



Calvary

Kooyong Precinct
Health Care Bethlehem

Annual Report

2024 – 2025





Introduction

About Bethlehem

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

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

Calvary Bethlehem provides direct patient care through a single point of access and working in partnership with other Victorian health services. Care is coordinated across the following settings depending on the needs of the patient and their family: centre-based clinics, day centre, home-based care and inpatient sub-acute beds; providing secondary consultation, telehealth consultations,

24-hour telephone support, after hours in-home support and integrated assistive technology to maximise patient independence and increase access to services.

About this report

This annual report outlines Calvary Health Care Bethlehem's operational and financial performance from 1 July 2024 to 30 June 2025. The functions of a public health service board are outlined in the Health Services Act 1988 (Vic) (the Act) and include establishing, maintaining and monitoring the performance of systems to ensure the health service meets community needs.

Calvary Health Care Bethlehem is a metropolitan health service established under section 181 of the Act. It is listed in Schedule 2 of the Act as a denominational hospital.

Accordingly, Calvary Health Care Bethlehem Limited has developed this annual report for the Minister for Health and Ambulance Services, the Hon Mary-Anne Thomas, for the financial year 1 July 2024- 30 June 2025.

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Foreword from the Chair

Calvary Ministries Trustee Board

"Hope is a flower that grows only on earth, and blooms best in adversity." *Venerable Mary Potter.*

The past year has been one of transformation and resilience for Calvary Bethlehem and the wider Calvary Kooyong community. Since the successful transition and expansion of services across 2023 and 2024, Calvary Bethlehem has embraced change with determination, forging a path of growth and renewal. It has been truly inspiring to witness the unwavering dedication of our teams as they rise to meet each challenge, never losing sight of our purpose or the people we serve.

At the heart of their work lies a profound commitment—to provide healing, offer comfort, and stand beside those in need. This is not just what they do, but who they are. Guided by our mission and values, Calvary Bethlehem remains steadfast in ensuring their services bring hope and strength to individuals, families, and the wider community. They strive to ensure their work empowers people to overcome adversity and support each other in ways that truly make a difference.

This year has reaffirmed their ability to adapt, innovate, and evolve. The challenges they've encountered have not deterred them; rather, they have sparked creativity, inspired new approaches, and strengthened their resolve. With the trust and support of our community, they have expanded their impact, deepened their connections, and reinforced their commitment to compassionate care.

Together with their partners and supporters, they are building a future grounded in purpose and hope. As they move forward, they do so with a renewed sense of optimism,



HON MICHAEL LEE

CHAIR CALVARY MINISTRIES

knowing that our mission of "being for others" will continue to guide them. They remain committed to being a source of healing and hope — today, tomorrow, and always.

I thank the Little Company of Mary Health Care Board of Directors, ably led by Jim Birch, AM, the National Executive Leadership Team led by Martin Bowles, AO, PSM and the staff and Executive team at Calvary Bethlehem led by Shannon Thompson, for their dedication, commitment and stewardship of our mission. Thank you for your actions, whether great or small, that every day restore hope and bring comfort and healing to the lives of the communities we serve.

Message from the Chair and General Manager



**SHANNON
THOMPSON**

GENERAL
MANAGER,
CALVARY
KOOYONG



JIM BIRCH, AM

CHAIR, LITTLE
COMPANY OF
MARY HEALTH
CARE BOARD

Throughout 2024–25, Calvary Bethlehem continued to evolve and lead in the delivery of efficient, person-centred, high-quality care as part of the integrated Calvary Kooyong precinct. In line with our values and strategic intent, the service has implemented several key initiatives focussed on the following priorities.

Strengthening Person-Centred Models of Care: Underpinned by a long-established model of care delivering collaborative, person-centred care—and aligned with Calvary’s strategic intent of delivering great, connected care—Calvary Bethlehem, as a key service stream within the integrated Calvary Kooyong precinct, has led work to strengthen models of service delivery that truly place the needs and individual goals of every patient at the centre of care.

Shaping Service Priorities with the 2025–26 Strategic Quality

Operational Plan: Building on actions delivered over the last 12 months, our 2025–26 plan will guide priorities, quality improvement, and service development initiatives across the service, aligned to the Statement of Priorities for 2025–26.

Fostering Collaboration Across the Sector: A continued commitment to building and strengthening collaborative partnerships with health services, community organisations, and academic institutions enabling Calvary Bethlehem to expand its reach and impact, driving shared learning and innovation in care delivery.

Prudent and responsible use of available resources to

achieve optimum outcomes: Calvary Bethlehem has operated within budget and in alignment with departmental expectations, effectively managing cost growth to support the efficient operation of the health service. Leveraging data analytics and performance metrics, the team has proactively identified opportunities to reduce inefficiencies and waste, enabling evidence-based decisions that strengthen financial sustainability and operational performance.

Expectations for the future

Calvary Bethlehem's commitment to sector reform will be demonstrated through ongoing active engagement as a member of the Bayside Local Health Services Network, and implementation of a number of early initiatives to deliver on key focus areas—including stronger referral pathways that support improved access to specialist care.

These initiatives reflect Calvary Bethlehem's enduring commitment to clinical excellence, innovation, and community-centred service delivery. They also set a strong foundation for continued progress as we embrace the challenges and opportunities ahead.

Thank You to Our People and Community

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

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

We remain deeply grateful for our dedicated volunteer community, whose contributions are central to our work. This includes valued members of our Community Advisory Council; our Research Ethics and Ethics Committee; consumer representatives who offer vital insight across governance committees and working groups; and those who generously support a range of clinical and corporate functions. We also recognise the many partners who collaborate with us in meaningful ways—across health services, community organisations, academic institutions, and the philanthropic sector.

We are deeply grateful to each of you. Your commitment and generosity make a meaningful impact on the lives of those in our care. As visible ambassadors of the communities we serve, you play an essential role in fulfilling our mission.



Strategic Intent FY25 – FY27

OUR MISSION

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

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

OUR BEHAVIOURS

- We are present, attentive and listen to each other.
- We recognise the achievements of others.
- We actively involve each other in decision making.
- We are transparent.
- We share accountability for the delivery of our strategic vision.
- We do not look to shift blame.



FOUNDER

Venerable Mary Potter



Hospitality



Healing



Stewardship



Respect

OUR VALUES

THE SPIRIT OF CALVARY

The Spirit of Calvary expresses how we care for each other, and how we care for our patients, our residents and our clients by 'Being for others'.

Everyone is welcome. You matter. We care about you. Your family, those who care for you, and the wider community we serve, matter.

Your dignity guides and shapes the care we offer you. Your physical, emotional, spiritual, psychological and social needs are important to us.

We listen to you and to those who care for you. We involve you in your care. We deliver care tailored to your needs and goals.

Your wellbeing inspires us to learn and improve.

OUR VISION

Sharing the Spirit of Calvary through Great, Connected Care. In our hospitals, our aged care homes, the home, and the community. We call this the Calvary Care System.

OUR PRIORITIES

GUIDE US IN THE DELIVERY OF OUR VISION

A focus on quality and safety

We prioritise high quality care, deliver effective performance, foster respectful relationships, and strive for zero preventable harm through a culture of safety and continuous evidence-based improvement.

Caring for our people and our working environments

We provide a safe, equitable, inclusive, and welcoming work environment that respects the individual and supports their contribution to our Mission.

Partnering and planning for the present and the future

We anticipate and respond to community needs through partnerships, innovative healthcare models, technology integration, and advocacy for those with unmet needs or disadvantages.

Caring for our resources

We maintain and upgrade our resources, explore new funding sources, and promote environmental stewardship to sustain and grow our Mission.

Being for others.

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Strategic Intent FY25 – FY27

WE SHARE THE SPIRIT OF CALVARY

to deliver a distinctive healing experience, identifiable with our ethos

We partner with our consumers
to gain a deep understanding of what matters most to the people and communities we serve

We innovate
to translate these insights into unique models of care and efficient processes for meaningful outcomes

We collaborate
to harness our collective strength to connect care, foster meaningful partnerships, and create positive system change

We embrace technology
to provide contemporary, personalised experiences for our consumers and staff



OUR FOCUS AREAS

OUR COMMITMENTS

TO EACH OTHER AND THE PEOPLE WE CARE FOR

Up and Out

We look for opportunities to support our colleagues and share our expertise.

