

ANNUAL REPORT

FOR THE YEAR ENDED
30 JUNE 2019

The Catholic Church in Australia
Working in communion
Providing the healing care of the hands of Jesus



CATHOLIC HEALTH
Australia



CATHOLIC HEALTH
Australia



TABLE OF CONTENTS

Chair of the Board's Report	1
Chief Executive Officer's Report	3
CHA's Committees	6
Financial Report	13
Director's Report	14
Auditor's Independence Declaration	19
Statement of Comprehensive Income	20
Statement of Financial Position	21
Statement of Changes in Equity	22
Statement of Cash Flows	23
Notes to the Financial Statements	24
Director's Declaration	31
Independent Auditor's Report	32

80 hospitals and more than 25,000 aged care beds are operated by different bodies of the Catholic Church within Australia. Approximately 40,000 home care and support consumers are also supported. These health and aged care services are operated in fulfilment of the mission of the Church to provide care and healing to all those who seek it. Catholic Health Australia is the peak member organisation of these health and aged care services. Further detail on Catholic Health Australia can be obtained at www.cha.org.au

CHAIR OF THE BOARD'S REPORT

“Caring for the sick requires professionalism, tenderness, straightforward and simple gestures freely given, like a caress that makes others feel loved.”

His Holiness Pope Francis
for the XXVII World Day of the Sick 2019

I am pleased to present this 2019 Annual Report for Catholic Health Australia.

Catholic Health Australia is Australia's largest non-government grouping of health, community and aged care services accounting for around 10% of public and private not-for-profit hospital based healthcare in Australia. Our members also provide around 30% of private hospital care, 5% of public hospital care, 12% of aged care facilities and 20% of home care and support for the elderly.

Our research and mapping of the palliative care services of our members, as detailed in our *Palliative Care in the Catholic Sector Report* launched earlier this year, also tells us that CHA members provide 13% of all palliative care related hospitalisations in Australia. In the private sector, CHA members make up the majority of palliative care inpatient provision and have more than 52% of private inpatient beds.

The ability of CHA members to care for people is broad and profound, and CHA has been courageous in our continuing support of that unique role and continued presence of Catholic health, aged care and community care services within the broader Australian health system and community.

The last twelve months has been a period of ambitious advocacy as CHA responded on behalf of and for members to government and stakeholders concerning a diverse range of issues. To name but a very few, CHA staff and members responded to the Royal Commission on Safety and Quality in Aged Care, to the introduction of 'voluntary assisted dying' in Victoria and to the Independent Hospital Pricing Authority in respect to the Pricing Framework for Australian Public Hospital Services 2019-2020.

CHA looks forward to continuing to work with the government for improved health outcomes for all Australians, and congratulates Prime Minister Scott Morrison and all members of his Coalition Government on their Federal Election victory earlier this year. As not-for-profit providers of both public and private health, community and aged care services, CHA members offer government a unique and balanced insight into how the different sections of the health sector interact together at the coalface of patient treatment.

Our Catholic services have a long tradition of providing excellent, person-centred care. Caring for the whole person expresses in a contemporary way, our concern for every human being and is founded in a respect for human dignity and life. Our launch this year of *Our Enduring Commitment to End of Life Care* resources celebrated an historic collaborative effort of CHA member services. On 11 February, CHA also made publically available *The CHA 'VAD' Response Taskforce Clinical Governance Recommendations*. These recommendations were prepared with input from members and stakeholders across ethics, clinical practice, clinical governance, aged care, hospitals, palliative care, mission, nursing and academics.

CHA advocates that high quality palliative and end of life care is the best solution to allow freedom of choice, comfort, dignity and respect as a person nears the end of life, not just for the individual, but also for the family and community that surrounds them.

Turning to aged care, in 2019 Catholic providers of care services have supported the creation of the new Aged Care Quality and Safety Commission which was a key recommendation of the Carnell-Paterson Independent Review of National Aged Care Quality Regulatory Processes. Recently, the community has seen staff and families who have spoken out about the level of care their loved ones are receiving – their great courage in doing so has been rewarded with this critical step of appropriate government support and the commencement of the new Standards.

Early 2019 also saw the graduation of our first cohort of participants to undertake CHA's Ministry Leadership Program. The MLP links professional expertise with contemporary business and organisational best practice, providing a unique formation context, with CHA members reporting significant impact and integration of the benefits of the program.

There are three Board Directors whose time on the CHA Board came to a close during this year, and to whom I wish to convey the deep appreciation of the members, Board and CHA staff:

- Mr Richard Rogers, elected to the Board by the members, retired from the Board in October 2018 following the end of his term as Chair of Cabrini Health;
- Mr Brian Flannery, appointed to the Board by Mercy Partners, retired from the Board in November 2018 following the end of his term as Chair of the Mater Misericordiae, and
- Most Rev Robert McGuckin DD MCL JCL, Bishop of Toowoomba, retired from the Board in January 2019 as the nominee of the Australian Catholic Bishops Conference.

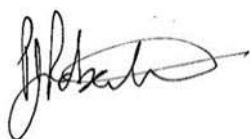
Sadly, Sr Marie Duffy rsm, CHA Director appointed by Catholic Religious Australia passed away shortly after stepping off the Board due to illness. May God rest her soul in peace.

This year we have welcomed four new Directors to the Board – Sr Ruth Durick OSU, Dr Maureen Gleeson OAM rsm, Ms Jenny Parker and Bishop William Wright DD.

I wish to convey my thanks to all of our directors, past and present, for their deep commitment to CHA.

After almost five years of service, CHA's Chief Executive, Suzanne Greenwood, will depart the organisation in August 2019. Suzanne is a fierce advocate for expanding access to health care for all people and has led CHA expertly, and always with the best interests in mind of those who are cared for in Catholic hospitals and aged care services. The Board is grateful for her leadership contribution and wishes her every success in her future career.

Finally, I wish to thank the staff of Catholic Health Australia and all who make Catholic health and aged care services such an asset to the Church in Australia. May God continue to bless our members in their work in the year ahead and long into the future.



PAUL ROBERTSON AO

CHA CHIEF EXECUTIVE OFFICER'S REPORT

“Our care for people who are sick, frail, aged or disabled is founded on love and respect for the inherent dignity of every human being.”

