You matter. We care about you.

LITTLE COMPANY OF MARY
HEALTH CARE LIMITED
ANNUAL REVIEW
2017/2018

Continuing the Mission of the Sisters of the Little Company of Mary
The Community Care Story

Calvary Community Care has been supporting people in their own homes and communities for over 20 years. We deliver a range of aged care, disability and other support services that enable independence, improve social connections and promote positive health and wellbeing.

The Retirement Communities Story

Calvary Retirement Communities (CRC) provides quality care and services within a supportive environment in which residents are respected for their individuality. CRC has 14 residential care facilities and three stand-alone independent living villages across NSW, SA and the ACT.

The Hospitals’ story

Calvary has four public and 11 private hospitals that provide acute and sub-acute care. Eleven of our hospitals work together to provide complementary care across the regions in which they operate including: three hospitals in ACT, four hospitals in South Australia and four hospitals in Tasmania, including two hospitals in Hobart and two hospitals in Launceston. Our single hospitals in Riverina, Sydney, Newcastle and Melbourne work closely with local health area networks to provide valued services for our communities.

You matter. We care about you. Caring for Australians since 1885

The Calvary story

Calvary has provided health care to the most vulnerable Australians, including those reaching the end of their life, since the arrival in Australia of the Sisters of the Little Company of Mary in 1885. We are a charitable Catholic not-for-profit organisation operating across six states and territories in Australia with 15 public and private hospitals, 17 Retirement and Aged Care facilities, and a national network of Community Care service centres.

NATIONAL OFFICE
Level 12/135 King Street
Sydney NSW 2000

As at 30 June 2018
Contents
00 INSIDE FRONT COVER
The Calvary Story
01 Foreword from the Chair, Calvary Ministries
01 Our Mission
02 The Spirit of Calvary
03 Message from the Chair, Little Company of Mary Health Care
04 OUR STRATEGY AND YEAR IN REVIEW
06 Message from the National Chief Executive Officer
07 Strategic Intent 2018-2023
08 Caring for our resources
10 Review of operations
12 – Profit or Loss
13 – Balance Sheet
14 Partnering and planning for the future
15 – Highlights
16 – Capital developments
22 Caring for our people and working environment
25 – People, Values and Culture
26 – Evaluating our mission
26 – Our people
27 – Training and development
28 – Workplace health and safety review
30 Excellence in care
32 – Patient safety and quality indicators
33 – Patient experience surveys
34 – Palliative and end of life care
38 – Industry Awards
40 OUR SERVICES
42 Our locations
44 Services by region
44 – Australian Capital Territory
45 – New South Wales
48 – South Australia and Northern Territory
50 – Tasmania and Victoria
52 GOVERNANCE
54 About Calvary governance
56 Little Company of Mary Health Care Board of Directors
58 Calvary National Executive Leadership Team
60 BACK COVER
60 Calvary Directory

ACKNOWLEDGEMENT OF LAND AND TRADITIONAL OWNERS
Calvary acknowledges the Traditional Custodians and Owners of the lands on which all our services operate. We acknowledge that these Custodians have walked upon and cared for these lands for thousands of years. We acknowledge the continued deep spiritual attachment and relationship of Aboriginal and Torres Strait Islander peoples to this country and commit ourselves to the ongoing journey of reconciliation. Aboriginal and Torres Strait Islander people are respectfully advised that this publication may contain the words, voices, names, images and/or descriptions of people who have passed away.

Foreword from the Chair
Calvary Ministries

“All we do is for God, and if no one sees what we do but God, so much the better.” Writings of Venerable Mary Potter

Venerable Mary Potter had a vision for the Calvary spirit to live through the Sisters of the Little Company of Mary, and through what she called the Greater Company of Mary, which includes all who share this journey of spirit and service across the Calvary organisation in retirement communities, hospitals and community care. The work, the sacrifice to God and the humanity of the Sisters of the Little Company of Mary in Australia since 4 November 1885, has set the foundations for what Calvary is today. When we succeed in sharing the Calvary spirit with those whom we serve, lives are touched for the better. Over the course of the year, people touched by Calvary have reflected on what this means to them. Here are a few examples:

“I have a deep regard for the values of Calvary and have empathy, respect and admiration for Mary Potter and all she achieved in her lifetime. I always choose to attend ‘Mary Potter Day’ to celebrate her and all she did to help others. The loneliness aspect of her care resonates deeply with me. To say ‘rewarding’ is very cliché, but for me, seeing my clients happy to see me walk through their door is the best feeling in the world. It makes me want to be the best I can be, I love being a part of the Calvary family.”
Staff member

“Talking to a lovely lady who came to massage and oil my arms and hands, not only felt great but she was also an adept conversationalist. I sat contemplating a while and thanked God, as well as commended the kind hearted staff and volunteers, people that not only serve, but give of themselves. One touch, one remark, one expression of empathy would be more beneficial than medicine, to build up a patient’s will to fight his malaise. It works; I have been through it. I leave Calvary with a heavy heart to take with me as I have not only served God, but also gained great knowledge and experience to help others through their illness.”
Patient

Bill d’Apice

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.

BILLY D’APICE
CHAIR, CALVARY MINISTRIES

COVER IMAGE
Our cover features Mary and Calvary’s community palliative care nurse Jenny. Mary was one of the first patients admitted to Calvary North Adelaide’s new community palliative care service that commenced in September 2018. Many values and appreciates the care and support she receives at home following an admission to the oncology ward at Calvary North Adelaide. See page 17 for more details.
The mission of Venerable Mary Potter, and the work of the Sisters of the Little Company of Mary in Australia for over 133 years, inspires each of our services, the staff and volunteers to provide high quality, compassionate health, aged and home care to thousands of Australians in need.

While a continuing industry-wide downturn in private hospital throughput results in subdued revenue levels, Calvary continues to trade strongly. Much needed reform, funding pressures and changes in the aged and home care sectors continue to focus the Board’s attention.

A new National Chief Executive Officer, Martin Bowles, PSM joined the organisation in November 2019 to assist the board lead our mission. Martin has a wealth of experience gained during his almost 40 years as a senior public servant. For the last 11 years he was Deputy Secretary in the Departments of Defence and then Climate Change, and then the Secretary of the Department of Immigration and Border Protection; followed by three years as Secretary of Health. Calvary is the richer for Martin’s diverse experience, as well as his incisive strategic and leadership skills.

The board is focused on creating a culture of accountability and transparency, of clear messaging about Mission and expectations for organisational behaviour. We remain committed to prioritise services for the poor and vulnerable. We appreciate members of our organisation who respond to the pain felt by other members, as well as the positive impact of compassionate leadership both on employees and those with whom they interact. The board reinforces the organisation’s zero tolerance for bullying behaviours and harassment.

We advocate strongly for aged citizens in residential facilities and in particular, those in the last months of their lives. We have inherited a sacred duty from the Sisters of the Little Company of Mary to do all we can to ensure the highest quality of care is provided to those who are frail, aged and dying. To this end, we made strong submissions to ACT Parliamentarians as they debated end of life choices.

Areas the board has been addressing this year also include the following:
• The development of a new Strategic Intent;
• Strengthening clinical governance, particularly the prioritisation of innovation and improvements in clinical safety, and the opportunity for Calvary to become a champion in this area;
• Strengthening safeguarding of children and vulnerable adults, including those who are aging;
• Privacy requirements, cyber security and Enterprise Risk Management;
• Ensuring that Calvary has appropriate Medical Grade Infrastructure;
• Developing our position on and preparing the organisation for the introduction of euthanasia in Victoria;
• Strategy in relation to Capital Expenditure and Cash Flow Management;
• The redevelopment of Calvary Health Care Bathurst;
• The ongoing integration into the Calvary family of Flora McDonald and St Catherine’s Retirement Communities in South Australia;
• Finalising the Calvary Ryde Retirement Community redevelopment plan together with strategies to minimise disruption for existing residents;
• The development of Calvary Adelaide Hospital; and
• Strengthening our partnerships with respect to procurement, locally and globally.

Our hospitals, aged care and community facilities are very fortunate to have excellent assistance from a committed volunteer community, I also thank members of the auxiliaries who operate within our services. The funds these groups raise are significant, enabling us to provide leading edge care in some instances where funds are not otherwise available. Most importantly they are a visible part of the communities they serve.

We acknowledge and thank Sisters Jennifer Barrow LCM, Kathleen Coltbert LCM and their Councils for their unwavering support of our work. Likewise, we value the support and guidance of the Trustees, who, led by Bill d’Apice, undertake a critical role in the governance of Little Company of Mary Health Care. Bill retires as the inaugural Chair of Calvary Ministries at the end of this year. His work over many years to ensure that the mission of the Sisters of the Little Company of Mary is embedded in the Calvary Ministries’ family has been unwavering, tireless and most professional.

I am proud to lead an enthusiastic, professional and inspirational group of directors. We thank our departing director, Dr Katherine McGrath for over nine years of high quality and professional service to the board. I thank and commend the work of the National Executive Leadership Team and all our leaders. They bring a wealth of knowledge to the table for the benefit of all at Calvary.

THE HON. JOHN WATKINS AM CHAIR, LCMHC BOARD

My sincere admiration and appreciation goes to our staff throughout Calvary. Their work each day brings a human face to the mission of Calvary and they are our greatest ambassadors. Their positive contribution is evidenced by donations, bequests, letters of praise and ongoing highly complimentary feedback that filters to our board with regularity. I commend everyone at Calvary for the service we have been privileged to offer this year.

The Hon. John Watkins AM, Chair

Message from the Chair
Little Company of Mary Health Care (LCMHC)
Our strategy and year in review
Message from the National Chief Executive Officer

Firstly, let me say that my inaugural year at Calvary has been really enjoyable. One of the key attractions of Calvary for me is that I see it as a microcosm of the health system, which creates a tremendous opportunity to look at healthcare from a person-centered way, with an integration model in mind.

I see it (Calvary) as a microcosm of the health system, which creates a tremendous opportunity to look at healthcare from a person-centered way, with an integration model in mind.

The health and aged care industry is in a state of disruption, in a good way. We seek more than ever to understand and support the unique needs of each individual, moving away from a one-size-fits-all model of care. A constant in the current environment is that consumers, regulators, providers and governments are making different decisions than in the past. The challenge is anticipating what that may look like so we can adapt accordingly. The Aged Care Royal Commission will be a fantastic opportunity to help us find the best way for us to assist our residents and clients in the Aged and Community Care space.

In the private hospital space, we are seeing quite a lot of volatility as the national reforms are working closely with our medical and broader community to develop a proposal that will serve the needs of the local community in Launceston.

The redevelopment of the Caulfield site in Melbourne has also progressed as we received a positive outcome from the VCAT to replace the ageing Bethlehem Hospital with a hospital and residential care facility. We have currently developing the formal proposal for Board endorsement.

The health and aged care industry is in a state of disruption, in a good way. We seek more than ever to understand and support the unique needs of each individual, moving away from a one-size-fits-all model of care.

As we contemplate our service offering in Launceston, we submitted an unsolicited proposal to the Tasmanian Government to build a co-located facility adjacent to Launceston General Hospital. We have now progressed this to the second stage. We are working closely with our medical and community in Launceston.

The year was not without its challenges. The most significant of these being the colonscopy recall of almost 400 patients in Hobart. This was a difficult time, particularly for the patients who were affected. I was proud to see local and national teams coming together to work tirelessly to ensure the best possible outcome for the patients.

We have undertaken a lot of reflection using the communities we serve.