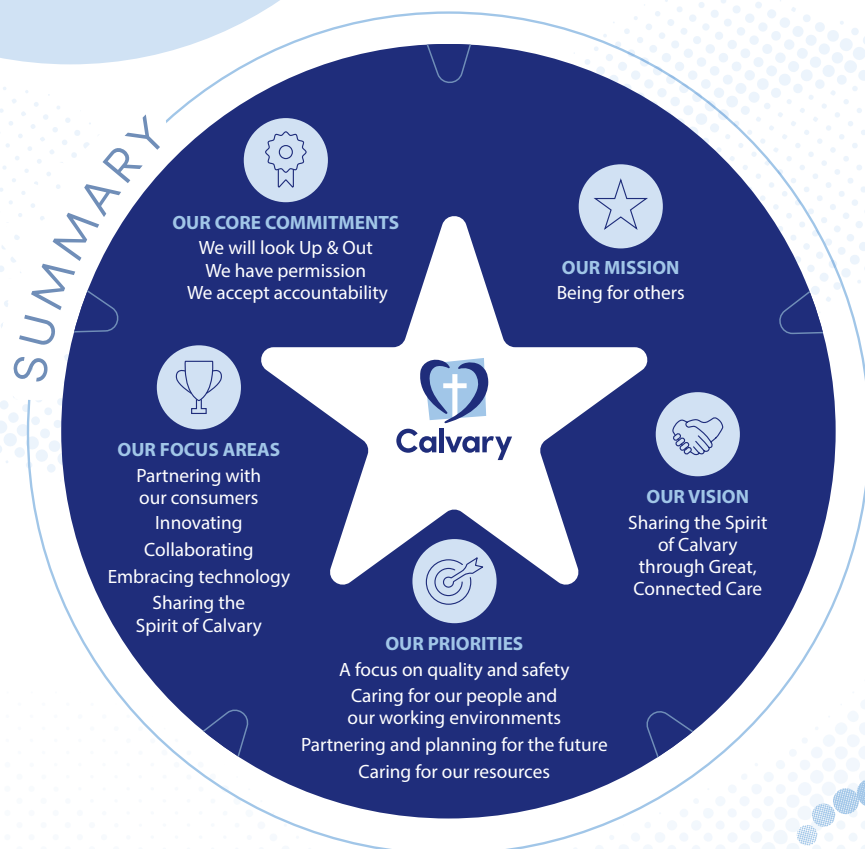
Permission given

We are empowered and feel safe to initiate change within our areas of influence.

Accountability

We understand what is expected of us, and take ownership for delivering results.

SUMMARY



Being for others.

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Partnering and planning for the present and the future

Serving our communities

Our community profile

Calvary Bethlehem supports a diverse community, including our inpatient unit and the Statewide Progressive Neurological Service which support patients and their families from across Victoria. Our provision of community based Palliative Care Service has a defined catchment across five local government areas (LGA's) and represents the predominant population accessing our services. The LGA's are Port Phillip, Stonnington, Glen Eira, Kingston and Bayside. The estimated resident population of these communities in 2024 was 728,723.

As reflected in the 2021 Census data, within our catchment population:

- 12.2% are aged over 65;
- 2.2% are aged over 85;
- 30% were born overseas;
- 9.98% speak languages other than English at home;
- 0.5% of the population are Aboriginal and Torres Strait Islander;
- the top 3 languages other than English spoken are Greek, Mandarin and Russian.

In 2024-25, 63.9 % of our admitted patients identified as Australian, 0.4% as First Nations, 4.4% as Greek, 4.2% English, 3% were New Zealanders and 3% Italian. The majority of our palliative care patients reside in the areas immediately surrounding Bethlehem, almost 40% of them living in Glen Eira or other adjacent local government areas.

The local community is ageing and is from diverse ethnic and cultural backgrounds. There is a significant Greek and Jewish community in our council areas, with Italian, Chinese and Russian cultures also well represented. In 2024-25 after English, Greek, Mandarin and Russian are the second most common languages spoken at home.

THE TOP 10 PLACES OF BIRTH RECORDED AT ADMISSION IN 2024-25

COUNTRY	ADMISSION	PROPORTIONS (%)
Australia	363	63.9
Greece	25	4.4
England	24	4.2
New Zealand	17	3.0
Italy	17	3.0
Russian Federation	11	2.0
Netherlands	9	1.6
Scotland	8	1.4
India	8	1.4
Turkey	7	1.2
Other birthplaces	79	13.9
Total	568	100%

OUR COMMUNITY

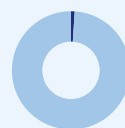
The catchment area for our palliative care service includes Port Phillip, Stonnington, Glen Eira, Kingston and Bayside local government areas. The estimated resident population of these communities in 2024 was 728,723. 12.2% of those are over the age of 65. Most common languages spoken at home after English:

1. GREEK
2. MANDARIN
3. RUSSIAN



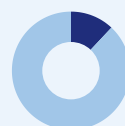
30%

OF PEOPLE WERE BORN OVERSEAS



0.5%

OF OUR POPULATION ARE ABORIGINAL AND TORRES STRAIT ISLANDER



12.2%

OF THE POPULATION ARE AGED OVER 65

Empowering people to keep healthy and safe in the community

Partnering with Consumers Advisory Committee

Calvary Bethlehem continues to demonstrate a strong commitment to consumer engagement, consistently earning commendation during accreditation for the way we deliver clinical services and involve patients and families in care, support, and decision-making.

We believe that the meaningful involvement of those we serve is essential to enhancing patient safety, improving care experiences, and ensuring our services are responsive to the diverse needs of our communities.

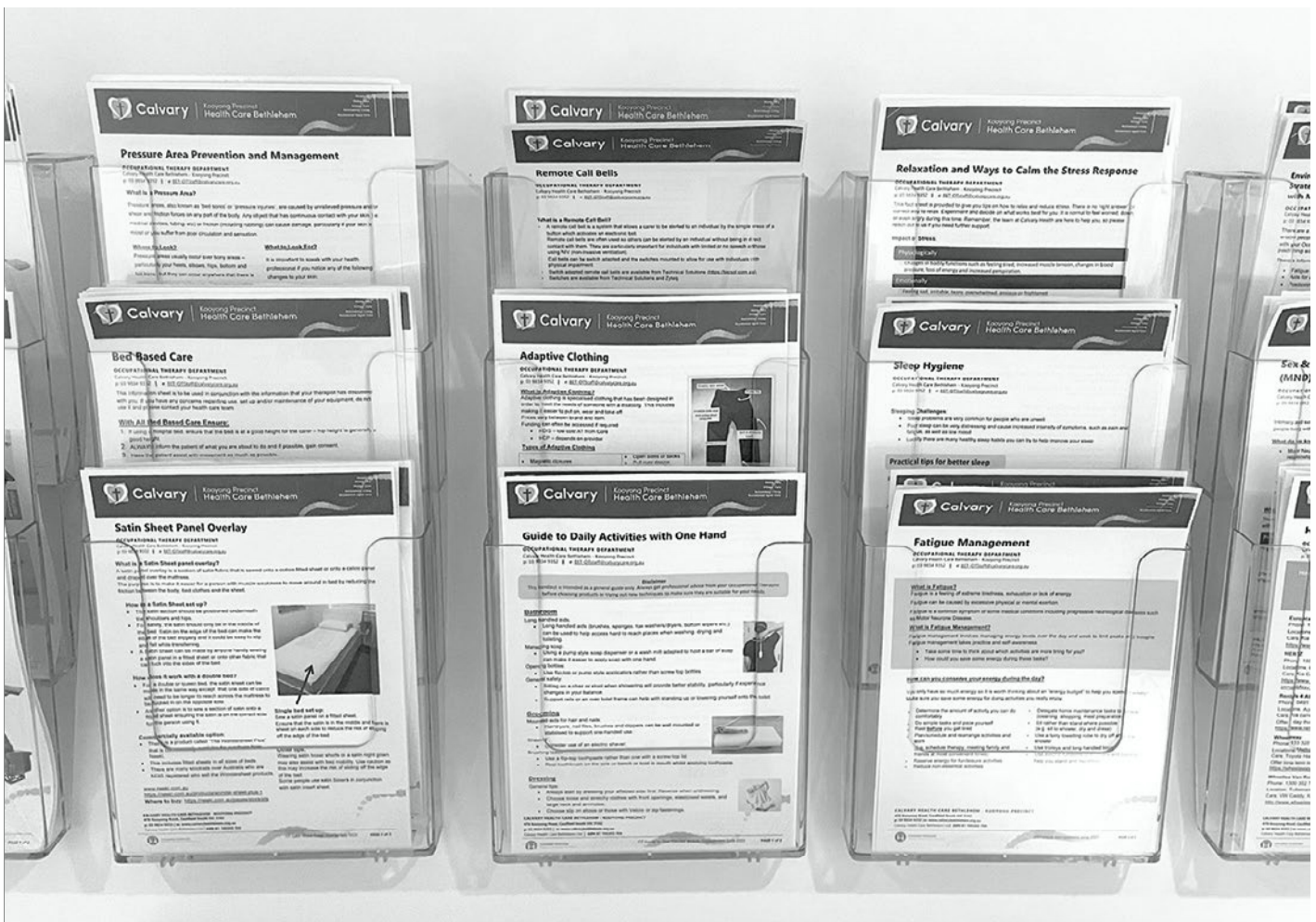
Our Partnering with Consumers Advisory Committee (PwCAC) plays a vital role in shaping systems that embed consumer

engagement across all levels of the organisation.

