



Mater Newcastle

Continuing the Mission of the Sisters of the Little Company of Mary

## Review of Operations

2020-21









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## Acknowledgement of Land and Traditional Owners

Calvary Mater Newcastle acknowledges the Traditional Custodians and Owners of the lands of the Awabakal Nation on which our service operates. We acknowledge that these Custodians have walked upon and cared for these lands for thousands of years.

We acknowledge the continued deep spiritual attachment and relationship of Aboriginal and Torres Strait Islander peoples to this country and commit ourselves to the ongoing journey of Reconciliation.

Aboriginal and Torres Strait Islander people are respectfully advised that this publication may contain the words, names, images and/or descriptions of people who have passed away.

# The Spirit of Calvary

Calvary Mater Newcastle is a service of the Calvary group that operates public and private hospitals, retirement communities, and community care services in four states and two territories in Australia.

## Our Mission identifies why we exist

We strive to bring the healing ministry of Jesus to those who are sick, dying and in need through 'being for others':

- In the Spirit of Mary standing by her Son on Calvary.
- Through the provision of quality, responsive and compassionate health, community and aged care services based on Gospel values, and
- In celebration of the rich heritage and story of the Sisters of the Little Company of Mary.

## Our Vision identifies what we are striving to become

As a Catholic health, community and aged care provider, to excel and be recognised, as a continuing source of healing, hope and nurturing to the people and communities we serve.

## Our Values are visible in how we act and treat each other

We are stewards of the rich heritage of care and compassion of the Little Company of Mary.

We are guided by our values:



### Hospitality

Demonstrates our response to the desire to be welcomed, to feel wanted and to belong. It is our responsibility to extend hospitality to all who come into contact with our services by promoting connectedness, listening and responding openly.



### Healing

Demonstrates our desire to respond to the whole person by caring for their spiritual, psychological, social and physical wellbeing. It is our responsibility to value and consider the whole person, and to promote healing through reconnecting, reconciling and building relationships.



### Stewardship

Recognises that as individuals and as a community all we have has been given to us as a gift. It is our responsibility to manage these precious resources effectively for the future. We are responsible for striving for excellence, developing personal talents, material possessions, for our environment and handing on the tradition of the Sisters of the Little Company of Mary.



### Respect

Recognises the value and dignity of every person who is associated with our services. It is our responsibility to care for all with whom we come into contact, with justice and compassion no matter what the circumstances, and we are prepared to stand up for what we believe and challenge behaviour that is contrary to our values.



# Spirit of Calvary

Being for others

**Everyone is welcome.**

You matter. We care about you.

Your family, those who care for you, and the wider community we serve, matter.

Your dignity guides and shapes the care we offer you.

Your physical, emotional, spiritual, psychological and social needs are important to us.

We will listen to you and to those who care for you. We will involve you in your care.

We will deliver care tailored to your needs and goals.

Your wellbeing inspires us to learn and improve.

**Continuing the Mission of the Sisters of the Little Company of Mary**

# Management and Community Advisory Council

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## Hospital Executive

- General Manager: Mark Jeffrey
- Director of Medical Services: Dr MaryAnn Ferreux (until October 2020) / Tracy Muscat (Acting)
- Director of Nursing and Cancer Services: Kim Kolmajer (Acting until March 2021) / Roz Everingham
- Director of Medicine and Palliative Care Services: Marissa Ledlin (Acting until May 2021) / Kim Kolmajer
- Director of Critical Care and Surgical Services: Tracy Muscat / Rebecca Robertson (Acting from October 2020)
- Director of Finance and Corporate Services: Wayne Wells
- Director of Mission: Mary Ringstad
- Director Intensive Care Unit: Dr Katrina Ellem
- Director of Cardiology: Dr Stuart Murch
- Director of Medical Oncology: Dr Tony Bonaventura
- Director of Pharmacy: Rosemary James
- Director of Radiation Oncology: Dr Mahesh Kumar
- Director of Surgery: Dr Ralph Gourlay
- Director of Social Work: Lyn Herd (until September 2020) / Kellie Goldsworthy
- Emergency Department Nurse Manager: Jo-Anne Berry and Rebecca Robertson
- Emergency Department Clinical Nurse Unit Manager 2: Stephanie Duke