Code of Ethical Standards for Catholic Health and Aged Care Services in Australia

CHA members support patients and frail older Australians through their care journeys across the primary care, acute, residential and home care boundaries. It is the people of Catholic health and aged care who breathe life into this rich story and who share a culture of caring and compassion. The experience of our members in doing so gives CHA a unique insight into how policy and legislative reform in Australian can improve service delivery sustainably into the future.

In the last twelve months, submissions on issues impacting our members together with our proposals for ongoing reform have been lodged on a diverse range of issues, including:

- Proposed New Funding Model for Personal and Nursing Care in Residential Aged Care;
- Strengthening Regulations for Managing Prudential Risk in Residential Aged Care;
- Streamlined Consumer Assessment for Aged Care;
- Royal Commission on Safety & Quality in Aged Care – Witness Statement;
- Pre-Budget Submissions 2019-20 for Health and for Aged Care;
- Pre-Election Submissions 2019-20 for Health and for Aged Care;
- Home Care Pricing Transparency and Comparability Consultation;
- Educating the Nurse of the Future: Independent Review of Nursing Education in Australia;
- Productivity Commission’s Inquiry into Mental Health in Australia;
- Inquiry into aged care, end-of-life and palliative care and voluntary assisted dying (Qld);
- Four yearly review of Modern Awards - Health Professionals and Support Services Award and the Nurses Award with Fair Work Australia;
- Restoring Territory Rights (Assisted Suicide Legislation) Bill 2015;
- AHPRA Public Consultation on Good Medical Practice, and
- Pricing Framework for Australian Public Hospital Services 2019-20.

In addition to submissions, CHA also released numerous media releases and policy updates on issues such as the Federal election, palliative care, aged care funding, ‘voluntary assisted dying’, private health insurance and workforce issues. All submissions, reports and media releases are available on our website: www.cha.org.au.

Our first cohort of participants in the Ministry Leadership Program graduated this year. The MLP is grounded in the wisdom of the Catholic tradition and is a fully integrated experience which links professional expertise with contemporary business and organizational best practice and provides a unique formation context for existing and emerging leaders. The importance of this initiative in the life of the Church in Australia cannot be over stated. I wish to acknowledge and thank CHA’s Director

Mission Strategy, Susan Sullivan, who has been tireless in her devotion to bring this program to reality for members.

Each year, CHA gives special recognition to individuals and services who embody this through our various CHA Awards. Award winners in 2018/2019 were:

2018 Maria Cunningham Lifetime Contribution Award

Catherine Birrell OAM

2018 CHA National Conference Annual Awards

Emerging Leader

Peta Sullivan
Mater Group (Mater Education)

Nurse of the Year

Lorna O'Brien
St John of God Healthcare

Leadership in Positive Ageing

Ozanam Villa Burleigh Heads
Ozcare

Outreach Health Care

Mercy Palliative Care
Mercy Health

Excellence in Pastoral Care

Calvary Health Care Bethlehem- Anneliise Way, Vic
Project overview: Songwriting Legacy Project: Uluru We Look to You

2018 Nursing & Midwifery Symposium

CHA Shark Tank Awards for Innovation in Nursing

Winner, Category: Patient Quality and Safety

Maria Noonan, SJOG Ballarat, Stop Before you Act

Winner, Category: Innovative Education and Training

Michelle Richardson, SVHA Private Melbourne, Maternal Sepsis Identification and Management:
Thinking Outside the Box

Winner, Category: Best Communication Strategies

Kate McKenzie and Nikki De Bandi, Mater Health North Queensland, Kids Talk

During the year, Catholic Health Australia also hosted many key events for our members, including the:

- National CHA Conference, “Looking Forward, Looking Back”, and Annual Awards presentation, August 2018 in Melbourne at which we celebrated 40 years since the first coming together of Catholic health and aged care providers in Conference.
- 2018 Annual General Meeting held during the Conference in Melbourne.
- Aged Care Forum, "Aged Care in the Future – Update on Reform" in Canberra.
- Our Enduring Commitment to End of Life Care launch and seminar with Dr Carol Taylor in Melbourne.
- Pastoral Care Forum in Townsville.
- Nursing & Midwifery Symposium, October 2018 in Melbourne.

CHA also continued to publish our flagship publication the quarterly Health Matters magazine, our Aged Care Updates, and our e-newsletter.

The Decoding the Code on-line program in Catholic ethics for the health and aged care sector which we are conducting in partnership with the Australian Institute of Theological Education is also continuing with interest and enrolments in the course exceeding all expectations. I highly recommend the program to you.

After nearly five years as Chief Executive of CHA, I am leaving this month to take up the role of Executive Director of The Pharmacy Guild of Australia. I wish to take this opportunity to say that the good works of the CHA membership in achieving their Mission is remarkable and so to work with them, and alongside such a supportive Board of Directors and a capable and committed staff team, has been a blessing.

It has been an honour to have the unique opportunity to help shape national health and aged care reform on behalf of CHA members, who together form the Nation’s largest, non-government provider grouping of health and aged care services.

I am also grateful to those in the Department of Health and the Ministers’ offices, and other health and aged care peak bodies, who worked with CHA as we all sought to introduce reforms to support the health and well-being of all. I have worked with three Health Ministers and four Aged Care Ministers in my years at CHA and acknowledge their tireless commitment to the community.

The passion and dedication of the 83,000 plus people who work in the Catholic health and aged care sector have provided to me the inspiration and motivation to lead CHA since 2014.

Thank you to all CHA members, the Board, those who volunteer on our various committees and working groups and the CHA staff for contributing to another successful year and to my wonderful memories of CHA.

