



Catholic  
Health  
Australia



2022 ANNUAL REPORT



## Vision

We are recognised as an effective advocate for compassionate health, aged and community care in Australia, supporting our members to continue the healing mission of Jesus.

## Mission

CHA supports our Catholic health, aged and community care members through policy leadership and sector engagement, enhancing their missions to provide compassionate care to all Australians. We are inspired by the ministry of Jesus and the work of Catholic congregations to bring healing, justice, comfort and hope for all, especially the vulnerable, disadvantaged, neglected and stigmatised in society.

## Values

CHA and member organisations share common values grounded in the mission of the Gospel - for the good of all. CHA and members, as ministries of the Catholic Church, are inspired by the person and mission of Jesus, who embraced the world to bring justice and healing.

CHA and member organisations are committed to showing love and respect for service users and staff, providing the best care especially for the vulnerable and marginalised and to approach every encounter as an opportunity for healing, companionship, compassion, comfort, and hope.

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### Acknowledgement of Country

Catholic Health Australia acknowledges and pays respect to the past, present and emerging Traditional Custodians and Elders of this nation and the continuation of cultural, spiritual and educational practices of Aboriginal and Torres Strait Islander peoples.

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Catholic Health Australia is the largest non-government provider grouping of health, community and aged care services in Australia, nationally representing Catholic health care sponsors, systems, facilities and related organisations and services. 85 hospitals and more than 25,000 aged care beds are operated by different bodies of the Catholic Church within Australia. Approximately 50,000 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](http://www.cha.org.au)

## From the Chairman and CEO



THE CHALLENGES FACING OUR SECTOR NEVER SEEM TO CEASE AND ONCE AGAIN OUR MEMBERS ROSE AND MET THEM WITH PROFESSIONALISM, INGENUITY AND SHEER HARD WORK. CATHOLIC HEALTH AUSTRALIA AND ITS MEMBERS CONTINUE TO DRAW INSPIRATION FROM CHRIST'S LOVING CARE THAT HE SHOWED THE INFIRM, HUNGRY, SICK, LOST, OR THOSE FACING DEATH.

The global pandemic continues to force our health, aged care and community service providers to adapt and change their practices. Despite the pressures that have been borne, these past 12 months have demonstrated our commitment to our mission is unwavering and steadfast.

This has been reflected in a renewed focus on mission at Catholic Health Australia under the relatively new Director of Strategy & Mission Brigid Meney. The energy that our committees have shown in exploring areas where we are called to minister is greatly encouraging. Over the next year you will see more work emerge from these committees as we focus on the bedrock code of ethics, the burgeoning area of mental health and the role our hospitals must play in reducing Australia's carbon emissions. The work is inspired by the ministry of Jesus and the work that our members do to bring healing, justice, comfort and hope for all, especially the vulnerable, disadvantaged, neglected and stigmatised in society.

This year has been marked with some major milestones for us. A major step was the revision of our fee structure for members. For the first time in six years, we reviewed the way we charge for our services. The old model of calculating fees based on the number and type of beds was no longer fit for purpose and in its place, we created a model that is both easier to understand, more equitable and which will enable necessary service expansion. What remains unchanged is that those larger members will continue to pay the lion's share, a commitment that enables our smaller members to access services that would otherwise be denied them. It speaks to the heart of our mission of



universal access and equity. We are pleased to report that the dividend that the new fee structure delivers is already enabling us to do more influential advocacy, engage more deeply with the wider sector and ensure the Catholic voice is heard in government and society in general.

Another significant change was the amendment to our constitution to allow non-Catholic Christian not-for-profit providers to join CHA. Following an approach by UnitingCare Queensland to represent its four hospitals in advocacy, we took the matter to the Board, Church leaders and ultimately to you, our members. There was broad support for the ecumenical opportunity this presents and CHA's voice on health care issues will be greatly augmented by the arrival of our 40th and newest member, Uniting Care Queensland. It brings the number of our hospitals in our network to 85. While we might not necessarily seek out new non-Catholic members, I have no doubt that in time there will be others who recognise the inherent persuasiveness of Christian providers of varying denominations articulating their common purpose and policy concerns to government and society under a single voice.

CHA's health policy team under the guidance of new Health Policy Director Caitlin O'Dea continues to work hard to extract the best possible outcome from the protracted and problematic prostheses reforms that were engineered by the outgoing health minister. A change in government presents us with a window of opportunity to effect some change and in the coming weeks and months we will see what, if any, appetite the Albanese Government has for reform of private health.

On critical issues such as the workforce shortages in the health and aged care sectors our concerns to government about pay, training and recruitment were clearly heard, as were some of the solutions that are now being explored by both the new Federal Government and by the sector. The work done by CHA, and in particular Nick Mersiades, to lobby for a new funding mechanism to replace the Aged Care Funding Instrument has borne fruit in legislation that has passed the Parliament. Nick retired as CHA's Aged Care Director earlier this year and we pay tribute to his service and professionalism, and we welcome our new Aged Care Director, Jason Kara.

It just leaves the both of us to thank you for your support over the past year. The collaboration among our members that CHA witnesses daily fills us with hope that our ministries will continue to deliver a valuable service to those communities who for decades have relied upon our members.

**Hon John Watkins AM**  
Chair

**Pat Garcia**  
CEO

## Who we are - our sector at a glance



**85** Hospitals



**\$8 billion**  
Annual hospital  
revenue



**44,269** Births  
**+1,609** for UnitingQld



**567,692**  
ER presentations  
**+38,992** for UnitingQld



**12,000+**  
Hospital beds  
With Uniting we're **13,000+** now



**1,529,711**  
Episodes of care  
**+132,381** for UnitingQld



**25,000+**  
Home support  
consumers



**28,000+**  
Home care package  
consumers



**25,000+**  
Residential aged  
care beds in the  
Catholic sector



**7,000+**  
Independent living units



A photograph of a male healthcare worker in blue scrubs pushing a smiling elderly woman in a wheelchair down a hospital corridor. The worker is standing behind the wheelchair, holding the handles. The woman is seated in the wheelchair, looking towards the camera. The background shows a brightly lit hospital hallway with a yellow door and a white wall.

**87,000+**

Employees in the  
Catholic Health &  
Aged Care sector

A year in review

# Health



CHA HAS PLAYED AN IMPORTANT ROLE IN THE AUSTRALIAN HEALTH SECTOR'S RESPONSE TO THE COVID PANDEMIC.

Now as we move towards endemicity new challenges are emerging. The key issue for CHA is the shortage of a sufficiently trained healthcare workforce to provide high-quality care on a consistent basis. Longer term, CHA is campaigning for systemic changes to the health system to ensure the durability of the public hospital system and the sustainability and relevance of the private system.

## Workforce

CHA led the way in illustrating the healthcare workforce crisis, calling out structural issues exacerbating the shortage, and proposing both short and longer-term solutions. CHA, Notre Dame University and a firm of consultants quantified, for the first time since the pandemic began, the true depth of the health and care workforce shortage across the country. The published report, titled *Excess Demand for Nursing and Other Professional Services in Hospitals and Aged Care*, found an aggregate national shortage of over 82,000 health and care workers.

This research was widely reported and CHA has been vocal in tying these mentions to our proposed solutions to help combat the shortage in the immediate term and help to avoid such a shortage recurring in future.



Among them:

- Restoring national leadership to health workforce planning via the reconstitution of Health Workforce Australia or similar;
- Ensuring the priority skilled migration list includes all professions and roles required across the sector;
- Decreasing the administrative and cost burden of international recruitment; and
- Options to increase the domestic workforce in the short-term including via changes to incentive structures for healthcare workers who have left the sector, and enticements and extra assistance, such as childcare support, to aid existing healthcare workers in accepting additional shifts.

### Living with COVID

CHA has been at the forefront of public health messaging throughout the pandemic. As Australia shifted to a living with COVID strategy, CHA initiated a media and advocacy campaign to ensure testing and vaccination messaging was clear, consistent, and responsive to emerging evidence.

CHA's ongoing advocacy that temporary Medicare items for telehealth be made a permanent fixture of our health landscape has borne fruit, with the 2022-23 Federal Budget announcing this change. This is a significant win, particularly for the poor, vulnerable, marginalised, and those in rural and regional locations who may have limited access to face-to-face health services.

### Private health insurance reforms

CHA is an active participant in the many review and reform programs of work underway. Our position remains that reforms must be patient centric, with care taken to ensure changes to one policy lever do not have unintended consequences on another. As the government reviews default benefit arrangements, CHA is pushing for minimum benefits to be extended to out of hospital services provided by, or on behalf of, private hospitals. Well-designed out of hospital care is a win for patients, clinicians, funders, and hospitals but funding models in the private healthcare sector are unintentionally restricting widespread access.

Ongoing reforms to how prostheses are funded remain a high priority for CHA and we continue to be involved closely as the reforms enter the final phase.

