



**Calvary**

Health Care Bethlehem

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

**ANNUAL REPORT**

2020-2021



## Our Mission

Calvary brings 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
- in celebration of the rich heritage and story of the Sisters of the Little Company of Mary

## Contents

GM and Board Chair message.....	1
Calvary Ministries Chair message.....	2
Partnering & planning for our future.....	4
Our strategy & year in review.....	10
Excellence in care.....	20
Caring for our people & working environments.....	32
Serving our communities.....	42

## Acknowledgement of land and traditional owners

Calvary Health Care Bethlehem acknowledges the traditional owners of this land, the Boonwurrung people and all the members of the Kulin nations. We pay our respects to their Elders, past, present and emerging.



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

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

Print and design by the lovely folks at 

## Our Vision

Our vision identifies what we are striving to become. As a Catholic health, community and aged care provider, to excel and be recognised, as a continuing source of healing, hope and nurturing to the people and communities we serve.

## Our Values

Our Values are visible in how we act and treat each other. We are stewards of the rich heritage of care and compassion of the Little Company of Mary.

We are guided by these values:

- hospitality
- healing
- stewardship
- respect

## About Bethlehem

Opened in 1941 as a private hospital offering maternity, medical and surgical services, Calvary Health Care Bethlehem (CHCB) is part of a national charitable Catholic not-for-profit organisation with more than 10,000 staff and volunteers.

Today CHCB is a publicly funded health service, recognised as a specialised palliative care service and a Statewide provider of services for progressive neurological diseases. We work in partnership with other health providers to help people to live well, knowing they have a progressive incurable illness. Care can be provided early in the illness for people with complex needs.

Our interdisciplinary teams include specialist medical, nursing, allied health, pastoral care and bereavement.

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

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

## Message from the Chair and Interim General Manager

We acknowledge the enormous contribution of Dr Jane Fischer, who retired as General Manager and Director of Medical Services in February 2021 after almost 20 years of service. Jane began her career at Bethlehem Hospital in Caulfield in August 2001, taking on the role of Clinical Director for Palliative Care, and was subsequently appointed to the role of CEO and Medical Director in 2007. Jane led a number of pivotal changes culminating in the Bethlehem we know today. We thank Jane for her passionate, professional and exemplary contribution to our mission, commenced by the Sisters of the Little Company of Mary 136 years ago. We have inherited their spirit and accepted the responsibility to nurture the mission and ensure it continues into the future.

The health, aged care and disability sectors in which we operate continue to be challenged by the COVID-19 pandemic. We live and work with much uncertainty and change as a result. Our staff tackle these challenges with great commitment and deep compassion, to ensure the needs of our patients and their families continue to be met.

We continue to review our services and the ways in which we can deliver these differently, recognising the opportunity that comes from adversity. Calvary Health Care Bethlehem has refined service delivery models to serve us in the present and into the future; particularly as we focus on the redevelopment of the Caulfield site to provide an integrated health and retirement precinct.

Over this last year, the redevelopment of the Caulfield site has progressed extensively. We remain on track for completion and occupation of the site in late 2022. At the end of June, the Residential Aged Care wing's concrete structure was completed making way for façade works to commence. The Bethlehem sub-acute health services' wing's concrete structure is approaching completion and the first pour of concrete for Level 4 of the independent living units has commenced.

Behind the scenes, we have consulted staff to review the physical layout of rooms and spaces to help finalise the design of the precinct's buildings. We have also consulted local faith communities, the Archdiocese of Melbourne and the local Aboriginal community on the layout and design of the planned chapel and a reflective space. Both the chapel and reflective space will open into private internal



**Shannon Thompson**

Interim General  
Manager, CHCB



**Jim Birch, AM**

Chair,  
LCMHC Board

courtyards and will be located near the foyer of the precinct's entry building, so that everyone living in or visiting the precinct can access them.

Delivering our services and developing of innovative models of care to support the most vulnerable and those approaching end of life would not be possible without our supporters, volunteers, and partners.

We are very fortunate to have a committed volunteer community including members of our Community Advisory Council; our Human Research Ethics and Ethics committees; those who bring a consumer focus to key governance committees and working parties; and those who assist in a wide range of clinical and corporate areas of our service. Thanks to each one of you, your contribution helps us to make a difference to the lives of those for whom we care. You are visible representatives of the communities we serve and vital to our mission.

Partnerships are so important as we seek to deliver our mission in Victoria. We would like to acknowledge all those who partner with us in different ways; other health service providers, community organisations, universities and the philanthropic community.

We extend our sincere appreciation and thanks to our Executive, Managers and all our staff at Calvary Health Care Bethlehem.

The work you do each day, your dedication, compassion and determination to provide the best care possible and "being for others" in the Spirit of Calvary, ensures we continue the mission of the Sisters of the Little Company of Mary as Venerable Mary Potter intended.

**Jim Birch, AM**  
Chair, LCMHC Board

**Shannon Thompson**  
Interim General Manager  
CHCB

## Foreword from the Chair

### Calvary Ministries Trustee Board

*"We were not made for time only but for eternity."* Venerable Mary Potter.

As I write, we continue to find ourselves in the midst of the COVID-19 pandemic which has afflicted the entire world for well over 18 months. This pandemic has wrought unprecedented change in our personal, social, global and professional lives. People in Victoria, and Melbourne in particular, have experienced substantial periods of time living under strict stay-at-home orders.

The Calvary Ministries Trustees visited Calvary Bethlehem in May and were incredibly impressed by the Calvary Bethlehem Health Care staff and the care they give.

Our staff have worked tirelessly with patients, families and one another to manage visitor restrictions ensuring that whilst safety is adhered to, families are still able to spend precious time with their loved ones and to ensure that the end of life care experienced by patients and families continues to embody the values and mission of Calvary. Two of these staff were nominated for National Mary Potter Awards. Their citations read in part:

"Her every interaction is founded on a bed of compassion and respect – she is universally admired by staff across the hospital and embodies the essence of the mission and values in all she does."

"She negotiated complex and emotionally charged situations with warmth, grace and compassion – with healing and care at the heart of every conversation. Her care extended beyond patients and families to her staff and the broader hospital community."

I have no doubt that these words are illustrative of the efforts of so many. Our vocation is to heal the sick, to care for the dying, to care for each other and, in all these ways, to be for others. This is our purpose and



**Hon Michael Lee**  
Chair  
Calvary Ministries

our mission – to serve in more normal times and in such times as these.

In doing this we draw on 136 years' experience. The Sisters and their companions left us a rich heritage to guide and console us.

In the year of Mother Mary Potter's death, at the 1913 Annual General Meeting of the Lewisham General Hospital, Dr J Flynn spoke in praise of the Sisters' work and spirit:

'In every department of hospital administration, it is equally manifest. You notice it in the excellent cuisine, in the intelligent marketing, in the attractive furnishing, in the skilful serving, in the neat housekeeping, in fact in its excellence in all the little arts of home-making.' He praised the Sisters' response to medical advances also, saying, 'Nowhere have the old, tired methods been so quickly, so thoroughly and so ruthlessly discarded and nowhere has the call to better things found more response than in the hearts and in the hands of the spiritual daughters of Mother Mary Potter beneath the Southern Cross.'

These last words are most apposite for us to hear again today, 108 years later. The call of this present time is indeed to discard the old, tired methods and to embrace better things.

The staff at Calvary Health Care Bethlehem fashion heritage for another time – when people may look to us as a guiding light in their time of trouble.

I would like to acknowledge Dr Jane Fischer, who retired as General Manager and Director of Medical Services in February 2020 after almost 20 years of service.

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

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

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

**Hon Michael Lee**  
**Chair, Calvary Ministries Trustee Board**





# Strategic Intent 2020-2025

*You matter. We care about you.*

## Our Mission

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

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

## Our Values



Hospitality



Healing



Stewardship



Respect



## Our Vision

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

## Our Behaviours

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

### Priority: A focus on quality and safety

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

Create respectful, collaborative relationships with patients, residents, clients, families and community partners from which to grow compassionate, person-centered models of care.

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

Using the learnings from COVID-19 to strengthen trust in our services as consistently delivering safe, high quality, efficient and innovative care.

### Priority: Care of our people and our working environments

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

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

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

### Priority: Partnering and planning for the present and the future

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

Research and innovate to meet health and social needs now and in the future.

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

### Priority: Caring for our resources

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

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

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

## In 5 years' time Calvary will...

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

# Partnering & planning for our future







## Calvary Bethlehem Health and Retirement Precinct

Construction of the landmark Calvary Bethlehem Health and Retirement Precinct is well advanced and is expected to reach its highest point in the first few months of the new financial year.

A first of its type for Victoria, the integrated precinct will bring retirement living, residential aged care, primary and community health care, and Calvary Bethlehem's existing specialist health services together in one location.

Being built on the site of our former Bethlehem hospital, the much anticipated development is on track for completion in late 2022. It is designed to support residents to live well within the precinct community and connect with the health care and support they may require as they age or their needs change.

There will be 69 independent living units within two linked apartment blocks, a residential aged care home for 83 residents, and opportunity for an integrated primary health service incorporating general practitioners, practice nurses and allied health services to support residents.

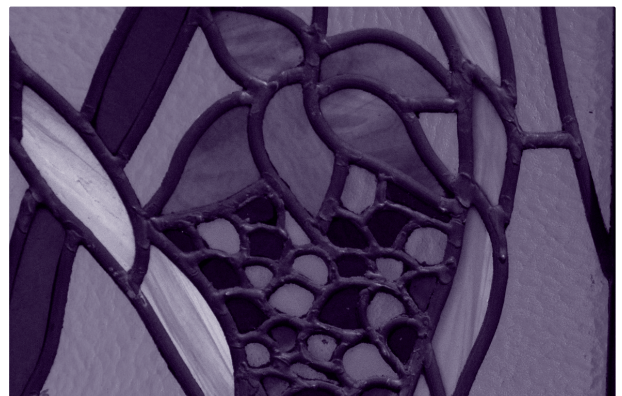
A new purpose-built sub-acute health facility will support the Calvary Health Care Bethlehem team to deliver its state-wide services for people living with progressive neurological, such as Motor Neurone Disease and Huntington's disease, and specialist palliative care services.

While construction was getting underway, key members of the Calvary Bethlehem team were

reviewing the physical layout of rooms and spaces to help finalise the design of the new sub-acute facility. Consultations were also held with staff from Calvary's aged and community care services nationally, drawing on their knowledge and experience to finalise speciality design requirements for the new residential aged care and community care facilities and services.

Consultations are also continuing with local faith communities, the Melbourne Archdiocese and the Aboriginal community on the layout and design of the planned chapel and a reflective space. Both will be located near the foyer of the precinct's entry building and will provide a supportive space for everyone living in or visiting the precinct to gather, reflect, or pray as they need according to their faith and cultural background.

The coming year will mark 80 years since the Sisters acquired an existing hospital on the South Caulfield site. They renamed it Bethlehem and began their Mission in Melbourne.



PAST AND PRESENT: Stained glass from the former Calvary Bethlehem Convent will be incorporated into the design of the new chapel and its surrounds, carrying the history of Calvary Bethlehem and the Sisters of the Little Company of Mary forward into the new precinct.



## NDIS Service grows



The National Disability Insurance Scheme (NDIS) Provider Service at Bethlehem supports NDIS participants living with progressive neurological diseases in the community and residential care settings. The NDIS Provider Service is an experienced specialist multidisciplinary team registered by the NDIS to deliver therapeutic and specialist behaviour supports, including:

- specialist behavioural support;
- neuropsychology;
- occupational therapy;
- physiotherapy;
- speech pathology;

- dietetics;
- home enteral nutrition program; and
- music therapy.

In 2020–21 the service supported over 110 NDIS participants. Ninety-five percent of participants supported are known to CHCB's State-wide Progressive Neurological Disease Service and live with conditions including Motor Neurone Disease, Huntington's disease, progressive supranuclear palsy and multiple system atrophy.

In response to NDIS consumer feedback, we are developing a comprehensive quality plan to improve information and transparency to NDIS participants regarding their services. For participants with complex needs, interdisciplinary care planning is supported by regular case conferences.

The NDIS Provider Service played an important role in helping participants to remain safe at home and progress towards therapy goals during the COVID-19 pandemic, either through telehealth or face-to-face consultations. The service worked collaboratively with participants and other providers to enable this to occur safely within the Victorian Government COVID-19 guidelines.





## My NP Care – Palliative care service innovation and development grants

The My Neuro-Palliative Care Project commenced in February 2020. The project received funding from the Victorian Department of Health and Human Services through a palliative care service innovation and development grant.

The aims of this project are:

- to understand what patients and carers living with a progressive neurological disease (PND) and other stakeholders believe are the key elements of effective neuro-palliative care to help people live and die in their chosen community; and
- to develop, pilot and evaluate a model of neuro-palliative care in metropolitan and regional settings, based on the learnings from the first project phase.

Calvary Health Care Bethlehem, with its co-located neurological and palliative care specialties and its considerable experience as a state-wide service provider to people with a PND, is well placed to model, test and evaluate neuro-palliative care in hospital, ambulatory and community settings.

Over the past fourteen months, the project has gathered evidence around what patients and families need, what patients think is important in their care, the current gaps in the system and the barriers to providing a more integrated model of care. The project team has explored options for improvement, drawing on published evidence to design a new model of neuro-palliative care.

Over the next six months, the new model is being trialled in partnership with four metropolitan and two regional palliative care services.



## Telehealth in community palliative care in response to COVID-19 – The Community CORE Project

The Community CORE Project aims to use telehealth to maintain and enhance the standard of care provided by the CHCB Community Palliative Care Service (CPCS). Its aim is to pilot and evaluate a range of telehealth innovations across community settings, such as outpatient clinical reviews, residential aged care homes (RACHs) and patients' homes.

This change in clinical practice is an ongoing part of Calvary's pandemic response plan and gives an opportunity to gather data on telehealth consultations and assess the impact of such a change to help inform future practice.