## Department Managers

- Alcohol and Drug Unit Nurse Unit Manager: Jason Scott
- Chief Hospital Scientist: Dr Jennette Sakoff
- Chief Medical Physicist: John Simpson
- Chief Radiation Therapist: Karen Jovanovic
- Clinical Dean: Dr Tim Walker
- Clinical Information Manager: Nicole Crockett
- Coronary Care Nurse Unit Manager: Anne Thomson
- Day Treatment Centre Nurse Unit Manager: Linda Liversidge (Acting until May 2021) / Marissa Ledlin
- Department of Palliative Care Nurse Unit Manager: Jessica Scaife
- Desktop Services Manager: Clinton Starrett
- Director Alcohol and Drug Services: Dr Craig Sadler
- Director of Anaesthetics: Dr Allysan Armstrong-Brown
- Director Clinical Toxicology: Professor Geoff Isbister
- Director of Prevocational Education and Training: Professor Ian Whyte
- Director Consultation-Liaison Psychiatry: Professor Gregory Carter
- Director Department of General Medicine: Dr Suzanne Wass
- Director Department of Palliative Care: Dr Rachel Hughes
- Director Emergency Department: Dr Johann Gildenhuys
- Director Haematology: Dr Sam Yuen
- Director Hunter Drug Information Service: Felicity Prior
- Emergency Department Clinical Nurse Unit Manager: Kim Blayden/Jacinta Carr/Maree Connor
- Financial Controller: Petula Steele
- Human Resources Manager: Michael Hodgson (until December 2020) / Liana O'Connor (Acting)
- Health Information Services and Information Communications Technology Manager: Heather Alexander
- Intensive Care Nurse Unit Manager: Leanne Bradford (until May 2020) / Rachael Hasaab
- Junior Medical Officer Managers: Victoria Wall and Regan Penglaze
- Management Accounting Manager: Neville Brown
- Medical Centre Nurse Unit Manager / Hospital in the Home: Kelly Crawford
- Medical Centre Front Office Manager: Rebecca Cruickshank
- Nurse Manager Surgical Services: Cheryl Cooley
- Network and Systems Manager: Beau Dwyer
- Nurse Manager Clinical Resources: Jason Robards, Katrina Gunn, Helen Hanbury, Maria Dolahenty, Rebecca Hahn, Alison Lee, and Leanne Bradford
- Nutrition and Dietetics Manager: Andrew Court
- Occupational Therapist in Charge: Andrew Wakely
- Operating Theatre Suite Nurse Manager: Chris Aartsen
- Operating Theatre Suite Clinical Nurse Unit Manager: Stanley Meyers
- Pastoral Care Manager: Margot McCrindle
- Patient Services Manager: Brad Rochester
- Payroll Manager: Kerrie Chapman



- Physiotherapist in Charge: Judy Holland
- Pre-Procedures Nurse Unit Manager: Emma Brady
- Public Affairs and Communications Manager: Helen Ellis
- Quality Manager: Jeanette Upton
- Radiation Oncology Nurse Unit Manager: Ashley Powell
- Speech Pathologist in Charge: Patricia Potter
- Staff Development Coordinator: Judith Thompson
- Supply Services Manager: Anne McCormack
- Supply Services Supervisor: David Millington
- Ward 4B Surgical Inpatient Nurse Unit Manager: Lara Riley
- Ward 4C Medical Nurse Unit Manager: Niamh Finch
- Ward 5A/MAAZ Nurse Unit Manager: Tracey Coates
- Ward 5B Oncology Nurse Unit Manager: Sarah Scudds (Acting until May 2021) / Linda Liversidge
- Wards 5C/D Haematology Nurse Unit Manager: Linzi Nolan

## Community Advisory Council

### Chairperson:

- Cathy Tate, Consumer Representative (retired February 2021)
- Robert Russell, Consumer Representative (appointed February 2021)

### Members:

- Teresa Brierley, Consumer Representative
- Kay Fordham, Consumer Representative
- Susan Russell, Consumer Representative
- Steven Tipper, Consumer Representative
- Andrew Smith, Consumer Representative
- Aron Hidru, Consumer Representative
- Bryan McLoughlin, Calvary NSW Regional Chief Executive Officer
- Mark Jeffrey, General Manager
- Mary Ringstad, Director of Mission
- Wayne Wells, Director of Finance and Corporate Services
- Helen Ellis, Public Affairs and Communications Manager



# Report from the General Manager

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It is my privilege to present the 2020-21 Review of Operations Report for Calvary Mater Newcastle.

