



Calvary

LITTLE COMPANY OF MARY
HEALTH CARE LIMITED
ANNUAL REVIEW
2013/2014

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

Mission

The Spirit of Calvary – we strive to excel in the spirit of ‘being for others’. Our mission identifies why we exist.

To 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, mission and story of the Sisters of the Little Company of Mary.

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.

Values

Our values are visible in how we act and treat others. As stewards of the rich heritage of care and compassion of the Sisters of the Little Company of Mary, we are guided by our values of hospitality, healing, stewardship and respect.



Hospitality

Hospitality demonstrates our response to the desire to be welcomed, to feel wanted and to belong. It is our responsibility to extend this to all who come into contact with our services by promoting connectedness, listening and responding openly.



Healing

Healing demonstrates our desire to respond to the whole person by caring for their spiritual, psychological and physical wellbeing. It is our responsibility to value and consider the whole person, and to promote healing through reconnecting, reconciling and building relationships.



Stewardship

Stewardship recognises that as individuals and as a community all we have has been given to us as a gift.

It is our responsibility to manage these precious resources effectively for the future. We are responsible for striving for excellence, developing personal talents, material possessions; for our environment and continuing the mission of the Sisters of the Little Company of Mary.



Respect

Respect recognises the value and dignity of every person who is associated with our services. It is our responsibility to care for all with whom we come into contact, with justice and compassion no matter what the circumstances, and we are prepared to stand up for what we believe and challenge behaviour that is contrary to our values.

Acknowledgement of Land and Traditional Owners

Holy Spirit, we invoke your blessing on our country. We acknowledge that our services are built on traditional Aboriginal and Torres Strait Islander lands. Those who once lived here and into whose sacred space our forbearers came, changing forever an older way of life.

Bless us all and help us to join our hands and hearts together. Help us to heal one another and the land, so that our lives may flow with harmony and that we may live with love and deep respect.



Calvary is pleased to be recognised as a leader in gender equality by the Workplace Gender and Equality Agency

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



L-R Pauline Elloy, Leisure & Lifestyle, Volunteers and Palliative Care Coordinator; with Layne Wong, who is 105 years young and a resident at Calvary St Joseph's retirement Community.



About Calvary

Calvary is a charitable Catholic not-for-profit organisation with more than 10,000 staff and volunteers, 15 public and private hospitals, 14 Retirement and Aged Care facilities, 14 Community Care centres. We operate across six states and territories within Australia. Established in Sydney in 1885, by the arrival of the Sisters of the Little Company of Mary in Australia, our mission is to provide health care to the most vulnerable, including those reaching the end of their life. We provide aged and community care, acute and sub-acute health care, specialist palliative care and comprehensive care for people in the final year of their life.

Full details of our locations are on the back page of this Review.



About our cover

Margot Webbe
(30 Dec 1922 – 18 Aug 2014)

Our cover features the late Margot Webbe, a former recipient of Home and Community Care (HACC) Services Victoria, a program of Calvary Community Care. Margot, who has 25 direct descendants, visited Bali 34 times in the last 29 years. Her last trip was at 90 years of age.

The scarf Margot is wearing was knitted by her daughter not long before this photo was taken in August 2014 and Margot insisted on wearing it. Our warmest thanks to Margot's family for their permission to use this image.

Calvary Fast Facts

People:

9,338

Employees

3,639

Nursing, Medical and Allied Health Employees

1,891

Community Care Workers

1,100

Volunteers

Patient Care

143,177

Private Hospital Admissions

59,521

Public Hospital Admissions

Retirement Communities

981

Beds

358

Independent living units

Community Care

20,000

Clients

1,275,000

Hours of care

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Foreword from the Chair of Calvary Ministries

Our Mission is to bring the healing ministry of Jesus to those who are sick, dying and in need through Being for Others.

It is now over three years since Calvary Ministries assumed responsibility for the stewardship of the ministries commenced by the Sisters of the Little Company of Mary in Australia so many years ago.

Calvary Ministries, through the work of the Little Company of Mary Health Care Board and Executives, continue to work in the tradition of the mission of the Sisters in health, aged and community care in the spirit of their founder, the Venerable Mary Potter.

Calvary Ministries, through its services, seeks to create organisations that are life giving and are filled with hope for the future. In its daily work, the sacredness of the gift of life and the value and dignity of all people must be respected. As was the case when the Sisters of the Little Company of Mary were responsible for the services we now conduct, the care and compassion is always motivated by our concern for others to inspire hope, nurture people who are vulnerable

and provide a source of strength and reach out to those who are sick and dying.

The Directors of Calvary Ministries are again delighted with the many successes achieved throughout all our services this year. These achievements did not come easily and I wish to thank each and every person for the contribution they have made to the commitment of our mission and compassionate care we have provided to all those we serve. In particular, I would like to acknowledge the support, expertise and contribution of the Little Company of Mary Health Care Directors, Executive, Clinical, Administrative, Support Staff and our Volunteers, who all play an important part in ensuring the success of our Catholic health, aged and community care system.

We again welcome this visionary challenge and know that in your work you have the assurance of the prayers and support from the Directors of Calvary Ministries in appreciation for the important contribution you make in carrying on the rich mission and tradition of the Sisters of the Little Company of Mary.

Bill d'Apice
Chair, Calvary Ministries

Role of Trustees

The Catholic Church takes great care in overseeing the works done in its name. Health care is one of those works. Religious communities and dioceses have traditionally been the vehicles for carrying out this privileged work of sponsoring the ministry of health care.

However, as the need has arisen, the Catholic Church has created the canonical entity known as a Public Juridic Person (PJP) as another way for this canonical stewardship to be accomplished. Although it sounds as if it is one person, it is constituted by a number of people. They act as the trustees of the work of the Catholic Church in these organisations.

The PJP that has been approved by the Vatican for Little Company of Mary Health Care Limited is known as Calvary Ministries. Calvary Ministries' purpose is to sustain and further the health care ministries originally undertaken by the Little Company of Mary - Province of the Holy Spirit, which are now undertaken

by Little Company of Mary Health Care Limited.

Calvary Ministries is to exercise a canonical stewardship role over the Catholic health, aged and community care programs and services intended to improve the health and well-being of the communities they serve. These activities will be conducted in a manner consistent with the teachings and laws of the Catholic Church and guided where appropriate by the charism, spirit and mission of the Sisters of the Little Company of Mary set out in the canonical By-Laws of Calvary Ministries and the Code of Ethical Standards, as approved by the Australian Catholic Bishops' Conference.

Directors

Mr Bill d'Apice (Chair)

Bill is a partner in Makinson & d'Apice, a well-known Sydney law practice, which has provided legal services to various agencies of the Catholic Church for many years.

Bill's principal areas of legal practice are property law, commercial law and the law relating to charities and not-for-profits. Although he has expertise in all aspects of commercial law, his particular emphasis is on corporate structuring, governance and directors' duties.

He also sits on a number of charities and not-for-profit boards which allows him to bring practical experience

to his advice. He was a Director of Catholic Church Insurances Limited for 15 years and it's Chair for 9 years.

Bill, through his firm, has provided legal advice to the Little Company of Mary for a number of years, and is currently a member and Chair of the Little Company of Mary Advisory Council.

Mr Garry Richardson

Garry has extensive experience as a Chief Executive in the Australian health insurance industry, as well as holding other senior positions in the financial services industry.

Since retiring from a full-time chief executive role in 1998, Garry has held positions as

Chair of Southern Health, Health Super Pty Ltd, Health Super Financial Services Ltd, Housing Guarantee Fund Ltd and has also held Directorships in Dental Health Services Victoria and the Australian Red Cross Society. Garry was also Commissioner of the Private Health Insurance Administration Council from 1998 to 2007 and Chair of the National Blood Authority from 2007 to 2011.

In addition to his current role as a director of Calvary Ministries, he is also a director of Defence Health Ltd.

Garry also held the position of Chair of Little Company of Mary Health Care in 2007/2008. He is a fellow of the Australian Institute of Company Directors.

Ms Julie-Anne Schafer

Julie-Anne is an experienced non-executive director in the financial services, health and transport sectors. She is a former Telstra Queensland Business Women's award winner, President of the Queensland Law Society, Chair of the Solicitors Board and Deputy Chancellor of the Queensland University of Technology. She is the current Chair of Church Resources and has previously chaired RACQ and RACQ Insurance. She was previously a lawyer whose career includes 25 years in partnership in legal professional services firms.

Very Rev. Ian B Waters

Father Ian Waters is the Parish Priest of two suburban parishes in the Archdiocese of Melbourne. He is renowned within Australia for his knowledge and expertise in canon law and consults to Bishops and Catholic agencies.

Father Waters is a lecturer in canon law at the Catholic Theological College, East Melbourne. He has served on a number of boards and associated bodies, including the Senate and Academic Board of Catholic Theological College, as President of the Canon Law Society of Australia & New Zealand and as Chairman of the Melbourne Diocesan Historical Commission.

He has been an advisor to the Little Company of Mary on canon law issues for a number of years.

Sister Kathleen Cotterill LCM (appointed 29/11/2013)

Sister Kathleen Cotterill has been a member of the Little Company of Mary for over 30 years.

During this time Sister Kathleen has held positions at both

clinical (general & midwifery) and administrative levels in various healthcare facilities within the Little Company of Mary (Riverina, Tasmania, ACT & Qld - Cairns) and other Catholic health settings.

Sister Kathleen has recently been the Director of Inpatient Services at Hawkesbury District Health Service, a healthcare facility of Catholic Healthcare (CHL) and is presently working in the area of clinical governance.

She is currently a member of the Notre Dame (Sydney) School of Nursing Advisory Board, and a member of the Catholic Health Australia Directors of Nursing Committee.

Sister Kathleen was previously a member of the Calvary Ministries Members' Council.

Sister Anne Sheridan LCM (retired 28/11/2013)

Sister Anne Sheridan has over 30 years' experience in health and aged care at both a clinical and administrative level. Sister Anne has held positions as Director of Nursing in a number of services within Little Company of Mary Health Care, and as Director of Mission in the Riverina, and Tasmania with her most

recent position being Director of Mission at Calvary Health Care Adelaide. Sister Anne is a member of the Board of Management of The Mary Potter Foundation South Australia.

Sister Anne is currently a Province Councillor of the Sisters of the Little Company of Mary Australia.

Officers/Advisors

Mr Patrick Bugden (Executive Officer)

Pat is a Chartered Accountant and was a partner in a Sydney firm for almost 30 years until he retired from the partnership in 2003. He held the position as Province Executive Officer for Little Company of Mary Health and Aged Care 2004-2010. Pat also acts as Company Secretary for Calvary Ministries Limited.

Mrs Michele Black (Office Administrator/ Personal Assistant)

Michele is an experienced office administrator with over 20 years' experience in various industries. Michele holds the responsibility of supporting the Executive Officer, the Board of Calvary Ministries and the Members' Council, along with the day to day conduct of the company's affairs.





More Fast Facts

4,864
babies delivered

396,780
assisted outpatients

112,972
emergency department
presentations

111,231
surgical procedures



Governance



“As expected, we faced substantial challenges in the past year. First and always was the need to make a positive difference in the lives of our patients, especially those we have the privilege to treat and support through palliative and end of life care.”

The Hon. John Watkins
Chair, Little Company of Mary Health Care Board



Message from the Chair

Little Company of Mary Health Care Board

**The Hon. John Watkins
LLB, MA, DipEd, Hon DLitt (Macq)**

We end 2014 with satisfaction and look forward to 2015 with confidence, secure in the knowledge that the vision of the Venerable Mary Potter still inspires the life of Calvary Health Care and makes a tangible difference in the work of our staff and the experience of our patients, residents and clients.

As expected, we faced substantial challenges in the past year. First and always was the need to make a positive difference in the lives of our patients, especially those we have the privilege to treat and support through palliative and end of life care.

That challenge requires inspiring, well trained and dedicated staff, committed and inspired management, a deep and practical understanding of the mission of Mary Potter, improving facilities and strong governance frameworks. We are fortunate to be strong in all of those areas. We have also negotiated successfully with our insurers, continued our comprehensive capital upgrades, dealt with continuing Government reforms and uncertainties in multiple jurisdictions, introduced a new and inspiring marketing strategy, improved clinical governance and continued to achieve remarkable financial results. It was a busy and successful year.

The year ahead will surely be as busy and challenging. We

have several major capital works projects planned and expect to see continued improvements arising from the IT reform and roll out that has really been a most significant project over recent years. We have to continue to deal with several new Governments and Ministers across Australia which is always challenging. We have major internal training and leadership programs to implement and we have the continual demand to provide a safe work place that enables staff to develop and exercise their many skills with confidence in a secure and supportive environment.

Our recent experience gives us confidence in facing these challenges whilst, continuing to deliver exceptional hospital, aged and community care across Australia. Our confidence in no way discounts the difficulties faced in the modern health care environment. Fortunately we are blessed with mechanisms and relationships that form the cultural infrastructure on which we can build success.

First and foremost is the inspiration of the Venerable Mary Potter and the care, advice and guidance still provided by Sisters of the Little Company of Mary who either work or live in Calvary facilities. They encourage, guide and inspire our staff and in many places still care tenderly for patients or

clients. In particular, we thank Sr Bernadette Fitzgerald for her leadership of the Sisters and her unwavering support for our work.

Another cause of our success has been the guidance provided by Calvary Ministries Limited, our trustee Board, under the guidance of Mr Bill d'Apice. Calvary Ministries undertakes a critical role in the governance of Calvary Health Care.

Most significant has also been the work of our Board of Directors. They are hardworking, professional, highly skilled, faith filled and vastly experienced.

Special mention also needs to be made of the work of our National Leadership Team led superbly by the National CEO, Mr Mark Doran. Mark is an exceptionally experienced and hardworking CEO and is a capable and popular leader. He works smoothly with the senior management team and they all respond generously.

And, finally, to all of our Calvary staff from the newest trainee nurse to our most experienced clinician and to all our aged care, community care and support staff, thank you for all your efforts every single day. It is on your efforts and compassion that our success is really built.

Board Committees

Audit and Risk Committee Held five meetings

Mr Pat O’Sullivan, Chair, and Directors Ms Rebecca Davies, Mr Mick Roche and Ms Brigid Tracey

Assists the Board in fulfilling its oversight responsibilities by reviewing the integrity and quality of financial information, the processes adopted by management to identify and manage key business, financial and regulatory risks, reviewing the systems of internal controls and risk tolerance that management have established, and monitoring the internal and external audit processes. A key responsibility of the Committee is the oversight of Work Health Safety & Environment (WHSE) matters across the organisation.

Mission and Ethics Committee Held four meetings

The Hon Greg Crafter, Chair, and Directors The Hon John Watkins, Professor Peter Ravenscroft and Ms Brigid Tracey

Assists the Board in fulfilling its governance responsibilities by reviewing and reporting to the Board on issues related to mission integration, ethics issues relating to health care research, clinical ethics, business practice and personnel management, leadership development and formation of Board, executive and staff. It also has responsibility for Little Company of Mary heritage issues and Catholic Health Australia initiatives relevant to mission and ethics matters.

Performance and Remuneration Committee Held four meetings

Mr John Mackay, Chair, and Directors Ms Rebecca Davies and Professor Katherine McGrath

Provides governance with respect to frameworks to drive performance, including the annual performance review of the National Chief Executive Officer (NCEO) and development of succession plans for the NCEO, National Leadership Team and Service CEOs and to assist with the management of Little Company of Mary Health Care’s remuneration philosophy and policy as it applies to Directors and Little Company of Mary Health Care executives.

Clinical Governance Committee Held five meetings

Professor Katherine McGrath, Chair, and Directors Ms Brigid Tracey, Professor Peter Ravenscroft and Associate Professor Richard Matthews

Provides governance with respect to frameworks for clinical governance throughout the organisation and provides assurance to the Board that Little Company of Mary Health Care has a robust framework for the management of key critical clinical systems and processes. It reviews the controls and assurances against relevant clinical risks in order to assure the Board that priority risks to the organisation are being managed.

Strategy and Development Committee Held three meetings

Mr Mick Roche, Chair, and Directors Professor Katherine McGrath, Professor Peter Ravenscroft and Associate Professor Richard Matthews

Provides advice to the Board on strategic and development issues, ensures strategic thinking is aligned to the mission of Little Company of Mary Health Care and addresses broader emerging issues in the delivery of health and aged care services. In performing its role, the Committee engages in an interactive strategic planning process with management, including identifying strategic goals and expectations, ensuring alignment with Mission and reviewing potential major investments, divestments and corporate alliances.

Little Company of Mary Health Care Limited

Board Directors

The Little Company of Mary Health Care Board is accountable to Calvary Ministries. Chaired by The Hon John Watkins, the Board comprises nine Directors, Mr Michael Roche (Deputy Chair), The Hon Greg Crafter, Mr John Mackay, Ms Rebecca Davies, Professor Katherine McGrath, Professor Peter Ravenscroft, Ms Brigid Tracey, Associate Professor Richard Matthews and Mr Patrick O'Sullivan. The Board met eight times during the year.