We are moving forward to a place where we can not only explore our current markets, but also our new ones. In doing so, we are guided by our Strategic Intent, focused on our behaviours and four key areas: Quality and safety; Care of our people and working environments; Partnering and planning for the present and future; and Caring for our resources.

I invite you to read more about those in the coming pages.

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.

We are moving forward to a place where we can not only explore our current markets, but also our new ones. In doing so, we are guided by our Strategic Intent, focused on our behaviours and four key areas: Quality and safety; Care of our people and working environments; Partnering and planning for the present and future; and Caring for our resources.

I am enormously proud of the contributions our people are making towards our patients, residents and clients, many of whom are at their most vulnerable.

It is a privilege to serve our communities with compassionate health and aged care care and have the opportunity to make a positive difference to their lives; and I thank my Senior Executive team and all our people for their hard work and support throughout the year to help make this a reality.
Caring for our resources
**STRATEGIC INTENT**

**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.

Create opportunities and partnerships to utilise our resources more effectively and efficiently in the service of others.

**Review of Operations**

Calvary is pleased to deliver a solid surplus of $62.02 million, in a challenging industry environment.

Calvary is unique in that it participates in three health and care sectors being private and public hospitals, aged care and community care. Each of these has had its own set of challenges and industry dynamics that Calvary has navigated successfully.

Calvary continues to invest its surplus funds back into the operations:

- Calvary Bruce Private Hospital, completed in 2017
- Calvary St Vincent’s Hospital, $6.2 million endoscopy unit and cardiovascular laboratory, completed in September 2017
- The Calvary Lenah Valley Hospital operating theatre upgrades due for completion in April 2019
- The continuing Calvary Adelaide Hospital development due for completion mid 2019
- The Calvary Health Care Bethlehem integrated care development, receiving the Victorian Civil and Administrative Tribunal (VCAT) approval to proceed in May 2018
- Calvary Ryde Retirement Community, historic site development receiving approval to proceed in July 2018.

Calvary has a very strong balance sheet and overall financial position. This financial strength will enable the organisation to pursue opportunities, continue to invest in its people and facilities and support a culture of delivering quality and safe care to our patients, residents and clients.

**Our Services**

<table>
<thead>
<tr>
<th>State</th>
<th>Calvary Hospitals</th>
<th>Calvary Retirement Communities</th>
<th>Calvary Community Care Centres</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Capital Territory</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>New South Wales</td>
<td>2</td>
<td>14</td>
<td>8</td>
</tr>
<tr>
<td>South Australia</td>
<td>-</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Tasmania</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Victoria</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>-</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>4</strong></td>
<td><strong>11</strong></td>
<td><strong>19</strong></td>
</tr>
</tbody>
</table>

See pages 42-51 for full details of all locations and services.
### Profit or Loss FY18

<table>
<thead>
<tr>
<th>2018 $'000</th>
<th>2017 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>1,235,754</td>
</tr>
<tr>
<td>Other income</td>
<td>35,129</td>
</tr>
<tr>
<td><strong>Total revenue and other income</strong></td>
<td><strong>1,270,883</strong></td>
</tr>
</tbody>
</table>

#### Expenses

- **Employment expenses**: 798,285, 709,984
- **Goods and services**: 310,253, 311,005
- **Finance costs**: 4,688, 1,894
- **Depreciation and amortisation**: 50,049, 46,011
- **Other expenses from ordinary activities**: 116,671, 106,859

**Total expenses**: 1,239,946, 1,175,743

- **Operating surplus**: 30,937, 67,447

#### Capital funding received

- 2018: 31,080, 2017: 10,370

**Total surplus**: 62,017, 77,817

**Total comprehensive income**: 62,017, 77,817

### Revenues

- **The Group’s revenue from operating activities totalled $1,235.3 million (2017: $1,173.8 million).**
- Personnel costs represent 61% (2017: 60%) of total operating expense.
- Staffing levels for clinical services have increased during the reporting period with total staff of 7,263 full time equivalents as at 30 June 2018 (2017: 6,437). The actual number of staff as at 30 June 2018 was 11,155 (2017: 10,843).

- **The Group’s revenue from operating activities totalled $1,266.8 million (2017: $1,198.2 million).**
- Grants and subsidies from Government for hospital and aged care operations totalled $526.3 million (2017: $472.6 million). Grants and subsidies represent 42% (2017: 39%) of revenue from operating activities.

### Balance Sheet

#### Current assets

- **Cash and cash equivalents**: 10, 296,734, 2017: 397,661
- **Trade and other receivables**: 9, 80,664, 2017: 76,385
- **Inventories**: 16,690, 2017: 13,889
- **Term deposits**: 11, 257,168, 2017: 124,248
- **Other current assets**: 7,684, 2017: 8,359

**Total current assets**: 658,940, 2017: 620,542

#### Non-current assets

- **Trade and other receivables**: 1,114, 2017: 943
- **Property, plant and equipment**: 4, 822,505, 2017: 788,862
- **Investment property**: 5, 3,232, 2017: 3,286
- **Intangible assets**: 6, 38,734, 2017: 39,391
- **Other non-current assets**: 364, 2017: 364

**Total non-current assets**: 865,949, 2017: 832,846

**Total assets**: 1,524,889, 2017: 1,453,388

#### Current liabilities

- **Trade and other payables**: 95,746, 2017: 93,822
- **Borrowings**: 13, 9,059, 2017: 8,788
- **Employee benefits**: 20, 128,238, 2017: 119,731
- **Other provisions**: 16, 6,386, 2017: 5,034
- **Income received in advance**: 19,665, 2017: 17,081
- **Refundable loans**: 14, 287,474, 2017: 283,320

**Total current liabilities**: 546,568, 2017: 507,776

#### Non-current liabilities

- **Trade and other receivables**: 1,085, 2017: 833
- **Borrowings**: 13, 84,363, 2017: 107,895
- **Employee benefits**: 20, 14,955, 2017: 13,668
- **Other provisions**: 16, 3,216, 2017: 2,701

**Total non-current liabilities**: 103,519, 2017: 125,097

**Total liabilities**: 650,087, 2017: 632,873

**NET ASSETS**: 874,802, 2017: 820,515

#### Consolidated cash flow statement

- **Net cash inflows from operating activities**: 113,208, 2017: 120,387
- **Net cash outflows from investing activities**: 213,202, 2017: 146,460
- **Net cash flow used in financing activities**: 933, 2017: 78,728
- **Net increase/(decrease) in cash**: 100,927, 2017: 52,455
- **Free**: 46,712, 2017: 450,792
- **Tied**: 90,190, 2017: 91,517

**NET ASSETS**: 553,902, 2017: 521,909
Partnering and planning for the future

Calvary Adelaide Hospital, South Australia.
Partnering and planning for the future

**Highlights**

**CALVARY SOUTH AUSTRALIA HEALTH PARTNERSHIP**

In October 2018, Calvary Health Care South Australia hospitals has partnered with SA Health to alleviate pressures being experienced across the public hospital system. Our four hospitals across Adelaide – including Calvary Central Districts, Calvary North Adelaide, Calvary Rehabilitation and Calvary Wakefield hospitals – have provided 20 beds per day to help with overflow on an ongoing-as-needs basis.

**CALVARY AND MEDIBANK PRIVATE PARTNERSHIP**

Since 2017, Calvary has partnered with private health insurer Medibank Private to reduce the number of hospital acquired complications. The partnership focuses on five key areas of preventable harm including falls, hospital acquired infections, surgical complications, blood clots and pressure falls, hospital acquired infections, surgical complications. The partnership focuses on reducing the number of hospital acquired complications. Since 2017, Calvary has partnered with private health insurer Medibank Private to reduce the number of hospital acquired complications. The partnership focuses on five key areas of preventable harm including falls, hospital acquired infections, surgical complications, blood clots and pressure falls.

**ACT MINISTER FOR HEALTH AND CALVARY CHAIR OPEN $77 MILLION CALVARY BRUCE PRIVATE HOSPITAL**

ACT Minister for Health Meegan Fitzharris and Calvary Chair the Hon. John Watkins AM opened the new Calvary Bruce Private Hospital on 27 September 2017. “We are committed to creating a better health system in the ACT, and this new $77 million hospital offers the community the latest in medical facilities while retaining close working relationships with the public hospital Calvary also operates,” Minister Fitzharris said.

**ACT HEALTH FUNDS $2.6 MILLION MATERNITY WARD UPGRADE**

ACT Health provided $2.6 million funding for Calvary Bruce Public hospital’s maternity ward upgrade. The refurbishment, unveiled on Monday 30 July 2018, includes an expanded capacity to 18 beds, a reconfigured maternity unit with 10 single rooms and four large twin rooms, a patient and family lounge, baby assessment room and enhanced facilities for partners who want to stay at the hospital.

**FEDERAL AND STATE GOVERNMENTS AND SNOW FOUNDATION $6 MILLION CLARE HOLLAND HOUSE UPGRADE**

In September 2018, the Australian and ACT Governments in partnership with the Snow Foundation announced $6 million in funding to extend and upgrade Clare Holland House hospice. The expansion will increase the number of specialist in-patient palliative care beds, improvements and development of administration and clinical spaces together with more family friendly features that enable loved ones to stay with patients.

**CALVARY RIVERINA AND MURRUMBIDGEE PRIMARY HEALTH NETWORK LAUNCH WOMEN’S INITIATIVE**

Deputy Prime Minister and Federal Member for Riverina Michael McCormack launched the Women’s Wellness and Recovery Program at Calvary Riverina Hospital’s Drug and Alcohol Centre in Wagga Wagga on 13 April 2018. The $1.8 million program will support pregnant women and new mothers living in the Murrumbidgee region experiencing alcohol and drug disorders.

**CALVARY NORTH ADELAIDE AND BUPA LAUNCH PALLATIVE HOME CARE SERVICE**

In September 2018, Calvary North Adelaide and Bupa launched a Palliative Home Care Service in response to an increasing desire from patients to be cared for and to die at home.

The service helps identify the right balance between home based and inpatient palliative care and provides increased choice for patients to select the location of their care (home or hospice). The service creates a more seamless experience for patients transitioning between care environments.

Service Manager and Palliative Care Nurse Practitioner Kevin Hardy notes that clinical studies show a direct correlation between palliative care delivered within the home environment, and a higher quality of patient and carer experience.

Palliative Home Care visits vary according to patient need from once a week for ‘stable’ patients up to several times per day for patients in the last days of life.
New Calvary Adelaide Hospital, South Australia

TOTAL PROJECT VALUE: $300 MILLION
TARGET COMPLETION DATE: MID 2019

The new Calvary Adelaide Hospital is the largest-ever private hospital to be built in South Australia and the first new private hospital in nearly 20 years.

The 344 bed hospital will replace the Calvary Wakefield and Calvary Rehabilitation hospitals. Around 700 hospital staff will relocate to the new facility, which will allow for growth of around 50% staff on completion and capacity for significant growth in staff in the following years.

Owned by Dexus and Adelaide-based developer Commercial & General, and under construction with building contractor John Holland Constructions, the 12 storey hospital is located on the corner of Pulteney and Angas Streets, Adelaide. Details of the new hospital are available at www.calvaryadelaide.org.au

On 14 August 2018, (L-R) Commercial and General Executive Chairman Jamie McIlgorm, SA Premier Steven Marshall and Calvary Chair John Watkins AM attended an important ‘topping out’ milestone of Calvary Adelaide Hospital construction at 12 storeys high.

“Calvary has been caring for South Australians for more than 100 years, and this new hospital enables us to increase capacity and meet rising demand for quality health care.”

