



Catholic  
Health  
Australia

# 2021 ANNUAL REPORT

# VISION

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

# MISSION

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

# VALUES

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

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

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#### Acknowledgement of Country

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

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Catholic Health Australia is the largest non-government provider grouping of health, community and aged care services in Australia, nationally representing Catholic health care sponsors, systems, facilities and related organisations and services. 80 hospitals and more than 25,000 aged care beds are operated by different bodies of the Catholic Church within Australia. Approximately 50,000 home care and support consumers are also supported. These health and aged care services are operated in fulfilment of the mission of the Church to provide care and healing to all those who seek it. Catholic Health Australia is the peak member organisation of these health and aged care services.

Further detail on Catholic Health Australia can be obtained at [www.cha.org.au](http://www.cha.org.au)

# FROM THE CHAIRMAN

**The Hon John Watkins AM**

Chairman

Catholic Health Australia



**In what has been a challenging year I am delighted to report a successful year of targeted advocacy for Catholic health and aged-care services across Australia.**

Catholic Health Australia and its members continue to draw inspiration from Christ's loving care that he showed the infirm, hungry, sick, lost, or those facing death.

The Good Samaritan story still calls to us across the centuries, pointing to what should always be our approach: non-judgmental, compassionate, high-quality health and aged care.

This has been and remains the goal of all our members, and the motivation of our staff.

The work has not been easy, especially when there are complex issues, such as those we have seen in the past year.

These included, but were not limited to, pressure in several states to legislate for voluntary assisted dying, threatened federal cuts to medical funding for prosthetic devices, and Catholic Health's contribution to the Age Care Royal Commission and our response to its recommendations.

I would especially like to acknowledge the great work and inspired ideas of staff running the campaign against moves to legalise voluntary assisted dying. Through them CHA stepped up its advocacy around the country against moves in several states to enact these controversial and distressing laws.

In Queensland and South Australia our staff made compelling cases that we should be funding a world-class palliative care system before rushing to pass laws to allow terminally ill people to take their own lives.

As our Chief Executive Pat Garcia says: "When advocates for voluntary assisted dying frame this as a choice between pain and death, it reduces a very complex and emotional process to a false



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dichotomy. We should never be forced to choose between pain and death”.

Catholic Health Australia also backed Federal Government reforms to bring down the cost of medical devices, but our staff successfully raised the alarm that a move to cut funding for essential items such as artificial hips, stents and pacemakers could actually lead to higher patient costs and cuts to regional services.

Eventually it was announced that the pricing of items on the Prostheses List would be benchmarked against public sector pricing. This was the mechanism CHA recommended.

And, perhaps most importantly for the nation's future, Catholic Health Australia made valuable contributions to the Royal Commission into Aged Care, and rightly can claim some credit for its findings delivered earlier this year.

The Federal Government's response, a \$17.7 billion package that will help us care for our most vulnerable citizens, was a landmark moment for older Australians, recognition of the community's changing priorities in a year when the quality of aged care exploded onto the public consciousness.

None of these campaigns and achievements could have occurred without the commitment of our board of directors, the ongoing support of our members, and the capacity and professionalism of our staff.

Our board of directors has continued to provide high-quality advice and professional guidance through the year and I would particularly like to note the leadership and hard work of our chief executive Pat Garcia.

I am particularly proud of our members' response to COVID-19, where Catholic hospitals worked hand-in-hand with the States and Commonwealth to ensure they did their bit dealing with the pandemic, particularly providing much-needed and vital testing infrastructure in some of our capital cities.

Lastly, I was particularly touched with the generosity of our members in the response to the CHA-Caritas Australia appeal to assist Catholic Health PNG in the challenges they face in protecting their population from COVID-19. It demonstrates the wonderful things we can do when we come together to help.

I trust this year will be a productive and fruitful one for you. I am confident that CHA is well placed to continue supporting our members deliver the compassionate care that has always been at the heart of our mission.

# FROM THE CEO

## Pat Garcia

Chief Executive Officer  
Catholic Health Australia



It is difficult to look back on the past year without gratitude: for the small wins that helped shape the lives of those we care for; for the big wins that shaped the political landscape and sectors our members operate in; for the losses that hurt but gave us opportunities to grow; and for the people who joined us on the journey and made life worth living.

This was the year aged care finally took centre stage. I am reminded of Paul Kelly: From little things, big things grow.

In early 2021 an alliance of aged-care peaks, The Australian Aged Care Collaboration, ran a national campaign seeking government endorsement of the Aged Care Royal Commission's final report.

The campaign resulted in rolling advertisements on Sky News, 66 media interviews, 1390 news articles, 50,000 representations to federal MPs and 115 meetings in parliament. Advertisements reached 523,544 people on Facebook and generated 66,955 social media engagements.

CHA played a central role as a campaign founding member, significant financial contributor, leading member of its policy working group, governance committee member, and steering committee chair.

The campaign helped deliver a \$17.7 billion aged care investment in the 2021 Federal Budget. As I observed in the Saturday Source in May, this was a good budget for good providers:



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*The Government has accepted 126 of 148 of the Royal Commission's recommendations, including major reforms to the aged care landscape. This involves a new Act, a new duty of care, the independent pricing of aged care services by an independent pricing authority, and the introduction of case mix funding.*

There is a long way to go, but this is a good first step, something we can be hopeful about.

The Australian Catholic University and CHA conducted an aged care symposium in Sydney in December, for aged care executives to discuss the year. Presenters included: Professor Joseph Ciarrochi; Tom Ristoski; Julien O'Connell; David Maher; Sonya Smart; and Erroll Benvie.

There was also change in the mission space with the departure of Mission Manager Dr Anthony Gooley. CHA's mission plan was finalised by the Board, paving the way for our new Director of Strategy and Mission, Rebecca Burdick Davis. The Mission Identity Committee was also reconstituted under new chair Julien O'Connell. And important work revising the Catholic Code of Ethical Standards has begun under the stewardship of steering committee chair Bishop Shane MacKinlay and writing group chair Dr David Kirchoffer.

February 12 was World Day of the Sick. A WDOS light-blue lapel ribbon was distributed to internal and external stakeholders; a school activity sheet was distributed to Catholic Schools NSW; an online webinar was run in partnership with ACU and Catholic Weekly; and material was distributed to parishes.

CHA continued to advocate for compassionate care in voluntary assisted dying debates in Tasmania, South Australia and Queensland. While disappointed VAD schemes were introduced in Tasmania and South Australia, we are pleased that South Australia was the first parliament to recognise the important principle of institutional conscientious objection in legislation which gives

important protections for our members and enables them to keep serving their communities.

This year we announced the \$10,000 Father Gerard Arbuckle CHA Scholarship. The year's winner, Lisa Evans, attends the prestigious Ministry Leadership Program at ACU. Lisa has been St John of God Accord Disability Services CEO for two years.

CHA's health team has been busy. On September 21, Health Minister Greg Hunt launched its report, *Out of Hospital Care in Australia*. It argues that shifting to a hospital-in-the-home approach could provide better treatment for up to 200,000 people a year.

CHA was also able to suspend attempts to remove the general miscellaneous category from the prostheses list, a change that would have seen an \$80 million hit to the Catholic hospital sector.

The Department of Health has, on our recommendation, set up a Private Hospital Consultation Committee to talk about issues of common concern, and the ramifications of policy decisions affecting private health operations. Matt Hanrahan of Calvary, Dr Shane Kelly of St John of God Health Care and CHA's James Kemp are on the committee.

And with the ACU, CHA released its report, *Health sector in managing the covid-19 pandemic in Victoria*. The report, lessons from the recent COVID-19 surge in Victoria, was prepared by Assoc Prof Elisabeth Jacob, Dr Rosemary Ford, and Kristy Griffiths. Research for the report was conducted by James Kemp, Tom Ristoski, and Dr Ricky Chan.

The world is a different place and Australia must accustom itself to new norms. Still, our members continue to accompany and support their communities on their journey. They continue their ministry of healing in spite of it all. And Australia is better for it.

Pat Garcia

# FROM THE CHAIR, MISSION & IDENTITY COMMITTEE

## Julien O'Connell AO

Chair, Mission & Identity Committee  
Board Director Catholic Health Australia



I've often heard it said that mission is the golden thread that runs through everything we do. The truth is, the healing ministry of Jesus is our very reason for being.

The Holy Father captured the essence of what our ministry involves when he said recently: 'Healthcare is a mission that unites science and the fullness of humanity.'

Our mission helps us support people through the joys and also the difficulties of their lives: illness, disease and – ultimately – death. The past year of the COVID-19 pandemic has drawn these challenges into sharp focus. It has also been an opportunity to reflect how we can better accompany the people who we care for.

One of the areas that has exercised my mind, and those of my fellow Catholic Health Australia Board Directors, is how we best translate our mission into leadership in the public domain. How can we move hearts and souls about the needs of the vulnerable, the sick and the poor who have always been at the centre of Catholic health and aged care?

Catholic Health Australia's new Mission Operational Plan sets out how we intend to achieve these aims. Over the next three years, we will build Catholic Health Australia's voice as a prophetic advocate for the poor, vulnerable and marginalised and to achieve social justice for them. We will do this through campaigns, advocacy with Government and – just as importantly – by corralling our own people.

I would like to thank the departing Mission & Identity Chair, Mark Green, who was instrumental to the creation of the new Mission Operational Plan and has supported CHA's Mission work for a number of years.



I am also grateful for the contribution of Anthony Gooley, who left his role as Mission Manager in 2021.

At the forefront of Catholic Health Australia's renewed direction on mission will be our reinvigorated Mission & Identity Committee. I'm delighted that I will be Chairing this important group, which includes mission leaders, senior ethicists, and other Catholic Health Australia Board Directors. The new Director, Strategy and Mission, Rebecca Burdick Davies, will support the Committee and lead CHA's strategy and mission work in 2021/22. I'm pleased to welcome Rebecca to this pivotal role in CHA's new structure.

The Committee will, of course, be seeking regular input from members of Catholic Health Australia.

The Committee will work closely with Catholic Health Australia on its thought leadership initiatives. We will be courageously advocating for and acting on social justice issues that affect the people we care for. We will be overseeing Catholic Health Australia's work to reconcile with and recognise our First Nations people through a Reconciliation Action Plan. The key word here, again, is action.

We will also be continuing important mission initiatives that began in 2020. Our review of the Code of Ethical Stands will renew a document that is a touchstone for those who lead and carry out the healing ministry. We will be looking to ensure Catholic Health Australia continues to build the capacity of the Catholic health and aged care sector in pastoral care – including looking at how we can build pastoral care as a recognised vocation and profession.

Catholic Health Australia cannot be effective if it is not voicing the collective views of our sector. We cannot be effective unless the healing ministry of Jesus – that mission uniting the realities of science and the dignity of the human person – is at the core of everything we do.

I'm pleased to be at the forefront of the next chapter of Catholic Health Australia's work as an influential advocate: one that turns our mission into action.