Two of the Board meetings were held at our services, Calvary Mater Newcastle (October 2013), which also included site visits to Aged Care and Community Care Services in the Hunter-Manning region and Calvary Health Care Riverina (March 2014). These visits gave the Directors the opportunity to meet staff, visit our facilities and be introduced to patients, clients and residents who come through our services.

The Hon. John Watkins (Chair) **LLB, MA, DipEd, Hon DLitt Macq**

Appointed to the Board and its Chair on 25 November 2010

John has been the CEO of Alzheimer's Australia NSW since September 2008. John is a member of the Advisory Committee for the Centre for Emotional Health at Macquarie University and an Adjunct Professor of Law at the University of Western Sydney. John worked as a teacher for 16 years until his election to the NSW Parliament in 1995 where he served for 13 years, spending 10 years as a Minister. He was Deputy Premier when he retired in 2008.

Mr Michael Roche (Deputy Chair) **BA (Accounting), FCPA, MACS**

Appointed Deputy Chair on 10 June 2010 and to the Board on 23 April 2008.

Mick Roche is a consultant working with government agencies and companies who deal with government on a range of strategic management issues. He is a member of a number of public sector governance boards, a director of Maritime Australia Limited and chairs the Pharmaceutical Benefits Pricing Authority. Mick was the Undersecretary for Defence Material in the Department of Defence, and has worked at senior levels in Customs, the Departments of Health, Prime Minister and Cabinet and Immigration and Finance.

The Hon. Greg Crafter **AO, LLB**

Appointed to the Board on 16 November 2006

Greg was a Member of the South Australian Parliament from 1979 to 1993 and a Minister of the Crown from 1982 to 1993. He held several portfolios including Education, Children's Services, Community Welfare and Aboriginal Affairs, Housing, Planning and Local Government. Greg was admitted to the Bar in 1978 and is a non-executive Director of a number of government and private sector boards. In 2008, Greg was appointed a member of the National Catholic Education Commission and in 2013 its Chair. He is a member of the Truth Justice and Healing Council and Chairs Catholic Health Australia's Bioethics Committee. In 2009 Greg was appointed Officer of the Order of Australia for service to the Parliament of South Australia, to education policy in the areas of curriculum development and improved opportunities for teachers, and to the community through social welfare and youth organisations.

Mr John Mackay **AM, BA (Admin/Economics), FAIM**

Appointed to the Board on 15 November 2007

John was the Chancellor of the University of Canberra, Chair of the National Arboretum Canberra and a Director of Canberra Investment Corp, Speedcast Pty Ltd, DataPod Pty Ltd and the Canberra Raiders. In 2004 John was appointed as a Member in the Order of Australia for services to utilities and the community and in 2008 was named ACT Citizen of the Year. He is the former Chairman of ACTEW Corp, ActewAGL, TransACT Communications Pty Ltd, Canberra Glassworks and the Salvation Army Advisory Board.

Ms Rebecca Davies **BEC, LLB (Hons), FAICD**

Appointed to the Board on 25 September 2008

Rebecca is a director of a range of companies in the financial services, health and music fields and is a facilitator for the Australian Institute of Company Directors course. She retired from her position as a partner at Freehills in 2009, where she specialised in litigation.

Professor Peter Ravenscroft
AM, MB, BS (Qld), MD (Qld), FRACP,
FFPMANZCA, FACHPM, GAICD

Appointed to the Board 26 November 2009

Peter is a Palliative Care physician. He is Conjoint Professor of Palliative Care at the University of Newcastle and former Director of Palliative Care at Calvary Mater Hospital Newcastle. Peter was also Area Director of Palliative Care for the Hunter New England Area Health Service. He has been President of the Australian Society of Clinical and Experimental Pharmacologists and Toxicologists, Inaugural Chairman of the Australasian Chapter of Palliative Medicine of the Royal Australasian College of Physicians and Chairman of the International Christian Medical and Dental Association. Peter has contributed to over 100 publications in medical journals and to 14 medical books. In 2010 Peter was awarded a Member of the Order of Australia for service to the development of palliative care and medicine, particularly as an advocate for improved education of doctors and health workers in the therapeutics of palliative care.

Professor Katherine McGrath
MB, BS, FRCPA, FAICD

Appointed to the Board on 26 November 2009

Katherine is a widely respected health care executive with over 30 years experience in government, public health, private health, clinical and academic posts. Her roles have included Deputy Director General of NSW Health, CEO of Hunter Area Health Service, Professor of Pathology at the University of Newcastle and Group Manager of Strategy and Corporate Affairs at Medibank Private. She was a foundation commissioner on the Australian Commission for Safety and Quality in Healthcare. Katherine currently runs a private health consultancy and is a member of the Board of Coronial Advisory Council in Victoria. Katherine originally trained as a haematologist and is a fellow of the Royal College of Pathology of Australasia.

Ms Brigid Tracey
AM, BN, Grad Dip Nursing Administration

Appointed to the Board on 26 November 2009

Brigid has had a 45 year career in nursing, most recently including 11 years as Director of Nursing at St Vincent's Private Hospital in Sydney. She has been a surveyor for the Australian Council on Healthcare Standards and a board member of the NSW College of Nursing and The Australian Council on Healthcare Standards, a Trustee of Catholic Healthcare Services and a member of the Executive of the Institute of Nursing Administrators, NSW and ACT. Brigid was appointed as a Member in the Order of Australia in 2001 for services to Nursing.

**Associate Professor
Richard Matthews**
AM, MBBS

Appointed to the Board on 1 January 2012

Richard is the former Deputy Director General of the Strategic Development Division of NSW Health. Until June 2007 he carried a dual role as Deputy Director General NSW Health and Chief Executive of Justice Health. Richard commenced his career in general practice and was in full time practice from 1979 until 1998. He developed a special interest in drug and alcohol, and worked for many years at St Vincent's Hospital Rankin Court Methadone Stabilisation Unit. He is Chair of General Practice Education and Training (GPET), a director for NEuRA, GPNSW, Alzheimer's Aust (NSW) and sits on the advisory board CHeBA. In 2010 Richard was awarded a Member of the Order of Australia for service to the health sector through leadership roles in the areas of service development, primary health care, mental health and drug and alcohol policy.

Patrick O'Sullivan
CA

Appointed to the Board on 27 March 2013

Pat joined the Board as a non-executive director and brings over 30 years of international commercial and business management experience. He was the Chief Operating Officer / Finance Director of PBL Media and Nine Entertainment. During this appointment he was also the Chairman of NineMSN, the joint venture between Nine and Microsoft. Before joining PBL Pat was the Chief Financial Officer at Optus Pty Ltd, with responsibility for the company's financial affairs, including corporate finance, taxation, treasury, risk management, procurement and property. Pat has also held positions at Goodman Fielder, Burns Philp & Company, and PricewaterhouseCoopers. He is the Chairman of Healthengine.com and is a non-executive director of iSentia, iinet and carsales.com Limited. Pat is a member of The Institute of Chartered Accountants in Ireland and The Institute of Chartered Accountants in Australia, and is a graduate of the Harvard Business School's Advanced Management Program. He is an active fundraiser for the charity, "Dreams2Live4."



A year in review

Little Company of Mary Health Care Limited

Mr Mark Doran
National Chief Executive Officer

As Pope Francis encourages us in *Evangelii Gaudium* (#238-258), We must be outward looking and not closed in on itself and be a joyful announcer of the Gospel and be an active player in the society and engaged in being an effective presence in all aspects of society. To have dialogue with the world, with the State, with the sciences and with people of other faiths.

The 2014 Calvary Review helps to inform you of our charitable mission works, but also celebrates our major achievements over the last twelve months. During this past year, Calvary has diligently pursued our strategic objectives, without losing sight of our purpose and identity. Our purpose continues to be the maintenance or enhancement of the overall quality of life, dignity and well being of every individual needing care, particularly in the most vulnerable times of their life.

We have been heartened by Pope Francis's view that, as a work of the Church, Calvary must be 'outward looking and not closed in on itself and be a joyful announcer of the Gospel' and he encourages us to be an 'active player in the society' and to be 'engaged in being an effective presence in all aspects of society. To have dialogue with the world, with the State, with the sciences and with people of other faiths.' I trust you will see from this publication and our work we are attempting to engage in ways with health systems to improve care in our communities.

Our people, particularly our leaders, are the key to our success in delivery of our mission. To that end, the focus of Calvary's formation is to help leaders tap into the power of 'why' as core to the identity and purpose of the organisation. This assists individuals, no matter what their beliefs, to articulate their calling to the care ministry. It's therefore not about just our work, but helping them to be better people, understanding their own meaning and spirituality. That allows them to understand that with increasing numbers of older people with multiple chronic diseases we have an increasingly larger and arguably more vulnerable element in our society – people increasingly marginalised by illness, loneliness and/or social and religious stigma. When in their last year of life, the potential for this alienation is heightened.

However, Calvary recognises how difficult this will be to improve – known by sociologists as a 'wicked problem'. In response, Calvary has fostered a culture that's passionate about what we do. An organisation that is agile and responds to changed circumstance and need. We have attempted to empower our services to be very close to the communities they serve and have processes and solutions designed from the stakeholders' perspective through a focus on solutions... centred on the patient, client or resident and their families.

The hallmark being simplicity and flexibility, seeking to ultimately achieve integration across health network segments or streams and where possible partnering to meet community need – hence

the formal Alliances with Local Health Districts, Medicare Locals, funders, other stakeholders to offer seamless services that improve 'health' in communities we serve – even beyond the 'sickness' paradigm. Whilst still very much a work-in-progress, the eventual outcome should have a profound effect on how health care is delivered in the future, particularly the sharing of patient clinical information across each area/stream and outside Calvary to provider partners.

To sustain our works into the future we require a strong financial base and, in keeping with our value of wise stewardship, we have improved our financial performance markedly once again. Whilst seeking reasonable funding, we haven't lost sight of the need to be efficient. Certainty of outcome and transparency in our performance metrics is central to delivering our mission. Over the last twelve months we have advanced significantly on a number of technology and data management enhancement platforms. More importantly, this data is transformed into knowledge, providing clarity on our progress, and most importantly, how we can be more efficient and safer in delivering the compassionate care you can expect from Calvary services.

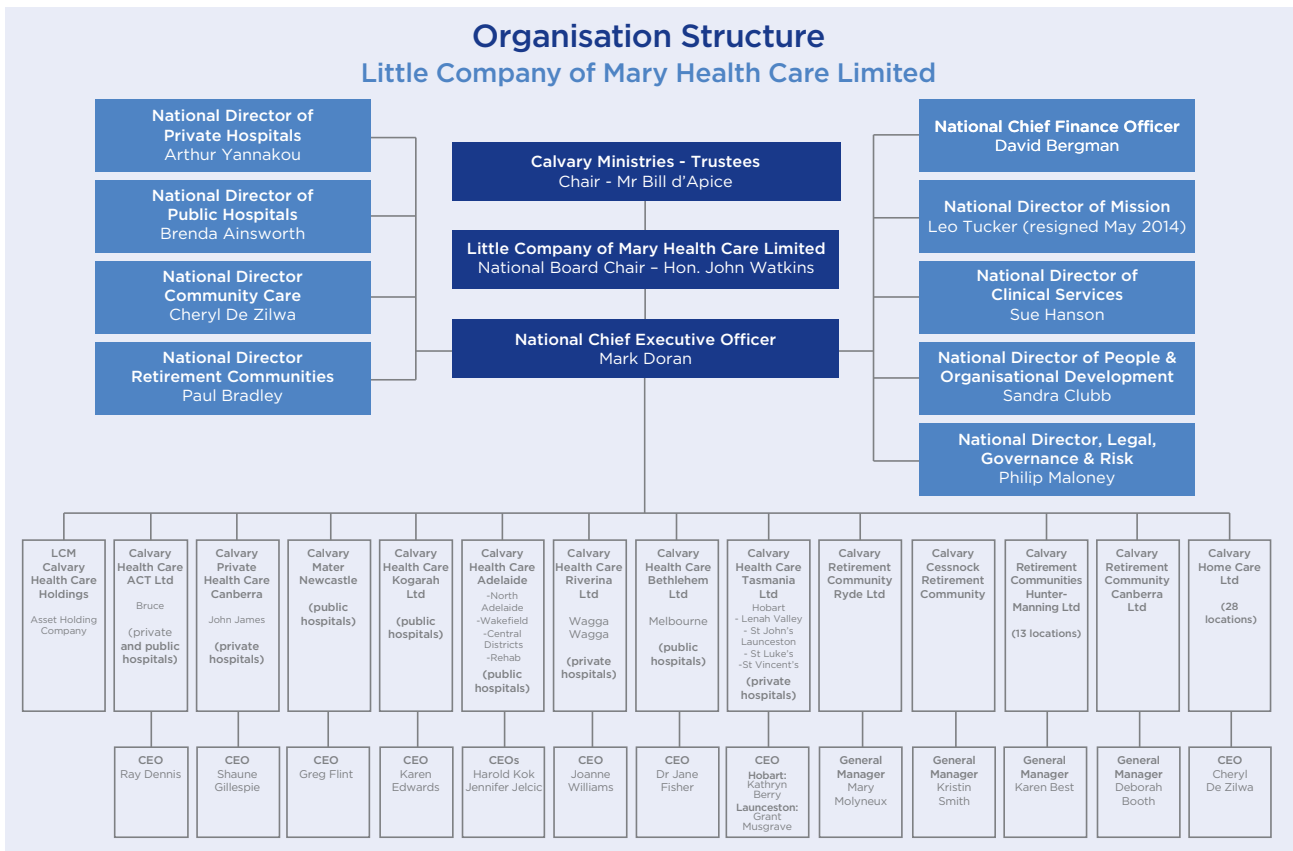
Highlights include pilots of an e-clinical record, e-medications management, e-admissions portal, an e-business intelligence system and the construction of a health information exchange, along with an organisation wide communication

platform called Calvary Connect, coupled with a further roll out of an organisational e-time and attendance system and e-dispensing system in aged care amongst the some 200 projects. Board support has been given for a more rapid and extensive deployment, that has significant positive implications going forward.

It was a year not without its travails, frustrations and uncertainties. What overcomes this is the knowledge that Calvary has, through the expression of its mission, a unique value proposition in caring for the communities it serves and is capable of playing a pivotal role in care industry transformation.

In the coming year, Calvary will continue to foster a distributed sense of responsibility and accountability for safety across the organization in the quest to become what is referred to as a High Reliability Organisation. Our efforts to date have been very satisfying, however we will continue to produce checks and counter checks as a precaution against potential mistakes along with engendering the sense of vulnerability across the organisation.

Finally the direction, wise counsel and support from those who provide our governance, the Little Company of Mary Health Care Board and trustees, Calvary Ministries, is very much appreciated but it's the ultimately the trust, dedication and exceptional caring of our staff and volunteers that deliver the mission to whom I extend the thanks of the entire leadership team.





Our Strategy

Little Company of Mary Health Care Limited

Mr Mark Doran
National Chief Executive Officer

Health Care in Australia faces challenges and uncertainty due to our aging population and the introduction of recent reforms. As an organisation, we need to be ready to take up opportunities by being aware, flexible, and willing to explore different paths. We need to be on the front foot, as they say.

That's the spirit of the Sisters of the Little Company of Mary. They too adapted to change and took on new challenges as they arose.

Over the past five years Calvary has been on a journey of recovery and foundation building. I am pleased to say we are now in a strong position and looking at a brighter future. That's come about thanks to great people, a lot of hard work and good leadership. It means we can invest in upgrading facilities and services to deliver on our mission of providing the best possible care for our patients, clients and residents.

That said, health care in Australia faces challenges and uncertainty due to our aging population and the introduction of recent reforms. As an organisation, we need to be ready to take up opportunities by being aware, flexible and willing to explore different paths. We need to be on the front foot, as they say.

That's the spirit of the Sisters of the Little Company of Mary. They too adapted to change and took on new challenges as they arose.

Calvary is in a unique position — with strong market position, core systems and capabilities, a clear Mission, Vision and Values and strategic aims supported by a plan to continue to make a difference in the communities we serve.

Calvary believes that Australian society is best served by a single health care system where the public and private sectors play complementary roles in delivering high quality, responsive and compassionate hospital, community and aged care services.

End of life care, chronic disease management, access to health services and skills shortage are all issues increasingly impacting Australian communities and these all factor in our plans for the future. I wouldn't say these are simple problems that will be easy to fix. They are complex issues that will require us to continue to stay focussed on delivering quality care whilst also looking into the future and working collaboratively within Calvary and the communities we serve.