Successful advocacy by CHA and other groups saw a stay in the implementation of draft reforms that risked undermining core tenets of private care, and CHA welcomed assurances from former Health Minister Greg Hunt that the final iteration of the reforms preserve patient and clinician choice and do not threaten private hospital financial viability. CHA will continue to put pressure on the government and other stakeholders to ensure the reforms are implemented as intended.

### Wider reform for an enduring health system

CHA commissioned parallel processes to examine reform options to enhance both public and private Catholic hospitals. We leveraged expertise across the membership by interviewing executives from Catholic hospital operators. The final findings for public hospital improvements outlined a national health reform agenda to better balance responsibilities for healthcare, reduce bed blockages, smooth siloed governance structures, reduce duplication, and improve access to care. While the key item identified for private hospitals was the need for structural reform to ensure the financial sustainability of the sector. Findings will be combined into CHA's Health Operational Plan which will guide our advocacy agenda for the next 24 months.

### Collaboration and platform building

This year we welcomed UnitingCare Queensland to CHA. This historic moment sees CHA expand to welcome our first non-Catholic Christian health provider and together we will continue to articulate our common purpose and policy concerns with an amplified and united single voice.

To further assist in our advocacy work CHA has commissioned a comprehensive dataset to benchmark CHA member hospitals' footprints, activity and social program data. The purpose of this important project is to support media and advocacy by providing evidence of the Catholic health sector's substantial reach and to give sufficient granularity to review the likely impact of particular reforms and funding initiatives. It will also give CHA members a reference point for comparison and planning and will allow us to track growth and performance of the sector over time to demonstrate innovation and efficiency.

A year in review

# Aged Care



THE AGED CARE SECTOR'S 2021-22 WAS AGAIN DOMINATED BY THE COVID PANDEMIC, CONTINUING FINANCIAL AND WORKFORCE PRESSURES, AND CONTINUING REFORM INCLUDING CHANGES IN RESPONSE TO THE ROYAL COMMISSION INTO AGED CARE QUALITY AND SAFETY.

## COVID-19

After having restricted outbreaks with the help of lockdowns and travel restrictions to 223 aged care homes during the initial COVID waves, the sector began 2021-22 with no active outbreaks. However,

with the emergence of the Omicron variant, the lifting of restrictions on people movements, delays in the availability of vaccines and the spread of the virus Australia-wide, the number of outbreaks climbed again, peaking at 1,261 in January 2022. By June 2022, 622 aged care homes were reporting outbreaks, but with another surge expected during winter associated with the more transmissible sub-variants of Omicron.

Hence 2021-22 was characterised by a full-on commitment by the sector to infection prevention and control to protect older people in their care and staff, including accessing newly-available vaccines and antivirals, accessing PPE and infection testing, ensuring effective infection control arrangements and managing visitor access.

The wide community spread of Omicron and resulting staff furlough requirements exacerbated workforce pressures that were already impacted by the closure of international borders and increasing demand, resulting in staff burnout

due to staff shortages, long hours and high risk employment conditions.

Tragically, despite the best efforts of aged care service providers and their staff, the first six months of 2022 saw a significant increase in reported COVID deaths of aged care residents compared with 2020 and 2021.

### Financial pressures

2021-22 also saw a further deterioration in the financial performance of residential aged care. The average deficit per bed day doubled over the previous year to \$12.85 and 63% of aged care homes reported an operating loss.

This deterioration occurred despite the payment of the \$10 per resident per day Basic Daily Fee Supplement from 1 July 2021, as recommended by the Royal Commission. The deterioration was mainly driven by the removal of the COVID subsidy that initially applied for all aged care homes, which was replaced in 2021-22 by a subsidy which reimbursed only COVID-related costs in the event of an outbreak; as well as the failure of Government to accept the Royal Commission's recommendation to improve indexation under ACFI for nursing and personal care costs.

From 2023-24, depending on how it is implemented, the introduction of independent and transparent pricing arrangements to inform care prices under the new AN-ACC funding system which replaces ACFI presents some hope that financial pressures will be better addressed. In the meantime, the introduction of the AN-ACC from October 2022 will be based on historical funding levels, including indexation that applied under ACFI, plus additional funding for the introduction of minimum staffing levels for direct care (an average of 200 minutes of direct care per resident per day).

There is considerable uncertainty as to whether the funding allocated for 2022-23 will be sufficient to cover the cost of the minimum staffing levels, or whether the focus on direct care will negatively impact those homes that have prioritised wellness and reablement services which do not count against the 200 minutes, or whether the minimum staffing levels will be achievable given ongoing workforce pressures.

Importantly, the Fair Work Commission continued its consideration of a wage increase claim based on work value and the new Government has stated that it will fund the outcome of the case.

### End of Life Direction for Aged Care (ELDAC)

CHA continued to actively participate in the ELDAC project as a partner in the national consortium to develop a national specialist palliative care and advance care planning advisory service. This year ELDAC has established mechanisms for retrieving emerging evidence for review including enlisting close to 200 aged care agencies in the Linkages Program. A high percentage of Catholic aged care providers have received the ELDAC Linkages Program grant across the three phases of the ELDAC program.

A key focus of ELDAC this year was establishing My Care Matters to support carers through the challenging period of COVID and workforce shortages. It focused on highlighting why end of life is a normal part of life and the benefits of talking about end of life with people they care for. It also provided tools that focused on self-care for carers.

### Continuing reform

There was no let-up in the level of change that aged care providers had to manage in 2021-22. As well as preparing for the introduction of AN-ACC and minimum staffing levels, changes in regulatory and reporting requirements included the introduction of a Serious Incident Response Scheme, expansion of the Quality Indicators program, changes to restrictive practice requirements, removal of the ACAR for residential care places, the development of a star rating regime for aged care homes, Home Care Assurance Reviews, changes to governance and prudential requirements, quarterly nutrition reports, quarterly financial reports and an expansion of the annual Aged Care Financial Report. These come with a significant regulatory cost for providers, and it remains to be seen how these costs will be recognised by the independent pricing arrangements.

Looking ahead, the Royal Commission reforms together with an ageing population mean that spending on aged care will need to rise substantially, and will add significantly to structural costs for the Commonwealth Budget. This raises significant risks for the financial sustainability of aged care services, particularly in the context of high national debt for the foreseeable future in response to COVID and the emergence of other national priorities. In short, access to quality aged care services in the years ahead will depend on securing funding sources for the increased future cost of aged care.

A year in review

# Mission



THIS PAST YEAR HAS SEEN THE CONSOLIDATION OF CATHOLIC HEALTH AUSTRALIA'S ROLE IN MISSION, CENTERED AROUND THE STRATEGIC VISION EMBODIED IN THE MISSION OPERATIONAL PLAN.

This strategy extends to our core enduring work on matters of faith and the healing ministry of Christ, as well as the extension of CHA's social justice work through research, advocacy and events.

CHA's work in 2022 has been elevated by the work done by our committees who are growing the organisation's resources, expertise and work across a deeper range of areas core to our mission.

Grounded in our commitment to Catholic social teaching, CHA played a strong mission leadership role in relation to the COVID pandemic. Our report, *Unlucky in a Lucky country: how COVID has exposed social inequity*, commissioned and published in 2022, was a quantitative analysis of demographic and labour force data that identified the groups who experienced the most disadvantage due to the pandemic responses in Victoria and New South Wales. This was circulated widely to all relevant State and Federal Ministers, members of parliament, Australian Bishops, and widely reported across Catholic and mainstream media.

Other research conducted included CHA's investigation into broader public attitudes towards Catholic ministries completed through Red Fox Research. Despite a decline in Catholicism generally reflected also through the census data, society's regard and opinion for Catholic ministries remains strong. Importantly, the research



conducted and shared with our members, showed a lack of awareness of Catholic health's involvement within the public health system. The results of this research formed the basis of strategic discussions with committees and leaders within Catholic health, looking at measures to address any gaps in public knowledge regarding the services that our members provide.

CHA also marked World Day of the Sick 2022 through a joint event with Australian Catholic University, amplifying the physical, mental and spiritual needs of our healthcare workforce and the contribution they have made throughout the pandemic particularly. Bringing together national and international leaders in the area of wellbeing and staff mental health, the online event welcomed over 150 attendees who listened to a panel and actively participated in solving some of the key challenges facing our workforce. CHA plans to continue to mark World Day of the Sick in the future, and hold in-person events (pandemic permitting).

Core to our identity as Catholic organisations, CHA has continued to lead campaigns against the introduction of assisted suicide and euthanasia laws in 2021-2022 including in Queensland and New South Wales where legislation ultimately passed. CHA, in consultation with members and the broader Catholic community, fought for amendments and led public communications campaigns on the dangers of the bills. With legislation now a reality in every State, CHA is turning its attention to effectively promote a culture of life that resists the 'choice' provided by euthanasia, and equipping organisations with training and understanding of Catholic ethics. This includes education on our ethical response to VAD, providing a thorough explanation of legislative parameters to our members, real-time online resource sharing, as well as ongoing access to our Decoding the Code Course, run with BBI Theological College on the broader landscape of Catholic ethics of healthcare.

