



Catholic
Health
Australia

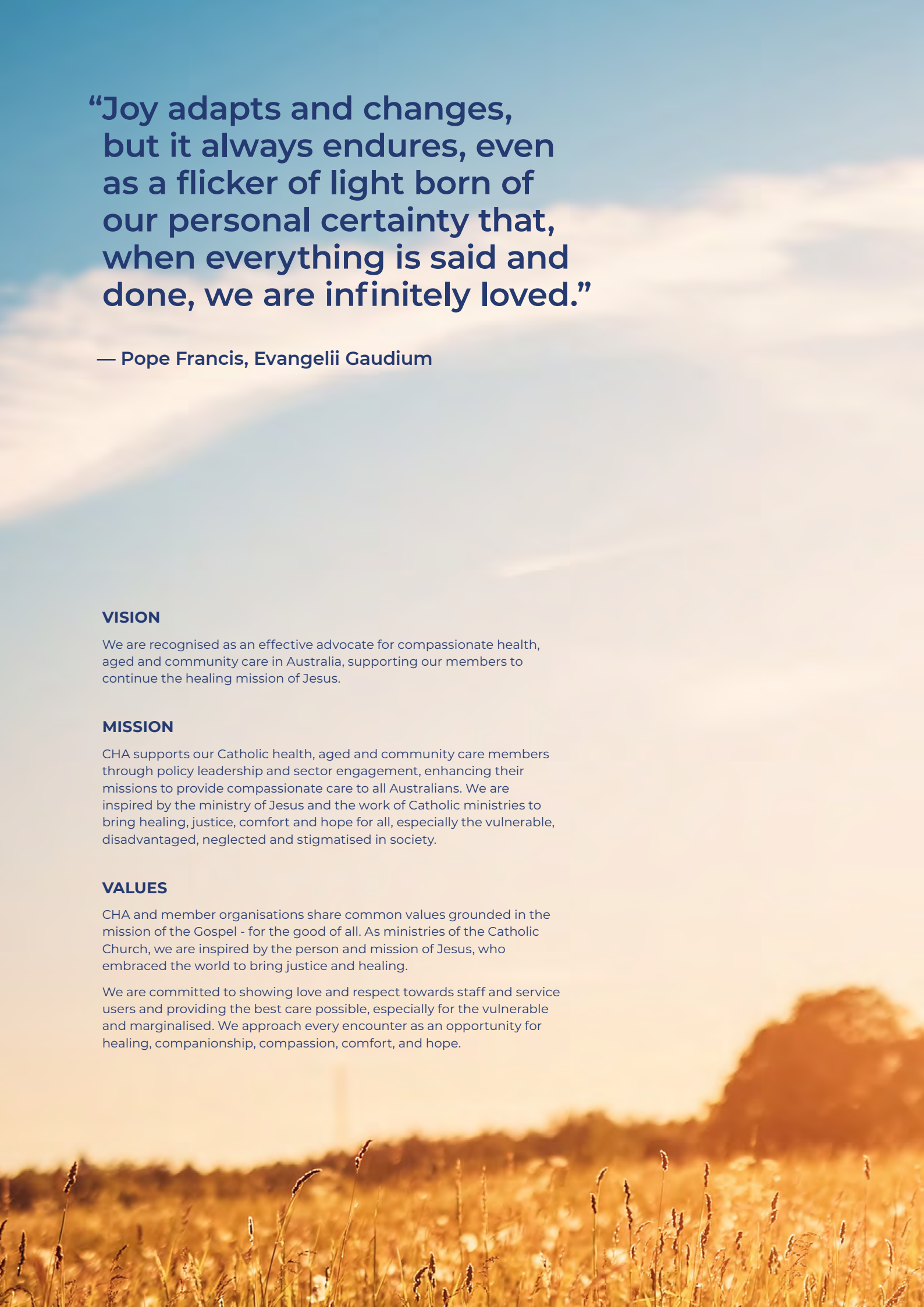
Rejoice, Reimagine.

ANNUAL REPORT 2023-2024



“Do not conform to the pattern of this world, but be transformed by the renewing of your mind.”

— Romans 12:2



“Joy adapts and changes,
but it always endures, even
as a flicker of light born of
our personal certainty that,
when everything is said and
done, we are infinitely loved.”

— Pope Francis, *Evangelii Gaudium*

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 ministries 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. As ministries of the Catholic Church, we are inspired by the person and mission of Jesus, who embraced the world to bring justice and healing.

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

Message from the Chair and CEO	4
At a glance	6
A year in review	8
- Health	8
- Public Health & In-home Support	10
- Aged Care	12
- Mission	14
- Communications, Media & Governance	16
Our board of Directors	20
Our Staff	25
Our Members	28
Financials	31
- Director's report	32
- Auditor's independence declaration	36
- Statement of comprehensive income	37
- Statement of financial position	38
- Statement of changes in equity	39
- Statement of cash flows	39
- Notes to the financial statements	40
- Directors' declaration	47
- Independent auditor's report	48



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. Our health and aged care services are operated in the 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

Images: CHA thanks our members for supplying images for this report.

FROM THE CHAIR & CEO

In a year marked by significant advocacy and reform, Catholic Health Australia made substantial strides towards ensuring quality aged care for all Australians and a more sustainable private healthcare system. The pivotal recommendations of the Aged Care Taskforce, a government-funded wage rise for care workers and a crucial policy reform on prostheses demonstrated the change we can achieve when we speak with a united voice.

CHA continues to champion reforms aligned with the healing ministry of Jesus and the work of Catholic ministries around the country.

Catholic Health Australia continued to push for aged care funding reform to ensure every Australian has access to quality care as our population ages. Under the leadership of new Aged Care Director Lauren Haylen, we welcomed the recommendations of the Aged Care Taskforce. The changes it laid out will future-proof the system while retaining a safety net for those who need support, bringing healing and justice to the vulnerable and disadvantaged.

We also successfully advocated for a government-funded wage rise for aged care workers whose dedication, compassion and hard work brings hope and solace to us all. Together, these reforms represent a seminal moment for the aged care sector and we commend the government for having the courage to finally tackle this critical issue in the national interest.

CHA also pressed the government on prostheses reform and, following a national media campaign organised by Communications Director Adrian Kerr, secured a crucial policy change to keep general use items on the Prescribed List. We were vocal on the viability of private hospitals, particularly regarding insurer funding and hospital-in-the-home care following the appointment of Alex Lynch in the newly created role of Director of Public Health and In Home Support.

We have appointed new Health Policy Director Katherine Bassett to lead our ongoing push for reforms to improve financial sustainability and would like to thank Sophie Balch for her hard work on secondment with us while we undertook a rigorous national search to find a replacement for Caitlin O'Dea, our wonderful colleague who now works with Calvary Healthcare.

Catholic Health Australia represented our members at several key events throughout the year, including The Sydney Institute's Annual Dinner Lecture, the 2024 NSW Health Outlook which we co-sponsored with CEDA, and our Canberra Budget Dialogue with CEOs and senior leaders from across our aged care membership in May.

These forums represented an important opportunity to continue advocating for reforms true to our heritage and mission, inspired by The Good Samaritan. The Budget Dialogue, in particular, was a hugely successful initiative in which we brought our shared voice before the Aged Care Minister, key Members of Parliament from all parties, and senior departmental officials.

Our webinar series on palliative care provided expert perspectives on end-of-life care, including from nurses, doctors, unit directors, and clinical managers and forms part of a wider campaign to press for proper funding for services, particularly in rural and regional Australia. Meanwhile, our *Health at the Margins* series, organised by Mission Director Brigid Meney, delved into practical strategies to create safer, more inclusive environments for LGBTIQ+ aged care residents within our Catholic and mission-based services.

CHA's national conference this past year saw over 300 delegates from our membership gather in Perth to learn, network and reflect. Highlights included a keynote address by Health Minister Mark Butler, and demographer Bernard Salt outlining Australia's changing social and economic landscape.

This year we welcomed a new member, CatholicCare QLD, increasing our aged care network across Bundaberg, Emerald, Longreach, Mackay, Rockhampton and Gladstone. CatholicCare's presence in central Queensland underscores our ministry's mission to care for Australians across the nation, be they in major cities, regional towns, or rural areas.

We would like to thank the CHA Board Directors and all our members for their collaboration and support over the past year. Their cooperation, compassion and commitment, anchored in the teachings of Jesus, ensures our ministry continues to offer support, comfort and faith to those who need us most.

CHA meets regularly with the Australian Catholic Bishops Conference to discuss a range of issues relating to ethics and health. This includes briefings on end of life care, Voluntary Assisted Dying legislation and collaboration on the revision of the Catholic Code of Ethical Standards. We value our close working relationship with the Bishops and their executive management teams.

Finally, we acknowledge the contribution and talents of our predecessors, the Hon. John Watkins as Chair and Pat Garcia as CEO. Their partnership led CHA through some challenging times but has left the Catholic health and aged care sector stronger, more united and resilient than before.

Thank you.



Jenny Parker
Board Chair



Jason Kara
CEO

WHO WE ARE - OUR SECTOR AT A GLANCE



80

Hospitals

17 public
hospitals
63 private
hospitals

350

Aged care facilities



48k+

births



628k+

ER presentations



12,300+

hospital beds



1.4M+

episodes of care



53k+

home care & support
consumers



27k+

residential aged
care beds



7,000+

independent
living units



83k+

employees in
Catholic aged & health
care sector



100+

social outreach
programs



With almost 50,000 births a year, our member hospitals see maternity services as core to their mission.

HEALTH

This year CHA members continued to deliver equitable, patient-centred, compassionate, and best practice health services that are aligned with the healing ministry of Christ and the mission of Catholic ministries across the nation.

This is commendable given an increasingly tough landscape, where escalating costs of delivering care clash with a funding model that is no longer fit for purpose, amidst evolving technology and shifting models of care that are rapidly transforming where and how care is delivered.

Over the past year, CHA and its members have worked to address immediate financial challenges, while also planning for the longer-term reform needed to ensure a robust, sustainable, and fit-for-purpose health system which delivers on our mission into the future.

FINANCIAL SUSTAINABILITY AND FUNDING REFORM

The private health insurance industry made \$2.2 billion in profit in the 2022–23 financial year — double the profits from the previous year. Despite these record profits, insurers are only returning on average 83 per cent of premiums to patients, and this average has been declining over the past five years. Management expenses, which cover expenses such as marketing and overheads, have also increased, consuming more of patients' premiums.

Meanwhile, the cost of delivering care has increased, and with the latest premium round increase falling short of health inflation, many private hospitals are struggling to remain viable. In the last five years, more than 70 private hospital services across the broader sector have closed their doors, leaving patients with reduced access to critical services.