John Watkins AM, Chair Little Company of Mary Health Care

New Calvary Bruce Private Hospital, ACT

BEST COMMERCIAL BUILDING AWARD

Congratulations to AW Edwards, builders of the new Calvary Bruce Private Hospital in the ACT, who won the award for Best Commercial Building over $50 million at the ACT Master Builders Awards on 29 June 2018. The awards recognise and celebrate the ACT’s best builders, their teams, and the projects which have won them acclaim in the residential, commercial and civil construction sectors.

The award is a great acknowledgement of the work by AW Edwards and the Calvary team who worked alongside them. We would like to acknowledge in particular the efforts of Mick O’Driscoll the external Project Manager (now with Calvary) and Jennifer Raxworthy, Transition Manager, and all the Bruce Private staff for their efforts in getting the new hospital up and running.

The AW Edwards and Calvary team gave their all to this project, which was achieved under excellent stewardship with regards to budget and was delivered in just under 18 months, opening 27 September 2017.

In alignment with the values of wise stewardship, Calvary generates profits for the purpose of reinvesting our funds in services and capital infrastructure. Our capital development infrastructure aims are to: meet forecast population growth; and provide more responsive and inclusive models of care; and or complement the delivery of public health services. Calvary is grateful for the support of multiple stakeholders, including Primary Health Networks, local, federal and state governments; and the commercial sector in providing for the future health care needs of the communities we serve.

Calvary Bethlehem Hospital Redevelopment, Victoria

HEALTH AND RETIREMENT PRECINCT DEVELOPMENT RECEIVES DEVELOPMENT APPROVAL MAY 2018

Patients, residents, staff, neighbours and the wider community will benefit from a substantial redevelopment of the current 1960’s Calvary Health Care Bethlehem public hospital in Caulfield, after VCAT approved revised plans for the proposed precinct in May.

The design, revised in response to community sentiment, will see the existing hospital replaced by a Health and Retirement Precinct comprising a new hospital, retirement village, residential aged care facility, medical centre and cafe.

The Calvary Bethlehem Health and Retirement Precinct is a significant project for Calvary. For the first time, Calvary is combining all Calvary services, including hospitals, retirement and aged care, in one residential location to allow ageing-in-place.

• A place that enables people to live a healthy and fulfilled life;
• A place to build friendships and stay connected to the local community;
• A place to feel safe and enabled in an accessible environment for all;
• A place that embraces diversity and empowers people to make their own decisions and lifestyle choices;
• An option for people to age in their local community, and to be supported to live in the same place as their care needs change;
• Access to appropriate and timely interventions and supports to maintain independence; and
• A place that enables people to die in their chosen location with the level of support they require.
HISTORIC SITE RE-DEVELOPMENT RECEIVES APPROVAL JULY 2018
TARGET COMPLETION DATE MAY 2020

The redevelopment of Ryde Retirement Community’s historic site will offer an integrated community with a residential aged care service, retirement living village, health and wellness centre, onsite respite and community support services for seniors, as well as dedicated dementia spaces, and open air gardens and community spaces.

Proposed Calvary Launceston Private Hospital, Tasmania
$100 MILLION PROPOSAL MOVES TO SECOND STAGE

In December 2017 Calvary submitted an unsolicited proposal to the Tasmanian Government to relocate St Luke’s and St Vincent’s Hospitals into one place, increasing the number of available hospital beds and providing more services. The plan to relocate the two private hospitals into one adjacent to the Launceston General Hospital could ease the pressure on the public system and create a dedicated health hub for the region.

The Tasmanian Government is progressing the proposal to the second phase, providing the opportunity to explore the benefits of the private and public sector working in partnership to provide the best health outcomes for the Northern Tasmanian community.

The second phase involves the Assessment Panel and Calvary working together to ensure that the proposal meets the needs of both parties and future plans, and also ensures that the co-location improves the services and health outcomes for both public and private patients.

Calvary Lenah Valley Hospital, Tasmania
$23.4 MILLION THEATRE UPGRADES
TARGET COMPLETION DATE APRIL 2019

Redevelopment of the operating theatres at Calvary Lenah Valley Hospital in Hobart, Tasmania is nearing completion, bringing the number of functional theatres to nine. The theatres are housed in a new building which adjoins the existing structure. The redevelopment includes nine operating theatres, Stage 1 and 2 recovery units and a central sterilising unit. The new Executive Suites are now open with the Day of Surgery Admission Centre, Doctor’s Lounge and Board Room due for completion in April 2019. Importantly, the project allowed the introduction of cardiac surgery in 2018.

Calvary St Vincent’s Hospital, Tasmania
$6.2 MILLION ENDOSCOPY UNIT AND CARDIOVASCULAR LABORATORY COMPLETION: SEPTEMBER 2017

Calvary St Vincent’s Private Hospital’s Cardiac Catheter Laboratory and Endoscopy Unit marks the delivery of much needed services for all northern Tasmanians.

Tasmanians in the north, north east and north west have the highest prevalence of cardiovascular disease in Australia according to ABS data. Yet the Australian Commission on Safety and Quality in Health Care analysis of 2014 confirmed that northern Tasmanians also experienced the lowest rate of coronary angiograms and cardiac intervention services nationally, with most performed within the public sector.

The new Cardiac Catheter Laboratory and Endoscopy Unit are welcomed by many, including 45% of the Tasmanian population with private health insurance, relieving the high case load experienced by the public health system.
Caring for our people and working environment

Mark Green, National Director Mission.
In August 2017, Sister Jennifer Barrow, Province Leader of Australia – Little Company of Mary, was awarded Catholic Health Australia’s highest honour, the “Maria Cunningham Lifetime Contribution Award”. 

Priority: Care of our people and our working environments.

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

Attract diverse 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,’ prioritises safety and continuous improvement.

People, Values and Culture

During the past year, Calvary has renewed our focus on our People, Values and Culture. Our aim is to support staff health, safety and wellbeing, inspire integrity in decision-making and learn from the people Calvary serves, together with partners and organisations with whom Calvary shares a similar purpose.

Specifically, we focus on accountability for mission and charism; attracting, retaining, training and developing people who strongly align with Calvary’s Mission and Values; and communications that are timely, transparent and accountable.

CALVARY MISSION ACCOUNTABILITY FRAMEWORK – FIVE ELEMENTS

1. People’s experience
2. People’s stories
3. Management’s progress reports
4. Mission Outcomes
5. External Reports

Evaluating our mission

In 2016 Calvary developed a Mission Accountability Framework strategy for developing, monitoring, evaluating, and learning how we keep our mission firmly grounded in the rich heritage of the Sisters of the Little Company of Mary. These were women who grasped the Spirit of Calvary and learned how to hold an aching heart, heal the sick, tend the dying and nurture the soul.

The framework evaluates peoples’ feedback from their experiences and stories to track achievement of our mission.

SPIRITUAL FOCUS

It is apparent that there is a real pride and motivation from our rich Calvary heritage. Interaction with staff across different sites offers up ‘current day heritage’ – those stories where clients and colleagues have experienced the Spirit of Calvary through the behaviour of staff.

ORGANISATIONAL CULTURE

Overall, our organisational culture; our values and behaviours together with our strategic intent have been in sharp focus since the arrival of Martin Bowles, National Chief Executive Officer, in late 2017. In the words of the Calvary Community Care Director of Mission (DoM),

Reflecting on examples of organisational suffering and the extent of it in some areas of our business, challenges us to respond on several levels, with our language, behaviours and organisational focus. This particularly calls us as DoMs but it is also a collective call for Calvary managers and executive staff to demonstrate compassionate and responsive leadership.

Specifically, we need to identify, call, manage, train the appropriate people to manage bullying behaviours. We need to mandate some form of a 360 appraisal for all executive leaders. We need to help staff understand that performance management is not “bullying”. We need to support people to have these conversations in such a way that they are not experienced as such.

COMMUNITY ENGAGEMENT

In the context of conducting a cultural safety audit, the Calvary Mater Newcastle Director of Mission observes,

The process of engaging with the local CALD and Aboriginal communities immediately took me into what I believe to be the heart of mission, being responsive to the needs of the most vulnerable in the community we serve. Negotiating change and resources at an Executive level was a real learning, as was working with other key stakeholders such as the Multicultural and the Aboriginal Health Units of our Local Health District. My learnings were around the importance of being attuned to those obvious in their absence. This was not driven by an overwhelming need that was confronting us each day, it was the eerie silence of statistics and absence. It took a lot of work and engagement to call this out at a moral level. We are now in a position to appoint an Aboriginal Hospital liaison officer and the Multicultural Health Unit has appointed a liaison officer three days a week with us also.

PREFERENCE FOR THE POOR AND VULNERABLE

Across the year there were many examples where, as an organisation, we were able to demonstrate our commitment to the poor and the vulnerable in society. Examples include,

• An indigenous client kept unnecessarily in hospital pending the purchase of a special bed – the cost of which wasn’t going to be covered by other agencies. By paying for this bed, Calvary enabled this client to return to country.
• Advocacy for another indigenous client ‘turned away’ by all other providers in Adelaide. Significant cooperation and collaboration with her indigenous liaison officer resulted in improvements to the habitable state of her home, relief from an advocate who was abusing the client, assistance with medication, assistance in the care of her pets.
• Clients living in squalor, not wishing to be judged but needing support and advocacy to work through certain scenarios.
• Assistance to a staff member in dire straits financially and compromised in terms of her safety.
• Budgeted contributions to fund charitable surgery established in response to new policy.
• Exercise programs run by Calvary Rehabilitation Hospital’s physiotherapist at Catherine House.
• Refugee student one-to-one mentoring.

ADVOCACY

Another patient from rehabilitation presented with her major issue being not her facial fractures from a recent fall at home, but her husband’s dementia and lack of support and services because she lived in a rural area. Liaising with Social Work we were able to get her the help she needed. She asked if she could access pastoral care for telephone support after she went home. I gave her the pastoral care number (which she has not yet used) but said she felt better having it in her handbag.

Another Aboriginal patient, who had been referred to Calvary by another provider for ongoing care, presented with her major issue being not her social fractures from a recent fall at home, home, but her husband’s dementia and lack of support and services because she lived in a rural area. Liaising with Social Work we were able to get her the help she needed. She asked if she could access pastoral care for telephone support after she went home. I gave her the pastoral care number (which she has not yet used) but said she felt better having it in her handbag.
In fiscal year 2017/18, a total of 935 students completed 153,146 hours of training with Calvary. Calvary recognizes the importance of partnerships with Tertiary and Vocational education providers. With that in mind, an extensive review was undertaken of our agreements and facilitation processes of undergraduate Clinical placements. This resulted in the development of an overarching Calvary National Student Placement Agreement, development and deployment of National Facilitation and Supervision Policy and Clinical Facilitator Position Description; and a process for uploading student details into Calvary Core Business System to demonstrate facilitation and supervision effort in our Private Hospitals.

Calvary also supports clinical employees who wish to continue studying by maintaining a collaborative relationship with the University of Tasmania through the online Scholarship program with total enrolments of 199 staff as at April 2018.

Calvary South Australia hospitals Learning and Development co-ordinators.

L-R: Simone Pahl, Volunteer and Lauren Mone, Mission Services Resource Officer, Calvary Health Care South Australia.

Our people

In February 2018 Calvary was awarded an Employer of Choice for Gender Equality (EOGCE) citation for the fourth consecutive year. Calvary is a major employer of women with over 10,000 employees, 8000 of which are female, with 53% female representation at executive level.

“Valuing difference can benefit all organisations. Gender equality is incorporated into Calvary business strategy as we believe that from creating a positive, diverse and fair workplace, the performance benefits will flow.”