Further to this, throughout 2021-2022, CHA has focused on recognising our responsibilities as leaders within the Catholic community and speaking directly to our fellow Catholics who seek guidance from our mission. We have sought to do this through a regular mission centered presence within Catholic media, amplifying messages from our health and church leaders on issues impacting the poor, the sick and the vulnerable. In 2021-2022 these focused on the message of World Day of the Sick, the needs of the elderly, and end of life care.

Showcasing this leadership responsibility, CHA continues to support the review of the Catholic Code of Ethics, instigated last year. A steering committee to oversee the Review Committee has met, and work continues on the code in the past year. This includes a renewed approach to the delivery of our education around the Catholic Code of Ethics into the future.

Much of this work has been possible with the reinvigoration of CHA Committees within the Mission area. This includes the active involvement of the Social Justice Committee which is overseeing sub-committees of experts to inform research and advocacy in the areas of prison health and incarceration, as well as mental health. Our Mission and Identity Committee has also been invaluable, overseeing our Reconciliation Action Plan process, as well as a new working group to spearhead CHA's responsibilities under Laudato Si.

# Media/PR

16 THE AGE FRIDAY, MAY 20, 2022

AUSTRALIA  VOTES 2022

## Huge shortfall in aged care workers

Angus Thompson

The aged care sector needs almost 60,000 workers to plug the national staffing gap, with providers calling for prioritised childcare for workers and migration incentives to draw people back into the hae-morrhaging workforce.

Catholic Health Australia, the country's largest aged care body, compiled the figures with the University of Notre Dame to illustrate to whoever forms government after May 21 the enormity of the shortages that put facilities across the country at risk of collapse.

"Our hospitals and aged care providers just cannot go on with this acute understaffing. The situation right now is totally unsustainable," CHA chief executive Pat Garcia said.

"If these numbers don't shock the new federal health minister, I don't know what will."

The study found a total of 82,156

vacancies in hospitals and aged care and Garcia said the "startling figures" could be higher because the researchers applied their modelling conservatively.

Staffing the crisis-plagued sector - which saw the army intervene as deadly COVID-19 outbreaks gripped homes early this year - has been a major issue in the election campaign. Labor has promised to back a workforce wage boost, and both political camps have cited the need to import staff.

The Fair Work Commission is hearing a case to raise the workers' pay by 25 per cent, and the CHA report says the boost is necessary to attract a sustainable workforce. UnitingCare, the only provider network to explicitly back the 25 per cent hike, has costed the rise at \$4 billion a year. Labor's treasury spokesman Jim Chalmers said yesterday it wasn't yet possible to cost the outcome of the case, "which is why the govern-

ment hasn't costed that either".

"Scott Morrison has said that a federal government would have to fund a future outcome of an aged care wage case. We have said that we support the case and we think that aged care workers are quite substantially underpaid," Chalmers said.

**'Our providers just cannot go on.'**

Pat Garcia, Catholic Health Australia chief

The report said the demand gap had been exacerbated by pandemic immigration restrictions and CHA called for a range of incentives to address the shortfall, including prioritising relevant workers on childcare waiting lists, higher subsidies, and direct funding for in-house childcare centres.

CHA also suggests removing visa costs and associated red tape, assistance with housing and school placements and pathways to residency to induce workers to come to Australia. The body has previously called for a moratorium on prioritising local recruitment before looking overseas.

"We need to expedite the process for healthcare workers to get into Australia and get them to work," Garcia said.

A Labor spokesperson said the party, which has pledged an additional \$2.5 billion for the sector, would lure workers back by improving working conditions, and train the next generation of workers through free TAFE places and more university places.

"Many workers have left the sector due to low pay and terrible working conditions - both of which have gotten worse under this prime minister," the spokesperson said. Labor has pledged qualified

nurses in aged care homes 24 hours a day.

A spokesperson for Aged Care Minister Richard Colbeck said the Coalition had committed \$19.1 billion to improving the sector, including \$901 million to better train, retain and increase the workforce.

Colbeck last week said a re-elected Coalition would move "very quickly" to recruit from overseas, while Labor leader Anthony Albanese has also acknowledged there would need to be a "stopgap measure".

Australian Chamber of Commerce and Industry chief executive Andrew McKellar said Australia could not risk being left behind in the global race to attract skilled migrants.

"With efficient and cost-effective visa settings we can attract and retain talent, which will be crucial to strengthening our economic recovery in the years ahead," he said.

THE ONGOING ISSUE OF THE PANDEMIC CONTINUED TO DOMINATE MEDIA COVERAGE IN THE PAST YEAR, THOUGH THE EMPHASIS TENDED TO BE MORE ON HOW SERVICES, INCLUDING OUR MEMBERS', CONTINUE TO ADJUST THEIR OPERATIONS TO DEAL WITH IT.

That was reflected in the statements and media releases that CHA sent out in the past year; in total since September CHA issued 45 press releases on a wide variety of subjects from the ongoing workforce shortages and the definition of what constitutes 'fully vaccinated' to the need for ongoing funds to help aged care homes combat the pandemic and the need for private health insurance reform.

In the reporting period CHA has been mentioned in 278 different articles in the mainstream, Catholic and trade media, up from 120 in the corresponding period the previous year.

Along the way we continued to raise our voice in protest against the march of assisted suicide and euthanasia laws across Australia, educating the media on the need for greater investment in palliative care. Our members contributed to strategically placed articles in the mainstream media which augmented our advocacy and media campaign in NSW.

Working with our members CHA embarked on a number of campaigns highlighting issues that are important to our mission, and the leadership position as not-for-profit providers in our sectors. At the beginning of this reporting period we ran campaigns in both Sydney and Melbourne to promote the benefits of getting the COVID vaccine. The Get Back to the Life You Love campaign highlighted the valuable human interactions people were missing out on because of lockdown restrictions. The ads carried the logos of St Vincent's, VCMH, St John of God Health Care, Southern Cross Care and Mercy Health and targeted anyone eligible for vaccination, urging them to act now and get their shot. In Greater Sydney the campaign reached 829,537 people who saw it on average 2.5 times and 4,269 people clicked through to book a vaccine shot while in Melbourne it was seen by 683,583 people with 2,571 clicking through to book a shot.

Later in the year in the face of a slow uptake of people getting booster vaccination shots, CHA and its hospital members launched a campaign to encourage greater adoption. Working with St Vincent's Health Australia, CHA developed the Strengthen your Protection campaign featuring SVHA's Chief Medical Officer Erwin Loh explaining why it was so important to get a booster shot.

Mr Loh appeared in the 60 second ad while Mater asked its own CMO, Paul Griffiths, to be the face of their own execution. The Facebook ads targeted mainly younger people in Sydney, Perth, Melbourne and Brisbane with SVHA, Mater, Mercy Health and Calvary all participating in the promotion of the campaign in their respective markets.

The general election handed CHA the opportunity to reprise our Fight for Better Aged Care campaign to enlist the support of Parliamentarians in addressing the aged care workforce crisis. A small number of strategically selected lower house seats were targeted with ads calling on them to pledge their support. Statistics for the campaign, which was supported by members who opened their doors to politicians, indicated that 175,000 people across the four key electorates saw the campaign's ad at least four times. We are now seeing the fruits of that advocacy flowing through to legislation and a government commitment to fully fund a wage increase for aged care workers.



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Because one home haircut is probably enough  
Book your #COVID vaccination date today.  
#bookdownhair #homeschooling #parenting  
#bookyourvacine #getvaccinated

**One home haircut**

NSW GOV AU  
Book your vaccination  
Let's get back to the life we love.

**BOOK NOW**

## Strengthen your protection.

Catholic Health Australia ST VINCENT'S HEALTH AUSTRALIA ST JOHN OF GOD Health Care Calvary

Because protecting yourself means protecting others.

Book your COVID vaccination today

## The elephant in the aged care room is housing wealth



Pat Garcia

**Facing the elephant**  
The sheer magnitude of the challenge means we need a better system for getting those who can afford to pay for their care to dip into their own pockets.

Aged care is an issue nearly everyone agrees is important and one that nearly everyone seeks to avoid. This role applies doubly if you're a parliamentarian. The political logic has long held that aged care is one of those issues where you have infinite ways to lose and few to win. So, in the time of our two-party system, we have been schooling for a long time. The Opposition's leader Anthony Albanese's biggest early win in the desert. Here, for the first time in Australian political history, was a major party leader using a major platform event to put aged care front and centre.

The headline figure of \$2.5 billion splashed across the media the next morning sounded like a game-changer. And it is. Labor's plans would result in more care, an estimated 250 minutes of care a day for each resident, and the requirement for every significant facility to have a registered nurse on site at all hours.

Most critically, Labor committed to throwing the government's weight behind the Fair Work Commission to boost aged care wages.