At present, there is minimal formal data on telehealth use in community palliative care, and also limited published evidence to guide clinical practice.

With funding from the Urquhart Charitable Trust, the CPCS team will design, pilot and evaluate a number of telehealth innovations in a range of community settings. The project supports the Victorian Government's End of Life and Palliative Care Framework and aims to:

- identify strengths and challenges of telehealth consultations specific to community palliative care;
  - capture patient, carer and staff experiences; and;
  - develop suitability criteria for telehealth in-person consultations.
- increase patient access to specialist palliative care;







Music Therapist Andrew helps a patient choose her favourite songs to listen to on the ward as part of the Staying Connected Program.

## The Staying Connected Program

CHCB established the Staying Connected Program in July 2020 as a direct response to the challenge of COVID-19. It addresses social isolation and the heightened need for social and emotional connection and is designed to create real connections and ensure our patients are seen, heard and valued.

This program seeks to improve the quality of life of patients by offering daily practical support to enable those with a life-limiting illness to socialise with their family, friends and community online. From making a video call with a family member or interstate relative, to using YouTube, we are continually delighted to see our patients discover new ways of staying connected with family, friends and community.

There is clear evidence that maintaining social connections protects health and is vital to wellbeing and resilience. The program also incorporates music, art and culture as health promotion tools, with research showing that engaging in the arts counters the effects of physical distancing and cultivates a shared feeling of humanity.

In the words of Bec, a volunteer working in the program:

“The Staying Connected program has been wonderful! Patients really appreciate the extra care that is taken to ensure they have options to keep them occupied, connected to loved ones and even just someone to chat to about their interests and hobbies during their stay. Keeping patients connected to the parts of their lives that bring them joy and meaning has been a true gift to be able to facilitate.”

This innovative program has continued to have a powerful impact in 2021, as we expand and recruit more volunteers to ensure this program is sustainable into the future.

“The Staying Connected Program was designed to create real connections and ensure our patients are seen, heard and valued.”

**CHCB Program Lead, Nicki Jackson**

# Our strategy and year in review



Calvary Health Care Bethlehem's Interim General Manager Shannon Thompson hosted LCM Health Care National CEO Martin Bowles and Tas/Vic Regional CEO Cynthia Dowell when they visited our Parkdale campus earlier this year.





## Environmental sustainability

The challenges of the COVID-19 pandemic continued to impact our environmental sustainability in the 2020-2021 period. Despite having established sound operational procedures with waste reduction in mind, the ongoing use of PPE and the required use of disposable tableware in staff areas resulted in an increase in the volume of waste generated.

While all attempts were made to procure recyclable items where possible, the changes to practices saw an increase in overall waste generated. CHCB has continued to embrace sound environmental principles and practices with a view to minimising our operational impact on the environment.

While there was an increase in waste generated, there was a decrease in the amount of fuel used. The majority of fleet vehicles are hybrid vehicles and by purchasing an extra 4 hybrid vehicles in the previous financial year, there was a higher usage of hybrid vehicles than non-hybrid vehicles. Another factor contributing to a decrease in fuel usage was the reduced number of community patient visits as a result of the COVID-19 pandemic.

We have continued to monitor our utility usage

measured against a baseline usage figure that was established for the Parkdale site using the figures for the 2018-2019 year. While water usage remained stable, electricity decreased by 4%. Gas usage increased by 12%, mainly owing to a greater usage of heating especially in the last quarter.

We have continued to monitor our waste streams and the recycling programs in place maintained a steady volume of recycling.

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



Organic food waste is collected and converted into high grade compost through an in-vessel composting process.





Calvary Health Care Bethlehem's environmental response extends to using washable mugs and water bottles.

## Environmental sustainability

The following environmental performance figures compare the previous figures established for the Parkdale site and the corresponding figures for the 2020-2021 year. These figures show that we have adhered to our environmental practices and remain committed to environmental sustainability.

	Parkdale baseline (2018 - 2019)	2019 - 2020	2020-2021
<b>Electricity</b>			
Consumption (kW)	478 233	434 995.	417 399
Consumption by area (kW/m2)	149.40	135.90	130.40
<b>Natural Gas and LPG</b>			
Consumption (MJ)	2 189 571	1 790 528	2 021 854
Consumption by area (MJ/m2)	684.20	559.50	631.80
<b>Petrol</b>			
Consumption (L)	9 084	9 136	7171
<b>Water</b>			
Consumption (kL)	2 178	2 639	2 637
Consumption by area (kL/m2)	0.76	0.82	0.82
<b>Waste</b>			
Clinical waste (kg)	509.00	964.00	1003.00
General waste (tonnes)	67.59	27.55	29.00
Recycled waste (tonnes)	24.38	17.59	16.79



CHCB would like to acknowledge the Honourable Jenny Mikakos, Minister for Health and Minister for Ambulance Services from 1 July 2020 to 26 September 2020 and the Honourable Martin Foley, Minister for Equality and Minister for Mental Health from 1 July 2020 to 26 September 2020 and Minister for Health and Ambulance Services from 26 September 2020 to 30 June 2021. CHCB would also like to acknowledge the Honourable James Merlino, Minister for Mental Health from 29 September 2021 to 30 June 2021.

## Strategic priorities

Aligned to the allowances in the Health Services Act 1988 an abbreviated annual Statement of Priorities process was adopted for 2020-21 due to the COVID-19 pandemic. Calvary Health Care Bethlehem contributed to the achievement of the Government's priorities by:

Specific priorities	Health services deliverables	Progress
Maintain CHCB's robust COVID-19 readiness and response, working with the Department of Health to ensure rapid response to outbreaks, if and when they occur, which includes providing testing for our community and staff, where necessary and if required. This includes preparing to participate in, and assist with, the implementation of the COVID-19 vaccine immunisation program rollout, ensuring our local community's confidence in the program.	Develop and maintain a current COVID-19 Safe plan aligned to the Victorian Health Service Guidance and Response to COVID-19 Risks (VHSGR ) Roadmap	Achieved
	Develop and maintain a current COVID-19 Outbreak Management Plan	Achieved
	Implement a Respiratory Protection Plan including fit testing completed for all at risk CHCB staff	Achieved
	Promote and encourage CHCB staff and local communities to participate in COVID-19 vaccination programs, in partnership with the SEPHU	In progress, plan implemented
Engage with the CHCB community to address the needs of patients, especially vulnerable Victorians whose care has been delayed due to the pandemic and provide the necessary "catch-up" care to support them to get back on track.	Implement care planning and delivery strategies to ensure all CHCB current and prospective patients are risk assessed and appropriate clinical care and interventions are put in place to address urgent clinical needs, manage ongoing symptoms and concerns, and prevent avoidable acute escalation of care	Achieved
As providers of care, respond to the recommendations of the Royal Commission into Victoria's Mental Health System and the Royal Commission into Aged Care Quality and Safety.	Continue to grow in-reach services and supports for residential aged care through the CHCB Palliative Care Needs Round Program	Ongoing, 10% of growth in 2020-2021
Develop and foster CHCB's local health partner relationships, which have been strengthened during the pandemic response, to continue delivering collaborative approaches to planning, procurement and service delivery at scale. This extends to prioritising innovative ways to deliver health care through shared expertise and workforce models, virtual care, co-commissioning services and surgical outpatient reform to deliver improved patient care through greater integration.	As a specialist sub-acute provider within the South East Metro HSP, participate as active members and integrate local actions aligned to the priorities set within the regions we operate.	In progress

## Analysis of workforce (by FTE)

Hospitals labour category	JUNE Current monthly FTE		JUNE Average monthly FTE	
	2020	2021	2020	2021
Nursing	77.2	84.1	76.7	79.2
Administration and clerical	17.1	11.7	15.9	15.2
Medical support	3.5	3.3	3.4	3.4
Hotel and allied services	6.1	7.6	6.2	7.1
Medical officers	6.6	6.6	6.2	6.5
Sessional clinicians	4.4	4.4	4.1	4.3
Ancillary staff (allied health)	36.0	45.5	34.8	37.7
	<b>150.9</b>	<b>163.2</b>	<b>147.3</b>	<b>153.4</b>

## Financial commentary

In 2020-21, Calvary Health Care Bethlehem was required to respond to the COVID-19 pandemic, and in doing so was unable to achieve some of the deliverables as per the targets expressed in the statement of priorities. The Calvary Health Care Bethlehem operating result was achieved with support from the Department of Health and Human Services. There were no subsequent events to balance date. The future impact of the pandemic or other events on the operations of Calvary Health Care Bethlehem is unknown.

## Summary of financial results (\$'000's)

	2021	2020	2019	2018	2017
Operating result*	573	(388)	(824)	286	14
Total revenue	28,121	27,564	24,646	23,437	22,442
Total expenses	28,362	27,310	26,502	24,651	23,037
<b>Net result from transactions</b>	(241)	254	(1,856)	(1,214)	(595)
Total other economic flows	70	147	275	175	124
Net result	(171)	401	(1,581)	(1,039)	(471)
Total assets	15,288	14,860	12,389	14,210	15,084
Total liabilities	9,621	9,022	6,953	7,193	7,028
Net assets	5,667	5,838	5,436	7,017	8,056
Total equity	5,667	5,838	5,436	7,017	8,056

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

Business as usual (BAU) expenditure (excluding GST)	Non business as usual (non-BAU) expenditure (excluding GST) (\$ million)		
	Total=Operational expenditure and Capital Expenditure (excluding GST)	Operational expenditure (excluding GST)	Capital expenditure (excluding GST)
<b>\$1.05315</b>	\$0	\$0	\$0

## Net results (\$000s)

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

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

	2021	2020	2019	2018	2017
Net operating result *	573	(388)	(824)	286	14
<b>Capital and Specific Items</b>					
Capital purpose income	0	0	0	0	42
Specific income	62	1,542	0	150	821
COVID-19 State Supply Arrangements – Assets received free of charge or for nil consideration under the State Supply Arrangements	19	0	0	0	0
State supply items consumed up to 30 June 2020	79	0	0	0	0
Assets provided free of charge	0	0	0	0	0
Assets received free of charge	4	0	0	0	0
Expenditure for capital purpose	(125)	(92)	(528)	(169)	(124)
Depreciation and amortisation	(852)	(808)	(386)	(1,346)	(1,445)
Impairment of non-financial assets	0	0	0	0	0
Finance costs (other)	0	0	-118	-135	97
<b>Net results from transactions</b>	<b>(241)</b>	<b>254</b>	<b>(1,856)</b>	<b>(1,214)</b>	<b>(595)</b>

## Details of individual consultancies less than \$10,000

In 2020-21 there were 3 consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2020-21 in relation to these consultancies was \$9,050.

## Details of individual consultancies more than \$10,000

In 2020-21 there were no consultancies where the total fees payable to the consultants was more than \$10,000.



## Occupational health and safety data

Occupational Health and Safety Statistics	2020-2021	2019-2020	2018-2019
The number of reported hazards/incidents for the year per 100 FTE	22	16	25
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	Nil	1,357	Nil
The average cost per WorkCover claim for the year	Nil	\$130,842.24	Nil

## Part B: Performance priorities

### High quality and safe care

Key performance indicator	Target	2020-21 Result
<b>Infection prevention and control</b>		
Compliance with the Hand Hygiene Australia program	83%	92.6%
Percentage of healthcare workers immunised for influenza	90%	96%
<b>Patient experience</b>		
Victorian Healthcare Experience Survey – patient experience	95% positive experience	No surveys conducted in 2020-2021
Victorian Healthcare Experience Survey – discharge care	75% very positive response	No surveys conducted in 2020-2021
<b>Healthcare associated infections (HAI)</b>		
Rate of patients with SAB per occupied bed days	<1/10,000	Achieved
<b>Adverse events</b>		
Sentinel events - root cause analysis reporting	All root cause analysis reports submitted within 30 business days.	Achieved

## Effective financial management

Key performance indicator	Target	2020-21 result
<b>Finance</b>		
Operating result (\$m)	0.0	0.57
Public and private WIES activity performance target	100%	84%
Average number of days to paying trade creditors	60 days	22 days
Average number of days to receiving patient fee debtors	60 days	29 days
Adjusted current asset ratio	0.7 or 3% improvement from base target	0.55
Current days available cash	14 days	58.3 days
Variance between forecast and actual net result from transactions (NRFT) for the current financial year ending 30 June	Variance < \$250,000	-0.01

## Part C: Activity and funding

Funding type	2020-21 Activity achievement
<b>(a) Subacute WIES admitted:</b>	
Rehabilitation public	149
Rehabilitation private	80
Palliative care public	246
Palliative care private	61
<b>(b) Subacute non-admitted:</b>	
Health Independence Program - public	14,632
<b>(c) Acute non-admitted:</b>	
Home enteral nutrition	560

## Attestations

### Financial Management Compliance attestation - SD 5.1.4

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



**Jim Birch**  
Chair  
Little Company of Mary Health Care  
26 August 2021

### Responsible Bodies Declaration

In accordance with the Financial Management Act 1994, I am pleased to present the Report of Operations for Calvary Health Care Bethlehem for the year ending 30 June 2021.



**Jim Birch**  
Chair  
Little Company of Mary Health Care  
26 August 2021

### Data Integrity Declaration

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



**Shannon Thompson**  
Interim General Manager  
Calvary Health Care Bethlehem

### Conflict of interest Declaration

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



**Shannon Thompson**  
Interim General Manager  
Calvary Health Care Bethlehem

### Integrity, Fraud and Corruption Declaration

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



**Shannon Thompson**  
Interim General Manager  
Calvary Health Care Bethlehem



## Merit and equity principles

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

## Local Jobs First Act FRD 25D

In 2019-2020 there were no contracts requiring disclosure under the Local Jobs First Policy.