The committee includes consumer representatives with lived experience, ensuring authentic representation and insight.

Following consumer feedback Calvary Bethlehem convened a dedicated Consumer Focus Group to evaluate the new national Calvary website that was launched in early 2025. This group included both current service users and individuals with broader health consumer experience, such as family members of past patients.

Together with PwCAC members, the group undertook a review of the website's design and functionality identifying challenges to accessibility and usability for consumers, prompting action that was able to address issues and initiate longer-term improvements.



Calvary Bethlehem Volunteer Service continues to grow

Demand for volunteer support at Calvary Bethlehem continues to grow. Led by Calvary Bethlehem volunteers supporting all areas across the precinct, gifting their time to enhance the quality of life of our patients, residents, families and staff in Calvary Bethlehem Hospital, Huntly Suites Aged Care and Hyson Apartments.

During 2024-2025, Volunteer Services have developed or been involved in:

1. COMFORT RUG PROJECT

A heart-warming initiative where volunteers, Hyson residents, and donors create hand-knitted and crocheted rugs, dementia fidget sleeves and knitted dolls. These items are distributed to individuals in need in our hospital and our Victorian aged care residences, offering both emotional and physical warmth. The project continues to grow, strengthening the sense of community and care.



Lindy Shaw presents Jim Lavarinos with one of the blankets that will be given to a Calvary Vonlea Manor resident.



2. LIFE STORY JOURNALING

Volunteers assist patients and residents in documenting their personal histories, helping them reflect on their lives and preserve their memories. This process provides emotional support and a meaningful way for individuals to share their experiences with loved ones.

3. DIVERSIONAL ASSISTANCE IN ST TERESA'S INPATIENT UNIT

Volunteers continue to engage patients in activities designed to enhance their well-being, such as music therapy, art sessions, and interactive games. These activities provide comfort, stimulation, and a sense of joy for those receiving care.

4. COMMUNION

Volunteers assist pastoral care in providing Catholic communion to patients and residents. Whether through providing the sacred host, prayer, a blessing or simply being present, they offer connection to support their spiritual union.

5. FACILITATING GROUP ACTIVITIES

Volunteers help organise and run group activities that promote social interaction and engagement, including craft sessions, book clubs, and social gatherings. These activities foster a sense of community and belonging among residents and patients.



Volunteer Christine. Support is everywhere.



Bethlehem Community Advisory Council

In the 2024-2025 financial year, the Calvary Bethlehem Community Advisory Council (CAC) helped to organise a number of events to help raise community awareness about the work we do. The events also help to raise much needed funds to help contribute to the Living Well fund at Calvary Bethlehem and make a difference to the quality of care delivered to patients and their families.

CAC members donated their time in December to walk the streets of Caulfield South delivering postcards to the local community encouraging community members to take part in our end of year Christmas Carols and consider volunteering with our service.

Community Council members, led by CAC Chair Kevin Halpin, have been assisting our fundraising department in the organisation of Calvary Bethlehem's fifth Annual Charity Golf Day. The event has grown in size every year and in 2025, will be held again at the Victoria Golf Club in Cheltenham.

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

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

Friends of Bethlehem

A community of support

Friends of Bethlehem group was established in 2014. Conceived by the Calvary Bethlehem Community Advisory Council, Friends of Bethlehem are community members who know Calvary Bethlehem through a variety of connections and experiences, appreciate the work we do, want to hear more about the organisation and engage with us in different capacities.

Members receive:

- 4–6 newsletters and electronic notifications each year, with updates on our activities, events, research and resources;
- invitations to our events and activities such as workshops, webinars and open days; and
- sharing their experience to help us tailor our services to community needs.

Once they are members, many of our supporters want to become more involved in the organisation.

When they do, they contribute in a number of ways:

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

COMMUNITY OF PRACTICE FOR MND CARE

In 2024, Calvary Bethlehem convened the first online forum for 50 health professionals and service providers from across Victoria, Tasmania and NSW who care for people living with Motor Neuron Disease (MND).

Delivered from the new Calvary Kooyong precinct, the inaugural session was hosted by Calvary Bethlehem's Palliative Medicine Specialist Dharshini Kunahlan and Director of Neurology, Associate Professor Susan Mathers.

"This Community of Practice is designed to be a collaborative learning environment where health professionals and MND service providers can exchange knowledge, support one another, and work together to strengthen their skills, expertise, and research capacity—all with the goal of enhancing care for people living with MND," said Associate Professor Mathers.

Over the last year an additional five Community of Practice for MND Care sessions have been held featuring a number of people with lived experience – both patients and carers, building capacity and learning by sharing their experiences and perspectives with clinicians across the state, and discussing solutions for common problems. A further four sessions are planned for the coming year.





Our strategy and year in review

Part A: Strategic priorities

The statement of Priorities is aligned with the Department of Health Strategic Plan 2023–27. Calvary Health Care Bethlehem will contribute to the Strategic Plan 2023–27 by adopting the following priorities:

EXCELLENCE IN CLINICAL GOVERNANCE

GOALS	HEALTH SERVICE DELIVERABLE	PROGRESS
MA2 Strengthen all clinical governance systems, as per the Victorian Clinical Governance Framework, to ensure safe, high-quality care, with a specific focus on building and maintaining a strong safety culture, identifying, reporting, and learning from adverse events, and early, accurate recognition and management of clinical risk to and deterioration of all patients.	MA2 Implement Speak Up for Safety program across all service streams, achieve 80% compliance rate for SUFS training attendance.	Achieved 75%

OPERATE WITHIN BUDGET

GOALS	HEALTH SERVICE DELIVERABLE	PROGRESS
MB1 Develop and implement a health service Budget Action Plan (BAP) in partnership with the Department to manage cost growth effectively to ensure the efficient operation of the health service.	MB1 Deliver on the key initiatives as outlined in the Budget Action Plan.	Achieved
	UMB1 utilise data analytics and performance metrics to identify areas of inefficiency and waste and make evidence-based decisions to improve financial sustainability and operational performance.	Completed, with ongoing review processes embedded

IMPROVING EQUITABLE ACCESS TO HEALTHCARE AND WELLBEING

GOALS	HEALTH SERVICE DELIVERABLE	PROGRESS
MC2 MC3 Enhance the provision of appropriate and culturally safe services, programs, and clinical trials for and as determined by Aboriginal people, embedding the principles of self-determination.	MC3 Promote a culturally safe welcoming environment with Aboriginal cultural symbols and spaces demonstrating, recognising, celebrating and respecting Aboriginal communities and culture.	In progress and ongoing. Review of symbols undertaken, workshop delivered during NAIDOC week.
Expand the delivery of high-quality cultural safety training for all staff to align with the Aboriginal and Torres Strait Islander cultural safety framework. This training should be delivered by independent, expert, community-controlled organisations or a Kinaway or Supply Nation certified Aboriginal business.	MC4 Implement mandatory cultural safety training and assessment for all staff in alignment with the Aboriginal and Torres Strait Islander cultural safety framework, and developed and/or delivered by independent, expert, and community-controlled organisations, Kinaway or Supply Nation certified Aboriginal businesses.	In progress

A STRONGER WORKFORCE

GOALS	HEALTH SERVICE DELIVERABLE	PROGRESS
MD1 Improve employee experience across four initial focus areas to assure safe, high-quality care: leadership, health and safety, flexibility, and career development and agility.	ME2 Deliver programs to improve employee experience across four initial focus areas: leadership, safety and wellbeing, flexibility, and career development and agility.	In progress and ongoing. Delivered workshops and programs across all focus areas.