Martin Bowles, National CEO

FY 17/18

Employees
11,155

Contracted FTE
6,721

Average age
44.7

Average years of service
7.72

Volunteers
1,140

Female
81%

In FY 17/18 a total of 935 students completed 153,146 hours of training with Calvary.
Workplace health and safety review

In FY17-18 Calvary continued to achieve steady improvement in work health and safety, and workers' compensation performance.

Whilst there has been a slight increase, there has not been a drastic change to the lost time injury severity rate. Further review on recording and capturing lost time injury rates are being undertaken to ensure accuracy in reporting. Prompt intention to provide treatment to injured staff remains a focus. The key going forward is to improve outcomes on the management and reporting of hazards.

KEY WORK HEALTH AND SAFETY PERFORMANCE MEASURES FY17-18

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LTIFR</td>
<td>2.05%</td>
<td>1.85%</td>
<td>1.84%</td>
<td>1.77%</td>
<td>1.33%</td>
<td>1.12%</td>
</tr>
<tr>
<td>LTI severity rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workers compensations premiums as a percentage of wages</td>
<td>2.05%</td>
<td>1.85%</td>
<td>1.84%</td>
<td>1.77%</td>
<td>1.33%</td>
<td>1.12%</td>
</tr>
</tbody>
</table>

CAUSES OF INJURY

- Manual handling - 50%
- Falls, trips and slips - 17%
- Being hit by moving objects - 9%
- Hitting objects with a part of the body - 9%
- Mental stress - 8%
- Heat, electricity and environmental factors - 3%
- Vehicle incident - 2%
- Other - 2%

2018 Best work health and safety solution

CALVARY MATER NEWCASTLE RADIATION ONCOLOGY ELECTRONICS DEPARTMENT – MULTI LIFT COLLIMATOR FLIPPING TOOL

Linear accelerators (radiation treatment machines) contain a beam shaping device called a Multi Lift Collimator (MLC) which requires periodic maintenance or repairs. For works to be undertaken the MLC carriage needs to be lifted out of the machine. The carriage is approximately 22 kilograms and is very difficult to access within the machine. Care must be taken when lifting the carriage due to the delicate electronics within the unit.

The hazardous manual task has been eliminated through the use of the MLC tool created by Dennis Pomare. Thanks to this creation, Bio Medical Engineers are no longer required to lift the heavy carriage. Potentially, workers were at risk of back injury and the circuit board attached to the carriage was also in danger of damage when being manually lifted.

The WHS awards have been running since 2015 recognising the passion and efforts of those demonstrating excellence in the delivery of Work Health Safety.

Whether it be an individual or a team, the awards are all about the application of safety; whether it is incorporating safety as an integral part of one’s job or being influential on a grander scale. Either way we all win!
Excellence in care

A focus on quality and safety
Reliable, safe and effective care

Calvary is committed to delivering high-quality, safe health care for every patient, every time. We have an excellent record and we are committed to seeking out and optimising every opportunity to improve the experiences and clinical outcomes of our clients, patients and residents. The Calvary Clinical Governance Framework (the Framework) sets out key structures, systems and processes that enable organisation-wide accountability for the delivery of high-quality, safe care. For more information, visit www.calvarycare.org.au/clinical-safety-and-quality.

Most importantly, we have ensured that our patients, residents, clients, their families and the wider communities we serve, are able to work with us to develop solutions, understand emerging problems and ensure we provide the best support.

Patient experience surveys

In December 2017, Calvary commenced surveying patients using the Australian Patient Experience Question Set endorsed by the Australian Commission on Safety and Quality in Health Care in our 11 private hospitals.

Since then Calvary has received over 10,000 responses, including a response to one question measuring the willingness of patients to recommend Calvary’s services to others, giving a net promoter score of 83.5%.

The net promoter score is a measure of customer satisfaction. This feedback helps us identify what we are doing well and areas in which our services could be improved. It is a vital part of ensuring we deliver the highest quality care.

Survey highlights

OVERALL, THE QUALITY OF TREATMENT AND CARE I RECEIVED WAS

- Very good - 87.4%
- Good - 9.2%
- Average - 1.2%
- Poor - 0.5%
- Very poor - 0.2%
- Other - 0.6%

WHEN I WAS IN HOSPITAL, I FELT CONFIDENT IN THE SAFETY OF MY TREATMENT AND CARE

- Always - 87.4%
- Mostly - 10.0%
- Sometimes - 1.3%
- Rarely - 0.3%
- Never - 0.2%
- Didn’t apply - 0.0%
- No answer - 0.8%

I WAS TREATED WITH RESPECT AND DIGNITY

- Always - 90.6%
- Mostly - 7.3%
- Sometimes - 1.0%
- Rarely - 0.2%
- Never - 0.1%
- Didn’t apply - 0.0%
- No answer - 0.8%

At Calvary, the quality and safety of the health care we provide is our priority. Each year, Calvary publishes data which measures our quality and safety against industry and government targets. The data in the table is averaged across Calvary hospitals and Retirement Community aged care facilities. Data from our public hospitals is also published on the MyHospitals website.

<table>
<thead>
<tr>
<th>Patient safety &amp; quality indicators</th>
<th>Calvary FY15-16 performance</th>
<th>Calvary FY16-17 performance</th>
<th>Calvary FY17-18 performance</th>
<th>Industry benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staph Aureus Bacteremia *</td>
<td>0.03/10,000 OBD</td>
<td>0.00/10,000 OBD</td>
<td>0.00/10,000 OBD</td>
<td>0.87/10,000 OBD</td>
</tr>
<tr>
<td>Hand hygiene *</td>
<td>81%</td>
<td>82%</td>
<td>82%</td>
<td>85%</td>
</tr>
<tr>
<td>Patient falls (all) *</td>
<td>2.94/1000 OBD</td>
<td>3.27/1000 OBD</td>
<td>3.27/1000 OBD</td>
<td>3.5/1000 OBD</td>
</tr>
<tr>
<td>Medication errors *</td>
<td>2.56/1000 OBD</td>
<td>2.78/1000 OBD</td>
<td>2.78/1000 OBD</td>
<td>&lt;5.0/1000 OBD</td>
</tr>
<tr>
<td>Accreditation</td>
<td>All Calvary services are fully accredited against relevant standards.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Data reported through Calvary Incident Management System
* Data collected by observational audit

****
Palliative care improves the quality of life for patients with a life-limiting illness and their families, through the prevention and relief of suffering through early identification and assessment, and treatment of pain and other problems - physical, psychological and spiritual.

A common misperception is that palliative care is only for patients who are dying. Palliative care may also improve symptoms and restore normality.

At Calvary Mater Hospital, the Palliative Care Clinical Trial and Research Coordinator, Naomi Byfield, says this tangibility of seeing the improved quality of a patient’s life, for however long, is what propels her in her work. “We need to break down the perception that health care research is mainly for curative treatments. Palliative care research gives meaning to living, not meaning to dying,” she says.

For the past nine years Naomi has been steadily building up the research division of the hospital’s Department of Palliative Care. From designing studies, protocols and ethics applications, to improving patients’ access to service.

“What terminally ill patients need and want to improve is their quality of life. Our patients contribute to our research agenda and play a huge role in the research we carry out.

If research doesn’t make a difference at the bedside, then why is it being performed? Translation of research is so important,” she says.

With time being a precious commodity for patients, the studies are designed to impact the least amount on a patient’s time and lifestyle. Most studies usually last a maximum of four weeks and participants live at home as outpatients.

Current research activities include medical education, quality assurance, bereavement support, and ways to provide equitable and quality end of life care to residents in nursing homes.

Other research includes improving ‘Care of Dying’ in acute care with a suite of tools developed and distributed to the hospital’s doctors and nurses to enable them to provide the best care. The tools were informed and developed by bereaved family members whose loved ones died in a hospital setting. The translation of this profound piece of research has provided clinicians with the confidence and skill sets to make palliative care their business.

Excerpt of original story written by Helen Ellis, Calvary Mater Newcastle, published in Hunter Lifestyle Edition 91, 2018

Palliative and End of Life Care Research Institute

Established in 2017, the Calvary Palliative and End of Life Care Research Institute connects clinicians and researchers across four specialist palliative care units at Calvary Health Care Bethlehem, Victoria; Calvary Public Hospital Bruce, ACT; Calvary Mater Newcastle and Calvary Health Care Kogarah in NSW.

Working in collaboration with the Palliative Care Clinical Trials Collaborative, research examines symptoms experienced by palliative care patients such as pain, nausea, breathlessness and delirium and aims to improve clinical management and prevention as well as psychosocial research focusing on the experiences of patients, their families and friends.

The Institute is led by nationally and internationally respected researcher Professor Liz Lobis, Professor of Palliative Care at Calvary Health Care Kogarah, and Adjunct Professor at the University of Notre Dame in Sydney. The Institute brings researchers together to share ideas and experiences, optimise funding, and deliver outcomes.

Supporting people both living and dying at home, the palliative care environment is impacted by social and demographic changes, as families and housing arrangements change, people are living longer, often with more chronic illnesses and frailty.

Committed to providing the best possible care to our patients, residents and clients, including those who are approaching and reaching the end of life. The Institute plays an important role in delivering evidence-based care in accordance with Calvary’s mission and values, as well as national and international accepted best practice. Our goals are to place people in our care and their families first, to ensure high quality, safe care, and to deliver innovative and integrated care.

To find out more visit www.calvaryresearch.org.au.

Medical oncology research trials wins SPIRA award

The Calvary Mater Newcastle’s Medical Oncology Research (MOR) Clinical Trial Units won the inaugural ASIA-Pac Site Recruitment Innovation Award (SPIRA). The award was in recognition of the innovative, patient-directed enrolment strategies used by the trial unit during a recent prostate cancer study.

The study posed many recruitment challenges due to the targeted nature of the trial treatment and expected a 90% pre-screening failure rate. MOR trials committed to screening 17 participants in 12 months. With recruitment innovations and a committed research team, MOR screened 48 patients in 12 months and enrolled five patients in the study treatment.

The judges congratulated the unit on their teamwork, regional network approach and patient focus.
Case study: The gift of accompaniment

When Michael wasn’t able to play his trumpet anymore, he wanted to give up on everything else, too. He didn’t know whether to be angry at the cancer attacking his body or the dementia attacking his mind. Never had he felt more helpless, more pathetic in his illness than when Michael first realised he would never play again.

All there was now, he thought, was suffering and death. Nothing but for his deterioration; then more doctors, more drugs and treatments, then death; then nothing again. So the trumpet – something that had defined his entire life – was swiftly boxed up and discarded, deep under the house.

Michael had decided that he was no longer himself. Michael had decided to die.

Each of us lives with our own vulnerabilities and unique circumstances that may inform our particular kind of suffering. For many, their grief and loss is not relieved by medicine, but rather through the solidarity of presence, the enterprise of research, imagination, creativity and grit, together with the multiple acts of service of those who give to those who have not.

Palliative care and end-of-life care, for example, aim to bridge the physical, psychological and social difficulties associated with life-limiting illnesses and dying so that the person can live as well as possible, whatever that might mean to them and their family members. This is how we have assisted those who experience loss and grief and face their death every day.

Over the next few months, Michael’s situation was clear:

- Palliative care and end-of-life care are possible, whatever that might mean to them and their family members. This is how we have assisted those who experience loss and grief and face their death every day.
- Palliative care and end-of-life care, for example, aim to bridge the physical, psychological and social difficulties associated with life-limiting illnesses and dying so that the person can live as well as possible, whatever that might mean to them and their family members.