Calvary Mater Newcastle is the major cancer care centre for Hunter New England Local Health District (HNE Health). We provide a range of medical and surgical services as an affiliated health organisation under the Health Services Act 1997. Calvary Mater Newcastle is also a major research and clinical trial centre with local, national and international research collaborations and activities taking place.

Our services are delivered through a service agreement with HNE Health to provide public hospital services. Under this agreement, Calvary Mater Newcastle has delivered on a range of targets, key performance indicators, and quality and safety measures.

In a year full of challenges, this report affirms the hospital's commitment in continuing to provide high quality services through safe, reliable and timely care.

This year, our staff have been living and breathing the Calvary values of Hospitality, Healing, Stewardship and Respect, as

they went above and beyond in navigating the complexities of delivering health care in a pandemic. With courage, kindness and compassion staff diligently continued to deliver excellent health care to our community. I want to take this opportunity to thank and acknowledge every staff member at Calvary Mater Newcastle for the dedication and commitment they have provided to the hospital and community, as they continued to prioritise excellent patient-centered care despite the challenges.

Throughout 2020-21 extensive preparation was undertaken to respond to the evolving COVID-19 situation.

Work also commenced in recruiting, redeploying and upskilling staff as part of our pandemic response. A comprehensive Respiratory Fit Testing Program was established, as guided by the Clinical Excellence Commission, to ensure staff were fitted with the best possible mask to minimise their risk of exposure to transmissible disease. Health care workers in the Mater's critical care areas and potential COVID-19 care teams were prioritised.





Our hospital provided extensive screening processes involving screening questions and temperature checking for everyone entering the hospital. As well as implementing the advised NSW Health visitor restrictions.

Our COVID-19 Walk-in Testing Clinic remained available to the testing needs of our community, with our staff working hard to provide a timely service on days that could see extreme fluctuations in demand.

Additionally, in March 2021, we provided staff with a shuttle bus service to the District's John Hunter Hospital COVID-19 Vaccination Hub.

In a year that was challenging, the opportunity to celebrate and recognise achievements of our staff was embraced despite the need in many instances to carry out some celebrations a little differently due to COVID-19.

On Mary Potter Day, Thursday 19 November 2020, a smaller celebration took place to celebrate and congratulate our research grant recipients and three exceptional staff members who were nominated by their peers for the Mary Potter Award – Cheryl Cooley, Nurse Manager Surgery; Sophia Wooldridge, Senior Clinical Psychologist, and Casey Hutchinson, Clinical Nurse Educator Haematology.

The Mary Potter Award for staff member of the year was awarded to Cheryl Cooley. Cheryl is a long standing employee, who continues to provide excellence in nursing and clinical leadership in the Department of Surgical Services. Her skills and qualities have been integral to the success of many clinical redesign projects and Cheryl has embraced change as an opportunity to make real differences in the care of the people we serve. Cheryl went on to be one of the six finalists for the inaugural National Mary Potter Award. She was selected from 23 nominations across Calvary services.

Congratulations also went to the hospital's PVC Recycling Program Team members who were finalists in the Environment and Sustainability Award at the HNELHD Excellence Awards. While the Hunter New England Cancer Clinical Research Network (CCRN) was named the winner of the 2020 NSW Premier's Award for Outstanding Clinical Trials Unit, such wonderful achievements.

In December 2020, Calvary Mater Newcastle was awarded full accreditation through the Health Education and Training Institute (HETI) Accreditation Survey against the Prevocational Education and Training Accreditation Standards. The accreditation program implements and monitors Standards for the education, training and welfare of prevocational trainees in their first two postgraduate years.

An important new patient safety initiative, the Speaking Up for Safety™ program, was launched in May 2020. This initiative is part of Calvary's commitment to quality and safety.

The contribution of our Volunteers and Auxiliary members is always valued. The second wave of COVID-19 meant our Volunteers and Auxiliary members were once again asked to disband their duties at the hospital, but the hospital looks forward to welcoming them back in the near future.