Funding reform has been a key component of CHA's advocacy in the last year, with the goal of creating a fairer, more transparent, and sustainable private health sector. In the short-term, one of the primary ways this reform can be achieved is through the Annual Private Health Insurance Premium Round — the mechanism by which the Minister for Health and Aged Care determines the increase in health insurance premiums for the next year. CHA has made several submissions to the Department of Health and Aged Care on the premium round process, calling for hospital costs to be integrated into this process by an independent body. This would ensure premium increases reflect actual hospital costs, thereby improving funding flows from insurers to service providers. CHA is also calling for premium increases to be linked to how much insurers

return to patients and hospitals, rewarding those that return more benefits with larger increases to incentivise patient benefits over profits.

These measures would pave the way for a National Private Price — an independently set, nationally consistent, activity-based funding model for private hospitals. This model would link price growth to cost growth, similar to the public hospital system, ensuring fair and transparent pricing for health services.

Private Hospital Sector Financial Health Check

The Department of Health and Aged Care commenced a review of the financial state of private hospitals to better understand financial performance, pressures, and profitability in the sector. This review represents a critical first step for the sector to implement funding and structural reform. The initiation of this review is a direct result of advocacy efforts from hospital groups across the sector.

CHA and its members are working closely with the department on this review. CHA has developed a report outlining several proposals aimed at improving the viability of private hospital services in the short-term while long-term funding and structural reform is considered. CHA has held multiple meetings with the Minister for Health and Aged Care, his office, and the department to discuss and refine these proposals.

Private maternity services

Several private maternity services have closed over the last few years, significantly impacting patient access and choice while increasing the strain on an already overburdened public system. This is due to a range of economic, financial, and workforce related factors that have rendered private maternity services unviable and impact the financial sustainability of private hospitals. CHA has developed a discussion paper which outlines a range of short-term and long-term considerations. CHA has been consulting with the broader sector on these considerations and will look to publish the paper in the coming months.

Private mental health services

CHA members report unprecedented demand for their mental health services, particularly crisis services, and are straining more than ever to provide services within a system that is not well designed to provide



Cabrini Health hosted a meeting in Melbourne with Health Minister Mark Butler to discuss the viability of private hospitals.

the care they need, where and when they need it. The structure of the system and how different types of care are funded is impacting equity of access. A workforce shortage of mental health professionals and significant changes to the types of work many mental health professionals are performing is adding pressure to an already fragmented system under significant strain.

This issue was a central component of CHA's pre-budget submission and has been a key advocacy priority in the last year. While CHA welcomes the new trial to fund telehealth for psychiatric inpatient consultations, CHA is calling for further steps in the short and medium term that will realise immediate improvements while also laying the groundwork for longer-term system level improvements.

PRIVATE HEALTH INSURANCE REFORMS

CHA actively participated in the multiple reviews conducted by the Department of Health and Aged Care on various aspects of private health insurance regulation that aimed to identify opportunities to improve the affordability and quality of private health insurance cover for patients. CHA made several patient-centric and principles-based submissions to this consultation, aiming for reforms that equally considered the scope and depth of patient access, the contribution of this care to health outcomes and experiences, and its financial cost.

THE FUTURE OF THE PRESCRIBED LIST

Following the substantial efforts of CHA, its members, and the broader sector which resulted in General Use Items remaining on the Prescribed List, CHA has continued to advocate for reforms to future-proof the way medical devices are accessed and funded in the private sector. CHA continues to work with stakeholders from across the sector to ensure ongoing reforms are pragmatic, and protect patient access, clinical autonomy, affordability, and hospital viability.

KEEPING PACE WITH AN EVOLVING SYSTEM, NEXT YEAR AND BEYOND

Governments of all levels have considerable programs of work in train to transition further into the digital age and transition away from non-renewable energy. These changes are associated with significant compliance and investment costs, particularly for private hospitals who do not receive implementation funding. The privacy threats posed to consumers by the increasing number of cyber security breaches nationally and globally mean that we need to be evaluating the way personal and health information collected by health service providers and funders is collected, stored, used and shared with third parties. CHA is working with members to look at long-term options to improve data security across the sector, leveraging insights from its membership of the Trusted Information Sharing Network Health Sector Group and engagement with the National Office of Cyber Security. CHA is also working with members on what is required to transition away from non-renewable energy, as well as work towards an interoperable health system through the Sparked Initiative which aims to accelerate the creation and use of national interoperability standards.

Despite many challenges, CHA members have shown resilience, embodying the spirit of compassionate care amid a landscape marked by financial turbulence and change. As we forge ahead and advocate for sustainable funding, they remain steadfast in their commitment to shaping a future where every patient receives the dignity and quality care they deserve, today and for generations to come.

Together, we are not just adapting to change; we are shaping a future where every patient receives the dignity and quality care they deserve, today and for generations to come.

Dr Katharine Bassett
Director Health Policy

PUBLIC HEALTH & IN-HOME SUPPORT

Catholic public hospitals and home-based aged care continue to deliver vital care to the communities that place their trust in them, but face significant challenges from funding uncertainty, case mix changes and workforce shortages. CHA continues to advocate for a strong focus on public health initiatives, such as shifting more care into the home to alleviate the pressure on Australia's strained hospital and aged care systems.

Representing Catholic health and aged care providers nationwide, CHA upholds values rooted in social justice, compassion, and care for the vulnerable. The challenges to our Members' ability to deliver this critical care are significant and growing. This year, CHA has continued to implement our Health Operational Plan, focused on addressing public hospital funding challenges and the growing aged care needs of our population, as well as advocating for a robust healthcare workforce and promoting innovative care models like Hospital in the Home (HITH).

PUBLIC HOSPITAL FUNDING

CHA Members face ongoing challenges with public hospital funding, which often falls short of meeting the increasing demands of managing acuity and casemix diversity. These challenges are not unique to Catholic-run public hospitals and are impacting public hospitals more broadly. The complexity and severity of patient conditions are rising, requiring more resources and specialised care interventions. The reasons for this are complex but are in part due to rising chronic disease in Australia, as well as less affordable access to primary care. The impact of these shifts can be exacerbated for Catholic public hospitals, whose mission has seen them lean more heavily into areas of need such as care for those experiencing homelessness, refugees, and the provision of wrap-around services to those from low socio-economic backgrounds.

CHA has focused on advocating for transparency and accountability under the National Health Reform Agreement, to ensure that funding intended for public hospitals is delivered to them, and any savings they generate are re-invested in services.



HOSPITAL IN THE HOME

CHA led a strong push for Hospital in the Home (HITH) as a viable alternative to traditional hospital care, promoting patient-centred care models that enhance flexibility and efficiency. This year, CHA led industry discussions with Government around the need to expand funding for HITH. The Government has recently conducted reviews of existing funding mechanisms which govern what insurers must pay for and found they work effectively in on-ward settings. CHA supports policy reforms that incentivize and recognize the value of HITH services and would allow not-for-profit providers to invest at scale in this productivity-improving initiative.

CHA conducted detailed polling of the consumers of public health, who overwhelmingly favour control of healthcare settings being determined by patients and their doctors. The public strongly supports insurers being required to pay for HITH delivered by a private hospital where a patient and their doctor believe this is the most appropriate avenue for care. As part of this advocacy, CHA led a media campaign that reached over a million Australians.

AGED CARE IN THE HOME

CHA continues to engage with the Department of Health and Aged Care and the Commonwealth Government on the future design of the Support at Home Aged Care Program. CHA Members deliver approximately one in five home care packages in Australia, and home care will be expected to do the heavy lifting in aged care for decades to come.

There are significant questions to be addressed as part of development of the Support at Home Program, including:

- The funding levels that will be available to recipients;
- Regularity of new packages being released; and
- Where responsibility for a client's well-being will sit under a self-directed, multi-provider model.

CHA Members meet regularly to discuss home care, including through our In-Home Support Working Group, as part of CHA's budget week event in Canberra in May and at our CHA National Conference in August.



Accessing home care support services can sometimes be overwhelming and confusing for older Australians and their families. Southern Cross Care (WA) launched a home navigation tool that allows people to enter their postcode and funding package to identify the services they need.

WORKFORCE

Workforce shortages pose significant concerns within the health and aged care sectors, impacting service delivery and patient care outcomes. CHA actively advocates for initiatives to address these challenges, including the re-establishment of Health Workforce Australia (HWA). To this end, CHA has consistently led an industry push to resurrect HWA to address long-term workforce development, allocation, and research challenges, beyond the current shortages. This has included drafting budget submissions, discussions with state and Commonwealth ministers and advocacy in the media.

CHA will also be represented on the Commonwealth Government's upcoming Medical Workforce Advisory Collaboration. CHA Members have important insight into the medical workforce challenges being faced by health and aged care workforces, and their potential solutions. For example, we conduct independent research into health workforce shortages, engage with Catholic (and other) universities to develop improved retention models, and our Members are engaged in substantial training as well as international recruitment. CHA looks forward to contributing to solutions that will improve the effectiveness of Australia's medical workforce.

GENERAL USE PROSTHESES ITEMS

For over two years, CHA has prioritised engagement with medical device regulation and funding policy, particularly a mechanism that would have resulted in significantly exacerbated out of pocket costs for patients and reduced access to planned surgeries. At the urging of the private hospital insurance lobby, the policy announced in 2021 would have led to key surgical items not being funded by health insurers. As a result of CHA-led advocacy, the Minister for Health and Aged Care Mark Butler intervened, and has changed this policy in the best interest of patients.

This advocacy program was an example of the strength of advocacy approaches centred on the public interest, engagement with a broad range of stakeholders and focused on discrete messaging to the right audiences. Importantly, the solution CHA developed has resulted in funding certainty for these surgical items, but also price reductions for Australian consumers averaging 11% across the board. In the year ahead, CHA will continue to focus on the key goals in its Health and Aged Care Operational Plans – prioritising our resources towards issues that are important, not just urgent.

Alex Lynch, Director of Public Health and In Home Support Policy

AGED CARE

With a new Aged Care Act in train and a Aged Care Taskforce Report establishing a pathway to financial sustainability, the aged care sector is entering the final stages of its post-Royal Commission era. While significant workforce and financial pressures remain, the sector has, for the first time in years, a renewed sense of hope.

The start of this year was significant for the sector with major changes coming into effect, including a 15 per cent wage rise for workers in residential aged care, regulated 24/7 Registered Nurse requirements and an independent capability review highlighting problematic findings about the regulator.

Reform continued across all parts of the sector. Between September and December, the aged care accommodation design principles and a final draft of the strengthened Aged Care Quality Standards were released and the new Aged Care Act, a foundational piece of the reform was made available for public consultation. The year was rounded out by the release of the Aged Care Taskforce Report and a successful Fair Work Commission case which will deliver historic wage rises for aged care workers.