MOVING FROM COMPETITION TO COLLABORATION

GOALS	HEALTH SERVICE DELIVERABLE	PROGRESS
Engage in integrated planning and service design approaches while assuring consistent and strong clinical governance with partners to connect the system to deliver seamless and sustainable care pathways and build sector collaboration.	Reviewing specialist workforce requirements to develop a shared workforce model, including coordinating efforts to attract workforce.	In progress and ongoing in line with LHSN priorities

ANALYSIS OF WORKFORCE BY FULL-TIME EQUIVALENT POSITIONS (FTE)

HOSPITALS LABOUR CATEGORY	JUNE CURRENT MONTHLY FTE		JUNE AVERAGE MONTHLY FTE	
	2024	2025	2024	2025
Nursing	91.9	87.3	86.7	91.5
Administration and clerical	18.0	13.7	16.7	13.3
Medical support	3.6	4.0	3.4	3.5
Hotel and allied services	2.3	2.0	1.9	2.0
Medical officers	12.7	11.8	11.4	11.0
Ancillary staff (allied health)	47.7	44.4	47.6	46.3
	176.2	163.2	167.6	167.6

SUMMARY OF FINANCIAL RESULTS (\$'000'S)

	2025	2024	2023	2022	2021
Operating result*	283	-468	5	751	573
Total revenue	34,285	33,668	32,873	29,546	28,121
Total expenses	35,176	32,270	32,543	29,005	28,362
Net result from transactions	(891)	(1,602)	330	541	(241)
Total other economic flows	(33)	(17)	52	500	70
Net result	(923)	(1,619)	382	1,041	(171)
Total assets	39,407	38,899	39,331	14,984	15,288
Total liabilities	34,896	33,465	32,278	8,309	9,621
Net assets	4,511	5,434	7,053	6,675	5,667
Total equity	4,511	5,434	7,053	5,667	5,667

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

INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) EXPENDITURE

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

BUSINESS AS USUAL (BAU) EXPENDITURE (EXCLUDING GST)	NON BUSINESS AS USUAL (NON-BAU) EXPENDITURE (EXCLUDING GST) (\$ MILLION)		
	Total=Operational expenditure and Capital Expenditure (excluding GST)	Operational expenditure (excluding GST)	Capital expenditure (excluding GST)
Total (excluding GST)			
\$1,079,986	\$71,573	\$0	\$71,573

SUMMARY OF FINANCIAL RESULTS (\$000'S)

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

The 2024–25 operating result of \$0.28 million represents a \$0.75 million improvement compared to the previous financial year and slightly exceeds the Department of Health's Statement of Priorities (SOP) target of break-even. Revenue activity remained consistent year-on-year; however, the reinstatement of funding recall provisions—due to underperformance against activity targets post-COVID—resulted in a \$1.31 million reduction in revenue.

Despite a modest 1.8% increase in revenue, expenses were held in line with the prior year, reflecting the impact of Financial Management Improvement Plan/Budget Action Plan initiatives. These included a reduction in administrative roles and disciplined management of general expenditure. Net Assets declined by \$0.92 million year-on-year, primarily driven by the \$1.31 million liability to the Department of Health associated with the funding recall.

	2025	2024	2023	2022	2021
Net operating result *	283	(468)	5	751	573
Capital and specific items					
Capital purpose income	0	16	0	549	0
Specific income	0	0	1,157	41	62
COVID-19 State Supply Arrangements – Assets received free of charge or for nil consideration under the State Supply Arrangements	0	0	0	0	19
State supply items consumed up to 30 June 2022	0	0	0	139	79
Assets provided free of charge	0	0	0	0	0
Assets received free of charge	0	0	0	4	4
Expenditure for capital purpose	0	0	0	(101)	(125)
Depreciation and amortisation	-854	-823	-832	(838)	(852)
Impairment of non-financial assets	0	0	0	0	0
Finance costs (other)	-320	-326	0	0	0
Net results from transactions	-891	(1,601)	343	541	(241)

Details of individual consultancies less than \$10,000

In 2024–25, there were nil consultancies where the total fees payable to the consultants was less than \$10,000

Details of individual consultancies more than \$10,000

In 2024–25, there were nil consultancies where the total fees payable to the consultants was more than \$10,000

OCCUPATIONAL HEALTH AND SAFETY DATA

OCCUPATIONAL HEALTH AND SAFETY STATISTICS	2024-25	2023-24	2022-23
The number of reported hazards/incidents for the year per 100 FTE	36	43	42
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	1.21	0.61	0.6
The average cost per WorkCover claim for the year	\$28,195	\$21,175	\$6,071

Part B: Performance Priorities

HIGH-QUALITY AND SAFE CARE

KEY PERFORMANCE MEASURE	TARGET	2024-25 RESULT
Infection prevention and control		
Percentage of healthcare workers immunised for influenza	94%	98%
Adverse events		
Percentage of reported sentinel events for which a root cause analysis (RCA) report was submitted within 30 business days from notification of the event	All RCA reports submitted within 30 business days	n/a
Patient Experience		
Percentage of patients who reported positive experiences of their hospital stay	95%	*Full compliance

* Insufficient data

EFFECTIVE FINANCIAL MANAGEMENT

KEY PERFORMANCE MEASURE	TARGET	2024-25 RESULT
Finance		
Operating result (\$m)	0.00	0.28
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	0.76
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June	5% movement in forecast revenue and expenditure forecasts	Not achieved

Part C: Activity and funding

FUNDING TYPE	2024-25 ACTIVITY ACHIEVEMENT
Consolidated Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted National Weighted Activity Unit (NWAU)	2,956
Acute non-admitted:	
Not applicable	0

Attestations

FINANCIAL MANAGEMENT COMPLIANCE ATTESTATION – SD 5.1.4

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



JAMES BIRCH
CHAIR

Little Company of Mary
Health Care
28 August 2025

RESPONSIBLE BODIES DECLARATION

In accordance with the Financial Management Act 1994, I am pleased to present the Report of Operations for Calvary Health Care Bethlehem for the year ending 30 June 2025.



JAMES BIRCH
CHAIR

Little Company of Mary
Health Care
28 August 2025

DATA INTEGRITY DECLARATION

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



SHANNON THOMPSON
GENERAL MANAGER

Calvary Health Care
Bethlehem
24 July 2025

INTEGRITY, FRAUD AND CORRUPTION DECLARATION

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



SHANNON THOMPSON
GENERAL MANAGER

Calvary Health Care
Bethlehem
24 July 2025

CONFLICT OF INTEREST DECLARATION

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



SHANNON THOMPSON
GENERAL MANAGER

Calvary Health Care
Bethlehem
24 July 2025

COMPLIANCE WITH HEALTH SHARE VICTORIA (HSV) PURCHASING POLICIES

I, Shannon Thompson, certify that Calvary Health Care Bethlehem has put in place appropriate internal controls and processes to ensure that it has materially complied with all requirements set out in the HSV Purchasing Policies including mandatory HSV collective agreements as required by the Health Services Act 1988 (Vic) and has critically reviewed these controls and processes during the year.



SHANNON THOMPSON
GENERAL MANAGER

Calvary Health Care
Bethlehem
24 July 2025

MERIT AND EQUITY PRINCIPLES

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

LOCAL JOBS FIRST ACT FRD 25D

In 2024-2025 there were no contracts requiring disclosure under the Local Jobs First Policy.

FREEDOM OF INFORMATION

During 2024-25, Calvary Health Care Bethlehem received 6 applications. Of these requests, three were from insurance companies, one from a lawyer and one from a family member.

Calvary Health Care Bethlehem made 6 FOI decisions during the 12 months ended 30 June 2025. All six of the decisions were made within the statutory time period of 45 days.

A total of five FOI access decisions were made where access to documents was granted in full. One of these decisions involved Calvary legal who are working with the OVIC toward resolution.

Freedom of information requests need to be directed to: bet-freedomofinformation@calvarycare.org.au

SAFE PATIENT CARE ACT 2015

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

GENDER EQUITY ACT 2020

Calvary Health Care Bethlehem is guided by the Victorian Gender Equality Act 2020 to promote, encourage and facilitate the achievement of gender equality in our workplace.

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

Members of the CCC Health Group, including Calvary's National CEO, Martin Bowles AO PSM, have committed

to using their power and influence to step up beside women to challenge the status quo, and adopt actions to cultivate inclusive cultures towards gender equality, increase female representation in leadership roles and enhance workplace flexibility across private and government sectors. Martin continues to speak at CCC seminars to discuss key issues around gender inequality and workplace flexibility.

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

THE PUBLIC INTEREST DISCLOSURES ACT 2012

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

CARERS RECOGNITION ACT 2012

Calvary Health Care Bethlehem has taken all practical measures to comply with its obligations under the Act, including promoting the principles of the Act to people in care relationships who receive our services and to the wider community and considering the care relationships principles set out in the Act when setting policies and providing services.

BUILDING ACT 1993

No new building projects have been undertaken in the financial year ending 30 June 2025. In order to maintain buildings in a safe and serviceable condition, routine inspections were undertaken. Where required, Calvary Health Care Bethlehem proceeded to implement the highest priority recommendations arising out of those inspections through planned maintenance works. Calvary Health Care Bethlehem has also complied with Department of Health Fire Risk Management Guidelines.

NATIONAL COMPETITION POLICY

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

- requirement for staff to declare conflicts of interest;
- compliance with Health Purchasing Victoria/ HealthShare Victoria probity policies; and
- probity principles embedded in procurement.



Caring for our resources

Environmental sustainability

The service has been in residence at the new precinct for 2 years. Over this time the service has completed multiple reviews of day-to-day practices, assessed efficiencies and implement strategies to minimised our environmental impact; as we continue to move toward establishing clear reduction and efficiency targets.