For more information download "A Plan of Action - a look at our strategic aims and our future" at www.calvarycare.org.au

Our Strategic Aims

1	2	3	4
<p>Expand and improve Palliative Care for those with progressive chronic illness and those at the end of their life.</p>	<p>Sustain the ability of our hospitals, aged care facilities & community services to provide quality, compassionate care in the communities we currently serve.</p>	<p>Improve our current delivery system and promote effective, equitable, quality care and safety for all.</p>	<p>Grow, integrate and innovate within our 'circle of competence' in the environments in which we operate.</p>



Mark Doran presenting at the Calvary National Executive Conference.

Our National Leadership Team

Little Company of Mary Health Care Limited National Leadership Team is led by the National Chief Executive Officer Mark Doran who is supported by nine National Directors.

The National Leadership Team represents each of the four Service streams, Public Hospitals, Private Hospitals, Aged Care and Retirement and Community Care (Silver Circle), and our support services of Mission, Finance, Human Resources, Clinical Services and Legal, Governance and Risk.

Each Executive is responsible for delivering on our strategic plan and financial results for the four streams.



Mark Doran
National Chief Executive Officer

Mark has extensive experience as a senior executive in health and has worked in both the public and private hospital sectors, starting his career as an Administrative Trainee. Mark has worked for Ramsay Health Care and Mayne Health, where he participated in the growth of this organisation from six small facilities to over 50 hospitals. Mark commissioned the 300 bed John Flynn Hospital and Medical Centre on the New South Wales Queensland border, which he managed for seven years. He was also the State Manager for Queensland where he was responsible for up to 15 facilities.



David Bergman
National Chief Financial Officer

David has 15 years experience in the health and aged care sector as a senior executive with demonstrated success in growing organisations. He has a strong focus on business improvement, change management and the development of finance, information technology, treasury and reporting functions. David has also worked in a number of organisations including chartered accounting firms, finance companies and Macquarie Bank. David is a Chartered Accountant and holds a Bachelor of Commerce and a Master of Economics.



Brenda Ainsworth
National Director Public Hospitals

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



Arthur Yannakou
National Director Private Hospitals

Arthur is an experienced health care general manager and chartered accountant, with substantial leadership experience. He has over 20 years' experience in public and private companies in Australia, the United Kingdom and South Africa. Arthur has held a range of positions in the private health care sector in Australia including Mayne Health and Affinity Health as CEO, Director of Hospital and Regional Manager.



Sandra Clubb
National Director People & Organisational Development

Sandra has over 20 years' experience in line management and corporate human resource roles in major manufacturing organisations. She has extensive experience working in organisations going through rapid change and growth. Prior to joining Calvary Sandra was part of the Carter Holt Harvey Wood products Australia Pty Ltd executive team and played a significant role in that business establishing itself as the leader in its industry, transitioning employees and merging corporate cultures. Sandra is passionate about driving for positive and safe workplace culture and leadership development. She holds a Bachelor of Business in Strategic Human Resource Management.



Leo Tucker
National Director of Mission (to May 2014)

Leo is an experienced executive working in the areas of Pastoral Care, Mission and Welfare in Health Care, Community Care and Parish settings. He was the Regional Manager Pastoral and Chaplaincy Services at St Vincent's and Mater Health Sydney, has worked for the St Vincent de Paul Society as Regional Centres Manager within the Diocese of Wollongong and later as the Program Manager within the Maryfields Day Recovery Centre. Leo holds a Bachelor of Theology, an Advanced Diploma of Business Management and Graduate Certificate in Catholic Culture and Leadership from the Australian Catholic University, Catholic Health Australia.



Sue Hanson
National Director Clinical Services

Sue has a broad range of experience in management and health executive roles, education, clinical governance and academia in NSW, and in national positions. She has held nursing professorial roles, led the development and national implementation of quality standards assessment programs in Palliative Care, and held an inaugural Area Director of Clinical Governance position in NSW. Sue has worked in Palliative Care in various roles for the past two decades. She is currently the Chair of the Palliative Care National Standards Assessment Program (NSAP) Steering Committee and Co-Chair of the NSW Agency for Clinical Innovation Palliative Care Network.



Philip Maloney
National Director, Legal Governance and Risk

Philip has been in legal practice for 25 years and has worked in several senior in-house legal roles including Regional General Counsel for Thorn Asia Pacific, General Counsel for Stamford Hotels and Resorts, Senior Counsel for McDonald's Australia, Division Counsel for McDonald's Asia Pacific Middle East and Africa (APMEA), Vice President - General Counsel for McDonald's Pacific and Africa Division and Senior Counsel for APMEA. Philip brings a wealth of legal and management experience and has held several directorships and appointments as Company Secretary. Philip holds a Bachelor of Commerce and a Bachelor of Laws as well as several post graduate qualifications.



Cheryl De Zilwa
National Director Community Care

Cheryl joined Calvary Silver Circle in February 2013 after eight years as CEO of Windermere, an influential Victorian community organisation and was also the CEO of Quality Management Services, a leading accreditation body within the health and community sectors. Cheryl has played a major role in quality improvement and capacity building of community services across Australia. She has also worked with the National Heart Foundation in a senior health promotion role, which gave her a unique understanding of the full spectrum of health and community based services. Cheryl has a varied academic background which includes General Nursing, Bachelor of Education and Masters of Management.



Paul Bradley
National Director Aged Care & Retirement Services

Paul has 25 years industry experience across the public, not-for-profit and private sectors. Since 2002 he has worked in a broad range of executive roles in aged care and retirement. Prior to joining Calvary Paul worked with Anglican Retirement Villages, Sydney where he was instrumental in their strong growth over the previous decade. Paul is passionate about engaging with residents and staff alike and intertwining a strong commercial and benevolent approach in the Christian not-for-profit sector. He holds an honors undergraduate degree, a Masters of Commerce in Valuation and a Company Director's Diploma.

Our Services

Address and contact details are on the back page of this review.

Calvary Public Hospital, ACT

Chief Executive Officer Ray Dennis

275 bed public hospital comprising two campuses, being the Bruce 256 bed Calvary Hospital acute and sub-acute services and the Acton 19 bed Clare Holland House public Hospice and specialist Palliative Care Service.

Services: Actively participates in the Territory's surgical services, emergency and critical care services, and mental health services network; and is recognised as the leader of Palliative Care services and research in the ACT. Calvary Public Hospital and the Australian Catholic University collaborate in education and research through the Calvary Clinical School and Calvary Centre for Palliative Care Research located at the Bruce and Acton campuses respectively. It is a teaching hospital with associations to the University of Sydney, Australian National University and University of Canberra; and assists the education and training of medical, nursing, midwifery and allied health professionals.



Calvary Private Hospital, ACT

Chief Executive Officer Ray Dennis

73 bed private hospital, including the 15 bed Women's Health Unit and three bed Calvary Private Sleep Study Service and Hyson Green Mental Health Unit.

Services: Orthopaedics, urology, general surgery, plastics, gastroenterology, ophthalmology, general medical. Hyson Green Mental Health Unit is the only private mental health unit in the ACT offering inpatient, day patient and holistic programs. The Women's Health Unit is a 15 bed post natal and women's health unit. The Day Surgery Unit includes a post operative recovery area and patient discharge lounge.



Calvary John James Hospital, ACT

Chief Executive Officer Shaune Gillespie

155 bed private hospital in the ACT, including a 20 bed rehabilitation unit, seven theatres, one procedure room and a Bariatric Centre of Excellence.

Services: Extensive range of general medical, general surgery, vascular, gynaecology, paediatrics, orthopaedics, urology, gastroenterology, thoracic, vascular, plastic, dental, ENT, intensive care unit, maternity unit with level 2 special care nursery. Rehabilitation unit with day programs servicing on average 35 to 40 patients a day including post joint surgery, medical reconditioning and falls prevention programs to reduce readmission to hospital. It is the only Private Hospital in the ACT with a hydrotherapy pool.



Calvary North Adelaide Hospital, South Australia

Chief Executive Officer Sue Imgraben

153 bed private hospital including 16 bed Mary Potter Hospice.

Services: Inpatient care, general medical and surgical, oncology, day chemotherapy, critical/intensive care, maternity and the Mary Potter Hospice.



Calvary Wakefield Hospital, Adelaide, South Australia

Chief Executive Officer Harold Kok / Rob Wise

180 high technology acute private hospital beds, 24/7 emergency centre and Wakefield Surgicentre Day Surgery.

Services: A major tertiary hospital with a strong focus on neurosurgery, cardiac services and orthopaedic surgery. Consulting suites, 24 hour private emergency centre, level 3 ICU, CCU, angiography suite, high dependency unit and the free standing Wakefield Surgicentre Day Surgery make up this comprehensive precinct.



Calvary Rehabilitation Hospital, Adelaide, South Australia

Chief Executive Officer Kris Salisbury

65 bed private rehabilitation hospital with day and outpatient programs.

Services: Inpatient and day patient rehabilitation services including cardiac, orthopaedic, neurological (including stroke), multi-trauma, falls prevention, geriatric assessment, pulmonary and reconditioning and is committed to restoring an individual's quality of life to its optimal level.



Calvary Central Districts Hospital, South Australia

Chief Executive Officer Sharon Kendall

A modern 76 bed private hospital.

Services: Medical and surgical services, including comprehensive cancer care services and specialist consulting suites on site. Located north of the city, the hospital provides valuable support to the Barossa Valley and Northern Yorke Peninsula regions.



Calvary Lenah Valley Hospital, Hobart, Tasmania

Chief Executive Officer Kathryn Berry

181 beds including emergency services, critical care, obstetrics, orthopaedics & neurosurgery.

Services: General medical and surgical services, critical care, maternity and neurosurgery.



Calvary St John's Hospital, Hobart, Tasmania

Chief Executive Officer Kathryn Berry

108 bed private hospital.

Services: palliative care, general medical and surgical services, day surgery, oncology, ENT and paediatric surgery, inpatient rehabilitation and pain management services.



Calvary St Luke's Hospital, Launceston, Tasmania

Chief Executive Officer Grant Musgrave

73 bed private hospital.

Services: palliative care, orthopaedics, ENT surgery, dental surgery, general medical services, chemotherapy and mental health care.



Calvary St Vincent's Hospital, Launceston, Tasmania

Chief Executive Officer Grant Musgrave

75 bed private hospital.

Services: urology, general surgery, colorectal surgery, plastic surgery, gynaecology surgery, oral and maxillofacial surgery, high dependency, lithotripsy, gastroenterology, post natal care, general medical services and rehabilitation.



Calvary Riverina, Wagga Wagga, New South Wales

Chief Executive Officer Joanne Williams

104 bed private hospital, stand alone Surgicentre for day procedures and a 32 bed Drug and Alcohol withdrawal management and rehabilitation unit.

Services: palliative care, general medicine, cardiology, respiratory, sleep studies, orthopaedics, general and bariatric surgery, colorectal, breast surgery, ENT, paediatric surgery, urology, ophthalmology, obstetrics and gynaecology, oral and maxiofacial, plastics, intensive/coronary care, maternity and special care nursery, and day procedures. On site services include cardiovascular laboratory, medical imaging, pathology, cancer care centre and Breastscreen NSW.



Calvary Mater Newcastle, New South Wales

Chief Executive Officer Greg Flint

195 bed public teaching hospital and major research centre.

Services: Palliative care services, district and tertiary, emergency, clinical toxicology, coronary care, intensive care, drug and alcohol, general medicine, general surgery, haematology, radiation oncology and medical oncology. In excess of 340,000 outpatient treatments per year. Provides ambulatory care and inpatient services to the Hunter-Manning and New England areas. A major research facility with affiliations with universities and colleges, particularly the University of Newcastle.



Calvary Kogarah, Sydney, New South Wales

Chief Executive Officer Karen Edwards

95 bed sub-acute public hospital.

Services: Comprehensive range of multidisciplinary sub-acute inpatient, day-only, outpatient and community based Palliative Care, rehabilitation and aged care and Dementia services. Community services include multidisciplinary palliative care and rehabilitation teams, aged care assessment team, transitional aged care program, equipment loan pool and a range of Home and Community Care (HACC) funded programs. A teaching hospital with the University of NSW and partners with Notre Dame University as a member of the Cunningham Centre for Palliative Care Research as well as providing multi-disciplinary clinical placements in under-graduate and post-graduate programs for a number of NSW Universities.



Calvary Bethlehem, Melbourne, Victoria

Chief Executive Officer Dr Jane Fischer

60 bed sub-acute public hospital.

Services: A leading Victorian specialist palliative care service with a state wide role in caring for those with a progressive neurological disease such as Motor Neurone Disease, Multiple Sclerosis and Huntington's Disease. The service is complemented by ambulatory services which are provided to patients in their home or residential facility or through centre based services such as clinics and day centre for those people who are more mobile. Supports over 4,000 patients and their families each year. We are currently working to develop a range of affiliations with universities that will support our specialist role in education, training and research.



Calvary Community Care

National Director, Cheryl De Zilwa

Assists 10,000 clients each month across 22 locations in NSW; Australian Capital Territory, South Australia, Tasmania; Victoria; Northern Territory and Tiwi Islands.

Services: Formerly known as Calvary Silver Circle, the name change to Calvary Community Care better reflects the range of services provided to support people to live independently at home and in their communities. Calvary Community Care supports older people, carers, people with a disability and provides assistance after hospitalisation or illness. Services include personal care, social support, community access, transport, respite care, community nursing, return from hospital support, domestic assistance, emergency monitoring services, home repairs, maintenance and modifications.



Calvary Ryde Retirement Community, Sydney, New South Wales

General Manager Mary Molyneux

The manicured grounds at Calvary Retirement Community Ryde are home to a historic residential aged care facility with 115 beds and 122 independent living units. Calvary Ryde also offers respite accommodation and dementia-specific care to residents.



Calvary Haydon Retirement Community, ACT

General Manager Deborah Booth

Calvary Haydon Retirement Community features 100 state-of-the-art residential aged care beds and 78 independent living units. Calvary Haydon also provides quality care and support for general and dementia-specific residents within the home.



Calvary Cessnock Retirement Community, Hunter Valley, New South Wales

General Manager Kristin Smith

Set amongst the Hunter Valley wine country, Calvary Retirement Community Cessnock features 296 residential aged care beds and, like all Calvary Retirement Communities, promotes ageing in place. Calvary Cessnock also provides respite accommodation and secure dementia-specific care to residents.



Calvary Retirement Communities Hunter, New South Wales

General Manager Karen Best

Calvary St Joseph's

Manager Helen Gayner

Calvary St Joseph's at Sandgate is home to 135 residents and offers a dementia secure unit, respite accommodation services and ageing in place. The site also includes 18 independent living units.

Calvary Mt Carmel

Manager Maree Gibbs

Located in the heart of Maitland with stunning rural views, Calvary Mt Carmel provides quality care for 41 residents including respite accommodation and secure dementia units. The village also includes 14 independent living units offering privacy and lifestyle in a relaxed secure environment.

Calvary Nazareth

Manager Beryl Dollin

Located in the coastal lakeside community of Belmont North, Calvary Nazareth provides quality care and support to 50 residents including a dementia secure unit and respite accommodation. The site also includes 18 independent living units.

Calvary Mt Providence

Manager Suzette Connolly

Calvary Mt Providence is located in Muswellbrook and home to 35 residents. The home offers quality care and respite accommodation. The site also includes 14 independent living units.

Calvary Cooina

Manager Alexandra Shine

Located in the heart of the beautiful Upper Hunter and overlooking the Singleton Showground, Calvary Cooina is home to 34 residents and offers residential care, a day respite program and overnight respite accommodation.

Calvary St Francis

Manager Susan Waters

Situated in the beautiful Lake Macquarie, Calvary St Francis in Eleebana is home to 52 residents and offers respite accommodation and a dementia-specific unit. The site also includes 30 independent living units offering privacy and lifestyle in a relaxed, secure environment.

Calvary St Martin de Porres

Manager Maureen Kiss

Calvary St Martin de Porres at Waratah provides quality care to 41 residents in a home-like environment including respite accommodation and specialist dementia services. Calvary St Martin's offers a diverse range of lifestyle options.

Calvary St Paul's

Manager Karen McDonald

Calvary St Paul's is located in a tranquil rural setting on the banks of the Manning River at Cundletown and is home to 40 residents and offers respite accommodation services.

Calvary Tanilba Shores

Manager Lindy Farrelly

Calvary Tanilba Shores is home to 41 residents and offers respite accommodation and specialist dementia services within Tanilba Bay. The site also includes 16 independent living units.

Calvary Ephesus Independent Living Units

Comprising of eight independent living units in Lambton.

Calvary St Luke's Independent Living Units

Comprising of six independent living units in Cooks Hill.

Calvary Tours Terrace Independent Living Units

Comprising of six independent living units in Hamilton South.



Calvary Cessnock Retirement Community.