We enter the new year awaiting a Government Response to the Aged Care Taskforce Report but remaining hopeful for reform that, in the past, has been too challenging for governments to tackle.



Villa Maria Catholic Homes (VMCH) nurse Sue Adhikari with a resident at St Bernadette's Specialised Dementia Care Unit in Melbourne.

ADDRESSING THE ELEPHANT IN THE ROOM – FUNDING REFORM

With clear structural funding issues facing the sector, the Government set out to establish a pathway forward through the establishment of the Aged Care Taskforce. CHA Chair John Watkins AM was appointed as a contributing member of the Taskforce, later replaced by outgoing CEO Pat Garcia. Both John and Pat brought their personal experiences and skills as well as the Catholic sector's deep knowledge and history in health and aged care to the Taskforce's deliberation.

CHA has long argued that those who can comfortably contribute to funding their own aged care should do so. We renewed our laser focus on advocating for financial sustainability throughout the year in collaboration with other aged care providers including Opal Healthcare and Anglicare Sydney. With the Final Report being handed down in December and made public in March, the Aged Care Taskforce put forward recommendations to increase personal contributions to the cost of accommodation and daily living expenses for those who can afford it, while retaining a safety net for others.

CHA advocated publicly and privately on its support for the reform and partnered with StewartBrown to analyse and communicate the positive impact of the reform on the sector to MPs, Senators and members. We have continued our efforts to build momentum around the Aged Care Taskforce recommendations through ongoing consultation with Members of Parliament and stakeholders alike.

ESTABLISHING A LEGISLATIVE FRAMEWORK FOR THE FUTURE

A central feature of this year has been a new Aged Care Act. Underpinned by a new rights-based approach, the new Act is a fundamental piece of the puzzle in setting the right foundations for a future aged care system. CHA actively campaigned for changes on the new Aged Care Act, including delays to the introduction of the Act into parliament to support critical policy work. CHA has been working with government and the Department to resolve issues with the draft. The Act is expected to progress into Parliament in the second half of 2024.



Val and Sophia are part of Calvary Kooyong's 'Knit 'n Knatter' group. The Comfort Rug Project creates rugs for palliative care patients in hospitals, aged care and the local community. With their colour and vibrancy, the rugs provide emotional as well as physical warmth and are "threaded with prayers of hope and love".

WORKFORCE STILL A PROBLEM

The sector has continued to face significant challenges with attracting and retaining staff. There are 60,000 care and nursing vacancies this year alone that is projected to hit 110,000 in six years' time. New regulated care minute targets and the requirement for facilities to have registered nurses onsite 24/7 are exacerbating the workforce crisis, especially in regional and remote areas.

CHA has been at the forefront of driving a workforce agenda for the aged care sector. In addition to the push to re-establish Health Workforce Australia, CHA was vocal in calling on the government to commit to fully funding the Fair Work Commission (FWC) Stage 3 Decision, provide rental assistance for nurses and other aged care staff, create a national 'Health & Care Worker Passport' and invest further in staff housing, particularly in regional, rural and remote areas.

The end of the year saw some significant wins for the sector, including the final determination by the FWC on the wage case which will see historic wage increases for both direct and indirect care staff. The federal government also responded to concerns about workforce shortages impacting the delivery of critical care minutes in residential aged care services through the inclusion of ENs in 10 per cent of nursing targets.

COLLABORATION AND CONNECTION ACROSS OUR MEMBERSHIP

CHA has continued its focus on bringing together members to collaborate, connect and learn from one another. CHA and a delegation of 25 aged care CEOs and senior executives spent three days in the nation's capital as part of CHA's Budget Week Dialogue '24. The event series gave our members unprecedented access to politicians from all stripes through a series of post-budget briefings at Parliament House and a session with the Department of Health and Aged Care's Deputy Secretary for Aged Care, Michael Lye.

CHA has also hosted a lunch series with members in Brisbane, Melbourne and Sydney in partnership with StewartBrown and investment firm IAM to share analysis and insights on the impact of the Taskforce on our members and explore investment approaches for Refundable Accommodation Deposits.

Laura Haylen
Director Aged Care Policy

MISSION

The 2023-2024 year of has seen Catholic Health Australia launch new mission initiatives, strengthen foundational ones, and focus on ensuring our mission work is effectively integrated into all that we do.

In late 2023, CHA's Social Justice Committee noted that there was a significant role for CHA to lead in education and awareness raising on matters relating to the intersection of justice and healthcare. In response, our *Health at the Margins* series was launched as part of World Day of the Sick in February 2024. The first webinar attracted over 100 registrations and was a panel on the role of relationships in a person's health in line with the World Day of the Sick theme.

The second of these webinars was held in May titled "Caring for the whole person: supporting LGBTIQ+ people in Catholic Aged Care services". The focus of this webinar was instigated by CHA's Social Justice Committee on the researched and publicised barriers for those in the LGBTIQ+ community accessing care, and the lack of clarity or confidence some providers can experience around what Catholic aged care services can or should be doing, when it comes to care for this demographic.

The response to registrations was quick and numbers exceeded expectations, highlighting an ongoing interest in this series and this topic by our sector.

CHA aims to host up to four *Health at the Margins* Webinars in 2024, with the aim of making this an ongoing series into 2025 after evaluation by the Social Justice Committee. Working with fellow Directors at

CHA, we will continue to explore opportunities to use the issues highlighted within Webinars to inform future advocacy programs and positions.

The Code of Ethics Review process continues to be undertaken and has reached its final stages after a collaborative effort with members, ethicists, Bishops and the broader Church. While still in draft form, the Code has looked to include matters of ethical importance that were not of significance when the Code was originally written, as well as removed or reshaped areas that are no longer of significance in practice. Any revised Code seeks to reflect current Church doctrine while providing tools to examine this from a clinical perspective. The proposed draft has presented a greater scope for ethical considerations, particularly in areas that good ethical practice should not narrowly prescribe in health and aged care, while providing limitations. This has been supported through the provision of ethical tools that can be drawn on in a therapeutic setting which clinicians can use in their ethical decision making.

CHA's Reconciliation Steering Committee, comprising representatives from across our membership, has changed its meetings from monthly to fortnightly as work continues on developing a Reconciliation Action Plan (RAP). Reconciliation Australia advises that the first step in the process is one of reflection. This





Over the past 100 years, the Sisters of Mercy in Young NSW have supported the advancement of regional healthcare, establishing critical services, including palliative care, aged care and health care. A century later and the legacy of the Sisters lives on through dedicated staff who continue to serve our mission.

includes reviewing our website and communications and establishing cultural education experiences for the CHA Board and staff. This approach will focus on current processes and how participation in a RAP can be enhanced within CHA itself. However, the steering committee is not limited by this approach and our desire is to always consider worthwhile initiatives that may at times extend beyond the scope of a RAP. Our advocacy is to explore ways in which the Catholic health sector can work together, building on the successes of our member organisations as they continue their own journeys of reconciliation.

Taking seriously our role as part of a broader network of Church leaders, CHA has continued to engage with our colleagues across ministries through various forums, including liaising with Church commissions on relevant matters. At the end of last year, the Synod's General Secretariat published a document Towards October 2024 containing guidelines for consultations to be held in 2024 to reflect on the Synthesis Report from the First Assembly and prepare for the Second Assembly. CHA participated in this synodal process on "finding a dynamic balance between the dimensions of the Church as a whole and its local roots" and discussed the many ways the Church can build connections and relationships, stretch our imaginations as to what faith in action can be, to become a church and ministry grounded in prayer and focused on the Gospels. This deep listening and discussions were fed back to the national Synod process for the Second Assembly.

In the last year, CHA systems mission leaders have been meeting weekly to discuss joint and emerging challenges. This has also been supported by longer meetings twice a year for more strategic planning, including one in person meeting. Off the back of this success in driving collaboration and communication, CHA has initiated through the leadership of MercyCare and

Catholic Healthcare a similar group for aged care mission leaders and the first meeting was held with a view to more regular meetings going forward. This meeting addressed resourcing challenges, the professionalisation of pastoral and spiritual care, as well as a desire for greater resource sharing. CHA is looking forward to facilitating a deeper understanding a discussion on these issues, as well as building stronger relationships between aged care mission leads across our sector.

As part of Palliative Care Week in 2024, CHA commissioned data to both support our advocacy for greater palliative care funding, as well as our focus on hospital in the home. In the coming months, this data will be considering the best ways to utilise these in our advocacy efforts. Key findings include:

- Overwhelming support for palliative care funding (funded by government as part of the healthcare system, rather than by an individual)
- Uncertainty as to whether palliative care services would be accessible in their local community, but a strong belief that they should be made accessible.
- Increased concern about access in regional and rural areas.
- Desire to be able to access palliative care at home, rather than a hospital.

CHA continues our work in a multitude of other advocacy areas across private and public health as well as aged care initiatives, all grounded in our mission of providing better care to those who need it, when they need it. We look forward to continuing this work in the coming year, as well as launching new programs and initiatives.

Brigid Meney
Director of Strategy & Mission

COMMUNICATIONS, MEDIA & GOVERNANCE

Throughout 2023-2024, Catholic Health Australia expanded our presence across mainstream, religious, trade and social media channels, addressing key issues in health, aged care, and mission.

CHA's public advocacy positions were amplified across all channels, focusing on key issues including aged care funding reforms, hospital-in-the-home care and palliative care services in the context of Voluntary Assisted Dying (VAD) legislation.

Our national media campaign on prostheses reform involved case studies from our members in regional markets and successfully resulted in a policy change that saved our members millions of dollars in general use surgical items. Our thanks goes to our member hospitals for their collaboration on this issue.

Throughout the year, CHA's media efforts resulted in significant coverage across major Australian news outlets, including front page stories in The Australian, opinion pieces in the Australian Financial Review and Catholic publications, and appearances on national television news programs. These media activities reinforced CHA's position as a leading voice in Australian health and aged care and helped us shape the national discussion.

The year also saw the consolidation of CHA's presence on LinkedIn as a major communication channel to amplify our policy and advocacy positions, including submissions to government and media coverage. Improvements were also made to CHA's website, including the creation of a Newsroom to showcase stories from CHA and its members. Additional pages were created to publish submissions, events, webinars, publications and conference materials. The Health Matters monthly newsletter showed increased engagement and open rates.

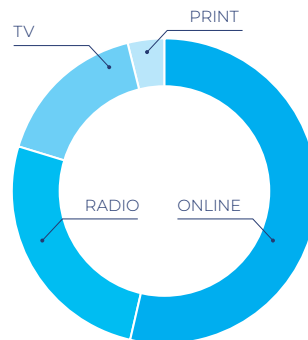
A highlight of the year was the establishment of a Communities of Practice (CoP) group which pulled together Communication and Media leads from across our hospital sector to coordinate media responses, providing peer support and improving communication between CHA and its members.

