Calvary | Kooyong Precinct Health Care Bethlehem

Annual Report

2025 - 2026



Hospitals | Home Care | Retirement Living | Residential Aged Care



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 2025 to 30 June 2026. 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 MP (1 July 2025 – 15 April 2026) and Hon Harriet Shing MP (15 April 2026 – 30 June 2026), for the financial year 1 July 2025 - 30 June 2026.

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Foreword from the Chair

Calvary Ministries Trustee Board

"Do all the good you can today, because today may be the only opportunity you have." Venerable Mary Potter.

This has been a year of commitment, courage and compassion for Calvary Bethlehem. As healthcare continues to evolve and community needs become increasingly complex, Calvary Bethlehem has remained steadfast in its mission of providing exceptional care to those living with chronic illness, progressive conditions and complex health needs.

Throughout the year, our people have demonstrated extraordinary dedication in delivering specialised respiratory, palliative and rehabilitation services, ensuring that every patient is treated with dignity, respect and compassion. In an environment of ongoing change and increasing demand, they have continued to place the needs of patients, residents and families at the centre of everything they do.

The strength of Calvary Bethlehem lies in its people. Every day, our clinicians, support staff, volunteers and leaders bring our mission to life through their commitment to healing, hospitality, stewardship and respect. Their expertise and unwavering focus on the person have enabled Calvary Bethlehem to continue providing services that improve quality of life, support independence and offer comfort during some of life's most challenging moments. Our mission and work at Calvary Bethlehem are especially powerful, speaking directly to dignity irrespective of health status, frailty or dependency. As Pope Leo observes,

"Every human person possesses an infinite dignity, inalienably grounded in his or her very being, which prevails in and beyond every circumstance, state, or situation the person may ever encounter." Pope Leo XIV, Magnifica Humanitas §53



DAVID ROBINSON

CHAIR CALVARY MINISTRIES

This year has also been one of growth and innovation. Across our services, teams have embraced opportunities to improve models of care, strengthen partnerships across the health system and enhance the experience of patients and families. By fostering collaboration and innovation, Calvary Bethlehem continues to build a sustainable future while remaining true to the values that have guided us since our founding.

As we look ahead, we do so with confidence and optimism. The healthcare landscape will continue to present challenges, but Calvary Bethlehem is well positioned to meet them through the dedication of its people, the strength of its mission and the support of the communities we serve. Together, we will continue to be a place of healing, hope and compassionate care for those who need us most.

I thank the Little Company of Mary Health Care Board of Directors, chaired by Greg Cooper, the National Executive Leadership Team led by Damien Bruce, and the staff and Executive team at Calvary Bethlehem, led by Shannon Thompson, for their leadership, stewardship and unwavering commitment to our mission. Through your dedication and service, you continue to embody Calvary's mission of Being for Others, delivering compassionate care and support to patients, families and communities. Your collective efforts ensure that Calvary Bethlehem remains a place of excellence, healing and hope, making a meaningful difference in the lives of those we are privileged to serve.

Joint message from the General Manager and Board Chair



SHANNON THOMPSON

GENERAL MANAGER, CALVARY KOOYONG



GREG COOPER

CHAIR, LITTLE COMPANY OF MARY HEALTH CARE BOARD

Throughout 2025–26, Calvary Bethlehem continued to strengthen its position as a leader in the delivery of effective, person-centred, high-quality care as part of the integrated Calvary Kooyong precinct. Guided by our Mission, Values and strategic priorities, we remained focused on enhancing patient outcomes, improving service delivery, and responding to the evolving needs of our community.

A significant achievement during 2025–26 was Calvary Bethlehem's successful National Safety and Quality Health Service (NSQHS) Standards Short Notice Assessment conducted in late April 2026. We are proud to have achieved Met ratings across all standards; an outstanding result and the second consecutive successful short notice assessment for the service. This achievement reflects the unwavering commitment of our staff, managers and leaders to maintaining the highest standards of safety, quality and consumer-centred care. It is a testament to the dedication, professionalism and continuous improvement culture embedded across Calvary Bethlehem and the broader Calvary Kooyong precinct.

Strengthening person-centred models of care

Person-centred care remains at the heart of everything we do. During 2025–26, Calvary Bethlehem continued to build on its well-established collaborative model of care, further strengthening approaches that place the individual needs, goals and preferences of patients and their families at the centre of every interaction. As a key service stream within the Calvary Kooyong precinct, we have continued to advance integrated models of care that support seamless, connected experiences across the patient journey.

Delivering on our strategic quality and service priorities

Throughout the year, significant effort was directed towards implementing the priorities outlined in the 2025–26 Strategic Quality Operational Plan and Statement of Priorities. These frameworks have guided our quality, safety, service improvement and innovation initiatives, ensuring we remain responsive to emerging healthcare challenges while maintaining our commitment to excellence in care delivery. This work has strengthened our capacity to provide safe, sustainable and high-performing services for our community.

Fostering collaboration across the health sector

Partnership and collaboration continue to be critical enablers of better health outcomes. During 2025–26, Calvary Bethlehem further strengthened relationships with health services, community organisations, academic institutions and research partners. These collaborations have supported shared learning, innovation, workforce development and improved care pathways, enabling us to extend our impact beyond the walls of our service and contribute meaningfully to broader health system reform.

Responsible stewardship of resources

Calvary Bethlehem remains committed to the prudent and responsible use of available resources to achieve the best possible outcomes for our patients and community. Throughout the year, the service maintained a strong focus on financial sustainability, operational efficiency and effective resource management. Using data-informed decision-making, performance monitoring and continuous improvement methodologies, opportunities were identified to reduce inefficiencies, improve productivity and strengthen service delivery while meeting departmental expectations.

Looking ahead

As healthcare continues to evolve, Calvary Bethlehem remains committed to actively contributing to sector reform and system-wide collaboration. Our participation in the Bayside Local Health Services Network and ongoing partnerships across the healthcare sector align well with the Calvary 2030 strategy and will support improved integration of care, stronger referral pathways and better access to specialist services.

The progress achieved throughout 2025–26 provides a strong foundation for the future. We remain focused on delivering innovative, high-quality and compassionate care, while continuing to identify opportunities to better meet the changing needs of patients, families and the communities we serve.

Thank You to Our People and Community

We extend our sincere appreciation to our Executive team, managers and staff across Calvary Bethlehem and the wider Calvary Kooyong precinct. Your dedication, professionalism, compassion and commitment to excellence ensure we continue to fulfil our Mission and provide the highest standard of care. Through your daily work, you embody the Spirit of Calvary and the legacy of the Sisters of the Little Company of Mary in being for others.

We also acknowledge and thank our volunteers, supporters, consumer representatives and community partners whose contributions are invaluable to our success. This includes members of our Community Advisory Council; our Research Ethics and Ethics Committee; consumer representatives who provide insight through governance committees and working groups; and the many volunteers who support both clinical and corporate services.

We are equally grateful to our partners across health services, community organisations, academic institutions, research bodies and the philanthropic sector. Your collaboration, expertise and generosity help us drive innovation, strengthen services and improve outcomes for those in our care.

Together, we continue to make a meaningful difference in the lives of patients and families. We thank you for your ongoing support and commitment as we look forward to the opportunities and challenges that lie ahead.

Calvary 2030

The health and care needs of Australians are changing

People are living longer, often with more complex needs. Treatments, technology, and models of care continue to evolve. At the same time, demand for health and aged care services is growing across the many communities we serve.
Our mission calls us to respond.

Calvary 2030 is our strategy for the future. It sets out how we will strengthen care, connect communities and ensure a sustainable future so we can continue caring for generations to come.

Building on our legacy of care

For more than 140 years, we have responded to the changing needs of communities with compassion, courage and practical care. Calvary 2030 builds on our legacy and prepares us for what comes next.

Work is already underway to strengthen services and find new ways to provide the care our communities need. Guided by our mission and values, we will continue providing exceptional care, connecting communities and building a sustainable future for generations to come.

Our vision for 2030

Sharing the Spirit of Calvary through exceptional care, connecting communities and a sustainable future
Guided by our mission and values, Calvary 2030 focuses on three strategic themes: Care, Connect and Sustain. Together, they provide a clear direction for how we will respond to changing community needs, building on our 140 years of compassionate, high-quality care for the vulnerable.

Providing exceptional **care**

We want more people to access safe, compassionate and high-quality care when and where they need it.

We will grow and strengthen services across our hospitals, home care and residential aged care, responding to community need and supporting more people to receive care at home.

We will continue improving quality, safety and care experiences, while growing our volunteer community and the support they provide to patients, residents, clients and families.

Through this work, we will care for more people while maintaining the person-centred care that has defined Calvary for generations.

Connecting geographic communities

People experience better care when services work together.

We will bring health and aged care closer together, helping people stay healthy and independent for longer. Digital solutions, telehealth and virtual care will also improve access across our communities.

We will strengthen connections between services and settings, including developing care precincts that bring together Calvary services and local partners to create more integrated care pathways.

Through stronger connections, we aim to support people throughout their health and ageing journey, with care tailored to their individual needs wherever they live.

Ensuring a **sustainable** future

To continue our mission into the future, we need to strengthen Calvary today.

We will invest in our people and support their development, work effectively with partners and suppliers, grow community and donor support, and build greater financial resilience.

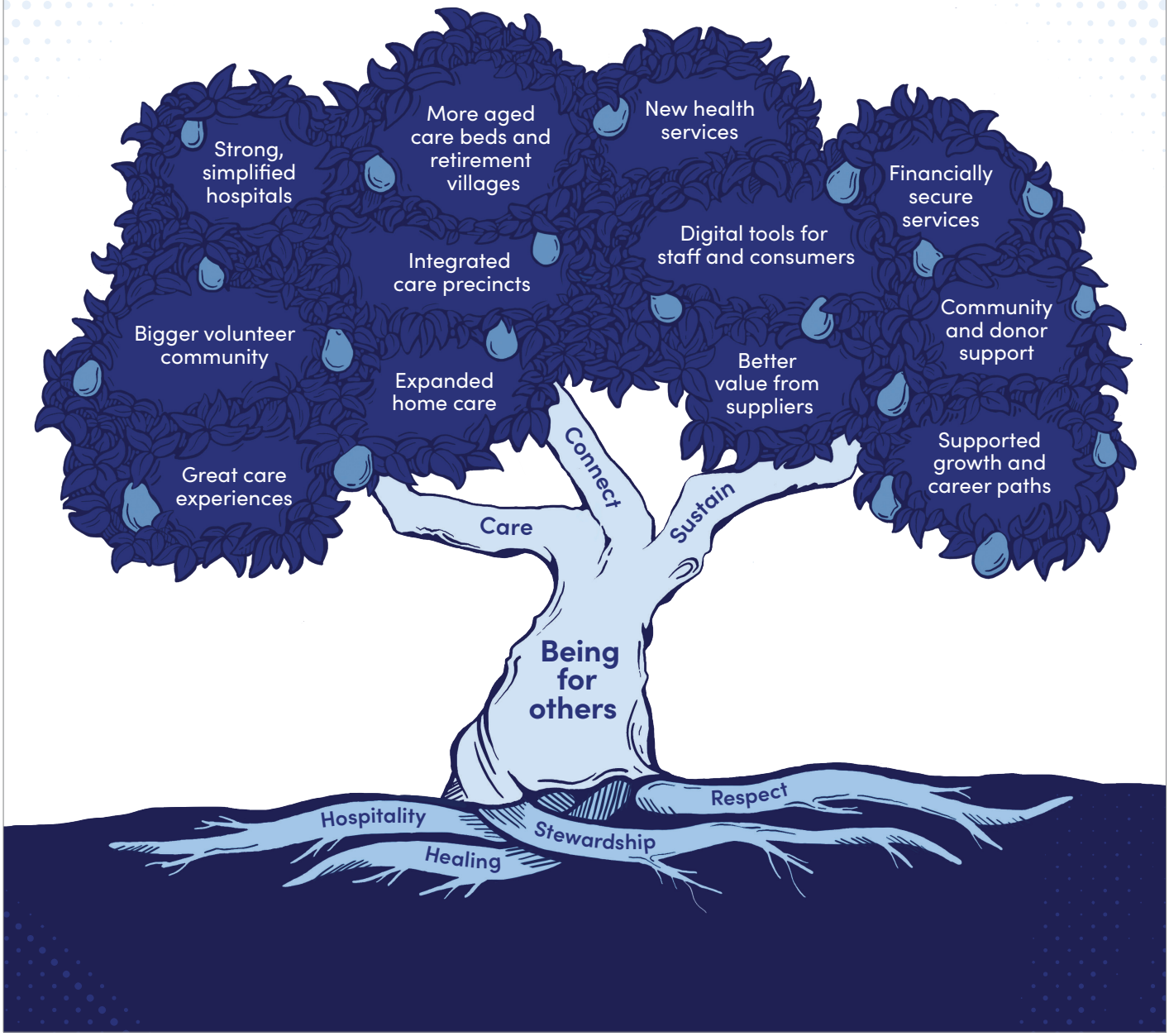
Like the courageous sisters who founded Calvary in 1885, we will advocate and pioneer sustainable ways of funding and providing care, particularly where the need is greatest.