Our People Our Culture

We strive to be technically proficient and to deliver the best possible health care possible. And we strive for more. In the words of Pope Benedict XVI,

“We are dealing with human beings, and human beings always need something more than technically proper care. They need humanity. They need heartfelt concern.”¹

¹ Benedict XVI Deus Caritas Est 2005, 31a, accessed 24 November 2012

Mission, Formation and Employee Engagement

Our Mission is the programme of the Good Samaritan, the programme of Jesus - is “a heart which sees”. This heart sees where love is needed and acts accordingly.¹

Love is at the heart of compassionate care, love for the vulnerable, love for those facing some of the most challenging moments of life, love that kindles hope.

Our mission grows out of the strong and rich heritage of the Sisters of the Little Company of Mary. Addressing those gathered at a missioning of Calvary Ministries in 2014, Sister Bernadette Fitzgerald, Little Company of Mary (LCM), reminded those present that “In reality, Calvary Ministries and Little Company of Mary Health Care were founded by the women of the Province of the Holy Spirit, founded to lead the Calvary services to wherever the mission might demand. God’s mission is real and it still holds the women of the LCM in its service. . . . [And] because it is God’s mission which will not be confined by human reality, the mission now has you. The mission holds you in its service, so that the spirit of Calvary, of the outpoured, unmeasured love of the Cross, can hold an aching heart, heal the sick, tend the dying and nurture the soul. And the mission has chosen well.”

We, these chosen ones, continue this mission of being for others with “a heart which sees”.

Our mission is “the programme of the Good Samaritan, the programme of Jesus - is “a heart which sees”. This heart sees where love is needed and acts accordingly”.

Venerable Mary Potter, the founder of the Little Company of Mary, understood the essence

of this heartfelt concern:

“If our heart is touched with the love of others, we shall be continually moved to pray for them: our thoughts, our actions will be prayers.”

Our heartfelt concern is expressed in our presence and the depth of caring, in our solidarity and in our respect for each individual we encounter, whatever their circumstances, no matter how marginalised, vulnerable or ill they may perceive them to be.

We come from multiple faith and cultural backgrounds, but we all embrace the human values of hospitality, of healing, of stewardship and of respect, as we act and give life to others. Compassionate care is action. The most profound action of all is love.

For Christians, Calvary has come to represent, to symbolise, to encapsulate and to impart love: a love which is for us and for all, a love that heals, gives life and brings joy - the bread and wine of a lavish, hospitable and passionate God.

This is the spirit that inspires Little Company of Mary Health Care Limited. This is the spirit of Calvary.

Board Formation

Each board meeting includes a range of formation topics, which this year included Catholic Bioethics; the role and responsibility of our Directors of Mission; Ethics and Corporate Governance - Discernment and Decision Making; and

Christian Conscience in Support for Right to Life to name a few. Our thanks to our guest presenters Father David Ranson, Senior Lecturer Catholic Institute of Sydney; Father Brian Lucas, General Secretary of the Australian Catholic Bishops Conference and Church’s representative for the Australian and Not for Profit Charities Commission; and Sister Elizabeth Gilroy LCM.

Welcoming our New Executive

In 2013 Calvary introduced a new ceremony into our National Executive Conference where we demonstrate our value of hospitality and welcome in all our new executives. Calvary pins are presented by members of the National Leadership Team and pinned by a peer. Executives are also missioned at their service, typically in conjunction with the Mary Potter Celebrations in our services in November each year. It has been a great way for staff to meet and welcome their peers from a range of roles and locations across Calvary.



Gayle Alexander, Calvary Community Care Adelaide, welcomes Leah Magliano, Calvary St John Hospital, Hobart.

¹ Benedict XVI Deus Caritas Est 2005, 31b, accessed 24 November 2012

“Health care depends on people. Good mission delivery depends on engagement.”

The Hon. John Watkins, Chair, Little Company of Mary Health Care Board

We continue to focus on making Calvary a truly great place to work. And whilst we have made significant advancements in establishing a national safety management system and improving injury management, there is more to do. Improving employee engagement and unlocking the talent across Calvary is a priority, as is seeing ourselves as one organisation.

Calvary Employee Engagement Survey July 2013

9,417
surveys distributed

5,682
survey respondents

63%
of respondents think we are a “Truly Great Place to Work”

83%
of respondents think the Spirit of Calvary Exists within my service: that is, we are always striving to excel in the spirit of ‘Being for Others’.

Culture of Consolidation with 47% engaged (industry average sits at 46%)

Employee Engagement

In the 2013 Calvary ‘Being for Others’ Employee Engagement survey conducted by Best Practice Australia, Calvary scored highly compared to our benchmark partners across the board, but of particular mention is within the values and behaviour section with 83% of our staff saying that the Spirit of Calvary exists in their service. It’s a wonderful reflection on our staff who demonstrate the values in action everyday.

Formation and Unlocking Talent

“Formation is a transformational process. It refers to the forming or shaping of the whole person, not just the cognitive but the spiritual, to take up and carry on the mission of Jesus Christ in the world.”¹

To enhance our leaders formational development, in the spirit of stewardship we invited two directors and six Little Company of Mary Health Care senior leaders on a Heritage Pilgrimage to the United Kingdom. The Pilgrimage provided leadership formation in our founding story and enable the continuing spirit of Venerable Mary Potter. Arthur Yannakou, National Director Private Hospitals; Jane Cleveland, National Learning & Development Manager; Greg Flint, CEO Calvary Mater Newcastle; Gayle Alexander, Area Manager – SA Calvary Community Care; Shaune Gillespie, CEO Calvary John James Hospital and Marcus Di Martino, Director of Finance Hobart, attended this reflective and prayerful experience in May 2014.

¹ <http://www.catholicmission.org.au/educationformation>



Above photo: (L-R) Sr Margaret Watson LCM, Sr Margaret Service LCM, Jane Cleveland, Rebecca Davies, Greg Flint, Pam Fontana [archivist], Arthur Yannakou, Gayle Alexander, Marcus Di Martino, Shaune Gillespie, John Mackay.

Workplace Gender Equality

Calvary has long been recognized as an employer of choice for women. Our focus now expands and aligns with the government focus on workplace gender equality. The Workplace Gender Equality Act – effective from 1 April 2014 has a new focus and new reporting regime. We continue to strive to gain national recognition for contribution in gender equality.

But the focus and challenge for Calvary will come now in addressing diversity. We have a very diverse workforce with a range of backgrounds, belief systems, ages, education and languages. This will be the focus for Calvary in coming years to address.

More over, the new legislation requires our organisation to record and analyse its recruitment processes to ensure we are in line with our workforce diversity policy. Calvary is investing in the latest in e-recruitment in 2014/15 to assist the organisation in meeting this obligation.

Key to gender equality is equity and fairness in remuneration and benefits. Every year Calvary benchmarks its salary and remuneration system externally and tri-annually conducts an in-depth review. In March 2014 this review was conducted with the support of Mercer who looked at Calvary's remuneration structure, movements in remuneration by stream, and regional variances. By then applying our remuneration structure in all appointments, we assure ourselves that equity and fairness is achieved.

Other benefits, including paid parental leave are available to all staff across Calvary.

Calvary achieves 'Employer of Choice' citation from the Workplace Gender Equality Agency



Between April and June 2014 Calvary underwent an extensive audit process to achieve a 2014 Employer of Choice for Gender Equality (EOCGE) citation. The citation is issued by the Workplace Agenda Agency, established to administer the Workplace Gender Equality Act 2012. The Act puts a focus on promoting and improving gender equality outcomes for women and men in Australian workplaces.

The current citation was introduced in April 2014 to replace the EOWA Employer of Choice for Women. The replacement citation substantially raised the levels of qualifying criteria, with 76 organisations achieving a citation this year (2014), compared to 125 organisations last year (2013).

Some of our greatest achievements to date include:

- Mercer grading system - was recently implemented to achieve pay equity. All salaried roles are graded and linked to a salary range grading the position, not the person, along with the establishment of a Remuneration Committee.
- Best Practice Australia - Employee Engagement Survey allows us to track how we are performing with questions relating to flexible work arrangements.
- Leadership Capability Framework - newly introduced, this will be used from 2015 as the basis of future assessment and development initiatives for each stage of the employee lifecycle, supporting future recruitment and retention processes and the identification of current and future outstanding Leadership talent within Calvary. The Leadership Framework will enable us to benchmark our leaders across the health care industry and ensure our processes are fair and transparent.
- Paid parental leave - for salaried and enterprise agreement employees

Our turnover reports and employee engagement surveys indicate that as a result of our Gender Equality initiatives, we are more likely to attract and retain high quality employees and increase employee engagement.

**“Calvary wish to thank
Therese Cubis, National Human
Resources Advisor, for her
leadership of the Workplace
Gender Equality Program and
achieving these exemplary
outcomes for our people.”**



Recognising the Importance of Diversity

Whilst we are proud of our advancement and achievements in gender equality Calvary recognise that leading organisations are diverse organisations in all senses of the word. A truly diverse organisation is one which embraces diversity in gender, race, ethnicity and age.

McKinsey recently published Diversity Matters, having examined proprietary data sets for 366 public companies across a range of industries in Canada, Latin America, the United Kingdom, and the United States. The research finds that companies in the top quartile for gender or racial and ethnic diversity are more likely to have financial returns above their national industry medians. Companies in the bottom quartile in these dimensions are statistically less likely to achieve above-average returns. And diversity is probably a competitive differentiator that shifts market share toward more diverse companies over time.

Calvary knows that we are increasingly operating in diverse communities and have a diverse workforce. In keeping with our values we need to respect this diversity, and demonstrate hospitality. We have more work to do to collect the data and be able to profile our services and to develop the corresponding strategies to embrace diversity. Diversity features in our people systems development in coming months (and years).



Luckman Hlambelo, Governance & Compliance Manager, Calvary Health Care, Kogarah, Sydney, NSW.

Communication and Calvary's Mission and Values

Communicating as one organisation all 'on the same page' is a challenge in many large organisations and Calvary is no exception. With 66 locations and more than 10,000 staff and volunteers, and growing, our challenge this past year was to align our brand and ensure it is consistent with our patient, resident and client expectations, and our Mission and Values.

This financial year Calvary undertook a brand audit and redesigned our branding and collateral to provide an Overarching Brand.

The benefits of an Overarching Brand are twofold:

1. Helping staff to better understand the extended services our organisation provides beyond their individual remit and to communicate that effectively
2. Delivering a more focused and contemporary distillation of our Mission, Values and services to create broader recognition and trust in the community.

The brand audit also discovered that our people are passionate about living the values of Compassion, Healing and Hope, demonstrated by a sample of their responses below:

Compassion: "A special type of care, more than empathy. Putting yourself in others shoes and doing something about it."

Healing: "Part of the service of Calvary, but also involves making Care Recipients as comfortable as possible so they can be healed."

Care: "Care of the whole person = our integrated approach."

Hope: "An attribute of our heritage, is offering something more or better."

Calvary Leadership Development Framework

Leadership in the health system directly and indirectly affects the quality of patient, resident and client care, and consequently the effectiveness of Calvary's ability to attain our strategic aims.

Calvary sees leadership and management capabilities as a set of key skills, behaviours and attributes that will drive organisational progress and performance. The capabilities will focus on leadership characteristics linked to business strategy.

Calvary wants to compare and differentiate their leaders in health and other sectors. We want to ensure we develop leaders that reflect our values and to continue the mission of the Sisters of the Little Company of Mary.

Current business issues this initiative seeks to address:

- Raising leadership capability across Calvary to meet current and future needs; embedding our Catholic philosophy, mission and values
- Differentiate our Calvary leaders from other great leaders
- Provide pathways for career development and succession planning solutions
- Tools to aid recruitment, retention and identification of outstanding talent
- Provision of a professional development pipeline
- Implementation of an effective assessment tool for our leaders and managers identifying levels of behaviour and capability expectations aligned to their roles
- Provision of a framework that can be used as a centre piece for discussion around strengthening the work performance of individuals and to inform decisions around determining and prioritising appropriate professional development and learning

- Target our limited training and development investment to achieve greatest business benefit.

We have engaged DDI, a global talent management consultancy, to partner with us to develop and deliver a leadership capability framework as an integrated part of the Calvary people system. DDI has substantial experience in developing leadership capability frameworks and has worked with several healthcare organisations in Australia.

This project was initiated in 2013/14 by the Board of the Little Company of Mary Health Care to go through consultation and design in 2014 with implementation anticipated in 2015. This leadership initiative includes development and formation.

Calvary Hobart Nursing Pledge comes alive on International Nurses Day

In 2014 teams of nurses across Calvary Hobart came together over a two month period to create a nursing pledge which outlined Calvary's commitment to our patients. Workshops were run across the two campuses engaging all clinical areas. The result was fantastic – the creation of a wonderful and empowering pledge displayed throughout our work areas.

On International Nurses Day members of the Executive team dressed up in Calvary uniforms from the archives and presented the pledge and a wonderful Calvary cake to all areas.



Calvary Hobart members of the Executive team dressed up in Calvary uniforms from the archives for International Nurses Day.

Fast Facts about Calvary Workforce

84.6%
female

15.4%
male

47
is the average age of our employees

75
is the average age of our volunteers

40%
of our workforce is permanent part time

27%
of our workforce is full time

33%
of our workforce is casual

Calvary staff receive Order of Australia

Calvary is very proud of two of our outstanding staff members who are 2014 recipients of the Order of Australia.

Bernadine Mulholland, of Calvary John James Hospital, ACT, was awarded an OAM for service to the community as a physiotherapist; and Liz Mazzei of Calvary North Adelaide Hospital, South Australia, was awarded an AM for service to nursing and international charity and community work.

Our Volunteers

The rewards for our volunteers are as rich as the care they give to our patients

Volunteer numbers and the value add they bring differs from service to service, stream to stream but there are some things in common as was shown by the Volunteer Engagement Service 2013, conducted by Best Practice Australia. Respondents were engaged, proud of Calvary's achievements and experienced a climate of trust and respect.

Volunteer Engagement Survey

1,123

surveys were distributed

659

survey respondents

89%

people are proud of the successes and achievements of Calvary

85%

there is a climate of trust and respect throughout Calvary

This level of engagement has been evidenced in the special things our volunteers (and staff) do in our services and in turn in the communities we serve. The stories below are examples of the valued contribution our volunteers make towards caring for others.

The Volunteers

Problem: Medium need, vulnerable clients who are on their own, cannot drive and receive basic personal care and domestic assistance. These people often do not qualify for any further government funded support and their greatest need is for social contact.
Potential solution: Percentage of funds made available through

efficiency gains re-directed to develop a volunteer visiting program. This program is aimed at simply connecting with people who have no family or friends. Volunteers are trained to identify deterioration in physical and mental condition with a system for alerting key staff who can intervene. The volunteers come from a range of backgrounds, including those who are out of work, retired, or who have experienced loneliness and isolation themselves. This demonstrates being for others, hospitality, respect, stewardship and is likely to motivate staff to go 'the extra mile'.

Calvary Hobart wins a Tasmanian Community Achievement Award for Volunteer Management



Premier Lara Giddings (centre backrow) with Award recipients.

The wonderful efforts of Calvary Health Care Hobart's volunteer program, managed by Volunteer Coordinator Sarah De Jonge, was recognised in 2014 with a Tasmanian Community Achievement Award. The Community Awards recognise the valuable contribution of individuals, organisations and groups who make a real difference to the lives of others. The 140 strong team of volunteers provide premium care to patients. Volunteers undergo a comprehensive recruitment and induction process and attend annual mandatory training sessions. Volunteer meetings are held bi-monthly and a range of

information is distributed to volunteers through newsletters. This year, volunteers helped to develop and roll out an organisation-wide project, the Patient Feedback Loop and are involved in community events and volunteer celebrations.

Auxiliary Committees



L-R Calvary Mater Treasurer Kay Fordham and President Elaine Wellard.

Calvary is blessed with a number of fundraising volunteer Auxiliary Committees at our public hospitals. This year we feature two NSW volunteer Auxiliary Committees: Calvary Mater Newcastle and Calvary Kogarah. The funds raised go towards the purchase of equipment and programs.

Fast Facts

Calvary Mater Newcastle and Calvary Kogarah Auxiliary Committees

- Combined funds raised: \$420,445
- 2014 UHA NSW runner up for the most money raised per member: Calvary Mater \$8,634
- Average hours worked per volunteer: 800 hours per annum
- Fundraising Highlights: \$140,000 for the purchase of a gastrovideoscope and three colonvideoscopes (Operating Theatres); \$120,000 for three ventilators (Intensive Care Unit); \$1m from Club Central over eight years to fund an Overnight Dementia Respite Program.

A young volunteer finds reward in caring for patients at end of life



Cordelia Prowd has been a valued member of the volunteer team at Calvary Health Care Bethlehem since she arrived a year ago. In her early 20s, Cordelia is younger than most volunteers at the health service but loves the experience of working with other volunteers helping to improve the quality of life of palliative patients.