RESULTS

In the financial year 2023-24, Catholic Health Australia had 1,255 mentions in the media with 35.1 million potential cumulative views. This was on par with the previous year's coverage.

A total of 673 (53.6%) of these mentions were online, 329 (26.2%) were radio, 205 (16.3%) were print and 48 (3.8%) were TV. Some of the highlights are outlined in this report.

MAINSTREAM MEDIA MENTIONS



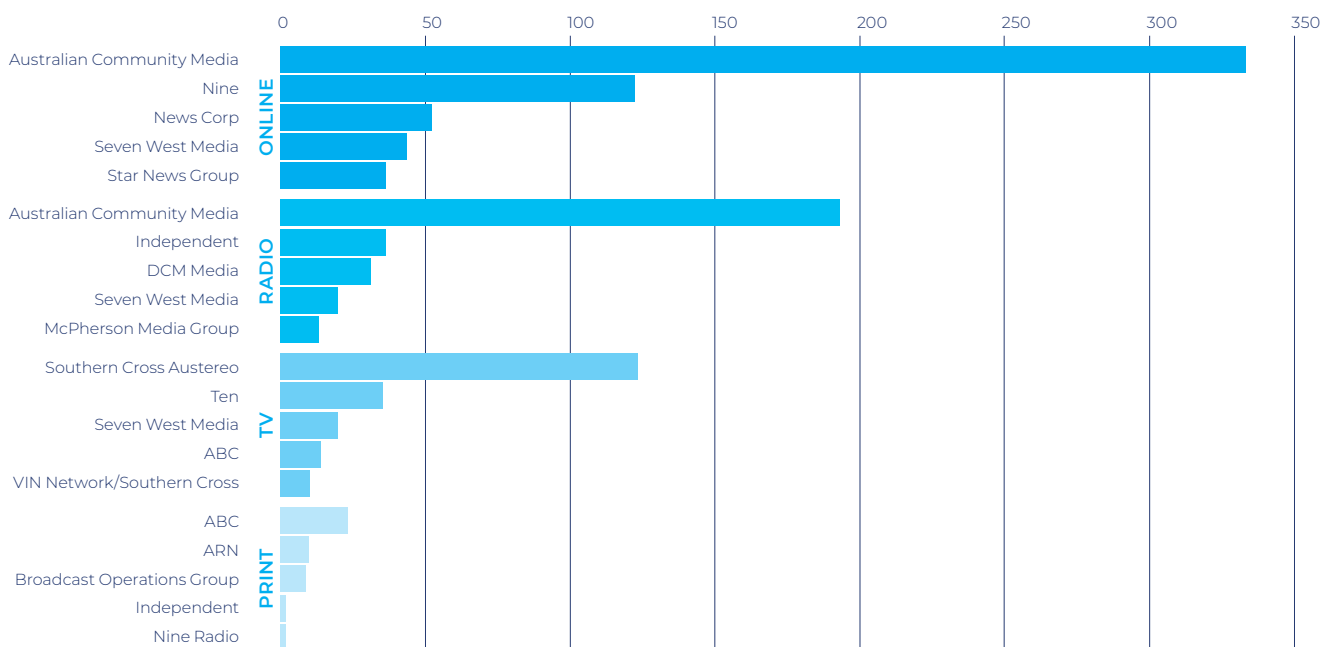
Total mentions by media type over the selected coverage period.

Total 1,255

Online	673 (53.6%)
Radio	329 (26.2%)
TV	205 (16.3%)
Print	48 (3.8%)

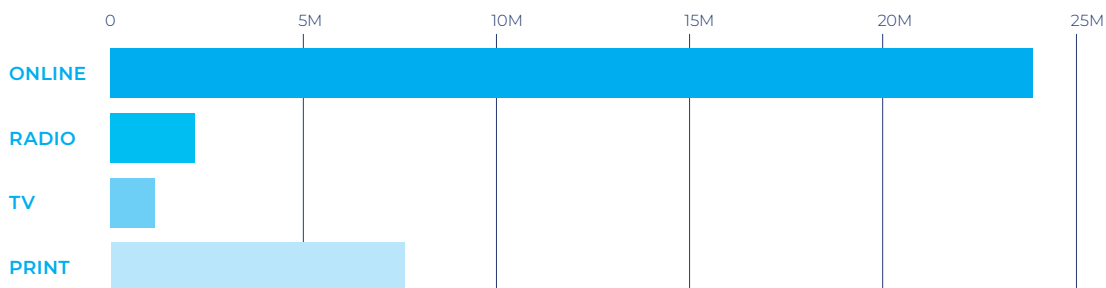
LEADING MEDIA OUTLETS

Top 5 Media Groups over the selected coverage period.



POTENTIAL AUDIENCE REACH - 35,139,387 OVER 361 DAYS

Cumulative potential audience reach by media type for the selected coverage period.



Call for health insurance overhaul

EXCLUSIVE

NATASHA ROBINSON
HEALTH EDITOR

Catholic hospitals are calling for a fundamental overhaul of the way private health insurance premium rises are calculated and approved, with the cost pressures faced by hospitals taken into account in yearly increases that should be decided through an independent process.

A Catholic Healthcare Australia submission to the premium round – an annual process in which insurers apply to increase the cost of their private health policies – has called for any premium price bumps to be specifically linked to the amount of benefits paid out by health funds.

The CHA is calling for premium price rises to be determined at arms-length from the political process, with an independent body such as the Independent Health and Aged Care Pricing Authority determining how premium rises should be calculated and approved.

Currently, premium increases are approved by the federal health minister.

"An independent body would

take into account the evidence and data across the sector to deliver better outcomes for patients, hospitals and funders," said CHA's director of health policy Katharine Bassett.

"While delivering a more robust premium round in the short term, this would also lay the groundwork for a careful and considered longer-term move towards a national efficient private price – an independently set, nationally consistent activity-based funding model for private hospitals," Dr Bassett said.

The CHA submission comes in the midst of a federal government rapid viability review of private hospitals, with the sector only marginally viable and many facilities at risk of closure.

Mental health wards, psychiatric inpatient services and residential services are under particular pressure within the private system. Many wards have empty beds and some have been forced to close.

A recent analysis performed by corporate auditing firm EY found that the \$2.2bn private hospital system was under pressure, with 70 per cent of private hospital groups losing-making and the industry as a whole operating at a profit margin of just per cent.

CHA has told the federal government in its submission that the rules and regulations governing private health services have not sufficiently protected patients from services closures.

"The current system has neither prevented private health insurers from banking huge profits nor ensured an adequate flow of funding to struggling private hospitals," the submission says.

It calls for actual benefits paid out the previous year, premium revenue, management expenses broken down in detail, overall annual profits, out-of-pocket costs associated with insurance product tiers, and products closed and reopened at a higher cost, to all be revealed transparently and taken into account in the premium setting process.

Private Healthcare Australia chief Rachel David said many of these aspects were already reviewed by APRA and analysed "with a fine tooth comb" during the process and a further layer of regulation was not optimal.

Dr Bassett said the process was opaque and did not sufficiently consider the sector as a whole.

FINANCIAL REVIEW

Help us or hospital system could fail: private operator

Tom McIlroy Political correspondent



One of Australia's largest Catholic hospital operators, St John of God, has warned the country's public health system risks being overwhelmed if private providers are not put on a more sustainable footing.

6 Budget2024

Union warns pay rise delay will create staff crisis



AGED CARE
EWIN HANNE
WORKFORCE EDITOR

'No aged-care reform, too few homecare packages'

OPERATORS

STEPHEN LINDSAY
SOCIETY EDITOR

Aged-care advocates have rebuffed the Albanese government over the pace of reform after Tuesday's budget offered no response to the recommendations of its own taskforce.

There was also disappointment that only 2300 additional homecare packages were funded for the ageing population and government demand for older Australians to remain in their own homes for as long as possible.

With most of the budget's \$2.2bn new spending being committed to funding IT upgrades and digital infrastructure for a sector facing significant financial challenges beyond a non-comprehensive reform roadmap.

"The decision to neglect the aged-care taskforce recommendations with budget incoherently disappointing and frustrating," Catholic Health Australia aged-care policy director Laura Haylen said.

"With most facilities operating at 80 per cent and more at risk of closure, we are running out of time to secure quality and sustainable care for our residents."

"Every day adds more to the list of funding the system and leaves more older Australians languishing in our hospitals for lack of quality care options in their community. This is unacceptable."

Stephen Maggellan, chief executive of independent not-for-profit aged-care provider Faithcare, said a "speedy response" was needed to ensure every day that older people receive more people stuck in hospital in years to come due to insufficient residential care places.

"The majority of people in peak and community care programs do not want to be in residential care. They want to stay in their own homes and receive care in their own homes."

more common scenario was to move them to live in their own homes with care, both in-home and residential. It is a recommendation not to be undertaken by the government.

"It allows them to stay together in the same village community as their needs change."

But not yet. Much to the disappointment of the sector, Tuesday's budget did not set out a blueprint for aged-care reform along the lines of the taskforce recommendations.

Residential care will remain an important element of the care ecosystem, particularly at the acute end when family or dementia become too much to manage at home.

The taskforce is calling for a more open and the sector has long advocated for the past five years. However, investment in home care services is growing slowly.

Mr Symon was also concerned about the lack of new home care packages being funded by the government.

ACCPA had called for an additional 2300 and Tuesday's budget allocation was 2300.

"We need to see the government's response and we need to be confident in the budget, for our residential aged care to be able to wait for support that never comes," Mr Sparrow said.

The majority of people in peak and community care programs do not want to be in residential care. They want to stay in their own homes and receive care in their own homes."

apartment in Ryman Healthcare's Ryman Rydges Retirement Village in Aberfeldie, near Edenburg in Melbourne's inner north-west.

It is a recommendation not to be undertaken by the government.

"I can just head up and see how she does," Mr Symon said.

Mr Symon said it was important that the government was not seen to be neglecting the needs of the aged-care sector.

"The government is not taking any responsibility, a labor government won't track around. We'll get the workers, call the union, call the Fair Work Commission."

Mr Symon said it was important that the government was not seen to be neglecting the needs of the aged-care sector.

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MEDIA BY MONTH

In July 2023: We issued a media release announcing CEO Pat Garcia's departure and another announcing our support for the referendum on an Indigenous Voice to Parliament.

In August: We issued a media release welcoming figures showing registered nurses were onsite in aged care homes 98 per cent of time. We also landed a front-page story in The Australian about the government removing general use items from the prostheses list. From there, we planned a national media campaign to reverse that decision, which was ultimately successful.