Each of us lives with our own vulnerabilities and unique circumstances that may inform our particular kind of suffering. For many, their grief and loss is not relieved by medicine, but rather through the solidarity of presence, the enterprise of research, imagination, creativity and grit, together with the multiple acts of service of those who give to those who have not.

When Michael wasn’t able to play his trumpet anymore, he wanted to give up on everything else, too. He didn’t know whether to be angry at the cancer attacking his body or the dementia attacking his mind. Never had he felt more helpless, more pathetic in his illness than when Michael first realised he would never play again.

All there was now, he thought, was suffering and death. Nothing but for his deterioration; then more doctors, more drugs and treatments, then death; then nothing again. So the trumpet – something that had defined his entire life – was swiftly boxed up and discarded, deep under the house.

Michael had decided that he was no longer himself. Michael had decided to die.

Each of us lives with our own vulnerabilities and unique circumstances that may inform our particular kind of suffering. For many, their grief and loss is not relieved by medicine, but rather through the solidarity of presence, the enterprise of research, imagination, creativity and grit, together with the multiple acts of service of those who give to those who have not.

When Michael wasn’t able to play his trumpet anymore, he wanted to give up on everything else, too. He didn’t know whether to be angry at the cancer attacking his body or the dementia attacking his mind. Never had he felt more helpless, more pathetic in his illness than when Michael first realised he would never play again.

All there was now, he thought, was suffering and death. Nothing but for his deterioration; then more doctors, more drugs and treatments, then death; then nothing again. So the trumpet – something that had defined his entire life – was swiftly boxed up and discarded, deep under the house.

Michael had decided that he was no longer himself. Michael had decided to die.

Each of us lives with our own vulnerabilities and unique circumstances that may inform our particular kind of suffering. For many, their grief and loss is not relieved by medicine, but rather through the solidarity of presence, the enterprise of research, imagination, creativity and grit, together with the multiple acts of service of those who give to those who have not.
### 2018 STAR Awards

Calvary Mater Newcastle (CMN) Executive sought to review the organisation’s ability to serve the needs of the Aboriginal and Culturally and Linguistically Diverse (CALD) communities of the Hunter. The presentation rates for both groups did not reflect the local demographic and incidence of disease data for these particular communities.

A project officer was appointed to undertake a Cultural Safety Audit. The project confirmed some serious common misperceptions that had a direct impact on the communities’ confidence in presenting at CMN for treatment. Particular barriers to access were also identified, which directly impacted any sense of cultural safety for these various communities.

This project has identified a pathway across Calvary for the engagement of vulnerable communities, whose needs have been discovered in their absence from our services. Our foundation as a Catholic hospital can be comforting for some, but for other cultures, it can be confronting and intimidating. Cultural safety and security has a substantial impact on Aboriginal and CALD community members accessing health care, but it is not as obvious as other more measurable risks. We have incorporated this area of safety into our Consumer and Community Engagement Framework, including the place of the Cultural Determinants of Health.

### Calvary recognised in CHA highest honours for health and aged care

The Catholic Health Australia (CHA) National Awards 2018 pay tribute to exemplary innovation, excellence and contribution to health and aged care.

The awards were presented at the National Catholic Health Australia Conference gala dinner held in Melbourne 28 August 2018. CHA represents 80 not-for-profit hospitals, 25,000 aged care beds and employs 83,300 people nation-wide.

CHA’s Chief Executive Suzanne Greenwood said, “Each winner has displayed tremendous care, compassion and dedication to those in their care, to improving quality and meaning of life.”

### EXCELLENCE IN PASTORAL CARE AWARD - CALVARY HEALTH CARE BETHLEHEM - ANNELIISE WAY FOR THEIR SONGWRITING LEGACY PROJECT: ULURU WE LOOK TO YOU

Music Therapist Anneliise Way works with patients on writing a song that can be left for family and friends, and reflect their deepest thoughts about their life. Since the VIP program was implemented in July 2015, VIP re-admission rates have fallen by 29%.

Since the VIP program was implemented in July 2015, VIP re-admission rates have fallen by 29%.

### SR MARIA CUNNINGHAM LIFETIME CONTRIBUTION AWARD - CATHERINE (KATE) BIRRELL OAM, MELBOURNE

CHA’s highest honour was awarded to Kate for her 40 years of dedication to nursing, nursing education, and Catholic health. Kate is currently a director of Calvary Ministries. Kate is a nurse by profession and has been a member of the Australian College of Nursing since 2012 and before that the Royal College of Nursing Australia from 1990.
Our services

The Heart of Calvary is no better illustrated than by the hospitality and generosity of spirit in the faces of Mwangi Wagucha and Janet Searle, part of our Calvary Wakefield Hospital, South Australia team.
Our locations

ACT
- Calvary Public Hospital Bruce
  • Clare Holland Hospice
- Calvary Bruce Private Hospital
  • Hyson Green Mental Health Services
- Calvary John James Hospital
- Calvary Haydon Retirement Community
- Calvary Community Care – Bruce

NSW
- Calvary Riverina Hospital
  • Calvary Riverina Drug and Alcohol Centre
  • Calvary Riverina Surgicentre
- Calvary Maitr Newcastle
- Calvary Health Care Kogarah
- Calvary Ryde Retirement Community
- Calvary Retirement Communities Hunter (13 locations)
- Calvary Community Care – Sydney, Taree, Riverina (also respite care), Hunter/Newcastle (also respite care and social centres), Forster (respite care only), Lake Maitland (also respite care)

SA
- Calvary Adelaide Hospital
- Calvary North Adelaide Hospital
- Calvary Wakefield Hospital
  • Calvary Wakefield Surgicentre
- Calvary Rehabilitation Hospital
- Calvary Central Districts Hospital
- Calvary Flora McDonald Retirement Community
- Calvary St Catherine’s Retirement Community
- Calvary Community Care – Adelaide, Port Augusta (also respite care), Victor Harbor

TAS
- Calvary Lenah Valley Hospital
- Calvary St John’s Hospital
- Calvary St Luke’s Hospital
- Calvary St Vincent’s Hospital
- Calvary Community Care – Launceston, Hobart

VIC
- Calvary Bethlehem Health and Retirement Precinct
- Calvary Health Care Bethlehem
- Calvary Community Care Head Office
- Calvary Community Care – Melbourne, Gippsland, Shepparton

NT
- Calvary Community Care – Darwin, Alice Springs, Bathurst Island

Hospitals
Community care service centres
Retirement communities
New developments
Australian Capital Territory (ACT)

BARBARA REID, Regional CEO ACT Hospitals
MATTHEW FILOCAMO, Director of Operations, Retirement Communities
HELEN DOUGLAS, Director of Operations, Calvary Community Care

CALVARY PUBLIC HOSPITAL BRUCE, ACT
General Manager: Mark Dykgraaff
(Barbara Reid to Aug 2018)
275 bed public hospital
Services: The hospital provides emergency, critical care, generalist medical and surgical services, maternity including a midwifery-led service, voluntary adult mental health, day chemotherapy and specialist outreach services including Medical, Breast Care, Lymphedema and Geriatric Acute Care at our Bruce campus. From Clare Holland House in Barton we provide specialist palliative care services to the ACT and surrounding region.

Calvary Public Bruce is a teaching hospital associated with the Australian Catholic University, the University of Canberra and the Australian National University. Clare Holland House collaborates with the Australian Catholic University to run the Calvary Centre for Palliative Care Research.

CALVARY BRUCE PRIVATE HOSPITAL, ACT
General Manager: Elaine Bell
(Kim Bradshaw to Feb 2018, Elena McShane to July 2018)
198 bed facility located on the Calvary Bruce campus, with eight digitally integrated theatres and an eight-bed critical care unit.
Services: General medical and surgical services are complemented by clinical excellence in orthopaedics, urology, gastroenterology, and ophthalmology. Specialist services include a 12 bed maternity suite providing new families with specialised care and support after birth, and the Hyson Green Mental Health Unit. Hyson Green is the only private mental health unit in the ACT that offers inpatient, day patient and holistic healing services.

CALVARY JOHN JAMES HOSPITAL, ACT
General Manager: Tim Free
355 bed private hospital in the ACT, including a 20-bed rehabilitation unit, seven theatres and one procedure room.
Services: The hospital offers an extensive range of services including general medical, general surgery, urological, gynaecological, orthopaedics, urology, gastroenterology, thoracic, vascular, plastic, dental, ENT, intensive care unit. It also has a level 2 special care nursery. Its rehabilitation unit offers day programs servicing on average 35 to 40 patients a day, including post-joint surgery, medical reconditioning and falls prevention programs to reduce readmission to hospital.

CALVARY HAYDON RETIREMENT COMMUNITY, ACT
General Manager: Stephanie Tyrell
Among the gumtrees and gardens of South Bruce, Calvary Haydon Retirement Community provides quality residential care and support to 100 residents. It also offers dementia-specific services, respite accommodation and independent living units. All rooms are single with ensuites and are generous in size. The community is close to a large shopping centre and public transport, and Calvary’s public and private hospitals are just across the road.

CALVARY COMMUNITY CARE
Assists 10,000 clients each month across 19 locations in NSW; the Australian Capital Territory, South Australia, Tasmania, Victoria, the Northern Territory and the Tiwi Islands. Calvary Community Care has been supporting people in their own homes and communities for over 25 years, delivering a range of aged care, disability and other support services that enable independence, improve social connections and promote positive health and wellbeing. Community Care has a wide range of Commonwealth and State funded programs which focus on supporting individuals to remain living in their own home and local communities.
Services: Services include personal care, social support, community access, transport, respite care, community nursing, return from hospital support, 24 hour overnight care, domestic assistance, monitoring services and home maintenance.

Services by region

New South Wales (NSW)

WENDY HUGHES, Regional CEO NSW Hospitals
MATTHEW FILOCAMO, Director of Operations, Retirement Communities
HELEN DOUGLAS, Director of Operations, Calvary Community Care

CALVARY RIVERINA, WAGGA WAGGA, NSW
General Manager: Robin Haberecht
165 bed private hospital
Services: Calvary Riverina Hospital’s services include palliative care, general medicine, general surgery, intensive care, cardiology, respiratory medicine, sleep studies, orthopaedics, colorectal care, oncological and reconstructive breast surgery, bariatric surgery, ENT, paediatric surgery, urology, ophthalmology, obstetrics and gynaecology, day surgery, oral maxillofacial surgery, plastics and rehabilitation. Calvary Riverina Hospital also provides a comprehensive drug and alcohol acute withdrawal and sub acute/rehabilitation service which comprises inpatient, home based withdrawal and outpatient withdrawal and support services. Onsite services include cardiovascular laboratory, medical imaging and pathology services and the Riverina. Cancer Care Centre providing medical and radiation oncology treatment.

CALVARY HEALTH CARE KOGARAH, NSW
General Manager: Drew Kear
98 bed sub-acute public hospital
Services: This facility in southern Sydney offers multidisciplinary sub-acute inpatient services for palliative care and rehabilitation, a large Day Rehabilitation Program and ambulatory and community-based palliative care, rehabilitation and aged care services. The facility also operates Dementia services offering day and overnight respite. Calvary Kogarah is also a provider of community services including multidisciplinary palliative care and rehabilitation teams, an aged care assessment team, a transitional aged care program, a range of Commonwealth Home Support Program (CHSP) funded programs. This teaching hospital is aligned with University of NSW and Notre Dame University, and is a member of the Cunningham Centre for palliative care research and clinical placements in undergraduate and post-graduate programs for other universities.