This will enable us to invest in services, respond as community needs change and continue caring for people who are sick, vulnerable and in need for generations to come.

Calvary 2030

Care. Connect. Sustain.

Sharing the Spirit of Calvary through exceptional care, connecting communities and a sustainable future.





Partnering and planning for the present and the future

Serving our communities

Our community profile

Calvary Bethlehem supports a diverse community, including patients receiving care through our inpatient services and the Statewide Progressive Neurological Service, which supports patients and families from across Victoria. Our Community Palliative Care Service has a defined catchment encompassing five local government areas (LGAs): Port Phillip, Stonnington, Glen Eira, Kingston and Bayside. This catchment represents the predominant population accessing our services.

The combined estimated resident population (ERP) of these five LGAs was approximately 744,000 residents in 2025, increasing to an estimated 759,000 residents in 2026. Based on recent population growth trends across metropolitan Melbourne and the catchment municipalities, the population is projected to reach approximately 774,000 residents in 2027. The continued growth and ageing of the local population is expected to contribute to increasing demand for specialist palliative care, progressive neurological services and integrated community-based healthcare.

As reflected in 2021 Census data across our catchment population:

- Approximately 18% of residents are aged 65 years and over.
- Approximately 30% of residents were born overseas.
- Around 33% of residents speak a language other than English at home, with considerable variation across the five LGAs.
- Approximately 0.4% of residents identify as Aboriginal and/or Torres Strait Islander, with the largest population in the Kingston LGA of 0.5%.
- The most commonly spoken languages other than English are Mandarin, Greek and Russian, followed by Cantonese, Italian, Hindi, Hebrew, Spanish, Vietnamese and French.

In 2025–26, 58.6% of admitted patients identified as Australian, 0.24% as First Nations peoples, 6.2% as English, 4.3% as Greek, 2.5% as Italian and 2.15% as Scottish. The majority of our palliative care patients reside in municipalities immediately surrounding Calvary Bethlehem, with almost 40% living in Glen Eira and neighbouring local government areas.

The local community is both ageing and culturally diverse. Compared with metropolitan Melbourne, the catchment contains particularly significant Greek, Jewish, Russian and Chinese communities, especially within Glen Eira, Stonnington and Port Phillip. Italian-speaking communities also remain well represented across the region. Consistent with this demographic profile, Greek, Mandarin and Russian are among the most common languages spoken at home after English, reflecting the cultural and linguistic diversity of the population served by Calvary Bethlehem.

COUNTRY	ADMISSION	PROPORTIONS (%)
Australia	355	58.6%
England	38	6.3%
Greece	26	4.3%
Italy	15	2.5%
Scotland	13	2.2%
New Zealand	12	2%
India	10	1.7%
Ukraine	9	1.5%
USA	8	1.3%
Russian Federation	8	1.3%
Ireland	8	1.3%
South Africa	7	1.2%
Poland	7	1.2%
Other birthplaces	90	14.9%
Total	**606**	**100%**

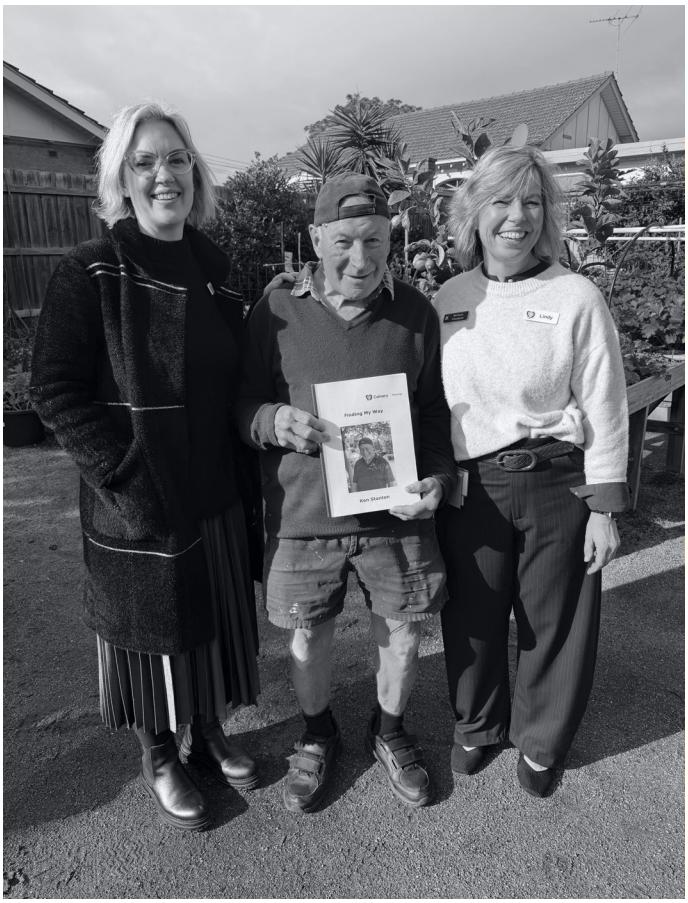
Consumers helping shape better care

Our consumers include patients, family members and carers who partner with us to help improve our services. Consumer involvement can be as simple as providing feedback about an experience or information resource, or as active participants on a committee, working party or project team to help shape service planning, quality improvement and patient care.

Consumer partnership remained a key focus throughout the year, with consumers contributing to service development, education, research and governance across Calvary Bethlehem. Examples of consumer involvement included:

- **co-designing** a new clinical pathway for people living with Motor Neurone Disease (MND), working alongside clinicians and researchers to ensure the model of care reflects patient needs and priorities.
- **reviewing** an End of Life and Advance Care Planning presentation before its delivery at the Huntington's Disease Australia Conference, helping ensure the content reflected the experiences and perspectives of patients and carers.
- **partnering** with staff to develop a patient survey exploring experiences of pharmacy services, helping identify the questions and issues most important to patients.
- **co-designing** a research participation survey, helping refine questions and content to ensure it was relevant and meaningful for patients and families.
- **improving** services through our "You Said, We Did" approach, which led to clearer appointment information, improved parking guidance and better explanations of secure text messaging processes. Future improvements include waiting room information displays and enhanced online service information; and
- **advising** through participation on committees and working parties, where consumers help inform quality, safety and service planning decisions across the organisation.

To further strengthen consumer partnership, Calvary Bethlehem is developing a dedicated webpage to promote consumer participation opportunities, showcase the role of consumer representatives, and advertise vacancies on committees and working groups. This initiative will make it easier for people with lived experience to become involved in shaping the future of our services



Enriching lives through connection and compassion

Celebrating the impact of volunteers in strengthening wellbeing, belonging, and community in 2026

The 2025-26 financial year was one of growth and strong community connection for Volunteer Services at Calvary Bethlehem. Volunteers continued to make a significant contribution to patient wellbeing by providing companionship, meaningful engagement, and practical support that enhanced quality of life and promoted social inclusion.

Throughout the year, Volunteer Services focused on strengthening volunteer recruitment and retention, expanding opportunities for patient engagement, maintaining a safe and compliant program, and building stronger links with the wider community. A total of 68 active volunteers contributed approximately 9,500 hours of service, including 20 new volunteers who joined the program. Our volunteer team, made up of students, professionals, and retirees, brought a diverse range of skills and experiences to their roles.



Volunteer services team Robyn and Lindy





Volunteers supported patients through one-to-one visits, lifestyle activities, reading, conversation, games, music, and crafts. They also provided emotional and pastoral support, including companionship for socially isolated patients and communion services. In addition, volunteers assisted with events, garden maintenance, the Living Well Second-Hand Book Space, and the Comfort Rug Project, which continued to provide handcrafted items for patients and those in need.

Training remained a priority, with volunteers participating in core induction programs, Life Story volunteer training, and education sessions covering topics such as Elder Abuse Awareness, Huntington's Disease, motor neurone disease, and initiating important conversations. Volunteer contributions were recognised through National Volunteer Week celebrations, service milestone acknowledgements, and ongoing appreciation activities throughout the year.

While challenges included recruitment, volunteer availability, compliance requirements, and increasing resident care complexity, these experiences have helped identify opportunities to strengthen and improve the program. Looking ahead to 2027, key priorities include growing our volunteer community, expanding the My Life Reflections life story program, launching community companion volunteering for Community Palliative Care Services, strengthening community partnerships, and enhancing volunteer engagement and impact reporting.

Volunteer Services remains an integral part of Calvary Bethlehem and the broader community. We thank our volunteers and staff for their ongoing dedication, care, and commitment, which continue to enrich the lives of patients every day.

Bethlehem Community Advisory Council

During the 2025–26 financial year, the Calvary Bethlehem Community Advisory Council (CAC) continued to play an important role in strengthening community awareness of our services and supporting fundraising initiatives that enhance the care experience for patients and their families.

CAC members generously volunteered their time in December, delivering postcards throughout the Caulfield South community to promote our annual Christmas Carols event and encourage community members to consider volunteering with Calvary Bethlehem.

Under the leadership of CAC Chair Kevin Halpin, Council members also supported the planning and promotion of Calvary Bethlehem's Fifth Annual Charity Golf Day. Held at the Victoria Golf Club in Cheltenham, the event has continued to grow year on year and remains a valued opportunity to engage supporters while raising funds for the Living Well Fund.

Through initiatives such as these, the CAC continues to expand our Friends of Bethlehem network, helping to raise awareness of the vital work undertaken at Calvary Bethlehem and fostering a community that supports people living with life-limiting illnesses.

The experience, expertise and networks of CAC members remain invaluable in broadening community engagement and advocacy. Throughout the year, the Council also hosted a series of community breakfasts, providing opportunities to connect with supporters, share updates on our services, and promote the mission and work of Calvary Bethlehem.



Friends of Bethlehem

A COMMUNITY OF SUPPORT

Established in 2014 by the Calvary Bethlehem Community Advisory Council, the Friends of Bethlehem network brings together community members who have a connection with Calvary Bethlehem through their personal, professional or volunteer experiences. These supporters value the work we do, want to stay connected with our service, and are committed to helping us improve care for patients and families.

Members receive regular newsletters and updates throughout the year, along with invitations to events, workshops, webinars and other engagement opportunities. Importantly, Friends of Bethlehem provides a vital pathway for community members to share their experiences and perspectives, helping us ensure our services remain responsive to the needs of consumers and carers.

Many of our Friends of Bethlehem members play an active role in consumer engagement and service improvement activities. Their willingness to contribute their lived experience enables us to better understand the needs of patients, families and carers, and informs the planning, delivery and evaluation of our services. Friends of Bethlehem members regularly assist as consumer representatives, participate in consultations and workshops, provide feedback on projects and initiatives, and share their experiences to help guide improvements in care.