“Staff here are friendly and compassionate. They have a lot

of respect for patients and are committed to making sure that their dignity is maintained”

“I feel fortunate to be able to spend time with the patients. The time we spend together, particularly in the Day Centre, allows them to forget about being a patient and be themselves for a little while”. Volunteers like Cordelia are integral to the delivery of holistic care at Calvary Bethlehem.

Being for Others at Calvary Health Care Bethlehem (CHCB)

Earlier this year a young woman who had been a patient at CHCB passed away peacefully after a long illness. After Veronique’s death her mother contacted the health service wanting to donate her daughter’s equipment. When equipment coordinator Leanne Vella, visited Veronique’s Parkdale unit to pick up the equipment she saw in the middle of the room a sewing machine and an unfinished quilt. A keen quilter herself Leanne asked about the unfinished piece.

Veronique’s mother explained that her daughter had been making the quilt for her and had wanted to finish it before she died. Moved by the story, Leanne offered to finish the quilt and armed with Veronique’s design and fabric, set about finishing Veronique’s final gift to her mother. In June the quilt was completed and delivered to Veronique’s very appreciative mother.



Leanne Vella (R) with Narcisse Lotter pose with the completed quilt and a photograph of Narcisse’s daughter Veronique.

Calvary Mater Newcastle Volunteers

“You have never really lived until you have done something for someone who can never repay you.”

From 12-18 May 2014, the Mater celebrated National Volunteer Week, taking time to celebrate volunteers who nurture and support people in our community.

The hospital is blessed to have over 95 volunteers who each give many hours of their time a week to help care for our patients and visitors, as well as being a tower of strength and support to our staff. Volunteers are both a valuable part of our community and a powerhouse of fundraising activities, this year contributing to provide equipment and research that otherwise would not be possible.



A sample of the endearing Calvary Mater volunteer handicrafts for sale.

Workplace Health & Safety

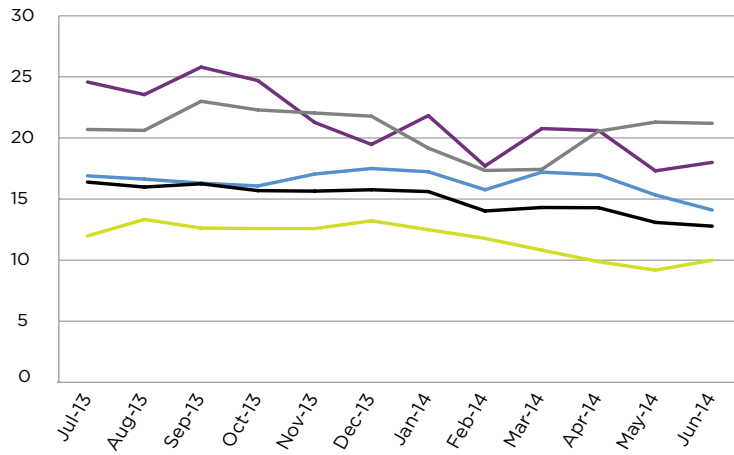
24% reduction in Lost Time Injury Severity Rate

Workplace Health and Safety (WHS) Performance Measures

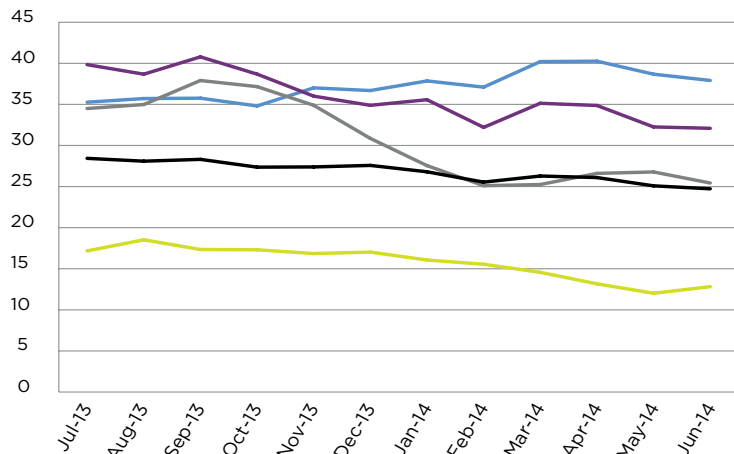
Following the implementation of WHS initiatives (including Riskman2, audits, procedures and templates), Calvary's Lost Time Injury Severity Rate decreased by a significant 24% during the FY13/14.

Overall, Calvary achieved a range of WHS improvements including:

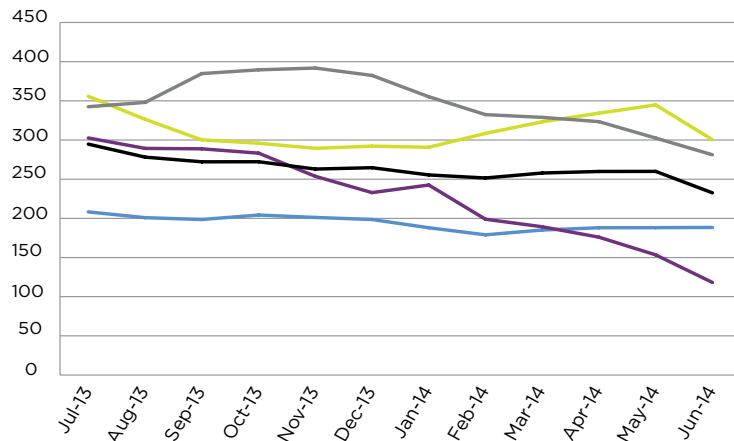
- Lost Time Injury Severity Rate = 24% reduction in the number of shifts (days) lost due to work related injury
- All Injury Frequency Rate = 15% reduction in the number of workers compensation claims
- Lost Time Injury Frequency Rate = 22% improvement.



Lost Time Injury Frequency Rate = (Number of injuries resulting in time off work per 1,000,000 hours worked) 22% improvement on lost time injury frequency rate (LTIFR); including two of our services now having a LTIFR of zero.



All Injury Frequency Rate = Total Work Injuries per 1,000,000 hours worked. 15% reduction in the number of workers compensation claims.



Lost Time Injury Severity Rate = Number of days lost to injury, per 1,000,000 hours worked. 24% reduction in the number of shifts (days) lost due to work related injury.



Riskman2 Incident Reporting Database

Over the past year Calvary undertook a major redesign of our incident reporting database (Riskman2). The new modifications simplify incident entry and assist in guiding people through completing incident investigations. The updated Riskman2 gives the added ability to report hazards, near misses, security, and property incidents.

Training

As part of the Calvary People Forum held during May, all Calvary WHS and Director of Clinical Services personnel were invited to attend and participate in a two day training session, covering: Risk Perception, Hierarchy of Control, Human Factors and Incident Investigation Master-class.

Audits

In FY13/14 we conducted a number of WHS audits

across Calvary covering focus areas such as Contractor Management, Training, and Safety System Verification. The audits provide benchmarks towards the implementation of improvement action plans.

WHS Management System Procedures and Templates

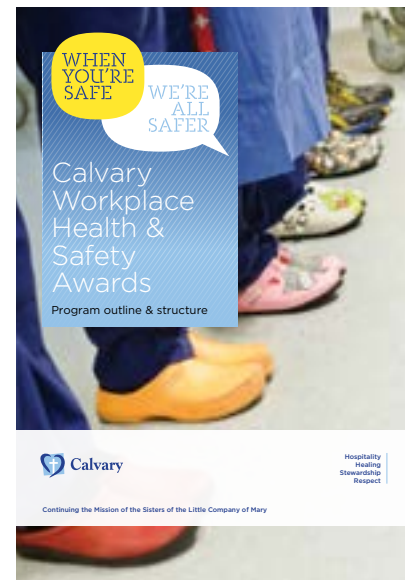
A review and update of all of the Procedures that make up the Calvary WHS Management System was completed in FY13/14, along with the introduction of a number of new tools and templates. The development of Calvary's WHS Management System is now complete with the content considered to be in line with our legislative and audit requirements.

Calvary WHS Awards

In 2015 Calvary are introducing the following awards to encourage, recognise and celebrate staff making

significant contributions to a safer Calvary:

- Best solution to an identified Work Health and Safety issue
- Best individual contribution to improving WHS
- Team Award for best contribution to improving WHS
- Safety Leadership Award (individual)



Learning & Development



Calvary's National eLearning Portal

Calvary's national eLearning portal provides staff with a flexible alternative for access to mandatory training and professional development opportunities as well providing the organisation with compliance reporting capability.

This financial year, Calvary integrated the National Payroll and Calvary On-Line Learning to achieve significant benefits:

- Two-way data and information flows between the internal National Payroll system (CHRIS 21) and the externally hosted Calvary On-Line learning system, aiding ready access of on line learning and preventing delays in data transfer
- Reduction in the administrative time that has been required to manually upload new employees and archive terminated employees to the Calvary On-Line Learning
- Accuracy of data
- Increased accuracy in compliance reporting.

Online Reference Tools

Calvary has invested in online "point of care" reference tools for clinical staff. Evidence-based practice requires that decisions

about health care are based on the best available, current, valid and relevant evidence.

The practice of evidence based health care involves integrating individual clinical expertise with the best available external clinical evidence from systematic research. As an organisation it is imperative that clinicians are provided with a robust system to access that up-to-date information so that it can inform policy and procedure and importantly clinical practice.

11,131 sessions have been recorded with 36,324 searches being conducted for the past 12 months. The subscription with Joanna Briggs Institute has assisted with the development and consistency of best practice clinical practice guidelines across our hospital sectors.

Professional Partnerships in Learning and Development

Calvary scholarship partnership continues with the University of Tasmania (UTAS) with 100 staff completing post graduate studies in 2013 and 115 staff enrolled in post graduate studies, HECs free, for 2014.

Calvary has been invited to be part of the UTAS Palliative and End of Life Care course advisory committee in 2015. This will provide us with an opportunity to develop post graduate content in line with the Calvary Palliative and End of Life Care Strategic Plan.

Calvary Online Learning Highlights FY2013/2014

- Computer basic courses;
- HR Short courses
- Customisation of Infection Control Prevention and Management course
- Fire and Emergency Procedures
- Palliative and End of Life Care Modules
- Training in change management strategies including the introduction of new HR and IT systems
- Integration of Calvary Online Learning and Payroll
- National Induction Program completed by over 8,000 existing and new staff with a modified version for Volunteers, Students and Agency staff.

An evaluation survey indicates a 93% satisfaction rate from survey respondents.





Excellence in Care

The Little Company of Mary Health Care Board has responsibility for all aspects of internal control, supported by the work of the Board's Clinical Governance Committee. The primary objective of the Clinical Governance Committee is to provide assurance to the board that Calvary's Clinical Governance framework and key critical clinical systems and processes are effective and robust.

These key critical clinical systems include, but are not limited to:

- Incident Management and Reporting
- Quality Improvement
- Compliance with National Safety and Quality Health Standards
- Clinical Indicators
- Patient Experience
- Service Accreditation / Certification

The National Clinical Services Committee reviews the controls and assurances against relevant risks on the Clinical

Risk Register in order to assure the organisation that priority risks are being managed.

In addition, a National Clinical Services Committee is authorised to investigate any activity within its terms of reference. It has decision making powers with regard to the approval of clinical procedural documents and is established to provide recommendations to the National Leadership Team on risk management, clinical governance and patient safety issues.

The framework and focus of our clinical governance systems is to ensure excellence across the continuum of care for our patients, residents and clients.

Clinical Governance (continued)



Calvary is committed to continual improvement in order to provide the best care to the patients, residents and clients of our services. Our goals are to put patients first, to ensure high quality, safe care and to deliver innovative and integrated care.

Safety and quality in the delivery of health, aged and community services across Calvary are underpinned by effective systems of clinical governance. Through these systems our Board, executives, managers and clinicians share responsibility and accountability for continuously improving, monitoring risks and fostering an environment of excellence in care.

The framework and focus of our clinical governance systems ensure:

- A focus on patients, resident and client experience across the continuum of care
- Strong clinical leadership and ownership
- A high reliability culture that supports patient safety and quality improvement initiatives
- Rigorous measurement of performance, including reporting and review

- Compliance with legislative requirements, national policy and accreditation standards

Putting our patients, residents and clients at the centre

At the very centre of our approach to care delivery is the commitment to place the person at the centre of their own care, to deliver services that are responsive to their needs and that involves them in setting goals, planning care and making decisions about care, treatment and outcomes. All Calvary services routinely seek feedback from patients, residents or clients and use this information to improve their experience and care. Consumer participation occurs at many levels in the organisation through activities such as Community Advisory Committees, partnership on governance and management committees and within improvement initiatives or clinical risk management activities.

Feedback obtained from our patient surveys in 2013-2014 helped us to understand the things that mattered most to the people we cared for in terms of the quality of their experience. These were our willingness to listen and respond to their needs, to go out of our way to address those needs, to care about them, and the extent to which we addressed their emotional and spiritual needs.

Strong clinical leadership and ownership

This year we have worked with our clinical leaders to

develop new, better-integrated approaches to service design and delivery. Through our regional alliances we focused on improving the care provided to people living in our communities with Chronic Obstructive Pulmonary Disease, Diabetes and those who may be in the last year of their life. Senior medical, nursing and allied health professionals across our health, aged and community based services have worked together with other regional partners to explore barriers to integration and design improvements in patient, resident and client journeys and experience.

Reliable, safe and effective care

This year we have reconfigured our clinical incident systems to provide more immediate, reliable reporting and data on clinical risks across the organisation. This information is fed back to front line clinical staff to ensure that we learn from errors that may occur and that we work collaboratively and systematically to improve safety and quality of care.

All services have a common set of Quality Key Performance Indicators (KPIs) that have targets set against the established industry benchmarks. The KPIs include measurement against each of the ten (10) Australian Commission on Safety and Quality in Health Care's (ACSQHC) National Safety and Quality Health Service Standards.

Based on our review and analysis of reported clinical incidents three

national targets have been established for 2014/2015.

These are:

- Reduction in patient/resident falls
- Elimination of wrong site surgery
- Reduction in hospital acquired infection.

While we strive to provide the safest care possible to the people we care for, on occasions errors do occur – we acknowledge that and we are committed to learning and improving. In the last year we are pleased to say that more than 99% of all clinical incidents that occurred resulted in minimal or no harm. Less than 0.3% of clinical incidents were serious adverse events.

Achieving accreditation

All Calvary services hold full three year accreditation with a nationally recognised accreditation program,

with no outstanding non-conformances. All Calvary public and private hospitals have now been accredited against the ten National Health Service Standards.

Calvary Community Care and Calvary Retirement Community are also accredited against relevant standards.

A focus on mission

Calvary health, aged and community services have a particular mission to care for those who are approaching or reaching the end of life.

In March we launched the two Palliative and End of Life Care Foundation Modules – “Understanding Loss and Grief” and “Communicating with people experiencing grief and loss” - on the Calvary eLearning platform. These modules were designed to provide all Calvary staff with a beginning understanding of our Palliative and End of Life Care Strategy, with a particular focus on

working and communicating with people experiencing grief and loss. Since March, following a considerable effort from staff across all services, approximately 8,000 staff and volunteers, or more than two-thirds of all our staff, have completed both modules. This is a fantastic achievement!

All services continue to work towards achieving Calvary’s Palliative and End of Life Care Strategic objectives as set out in our 2011-2015 Strategic Plan. Supported by **Calvary’s ‘4R’ Model of Care** for Palliative and End of Life Care, services are implementing strategies and tools to assist staff to:

- **Recognise** people approaching the end of their life
- **Respond** appropriately to their need
- **Renegotiate** their goals of care
- **Reinforce** their primary care supports and networks.



Calvary Bethlehem meets and exceeds accreditation standards

The Calvary Bethlehem Hospital in Melbourne was recently accredited by the Australian Council of Health Care Standards for its performance against 10 new national standards and two new EQUIP National standards. The emphasis with the new standards has been on the placing of the patient at the centre of the care process.

The accreditation found that the hospital had exceeded requirements in 82 areas, met requirements in 267 and were acknowledged to be at developmental stage in seven.

Surveyors were particularly impressed by the electronic medication system, 'Medchart', which has seen a huge improvement in patient safety with decreases in medication errors and a reduction in the risks association with medication administration.

They also found that the service had an excellent environmental cleaning program as a result of Calvary Bethlehem's internal audit system.

Surveyors were particularly impressed with hand hygiene standards, falls prevention strategies and adoption of best practice methods to address and manage pressure injuries.

Most commented upon the recently opened Integrated Technology room where clinicians are able to dramatically improve patient quality of life through the adaption of cutting edge technologies to suit the changing needs of patients as their conditions progress.

