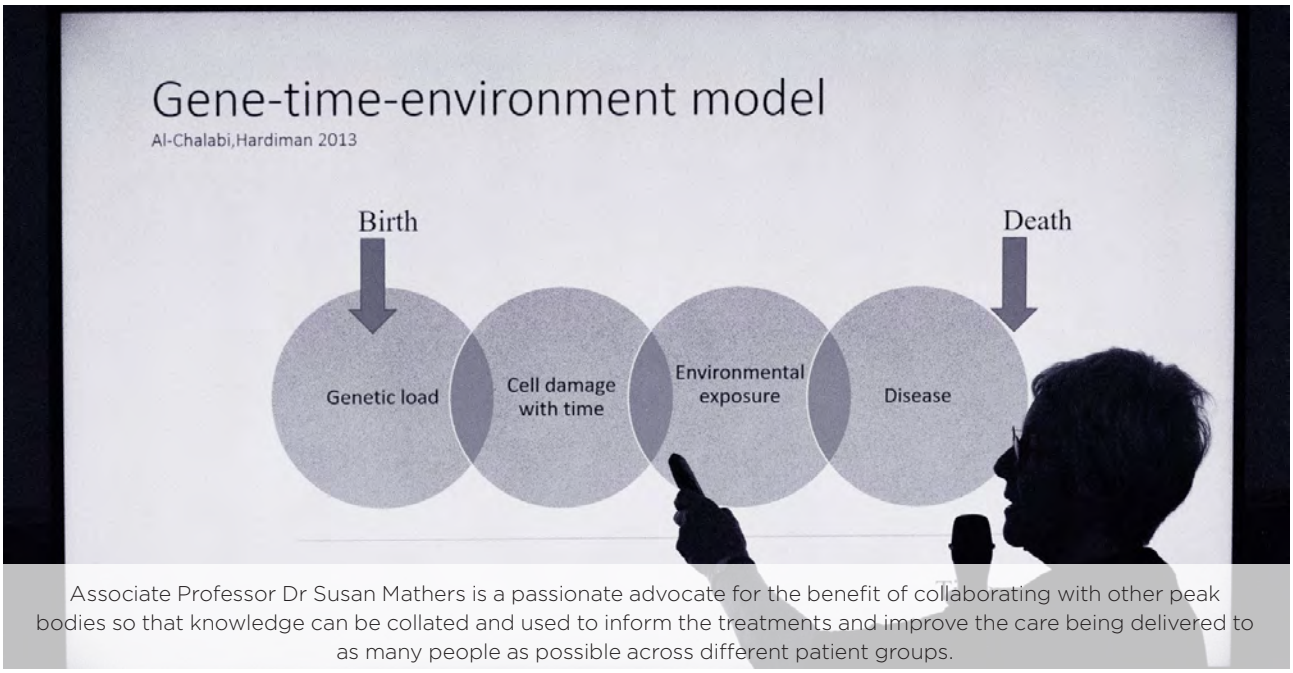


Cultural safety training

This year we have added to our existing e-learning offerings a number of face-to-face workshops to provide a blended approach to cultural safety training. In collaboration with both the Southern Metro Palliative Care Consortium (SMRPCC) and the Program of Experience in the Palliative Approach (PEPA), we have jointly delivered seven sessions throughout the year for all staff, covering the following subjects:

- cultural diversity essentials;
- cross-cultural communication and introduction to working with interpreters;
- cultural diversity and health;
- health literacy and palliative care;
- working with culturally diverse teams; and
- culturally responsive palliative care for Aboriginal and Torres Strait Islander peoples, parts 1 and 2, each a two-hour session.

Sessions were facilitated virtually and were received enthusiastically by the 62 staff who attended. A great deal of training was provided to the Consumer Engagement Working Party, which will lead to improving access to our services. These improvements include increasing the written materials on our website for cultural and linguistic diverse communities, and confirming with patients at each stage of their journey through our services if they identify as an Aboriginal and Torres Strait Islander. Clinical record audits undertaken indicate this question is only being asked once, typically at admission, and not at other times; missing the opportunity to engage with Indigenous people more thoroughly. Due to the resounding success of the Aboriginal and Torres Strait Islander training, this training will be offered twice next year, alongside other specific education for other culturally linguistic and diverse communities.



Associate Professor Dr Susan Mathers is a passionate advocate for the benefit of collaborating with other peak bodies so that knowledge can be collated and used to inform the treatments and improve the care being delivered to as many people as possible across different patient groups.

The Map-HD Registry - a consumer participation success story

Bethlehem is working with the Huntington's Disease Network of Australia (HDNA) to help facilitate the best quality of life for every person in Australia affected by Huntington's disease

HDNA aims to facilitate the best quality of life for every person in Australia affected by Huntington's disease (HD). Since its inception in June of 2020, staff and patients associated with the state-wide Progressive Neurological Disease Service have been working with the HDNA to develop the Map-HD Registry.

The Mapping Working Group consists of representatives from across Australia, including people from the HD state associations, the HD specialist clinics, and those directly affected by HD.

The Map-HD Registry, the first Australia-wide registry, has officially launched, and continues to be improved as participants give feedback.

The registry, by mapping Huntington's disease, will help us understand who is affected and give those people better access to clinical care and support services, increase the efficiency of HD research, connect people with research and clinical trial opportunities and generate new knowledge to inform the development of new treatments.

HDNA Huntington's Disease Network of Australia

Projects on a page

In the last year we have continued to record and share with staff all the important and valuable quality improvements that our various departments have made so that all staff are aware.

Our Quality Department uses its "Project on a Page" (POP) template to collate and centralise all of these improvements before sharing them.

By formally reporting on projects in this way, the organisation has a mechanism for recording and storing a library of quality improvement activities that we can showcase at various forums.

2021–22 saw a number of projects on a page that included:

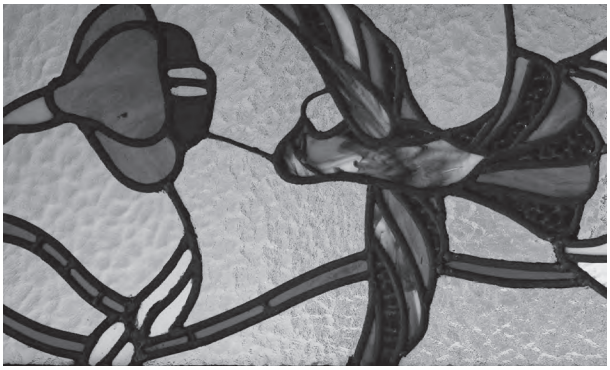
- Managing and Preventing Pressure Injuries
- Achieving optimal oral hygiene care
- Hourly patient rounding

One of the most significant PoPs for 2021-22 was the work done around managing and preventing pressure injuries

Mission Framework

The Mission Framework continues to align our rich heritage and tradition with Calvary's contemporary strategic priorities. The prolonged challenges of COVID-19 have seen continued focus on care for our people. We have also had a strong focus on stewardship with specific activities including:

- reusing the altar and stained glass from our previous building in our new chapel at Calvary Kooyong which also creates a poignant connection to our organisational heritage;
- Carbon Fasting for Lent, in which staff, patients and families were encouraged to commit to ways to reduce their carbon footprint for Lent and beyond; and
- Ethical Eggs at Easter; raising awareness of modern slavery in the coco bean industry and encouraging ethically produced chocolate



Fall prevention and management

Patient falls is an area of patient safety that remains our number one risk area for patient harm, with audits identifying 90% of inpatients at high risk of falling.

With staff training and awareness-raising campaigns, the falls incident rate over the last year has declined. Over the last year, a number of coordinated activities have been used by the staff on the ward to reduce patient falls. These have included proactive toileting of patients, which can reduce the risk of a fall for a patient when they are unassisted. The graduate nurse program also helped to implement a planned, structured rounding program to gauge the falls risk of patients, using a set of predetermined questions. All this preventative work has been coordinated by the Falls Working Party. Education modules and the circulation of the "Falls are everybody's business" video were used during Falls month in April as an annual refresher for all staff.

The data from our falls reports indicate spikes in patient falls at 8 a.m., 11a.m. and overnight. All falls reported in the last financial year have scored 3 or 4 on the Severity Assessment Score (SAC), with 73% of falls sustaining no injury (Harm Score 4). No patients have been seriously harmed or injured from a fall. The majority of recorded incidents continues to be linked to the inpatient setting, with only 4 recorded incidents in other Bethlehem service streams. In the last year we saw a significant reduction in patient falls from September 2021. Falls numbers did slightly increase from February 2022 as our patient occupancy increased, but this did not affect the patient falls rate over that period.

Guided by data analysis, the Falls Working Party will continue to provide ongoing education across all service streams, increasing emphasis on outpatient and community services to increase incident reporting for falls-related events. Continued engagement of out-of-hours inpatient staff will focus on implementing risk mitigation strategies such as toileting regimes.

The Working Party is turning its focus to the transition to Calvary Kooyong and adapting to the new ward layout.

Fig 1: average falls incident rate (per 1000 Bed-days, monthly rate averaged over 6 month period)

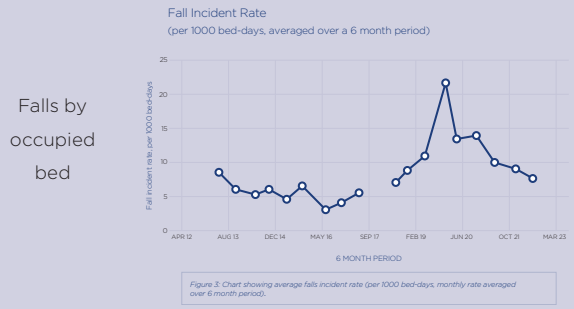
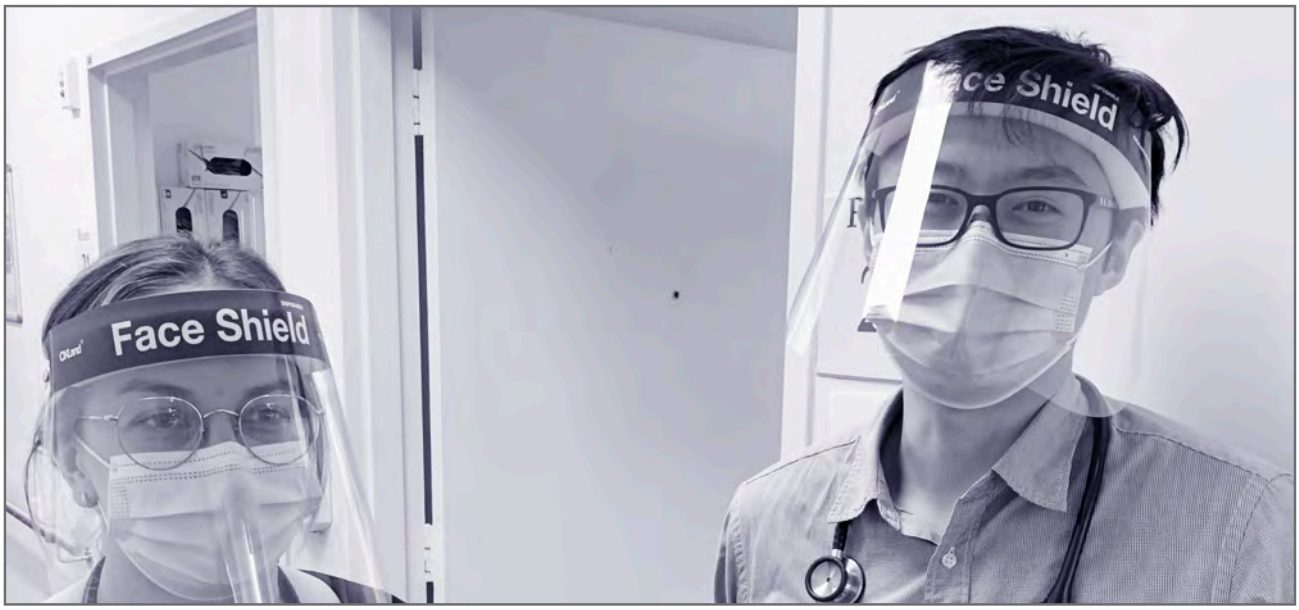


Figure 3: Chart showing average falls incident rate (per 1000 bed-days, monthly rate averaged over 6 month period).

Fig 2: Fall incidents by Harm Score rating and the average falls incident rate, per 1000 Bed-days



A staff member being tested for her N95 mask as part of our Respiratory Protection Plan (RPP)

Staff training - respiratory protection program

Face masks have been the most common piece of protective personal equipment (PPE) worn by staff at Bethlehem throughout the pandemic. During heightened levels of community transmission, Bethlehem staff were required to wear disposable P2/N95 face masks (also known as P2/N95 respirators), which are able to filter out very fine particles from the air when worn correctly.

The specialist PortaCount machine is used to test up to 7 different types of mask to identify specific masks for all clinical staff.