Beyond their contribution as consumers, Friends of Bethlehem members support the organisation in a variety of ways, including volunteering, sharing patient stories, attending education and community events, advocating for palliative care, joining the Community Advisory Council, providing financial support, and connecting Calvary Bethlehem with other community groups and networks.

The ongoing involvement of Friends of Bethlehem members continues to be invaluable. Their voices help shape our services, strengthen our connection with the community, and ensure that the experiences of patients and families remain at the centre of everything we do.

Building strong relationships to enhance care for people living with MND

The longstanding partnership between Calvary Bethlehem and MND Victoria demonstrates the power of collaboration in delivering coordinated, person-centred care for people living with motor neurone disease (MND) and their families.

Calvary Bethlehem's Statewide Progressive Neurological Diseases Service (SPNDS) supports people from diagnosis through every stage of their MND journey. Through specialist outpatient consultations and a multidisciplinary approach, the service provides comprehensive assessment, advice and care planning tailored to individual needs.

A key strength of the model is its close collaboration with community health providers, MND Victoria Regional Advisors and Support Coordinators. MND Victoria representatives regularly participate in multidisciplinary team meetings, enabling shared goals, aligned care plans and coordinated clinical recommendations. This structured communication helps ensure people living with MND receive holistic, seamless care.

BUILDING CAPABILITY THROUGH EDUCATION

The partnership extends beyond clinical care to strengthen workforce capability across the sector.

In 2025, Calvary Bethlehem and MND Victoria jointly delivered the inaugural **Advanced Practice Immersion Day**, providing practical education on specialised assistive technology, seating and positioning, wheelchair prescription and electronic assistive technology. Combining expertise and resources created a richer learning experience than either organisation could have achieved alone.

Following strong feedback, the event returned in 2026 with workshops on blenderised tube feeding, personal care and intimacy, and secretion and respiratory management. A lived-experience panel featuring people living with MND, family carers and health professionals was a highlight, offering valuable real-world insights.

Participants praised the practical content, multidisciplinary approach and opportunity to learn from both clinicians and people with lived experience. The events have also enabled Calvary Bethlehem staff to share expertise, build professional networks and develop presentation skills.







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:

INNOVATE AND IMPROVE ACCESS AND CARE

We aim for the best patient experience and care outcomes by assuring safe practice, leadership of safety, an engaged and capable workforce, and continuing to improve and innovate care.

GOALS	HEALTH SERVICE DELIVERABLE	PROGRESS
Align with the Victorian Clinical Governance Framework to strengthen clinical governance systems, ensuring safe, high-quality care.	Demonstrate high-quality care in which consumer engagement and input is actively sought, facilitated and used to drive system change to improve consumer experience and outcomes.	Consumer input was actively sought and used to inform service improvements, supporting enhanced consumer experience and outcomes. **Completed**
	Ensure that health service reporting, reviews and decision-making are underpinned by a safety culture and systems that are transparent, accurate and fair for staff and consumers.	Reporting, review and decision-making processes were supported by transparent, accurate and fair systems promoting strong culture of safety for staff and consumers. **Completed**
	Health services are able to show evidence of a comprehensive training program approach that includes performance management, accountability, and continuous improvement.	Existing training program incorporating performance management, accountability and continuous improvement maintained. **Completed**

PRUDENT, SUSTAINABLE AND EFFECTIVE USE OF RESOURCES

We are innovative and resourceful in balancing improved patient care, operational performance, and system management to ensure a financially secure health system. We invest in a skilled and future-ready workforce, maintaining a modern, safe, and resilient healthcare system for all Victorians.

GOALS	HEALTH SERVICE DELIVERABLE	PROGRESS
Develop and implement initiatives to strengthen financial sustainability. By delivering sustainable, responsible budgets, we can ensure a well-managed, viable, and sustainable health system for the future.	Deliver the key initiatives outlined in the Budget Action Plan within Government parameters.	In progress, achieved 90% of planned initiatives, remainder to be completed FY27. **In progress**
	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.	Procurement practices were reviewed and data-driven improvement initiatives implemented, strengthening financial sustainability and operational performance. **In progress**
	Use funding efficiently and effectively to optimise patient facing services. Undertake programs to reduce the cost of service delivery, improve safety, capacity and reduce unnecessary waiting.	Intake processes reviewed and improved, enhancing patient safety, increasing capacity and throughput, and supporting the efficient use of funding for patient-facing services. **Completed**

A STRONGER WORKFORCE

We strive to foster an equitable, skilled and supported workforce that builds professional capabilities to meet current and future roles.

GOALS	HEALTH SERVICE DELIVERABLE	PROGRESS
Position Victoria as a leader in employee experience, capability, and capacity by focusing on future roles and professional development in line with the Victorian Health Workforce Strategy to ensure a regenerative and sustainable workforce.	Implement processes to sustain workforce supply and fulfill obligations, including those under the Gender Equality Act 2020 by improving employee experience in leadership, health and safety, flexibility, career development, and agility to ensure safe, high-quality care.	Workforce initiatives implemented supporting employee experience and leadership, aligned to obligations of the Gender Equality Act 2020. **Completed**
	Collaborate with the department to improve workforce data analytics, generate actionable insights, and enhance strategic planning.	Initial data analysis completed, to be progressed further in FY27. **In progress**

IMPROVING ABORIGINAL HEALTH AND WELLBEING

Strengthen cultural safety in Victoria's health service system by fostering strong connections to Aboriginal culture, creating a holistic, accessible, and empowering health system.

GOALS	HEALTH SERVICE DELIVERABLE	PROGRESS
Enhance Delivery and Access to Culturally Safe Services, fostering strong connections to culture. Address racism and provide Aboriginal people with culturally safe healthcare and referral pathways between mainstream and community-controlled health services.	Deliver high-quality cultural safety training to all executives and staff using independent, expert, community-controlled organisations or a registered Aboriginal business.	Training delivered to 89% of workforce. **In progress, ongoing**
	Health service executives and senior leaders establish and maintain strong, ongoing partnerships with Aboriginal community-controlled organisations and/or recognised Aboriginal leaders within their local catchments. These partnerships must be based on regular, proactive engagement that prioritises the voices, self-determined priorities, and cultural knowledge of Aboriginal communities in the design, delivery, and evaluation of health and wellbeing services.	Maintained ongoing partnerships and engagement with Aboriginal stakeholders to inform service planning, delivery and evaluation. **In progress, ongoing**
	Ensure culturally appropriate systems for identifying Aboriginal and Torres Strait Islander patients and implement responsive discharge plans and referral pathways.	Aboriginal patient identification processes reviewed, improvement actions identified for implementation in FY27 to strengthen culturally responsive care, discharge planning and referral pathways. **In progress**

MOVING FROM COMPETITION TO COLLABORATION

GOALS	HEALTH SERVICE DELIVERABLE	PROGRESS
Collaborate within the Local Health Service Network to build a more integrated health system, with better access and experience for patients, strengthened workforce, consistently high-quality care, and more sustainable healthcare delivery.	Meet all objectives agreed to in the Local Health Service Network Statement of Expectations across priority areas (access, equity and flow, workforce, safety and quality, and shared services).	All FY26 Statement of Expectations objectives incorporating Calvary Bethlehem were progressed in line with agreed measures across all priority areas. **Completed**

Part B: Performance Priorities

HIGH-QUALITY AND SAFE CARE

KEY PERFORMANCE INDICATOR	TARGET	2025-26 RESULT
Infection prevention and control		
Percentage of healthcare workers immunised for influenza	94%	99.4%
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	*Achieved
Patient Experience		
Percentage of patients who reported positive experiences of their hospital stay	95% positive experience	*Achieved

*The data included in this annual report was accurate at the time of publication and is subject to validation by official sources from the Department of Health.

EFFECTIVE FINANCIAL MANAGEMENT

KEY PERFORMANCE INDICATOR	TARGET	2025-26 RESULT
Finance		
Operating result ($m)	0.0	0.65
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	0.81
Variance between forecast and actual operating result from transactions (OR) as a percentage of the forecast OR for the current financial year ending 30 June	+/-5%	Not achieved

Part C: Activity and funding

FUNDING TYPE	2025-26 ACTIVITY ACHIEVEMENT
Consolidated Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted National Weighted Activity Unit (NWAU)	3,225

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

HOSPITALS LABOUR CATEGORY	JUNE CURRENT MONTHLY FTE		JUNE AVERAGE MONTHLY FTE	
	2025	2026	2025	2026
Nursing	87.3	91.0	91.5	90.0
Administration and clerical	13.7	14.2	13.3	13.30
Medical support	4.0	3.4	3.5	3.7
Hotel and allied services	2.0	1.8	2.0	1.9
Medical officers	11.8	11.1	11.0	10.4
Ancillary staff (allied health)	44.4	46.8	46.3	46.3
	163.2	168.3	**167.6**	165.6

Calvary Health Care Bethlehem applies employment and conduct principles consistent with relevant legislation and organisational policies, and confirms that employees have been correctly classified in workforce data collections.

SUMMARY OF FINANCIAL RESULTS ($000'S)

	2026	2025	2024	2023	2022
Operating result*	652	283	-468	5	751
Total revenue	38,306	34,285	33,668	32,873	29,546
Total expenses	37,189	35,176	32,270	32,543	29,005
Net result from transactions	**1,117**	**(891)**	**(1,602)**	**330**	**541**
Total other economic flows	(845)	(33)	(17)	52	500
Net result	**272**	**(923)**	**(1,619)**	**382**	**1,041**
Total assets	39,885	39,407	38,899	39,331	14,984
Total liabilities	35,102	34,896	33,465	32,278	8,309
Net assets	**4,783**	**4,511**	**5,434**	**7,053**	**6,675**
Total equity	**4,783**	**4,511**	5,434	7,053	5,667

INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) EXPENDITURE

BUSINESS AS USUAL (BAU) EXPENDITURE (EXCLUDING GST)	**NON BUSINESS AS USUAL (NON-BAU) ICT EXPENDITURE** (EXCLUDING GST)		
Total (excluding GST)	**Total**=Operational expenditure and Capital Expenditure (excluding GST)	Operational expenditure (excluding GST)	Capital expenditure (excluding GST)
$975,369	$40,351	$0	$40,351

SUMMARY OF FINANCIAL RESULTS ($000's)

The 2025-26 financial year delivered a strong operating result of $0.65 million, exceeding the Department of Health Statement of Priorities (SOP) target of break-even and representing a $0.37 million improvement on the previous year. This outcome was primarily driven by a $1.58 million increase in Department of Health-funded activity compared with 2024-25. Revenue growth of 11.7% was achieved while limiting expenditure growth to 5.7%.

	2026	2025	2024	2023	2022
Net operating result *	652	283	(468)	5	751
Capital and specific items					
Capital purpose income	1,627	0	16	0	549
Specific income	0	0	0	1,157	41
COVID-19 State Supply Arrangements – Assets received free of charge or for nil consideration under the State Supply Arrangements	0	0	0	0	0
State supply items consumed up to 30 June 2022	0	0	0	0	139
Assets provided free of charge	0	0	0	0	0
Assets received free of charge	0	0	0	0	4
Expenditure for capital purpose	0	0	0	0	(101)
Depreciation and amortisation	-855	-854	-823	-832	(838)
Impairment of non-financial assets	0	0	0	0	0
Finance costs (other)	-307	-320	-326	0	0
Net results from transactions	1,117	-891	(1,601)	343	541

Details of individual consultancies less than $10,000

In 2025-26, 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 2025-26, 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	2025-26	2024-25	2023-24
The number of reported hazards/incidents for the year per 100 FTE	72	36	43
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	3.02	1.21	0.61
The average cost per WorkCover claim for the year	$52,616	$28,195	$21,175

Attestations

FINANCIAL MANAGEMENT COMPLIANCE ATTESTATION - SD 5.1.4

I, Gregory Cooper, 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.