In September: We placed a story with The Australian on user contributions in aged care. We published a media release about our national conference, focussing on the Sister Maria Cunningham Lifetime Contribution Award handed to Mercy Health Associate Professor Dr Michael Rasmussen for his 40 years of service. We also issued a media release endorsing the Indigenous Voice to Parliament.

In October: We announced the appointment of a new Chair Jenny Parker and CEO Jason Kara. It was reported in religious and health media, with articles in Cath News, Aust Ageing, The Weekly Source and an interview with Talking Aged Care. CHA also submitted an opinion piece to The Catholic Weekly on Voluntary Assisted Dying (VAD) and responded to a request for interview from the same publication for a broader story on CHA's position.

In November: The Daily Telegraph published an opinion piece by Jason Kara arguing the importance of palliative care following the legislation of VAD in NSW.

In December: CHA issued a media release announcing the appointment of our new directors and another endorsing the government's move to establish an anti-slavery commissioner. In an Sydney Morning Herald article, CHA warned that allowing telehealth access for assisted dying would make it more accessible in regional areas.

In January 2024: The AFR published an opinion piece by Jason Kara on the benefits of hospital-in- the-home care.

In February: Director of Public Health and In Home Support Policy Alex Lynch was quoted in an article in The Australian calling for the establishment of Health Workforce Australia. CHA published a media release marking World Day of the Aged and Frail.

In March: We featured in a front-page story in The Australian on the Aged Care Taskforce and Jason was interviewed on the topic live on 10News. We placed a story with The Weekly Source on our pre-budget submission calling for government-funded wage rises for aged care workers. Laura Haylen was quoted in The Australian, backing government-funded wage rises, and Jason Kara appeared on 7News backing the increase.

In April: CHA placed a story with ACM titles around the country about the negative effects of the government's proposed prostheses changes. We placed a story with The Australian about our pre-budget submission on

PLAN TO HIKE PERSONAL CONTRIBUTIONS OF BETTER-OFF NURSING HOME RESIDENTS

Labor to hit up wealthy oldies

EXCLUSIVE

ANTHONY ALBANO, Labor's Health Minister, says the government is planning to raise the personal contributions of wealthy nursing home residents. He says the government is planning to raise the personal contributions of wealthy nursing home residents. He says the government is planning to raise the personal contributions of wealthy nursing home residents.



Anthony Albanese and the Minister for Aged Care, Anka Weber, at Parliament House in Canberra.

Double trouble: Wells wrong to wear two hats

The Health Minister, Anthony Albanese, has said that the government is planning to raise the personal contributions of wealthy nursing home residents. He says the government is planning to raise the personal contributions of wealthy nursing home residents.

Palliative care still necessary

Jason Kara

His work voluntary assisted dying became legal in this state. But how voluntary is it? If you do something voluntarily it must mean you have other options. Otherwise, you're not really volunteering at all. You're being left no real choice.

The proper alternative to assisted dying is modern palliative care, supportive care, which has made incredible advances in recent years.

When most of us think of palliative care, we tend to picture only the final days of life, with some pain relief given to an unresponsive person.

But today, palliative care can be administered over many years, not just the final days, to ensure the person lives as comfortably and fully as possible.

Terminally ill people, with even the most acute conditions, can be treated so they not only extend their life but their quality of life.

Recent studies have shown that when true supportive care is provided it not only relieves psychological suffering, it extends life.

Modern pain relief and treatment options, administered by specialists, can allow people to continue living their lives. We can enable terminally ill people to connect meaningfully with their family and friends, do the things they love, arrange their lives and construct their legacy.

And yet thanks to a lack of funding, this modern, quality palliative care option is only available to a tiny fraction of terminally ill people in NSW. Most must suffer with older models of treatment or, particularly in rural areas, no real palliative care at all.

We could fix this. It would be expensive but certainly not unobtainable. Instead, the NSW Government recently announced it would spend \$20 million from palliative care.

So we are effectively taking away the option for terminally ill people to live and replacing it with the option to die.

Now it's no surprise that Catholic health providers, just like the Australian Medical Association, have long opposed assisted dying. Our opposition rests on core moral grounds: on our belief that our mission to heal is never compatible with intentional killing.

But you don't have to be Catholic to see the ethical problem with the road we're taking. Surely there's something questionable about a society that denies people accessible care and then readily offers them the option of ending their lives.

When there is no appropriate palliative care to offer, six people will feel pressured to take the option of assisted dying.

In the American state of Oregon, where euthanasia has been legal for some time, older people reported "feeling like a burden to their family" as a reason for seeking to die.

No one should feel this way. No one should feel so unsupported as they approach the end of life.

Support of assisted dying will point to safeguards but they are impossible to guarantee, particularly when real palliative care is so lacking.

Private Healthcare Australia, the peak body representing insurers, said management expenses were in line with rising inflation and that there was no evidence they had skyrocketed.

PHA chief executive Rached David said a default benefit paid on a home care was "not the answer" and it would have "an immediate inflationary effect on premiums."

"We have already seen from the mandated default benefits for inpatient care a proliferation of low value services concentrated in urban areas, which has had an inflationary impact on health fund premiums," Dr David said.

According to Redbridge report of 200 people, commissioned by CHA, 60 per cent of patients believe the government should require insurers to provide care at the patient's choice of location while 82 per cent would consider home care an option if were covered by health funds.

CHA chief executive Jason Kara said Australia was "falling further behind international peers" with British and American medical professionals increasingly offering care at home.

"Care at home can lead to lower readmission rates, shorter stays and increased patient satisfaction, as well as reduce pressure on the straining hospital system but private hospitals are unable to provide it without funding agreements towards the costs of benefits for treatment and hospital stays, but what this graph shows is that management expenses and insurance profits are key drivers of premium increases," Professor



Jason Kara is chief executive of Catholic Health Australia

INSURERS TOLD THEY SHOULD... 'Cover health services at home'

EXCLUSIVE

JESS MACCOLM

Australia's largest not-for-profit provider of hospitals and aged care services is calling on private health insurers to fund care at home, saying millions of Australians are missing out on crucial services while insurers make record profits.

In a pre-budget submission to Treasury, Catholic Health Australia has urged the federal government to force insurers to offer rebates to people who receive treatments at home.

The peak body - representing 15 per cent of hospital-based health care in Australia and 25 per cent of private hospital care - said several services could be offered safely at home and lead to better patient outcomes for treatments including chemotherapy, dialysis, wound care, palliative care and post-surgical rehab.

The push comes as new analysis from the Australian Medical Association reveals management expenses for private health insurers have skyrocketed 32 per cent over the past four years to June 2023, an increase of \$76m.

Over the same period, doctors say insurers recorded a 502 per cent increase in profit, according to data from the Australian Prudential Regulation Authority.

AMA president Steve Robson said insurers spending on benefits for hospital services was being dwarfed by funding for administrative expenses such as IT upgrades, paying call centre staff and electronic billing and claims.

Professor Robson called on Labor to mandate that private health insurers return a minimum 90 per cent of premium dollars each year paid back to consumers.

"When patients pay their insurance premiums, they expect that money is going mostly towards the costs of benefits for treatment and hospital stays, but what this graph shows is that management expenses and insurance profits are key drivers of premium increases," Professor

CALLS FOR INSURERS TO LIFT GAME

Inaction on mental health

Townsville's Mater Hospital is calling for reforms to private health insurance guidelines in order to improve access to and the affordability of mental healthcare services.

Statistics show the Townsville region has higher rates of psychological distress than other parts of Northern Queensland.

The North Queensland Primary Health Network Health Needs Assessment 2022-2024 shows that more than 45 per cent of North Queenslanders aged 16 to 85 years will experience a mental illness at some time in their life, and one in every five will experience a mental illness in any 12-month period.

These statistics are higher than in Townsville's neighbouring regions of Cairns and Mackay.

Young's Senior Manager of Aged Adult and Mental Health Greg McGahan said key reform would be abolishing the waiting period for people under the age of 30.

"People can be waiting up to 12 months before their private health insurance policy will cover their mental healthcare - time in which their physical and psychological health can significantly deteriorate," Mr McGahan said.

"Mental illness is not only a health issue. It has a substantial impact on the community through increased use of health and other services, and on the economy due to lost productivity which is unable to work."

Townsville advocate and mother of three, Kellie Stephenson said it was vital to provide mental health services that were affordable.

"In the past I have experienced my own mental health struggles."

"At the time I was fortunate to be able to access support and resources to manage through those times, which has made me more adamant that everybody deserves access to support when they need it." Mrs Stephenson said.

As part of a joint submission to the federal Health and Aged Care Minister, Mater and several other major private and not-for-profit healthcare providers called for changes to mental health cover in all private health insurance policies.

Mr McGahan said the joint submission to the federal government, which was presented in March, called for inclusion of community-based mental health services in all private health insurance policies.

Mr McGahan said the joint submission to the federal government, which was presented in March, called for inclusion of community-based mental health services in all private health insurance policies.

DIGITAL ENGAGEMENT

Over the past 12 months, our digital engagement has markedly improved, with our website attracting 24,725 unique visitors which led to a total of 87,000 sessions, an increase of 10 per cent from the previous year.

Most people visited the CHA website to source media releases, budget news, health and aged care policy content, information on Voluntary Assisted Dying, staff and board profiles, information and videos on CHA's National Conference and our Webinar series "Guiding Lights - Expert Perspectives on Palliative Care and End of Life Support".

Our social media presence and engagement on LinkedIn grew significantly, adding 820 new followers, which increased 115 per cent from the previous year. CHA has approximately 2,300 followers and the channel allows us to communicate directly with a professional audience across government, health, aged care, mission and media.

Additionally, our Health Matters monthly newsletter was relaunched in early 2024 to reflect more advocacy and policy news and feature stories from our members. The newsletter achieved an average open rate of 39 per cent and 20 per cent of those clicked through to our site, which has doubled when compared to last year.

Adrian Kerr, Director of Communications, Media & Governance

health policy, leading on our call for insurers to be required to fund hospital in the home care. Alex Lynch conducted a radio interview with ABC Canberra Drive on the topic. Jason Kara was quoted in an article in The West Australian about the Federal Government's pledge to fund aged care pay rise. We also issued a media release backing the delay of the Aged Care Act to allow for more member consultation.

In May: In May CHA issued a media release endorsing the government's change to keep general use items on the Prescribed List, receiving national media coverage. CHA responded to the federal budget, with separate media releases on aged care and health. CHA was quoted in an article in The Australian, expressing disappointment that the budget did not respond to the Aged Care Taskforce recommendations. Budget coverage also helped lift overall media metrics. In the period March 11 to May 17 2024 CHA had 942 media mentions and a potential cumulative audience reach of 13,056,121 over 68 days.