But this where the sheer magnitude of the aged care challenge becomes apparent. Because that \$2.5 billion, significant as it is, doesn't cover an increase in wages. There is still no identified mechanism to fund a pay rise. And, to be clear, paying people properly in aged care isn't 'nice to have' - it's more significant.

So, paying more people more is a must. But the necessary costs don't end there. We also need to factor in a significant budget for training. People are living longer and many more are living with dementia, so our knowledge of how to care for them will have to expand.

But it's not the kind of thing you can pick up on an afternoon. Significant training is necessary if we want our sector to have a

different quality of life in our aged care facilities. Once, the solution to this kind of labour shortage seemed simple - open the floodgates to skilled migrants. Certainly, immigration needs to be a part of the labour force solution, but we also need to recognise that skilled aged care staff are in hot demand globally. Australia isn't the only developed nation with an ageing population, despite our place in the global care sector. To compete we need to offer not just a job, but a good job that allows you to fully participate in the Australian way of life.

Furthermore, these skilled workers from developing nations are in massive demand at home. They have important work to do there. Even if we could, there is an ethical question over Australia having them to these shores, and away from the elderly in their countries.

Clearly, any suggestion there is some easy way to dip the bill needs to be put behind us. How are we going to pay for it?

I don't believe that means we need a better system for getting those who can afford to pay for their care to dip into their pockets. The elephant in the room here is housing wealth. When someone enters an aged care home, they generally leave behind an empty house. When we assess how much that person can afford to pay for the cost of their aged care home, we only include the first \$200,000 of the value of the house in the means test.

This is an incredibly generous policy that allows you to fully participate in the Australian way of life. We come to a point where we have to ask ourselves: how much of that enormous potential source of funding can we use? The gap needs to be filled.

I understand the political difficulty of this. The policy coming after grandma's home is not a sought-after rule on the public stage. But what is the alternative?

Allow aged care standards to cascade? Force working age people to dig deeper into their stretched incomes? Just wait patiently for our national debt levels to improve as a result?

Albanese made a tremendous stride by elevating aged care to a top-tier political issue. But even more political courage will be required to address the long-term problems.

Pat Garcia is Chief Executive of Catholic Health Australia.

## Our board of Directors



### Hon John Watkins AM

Chair, Catholic Health Australia

John is the Chair of Catholic Health Australia. He worked as a teacher for 16 years until his election to the NSW Parliament in 1995 – 2008. He served ten years as a Minister, including the portfolios of Fair Trading, Sport and Recreation, Police and Corrective Services, Transport, Finance, State Development, and Education and Training. He was Deputy Premier when he retired in 2008.

Subsequently, he has served as Chancellor of the University of New England in 2013 and 2014. He was the CEO of Alzheimer's Australia NSW from 2008 to 2017. John has served on the boards of Calvary Healthcare, Neurological Research Australia, Parkinson's NSW, Catholic Professional Standards Ltd, Caritas Australia, Mary Mackillop Today, and the McKell Institute.

John was made a Member of the Order of Australia in the Australia Day Honours List in 2015 for significant service to the community through leadership positions within health organisations, tertiary education and the Parliament of NSW.

### Jenny Parker

Deputy Chair, Catholic Health Australia

Jenny is Deputy Chair of the Catholic Health Australia board and Chair of its Audit and Risk committee. She has more than 33 years of professional services experience and is currently the Health and Life Sciences Leader for Oceania at consultants EY. Jenny has considerable experience working with health organisations including the Mater Hospital Group and St Vincent's Health, and has a proven track record in major government reviews within the health sector. Jenny has previously been the Chair for Centacare Council,

a not-for-profit entity supporting disability and aged care clients. Jenny is also Chair of Catholic Education for the Brisbane Archdiocese, Deputy Chair for the Archdiocesan Finance Council, former Deputy Chancellor for Queensland University of Technology, and a former board member of Cancer Council Australia, and a board member of the Queensland Museum and Chair of its Finance, Audit and Risk Committee.

### Julien O'Connell AO

Non-Executive Director

Julien has a long and distinguished career in insurance, accounting and risk management. Up until July 2022 Julien was the Acting Chancellor and prior to that the Pro-Chancellor of the Australian Catholic University (ACU); Chairman of a CEO Institute Syndicate; Chairman Mercy Health Foundation Board; Chairman, Villa Maria Catholic Homes; Chairman, PM Glynn Institute; a member of a number of boards and finance councils and supports Enterprise Ireland in Victoria. In 2018 he retired after serving for a decade as Chairman of Mercy Health and for 25 years he served on the Finance Council of the Catholic Archdiocese of Melbourne. He also chairs Catholic Health Australia's Audit and Risk Committee. His significant service to the community was recognised with an Order of Australia (AM) in the 2013 Australia Day honours and an Officer of the Order of Australia (AO) in the 2020 Queen's Birthday honours.





### Jim Birch AM

#### Non-Executive Director

Jim is currently Chair of Little Company of Mary Health Care, Chair of Lifeblood (formerly the Australian Red Cross Blood Service), Chair of the Women's and Children's Health Network (South Australia) and Chair of Clevertar Pty Ltd. He is also a Director of the Cancer SA Board and a Director of Beamtree Holdings. Prior to this Jim was a Partner at Ernst and Young having previously been the Global Health Care Leader, and the Oceania Government and Public Service Leader. During his time at EY Jim has delivered or led major consultancies in Australia, Asia and the Middle East. Jim has been a Chief Executive of a Human Services and Health Department (South Australia) and Deputy Chief Executive of Justice. He has been Chair of the Australian Health Minister's Advisory Council, during which he led the establishment of the Australian Commission on Safety and Quality in Health Care. Jim has also been a Chief Executive and Senior Executive of many health services during his career and has served as a Director on various health, human services and education Boards and committees.

### Virginia Bourke

#### Non-Executive Director

Virginia is a lawyer and consultant in private practice with a breadth of corporate governance and commercial experience. She is a consultant with the national health industry group at MinterEllison Lawyers and previously worked as General Counsel for the Institute of Sisters of Mercy of Australia and Papua New Guinea and as Special Counsel in the Employment Law group at MinterEllison Lawyers. Virginia is the Chair of Mercy Health, and is also Chair of St

John Ambulance Victoria, a Director of St John Ambulance Australia, a Director of the Mater Group and a Director of Catholic Health Australia. Virginia is a Director of Caritas Australia, a Member of the Boards Appointment Committee with the Catholic Archdiocese of Melbourne and an Advisory Board Member for the PM Glynn Institute at Australian Catholic University.

### Sr Ruth Durick OSU

#### Non-Executive Director

Ruth is a member of the international Institute of the Ursulines of the Roman Union. Currently she is the Leader of the Australian Province, having been appointed in February 2020. Ruth is also a member of the order's General Finance commission and Commission on Safeguarding. Ruth has a background in secondary education, administration, formation and governance; she holds a BA (ANU); B. Theol (MCD); Dip Ed; M.A.(Social Ecology) UWS; M. Litt.(Peace Studies) (UNE). Ruth has been a board director of St. Ursula's College Toowoomba and been Chair of Members of the same organisation. She is a member of the Australian Institute of Company Directors.

## Our board of Directors



### Paul McClintock AO

Non-Executive Director

Paul is Chair of St Vincent's Health Australia, Icon Group and New Zealand company Metlifecare Limited. His former positions include Secretary to Cabinet in the Federal Government, Chair of I-MED Radiology, Medibank Private, Symbion Health, Affinity Health, the Woolcock Institute of Medical Research, the COAG Reform Council and Sydney Health Partners, National Chair of CEDA and a Commissioner of the Health Insurance Commission. Paul graduated from Sydney University in Arts and Law, is an honorary fellow of the Faculty of Medicine of that university, a Life Governor of the Woolcock Institute of Medical Research and an Honorary Life Trustee of CEDA. He was made an Officer in the Order of Australia in 2009.

### Hon Kerry Sanderson AC CVO

Non-Executive Director

Kerry has had a long and distinguished career in public life and corporate Australia. Kerry has been the Chair of St John of God Health Care since May 2018. Between 2014 and 2018 Kerry was Governor of Western Australia, the first woman to occupy that role. In 2016 she was named Companion of the Order of Australia 2016 for eminent service to the people of Western Australia and in January 2020 she was appointed as a Commander of the Royal Victorian Order by the Queen in recognition of her distinguished personal service to the Royal family. Kerry has also held a number of senior positions on large corporations and public institutions, namely Chancellor of Edith Cowan University, 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. She is also a former Chair of the Gold Corporation, former independent Chair of the State Emergency Management Committee, and a former Non-Executive Director of Downer EDI and Atlas Iron. She participates in a number of charitable and community activities including Chair of the WA Parks Foundation, Director of WA Cricket, Patron of the Western Australian Aboriginal Leadership Institute, the Bibbulmun Track Foundation and the Rottneest Voluntary Guides Association.