## Freedom of Information Act 2012

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

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

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

## Safe Patient Care Act 2015

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

## Protected Disclosure Act 2012

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

## Carers Recognition Act 2012

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

## Building Act 1993

No new building projects have been undertaken in the financial year ending 30 June 2021. In order to maintain buildings in a safe and serviceable condition, routine inspections were undertaken. Where required, CHCB proceeded to implement the highest priority recommendations arising out of those inspections through planned maintenance works. CHCB has also complied with Department of Health and Human Services Fire Risk Management Guidelines.

## Competitive neutrality

Calvary Health Care Bethlehem continues to comply with government policy on competitive neutrality.

# Excellence in care



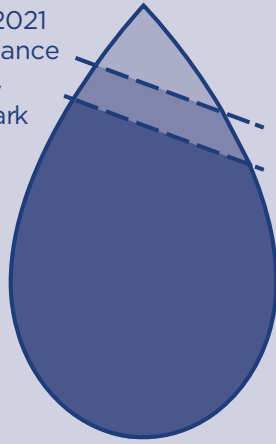
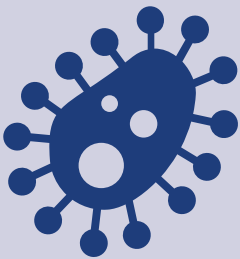


## Hand hygiene

### How clean are our hands?

89% CHCB 2021 Performance

83% Industry benchmark



## Staph Aureus Bacteraemia

### How robust are our infection controls?

0.01/10,000 OBD CHCB 2020/21 performance

0.87/10,000 OBD Industry benchmark



## Medication

### Medication errors requiring interventions

0.43/1000 OBD CHCB 2020/21 performance

<0.5/1000 OBD Industry benchmark



## Pressure injuries

CHCB 2020/21 Performance

Hospital Benchmark

0.4%

0.11%

## Patient falls

CHCB 2020/21 performance

1.23/1000 OBD

Industry Benchmark

5.0/1000 OBD



## Staff

### Flu Immunisation

96% CHCB 2020/21 performance

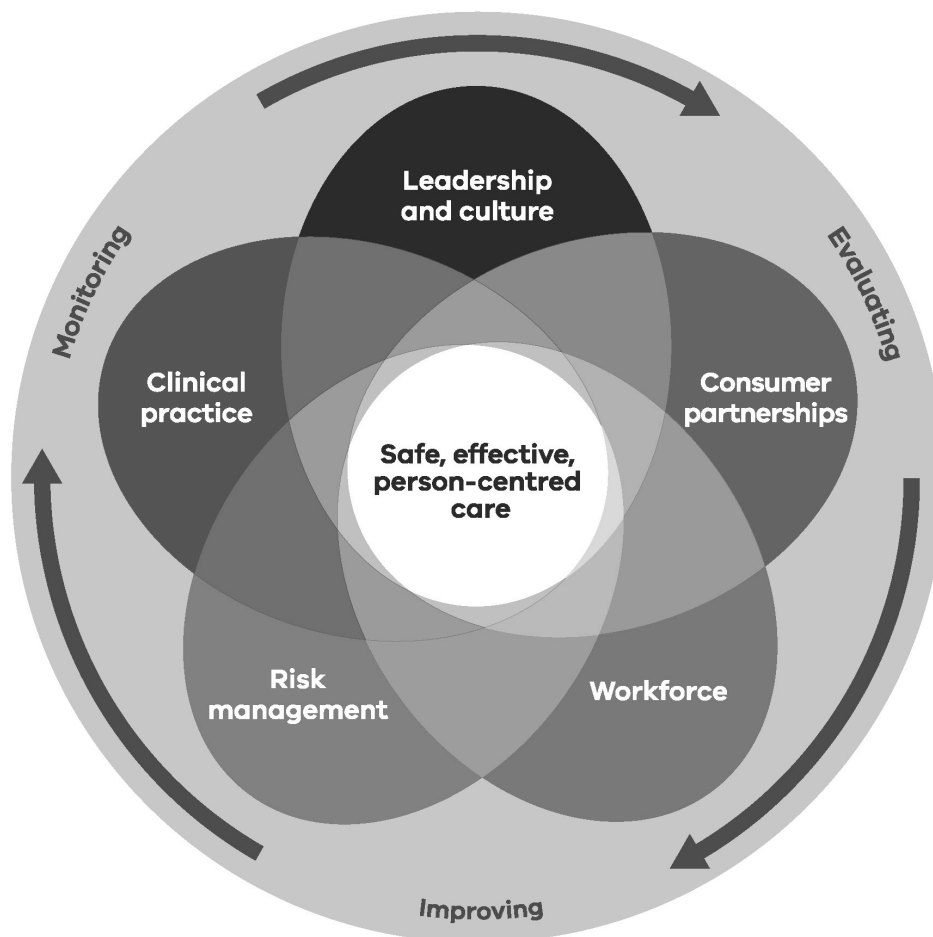
90% Industry benchmark



## Complaints

37 5.0 days average to resolution

\* OBD = Overnight Bed Stay



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

## High reliability care Clinical Governance Framework – delivering safe and effective care

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

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

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

The framework is comprised of five major domains:

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

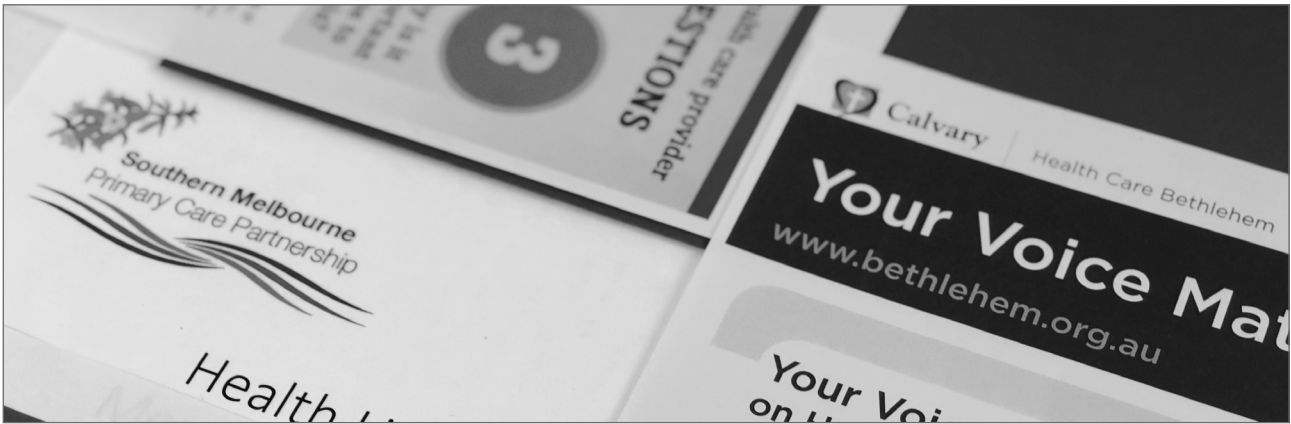
### STRATEGIC INTENT

**Priority: a focus on quality and safety**

**Build workforce capability to ensure that all staff understand and are supported to perform their roles and responsibilities with maximum effectiveness.**

**Create respectful, collaborative relationships with patients, residents, clients, families and community partners from which to grow compassionate, person-centred models of care.**

**Commit to zero preventable harm and reduce the unplanned variation that leads to such harm, within a 'high reliability' framework that prioritises safety and continuous improvement.**



## Partnering with consumers

### Health literacy

Broadly speaking, health literacy is an individual's ability to understand and use health information to improve their wellbeing. Providing health information in a way that maximises the ability of a patient and their family to be involved in their care is a key responsibility of a health service dedicated to improving patient and carer safety and their quality of life.

When listing the helpful aspects of our service, one carer said, "when he was admitted to Bethlehem, on both occasions I was getting information, I was learning...and I had confidence."

The Bethlehem Consumer Engagement Working Party is responsible for facilitating the development of systems that help patients and families to be involved with all levels of service improvement. This includes a process for ensuring that written information is developed in collaboration with patients so that it is easily understood and effective. When patients and carers see this logo, they can feel confident that other patients and carers have reviewed this information.



## MND health literacy research

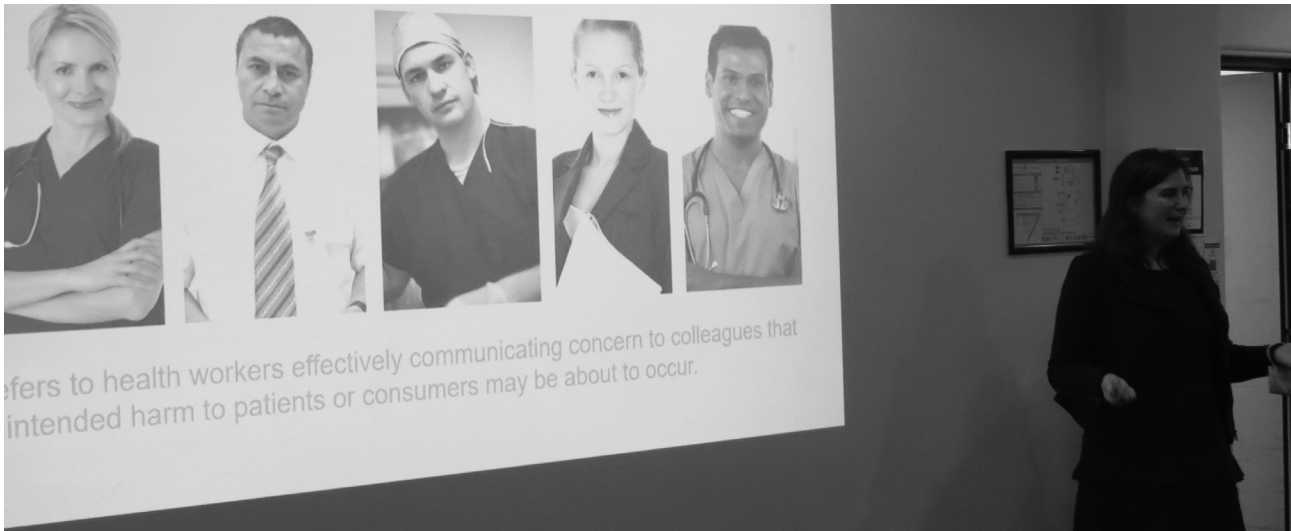
Identifying and responding to the health literacy needs of people living with MND/ALS – a coordinated national approach



Bethlehem Director of Neurology, Dr Susan Mathers is leading a collaboration, funded by MND Research Australia, to conduct an online survey across Australia. The project ensures representation from urban, regional and rural MND community members, to gain a better understanding of the health literacy strengths, needs, and regional variations of our MND community.

Using this information, Prof Richard Osborne and his team at Swinburne University will be able to support consumers, service providers, and health professionals to co-design locally-appropriate service improvements and interventions which build on strengths and address gaps identified.





## Projects on a page

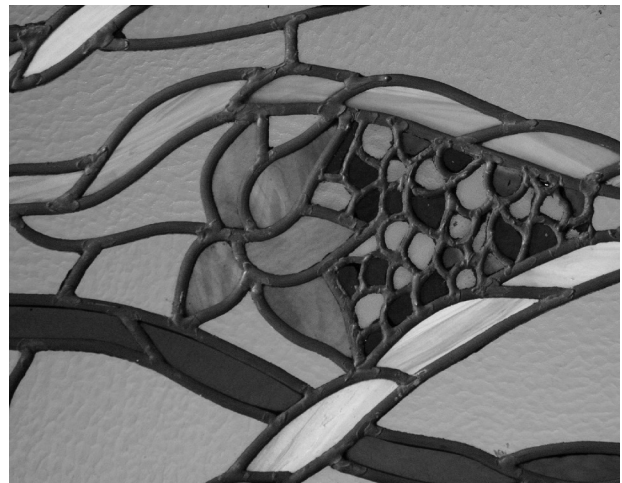
One of the findings that came from our organisation-wide survey was the importance of recording all the important and valuable quality improvements that our various departments have made, in order to share them with other staff.

With this in mind, the Quality Department developed a project on a page (POP) template to collate and centralise all of these improvements before sharing them. This then provided the organisation with a library of quality improvement activities which we can showcase at various forums.

2020-21 saw a number of projects on a page including:

- Let's talk about death over Zoom;
- Oral hygiene – improving inpatient ward experience;
- Introduction of the new hospital-wide emergency telephone number;
- N95 mask fit testing of all front-line clinical staff; and
- Navigating Confusion or thinking changes – staff and family education.

## Community consultation on the new reflective space and chapel



The last year has encompassed much work towards the new redevelopment precinct and its facilities. A key part of this work was consulting with community groups and multi-faith representatives with regard to the reflective space and chapel at the new precinct.

From this consultation, a flexible reflective space has been designed to make it comfortable and appropriate for those of all faiths and none. This work highlighted the need for several key features, including a wudu (washing facility) for those of Islamic faith, hospitality facilities so visitors and staff are able to enjoy refreshment during quiet reflection, and the design of an adjoining Pastoral Care office to enable spiritual practitioners to support and accompany those who need it.

After consultation, the chapel space has been designed to include the twelve Stations of the Cross and repurpose stained glass from the original chapel in the previous Bethlehem building.



It will also provide an adaptable configuration, which allows the space to be used for a variety of purposes, including formal services and other rituals.

## Mission Framework



The Mission Framework has, over the last 12 months, highlighted the many priorities and achievements of CHCB, particularly in the areas of staff and community wellbeing during the COVID-19 pandemic. Early on in the pandemic the need to support staff during this immensely challenging time became apparent and multiple initiatives were put in place. These included: activities led by our Wellness Ambassadors, daily huddles, two-word check-in to allow support to be directed where it was needed and the introduction of the “Jolly Trolley” to thank staff and allow for moments of social interaction, even when gathering in groups was not possible.

The focus on wellbeing extended into the community we serve, with the introduction of the Friday Music Livestream, where patients, families and staff could request songs and share music. The ward team worked creatively to provide individual events



of significance onsite, such as a wedding and the Staying Connected program, which helped patients and families to communicate with each other during visitor restrictions. Whilst the introduction of some of these initiatives was in response to COVID-19, the overwhelming success and positive feedback means that they have now become embedded in the fabric of CHCB to the benefit of staff, patients and community.