To correctly fit a mask, of which there were 10 different options available throughout the State, the Victorian Department of Health provided a respiratory protection program (RPP) to assist each member of staff to correctly fit masks from a selection of at least three brands. This was a huge undertaking by the Department and Bethlehem. We procured a machine and sent away four members of staff for a day's training. Over a period of four months, all 280 staff were fit-tested using our machine. All staff are now fit-tested to at least one type of P2/N95 mask. Phase two of the fit testing program is now in full swing with those staff only fitting one mask having a retest.

Behaviours of concern, occupational violence and family violence

Over the last year, there were 14 reports of occupational aggression and violence, 15 less than 2020–21. As part of our ongoing work to support staff in managing occupational aggression and violence, and to reduce the occurrence of such incidents, where possible, Bethlehem has continued to deliver e-learning education for all staff. To complement this, and in recognition of our specialist clinical work, we have embedded case reviews of patients with known behavioural concerns prior to admission as part of our practice to support care planning and the proactive implementation of preventative strategies.

Our collaboration with Monash Health has strengthened further over the last year as we also work to improve our response and management addressing the devastating effects of family violence. In addition to the provision of a suite of face-to-face training packages for staff at all levels, Bethlehem received funding support to enable our work in implementing the Multi-Agency Risk Assessment and Management (MARAM) Framework.

The Framework sets requirements including determining responsibilities for screening, identification, risk assessment and management, information sharing and referral in the context of family violence and was developed in response to the Royal Commission into Family Violence and a number of coronial inquests and inquiries.

This year, Bethlehem has implemented a number of actions including review of all policies, procedures, practice guidance tools, mapping of staffing and their responsibilities, training, and improved systems for information sharing, incident reporting and auditing for continuous improvement.

Occupational violence statistics	2021-22
Workcover-accepted claims with an occupational violence cause (per 100 FTE staff)	**0**
Number of accepted Workcover claims with lost time injury with an occupational violence cause (per 1,000,000 hours worked)	**0**
Number of occupational violence incidents reported	**14**
Number of occupational violence incidents reported (per 100 FT)	**8.54**
Percentage of occupational violence incidents resulting in a staff, illness or condition	**0%**

Definitions

For the purposes of the statistics the following definitions apply.

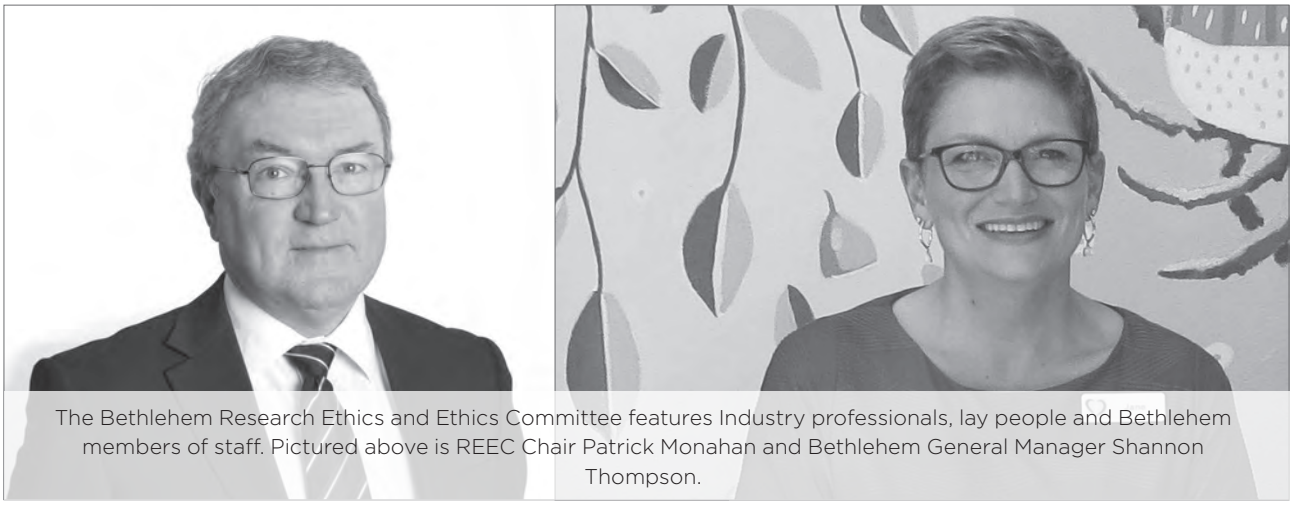
Occupational violence - any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.

Incident - an event or circumstance that could have resulted in, harm to an employee. Incidents of all severity rating must be included. Code Grey reporting is not included, however, if an incident occurs during the course of a planned or unplanned Code Grey, the incident must be included.

Accepted WorkCover claims - accepted WorkCover claims that were lodged in 2021-22.

Lost time - is defined as greater than one day.

Injury, illness or condition - this includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.



The Bethlehem Research Ethics and Ethics Committee features Industry professionals, lay people and Bethlehem members of staff. Pictured above is REEC Chair Patrick Monahan and Bethlehem General Manager Shannon Thompson.

Bethlehem Research Ethics and Ethics Committee

As a statewide provider for those with a progressive neurological disease, and specialist palliative care provider, Bethlehem has a well-established and active program of research in the palliative and PND patient population. Studies range from locally governed site specific clinical audits and quality activities, to large multisite national and international clinical trials and studies.

Our research activity contributes to improving patient outcomes with a strong focus on the translation of research into practice. Key to these activities are many partnerships and collaborations, which provide opportunities for investigators to build skills, apply different approaches from complementary disciplines and lend to the credibility and validity of the research being conducted.

The Research Ethics & Ethics Committee (REEC) at Bethlehem is composed of staff and members of our community, and is properly constituted in accordance with the National Health and Medical Research Council (NHMRC) guidelines and Catholic Health Australia's Code of Ethical Standards for Catholic Health and Aged Care Services in Australia.

Responsible for research governance and acting as a forum for consideration of research proposals from an ethics perspective; this year the REEC welcomed three new members, Mary-Anne Lane as a Lay Woman representative, Garry McDavitt as a Lay Man representative and Dr Fiona Fisher as a Bethlehem Allied Health representative.

The breadth of knowledge and experience of all members of the REEC ensures all research undertaken at Bethlehem is conducted responsibly, ethically and with integrity. Over the last 12 months the REEC has considered and approved 16 study proposals.

We would like to thank all members of the REEC, with particular acknowledgement of members external to our organisation, who generously contribute their time and expertise assisting us in the review of applications, and their ongoing commitment to Bethlehem.

External committee members

Mr Patrick Monahan, Chair
Fr Kevin McGovern
Ms Jenny Rundle
Mr Paul Davidson
Mr Philip Rowell
Ms Mary-Anne Lane
Mr Garry McDavitt

Calvary representatives

Ms Shannon Thompson
Dr Susan Mathers
Dr Chris Grossman
Dr Fiona Fisher
Dr Alice Parkhill

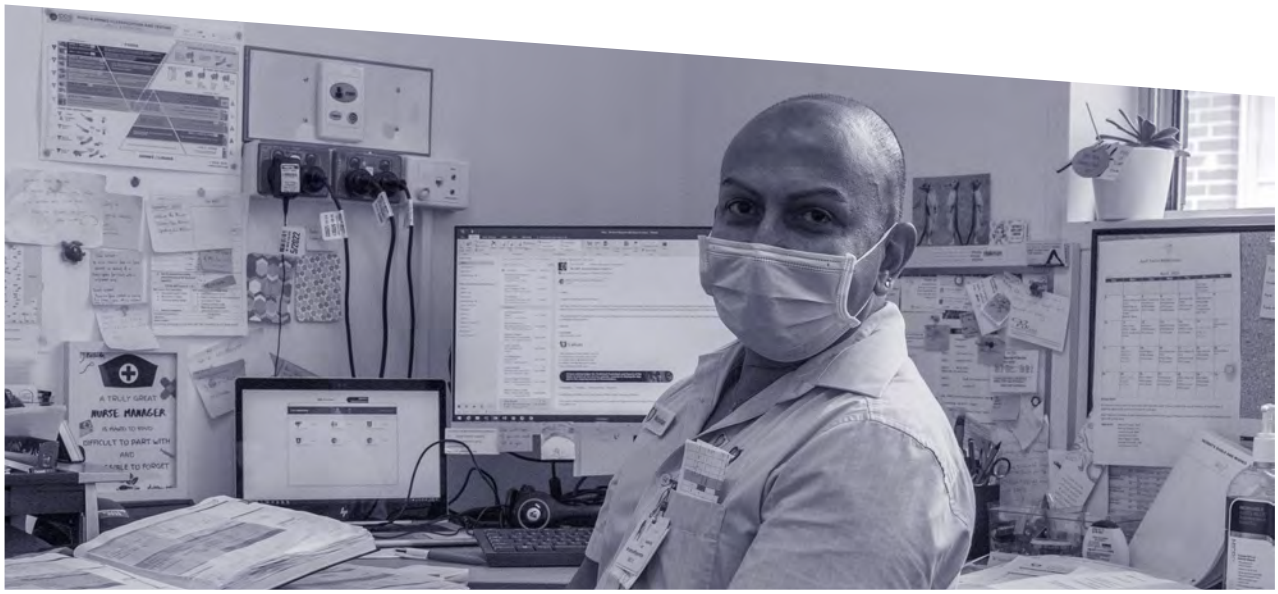
Research projects

Approval Date	Title	Chief investigators
19/08/21	MPCCC Cancer Donor Program	**Melissa Papargiris, Clinical Co-ordinator, Monash University. Christopher Grossman, Palliative Care Specialist, Bethlehem. Jenna Vangramberg, Clinical Co-ordinator, Monash University. David Pook, Researcher, Monash University.**
19/08/21	MiNDAUS NG&MRC Partnership	**Dr Laura Perju-Dumbrava, Neurologist, Bethlehem.**
19/08/21	Predicting the final 6 months in patients with genetically confirmed HD	**Yenni Lie, Neurologist, Bethlehem. Emma Windebank, Clinical Research Nurse, Bethlehem.**
12/10/21	Lighthouse II - Randomised double blind placebo-controlled phase 3 trial of Triumeq in Amyotrophic Lateral Sclerosisy	**Sarah Lee, Neurologist, Bethlehem.**
16/12/21	SWITCH II - STENTRODE WITH THOUGHT CONTROLLED DIGITAL SWITCH: An early feasibility study of the safety of an endovascular Motor NeuroProsthesis (MNP) in participants with severe upper limb dysfunction	**Dr Sarah Chiu Mum Lee, Emma Windebank, Clinical Research Nurse, Bethlehem.**
16/12/21	HDNA Map-HD Registry	**Alison O'Regan, Researcher, Monash University.**

Research projects (continued)

Approval Date	Title	Chief investigators
14/04/22	Collaborative team care in Huntington's disease Impact on patient outcomes	**Dr Yenni Lee, Neurologist, Bethlehem**
14/04/22	A Phase 1 tolerability, safety, pharmacokinetics and preliminary efficacy study of oral Monepantel in individuals with Motor Neurone Disease	**Katie Fitzgerald, Clinical Research Nurse, Bethlehem. Susan Mathers, Senior Neurologist, Bethlehem. Emma Windebank, Clinical Research Nurse, Bethlehem**
16/06/22	Staffs Perspectives on Discussing Suicidality with Huntington's Disease Patients: A Qualitative Study	**Nicole Masango, Student, Monash University, Julie Stout Lab Director, Monash University. Kylie King, Senior Research Fellow, Monash University and Sravya Chintalapudi, student, Monash University.**
16/06/22	A Phase 3 Randomised, Double-Blind, Parallel-Group, Placebo-Controlled Trial	**Dr Christine Wools, Specialist Neurologist, Dr Laura Perju-Dumbrava, Neurologist, Bethlehem**
16/06/22	SAGE 718-CIH-201 SSA	**Emma Windebank, Clinical Research Nurse, Bethlehem Yennie Lie, Neurologist, Bethlehem**

Caring for our people and working environments



People, values, culture

Calvary strives to provide safe, equitable and respectful workplaces. We aim to attract people who value making a difference and are motivated by the spirit of 'being for others'.

Evaluating our Mission activities

Calvary continues to develop its Mission Accountability Framework with its 12 areas of focus. Our plans are designed to strengthen the Calvary spirit we have inherited from the Sisters of the Little Company of Mary. Feedback from the people Calvary serves tells us how they see us living and breathing our values.

Workplace health and safety measures

We are committed to protecting the health, safety and wellbeing of our workforce, patients and visitors. Key performance indicators are reported monthly to the leadership team. These indicators include the timeliness of serious incident investigations, the number of completed workplace inspections and the number of WorkCover injuries and lost time claims completed. As part of Calvary's national Workplace Health and Safety (WHS) system, we have also undertaken monthly organisation-wide audits in key safety areas. These have included:

- WHS Management System verification;
- contractor management;
- asbestos and legionella management;
- Two mock evacuations and audit report on our emergency response;
- workplace occupational violence assessment and;
- incident reporting system (RISKMAN) injury review.