### Francis Sullivan AO

Non-Executive Director

Francis is the Executive Chair of the Mater Health Group Queensland and a director of Mercy Health Australia. He also serves on the Australian Catholic University's PM Glynn Institute. He was previously the CEO of the Truth, Justice and Healing Council. His earlier appointments were as Secretary General of the Australian Medical Association and the inaugural CEO of Catholic Health Australia, a position he held for 14 years. He is an adjunct professor at ACU and a director of Catholic Social Services Australia. In 2008 the ACU awarded him an honorary degree for his work in public health advocacy. He was awarded the Order of Australia for distinguished service to the community, particularly through social justice and legislative reform initiatives, and to health and aged care.

**Bradley Prentice**

Non-Executive Director

Bradley has over 35 years' legal experience in both private and Government legal practice. He is Chairman of Southern Cross Care Australia, Chairman of Southern Cross Care (WA) Inc., Director of Knicross Enterprises Pty Ltd. and PMRC Relationship Education Foundation.

**Stephen Teulan**

Non-Executive Director

Stephen has been Board Chair of Catholic Healthcare Limited since July 2021 following his appointment as a Director in September, 2018. He is a Chartered Accountant whose executive experience includes twenty-one years in senior management roles in the aged care and health sectors, including five years leading one of Australia's largest aged care providers. Stephen spent 19 years at Deloitte, including seven years as a partner specialising in the health sector, as well as 5 years as a Principal Consultant for the Nous Group. Stephen joined the CHA Board in early 2021.

**Sr Clare Nolan RSC**

Non-Executive Director

Up until March 2021 Sister Clare had held the position of Congregational Leader of the Sisters of Charity for six years. In that role she was also the member of Mary Aikenhead Ministries, who are the stewards of St Vincent's Health Australia - Australia's largest not-for-profit health and aged care provider and the thirteenth-largest privately held Company in Australia. Sr Clare did her Nurse training at the Mater Hospital Brisbane. Following this she entered the Novitiate of the Sisters of Charity of Australia in Sydney. Following her Formation as a Sister of Charity she was missioned to the healing ministry of Christ at St. Vincent's Darlinghurst in Sydney and has remained in the healing ministry all of her religious life in a variety of places. Nursing and Health Administration played a large part of her ministry and led to eighteen years in Congregational Leadership concluding in March 2022.

## Our Staff



### Pat Garcia

Chief Executive Officer

Pat Garcia is the CEO of Catholic Health Australia, the largest not for profit grouping of health and aged care services in Australia. He is a lawyer, policy expert and political strategist who has worked in all three levels of government including as the Director of Policy to the NSW Premier, as a Senior Adviser in the Department of Prime Minister & Cabinet, and as Chair of a local government planning committee.

Pat is an experienced board director whose experience spans the boards of the St Vincent de Paul Society National Council, the Law Council of Australia, the Law Society of New South Wales, Shine for Kids, Surf Life Saving Sydney and Youth Action. He is a former Club Captain of Coogee Surf Life Saving Club and former Army Reserves Officer.

Pat has degrees in Law, Finance & Marketing, Public Policy, International Law and Security

### Jason Kara

Director of Aged Care

Jason has considerable public policy experience including 19 years in the NSW public service in various agencies with a focus on human service delivery. For the last five years, Jason has been employed as the Director Strategy and Design, Housing and Homelessness, at the NSW Department of Communities and Justice. Prior to that he was the Director Ageing, Carers and the Disability Council NSW at the NSW Department of Family and Community Services (FACS).

Jason has previously been the Director Business Improvement at FACS, undertaken a placement with a disability advocacy organisation in Vanuatu to build capacity and sustainability of the sector, and been a Senior Adviser in the Office

of the Premier of New South Wales. Jason has a commitment to the social justice mission of Catholic health and aged care providers.

### Caitlin O'Dea

Director, Health Policy

Caitlin has spent a decade across roles in government relations, policy development, health insurance innovation, and program & partnership management. She has a deep understanding of the significant and varied issues the health sector faces for governments, consumers, providers and funders. Prior to joining Catholic Health Australia in March 2022, Caitlin had been at Bupa Health Insurance Australia, where she was the Hospital Partnerships and Health Program Design Manager.

Caitlin has also worked for Safe Work Australia, the NSW Department of Education and Training, and the Australian Bureau of Statistics. Caitlin has a Masters in Public Health from UNSW, and a Bachelor of Economics and Social Science from the University of Sydney. She also studied Mandarin in Taiwan, and European Politics in Manchester.

### Julian Lee

Communications and Media Director

Julian Lee is the Communications and Media Director of CHA. Julian spent the majority of his career working as a journalist in London and Sydney, specialising in the advertising, marketing and media industries as well as consumer affairs.

He has worked for both The Times of London and The Sydney Morning Herald. More recently he has moved into communications, advising clients on how best to navigate a fragmented media environment, with his most recent role being media director to a state opposition leader.





He joins CHA with a commitment to increase the Catholic sector's voice in both the health and aged care sectors, and to promote the values of universal access and compassion.

### **Brigid Meney**

Director of Strategy & Mission

Brigid is a policy and advocacy expert who has more than a decade's experience in the public and not-for-profit sectors. She has worked as a ministerial adviser for both Federal and State Coalition Ministers and Assistant Ministers in a range of portfolios including health, aged care, multicultural affairs, and resources and energy. Brigid started her career as a nurse in aged care and is passionate about building a society that reflects the intrinsic value of all people and promotes the dignity of the human person through the health care system. Brigid has both an Arts degree and a Masters in Nursing from the University of Sydney and is currently pursuing a Masters in Public Leadership and Policy at the University of New South Wales. Brigid represented the Catholic Women's League at the 2015 UN Commission on the Status of Women in New York. Brigid is a regular panellist on ABC, Sky News and Seven.

### **Shona McQueen**

Senior Advisor Aged Care

Shona McQueen joined CHA as our Senior Advisor Aged Care in 2018. Before retiring from the Public Service, Shona was the Assistant Secretary of Home Care Reform Branch in the Ageing and Aged Care Stream. She has had over a decade of working in aged care policy at senior levels in the Department of Health and Ageing and previously the Department of Social Services.

### **Alex Lynch**

Manager, Health Policy

Alex has worked across government, clinician education and aged care. He has extensive health policy experience both in and out of government, including most recently with the Independent Hospital Pricing Authority. Prior to IHPA, Alex worked with leading clinicians on paediatric and disability policy at the Royal Australasian College of Physicians. Beginning his career working in aged care homes and community-based aged care services, Alex is passionate about delivering policy solutions that ensure high quality health and aged care is available to the most vulnerable members of our community.

### **Deborah Reynolds**

Office & Membership Manager

As Office & Membership Manager, Deborah is the friendly, welcoming face of CHA for all members and guests and she maintains the smooth running of the CHA office. She manages client and provider relationships, office technology and administration and provides day-to-day support to CHA staff.

Deborah is also Program Support Officer for CHA's Ministry Leadership Program. In this role she provides hospitality and administrative support to participants and their organisations so that they have a positive experience of the program from registration, session attendance and interaction with the program's learning management system.

She also provides a support role to CHA events, oversees national awards and registrations, and liaises with external conference organisers.

If you need to know who to contact at CHA on a particular matter, kindly contact Deborah who will happily re-direct you to the appropriate person.

## Our Members

**Cabrini Health** VIC

**Calvary Ministries** NSW

**Mary Aikenhead Ministries** NSW

**Mercy Partners** QLD

**Mercy Ministries Companions** VIC

**St John of God Health Care** WA

**Archdiocese of Melbourne** VIC

**Archdiocese of Sydney** NSW

**Cardinal Stepinac Village** NSW

**Catholic Healthcare Ltd** NSW

**Catholic Homes Incorporated** WA

**Catholic Women's League Archdiocese of Sydney Inc** NSW

**Centacare Brisbane** QLD

**Daughters of Charity of St Vincent de Paul** NSW

**Diocese of Lismore** NSW

**Diocese of Port Pirie** SA

**Dominican Sisters of Malta in NSW** NSW

**Dominican Sisters of Malta in Victoria** VIC

**Franciscan Missionaries of Mary** NSW

**Franciscan Missionaries of the Divine Motherhood** SINGAPORE

**Franciscan Sisters of the Heart of Jesus** SA

**Little Sisters of the Poor** NSW

**MercyCare Limited** WA

**Mount La Verna Retirement Village Inc** WA

**Ozcare** QLD

**Queensland Hibernian Society** QLD

**Sisters of St Paul De Chartres** QLD

**Southern Cross Care (Broken Hill) Ltd** NSW

**Southern Cross Care (NSW & ACT)**

**Southern Cross Care (QLD) Inc** QLD

**Southern Cross Care (SA & NT) Inc** SA

**Southern Cross Care (Tas) Inc** TAS

**Southern Cross Care (WA) Inc** WA

**St Vincent De Paul Queensland** QLD

**St Vincent De Paul Society** NSW

**The Adria Village Ltd** ACT

**Trustees of Catholic Aged Care Sydney** NSW

**Villa Maria Catholic Homes** VIC

**Catholic Religious Australia**

**UnitingCare Queensland** QLD

# Financials

## Information on Directors

THE DIRECTORS PRESENT THEIR REPORT, TOGETHER WITH THE FINANCIAL STATEMENTS, ON THE COMPANY FOR THE FINANCIAL YEAR ENDED 30 JUNE 2022.