Actions implemented over the last year include:

- Altering fixed temperatures of air conditioning settings in common areas to a more efficient range;
- Reviewing and adjusting automatic shut off times for air conditioning programs set to automatically shut off in areas that are not occupied by 24-hour operation;
- Review and increase in the number of source separation bins throughout the precinct including additional organic waste bins for food scraps;
- Removal of bins in individual office areas;
- Establishing load efficient programs for washers and dryers used within in-house laundry;

- Replacement of disposable cups in outpatient and staff areas with crockery;
- An intensive effort providing patients serving size options to minimize food waste; and
- Replacement of 2 petrol fleet vehicles with Hybrid versions.

Analysis of 2024-2025 data provide the following insights:

- A decrease in Fuel usage with the introduction of an additional 2 hybrid vehicles to our fleet;
- A decrease in gas usage with programming efficiencies with in-house laundry as well as concentrated focus on efficient practices in main kitchen;
- A decrease in clinical waste; and
- An increase in water usage, noting this will be a key focus next financial year. A hidden leak and a blocked reticulation filter; both rectified, were contributing factors to the increase. Strategies are underway to improve monitoring and manage future consumption.





Sanket doing a home visit in the Kia. February 2025

	BASELINE PARKDALE	2022-23	2023-2024	2024-2025
Electricity				
Consumption (kW)	434,995	388,870	414,709	300,970
Consumption by area (kW/m2)	149.4	38.6	55.2	40.04
Natural Gas and LPG				
Consumption (MJ)	2,189,571	1,509,537	1,210,881	860,417
Consumption by area (MJ/m2)	684.2	281.53	175.24	114.47
Petrol				
Consumption (L)	9,084	9,084	9,276	7,386
Water				
Consumption (kL)	2,445	2,795	4,132	5,590
Consumption by area (kL/m2)	0.76	0.52	0.54	0.81
Waste				
Clinical waste (kg)	509	1,922.50	2,780.00	1,751.92
General waste (tonnes)	67.59	24.66	26.86	27.77
Recycled waste (tonnes)	24.38	110.86	11.17	19.74



Quality and safety

Hand hygiene

How clean are our hands?

85%
Industry benchmark



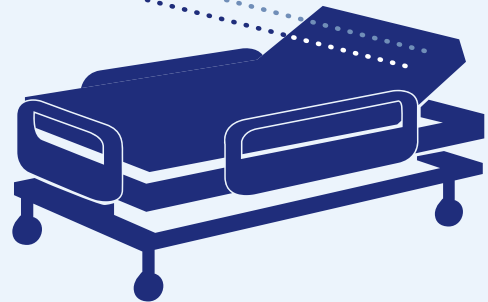
Hospital acquired pressure injuries

0.25/1000 OBD*

CHCB 2024/25 Performance

<0.17/1000 OBD*

Hospital benchmark



Healthcare-associated staphylococcus aureus bacteraemia infections

0.7/10,000 OBD*

Industry benchmark



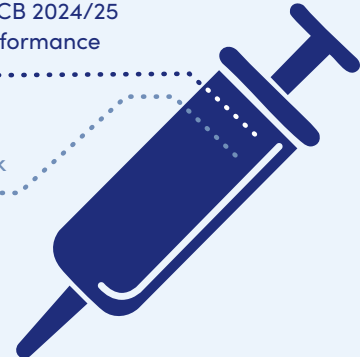
0.00/10,000 OBD*

CHCB 2024/25 Performance

Staff flu immunisation

98% CHCB 2024/25 Performance

94%
Industry benchmark



Patient falls

12.3/1000 OBD*

CHCB 2024/25 Performance



Complaints

5



<5 days average to respond

Medication errors

3.23/1000 OBD*

CHCB 2024/25 Performance



* OBD = Overnight Bed Stay

Improving equitable access to healthcare and wellbeing

To honour 2024 NAIDOC Week, the Music Therapy team at Calvary Bethlehem arranged a Yidaki (didgeridoo) meditation for staff and volunteers, led by a respected local First Nations musician. The session opened with captivating stories about Country and the traditional use of Indigenous flora for medicine and bush tucker, offering a rich cultural experience that deeply resonated with all who attended.

A First Nations man, who was an inpatient in the palliative care unit at the time, was supported to attend the meditation alongside his daughter and grandchild. Following the group session, the musician offered a personalised healing experience for the patient, creating a moment of profound connection and care. In collaboration with the Bunurong Land Council, Calvary also arranged for a First Nations Elder to conduct a smoking ceremony and ancestral work with the patient and his family before his passing.

This deeply moving experience reflects Calvary Bethlehem's enduring commitment to respectfully engage with its local Indigenous community, honouring culture, connection, and healing at every stage of care.



Cultivating a safety culture

Building on the Speak Up for Safety™ program already in place at Calvary Bethlehem, and following the introduction of the Calvary Speak Up for Safety™ Feedback System, our focus over the last year has been to build on the knowledge gained from the implementation of the systems. It has been useful to share examples of where the Safety C.O.D.E.™ has been effective as a tool empowering staff to speak up in the moment to prevent patient harm and is promoting a greater level of professional accountability in relation to behaviours that can both promote and undermine patient safety.

In September 2024, online workshops were held to expand our number of Speak Up for Safety Trainers. After their initial training, all new trainers undergo an accreditation process and are supported to participate in this vital role. With the support of our onsite and national trainers and complemented by an e-learning module as a standard for all staff to complete, 75% of our workforce has completed training over the last year.



The feedback system implemented last year has also been utilised with entries resulting in peer conversations and education being provided on the right system to use for reporting and escalating clinical events, as well as system improvements related to encouraging more communication about highlighting safety on a daily basis.

Behaviours of concern, occupational violence and family violence

Over the last year, there were six incidents of occupational aggression and violence reported involving patients, three more than 2023-24. As part of our ongoing work to support staff in managing occupational aggression and violence, and to reduce the occurrence of such incidents, Calvary Bethlehem has continued to deliver e-learning education for all staff. To complement this, and in recognition of our specialist clinical work, we have embedded planning meetings for patients with known behavioural concerns prior to admission as part of our practice to support care planning and the proactive implementation of preventative strategies.

The Multi-Agency Risk Assessment and Management (MARAM) Framework is fully implemented and provides a structure for staff to respond and securely share relevant information between authorised organisations to assess and manage family violence risk and protect and support the wellbeing of children.

DEFINITIONS

For the purposes of the statistics, the following definitions apply.

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

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

Accepted WorkCover claims – accepted WorkCover claims that were lodged in 2023-24.

Lost time – is defined as greater than one day.

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

OCCUPATIONAL VIOLENCE STATISTICS	2024-25
WorkCover-accepted claims with an occupational violence cause (per 100 FTE staff)	0
Number of accepted WorkCover claims with lost time injury with an occupational violence cause (per 1,000,000 hours worked)	0
Number of occupational violence incidents reported	8
Number of occupational violence incidents reported (per 100 FT)	4.8*
Percentage of occupational violence incidents resulting in a staff, illness or condition	0%

* FY2023/24 figure incorrectly recorded in report and should have read 4.2

Research Ethics and Ethics Committee

As a statewide leader in care for people living with progressive neurological conditions and a specialist provider of palliative care, Calvary Bethlehem is proud to host a vibrant and well-established research program. Our studies span a wide spectrum—from locally governed clinical audits and quality improvement initiatives to large-scale, multi-site national and international trials. This research contributes significantly to the advancement of care for our palliative and neurological patient communities.

At the heart of our research efforts is a commitment to improving patient outcomes through the meaningful translation of evidence into practice. This work is strengthened by a network of valued partnerships and collaborations, which not only enhance the credibility and rigour of our research but also create opportunities for investigators to grow, innovate, and draw on diverse disciplinary perspectives.

Our Research Ethics & Ethics Committee (REEC) plays a vital role in ensuring that all research conducted at Calvary Bethlehem is governed with integrity, compassion, and ethical excellence. Comprising dedicated staff and respected members of our broader community, the REEC is formally constituted in line with the National Health and Medical Research Council (NHMRC) guidelines and Catholic Health Australia's Code of Ethical Standards for Catholic Health and Aged Care Services in Australia.

Over the past year, the REEC has continued to build its capacity, with a strong focus on aligning with the current NHMRC National Statement and preparing for the updated 2025 Statement, which comes into effect on 1 October 2025. The depth of experience and insight across the committee ensures that every proposal is reviewed with care, responsibility, and ethical clarity. In the last 12 months the REEC has reviewed and approved eleven new study proposals.

We extend our heartfelt thanks to all REEC members for their unwavering commitment to Calvary Bethlehem's mission. In particular, we gratefully acknowledge our external members, whose generous contributions of time and expertise are instrumental in supporting the ethical review process and advancing our research endeavours.