God bless,



Suzanne Greenwood EMBA LLM LLB FIML MAICD MCHSM

CHA'S COMMITTEES

THE AGED CARE COMMITTEE

Mr David Maher (Chair)

Managing Director,
Catholic Healthcare

Mr Marcus Riley

Chief Executive Officer,
BallyCara

Mr Paul Andrew

Chief Executive,
Catholic Homes

Ms Sonya Smart

Chief Executive Officer, Villa Maria
Catholic Homes

Ms Amanda Bowe

Managing Director
Aged Care, Mercy Health

Mr Anthony Smith

Chief Executive Officer,
MercyCare

Ms Helen Emmerson

Chief Executive Officer, Southern
Cross Care NSW & ACT

Mrs Suzanne Greenwood

Chief Executive Officer,
Catholic Health Australia

Mr Tony Godfrey

Chief Executive Officer,
Ozcare

Mr Nick Mersiades

Director of Aged Care,
Catholic Health Australia

Mr Lincoln Hopper

Chief Executive Officer,
St Vincent's Care Services

Ms Shona McQueen

Senior Aged Care Advisor,
Catholic Health Australia

Mr Brian McLoughlin

National Director Retirement
Communities, LCM Healthcare

Mr David Moran

Chief Executive Officer, Southern
Cross Care SA & NT

Ms Joanne Penman

Executive Director Aged Care
Services, MercyCare

THE MISSION AND IDENTITY COMMITTEE

Mr Mark Green (Chair)

National Director of Mission, LCM
Health Care

Ms Eleanor Roderick

Group Manager Pastoral Services,
St John of God Health Care

Ms Cath Garner

Executive Director Mission &
Strategy, Cabrini Health

Dr Caroline Thompson

Director of Formation Program,
Mercy Partners

Sr Maureen Gleeson rsm

Board Director,
Catholic Health Australia

Ms Julia Trimboli

Group Executive Director Leadership &
Mission, Mercy Health

Dr Lisa McDonald

Group Mission Leader,
St Vincent's Health Australia

Mrs Suzanne Greenwood

Chief Executive Officer,
Catholic Health Australia

Fr Cormac Nagle ofm

Ethicist, Melbourne

Mrs Susan Sullivan

Director Mission Strategy,
Catholic Health Australia

Mr Andrew Nee

Director of Mission,
Catholic Healthcare Limited

Dr Anthony Gooley

Manager, Mission Services,
Catholic Health Australia

THE PASTORAL CARE SPECIAL INTEREST GROUP

Ms Trudy Clarke

Director of Mission,
Mater Townsville

Ms Mary Ringstad

Director of Mission,
Calvary Mater Newcastle

Ms Mary Klasen

Pastoral Care Manager, Mercy
Hospital for Women, Mercy
Health

Ms Eleanor Roderick

Group Manager Pastoral Services,
St John of God Health Care

Fr Darryl Mackie

Manager Mission Integration,
St Vincent's Health Australia

Dr Anthony Gooley

Manager, Mission Services,
Catholic Health Australia

THE MINISTRY LEADERSHIP PROGRAM DEVELOPMENT COMMITTEE

Ms Jennifer Stratton (Chair)
Chair of Trustees, MercyCare
Director, LCMHC

Ms Cathy Scott
Group Manager Formation, SJGHC

Mr Mark Green (Chair)
National Director of Mission, LCM
Health Care

Dr Caroline Thompson
Director of Formation Program,
Mercy Partners

Ms Maria Harries
Chair, Catholic Social Services
Board

Ms Julia Trimboli
Group Executive Director Leadership &
Mission, Mercy Health

Dr John Honner
Theologian

Mrs Susan Sullivan
Director Mission Strategy,
Catholic Health Australia

Dr Lisa McDonald
Group Mission Leader,
St Vincent's Health Australia

Dr Anthony Gooley
Manager, Mission Services,
Catholic Health Australia

THE HEALTH SENIOR EXECUTIVE FORUM

Dr Shane Kelly (Chair)
Group Chief Executive, Mater
Health Services

Ms Cathy Ryan
Group Manager, Health Funds, St John
of God Health Care

Mr Martin Bowles
Group Chief Executive Officer,
LCMHC

Ms Lynne Sheehan
Chief Executive Officer, Mercy Central
Queensland

Mr Stephen Brierley
Chief Executive, St Vincent's
Hospital Lismore

Ms Michelle Somlyay
Director Revenue Strategy, Mater
Health Services

A/Prof Stephen Cornelissen
Group Chief Executive Officer,
Mercy Health

Dr Peter Steer
Group Senior Executive,
Mater Health Services

Ms Clare Grieveson
Acting Chief Executive Health
Services, Mercy Health

Mr David Swann
CEO Sydney Private, St Vincent's Health
Australia

Mr Toby Hall
Group Chief Executive, St
Vincent's Health Australia

Dr Michael Walsh
CEO, Cabrini Health, Melbourne,
Victoria

Mr Matthew Hanrahan
COO, LCM Health Care

Ms Sue Williams
Chief of Health Operations, Cabrini
Health

Ms Robynne Kent
Chief Executive Officer, Canossa
Private Hospital

Mr Gerard Wyvill
Chief Executive Officer, Mater
Townsville

Mr Bryan Pyne
Executive Director, St John of God
Health Care

Ms Annette Panzera
Director of Health Policy, Catholic
Health Australia

Mrs Suzanne Greenwood
Chief Executive Officer, Catholic
Health Australia

Ms Stephanie Panchision
Senior Health Policy Advisor, Catholic
Health Australia

Ms Emma Hoban
Health Policy Officer
Catholic Health Australia

THE DIRECTORS OF NURSING AND MIDWIFERY COMMITTEE

Ms Leanne Boyd (Chair)
Executive Director of Nursing and
Cabrini Institute, Cabrini Health

Ms Dani Meinma
Group Director Nursing Services, St
John of God Health Care

Mr Callan Battley
Chief Nursing & Midwifery
Officer, Mater Brisbane

Ms Jennifer Pitt
Director of Nursing, Mater Public
Hospital Brisbane, Mater Health
Services

Ms Sharon Donovan
Executive Director of Nursing &
Midwifery, Mercy Health

Ms Kris Salisbury
National Director Clinical Services,
LCMHC (Calvary)

Ms Karen Gerrard
Director of Nursing, Mater
Townsville

Ms Sue Thurbon
Executive Officer,
Mercy Queensland

Ms Catherine Hackney
Director of Nursing and
Midwifery, Mercy Queensland

Ms Pam Walsh
Director of Nursing and Midwifery,
Mater Mackay

Ms Katherine Jackman
Director of Learning and
Development, Mater Brisbane

Ms Emma Hoban
Health Policy Officer, Catholic Health
Australia

CHA also has the following *internal* working committees and reference groups:

CHA Policy Committee

CHA Learning and Development Working Group (Reports to DONM committee)

Victoria's 'Voluntary Assisted Dying' Act (2017) CHA Response Taskforce

CHA Research Network

CHA Prostheses Working Group

CHA Pathology Member Group

CHA HosPharmacy Reference Group

CHA Public Hospital Advisory Group

CHA Mental Health Working Group

CHA Oncology Working Group

CHA Chief Medical Officers

CHA also represents members on the following *external* committees:

Private Health Ministerial Advisory Committee

Department of Health's Health Sector Group for the Trusted Information Sharing
Network overseen by AG Dept

Department of Health - Clinical Trials Collaborative Forum

Department of Health - MBS Review Clinical Committees

Ministerial Advisory Committee on Out of Pocket costs

IHPA National Hospital Cost Data Collection - Private Sector forum

IHPA Stakeholder Advisory Committee - Health Technology Policy Advisory Committee

IHPA Joint Teaching, Training & Research Working Group

Know Pathology, Know Healthcare campaign

National Procedure Banding Committee

National Medical Training Advisory Committee (NMTAN) Executive Committee

NMTAN data sub-committee

National Nursing & Midwifery Education Advisory Network (NNMEAN)

Office of the Chief Nursing and Midwifery Officer - Nursing and Midwifery Strategic Reference Group

Private Hospital Sector Committee of Australian Commission on Safety and Quality

Patient Safety Reporting Steering Committee of Australian Commission on Safety and Quality in Health Care

Prostheses List Advisory Committee

MBS Review: Pathology Clinical Committee (PCC)

MBS Review: Pathology Business Group

MBS Review: Diagnostic Imaging Clinical Committee/Bone Densitometry Working Group

MBS Review: Diagnostic Imaging Clinical Committee / Imaging of the knee working Group

MBS Review: Intensive Care and Emergency Medicine Clinical Committee

MBS Review: Oncology Clinical Committee

MBS Review: Renal Medicine Clinical Committee

MBS Review: Gastroenterology Clinical Committee

APHA/CHA Joint Workforce Committee

Department of Health: Aged Care Sector Committee

Department of Health: Aged Care Financing Authority

Department of Health: ACFI Working Group

Department of Health: ACFI Technical Reference Group

Department of Health: Severe Behaviour Response Teams Expert Reference Group

Department of Health: My Aged Care Transition Working Group

National Aged Care Alliance (NACA)
NACA Blue Print ii Implementation Group
NACA Quality Indicators Reference Group
NACA Aged Care Gateway Advisory Group
NACA Aged Care Gateway Delivery Sub Group
NACA Commonwealth Home Support Program Advisory Group
NACA Workforce Development Strategy Working Group
NACA Home Care Reforms Internal Working Group
NACA Affordable Housing Interest Group
ELDAC - End of Life Directions in Aged Care
Australian Charities and Not-for-Profits Commission Sector User Group
National Catholic Housing Alliance
Bishops' Commission for Health and Community Services
International Confederation of Catholic Health Care Institutions (ICCHCI)
Australian Health Care Reform Alliance (AHCRA)
Catholic Alliance for People Seeking Asylum
Advance Care Directive Steering Committee
Implementation Advisory Group, Health Care Homes (aged care)
ACU Pastoral Care Research Collaboration
Resource Utilisation and Classification Study (RUCS) Sector Reference Group (SRG)
Victorian Medical Workforce Planning Advisory Group
Aged Care Quality and Safety Commission Consultative Forum
Victorian Standardised Emergency Number (SEN) Working Group

CATHOLIC HEALTH AUSTRALIA LIMITED

ABN 30 351 500 103

FOR THE FINANCIAL YEAR ENDED 30 JUNE 2019

CATHOLIC HEALTH AUSTRALIA LIMITED
ABN 30 351 500 103

DIRECTORS' REPORT

Your directors present this report on the company for the financial period ended 30 June 2019.

Directors

The names of each person who has been a director during the year and to the date of this report are:

Mr Paul Robertson AO (Chair)	Current
Sr Marie Duffy rsm	Resigned 19 September 2018
Sr Ruth Durick OSU	Commenced 19 May 2019
Mr Brian Flannery	Resigned 1 November 2018
Dr Maureen Gleeson OAM rsm	Commenced 30 October 2018
Most Rev Robert McGuckin DD MCL JCL	Resigned 24 January 2019
Mr Donald Neander OAM	Current
Mr Julien O'Connell AM	Current
Ms Jenny Parker	Commenced 14 December 2018
Mr David Robinson	Current
Mr Richard Rogers	Resigned 19 October 2018
Hon Kerry Sanderson AC	Current
Hon John Watkins AM	Current
Bishop William Wright DD	Commenced 24 January 2019

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Principal Activities

The principal activities of the company during the period were to promote justice and compassion in health care, influence public policy in relation to health and aged care, strengthen the presence and influence of Catholic health and aged care within the Australasian health care system.

Short-term and long-term objectives

The company's short-term objectives are to advance health, social, and public welfare as the national advocate for the healing Ministry of the Catholic Church in Australia by supporting the service capacity and promoting the Catholic identity of its members, to contribute to the fulfilment of the Mission of the Catholic Church.

The company's long-term objectives are to pursue direct benevolent relief of illness, direct benevolent relief of the needs of the aged, and direct benevolent relief of poverty as a social determinant of health for the benefit of all Australians.

Strategies

The company has adopted a strategic plan to operate through the period 1 July 2016 to 30 June 2020. The three strategic priorities of that plan are:

- ***The Joy of the Gospel:*** Relationships
Support Catholic health, aged and community care services to reflect the healing ministry of Jesus.
- ***Our Members Our Communities:*** Engagement
Advance Catholic health, aged and community care services' unique role and continued presence within the broader Australian health system and community.
- ***Our People Our Systems:*** Capability
Build the capacities of our people and our systems in support of our members.