# IN FOCUS: THE CATHOLIC HEALTH AND AGED CARE SECTOR



**80** Hospitals



**\$7.5 billion**  
Annual hospital revenue



**44,269** Births



**567,692** ER presentations

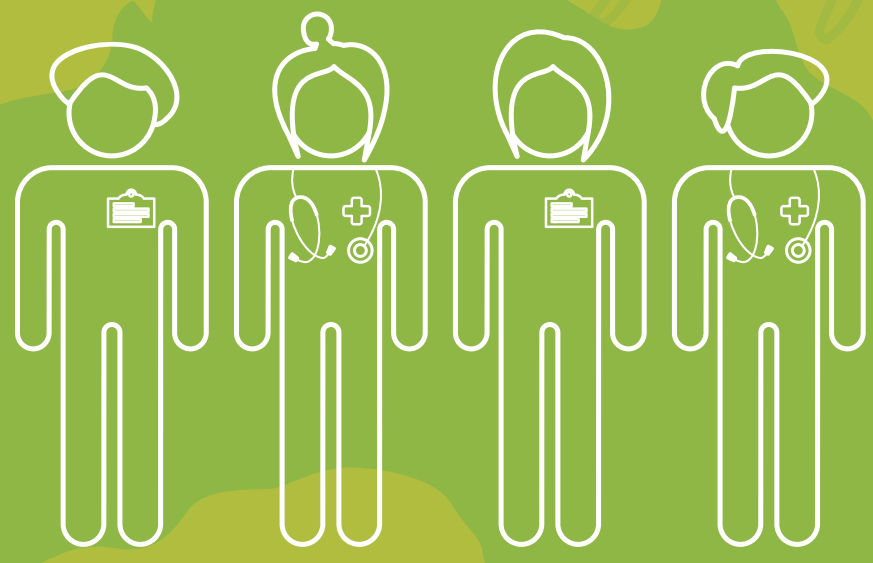


**12,000+** Hospital beds



**1,529,711** Episodes of care





**83,000+** Employees  
in the Catholic Health &  
Aged Care sector



**25,000+**

Home support  
consumers



**28,000+**

Home care  
package  
consumers



**25,000+**

Residential aged  
care beds in the  
Catholic sector



**12,000**

of Australia's hospital beds  
**7,500+** private / **2,700+** public



**7,000+**

Independent  
living units

# A YEAR IN REVIEW: HEALTH



At the direction of the CHA Board, and on the request of CEOs, CHA is increasing its support and advocacy for palliative care (PC) services.

Good palliative care is a life-supporting choice that manages pain using the latest technologies and analgesics and which research shows can improve and extend quality of life. Catholic services are the largest non-government provider of palliative care services in Australia but we also recognise that despite our significant footprint, many people in Australia still do not have access to good palliative and end of life care.

A Catholic Palliative Care Alliance has been established with representatives from across the CHA membership to drive a set of agreed priorities:

- Developing a shared definition and common language for palliative care
- Raising community awareness
- Transferrable models and developing a community of practice around PC
- Better integration among individuals (improved provision of PC early in condition onset) and across sectors (holistic care across organisations and specialties).

The work of the alliance reaffirms the Catholic sector's enduring commitment to improving end-of-life care as a core mission of our health services. CHA and the alliance will continue to work with governments, other advocacy bodies, and services providers to ensure that all Australians will one day soon have access to good PC and end-of-life care.

### Lessons Learned from COVID-19

Catholic Health Australia, in conjunction with Australian Catholic University, published a report on the lessons learned from the first COVID-19 wave in Australia.

Based on interviews with executives from four major Catholic providers, the report outlined areas Catholic facilities performed well in during the different waves that hit Australia, among them:

- Strong leadership that put in place a centralised team that was able to adapt quickly and efficiently to the different scenarios;
- A willingness to make difficult decisions independent of government;
- Good regular communication with staff, patients and residents and their families;
- The purchasing of PPE stocks in advance and the proper training of staff in how to use them; and
- Deciding early to implement a policy that banned staff working across multiple sites.

The report also detailed how fatigue among all levels of staff and an abiding fear of infection also took their toll, resulting in a significant burden on management to ensure staff wellbeing was maintained. The trauma of barring visits to aged care residents also created problems, even though some operators relaxed their protocols out of compassion to accommodate those who were dying or in distress.

The report has been provided to governments around Australia to encourage clearer lines of communication to providers, to promote a national health system that works together to provide care for all Australians, and to recognise the hard work and commitment of our frontline staff.

### Prioritising patient care in government reforms

As the Commonwealth Government continues its reforms to private health insurance (PHI) and prostheses funding, CHA has focussed on ensuring that the reforms enhance, and never detract, from the world leading universal system of health care in Australia, and ultimately contribute to better patient access and care.

A high priority over the last 12 months has been on reforms to the way prostheses are funded in the private system. With some reform options being promoted which would have undermined the viability of the private hospital sector, the advocacy and persuasion by CHA, amongst other groups, saw the Government announce a sensible suite of prostheses reforms which would protect patient and clinician choice, and preserve a core element of private hospital funding – the Prostheses Benefits List - while at the same time delivering better value for patients across the sector. CHA will continue to work the Government and other stakeholders to ensure the reforms are implemented as intended.

CHA has also been working with government on the implementation of PHI reforms, including the expansion of out-of-hospital (OOH) rehabilitation care – which was the subject of a CHA report in 2020 - and Type C Admission Certificates. CHA will continue to push for hospitals to be able to provide OOH care to their patients through guaranteed PHI funding mechanisms; and to ensure that the Government's rollout of such reforms does not replace evidence-based models of care with lower quality models provided by profit-driven companies which deliver poorer outcomes for patients.

### Growing collaboration in the Catholic hospital sector

Recognising the vast array of committed and skilled staff across the CHA membership, CHA is continuing to support collaboration and networking between staff of different organisations to share ideas, support the development of systems and processes and to jointly address problems and issues facing our sector. We are grateful for the contributions and sharing from all of our working groups across Nursing and Midwifery, Training and Development, Allied Health and Palliative Care who work together and support the growth of one another.

# A YEAR IN REVIEW: AGED CARE



The aged care sector's 2020-21 was dominated by the COVID-19 pandemic, continuing financial pressures in residential care, continuing reform and uncertainty about the shape and direction of change that might flow from the Government's response to the Final Report of Royal Commission into Aged Care Quality and Safety.

## Rose to COVID challenges

While Victorian aged care providers bore the brunt of the impact as a result of the extent of the community transmission that occurred in that state, unfortunately with tragic consequences, all providers had to adapt quickly to the demands of keeping their residents, home care recipients and staff safe while continuing to provide quality nursing and personal care and support. Challenges included developing and implementing enhanced infection control protocols appropriate for a pandemic, securing staff in circumstances of public health restrictive public health orders, accessing and disposing of PPE, managing visitations, and managing vaccination programs.

By all accounts, Catholic aged care providers can be proud of their efforts in managing the threat that the pandemic posed for older people in their care.

Despite welcome additional short-term Government funding to help contain the spread of COVID-19, underlying cost increases in residential aged care continued to outpace revenue increases in 2020-21 under the discredited ACFI, resulting in continued financial pressure and well over half of all providers operating at a loss. Successive years of poor or negative returns by many residential aged care providers, together with declining occupancy as a result of the rapid increase in home care packages, raised concerns about the ongoing viability of some providers. This prompted the Government to introduce free business advisory services and funding to help providers improve their businesses or leave the sector.

### New models of funding

Good progress was made during 2020-21 in developing and piloting the new AN-ACC classification and funding model for residential aged care to replace ACFI, but this of itself did not offer the prospect of immediate funding relief while the Royal Commission was in train.

Meanwhile, providers were managing continuing reform, including the introduction of the Serious Incident Response Scheme, payment of aged care package entitlements in arrears, reporting of quality indicators and continuing to adapt to a more competitive and expanding home care service environment. Consultations on further reform included creating a single home-based care program by combining home care packages and the Commonwealth Home Support Program, the establishment of a registration scheme for aged care workers and the development of an Aged Care Voluntary Industry Code of Practice.

### End of life care

During 2020-21, a number of Catholic aged care providers engaged with the End of Life Directions for Aged Care (ELDAC) project. The ELDAC project was established to provide specialist palliative and advance care planning advice to aged care providers and GPs, together with improving the linkages between palliative care and aged care services.

### Budget and aged care royal commission

The Government's May 2021 Budget response to the Final Report of the Royal Commission meant that 2020-21 ended on a brighter note. The Government's response was more substantial than many expected, focusing on increased consumer choice and control, structural reforms which should result in increased resourcing of residential aged care, and greater service-level accountability and transparency in return for increased funding. Key new measures included funding to remove the current waiting list for home care packages, an independent pricing authority to recommend aged care prices based on periodic costing studies, confirmation that ACFI will be replaced by the new AN-ACC classification and funding model, a \$10.00 per resident per day increase in the Basic Daily Fee to provide some relief for residential providers, funding to meet minimum staffing standards in residential care, and increased consumer choice and control through better information and guidance to support consumer choice of services and service provider and by assigning residential care subsidies to consumers to direct to their preferred service provider. These reforms will be complemented by increased transparency and accountability of aged care services, including increased reporting and strengthened quality regulatory arrangements.

Overall, the Government's response will result in further transformation of the aged care sector. While holding out the potential for a better resourced sector, the operating environment for individual providers will become more competitive as consumer choice and control is increased and providers are exposed to significantly increased regulatory, accountability and transparency requirements. Providers with the leadership and governance capabilities to embrace the reforms can expect to be able to provide quality care and support for the people in their care.

Areas where there is still more to do include securing a sufficient skilled future workforce, committing to universal access by older Australians to timely care and support based on assessed need, and agreeing arrangements to ensure the financial sustainability of aged care, the cost of which was significantly increased by the reforms announced by the Government.

David Maher was until recently the Chair of CHA's Aged Care Committee. To mark his departure from Catholic Healthcare and his long tenure as general manager we sat down with him to get his views on the Royal Commission and the future of the sector.



David Maher



**The Australian Government states in its Budget that it is taking comprehensive action in response to the Aged Care Royal Commission to guarantee the high-quality and sustainable aged-care services and ensure older Australians are treated with respect, care and dignity. What is your assessment?**

The ageing of the Australian population is a major issue not fully recognised by the community.

Demand for aged-care services in 10 years will far exceed our current systems, with a doubling of the population of those aged 85 and above.

The Budget's five-year response represents commendable progress, but does not create a complete system to cope with that future.

The positive areas have been well documented, and include removal of the home-care waiting list, establishing an integrated home-care program, and introducing a care service-navigation system.

There is also a commitment to invest in respite care, increased residential aged care (RAC) frontline hours to 200 minutes a day and immediate financial support, independent pricing, a revamp of RAC funding, external resident funding assessment, and improved primary-care interfaces with RAC.

And there is increased support for dementia, a refocusing of the Quality Commission away from binary "met/not met" outcome assessments, stronger prudential governance, and solid measures supporting workforce availability.

But there are areas where the government is silent, including increased wages for front-line staff, and a sustainable basis for funding aged-care into the future, including consumer co-payments.

RAC economic viability also remains in question. The increase in front-line hours in RAC does not appear fully funded, and prices remain controlled by the government.

Ultimately there remains a gap in expectations of RAC services from the government, regulator and consumer, compared to total system funding.

By way of comparison, RAC funding sits at about \$250 a day, compared to equivalent care in hospitals at more than \$600.

The Royal Commission emphasised effective provider governance as critical to the delivery of quality aged-care services. What does this mean in practice for the diversity of providers operating in the sector?

Aged care has been moving from a cottage industry to a professional service industry for two decades. But it is still overwhelmed by small service providers facing arduous and complex compliance regimes and service expectations, without the funds to support them.