# Fall prevention and management

The incidence of Bethlehem's inpatient falls increased steadily from 2016 before peaking towards the end of 2019. There have been changes to the patient population and the ward environment over this time, both of which could contribute to a higher falls incidence. On further investigation of the data, much of this increase is related to falls with no injury (Severity Assessment Score (SAC)/Harm 4). However, since June 2020 there has been a slight, but significant introduction of falls with significant injuries (SAC/Harm 2). The data also revealed the 38% of our patients who fell were screened as 'low risk' of falling and received standard falls prevention care.

In the past 12 months the Falls Working Party has:

- improved systems for data capture to further understand the factors associated with patients falling and to assist with root cause analysis;
- undertaken staff and consumer consultation on falls prevention and management;
- completed audits in relation to adherence to current policies and procedures; and
- reviewed best practice and evidence in relation to falls prevention in hospitals

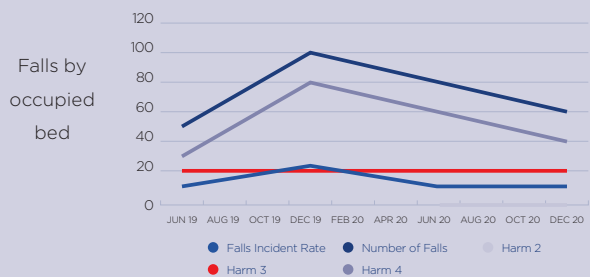
In response to issues identified, the Falls Working Party has updated the Falls Prevention and Management Procedure to:

- support nurses with the initial falls risk screening and development of the falls prevention action plan with a physiotherapy or occupational therapist to complete this on admission;
- include a multidisciplinary risk assessment process to develop individualised plans based on issues identified;
- implement falls huddles to develop a multi-disciplinary falls action plan post risk assessment for those with complex risk factors; and
- clarify the process for neurological observations post fall with unwitnessed falls and those with head strike.

Figure 1. Historical Falls Incident Rate 2013 - 2021



Figure 2. Historical Falls Incident Rate 2013 - 2021



## April No Falls Month

To raise awareness about the issue of falls, we produced a song and music video clip titled 'Falls is Everyone's Business' featuring Bethlehem's own talented staff reminding people of their role in falls minimisation. Staff contributed to song writing, singing, playing instruments, acting and dancing – a wonderful team effort. Education sessions were held updating people on the current evidence in relation to falls, especially those involving patients with MND, and to communicate the changes through the inpatient falls prevention and management procedure.





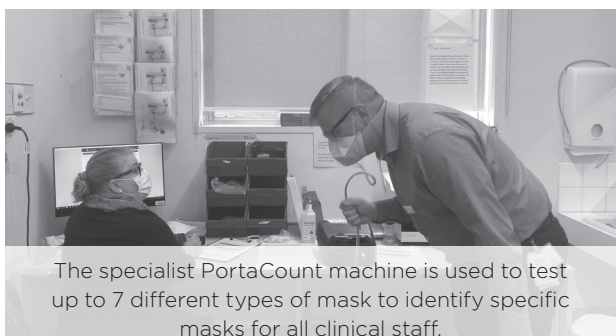
A staff member being tested for his N95 mask as part of our Respiratory Protection Plan (RPP)

## COVID-19 prevention and staff training

Though CHCB is at very low risk of admitting patients with COVID-19 through its screening processes, the inpatient unit did have 45 patients during 2020-2021 who developed symptoms that required COVID-19 testing. All returned a negative result.

Whilst waiting for the COVID-19 test results, patients were clinically managed in a single room, which required all attending clinical staff to wear personal protective equipment (PPE) when providing care. We put all staff through PPE refresher training, with 312 staff and volunteers undertaking that course.

To further protect our staff, WorkSafe Victoria, in conjunction with the Department of Health, mandated that all staff working in a public health



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

service had to implement a Respiratory Protection Plan (RPP) to fit-test an N95 mask; firstly front-line staff then all other staff. Fit testing will now become an annual requirement for all staff as more N95 masks become available.

## Mapping Huntington's disease

The Huntington's Disease Network of Australia (HDNA) aims to facilitate the best quality of life for every Australian affected by Huntington's disease. CHCB staff have volunteered their time to be part of working parties which include community members, clinicians/service providers, and researchers who will work together in an attempt to address these challenges.

The Mapping Working Group is one of three initial working groups formed in June 2020 to guide and advise the Monash HDNA Project Team in mapping HD across Australia.

An Australian HD map will provide the essential foundation for:

- surveying the needs and preferences of the HD community to enable alignment with clinical, social and financial supports;
- building a network of clinicians who can be mobilised to deliver treatments as they become available; and
- characterising the incidence and prevalence of people affected by HD across Australia, and the economic impact of HD on both the healthcare system and via collateral impacts on employment.

## Behaviours of concern, occupational violence and family violence

Over the last year, there were 29 reports of occupational aggression and violence, four more than 2019–20. To support staff to manage and reduce the number of these types of incidents, CHCB has updated its e-learning education for all staff. We also implemented case reviews of patients with known behavioural concerns prior to admission to support care planning and the proactive implementation of preventative strategies.

The effects of family violence are far ranging and have a devastating effect on whole sections of society. For the last two years, Monash Health has collaborated with CHCB to provide a suite of face-to-face training packages for staff at all levels. The

training helps staff to effectively identify, prevent and respond to concerns of family violence. During the pandemic, this has been facilitated via video conference, with managers given specific training; including how to refer cases to specialised agencies if the need arises. In the coming 12 months we will be incorporating the Multi-Agency Risk Assessment and Management (MARAM) Framework which will help our social workers to assist patients who are at risk of family violence.

Occupational violence statistics	2020-21
Workcover-accepted claims with an occupational violence cause (per 100 FTE staff)	0
Number of accepted Workcover claims with lost time injury with an occupational violence cause (per 1,000,000 hours worked)	0
Number of occupational violence incidents reported	29
Number of occupational violence incidents reported (per 100 FT)	10.43
Percentage of occupational violence incidents resulting in a staff, illness or condition	0%

### Definitions

For the purposes of the statistics the following definitions apply.

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

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

**Accepted WorkCover claims:** Accepted WorkCover claims that were lodged in 2019-20.

**Lost time:** Is defined as greater than one day.

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



REEC Chair Patrick Monahan, FR Kevin McGovern, Mr Philip Rowell, Calvary Tasmania Mission Director Ed Van Galen and CHCB Palliative Doctor Dr Chris Grossman, all members of the CHCB Research Ethics and Ethics Committee.

## CHCB Research Ethics and Ethics Committee

As a statewide provider for those with a progressive neurological disease, CHCB is actively involved in a number of collaborative research projects with academic institutions to better understand these complex diseases. The research being undertaken at CHCB is particularly focused on Motor Neurone Disease and Huntington’s disease and continues to contribute to the field of progressive neurological disease research. Ongoing studies include a range of Phase I through to Phase III international clinical trials evaluating the use of agents that may slow progression of diseases.

The development of palliative care research at CHCB is a key strategic goal and there is increasing collaboration between specialist neurology clinicians and palliative care physicians, with a number of current joint projects to improve outcomes for people with progressive neurological conditions as they approach the end of life. This collaboration is now giving rise to new research initiatives, including the ‘My Neuro Palliative Care’ project. Supported by a Department of Health and Human Services (Vic) innovations grant in 2019, this exciting research is investigating an integrated approach for people living with a progressive neurological disease. The initial focus is to explore the behaviours and expectations of progressive neurological disease patients,

families and professional caregivers in palliative care organisations in Victoria. The research team at CHCB is excited at the possibilities this project may bring to help guide care for this often complex and under-resourced group.

With the support of the Calvary Palliative and End of Life Care Research Institute collaborations and our own highly experienced neurology researchers at CHCB, we are developing the skills of early researchers, beginning to undertake larger palliative research projects and moving towards fulfilling one of the keys objectives of all research teams, that of improving patient outcomes by translating research into practice.

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

We would like to thank all of the Committee, but particularly those who are external to our organisation, for the time they spend assisting us in the review of applications, and their ongoing commitment to CHCB.

### External committee members

- Mr Patrick Monahan, Chair
- Fr Kevin McGovern
- Mr Des McCarthy (retired July 2020)
- Cr Margaret Esakoff (resigned November 2020)
- Ms Jenny Rundle
- Mr Paul Davidson
- Mr Philip Rowell

### Calvary representatives

- Dr Susan Mathers
- Dr Chris Grossman
- Mr Ed Van Galen (Calvary Launceston)
- Ms Shannon Thompson
- Dr Jane Fischer (retired February 2021)



## Research projects

Date	Title	Chief investigators
31/07/20	Neck Weakness in Motor Neurone Disease: An Investigation of Prevalence and Physiotherapy Management - A Retrospective Descriptive Study	<b>Timothy Sheehy</b>
31/08/20	Development of a diagnostic interview to assess psychological adjustment and demoralisation in the medically ill	<b>Professor David Kissane - Psychiatry, Monash University</b>
09/09/20	A Treatment Continuation Study for Patients with Amyotrophic Lateral Sclerosis/Motor Neurone Disease who have Successfully Completed Study CMD 2019-001	<b>Dr Susan Mathers</b>
16/09/20	TeleHealth for Inpatient Palliative Care (THIN-PC) study	<b>Dr Neil Robinson, Medical Registrar</b>
22/10/20	My-Neuro-Palliative-Care: My-NP-Care - an integrated approach for people living with a progressive neurological disease	<b>Dr Susan Mathers</b>
08/12/20	A closer look at speech pathology practice to expand social communication for people with Motor Neurone Disease. (Social communication for pwMND)	<b>Nicki Jackson, Lilli Krikheli</b>
14/12/20	BN40955-GEN-EXTEND OLE An Open-Label extension study to evaluate the long term safety and tolerability of intrathecally administered RO7234292 (RG6042) in patients with Huntington's disease	<b>Dr Yenni Lee</b>

## Research projects (continued)

Date	Title	Chief investigators
19/02/21	Motor Neurone Disease: patient reported symptom prevalence, severity and palliative care needs	<b>Dr Fiona Runacres</b>
10/04/21	Telehealth in Community Palliative Care, a COVID 19 Response Project (The Community CORE Project)	<b>Nathan McCracken, Dr Christopher Grossman</b>
03/05/21	Weight Loss and Malnutrition in Huntington's Disease	<b>Dr Yifat Glikmann-Johnston (Monash University), Dr Cory Wasser (Monash University), Professor Julie Stout (Monash University), Ruth Hosken (CHCB), Elly Zandi (CHCB)</b>
19/05/2021	Compatibility of medication admixtures in continuous subcutaneous infusions: A review of current practice Syringe Driver Compatibility Study)	<b>Ka-Yee Chen</b>
17/06/2021	A double blind, placebo - controlled study to evaluate the efficacy and safety of 24 weeks treatment with RENO01 in patients with Primary Mitochondrial Myopathy	<b>Dr Christine Wools</b>
17/06/21	Investigating the clinical utility of biomarkers and other novel tests in younger onset neurocognitive disorders (BEYOND)	<b>Emma Windebank, Dr Katya Kotschet</b>

# Caring for our people and working environments







## People, values, culture

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

### Evaluating our Mission activities

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

### Workplace health and safety measures

We are committed to protecting the health, safety and wellbeing of our workforce, patients and visitors. Key performance indicators are reported monthly to the leadership team. These indicators include the timeliness of serious incident investigations, the number of completed workplace inspections and the number of WorkCover injuries and lost time claims completed. As part of Calvary's national Workplace Health and Safety (WHS) system, we have also undertaken monthly organisation-wide audits in key safety areas. Due to the COVID-19 pandemic, there was a two-month hiatus in our audit timetable and contractors were only permitted on site to undertake emergency works. However, the audit timetable was recommenced in May and outstanding audits will be completed by the end of the 2021 calendar year. These have included:

- WHS Management System verification;
- contractor management;

- asbestos and legionella management;
- WHS noticeboard audit;
- workplace occupational violence assessment; and
- incident reporting system (RISKMAN) injury review.

The COVID-19 pandemic provided us with an opportunity to re-examine our focus on patient and staff safety. All aspects of WHS, especially infection control, were reviewed. Over the last 12 months we have introduced initiatives, such as:

- daily departmental safety virtual huddles;
- daily executive walk-around;
- weekly online Heads of Department meetings;
- weekly Pandemic Management Committee and when required, due to the Victorian lockdown, all of staff communications from the Pandemic Management Committee;
- quarterly executive participation in WHS inspections;
- additional infection control and training on personal protective equipment;
- regular emergency code practical exercises; and
- area warden training delivered via video conference.

It is pleasing to see a downward trend in reported injuries as a result of these wide ranging initiatives.



## Embodying the Spirit of Calvary

Last year, our very popular Community Palliative Care personal care attendant (PCA) Lackanary Sieng (Ry), was awarded the Spirit of Calvary Award in recognition of the important work he does. Ry's quiet and empathetic work in the community and with staff was felt by his peers to be the embodiment of the values of healing, hospitality, stewardship and respect which are intrinsic to the Spirit of Calvary.

Ry, who came to Australia from Cambodia in 1987, started working at CHCB eight years ago in 2013 after gaining experience in a number of jobs. Ry started on the hospital ward as a casual ward support, but soon joined the Community Palliative Care Service on an interim basis, followed soon after as a permanent member of staff as the first PCA employed by CHCB to work in the community.

Ry really enjoys the work he does in the community for CHCB because of the different experiences he has every day meeting and getting to know different people and cultures. Ry says that there is always something to learn here, and that is what he really appreciates about working at CHCB.

"I would recommend Bethlehem as a good place to work and a good organisation that really look after their staff. After eight years here, I enjoy coming into work every day!" he says.