GREGORY COOPER
BOARD CHAIR
Calvary Health Care Bethlehem
27 August 2026

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 2026.



GREGORY COOPER
BOARD CHAIR
Calvary Health Care Bethlehem
27 August 2026

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
31 August 2026

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
31 August 2026

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
31 August 2026

COMPLIANCE WITH HEALTH SHARE VICTORIA (HSV) PURCHASING POLICIES

I, Shannon Thompson, on behalf of Calvary Health Care Bethlehem certify that Calvary Health Care Bethlehem is fully compliant with respect to the HSV Purchasing Policies as required by the Health Services Act 1988 (Vic). Calvary Health Care Bethlehem has implemented appropriate internal controls, which have been critically reviewed throughout the year.



SHANNON THOMPSON
GENERAL MANAGER
Calvary Health Care Bethlehem
31 August 2026

MERIT AND EQUITY PRINCIPLES

Calvary Health Care Bethlehem applies merit and equity principles across all recruitment, selection, development and workforce management activities. Employees are assessed and appointed on the basis of merit and role requirements. Workforce diversity and inclusion initiatives support equitable employment opportunities and contribute to a workplace that reflects the community we serve.

LOCAL JOBS FIRST ACT FRD 25D

Calvary Health Care Bethlehem had no contracts or projects during 2025–26 that met the disclosure thresholds under the Local Jobs First Act 2003.

FREEDOM OF INFORMATION

During 2025–26, Calvary Bethlehem received two Freedom of Information (FOI) applications from members of the public and completed two FOI determinations.

Of the two determinations made during the reporting period, one was finalised within the statutory timeframe and one was completed outside the prescribed 30-day period. One applicant was granted full access to the requested documents. In one case, a mandatory extension of time was applied, with the extension agreed to by the applicant.

During 2025–26, one FOI matter was subject to a complaint/internal review by the Office of the Victorian Information Commissioner (OVIC). On 6 May 2026, Calvary Bethlehem was notified that the review application had been dismissed.

Freedom of Information applications should be sent to:

Freedom of Information Officer
Calvary Health Care Bethlehem
476 Kooyong Road, Caulfield South VIC 3162

SAFE PATIENT CARE ACT 2015

Calvary Health Care Bethlehem has no matters to report under section 40 of the Safe Patient Care Act 2015 for the financial year ended 30 June 2026.

GENDER EQUALITY 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, 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.

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 2026. In order to maintain buildings in a safe and serviceable condition, routine building inspections and maintenance programs were undertaken throughout the year to ensure buildings remained safe, compliant and fit for purpose. No building orders or emergency orders were issued during the reporting period.

NATIONAL COMPETITION POLICY

The organisation continues to apply conflict of interest, probity and procurement processes to support compliance with National Competition Policy principles and Victoria's Competitive Neutrality Policy.



Caring for our resources

Environmental sustainability

The service has now operated from the new precinct for three years, enabling the establishment of a reliable baseline for monitoring environmental performance. During this period, operational practices have been reviewed, efficiencies enhanced and sustainability initiatives implemented to reduce environmental impact. From FY2027, performance will be measured against the average baseline established during the first three years of operation at the site.

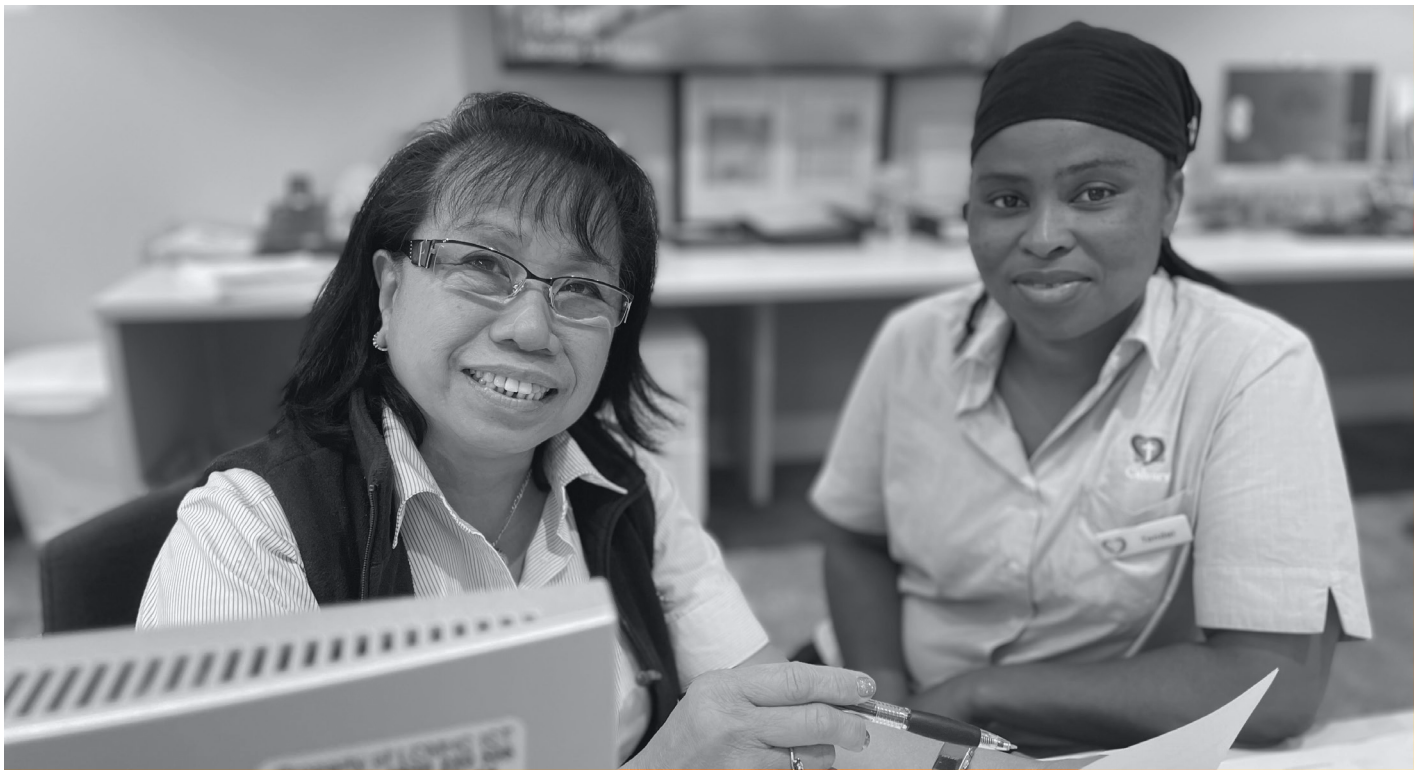
Key sustainability initiatives implemented during 2025-26 included:

- Reviewing and optimising automatic air-conditioning programming in areas that do not require continuous operation.
- Expanding source-separation waste stations across the precinct, including the introduction of additional paper-only recycling bins.
- Analysis of environmental performance data for 2025-26 identified several positive trends and areas for continued focus:
- Fuel consumption decreased further following the transition to additional hybrid vehicles in late FY2025.
- Water consumption reduced slightly, reflecting ongoing efforts to improve water efficiency.
- Clinical waste volumes declined during the reporting period, potentially reflecting the absence of major viral outbreaks experienced in previous years.
- Gas and electricity consumption increased modestly, likely reflecting higher patient occupancy and associated operational demands.
- General waste volumes increased, consistent with increased occupancy across the precinct. While additional paper recycling stations were introduced, co-mingled recycling volumes declined, highlighting the need for further staff and user education regarding waste separation practices.
- To support ongoing improvement, priorities for 2026-27 include reviewing automated lighting controls and dimming systems, strengthening waste segregation education programs, and optimising the use of existing rainwater reticulation systems through improved automated rain sensor programming.









	BASELINE PARKDALE	2023-24	2024-2025	2025-2026
Electricity				
Consumption (kW)	434 995	414,709	300,970	310,601
Consumption by area (kW/m2)	149.4	55.2	40.04	41.32
Natural Gas and LPG				
Consumption (MJ)	2,189,571	1,210,881	860,417	912,042
Consumption by area (MJ/m2)	684.2	175.24	114.47	121.34
Petrol				
Consumption (L)	9084	9,276	7,386	6,894
Water				
Consumption (kL)	2 445	4,132	5,590	5,366
Consumption by area (kL/m2)	0.76	0.54	0.81	0.71
Waste				
Clinical waste (kg)	509	2,780.00	1,751.92	444
General waste (tonnes)	67.59	26.86	27.77	52.00
Recycled waste (tonnes)	24.38	11.17	19.74	11.85

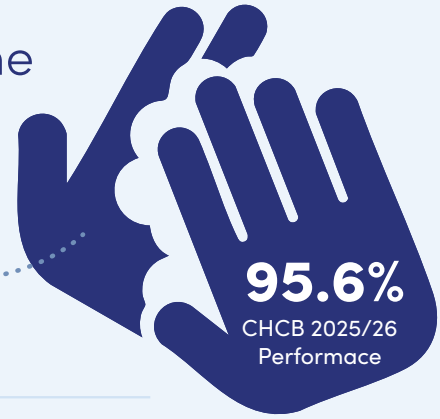


Quality and safety

Hand hygiene

How clean are our hands?

85%
Industry benchmark



Healthcare-associated staphylococcus aureus bacteraemia infections

0.7/10,000 OBD*
Industry benchmark



Patient falls



17.85/1000 OBD*
CHCB 2025/26 Performance

Complaints

11

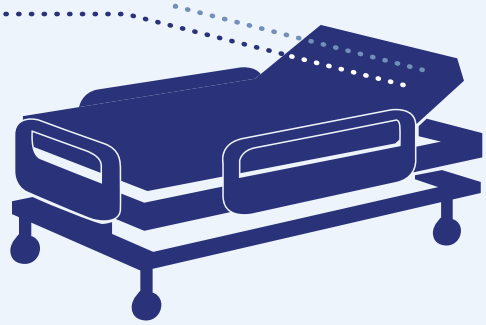


<5 days average to respond

Hospital acquired pressure injuries

1.9/1000 OBD*
CHCB 2025/26
Performance

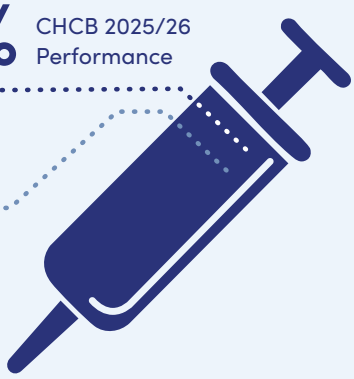
<0.17/1000 OBD*
Hospital benchmark



Staff flu immunisation

99.4% CHCB 2025/26 Performance

94%
Industry benchmark



Medication errors

7.68/1000 OBD*
CHCB 2025/26
Performance



* OBD = Overnight Bed Stay

Inspiring future health leaders through culture, connection and culturally safe care



In 2025–26, Calvary Health Care Bethlehem strengthened its commitment to improving Aboriginal health and wellbeing through a successful partnership with MALPA Young Doctors for Life, creating meaningful pathways between Aboriginal communities and the health system. Drawing on the principle of "friends on the journey," the program connected Aboriginal and non-Aboriginal students with health professionals, Elders and community leaders in an immersive learning experience focused on health, culture and future career opportunities.

Working alongside MALPA, Elders, teachers and community representatives, Calvary executives and staff fostered genuine partnerships that amplified Aboriginal voices and supported self-determined priorities in program design and delivery. The initiative demonstrated our commitment to ongoing engagement with Aboriginal community-controlled organisations and recognised community leaders.