CALVARY MATER NEWCASTLE, NSW
General Manager: Mark Jeffrey
(following retirement of CEO Greg Flint September 2018)
208 bed public hospital providing district and tertiary referral services, as well as a teaching hospital and research centre. The hospital is the major cancer care centre for the Hunter region, providing 350,000 outpatient treatments per year. Services: The hospital offers services across general medical and surgical, emergency, intensive care, coronary care, clinical toxicology, drug and alcohol services, haematology, radiation oncology, medical oncology, melanoma services, and palliative care. This major research facility is affiliated with universities and colleges, both nationally and internationally.

CALVARY ST PAUL’S RETIREMENT COMMUNITY, NSW
General Manager: Luke Sams
Manager: Wendy McCaughlin
Positioned in a rural setting on the Manning River in Cundinup, near Taree, Calvary St Paul’s Retirement Community has a warm country feel. It offers permanent accommodation for 40 residents in single rooms with ensuites, as well as respite accommodation.

CALVARY NAZARETH RETIREMENT COMMUNITY, NSW
General Manager: Luke Sams
Manager: Julie Heaney
Calvary Nazareth Retirement Community in Belmont North provides quality care and support to 50 permanent residents. It has a dementia-secure unit and offers respite accommodation services and independent living.
New South Wales (NSW) continued

Services by region

CALVARY RYDE RETIREMENT COMMUNITY, NSW
General Manager: Godwin D’Amato
Set amid tranquil landscaped gardens on an historic property, Calvary Ryde Retirement Community offers permanent accommodation for more than 240 residents, as well as respite accommodation. The community is friendly and close-knit, with residents from many cultures and backgrounds.

Located in the heart of Sydney, this facility has 52 single aged care rooms, 30 independent living units, respite accommodation and a 12 bed secure unit for residents with dementia. The two bedroom independent living units have internally accessible lock-up garages, air conditioning and gardens. Each aged care room has an ensuite.

CALVARY ST FRANCIS RETIREMENT COMMUNITY, NSW
General Manager: Susan Waters
Located in the Lake Macquarie suburb of Ebleana, this facility has 52 single aged care rooms, 30 independent living units, respite accommodation and a 12 bed secure unit for residents with dementia. The two bedroom independent living units have internally accessible lock-up garages, air conditioning and gardens. Each aged care room has an ensuite.

CALVARY CESSNOCK RETIREMENT COMMUNITY, NSW
General Manager: Kristin Smith
Located in the heart of Hunter Valley wine country, Calvary Cessnock Retirement Community offers quality care accommodation to 296 residents across two Residential Care sites: Bimbadeen and Nulkaba.

Bimbadeen Residential Care accommodates 80 residents in a contemporary, home-like environment. It also offers respite accommodation services. Residents are housed in large single rooms, each with an ensuite, in one of four lodges: Mt View (36 beds), Watagan (24 beds), Windermere (24 beds) and Mulbring (16 beds). Each lodge has a spacious lounge/dining area, plus separate lounges and quiet rooms. Mt View and Mulbring offer secure accommodation for people with dementia.

Nulkaba Residential Care offers contemporary accommodation for 216 residents as well as respite accommodation. Residents live in one of eight lodges, containing a mix of single and double rooms. Nulkaba offers secure accommodation for 96 people with dementia.

CALVARY MT CARMEL RETIREMENT COMMUNITY, NSW
General Manager: Luke Sams
Manager: Bradley Roberts
Calvary Mt Carmel Retirement Community provides quality care for 41 residents and also offers overnight respite accommodation and independent living. All rooms are single, air conditioned and have their own private ensuite and balcony overlooking the rural backdrop of Maitland.

CALVARY MUSWELLBROOK RETIREMENT COMMUNITY, NSW
General Manager: Luke Sams
Manager: Maree Gibbs
Calvary Muswellbrook Retirement Community provides a 65 bed residential aged care facility and 22 independent living villas. Overlooking Muswellbrook Showground, the community is located close to local shops and public transport.

CALVARY TANILBA SHORES RETIREMENT COMMUNITY, NSW
General Manager: Luke Sams
Manager: (Acting) Kristal James
Calvary Tanilba Shores Retirement Community provides quality care for 41 residents and also offers respite accommodation and independent living. Residents enjoy views of the beautiful bay and bushland in their single rooms, each with their own private ensuite.

CALVARY COOINDA RETIREMENT COMMUNITY, NSW
General Manager: Luke Sams
Manager: Sharon Sheen
Calvary Cooinda Retirement Community in Singleton provides quality care for more than 34 permanent residents and offers overnight respite accommodation. Calvary Cooinda’s residents enjoy single rooms, each with their own ensuite, open common rooms and a large outdoor area overlooking Singleton Showground.

CALVARY EPHEMUS RETIREMENT COMMUNITY, NSW
General Manager: Luke Sams
Independent Living Units Coordinator: Elizabeth Jacobs
Centrally situated in Dickson Street, Lambton, Calvary Ephemus Retirement Community offers eight independent living units with internally accessible lock-up garages. Neighbouring Holy Trinity Parish, the village is a short distance to the Lambton shops, cafes and the library.

CALVARY TOURS TERRACE RETIREMENT COMMUNITY, NSW
General Manager: Luke Sams
Independent Living Units Coordinator: Elizabeth Jacobs
Calvary Tours Terrace is a community of two bedroom independent living apartments in the Newcastle suburb of Hamilton South. The village is centrally located close to Beaumont Street and Junction Fair Shopping Centre, local clubs and public transport.

CALVARY ST LUKE’S RETIREMENT COMMUNITY, NSW
General Manager: Luke Sams
Independent Living Units Coordinator: Elizabeth Jacobs
Located close to the cafes on Darby Street, Calvary St Luke’s Retirement Community is a community of six two bedroom units. The units back on to the St Luke’s Social Centre, which offers residents a variety of entertainment, activities and day trips with like-minded people. A shaded communal barbecue area is also available for entertaining guests.

CALVARY ST JOSEPH’S RETIREMENT COMMUNITY, NSW
General Manager: Luke Sams
Manager: Helen Gayner
Located in the Newcastle suburb of Sandgate, this facility is home to 135 residents. It also offers a secure unit for residents with dementia, an ethos-specific unit, respite accommodation and 18 one and two bedroom independent living units.

CALVARY ST MARTIN DE PORRES RETIREMENT COMMUNITY, NSW
General Manager: Luke Sams
Manager: Maureen Kiss
Located in the heart of Waratah in Newcastle, Calvary St Martin de Porres Retirement Community is close to a large shopping centre, public transport and the Calvary Mater Newcastle hospital. It provides quality aged care for 41 residents in single rooms with ensuites in a single-level building.

CALVARY COMMUNITY CARE
Assists 10,000 clients each month across 19 locations in NSW, the Australian Capital Territory, South Australia, Tasmania, Victoria, the Northern Territory and the Tiwi Islands. Calvary Community Care has been supporting people in their own homes and communities for over 25 years, delivering a range of aged care, disability and other support services that enable independence, improve social connections and promote positive health and wellbeing.

Services: Services include personal care, social support, community access, transport, respite care, community nursing, return from hospital support, 24 hour overnight care, domestic assistance, monitoring services and home maintenance.

Continuing the Mission of the Sisters of the Little Company of Mary / 47
CALVARY REHABILITATION HOSPITAL, ADELAIDE, SA
General Manager: Kerrie Hayes
65 bed private rehabilitation hospital with day and outpatient programs.
Services: This major tertiary hospital focuses on neurosurgery and cardiac services, as well as orthopaedic, general and specialist bariatric surgery. It has consulting suites, a 24 hour private emergency centre, and Level 3 intensive care and coronary care units and angiography suites. The freestanding Wakefield Surgicentre specialises in paediatric day surgery.

CALVARY CENTRAL DISTRICTS HOSPITAL, SA
General Manager (Acting): Emma Poland (Elena McShane to Feb 2018 )
A modern 92 bed private hospital.
Services: Surgical and medical services include comprehensive cancer care services and specialist on-site consulting. Core surgical specialties are general surgery, orthopaedic, gastroenterology and ophthalmology. Located north of the city, the hospital provides valuable support to the Barossa Valley and Northern Yorke Peninsula regions.

CALVARY NORTH ADELAIDE HOSPITAL, SA
General Manager (Acting): Tanya Brooks
Following retirement of CEO Sue Imgraben Dec 2017, Sharon Kendall appointed CEO Jan 2018 to Oct 2018
153 bed acute inpatient private hospital with seven theatres, three day procedure rooms, a Day Oncology Suite and a 15-bed onsite Mary Potter Hospice.
Services: Calvary North Adelaide provides acute inpatient surgical and medical care. Core specialties include general, colorectal, urology and gynaecology surgery supported by the latest DaVinci xi surgical robotic program. Medical capabilities include dedicated haematology and oncology services, a specialist palliative care service including inpatient and home care services. Women’s health services including obstetrics and gynaecology and a Level 5 special care nursery. All services are supported by a Level 2 intensive care unit and 24 hour onsite medical cover. We have been providing care to the South Australian community since 1900.

CALVARY COMMUNITY CARE
Assists 10,000 clients each month across 19 locations in NSW; the Australian Capital Territory, South Australia, Tasmania, Victoria, the Northern Territory and the Tiwi Islands. Calvary Community Care has been supporting people in their own homes and communities for over 25 years, delivering a range of aged care, disability and other support services that enable independence, improve social connections and promote positive health and wellbeing. Community Care has a wide range of Commonwealth and State funded programs which focus on supporting individuals to remain living in their own home and local communities.
Services: Services include personal care, social support, community access, transport, respite care, community nursing, return from hospital support, 24 hour overnight care, domestic assistance, monitoring services and home maintenance.

*Calvary Community Care also deliver services to Tiwi Islanders in the Northern Territory.

Continuing the Mission of the Sisters of the Little Company of Mary / 49
Regional Managers

Tasmania (TAS)

CALVARY LEAH VALLEY HOSPITAL, HOBART, TAS
General Manager: Marcus DMartino (Kathryn Berry to Aug 2018)
181 bed facility including emergency services, critical care, obstetrics, orthopaedics and neurosurgery.
Lenah Valley is the largest private hospital in Tasmania. Situated five minutes from the heart of Hobart with spectacular views over greater Hobart, the hospital is a leader in neurosurgery, gynaecology, surgical and medical care. Eight new integrated theatres and a new biplane cardiac catheter laboratory are now operational.
Services: The hospital has a modern Maternity and Women’s Health Unit, and offers endoscopy, critical care, intensive care and 24/7 accident and emergency services.

HELEN DOUGLAS, Director of Operations, Calvary Community Care
CALVARY COMMUNITY CARE
Continuing the Mission of the Sisters of the Little Company of Mary /
51
Governance
About Calvary governance

Two Boards oversee Calvary governance: Calvary Ministries is the stewardship ministry while the operational ministry for health and aged care is conducted by Little Company of Mary Health Care and its subsidiaries.

Calvary Ministries Board of Directors

Calvary Ministries took responsibility for the stewardship of Little Company of Mary Health Care Ltd in January 2011, having been granted Public Juridical personality by the Civil Law and the Ethical Directives and well-being of the communities they serve. Calvary Ministries must adhere to its canonical by-laws, and the Ethical Directives as approved by the Australian Catholic Bishops’ Conference.

Calvary Ministries Ltd is the sole member of Little Company of Mary Health Care Ltd, and its subsidiaries, to improve the health and well-being of the communities they serve. Calvary Ministries must adhere to its canonical by-laws, and the Ethical Directives as approved by the Australian Catholic Bishops’ Conference.

Calvary Ministries Ltd is the sole member of Little Company of Mary Health Care Ltd, and its subsidiaries, to improve the health and well-being of the communities they serve. Calvary Ministries must adhere to its canonical by-laws, and the Ethical Directives as approved by the Australian Catholic Bishops’ Conference.