The continuing presence of the COVID-19 pandemic has continued to challenge Bethlehem and our approach to delivering important health and safety initiatives, requiring flexibility in how we deliver these ensuring a maintained focus on patient and staff safety. The following initiatives continue:

- executive walk-arounds;
- weekly online heads of department meetings;
- regular Pandemic Management Committee meetings and when required, all of staff communications from the Pandemic Management Committee;
- quarterly executive participation in WHS inspections;
- implemented fit testing and Respiratory Protection Program;
- regular emergency code practical exercises; and;
- Chief and Area Warden training

The downward trend in reported injuries in our previous reporting period continued in 2021/2022 as a result of these wide ranging initiatives.

Embodying the Spirit of Calvary - Em Jamieson

Last year, popular Bethlehem Diversional Therapist and Day Centre Lifestyle Support Worker Em Jamieson was awarded the Spirit of Calvary Award in recognition of the valuable work she does for both community and ward patients at Bethlehem, at the twice weekly Day Centre sessions and via one-on-one visits with patients on the hospital ward.

Em's empathy and the enthusiasm she brings to her roles were felt by her peers across the hospital to represent the embodiment of the Calvary values of Healing, Hospitality, Stewardship and Respect intrinsic to the Spirit of Calvary.

Em started work at Bethlehem as a casual personal care assistant five years ago, including working in the Community Palliative Care Day Centre. When a position became available, Em successfully applied for the role.

Since that time she has worked as a lifestyle support worker in the Day Centre, as well as filling in with the diversional therapy position over the last 15 months.

Working with patients with progressive neurological disease and at end of life, Em was struck by the warm atmosphere throughout the ward, and the refreshingly person-centred nature of every aspect of the care she witnessed. She saw that preserving dignity and personhood were priorities, that time spent being present with patients was meaningful, things that in turn are valued and nurtured by the general culture at Bethlehem.

The connections she makes with patients, and with staff alike inspires Em in her work every day. Em says that the support she receives means that she feels that she can bring the best version of herself to work, and that she is appreciated for it. Em feels totally supported by Bethlehem to fulfil her creative potential to use art and leisure to connect with people in meaningful ways, and by this, hold a mirror up to people to remind them of who they are beyond their diagnoses.

CHAMPIONS OF CHANGE COALITION

Champions of Change Coalition

Calvary is proud to be recognised as a member of the Champions of Change Coalition (CCC) initiative since early January 2019. The Coalition is a not-for-profit organisation that works with influential leaders to redefine men's roles in taking action on gender inequality.

Members of the CCC Health Group, including Calvary's National CEO, Martin Bowles AO PSM, have committed to using their power and influence to step up beside women to challenge the status quo, and adopt actions to cultivate inclusive cultures towards gender equality, increase female representation in leadership roles and enhance workplace flexibility across private and government sectors. Martin has spoken at numerous CCC seminars to discuss key issues around gender inequality and workplace flexibility.

Calvary is committed to the CCC initiative and is actively participating in the "All Roles Flex" study focusing on barriers and enablers to workplace flexibility in medical specialty training and rostered clinical environments.

Wellness Committee/ Wellness Ambassador initiatives

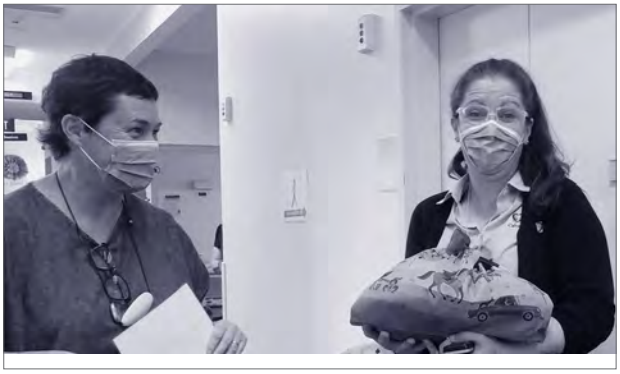
The staff support provided by the Bethlehem Wellness Ambassadors over the last year has continued throughout the COVID-19 restrictions, sometimes inspiring novel approaches. Seven staff have volunteered their time to do this valuable work, and the results have had an impact on staff across the entire hospital. Not put off by the restrictions and aided by a wellness grant from the Victorian Government, the Ambassadors have provided physical and psychological support with initiatives that have included:

- stocking the staff fridges periodically with fresh sparkling water, soft drinks and iced lollies during the summer;
- offering free coffee and pastries once a week at one of six cafes in Parkdale;
- 10 massage sessions provided by an outside masseur;
- free fruit boxes for breakout staff areas;
- the donation of 50 "personal pamper" gift packs by Gardenvale Rotary that were raffled off to all the staff; and
- providing flowers and food hampers for staff who were either COVID-19 positive or having to isolate due to a household contact.

As well as those tangible benefits provided for the staff, the Wellness Ambassadors also ran and promoted a number of practical monthly themes to get staff out and about, such as:

- lunchtime springtime walking sessions to spot local landmarks;
- in December a "31 days of kindness calendar" which presented a daily act to bring kindness and happiness to all who participated;
- an Easter egg hunt, with a local company very thoughtfully donating 12kg of chocolate eggs for staff to find in the grounds; and
- mindful moments, including staff yoga, meditation and tai chi.

The Wellness Ambassadors have been instrumental in raising morale, energising the staff during the pandemic and just being a positive force in the darkness that COVID-19 has brought to staff who have worked throughout. The Ambassadors have provided that physical presence with their wonderful ideas and creativity. In future, when it is safe to do so, they look forward to introducing more group activities and social events.



The Learning Development Centre (LDC) Team. Pictured from left: LDC Manager Margarita Makoutonina, Piera Cantelmi, Juho Song, Cath McMahon and Sharon McAllister Boyles

Building Capacity – PEPA GP and practice nurse workshops

Through partnership and funding provided through the Program of Experience in the Palliative Approach (PEPA), this initiative aims to build the capacity of health professionals to deliver a palliative care approach through their participation in either clinical placements in specialist palliative care services or interactive workshops. Bethlehem ran monthly online workshops throughout 2021, which proved to be a valued opportunity for those who participated. Participants commented that:

> "Palliative care is an area that is very difficult as a GP if you don't do it often enough to feel confident. It is great to know that support is readily available"

> "Providing case scenarios dealing with the tricky bits of the management of the patient's whole condition, including the carer/family concerns is very helpful"

In 2022, with the easing of restrictions and our ability to deliver programs on-site, several PEPA placements have been provided. We look forward to continuing this important work and providing the opportunity for health professionals to learn from experienced specialist staff.

Building capacity – culturally responsive care

The Learning and Development Team continue to build a calendar of events and deliver learning opportunities for all Bethlehem staff, volunteers and students. These opportunities ensure our teams continue to provide best practice, evidence-based care and services.

One area of focus has been providing training to support our commitment to delivering culturally responsive care to the diverse communities we serve. We recognise, celebrate, and support the inherent dignity of all people and seek to provide individualised care that enables all people to flourish. Every individual is shaped by their own unique experiences, preferences, culture and background.

A targeted workshop, Culturally Responsive Care - Aboriginal & Torres Strait Islander Perspectives, provided staff with an opportunity to develop deeper understandings of kinship systems and deliver culturally safe, family-centred support and care to Aboriginal and Torres Strait Islander patients through the framework of 'Knowing, Being and Doing'.

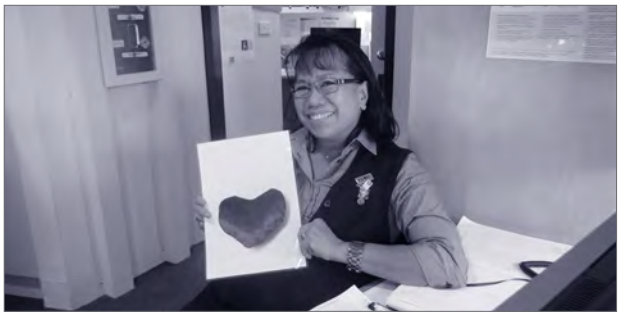
Regular coffees and light refereshments sustained staff throughout the year with a visiting Vietnamese Food truck the highlight

Fortifying our reflective practice and resilience culture

Using Department of Health funding through the Be Well Be Safe: Worker Wellbeing Program, Bethlehem was able to support our staff in number of important and innovative ways:

- provision of online wellbeing and reflective practice webinars;
- introduction to reflective practice;
- ordinary magic – how to cultivate deliberate resilience;
- beyond stressed – understanding and managing burnout;
- wellbeing bags of locally, sustainably and ethically sourced products;
- onsite massages through a local small business;
- free coffees and light refreshments at local cafes;
- onsite food truck for free lunch;
- purchase of coffee machines for tea rooms; and
- onsite access to refreshments such as cold drinks and ice creams during the warmer months.

For this initiative, we actively partnered with local businesses, sole traders and used local products for our wellness activities to ensure that they were supported during these difficult times.

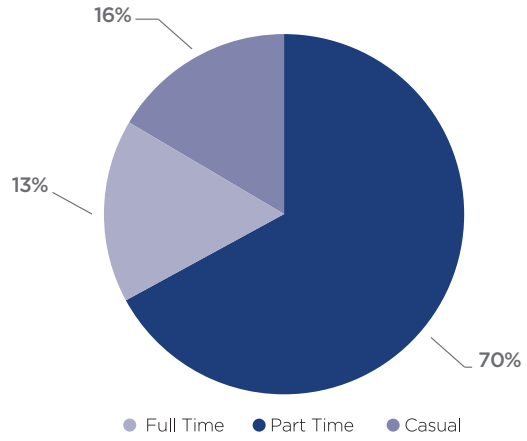


Online events bring patients, carers and staff closer together during COVID

Because of the risk posed by gathering during COVID-19 over the past year, the majority of events conducted by Bethlehem were managed online. Our twice-yearly Ceremony of Remembrance events for grieving families were pre-recorded this year and a link sent to families to enable them to join remotely. Christmas celebrations were also online with particular energy put into the Christmas carols, a link to which was sent out to patients, families and staff. The powerful potential reach of online formats was made clear when we received a glowing response from a family member in Canada who had attended the carols via the link he had been sent.

Staff profile

Breakdown of employment status

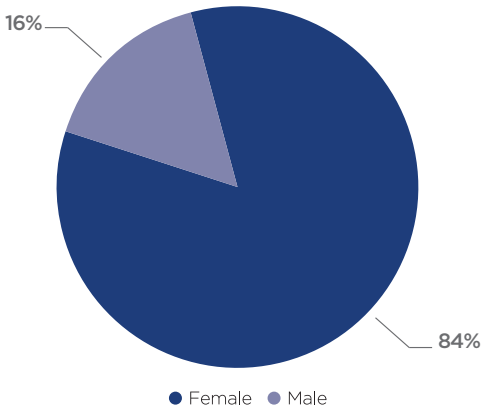


38 Full-time employees

46 Casual employees

198 Part-time employees

Breakdown of staff by gender



46 Male

236 Female

Staff milestones

40 years of service	
Ms Norma Geronimo	
20 years of service	
Mrs Lubaba Aliyi	Mr Andrew Fitzgerald
Mrs Eucharia Anyadoro	
15 years of service	
Mrs Valentina Itskovich	Mrs Kim Hardy
Mrs Lyle Oates	Ms Neera Gautam-Sharma
Ms Wen Chen	Mr Luca Lucchesi
Mrs Maria D'Amico	Mrs Clare Schaefer
Mrs Dariel Marsh	Mrs Maria Edmonds
Ms Janine Kekich	
10 years of service	
Mr Abdul Wahhab	Mr William Kelly
Ms Patricia Gentile	Mr Nathan McCracken
Ms Dipika Kakar	Mr Barry Fyfe
Ms Denise Russo	Ms Barathi Venkatesan
Ms Yan Zhao	Ms Lisa Mahony
Ms Catherine Gluyas	

Executive management team

Shannon Thompson
General Manager and Director of Clinical Services

Commenced 01/03/2021

- Employment duration 19 years
- Executive oversight of all operational management and strategic direction of the service; leading the Executive Management Team in ensuring high quality and innovative service delivery that meets all quality, service and financial targets
- Executive oversight of all clinical services, including, strategic and operational direction and achieving effective service delivery across inpatient and ambulatory settings

Tammy Campbell
Director of Finance

Commenced 01/06/2022

- Employment duration 3.25 years
- Management of operations including Human Resources, Health Information Services, Finance Information Technology and Fundraising
- Executive oversight of service budgets and financial reporting

Mark Heenan
Deputy Director of Clinical Services, Quality and Safety Manager

Commenced 01/03/2021 - 18/05/2022

- Employment duration 12.5 years
- Management of quality, safety, risk, compliance, clinical services and Learning and Development

Sadly, Mark Heenan died on 18 May 2022. Mark was an integral and much loved member of staff. His absence has been keenly felt by all at Bethlehem and by the wider Calvary community.

Rowan Hearn
Interim Medical Director/Clinical Director of Palliative Care

Commenced 01/03/2021

- Employment duration 6 years
- Management of medical team

Alice Parkhill
Mission Integration Coordinator

Coordinator until 19/12/2021. (Interim arrangements currently in place with Karen Bolger currently Acting Mission Coordinator) Victorian Regional Director of Mission commenced 19/12/2021.