The program provided culturally safe, hands-on exposure to allied health careers, including physiotherapy, occupational therapy, speech pathology and music therapy. Students participated in practical activities that promoted health literacy, wellbeing and awareness of diverse healthcare pathways.

Feedback from students, teachers and MALPA staff highlighted the welcoming environment, strong cultural connection and highly interactive approach.

Throughout the year, Calvary continued to strengthen cultural safety across the organisation through staff education, active engagement with Aboriginal partners and a focus on culturally appropriate systems and referral pathways. These initiatives support our broader goal of ensuring Aboriginal and Torres Strait Islander people experience respectful, accessible and empowering healthcare and can confidently navigate services across both mainstream and community-controlled settings.

This collaboration is a practical example of reconciliation in action building trust, creating future workforce pathways and contributing to better health outcomes for Aboriginal communities

Cultivating a safety culture

Over the past 12 months, we have maintained a strong focus on staff wellbeing and safety by encouraging proactive identification and reporting of hazards across the service. This has resulted in a significant increase in hazard reporting, rising from 35 hazards reported in FY2024-25 to 66 in FY2025-26. This improvement reflects growing staff engagement in recognising and reporting potential risks early, enabling timely interventions and reducing the likelihood of harm to our people.

While reporting of hazards and near misses improved significantly during FY2025-26, the service also experienced an increase in lost time WorkCover claims (3.02 per 100 FTE compared with 1.21 in FY2024-25) and average claim costs ($52,616 compared with $28,195). This reflects the impact of a small number of more complex or higher-cost injuries and



reinforces the need for continued focus on injury prevention, early intervention and effective return-to-work strategies to reduce the impact of workplace injuries and improve staff safety outcomes.

Behaviours of concern, occupational violence and family violence

Over the last year, there were 15 occupational violence and aggression (OVA) incidents reported, equating to a rate of 10.9 incidents per 100 FTE, compared with a rate of 4.8 per 100 FTE in FY2024-25. While this represents an increase in reported incidents, it also reflects improved awareness, recognition and reporting by staff, supported by ongoing education and a stronger focus on workplace safety. Calvary Bethlehem has continued to deliver occupational violence and aggression training and e-learning to support staff in identifying, managing and reporting incidents, while maintaining proactive care planning processes for patients with known behavioural risks to help prevent incidents from occurring.

The Multi-Agency Risk Assessment and Management (MARAM) Framework remains fully embedded across the service and continues to strengthen our response to family violence. Consistent with broader trends of increasing family violence reporting across the community, we have seen an increase in family violence-related reports. This is considered a positive indicator of improved staff capability to recognise family violence risk factors and respond appropriately. Through ongoing MARAM education and implementation, staff are better equipped to identify, assess and manage risk, share information appropriately with authorised organisations, and support the safety and wellbeing of adults, children and families affected by family violence.

OCCUPATIONAL VIOLENCE STATISTICS	2025-26
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	**15**
Number of occupational violence incidents reported (per 100 FTE)	**10.9**
Percentage of occupational violence incidents resulting in a staff, illness or condition	**0%**

DEFINITIONS

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

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

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

Accepted WorkCover claims – accepted WorkCover claims that were lodged in 2025-26.

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.

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 an ongoing focus on compliance with the NHMRC National Statement. 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 fifteen new study proposals.

We extend our heartfelt thanks to all REEC members for their unwavering commitment to Calvary Bethlehem's mission. 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

Dr Susan Mathers

Dr Dharshini Kunahlan

Dr Fiona Fisher



Caring for our people and working environments

Working together to bring hope and compassionate care to the community

In November, as part of our celebrations honouring the birth of Venerable Mary Potter, founder of the Little Company of Mary, we proudly recognised the recipients of the 2025 Mary Potter Awards. These awards acknowledge individuals and teams who exemplify the Spirit of Calvary through their commitment to serving others with compassion, dignity and excellence.

As Calvary celebrated 140 Years of Care: A Future of Hope, we congratulate the Calvary Bethlehem Community Palliative Care Service (CPCS) team for receiving the local 2025 Mary Potter Award. Comprising nurses, allied health professionals and administrative staff, this exceptional team demonstrates the Calvary values of hospitality, healing, stewardship and respect in every aspect of their work.

Supporting people with life-limiting illness and their families requires expertise, compassion and a shared commitment to person-centred care. The Calvary Bethlehem CPCS team consistently delivers care that honours the dignity, choices and individual needs of those they serve. Through their collaborative approach, they provide comfort, reassurance and support during some of life's most challenging moments.

"The strength of our service lies in the dedication of every member of the team and our shared commitment to providing compassionate, person-centred care," said Bethlehem CPCS Manager Nathan McCracken. "It is an honour to receive this award and to be recognised for living the values that guide us in supporting patients and families every day."

More than a celebration of achievement, this award recognised a team whose daily actions bring the Spirit of Calvary to life. Their dedication, professionalism and genuine care continue the legacy of Mary Potter, inspiring us all to be for others and build a future of hope for those we serve.

Employee Experiences

Employee Engagement Survey

In March, Calvary conducted its annual employee engagement survey, reinforcing our commitment to creating a workplace where people truly matter. Staff participation rose again this year, with a 51 % response rate, up 6% from the previous year; providing valuable feedback through both ratings and the 446 comments received.

Key Outcomes:

- **Engagement score** increased from 73 to 74.
- **Feedback**, a focus area from last year; improved by 3 points and has trended up over the past two surveys.

Top strengths:

- *Safety Habits:* Staff reported ensuring patient safety is embedded in our practice.
- *Care:* At work staff feel cared about as a person.
- *Belonging:* Staff feel a sense of belonging at Calvary Bethlehem.



Top opportunities for growth:

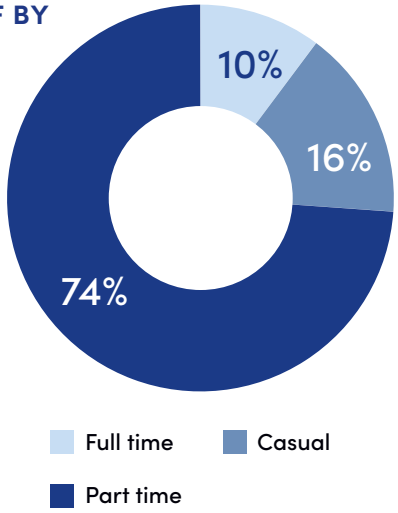
- *Resources:* Opportunities to enhance resourcing, staffing, equipment reliability, and technology support to improve operational efficiency, staff experience, and patient outcomes.
- *Action Taking:* Opportunity to strengthen confidence in the survey process through clearer communication of actions taken, greater visibility of outcomes, and a stronger focus on addressing key workforce and operational concerns.
- *Prospects:* Opportunity to strengthen confidence in the organisation's future by improving visibility of how growth, investment, and strategic initiatives benefit frontline teams and support sustainable workforce outcomes.

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

Staff profile

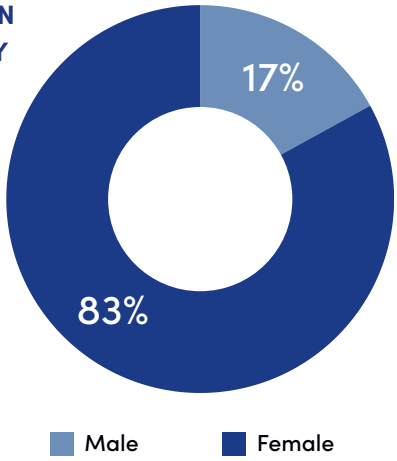
BREAKDOWN OF STAFF BY EMPLOYMENT STATUS

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



BREAKDOWN OF STAFF BY GENDER

56 Male
278 Female



Staff milestones

25 years of service

Solomon Gidey
Lubaba Aliyi

20 years of service

Tu Vo
Marina Galgsdies
Sandra Capron

15 years of service

Mary Hocking
Elizabeth Angus
Ruth Hosken

10 years of service

Yenni Lie
Kathryn Seeger
Jessica Tana
Joanna Mui
Chiu Mun Sarah Lee
Andrew Tomney
Caron Chapman
Christine Wools

5 years of service

Sanket Mehta
Karen McDonald
Dammika Indrajith Jayasinghe Gamachchige
Brian Leung
Anne Kelly
Jess Macphie
Sibika Kshetry
Manpreet Kaur Cheema

Executive management team

SHANNON THOMPSON

GENERAL MANAGER – CALVARY KOOYONG



Commenced 01/03/2021
Employment duration 23 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 10 years

- Management of medical team.

LINDA MAAS

DIRECTOR OF PROPERTY AND SHARED SERVICES



Commenced 31/01/2023
Employment duration 19 years

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

TAMMY CAMPBELL

DIRECTOR OF FINANCE



Commenced 01/03/2021
Employment duration 6 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 (SHARED)



Commenced 07/11/2022
Employment duration 3 1/2 years

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

LYNSAY LAWRY

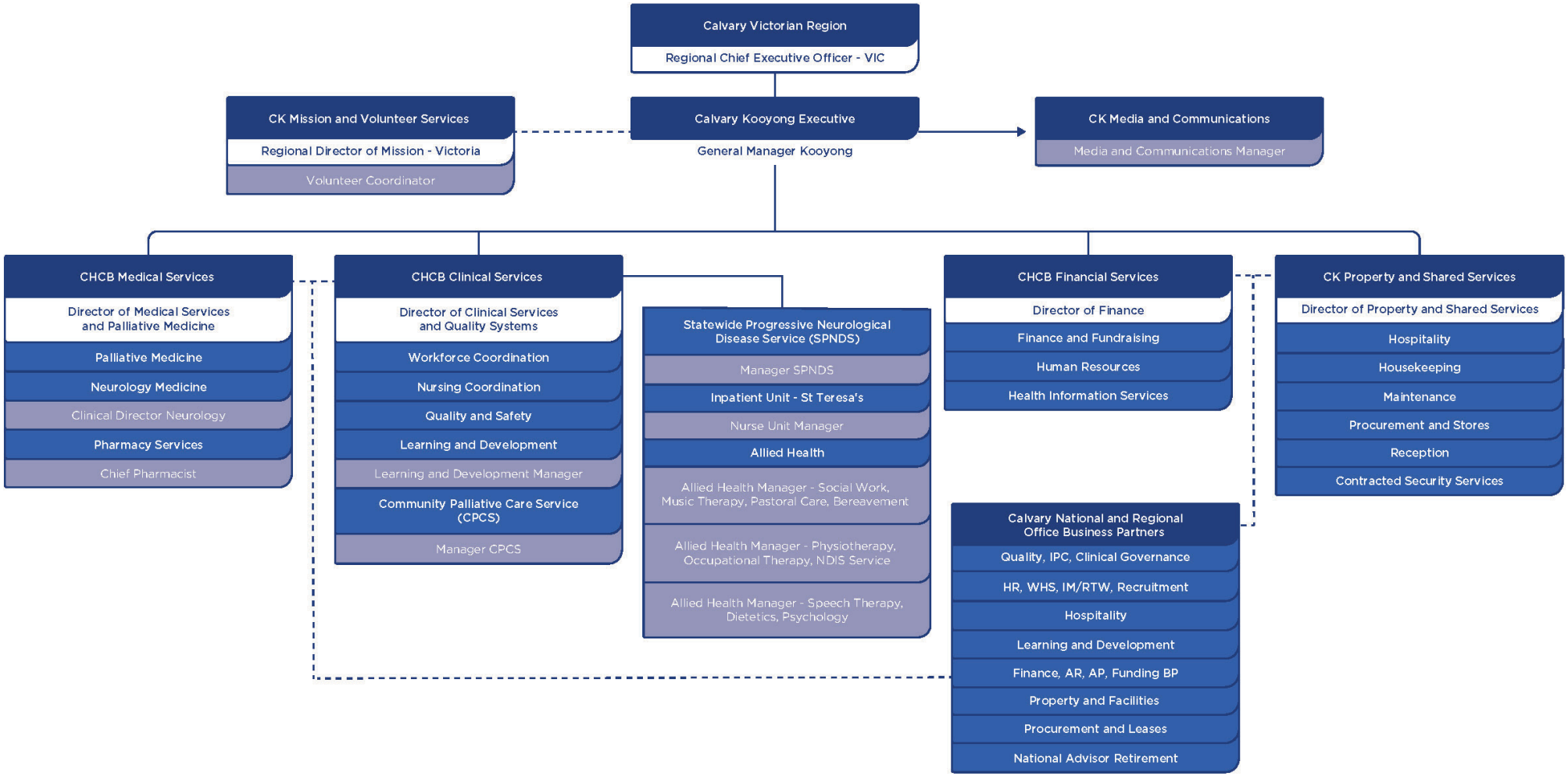
DIRECTOR OF CLINICAL SERVICES AND QUALITY SYSTEMS (SHARED)