I would like to thank our Auxiliary members for their continued fundraising efforts despite the ongoing challenges. This financial year the Auxiliary raised a staggering \$170,084.13, a fabulous achievement.

Finally, I would like to thank our generous and loyal community for its support of the hospital, and the Community Advisory Council (CAC) in its advisory role bringing a consumer focus to key governance committees and working parties. After a long association with the Mater, passionate health care advocate Cathy Tate OAM retired from her position as CAC Chairperson in February 2021.

Over the years Cathy has played a pivotal role in shaping and enhancing the Mater to be the hospital it is today. We are thankful for Cathy's years of dedication and guidance.

Robert Russell, proud Gomerioi man, has been appointed the new Chairperson of the CAC. His extensive experience in business and community based organisations ensures an exciting future for the CAC.

Once again I extend my sincere appreciation and thanks to all staff at Calvary Mater Newcastle. Together, as a team, we will continue to strive to provide a quality service to the community based on our values of Hospitality, Healing, Stewardship and Respect in the Spirit of Calvary 'Being for Others'.

**Mark Jeffrey**  
**General Manager**

# Report from the Community Advisory Council



Calvary Mater Newcastle is committed to building and maintaining relationships that strengthen the links between the hospital and the communities it serves. The hospital's Community Advisory Council (CAC), with membership sought from a broad cross section of the community, assists Calvary Mater Newcastle in achieving this objective.

The council provides the General Manager with advice on consumer and community engagement to ensure Calvary Mater Newcastle continues the mission of Calvary and achieves objectives that are relevant to the community it serves. As a result Calvary Mater Newcastle can improve its community's health outcomes by providing services that are reflective of each person's individual needs and those of the wider community.

## COVID-19

During the second wave of the COVID-19 pandemic, members have continued to provide invaluable support to the Executive. The committee meetings continued with the use of video conferencing as an option which occurred with minimal interruption to the flow of the meetings.

The members are the hospital's link to its diverse community, member's support and insights were reassuring as the hospital navigated the difficult directives, including visitor restrictions, for the safety of the community, knowing they would in some instances cause distress.

## Change of Chairperson

After a long association with the Mater, passionate health care advocate Cathy Tate OAM retired from her position as Community Advisory Council Chairperson at Calvary Mater Newcastle in February 2021.

Over the years Cathy has played a pivotal role in shaping and enhancing the Mater to be the hospital it is today.

In 2003, Cathy became a member of the Newcastle Mater Misericordiae Hospital Board. As part of the Hospital Board, Cathy helped guide the Mater alongside other well-known Novocastrians through its redevelopment, a timely and intense process, and eventually the transfer of the Newcastle Mater Misericordiae Hospital to Little Company of Mary Health Care to become Calvary Mater Newcastle.

Following the transfer, Cathy became involved in the hospital's then new Community Advisory Council. From 2012 to 2021, Cathy was the Chairperson of this Committee and over the years spearheaded it into the peak consumer body for the Mater and more recently she was responsible for a more culturally diverse membership.

Staff members who have had the pleasure to work with Cathy over the years have credited Cathy for her unprecedented commitment and dedication to ensuring consumers have a strong voice in the provision of Calvary Mater Newcastle's health services.

Mark Jeffrey, General Manager, Calvary Mater Newcastle, said, "Over the years Cathy has made a tremendous commitment to the Mater. Cathy's passion in advocating for her local community is to be commended and we are extremely grateful for all she has contributed over the years. Her wisdom, passion and willingness to get involved, together with her infinite dedication, means she will be missed. I wish Cathy all the best in her future endeavours."

On leaving, Cathy said, "I have thoroughly enjoyed my 17 year involvement with the Mater and I am a little sad to leave



but I believe that the time is right for me to move on to other things.

“The people at Calvary Mater Newcastle have been wonderful and the CAC has been a dream to work with. The CAC has come a long way from our first few meetings where we weren’t sure of our role, to today where it is the peak consumer body. This couldn’t have happened without the hard work of both the CAC and the staff, who did much of the ground work.”

In June, CAC members came together over a meal to thank and wish Cathy all the best.