We also wrote an opinion piece published in Catholic Weekly and CathNews on the importance of properly funding palliative care. We issued a media release endorsing the government's change to allow enrolled Nurses to meet 10 per cent of their nursing targets.

In June: We provided a statement to The West Australian for an article which referenced one of our member hospitals about voluntary assisted dying. We clarified that while CHA members would never block access to VAD, they do not provide it and instead choose to specialise in palliative care.

OUR BOARD OF DIRECTORS



Jenny Parker

Chair, Catholic Health Australia

Jenny was elected Chair of Catholic Health Australia in November 2023, having served as a Director on the Board since 2018. She brings more than 30 years of professional services experience to the role, including in her current position as the Oceania Leader in Health, Life Sciences and Human Services for consultants EY. Jenny has worked closely with health organisations throughout her career, including Mater Misericordiae and St Vincent's Health, and has a proven track record in major government reviews within the health sector.

She has previously been the Chair of the Centacare Council, a not-for-profit organisation supporting disability and aged care clients.

Jenny also holds a number of positions in the Brisbane Archdiocese, including Chair of Brisbane Catholic Education and Deputy Chair of the Archdiocesan Council. She was also the Deputy Chancellor of Queensland University of Technology, and is a board member of Australia's leading cancer charity, Cancer Council Australia.

Stephen Teulan

Deputy Chair and Non-Executive Director, Catholic Health Australia

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 21 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.

Hon John Watkins AM

Non-Executive Director

John is a former Chair of Catholic Health Australia and Catholic Professional Standards Ltd, a member of the Advisory Committee for the Centre for Emotional Health at Macquarie University and an Adjunct Professor of Law at the University of Western Sydney. John 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. John 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.

Julien O'Connell AO

Non-Executive Director

Julien has a long and distinguished career in insurance, accounting and risk management. He is the Acting Pro-Chancellor, Australian Catholic University (ACU); Chairman of a CEO Institute Syndicate; Chairman Mercy Health Foundation Board; Chairman, Villa Maria Catholic Homes; Chairman, PM Glynn Institute, ACU and ACU's Finance and Resource Committee; 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 23 years he served on the Finance Committee 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. 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 osc

Non-Executive Director

Ruth is a member of the international Institute of the Ursulines of the Roman Union. She was the Leader of the Australian Province from 2012 - 2018, and then again from 2020-2023, and 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 director on the board of Emerging Futures Collaborative Ltd otherwise known as EFCL, and is a member of the Australian Institute of Company Directors. She has been a CHA Board member since 2019.

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 Sanderson 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. She is currently Chancellor of Edith Cowan University, a role she has had since January 2019. 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 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, Patron of the Western Australian Aboriginal Leadership Institute, the Bibbulmun Track Foundation and the Rottneest Voluntary Guides Association.

Sister Clare Nolan rsc

Non-Executive Director

Sister Clare Nolan rsc joined the CHA Board in November 2021. Up until March 2021 she 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.

Archbishop Julian Porteous

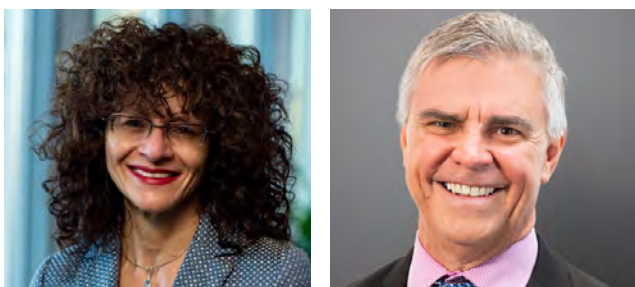
Non-Executive Director

His Grace was ordained a priest in 1974. After postings in Sydney and serving as Rector of the Seminary of the Good Shepherd in Sydney he was ordained Auxiliary Bishop in Sydney in 2003. He was installed as the Archbishop of Hobart in 2013. His Grace has been a member of several Commissions for the Australian Bishops conference and was more recently a member of the Bishops Commission for Evangelisation, Laity and Ministry. His episcopal ministry in Tasmania has focused on the renewal of parishes, the encouragement of religious life, the development of youth ministry, marriage and evangelisation, and the establishment of the Christopher Dawson Centre for Cultural Studies to advance the Catholic Intellectual Tradition within the Archdiocese of Hobart, and beyond.

Francis Price

Non-Executive Director

Francis was appointed to the CHA Board in February 2024 as the representative of Southern Cross Care Australia. He is currently Chair of Southern Cross Care Australia and Southern Cross Care QLD. For the past decade he has been a Director of Southern Cross Care QLD and during this time has seen a multitude of changes to aged care regulation and delivery. He has a special interest in the provision of services to regional communities and has supported the delivery of aged care to a number of rural and remote locations. During his career Francis has held positions with Shell, Sodexo, Brisbane City Council and BHP Mitsubishi Alliance in Queensland and Western Australia. This has led him to gain significant experience in asset management in the built environment, including managing the development of and accommodation for over 8,000 people in the resource industry. In addition to Board roles, Francis has run his own private consultancy for the past decade .



Sylvia Falzon

Non-Executive Director

Sylvia was appointed to the Board of Directors in March 2024. She brings to CHA an executive career that spans over 30 years in financial services where she held senior executive positions responsible for institutional and retail funds management businesses, both in Australia and offshore. As a Non-Executive Director since 2010, Sylvia has experience across a range of sectors and customer driven businesses in financial services, health, aged care, e-commerce and retail. During this time, she has been involved in several business transformations, IPOs, merger and acquisitions and divestment activities. Sylvia is currently an Independent Non-Executive Director of ASX-listed Suncorp Group Limited and Premier Investments Limited. In the not-for-profit sector, she is the Chairman of Cabrini Australia Limited, and is also a member of the Australian Government Takeovers Panel. Sylvia holds a Masters Degree in Industrial Relations and Human Resource Management (Hons) from the University of Sydney and a Bachelor of Business from the University of Western Sydney. She is a Senior Fellow of the Financial Services Institute of Australasia and a Fellow of the Australian Institute of Company Directors.

Patrick Brady

Non-Executive Director

Patrick has more than 38 years of experience in the civil engineering industry and has applied his expertise in delivering major projects to a number of Board-level roles. Since 2012, Patrick has served as a Board Chair and Director for several public and private organisations, including Port of Townsville. He is currently Chair of Queensland's Mater Misericordiae Ltd — a network of 11 hospitals and health services, a nationally accredited education provider and a world-class medical research institute. Patrick brings a wealth of experience and knowledge about Board governance structures. He has played a key role in several successful mergers and acquisitions, including the merger of Mater's three ministries into a single, state-wide entity. Patrick is the founder and Chair of Premise Holdings Pty Ltd, one of Queensland's leading engineering firms.

Sharing Noongar culture at CHA's
National Conference in Perth



OUR STAFF



Jason Kara

CEO of Catholic Health Australia

Jason Kara has a strong commitment to the social justice mission of our Catholic health and aged care providers, building on his considerable experience in the public and not-for-profit sectors over the past 20 years. Jason has worked as a senior executive in the public service focusing on housing and homelessness outcomes; has volunteered as an advisor building capacity in the disability sector in Vanuatu; and has served as a senior advisor in the Office of the NSW Premier. He has also served as a Board Director for the Community Restorative Centre, which aims to break entrenched cycles of disadvantage, offending and imprisonment. Since joining Catholic Health Australia as the Director Aged Care, he has built strong relationships across the CHA membership while advocating for a quality and sustainable aged care system. As CEO, he brings his compassionate advocacy to the broader health, aged and community care portfolios, and will continue to support our members nationally to make a real difference to the lives of all in the community, but especially the poor, the vulnerable and the marginalised.

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..

Adrian Kerr

Director of Communications, Media & Governance

Adrian Kerr joined CHA in June 2023 as the Director of Communications, Media & Governance. As a former radio and television journalist, Adrian has worked in newsrooms in Sydney, Melbourne and regional Victoria, including the ABC, SBS and Nine Network. He has also worked extensively in media and communications across the NSW public service, including as Group Media Director at NSW Education during the COVID-19 pandemic. He brings his broad experience in public affairs to CHA and the social justice and care economy.

Alex Lynch

Director of Public Health and In Home Support 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.

Laura Haylen

Director Aged Care Policy

Laura brings nearly a decade of aged care, social and health policy experience to the position of Director Aged Care Policy, including roles at Commonwealth and State level. She has a deep understanding of the policy settings within the aged care sector, including six years' experience with consultancy firm KPMG, and has worked extensively with governments and providers nationally and internationally in the aged care, health and human services sectors. Laura holds a Bachelor of International and Global Studies from the University of Sydney and is currently undertaking her Masters in Public Health and Health Management and Leadership at the University of New South Wales. Laura joined CHA in January 2024.



Dr Katharine Bassett

Director Health Policy

Katharine is a respected leader committed to sparking positive change and reforming Australia's health system. She has nearly a decade of experience developing evidence-based solutions to Australia's biggest health and social policy challenges. Katharine is joining CHA after three years with the Australian Medical Association where she used research and advocacy to create a platform for health system reform. Katharine is an executive director on several boards and was previously a management consultant at KPMG where she worked with federal and state and territory governments across the health, ageing, and social services sector. She began her career working in federal government and academia, and holds a PhD in clinical immunology and a Bachelor of Medical Science from the Australian National University.

Annabelle Wang

Senior Policy Officer

Annabelle joins CHA as a Senior Policy Officer, having worked with consultancy firms PwC and Scyne Advisory where she has worked extensively with various levels of governments, health and aged care providers, and across human and social service sectors. Annabelle holds a Bachelor of Biomedicine from the University of Melbourne, and is currently undertaking her Masters in Public Health with the University of Melbourne. She is passionate about creating policy solutions that drive healthier outcomes for all people and striving towards health equity in Australia. Annabelle's work with the team will reflect her commitment to driving positive change and better health outcomes for all Australians.

Cody Nugara

Policy Officer

Cody joins CHA as a Policy Officer, bringing deep experience across a broad range of roles in public policy and advocacy. He has a passion for achieving better outcomes for people, in particular those that are marginalised in our community. Cody has worked in government and the Commonwealth Public Service, and brings knowledge and experience of policy development and implementation, politics, media management, campaigning and stakeholder

engagement to the role. He also brings experience of developing policies that focus on fixing challenges faced by people in regional communities. Cody has also worked in the Government Relations and Public Affairs consulting space, specialising in the Health sector, where he also brings research, advocacy and strategic communications experience to the role. Cody holds a Bachelor of Economics and a Bachelor of Political Science from the Australian National University.

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.

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.

NSW Minister for Health,
Health, NSW Minister for Illawarra

X @RyanPark a

for sponsor

ceda

committee for economic development of australia

NSW Health Minister Ryan Park a at the NSW Health Outlook,
co sponsored by CEDA and Catholic Health Australia.