As aged-care funding is constrained and pricing controlled by the government, the economics of aged care drive efficient low-cost operations.

Scale is one means of approaching quality governance and care efficiently, and as a result will continue to drive sector consolidation.

But there may still be a place for small, focused, niche providers, with effective governance at manageable cost.

**The availability of a skilled workforce is a major challenge for the aged-care sector. What can providers do to help?**

There are two aspects to securing a skilled workforce: the size of the potential workforce (the size of the pie); and each provider's slice of that pie.

The potential workforce is a macro issue, where the government can play a significant role through workforce and training policy settings, qualifications and professional regulations, immigration regulations, and funded sector wages.

The provider focus is more at a micro level, and needs to focus on workers' experience in their day-to-day roles in their organisation.

This includes all elements of best-class people management: reward and recognition; training; career development; and good leadership, systems and team culture.

**What factors will influence the shape of future aged-care services?**

There is no denying what we do now will determine aged care of the future.

There are four key influences on tomorrow's aged care:

- Demand demographics (a doubling of the 85-years-and-over cohort).
- Consumer expectations (particularly from baby boomers).
- Government policy setting and the political process.
- Provider responses and actions.

**The key macro question for government is: how much of our GDP will we devote to caring for our seniors?**

Right now it is about half of that in the world's best-practice nations. How we decide to spend will shape the style and quality of our aged care.

The second key decision is the mix between government (taxation) and consumer (co-payments). Both are fundamental decisions, determined via the political process.

Sector providers will be ready and eager to act in response, but will do so in a rational manner, willingly committing capital and resources to a range of innovative service responses that make economic sense in a competitive environment.

These are long-term decisions, and sector providers must be confident in the robustness and longevity of the government policy settings.



## Putting aged care on the map – how the sector rose to the challenge.

While the Government's response to the Final Report of the Royal Commission into Aged Care Quality and Safety was a source of uncertainty for the aged care sector, the public profile of a Royal Commission meant that the Royal Commission also presented an opportunity to achieve significant reform to improve the viability and quality of aged care services.

In order to increase the prospect of substantial beneficial reform flowing from the Royal Commission, Catholic Health Australia joined with the aged care peaks in what became known as the Australian Aged Care Collaboration (AACC) to mobilise community support for transformative reform of the aged care sector through the conduct of a community awareness raising campaign. The long-term objective of the collaboration was a world-class,

All images are stills from the *It's Time to Care about Aged Care* campaign.



sustainable aged care system that enables all older Australians, and those who care for them, to be valued, have choice and lead a meaningful life. The more immediate objective was to prompt the Federal Parliament through community pressure to commit to major reform of the aged care system, beginning with the May 2021-22 Budget.

The campaign's approach drew on the experience of Catholic Health Australia's Fight for Better Aged Care campaign conducted during the Eden-Monaro by-election in July 2020 to pilot campaign messages and strategies.

The campaign was funded through generous contributions from aged care providers, and was conducted between February and April 2021.

During that time the campaign generated **7** substantive AACC media releases; 66 media interviews; **1,953** news articles; **700** social media posts; **1,931,860** campaign add views; **523,544** people reached through Facebook and **66,955** engagements; **104,683** campaign website visitors; **115** meetings with Parliamentarians; and **53,000** petitions to Parliamentarians.

Catholic Health Australia played an important role in the campaign, including a leading role in the drafting of key documents which provided

the platform for managing media relations and supporting direct advocacy with Members of Parliament, their staff and Departmental officials. The documents included the *Its Time to Care about Aged Care Report* and the policy position booklet *Aged Care – the Way Forward*. The booklet listed 15 priority reform measures, categorised under Human Rights, Access and Choice; Workforce; Transparency; and Sustainability.

It is not possible to quantify how much influence the campaign had in shaping the Government's response to the recommendations for reform in the Royal Commission's Final Report. However, there is no doubt that the extent of the campaign's coverage and community engagement resulted in Parliamentarians and Departmental officials being much more exposed to and aware of community concerns about aged care and priority areas for improvement than otherwise would have been the case. In the end, the Government's response to the Royal Commission's recommendations in the May 2021-22 Budget exceeded expectations and addressed the majority of the priorities for reform identified during the campaign. While the job is never done, the Government's response, if successfully implemented, should provide a better platform for improving the availability and quality of aged care services.



# A YEAR IN REVIEW: MISSION



## Elevating CHA's role and voice in Mission

2020-21 saw a significant refocussing of Catholic Health Australia's role in Mission, seeing the development of a new Mission Operational Plan that sets our strategic vision for the next three years.

The plan elevates CHA's role as an influential thought leader on issues aligned with Catholic social teaching and as a prophetic voice for the poor, vulnerable and marginalised. This repositioning is reflected in CHA's structure with the creation of a new Strategy and Mission Directorate.



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CHA's role in mission advocacy will involve engaging with government through campaigns and the media on issues that go to the dignity of the human person; care for people and the planet; and prioritising the poor and vulnerable. We will centre the voices of our First Nations peoples through a Reconciliation Action Plan for CHA and, ultimately, the Catholic health and aged care sector.

Our work fostering the expertise, skills and understanding of our members in ethics will continue, with the plan prioritising the development of a new system for fostering ethical dialogue and finalising our review of the Code of Ethical Standards.

### Review of Code of Ethical Standards

In 2021, CHA initiated a review of the Code of Ethical Standards.

The Code continues to be a touchstone for people leading, managing and delivering the ministry of healing. It sets clear standards for ethical health care with the aim of promoting the common good and respect for the dignity of the person. It was, however, developed in 2001 and is due for renewal.

CHA has created a taskforce led by Bishop Shane McKinlay and involving senior ethicists from across our membership and the Catholic Church. The taskforce will review and revise the Code for approval by the Australian Catholic Bishop's Conference at its 2022 Plenary.

### Rising to the challenge of VAD

CHA continues to support members to respond to the challenge of attempts to legalise voluntary assisted dying (VAD). In 2020/21, CHA campaigned against the VAD Bill introduced in South Australia. The Bill was amended before it was passed to protect the rights of hospitals to refuse to facilitate VAD. While CHA was saddened to see VAD become law in another State, this protection means people working and being cared for in Catholic hospitals are not exposed to the practice.

Our members continue to provide compassionate care where VAD is lawful. In 2020/21 we provided VAD Tier 2 Training to support Victorian members to adjust their protocols and understand their ethical responsibilities. This included workshops in September 2020 and March 2021.

# YEAR IN REVIEW: MEDIA & PR

## Media presence

CHA continues to raise public awareness of issues that are important to its members through the media as part of its advocacy. Since September we have issued more than 50 press releases to the media on a wide variety of issues for our members in health and aged care. These include but are not limited to the following: greater investment in palliative care; pushing the Commonwealth to extend telehealth permanently; promoting the value of private health insurance and pressing for reform of private health funds to attract and retain young people in the system; and supporting a wider sector push for more funding for aged care; and raising awareness of the impact that prostheses reform will have on our hospitals. We continued to promote issues that are central to our mission, namely mental health in youth, more home care packages for older Australians and the need to argue against laws to legalise assisted suicide.

Between November and June CHA has been mentioned in more than 80 different articles in the mainstream media and in a further 50 individual articles in Catholic and trade media. We continue to position CHA as the voice of the not-for-profit Catholic sector with mission at the heart of what we do combined with sound policy and deep industry knowledge.

We managed to secure coverage on the ABC 7.30 program, in The Sydney Morning Herald and The Age, The Australian Financial Review and in The Australian, as well as in leading industry websites such as The Weekly Source and Eureka Street.

CHA will continue to speak out in the media on issues that are important to you and promote our Catholic mission.



### The user must pay more

*"This is a good Budget for good providers, but..." Catholic Health Australia's Pat Garcia says the Budget has missed the opportunity to address two key reforms: fairer consumer contributions and aged care wages and supply.*

BY PAT GARCIA

Alexander Pope once observed that those who expect nothing, will never be disappointed. So, after 20 reviews in 20 years, the aged care sector was right to moderate its expectations about the Budget following the publication of the Aged Care Royal Commission's final report.

The Royal Commission's recommendations were aspirational in many ways – a rights-based act and needs-based funding replacing a rationed model. What sort of

But last Tuesday the Morrison Government made aged care the centrepiece of its Budget, announcing a further \$17.7 billion investment in the sector: \$7.5 billion to support home care, 80,000 additional home care packages, \$7.8 billion for residential care, and an increase of \$10 per day to the Basic Daily Fee supplement.

It was such a stunning turnaround in Government policy, it left many of us with whiplash. But now the dust has settled, what to make of it?



**No to Euthanasia**  
There is another option.



## Labor's hard showdown

JAMIE WALKER  
LYDIA LYNCH

Queensland Deputy Premier Steven Miles says church-run hospitals and nursing homes must allow voluntary euthanasia for terminally ill patients who can't or won't be moved, forcing a showdown with faith-based providers responsible for more than a fifth of the nation's health care.

Mr Miles' insistence that Australia's latest Voluntary Assisted Dying (VAD) scheme will not offer a blanket right of institutional conscientious objection has outraged church leaders, who accused the government of renegeing on its commitments.

Catholic Health Australia – which provides 80,000 hospital beds and 25,000 aged-care places across the country – said legislation now before Queensland parliament would "crush" conscientious objection. The Bill is certain to pass on the anticipated votes of Labor and Greens MPs.

"If you read the details of the Bill, it actually means that doctors can come in and out of our hospitals, perform this procedure on a patient ... without asking us for permission or informing us this will happen," said Rebecca Burdick Davies, CHA's director of strategy and mission.

Mr Miles for the first time on Tuesday set out how VAD would impact faith-based care facilities in situations where a terminally ill patient wanting to die could not be moved from the premises or, in the case of aged-care residents,





## No Queenslanders should be forced to choose between pain and death.

Proper palliative care gives patients with a terminal illness effective pain relief, compassionate care, and quality of life. But inadequate funding means it's only available to one in four Queenslanders who need it.

Before the Queensland Parliament gives you the option to die, shouldn't it give you the option to live?

**No to Euthanasia**  
There is another option.



AUTHORISED BY PAT GARCIA, CATHOLIC HEALTH AUSTRALIA, LEVEL 5, 60 MARCUS CLARKE STREET, BRADDON ACT 2612

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## Campaigns thanking staff

In recognition of the vital work that our health and aged care staff are doing during the pandemic CHA ran two campaigns thanking them. The first was centred around our members in Victoria who were on the frontline during the second deadly wave that peaked in the state in August 2020. The Masked Heroes campaign acknowledged all staff members and the role they played in keeping safe both the facilities and the communities that depend on them. The second campaign ran in Sydney and specifically thanked the role that St Vincent's Health Sydney's pathology testing unit played in testing the Sydney population for COVID. Since April 2020 when St Vincent's pop-up testing clinic became operational in the eastern suburb of Bondi more than 500,000 people have been tested.