Current CAC member, Robert Russell, has been appointed the new Chairperson of the CAC. Robert (Rob) was appointed a member of the CAC in 2019. Rob is a proud Gomerai man and is the National Director, Reconciliation, at Life Without Barriers.

Rob brings with him a wealth of experience and provides important cultural links between Calvary Mater Newcastle and the community. His passion and enthusiasm is contagious and the hospital is delighted he has accepted the position of Chairperson.

Cathy said, “I feel very confident that the CAC is in safe hands with Rob taking over as Chairperson. He has an impressive background both in Education and as past CEO of Awabakal, and will bring his own vast experience to the CAC. I wish both Rob and the CAC all the best for the future and I know its role will continue to grow in ways we haven’t yet thought of.”

### Hospital committees

Members are represented on a number of hospital committees including those for patient care and quality, clinical ethics, infection prevention and control, translational research, research development and engagement, communicating for safety, clinical deterioration, close the gap collaborative, partnering with consumers, patient blood management, heritage, and mission and values.

Members’ wide ranging participation ensures that each committee recognises consumer concerns, hears the consumer perspective, provides information on issues affecting consumers, and protects the interests of consumers, service users and potential service users. Members also have the opportunity to review and discuss de-identified patient feedback and complaints, and review performance data. Staff members continue to be extremely appreciative of their input and greatly value their contribution and unwavering commitment.

### Calvary Mater Newcastle Consumer and Community Engagement Framework 2018-2021

The Consumer and Community Engagement Framework (2018-2021) has been in place for the past four years. The hospital’s CAC plays an integral role in monitoring, providing advice on and evaluating the framework. Updates



are provided quarterly at every CAC meeting. Informal consultation and collaboration occurs between meetings.

The framework is reported on at the monthly Hospital Management Committee (extended) and Calvary Monthly Performance meeting, Patient Care and Quality Committee meeting, and other hospital committee meetings and forums as appropriate.

Due to the COVID-19 pandemic, our approach to consumer and community engagement has needed to shift and the ongoing management of this pandemic has meant some of the framework’s actions may have been delayed or put on hold. Nevertheless, the hospital is proud of the achievements that have been able to occur over the past year.

Since the framework was devised and implemented, the foundational principles of consumer involvement ensure a real consumer partnership is in place and embraced by staff. The time period for the framework has now lapsed, however, the hospital will continue to work through a number of actions until completion.

We have ascertained that a number of our current actions will need to roll into our next framework document. It is hoped, pandemic permitting, we will be able to draft our next framework, incorporating consumer engagement, in the early months of 2022.

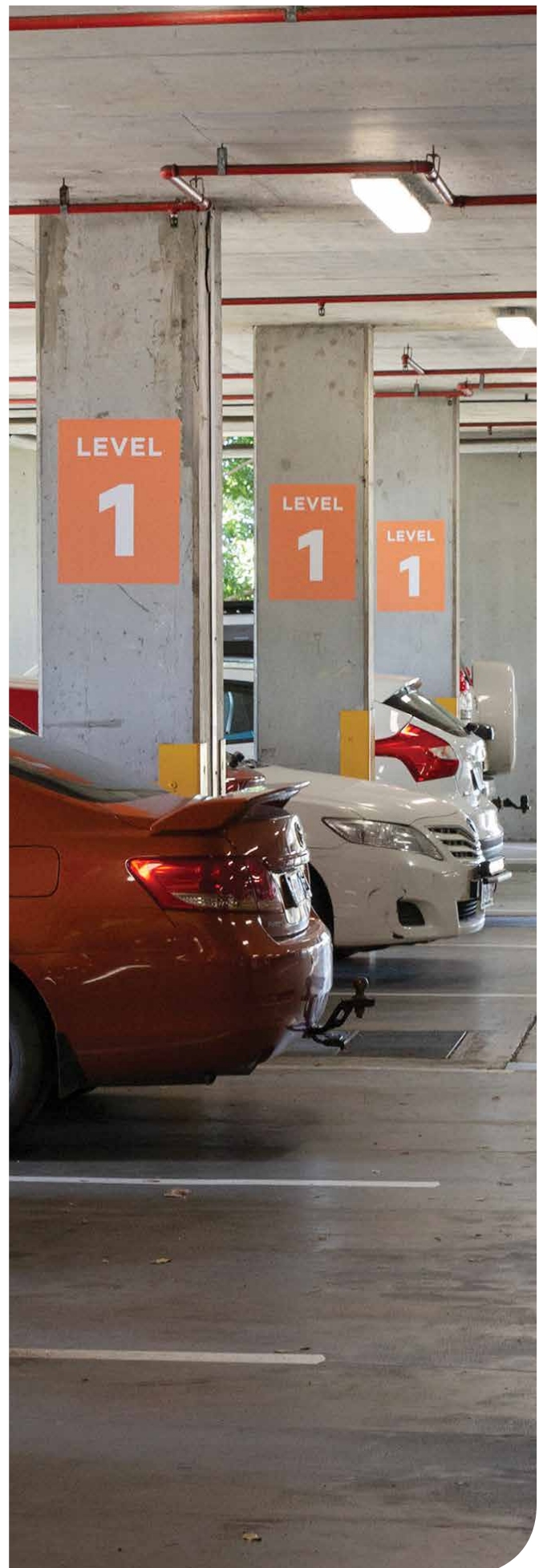
Other notable achievements include:

- Ensure our hospital environment acknowledges and welcomes our Aboriginal and Torres Strait Islander peoples:
  - A variety of beautiful Aboriginal paintings continue to be placed throughout the hospital, with plaques to accompany. Most recently two artworks by Lauren Freestone have been purchased. One has been placed by the Physiotherapy reception, and the other hung in the Group Room by Physiotherapy.
  - Specific outdoor areas have been identified as part of a plan to develop outdoor spaces for visitor and patient usage, as part of the hospital's general outdoor space plan.
  - Development of a standard 'Welcome' to our First Peoples and Acknowledgement of traditional owners at each public entrance to Calvary Mater Newcastle services/site is underway. A decal design has been finalised, together with agreed locations. Signs to be installed.
  - Welcome sign in language to be placed on Platt Street entrance wall and above the main entrance Information Desk as part of centenary celebrations. Design and installation to be finalised.
  - The Traditional Place name is now used in the hospital's address.
  - Reconciliation Action Plan – This special program was completed by five staff. The 'Innovate' template has been selected and its completion is in progress. When completed it will be submitted for endorsement by Reconciliation Australia.
- Ensure our hospital provides a culturally safe environment for our Culturally and Linguistically Diverse (CALD) communities:
  - The Senior Administration Forum team has been working hard on creating 'Interpreter Service efficiencies' throughout all departments of the hospital, achievements include:
    - Outpatients: Inclusion of the interpreter icon onto Radiation Oncology ARIA system.
    - Reporting commenced from Oncology Services.
    - ARIA – processes being reviewed by departments.
    - Rolling agenda item on the Senior Administration Forum for discussion and review purposes.
    - Improvements in areas such as triage and follow-up phone calls.
  - Interpreter sign audit completed throughout hospital regarding the use of the new HNELHD Health Care Interpreter Service translated resource. Resources distributed as appropriate to needs of wards/units.
  - Installation of the MyVirtualCare platform for Telehealth which includes the Interpreter Services on all staff computers.
- Creation of a welcoming and inclusive experience for all consumers in all hospital settings, through accessible services, clear signage, hospitality and a visible and identifiable workforce:
  - An in-depth hospital-wide Wayfinding Audit Report and Implementation Plan has been finalised.
  - Edith Street Car Park P2:
    - A recommendation from the Wayfinding Audit was to assign colours to the levels of Car Park P2 Edith Street to assist our patients/visitors finding their way back to the car. Stickers were placed on the pillars of the P2 car park, with a colour (chosen in line with the colours a colour blind person can distinguish) assigned to each level.
    - Review of lift signage and signs in P2 to be consistent with colours for each level in progress.
- Provide a volunteer concierge service at hospital entrances for greeting and assisting in locating people and services – While this service has been put on hold due to COVID-19, the screening station and temperature check staff have been responsible for creating a welcoming hospital environment and providing directions to our patients and visitors.
- Our consumer register database has now been updated and a process is now in place to accept new consumer representative recruits.
- Engagement of Community Advisory Committee members in a review of outpatient experiences of care during the COVID months of 2020.
- Formal Patient Experience Tracker survey of inpatient experience during COVID months of 2020 conducted by volunteers.
- Involve consumers in the hospital's workforce recruitment – Following consultation with the hospital's HR Department, work is underway to implement a small scale pilot program using current consumers to participate as the fourth panel member of certain staff recruitment positions. Training for the consumers is currently being finalised.
- Establish a program to train consumers in reviewing research projects and contribute to research