- Employment duration 8.5 years
- Management of Mission integration and Volunteer Service

Luisa Garzon
Acting Corporate Services Manager

Commenced 09/05/2022

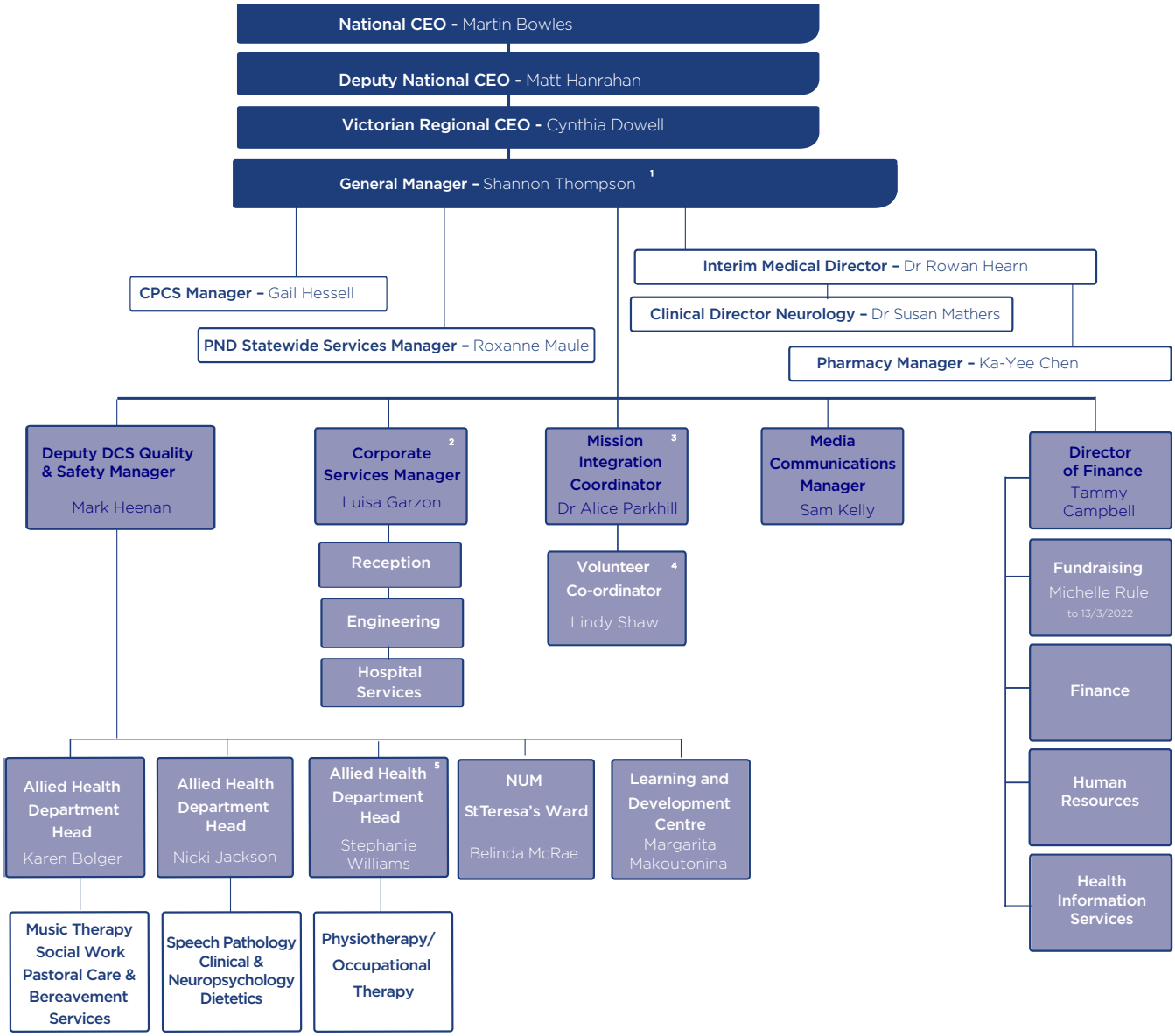
- Employment duration 7 years
- Management of hospital services, engineering and environment and support services

Linda Maas
Corporate Services Manager

Commenced 01/03/2021.

- Employment duration 15 years
- Management of hospital services, engineering and environment and support services

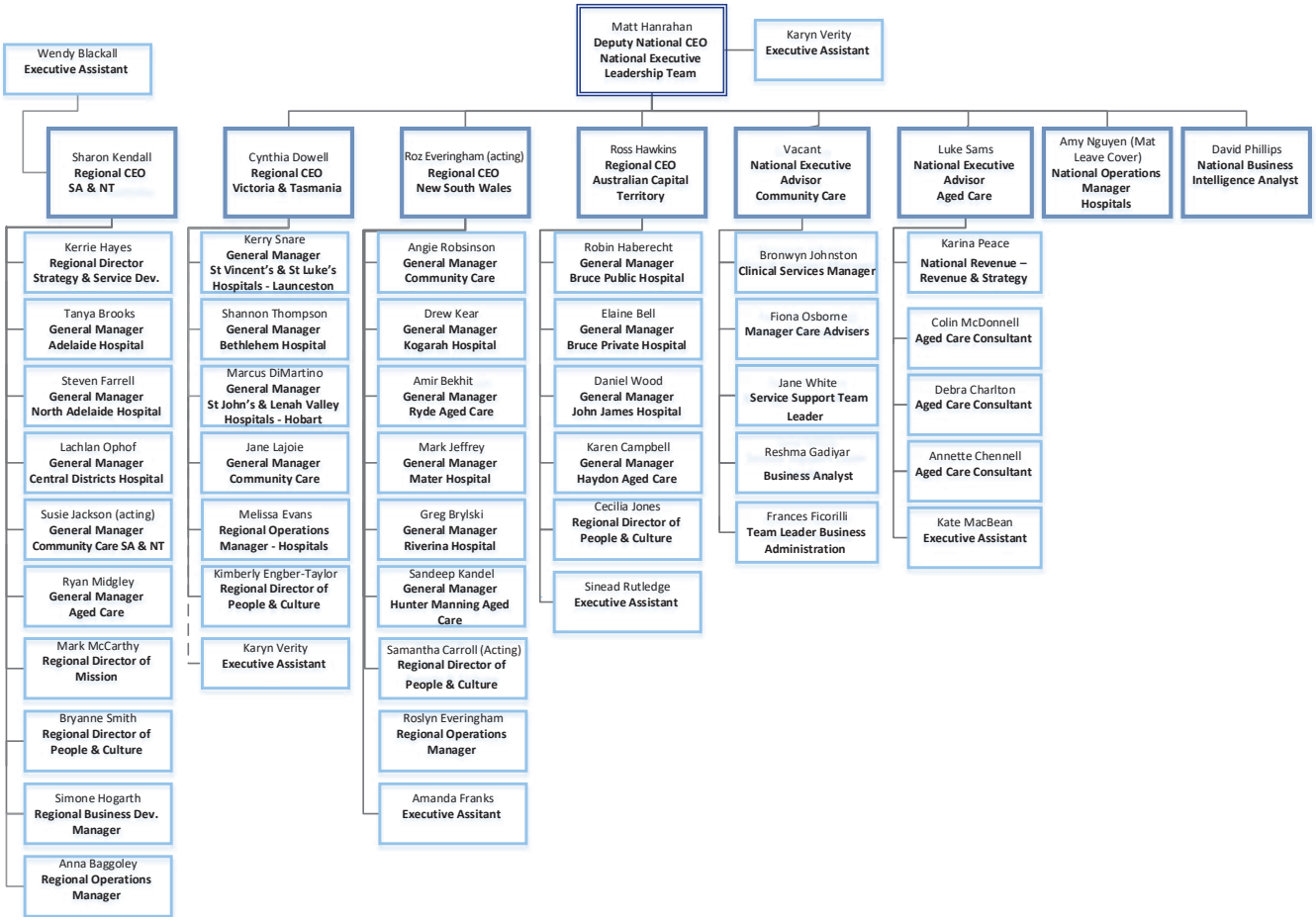
Bethlehem Organisational chart



*** Structural Changes 1 July 2021 - 30 June 2022:**

1. General Manager Shannon Thompson stopped Interim General Manager/Director of Clinical Services role and started full role as General Manager of Calvary Kooyong on 28/02/2022.
2. Acting Corporate Services Manager Luisa Garzon started 09/05/2022
3. Mission Integration Coordinator Alice Parkhill to 19/12/2021. Acting Mission Integration Coordinator Karen Bolger started 19/12/2021
4. Volunteer Coordinator Lindy Shaw started 12/07/2021
5. Allied Health Department Head (Physiotherapy, Occupational Therapy) Lisa Thompson to 7/11/2021 Stephanie Williams started 23/11/21

LCM Health Care Organisational chart



Serving our communities

Serving our communities

Our communities

In 2021-22, the resident population of the five local government areas that we serve was 620,809. Of that number, 2.6% were over the age of 85, with an above-average proportion of the population aged over 70 years. This is reflected in the 2021 census, which showed that:

- 31.2% of our elderly population live alone;
- 31.5% of people were born overseas; and
- 2.6% of the population are aged over 85 years; and of these 40% are from culturally and linguistically diverse backgrounds;

In 2021-22, 57 % of our admitted patients identified as Australian, 6% as Greek, 3.7% English and 2.9% Italian. The majority of our palliative care patients reside in the areas immediately surrounding Bethlehem, almost 40% of them living in Kingston or other adjacent local government areas.

The local community is ageing and is from diverse ethnic and cultural backgrounds. There is a significant Greek and Jewish community in our council areas, with Italian, Chinese and Russian cultures also well represented. In 2021-22, after English, Mandarin, Greek and Russian are the second most common languages spoken at home.

The top 12 countries in terms of place of birth recorded at admission in 2021–22:

Country	Admissions	Proportions (%)
Australia	278	57
Greece	30	6.1
UK	27	5.5
Italy	14	2.9
New Zealand	10	2
Sri Lanka	9	1.8
Ukraine	8	1.6
Egypt	8	1.6
China	7	1.4
Cyprus	7	1.4
India	6	1.2
Other birthplaces	83	17
Total	**487**	**100**

Our community in brief

The catchment area for our palliative care service includes Port Phillip, Stonnington, Glen Eira, Kingston and Bayside local government areas. The estimated resident population of these communities in 2021-22 was 620,809. 17.34% of those are over the age of 65.

1. Mandarin

Mandarin is still the most common language spoken at home behind English.

2. Greek

3. Russian

31.5% of people were born overseas.

31.2% of our elderly population live alone

17.34% of the population are aged over 65.

The Specialist Street Library was designed and decorated by our day centre participants with the help of members of staff including Janine Kekich (L) and Em Jamieson.

Community development - street library opens

Bethlehem services extend beyond our clinical care into awareness raising, advocacy, and capacity building to help individuals and communities care for each other during illness, aging, dying and grief.

Our Specialist Street Library is one way that we are helping our local community to build knowledge, skills and confidence to care for each other during end of life. Reading a book or watching a movie can be a great way to learn about ageing, end of life, dying and grief, and how to support each other during this important life stage. There are many fabulous resources available but often people don't know where to look.

The Library contains books which are uplifting, heart-warming and life affirming. There is no borrowing system, no loan period and no fines! Our community can simply visit our Specialist Street Library, borrow what interests them, and return when they are finished reading. We have also developed an ever-growing online catalogue of end-of-life books so that anyone, anywhere in the world, can easily locate books on this topic.

Volunteer Service responds to COVID-19

The many weeks of lockdown experienced in the last year gave volunteer staff unprecedented opportunities to support patients, carers and staff in ways we have not seen before. Volunteers were instrumental in providing much needed support to ensure access to PPE for staff and providing a safe and welcoming presence for visitors to the service.

One of our volunteers David, commented, "I was really happy to fill a gap created by a sudden and severe shortage of staff, along with a sudden peak in workloads in meeting safety protocols for controlling the spread of the coronavirus. The speed with which Calvary was able to swing into action with the necessary training and documentation ensured we provided the right support to staff, patients and families in the right way".

Fiona added, "As a volunteer, I felt I had a more critical connection to the activities Bethlehem was undertaking to fight COVID-19, and there was a strong community feel behind everything we did".

Volunteers have been vital to the care we have been able to deliver at the Day Centre during COVID-19

Pictured at the 80th Anniversary dinner from left to right are Calvary's Head of Infrastructure & Development Strategy, Angus Bradley, Vic/Tas Regional CEO, Cynthia Dowell, Bethlehem Interim Medical Director Dr Rowan Hearn, LCM Sister Jennifer Barrow, LCM Regional Leader Sister Kathleen Cotteril, Calvary Ministries Chair Hon Michael Lee and Calvary Deputy National CEO Matt Hanrahan.

80th Anniversary Dinner

On Friday 13 May, with the help of our Community Advisory Council Members and Friends of Bethlehem, Bethlehem hosted a fundraising dinner at the Victoria Golf Club. The event was held to celebrate 80 years of Bethlehem responding to the changing health care needs of our community.