## End line threatens on voluntary dying



Steven Miles

...those recognised place of residence was the nursing home. While the legislation provided an institutional ability to object, with the patient required to be transferred to a facility that does offer VAD, this right could be overridden, Mr Miles said. "In some situations, requiring an individual to leave their home and transfer to a different hospice, when they're close to death and in great pain, would subject them to pain and distress or deny them access to voluntary assisted dying," he told the Queensland Media Club. "It's important the voluntary assisted dying scheme provides all Queenslanders who are suffering and dying with equal end-of-life choices, irrespective of where they live." A spokeswoman for Mr Miles told the Australians that any doctor or nurse practitioner who fails to refer on a patient requesting VAD would be reported to the AHPRA, the medical accreditation body. But there was no penalty in the legislation put before parliament last month for non-compliant institutions. A sleeper issue in the euthanasia rollout, the institutional

right of conscientious objection has been aggressively pursued by faith-based care providers out of concern they would be forced to allow VAD on their premises. It has come into sharper focus as the number of jurisdictions to introduce or enact VAD law mounts: Western Australia's scheme becomes operational on July 1, while the legislation in the works in Queensland means that all states bar NSW will have a right-to-die law. Catholic Archbishop of Brisbane Mark Coleridge said Mr Miles' remarks were disappointing but not surprising. "The Deputy Premier's position in this debate is now clear. He may have carriage of the Bill, but we hope that the government can still see the need to respect the right of conscientious objection," Dr Coleridge said. The Bill has been referred to a parliamentary committee where the churches hope it can be amended in line with the recently-enacted laws in South Australia that enshrine the right of faith-based organisations to opt out. Mr Miles said the application of conscientious objection was one of the most controversial parts of the legislation in attempting to balance the rights of institutions and individuals. "I think we need to remember that these people are, in most cases, paying to live there, or the federal government is paying these institutions for them to live there. It is their home, they probably didn't get much choice in where they ended up."

## Catholics' rearguard action in health row

RICHARD FERGUSON

Australia's Catholic-run hospitals are making a last-ditch bid to ensure \$10m worth of medical technology is paid for by the nation's private health insurers, saying they will lose as much as \$80m if they are forced to pay for devices themselves. The Morrison government is considering changes to the Prostheses List, which includes prosthetic hips and knees, pacemakers, heart valves and ophthalmic lenses. The government-drawn up list dictates that insurers are required to pay for the items at set prices. Catholic Health Australia fears if hundreds of medical items are taken off the government-decreed list on Tuesday and health insurers are no longer forced to cover the costs, patients will directly pay or member hospitals will have to cover the costs by making cuts. CHA director of health policy James Kemp told The Australian that if Tuesday's budget made hospitals pay for the medical tech, regional health and palliative care could be among the first services to be hit. "If insurers successfully escape their current obligations to pay, it's difficult to see where the money can come from. The funding of not-for-profit Catholic hospitals is already stretched thin to subsidise low and negative-margin services like regional health and palliative care," Mr Kemp said. "If medical device companies are charging too much for individual devices, there are a range of sensible measures we can take to address that, like

benchmarking against public hospitals."

Health insurers say the list forces them to pay higher prices for routine medical items than public patients or any other insurer in the world would have to, and they are willing to compensate private hospitals if items are removed and they no longer have to pay.

Medical groups have previously told The Australian they believe Australians paying thousands of dollars a year in health insurance could have their access to life-changing medical devices severely limited under any changes.

Private Healthcare Australia chief executive Rachel David, whose group is the peak body for health insurers, on Monday said any claims they were trying to control the prostheses list were "untrue".

"The prices on the prostheses list are nearly 30 times as much as health insurers are paying for these devices in other countries ... we can't afford to lose that amount of money," Ms David said.

"Our proposal calls for prices to be benchmarked and it's categorically untrue to say hospitals would be unable to access medical devices under any reforms. If non-prosthetic items like sponges are removed, we are willing to compensate hospitals for those costs and any savings will go back into lower premiums for patients."

A spokeswoman for Health Minister Greg Hunt acknowledged the government was pursuing reforms to drive down the price of medical devices.

## Against assisted suicide

CHA augmented its advocacy efforts around assisted suicide by mounting a discrete campaign to garner support against the Queensland government's bill to legalise euthanasia. Entitled Another Option the website and attendant social media challenged the claim that Queenslanders had a real choice between assisted suicide and palliative care, when the latter is seriously underfunded and inaccessible to those outside of southeast Queensland. The website had the ability to allow people to send a message directly to the Queensland Premier asking her to fund palliative care to enable universal access, and to give faith-based organisations the ability to conscientiously object.



# BOARD OF DIRECTORS



## Hon John Watkins AM

Chair, Catholic Health Australia

John is the 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.

## Jenny Parker

Deputy Chair, Catholic Health Australia

Jenny is Deputy Chair and Chair of the Audit and Risk Committee of Catholic Health Australia. She has more than 33 years of professional services experience and is currently the Health and Life Sciences Leader for Oceania at consultants EY. Jenny has considerable experience working with health organisations including the Mater Hospital Group and St Vincent's Health, and has a proven track record in major government reviews within the health sector. Jenny has previously been the Chair for Centacare Council, a not-for-profit entity supporting disability and aged care clients. As well as being a board member for Catholic Health Australia, Jenny is also Chair of Catholic Education for the Brisbane Archdiocese, Deputy Chair for the Archdiocesan Finance Council, Deputy Chancellor for Queensland University of Technology, and a board member for Cancer Council Australia

## 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 Mission and Identity 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 osu**

Non-Executive Director

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

**Sr Maureen Gleeson OAM**

Non-Executive Director

Sister Maureen Gleeson is a Sister of Mercy and sits on the CHA Board as a Representative of Catholic Religious Australia (CRA). As well as attaining general, midwifery, and infant welfare nursing qualifications, Maureen has Bachelor, Masters and Doctorate qualifications (University of New South) in Health Services Administration. Sister Maureen has undertaken senior health executive management studies at Cornell University in the US. She has also undertaken Scripture studies at Leuven University in Belgium. She has wide experience in the operation of health services in both public and private sectors. Appointed by the Minister of Health (NSW) from 2008 – 2018 Maureen served as a Member of a Panel for the Medical Tribunal and Professional Standards Committee under the Medical Practice Act 1992. In 2008 Maureen was awarded the Medal of the Order of Australia for services to the Australian Health Care System.

**Paul McClintock AO**

Non-Executive Director

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

### **Francis Sullivan** AO

Non-Executive Director

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

the community, particularly through social justice and legislative reform initiatives, and to health and aged care.

### **Bishop Karol Kulczycki** SDS

Non-Executive Director

Bishop Karol Kulczycki SDS was installed as the 12th Bishop of the Catholic Diocese of Port Pirie on Wednesday October 28 2020. Bishop Karol arrived in Port Pirie from Poland, but previously spent 21 years as a missionary priest in Western Australia. He returned to Poland in 2018 after being elected vice-provincial of the Polish province of the Society of the Divine Savior. Bishop Karol Kulczycki was born in Poland in 1966 and was ordained to the priesthood in Our Lady of Fatima Church, Trzebinia, in 1994. He was ordained a bishop in the same church on September 29 2020. The Port Pirie Diocese is one of the largest in Australia and is three times the size of Poland. It stretches from Uluru to Port Lincoln and from the WA border to the River Murray.

### **Bradley Prentice**

Non-Executive Director

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

### **Stephen Teulan**

Non-Executive Director

Stephen has been a Director of Catholic Healthcare Limited since 1 September, 2018. Stephen is a Principal Consultant with Nous Group, specialising in consulting to the health, aged care and Not for Profit sectors. This follows twenty-one years in senior management roles in the aged care and health sectors, including five years leading Australia's largest Not for Profit aged care provider. Prior to those roles, Stephen spent 19 years at Deloitte, including seven years as a partner specialising in the health sector. Stephen joined the CHA Board in early 2021

## IN CONVERSATION WITH **BISHOP KAROL KULCZYCKI** SDS

Bishop Karol Kulczycki of the Port Pirie Catholic Diocese is the newest board member of Catholic Health Australia. He replaces Bishop Bill Wright, who is leaving as the board's Australian Catholic Bishops Conference representative. Here he tells us his journey:

"Twice I have been called to Australia for God's work. Once as a missionary priest almost straight out of the seminary, and now as Bishop of the Port Pirie Catholic Diocese and as a new member of the Catholic Health Australia board.

I first arrived in Australia in 1997. I had joined the Salvatorians (The Society of the Divine Saviour) after school, finished my theological studies in 1994, was ordained a Priest and then worked in the vocation office for three years.

My home country Poland had changed during my studies. I had been young during the era of Solidarity, just finishing primary school and starting high school and living in a small town. I was aware of the country's situation: communism; martial law; the clash of values. Our families taught us from a young age not to trust all media and schooling because of the communist influence. But everything was changing and by the time I was ordained it was a different system.

Once I became a Priest, I felt a calling to do some missionary work with different options available in several countries. A friend of mine was working in Australia at the time and he shared some of his experiences. I thought it would be a great place for me to continue my ministries, so in 1997 I joined the Salvatorians in Australia. I was working in various parishes within Western Australia and as a high-school chaplain.

It was quite an experience, especially at first. There was so much I had to learn about a different country, a totally different place which was rather daunting. But after learning the language and some of the culture, I loved it.

I was here in Australia for 21 years and served as Superior of the Salvatorians for nine years. In 2018 I was appointed as the Vice-provincial of the Polish Province of Salvatorians, requiring my return home.

Whilst back home in Poland, I worked for my community there until my Ordination as a Bishop in September 2020. I was ordained in the same



Church as my original ordination, Our Lady of Fatima Church, Trzebinia, I was installed as the 12th Bishop of Port Pirie in October 2020 at Saint Mark's Cathedral.

When in Western Australia I mostly worked around Perth, but whenever I had a break I would travel north to Carnarvon or Exmouth in the Geraldton Diocese. I like country Australia. I love it!

Port Pirie Diocese is in some ways similar, with many rural areas. It's also one of Australia's largest catholic diocese, stretching from Uluru to Port Lincoln, and from the WA border to the Murray River. It's nothing to travel 500km home after a confirmation.

Part of our work involves the support of Indigenous communities through various agencies and ministries in parts of the Diocese, and I want to be involved more to provide help in different areas.

It has been almost nine months since my Installation and I still consider myself to be quite new to the role of Bishop. Every day I am learning!

It's very difficult when asked what your vision for the future is. I am reluctant to judge myself with my minimal knowledge in the medical field just yet.

But as I said, every day I am learning. I am keen to learn and understand the full responsibilities of my new role on the Catholic Health Australia board and that of Catholic Health Australia. I am ready to help and participate.

I do know that Catholic Health Australia, which coordinates and supports many different Catholic health care organisations around the country, plays a very important role in its support of different missions.

When Jesus was amongst us, He focused His mission on teaching and healing people. The ministry of healing is very important, and Catholic Health Australia is doing a very good job providing it."

## STAFF



### Pat Garcia

Chief Executive Officer

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

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

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

### Nick Mersiades

Director of Aged Care

Nick has extensive experience in aged and health care, including 16 years in the Department of Health and Ageing. As well as roles as manager of the Department's Queensland and New South Wales state offices, Nick's most recent role in the Department was head of the Ageing and Aged Care Division, where he was responsible for the development of aged care policy and for the overall management of the Australian Government's residential and community aged care programs.

Prior to joining Catholic Health Australia in November 2008, Nick had been General Manager of Strategic Policy and Communications in Catholic Healthcare Ltd.

In 2012, Nick was appointed to the board of the Aged Care Financing Authority (ACFA).

### James Kemp

Director, Health Policy

James has worked in health policy and health administration in the NSW Government, NSW public health system and university sectors. An economist by training, James has extensive knowledge of funding models in the Australian health care system, as well as developing and understanding high-quality and cost-effective health service programs.