External committee members

Mr Philip Rowell, (Chair)

Ms Mary-Anne Lane

FR Kevin McGovern

Mr Garry McDavitt

Ms Anne Shortall

Calvary representatives

Mrs Shannon Thompson

A/Prof Susan Mathers

Dr Dharshini Kunahlan

Dr Fiona Fisher

Ms Karen Bolger



Caring for our people and working environments

Working together to embody the Spirit of Calvary

In November, as part of our celebrations honouring the birth of Venerable Mary Potter, we proudly hosted our annual Mary Potter Celebrations and presented the Mary Potter Award nominees and winners. These awards shine a light on the remarkable contributions our people make to Calvary and the communities we serve—reflecting a deep and enduring commitment to living the Spirit of Calvary: Being for Others.

More than a moment of recognition, our 2024 Mary Potter Award team winners, the Maintenance team, embody the power of working together to achieve strong and lasting outcomes. The actions of this team demonstrate what it truly means to serve with compassion, humility, and purpose.

Their example inspires us all; reinforcing the values we hold dear and encouraging us to carry them forward in our own work.

We recognise the unwavering dedication of the maintenance team, whose behind-the-scenes efforts ensure a safe and well-maintained environment for both our staff and patients. Their commitment to creating safe, secure workplaces and clinical care areas is a vital part of the care we deliver, and a quiet yet powerful expression of Being for Others.

Celebrating one another not only uplifts individuals, but strengthens the bonds within our teams, fostering a culture of connection, gratitude, and shared purpose.

Employee Experiences

Employee Engagement Survey

In February, Calvary conducted its annual employee engagement survey, reinforcing our commitment to creating a workplace where people truly matter. Staff participation rose significantly, with a 44% response rate—up 15% from the previous year—providing valuable feedback through both ratings and comments.

Survey results, received in late March, were shared with Executive and management teams, followed by a staff-wide forum and communications. Insights from the survey have guided actions to enhance what's working well and address areas for improvement.

Key Outcomes:

- **Engagement score** increased from 70 to 73.
- **Resources**—a focus area from last year—improved by 3 points.
- **Top strengths:**
 - *Belonging:* Staff feel a strong sense of connection to Calvary.
 - *Collaboration:* Teams work effectively together.
 - *Purpose:* Staff find their work meaningful.

Top opportunities for growth:

- *Feedback:* Enhancing performance conversations.
- *Resources:* Ensuring staff have what they need.
- *Prospects:* Building excitement about Calvary's future.



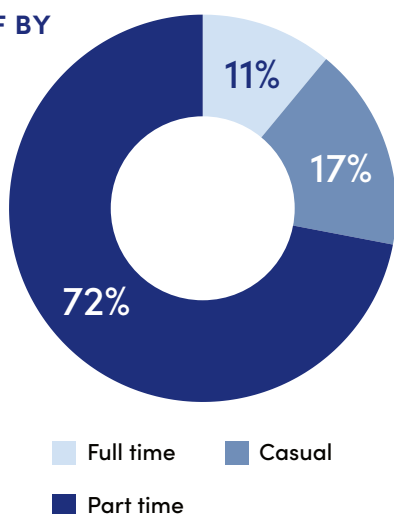
Managers facilitated team discussions to identify priority actions for the next 12 months, asking: What should we start, stop, or continue doing? What's one simple change we can try now?

Feedback was collated across departments, and agreed actions are being implemented and monitored, with ongoing updates shared to ensure transparency and progress.

Staff profile

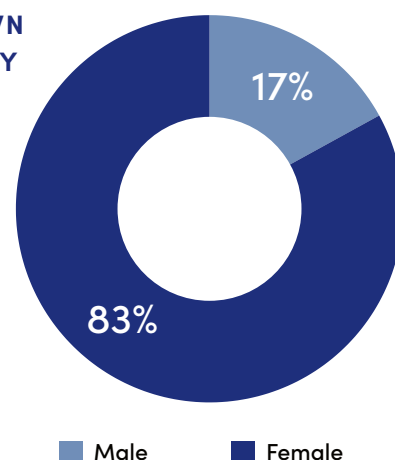
BREAKDOWN OF STAFF BY EMPLOYMENT STATUS

34 Full-time employees
53 Casual employees
225 Part-time employees



BREAKDOWN OF STAFF BY GENDER

53 Male
278 Female



Staff milestones

20 years of service

Dona Fernando
Paul Talman
Niroshan Wijeyeratne
Belinda McRae
Debbie Hardy
Eleanor Bajo

15 years of service

Katya Kotschet
April Belarmino

10 years of service

Marie-Claire Davis
Amanda Savvaidis
Marian McCarron
Ruth Krasniqi
Sarah Velissaris

5 years of service

Brenda O'Farrell
Victoria Gluning
Murud-Ayyan Gerad
Maria Baldwin
Taryn Leydon
Lynsay Lawry
Jennifer Butler
Stacey Mehri
Madeleine Irvine
Taylor Gillespie
Kiho Kwan
Rachel Coghlan
Laura Perju-Dumbrava
Emma Murtagh
Tammy Campbell
Melanie Henry

Executive management team

SHANNON THOMPSON

GENERAL MANAGER -
CALVARY KOORYONG

Commenced 01/03/2021

Employment duration 22 years

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



ROWAN HEARN

DIRECTOR OF MEDICAL
SERVICES AND
PALLIATIVE MEDICINE

Commenced 01/03/2021

Employment duration 9 years

- Management of medical team.



LINDA MAAS

DIRECTOR OF PROPERTY AND
SHARED SERVICES

Commenced 31/01/2023

Employment duration 18 years

- Management of hospitality services, maintenance, environment and support services for Calvary Kooryong Precinct.



TAMMY CAMPBELL

DIRECTOR OF FINANCE

Commenced 01/03/2021

Employment duration 5 years

- Management of Human Resources, Health Information Services, Finance Information Technology and Fundraising.
- Executive oversight of service budgets and financial reporting.



JANINE STOCKLEY

DIRECTOR OF CLINICAL SERVICES
AND QUALITY SYSTEMS

Commenced 07/11/2022

Employment duration 2 1/2 years

- Management of quality, safety, risk, compliance, clinical services and Learning and Development.



ELIZABETH NGARI

HOME MANAGER
HUNTLY SUITES

Commenced 26/06/2023

Employment duration 2 years

- Management of Huntly Suites residential aged care home.