The results of the accreditation demonstrate that Calvary Bethlehem puts patients firmly in the centre of care planning, putting processes in place to monitor clinical risk and continuing to strive for quality outcomes for our patients.



A targeted team effort typified Calvary Bethlehem's approach to meeting accreditation standards.

Calvary Mater Newcastle achieves accreditation merits

During 2013 the Calvary Mater Hospital in Newcastle participated in an external accreditation review against the National Safety and Quality Health Service Standards. After an intense five days, the surveyors advised that Calvary Mater Newcastle had satisfactorily met the 10 national standards and was awarded with four items of Merit status.

The items of Merit include:

- A strong overarching Community Advisory Council, consumer engagement helping to drive innovative programs
- A strong commitment to best practice hand hygiene practices, initiated 'Clean Hands' campaign
- Development of a significant number of specially focussed tools to ensure safe clinical handover
- A highly committed pressure injury management team that has introduced innovative education, audit and support systems.



Standard 1:
Governance for Safety and Quality in Health Services Organisation.



Standard 2:
Partnering with Consumers



Standard 3:
Preventing and Controlling Healthcare Associated Infections.



Standard 4:
Medication Safety



Standard 5:
Patient Identification and Procedure Matching



Standard 6:
Clinical Handover



Standard 7:
Blood and Blood Products



Standard 8:
Preventing and Managing Pressure Injuries



Standard 9:
Recognising and Responding to Clinical Deterioration in Acute Health Care



Standard 10:
Preventing Falls and Harm from Falls

Alliances

Pope Francis encourages us in *Evangelii Gaudium* (#238-258) to be an active player in society.

Launching the Hunter Alliance

On the 14th of January 2014, in a first for health care in the Hunter New England Region, Calvary joined with Hunter New England Local Health District and the Hunter Medicare Local to officially sign 'The Hunter Alliance'.

'The Hunter Alliance' is a brand new partnership that enables the sharing of unique abilities, knowledge and specialists skills of the three major health care providers to lead the way in improved health care for the people of the region. The new health care initiative will firstly focus attention on, 'care in the last year of life', 'care for people with Diabetes' and 'care for people living with chronic breathing difficulties (COPD).

The Wagga Wagga Palliative Care Alliance

For some time it has been recognised that there was a lack of services to support people approaching and reaching the end of life in Wagga Wagga and the surrounding areas. Following on from a community meeting Calvary, the Murrumbidgee Local Health District, Murrumbidgee Medicare Local and the Forrest Centre signed an Memorandum of Understanding (MoU) to form an Alliance.

An alliance is a formal agreement between services to work collaboratively to develop and implement clinical initiatives that improve service and outcomes for residents of Wagga Wagga and the surrounding district.

The Alliance works to share information across the health system and effectively manage a patient's care as they move through different services from GP to public and private hospital admissions, allied health services and aged care. The Riverina Connecting Care pilot, a system demonstrator leveraging off the Personal Controlled Electronic Health Care Record (PCEHC), is a good example of how we can work together and by using electronic records, share information and deliver the best possible care along a patient's journey.

A Collaborative Approach to right care at the right time

As part of the Hunter Alliance, "HealthPathways" is a web-

based information portal being developed for clinicians in the Hunter New England Health region - with a primary focus on giving GPs rapid access to information about specialist services as a key tool to help them care more effectively for patients.

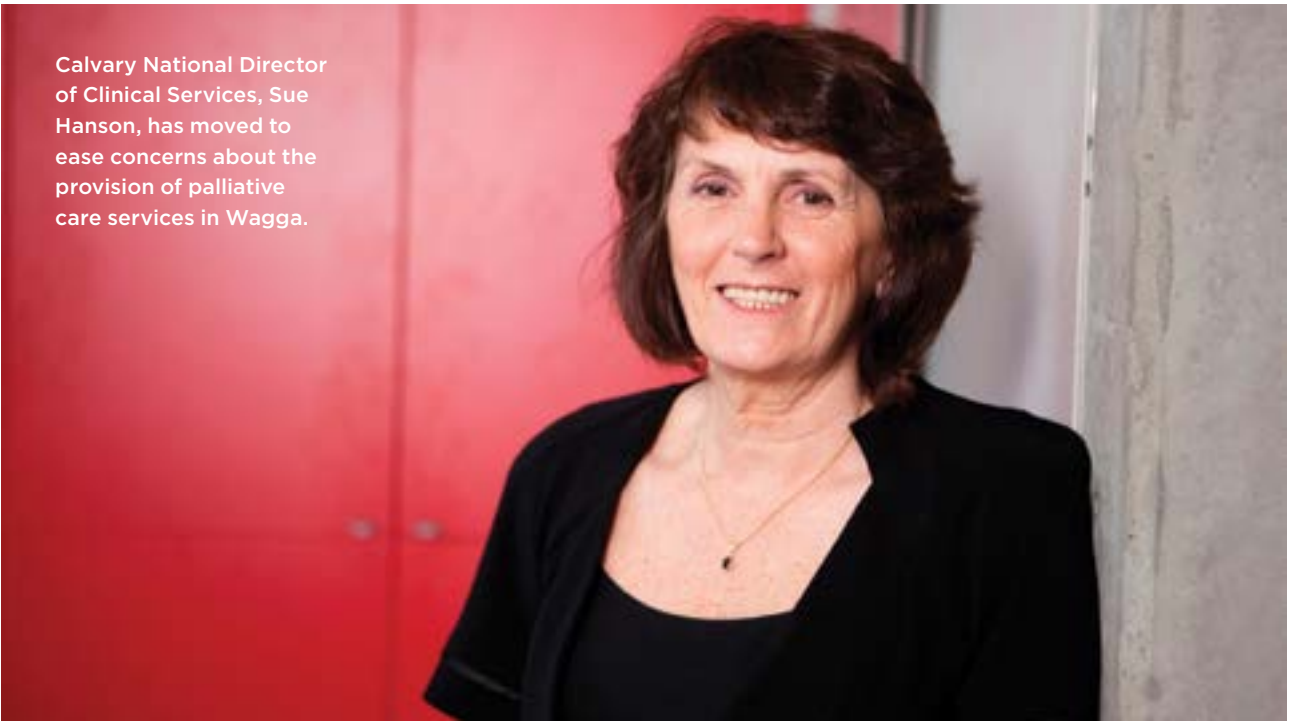
There are 135 locally developed Clinical Pathways, Calvary Mater has had 18 clinicians involved in the direct development of 28 pathways and 13 resource pages. There is a wider consultation process for Health pathways where clinicians are asked to review and provide comments and feedback.



MoU signed with MLHD, Murrumbidgee ML and Forrest Centre for a combined effort in securing appropriate palliative and EoLC for residents of Wagga Wagga and surrounding district.

L - R Standing: Jill Ludford, Director of Operations MLHD, Jo Williams CEO CHCR, Dr Max Graffen, Chair, MML, Neil Stubbs, CEO FC, Daryl Maguire, Member for Wagga Wagga. **Seated, L -R:** Peter Fitzpatrick, Chairman FC, Gayle Murphy, Chair, MLHD.

Calvary National Director of Clinical Services, Sue Hanson, has moved to ease concerns about the provision of palliative care services in Wagga.



Public palliative patients ‘wouldn’t be turned away’

The article below, published 18 June 2014, is reproduced courtesy of The Daily Advertiser, Wagga Wagga

Calvary’s national director of clinical services Sue Hanson has moved to ease concerns about the provision of palliative care services in Wagga.

Public patients are at no disadvantage to their private counterparts when it comes to palliative care treatment in Wagga, according to the national director of clinical services at Calvary Health Care.

Sue Hanson has weighed in to the ongoing debate about the provision of end-of-life care services in Wagga following sustained calls for the construction of a 10-bed public hospice in the city.

Presently, the city’s palliative care needs are serviced by six beds in Calvary Hospital’s St Anne’s East Ward.

Those beds cater for both public and private patients under an agreement between the hospital and Murrumbidgee Local Health District (MLHD).

Six hundred bed days per year are funded for public patients and on any particular day all six beds could be filled by the public system, Ms Hanson said.

“If there was somebody in need, we wouldn’t turn them away,” she said.

Ms Hanson also serves as co-chair of the NSW Agency for Clinical Innovation’s Palliative Care Network and as an ex-officio member of the Wagga Palliative Care Alliance.

She admits palliative care is an “emotive” issue within the community and that there has been significant community anxiety about access to care in Wagga.

One of the biggest concerns raised in recent weeks is whether private patients would be given priority access to palliative care, but Ms Hanson has insisted that is not the case.

Referrals are based solely on patient needs and health insurance status is not taken into consideration, Ms Hanson said.

“Public patients can get access to those beds based on need,” she said.

“We have nothing in place that gives priority to privately insured patients to any of those beds.”

Once Wagga’s new 10-bed palliative care unit is built, the number of bed days available to the public system will be reviewed, but Ms Hanson said it would be negotiated once every 12 months with MLHD to ensure demand can be adequately met.

End of Life Care in the Tiwi Islands



We are particularly fortunate to have local Tiwi people, featured in the images above and below, in key roles such as support workers, cleaners, recreational support, kitchen staff and gardeners. With their unique appreciation and understanding of local issues and the emotional, social and cultural support our residents need, they contribute enormously to our understanding of local cultural knowledge and provide a vital link between the multi-disciplinary health care team, the client and their family. The images are reproduced courtesy of Glenn Campbell.

Left: Valma Apuatimi

Malakunya is a flexible aged care service for Tiwi Islander people operated by Calvary Community Care on remote Bathurst Island, 100 kilometres north of Darwin. The local Tiwi Islands population numbers approximately 3,000 people with 87% made up of Aboriginal people

Calvary provides palliative care for Tiwi people who are approaching the end of life and wish to die in 'country', close to their home and community. When approaching death, returning to Tiwi and family is profoundly important. Using a collaborative model of care Calvary works with residents together with their family

and a multi-disciplinary team including doctors and discharge planners from the Royal Darwin Hospital, the Bathurst Island renal clinic and visiting allied health and medical specialists.

Recognition of the importance of kinship and connection to country in Tiwi culture and providing a culturally, spiritually and physically safe environment is paramount in delivering services to all Malakunya residents. The time before, of and following death involves a number of cultural considerations, kinship responsibilities and traditional rituals. Many residents are also devout Catholics and combine their traditional

practices and Christian beliefs. Therefore Calvary offers a flexible approach to care that minimises regimentation, maximises people's freedom and community involvement and embraces the involvement of extended family and ceremonial rituals to pay respect to the person approaching end of life.

At Malakunya we feel privileged to be able to assist in the care of Tiwi people approaching end of life, provide person-centred and culturally sensitive care and to be the stewards of the heritage of compassionate care begun by the Sisters of the Little Company of Mary.



Above: Daisy Tipiloura



Above: Emily Veamatahua



Our Community

Our Community Advisory Councils play an advocacy role to ensure a connection between the community and Calvary.

Community Advisory Councils

- Calvary Health Care ACT Community Advisory Council comprises of Peter McPhillips, Chair; Gerald Garrity, Robert Gunning, Mary Montgomery, Caroline Hughes and Monsignor John Woods.
- Calvary Mater Newcastle Community Advisory Council comprises of Cathy Tate, Chair; Richard Anicich, Teresa Brierley, Cathy-Lyn Burnard, Kay Fordham, Sue Russell, Lee Shearer, Steve Tipper and Mark Lock.
- Calvary Kogarah Advisory Council comprises of Michael Tynan, Chair; Karen Edwards, Chief Executive Officer/ Director of Nursing, Brenda Ainsworth, National Director Public Hospitals, Barry Shepherd, John Mulcair, Claire Tynan, Lee Jones and Susan Uhlmann, Director of Mission.
- Calvary Bethlehem Community Advisory Council comprises of Ian Stoney, Chair; Brenda Ainsworth National Director Public Hospitals, John Coulson, Anne Murphy, Colleen D'Offay, Dr Jane Fischer Chief Executive Officer/Medical Director, Sr Jennifer Barrow, LCM Director of Mission.

We would like to thank our Community Advisory Councils across our Services for their dedication and hard work.

Community Advisory Councils (Continued from page 43)

Cathy Tate, Community Council Advisory Chair for Calvary Mater Newcastle Hospital

Located on a leafy street in New Lambton Heights, laced with beautiful Jacaranda trees, lives an extraordinary lady who has lived in the Heights area for over 46 years. During this time she has consistently contributed to the community – giving a voice to the less fortunate and vulnerable, fundraising, teaching our future generations, standing on ceremony as former Lady Mayoress of Newcastle, and very importantly being the Chairperson of Calvary Mater Newcastle's Community Advisory Council. Cathy Tate is a dedicated woman of substance.

"I feel very privileged to have had the opportunity to be involved in the local community over the years. Novocastrians are such caring, loving people, and I'm pleased I have had the chance to help local causes in my own way.

"In August 2003, Sister Berice Livermore, Congregation Leader of the Sisters of Mercy (Singleton), visited me at City Hall to ask if I would become a member of the Newcastle Mater Misericordiae Hospital Board. I suppose you can say that the rest is history – since then, I have been involved with this local iconic institution," Cathy said.

As part of the Hospital Board, Cathy, along with other well known Novocastrians, helped guide the Mater through its redevelopment – a process not for the faint hearted and eventual transfer of the Newcastle Mater Misericordiae Hospital to Little Company of Mary Health Care, then to become Calvary Mater Newcastle.

Following the transfer, Cathy became involved in the hospital's new Community Advisory Council, a committee

of community members and organisations who play an advocacy role to provide a connection between the community and the hospital.

"I love the opportunity to connect with and feedback to the Calvary Mater from a consumer's point of view. The Mater is a hospital that many people hold dear to their hearts, there is something very spiritual and caring about the hospital and I want to ensure this remains well into the future," Cathy said.

Since 2013, Cathy has been the Chairperson of this committee, "There are currently six members, incorporating various key organisations such as the Cancer Council and the Maitland-Newcastle

Catholic Diocese.

"Additionally, many of the members are part of important hospital committees allowing a useful perspective from a community point of view. I find it a great way to contribute to this wonderful hospital."

"I am also so very proud to be the Patron of the Mater Auxiliary, a group whose average age is 78 and who raise significant funds for cancer care at the hospital. This fundraising powerhouse raised over \$300,000 last year and it is all given back to the hospital to assist those who are impacted upon, through their journey with cancer... if you ever see them at the hospital please support them!"



Cathy Tate, Chairperson of Calvary Mater Newcastle's Community Advisory Council.

Calvary Community Care



Right: Calvary Community Care Client Domenic Renye.

This year has been one of high activity, sustained growth and accelerated development as we continue to broaden our service delivery to meet the diverse and changing needs of a growing client base.

Activities in this reporting period have been underpinned by a consolidated and strategic focus on ensuring that the organisational structure, systems and processes are optimised for service delivery under the National Disability Insurance Scheme (NDIS), Individual Support Packages (ISP) and the imminent launch of Consumer Directed Care (CDC). Rapid changes in government policy, consumer expectations and demographic considerations within our sector have provided a welcome impetus to refine and adapt both the portfolio and delivery of our services.

In line with our focus on continuity of care, innovation and improved client

outcomes, we launched a new integrated service package. The Settle Me In program is designed to provide a flexible model of care to suit clients moving from acute to community care as they return home following a hospital visit. Demand for this short term program is steadily growing, in part because it provides a customisable and dynamic solution that adapts to meet the individual needs of a broader range of patients and clients.

We were very pleased to receive a significant increase in Home and Community Care (HACC) funding from the Commonwealth Government, an input which has allowed us to support a greater number of people to live independently in their own home and community. It was also exciting to open new facilities in Port Augusta (SA) and Riverina (NSW) under the National Respite Carers Program. These respite cottages offer short-term, specialised 24 hour care and social support in a safe home-like environment.

About Calvary Community Care

We provide services to support people to live independently at home and actively participate in community life.

Our services are available to anyone in the community, including, but not limited to, those who are eligible for government funded packages.

Our services include Home and Community Care (HACC), Home Care Packages, Veterans' Home Care (DVA), Respite Care and Community Housing.

We provide services 7 days a week, 24 hours a day within the six states and territories listed below, co-ordinated by local offices.

ACT: Bruce; **NSW:** Surry Hills, Lambton, Taree, Wagga Wagga, Cooks Hill, Lakelands, Forster; **Northern Territory:** Alice Springs, Darwin, Bathurst Island; **South Australia:** Adelaide, Port Augusta, Goolwa, Victor Harbor; **Tasmania:** Hobart, Launceston; **Victoria:** Ringwood, Mount Waverley, Keilor East, Morewell, Shepparton.



Client Kate and Vidka
(Calvary Community Care).



Dean Cross (Calvary Community
Care) and Client Peter Nicols.