## Champions of Change Coalition

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

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

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





## Wellness Ambassadors

In the last year, the work performed by Bethlehem's Wellness Ambassadors saw the team win the Calvary Work Health and Safety Category in the National Safety Excellence Awards, which recognised the team's commitment and many hours of work to positively enhance the experience of fellow staff members. The Wellness Ambassadors embraced challenging times and implemented a program of activities to support the staff's health and mental wellbeing.

The program included the following initiatives:

- June 2020 saw the introduction of "Pick a tune in June," which was so well received, it evolved into a regular online livestream every Friday lunchtime delivered by our Music Therapy team.
- In July, the "Give up, Take up challenge" encouraged staff to participate in positive initiatives such as "Dry July", or to abstain from something unhealthy.
- Through "Mindful Moments," three meditation teachers facilitated 15 online meditation sessions throughout August.
- In September an online trivia competition was a popular and welcome distraction.
- In November the spring racing carnival provided the theme for "Fancy Friday", an opportunity to wear our finest clothes, hats or fascinators to work.
- In December a kindness calendar was created in conjunction with "Giving Tuesday", which encouraged self-care and self-compassion, as well as acts of kindness to others. Hearts of hope were distributed and gratefully received. Staff also gave food donations to a local charity.

- In January a beach picnic was held for staff in Parkdale.
- In March a campaign was run to remind staff to stop and take lunch.
- During April, Fruit Days saw over 400 pieces of fruit distributed and gladly enjoyed by staff members.
- In May a well-received meditation session was facilitated by one of our CPCS staff members.

As well as offering these initiatives, the Wellness Ambassadors continue to be available for one-on-one chats and encourage staff to use the Employee Assistance Program when faced with challenging issues. A survey and evaluation of the program conducted in late 2020 indicated that the wellness initiatives were well-received by staff who added their own suggestions which will be introduced over the next year.







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

## Adapting our training in response to COVID-19

While all health services are required to meet mandatory training requirements for their staff, COVID-19 naturally created obstacles for conducting face-to-face training at CHCB. Area wardens and chief wardens are critical to providing a safe environment as part our emergency response system and are required to undertake training every six months. Because we could not deliver these programs in person, the Learning and Development team, along with our Emergency Management team, established an innovative way to run training sessions online and developed a processes to run them via a virtual platform.

Ten Area Warden and five Chief Warden sessions were conducted, attended by 77 staff. The online sessions involved trainers, supported by on-site staff to stream video of important elements of the training, such as emergency phones and emergency panels, to trainees who joined from their own computer.

Training was received favourably and the interactive approach enabled staff to engage actively in the sessions and receive the same level of peer and trainer support as they would experience in face-to-face sessions.





Members of Calvary Health Care Bethlehem's Volunteer Service engage in different facets of patient care including play readings.

## Volunteer Service responds to COVID-19

Whilst onsite volunteer services had to be suspended during the Melbourne-wide lockdowns, it didn't stop our passionate volunteers actively contributing to the CHCB community throughout 2020. Our corporate volunteers continued to support CHCB in functions such as quality and safety and consumer advice. Our clinical volunteers helped patients to participate in online versions of programs which would ordinarily be conducted in person, such as the Day Centre and the Enrich Choir.

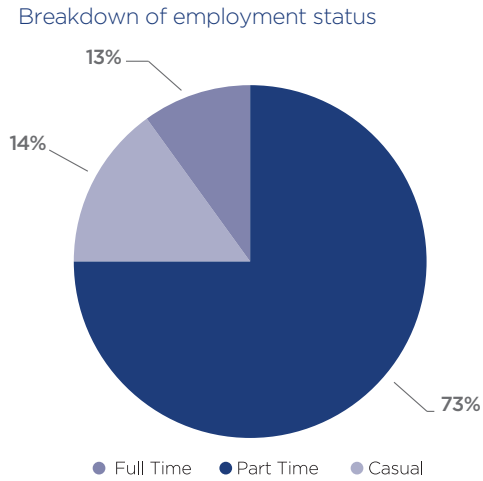
In addition to adapting existing roles, volunteers also participated in exciting new initiatives including the Living Well Working Party and Phone Support Line, which connects volunteers with patients who might be experiencing social isolation or loneliness, which may have been exacerbated by lockdown restrictions. Work has continued on the strategic vision for volunteers, with a focus on their role in building community capacity and advocating for the importance of empowered

choices around illness, death and dying. Examples of this focus over the last year were the Death over Zoom events, which were widely attended by a diverse range of community participants. These hour-long sessions, facilitated by a skilled volunteer, encourage participants to actively engage with, and reflect on, the values of importance for them around life, death and dying.

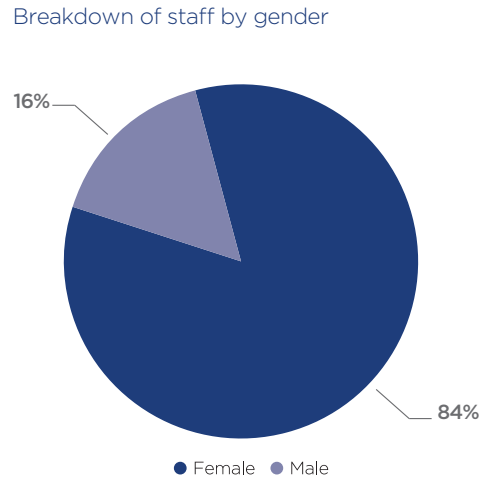


Volunteers have been vital to the care we have been able to deliver at the Day Centre during COVID-19

## Staff profile



43 Male  
245 Female



30 Full-time employees  
43 Casual employees  
215 Part-time employees

## Staff milestones

### 20 years of service

Mr Solomon Gidey

### 15 years of service

Ms Jill Loveland

Mrs Marina Galgsdies

Mrs Eva Davis

Mrs Sandra Capron

Ms Tu Vo

### 10 years of service

Mrs Irina Ishaq

Mrs Ruth Taylor

Mr Zlatko Borcic

Mr Mark Heenan

Ms Mary Hocking

Ms Liesl Manning

Ms Elizabeth Angus

Mrs Mandy Cheng

Mrs Cecile Campbell

Ms Essie Lustig

Mrs Ruth Hosken



## Executive management team



**Shannon Thompson**  
Interim General Manager and Director of Clinical Services started 01/03/2021

- Employment duration 17 years
- Executive oversight of all operational management and strategic direction of the service; leading the Executive Management Team in ensuring high quality and innovative service delivery that meets all quality, service and financial targets
- Executive oversight of all clinical services, including, strategic and operational direction and achieving effective service delivery across in-patient and ambulatory settings



**Tammy Campbell**  
Interim Director of Finance started 01/03/2021

- Employment duration 1.25 years
- Management of operations including Human Resources, Health Information Services, Finance Information Technology and Fundraising
- Executive oversight of service budgets and financial reporting.



**Mark Heenan, Deputy Director of Clinical Services, Quality and Safety Manager** started 01/03/2021

- Employment duration 10.5 years
- Management of quality, safety, risk, compliance, clinical services and Learning and Development



**Dr Rowan Hearn**  
Interim Medical Director/Clinical Director of Palliative Care - started 01/03/2021

- Employment duration 4 years
- Management of medical team



**Alice Parkhill**  
Mission Integration Coordinator started 01/03/2021

- Employment duration 6.5 years
- Management of Mission integration and CHCB Volunteer Service



**Linda Maas - Corporate Services Manager** started 01/03/2021

- Employment duration 13 years
- Management of hospital services, engineering and environment and support services

**\*Jane Fischer - General Manager & Medical Director** started 12/02/2007 - 26/02/2021

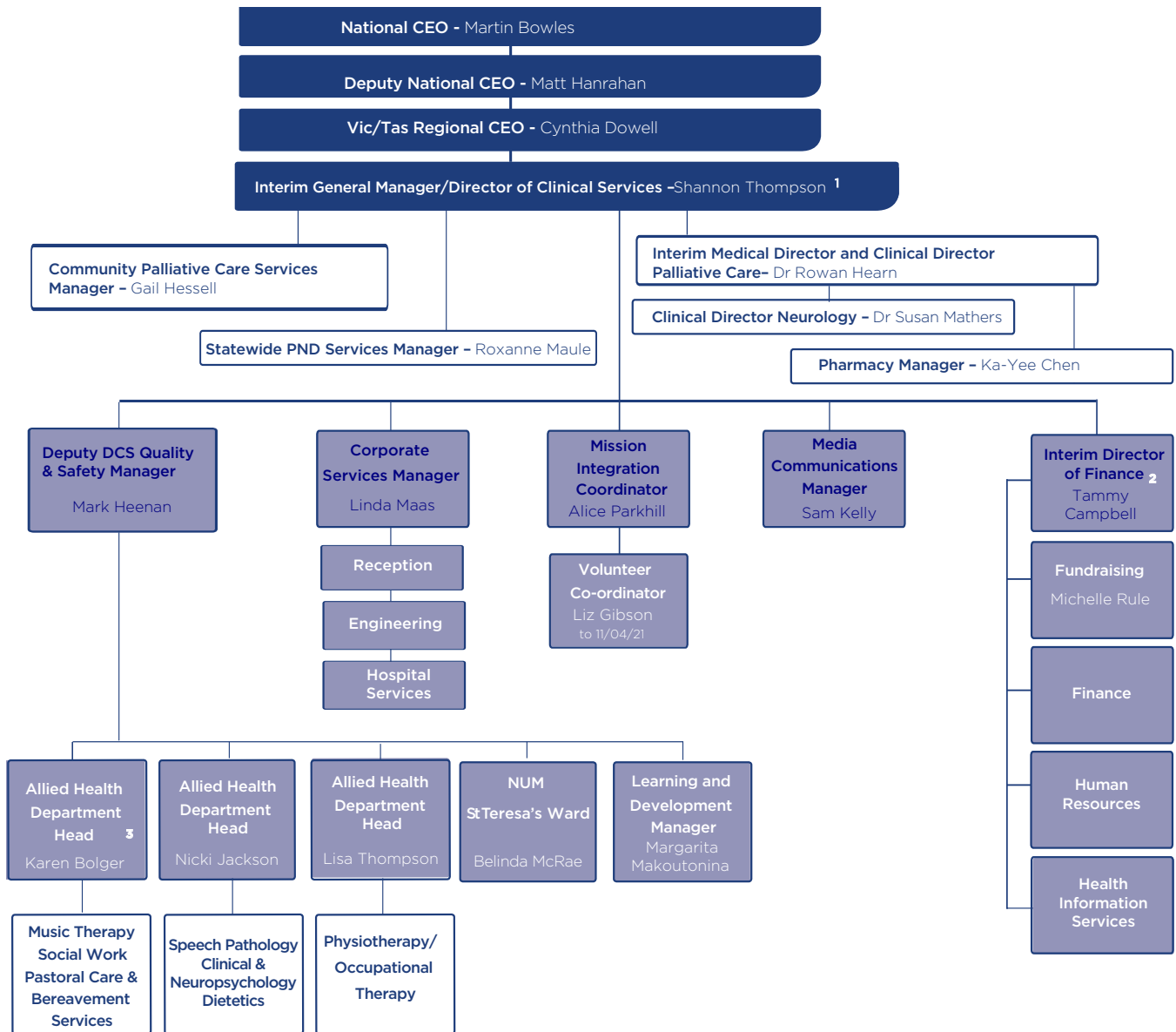
- Employment duration 19.5 years

**\*Jonathan Lazarus - Director of Operations & Corporate Services** started 23/03/2020 - 13/09/20

- Employment duration 3.5 years

# Organisational chart

40



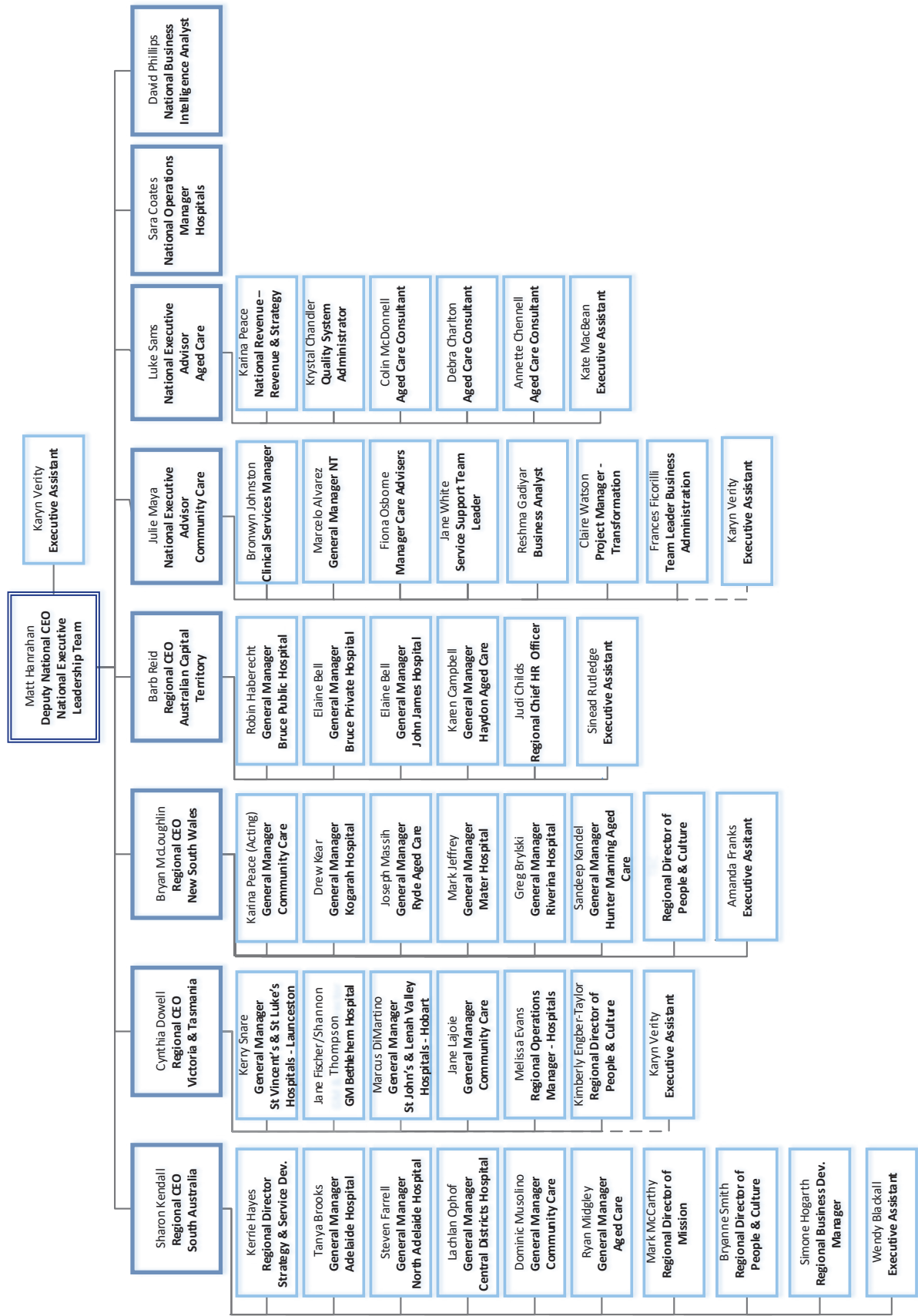
\* Structural Changes 1 July 2020 - 30 June 2021:

**1** General Manager/Medical Director Dr Jane Fischer to 26/02/21. Interim General Manager/Director of Clinical Services Shannon Thompson started 01/03/21.