Little Company of Mary Sisters from Sydney and Melbourne including the LCM Region Leader, were in attendance at this important event along with our Deputy National Chief Executive Officer and the Chair of Calvary Ministries from Sydney. Victoria and Tasmania Regional CEO, Cynthia Dowell, spoke to the attendees about what the innovative new Calvary Kooyong Health and Retirement Precinct will deliver to the community once it is operational in early 2023.

Bethlehem's Associate Professor Susan Mathers gave a keynote presentation about the important national and international research collaborations Bethlehem continues to be actively engaged in.

In the coming year we are committed to making sure that our new purpose-built environment has the best equipment possible to support patients, family and friends; creating spaces for families to spend quality time together with their loved ones. Friends and community members contributed generously on the night, which will go a long way towards a dedicated and fully appointed family room that will also include a cuddle bed that can accommodate a whole family.

Bethlehem Golf Day 2022

On Monday 23 May, after a two year hiatus, due to COVID-19, the second annual Bethlehem Golf Day was successfully held at the National (Long Island) Golf Club in Frankston. Bigger than the inaugural event hosted in 2020 just before COVID-19 hit, the event drew six major sponsors and 80 players who teed off in a shotgun start at 8.30a.m.

Run by the Bethlehem Community Advisory Council, the event sponsored by Bethlehem's new precinct developer ICON, started with a light breakfast, and was played as an Ambrose over 18 holes. There was a range of different competitions over the morning with longest drives and closest to the pins awarded to men and women on different holes.

Followed up with a sit-down barbecue lunch and raffle, attendees were addressed by Bethlehem General Manager, Shannon Thompson, who spoke about the new precinct being opened at Calvary Kooyong in early 2023. The important event raised over $10,000 which will go a long way to helping Bethlehem with our living well initiatives in support of patients and visiting family and friends.

Community Advisory Council

In the last financial year, the Bethlehem Community Advisory Council (CAC) helped to organise a number of activities that helped us to raise community awareness about the work we do and to raise much needed funds to really make a difference to the quality of care delivered to patients and their families.

On 13 May, the CAC helped organise a special dinner for supporters and friends at the Victoria Golf Club to celebrate the hospital's 80th Anniversary.

On 24 May, CAC Chair Kevin Halpin assisted our fundraising department to organise Bethlehem's second Charity Golf Day at The National Golf Club (Long Island) in Frankston. Despite a number of cancellations due to COVID-19, supporters remained and the event was even bigger than the inaugural event two years earlier.

Donations received at both events enabled us to purchase a life-changing patient cuddle bed for visiting families to be close to their loved ones receiving care at Bethlehem.

Through community events such as these, our CAC helps us build our Friends of Bethlehem network. Together we extend community awareness of the work at Bethlehem and build a community that supports those people with life-limiting disease.

CAC member networks and experience have been vital in promoting the work of the organisation to a wide audience and the Council continues to host community breakfasts throughout the year for this purpose.

We are keen to hear from anybody who would like to either join the Council or learn more about how they can support its work. For all enquiries please contact: community.relations@calvarycare.org.au

Friends of Bethlehem

A community of support

Friends of Bethlehem has been operating since 2014. Conceived by the Bethlehem Community Advisory Council, Friends of Bethlehem are community members who know the organisation through different connections, appreciate the work we do, want to hear more about the organisation and engage with us in different capacities.

Members receive:

- 4–6 newsletters and electronic newsflashes each year, with updates on our activities, events, research and resources;
- invitations to our events and activities such as workshops, webinars and open days; and
- opportunities to get involved in volunteering, sharing their experience and helping us tailor our services to community needs

Once members, many of our supporters want to become more involved in the organisation. When they do, they contribute in a number of ways:

- volunteering;
- becoming a consumer representative;
- sharing a patient experience story;
- attending a workshop;
- spreading the word about palliative care and how to live well with incurable illness;
- joining our Community Advisory Council;
- becoming a financial supporter; and
- linking us to other relevant community groups

Donations

Fundraising income

Fundraising source	YTD total	%YTD
General donations	$ 51,687.00	39%
In-memoriam	$ 35,952.00	27%
Direct mail appeals	$ 24,123.00	18%
Net proceeds Golf Day and 80th Dinner	$ 18,100.00	14%
Regular Giving	$ 2,640.00	2%
TOTAL	**$ 132,502.00**	**100.00%**

Thank you to our generous supporters

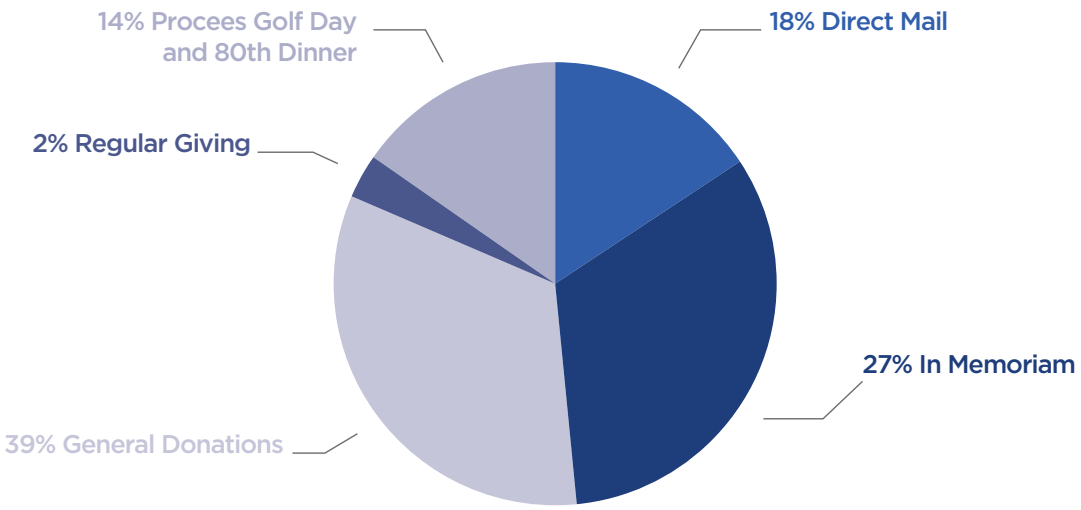
Bethlehem operates as a Victorian Public Hospital funded by the State Government with generous philanthropic support from our community. We extend our deepest thanks and appreciation to all our generous supporters who gave funds and donated products and services during the year. Given the challenge posed to everyone by a second year of the pandemic, these donations have great significance and meaning. Your generosity enabled the purchase of vital equipment, which directly assists our patients to "live well". We would especially like to thank Ms Jenny Rogers and Mr Chris Zagoudis for their significant philanthropic support during the year. Thank you to you all.

Golf Day thanks

Thank you again to our main sponsor ICON for their sponsorship and support of the the ICON 2022 Calvary Health Care Bethlehem Golf Day which was held on Monday 23 May, We would also like to thank the hole sponsors and all those who supported the day via the provision of products and services.

Our sincere thanks and appreciation to all donors listed and to those who choose to remain anonymous.

Donation sources - 2021-22



"On behalf of all our staff, volunteers, patients and families at Bethlehem, I would like to extend my deepest thanks to our incredible donors. We appreciate that this past year has not been easy but despite significant obstacles, our donors have continued to reach out and give generously. They also took the time to write meaningful letters of support and make phone calls where they shared their encouragement for our staff. We are very grateful for this supportive community that surrounds Bethlehem".

Shannon Thompson, **General Manager and Director of Clinical Services**

Helping Bethlehem in your own way

There are many ways that you can help Bethlehem. You can make a regular donation on a monthly basis, leave a gift in your will, contribute in-memoriam donations when a loved one has died, receive our direct mail appeals or attend an event such as the Bethlehem Annual Golf Day.

Our fundraising team works closely with donors to ensure their wishes are fulfilled, directing their donation to their area of interest. However, gifts for unspecified purposes help us to respond with flexibility to the most urgent needs. All donations of $2 and over are tax deductible.

If you would like to receive further information about these programs or would like to receive our Friends of Bethlehem newsletter, please contact our team at: *community.relations@calvarycare.org.au*

Additional information available on request

Consistent with FRD 22 (Section 5.19 (d)/5.20) this Report of Operations confirms that details in respect of the items listed below have been retained by Calvary Health Care Bethlehem and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

(a) Declarations of pecuniary interests have been duly completed by all relevant officers

(b) details of shares held by senior officers as nominee or held beneficially;

(c) details of publications produced by the entity about itself, and how these can be obtained

(d) details of changes in prices, fees, charges, rates and levies charged by the Health Service;

(e) details of any major external reviews carried out on the Health Service;

(f) details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the Report of Operations or in a document that contains the financial statements and Report of Operations;

(g) details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;

(h) details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services;

(i) details of assessments and measures undertaken to improve the occupational health and safety of employees;

(j) general statement on industrial relations within the Health Service and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations;

(k) a list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which those purposes have been achieved;-

(l) details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.

As a public health service established under section 181 of the Health Services Act 1988 (Vic), Calvary Health Care Bethlehem report to the presiding Ministers for Health and Ambulance Services during the financial year 2021-22. The functions of a public health service board are outlined in the Act and include establishing, maintaining and monitoring the performance of systems to ensure the health service meets community needs.

Specifically the metropolitan health services comprise the denominational hospitals and public health services, as listed in Schedule 2 and Schedule 5 respectively of the Health Services Act 1988. Schedule 2 is applicable to denominational and schedule 5 is applicable to public health services.

Leaving a legacy that will help our patients to live well

Every year at Bethlehem, we receive in memoriam donations and bequests of various sizes from family members and patients who have been moved by the care that they have received whilst with us.

If you feel inspired to bequeath, please consider updating your Will to support Bethlehem. Here are some simple steps to assist you.

When updating your Will, you can ask your solicitor to insert a few simple words into your new Will. Our suggested wording:

"I give free of any relevant duties or taxes (please insert text here from the 5 options below):

1. the whole of my estate; or
2. (number) % of my estate; or
3. the residue of my estate; or
4. (number) % of the residue of my estate; or
5. the sum of $ (value)

To Calvary Health Care Bethlehem (ABN 81 105 303 704) of 152 Como Parade West, Parkdale VIC 3195 for its general purposes. The official receipt of the organisation shall be a full and sufficient discharge to my executor".

Organisational priorities can change over time so the most valuable gift you can make is an unrestricted gift as it enables us to direct the funds to the area of greatest need at that time when the gift is received. It is also possible to support a specified area and we suggest speaking confidentially with our Fundraising Manager to confirm that it is an enduring area of work.

Including a gift in your Will can make a positive difference for thousands of future patients and their loved ones. We promise that we will use your gift wisely to assist our patients to live well all the days of their lives.

If you would like further information about leaving a gift in your Will, or have already included Bethlehem and would like us to know, please contact our Fundraising Department at: friendsofbethlehem@calvarycare.org.au

Fulfillment of legislative requirements

The annual report of Calvary Health Care Bethlehem is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of Calvary Health Care Bethlehem's compliance with statutory disclosure requirements.

Legislation	Requirement	Page reference

Ministerial directions

Report of operations

Charter and purpose

FRD 22	Manner of establishment and the relevant Ministers	Inside cover, p 15
FRD 22	Purpose, functions, powers and duties	p 1
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Calvary
Health Care Bethlehem

Calvary

Being for Others

Annual Financial Report

30 June 2022

Calvary Health Care Bethlehem Limited

ABN 81 105 303 704

Hospitality

Healing

Stewardship

Respect

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DIRECTORS' REPORT

The Board of Directors of Calvary Health Care Bethlehem Limited (the Company) submit their report for the year ended 30 June 2022.

Directors

The names of the Company's Directors in office during the financial year and until the date of this report are as follows.