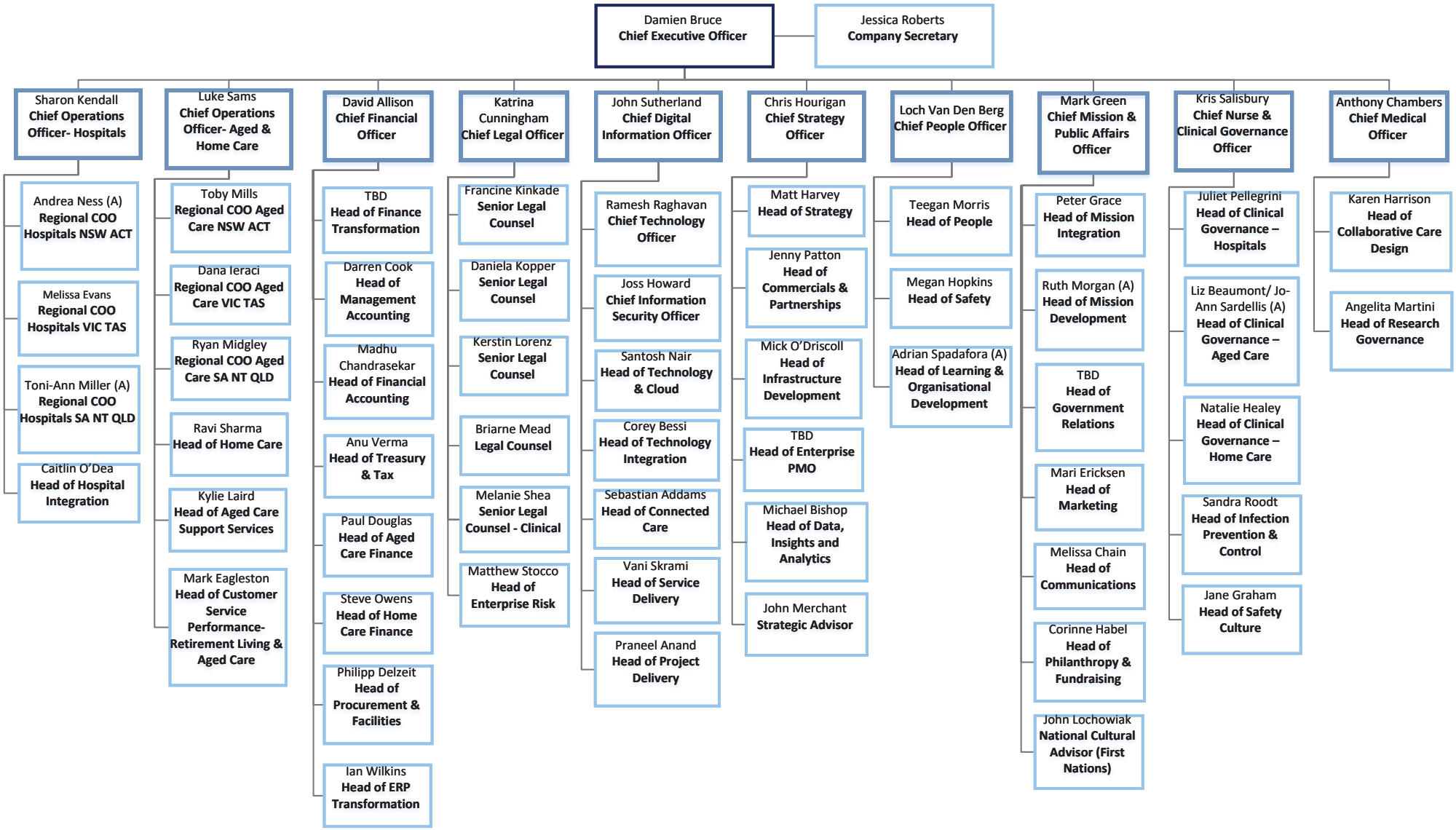
Commenced 14/07/2025
Employment duration 5 1/2 years

- Management of quality, safety, risk, compliance, clinical services and learning and development

Organisation chart – VIC region



Organisation chart - all Calvary



June 2026

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 Greg Cooper, the Board includes Ms. Lucille Scomazzon, Dr Annette Carruthers, Ms. Agnes Sheehan, Professor Chris Baggoley AO, Yvonne Le Bas, David Issa, Jackie Fairley and Kathy Alexander.

GREG COOPER – CHAIR

FIA, BEc
Appointed to the Board on 27 November 2025

Greg is an experienced non-executive director and chairman with more than 30 years in financial services. He currently serves as Chairman of Little Company of Mary Health Care and Perpetual Limited, and Independent Chairman of Avanteos Investments, trustee of the Colonial First State superannuation funds. He is also a Non-executive Director of Australian Payments Plus, EdStart, Tracks Media and the Australian Indigenous Education Foundation, and a member of the Queensland Investment Corporation Private Equity Investment Committee. Greg holds a Bachelor of Economics (Actuarial Studies) from Macquarie University and is a Fellow of the Institute of Actuaries of Australia.

LUCILLE SCOMAZZON – DEPUTY CHAIR

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.

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.

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.

JIM BIRCH (RETIRED 27 NOVEMBER 2025)

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 healthcare, 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.

LUCILLE HALLORAN (RETIRED 27 NOV 2025)

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.

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; and
- 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
- Greg Cooper (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,
- consumer Experience.; and
- 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; and
- 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 benefit those for whom we care as well as 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 2025/26 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 2025/26:

- 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); and
- FightMND;

Additional information available on request

In accordance with FRD 22 and the Financial Management Act 1994, health services must include the following statement in the Report of Operations:

In compliance with the requirements of the Standing Directions 2018 under the Financial Management Act 1994, details in respect of the items listed below have been retained by the health service and are available on request to the relevant Ministers, Members of Parliament and the public, subject to the provisions of the Freedom of Information Act 1982.

The following information must be retained and made available upon request:

a. a statement that declarations of pecuniary interests have been duly completed by all relevant

b. officers;

c. details of shares held by a senior officer as nominee or held beneficially in a statutory authority or subsidiary;

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 entity;

f. details of any major external reviews carried out on the entity;

g. details of major research and development activities undertaken by the entity;

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 entity to develop community awareness of the entity and its services;

j. details of assessments and measures undertaken to improve the occupational health and safety of employees;

k. a general statement on industrial relations within the entity and details of time lost through industrial accidents and disputes;

l. a list of major committees sponsored by the entity, the purposes of each committee and the extent to which the purposes have been achieved; and

m. details of all consultancies and contractors including:

   (i) consultants/contractors engaged;

   (ii) services provided; and

   (iii) expenditure committed to for each engagement

This information is available on request from:
The General Manager
Calvary Health Care Bethlehem
Phone: (03) 9834 9000
Email: consumer.relations@calvarycare.org.au

(More information is available at Compliance with Financial Reporting Direction 22.)

FULFILLMENT OF LEGISLATIVE REQUIREMENTS

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

Legislation	Requirement	Page reference
Standing Directions and Financial Reporting Directions Report of operations		
Charter and purpose		
FRD 22	Manner of establishment and the relevant Ministers	2
FRD 22	Purpose, functions, powers and duties	2
FRD 22	Nature and range of services provided	2
FRD 22	Activities, programs and achievements for the reporting period	16 - 21
FRD 22	Significant changes in key initiatives and expectations for the future	16 - 21
Management and structure		
FRD 22	Organisational structure	36 - 37
FRD 22	Workforce data/ employment and conduct principles	34
FRD 22	Occupational Health and Safety	21
Financial and other Information		
FRD 22	Summary of the financial results for the year	21
FRD 22	Significant changes in financial position during the year	21
FRD 22	Operational and budgetary objectives and performance against objectives	21
FRD 22	Subsequent events	21
FRD 22	Details of consultancies under $10,000	21
FRD 22	Details of consultancies over $10,000	21
FRD 22	Disclosure of ICT expenditure	20
FRD 22	Application and operation of Freedom of Information Act 1982	23
FRD 22	Compliance with building and maintenance provisions of Building Act 1993	23
FRD 22	Application and operation of Public Interest Disclosure 2012	23
FRD 22	Statement on National Competition Policy	23
FRD 22	Application and operation of Carers Recognition Act 2012	23
FRD 22	Additional Information available on request	42
FRD 24	Environmental data reporting	25
FRD 25	Local Jobs First Act 2003 disclosures	23
Compliance attestation and declaration		
SD 5.1.4	Financial Management Compliance attestation	22
SD 5.2.3	Declaration in Report of Operations	22
	Attestation on Data Integrity	22
	Attestation on managing Conflicts of Interest	22
	Attestation on Integrity, Fraud, and Corruption	22
	Compliance with Health Share Victoria (HSV) Purchasing Policies	22
Other reporting requirements		
	Reporting of outcomes from Statement of Priorities 2025-2026	16-17
	Occupational Violence reporting	30
	Reporting obligations under the Safe Patient Care Act 2015	23
	Attestation on managing Conflicts of Interest	22
Financial Statements		
Declaration		
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Legislation		
	Freedom of Information Act 1982 (Vic) (FOI Act)	23
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	Financial Management Act 1994	22

Notes: (a) References to FRDs have been removed from the Disclosure Index if the specific FRDs do not contain requirements that are in the nature of disclosure.
(b) Refer to the Model financial statements section (Part two) for further details.

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Calvary

CALVARY HEALTH CARE BETHLEHEM
KOOYONG PRECINCT
476 Kooyong Road | Caulfield South VIC 3162
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

Calvary

Being for Others

Annual Financial Report
30 June 2026

Calvary Health Care Bethlehem Limited

ABN 81 105 303 704



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DIRECTORS' REPORT

The Board of Directors of Calvary Health Care Bethlehem Limited (the Company) submit their report for the year ended 30 June 2026.