### Directors

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

Hon John Watkins AM (Chair) *Current*  
 Ms Jennifer Parker *Current*  
 Hon Kerry Sanderson AC CVO *Current*  
 Mr James Birch AM *Current*  
 Ms Virginia Bourke *Current*  
 Sr Ruth Durick osu *Current*  
 Sr Maureen Gleeson OAM PHD *Resigned 7 Nov 2021*  
 Mr Julien O'Connell AO *Current*  
 Mr Bradley Prentice *Current*  
 Mr Francis Sullivan AO *Current*  
 Mr Paul McClintock AO *Current*  
 Mr Stephen Teulan *Current*  
 Sr Clare Nolan rsc *Commenced 8 Nov 2021*  
 Bishop Karol Kulczycki SDS *Resigned 22 June 2022*

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, and 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 the direct benevolent relief of illness, relief of the needs of the aged, and 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 2020 to 30 June 2025. The three strategic priorities of that plan are:

**Influential Advocacy:** CHA will advocate for, and lead on, policies and programs that supports CHA members and the healing ministry across health, aged and community care.

**Sector Engagement:** CHA will strengthen its collaborative engagement with the CHA members, government, Catholic organisations, other key stakeholders, and the wider community to support advocacy.

**Capability:** Build the capacities of our people in support of Catholic health, aged, and community service



**Hon John Watkins AM**

Chair

LLB. Master of Arts. Diploma of Education.

Hon DLitt Macq

**Experience and expertise**

- Member Governing Council of NeuRA 2018-2022.
- Member State Executive Board NSW ALP.
- Director of Caritas Australia Board.
- Chair Calvary Healthcare Board 2010-19.
- Chair Mary MacKillop Today Board 2012-2020.
- Chair McKell Institute 2011-2018.
- Director Catholic Professional Standards Limited 2016-2020.
- CEO Alzheimer's Australia NSW 2008-2017.
- Deputy Premier of NSW 2005-2008.
- Minister in NSW Government 1999-2008.

**Appointment**

CHA Constitution Rule 22 (b)

**Special responsibilities**

- Chair of the Catholic Health Australia Board from 30 July 2019
- Member of the Executive Committee
- Member of the Audit & Risk Committee
- Member of the Nominations and Remuneration Committee

**Jennifer Parker**

Non-Executive Director and Deputy Chair  
B.Comm (UQ), Fellow of Chartered Accountants  
Australia & New Zealand Partner

**Experience and expertise**

- Ernst & Young (EY).
- Board Member, Mater Health Group.
- Chair – Finance and Audit Committee, Mater Health Group.
- Chair, Catholic Education – Archdiocese of Brisbane.
- Deputy Chair, Archdiocesan Finance Council – Archdiocese of Brisbane. Former
- Deputy Chancellor and Council Member, Queensland University of Technology.
- Board Member and Finance, Audit & Risk Committee Chair, Queensland Museum.

**Appointment**

- CHA Constitution Rule 22 (a) (ii) – Mercy Partners

**Special responsibilities**

- Deputy Chair of CHA
- Chair Audit & Risk Committee
- Member of the Executive Committee

**Julien O'Connell AO**

Non-Executive Director

Diploma of Accounting, Fellow of the Australian  
Institute of Company Directors

**Experience and expertise**

- Chairman, Villa Maria Catholic Homes.
- Director of a number of related entities - Enterprise Ireland (Trade Attaché). Board
- Member, Finance Council, Catholic Archdiocese of Melbourne. Chairman, CEO
- Institute (Syndicate 4) - Mentoring to CEO and Chairs of Member Companies.
- Member, Equestrian Order of the Holy Sepulchre of Jerusalem.
- Acting Chancellor and prior to that Pro Chancellor, Australian Catholic University.
- Chair, PM Glynn Institute.
- Chairman, Mercy Health Foundation Board.

**Appointment**

- CHA Constitution Rule 22(b)

**Special responsibilities**

- Chair of the Mission & Identity Committee
- Member of the Executive Committee

**Hon Kerry Sanderson AC CVO**

Non-Executive Director

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

**Experience and expertise**

- Chair St John of God Health Care Inc.
- Former Governor of Western Australia and former Chancellor of Edith Cowan University.
- 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 -
- 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**

- CHA Constitution Rule 22 (a) (iv) St John of God Health Care Inc

**Special responsibilities**

- Member of the Nominations and Remuneration Committee

**James Birch AM**

Non-Executive Director  
Bachelor of Health Administration (UNSW)

*Experience and expertise*

- Chair of Little Company of Mary Health Care.
- Chair of Lifeblood.
- Chair of the Women's and Children's Health Network (SA).
- Chair of Clevertar Pty Ltd.
- Director of Australian Red Cross.
- Director of the Cancer SA Board.
- Director of Beamtree Holdings Ltd.

*Appointment*

- CHA Constitution Rule 22 (a) (i) – Little Company of Mary Limited

**Paul McClintock AO**

Non-Executive Director  
BA, LLB

*Experience and expertise*

- Chair of St Vincent's Health Australia.
- Chair of I-Med Radiology and Laser Clinics Australia.
- Former positions include Secretary to Cabinet in the Federal Government.
- Chair of Medibank Private, Symbion Health, Affinity Health, the Woolcock
- Institute of Medical Research, the COAG Reform Council and Sydney Health Partners,
- National Chair of CEDA
- Commissioner of the Health Insurance Commission.

*Appointment*

CHA Constitution Rule 22(a) (v) – St Vincent's Health Australia Limited

**Bradley Prentice**

Non-Executive Director  
BCom, LLB, LLM, MACID

*Experience and expertise*

- Over 30 years legal experience in both private and Government legal practice. Chair of Southern Cross Care (WA)
- Chair of Southern Cross Care (Australia).

*Appointment*

- CHA Constitution Rule 22 (a) (iii) Southern Cross Care Australia

**Virginia Bourke**

Non-Executive Director  
BA/LLB (Hons) MA Monash University  
Fellow - Australian Institute of Company Directors

*Experience and expertise*

- Chair, Mercy Health
- Chair, St John Ambulance Victoria
- Director, St John Ambulance Australia
- Director, Mater Group
- Director, Caritas Australia
- Member, Council of Board Chairs (State Government of Victoria)
- Member, Boards Appointment Committee, Catholic Archdiocese of Melbourne
- Member, PM Glynn Institute Advisory Council, Australian Catholic University
- Chair, Safeguarding Committee, Institute of Sisters of Mercy of Australia and Papua New Guinea
- Member, Safeguarding Committee, Kildare Ministries Consultant, National health team, MinterEllison
- Lawyer and consultant in private practice with broad experience in general commercial, corporate governance and directors duties.
- Formerly Special Counsel at MinterEllison and General Counsel at ISMAPNG

*Appointment*

CHA Constitution Rule 22 (b) - Aged Care

**Francis Sullivan AO**

Non-Executive Director  
BA. MA (Theol). Grad Dip Ed.

*Experience and expertise*

- Chair of the Mater Misericordiae Ltd
- Director of Mercy Health Australia
- Director of Catholic Social Services Australia.
- Adjunct Professor at ACU.
- Previously CEO of the Truth, Justice and Healing Council.
- Secretary General of the AMA, CEO of Catholic Health Australia.

*Appointment*

CHA Constitution Rule 22 (b) –Rural or Remote Health and/or Aged Care

**Stephen Teulan**

Non-Executive Director  
BCom. CA

*Experience and expertise*

- Chair of the Catholic Healthcare Ltd
- Twenty-seven years in senior management and consulting roles in the aged care and health sectors, including 5 years leading Australia's then largest not-for-profit aged care provider.
- Nineteen years at Deloitte, including 7 years as a partner specialising in the health sector.

*Appointment*

- CHA Constitution Rule 22 (b) – Aged Care

**Karol Kulczycki SDS DD (resigned 22 June 2022)**

Non-Executive Director  
Master of Theology (Pontifical Faculty of Theology, Wroclaw, Poland)

*Experience and expertise*

- Bishop of Port Pirie.
- Serves on the Bishops Commission for Social Justice, Mission and Service.

*Appointment*

- CHA Constitution Rule 22 (c) – Australian Catholic Bishops Conference designate

**Sister Ruth Durick OSU**

Non-Executive Director  
BA (ANU). Dip Ed (Mitchell College of Advanced Education). B.Theol. (Melbourne College of Divinity). MLitt (Peace Studies) (UNE). MA (Social Ecology) (UWS)

*Experience and expertise*

- 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 2007-2016.
- Chair of Members, St Ursula's College Toowoomba 2012-2016.
- Member, Australian Institute of Company Directors.