NAME	QUALIFICATIONS	AREAS OF SPECIFIC RESPONSIBILITY
Jim Birch AM	BHA, FCHSM	Chair All Committees, Ex Officio
Assoc Prof Richard Matthews AM (Retired 25.11.21)	MBBS	Director Chair, Clinical & Practice Governance Committee Member, Mission & Ethics Committee
Patrick O'Sullivan	CA, MAICD	Deputy Chair Chair, Audit & Risk Committee Member, Performance & Remuneration Committee
David Catchpole	BEc, Dip FP, FAICD, FCPA (Retired)	Director Chair, Performance & Remuneration Committee Member, Audit & Risk Committee
Jennifer Stratton	BA (Economics, English & History), FAICD	Director Chair, Mission & Ethics Committee Member, Performance & Remuneration Committee
Lucille Halloran	BCom (Hons), BA GAICD	Director Member, Mission & Ethics Committee Member, Clinical & Practice Governance
Annette Carruthers AM	MBBS (Hons), FRACGP, FAICD, Grad Dip App Fin	Director Member, Audit & Risk Committee Member, Clinical & Practice Governance Committee
Lucille Scomazzon	LLB (Hons 1), BA, GAICD	Director Member, Audit & Risk Committee Member, Clinical & Practice Governance
Agnes Sheehan	BA Business Studies (Hons), GAICD	Director Member, Audit & Risk Committee Member, Clinical & Practice Governance Committee
Professor Christopher Baggoley AO (Appointed 29.9.21)	BVSC (Hons), BMBS, B Soc Admin, FACEM, FRACMA, D Univ (FUSA), FAAHMS	Director Chair, Clinical & Practice Governance Committee Member, Mission & Ethics Committee

Directors were in office for the entire period unless otherwise stated.
The Directors attended the following Board meetings and applicable Committees each Director was eligible to attend:

Director	Board Meetings		ARC		MEC		PRC		CGC	
	Held	Att	Held	Att	Held	Att	Held	Att	Held	Att
Jim Birch AM	9	7								
Patrick O'Sullivan	9	9	5	5			4	4		
Assoc Prof Richard Matthews AM	3	3			2	2			2	2
David Catchpole	9	9	5	5			4	4		
Jennifer Stratton	9	9			4	4	4	4		
Lucille Halloran	9	9			4	4			4	4
Annette Carruthers AM	9	9	5	5					4	4
Lucille Scomazzon	9	9	5	5					4	4
Agnes Sheehan	9	8	5	5					4	4
Prof Chris Baggoley AO	7	6			3	3			3	3

Key:
ARC Audit & Risk Committee
MEC Mission & Ethics Committee
PRC Performance & Remuneration Committee
CGC Clinical Governance & Practice Committee

Short- and long-term objectives -

Calvary's strategic aims are to:

1) Put the person and family at the centre of care in all settings, continuing to focus on palliative and end of life care;
2) Sustain the ability of our hospitals, aged care facilities and community services to provide quality and compassionate care in the communities we serve;
3) Improve the delivery system in order to promote effective, equitable, quality care and ensure patient, resident and client safety; and
4) Grow, integrate and innovate within our 'circle of competence' in the environment in which we operate.

It is Calvary's aim to provide a highly valued service that's greater than the sum of its parts.

Principal activities

The principal activities of the Company are the provision of specialist sub-acute services in palliative care, with a state-wide role for patients with progressive neurological disease, in both inpatient and ambulatory settings.

Significant changes in the state of affairs

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

The continuation of the COVID pandemic has not materially affected the financial performance or financial position of the Company. The financial impact was $665k in extra costs for maintaining capacity and $134k was received in the form of essential personal protective equipment free of charge under the state supply arrangement.

Review of operations

A surplus of $1.04M was earned for the Company for the financial year ended 30 June 2022 (2021: $0.2M deficit).

The Company operates a public hospital providing inpatient services, centre-based clinics and palliative day centre, and community-based care providing services in patients homes or residential aged care facilities.

(a) Revenues
The Company's revenue from operating activities totalled $28.8M (2021: $27.7M). Grants and subsidies from Government for hospital operations totalled $26.3M (2021: $25.6M). Grants and subsidies represent 89% (2021: 92%) of revenue from operating activities.

(b) Expenses
The Company's expenses from operating activities totalled $28.5M (2021: $28.3M). Expenses on personnel costs represent 77% (2021: 78%) of total operating expense.

Staffing levels have increased during the reporting period, with total full-time equivalents of 164 as at 30 June 2022 (2021: 158).

Future developments

The Company plans to continue the integration and expansion of its current range of services in accordance with the mission, vision and values of the organisation.

The Company currently operates from a temporary facility whilst redeveloping the CHCB public health service as part of an integrated health precinct on its site in Caulfield, to address its aging infrastructure and ensure a sustainable model of care. The public health service is being re-built to provide modern contemporary health care accommodation alongside complementary Calvary services, including residential aged care, retirement living and community care.

The development will improve the care and service given to our residents and patients through an integrated service model that provides flexibility in care provision whilst improving the amenity of the site. The initiative is aligned with Government directions and Department of Health Strategy.

Significant events after year end

There has not arisen in the interval between the end of the financial year and the date of this report any item, transaction or event of a material and unusual nature likely, in the opinion of the Directors of the Company, to affect significantly the operations of the Company, the results of those operations, or the state of affairs of the Company, in future financial years.

In the opinion of the Directors, the ongoing COVID pandemic has not materially affected the Company's activity, performance, financial position and cash flows for the period between the end of the financial year and the date of this report.

Deed of access and indemnity – Directors

Little Company of Mary Health Care Ltd has executed a Deed of Access & Indemnity which provides Directors with the right of access to records for seven years after they cease office and also indemnifies Directors (to the extent permitted by law) against liability incurred in the course of their duties as a Director of companies within the Calvary group.

Indemnification of officers and auditors

During the financial year Little Company of Mary Health Care Limited (parent entity) has paid premiums in respect of Directors' and officers' liability and legal expenses insurance contracts for the year ended 30 June 2022 and, since the financial year, Little Company of Mary Health Care Limited has paid premiums in respect of such insurance contracts for the year ended 30 June 2023. Such insurance contracts insure against certain liability (subject to specific exclusions) persons who are or have been Directors or executive officers of the group.

The Directors have not included details of the nature of the liabilities covered or the amount of the premiums paid in respect of the Directors' and officers' liability and legal expenses insurance contracts, as such disclosure is prohibited under the terms of the contract.

Since the end of the previous financial year, Little Company of Mary Health Care Limited has not otherwise indemnified or made a relevant agreement for indemnifying against a liability any person who is, or has been, an officer or auditor of Little Company of Mary Health Care Limited.

Rounding off

The Company is an entity to which ASIC Corporations (Rounding in Financial/Directors' Reports) Instrument 2016/191 applies. Accordingly, amounts in the financial statements and Directors' Report have been rounded off to the nearest thousand dollars, unless otherwise stated.

Proceedings on behalf of the Company

No person has applied for leave of the Court to bring proceedings on behalf of the Company, or 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 any part of those proceedings.

The Company was not a party to any such proceedings during the year.

Member guarantee

The Company is incorporated as a company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of $100 towards meeting any outstanding obligations of the Company. As the Company only has one member, a total maximum of $100 is payable on a wind up.

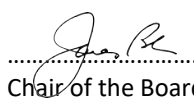
Registered Office

The Company's registered office and principal place of business is currently located at 152 Como Parade W, Parkdale, VIC 3195, Australia.

The auditor's independence declaration is included on page 7 of the financial statements.

The Directors' Report is signed in accordance with a resolution of the Directors.

On behalf of the Directors.



....

Chair of the Board Director

Dated at this 25th day of August 2022

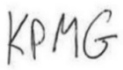
Auditor's Independence Declaration under subdivision 60-C section 60-40 of Australian Charities and Not-for-profits Commission Act 2012

To the directors of Calvary Health Care Bethlehem Limited

I declare that, to the best of my knowledge and belief, in relation to the audit for the financial year ended 30 June 2022 there have been:

i. no contraventions of the auditor independence requirements as set out in the Australian Charities and Not-for-profits Commission Act 2012 in relation to the audit; and

ii. no contraventions of any applicable code of professional conduct in relation to the audit.



KPMG

Stephen Isaac

Partner

Sydney

25 August 2022

DIRECTORS' DECLARATION

In the opinion of the Directors of the Company:

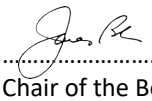
1. the Company is not publicly accountable;

2. the financial statements and notes, set out on pages 9 to 28, are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:

   (a) complying with Australian Accounting Standards - General Purpose Financial Statements – Simplified Disclosures; and the Australian Charities and Not-for-profits Commission Regulation 2013; and
   (b) giving 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;

3. 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 Directors



.....
Chair of the Board

.....
Director

Dated at this 25th day of August 2022.

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

For the year ended 30 June 2022

In thousands of AUD	Note	2022	2021
Revenue from operations		28,833	27,728
Other income		707	457
Total revenue for the year	3	29,540	28,185
Employee benefits expense	15	21,906	22,015
Supplies		507	448
Building utilisation charge		6	6
Computer Expenses		23	23
Contracted services		1,472	1,511
Depreciation and amortisation expense		832	846
National office contribution		2,604	2,387
Operating lease rental expenses		32	23
Repairs and maintenance		184	173
Power, light & heat		110	109
Other expenses		814	795
Total expenses for the year		28,490	28,336
Results from operating activities		1,050	(151)
Finance income		8	12
Finance costs		(17)	(32)
Net Surplus/(Deficit) for the year		1,041	(171)
Other comprehensive income for the year		-	-
Total comprehensive loss for the year attributable to members of the company		**1,041**	**(171)**

The accompanying notes, set out on pages 13 to 28, form part of these financial statements.

STATEMENT OF FINANCIAL POSITION

As at 30 June 2022

In thousands of AUD	Note	2022	2021
Current assets			
Cash and cash equivalents	9	3,387	1,338
Term deposits	10	-	1,688
Trade and other receivables	6	658	656
Inventories		46	53
Other current assets	8	41	63
Total current assets		**4,132**	**3,798**
Non-current assets			
Trade and other receivables		1,414	1,357
Property, plant and equipment	4	372	550
Right-of-use assets	5	278	831
Other non-current assets	8	8,760	8,765
Total non-current assets		**10,824**	**11,503**
Total assets		**14,956**	**15,301**
Current liabilities			
Trade and other payables		1,358	1,736
Lease liabilities	13	286	562
Employee benefits	15	4,925	5,205
Contract liabilities		988	1,096
Total current liabilities		**7,557**	**8,599**
Non-current liabilities			
Lease liabilities	13	-	286
Employee benefits	15	727	749
Total non-current liabilities		**727**	**1,035**
Total liabilities		**8,284**	**9,634**
NET ASSETS		**6,672**	**5,667**
Equity			
Reserves		3,676	3,635
Retained earnings		2,996	2,032
TOTAL EQUITY		**6,672**	**5,667**

The accompanying notes, set out on pages 13 to 28, form part of these financial statements.

STATEMENT OF CASH FLOWS

For the year ended 30 June 2022 *In thousands of AUD*	**Note**	**2022**	**2021**
Cash flows from operating activities			
Receipts from customers		2,450	2,339
Government grants received		25,396	27,496
Payments to suppliers and employees		(28,069)	(28,853)
Interest received		8	12
Other income received		1,291	457
Net cash provided by operating activities		**1,076**	**1,451**
Cash flows from investing activities			
Payment for PP&E		(101)	(147)
Net cash used in investing activities		**(101)**	**(147)**
Cash flows from financing activities			-
Repayment of finance leases		(578)	(566)
Distribution to the owner of the Company		(36)	-
Net cash used in financing activities		**(614)**	**(566)**
Net increase/ (decrease) in cash held		361	738
Cash at the beginning of the financial year		**1,338**	**600**
Cash at end of the financial year		**1,699**	**1,338**

The accompanying notes, set out on pages 13 to 28, form part of these financial statements.

STATEMENT OF CHANGES IN EQUITY

For the year ended 30 June 2022

In thousands of AUD **2022**	**Specific Purpose Reserve**	**Retained earnings**	**Total Equity**
Balance as at 1 July 2021	3,635	2,032	5,667
Net surplus for the year	-	1,041	1,041
Total comprehensive income for the year	-	1,041	1,041
Transactions with owners of the Company			
Distribution to the parent entity	-	(36)	(36)
Total transactions with owners of the Company	-	(36)	(36)
Transfers (from)/to reserves	41	(41)	-
Balance as at 30 June 2022	**3,676**	**2,996**	**6,672**

2021	**Specific Purpose Reserve**	**Retained earnings**	**Total Equity**
Balance as at 1 July 2020	3,418	2,420	5,838
Net deficit for the year	-	(171)	(171)
Other comprehensive income for the year	-	-	-
Total comprehensive income for the year	-	(171)	(171)
Transfers to/(from) reserves	217	(217)	-
Balance as at 30 June 2021	**3,635**	**2,032**	**5,667**

The accompanying notes, set out on pages 13 to 28, form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS

About this report

1. Reporting entity

Calvary Health Care Bethlehem Limited (the Company) is a not-for-profit Public Company limited by guarantee, incorporated and domiciled in Australia.

2. Basis of Preparation

2.1 Basis of Accounting

In the opinion of the Directors, the Company is not publicly accountable. These financial statements are Tier 2 general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards - Simplified Disclosures adopted by the Australian Accounting Standards Board and the *Australian Charities and Not-for-profits Commission Act 2012*. These financial statements comply with Australian Accounting Standards - Simplified Disclosures.

They were authorised for issue by the Board of Directors on 25th of August 2022.

2.2 Functional and Presentation Currency

These financial statements are presented in Australian dollars, which is the Company's functional currency.

The Company is of a kind referred to in ASIC Corporations (Rounding in Financial/Directors' Reports) Instrument 2016/191 and, in accordance with that instrument, all financial information presented in Australian dollars has been rounded to the nearest thousand unless otherwise stated.

2.3 Use of estimates and judgements

In preparing these financial statements, management has made judgements, estimates and assumptions that affect the application of the Company's accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised prospectively.

Details of estimates specific to revenue are included in Note 3.1 (iv).