Community Initiatives

Calvary Wakefield Hospital (CWH) Partnership with the Hutt Street Centre



CWH staff rugged up for participation in the Hutt St Centre "Walk a Mile in My Boots" fundraising walk.



CWH Cake-it-for-Charity contributions.

Calvary Wakefield Hospital has a special relationship with the Hutt Street Centre for homeless and vulnerable people in Adelaide.

In 2012 and 2013 all proceeds from the CWH Mary Potter Birthday "Cake it For Charity" Fundraiser were donated to the Hutt Street Centre.

In addition, a large staff group got together for the Centre's annual fundraising walk and a number of staff members have volunteered for the Centre's "Angel for a Day" program, which gives community members the opportunity to cook and serve breakfast for clients.

We are currently in negotiation with the Hutt Street Centre to scope the possibilities for assisting with some of their clients' healthcare and surgical needs.

"I volunteered for Angel-for-a-Day after attending last year. I found it to be a very inspiring and humbling experience. It's a great community based initiative and it's nice to give back a small amount of our time. This year I also sent two of my staff as a thank you for all their dedicated work."

Jenny Van de Veerdonk, Catering Manager CWH

"I found the experience humbling, and also felt enlightened by their little community of support for each other which was inspiring. I felt that perhaps at meal times they may only speak for the day to the person they sit beside. I was especially moved and found the children's plight confronting. The work Hutt St centre does on a daily basis is amazing."

Dot McLean, Environmental Services Manager, CWH

University of Notre Dame Australia opens new Rural Clinical School at Calvary Riverina Hospital, Wagga Wagga



The University of Notre Dame Australia officially opened the new Wagga Wagga Rural Clinical School site on Monday 4 August 2014, paving the way for more students to experience rural practice, access specialised medical training opportunities and support the health care needs of rural communities.

The Rural Clinical School was established in 2011 on the grounds of Calvary Health Care Riverina. The new \$3.8 million development has been funded by the Commonwealth Government as part of the ongoing strategy to train doctors in rural areas, increase the rural medical workforce and improve the number of doctors in rural areas.

The new facilities at Wagga Wagga will increase the Rural Clinical School's capacity from nine full time students to 12, in addition to two to four rotating students at any one time. Students will be either in their third or fourth year. Whilst at the Rural Clinical School and in partnership with Calvary Health Care Riverina, and Murrumbidgee Local Health Network, students will complete placements in general practice, cardiology, general medicine, surgery, orthopaedics, paediatrics, anaesthetics, intensive care, women's health, psychiatry, aboriginal health and aged care.

Mrs Jill Dalton awarded Papal honour of Dame of the Order of Pope Saint Sylvester



Chancellor of the Archdiocese Monsignor John Usher introducing all the recipients of the Papal Honours.

In November 2013, Cardinal George Pell conferred the Papal honour of Dame of the Order of Pope Saint Sylvester to

Mrs Jill Dalton, a resident at Calvary Ryde. Mrs Dalton's award was given in recognition of her many years with the Regional Tribunal of the Catholic Archdiocese of Sydney and voluntary services to the Church. A longstanding member of the Canon Law Society of Australia and New Zealand, Mrs Dalton also played a key role in the establishment of the Catholic Education Office Parent Participation in Schools Unit in 1981, which grew out of her work with other volunteer parents to implement human development and Christian values programs in Catholic Schools. Mrs Dalton's many other faith-based activities were also recognised at the ceremony, including her work at Calvary, Ryde, as a Eucharistic Minister.

Calvary Central Districts Hospital (CCDH) Hospital Partnership with TAFE training programs for the long term unemployed



TAFE Students at Calvary Central Districts Hospital.

Since early 2012, Indigenous and Mature Age clients have been working as trainees with TAFE LLNP (Language, Literacy and Numeracy Programs) and Northern Futures to develop various gardening and landscaping projects at Calvary Central Districts Hospital.

The TAFE trainer leading this project commented, "This is the best project we've worked on because the participants are actually doing the work. Often

it's the trainer who ends up being the key driver and doing a lot of the hands-on themselves, but here the participants are noticing what needs to be done and suggesting ideas and really getting stuck in." He also said that because of their more active involvement and the challenging and varied nature of the project, the trainees were developing better literacy and numeracy skills, which was one of the key aims of the partnership.

He said participants were engaged and had a real sense of pride in what they were doing and he thought the reason for their high level of motivation was because they saw their work as key to providing support for critically ill patients and their families. They also appreciate the pleasant atmosphere of the training room that has been provided for them and the hospitality provided by the hospital each day in the form of morning tea and lunch.

The third group of graduates from this program received their certificates at a combined TAFE/CCDH ceremony on 28th February 2014.

Calvary North Adelaide Hospital Refugee Family Support



Clinical Manager, Leanne Ridsdale, and her team from St. Claire's Ward.

The Managers Group at Calvary North Adelaide Hospital have elected to provide practical support to newly arrived refugee families in conjunction with Sr. Meredith Evans,

RSM and the Mercy House of Welcome in Adelaide.

As particular family needs are drawn to the Sisters' attention, a different ward or department of the hospital launches a collection to provide the required items.

St. Claire's Ward kicked off the program by donating four linen baskets of towels, linen, crockery, kitchen utensils, glasses, mugs, tupperware, an electric frying pan and some personal pamper items to a Somalian family who have been recently released from detention.

Sr. Meredith said that the family couldn't believe the kindness that had been shown to them. This is a beautiful expression of our value of hospitality to a family in real need whose hearts were deeply touched by a gesture of welcome that they didn't expect to receive.

Calvary Central Hospital (CCDH) Writer in Residence



David Chapple, the CCDH Writer in Residence, has worked extensively in hospitals, hospices and aged care facilities in the UK and brings considerable expertise to his role.

At CCDH David chatted informally with patients, volunteers and staff, having first explained that he was intending to capture their experiences, thoughts and feelings in the form of poetry. He was warmly welcomed by all participants, a fact that he commented on with gratitude and some measure

of surprise. "Dignity is a word that I hear a lot around here," he commented. "Everyone puts that at the centre of what they do and that is really impressive."

David gave the gift of these poems back to the patients whose experiences had shaped them.

The poems David developed reflect the 'dignity' of each person's life and are a beautiful tribute to the Calvary spirit of honouring each and every person by putting them at the centre of our care and compassionate responsiveness.

Calvary Health Care Kogarah Parkinson's Disease Wellbeing Program

When people have a better understanding of this complex and variable health condition, they are better situated to do the things we know will help them live a productive, positive life with Parkinson's, not one consumed and controlled by it. We encourage exercise, physically, mentally and socially.

The need for more comprehensive rehabilitation services for Parkinson's Disease clients in Southern Sydney has led to the development of a unique private/public partnership. Southern Neurology, a private practice neurology service located in Kogarah and Miranda has amalgamated with Calvary Health Care Kogarah to develop the first Parkinsons Disease specific wellbeing program in Southern Sydney.

Our youngest client, a 30 year old man, was struggling with the diagnosis and had given up on a lot of things important to him in life, one of which included his passion for rugby league. After attending the program, being educated on the what, how and why of Parkinson's disease management, he made lifestyle and behavioural changes,

reviewed the timing of his medications with his neurologist and developed a more positive attitude. The outcome at the end of the program was that he was able to return to play competitive rugby league, was more productive at work and his family noted he was back to his old personality – a wonderful outcome!

'Vic Street' a model of community integration

Calvary Community Care manage the Victoria Street Supported Residential Facility, a fourteen room residence for people aged from 18-65 who have been diagnosed with a mental illness. Located directly opposite the beach in Victor Harbor, a seaside township on the Southern Fleurieu peninsula in South Australia, it provides hostel like accommodation and support.

With an emphasis on community participation and integration, the affectionately known "Vic Street" has a housing support team providing 24 hour support and a Community Support Worker team who actively encourage and facilitate community access, participation and socialisation on both a group and individual basis. The highly anticipated "Big Day Out" excursions are planned monthly and include visits to local restaurants, beach barbecues and visits to other towns. The centre even holds its own regular pamper spa day every Tuesday where residents enjoy hair cuts, beard, moustache and nail trimmings and hand massages.

Vic Street is a proud and integral part of the local Victor Harbor community, providing a high quality of care for an often marginalised population. So much so, that a couple staying at a local Bed and Breakfast, knocked on the door of Vic Street to see if they could stay as it looked so welcoming!

Calvary Health Care Kogarah "in the swim"

Improving Quality of Life for patients with Motor Neurone Disease through access to Aquatic Physiotherapy

The Palliative Care Physiotherapists at Calvary Health Care Kogarah have successfully trialled a six week Aquatic Physiotherapy program for Motor Neurone Disease (MND) patients. The trial was commenced in response to the Palliative Care Gym program receiving a significant increase in referrals of MND patients from 2012-13, with patients seeking opportunities to maintain physical activity, social interaction and participation for quality of life.

Patients and caregivers overwhelmingly felt that the Aquatic Physiotherapy program was beneficial through improvement in physical, psychological and wellbeing outcomes.





Wise Stewardship



There are 19 entities included in the consolidated group accounts, including 14 major trading entities.

Our Wise Stewardship

Financial Results for the year ended 30 June 2014

The principal activities of Calvary during the period were the provision of acute health services by private and public hospital facilities, sub acute services, palliative care, residential aged care, independent living units, community and home care services.

Results

A surplus of \$55.8M was achieved for the financial year ended 30 June 2014 (2013: surplus \$56.5M).

At balance date, total assets exceeded total liabilities by \$597.1M, with current liabilities exceeding current assets by \$15.2M. However, when entry contributions and accommodation bonds for Retirement Communities are excluded from current liabilities (notwithstanding the fact they are in fact current liabilities pursuant to the requirements of the Australian Accounting Standards) current assets exceed current liabilities by \$173.7M. As the Calvary experience is that only approximately 30% (approximately \$57.2M) of resident contributions and accommodation bonds are likely to be repaid in the coming 12 months, the Directors believe the resultant adjusted working capital position, prima facie considered an industry "norm", is such that it is manageable pursuant to the generally accepted going concern concepts.

In overview, the continuing improved operating performance and cash position is a result of a focus across all services on the core revenue

generating activities, along with an increasing focus on strict cost management. Where necessary, ancillary services have been outsourced and non performing aspects of our services have been subject to stringent review. The private hospital sector continues to seek improved health fund rates, especially in South Australia where they are below national averages. The aged care and home care sectors are significantly funded by the Commonwealth government, where rate increases are below the rate of inflation.

Revenues

Calvary's revenue from operating activities totalled \$1,066.0M (2013: \$1,019.6M). Grants and subsidies from Government for hospital and aged care operations totalled \$444.4M (2013: \$429.2M). Grants and subsidies represent 42% (2013: 42%) of revenue from operating activities.

Revenue from operations for the year ended 30 June 2014 included \$8.8M (2013: \$8.7M) resources received free of charge - revenue relating to the Public Private Partnership (PPP) arrangements and recognition of state government funding of superannuation contributions for employees who are members of various defined benefit contribution schemes.

Expenses

Calvary's expenses from operating activities totalled \$1,053.8M (2013: \$1,000.5M). Expenses on personnel costs represent 61% (2013: 61%) of total operating expense. Staffing levels for clinical services have

increased during the reporting period, with total staff of 6,724 full time equivalents as at 30 June 2014 (2013: 6,673).

Significant events after year end

There is a substantial process of regulatory and policy change impacting on the health and related sectors. These changes arise from reviews undertaken by the Productivity Commission, potential revisions to legislation and health fund rebates eligibility. No provision has been included in the financial statements for the potential impacts of these changes due to the material uncertainty as to their timing and impact.

(Continued next page)



Significant events after year end

(Continued from page 51)

In 2014 our One Calvary initiative consolidated a diverse range of businesses and business systems. Becoming One Calvary has included a re-brand to unify our business, the introduction of an organisation wide intranet, and the appointment of a Non-Clinical Procurement Manager, Peter Wong.

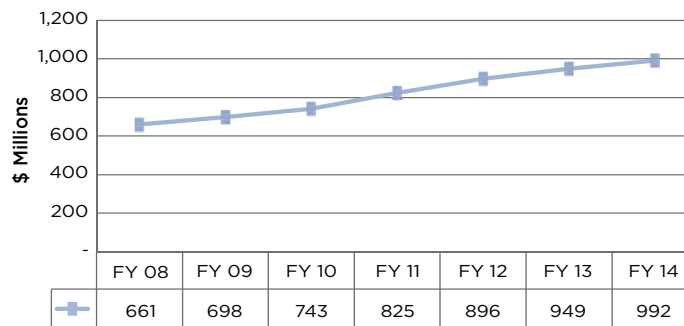
Non-Clinical Procurement is looking beyond cost and rebates to work with suppliers to deliver greater efficiencies and deeper supplier relationships. Two key elements underpin our Non-Clinical procurement strategy:

1. procurement policies and guidelines to consolidate and provide direction for a whole of organisation approach with the introduction of Policies, Processes, Procedures and Preferred Suppliers
2. a strong commitment to sourcing suppliers that share the same values and have the capacity to partner with a large and diverse organisation such as Calvary.

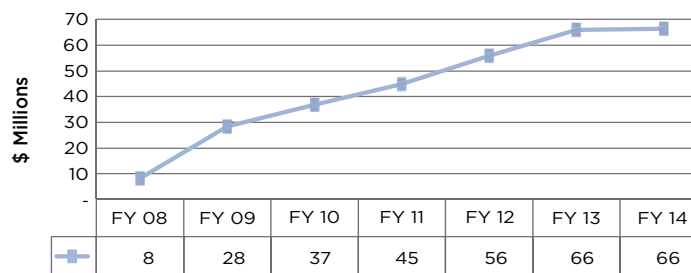
Changing the way an organisation approaches our non-clinical procurement has provided some challenges and the positive feedback from our staff is acknowledgement of the hard work of many of our suppliers to make these changes a success.

If you require a set of our financial statements for the year ended 30 June 2014, email sue.corlette@calvarycare.org.au

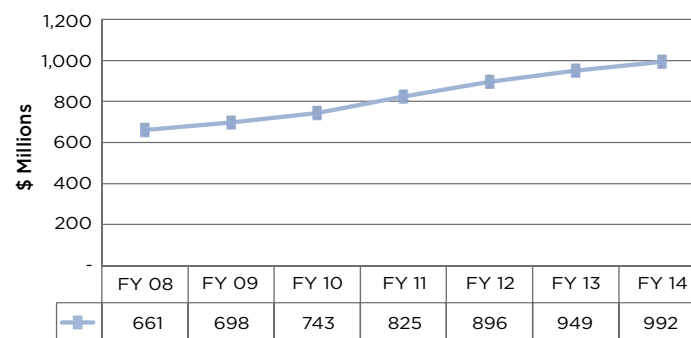
Operating Revenue excluding Prostheses (\$' M)



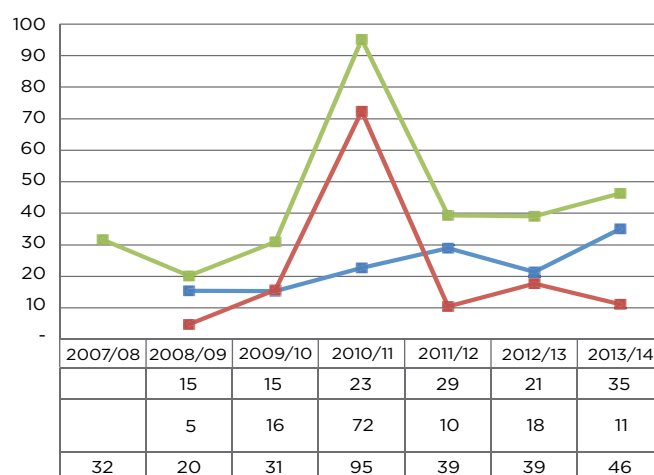
Operating Earnings Before Interest, Tax, Depreciation and Amortisation (\$' M)



Operating Revenue excluding Prostheses (\$' M)



Capital Expenditure Routine and Developmental (\$' M)



Please note:

- Calvary Mater Newcastle Private Public Partnership. Assets of \$89M have been excluded as the project is fully funded by the government.
- The acquisition of CCA Aged Care and Home Care have not been excluded in FY10/11 as \$80M cash was paid.

—■— Routine Capital Expenditure
—■— Developmental Capital Expenditure
—■— Total Capital Expenditure



Service Development and Innovation



We don't operate to guarantee our existence but rather to meet needs in the community. We operate services in many areas that wouldn't attract commercial investment because of unacceptable returns

Any surplus we generate is dedicated to pursuing our mission. Calvary's management believes we should be striving to achieve the best commercial results to sustain our operations, fund better integration, grow and innovate in pursuit of our strategic aims.

Demonstrating wise stewardship and contributing to social stability in the communities we serve requires a strong financial base. We do this through strict cost management while pursuing improved health fund rates for our private hospitals.