OUR MEMBERS

Catholic Health Australia is the peak advocacy body representing the largest non-government group of health, aged and community care services in Australia. We advocate for an equitable, compassionate, best practice and secure health and aged care sector.

Amelie Housing
Ballycara Aged Care
Cabrini Health
Cardinal Stepinac Village
CatholicCare Asia
CatholicCare Central Queensland
Catholic HealthCare Ltd
Catholic Homes
Catholic Religious Australia
CatholicCare Sydney
Centacare Brisbane
Diocese of Lismore
Diocese of Port Pirie
Franciscan Missionaries of Mary
Little Company of Mary Health Care
Little Sisters of the Poor
Mater
Mercy Health
MercyCare Limited
Mount La Verna Retirement Village Inc
Ozcare
Scalabrini
Sisters of St Paul De Chartres
Southern Cross Care (Broken Hill) Ltd
Southern Cross Care (NSW & ACT)
Southern Cross Care (QLD) Inc
Southern Cross Care (SA, VIC & NT) Inc
Southern Cross Care (Tas) Inc
Southern Cross Care (WA) Inc
St Catherine's Aged Care Services
St John of God Health Care
St Raphael's Home for the Aged
St Vincent De Paul Queensland
St Vincent De Paul Society
St Vincent's Health Australia
Trustees of Catholic Aged Care Sydney
UnitingCare Qld Limited
Villa Maria Catholic Homes



Chair Jenny Parker and CEO Jason Kara (centre) hosted the inaugural CHA Budget Dialogue at Parliament House Canberra. The event drew together CHA's aged care members from across Australia.



FINANCIAL STATEMENTS

Directors

Your directors present this report on the company for the financial period ended 30 June 2024.

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

Ms. Jenny Parker (Chair)	Current
Mr. Stephen Teulan (Deputy Chair)	Current
Mr. James Birch AM	Current
Ms. Virginia Bourke	Current
Mr. Patrick Brady	Commenced March 2024
Sr Ruth Durick osu	Current
Ms Sylvia Falzon	Commenced April 2024
Mr. Paul McClintock AO	Current
Sr Clare Nolan rsc	Current
Mr. Julien O'Connell AO	Current
Archbishop Julian Porteous DD	Current
Mr. Bradley Prentice	Resigned Jan 2024
Mr. Francis Price	Commenced Feb 2024
Hon Kerry Sanderson AC CVO	Current
Hon John Watkins AM	Current

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 services.

Jennifer Parker

Qualifications

- B. COMM (UQ)
- Hon Doctor of QUT
- Fellow of Chartered Accountants Australia and New Zealand (CAANZ)
- Graduate Institute of Company Directors

Experience

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

Appointment

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

Special responsibilities

- Chair, Catholic Health Australia Board from November 2023
- Chair, Nominations and Remuneration Committee.
- Member of the Executive Committee

Stephen Teulan

Qualifications

- BCom. CA GAICD

Experience

- Board Chair Catholic Healthcare Ltd
- 21 years in senior management roles in the aged care and health sectors
- 5 years Principal Consultant Nous Group, including leading its health ageing consulting practice
- 19 years in Deloitte -7 years as a partner specialising in the health sector.

Appointment

- CHA Constitution Rule 22 (b) – Aged Care

Special responsibilities

- Deputy Chair, Catholic Health Australia Board from November 2023
- Member, Finance, Audit & Risk Committee
- Member, Mission & Identity Committee

James Birch AM

Qualifications

- Bachelor of Health Administration (UNSW)

Experience

- Chair, Little Company of Mary Health Care
- Director of Australian Red Cross Society
- Director of Beamtree Holdings Ltd

Appointment

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

Virginia Bourke

Qualifications

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

Experience

- Chair, Mercy Health
- Pro-Chancellor, Australian Catholic University
- Director, Caritas Australia
- Member, Council of Board Chairs (State Government of Victoria)
- Member, Boards Appointment Committee, Catholic Archdiocese of Melbourne
- Consultant, National health team, Minter Ellison
- Lawyer and consultant in private practice
- Formerly Chair, St John Ambulance Victoria and Director, Mater Group
- Formerly Special Counsel at Minter Ellison
- Formerly General Counsel at ISMAPNG

Appointment

- CHA Constitution Rule 22 (b) - Aged Care

Special responsibilities

- Member of the Nominations and Remuneration Committee

Patrick Brady

Qualifications

- Bachelor of Engineering (Honours)

Experience

- Chair, Mater Misericordiae Ltd
- Director & Majority Shareholder, Premise Holdings Pty Ltd
- Director & Shareholder, DataFarming Pty Ltd

Appointment

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

Sr Ruth Durick, OSU

Qualifications

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

Experience

- President Catholic Religious Australia 2016-2018
- Member Catholic Religious Australia Council 2013-2018
- Member of Ursuline International Justice and Peace Committee 2008- 2011.
- Member Ursuline General Finance Commission 2016-current
- Director, St Ursula's College Toowoomba 2007-2016
- Chair of Members, St Ursula's College Toowoomba 2012-2016
- Member, Australian Institute of Company Directors
- Director, Board of Emerging Futures Collaborative Ltd

Appointment

- CHA Constitution Rule 23.4 - Board Appointee (1)

Sylvia Falzon

Qualifications

- MIR (Hons) BBus
- FAICD
- SFFin

Experience

- Chair, Cabrini Australia Ltd
- Director, Suncorp Group Ltd
- Director, Premier Investments Ltd
- Federal Government Takeovers Panel

Appointment

- CHA Constitution Rule 23.4 - Board Appointee (2)

Paul McClintock AO

Qualifications

- BA, LLB

Experience

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

Appointment

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

Special responsibilities

- Member of the Nominations and Remuneration Committee

Sr Clare Nolan, RSC

Qualifications

- Bachelor Applied Science Nursing Administration – (QUT, 1979)
- Clinical Pastoral Education - Brisbane, 1979
- Registered Midwife - Queen Victoria Hospital, Launceston, 1975
- Registered Nurse - Mater Hospital, Brisbane, 1964

Experience

- Congregational Leader 2014 - 2021
- Congregational Leader of Our Lady's Nurses for the Poor 2017-2021
- Member of the Congregational Leadership Team, 1984-1996
- Sisters of Charity & Holy Spirit Health Service, 1999-2001
- State Chapter of the Australian Catholic University, 1998-2001
- Encompass Australasia, 1998-2001
- Solomon Island Australia Foundation Ltd, 1998-2008

- St Vincent's Hospital Toowoomba, 1998-2001
- Sisters of Charity Health Service National Board, 1996-1997
- St Vincent's Hospital (Launceston) Limited, 1992-1997
- St Vincent's Clinic (Sydney) Limited, 1990-1997
- St Vincent's (Melbourne) Limited, 1991-1996
- Sisters of Charity Outreach - St Vincent's Clinic Darlinghurst, 1998 - 2003
- National Chief Executive Officer, Sisters of Charity Health Service, 1996- 1997
- Sisters of Charity Welfare / Prison / Aboriginal / Homeless Ministries, 1990- 1996
- Member, Australian Institute of Company Directors
- Director of Nursing: St Vincent's Hospital Sydney, 1982-1984

Appointment

- CHA Constitution Rule 22(d) - Catholic Religious Australia designate

Special responsibilities

- Member of the CHA Mission & Identity Committee

Julien O'Connell AO

Qualifications

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

Experience

- 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 & Chairs of Member Companies
- Member, Equestrian Order of the Holy Sepulchre of Jerusalem
- Chair, PM Glynn Institute
- Member, Boards Appointment Committee, Catholic Archdiocese of Melbourne

Appointment

- CHA Constitution Rule 22(b)

Special responsibilities

- Chair of the CHA Mission and Identity Committee
- Member of the Nominations and Remuneration Committee

Archbishop Julian Porteous DD

Qualifications

- B. Theol

Experience

- Archbishop of Hobart
- Auxiliary Bishop of Sydney
- Established the Office for Evangelisation, CREDO
- Titular Bishop of Urusi
- Member of the Bishops Commission for Social Justice, Mission & Service
- Patron for Shalom Media Australia.

Appointment

- Australian Catholic Bishops Conference Designate

Bradley Prentice

Qualifications

- BCom, LLB, LLM, MACID

Experience

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

Appointment

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

Francis Price

Qualifications

- Associate Diploma in Civil Engineering (QIT)
- Bachelor of Business (QUT)
- Master of Business Administration (Curtin)
- GAICD

Experience

- Director, Southern Cross Care (Aust)
- Director, Southern Cross Care Queensland Limited
- Director, Abrigo Pty Ltd
- Director, P2you Pty Ltd

Appointment

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

Hon Kerry Sanderson AC CVO

Qualifications

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

Experience

- Current Chair St John of God Health Care Inc
- Former Governor of Western Australia
- 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 Agent General for WA
- CEO of Fremantle Ports
- Deputy Director General of Transport for WA
- Director of the Economic & Financial Policy Division Western Australian State Treasury

Appointment

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

Special Responsibility

- Member of the Nominations and Remuneration Committee

Hon John Watkins AM

Qualifications

- LLB; Master of Arts; Diploma of Education; Hon DLitt Macq
- Hon Doctor of Education UNDA

Experience

- Member Governing Council of NeuRA 2018-2022
- Member State Executive Board NSW ALP Director
- 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

- Chief Executive Officer, Alzheimer's Australia NSW 2008-2017
- Dep Premier of NSW 2005-2008
- Minister in NSW Government 1999-2008
- Catholic Schools (Paramatta) Board - 2024

Appointment

- CHA Constitution Rule 22 (b)

Special responsibilities

- Member of the Executive Committee
- Member, Finance, Audit & Risk Committee
- Member of the Nominations and Remuneration Committee

Meetings of Directors

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

	Number eligible to attend	Number attended
Ms. Jenny Parker (Chair)	7	7
Mr. Stephen Teulan (Deputy Chair)	7	7
Mr. James Birch AM	7	4
Ms. Virginia Bourke	7	7
Mr. Patrick Brady	1	1
Sr Ruth Durick osu	7	7
Ms. Sylvia Falzon	1	1
Mr. Paul McClintock AO	7	7
Sr Clare Nolan rsc	7	7
Mr. Julien O'Connell AO	7	6
Archbishop Julian Porteous DD	7	6
Mr. Bradley Prentice	4	4
Mr. Francis Price	3	3
Hon Kerry Sanderson AC CVO	7	5
Hon John Watkins AM	7	7

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 2024, the number of members was 40 (2023: 41).

Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2024 has been received and can be found on page 36 of the financial report.