Mr DAVID PENNY
David is currently Executive Leader Operations (SHPAS) (The Institute of Sisters of Mercy Australia and Papua New Guinea). Until May 2017 he held an executive role within the Diocese of Wollongong in Western NSW.

He has significant experience in the management and governance of not-for-profit organisations and has been a Bill Council member since its inception.

David holds degrees and diplomas in Health Sciences and Administration. He completed the Intensive Management Program for Non-Profit Leaders at Stanford University, CA, USA in 2004. David has a Master’s degree in Management and has also recently completed a Master in Pastoral Theology at Heythrop College, London University, UK.

David was a Director of Little Company of Mary Health Care between 2000 - 2009 and was a member of its Mission & Ethics Committee. David resides in Sydney.

Ms CATHERINE (KATE) BIRRELL OAM
Kate has served as a Non-Executive Director and senior Nurse Executive in the not-for-profit health services sector for many years. For some 20 years Kate has had a senior management career with St John of God Health Care, finishing as Group Director of Nursing in December 2014. She still provides consulting services to St John of God Health Care as a Nursing Development Program Advisor in Timor Leste.

She holds a number of health related degrees, as well as a degree in business and administration. Kate has several Board and committee appointments. These currently include the London Institute of TAFE, Geelong, Barwon Health Ethics Committee and Mercy Health Board Quality Committee.

Previously Kate was a member of both Catholic Health Australia and the Caroline Chisholm Ethics Centre Boards. She is also a graduate of the Company Directors Course of the Australian Institute of Company Directors. In 2006 Kate was appointed by the Australian Catholic University to the position of Clinical Associate Professor of Nursing, which she held until her retirement in 2014.

Kate was awarded the Medal of the Order of Australia in the General Division for services to nursing, particularly education, and the community in June 2011. Kate was the 2018 recipient of the OHA Sir Maria Cunningham Award for Lifetime Contribution. Kate resides in Melbourne.

Sister KATHLEEN COTTERILL LCM
Sr Kathleen Cotterill has been a member of the Little Company of Mary for over 40 years.

During this time, Sr Kathleen has held positions at both clinical (general & midwifery) and administrative levels in various health care facilities within the Little Company of Mary (Riverina, Tasmania, ACT and Queensland) and other Catholic health settings. This includes the role of Director of Inpatient Services at Hawkesbury District Health Service.

She has previously been a member of the Notre Dame (Sydney) School of Nursing Advisory Board, a member of the Catholic Health Australia Directors of Nursing Committee and a member of the Calvary Ministries Members’ Council.

Sr Kathleen is a Counsellor on the Leadership Team of The Province of the Southern Cross of the Little Company of Mary. She resides in Sydney.

Ms MICHAEL LEE
Michael has degrees in Science (1977) and Electrical Engineering (First Class Honour 1979) from the University of NSW and is a Fellow of the Institution of Engineers Australia.

Michael brings strong business skills and corporate governance experience to Calvary Ministries having operated effectively as a business consultant and director of listed companies as well as a director and chairman of unlisted companies.

In 1984 he was elected to the Australian Parliament for the electorate of Dobell. He was appointed by Prime Minister Paul Keating to the Cabinet, at age 36, as Minister for Resources and Tourism. Between 1993 and 1996 he served as Minister for Communications, Arts and Tourism.

In Opposition under Kim Beazley, he served as Shadow Minister for Health and Shadow Minister for Education, prior to being defeated at the 2001 election.

After retiring from politics, Michael was appointed honorary Chair of the Central Coast Campuses Board, which was responsible for the Ourimbah Campus of the University of Newcastle and the Gosford, O'Connell and Wyong campuses of TAFE. In 2008 Michael was appointed Chair of the NSW TAFE Commission Board, providing advice to the Minister for Education and Training on the operation of NSW TAFE Institutes.

Michael is currently Chairman of Communications Alliance, the peak communications industry body in Australia.

Since 2002 Michael has been a Non-Executive Director of ASX listed Sydney Airport (previously Macarthur Airports) which owns and operates Sydney Airport. He Chairs the Safety, Security and Sustainability Committee and is also a member of the Audit and Risk Committee, as well as the Remuneration Committee.

Michael has in past years held several other non-executive directorships. Michael resides on the Central Coast of NSW.
Another meeting was at Calvary Health Care Bethlehem and Ms Lucille Scomazzon and Ms Jennifer Katherine McGrath, Mr Patrick O’Sullivan, Professor Richard Matthews, Professor Jim Birch, Dr Annette Carruthers, Mr David John Watkins AM, the board includes Mr Board of Directors is accountable to

Mick was Under Secretary Defence Materiel strategic management issues. He is on a

Appointed to the board on 23 April 2008 and 2014.

He served 10 years as a Minister, including the portfolios of Fair Trading, Sport and Education and Training. He was Deputy Premier when he retired in 2008. Subsequently, he has served as Chancellor of the University of New England in 2013

Annette is an experienced non-executive

Lucille is a partner and the national healthcare sector leader at Maddocks. She advises clients across the health care spectrum with a focus on hospitals and health services, residential aged care, retirement living, disability and home based care services.

Having advised on a number of sector transforming transactions, involving the consolidation and development of healthcare assets, Lucille acts for a range of organisations including institutional investors, developers and operators of healthcare assets. With expertise advising on health care regulatory and funding frameworks; Lucille is interested in exploring opportunities to facilitate collaboration and enable the provision of integrated healthcare services, while managing risk in a highly regulated environment.

Lucille previously served on the board of St Mary Mackillop Care (NSW) and on a human research ethics committee.

JENNIFER STRATTON BA (ECONOMICS, ENGLISH AND HISTORY), FAICD Appointed to the board on 28 November 2015

Jennifer is an accomplished senior executive and board member who has served in Catholic education in education, health care, aged care, and aid and development for more than 22 years. She is Chair of the Trustees of MercyCare, a provider of aged care, family, health, disability and community services in Western Australia. Prior to this, Jennifer was a Director of Catholic Health Australia, and Chair of its Pathways, Tesafeor and its Mission and Identity Committee. Jennifer was Group Director of education for St John of God Health Care in Perth for nearly 16 years.

LUCILLE SCOMAZZON LLB (HONS 1) BA GAICD Appointed to the board on 22 November 2017

Lucille is a partner in the national healthcare sector leader at Maddocks. She advises clients across the health care spectrum with a focus on hospitals and health services, residential aged care, retirement living, disability and home based care services.

Having advised on a number of sector transforming transactions, involving the consolidation and development of healthcare assets, Lucille acts for a range of organisations including institutional investors, developers and operators of healthcare assets. With expertise advising on health care regulatory and funding frameworks; Lucille is interested in exploring opportunities to facilitate collaboration and enable the provision of integrated healthcare services, while managing risk in a highly regulated environment.

Lucille previously served on the board of St Mary Mackillop Care (NSW) and on a human research ethics committee.

JENNIFER STRATTON BA (ECONOMICS, ENGLISH AND HISTORY), FAICD Appointed to the board on 28 November 2015

Jennifer is an accomplished senior executive and board member who has served in Catholic education in education, health care, aged care, and aid and development for more than 22 years. She is Chair of the Trustees of MercyCare, a provider of aged care, family, health, disability and community services in Western Australia. Prior to this, Jennifer was a Director of Catholic Health Australia, and Chair of its Pathways, Tesafeor and its Mission and Identity Committee. Jennifer was Group Director of education for St John of God Health Care in Perth for nearly 16 years.

LUCILLE SCOMAZZON LLB (HONS 1) BA GAICD Appointed to the board on 22 November 2017

Lucille is a partner and the national healthcare sector leader at Maddocks. She advises clients across the health care spectrum with a focus on hospitals and health services, residential aged care, retirement living, disability and home based care services.

Having advised on a number of sector transforming transactions, involving the consolidation and development of healthcare assets, Lucille acts for a range of organisations including institutional investors, developers and operators of healthcare assets. With expertise advising on health care regulatory and funding frameworks; Lucille is interested in exploring opportunities to facilitate collaboration and enable the provision of integrated healthcare services, while managing risk in a highly regulated environment.

Lucille previously served on the board of St Mary Mackillop Care (NSW) and on a human research ethics committee.

JENNIFER STRATTON BA (ECONOMICS, ENGLISH AND HISTORY), FAICD Appointed to the board on 28 November 2015

Jennifer is an accomplished senior executive and board member who has served in Catholic education in education, health care, aged care, and aid and development for more than 22 years. She is Chair of the Trustees of MercyCare, a provider of aged care, family, health, disability and community services in Western Australia. Prior to this, Jennifer was a Director of Catholic Health Australia, and Chair of its Pathways, Tesafeor and its Mission and Identity Committee. Jennifer was Group Director of education for St John of God Health Care in Perth for nearly 16 years.

LUCILLE SCOMAZZON LLB (HONS 1) BA GAICD Appointed to the board on 22 November 2017

Lucille is a partner and the national healthcare sector leader at Maddocks. She advises clients across the health care spectrum with a focus on hospitals and health services, residential aged care, retirement living, disability and home based care services.

Having advised on a number of sector transforming transactions, involving the consolidation and development of healthcare assets, Lucille acts for a range of organisations including institutional investors, developers and operators of healthcare assets. With expertise advising on health care regulatory and funding frameworks; Lucille is interested in exploring opportunities to facilitate collaboration and enable the provision of integrated healthcare services, while managing risk in a highly regulated environment.

Lucille previously served on the board of St Mary Mackillop Care (NSW) and on a human research ethics committee.

JENNIFER STRATTON BA (ECONOMICS, ENGLISH AND HISTORY), FAICD Appointed to the board on 28 November 2015

Jennifer is an accomplished senior executive and board member who has served in Catholic education in education, health care, aged care, and aid and development for more than 22 years. She is Chair of the Trustees of MercyCare, a provider of aged care, family, health, disability and community services in Western Australia. Prior to this, Jennifer was a Director of Catholic Health Australia, and Chair of its Pathways, Tesafeor and its Mission and Identity Committee. Jennifer was Group Director of education for St John of God Health Care in Perth for nearly 16 years.

LUCILLE SCOMAZZON LLB (HONS 1) BA GAICD Appointed to the board on 22 November 2017

Lucille is a partner and the national healthcare sector leader at Maddocks. She advises clients across the health care spectrum with a focus on hospitals and health services, residential aged care, retirement living, disability and home based care services.

Having advised on a number of sector transforming transactions, involving the consolidation and development of healthcare assets, Lucille acts for a range of organisations including institutional investors, developers and operators of healthcare assets. With expertise advising on health care regulatory and funding frameworks; Lucille is interested in exploring opportunities to facilitate collaboration and enable the provision of integrated healthcare services, while managing risk in a highly regulated environment.

Lucille previously served on the board of St Mary Mackillop Care (NSW) and on a human research ethics committee.

JENNIFER STRATTON BA (ECONOMICS, ENGLISH AND HISTORY), FAICD Appointed to the board on 28 November 2015

Jennifer is an accomplished senior executive and board member who has served in Catholic education in education, health care, aged care, and aid and development for more than 22 years. She is Chair of the Trustees of MercyCare, a provider of aged care, family, health, disability and community services in Western Australia. Prior to this, Jennifer was a Director of Catholic Health Australia, and Chair of its Pathways, Tesafeor and its Mission and Identity Committee. Jennifer was Group Director of education for St John of God Health Care in Perth for nearly 16 years.