CATHOLIC HEALTH AUSTRALIA LIMITED
ABN 30 351 500 103

DIRECTORS' REPORT (CONTINUED)

Sr Marie Duffy rsm <i>May God rest her soul in peace</i>	- Sisters of Mercy Councillor
Qualifications	- Master of Health Management; Post Graduate Certificates in Gerontology and Midwifery
Experience	- Director of Nursing/CEO Mercy Hospital and Marianella Nursing Home Albury; Mission Integration at Mercy Health and Aged care Central Queensland
Appointment	- CHA Constitution Rule 22(d) – Catholic Religious Australia
	- Project Officer in the Office for the Participation of Women (ACBC)
Sr Ruth Durick OSU	
Qualifications	BA (ANU); Dip Ed (Mitchell College of Advanced Education); B.Theol. (Melbourne College of Divinity); MLitt (Peace Studies) (UNE); MA (Social Ecology) (UWS)
Experience	- President Catholic Religious Australia (2016-2018) Member Catholic Religious Australia Council (2013-2018) Member of Ursuline International Justice and Peace Committee (2008-2011) Member Ursuline General Finance Commission (2016-2020) Director, St Ursula's College Toowoomba (2006-2015) Chair of Members, St Ursula's College Toowoomba (2012-2016) Member, Australian Institute of Company Directors
Appointment	CHA Constitution Rule 23.4 - Board appointee
Brian Flannery	
Qualifications	- Managing Director and CEO White Energy - Bachelor of Engineering
Experience	- Chairman of Mater Misericordiae Board of Directors Member of Mater Planning and Strategy; Finance; Remuneration and People and Learning Committees Director of several diverse companies
Appointment	- CHA Constitution Rule 22(a)(ii) – Mercy Partners
Dr Maureen Gleeson PhD OAM	
Qualifications	- Sister of Mercy - Bachelor of Health Services Administration Masters of Health Services Administration PhD (University of NSW) Nursing qualifications in General Nursing, Midwifery and Infant Welfare
Experience	- Wide experience in the management of general and obstetric hospitals in both the public and private sectors. Held senior positions in the NSW Health Department in design and planning of tertiary level specialist services and in policy development. Appointed by the Minister of Health (NSW) as a member of the Panel for the Medical Tribunal and Professional Standards Committee under the Medical Practice Act 1992 (2008-2017)
Appointment	- CHA Constitution Rule 22(d) - Catholic Religious Australia
Special responsibilities	- Committee Member, CHA Mission & Identity Committee
Robert McGuckin DD MCL JCL	
Qualifications	- Bishop of Toowoomba
Experience	- MCL; JCL - Bishop of Toowoomba; member of the Bishops Commission for Health and Community Services; Chair of the Bishops Commission for Canon Law
Appointment	- CHA Constitution Rule 22(c) – Australian Catholic Bishops Conference

CATHOLIC HEALTH AUSTRALIA LIMITED
ABN 30 351 500 103

DIRECTORS' REPORT (CONTINUED)

Donald Neander OAM

Qualifications

Experience

Appointment

- Building Contractor
- Carpenter and Joiner
- Active role in the planning of building works associated with all Southern Cross Care (Qld) (SCCQ) complexes - a qualified carpenter and joiner who has run his own building business since 1974
Long serving Board Member and now Chair of SCCQ
Previously a State Councillor of the Knights of Southern Cross (KSC) and held the positions of State Chairman and Deputy National Chairman of the KSC
- CHA Constitution Rule 22(a)(iii) – Southern Cross Care Australia

Julien O'Connell AM

Qualifications

Experience

Appointment

Special responsibilities

- Accountant
- Diploma of Accounting
Fellow of the Australian Institute of Company Directors
- Chair, Mercy Health
Chair, Villa Maria Catholic Homes
Director of a number of related entities
Enterprise Ireland (Trade Attaché)
Board Member, Finance Council, Catholic Archdiocese of Melbourne
Chair, CEO Institute (Syndicate 4) - Mentoring to CEO and Chairs of Member Companies
Member, Council of Board Chairs (State Government of Victoria)
Member, Equestrian Order of the Holy Sepulchre of Jerusalem
Fellow, Australian Institute of Company Directors
Pro Chancellor, Australian Catholic University
Chair, PM Glynn Institute
- CHA Constitution Rule 22(b) – Elected by members
- Chair, CHA Finance Audit & Risk Committee

Jennifer Parker

Qualifications

Experience

Appointment

Special responsibilities

- Accountant
- B.COMM (UQ)
Fellow of Chartered Accountants Australia and New Zealand (CAANZ)
- Partner Ernst & Young (EY)
Oceania Advisory, Health & Life Sciences Leader and the Oceania Advisory Government and Public Sector – Human Services and Education
Leader in EY
Appointed to Mercy Partners Council in 2017
Chair, Catholic Education – Archdiocese of Brisbane
Deputy Chair, Archdiocesan Finance Council – Archdiocese of Brisbane
Deputy Chancellor and Council Member Queensland University of Technology
External Advisor Audit and Risk Committee Queensland Museum
- CHA Constitution Rule 22(a)(ii) – Mercy Partners
- Committee Member, CHA Finance, Audit & Risk Committee

Paul Robertson AO

Qualifications

Experience

Appointment

Special responsibilities

- B.Comm; FCPA
- Former Executive Director of Macquarie Bank with extensive experience in banking, finance and risk management
Chair, Social Ventures Australia
Chair, St Vincent's Health Australia group of companies
Chair, Trustees of St Vincent's Hospital Sydney
Chair, Tonic Health Media
Director, Dementia Australia
Director, Financial Markets Foundation for Children
Director, Telco Together Foundation
- CHA Constitution Rule 22(a)(v)
- Chair, Catholic Health Australia Board

CATHOLIC HEALTH AUSTRALIA LIMITED
ABN 30 351 500 103

DIRECTORS' REPORT (CONTINUED)

David Robinson

Qualifications

Experience

- Bachelor of Arts (Economics) and Bachelor of Laws degrees
- Following a career as a lawyer and company secretary of AMP, David was a non-executive director in the for-profit sector (companies in the CBA and AMP Groups) and in the not-for-profit sector (Monte Sant' Angelo Mercy College Limited). David is a member of St. Vincent de Paul Society, Terrigal Conference. He is currently Chair of the Catholic Healthcare Limited Board. David is a member of the Australian Institute of Company Directors.

Appointment

- CHA Constitution Rule 22(b) – Elected by members

Richard Rogers

Qualifications

Experience

- Consultant
- Chairman, Cabrini Health Limited. Chairman of Cabrini Major Projects Committee, Chairman Nominations Committee, Member of Cabrini Audit & Risk Management Committee, Cabrini Foundation and Patient Experience & Clinical Governance Committee. Richard is a property developer and former Deputy Chair of Gandel Philanthropy. He is an advisor to company boards and mentor to a number of young people. Richard is also heavily involved in community activities and is a former President of a number of Jewish community organisations.