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

Director



Jenny Parker

Director



Stephen Teulan



RSM Australia Partners

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AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of Catholic Health Australia Limited for the year ended 30 June 2024, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

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

RSM Australia Partners

GED STENHOUSE
Partner

Canberra, Australian Capital Territory
Dated: 12/08/2024

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 itself a separate legal entity in any jurisdiction.

RSM Australia Partners ABN 36 965 185 036

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STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2024

	Note	2024 \$	2023 \$
Revenue	2	3,060,867	2,908,437
Other income	2	1,380,063	1,267,609
		4,440,930	4,176,046
Employee benefits		(1,647,613)	(1,602,538)
Sponsorship, grants, honorariums and donations		(35,405)	(30,478)
Travel		(265,202)	(222,162)
Phone and internet		(7,418)	(6,943)
HR expenses		(145,744)	(57,780)
Accounting		(59,836)	(68,167)
Consultancy expenses	3	(1,337,674)	(911,544)
Depreciation and amortisation		(79,448)	(76,974)
Insurance		(33,396)	(39,437)
Office supplies, printing, postage		(16,966)	(22,656)
Conference expenses		(263,379)	(209,602)
Legal expenses		(137,170)	(23,825)
Administration expenses		(283,313)	(232,691)
		(4,312,564)	(3,504,797)
Surplus before income tax		128,366	671,249
Tax expense		-	-
Net surplus		128,366	671,249
Other comprehensive income/(loss)		52,731	(3,757)
Total comprehensive income		181,097	667,492

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

**STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2024**

	Note	2024 \$	2023 \$
ASSETS			
Current assets			
Cash and cash equivalents	4	1,554,988	2,895,970
Trade and other receivables	5	7,227	118,415
Other current assets	6	1,674,162	257,027
Total current assets		3,236,377	3,271,412
NON-CURRENT ASSETS			
Investment	7	1,094,057	1,010,289
Property, plant and equipment	8	16,705	14,849
Right of use asset	8	44,198	113,412
Total non-current assets		1,154,960	1,138,550
TOTAL ASSETS		4,391,337	4,409,962
LIABILITIES			
Current liabilities			
Trade and other payables	9	164,935	225,540
Income in advance	10	30,050	89,176
Provisions	11	160,338	161,130
Lease liabilities	12	47,898	75,945
Total current liabilities		403,221	551,791
Non-current liabilities			
Provisions	11	18,957	22,211
Lease liabilities	12	4,139	52,037
Total non-current liabilities		23,096	74,248
TOTAL LIABILITIES		426,317	626,039
NET ASSETS		3,965,020	3,783,923
EQUITY			
Retained Earnings		3,787,680	3,116,431
Investment revaluation reserves	7	48,974	(3,757)
Surplus for the year		128,366	671,249
TOTAL EQUITY		3,965,020	3,783,923

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 2024

	Retained Earnings	Investment revaluation reserves	Total
	\$	\$	
Balance as at 1 July 2022	3,116,431	-	3,116,431
Other comprehensive income/(loss)	-	(3,757)	(3,757)
Surplus/(deficit) for the year attributable to members of the entity	671,249	-	671,249
Balance as at 30 June 2023	3,787,680	(3,757)	3,783,923
Other comprehensive income/(loss)	-	52,731	52,731
Surplus/(deficit) for the year attributable to members of the entity	128,366	-	128,366
Balance as at 30 June 2024	3,916,046	48,974	3,965,020

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 2024

	Note	2024 \$	2023 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from memberships, workshops and sales		4,501,332	4,023,203
Payments to suppliers and employees		(4,550,576)	(3,596,317)
Other income		(83,768)	(10,289)
Interest paid on lease liabilities		(5,433)	(4,668)
Interest received		85,806	(36,703)
Net cash generated from operating activities		(52,639)	375,226
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for Property, Plant and Equipment		(17,831)	(10,707)
Purchase of investments		(1,200,000)	(1,000,000)
Net cash used in investing activities		(1,217,831)	(1,010,707)
CASH FLOWS FROM FINANCING ACTIVITIES			
Payment of lease liabilities		(70,512)	(64,748)
Net cash used from financing activities		(70,512)	(64,748)
Net (decrease)/increase in cash held		(1,340,982)	(700,229)
Cash on hand at beginning of the financial year		2,895,970	3,596,199
Cash on hand at end of the financial year	4	1,554,988	2,895,970

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 2023

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.

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.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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..

NOTE 2. REVENUE AND OTHER INCOME

	2024 \$	2023 \$
REVENUE		
Membership subscription	3,060,867	2,908,437
	3,060,867	2,908,437
OTHER REVENUE		
Workshop and conference	377,573	599,353
Investment portfolio income	24,205	-
ELDAC income	167,425	172,366
Discernment income	711,109	454,934
Interest received	85,806	36,703
Other income	13,945	4,253
	1,380,063	1,267,609
	4,440,930	4,176,046

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

	2024 \$	2023 \$
CONSULTANCY EXPENSES		
Consultancy fees - Media	103,208	97,650
Consultancy fees - Policy	225,200	548,997
Consultancy fees - Discernment	677,151	182,375
Consultancy fees - Others	332,115	82,522
	1,337,674	911,544

NOTE 4. CASH AND CASH EQUIVALENTS

	2024 \$	2023 \$
Cash at bank	1,554,988	2,895,970
	1,554,988	2,895,970

Accounting Policy

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

NOTE 5. TRADE AND OTHER RECEIVABLES

	2024 \$	2023 \$
Accounts receivable	7,227	118,415
Expected credit loss	-	-
	7,227	118,415

Accounting Policy

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

NOTE 6. OTHER CURRENT ASSETS

	2024 \$	2023 \$
Accrued income	35,681	122
Term deposits with maturity greater than three months	1,342,546	136,198
Prepayments	295,935	120,707
	1,674,162	257,027

Included in the term deposits above is a term deposit held in the name of the Company to offset the bank guarantee related to the Sydney Lease. The amount of the guarantee provided for as of 30 June 2024 was \$12,499.

NOTE 7. INVESTMENT

	2024 \$	2023 \$
Investment portfolio	1,094,057	1,010,289
	1,094,057	1,010,289

The investment portfolio consists of diverse investment categories, including equities, bonds, mutual funds and private equity. We have engaged a professional investment manager to oversee and manage this diversified portfolio.

Accounting Policy

Investments and other financial assets

Investments and other financial assets are initially measured at fair value. Transaction costs are included as part of the initial measurement, except for financial assets at fair value through profit or loss. Such assets are subsequently measured at either amortised cost or fair value depending on their classification. Classification is determined based on both the business model within which such assets are held and the contractual cash flow characteristics of the financial asset unless an accounting mismatch is being avoided.

Financial assets are derecognised when the rights to receive cash flows have expired or have been transferred and the consolidated entity has transferred substantially all the risks and rewards of ownership. When there is no reasonable expectation of recovering part or all of a financial asset, its carrying value is written off.

Financial assets at fair value through other comprehensive income

Financial assets at fair value through other comprehensive income include equity investments which the company intends to hold for the foreseeable future and has irrevocably elected to classify them as such upon initial recognition.

Fair value through other comprehensive income election

The company has made the irrevocable election to classify investments in managed funds as fair value through other comprehensive income, whereby gains and losses are recognised through equity as opposed to the profit and loss on disposal, and the cumulative changes in fair value will remain in equity and are not recycled to the profit and loss.

Impairment of financial assets

The company recognises a loss allowance for expected credit losses on financial assets which are either measured at amortised cost or fair value through other comprehensive income. The measurement of the loss allowance depends upon the consolidated entity's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain. For financial assets mandatorily measured at fair value through other comprehensive income, the loss allowance is recognised in other comprehensive income with a corresponding expense through profit or loss. In all other cases, the loss allowance reduces the asset's carrying value with a corresponding expense through profit or loss.

NOTE 8. PROPERTY, PLANT AND EQUIPMENT

	2024 \$	2023 \$
OFFICE FURNITURE		
At cost	61,056	104,011
Less accumulated depreciation	(44,351)	(89,162)
	16,705	14,849
RIGHT-OF-USE ASSETS		
At cost	203,990	265,652
Less accumulated depreciation	(159,792)	(152,240)
	44,198	113,412
	60,903	128,261

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 \$
Balance as at 1 July 2023	14,849	113,412	128,261
Additions	17,831	-	17,831
Disposals	(5,517)	-	(5,517)
Depreciation expense	(10,458)	(69,214)	(79,672)
Balance as at 30 June 2024	16,705	44,198	60,903

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 9. TRADE AND OTHER PAYABLES

	2024 \$	2023 \$
Trade payables	53,663	41,160
Accrued expenses	75,053	148,161
Funds held for programs	36,219	36,219
	164,935	225,540

Accounting Policy

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

NOTE 10. INCOME IN ADVANCE

	2024 \$	2023 \$
Deferred registration fees	30,050	89,176

Accounting Policy

The Company receives monies in advance in relation to the annual conference to be held in August 2024. The Company will treat this money as payments in advance until the annual conference is held.

NOTE 11. PROVISIONS

	2024 \$	2023 \$
CURRENT		
Annual leave	125,209	127,080
Long service leave	35,129	34,050
	160,338	161,130
NON-CURRENT		
Make good provision	1,937	1,881
Long service leave	17,020	20,330
	18,957	22,211
	179,295	183,341

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 12. LEASE LIABILITIES

	2024 \$	2023 \$
Current lease liabilities	47,898	75,945
Non-current lease liabilities	4,139	52,037
	52,037	127,982

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 13. KEY MANAGEMENT PERSONNEL DISCLOSURE

	2024 \$	2023 \$
COMPENSATION		
The aggregate compensation made to directors and other members of key management personnel of the Company is set out below:		
Aggregate compensation	352,958	355,975

NOTE 14. RELATED PARTY TRANSACTIONS

Key management personnel

Disclosures relating to key management personnel are set out in Note 13.

Transactions with related parties

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

Receivable from and payable to related parties

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

Loans to/from related parties

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

NOTE 15. REMUNERATION OF AUDITORS

	2024 \$	2023 \$
Audit of the financial statements	20,500	19,500

NOTE 16. EVENTS AFTER THE REPORTING PERIOD

No matter or circumstance has arisen since 30 June 2024 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 17. 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 18. 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 2024, the number of members was 40 (2023: 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. a.comply with Australian Accounting Standards – Simplified Disclosures; and
 - b. b.give a true and fair view of the financial position of the company as at 30 June 2024 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.



Jenny Parker
Director
Date: 12 August 2024

RSM Australia Partners

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

Opinion

We have audited the financial report of Catholic Health Australia Limited ("the entity"), which comprises the statement of financial position as at 30 June 2024, 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 2024 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.

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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. 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
12/08/2024

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**“Rejoice in the Lord always.
I will say it again, Rejoice!”**

— Philippians 4:4