Little Company of Mary Health Care Limited continued to reinvest into its Services through a number of major projects undertaken and initiated this year.

Innovations

Ensuring we keep doing what we do

Our financial performance is solid and keeps our story alive through reinvestment in major projects such as Calvary Lenah Valley Hospital's theatre development and new endoscopy unit and Calvary North Adelaide St. Helens Ward and maternity refurbishment, day surgery and additional theatre.

We've also invested in our ability to be a source of healing with the completion of the Calvary Central District Hospital Cancer Centre. Three other major projects are underway at Calvary Riverina: a rural Wagga Wagga Clinical School, a new drug and alcohol rehabilitation centre, and specialist palliative care and rehabilitation units.

We're also planning to build a \$20 million, 60 bed retirement and aged care facility at

Muswellbrook, including 35 to 40 independent living units, providing a Calvary hub for the broader community.

Technology that cares and the capability to deliver

We are investing heavily in technology at Calvary with core systems that include electronic Health Fund claiming, an e-Admission Patient Portal and electronic medication management.

We recently rolled out electronic medication dispensing to aged care and are also looking to apply technology in service delivery, through mobility, smart phones and tablet technology; application integration, business intelligence application and Human Resource information systems.

Electronic connectivity and its ability to exchange health

information is a major enabler of good care. We're working to improve Calvary's network effectiveness with improved communication between hospitals, aged, community and primary care, particularly in the complex area of chronic disease management, so much a part of palliative and end of life care.

Global research suggests that 'coordinated care', or the active management of the relationships among multiple care providers, can both improve health outcomes and decrease costs.

Strong leadership through these changes and dynamic times is key to our success.

We are investing in a leadership capability framework, designed to identify and develop our leaders of tomorrow and nurture those characteristics that are necessary to be a leader at Calvary.



Releasing time to Care – The eClinical Record experience at Calvary Health Care Bethlehem



Calvary Nurse Brad Orszaczki and patient Bernard Harty using eClinical records.

The integration and sharing of patient information over the care continuum (primary, inpatient and ambulatory care settings) is increasingly reliant upon digital channels to store and share that information. In addition to this, clinicians in this modern health care age frequently comment on how their time is taken up with tasks that take them away from the bedside. Chasing referrals, locating clinical records, entering the same information on multiple paper charts or waiting for someone to “finish with the notes” are all frequently expressed frustrations.

Calvary sought to solve this modern day dilemma with a modern day solution....convert our paper clinical records

to a digital format to create the eClinical Record. Calvary partnered with Irish company Slainte to use their product, Vitro, to make this idea a reality.

Calvary Health Care Bethlehem was selected as the preferred site for the implementation of the new technology, following the successful deployment of the electronic medication management system, Medchart and the implementation of a new model of care. The decision was also influenced by the diversity of the care Calvary Health Care Bethlehem provides, with patients commonly accessing services across inpatient, community and ambulatory care settings.



Clinical Record's Dashboard.

The digital or eClinical Record was to have the same “look” as a paper record but with the added advantages of:

- inbuilt safety features
- the ability to be used on different electronic devices including computers on wheels; laptops and tablets
- mobile devices, meaning devices can be used closer to the patient and enabling the patient to check and sign documents at their bedside
- integrating with our established electronic medications management system and our patient administration system

All leading to:

- improved processes and efficiencies that release time for clinicians to provide extra patient care at the bedside = ***Releasing time to care***
- incorporate and harness the efficiencies that digital technology can deliver in terms of improving patient safety and outcomes = ***Increased Safety***
- the ability to differentiate the Calvary Health Care service offering from other health care providers = ***Recognising our difference***
- minimising the duplication of patient information = ***Improved efficiency***
- the ability of the one record to be accessed by multiple staff in multiple settings at the same time; and = ***Improved Access***
- developing the internal capability to scale the initiative to a national level = ***Increased capability***

The overall vision of the Organisation is to use the learning and experience from this implementation to roll out to other Calvary Health Care sites across Australia.

Calvary Home-Like Model of Care



At Calvary Retirement Communities, we believe that home = self.

The experience of many 'traditional nursing home' residents can be alarmingly similar to the underprivileged — involving lack of privacy, loss of identity, and feelings of powerlessness and dependency. When we practice person-centred care, we are creating a space for 'self' to shine. This in turn creates an environment where the nursing home is simply 'home': a place to live, to enjoy freedom and to be yourself.

The staff at Calvary Haydon Retirement Community were trained in the Home-Like Model of Care (HLMOC). Three months later they reported significant changes.

“ Staff said:

- Before, residents would take two months or more to settle in. Now it only takes around two weeks.
- Relationship is important. Because residents know the staff, they feel safe to verbalise their needs.
- Residents actually don't want to be away from their 'home'... if they have to go to hospital, once they are back, they say they are very happy to be home. ”

Residents and Staff Survey Results

88%

level of enjoyment felt by staff

82%

of residents rating Calvary Haydon as a great place to live

86%

of residents rating Calvary Haydon as a great place to receive care

91%

of residents who would recommend Calvary Haydon to others

Calvary Bethlehem's Gift of Independence

In late 2013, Calvary launched an important new integrated technology room that enables a wide range of disciplines to interact with patients and adapt new technologies to suit their needs.

The room offers a large range of tablets and light-writers that enable text to communicate for those whose speech has been hampered. This is achieved through environment control units that offer patients greater autonomy, allowing them to control their immediate environment with controls to open and shut doors, blinds, answer the front door, change television channels and access the internet.

Assistive technologies like 'Dasher' and 'Eyegaze' enable severely restricted patients to compose sentences and speak with the use of their eyes alone, allowing better communication with their friends and family, as well as communicating their needs to health practitioners.



L-R: Patient Theresa Taylor and Rachael Russell, Occupational Therapist.

Calvary North Adelaide Hospital Opening

Day Procedure Suite and Operating Theatre



L-R: Sarah Owen, Clinical Manager, Day Procedure Suite, Archbishop Philip Wilson, Sharron Kemp, Clinical Manager Operating Theatres, Lynda Wyles, CHCA Pastoral Care Manager.

On 3 June, 2014, Archbishop Philip Wilson officially opened and blessed the new Day Procedure Suite and Operating Theatre at Calvary North Adelaide Hospital.

The reception, admission, recovery and discharge areas of the Day Procedure Suite have been completely rebuilt, ensuring continuous patient flow and a clean, refreshed aesthetic, with new and updated equipment. Patient comfort has been enhanced by new interview rooms with greater privacy, as well as extra toilet facilities and individual televisions for each patient in our discharge area. An increased number of beds enable us to service more patients on a daily basis.

In addition, a brand new theatre with state-of-the-art equipment facilitates the provision of top level care by our doctors and nursing staff. There are new change areas for staff as well as a new reception area and a tea room that is used for dining as well as education and meeting purposes. A lounge area for patients and their families has also been incorporated into the overall design.

(Continued next page)

Hospital Developments

(Continued from page 58)

Hospital CEO, Ms. Sue Imgraben said the redevelopment was much needed and demonstrated the Little Company of Mary Health Care's commitment to reinvesting in our private hospitals. Father Ian Waters, Director of Calvary Ministries, said the legacy of Mary Potter, who founded the Sisters of the Little Company of Mary, was integral to the care provided by the hospital.

The liturgy featured the lighting of the Mary Potter candle and a delightful musical contribution by the Kyrie choir from St Gabriel's School, Enfield.



Kyrie choir from St Gabriel's School, Enfield.



The new day procedure suite.



Calvary is committed to enhancing its patient care facilities through a program of expansion and continual facilities' improvement. During the year the Board approved several major redevelopment projects to meet existing and new demand for services within the group.

Calvary Bruce Private Hospital

This project will see the construction of a stand-alone Private Hospital on Calvary's Bruce Campus to replace the existing Private Hospital located on Level 6 of the Xavier Building. A 10-bed extension to the existing Hyson Green Mental Health Unit also forms part of this \$65M project, which was Board approved in August 2013.

Detailed planning is currently underway for the new 124 bed hospital which is expected to open in 2017. The new hospital will enable Calvary to significantly increase its inpatient and Day Only beds to service the growing northern suburbs of Canberra. Calvary continues to work closely with its supportive Visiting Medical Officers and ACT planning and health authorities to ensure the new hospital will meet the needs of the community for many years to come.



Artist's Impression of the new Calvary Bruce Private Hospital.

Calvary Lenah Valley Hobart

Theatre upgrade & Expansion

Further to the Hobart Calvary Lenah Valley Endoscopy refurbishment completed FY13, a 2015 development application is in progress for the theatre upgrades for Lenah Valley and St Johns hospitals in Hobart, Tasmania.

Tasmanian Spine Service Opening

The Hon Michael Ferguson MP, Tasmanian Minister for Health, officially opened the Lenah Valley Spine Service on

30 April 2014. The Tasmanian Spine Service clinic operates within Calvary Lenah Valley Hospital under consultant neurosurgeon Mr Andrew Hunn and his team, specialising in coordinated care for all conditions affecting the spine.



Artist's Impression of Calvary Lenah Valley Hobart Theater upgrade.

Calvary Mater Newcastle's World Class Research Centre



The Calvary Mater Newcastle Research Team.

At Calvary Mater Newcastle (CMN), the pursuit of scientific excellence takes an interdisciplinary approach. Our researchers adopt a cooperative and collaborative spirit, allowing a stimulating and effective research culture to be embraced by all.

In addition to the vast number of clinical trials available to patients throughout the hospital, there are also dedicated research laboratories located in the departments of Medical Oncology, Haematology and Toxicology, as well as a state-of-the-art dosimetry and computing facility located in Radiation Oncology / Medical Physics. Types and core areas of research conducted at Calvary Mater Newcastle include:



The research website features the biographies of over 40 researchers, regularly updated with research stories, grant outcomes, and highlights. Visit <http://research.calvarymater.org.au/> to find out more.

Research Types

- Clinical Trials
- Laboratory Research
- Survey / Observational Research
- Dissemination / Implementation Research

Research Areas

- Diagnostics / Screening
- Genetics
- Health Promotion
- Health Services Research
- Therapy and Treatment
- Population Health
- Social needs

Our researchers are grateful for the support they receive from the public and groups like the Coalfields Cancer Support group, who once again raised an incredible \$30,000 for research equipment this year.

Medical Research Week (June 2-6) was celebrated for the first time this year at CMN, with 30 researchers from 9 different departments showcased in the main foyer over an entire week. Staff and visitors had the opportunity to 'meet a researcher' and participate in a jelly bean guessing competition with all proceeds going towards research at the hospital.

This year CMN signed an agreement with Newcastle Innovation, who are now available to provide a range of services to Mater researchers, including guidance on the direction of projects, patents and research with a view to commercialisation and industry collaboration.

CMN was proud to support the fourth HMRI Cancer Conference (Oct 23-25, 2013) and the Translational Cancer Research Unit in their successful bid to the NSW Cancer Institute to be recognised as a 'Centre'. This comes with substantial funding and is part of a long term goal towards building a 'Cancer Institute' at the Calvary Mater.

The CMN Research Committee acts as a representative of all CMN researchers, providing a means of disseminating information and offering support for research activities. The committee awarded the following Project and Equipment Grants in 2013-2014:

Margaret Mitchell Grant Fund

Radiation Oncology: Multi-parametric MRI as an outcome predictor for cervical cancer treated with radiotherapy

Jane Reid Harle Memorial Grant Fund

Medical Oncology: New drug combination strategies for the treatment of breast cancer

James Lawrie Grant Fund

Consultation-Liaison Psychiatry: Improving Radiotherapy outcomes with smoking cessation: Pilot trial in head and neck cancer patients

Coalfields Cancer Support Group Equipment Grant Fund

Medical Oncology: Screening platform for the identification and development of novel small molecules for the treatment of cancer

Haematology: Nanosight technology to visualise and evaluate circulating Microparticles



Bequests

Many of our supporters choose to leave a bequest to us in their will. Your bequest helps us continue our work to provide care for patients.

Areas of benefit include: general medicine, oncology, research, alcohol and drug services, palliative care and to assist with the promotion of positive community attitudes towards the necessity and desire of quality health care. Your contribution will go on helping us through the 21st century. Your contribution can be a fixed amount or a percentage of your estate. You can nominate to assist in the general provision of our services or your bequest can be directed towards a specific unit, project or type of service.

How to make a bequest

To assist in the preparation of a bequest may we advise the following wording:

I (name), give (\$amount) free of all duties and testamentary expense to Calvary (name of Calvary facility) for the purpose of patient care/service development, and I direct that the receipt of the Chief Executive Officer shall be sufficient discharge of my executors for this bequest.

If you would like more information about services and how best your intended bequest could be used, please do not hesitate to contact Mark Green, National Director of Mission.

P: 02 9258 1733 | E: Mark.Green@calvarycare.org.au



National Office

Little Company of Mary Health Care Limited
Level 12, 135 King Street,
Sydney NSW 2000
Ph: 02 9258 1700
www.calvarycare.org.au

Calvary Community Care

Operates in Victoria, New South Wales, ACT, South Australia, Tasmania, Northern Territory and Tiwi Islands
Head Office: 551 Blackburn Road,
Mt Waverley VIC 3149
Ph: 03 9577 3333
www.calvarycommunitycare.org.au

Hospitals

ACT (Australian Capital Territory)

Calvary Health Care Bruce
Corner of Belconnen Way and
Haydon Drive, Bruce, ACT 2617
Ph: 02 6201 6111
www.calvary-act.com.au

Calvary Bruce Private Hospital
Corner of Belconnen Way
and Haydon Drive, Bruce ACT 2617
Ph: 02 6201 6111
www.calvaryactprivate.org.au

Calvary John James Hospital
173 Strickland Crescent,
Deakin ACT 2600
Ph: 02 6281 8100
www.calvaryjohnjames.com.au

South Australia

Calvary North Adelaide Hospital
89 Strangways Terrace,
North Adelaide SA 5006
Ph: 08 8239 9100
www.calvarynorthadelaide.org.au

Calvary Wakefield Hospital
300 Wakefield Street,
Adelaide SA 5000
Ph: 08 8405 3333
www.calvarywakefield.org.au

Calvary Rehabilitation Hospital
18 North East Road,
Walkerville SA 5081
Ph: 08 8165 5700
www.calvaryrehabsa.org.au

Calvary Central Districts Hospital
25-37 Jarvis Road,
Elizabeth Vale SA 5112
Ph: 08 8250 4111
www.calvarycentraldistricts.org.au

Tasmania

Calvary Lenah Valley Hospital
49 Augusta Road,
Lenah Valley TAS 7008
Ph: 03 6278 5333
www.calvarylenahvalley.org.au

Calvary St John's Hospital
30 Cascade Road,
South Hobart TAS 7004
Ph: 03 6223 7444
www.calvarystjohns.org.au

Calvary St Luke's Hospital
24 Lyttleton Street,
East Launceston TAS 7250
Ph: 03 6335 3333
www.calvarystlukes.org.au

Calvary St Vincent's Hospital
5 Frederick Street,
Launceston TAS 7250
Ph: 03 6332 4999
www.calvarystvincents.org.au

New South Wales

Calvary Riverina Hospital
Hardy Av,
Wagga Wagga NSW 2650
Ph: 02 6925 3055
www.calvary-wagga.com.au

Calvary Mater Newcastle
Edith Street,
Waratah NSW 2298
Ph: 02 4921 1211
www.calvarymater.org.au

Calvary Health Care Kogarah
99-111 Rocky Point Road,
Kogarah, NSW 2217
Ph: 02 9553 3111
www.calvary-sydney.org.au

Victoria

Calvary Health Care Bethlehem
476 Kooyong Road,
South Caulfield VIC 3162
Ph: 03 9596 2853
www.bethlehem.org.au

Calvary Retirement Communities

www.calvarycare.org.au

Calvary Ryde Retirement Community
678 Victoria Road,
Ryde NSW 2112
Ph: 02 8878 1400

Calvary Haydon Retirement Community
2 Jaeger Circuit,
Bruce ACT 2617
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Calvary Retirement Communities Hunter

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Calvary St Joseph's Retirement Community
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Calvary Cooina Retirement Community
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Calvary Mt Carmel Retirement Community
9 Dwyer Street,
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Calvary Mt Providence Retirement Community
59 Tindale Street,
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Calvary Nazareth Retirement Community
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Calvary St Francis Retirement Community
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Calvary St Martin de Porres Retirement Community
26 Lorna Street,
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Calvary St Paul's Retirement Community
54 River Street,
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Calvary Tanilba Shores Retirement Community
74 Tanilba Avenue,
Tanilba Bay NSW 2319
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Calvary Ephesus Retirement Community
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Lambton NSW 2299
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Calvary St Luke's Retirement Community
204-206 Darby Street,
Cooks Hill NSW 2300
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Calvary Tours Terrace Retirement Community
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