Appointment

- CHA Constitution Rule 22(b) – Elected by members

Hon Kerry Sanderson AC

Qualifications

Experience

- Bachelor of Science; Bachelor of Economics; Hon DLitt (UWA); Doctor of the University (Murdoch University); FAICD; FIPAA

- Current Chair and former Board member of St John of God Health Care Inc; Chancellor of Edith Cowan University; former Governor of Western Australia; Chair of the WA Parks Foundation; former Chair of Gold Corporation; former independent chair of the State Emergency Management Committee; former Non-Executive Director of Downer EDI and Atlas Iron; former Board Member of Senses Australia, the Paraplegic Benefit Fund and former patron of a number of organisations; former Agent General for WA, CEO of Fremantle Ports, Deputy Director General of Transport for WA and Director of the Economic and Financial Policy Division of the Western Australian State Treasury

Appointment

Special responsibilities

- CHA Constitution Rule 22(a)(iv) – St John of God Health Care Inc
- Committee Member, CHA Nominations & Remunerations Committee

Hon John Watkins AM

Qualifications

Experience

- LLB; Master of Arts; Diploma of Education; Hon DLitt (Macq)
- A member of the Advisory Committee for the Centre of Emotional Health at Macquarie University; Non-executive director and Chair of the McKell Institute and Mary MacKillop Today; member of the Board of Catholic Professional Standards, Chancellor of the University of New England (2013 and 2014); former CEO of Alzheimer's Australia NSW; Member of Parliament (NSW) (1995 to 2008) where he served as a minister holding portfolios of Fair Trading; Sport and recreation; Police and Corrective Services; Transport; Finance; State Development; Education and also NSW Deputy Premier (2005 to 2008)

Appointment

Special responsibilities

- CHA Constitution Rule 22(a)(i) – Little Company of Mary Health Care Limited
- Committee Member, CHA Nominations & Remunerations Committee

DIRECTORS' REPORT (CONTINUED)

- William Wright DD**
- Bishop of Maitland-Newcastle
 - BTh; BA (Hons)
 - Bishop of Maitland-Newcastle
 - Member of the Australian Catholic Bishops Conference Commission for Social Justice – Mission and Service
 - Co-Chair of the National Committee for Professional Standards
 - Member of the Truth, Justice and Healing Council
 - Bishops Commission for Church Ministry
 - Bishops Commission for Ecumenism and Inter-Religious relations
- Qualifications
- Experience
- Appointment
- CHA Constitution Rule 22(c) – Australian Catholic Bishops Conference

Meetings of Directors

During the financial year, five meetings of directors were held. Attendances by each director were as follows:

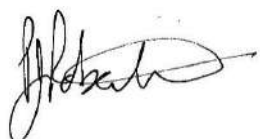
	Number eligible to attend	Number attended
Mr Paul Robertson AO (Chair)	5	5
Sr Marie Duffy rsm	-	-
Sr Ruth Durick OSU	1	1
Mr Brian Flannery	2	2
Sr Maureen Gleeson OAM rsm	4	4
Most Rev Robert McGuckin DD MCL JCL	2	2
Mr Don Neander OAM	5	5
Mr Julien O'Connell AM	5	4
Ms Jenny Parker	3	3
Mr David Robinson	5	5
Mr Richard Rogers	1	1
Hon Kerry Sanderson AC	5	5
Hon John Watkins AM	5	5
Most Rev William Wright DD	3	2

The company is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the company. At 30 June 2019, the total amount that members of the company are liable to contribute if the company is wound up is \$10. At 30 June 2019, the number of members was 55.

Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2019 has been received and can be found on page 7 of the financial report.

Signed in accordance with a resolution of the Board of Directors.



Mr Paul Robertson AO
 Chair, Catholic Health Australia
 Date: 30 July 2019



The Hon John Watkins AM
 Director, Catholic Health Australia

RSM Australia Partners

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GPO Box 200 Canberra ACT 2601

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AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of Catholic Health Australia Limited for the year ended 30 June 2019, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

- (i) the auditor independence requirements as set out in the *Australian Charities and Not for profits Commission Act 2012* in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.



RSM Australia Partners



Rodney Miller
Partner

Canberra, Australian Capital Territory
Dated: 2 August 2019

CATHOLIC HEALTH AUSTRALIA LIMITED
ABN 30 351 500 103

STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2019

	Note	2019	2018
		\$	\$
Revenue	2	3,319,256	2,867,598
Other income	2	73,415	65,823
		3,392,671	2,933,421
Employee benefits		(1,604,366)	(1,549,301)
Sponsorship, grants, honorariums and donations	3	(125,722)	(34,686)
Travel		(365,055)	(312,935)
Venue and venue hire		(160,004)	(119,635)
Phone and internet		(17,887)	(15,774)
Rent and utilities		(82,113)	(80,276)
Accounting		(25,266)	(20,383)
Bad debt expense and fee adjustments		(18,368)	(5,827)
Consultancy	3	(281,425)	(178,306)
Depreciation and amortisation		(146,284)	(145,026)
Insurance		(33,978)	(51,562)
Office supplies, printing, postage		(70,249)	(68,387)
Other expenses		(305,579)	(312,086)
		(3,236,296)	(2,894,184)
Surplus before income tax		156,375	39,237
Tax expense		-	-
Net surplus		156,375	39,237
Other comprehensive income		-	-
Total comprehensive income		156,375	39,237

The above statement of comprehensive income should be read in conjunction with the accompanying notes

CATHOLIC HEALTH AUSTRALIA LIMITED
ABN 30 351 500 103

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2019

	Note	2019 \$	2018 \$
ASSETS			
Current assets			
Cash and cash equivalents	4	3,000,429	2,973,317
Trade and other receivables	5	111,738	158,647
Other current assets	6	139,459	217,527
Total current assets		<u>3,251,626</u>	<u>3,349,491</u>
Non-current assets			
Property, plant and equipment	7	20,453	12,507
Intangible assets	8	140,318	280,255
Total non-current assets		<u>160,771</u>	<u>292,762</u>
TOTAL ASSETS		<u>3,412,397</u>	<u>3,642,253</u>
LIABILITIES			
Current liabilities			
Trade and other payables	9	277,301	222,503
Income in advance	10	298,106	605,779
Employee provisions	11	159,359	292,715
Total current liabilities		<u>734,766</u>	<u>1,120,997</u>
TOTAL LIABILITIES		<u>734,766</u>	<u>1,120,997</u>
NET ASSETS		<u>2,677,631</u>	<u>2,521,256</u>
EQUITY			
Retained Earnings		2,521,256	2,482,019
Surplus/(Deficit) for the year		156,375	39,237
TOTAL EQUITY		<u>2,677,631</u>	<u>2,521,256</u>