**2** Formerly Director of Operations & Corporate Services Jonathan Lazarus to 13/09/20. Interim Director of Finance, started 01/03/21

**3** Allied Health Department Head (Music Therapy, Social Work, Pastoral Care & Bereavement Services) Alice Parkhill/Anneliis Way (Acting whilst incumbent on secondment) to 18/06/21.

# LCM Health Care Organisational Chart



# Serving our communities





# Serving our communities

## Our communities

In 2020-21, the resident population of the five municipalities we serve was 600,495. Of that number, 3.1% or 18,615, were over the age of 85, with an above-average proportion of the population aged over 70 years. This is reflected in the last census, which showed that:

- 27% of our elderly population live alone;
- 32% of people were born overseas; and
- 14% of the population are aged over 65 years; and of these 40% are from culturally and linguistically diverse backgrounds;

58% of admitted patients in 2020-21 were in the 70-89 age group, compared to 48% in 2019-20. 15% were aged 80 and over. The majority of our palliative care patients reside in the areas immediately surrounding CHCB, with 65% of patients living in Kingston or other adjacent local government areas.

The local community is aging and is from diverse ethnic and cultural backgrounds. There is a significant Greek and Jewish community in our council areas, with Italian, Asian, Hindi and Russian cultures also well represented. In 2020-21, after English, Mandarin and Indian are now the second most common languages spoken at home.

The top 12 countries in terms of place of birth recorded at admission in 2020-21:

Country	Admissions	Proportions (%)
Australia	290	54
Greece	30	4.3
UK	21	3.9
New Zealand	18	3.3
China	17	3.2
Italy	16	2.9
India	10	1.8
Cyprus	9	1.7
Russia	9	1.7
Sri Lanka	8	1.5
Ukraine	8	1.5
Croatia	7	1.3
Other birthplaces	102	17.4
<b>Total</b>	<b>538</b>	<b>100</b>

In terms of patients' religious beliefs, the religions indicated on patient registrations include: Catholic, Christian, Church of England, Lutheran, Muslim, Greek Orthodox, Protestant and Uniting Church.

## Our community in brief

The catchment area for our palliative care service includes Port Phillip, Stonnington, Glen Eira, Kingston and Bayside local government areas. The estimated resident population of these communities in 2020-21 was 600,495. 14% or 84,069 of those are over the age of 65.

### 1. Mandarin

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

### 2. Indian

### 3. Russian

32%

of people were born overseas.

27%

of our elderly population live alone

14%

of the population are aged over 65





## Let's Talk About Death Over Zoom

Based on Michael Hebb's Death Over Dinner concept, Let's Talk About Death Over Zoom is a 1.5hr interactive online session where participants are invited to raise a glass in memory of someone who has died before being guided through a series of questions about end of life, such as decision-making options, funeral wishes, ideas around a "good death", etc. Participants also receive a home delivery kit containing a copy of Let's Talk About Death Over Dinner, a \$20 voucher to host their own Death Over dinner-inspired event, and information and resources about living well at end of life.

To date, seven Let's Talk About Death Over Zoom sessions have been held with a total of 71 participants. Feedback has been overwhelmingly positive.

- 92% reported deepening their thinking about end of life issues
- 72% reported being very likely or likely to host their own death over dinner event
- 95% reported feeling connected to, or supported by, the online group

One of the participants commented: "The session exceeded all my expectations. It was a completely welcoming and safe environment that allowed us to discuss some very important, valuable and deep topics in a light hearted and supportive way."



## Specialist street library

A street library decorated by the patients and staff of the Day Centre will soon be available for the Bethlehem and Parkdale communities. Located near the entrance to the hospital people can borrow and contribute books about life-limiting illness, death and dying. Users are also invited to comment on what they have read and suggest other books that can be added to the collection.



## Community Advisory Council

The CHCB Community Advisory Council (CAC) consists of a number of professionals who volunteer their time and energy to help us build our Friends of Bethlehem network. Together we extend community awareness of the work at CHCB and build a community that supports those people with life-limiting disease.

The CAC helps to organise a number of activities that assist us to raise community awareness. Unfortunately, some of their activities were curtailed again this year due to the COVID-19 pandemic. The Council still managed to host one breakfast before lockdowns struck again and, with the Corporate and Community Development team, commenced planning for CHCB's second Charity Golf Day at The National Golf Club (Long Island) in Frankston.

CAC member networks and experience have been vital in promoting the work of the organisation to a wide audience and the council members look forward to a time when face-to-face meetings and events can happen with some regularity again.

We always welcome people who would like to either join the Council or learn more about how they can support its work. For all enquiries please contact: [community.relations@calvarycare.org.au](mailto:community.relations@calvarycare.org.au)

## Friends of Bethlehem

### A community of support

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

Members receive:

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

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

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



# Donations

## Fundraising income

Fundraising source		YTD total
Donation from trusts and foundations	\$	62,149.20
Direct mail appeals	\$	34,067.50
In-memoriam	\$	24,270.00
General donations	\$	17,272.34
Equipment donations	\$	15,000.00
<b>TOTAL</b>	<b>\$</b>	<b>152,759.04</b>

## Thank you to our generous supporters

We extend our deepest thanks and appreciation to all our generous supporters who gave funds and donated products and services. Given the challenging year that everyone has experienced, these donations have even greater significance and meaning. All this generosity enhanced specialised patient programs and the purchase of vital equipment, which directly assists our patients to “live well”.

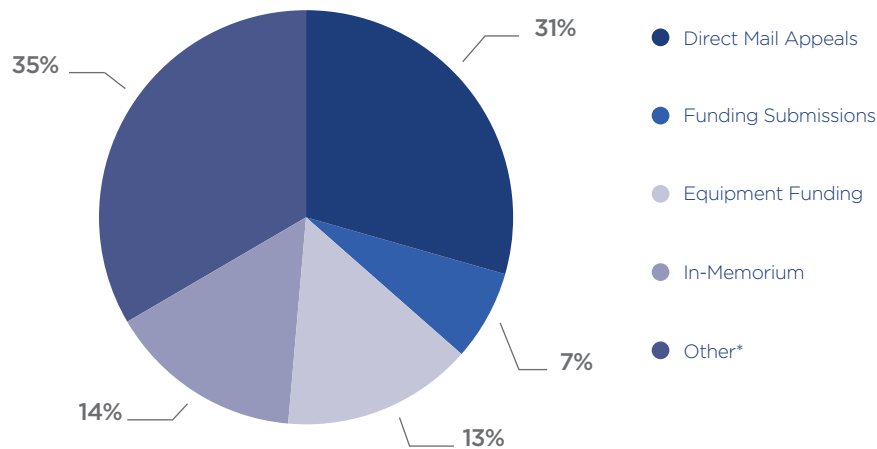
### Donors

Urquhart Charitable Fund
The Chan Family Gift via the APS Foundation
Victoria Golf Club
Icon
Erilyan
Brian Carroll
Mark Mills
Jonathan and Terri Lazarus
Anne Dellow
Joseph M Xipell
Peter Kelly
Dawn McFarlane
Greg Noonan
Tony & Leonie Ryan
Sean Stroud
Andrew Madigan
Karen and Steve Binks
Emmanuel Lygris
Peter Woodhouse
Mary Peatling

### Donors (continued)

Mary Chan
Alan George Day
Vin Arthur
Christine Tyrrell
Malcolm Hutson
Martin and Anne Higgins
Roberta Ewart
Jenny Dexter

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



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

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

## Helping CHCB in your own way

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

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

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

## Additional information available on request

Consistent with FRD 22G (Section 6.19) this Report of Operations confirms that details in respect of the items listed below have been retained by Calvary Health Care Bethlehem and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

- (a) Declarations of pecuniary interests have been duly completed by all relevant officers
- (b) details of shares held by senior officers as nominee or held beneficially;
- (c) details of publications produced by the entity about itself, and how these can be obtained
- (d) details of changes in prices, fees, charges, rates and levies charged by the Health Service;
- (e) details of any major external reviews carried out on the Health Service;
- (f) details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the Report of Operations or in a document that contains the

- financial statements and Report of Operations;
- (g) details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- (h) details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services;
- (i) details of assessments and measures undertaken to improve the occupational health and safety of employees;
- (j) general statement on industrial relations within the Health Service and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations;
- (k) a list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which those purposes have been achieved;-
- (l) details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.

As a public health service established under section 181 of the Health Services Act 1988 (Vic), Calvary Health Care Bethlehem report to the presiding Ministers for Health and Ambulance Services during the financial year 2020-2021. The functions of a public health service board are outlined in the Act and include establishing, maintaining and monitoring the performance of systems to ensure the health service meets community needs.

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



## Leaving a legacy that will help our patients to live well

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

Last year we wrote about Margaret Presser, affectionately called Jill (together with twin brother Ron, they were known as Jack and Jill) who was very fond of Calvary Health Care Bethlehem, particularly the Day Centre which she regularly attended.

Jill was so grateful for the care she received from Bethlehem and felt such a connection with us that she was inspired to give the organisation an incredibly generous gift in her Will.

We are deeply thankful for all the generous bequests we receive. All destined to have a lasting impact for future generations of patients and their loved ones.

If reading this article about the power of a bequest has inspired you, please consider updating your Will to support Calvary Health Care Bethlehem. Here are some simple steps to assist you.

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

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

1. the whole of my estate; or
2. (number) % of my estate; or

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

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

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

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

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



## Disclosure index

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

Legislation	Requirement	Page reference
-------------	-------------	----------------

### Ministerial directions

#### Report of operations

#### Charter and purpose

FRD 22H	Manner of establishment and the relevant Ministers	Inside cover & p 13
FRD 22H	Purpose, functions, powers and duties	p 1
FRD 22H	Nature and range of services provided	Inside cover
FRD 22H	Activities, programs and achievements for the reporting period	pp 14-15
FRD 22H	Significant changes in key initiatives and expectations for the future	pp 14-15

#### Management and structure

FRD 22H	Organisational structure	pp 40-41
FRD 22H	Workforce data/ employment and conduct principles	p 14
FRD 22H	Occupational Health and Safety	p 16 & p 28

#### Financial information

FRD 22H	Summary of the financial results for the year	p 14
FRD 22H	Significant changes in financial position during the year	p 14
FRD 22H	Operational and budgetary objectives and performance against objectives	p 14
FRD 22H	Subsequent events	p 14
FRD 22H	Details of consultancies under \$10,000	p 15
FRD 22H	Details of consultancies over \$10,000	p 15
FRD 22H	Disclosure of ICT expenditure	p 14

#### Legislation

FRD 22H	Application and operation of Freedom of Information Act 1982	p 19
FRD 22H	Compliance with building and maintenance provisions of Building Act 1993	p 19
FRD 22H	Application and operation of Protected Disclosure 2012	p 19
FRD 22H	Statement on National Competition Policy	p 19
FRD 22H	Application and operation of Carers Recognition Act 2012	p 19

# 80 YEARS

caring for our community

(1939)

Building restrictions imposed at the outbreak of WWII on any building built within a few kilometres of the Melbourne CBD saw the Sisters of the Little Company of Mary shelve plans for a South Melbourne Hospital and look to Caulfield instead.



The **maternity ward closed** in 1981 by which time Bethlehem had **assisted in the birth of a total of 30,572 babies**, including one **Kylie Minogue**

The hospital commenced two home care nursing services – the **Neurological Community Nursing Service** and the **Hospice Outreach Programme** whose aim was to help terminally ill patients to live as fully and independently as possible at home and to arrange for admission to hospital when necessary.

**Home Based Respite Care starts**

In 1991 Bethlehem celebrated its **Golden Jubilee**. **Neurological assessment clinics** introduced

In 1996 - first funded to **establish neuro consultation with greater metropolitan Melbourne and regional and rural Victoria**.

Hospice Care becomes **Community Palliative Care Service**

Demolition of the old Hospital buildings in Caulfield South is completed and the site is cleared

1941

The **Sisters of the Little Company of Mary acquired Berklea Hospital** in South Caulfield. The hospital was a private non-profit hospital, **offering maternity and surgical services**.

1942

The hospital becomes known as **Bethlehem Hospital**

1964

Building of the **new Bethlehem Public Hospital** was completed and opened its doors to patients suffering from Multiple Sclerosis and terminal illnesses.

1967

**Establishment of a Community Nursing Service** for those suffering from Multiple Sclerosis or other neurological conditions as well as a **Day Centre**.