Directors

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

NAME	QUALIFICATIONS	AREAS OF SPECIFIC RESPONSIBILITY
Gregory Cooper (Appointed 27.11.25)	FIA, Beck	Chair All Committees, Ex Officio
Lucille Scomazzon	LLB (Hons 1), BA, GAICD	Director Member Clinical Governance Committee Member Performance & Remuneration Committee
Annette Carruthers AM	MBBS(Hons) FRACGP FAICD GradDipAppFin	Director Member Performance & Remuneration Committee Member Clinical Governance Committee Member
Agnes Sheehan	BA Business Studies, (Hons), GAICD	Director Member Audit, Finance & Risk Committee Member Clinical Governance Committee Mission & Ethics Committee Chair
Professor Christopher Baggoley AO	BVSC (Hons), BMBS, B Soc Admin, FACEM, FRACMA, D Univ (FUSA), FAAHMS	Director Member Clinical Governance Committee Chair Mission & Ethics Committee Member
Yvonne Le Bas	BBus Studies, MA, Fellow CA Aus/NZ, Fellow Inst. CA England/Wales, FAICD	Director Member Audit Finance & Risk Committee Chair Mission & Ethics Committee Member (from 25.03.26)
David Issa	Bachelor of Science (Mathematics)	Director Member Audit Finance & Risk Committee Member Performance & Remuneration Committee Member (from 25.03.26)
Jacinth Fairley	BSc, BVSc (Hons), MBA, FAICD, FTSE	Director Member Performance & Remuneration Committee Member Clinical Governance Committee Member (from 25.03.26)
Kathy Alexander	BA (Hons) Psychology, GradDip Public Health, PhD	Director Member Audit Finance & Risk Committee Member Clinical Governance Committee Member (from 25.03.26)
Jim Birch AM (Retired 27.11.25)	BHA, FCHSM	Chair All Committees, Ex Officio
Lucille Halloran (Retired 27.11.25)	BCom (Hons), BA GAICD	Director Member Mission & Ethics Committee Member Clinical Governance Committee Member

DIRECTORS' REPORT (continued)

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

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

Director	Board Meetings		AFRC		MEC		PRC		CGC	
	Held	Att	Held	Att	Held	Att	Held	Att	Held	Att
Jim Birch AM (retired 27/11/25)	3	3	3	2	2	1	2	2	2	2
Lucille Halloran (retired 27/11/25)	3	3			2	2			2	2
Gregory Cooper (appointed 27/11/25)	6	5	2	1	2	2	2	1	2	1
Lucille Scomazzon	9	9					4	4	4	4
Annette Carruthers AM	9	9					4	4	4	4
Agnes Sheehan	9	9	5	5	4	4			2	2
Professor Christopher Baggoley AO	9	9			4	3			4	4
Yvonne Le Bas	9	8	5	5	2	2				
David Issa	9	9	5	5						
Jacinth Fairley	9	9					4	4	1	1
Kathy Alexander	6	6	5	4					1	0

Key:

AFRC Audit Finance & Risk Committee
MEC Mission & Ethics Committee
PRC Performance & Remuneration Committee
CGC Clinical Governance Committee

Short and long term objectives

Calvary's vision, as a Catholic health, community and aged care provider, is to excel and be recognised as a continuing source of healing, hope and nurturing to the people and communities it serves. Calvary's unique strength is being able to provide quality, patient centred, integrated longitudinal care through its range of services and partnerships with other health care providers.

Calvary's strategic intent is to be the health, community and aged care provider of choice, delivering with equity and compassion integrated, seamless, safe and quality care appropriate to the individual and community's needs. Calvary's four priority focus areas are:

- Care for our people and our working environment
- A focus on quality and safety
- Partnering and planning for the present and future
- Caring for our resources.

Principal activities

The principal activities of the Company remain the operation of a public hospital for the provision of acute and sub-acute health care.

DIRECTORS' REPORT (continued)

Significant changes in the state of affairs

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

Review of operations

A surplus of $0.3M was recognised by the Company for the financial year ended 30 June 2026 (2025: Deficit $0.9M deficit).

The Company operates a public hospital providing inpatient services, centre-based clinics and palliative day centre, and community-based care.

(a) Revenues

The Company's revenue from operating activities totalled $35.1M (2025: $32.7M). Grants and subsidies from Government for hospital operations totalled $31.8M (2025: $29.6M). Grants and subsidies represent 91% (2025: 90%) of revenue from operating activities.

(b) Expenses

The Company's expenses from operating activities totalled $36.5M (2025: $33.6M). Expenses on personnel costs represent 80% (2025: 80%) of total operating expense.

Staffing levels remained stable most of the year with total full-time equivalents of 178 as at 30 June 2026 (2025: 171).

Future developments

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

Significant events after year end

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

Deed of access and indemnity – Directors

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

Indemnification of officers and auditors

During the financial year Little Company of Mary Health Care Limited (parent entity) has paid premiums in respect of Directors' and officers' liability and legal expenses insurance contracts for the year ended 30 June

DIRECTORS' REPORT (continued)

2026 and since the financial year, Little Company of Mary Health Care Limited has paid premiums in respect of such insurance contracts for the year ended 30 June 2026. Such insurance contracts insure against certain liability (subject to specific exclusions) persons who are or have been Directors or executive officers of the group.

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

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

Rounding off

Amounts in the financial statements and Directors' Report have been rounded off to the nearest thousand dollar, unless otherwise stated.

Proceedings on behalf of the Company

No person has applied for leave of the Court to bring proceedings on behalf of the Company or intervene in any proceedings to which the Company is a party for the purpose of taking responsibility on behalf of the Company for all or any part of those proceedings. The Company was not a party to any such proceedings during the year.

Member guarantee

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

Registered Office

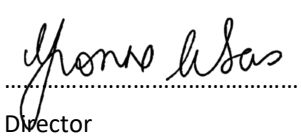
The Company's registered office is Level 15, 345 George Street, Sydney NSW 2000 and its principal place of business is currently located at 476 Kooyong Road, Caulfield South, VIC 3162, Australia.

The auditor's independence declaration is included on page 8 of the financial statements.

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



Chair of the Board



Director

Dated at this 27th day of August 2026

VAGO
Victorian Auditor-General's Office

Auditor-General's Independence Declaration

To the Directors, Calvary Health Care Bethlehem Limited

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

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

Independence Declaration

As auditor for Calvary Health Care Bethlehem Limited for the year ended 30 June 2026, I declare that, to the best of my knowledge and belief, there have been:

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



MELBOURNE
29 August 2026

Simone Bohan
as delegate for the Auditor-General of Victoria

Level 31 / 35 Collins Street, Melbourne Vic 3000
T 03 8601 7000 enquiries@audit.vic.gov.au www.audit.vic.gov.au

DIRECTORS' DECLARATION

In the opinion of the Directors of the Company:

1. the Company is not publicly accountable;

2. the financial statements and notes, set out on pages 10 to 27, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:

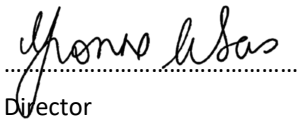
   (a) complying with Australian Accounting Standards – General Purpose Financial Statements – Simplified Disclosures and the Australian Charities and Not-for-profits Commission Regulation 2012; and
   (b) giving a true and fair view of the Company's financial position as at 30 June 2026 and of its the performance, for the financial year ended on that date; and

3. there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the Directors:



Chair of the Board



Director

Dated at this 27th day of August 2026.

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

For the year ended 30 June 2026

In thousands of AUD	**Note**	**2026**	**2025**
Revenue from operations	3	35,068	32,703
Other income	3	2,957	1,286
Total revenue for the year		**38,025**	**33,989**
Employee benefits expense	12	29,268	26,759
Supplies		514	546
Contracted services		1,398	1,683
Depreciation and amortisation expense		849	848
National office contribution		3,005	2,781
Repairs and maintenance		286	156
Other expenses		1,154	876
Total expenses for the year		**36,474**	**33,649**
Results from operating activities		1,551	340
Finance income		268	267
Finance costs	11	(1,547)	(1,530)
Net Surplus/(Deficit) for the year		**272**	**(923)**
Other comprehensive income		-	-
Total comprehensive income/(loss) for the year attributable to members of the company		**272**	**(923)**

The accompanying notes, set out on pages 14 to 27, form part of these financial statements.

STATEMENT OF FINANCIAL POSITION

As at 30 June 2026

In thousands of AUD	Note	2026	2025
Current assets			
Cash and cash equivalents	8	1,264	1,458
Trade and other receivables	6	2,150	2,273
Other current assets	7	3,134	1,881
Total current assets		**6,548**	**5,612**
Non-current assets			
Trade and other receivables	6	2,209	1,933
Property, plant and equipment	4	1,239	1,387
Right-of-use assets	5	21,154	21,734
Other non-current assets	7	8,735	8,741
Total non-current assets		**33,337**	**33,795**
Total assets		**39,885**	**39,407**
Current liabilities			
Trade and other payables	10	1,885	3,203
Lease liabilities	11	1,242	1,208
Employee benefits	12	8,315	6,597
Total current liabilities		**11,442**	**11,008**
Non-current liabilities			
Lease liabilities	11	23,302	23,030
Employee benefits	12	358	858
Total non-current liabilities		**23,660**	**23,888**
Total liabilities		**35,102**	**34,896**
NET ASSETS		**4,783**	**4,511**
Equity			
Reserves		5,111	3,720
Retained earnings		(328)	791
TOTAL EQUITY		**4,783**	**4,511**

The accompanying notes, set out on pages 14 to 27, form part of these financial statements.

STATEMENT OF CASH FLOWS

For the year ended 30 June 2026

In thousands of AUD	Note	2026	2025
Cash flows from operating activities			
Receipts from customers		2,843	2,565
Government grants received		34,994	32,368
Payments to suppliers and employees		(38,641)	(34,292)
Interest received		268	267
Other income received		2,957	1,286
Net cash provided by operating activities		**2,421**	**2,194**
Cash flows from investing activities			
Payment for Plant and Equipment	**4**	(121)	(222)
Return of investment from term deposit		(54)	-
Net investment in term deposit		(1,199)	(42)
Net cash used in investing activities		**(1,374)**	**(264)**
Cash flows from financing activities			
Repayment of finance lease		(1,241)	(1,210)
Net cash used in financing activities		**(1,241)**	**(1,210)**
Net increase in cash held		(194)	720
Cash at the beginning of the financial year		1,458	738
Cash at end of the financial year	**8**	**1,264**	**1,458**

The accompanying notes, set out on pages 14 to 27, form part of these financial statements.

STATEMENT OF CHANGES IN EQUITY

For the year ended 30 June 2026

In thousands of AUD

2026	Specific Purpose Reserve	Retained Earnings	Total Equity
Balance as at 1 July 2025	3,720	791	4,511
Net surplus for the year	-	272	272
Total comprehensive income for the year	**-**	**272**	**272**
Transfers (from)/to reserves	1,391	(1,391)	-
Balance as at 30 June 2026	**5,111**	**(328)**	**4,783**

2025	Specific Purpose Reserve	Retained Earnings	Total Equity
Balance as at 1 July 2024	4,214	1,220	5,434
Net deficit for the year	-	(923)	(923)
Total comprehensive income for the year	**-**	**(923)**	**(923)**
Transfers to/(from) reserves	(494)	494	-
Balance as at 30 June 2025	**3,720**	**791**	**4,511**

The accompanying notes, set out on pages 14 to 27, form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS

About this report

1. Reporting entity

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

2. Basis of Preparation

2.1 Basis of Accounting

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

They were authorised for issue by the Board of Directors on 27th August 2026.

2.2 Functional and Presentation Currency

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

Amounts in the financial statements and Directors' Report have been rounded off to the nearest thousand dollars, unless otherwise stated.

2.3 Use of estimates and judgements

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

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

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

2.4 Going concern

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

The Company incurred a surplus during the year ended 30 June 2026 of $0.3M (2025: Deficit $0.9M) and as at that date, the Company's current liabilities exceed current assets by $4.9M (2025: $5.4M). The Company is forecasting positive cashflows for at least the next 12 months after this report is issued. On this basis, there are no identified events or conditions that may cast significant doubt on the ability of the Company to continue operating as a going concern.

Our Results

3. Revenue

In thousands of AUD	2026	2025
Revenue from operating activities		
Revenue from rendering of services	2,961	2,801
Recurrent grants received/receivable	31,813	29,561
Resources received free of charge	294	341
	35,068	**32,703**
Other Income		
Donations	1,628	146
Other income	1,329	1,140
	2,957	**1,286**

3.1 Revenue from Operating Activities

Revenue from contracts with customers - AASB 15	**2026**	**2025**
Revenue from Contracts with Customers		
Revenue from rendering of services	2,961	2,801
Recurrent grants received/receivable	20,894	18,374
	23,855	21,175
Revenue recognised under - *AASB 1058 Income of NFP entities*		
Recurrent grants received/receivable	10,919	11,187
Resources received free of charge	294	341
	11,213	11,528
	35,068	**32,703**

Accounting Policy

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

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

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

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

3. Revenue (continued)

Government revenue - recurrent grants
The primary source of government grants recognised under AASB 15 is Activity-Based Funding (ABF) paid for inpatient and centre-based clinics activity. The performance obligations for ABF are the number and mix of patients admitted to hospital and clients seen in the clinic (defined as 'casemix'), in accordance with the levels of activity agreed to with the Department of Health in the annual Statement of Priorities. Funding is usually received in advance with a contract liability recorded for unspent funds.