The above statement of financial position should be read in conjunction with the accompanying notes

CATHOLIC HEALTH AUSTRALIA LIMITED
ABN 30 351 500 103

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2019

	Retained Earnings	Total
	\$	\$
Balance as at 30 June 2017	2,482,019	2,482,019
Surplus for the year attributable to members of the entity	39,237	39,237
Balance as at 30 June 2018	2,521,256	2,521,256
Surplus for the year attributable to members of the entity	156,375	156,375
Balance as at 30 June 2019	2,677,631	2,677,631

The above statement of changes in equity should be read in conjunction with the accompanying notes

CATHOLIC HEALTH AUSTRALIA LIMITED
ABN 30 351 500 103

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2019

	Note	2019 \$	2018 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from memberships, workshops and sales		3,217,599	3,242,425
Payments to suppliers and employees		(3,239,817)	(2,999,522)
Interest received		62,873	57,215
Net cash generated from operating activities		<u>40,655</u>	<u>300,118</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for Property, Plant and Equipment		(14,293)	(5,547)
Payments for Intellectual Property and software		-	(61,773)
Proceeds from disposals		750	-
Net cash used in investing activities		<u>(13,543)</u>	<u>(67,320)</u>
Net increase in cash held		27,112	232,798
Cash on hand at beginning of the financial year		<u>2,973,317</u>	<u>2,740,519</u>
Cash on hand at end of the financial year	4	<u>3,000,429</u>	<u>2,973,317</u>

The above statement of cash flows should be read in conjunction with the accompanying notes

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

The financial statements cover Catholic Health Australia Limited as an individual entity, incorporated and domiciled in Australia. Catholic Health Australia Limited is a company limited by guarantee.

New or amended Accounting Standards and Interpretations adopted

The company has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of preparation

These general purpose financial statements have been prepared in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and Australian Accounting Standards - Reduced Disclosure Requirements and Interpretations of the Australian Accounting Standards Board ('IASB'). The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Historical cost convention

The financial statements have been prepared under the historical cost convention.

Comparative figures

Where necessary, comparative figures have been adjusted to conform to changes in presentation in these financial statements.

Income tax

As the company is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

Goods and Services Tax (GST) and other similar taxes

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Leases

Lease payments under operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Current and non-current classification

Assets and liabilities are presented in the statement of financial position based on current and non-current classification. An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the company's normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in the company's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

Fair value measurement

When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date; and assumes that the transaction will take place either: in the principal market; or in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interests. For non-financial assets, the fair value measurement is based on its highest and best use.

Critical accounting judgements, estimates and assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

Estimation of useful lives of assets

The company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

Employee benefits provision

The liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

CATHOLIC HEALTH AUSTRALIA LIMITED
ABN 30 351 500 103

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

	2019	2018
	\$	\$
NOTE 2. REVENUE AND OTHER INCOME		
Revenue:		
Membership subscription	2,165,395	2,055,839
Workshop and conference	478,534	412,545
Ministry Leadership Program	557,247	281,694
Sale of goods	13,075	21,304
Sponsorships	34,773	55,500
Grant income	70,232	40,716
	3,319,256	2,867,598
Other revenue:		
Interest received	62,873	57,215
Other income	10,542	8,608
	73,415	65,823
	3,392,671	2,933,421

Accounting Policy

Membership subscription revenue

Revenue is recognised at the amount that reflects the consideration to which the entity is expected to be entitled in exchange for transferring the service to the customer.

Grants

Grants are recognised at their fair value where there is a reasonable assurance that the grant will be received and all attached conditions will be complied with.

Ministry Leadership Program and sponsorship for the program

Revenue is recognised as each course is delivered to each cohort along with the related sponsorship money. The remaining balance is recognised as unearned income.

Interest

Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

Other income

Events, workshops, sale of goods and other income is recognised when the right to receive payment is established.

NOTE 3. EXPENSES

Consulting expenses

IT consulting fees	35,923	34,308
Consultancy fees	180,421	93,262
Artwork and design fees	41,756	24,186
Conference organiser	23,325	26,550
	281,425	178,306

Sponsorship, honorariums and donations

Honorariums	62,555	21,686
Sponsorship and donations	11,000	13,000
Grants- Apunipima Cape York Health Council	52,167	-
	125,722	34,686

CATHOLIC HEALTH AUSTRALIA LIMITED
ABN 30 351 500 103

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

	2019	2018
	\$	\$
NOTE 4. CASH AND CASH EQUIVALENTS		
Cash at bank	3,000,129	2,973,017
Cash on hand	300	300
	<u>3,000,429</u>	<u>2,973,317</u>

Accounting Policy

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

NOTE 5. TRADE AND OTHER RECEIVABLES

Accounts receivable	134,140	185,071
Expected credit loss	(22,402)	(26,424)
	<u>111,738</u>	<u>158,647</u>

Accounting Policy

Trade and other receivables are recognised at amortised cost, less any allowance for expected credit loss.

NOTE 6. OTHER CURRENT ASSETS

Accrued income	7,541	5,750
Prepayments	131,918	211,777
	<u>139,459</u>	<u>217,527</u>

NOTE 7. PROPERTY, PLANT AND EQUIPMENT

Motor Vehicle

At cost	-	34,438
Less accumulated depreciation	-	(34,438)
	<u>-</u>	<u>-</u>

Office Furniture

At cost	93,458	308,727
Less accumulated depreciation	(73,005)	(296,220)
	<u>20,453</u>	<u>12,507</u>

Fixtures and Fittings

At cost	-	30,860
Less accumulated depreciation	-	(30,860)
	<u>-</u>	<u>-</u>
	<u>20,453</u>	<u>12,507</u>

Reconciliations

Reconciliations of the written down values at the beginning and end of the current financial year are set out below:

	Motor Vehicle	Office Furniture	Fixture & Fittings	Total
	\$	\$	\$	\$
Balance as at 1 July 2018	-	12,507	-	12,507
Additions	-	14,293	-	14,293
Depreciation expense	-	(6,347)	-	(6,347)
Balance as at 30 June 2019	-	20,453	-	20,453

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

NOTE 6. PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

Accounting Policy

Each class of property, plant and equipment is carried at cost or fair value as indicated, less, where applicable, accumulated depreciation and any impairment losses.