1981

Bethlehem operating as a public hospital, maintained by the government and conducted by the Little Company of Mary providing services to patients with Progressive Neurological Disease as well as Palliative Care

1982

1985



1990

1991

1996

1998

2018

2019

2021

Calvary Health Care Bethlehem moves temporarily to the former Como Private hospital site in Parkdale

The building shell is completed and fitting out commenced with completion expected in late 2022.

**In 2021, Bethlehem celebrates its 80th Anniversary caring for the community.**

In our 81st year, we are very excited about the completion of our new integrated development which will bring retirement living, community care, GPs, other primary health care services, residential care, and Calvary Bethlehem's existing specialist care services together in one location. With the completion of the new precinct, we look forward to continuing our Mission **to provide health care to the most vulnerable**, including those reaching the end of their life.



---

# Being for Others

## Annual Financial Report

**30 June 2021**

Calvary Health Care Bethlehem Limited

ABN 81 105 303 704



Hospitality



Healing



Stewardship



Respect



## Table of Contents

DIRECTORS' REPORT .....	3
AUDITOR'S INDEPENDENCE DECLARATION .....	7
DIRECTORS' DECLARATION .....	8
STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME.....	9
STATEMENT OF FINANCIAL POSITION .....	10
STATEMENT OF CASH FLOWS .....	11
STATEMENT OF CHANGES IN EQUITY .....	12
NOTES TO THE FINANCIAL STATEMENTS.....	13
1. Reporting entity .....	13
2. Basis of Preparation .....	13
3. Revenue.....	14
4. Property, Plant and Equipment.....	16
5. Leases .....	18
6. Trade and Other Receivables .....	20
7. Commitments.....	21
8. Other Assets .....	22
9. Cash and Cash Equivalents .....	22
10. Term Deposits .....	22
11. Restricted Assets .....	22
12. Contract Liabilities.....	22
13. Lease Liabilities.....	23
14. Parent Entity disclosures .....	24
15. Employee remuneration .....	24
16. Related Parties .....	25
17. Economic Dependency.....	26
18. Subsequent events.....	26
19. Other Accounting Policies .....	27
20. Changes to accounting policies.....	27

## DIRECTORS' REPORT

The Board of Directors of Calvary Health Care Bethlehem Limited (the Company) submit their report for the year ended 30 June 2021.

### Directors

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

<b>NAME</b>	<b>QUALIFICATIONS</b>	<b>AREAS OF SPECIFIC RESPONSIBILITY</b>
Jim Birch AM	BHA, FCHSM	Chair All Committees, Ex Officio
Assoc Prof Richard Matthews AM	MBBS	Director Chair, Clinical & Practice Governance Committee Member, Mission & Ethics Committee
Patrick O'Sullivan	CA, MAICD	Deputy Chair Chair, Audit & Risk Committee Member, Performance & Remuneration Committee
David Catchpole	BEC, Dip FP, FAICD, FCPA (Retired)	Director Chair, Performance & Remuneration Committee Member, Audit & Risk Committee
Jennifer Stratton	BA (Economics, English & History), FAICD	Director Chair, Mission & Ethics Committee Member, Performance & Remuneration Committee
Lucille Halloran	BCom (Hons), BA GAICD	Director Member, Mission & Ethics Committee Member, Clinical & Practice Governance
Annette Carruthers AM	MBBS (Hons), FRACGP, FAICD, Grad Dip App Fin	Director Member, Audit & Risk Committee Member, Clinical & Practice Governance Committee
Lucille Scomazzon	LLB (Hons 1), BA, GAICD	Director Member, Audit & Risk Committee Member, Clinical & Practice Governance
Agnes Sheehan	BA Business Studies (Hons), GAICD	Director Member, Audit & Risk Committee Member, Clinical & Practice Governance Committee

Directors were in office for the entire period unless otherwise stated.

The Directors attended the following Board meetings and applicable Committees each Director was eligible to attend:

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

Key:

*ARC Audit & Risk Committee*

*MEC Mission & Ethics Committee*

*PRC Performance & Remuneration Committee*

*CGC Clinical Governance & Practice Committee*

## Short and long term objectives

Calvary's strategic aims are to:

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

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

## Principal activities

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

## Significant changes in the state of affairs

There were no significant changes in the state of affairs of the Company during the financial year. The COVID pandemic has not materially affected the financial performance or financial position of the Company.

The Company received COVID-related funding from The Victorian Department of Health. This funding was \$436k for maintaining capacity and \$150k was received in the form of essential personal protective equipment free of charge under the state supply arrangement.

## Review of operations

A deficit of \$0.2M was incurred for the Company for the financial year ended 30 June 2021 (2020: \$0.4M surplus).

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

### (a) Revenues

The Company's revenue from operating activities totalled \$27.7M (2020: \$25.6M). Grants and subsidies from Government for hospital operations totalled \$25.6M (2020: \$23.7M). Grants and subsidies represent 92% (2020: 92%) of revenue from operating activities.

### (b) Expenses

The Company's expenses from operating activities totalled \$28.3M (2020: \$27.2M). Expenses on personnel costs represent 78% (2020: 77%) of total operating expense.

Staffing levels have increased slightly during the reporting period with total full time equivalents of 158 as at 30 June 2021 (2020: 156).

## Future developments

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

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

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

## Significant events after year end

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

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

## Deed of access and indemnity – Directors

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



## Indemnification of officers and auditors

During the financial year Little Company of Mary Health Care Limited (parent entity) has paid premiums in respect of Directors' and officers' liability and legal expenses insurance contracts for the year ended 30 June 2021 and since the financial year, Little Company of Mary Health Care Limited has paid premiums in respect of such insurance contracts for the year ended 30 June 2022. Such insurance contracts insure against certain liability (subject to specific exclusions) persons who are or have been Directors or executive officers of the group.

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

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

## Rounding off

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

## Proceedings on behalf of the Company

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

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

## Member guarantee

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

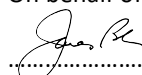
## Registered Office

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

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

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

On behalf of the Directors.



.....  
Chair of the Board



.....  
Director

Dated at this 26th day of August 2021

## Auditor-General's Independence Declaration

### To the Directors, Calvary Health Care Bethlehem Limited

The Auditor-General's independence is established by the *Constitution Act 1975*. The Auditor-General, an independent officer of parliament, is not subject to direction by any person about the way in which his powers and responsibilities are to be exercised.

Under the *Audit Act 1994*, the Auditor-General is the auditor of each public body and for the purposes of conducting an audit has access to all documents and property, and may report to parliament matters which the Auditor-General considers appropriate.

### *Independence Declaration*

As auditor for Calvary Health Care Bethlehem Limited for the year ended 30 June 2021, I declare that, to the best of my knowledge and belief, there have been:

- no contraventions of auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit.
- no contraventions of any applicable code of professional conduct in relation to the audit.



MELBOURNE  
23 September 2021

Dominika Ryan  
*as delegate for the Auditor-General of Victoria*


## DIRECTORS' DECLARATION

In the opinion of the Directors of the Company:

1. the Company is not publicly accountable;
2. the financial statements and notes, set out on pages 9 to 27, are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:
  - (a) complying with Australian Accounting Standards - Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Regulation 2013; and
  - (b) giving a true and fair view of the Company's financial position as at 30 June 2021, and of its performance for the financial year ended on that date;
3. there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the Directors

  
.....  
Chair of the Board

  
.....  
Director

Dated at this 26th day of August 2021

## STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

### For the year ended 30 June 2021

<i>In thousands of AUD</i>	Note	2021	2020
Revenue from operations		27,728	25,610
Other income		457	2,033
<b>Total revenue for the year</b>	3	28,185	27,643
Employee benefits expense	15	22,015	21,022
Supplies		448	484
Building utilisation charge		6	6
Computer Expenses		23	10
Contracted services		1,511	1,349
Depreciation and amortisation expense		846	808
National office contribution		2,387	2,256
Operating lease rental expenses		23	36
Repairs and maintenance		173	261
Power, light & heat		109	86
Other expenses		795	924
<b>Total expenses for the year</b>		28,336	27,242
<b>Results from operating activities</b>		(151)	401
Finance income		12	33
Finance costs		(32)	(33)
<b>Net (deficit)/ surplus for the year</b>		(171)	401
Other comprehensive income for the year		-	-
<b>Total comprehensive (loss)/income for the year attributable to of the company</b>		<b>(171)</b>	<b>401</b>

The accompanying notes, set out on pages 13 to 27, form part of these financial statements.



## STATEMENT OF FINANCIAL POSITION

**As at 30 June 2021***In thousands of AUD*

	Note	2021	2020
<b>Current assets</b>			
Cash and cash equivalents	9	1,338	600
Term deposits	10	1,688	1,688
Trade and other receivables	6	656	490
Inventories		53	-
Other current assets	8	63	34
<b>Total current assets</b>		<b>3,798</b>	<b>2,812</b>
<b>Non-current assets</b>			
Trade and other receivables	6	1,357	1,211
Property, plant and equipment	4	550	712
Right-of-use assets	5	831	1,354
Other non-current assets	8	8,765	8,771
<b>Total non-current assets</b>		<b>11,503</b>	<b>12,048</b>
<b>Total assets</b>		<b>15,301</b>	<b>14,860</b>
<b>Current liabilities</b>			
Trade and other payables		1,736	921
Lease liabilities	13	562	556
Employee benefits	15	5,205	4,601
Contract liabilities	12	1,096	1,239
<b>Total current liabilities</b>		<b>8,599</b>	<b>7,317</b>
<b>Non-current liabilities</b>			
Lease liabilities	13	286	812
Employee benefits	15	749	893
<b>Total non-current liabilities</b>		<b>1,035</b>	<b>1,705</b>
<b>Total liabilities</b>		<b>9,634</b>	<b>9,022</b>
<b>NET ASSETS</b>		<b>5,667</b>	<b>5,838</b>
<b>Equity</b>			
Reserves		3,635	3,418
Retained earnings		2,032	2,420
<b>TOTAL EQUITY</b>		<b>5,667</b>	<b>5,838</b>

The accompanying notes, set out on pages 13 to 27, form part of these financial statements.

## STATEMENT OF CASH FLOWS

For the year ended 30 June 2021

*In thousands of AUD*

	Note	2021	2020
<b>Cash flows from operating activities</b>			
Receipts from customers		2,339	781
Government grants received		27,496	23,760
Payments to suppliers and employees		(28,853)	(25,791)
Interest received		12	33
Other income received		457	2,033
<b>Net cash provided by operating activities</b>		<b>1,451</b>	<b>816</b>
<b>Cash flows from investing activities</b>			
Acquisition of property, plant and equipment		(147)	(133)
<b>Net cash used in investing activities</b>		<b>(147)</b>	<b>(133)</b>
<b>Cash flows from financing activities</b>			
Repayment of finance leases		(566)	(561)
<b>Net cash used in financing activities</b>		<b>(566)</b>	<b>(561)</b>
Net increase in cash held		738	122
<b>Cash at the beginning of the financial year</b>		<b>600</b>	<b>478</b>
<b>Cash at end of the financial year</b>		<b>1,338</b>	<b>600</b>

The accompanying notes, set out on pages 13 to 27, form part of these financial statements.

## STATEMENT OF CHANGES IN EQUITY

For the year ended 30 June 2021

*In thousands of AUD*

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

2020	Specific Purpose Reserve	Retained earnings	Total Equity
Balance as at 30 June 2019	1,897	3,540	5,437
Net surplus for the year	-	401	401
Other comprehensive income for the year	-	-	-
<b>Total comprehensive income for the year</b>	-	401	401
Transfers to/(from) reserves	1,521	(1,521)	-
<b>Balance as at 30 June 2020</b>	<b>3,418</b>	<b>2,420</b>	<b>5,838</b>

The accompanying notes, set out on pages 13 to 27, form part of these financial statements.

## NOTES TO THE FINANCIAL STATEMENTS

### About this report

#### 1. Reporting entity

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

#### 2. Basis of Preparation

##### 2.1 Basis of Accounting

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

They were authorised for issue by the Board of Directors on 26th of August 2021.

##### 2.2 Functional and Presentation Currency

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

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

##### 2.3 Use of estimates and judgements

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

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

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

##### 2.4 Going concern

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



## 2. Basis of Preparation (continued)

### 2.4 Going concern (continued)

The Company incurred a loss during the year ended 30 June 2021 of \$171k and as at that date, the Company's current liabilities exceed current assets by \$4.8M (2020: \$5.1M). The Company has financial support from its parent company, Little Company of Mary Health Care Limited, which has confirmed it will continue to provide financial support to the Company to meet all financial obligations as and when they fall due. This support will continue to apply for at least 12 months from the date of approval of these financial statements. On this basis, there are no identified events or conditions that may cast significant doubt on the ability of the Company to continue operating as a going concern.

## Our Results

### 3. Revenue

*In thousands of AUD*

	2021	2020
<b>Revenue from operating activities</b>		
Revenue from rendering of services	2,154	1,866
Recurrent grants received/receivable	25,259	23,582
Resources received free of charge	315	162
	<b>27,728</b>	<b>25,610</b>
<b>Other income</b>		
Donations	153	1,655
Other income	304	378
	<b>457</b>	<b>2,033</b>
	<b>28,185</b>	<b>27,643</b>

#### 3.1 Revenue from Operating Activities

##### Revenue from contracts with customers AASB 15 Revenue from Contracts with Customers

Revenue from rendering of services	2,154	1,866
Recurrent grants received/receivable	7,731	7,638
	<b>9,885</b>	<b>9,504</b>

##### Revenue recognised under AASB 1058 Income of NFP entities

Recurrent grants received/receivable	17,528	15,944
Resources received free of charge	315	162
	<b>17,843</b>	<b>16,106</b>
	<b>27,728</b>	<b>25,610</b>

##### Disaggregation of revenue from contracts with customers

###### Type of service

Recurrent grant income	7,731	7,638
Patient fees	691	805
Sundry patient income	1,463	1,061
	<b>9,885</b>	<b>9,504</b>
Revenue recognised under AASB 1058	<b>17,843</b>	<b>16,106</b>
<b>Total revenue from operations</b>	<b>27,728</b>	<b>25,610</b>

### 3. Revenue (continued)

#### Accounting Policy

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

#### **(i) Revenue recognition policy for revenue from contracts with customers (AASB 15)**

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

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

#### *Government revenue - recurrent grants*

The primary source of government grants recognised under AASB 15 is Activity-Based Funding (ABF) paid as Weighted Inlier Equivalent Separation (WIES) casemix. The performance obligations for ABF are the number and mix of patients admitted to hospital (defined as 'casemix') in accordance with the levels of activity agreed to with the Department of Health in the annual Statement of Priorities. Revenue is recognised at a point in time, which is when a patient is discharged, in accordance with the WIES activity when an episode of care for an admitted patient is completed. WIES activity is a cost weight that is adjusted for time spent in hospital, and represents a relative measure of resource use for each episode of care in a diagnosis-related group. Funding is usually received in advance, with a contract liability recorded for unspent funds.