DELIA GAWTHORNE

RETIREMENT MANAGER
HYSON APARTMENTS

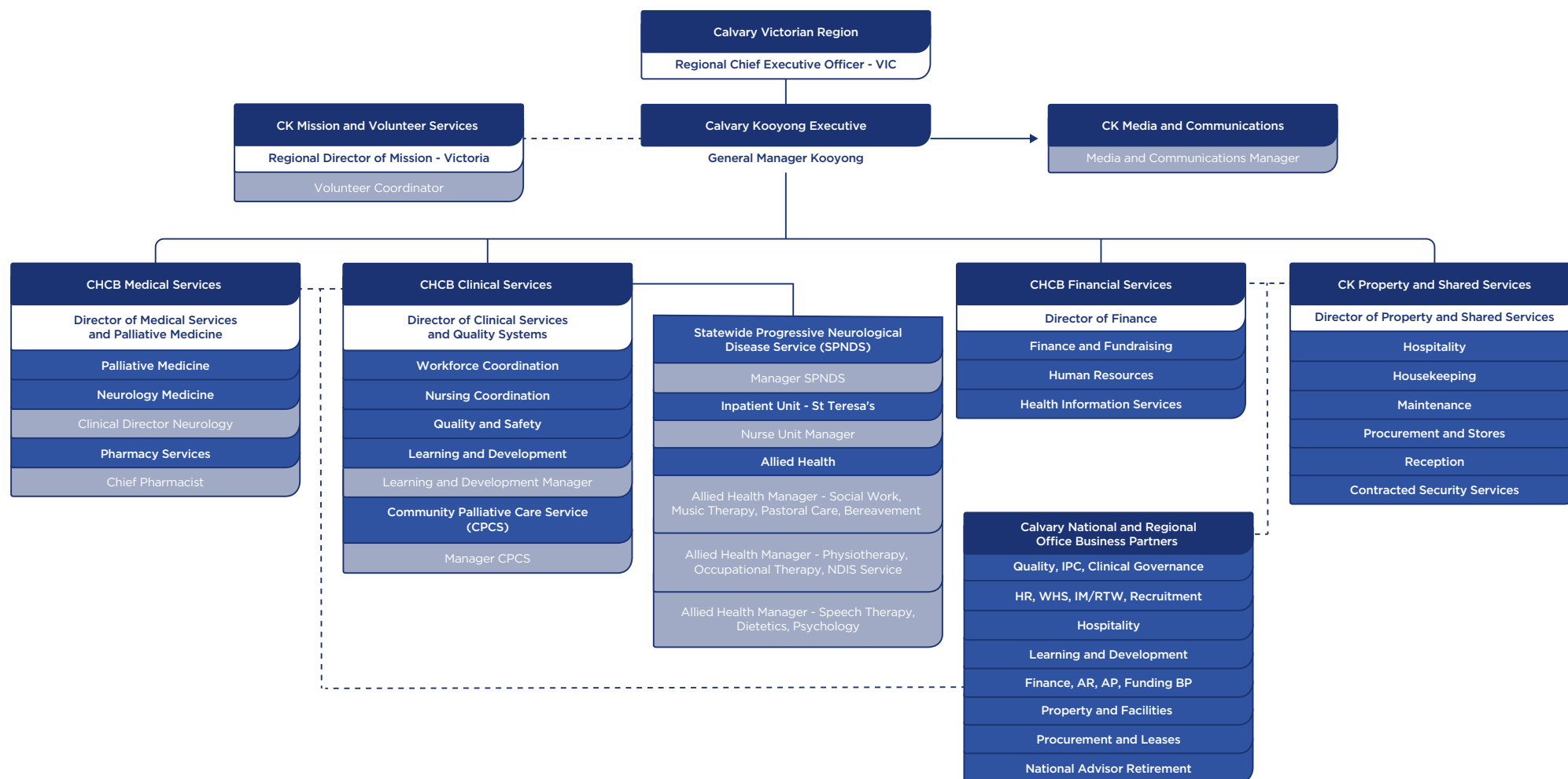
Commenced 17/10/2022

Employment duration 2 1/2 years

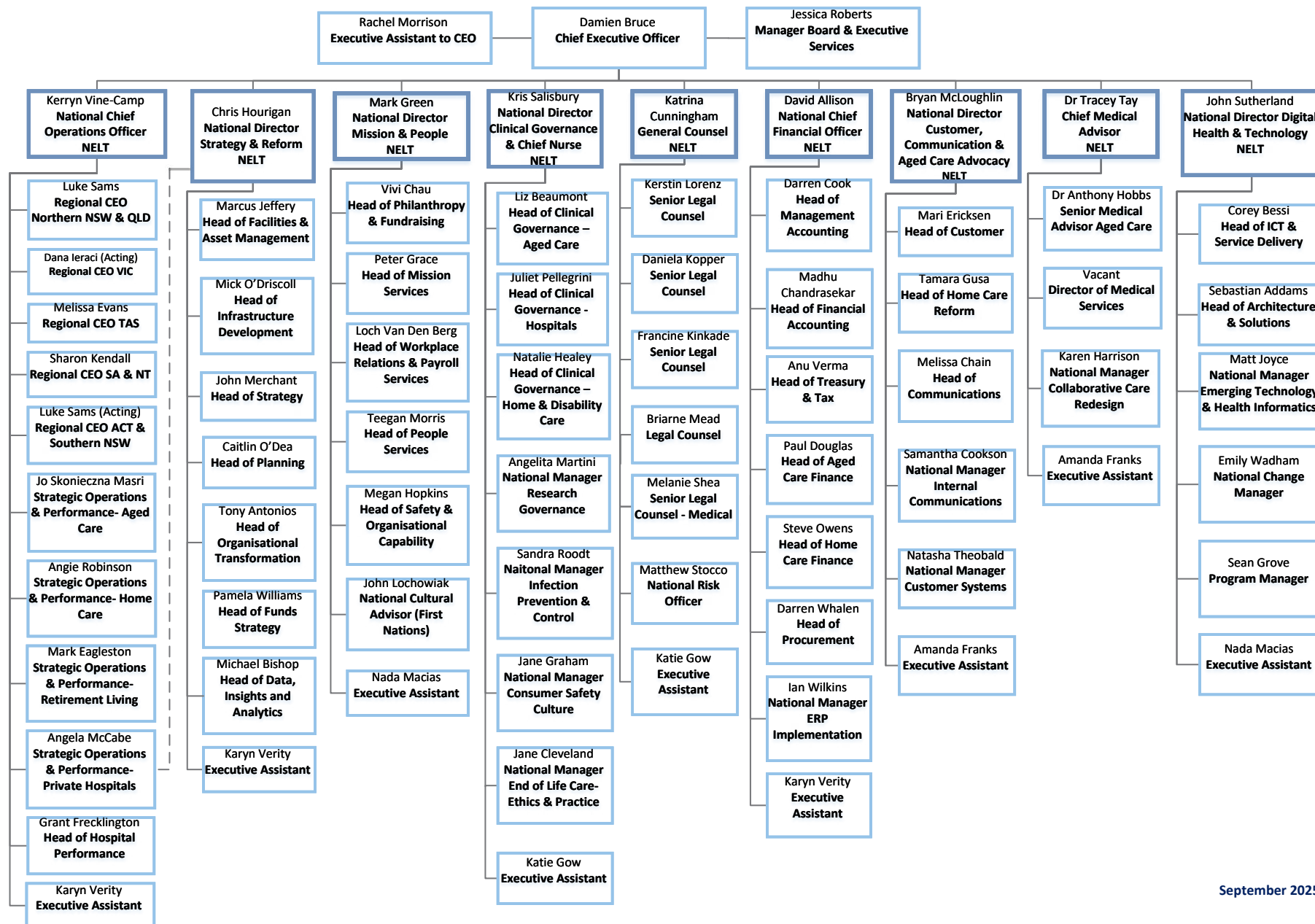
- Management of Hyson Apartments retirement community.



Organisation chart - VIC region



Organisation chart - all Calvary



Calvary Board and audit committees

The Calvary Board comprises up to nine independent non-executive Directors who are elected for a period of up to three years and can be re-elected to serve for up to nine years. During the year the Board had nine directors.,

OBJECTIVES, FUNCTIONS, POWER AND DUTIES

The core objective of the service is to provide public health services in accordance with the principles established as guidelines for the delivery of public hospital services in Victoria under section 17AA of the Health Services Act 1988 (Vic) ('the Act')

Board of Directors

The Little Company of Mary Health Care Board of Directors is accountable to Calvary Ministries. Chaired by Mr Jim Birch AM, the Board includes Dr Annette Carruthers, Mr David Catchpole, Mrs Lucille Halloran, Ms Lucille Scmazzon, Ms Agnes Sheehan, Ms Jennifer Stratton and Professor Chris Baggoley AO,

JAMES (JIM) BIRCH, AM – CHAIR

BA (Health Administration), FCHSM, MNATSIHEC

Appointed to the Board on 1 February 2016.

Appointed Chair 28 November 2019.

Jim has over 30 years of experience planning, leading, and implementing change in health care, justice, and human services. Jim is Chair of Lifeblood (the Australian Red Cross Blood Service) and formerly held the positions of Chair of the Australian Digital Health Agency and Deputy Chair of the Independent Hospital Pricing Authority. Prior to Jim's current appointments, he was a partner at EY Australia (formerly Ernst & Young), where he was a Global Health Leader, Government and Public Sector Leader, and Lead Partner in Health and Health Care.

AGNES SHEEHAN

BA Business Studies (Hons)

Appointed to the Board on 22 November 2018

Agnes has had an impressive career, spanning more than 20 years as an Executive in the information and communications technology industry, and nine years as Non-Executive Director in the health sector. She was a Director at Telstra for over 13 years and during this time she led several of their largest businesses. Prior to Telstra she was the Regional Director for Ericsson Enterprise for Asia Pacific where she managed some of their most significant markets.

JENNIFER STRATTON

BA (Economics, English and History),

FAICD Appointed to the Board on 28 November 2015

(Retired from the Board November 2024)

Jennifer is an accomplished Senior Executive and Board member who has served in Catholic ministries in education, health care, aged care, and aid and development for more than 22 years. She is Chair of the Trustees of MercyCare and the Leadership Program Development Committee for Catholic Health Australia.

LUCILLE SCOMAZZON**LLB (Hons 1) BA GAICD****Appointed to the Board on 22 November 2017**

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

ANNETTE CARRUTHERS AM**MBBS(Hons) FRACGP FAICD GradDipAppFin****Appointed to the Board on 22 November 2017**

Annette is an experienced Non-Executive Director in financial services, health, infrastructure, and aged care. Current appointments include Director of the National Youth Mental Health Foundation (Headspace) and Cater Care Pty Ltd. She has qualifications in finance, superannuation, and corporate governance and is also a Panel Member for the Australian Financial Complaints Authority.

LUCILLE HALLORAN**BCom (HONS), BA (Admin), GAICD****Appointed to the Board on 23 November 2016**

Lucille is a former managing partner of EY's Asia-Pacific Government & Health Sciences practice. Lucille is now a strategic advisor to Synergy and a Director of the Canberra Symphony Orchestra. Lucille was born in Canada and brings a unique blend of Australian and Canadian public sector experience in policy reform, AI, data analytics, digital and citizen centric service delivery in health and human services.