LUCILLE SCOMAZZON LLB (HONS 1) BA GAICD Appointed to the board on 22 November 2017

Lucille is a partner and the national healthcare sector leader at Maddocks. She advises clients across the health care spectrum with a focus on hospitals and health services, residential aged care, retirement living, disability and home based care services.

Having advised on a number of sector transforming transactions, involving the consolidation and development of healthcare assets, Lucille acts for a range of organisations including institutional investors, developers and operators of healthcare assets. With expertise advising on health care regulatory and funding frameworks; Lucille is interested in exploring opportunities to facilitate collaboration and enable the provision of integrated healthcare services, while managing risk in a highly regulated environment.

Lucille previously served on the board of St Mary Mackillop Care (NSW) and on a human research ethics committee.
Calvary National Executive Leadership Team

MARTIN BOWLES PSM
National Chief Executive Officer

Martin has a wealth of experience gained during his almost 40 years as a senior public servant. Prior to joining Calvary on 1 December 2018, Martin worked in both the Queensland and New South Wales Governments before moving to the Commonwealth. For the last 15 years, he was Deputy Secretary in the Departments of Defence and then Climate Change, and the Secretary of the Department of Immigration and Border Protection, followed by his appointment as Secretary of Health for the past three years. Martin was awarded the Public Service Medal (PSM) in 2012 and has played an integral role in changes across the health sector including the significant recent reforms to government funding for public hospitals in Australia, to generate greater efficiency, safety and quality in our hospital system.

MATT HANRAHAN
Deputy National CEO and Director of Strategy and Service Development

Matt is responsible for providing strategic leadership and overseeing the integrated service development for Calvary’s hospitals, and Aged and Community Care Services. Matt commenced with Calvary in August 2016, bringing with him 26 years of experience across public and private health care administration. Matt has held various executive leadership positions at General Practice NSW Ltd and more recently as Chief Executive of Central Coast Local Health District. Matt has led several key initiatives including developing a patient-centric care model within the Central Coast region and leading the $568m redevelopment of both Gosford and Wyong Hospitals.

MARK GREEN
National Director of Mission

Mark has a strong passion for social justice. Prior to joining Calvary, he was the Head of Mission and People at Caritas. Mark’s skills are in leadership, strategic planning, organisational management and development. He has degrees in Economics, Law and Theology, as well as a Post Graduate Diploma in Education. He is a member of the UNSW Human Research Ethics Committee.

BRYAN MCLOUGHLIN
National Director, Aged and Community Care Services

Bryan was appointed National Director, Aged and Community Care Services on 3 September 2018. Bryan was previously Director Retirement Communities from 1 July 2015, after demonstrating strong leadership skills in his role as Operations Manager. Prior to joining Calvary, Bryan had a number of roles including CEO for ConnectAbility Australia, and Chief Operations Officer and Acting CEO for Hunter Medical Local. He has also held senior roles with Uniting Care Ageing and the Hunter Area Health Service.

PHILIP MALONEY
National Director, Legal Governance and Risk

Philip has been a lawyer for more than 25 years. His in-house legal roles include Regional General Counsel for Thorn Asia Pacific, General Counsel for Stamford Hotels and Resorts; Senior Counsel for McDonald’s Australia; Division Counsel for McDonald’s Asia Pacific; Middle East and Africa (APMEA); and Vice President – General Counsel for McDonald’s Pacific and Africa Division and its Senior Counsel for APMEA. Philip also has vast management experience and has held several directorships and appointments as Company Secretary.

BRENDA AINSWORTH
National Director, Hospitals

Brenda is responsible for the Calvary’s 11 private and four public hospitals. Over the past nine years Brenda has focused on health system performance, clinical service redesign and the development of innovative models of care. Her previous positions have included Director Health Advisory at Price Waterhouse Coopers, Executive Director, Health Performance Improvement, Innovation & Redesign for ACT Health and Director of Major Projects, Nepean Hospital. She was the winner of the 2010 Telstra Business Women’s Award in the ACT for Innovation. Brenda holds a Bachelor in Health Science (Nursing) and a Masters in Management.

MARK GREEN
Chief Medical Advisor

As a former Australian Government Chief Medical Officer, Chris’s priorities are a review of Calvary’s clinical engagement strategy and the formation of a Clinical Council to engage medical and clinical stakeholders to help Calvary navigate through the changes occurring in health care.

Chris has been the Chief Executive for the Australian Commission on Safety and Quality in Health Care, Chief Medical Officer for the South Australian Department of Health and Director of Emergency Departments at Flinders Medical Centre, Ashford Community Hospital and the Royal Adelaide Hospital. He was President of the Australasian College for Emergency Medicine and Chair of the Committee of Presidents of Medical Colleges.

JUDITH DAY
National Chief Financial Officer

Judith is responsible for the leadership of Calvary’s finance services. Judith has a 25 year career in health care, both in the private and public sectors. Judith was the CFO/CEO for 11 years at Cabrini Health and for the last two years, was also Deputy Chief Executive. Her prior experience includes Director of Finance and Administration at St Andrew’s Hospital in Adelaide, and working in various roles at Faulding Healthcare, Flinders Medical Centre and Ashford Community Hospital. Judith is a Certified Practising Accountant, has a Master of Business Administration and is a Graduate of the Australian Institute of Company Directors.

Kris has a broad range of experience in management and health executive roles. She has held management roles in the health sector over the past two decades, most recently as National Manager Clinical Services and prior to that, CEO of Calvary Rehabilitation Hospital. In her current role, Kris is responsible for clinical governance across Calvary’s aged, community, acute public and private hospitals in six Australian States and Territories. Kris holds a Bachelor in Health Science (Nursing) and Masters in Business Administration.

Kris Salisbury
Assistant National Director, Clinical Governance

As the Chief Medical Advisor, Philip specialises in Exercise & Sport Science, qualifications including a Master of Science in Sport Science and Exercise Physiology, with a specialisation in Exercise and Sport Science and business management.

PROFESSOR CHRIS BAGGOLEY AO
Chief Medical Advisor

As a former Australian Government Chief Medical Officer, Chris’s priorities are a review of Calvary’s clinical engagement strategy and the formation of a Clinical Council to engage medical and clinical stakeholders to help Calvary navigate through the changes occurring in health care.

Chris has been the Chief Executive for the Australian Commission on Safety and Quality in Health Care, Chief Medical Officer for the South Australian Department of Health and Director of Emergency Departments at Flinders Medical Centre, Ashford Community Hospital and the Royal Adelaide Hospital. He was President of the Australasian College for Emergency Medicine and Chair of the Committee of Presidents of Medical Colleges.

JUDITH DAY
National Chief Financial Officer

Judith is responsible for the leadership of Calvary’s finance services. Judith has a 25 year career in health care, both in the private and public sectors. Judith was the CFO/CEO for 11 years at Cabrini Health and for the last two years, was also Deputy Chief Executive. Her prior experience includes Director of Finance and Administration at St Andrew’s Hospital in Adelaide, and working in various roles at Faulding Healthcare, Flinders Medical Centre and Ashford Community Hospital. Judith is a Certified Practising Accountant, has a Master of Business Administration and is a Graduate of the Australian Institute of Company Directors.

Kris Salisbury
Assistant National Director, Clinical Governance

As the Chief Medical Advisor, Philip specialises in Exercise & Sport Science, qualifications including a Master of Science in Sport Science and Exercise Physiology, with a specialisation in Exercise and Sport Science and business management.

PROFESSOR CHRIS BAGGOLEY AO
Chief Medical Advisor

As a former Australian Government Chief Medical Officer, Chris’s priorities are a review of Calvary’s clinical engagement strategy and the formation of a Clinical Council to engage medical and clinical stakeholders to help Calvary navigate through the changes occurring in health care.

Chris has been the Chief Executive for the Australian Commission on Safety and Quality in Health Care, Chief Medical Officer for the South Australian Department of Health and Director of Emergency Departments at Flinders Medical Centre, Ashford Community Hospital and the Royal Adelaide Hospital. He was President of the Australasian College for Emergency Medicine and Chair of the Committee of Presidents of Medical Colleges.

JUDITH DAY
National Chief Financial Officer

Judith is responsible for the leadership of Calvary’s finance services. Judith has a 25 year career in health care, both in the private and public sectors. Judith was the CFO/CEO for 11 years at Cabrini Health and for the last two years, was also Deputy Chief Executive. Her prior experience includes Director of Finance and Administration at St Andrew’s Hospital in Adelaide, and working in various roles at Faulding Healthcare, Flinders Medical Centre and Ashford Community Hospital. Judith is a Certified Practising Accountant, has a Master of Business Administration and is a Graduate of the Australian Institute of Company Directors.

Kris Salisbury
Assistant National Director, Clinical Governance

As the Chief Medical Advisor, Philip specialises in Exercise & Sport Science, qualifications including a Master of Science in Sport Science and Exercise Physiology, with a specialisation in Exercise and Sport Science and business management.

PROFESSOR CHRIS BAGGOLEY AO
Chief Medical Advisor

As a former Australian Government Chief Medical Officer, Chris’s priorities are a review of Calvary’s clinical engagement strategy and the formation of a Clinical Council to engage medical and clinical stakeholders to help Calvary navigate through the changes occurring in health care.

Chris has been the Chief Executive for the Australian Commission on Safety and Quality in Health Care, Chief Medical Officer for the South Australian Department of Health and Director of Emergency Departments at Flinders Medical Centre, Ashford Community Hospital and the Royal Adelaide Hospital. He was President of the Australasian College for Emergency Medicine and Chair of the Committee of Presidents of Medical Colleges.

JUDITH DAY
National Chief Financial Officer

Judith is responsible for the leadership of Calvary’s finance services. Judith has a 25 year career in health care, both in the private and public sectors. Judith was the CFO/CEO for 11 years at Cabrini Health and for the last two years, was also Deputy Chief Executive. Her prior experience includes Director of Finance and Administration at St Andrew’s Hospital in Adelaide, and working in various roles at Faulding Healthcare, Flinders Medical Centre and Ashford Community Hospital. Judith is a Certified Practising Accountant, has a Master of Business Administration and is a Graduate of the Australian Institute of Company Directors.

Kris Salisbury
Assistant National Director, Clinical Governance

As the Chief Medical Advisor, Philip specialises in Exercise & Sport Science, qualifications including a Master of Science in Sport Science and Exercise Physiology, with a specialisation in Exercise and Sport Science and business management.

PROFESSOR CHRIS BAGGOLEY AO
Chief Medical Advisor

As a former Australian Government Chief Medical Officer, Chris’s priorities are a review of Calvary’s clinical engagement strategy and the formation of a Clinical Council to engage medical and clinical stakeholders to help Calvary navigate through the changes occurring in health care.

Chris has been the Chief Executive for the Australian Commission on Safety and Quality in Health Care, Chief Medical Officer for the South Australian Department of Health and Director of Emergency Departments at Flinders Medical Centre, Ashford Community Hospital and the Royal Adelaide Hospital. He was President of the Australasian College for Emergency Medicine and Chair of the Committee of Presidents of Medical Colleges.

JUDITH DAY
National Chief Financial Officer

Judith is responsible for the leadership of Calvary’s finance services. Judith has a 25 year career in health care, both in the private and public sectors. Judith was the CFO/CEO for 11 years at Cabrini Health and for the last two years, was also Deputy Chief Executive. Her prior experience includes Director of Finance and Administration at St Andrew’s Hospital in Adelaide, and working in various roles at Faulding Healthcare, Flinders Medical Centre and Ashford Community Hospital. Judith is a Certified Practising Accountant, has a Master of Business Administration and is a Graduate of the Australian Institute of Company Directors.