James is passionate about contributing to an Australian health system which provides universal access and compassionate care to all who need it, and believes integrated care, simplified funding structures and embracing digital health are key to a sustainable health system into the future.

As the Director, Health Policy at Catholic Health Australia, James represents Catholic hospitals and advocates for policy and health care improvements which support better outcomes for patients.

### Rebecca Burdick Davies

Director, Mission & Strategy

Rebecca joins Catholic Health Australia with more than a decade's leadership experience in policy and advocacy across member-based organisations, industry and Government. Rebecca holds qualifications in political science and has a strong track record of influencing reform through thought leadership, robust policy research and as a public commentator.

Most recently, she was Director of Policy & Government Relations at the national peak body for suicide prevention where she led a social justice advocacy agenda to drive down the rate of suicide in Australia. Rebecca is passionate about advocating for policy reform to build a just society, and is committed to showcasing the Catholic health sector's ministry of healing.



## Julian Lee

Communications and Media Director

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

He has worked for both The Times of London and The Sydney Morning Herald.

More recently he has moved into communications, advising clients on how best to navigate a fragmented media environment, with his most recent role being media director to a state opposition leader.

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

## Stephanie Panchision

Senior Health Policy Advisor

Stephanie has international experience working across health systems in North America and Australia. Originally involved in research and development for medical diagnostics of gastroenteric infections, Stephanie expanded her public health experience working in Central Australia for Aboriginal controlled health organisations and academic institutes. Her experience shaped her dedication to address the roots of disadvantage to improve overall health and wellbeing. She joins CHA for her interest in building a strong evidence-based platform to deliver on policy reform that contributes for a more secure and equitable health system.

Stephanie is passionate about the work of our members and raising the profile of the Catholic sector. She continues to work closely with CHA committees to build stronger networks across our providers to share knowledge and represent the interests of CHA members at a national level.

## 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.

## 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, including managing the CEO's diary.

She also oversees CHA events, national awards and registrations, and liaises with external conference organisers.

## Siobhan Tanzer

Accounts Manager

Siobhan has been a member of the CHA team since 2006 and is responsible for managing CHA's accounts and is Secretary to the CHA Board. She has earned qualifications in Bookkeeping and Business Studies.

Siobhan has worked, at various levels, in not for profit, community based organisations since returning to work after raising her family.

## SCHOLARSHIP WINNER: LISA EVANS

Lisa Evans is St John of God Accord CEO and St John of God Health Care Group Director Community Services. She is this year's Catholic Health Australia Ministry Leadership Program scholarship winner. Here is her story...



"After a career in the public and private hospitals a situation arose in 2014 that gave me an opportunity to reflect and decide what pathway I wanted to take.

I felt I really wanted to work for an organisation that values based, one that was really entrenched in living a mission and being part of that.

St John of God Health Care has a really strong history: St John of God himself, in Granada; and the Sisters of St John of God who came from Ireland to Australia to assist during a typhoid outbreak in Western Australia.

It has those two great stories of going where you are needed, and going where no one else will go.

The story of St John of God Health Care is that we have continued to grow and to honour that tradition of healing and helping others. We pride ourselves in how we go about our work.

I have spent seven years at St John of God Health Care: five at the Group's Berwick hospital as Director of Nursing; and the past two as the Chief Executive Officer at St John of God Accord, which provides disability services in Melbourne, Victoria.

The move to St John of God Accord came about by chance. My son Jack, who is now 22, is quite profoundly disabled. He has spinal muscular atrophy and is wheelchair bound.

While working at St John of God Berwick Hospital I visited St John of God Accord for two days and became fully immersed in its Living With Honour program - the people, some of the stories - and spent time alongside some of the clients. It moved me.

My experience as a mum with a disabled child is pretty powerful and significant, and at the end of those two days I realised I really wanted to make a move into the disability sector.

I felt I had a really great grounding and understanding of what disability services need to feel like to the end user and the family around them.

The Catholic Health Australia Ministry Leadership Program scholarship, run through Australian Catholic University, is a continuation of my journey.

Being able to take the time to immerse myself in this program is fantastic, especially when you have a role like mine that is so busy, and you are so distracted by all the things that come into running a service that has significant size and risks.

I took an enormous amount away from the first two days, on vocation, on calling - it was really quite powerful.

It's a unique opportunity to come together to talk at quite a deep level about Church and Ministry, where we fit in to that personally, and where our roles fit.

It's deeply important for people in my position to have a firm grasp on how we guide our business - which is serving people - in this modern space, but still stay true to our Mission, not only the Ministry of the Church, but the Mission of the organisation we work for, and make it relevant to today."



Catholic  
Health  
Australia

CHA wishes to thank Bishop Bill Wright DD for his service on the board and departing staff members Dr Anthony Gooley, Manager of Mission Services, and Paul Linden, Aged Care Advisor, for their hard work.

# SISTER MARIA CUNNINGHAM LIFETIME ACHIEVEMENT AWARD: **BERNADETTE WHITE**

Dr Bernadette White was Mercy Health's Clinical Director of Obstetrics when she retired in 2018. She was awarded the Sister Maria Cunningham Lifetime Achievement Award in November 2020. Here she speaks about her work and her career in healthcare.

"I worked in the Catholic health system nearly my entire career, from 1981 when I returned home from overseas and decided to specialise in obstetrics and gynaecology at Mercy Health.

I did the first part of my training there, completed it in the UK, and when I returned again in 1988 I decided it would be good to go back to the Mercy. I have been there ever since.

The Mercy has always been seen as a rewarding place to work, a place where you would get good training and be part of a very welcoming institution. People would feel they belonged and were respected there.

People are still very committed to it, and part of that is the sense that we do have a mission. We are not just doing a job, there is a little bit more to it than that.

Not everyone who works at the Mercy is Catholic, not everyone has a strong affiliation to the church, but I still feel having that Catholic background is part of why it is the hospital that it is today.

It's not like just a business with throughput and budget. You have to have those to run an efficient organisation, but underlying the Mercy is a philosophy that sets it apart from many other hospitals.

Winning the Sister Maria Cunningham Lifetime Achievement Award was an honour. Among its criteria is that it is given to those who inspire others working in Catholic health and aged care.

I was always involved in training and the Mercy is highly regarded as a place to train. I also had quite a big commitment to my college, the Royal Australian and New Zealand College of Obstetrics and Gynaecology.



It was tremendously satisfying to see very junior doctors come and do their training at the Mercy, perhaps work in other places and return, and see them go on to become fellow consultants.

Many of the consultants there now were people I first met when they began their training.

Another award criterion is that recipients must have "enabled the healing love of Jesus to be felt by people in need" and I have always tried to provide the highest level of care to women.

It hasn't always been easy, there were challenges, including our move from East Melbourne to Heidelberg in 2005.

The move was difficult physically and emotionally for many of the staff: we were leaving our old home, which we loved, for a new one in a new suburb.

And what was already a huge logistical task was complicated by a fire on Christmas Day 2004. The whole hospital had to shut down and was evacuated. Other hospitals helped out, but it took several weeks before we could move back.

When I decided to leave the Mercy I felt happy about where my career had come. Of course, you could always do more if you stayed on - there are always new challenges - but I felt I had achieved what I wanted to.

And I haven't been bored. I had two things I wanted to do: a course in urban horticulture, which I did through Melbourne University and completed at the end 2019; and to study history. I am doing that for my diploma now.

# CATHOLIC HEALTH IN PAPUA NEW GUINEA

## Catholic Health Australia members step up to support Papua New Guinea health crisis

Australia's closest neighbour, Papua New Guinea, is battling a devastating outbreak of COVID-19, with more than 17,000 cases reported by the end of June and the number of new cases rising by nearly 100 a day.

The Australian Government sent more than 8000 vaccines early in the year, as well as personal protective equipment (PPE) and medical support, but PNG's healthcare system was already stretched to breaking point.

In response to the outbreak Catholic Health Australia members stepped in, committing an initial \$250,000 to the cause. This was quickly exceeded, with the final figure reaching more than \$356,000.

The money was earmarked to provide essential support to Catholic Church Health Services (CCHS), the health commission under the Catholic Bishops Conference Papua New Guinea and Solomon Islands.

Church partners are responsible for about half the schools and health facilities in PNG, which means organisations such as CCHS are well-placed to make sure lifesaving medical equipment and health messages are delivered to people in need.

CCHS has 248 health facilities across PNG, including 84 aid posts in remote areas, which is helping to ensure that the most marginalised communities are also reached.

As well as PPE for frontline health workers, CHSS is also giving priority to the provinces with the highest rates of infection.



Catholic Health Australia



Caritas Australia found many people in marginalised PNG communities have extremely limited knowledge of how to deal with the pandemic.

Part of the CA campaign involves distributing personal hygiene kits in these communities, plus raising COVID awareness through printed materials and radio jingles.

An impressive number of Catholic organisations stepped up to support PNG, including: Australian Ursulines, Calvary Health, Catholic Healthcare Limited, Institute of the Sisters of Mercy Australia and PNG, Mater Health, Mercy Health, Missionary Sisters of the Sacred Heart, Sisters of Mercy, St John of God Health Care, St Vincent's Health Australia, Villa Maria Catholic Homes and Catholic Health Australia.

The CHA contribution was in addition to the \$250,000 worth of PPE purchased in 2020 by Caritas Australia, the international aid and development organisation of the Catholic Church in Australia, which reached 235 health facilities and an estimated 1462 health workers.

*"One of the challenges for Papua New Guinea is the cost of testing and treatment. Health facilities across PNG have struggled with a lack of medical supplies over the past year as they respond to COVID-19, so supplies of personal protective equipment will make an immediate difference where it matters.*

*"The bulk of the population are also not on social media or watching and reading the news - they're getting their information by word of mouth. When messages are not communicated properly it increases the public health risk.*

*"Roughly half of the schools and health facilities in PNG are run by churches, which means working through existing church networks is one of the most efficient ways to counter misinformation and build trust.*

*"Because they're trusted messengers, church networks are able to reach deep into communities, including communities in remote and extremely rural locations."*

- Diane Unagi, Caritas Australia Country Representative for Papua New Guinea.

# COMMITTEES

The Catholic Health Australia Secretariat wishes to acknowledge and thank all committee members for their hard work and commitment in the past year. We wish to particularly thank the following committee chairs who have served in the past year.