#### *Revenue from rendering of services - Patient fee and sundry patient revenue*

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

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

#### *Resources received free of charge*

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

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

#### *Government revenue - recurrent grants*

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

### 3. Revenue (continued)

#### (iii) Other revenue from ordinary activities

##### Interest

Interest income is recognised using the effective interest method.

##### Donations

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

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

#### (iv) Significant estimates and judgements relating to revenue

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

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

## Our Assets

### 4. Property, Plant and Equipment

<b>At Carrying Value</b>	<b>Land and buildings</b>	<b>Plant and equipment</b>	<b>Motor Vehicles</b>	<b>Assets under construction</b>	<b>Total</b>
<i>In thousands of AUD</i>					
Carrying amount as at 1 July 2020	258	188	262	4	712
Additions/costs incurred	11	136	-	-	147
Transfers from assets under construction	4	-	-	(4)	-
Depreciation expense	(129)	(88)	(92)	-	(309)
Balance at 30 June 2021	144	236	170	-	550
Cost as at 30 June 2021	500	4,785	612	-	5,897
Accumulated depreciation as at 30 June 2021	(356)	(4,549)	(442)	-	(5,347)
	144	236	170	-	550
Cost as at 30 June 2020	485	4,649	612	4	5,750
Accumulated depreciation as at 30 June 2020	(227)	(4,461)	(350)	-	(5,038)
	258	188	262	4	712

#### Accounting Policy

##### Recognition and measurement

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

## 4. Property, Plant and Equipment (continued)

### Subsequent expenditure

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

### Capitalised interest

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

### Depreciation

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

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

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

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

### Derecognition

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

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

### Impairment

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

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

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

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



## 5. Leases

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

### Amounts recognised in the balance sheet

The balance sheet shows the following amounts relating to leases:

Right-of-use assets	Land and buildings	
	leased	Total
<i>In thousands of AUD</i>		
Balance at 1 July 2019	-	-
Additions	1,896	1,896
Depreciation	(542)	(542)
Balance at 30 June 2020	1,354	1,354
Additions	14	14
Depreciation	(537)	(537)
Balance at 30 June 2021	831	831

### Leasing arrangements

#### Buildings

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

#### Definition of a lease

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

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

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

#### Short-term leases and leases of low-value assets

The Company has elected not to recognise right-of-use assets and lease liabilities of low-value assets and short-term leases. Lease payments relating to short-term and low-value leases are recognised as an expense on a straight-line basis over the lease term.

Short-term leases are leases with a lease term of 12 months or less. Low-value asset leases are less than \$10,000.

## 5. Leases (continued)

### As a lessee

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

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

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

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

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

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

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

### Peppercorn concessionary leases

For the year ended 30 June 2021, the Company does not have any peppercorn leasing arrangements.

### Building utilisation charge

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

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

## 6. Trade and Other Receivables

*In thousands of AUD*

	2021	2020
<b>Current</b>		
Trade receivables	44	74
Contract assets	51	76
Other receivables	561	286
Other receivables due from related parties	-	54
	656	490
<b>Non-current</b>		
Department of Health LSL receivable	1,357	1,211

### Accounting Policy

#### Recognition and measurement

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

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

#### Financial assets

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

#### Loans and receivables

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

#### Impairment of financial assets

The Company applies a simplified approach in calculating expected credit losses (ECLs) for trade receivables, recognising a loss allowance based on lifetime ECLs at each reporting date rather than monitoring changes in credit risk. The Company has established a provision matrix that is based on its historical credit loss experience, adjusted for forward-looking factors specific to the debtors and the economic environment. The Company considers a financial asset is in default when contractual payments are 90 days past due. However, in certain cases, the Company may also consider a financial asset to be in default when internal or external information indicates that the Company is unlikely to receive the outstanding contractual amounts in full before taking into account any credit enhancements held by the Company. A financial asset is written off when there is no reasonable expectation of recovering the contractual cash flows.

#### Derecognition

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

## 6. Trade and Other Receivables (continued)

### Financial assets (continued)

#### Contract assets

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

Contract assets arise when work has been performed on a particular program or services have been transferred to the customer, but the invoicing milestone has not been reached and the rights to the consideration are not unconditional. If the rights to the consideration are unconditional, then a receivable is recognised. No impairment losses were recognised in relation to these assets during the year (2020: \$nil).

#### Costs to fulfil a contract

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

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

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

## 7. Commitments

### 7.1 Capital Commitments

*In thousands of AUD*

	2021	2020
Plant & equipment	65	-
	65	-

The Company has contracted for certain capital commitments as at 30 June 2021. No work relating to these capital commitments has been performed or invoice received.

## Our Financing and Capital Structure

### 8. Other Assets

*In thousands of AUD*

#### Current

Prepayments

	2021	2020
Prepayments	63	34
	<b>63</b>	<b>34</b>
<b>Non - Current</b>		
Loan - LCM Calvary Health Care Holdings Ltd	8,765	8,771
	<b>8,765</b>	<b>8,771</b>

#### Accounting Policy

Related party loans are treated as other financial assets (see note 6).

### 9. Cash and Cash Equivalents

*In thousands of AUD*

Cash at bank and on hand

	2021	2020
Cash at bank and on hand	1,338	600
	<b>1,338</b>	<b>600</b>

#### Accounting Policy

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

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

### 10. Term Deposits

*In thousands of AUD*

Term deposits (> 3 months < 12 months maturity)

	2021	2020
Term deposits (> 3 months < 12 months maturity)	1,688	1,688

#### Accounting Policy

Term deposits with a term of less than three months are disclosed separately to cash and cash equivalents.



## 11. Restricted Assets

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

*In thousands of AUD*

	2021	2020
Special Purpose / Conditions imposed by granting body	175	101
Other donations / Conditions imposed by donor	1,688	1,688
	1,863	1,789
<i>Disclosed in the Statement of Financial Position as:</i>		
Cash and cash equivalents	175	101
Term deposits (greater than 3 months and less than 12 months maturity)	1,688	1,688
	1,863	1,789

## 12. Contract Liabilities

*In thousands of AUD*

	2021	2020
Contract liabilities - current	1,096	1,239
	1,096	1,239

### Accounting Policy

Where a timing difference arises between the payment for sale of goods and rendering of services and the timing of satisfaction of a performance obligation, a contract asset or contract liability is to be recognised in accordance with AASB 15 or AASB 1058.

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

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

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

## 13. Lease Liabilities

*In thousands of AUD*

	2021	2020
Current	562	556
Non-current	286	812
	848	1,368

### 13.1 Amounts recognised in statement of profit or loss

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

<i>In thousands of AUD</i>	<b>2021</b>	<b>2020</b>
Interest on lease liabilities	32	33
Depreciation expense of right-of-use assets	537	542
	<b>569</b>	<b>575</b>

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

## 14. Parent Entity disclosures

As at, and throughout, the year ended 30 June 2021, the parent entity of the Company was Little Company of Mary Health Care Limited.

## 15. Employee remuneration

### 15.1 Employee benefits expense

<i>In thousands of AUD</i>	<b>2021</b>	<b>2020</b>
Salaries and wages	19,561	18,567
Superannuation - defined contribution	1,769	1,677
Superannuation - defined benefit	4	6
Workcover	154	261
Long-term and post-employment benefits	527	512
	<b>22,015</b>	<b>21,022</b>

### 15.2 Employee Provisions

<i>In thousands of AUD</i>	<b>2021</b>	<b>2020</b>
<b>Current</b>		
Annual leave	1,988	1,819
Long service leave	3,182	2,751
Other employee provisions	35	31
	<b>5,205</b>	<b>4,601</b>
<b>Non-current</b>		
Long service leave	749	893

#### Accounting Policy

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

**Short-term benefits**

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

**Other long-term benefits**

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

**Defined contribution plan**

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

## 16. Related Parties

### 16.1 Transaction with key management personnel

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

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

**Compensation of key management personnel**

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

*In AUD*

Compensation to Directors and other members of key management personnel of the company and the Group

2021	2020
696,245	617,245

### 16.2 Transactions with other related parties

*In AUD*

**Payments made during the year to Calvary group companies:**

Recovery for goods and services

Recovery of training costs

2021	2020
61,711	29,314
9,750	-
<b>71,461</b>	<b>29,314</b>

**Amounts included in income received during the year from The Corporation of the Little Company of Mary, the Parent Entity**

National Office shared service contribution

National IT shared service contribution - recurrent

National IT shared service contribution - non-recurrent

Building utilisation charge

Payments for goods and services

Insurance premiums

Rent

Training costs

1,415,922	1,188,162
548,843	657,144
481,458	480,061
6,132	6,132
224,446	178,001
25,006	22,710
605,334	253,428
-	436
<b>3,307,141</b>	<b>2,786,074</b>

16.3 Balances with other related parties

In AUD

**Amounts receivable from Calvary group companies:**

	2021	2020
LCM Calvary Health Care Holdings Ltd	8,765,330	8,771,462
Other receivables	-	53,933
	<b>8,765,330</b>	<b>8,825,395</b>

## 17. Economic Dependency

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

Of total revenue, 92% is derived from Government funding and 8% is derived from non-government funded patients and health funds. Benefits are paid in accordance with agreements between the Company and the respective health funds.

Whilst at 30 June 2021 current liabilities exceeded current assets, when employee provisions are excluded from current liabilities on the reasonable expectation that in the normal course of business these will not result in a cash outflow in the next 12 months, the Company's current assets exceeds its current liabilities.

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

The constitution of the Company has the provision required under s187 of the *Corporations Act 2001* (Cth) which expressly authorises the Company to act in the best interests of the Parent Entity, so that it is capable of providing economic assistance to the Parent Entity, provided the Company will not become insolvent as a result of giving such economic assistance.

The Parent Entity may, in turn, provide economic assistance to any of its subsidiaries including the Company, by withdrawing funds from any other of its subsidiaries, except for those moneys located in certain Special Purpose or Trust Fund Accounts, to provide such support as is necessary to enable the Parent Entity or subsidiary to pay its debts as and when they fall due, provided neither the Parent Entity or the Company will become insolvent as a result of the withdrawal.

The Directors currently believe that, collectively, the Parent Entity and its subsidiaries have sufficient cash resources to ensure the Company, the Parent Entity, and other subsidiaries of the Parent Entity will continue to trade as going concerns and they are unaware of any material uncertainties, events or conditions, which may cast significant doubt on this belief.

## 18. Subsequent events

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

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

## 19. Other Accounting Policies

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

### 19.1 Goods and services tax

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

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

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

### 19.2 Finance income and expense

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

## 20. Changes to accounting policies

The Company has not been affected by any accounting policy changes during the financial year ending 30 June 2021.

*AASB 1060 General Purpose Financial Statements – Simplified Disclosure for For-Profit and Not-for-Profit Tier 2 Entities* is the new GPFS-Tier 2 Simplified Disclosures Standard that replaces the current suite of *Tier 2 Reduced Disclosures Requirements (RDR)* for annual reporting periods beginning on or after 1 July 2021. The Company has not elected to early adopt AASB 1060 for the 30 June 2021 financial year.



# Independent Auditor's Report

## To the Directors of Calvary Health Care Bethlehem Limited

<b>Opinion</b>	<p>I have audited the financial report of Calvary Health Care Bethlehem Limited (the company) which comprises the:</p> <ul style="list-style-type: none"> <li>• statement of financial position as at 30 June 2021</li> <li>• statement of profit or loss and other comprehensive income for the year then ended</li> <li>• statement of changes in equity for the year then ended</li> <li>• statement of cash flows for the year then ended</li> <li>• notes to the financial statements, including significant accounting policies</li> <li>• directors' declaration.</li> </ul> <p>In my opinion the financial report is in accordance with Division 60 of the <i>Australian Charities and Not-for-profits Commission Act 2012</i>, including:</p> <ul style="list-style-type: none"> <li>• giving a true and fair view of the financial position of the company as at 30 June 2021 and of its financial performance and its cash flows for the year then ended</li> <li>• complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the <i>Australian Charities and Not-for-profits Commission Regulations 2013</i>.</li> </ul>
<b>Basis for Opinion</b>	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the company in accordance with the auditor independence requirements of the <i>Australian Charities and Not-for-profits Commission Act 2012</i> and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 <i>Code of Ethics for Professional Accountants</i> (the Code) that are relevant to my audit of the financial report in Australia. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
<b>Directors' responsibilities for the financial report</b>	<p>The Directors of the company are responsible for the preparation of a financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the <i>Australian Charities and Not-for-profits Commission Act 2012</i>, and for such internal control as the Directors determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.</p> <p>In preparing the financial report, the Directors are responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.</p>

---

**Auditor's responsibilities for the audit of the financial report**

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors
- conclude on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the company to cease to continue as a going concern.
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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

---



Dominika Ryan

*as delegate for the Auditor-General of Victoria*

MELBOURNE  
23 September 2021