2.4 Going concern

These financial statements have been prepared on a going concern basis, which contemplates the continuity of normal business activities and realisation of assets and settlement of liabilities in the ordinary course of business.

2. Basis of Preparation (continued)

2.4 Going concern (continued)

The Company earned a surplus during the year ended 30 June 2022 of $1.04M and, as at that date, the Company's current liabilities exceed current assets by $3.4M (2021: $4.8M). The Company has financial support from its parent company, Little Company of Mary Health Care Limited, which has confirmed it will continue to provide financial support to the Company to meet all financial obligations as and when they fall due. This support will continue to apply for at least 12 months from the date of approval of these financial statements. On this basis, there are no identified events or conditions that may cast significant doubt on the ability of the Company to continue operating as a going concern.

Our Results

3. Revenue

In thousands of AUD	**2022**	**2021**
Revenue from operating activities		
Revenue from rendering of services	2,526	2,154
Recurrent grants received/receivable	26,095	25,259
Resources received free of charge	212	315
	28,833	27,728
Other income		
Donations	133	153
Other income	574	304
	707	457
	29,540	28,185

3.1 Revenue from Operating Activities

Revenue from contracts with customers - AASB 15 *Revenue from Contracts with Customers*		
Revenue from rendering of services	2,526	2,154
Recurrent grants received/receivable	7,848	7,731
	10,374	9,885
Revenue recognised under - *AASB 1058 Income of NFP entities*		
Recurrent grants received/receivable	18,247	17,528
Resources received free of charge	212	315
	18,459	17,843
	28,833	**27,728**

Disaggregation of revenue from contracts with customers

Type of service		
Recurrent grant income	7,848	7,731
Patient fees	737	691
Sundry patient income	1,789	1,463
	10,374	9,885
Revenue recognised under AASB 1058	18,459	17,843
Total revenue from operations	**28,833**	**27,728**

3. Revenue (continued)

Accounting Policy

Income is measured at the fair value of the consideration or contribution received or receivable. When an agreement is enforceable and contains sufficiently specific performance obligations, the revenue is either recognised over time as the work is performed or recognised at the point in time that the control of the services pass to the customer under AASB 15. The contribution is otherwise recognised immediately as income under AASB 1058. Where government grants are provided to construct non-financial assets, the income is recognised as construction occurs.

(i) Revenue recognition policy for revenue from contracts with customers (AASB 15)
AASB 15 requires revenue to be recognised when control of a promised good or service is passed to the customer at an amount which reflects the expected consideration. Generally, the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations; however, where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

For further information on the accounting treatment for contract assets refer to Note 6.

Government revenue - recurrent grants
The primary source of government grants recognised under AASB 15 is Activity-Based Funding (ABF) paid for inpatient activity. The performance obligations for ABF are the number and mix of patients admitted to hospital (defined as 'casemix'), in accordance with the levels of activity agreed to with the Department of Health in the annual Statement of Priorities. Revenue is recognised at a point in time, which is when a patient is discharged, in accordance with the activity when an episode of care for an admitted patient is completed. Funding is usually received in advance, with a contract liability recorded for unspent funds. This year due to COVID, a contract liability has not been recorded for the shortfall in activity.

Revenue from rendering of services - Patient fee and sundry patient revenue
Patient fee revenue is recognised on an accrual basis when the service has been provided to the patient. Accrued patient income represents an estimate of fees due from patients not billed at balance date. This estimate is calculated with reference to individual episode information and per diem rates.

(ii) Revenue recognition policy for revenue streams which are either not enforceable or do not have sufficiently specific performance obligations (AASB 1058)

Resources received free of charge
Income is recognised when fair value can be reliably measured. Services received free, or for nominal consideration not recognised as income include, but are not limited to:

- companionship for patients and residents;
- support for mental health carers; and
- ward and fundraising assistance.

Government revenue - recurrent grants
Other government grants received that do not have specific performance obligations are recognised immediately as income under AASB 1058.

3. Revenue (continued)

(iii) Other revenue from ordinary activities
Interest
Interest income is recognised using the effective interest method.

Donations
Donations collected, including cash and plant and equipment, are recognised as other income when the Company gains control of the asset.

Donations with specific conditions attached will be deferred until those conditions are satisfied.

(iv) Significant estimates and judgements relating to revenue
For many of the grant agreements received, the determination of whether the contract includes sufficiently specific performance obligations was a significant judgement involving discussions with several parties, review of the proposal documents prepared during the grant application phase and consideration of the terms and conditions.

Grants received by the Company have been accounted for under both AASB 15 and AASB 1058, depending on the terms and conditions and decisions made. If this determination was changed, then the revenue recognition pattern may have been different from that recognised in this financial report.

Our Assets

4. Property, Plant and Equipment

At Carrying Value	**Land and buildings**	**Plant and equipment**	**Motor Vehicles**	**Total**
In thousands of AUD				
Carrying amount as at 1 July 2021	144	236	170	550
Additions/costs incurred	-	52	49	101
Disposals	-	-	-	-
Depreciation expense	(130)	(76)	(73)	(279)
Balance at 30 June 2022	**14**	**212**	**146**	**372**
Book value as at 30 June 2022	500	4,837	661	5,998
Accumulated depreciation as at 30 June 2022	(486)	(4,625)	(515)	(5,626)
Net book value as at 30 June 2022	**14**	**212**	**146**	**372**
Book value as at 30 June 2021	500	4,785	612	5,897
Accumulated depreciation as at 30 June 2021	(356)	(4,549)	(442)	(5,347)
Net book value as at 30 June 2021	**144**	**236**	**170**	**550**

4. Property, Plant and Equipment (continued)

Accounting Policy

Recognition and measurement
Property, plant and equipment is stated at historical cost less any accumulated depreciation and any accumulated impairment losses.

Subsequent expenditure
Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Company and the cost of the item can be measured reliably. All other repairs and maintenance are charged to profit and loss during the financial period in which they are incurred.

Capitalised interest
Borrowing costs relating to qualifying assets are capitalised and form part of the total construction cost of the asset in the Statement of Financial Position.

Depreciation
Depreciation is recognised so as to write off the cost of assets less their residual values over their useful lives, using the straight-line method. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The estimated useful lives for the current and comparative periods are as follows:

Building improvements	10 years
Plant and equipment	6-10 years
Motor vehicles	7 years

The estimated useful lives, residual values and depreciation method are reviewed at the end of each reporting period, with the effect of any changes in estimate accounted for on a prospective basis.

Derecognition
An item of property, plant and equipment is de-recognised upon disposal, or when no future economic benefits are expected to arise from the continued use of the asset.

Any gain or loss arising on the disposal or retirement of an item of property, plant and equipment is determined as the difference between the sales proceeds and the carrying amount of the asset and is recognised in profit or loss.

Impairment
At each reporting date, the Company assesses whether there is an indication that an asset may be impaired. If any indication exists, or when annual impairment testing for an asset is required, the Company estimates the asset's recoverable amount. An asset's recoverable amount is the higher of an asset's or cash-generating unit's (CGU) fair value less costs of disposal and its value in use.

Recoverable amount is determined for an individual asset, unless the asset does not generate cash inflows that are largely independent of those from other assets or groups of assets. Where the carrying amount of an assets or CGU exceeds its recoverable amount, the asset is considered impaired and is written down to its recoverable amount.

Value-in-Use is calculated as the asset's current replacement cost.

4. Property, Plant and Equipment (continued)

Impairment losses are recognised in profit or loss. For non-current assets, a previously recognised impairment loss is reversed only if there has been a change in assumptions used to determine the asset's recoverable amount since the last impairment loss was recognised. The reversal is limited so that the carrying amount of the asset does not exceed its recoverable amount, nor exceed the carrying amount that would have been determined, net of depreciation, had no impairment loss been recognised for the asset in prior years and is recognised in profit or loss.

5. Leases

This note provides information for leases where the entity is a lessee.

Amounts recognised in the balance sheet

The balance sheet shows the following amounts relating to leases:

Right-of-use assets	Land and buildings leased	Total
In thousands of AUD		
Balance at 1 July 2021	831	831
Depreciation	(553)	(553)
Balance at 30 June 2022	278	278

Leasing arrangements

Buildings

The Company leases its hospital in Parkdale to perform its corporate and principal activities until completion of the redevelopment of the Caulfield site. The Parkdale hospital is owned by Calvary Retirement Communities, a related party entity controlled by the Little Company of Mary Healthcare Limited (the Parent entity). All lease terms with extension options have been assessed to determine whether it is reasonably certain that the extension option will be exercised.

Definition of a lease

At inception of a contract, the Company assesses whether a lease exists – ie, does the contract convey the right to control the use of an identified asset for a period of time in exchange for consideration. This involves an assessment of whether:

- The contract involves the use of an identifiable asset - this may be explicitly or implicitly identified within the agreement. If the supplier has a substantive substitution right, then there is no identified asset.
- The Company has the right to obtain substantially all of the economic benefits from the use of the asset throughout the period of use.
- The Company has the right to direct the use of the asset – ie, decision-making rights in relation to changing how and for what purpose the asset is used.
- The Company has elected not to separate non-lease components from lease components and has accounted for all leases as a single component.

To assess whether a contract conveys the right to control the use of an identified asset, the Company uses the definition of a lease in AASB 16.

5. Leases (continued)

Short-term leases and leases of low-value assets
The Company has elected not to recognise right-of-use assets and lease liabilities of low-value assets and short-term leases. Lease payments relating to short-term and low-value leases are recognised as an expense on a straight-line basis over the lease term.
Short-term leases are leases with a lease term of 12 months or less. Low-value asset leases are less than $10,000.

As a lessee
Leased assets are initially recognised as right-of-use assets of the Company, consisting of the amount of the initial measurement of the lease liability, plus any lease payments made to the lessor at or before the commencement date less any lease incentives received, the initial estimate of restoration costs and any initial direct costs incurred by the lessee.

The right-of-use asset is depreciated over the lease term on a straight-line basis and assessed for impairment in accordance with the impairment assets accounting policy. The right-of-use is assessed for impairment indicators at each reporting date.

The corresponding liability to the lessor is included in the statement of financial position as a lease obligation. Lease payments are apportioned between finance expenses and a reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability.

The lease liability is initially measured at the present value of the remaining lease payments at the commencement of the lease. The discount rate is the rate implicit in the lease; however, where this cannot be readily determined, then the Company's incremental borrowing rate is used.

Lease payments included in the measurement of lease liability comprise the following:

- fixed payments, including in-substance fixed payments;
- variable lease payments that depend on an index or a rate, initially measured using the index or rate as at the commencement date;
- amounts expected to be payable under a residual value guarantee; and
- the exercise price under a purchase option that the Company is reasonably certain to exercise, lease payments in an optional renewal period if the Company is reasonably certain to exercise an extension option, and penalties for early termination of a lease unless the Company is reasonably certain not to terminate early.

Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective interest rate method. The lease liability is re-measured whether there is a lease modification, change in estimate of the lease term or index upon which the lease payments are based (eg, CPI) or a change in the Company's assessment of lease term. Where the lease liability is re-measured, the right-of-use asset is adjusted to reflect the re-measurement or is recorded in profit or loss if the carrying amount of the right-of-use asset has been reduced to zero.

Peppercorn concessionary leases
For the year ended 30 June 2022, the Company does not have any peppercorn leasing arrangements.

Building utilisation charge
A lease agreement has been entered into between the Company and LCM Calvary Health Care Holdings Ltd (Holdings). The arrangement between the Company and Holdings provides for a building utilisation charge equivalent to the asset depreciation which would have been charged in the Company's financial statements had the Company owned the assets. The lease agreement was effective from 1 July 2004, with nominal rent of $1 per annum payable, and is for a seventy-year term. Amounts under this agreement are recognised in the profit or loss as follows:

- Building utilisation charge (BUC) - when the charge is due to Holdings. This charge is equivalent to the relevant assets' depreciation charge in Holding's financial statements.
- $1 nominal rent - as due to Holdings each year.

6. Trade and Other Receivables

In thousands of AUD	**2022**	**2021**
Current		
Trade receivables	178	44
Contract assets	83	51
Other receivables	342	561
Other receivables due from related parties	55	-
	658	656
Non-Current		
Department of Health LSL Receivable	1,414	1,357

Accounting Policy

Recognition and measurement
Trade receivables are recognised when they are originated. All other financial assets are recognised when an entity becomes a party to the contractual provisions of the instrument.

Financial assets are initially measured at fair value. Transaction costs that are directly attributable to the acquisition or issue of financial assets are added to, or deducted from, the fair value of the financial assets, as appropriate, on initial recognition. A trade receivable without a significant financing component is initially recognised at the transaction price.

Financial assets
The Company holds receivables with the objective to collect the contractual cash flows and, therefore, measures them at amortised cost using the effective interest method, less any impairment. Changes are recognised in the net result for the year when impaired, de-recognised or through the amortisation process. Other financial assets are classified and subsequently measured at amortised cost, as they are held for collection of contractual cash flows solely representing payments of principal and interest.