Depreciation

The depreciable amount of all fixed assets is depreciated on a straight-line basis over the asset's useful life to the entity commencing from the time the asset is available for use.

The depreciation rates used for each class of depreciable assets are:

Class of fixed asset	Depreciation rate
Motor vehicles	10% - 33%
Office equipment	10% - 33%
Furniture and fittings	10% - 33%

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained surplus.

	2019 \$	2018 \$
NOTE 8. INTANGIBLE ASSETS		
Intellectual property and software*		
At cost	413,931	413,931
Less accumulated amortisation	(273,613)	(133,676)
	<u>140,318</u>	<u>280,255</u>

***The Ministry Leadership Program**

The Ministry Leadership Program (MLP) is an initiative of Catholic Health Australia being a formation program for executive leaders of Catholic ministries. The MLP is modelled on the leadership formation program developed by the US-based Ministry Leadership Centre (MLC). CHA has purchased from the MLC the formation pedagogy, program content, website and supporting documents (intellectual property), consultation services and formator services, support and training. The agreement provides for support from 2017 – 2019, with a perpetual, royalty-free licence to use the intellectual property. The MLP, for accounting purposes, is an intangible asset of Catholic Health Australia which will be amortised over the 3 year life of the agreement. Course revenues and course costs are recognised as the course modules are delivered

Reconciliations

Reconciliations of the written down values at the beginning and end of the current financial year are set out below:

	Intangible Asset \$	Total \$
Balance as at 1 July 2018	280,255	280,255
Amortisation expense	(139,937)	(139,937)
Balance as at 30 June 2019	<u>140,318</u>	<u>140,318</u>

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

	2019	2018
	\$	\$
NOTE 9. TRADE AND OTHER PAYABLES		
Trade payables	122,911	78,934
Accrued expenses	62,011	49,690
Funds held for programs	36,219	36,219
Annual conference	-	57,660
Conference and programs	56,160	-
	<u>277,301</u>	<u>222,503</u>

Accounting Policy

These amounts represent liabilities for goods and services provided to the Company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

NOTE 10. INCOME IN ADVANCE

Subscriptions in advance	<u>298,106</u>	<u>605,779</u>
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Accounting Policy

The Company receives monies in advance for enrolments and sponsorship for the Ministry Leadership Program. It is the policy of the Company to treat this money as payments in advance until the course is delivered to the participant. The Company is contractually obliged to provide the service in a subsequent financial period if they do not provide the service in the current year.

NOTE 11. EMPLOYEE PROVISIONS

Annual leave	96,305	173,045
Long service leave	63,054	119,670
	<u>159,359</u>	<u>292,715</u>

Accounting Policy

Short-term employee benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled wholly within 12 months of the reporting date are measured at the amounts expected to be paid when the liabilities are settled.

Other long-term employee benefits

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are measured at the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

CATHOLIC HEALTH AUSTRALIA LIMITED
ABN 30 351 500 103

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

	2019	2018
	\$	\$
NOTE 12. COMMITMENTS		
No later than 12 months	82,875	84,617
Later than 12 months	<u>736,597</u>	<u>799,459</u>
	<u>819,472</u>	<u>884,076</u>

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority

NOTE 13. KEY MANAGEMENT PERSONNEL DISCLOSURE

Compensation

The aggregate compensation made to directors and other members of key management personnel of the Company is set out below:

Aggregate compensation	<u>262,800</u>	<u>268,663</u>
------------------------	----------------	----------------

NOTE 14. RELATED PARTY TRANSACTIONS

Key management personnel

Disclosures relating to key management personnel are set out in note 12.

Transactions with related parties

There were no transactions with related parties during the current and previous financial year.

Receivable from and payable to related parties

There were no trade receivables from or trade payables to related parties at the current and previous reporting date.

Loans to/from related parties

There were no loans to or from related parties at the current and previous reporting date.

NOTE 15. EVENTS AFTER THE REPORTING PERIOD

The Chief Executive Officer has resigned and will be finishing up subsequent to year end. The Chief Executive Officer recruitment process is presently underway, the position is yet to be filled. No other matter or circumstance has arisen since 30 June 2019 that has significantly affected, or may significantly affect the Company's operations, the results of those operations, or the Company's state of affairs in future financial years.

NOTE 16. ENTITY DETAILS

The registered office of the Company and the principal place of business is:

Catholic Health Australia Limited
Level 2, 51 Cooyong Street
Braddon ACT 2612

NOTE 17. MEMBERS' GUARANTEE

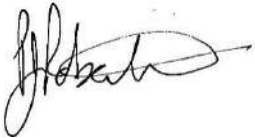
The Company is incorporated under the Corporations Act 2001 and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the entity. At 30 June 2019, the number of members was 55.

DIRECTORS' DECLARATION

In accordance with a resolution of the directors of Catholic Health Australia Limited of 30 July 2019, the directors declare that:

1. The financial statements are in accordance with the Australian Charities and Not-for-profit Commission Act and
 - a. comply with Australian Accounting Standards – Reduced Disclosure Requirements; and
 - b. give a true and fair view of the financial position of the company as at 30 June 2019 and of its performance for the period ended on that date.
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.



Mr Paul Robertson AO
Chair
Date: 30 July 2019

RSM Australia Partners

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**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF
CATHOLIC HEALTH AUSTRALIA LIMITED**

Opinion

We have audited the financial report of Catholic Health Australia Limited ("the entity"), which comprises the statement of financial position as at 30 June 2019, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors declaration. In our opinion, the financial report of Catholic Health Australia Limited has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the entity's financial position as at 30 June 2019 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards – Reduced Disclosure Requirements. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Catholic Health Australia Limited in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

Those charged with governance are responsible for the other information. The other information comprises the information included in Catholic Health Australia Limited 's annual report for the year ended 30 June 2019, but does not include the financial report and the auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

THE POWER OF BEING UNDERSTOOD
AUDIT | TAX | CONSULTING

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In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of Management and Those Charged with Governance for the Financial Report

The management of the registered entity are responsible for the preparation of the 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* (ACNC Act) and for such internal control as the management 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, management is responsible for assessing Catholic Health Australia Limited'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 management either intends to liquidate Catholic Health Australia Limited or to cease operations, or has no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives 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 our 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.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.



RSM Australia Partners



Rodney Miller
Partner

Canberra, Australian Capital Territory
Dated: 2 August 2019



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