development – One of our Community Advisory Council members is a committee member of the hospital's Translational Research Advisory Committee and another member sits on the Research Development and Engagement Sub-Committee. We are also fortunate to have a community member sit on our Clinical Ethics Committee. Much work by our Community Advisory Council members has taken place over the past year in this area, with members being involved in providing feedback for our researcher's grant submissions. Connections with Cancer Council and Cancer Voices have also been established in this area. Together with a special opportunity for our consumers to participate in a 'Consumer Involvement in Health and Medical Research course' being facilitated by NSW RHP in partnership with Health Consumers NSW (HCNSW).

- Baby Change Room – A local artist has been commissioned to draw special animal themed artwork to be printed on perspex and fitted above the current changing bench. Special animal decals will also be placed around the room on the white tiles. A new chair, side table and baby changing mat will also be purchased.
- Patient Care Board review is in progress – Following various rounds of consumer engagement including surveys and focus groups, new Patient Care Board artwork is currently being trialled on the MAAZ Ward. The trial will run for a number of months.
- Work has continued around how the hospital acknowledges and supports carers. Over the past year follow-up sessions have taken place with key staff involved with carers allowing discussion to take place around the processes, resources available, recommendations for the future, etc. A recommendations document is currently being compiled.
- Staff wellbeing has been at the forefront, especially during these challenging pandemic times. New actions include:
  - A new 'staff wellbeing' section developed on Calvary Connect (intranet) with lots of resources.
  - Staff Wellbeing Huddles now in place.
- A HNELHD Disability Action Plan update report was completed for the first time in 2021. Conversations between the Mater and the District have been instigated, with the aim of a full Disability Audit of Calvary Mater Newcastle to be commissioned.



# Report from the Calvary Mater Newcastle Auxiliary 'Cancer Carers'

Not even the COVID-19 pandemic could stop the enthusiastic and highly dedicated members of the Calvary Mater Newcastle Auxiliary 'Cancer Carers' in raising funds for the hospital throughout the year 2020-21.

The 2020-21 financial year was challenging for the Auxiliary on many counts. For a large part of the year the team were unable to come together as a group to do what they are passionate about – fundraise for the comfort and care of Calvary Mater Newcastle patients.

Due to COVID restrictions, the group could not be present at the hospital until November 2020 but it wasn't until February 2021 when the Auxiliary lolly table, raffle table and smaller craft stall were in full operation at the Mater. Many of the

group's main events and functions were also cancelled due to changing COVID-19 restrictions.

Despite these challenging circumstances, members of the Calvary Mater Newcastle Auxiliary 'Cancer Carers' raised an astounding \$170,084.13 for the 2020-21 financial year.

With 26 members ranging in age from 58 to 103, this dedicated group of men and women throughout the 2020-21 financial year worked approximately 20,935 hours in total, equating to 805 hours per member and an average of \$6,540 being raised per member.

Below is a breakdown of how the funds were raised for the 2020-21 financial year:

Activity	Funds Raised	Activity	Funds Raised
Bank Interest	\$173.40	Functions	\$15,378.21
Bowls Days	\$12,814.75	Grants	\$30,000.00
Cookbooks	\$370.00	Housie	\$34,234.25
Cooking Craft Days	\$4,848.60	Lollies	\$17,584.30
Craft	\$32,853.35	Raffles	\$7,647.15
Donations	\$14,180.12		

While COVID-19 may have put the majority of the Auxiliary's fundraising activities on hold, the Auxiliary continued to be supported so richly by the community, who donate to the Auxiliary for the benefit of the hospital and its patients.

The Auxiliary has been extremely fortunate to receive ongoing support from Beresfield Bowling Club who has continued to hold 'Housie Sessions' on behalf of the Auxiliary on both Saturday and Sunday each week, together with support from the Wests Group via ClubGRANTS NSW. This year, the group also received a much appreciated donation from Port Waratah Coal Services.