## Committee Chairs

### Health Senior Executive Forum

Martin Bowles

### Directors of Nursing and Midwifery

Dani Meinema

### Mission and Identity

Julien O'Connell

### Allied Health

Rachel Resuggan

### Aged Care

David Maher

### Palliative Care

Fran Gore

### Learning and Development

Jane Cleveland

## Health Senior Executive Forum

### Martin Bowles

Group Chief Executive Officer, Little Company of Mary Healthcare (Calvary Healthcare)

### A/Prof Stephen Cornelissen

Group Chief Executive Officer, Mercy Health

### Toby Hall

Group Chief Executive Officer, St Vincent's Health Australia

### Dr Shane Kelly

Group Chief Executive Officer, St John of God Health Care

### Dr Peter Steer

Chief Executive Officer, Mater

### Stephen Brierley

Chief Executive Office St Vincent's Lismore

### Sue Williams

Chief Executive Officer, Cabrini

### Matt Hanrahan

Deputy National CEO, Little Company of Mary Healthcare (Calvary Healthcare)

### Bryan Pyne

Chief Operating Officer Hospitals, St John of God Health Care

### Cathy Ryan

Group Director Health Funding & Patient Services, Cabrini Health

### Jason Payne

Chief Executive - Health Services Mercy Health

### Robynne Kent

Chief Executive Officer Canossa Private Hospital

### Daniele Doyle

Executive Director Mater Health

### Michelle Somlyay

Director Revenue Strategy, Mater Hospitals Qld

### David Swan

CEO, Private Hospitals, St Vincent's Health Australia

### Gerard Wyvill

Executive Officer, Mater

## Mission and Identity Committee

### Julien O'Connell

Chairman Villa Maria Catholic Homes and CHA Board Director

### Stephen Teulan

Chairman Catholic Healthcare and CHA Board Director

### Karan Smith

Group Manager, Leadership and Mission Mercy Health

### Dr Caroline Thompson

Director of Formation Mercy Partners

### Andrew Nee

Director of Mission Catholic Healthcare

### Marcelle Mogg

Group Director Mission Integration St John of God Health Care

### Sr Maureen Gleeson rsm

Catholic Religious Australia and CHA Board Director

### Dr Dan Fleming

Group Manager Ethics & Formation St Vincent's Health Australia

### Dr Ricki Jeffery

Chair Mercy Partners Council

### Dr Xavier Symons

Postdoctoral Research Fellow Plunkett Centre for Ethics,

### Lisa McDonald

Group Mission Leader, St Vincent's Health Australia

## Aged Care Committee

### Paul Andrew

Chief Executive, Catholic Homes

### Felix Pintado

Chief Executive, Residential Aged Care, Home Care and Seniors Living, Mercy Health

### Helen Emmerson

Chief Executive Officer, Southern Cross Care NSW & ACT

### Tony Godfrey

Chief Executive Officer, OzCare

### Lincoln Hopper

Chief Executive Officer, St Vincent's Care Services

### David Maher

Managing Director, Catholic Healthcare Ltd

### Bryan McLoughlin

National Director Retirement Communities, Little Company of Mary Healthcare (Calvary Healthcare)

### David Moran

Chief Executive Officer, Southern Cross Care SA&NT

### Joanne Penman

Exec Director, MercyCare

### Marcus Riley

Chief Executive Officer, Queensland Hibernian Friendly Society Ltd

### Sonya Smart

Chief Executive Officer, Villa Maria Catholic Homes

### Anthony Smith

Chief Executive Officer, MercyCare

## Directors of Nursing and Midwifery Committee

### Anne Zandegu

Executive Director of Nursing Cabrini Health

### Jo Boylan

Executive, Services Southern Cross Care

### Kris Salisbury

National Manager Clinical Services Little Company of Mary Healthcare (Calvary Healthcare)

### Elizabeth Thomas

Executive Officer, Mater

### Sue Thurbon

Executive Officer Mater Central Queensland

### Catherine Hackney

Director of Nursing and Midwifery, Mater

### Jennifer Pitt

Director of Patient Flow, Health Projects and CSO Mater Public

### Linda Townsend

Executive Director Of Nursing and Midwifery Mercy Health

### Dani Meinema

Group Director Nursing Services St John of God Health Care

### Maree Reynolds

Director of Clinical Services, Mothers Babies and Women's Health Mater Health

## Allied Health Committee

### Kirby Young

Chief Allied Health & Ambulatory Services Cabrini Health

### Anne Maree Buttner

Director Allied Health & Administration Services, Mater

### Thomas Chapman

Community Services and Allied Health Manager Little Company of Mary Healthcare (Calvary Healthcare)

### James Gaudin

Allied Health Manager Mater North Queensland

### Ruth O'Connor

Allied Health Manager East Melbourne St Vincent's Private Hospital

### Lena Fiddelaers

Senior Physiotherapy Team Lead St Vincent's Private Hospital Melbourne

### Sarah Gilmore

Allied Health Manager Fitzroy St Vincent's Private Hospital Melbourne

### Margaret Lazar

Network Director Allied Health and Integrated Services NSW St Vincent's Health Australia

### Meredith Swaby

Director Allied Health Mercy Health

### Tanya Darrer

Chief Allied Health Officer Mercy Health

### Marlene Weakley

Allied Health Manager Mater Hospital North Sydney

### Rachel Resuggan

Group Manager Allied Health St John of God Health Care



## Private Health Insurance Working Group

### David Swan

CEO St. Vincent's Private Hospitals St Vincent's Health Australia

### Peter Kahn

General Manager Health Funding, Strategy and Performance, St John of God Health Care

### Cathy Ryan

Group Director Health Funding & Patient Services, Cabrini Health

### Michelle Somlyay

A/Regional Executive Director SE Queensland, Mater Health

### Matt Hanrahan

Deputy National Chief Executive Officer, Little Company of Mary Healthcare (Calvary Healthcare)

## Prostheses Working Group

### Rochelle Airey

Clinical Procurement Manager St Vincent's Health Australia

### Cathy Ryan

Group Director Health Funding & Patient Services Cabrini Health

### Michelle Somlyay

A/Regional Executive Director SE Queensland Mater Health

### Peter Kahn

General Manager Health Funding, Strategy and Performance St John of God Health Care

### Alison Jeanne

Head of Revenue Strategy & Performance Little Company of Mary Healthcare (Calvary Healthcare)

## Catholic Palliative Care Alliance

### Mark Green

National Director of Mission, Little Company of Mary Health Care (Calvary Healthcare)

### Stephen Lyons

National Manager Service Development & Redesign Little Company of Mary Health Care (Calvary Healthcare)

### Natasha Michael

Palliative Care Physician Cabrini Health

### Melanie Zan

L&OD Clinical Consultant, VMCH

### Shannon Thompson

General Manager, Calvary Healthcare Bethlehem

### Kylie Greensill

Nurse Unit Manager, St Vincent's Hospital Lismore

### Damian Power

Director Government Strategy, Australian Catholic Bishops Conference

### Julie Fleming

GM Mission and Identity Cabrini Health

### Prof Phillip Good

Director of Palliative Care Mater Health

### Michelle Somlyay

A/Regional Executive Director SE Queensland, Mater Health

### Fran Gore

Palliative Care Clinical Nurse Consultant, Aged Care Mercy Health

### Deanne Layton

Inpatient Palliative Care Mercy Health

### Louise Angus

Clinical Nurse Practitioner, Palliative Care, St John of God Subiaco Hospital

### Cathy Ryan

Group Director Health Funding & Patient Services, Cabrini Health

### Mark Boughey

Director Palliative Medicine, St Vincent's Hospital Melbourne

### Frank Brennan

Palliative Care Clinician Little Company of Mary Healthcare (Calvary Healthcare)

### Mary Ringstad

Director of Mission, Calvary Mater Newcastle Little Company of Mary Healthcare (Calvary Healthcare)

## Learning and Development Working Group

### Rick Peebles

Director Clinical Education Cabrini Health

### Loren Madsen

National L&D Advisor Clinical Little Company of Mary Healthcare (Calvary Healthcare)

### Jane Cleveland

National Learning and Development Manager Little Company of Mary Healthcare (Calvary Healthcare)

### Karen Wynn

Clinical Program Manager Mater Health

### Talisha Wagner

Manager Organisational Development Mater Health North Queensland

### Kassandra Russell

Learning Team Manager Mercy Health

### Lisa Faulds

A/Group Manager Learning and Development St John of God Health Care

### Wendy Bardsley

Group Learning and Development Manager St Vincent's Health Australia

## Tasmania Voluntary Assisted Dying Taskforce

### Mark Green

National Director of Mission  
Little Company of Mary  
Healthcare (Calvary Healthcare)

### Alex Sidhu

Private Secretary to the  
Archbishop of Hobart, The Most  
Rev Julian C Porteous DD

### Ben Smith

Organiser Live and Die Well  
Tasmania

### Stehen Shirley

Chair Southern Cross Care  
Tasmania

## Queensland Voluntary Assisted Dying Taskforce

### Lincoln Hopper

CEO, St Vincent's Care Services  
Dr David Kirchhoffer, Director,  
Queensland Bioethics Centre  
ACU

### Lisa Eastment

Director of Mission, Private  
Hospitals Brisbane St Vincent's  
Health Australia

### Damian Foley

Chief Operating Officer, Ozcare  
Samantha Hill, Mission Director,  
St Vincent de Paul Society QLD

### Michael Hart

Chief of People and Mission,  
Southern Cross Care QLD

### Andrew Nee

Director of Mission, Catholic  
Healthcare

### Sr. Paulina Bonavia

### Margaret Campbell

Manager,  
St Francis of Assisi Homes,  
Mackay

### Jason Eldering

Chief Executive Officer,  
Southern Cross Care QLD

### Shanelle Bennett

Director Mission Integration,  
Mercy Community Services

### Lynne Sheehan

Executive Director, Residential  
Care and Community Services  
Mater Qld

### Cathy Uechtritz

Director Government Relations,  
Catholic Archdiocese  
of Brisbane

### Jane Schmitt

Executive Director External  
Relations, Mater

### Colm McNamara

Manager,  
Sisters of St Paul de Chartres  
Aged Care

### Alana Jacoby

Acting Leader of Mission  
Mater Queensland

## South Australia Voluntary Assisted Dying Taskforce

### Jenny Brinkworth

Director of Communications,  
Catholic Archdiocese of  
Adelaide

### Mark Green

National Director of Mission  
Little Company of Mary  
Healthcare (Calvary Healthcare)

### Tom Kenyon

### Greg Crafter

### Mark McCarthy

SA Director of Mission, Little  
Company of Mary Healthcare  
(Calvary Healthcare)

## World Day of the Sick Organising Committee

### Pat Garcia

CEO, CHA

### Sr Ruth Durick

Non-executive director, CHA

### Ursula Stephens

CEO, Catholic Social Services  
Australia

### Alison Burt

Executive Secretary, Bishops  
Commission for Social Justice,  
Mission and Service, Australian  
Catholic Bishops Conference



### Australian Aged Care Collaboration Steering Committee. Australian Aged Care Collaboration Board.

### Catholic Health Australia also represents members on the following external committees:

- Department of Health's Health Sector Group for the Trusted Information Sharing Network overseen by AG Dept
- IHPA National Hospital Cost Data Collection - Private Sector forum
- IHPA Stakeholder Advisory Committee - Health Technology Policy Advisory Committee
- IHPA Joint Teaching, Training & Research Working Group
- National Procedure Banding Committee
- Medical Workforce Reform Advisory Committee (MWRAC)
- National Nursing & Midwifery Education Advisory Network (NNMEAN)
- Office of the Chief Nursing and Midwifery Officer -Nursing and Midwifery Strategic Reference Group
- Private Hospital Sector Committee of Australian Commission on Safety and Quality
- Patient Safety Reporting Steering Committee of Australian Commission on Safety and Quality in Health Care
- Protheses List Advisory Committee
- Private Hospital Consultation Forum
- Clinical Categories Review Consultation Committee
- Clinical Quality Registry Expert Advisory Group
- APHA/Catholic Health Australia Joint Workforce Committee
- The Minister for Aged Care's Aged Care Sector Committee
- Aged Care Financing Authority
- The National Aged Care Alliance
- The Australian Aged Care Collaboration Working Group
- Residential Aged Care Funding Reform Working Group
- Aged Care Quality and Safety Commission Consultative Forum
- Aged Care COVID-19 Stakeholder Support Group
- Dementia Services Australia Expert Reference Group
- Aged Care Worker Regulation Scheme Consultation Group
- ELDAC Partners Group
- ELDAC Marketing and Promotions Group
- ELDAC Toolkit Working Group
- ELDAC Workforce
- ELDAC Technical Working Group
- ELDAC Strategic and Evaluation Group
- ELDAC Service Partnerships

## SPONSORS

Catholic Health Australia is grateful to our sponsors, HESTA and Bankfirst for their continued support.