*Appointment*

- CHA Constitution Rule 23.4 - Board Appointee (I)

**Sister Maureen Gleeson OAM (resigned 7 Nov 2021)**

Former Non-Executive Director  
Bachelor of Health Services Administration, Master of Health Services

*Experience and expertise*

- Administration, PHD (UNSW), Nursing qualifications in General Nursing, Midwifery and Infant Welfare
- 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 designate.

*Special responsibilities*

- Former Member of the Mission & Identity Committee

**Sister Clare Nolan RSC**

Non-Executive Director  
Bachelor Applied Science Nursing Administration – (QUT, 1979)

*Experience and expertise*

- Clinical Pastoral Education – Brisbane 1979
- Congregational Leader the Sisters of Charity of Australia 2014-2021
- Congregational Leader of Our Lady's Nurses for the Poor 2017-2021
- Member of the Sisters of Charity Congregational Leadership Team 1984-1996 Sisters of Charity & Holy Spirit Health Service 1999-2001
- State Chapter of the Australian Catholic University 1998-2001
- Since completing her training as a nurse more than 50 years ago Sr Clare has served in a large number of leadership and governance roles across the Catholic health care sector, principally with St Vincent's, in Queensland, Victoria and New South Wales.

*Appointment*

- CHA Constitution Rule 22(d) - Catholic Religious Australia designate.
- Member of the Mission & Identity Committee

## Meetings of Directors

DURING THE FINANCIAL YEAR, FOUR MEETINGS OF DIRECTORS WERE HELD. ATTENDANCES BY EACH DIRECTOR WERE AS FOLLOWS.

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

	Number eligible to attend	Number attended
Hon John Watkins AM	4	3
Mr Jim Birch AM	4	4
Ms Virginia Bourke	4	3
Sr Ruth Durick osu	4	4
Sr Maureen Gleeson OAM	2	2
Most Rev Karol Kulczucki SDS	4	3
Mr Paul McClintock AO	4	4
Sr Clare Nolan	3	3
Mr Julien O'Connell AO	4	4
Ms Jenny Parker	4	3
Mr Bradley Prentice	4	3
Hon Kerry Sanderson AC CVO	4	3
Mr Francis Sullivan AO	4	4
Mr Stephen Teulan	4	4

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 2022, the total amount that members of the company are liable to contribute if the company is wound up is \$10. At 30 June 2022, the number of members was 41.

## Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2022 has been received and can be found on page 30 of the financial report.

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



Director



Director





**RSM Australia Partners**

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GPO Box 200 Canberra AC1 2601

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F +61 (0) 2 6217 0401

[www.rsm.com.au](http://www.rsm.com.au)

**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 2022, 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

**RSM Australia Partners**

G Stenhouse

**GED STENHOUSE**  
Partner

Canberra, Australian Capital Territory  
Dated: 23 August 2022

**THE POWER OF BEING UNDERSTOOD**  
**AUDIT | TAX | CONSULTING**

RSM Australia Partners is a member of the RSM network and trades as RSM. RSM is the trading name used by the members of the RSM network. Each member of the RSM network is an independent accounting and consulting firm which practices in its own right. The RSM network is not a separate legal entity in any jurisdiction.

RSM Australia Partners ABN 88 569 185 036

Liability limited by a scheme approved under Professional Standards Legislation

## Statement of comprehensive income for the year ended 30 June 2022

		2022 \$	2021 \$
	Note		
Revenue	2	2,827,711	2,483,896
Other income	2	-	30,633
		<b>2,827,711</b>	<b>2,514,529</b>
Employee benefits		(1,556,908)	(1,739,516)
Sponsorship, grants, honorariums and donations	3	(48,273)	(150,000)
Travel		(120,837)	(103,229)
Phone and internet		(5,390)	(7,573)
HR expenses		(90,764)	(26,610)
Accounting		(60,040)	(60,866)
Bad debt expense and fee adjustments		(81,641)	(52,632)
Consultancy	3	(259,648)	(310,459)
Depreciation and amortisation		(78,610)	(70,713)
Insurance		(35,262)	(37,393)
Office supplies, printing, postage		(70,635)	(30,871)
Other expenses		(154,195)	(145,925)
		<b>(2,562,203)</b>	<b>(2,735,787)</b>
Surplus before income tax		265,508	(221,258)
Tax expense		-	-
Net surplus/(deficit)		265,508	(221,258)
Other comprehensive income		-	-
<b>Total comprehensive income</b>		<b>265,508</b>	<b>(221,258)</b>

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

## Statement of financial position as at 30 June 2022

	Note	2022 \$	2021 \$
<b>ASSETS</b>			
Current assets			
Cash and cash equivalents	4	3,732,397	3,285,238
Trade and other receivables	5	-	21,045
Other current assets	6	98,957	72,105
<b>Total current assets</b>		<b>3,831,354</b>	<b>3,378,388</b>
Non-current assets			
Property, plant and equipment	7	11,814	10,608
Right of use asset	7	182,714	274,981
<b>Total non-current assets</b>		<b>194,528</b>	<b>285,589</b>
<b>TOTAL ASSETS</b>		<b>4,025,882</b>	<b>3,663,977</b>
<b>LIABILITIES</b>			
Current liabilities			
Trade and other payables	8	125,095	148,195
Income in advance 9		317,207	137,572
Provisions	10	261,100	243,918
Lease liabilities	11	69,343	65,031
<b>Total current liabilities</b>		<b>772,745</b>	<b>594,716</b>
Non-current liabilities			
Provisions	10	8,651	12,327
Lease liabilities	11	128,055	206,011
<b>Total non-current liabilities</b>		<b>136,706</b>	<b>218,338</b>
<b>TOTAL LIABILITIES</b>		<b>909,451</b>	<b>813,054</b>
<b>NET ASSETS</b>		<b>3,116,431</b>	<b>2,850,923</b>
<b>EQUITY</b>			
Retained Earnings		2,850,923	3,072,181
Surplus/(Deficit) for the year		265,508	(221,258)
<b>TOTAL EQUITY</b>		<b>3,116,431</b>	<b>2,850,923</b>

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

## Statement of changes in equity for the year ended 30 June 2022

	Retained Earnings \$	Total \$
Balance as at 1 July 2020	3,072,181	3,072,181
Surplus for the year attributable to members of the entity	(221,258)	(221,258)
Balance as at 30 June 2021	2,850,923	2,850,923
Surplus/(deficit) for the year attributable to members of the entity	265,508	265,508
Balance as at 30 June 2022	<b>3,116,431</b>	<b>3,116,431</b>

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

## Statement of cash flows for the year ended 30 June 2022

	Note	2022 \$	2021 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES NOTE</b>			
Receipts from memberships, workshops and sales		3,012,567	2,871,742
Payments to suppliers and employees		(2,504,215)	(2,733,008)
Interest paid on lease liabilities		(14,787)	(19,035)
Interest received		-	17,262
Net cash generated from operating activities		493,565	136,961
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payments for Property, Plant and Equipment		(8,517)	(7,506)
Net cash used in investing activities		(8,517)	(7,506)
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Payment of lease liabilities		(37,889)	(45,401)
Net cash used from financing activities		(37,889)	(45,401)
Net increase in cash held		447,159	84,054
Cash on hand at beginning of the financial year		3,285,238	3,201,184
<b>Cash on hand at end of the financial year</b>	4	<b>3,732,397</b>	<b>3,285,238</b>

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 2022

### NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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.

The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the company.

The following Accounting Standards and Interpretations are most relevant to the company:

Conceptual Framework for Financial Reporting (Conceptual Framework)

The company has adopted the revised Conceptual Framework from 1 July 2021. The Conceptual Framework contains new definition and recognition criteria as well as new guidance on measurement that affects several Accounting Standards, but it has not had a material impact on the company's financial statements.

*AASB 1060 General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities*

The company has adopted AASB 1060 from 1 July 2021. The standard provides a new Tier 2 reporting framework with simplified disclosures that are based on the requirements of IFRS for SMEs.

#### **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 - Simplified Disclosures issued by the Australian Accounting Standards Board ('AASB'). 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

A lease liability is recognised at the commencement date of a lease. The lease liability is initially recognised at the present value of the lease payments to be made over the term of the lease, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, the consolidated entity's incremental borrowing rate. Lease payments comprise of fixed payments less any lease incentives receivable, variable lease payments that depend on an index or a rate, amounts expected to be paid under residual value guarantees, exercise price of a purchase option when the exercise of the option is reasonably certain to occur, and any anticipated termination penalties. The variable lease payments that do not depend on an index or a rate are expensed in the period in which they are incurred. Lease liabilities are measured at amortised cost using the effective interest method. The carrying amounts are remeasured if there is a change in the following: future lease payments arising from a change in an index or a rate used; residual guarantee; lease term; certainty of a purchase option and termination penalties. When a lease liability is remeasured, an adjustment is made to the corresponding right-of-use asset, or to profit or loss if the carrying amount of the right-of-use asset is fully written down.