Revenue from rendering of services - Patient fee revenue

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

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

Resources received free of charge

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

- companionship for patients and residents
- support for mental health carers; and
- ward and fundraising assistance
- personal protective equipment

Government revenue - recurrent grants

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

(iii) Other income

Interest

Interest income is recognised using the effective interest method.

Donations

Donations collected, including cash and plant and equipment, are recognised as other income when the Company gains control of the asset. Donations with specific conditions attached will be deferred until those conditions are satisfied.

(iv) Significant estimates and judgements relating to revenue

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

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

Our Assets

4. Property, Plant and Equipment

At Carrying Value	Plant and equipment	Motor Vehicles	Assets under construction	Total
In thousands of AUD				
Carrying amount as at 1 July 2025	943	364	80	1,387
Additions/costs incurred	123		-	123
Transfers from assets under construction	68	-	(68)	-
Disposals	(2)	-	-	(2)
Depreciation expense	(189)	(80)	-	(269)
Balance at 30 June 2026	943	284	12	1,239
Book value as at 30 June 2026	2,482	1,028	12	3,522
Accumulated depreciation as at 30 June 2026	(1,539)	(744)	-	(2,283)
Net book value as at 30 June 2026	943	284	12	1,239
Book value as at 30 June 2025	2,294	1,028	80	3,402
Accumulated depreciation as at 30 June 2025	(1,351)	(664)	-	(2,015)
Net book value as at 30 June 2025	943	364	80	1,387

Accounting Policy

Recognition and measurement

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

Subsequent expenditure

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

Capitalised interest

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

Depreciation

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

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

Building improvements	10 years
Plant and equipment	6-10 years
Computer equipment	3 years

4. Property, Plant and Equipment (continued)

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

Derecognition

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

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

Impairment

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

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

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

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

5. Leases

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

The balance sheet shows the following amounts relating to leases:

Right-of-use assets *In thousands of AUD*	**Land and buildings leased**	**Total**
Balance at 1 July 2025	21,734	21,734
Amortisation	(580)	(580)
Balance at 30 June 2026	21,154	21,154

Leasing arrangements

Buildings

The Company leases its defined area of the Calvary Kooyong site in Caulfield. The site is owned by the Little Company of Mary Healthcare Limited (the Parent entity). All lease terms with extension options have been assessed to determine whether it is reasonably certain that the extension option will be exercised.

Definition of a lease

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

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

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

Short-term leases and leases of low-value assets

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

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

As a lessee

Leased assets are initially recognised as right-of-use assets of the Company, consisting of the amount of the initial measurement of the lease liability, plus any lease payments made to the lessor at or before the

5. Leases (continued)

Commencement date less any lease incentives received, the initial estimate of restoration costs and any initial direct costs incurred by the lessee.

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

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

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

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

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

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

Building utilisation charge

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

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

6. Trade and Other Receivables

In thousands of AUD	2026	2025
Current		
Trade receivables	279	138
Contract assets	1,101	903
Other receivables	770	1,178
Other receivables due from related parties	-	54
	2,150	2,273
Non Current		
Department of Health LSL Receivable	2,209	1,933
	2,209	1,933

Accounting Policy

Recognition and measurement

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

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

Financial assets

Impairment of financial assets

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

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

Derecognition

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

6. Trade and Other Receivables (continued)

Contract assets

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

Contract assets arise when work has been performed on a particular program or services have been transferred to the customer but the invoicing milestone has not been reached and the rights to the consideration are not unconditional. If the rights to the consideration are unconditional then a receivable is recognised. No impairment losses were recognised in relation to these assets during the year (2025: $nil).

7. Other Assets

In thousands of AUD	**2026**	**2025**
Current		
Prepayments	58	58
Short-term term deposits expected to be recovered within 12 months	3,076	1,823
	3,134	1,881
Non - Current		
Loan - LCM Calvary Health Care Holdings Ltd	8,735	8,741
	8,735	8,741

8. Cash and Cash Equivalents

In thousands of AUD	**2026**	**2025**
Cash at bank and on hand	1,264	1,458
	1,264	1,458

Accounting Policy

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

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

9. Restricted Assets

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

In thousands of AUD	**2026**	**2025**
Other donations / Conditions imposed by donor	2,850	1,720
Other grants / Conditions imposed by granting body	-	1,220
	2,850	2,940
Disclosed in the Statement of Financial Position as:		
Cash and cash equivalents	-	1,117
Other Assets	2,850	1,823
	2,850	2,940

10. Trade and Other Payables

In thousands of AUD	**2026**	**2025**
Current		
Trade payables	79	317
Grants payable	-	1,415
Trade payables due to related parties	204	17
Other Payables	1,602	1,454
	1,885	3,203

11. Lease Liabilities

In thousands of AUD	**2026**	**2025**
Current	1,242	1,208
Non-current	23,302	23,030
	24,544	24,238

Future lease payments in relation to lease liabilities as at period end are as follows:

In thousands of AUD	**2026**	**2025**
Within one year	1,272	1,243
Later than one year but not later than five years	5,415	6,700
Later than five years	67,484	67,612
	74,171	75,555

11. Lease Liabilities (continued)

11.1 Amounts recognised in the statement of profit

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

In thousands of AUD	**2026**	**2025**
Interest on lease liabilities	1,547	1,530
Depreciation expense of right-of-use assets	580	581
	2,127	2,111

12. Employee remuneration

12.1 Employee benefits expense

In thousands of AUD	**2026**	**2025**
Salaries and wages	24,545	23,020
Superannuation - defined contribution	2,840	2,551
Workcover	265	270
Long-term and post-employment benefits	1,618	918
	29,268	26,759

12.2 Employee provisions

In thousands of AUD	**2026**	**2025**
Current		
Annual leave	3,223	2,975
Long service leave	5,092	3,622
	8,315	6,597
Non-current		
Long service leave	358	858
	358	858

Accounting Policy

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

Short-term benefits

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

Other long-term benefits

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

12. Employee remuneration (continued)

12.2 Employee provisions (continued)

Defined contribution plan

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

13. Related Parties

13.1 Transaction with key management personnel

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

Compensation of key management personnel

In accordance with AASB 124 Related Party Disclosures, the Company has reassessed its definition of Key Management Personnel (KMP) for the current reporting period. This reassessment has focused on identifying individuals who hold strategic oversight and final decision-making authority within the organisation. As a result, only roles with governance responsibilities have been included in the KMP disclosure. Operational roles have been excluded from the current year's assessment.

The key management personnel compensation included in 'personnel expenses' is as follows:

In dollars AUD	**2026**	**2025**
Compensation to directors and other members of key management personnel of the company and the Group	462,291	593,666

13.2 Transactions with other related parties

In thousands of AUD	**2026**	**2025**
Amounts included in income received during the year from Calvary group companies:		
Recovery of salaries and wages (incl on-costs)	292	302
Recovery for goods and services	-	57
	292	359
Payments made during the year to Calvary group companies:		
National Office shared service contribution	2,058	1,722
National IT shared service contribution - recurrent	439	592
National IT shared service contribution - non-recurrent	508	467
Payments for goods and services	1,211	1,367
Rent	1,241	1,211
	5,457	5,359

13. Related Parties (continued)

13.3 Balances with other related parties

In thousands of AUD	2026	2025
Amounts receivable from Calvary group companies:		
LCM Calvary Health Care Holdings Ltd	8,735	8,741
Other receivables	-	54
	8,735	8,795
Amounts payable to Calvary group companies:		
LCM Calvary Health Care Holdings Ltd	24,544	24,238
Other payables	214	17
	24,758	24,255

14. Parent Entity Disclosures

As at, and throughout, the year ended 30 June 2026, the parent entity of the Company was Little Company of Mary Health Care Limited.

15. Remuneration of auditors

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

In dollars AUD	2026	2025
(a) Audit and other assurance services		
KPMG Australia		
Audit and review of financial statements	55,300	52,600
Total remuneration for audit and other assurance services	55,300	52,600
Total remuneration of auditors	55,300	52,600

16. Economic Dependency

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

As a percentage of total operating revenue, 91% is derived from Government funding and 10% is derived from non-government funded patients and health funds. Benefits are paid in accordance with agreements between the Company and the respective health funds.

Whilst at 30 June 2026 current liabilities exceeded current assets, when employee provisions are excluded from current liabilities on the reasonable expectation that in the normal course of business these will not result in a cash outflow in the next 12 months, the Company's current assets exceed its current liabilities.

17. Subsequent events

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

18. Other Accounting Policies

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

18.1 Goods and services tax

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

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

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

18.2 Finance income and expense

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

19. Changes to accounting policies

There were no new or amended accounting standards adopted during the year that had, or were expected to have, a material effect on the Company's accounting policies or financial result.

A number of new accounting standards and interpretations are effective for annual reporting periods beginning on or after 1 July 2026. Early adoption is permitted; however, the Company has not early adopted the following new or amended accounting standards in preparing these financial statements:

- Classification & Measurement of Financial Instruments (Amendments to AASB 9 and AASB 7)
- Presentation and Disclosure in Financial Statements (Amendments to AASB 18)
- Amendments to Australian Accounting Standards - Annual Improvements Volume 11 (Amendments to AASB 1, AASB 7, AASB 9, AASB 10 and AASB 107)

The standards and interpretations listed above are not expected to have a material impact on the Company's financial results or position upon adoption. AASB 18 will impact the presentation and disclosure of the financial report.

Independent Auditor's Report

Victorian Auditor-General's Office

To the Directors of Calvary Health Care Bethlehem Limited

Opinion

I have audited the financial report of Calvary Health Care Bethlehem Limited (the company) which comprises the:

- statement of financial position as at 30 June 2026
- statement of profit or loss and other comprehensive income for the year then ended
- statement of changes in equity for the year then ended
- statement of cash flows for the year then ended
- notes to the financial statements, including material accounting policy information
- directors' declaration.

In my opinion the financial report is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012,* including:

- giving a true and fair view of the financial position of the company as at 30 June 2026 and of its financial performance and its cash flows for the year then ended
- complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2022.*

Basis for Opinion

I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report.

My independence is established by the *Constitution Act 1975*. My staff and I are independent of the company in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to my audit of the financial report in Australia. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Other information

The Board of the company is responsible for the Other Information, which comprises the information in the company's annual reporting for the year ended 30 June 2026, but does not include the financial report and my auditor's report thereon.

My opinion on the financial report does not cover the Other Information and accordingly, I do not express any form of assurance conclusion on the Other Information. However, in connection with my audit of the financial report, my responsibility is to read the Other Information and in doing so, consider whether it is materially inconsistent with the financial report or the knowledge I obtained during the audit, or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude there is a material misstatement of the Other Information, I am required to report that fact. I have nothing to report in this regard.

Directors' responsibilities for the financial report	The Directors of the company are responsible for the preparation of a financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012*, and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error. In preparing the financial report, the Directors are responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.
Auditor's responsibilities for the audit of the financial report	As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report. As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also: • identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. • obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control. • evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors. • conclude on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the company to cease to continue as a going concern. • evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

Auditor's responsibilities for the audit of the financial report ***continued***	I communicate with the Directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.



Simone Bohan
as delegate for the Auditor-General of Victoria

MELBOURNE
29 August 2026