## MEMBERS

Archdiocese of Canberra/Goulburn  
ACT

Archdiocese of Melbourne  
VIC

Archdiocese of Sydney  
NSW

Cabrini Health  
VIC

Calvary Ministries  
NSW

Cardinal Stepinac Village  
NSW

Catholic Healthcare Ltd  
NSW

Catholic Homes Incorporated  
WA

Catholic Women's League Archdiocese  
of Sydney Inc  
NSW

Centacare Brisbane  
QLD

Daughters of Charity of St Vincent de Paul  
NSW

Diocese of Lismore  
NSW

Diocese of Port Pirie  
SA

Dominican Sisters of Malta in NSW  
NSW

Dominican Sisters of Malta in Victoria  
VIC

Franciscan Missionaries of Mary  
NSW

Franciscan Missionaries of the Divine Motherhood  
Singapore

Franciscan Sisters of the Heart of Jesus  
SA

Institute of Sisters of Mercy of Australia & Papua  
New Guinea  
NSW

Little Sisters of the Poor  
NSW

Mary Aikenhead Ministries  
NSW

Mercy Partners  
QLD

MercyCare Limited  
WA

Mount La Verna Retirement Village Inc  
WA

Ozcare  
QLD

Queensland Hibernian Society  
QLD

Sisters of St Paul De Chartres  
QLD

Southern Cross Care (Broken Hill) Ltd  
NSW

Southern Cross Care (NSW & ACT)  
NSW

Southern Cross Care (Qld) Inc  
QLD

Southern Cross Care (SA & NT) Inc  
SA

Southern Cross Care (Tas) Inc  
TAS

Southern Cross Care (WA) Inc  
WA

St John of God Health Care  
WA

St Vincent de Paul Queensland  
QLD

St Vincent De Paul Society  
NSW

The ADRIA Village Ltd  
ACT

Trustees of Catholic Aged Care Sydney  
NSW

Villa Maria Catholic Homes  
VIC

# FINANCIALS

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Your directors present this report on the company for the financial period ended 30 June 2021.

## Directors

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

Hon John Watkins AM (Chair)	Current
Mr James Birch AM	Current
Ms Virginia Bourke	Current
Sr Ruth Durick osu	Current
Dr Maureen Gleeson OAM PHD	Current
Bishop Karol Kulczycki SDS	Commended 27 May 2021
Mr Paul McClintock AO	Current
Mr Donald Neander OAM	Resigned 12 November 2020
Mr Julien O'Connell AO	Current
Ms Jenny Parker	Current
Mr Bradley Prentice	Commenced 12 November 2020
Mr David Robinson	Resigned 12 November 2020
Hon Kerry Sanderson AC CVO	Current
Mr Francis Sullivan AO	Current
Mr Stephen Teulan	Commenced 12 November 2020
Bishop William Wright DD	Resigned 27 May 2021

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 direct benevolent relief of illness, direct benevolent relief of the needs of the aged, and direct benevolent relief of poverty as a social determinant of health for the benefit of all Australians.

## Strategies

The company has adopted a strategic plan to operate through the period 1 July 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.

**Mr James Birch AM**

Non-Executive Board Director

**QUALIFICATIONS**

- Bachelor of Health Administration (UNSW)

**EXPERIENCE**

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

**APPOINTMENT**

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

**Ms Virginia Bourke****QUALIFICATIONS**

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

**EXPERIENCE**

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

**APPOINTMENT**

- CHA Constitution Rule 22 (b) - Aged Care

**Sr Ruth Durick OSU****QUALIFICATIONS**

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

**EXPERIENCE**

- President Catholic Religious Australia 2016-2018.
- Member Catholic Religious Australia Council 2013-2018;
- Member of Ursuline International Justice and Peace Committee 2008-2011.
- Member Ursuline General Finance Commission 2016-2020.
- Director, St Ursula's College Toowoomba 2007-2016.
- Chair of Members, St Ursula's College Toowoomba 2012-2016.
- Member, Australian Institute of Company Directors

**APPOINTMENT**

- CHA Constitution Rule 23.4 - Board Appointee (1)

**Dr Maureen Gleeson PH D OAM****QUALIFICATIONS**

- Bachelor of Health Services Administration, Master of Health Services Administration, PH D (University of NSW), Nursing qualifications in General Nursing, Midwifery and Infant Welfare

**EXPERIENCE**

- Wide experience in the management of general and obstetric hospitals in both the public and private sectors.
- Held senior positions in the NSW Health Department in design and planning of tertiary level specialist services and in policy development.
- Appointed by the Minister of Health (NSW) as a member of the Panel for the Medical Tribunal and Professional Standards Committee under the Medical Practice Act 1992 (2008-2017)

**APPOINTMENT**

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

**SPECIAL RESPONSIBILITIES**

- Member of the Mission and Identity Committee

**Karol Kulczycki SDS DD****QUALIFICATIONS**

- Master of Theology (Pontifical Faculty of Theology, Wroclaw, Poland)

**EXPERIENCE**

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

**APPOINTMENT**

- Australian Catholic Bishops Conference Designate

**Paul McClintock AO****QUALIFICATIONS**

- BA, LLB

**EXPERIENCE**

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

**APPOINTMENT**

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

**Donald Neander OAM****QUALIFICATIONS**

- Carpenter and Joiner

**EXPERIENCE**

- Actively involved in the planning of building works associated with all SCC (Qld) complexes.
- Qualified carpenter and joiner and has run his own building business since 1974.
- Long serving Board Member and formally chair of Southern Cross Care (QLD).
- Former member of the State Council of the Knights of Southern Cross
- Former State Chairman and Deputy National Chairman of the KSC.

**APPOINTMENT**

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

**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 Attache)
- Board Member, Finance Council, Catholic Archdiocese of Melbourne
- Chairman, CEO Institute (Syndicate 4) - Mentoring to CEO and Chairs of Member Companies
- Member, Equestrian Order of the Holy Sepulchre of Jerusalem
- Fellow, Australian Institute of Company Directors
- Acting Chancellor, Australian Catholic University
- Chair, PM Glynn Institute
- Chairman, Mercy Health Foundation Board
- Member, Boards Appointment Committee, Catholic Archdiocese of Melbourne

**APPOINTMENT**

- CHA Constitution Rule 22(b)

**SPECIAL RESPONSIBILITIES**

- Chair of the CHA Mission and Identity Committee

**Jennifer Parker****QUALIFICATIONS**

- B.COMM (UQ)
- Fellow of Chartered Accountants Australia and New Zealand (CAANZ)

**EXPERIENCE**

- Partner Ernst & Young (EY)
- Oceania Advisory, Health & Life Sciences Leader Chair, Catholic Education – Archdiocese of Brisbane
- Deputy Chair, Archdiocesan Finance Council – Archdiocese of Brisbane
- Deputy Chancellor and Council Member, Queensland University of Technology
- Board Member Queensland Museum
- Board Member, Mater Health Group; Chair – Finance and Audit Committee, Mater Health Group

**APPOINTMENT**

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

**SPECIAL RESPONSIBILITIES**

- Deputy Chair, Catholic Health Australia Board;
- Chair of the CHA Risk & Audit Committee;
- Member of the Executive Committee

## Bradley Prentice

### QUALIFICATIONS

- BCom, LLB, LLM, MACID

### EXPERIENCE

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

### APPOINTMENT

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

## David Robinson

### QUALIFICATIONS

- Bachelor of Arts (Economics) and Bachelor of Laws degrees

### EXPERIENCE

- Lawyer and company secretary of AMP,
- Non-executive director in the for-profit sector (companies in the CBA and AMP Groups)
- Non-executive director in the not-for-profit sector (Monte Sant' Angelo Mercy College Limited).
- Chair of the Catholic Healthcare Limited Board.
- Member of the Australian Institute of Company Directors.

### APPOINTMENT

- CHA Constitution Rule 22 (b) – Aged Care on

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

of the Economic and Financial Policy Division of the Western Australian State Treasury.

### APPOINTMENT

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

### SPECIAL RESPONSIBILITIES

- Member of the Nominations and Remuneration Committee

## Francis Sullivan AO

### QUALIFICATIONS

- MA (Theol); Grad Dip Ed.

### EXPERIENCE

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

### APPOINTMENT

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

## Stephen Teulan

### QUALIFICATIONS

- BCom. CA

### EXPERIENCE

- Principal Consultant with Nous Group, specialising in consulting to the health, aged care and not-for-profit sectors.
- 21 years in senior management roles in the aged care and health sectors, including 5 years leading Australia's largest not-for-profit aged care provider.
- Previously spent 19 years in Deloitte, including 7 years as a partner specialising in the health sector.

### APPOINTMENT

- CHA Constitution Rule 22 (b) – Aged Care

### SPECIAL RESPONSIBILITY

- Member of the Catholic Health Australia Mission and Identity Committee

**Hon John Watkins AM****QUALIFICATIONS**

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

**EXPERIENCE**

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

**APPOINTMENT**

- CHA Constitution Rule 22 (b)

**SPECIAL RESPONSIBILITY**

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

**William Wright DD**

- Bishop of Maitland-Newcastle

**QUALIFICATIONS**

- BTh; BA (Hons)

**EXPERIENCE**

- Bishop of Maitland-Newcastle.
- Bishops Commission for Evangelisation Laity and Ministry.
- Chair of Bishops Commission for Professional Standards and Safeguarding;

**APPOINTMENT**

- Rule 22 (d) Australian Catholic Bishops Conference designate

**Meetings of Directors**

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

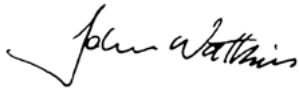
	Number eligible to attend	Number attended
Hon John Watkins AM (Chair)	8	8
Mr Jim Birch AM	8	8
Ms Virginia Bourke	8	8
Sr Ruth Durick	8	6
Sr Maureen Gleeson	8	7
Most Rev Karol Kulczucki SDS	0	0
Mr Paul McClintock AO	8	7
Mr Don Neander OAM	3	2
Mr Julien O'Connell AO	8	6
Ms Jenny Parker	8	8
Mr Bradley Prentice	5	4
Mr David Robinson	3	3
Hon Kerry Sanderson AC CVO	8	7
Mr Francis Sullivan AO	8	8
Mr Stephen Teulan	5	3
Most Rev William Wright DD	8	6

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the company. At 30 June 2021, the total amount that members of the company are liable to contribute if the company is wound up is \$10. At 30 June 2021, the number of members was 41.

### Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2021 has been received and can be found on page 9 of the financial report.