Loans and receivables
Loans and receivables are financial assets with fixed or determinable payments that are not quoted in an active market. Such assets are recognised initially at fair value plus any directly attributable transactions costs on the date when they originated. Subsequent to initial recognition, loans and receivables are measured at amortised cost using the effective interest method, less any impairment losses.

Impairment of financial assets
The Company applies a simplified approach in calculating expected credit losses (ECLs) for trade receivables, recognising a loss allowance based on lifetime ECLs at each reporting date rather than monitoring changes in credit risk. The Company has established a provision matrix that is based on its historical credit loss experience, adjusted for forward-looking factors specific to the debtors and the economic environment.

6. Trade and Other Receivables (continued)

The Company considers a financial asset is in default when contractual payments are 90 days past due. However, in certain cases, the Company may also consider a financial asset to be in default when internal or external information indicates that the Company is unlikely to receive the outstanding contractual amounts in full before taking into account any credit enhancements held by the Company. A financial asset is written off when there is no reasonable expectation of recovering the contractual cash flows.

Derecognition
The Company de-recognises a financial asset when the contractual rights to the cash flows from the asset expire, or when it transfers the financial asset and substantially all the risks and rewards of ownership to the asset to another entity. On de-recognition of a financial asset in its entirety, the difference between the asset's carrying amount and the sum of consideration received and receivable and is recognised in profit or loss.

Financial assets (continued)
Contract assets
Where a timing difference arises between the payment for sale of goods and rendering of services and the timing of satisfaction, a contract asset or contract liability is required to be recognised.

Contract assets arise when work has been performed on a particular program or services have been transferred to the customer, but the invoicing milestone has not been reached and the rights to the consideration are not unconditional. If the rights to the consideration are unconditional, then a receivable is recognised. No impairment losses were recognised in relation to these assets during the year (2021: $nil).

Costs to fulfil a contract
Where costs are incurred to fulfil a contract, they are accounted for under the applicable accounting standard, unless the costs:

- relate directly to a contract;
- generate or enhance resources that will be used to satisfy performance obligations in the future; and
- are expected to be recovered.

If so, the costs are capitalised as contract costs assets. The contract cost asset is released to expenses on the same basis as the associated revenue is recognised.

7. Commitments

7.1 Capital Commitments

In thousands of AUD	2022	2021
Plant & equipment	-	65
	-	65

The Company has no capital commitments as at 30 June 2022.

Our Financing and Capital Structure

8. Other Assets

In thousands of AUD	2022	2021
Current		
Prepayments	41	63
	41	63
Non - Current		
Loan - LCM Calvary Health Care Holdings Ltd	8,760	8,765
	8,760	8,765

9. Cash and Cash Equivalents

In thousands of AUD	2022	2021
Cash at bank and on hand	1,699	1,338
Short-term term deposits	1,688	-
	3,387	1,338

Accounting Policy

Cash and cash equivalents in the Statement of Financial Position comprise cash at bank and in-hand and term deposits with a term of less than three months.

For the purposes of the statement of cash flows, cash and cash equivalents consist of cash and cash equivalents as defined above.

10. Term Deposits

In thousands of AUD	2022	2021
Term deposits	-	1,688
	-	1,688

11. Restricted Assets

Certain entities within the Company hold assets which are restricted by externally imposed conditions (eg, in line with grant and donor requirements). The assets are only available for application in accordance with the terms of these restrictions.

In thousands of AUD	2022	2021
Special Purpose / Conditions imposed by granting body	377	175
Other donations / Conditions imposed by donor	1,688	1,688
	2,065	1,863
Disclosed in the Statement of Financial Position as:		
Cash and cash equivalents	2,065	175
Term deposits	-	1,688
	2,065	1,863

12. Contract Liability

In thousands of AUD	2022	2021
Contract liabilities - current	988	1,096
Contract liabilities - non current	-	-
	988	1,096

Where a timing difference arises between the payment for sale of goods and rendering of services and the timing of satisfaction of a performance obligation, a contract asset or contract liability is to be recognised in accordance with AASB15.

Contract liabilities represent the unspent grants or revenue received on the condition that specified services are delivered or conditions are fulfilled.

The services are usually provided, or the conditions usually fulfilled, within 12 months of receipt of the grant / fees. Where the amount received is in respect of services to be provided over a period that exceeds 12 months after the reporting date, or the conditions will only be satisfied more than 12 months after the reporting date, the liability is presented as non-current.

Where capital grants are received for the company to acquire or construct an item of property, plant and equipment which will be controlled by the Company, then the funds are initially recognised as a contract liability and amortised to revenue as and when the obligation is satisfied.

13. Lease Liabilities

13.1 Amounts recognised in statement of profit or loss

The statement of profit or loss shows the following amounts relating to leases:

In thousands of AUD	2022	2021
Interest on lease liabilities	17	32
Depreciation expense of right-of-use assets	553	537
	570	569

For further information on the accounting policy for lease liabilities, refer to Note 5.

14. Parent Entity disclosures

As at, and throughout, the year ended 30 June 2022, the parent entity of the Company was Little Company of Mary Health Care Limited.

15. Employee remuneration

15.1 Employee benefits expense

In thousands of AUD	2022	2021
Salaries and wages	19,731	19,561
Superannuation - defined contribution	1,933	1,769
Superannuation - defined benefit	4	4
Workcover	182	154
Long-term and post-employment benefits	56	527
	21,906	22,015

15.2 Employee Provisions

In thousands of AUD	2022	2021
Current		
Annual leave	2,209	1,988
Long service leave	2,673	3,182
Other employee provisions	43	35
	4,925	5,205
Non-current		
Long service leave	727	749

15. Employee remuneration (continued)

Accounting Policy

A liability is recognised for benefits accruing to employees in respect of salaries and wages, annual leave, long service leave, and sick leave when it is probable that settlement will be required and they are capable of being measured reliably.

Short-term benefits

Liabilities recognised in respect of short-term employee benefits are measured at their nominal values using the remuneration rate expected to apply at the time of settlement.

Other long-term benefits

Liabilities recognised in respect of long-term employee benefits are measured as the present value of the estimated future cash outflows to be made by the Company in respect of services provided by employees up to the reporting date.

Defined contribution plan

Payments to defined contribution retirement benefit plans are recognised as an expense when employees have rendered service entitling them to the contributions.

16. Related Parties

16.1 Transaction with key management personnel

From time-to-time, Directors and other key management personnel of the Company may be treated as patients. This service is provided on the same terms and conditions as those entered into by other employees or customers and are trivial or domestic in nature.

A payment, the details of which are confidential and not disclosed, was made by the Parent Entity, Little Company of Mary Health Care Limited, in respect of a contract of insurance indemnifying all Officers against liability for any claims brought against a Director or Officer.

Compensation of key management personnel

Non-Executive Directors' fees and National executive salaries are paid and are reported separately by the Parent Entity, Little Company of Mary Health Care Ltd. Remuneration for the Company's Executives is detailed below.

In AUD	**2022**	**2021**
Compensation to directors and other members of key management personnel of the company and the Group	826,056	696,245

16.2 Related Parties (continued)

In AUD	2022	2021
Amounts included in income received during the year from Calvary group companies:		
Recovery of salaries and wages (incl. on-costs)	62,079	-
Recovery for goods and services	189,920	61,711
Recovery of training costs	-	9,750
	251,999	71,461
Payments made during the year to Calvary group companies		
Distribution to Parent Entity	36,000	-
National Office shared service contribution	1,576,300	1,415,922
National IT shared service contribution - recurrent	546,392	548,843
National IT shared service contribution - non-	481,364	481,458
Building utilisation charge	6,132	6,132
Payments for goods and services	347,051	224,446
Insurance premiums	43,614	25,006
Payment of salaries and wages (incl on-costs)	49,840	-
Rent	578,499	605,334
	3,665,192	3,307,141

16.3 Balances with other related parties

In AUD	2022	2021
Amounts receivable from Calvary group companies:		
LCM Calvary Health Care Holdings Ltd	8,759,198	8,765,330
Other receivables	55,289	-
	8,814,487	8,765,330

17. Remuneration of auditors

During the year the following fees were paid or payable for services provided by KPMG Australia and its related parties as the auditor:

In thousands of AUD	2022	2021
(a) Audit and other assurance services		
KPMG Australia		
Audit and review of financial statements	33	**32**
Total remuneration for audit and other assurance	33	32
Total remuneration of auditors	33	32

18. Economic Dependency

The Company depends on the annual appropriation of monies by the Victorian Government to fund its operations and meet commitments in accordance with agreements between the Company and the Victorian Department of Health.

Of total revenue, 89% is derived from Government funding and 11% is derived from non-government funded patients and health funds. Benefits are paid in accordance with agreements between the Company and the respective health funds.

Whilst at 30 June 2022 current liabilities exceeded current assets, when employee provisions are excluded from current liabilities on the reasonable expectation that in the normal course of business these will not result in a cash outflow in the next 12 months, the Company's current assets exceeds its current liabilities.

The Directors believe that, in the event of the cessation of the provision of public hospital services, the responsibility for accrued leave entitlements at that time for those employees who are undertaking public hospital services resides with the Victorian Department of Health.

19. Subsequent events

There has not arisen in the interval between the end of the financial year and the date of this report any item, transaction or event of a material and unusual nature likely, in the opinion of the Directors of the Company, to affect significantly the operations of the Company, the results of those operations, or the state of affairs of the Company in future financial years.

In the opinion of the Directors, the ongoing COVID-19 pandemic has not significantly affected the Company's activities for the period between the end of the financial year and the date of this report. The Company continues to monitor its activity and the situation closely.

20. Other Accounting Policies

The accounting policies set out below have been applied consistently to all periods presented in these financial statements and have been applied consistently by the Company.

20.1 Goods and services tax

Revenues, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of the expense. Receivables and payables in the Statement of Financial Position are shown inclusive of GST.

The GST components of cash flows arising from operating, investing and financing activities which are recoverable from, or payable to, the ATO are classified as operating cash flows.

The net amount of GST recoverable from, or payable to, the ATO is included as a current asset or liability in the Statement of Financial Position.

20.2 Finance income and expense

Interest income and expenses are recognised using the effective interest method.

21. Changes to accounting policies

The Company has applied the following standards and amendments for first time for their annual reporting period commencing 1 July 2021:

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

The above standard introduces certain revised disclosure requirements but did not have any impact on the amounts recognised in prior periods.

Independent Auditor's Report

To the members of Calvary Health Care Bethlehem Limited

Opinion

We have audited the ***Financial Report*** of Calvary Health Care Bethlehem Limited (the Company).

In our opinion, the accompanying Financial Report of the Company is in accordance with Division 60 of the Australian Charities and Not-for-profits Commission (ACNC) Act 2012 including:

- giving a true and fair view of the Company's financial position as at 30 June 2022 and of its financial performance for the year ended on that date; and
- complying with *Australian Accounting Standards - Simplified Disclosures Framework* and Division 60 of the Australian Charities and Not-for-profits Commission Regulations 2013.

The ***Financial Report*** comprises:

- Statement of financial position as at 30 June 2022;
- Statement of profit or loss and other comprehensive income, Statement of changes in equity and Statement of cash flows for the year ended;
- Notes including a summary of significant accounting policies; and
- Directors' Declaration of the Company.

Basis for opinion

We conducted our audit in accordance with *Australian Auditing Standards*. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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 *ACNC Act 2012* 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 fulfilled our other ethical responsibilities in accordance with these requirements.

Other Information

Other Information is financial and non-financial information in Calvary Health Care Bethlehem Limited's annual reporting which is provided in addition to the Financial Report and the Auditor's Report. The Directors are responsible for the Other Information.

Our opinion on the Financial Report does not cover the Other Information and, accordingly, we do not express an audit opinion or any form of assurance conclusion thereon.

In connection with our audit of the Financial Report, our responsibility is to read the Other Information. In doing so, we 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.

We are required to report if we conclude that there is a material misstatement of this Other Information and based on the work, we have performed on the Other Information that we obtained prior to the date of this Auditor's Report we have nothing to report.

Responsibilities of the Directors for the Financial Report

The Directors are responsible for:

- preparing the Financial Report that gives a true and fair view in accordance with *Australian Accounting Standards – Simplified Disclosures Framework and the ACNC Act;*
- implementing necessary internal control to enable the preparation of a Financial Report that gives a true and fair view and is free from material misstatement, whether due to fraud or error; and
- assessing the Company's ability to continue as a going concern and whether the use of the going concern basis of accounting is appropriate. This includes disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they 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 objective is:

- 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 *Australian Auditing Standards* will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error. They 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 the Financial Report.

As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgement and maintain professional skepticism throughout the audit.

We also:

i. Identify and assess the risks of material misstatement of the Financial Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

ii. Obtain an understanding of internal control relevant to the Audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.

iii. Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors.

iv. Conclude on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our Auditor's Report to the related disclosures in the Financial Report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our Auditor's Report. However, future events or conditions may cause the registered Company to cease to continue as a going concern.

v. Evaluate the overall presentation, structure and content of the Financial Report, including the disclosures, and whether the Financial Report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Directors of the Company regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

KPMG

Stephen Isaac

Partner

Sydney

25 August 2022