PROFESSOR CHRIS BAGGOLEY**AO, BVSC (Hons), BMBS, B Soc Admin, FACEM,****FRACMA, D Univ (FUSA), FAAHMS****Appointed to the Board on 23 September 2021**

Chris holds the titles of Professorial Fellow, College of Medicine and Public Health at the Flinders University of South Australia and Adjunct Professor, Faculty of Health and Medical Sciences, at the University of Adelaide.

He has held positions as Director of Emergency Medicine at the Flinders Medical Centre, at the Ashford Community Hospital and subsequently at the Royal Adelaide Hospital. He was CEO of the Australian Commission on Safety and Quality in Health Care from 2007-2011.

YVONNE LE BAS**BBus Studies, MA, Fellow CA Aus/NZ,****Fellow Inst. CA England/Wales, FAICD****Appointed to the Board on 24 November 2022**

A finance executive with over 30 years' experience across Financial Services, Property and Oil sectors in Australia and internationally, Yvonne is currently Chief Financial Officer of Resolution Life. Yvonne's financial services experience spans both Banking and Wealth Management, working for two of the major Australian Banks across a range of roles CFO, COO, General Manager, Strategic Development and major program delivery.

DAVID ISSA**Appointed to the Board November 2023**

David is an experienced leader in insurance, banking, technology and digital transformation. David's professional experience includes 13 years at Westpac, culminating in the role of Chief Information Officer, Institutional Banking, followed by roles at Insurance Australia Group, including as Chief Executive Officer, Personal Insurance.

JACINTH FAIRLEY**Appointed to the Board November 2024**

Jackie Fairley brings over three decades of senior operational leadership in the pharmaceutical industry, having held key roles at ASX-listed companies such as CSL, FH Faulding (now Pfizer), and notably as CEO and Managing Director of Starpharma from 2006 to 2024. She also has more than 20 years of non-executive experience across listed and not-for-profit organisations, currently serving as a director and committee member at Mirrabooka Investments Ltd. and the Baker Heart and Diabetes Institute, with prior board roles at the Melbourne Business School and Geelong Grammar School.

KATHY ALEXANDER**Appointed to the Board November 2024**

Dr Kathy Alexander is an experienced executive and non-executive director with broad experience across healthcare, local government, and community services in Victoria and South Australia. She currently consults in management and governance and holds roles including Chair of the City of Wyndham Audit Committee, Chair of Glen Eira Council's CEO Employment Matters Committee, and Director of the Melbourne Primary Care Network. Her past leadership includes CEO positions at major hospitals and the City of Melbourne, as well as chairing several prominent boards. She was also named South Australian Telstra Businesswoman of the Year.

Board Committees

The Constitution requires the Board to establish and maintain a Mission and Ethics Committee and an Audit and Risk Committee and provides for the establishment of other committees to advise the Board. In line with the Board's commitment to the delivery of high-quality clinical care, the Clinical Governance Committee was established in 2011.

Each committee comprises a chair and members selected by the Board, and works to Terms of Reference that are reviewed every year. From time to time, the Board may form working groups to advise on specific policy or strategy issues.

The Board currently maintains four standing committees:

AUDIT AND RISK COMMITTEE

The Audit and Risk Committee's primary function is to assist the Board in fulfilling its oversight responsibilities by reviewing:

- The integrity and quality of financial information which will be provided to the stakeholders and others.
- The process adopted by management to identify and manage key business, financial and regulatory risks.
- The process adopted by management to ensure compliance with relevant laws, regulations, standards, codes and policy directives.
- The systems of internal controls and risk tolerance that management have established and the external audit process.

AUDIT FINANCE AND RISK COMMITTEE MEMBERS

- Yvonne Le Bas (Chair)
- Agnes Sheehan
- David Issa
- Kathy Alexander
- Jim Birch (ex officio)

CLINICAL GOVERNANCE COMMITTEE

The primary objective of the Clinical Governance Committee is to provide assurance to the Board that the Clinical Governance Framework and key critical clinical systems and processes are effective and robust.

These systems will include, but are not limited to:

- Incident management and reporting;
- Quality improvement;
- Appropriateness;
- Compliance with National Safety and Quality Health Standards;
- Clinical indicators, and;
- Consumer Experience. Service Accreditation/Certification.

MISSION AND ETHICS COMMITTEE

The Mission and Ethics Committee's primary function is to assist the Board in fulfilling its oversight responsibilities by reviewing:

- The integrity and quality of Calvary's mission strategy and its effectiveness.
- The quality and effectiveness of Calvary's Catholic ministry, characterised as "continuing the mission of the Sisters of the Little Company of Mary".
- The processes adopted by management to identify significant ethical issues which arise and ensure compliance with the Code of Ethical Standards for Catholic Health and Aged Care Services in Australia.
- The formation programs and ethics education programs for Board Directors, Senior Executives and Emerging leaders.
- The quality and effectiveness of Calvary's efforts to preserve its LCM heritage.
- Calvary's fundraising activity and the extent to which Calvary's services prioritise the needs of the poor and vulnerable.

PERFORMANCE AND REMUNERATION COMMITTEE

The primary function of the Performance and Remuneration Committee is to ensure that Calvary, as a major Catholic, not-for-profit healthcare provider, seeks to maintain and/or improve our healthcare workforce and their conditions over time, which in turn impacts positively on the communities in which we operate.

Decisions of the Board are cascaded, as required, through the organisation via the National Executive Leadership Committee and Regional Hospital CEOs/Operations Managers for Aged and Community Care.



Living well

Helping our community to live well

Community support has a direct impact on the care provision and quality of life of patients and their carers at Calvary Bethlehem Community and philanthropic support enables Calvary Bethlehem to work together with our community to purchase new equipment, invest in technologies supporting patient care, drive innovation, expand our services and deliver additional specialised programs; all vital to ensuring our patients can live well with autonomy, assisted by connected, flexible services.

Each year, many individuals, trusts and foundations and businesses contribute a wide range of support enabling our staff to provide essential services to our inpatients and community patients.

This support also allows us to undertake cutting edge research which has a benefit to those we care for as well as to patients in the wider Victorian and Australian communities.

As a specialist Victorian public hospital caring for people with

progressive neurological diseases throughout Victoria and those requiring Palliative Care services in our local community, our staff work every hour of the day to ensure that those we care for, receive the best possible care from our multi-disciplinary teams.

In the 2024/25 Financial Year our fundraising and philanthropy raised \$179,601. Listed below are some of the ways we received financial support from our community of supporters in 2024/25:

- Bequests and In Memoriam donations;
- Community Golf Day (run by Bethlehem's Community Advisory Council);
- Community Groups (Rotary Bentleigh Moorabbin Central);
- Direct Mail Appeals (focusing this year on patient chairs and our Staying Connected Program);
- FightMND; and
- Danks Trust.

Additional information available on request

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

- a. Declarations of pecuniary interests have been duly
- b. completed by all relevant officers;
- c. details of shares held by senior officers as nominee or held beneficially;
- d. details of publications produced by the entity about itself, and how these can be obtained;
- e. details of changes in prices, fees, charges, rates and levies charged by the Health Service;
- f. details of any major external reviews carried out on the Health Service;
- g. details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the Report of Operations or in a document that contains the financial statements and Report of Operations;
- h. details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- i. details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services;

- j. details of assessments and measures undertaken to improve the occupational health and safety of employees;
- k. general statement on industrial relations within the Health Service and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations;
- l. a list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which those purposes have been achieved; and
- m. details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.
- n. Freedom of information requests need to be directed to: bet-freedomofinformation@calvarycare.org.au

As a public health service established under section 181 of the Health Services Act 1988 (Vic), Calvary Health Care Bethlehem report to the presiding Ministers for Health and Ambulance Services during the financial year 2023-24. The functions of a public health service board are outlined in the Act and include establishing, maintaining and monitoring the performance of systems to ensure the health service meets community needs.

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

FULFILLMENT OF LEGISLATIVE REQUIREMENTS

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

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FRD 22	Nature and range of services provided	2
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FRD 22	Significant changes in financial position during the year	18
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FRD 22	Financial management Compliance Attestation	20
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**CALVARY HEALTH CARE BETHLEHEM
KOORYONG PRECINCT**

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p: 03 9596 2853 **w:** calvarycare.org.au

In 1885, six courageous Sisters sailed into Sydney to continue the mission of Venerable Mary Potter and the Sisters of the Little Company of Mary to care for those in need. Thus began Calvary's enduring legacy of care in Australia. Today, we continue their mission, in our hospitals, home care services, retirement living and residential aged care homes across four states and two territories.

View all our locations at
calvarycare.org.au