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



Director



Director



**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 2021, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

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

RSM

**RSM Australia Partners**

*G Stenhouse*

**GED STENHOUSE**  
Partner

Canberra, Australian Capital Territory  
Dated: 3 August 2021

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**AUDIT | TAX | CONSULTING**

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Liability limited by a scheme approved under Professional Standards Legislation

## STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2021

	Note	2021 \$	2020 \$
Revenue	2	2,483,896	3,014,792
Other income	2	30,633	147,447
		<b>2,514,529</b>	<b>3,162,239</b>
Employee benefits		(1,739,516)	(1,533,567)
Sponsorship, grants, honorariums and donations	3	(150,000)	(56,450)
Travel		(103,229)	(290,618)
Venue and venue hire		-	(90,114)
Phone and internet		(7,573)	(15,697)
Rent and utilities		(1,958)	(6,902)
Accounting		(60,866)	(31,514)
Bad debt expense and fee adjustments		(52,632)	(23,220)
Consultancy	3	(310,459)	(223,485)
Depreciation and amortisation		(70,713)	(210,986)
Insurance		(37,393)	(33,104)
Office supplies, printing, postage		(30,871)	(36,474)
Other expenses		(170,577)	(215,558)
		<b>(2,735,787)</b>	<b>(2,767,689)</b>
Surplus before income tax		(221,258)	394,550
Tax expense		-	-
Net surplus/(deficit)		(221,258)	394,550
Other comprehensive income		-	-
<b>Total comprehensive income</b>		<b>(221,258)</b>	<b>394,550</b>

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

## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2021

	Note	2021 \$	2020 \$
<b>ASSETS</b>			
<b>Current assets</b>			
Cash and cash equivalents	4	3,285,238	3,201,184
Trade and other receivables	5	21,045	163,485
Other current assets	6	72,105	126,644
<b>Total current assets</b>		<b>3,378,388</b>	<b>3,491,313</b>
<b>Non-current assets</b>			
Property, plant and equipment	7	10,608	18,657
Right of use asset	7	274,981	4,665
<b>Total non-current assets</b>		<b>285,589</b>	<b>23,322</b>
<b>TOTAL ASSETS</b>		<b>3,663,977</b>	<b>3,514,635</b>
<b>LIABILITIES</b>			
<b>Current liabilities</b>			
Trade and other payables	8	148,195	252,456
Income in advance	9	137,572	-
Provisions	10	243,918	184,390
Lease liabilities	11	65,031	5,608
<b>Total current liabilities</b>		<b>594,716</b>	<b>442,454</b>
<b>Non-current liabilities</b>			
Provisions	10	12,327	-
Lease liabilities	11	206,011	-
<b>Total non-current liabilities</b>		<b>218,338</b>	<b>-</b>
<b>TOTAL LIABILITIES</b>		<b>813,054</b>	<b>442,454</b>
<b>NET ASSETS</b>		<b>2,850,923</b>	<b>3,072,181</b>
<b>EQUITY</b>			
Retained Earnings		3,072,181	2,677,631
Surplus/(Deficit) for the year		(221,258)	394,550
<b>TOTAL EQUITY</b>		<b>2,850,923</b>	<b>3,072,181</b>

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

## STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2021

	Retained Earnings \$	Total \$
Balance as at 1 July 2019	2,677,631	2,677,631
Surplus for the year attributable to members of the entity	394,550	394,550
<b>Balance as at 30 June 2020</b>	<b>3,072,181</b>	<b>3,072,181</b>
Surplus/(deficit) for the year attributable to members of the entity	(221,258)	(221,258)
<b>Balance as at 30 June 2021</b>	<b>2,850,923</b>	<b>2,850,923</b>

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

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2021

	Note	2021 \$	2020 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts from memberships, workshops and sales		2,871,742	2,871,368
Payments to suppliers and employees		(2,733,008)	(2,644,083)
Interest paid on lease liabilities		(19,035)	(1,933)
Interest received		17,262	43,332
<b>Net cash generated from operating activities</b>		<b>136,961</b>	<b>268,684</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payments for Property, Plant and Equipment		(7,506)	(2,302)
Proceeds from disposals		-	-
<b>Net cash used in investing activities</b>		<b>(7,506)</b>	<b>(2,302)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Payment of lease liabilities		(45,401)	(65,627)
<b>Net cash used from financing activities</b>		<b>(45,401)</b>	<b>(65,627)</b>
Net increase in cash held		84,054	200,755
Cash on hand at beginning of the financial year		3,201,184	3,000,429
<b>Cash on hand at end of the financial year</b>	4	<b>3,285,238</b>	<b>3,201,184</b>

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

### 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.

#### Basis of preparation

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

#### Historical cost convention

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

#### Comparative figures

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

#### Income tax

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

#### Goods and Services Tax (GST) and other similar taxes

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

Receivables and payables are stated inclusive of

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

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

#### Leases

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

#### Current and non-current classification

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

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

#### **Fair value measurement**

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

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

#### **Critical accounting judgements, estimates and assumptions**

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

##### *Estimation of useful lives of assets*

The company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives

could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

##### *Employee benefits provision*

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

## Note 2. Revenue and other income

	<b>2021</b>	<b>2020</b>
	<b>\$</b>	<b>\$</b>
<b>REVENUE</b>		
Membership subscription	2,223,514	2,204,647
Workshop and conference	13,345	91,801
Ministry Leadership Program	-	474,777
Sale of goods	9,613	7,333
Sponsorships	70,000	152,182
Grant income	167,424	84,052
	<b>2,483,896</b>	<b>3,014,792</b>
<b>OTHER REVENUE</b>		
Interest received	17,262	43,332
Government subsidy	-	100,000
Other income	13,371	4,115
	<b>30,633</b>	<b>147,447</b>
	<b>2,514,529</b>	<b>3,162,239</b>

**Accounting Policy****Membership subscription revenue**

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

**Grants**

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

**Ministry Leadership Program and sponsorship for the program**

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

**Interest**

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

**Other income**

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

## Note 3. Expenses

	2021 \$	2020 \$
<b>CONSULTING EXPENSES</b>		
IT consulting fees	42,943	14,841
Consultancy fees - Media	89,517	94,242
Consultancy fees - Policy	89,893	38,369
Consultancy fees - Others	65,541	67,933
Artwork and design fees	22,565	8,100
Conference organiser	-	-
	<b>310,459</b>	<b>223,485</b>
<b>SPONSORSHIP, HONORARIUMS AND DONATIONS</b>		
Honorariums	-	53,450
Sponsorship and donations	150,000	3,000
	<b>150,000</b>	<b>56,450</b>
	<b>460,459</b>	<b>279,935</b>

## Note 4. Cash and cash equivalents

	2021 \$	2020 \$
Cash at bank	3,284,938	3,200,884
Cash on hand	300	300
	<b>3,285,238</b>	<b>3,201,184</b>

**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

	2021 \$	2020 \$
Accounts receivable	59,356	193,498
Expected credit loss	(38,311)	(30,013)
	<b>21,045</b>	<b>163,485</b>

**Accounting Policy**

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

## Note 6. Other Current Assets

	2021 \$	2020 \$
Accrued income	4,830	73,088
Prepayments	67,275	53,556
	<b>72,105</b>	<b>126,644</b>

## Note 7. Property, plant and equipment

	2021 \$	2020 \$
<b>OFFICE FURNITURE</b>		
At cost	98,396	95,760
Less accumulated depreciation	(87,788)	(77,103)
	10,608	18,657
<b>RIGHT-OF-USE ASSETS</b>		
At cost	327,937	71,235
Less accumulated depreciation	(52,956)	(66,570)
	274,981	4,665
	<b>285,589</b>	<b>23,322</b>

## RECONCILIATIONS

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 2020	18,657	4,665	23,322
Additions	7,506	327,937	335,443
Disposals	(2,463)	-	(2,463)
Depreciation expense	(13,092)	(57,621)	(70,713)
<b>Balance as at 30 June 2021</b>	<b>10,608</b>	<b>274,981</b>	<b>285,589</b>

## Accounting Policy

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

## Depreciation

The depreciable amount of all fixed assets is depreciated on a straight-line basis over the asset's

useful life to the entity commencing from the time the asset is available for use.

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

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

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

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

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

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

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

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

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

## Note 8. Trade and other payables

	<b>2021</b>	<b>2020</b>
	<b>\$</b>	<b>\$</b>
Trade payables	66,704	153,314
Accrued expenses	45,272	62,923
Funds held for programs	36,219	36,219
	<b>148,195</b>	<b>252,456</b>

#### **Accounting Policy**

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

## Note 9. Income in advance

	<b>2021</b>	<b>2020</b>
	<b>\$</b>	<b>\$</b>
Deferred registration fees	<b>137,572</b>	-

#### **Accounting Policy**

The Company receives monies in advance in relation to the annual conference held in August 2021. The Company will treat this money as payments in advance until the annual conference is held.

## Note 10. Provisions

	2021 \$	2020 \$
<b>CURRENT</b>		
Annual leave	149,927	109,541
Long service leave	93,991	74,849
	<b>243,918</b>	<b>184,390</b>
<b>NON-CURRENT</b>		
Make good provision	1,772	-
Long service leave	10,555	-
	<b>12,327</b>	<b>-</b>
	<b>256,245</b>	<b>184,390</b>

**Accounting Policy***Short-term employee benefits*

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

*Other long-term employee benefits*

The liability for annual leave and long service leave

not expected to be settled within 12 months of the reporting date are measured at the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method.

Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

## Note 11. Lease liabilities

	2021 \$	2020 \$
Current lease liabilities	65,031	5,608
Non-current lease liabilities	206,011	-
	<b>271,042</b>	<b>5,608</b>

**Accounting Policy**

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

penalties. The variable lease payments that do not depend on an index or a rate are expensed in the period in which they are incurred.

Lease liabilities are measured at amortised cost using the effective interest method. The carrying amounts are remeasured if there is a change in the following: future lease payments arising from a change in an index or a rate used; residual guarantee; lease term; certainty of a purchase option and termination penalties.

When a lease liability is remeasured, an adjustment is made to the corresponding right-of use asset, or to profit or loss if the carrying amount of the right-of-use asset is fully written down.

## Note 12. Key management personnel disclosure

### COMPENSATION

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

	2021 \$	2020 \$
Aggregate compensation	296,377	262,912

## Note 13. Related party transactions

### *Key management personnel*

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

### *Transactions with related parties*

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

### *Receivable from and payable to related parties*

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

### *Loans to/from related parties*

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

## Note 14. Events after the reporting period

No matter or circumstance has arisen since 30 June 2021 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 15. 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

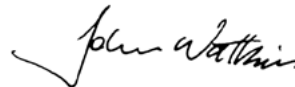
## Note 16. Members' guarantee

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 2021, the number of members was 41 (2020: 55).

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

1. The financial statements are in accordance with the Australian Charities and Not-for-profit Commission Act and
  - a. comply with Australian Accounting Standards – Reduced Disclosure Requirements; and
  - b. give a true and fair view of the financial position of the company as at 30 June 2021 and of its performance for the period ended on that date.
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

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



Director  
Date: 29 July 2021





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

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

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

The management of the registered entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and for such internal control as the management determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, management is responsible for assessing Catholic Health Australia Limited's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate Catholic Health Australia Limited or to cease operations, or has no realistic alternative but to do so.

**Auditor's Responsibilities for the Audit of the Financial Report**

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

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

**RSM Australia Partners**

**GED STENHOUSE**  
Partner

Canberra, Australian Capital Territory  
Dated: 3 August 2021



Catholic  
Health  
Australia

## CONTACTS

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