## 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.

## Notes to the financial statements for the year ended 30 June 2022

### NOTE 2. REVENUE AND OTHER INCOME

	2022 \$	2021 \$
<b>REVENUE</b>		
Membership subscription	2,655,464	2,223,514
Workshop and conference	-	13,345
Sale of goods	2,379	9,613
Sponsorships	-	70,000
Grant income	169,868	167,424
	<b>2,827,711</b>	<b>2,483,896</b>
<b>OTHER REVENUE</b>		
Interest received	-	17,262
Other income	-	13,371
	<b>-</b>	<b>30,633</b>
	<b>2,827,711</b>	<b>2,514,529</b>

#### 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.

##### *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

	2022 \$	2021 \$
<b>CONSULTING EXPENSES</b>		
IT consulting fees	30,015	42,943
Consultancy fees - Media	78,792	89,517
Consultancy fees - Policy	82,576	89,893
Consultancy fees - Others	51,000	65,541
Artwork and design fees	17,265	22,565
	259,648	310,459
Sponsorship and donations	48,273	150,000
	<b>307,921</b>	<b>460,459</b>

## NOTE 4. CASH AND CASH EQUIVALENTS

	2022 \$	2021 \$
Cash at bank	3,732,397	3,285,230
Cash on hand	-	300
	<b>3,732,397</b>	<b>3,285,530</b>

**Accounting Policy**

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other shortterm, 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

	2022 \$	2021 \$
Accounts receivable	-	59,064
Expected credit loss	-	(38,311)
	-	<b>20,753</b>

**Accounting Policy**

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

## NOTE 6. OTHER CURRENT ASSETS

	2022 \$	2021 \$
Accrued income	-	4,830
Prepayments	98,957	67,275
	<b>98,957</b>	<b>72,105</b>

## Notes to the financial statements for the year ended 30 June 2022

### NOTE 7. PROPERTY, PLANT AND EQUIPMENT

	2022 \$	2021 \$
<b>OFFICE FURNITURE</b>		
At cost	93,304	98,396
Less accumulated depreciation	(81,490)	(87,788)
	11,814	10,608
<b>RIGHT-OF-USE ASSETS</b>		
At cost	265,652	327,937
Less accumulated depreciation	(82,938)	(52,956)
	182,714	274,981
	<b>194,528</b>	<b>285,589</b>

### RECONCILIATIONS (CONTINUED)

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

	Office Furniture \$	Right-of use assets \$	Total \$
<b>ASSETS</b>			
Balance as at 1 July 2021	10,608	274,981	285,589
Additions	8,517	61,663	70,180
Disposals		(82,631)	(82,631)
Depreciation expense	(7,311)	(71,299)	(78,610)
<b>Balance as at 30 June 2022</b>	<b>11,814</b>	<b>182,714</b>	<b>194,528</b>

#### 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
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.

#### *Right-of-use asset*

A right-of-use asset is recognised at the commencement date of a lease. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability, adjusted for, as applicable, any lease payments made at or before the commencement date net of any lease incentives received, any initial direct costs

incurred, and, except where included in the cost of inventories, an estimate of costs expected to be incurred for dismantling and removing the underlying asset, and restoring the site or asset.

Right-of-use assets are depreciated on a straight-line basis over the unexpired period of the lease or the estimated useful life of the asset, whichever is the shorter. Where the entity expects to obtain ownership of the leased asset at the end of the lease term, the depreciation is over its estimated useful life. Right-of-use assets are subject to impairment or adjusted for any remeasurement of lease liabilities.

The entity has elected not to recognise a right-of-use asset and corresponding lease liability for short-term leases with terms of 12 months or less and leases of low-value assets. Lease payments on these assets are expensed to profit or loss as incurred.

## NOTE 7. PROPERTY, PLANT AND EQUIPMENT

	2022 \$	2021 \$
<b>OFFICE FURNITURE</b>		
At cost	93,304	98,396
Less accumulated depreciation	(81,490)	(87,788)
	11,814	10,608
<b>RIGHT-OF-USE ASSETS</b>		
At cost	265,652	327,937
Less accumulated depreciation	(82,938)	(52,956)
	182,714	274,981
	<b>194,528</b>	<b>285,589</b>

### RECONCILIATIONS (CONTINUED)

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

	Office Furniture \$	Right-of use assets \$	Total \$
<b>ASSETS</b>			
Balance as at 1 July 2021	10,608	274,981	285,589
Additions	8,517	61,663	70,180
Disposals		(82,631)	(82,631)
Depreciation expense	(7,311)	(71,299)	(78,610)
<b>Balance as at 30 June 2022</b>	<b>11,814</b>	<b>182,714</b>	<b>194,528</b>



## Notes to the financial statements for the year ended 30 June 2022

### NOTE 8. TRADE AND OTHER PAYABLES

	2022 \$	2021 \$
Trade payables	39,545	66,704
Accrued expenses	49,331	45,272
Funds held for programs	36,219	36,219
	<b>125,095</b>	<b>148,195</b>

#### 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 9. INCOME IN ADVANCE

	2022 \$	2021 \$
Deferred registration fees	<b>317,207</b>	<b>137,572</b>

#### Accounting Policy

The Company receives monies in advance in relation to the annual conference held in August 2022. The Company will treat this money as payments in advance until the annual conference is held.

### NOTE 10. PROVISIONS

	2022 \$	2021 \$
<b>CURRENT</b>		
Annual leave	172,346	149,927
Long service leave	88,754	93,991
	<b>261,100</b>	<b>243,918</b>
<b>NON-CURRENT</b>		
Make good provision	1,826	1,772
Long service leave	6,825	10,555
	<b>8,651</b>	<b>12,327</b>
	<b>269,751</b>	<b>256,245</b>

**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.

**NOTE 11. LEASE LIABILITIES**

	<b>2022</b>	<b>2021</b>
	<b>\$</b>	<b>\$</b>
Current lease liabilities	69,343	65,031
Non-current lease liabilities	128,055	206,011
	<b>197,398</b>	<b>271,042</b>

**Accounting Policy**

A lease liability is recognised at the commencement date of a lease. The lease liability is initially recognised at the present value of the lease payments to be made over the term of the lease, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, the incorporated association's incremental borrowing rate. Lease payments comprise of fixed payments less any lease incentives receivable, variable lease payments that depend on an index or a rate, amounts expected to be paid under residual value guarantees, exercise price of a purchase option when the exercise of the option is reasonably certain to occur, and any anticipated termination penalties. The variable lease payments that do not depend on an index or a rate are expensed in the period in which they are incurred.

Lease liabilities are measured at amortised cost using the effective interest method. The carrying amounts are remeasured if there is a change in the following: future lease payments arising from a change in an index or a rate used; residual guarantee; lease term; certainty of a purchase option and termination penalties. When a lease liability is remeasured, an adjustment is made to the corresponding right-of-use asset, or to profit or loss if the carrying amount of the right-of-use asset is fully written down.

**NOTE 12. KEY MANAGEMENT PERSONNEL DISCLOSURE**

	<b>2022</b>	<b>2021</b>
	<b>\$</b>	<b>\$</b>
<b>COMPENSATION</b>		
The aggregate compensation made to directors and other members of key management personnel of the Company is set out below:		
Aggregate compensation	<b>308,456</b>	<b>296,377</b>

## Notes to the financial statements for the year ended 30 June 2022

### NOTE 13. 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 14. REMUNERATION OF AUDITORS

	2022 \$	2021 \$
Audit of the financial statements	19,000	18,500

#### Accounting Policy

The Company receives monies in advance in relation to the annual conference held in August 2022. The Company will treat this money as payments in advance until the annual conference is held.

### NOTE 15. EVENTS AFTER THE REPORTING PERIOD

No matter or circumstance has arisen since 30 June 2022 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 5, 60 Marcus Clarke Street  
Canberra ACT 2601

### 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 2022, the number of members was 41 (2021: 41).

## Directors' declaration

In accordance with a resolution of the directors of Catholic Health Australia Limited, 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 2022 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.



Director  
Date: 22 August 2022



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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 2022, 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 2022 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards – *Simplified Disclosures* under AASB 1060 *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Entities* 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. 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 2022, 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  
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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 – *Simplified Disclosures* under AASB 1060 *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Entities* 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](http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf). This description forms part of our auditor's report.

A handwritten signature in black ink that reads 'RSM'.

**RSM Australia Partners**

A handwritten signature in black ink that reads 'GED Stenhouse'.

**GED STENHOUSE**  
Partner

Canberra, Australian Capital Territory  
Dated: 23 August 2022

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Catholic  
Health  
Australia



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[@chaaustralia](https://twitter.com/chaaustralia)

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