Over the past year the Auxiliary has purchased hospital equipment and made donations to the hospital to the value of \$168,820.95. Equipment and items purchased included:

- One multi-purpose venous training arm for the Day Treatment Centre = \$2,785
- Six low profile beds (three for each ward) for the Hospice and Ward 4C (Medical) = \$55,265
- Two low profile beds for Ward 4C (Medical) = \$17,840
- Six CADD-SOLIS Ambulatory Infusion Pumps for the Operating Theatres = \$13,800



- Three VAC Machines for the Melanoma Unit = \$29,850
- An ultrasound device for the Vascular Access Team (VAT team) = \$9,995
- An ultrasound machine for the Vascular Access Team (VAT team) = \$23,975
- Two Intellivue Microstream Extension Sets for the Emergency Department = \$7,180.83
- A contribution towards head and neck cancer patients prosthetics = \$5,000
- Wigs for the Wig Service = \$1,000
- A weekly bunch of fresh flowers for the Mary Potter Chapel (Pastoral Care) = \$1,000
- A research contribution towards the hospital's Medical Oncology Experimental Therapeutics Group = \$1,130.12

The Auxiliary is led by a team of remarkable selfless women who dedicate a large part of their lives to the cause. The Auxiliary Executive team comprises President, Elaine Wellard; Treasurer, Kay Fordham; Secretary, Margaret Dougherty; Vice Presidents, Robyne Pitt and Jan McDonald; Assistant Secretary and Assistant Treasurer, Suzanne Lawrance; and Publicity Officer, Evelyn Duggan.

The Auxiliary would like to give special thanks to the following people for their ongoing assistance:

- Public Affairs and Communication Department - Helen Ellis and Deb Astawa
- Mark Jeffrey, General Manager
- Mary Ringstad, Director of Mission
- Finance Department - Lynda Evans, Maylinda Wells and Wayne Wells
- Support Services Team - David Millington, Peter Hobson, Mark Delves and Hayden Linich
- Assistant Auxiliary Treasurer, Suzanne Lawrance
- Beresfield Bowling Club and other District Bowling Clubs
- The Wests Group (ClubGRANTS NSW)
- Port Waratah Coal Services
- The families, friends, hospital staff and members of the community



# The Public Private Partnership

Calvary Mater Newcastle's Public Private Partnership (PPP) includes the financing, design, construction and commissioning of new buildings and refurbishment of existing buildings, facilities management and delivery of ancillary non-clinical services on the site until November 2033. These services are provided through the PPP by the Novacare Consortium.

Management of the PPP including asset management services is provided by Plenary under the guidance of Novacare General Manager, Luke Falla.



## Soft Services

Medirest provides specialist food, retail, hospitality, and support services to patients throughout Calvary Mater Newcastle.

Highlights for the Medirest team in 2020-21 include:

- Patient catering obtaining NSW Food Authority Level 'A' Vulnerable Persons Scheme Licence. This Level A assessment included zero required corrective actions or recommended areas of improvement which was excellent recognition of the high level of commitment within the catering team
- Retail - Gold Licence Caterers Accreditation – Restaurant and Catering
- BSI Food Safety Certification

- Introduction of the Health and Wellbeing app 'INX InControl' to further promote and register management proactivity in staff engagement, and importantly provide an opportunity to regularly check on Medirest employee's health and wellbeing
- Cleaning and Environmental Services team reaching two years without incurring a Lost Time Injury

### Overall service statistics

- 362,158 meals were served to hospital patients
- The Security team attended to 1,100 incidents
- The Reactive Cleaning team made 12,165 hospital beds
- The hospital site generated 75.52 tonnes of clinical waste



- 397 tonnes of waste were diverted from landfill
- 25,003 events were logged via the Helpdesk
- 43,074 deliveries were received via the Stores Department

### Catering services

The Catering Department prepared and served a monthly average of 30,179 high-quality, hot and cold patient meals during 2020-21. Working closely with the Nutrition and Dietetics staff, Medirest ensured extra care was taken to provide special meals to patients that require specific diets and supplements.

Highlights included:

- Ongoing collaboration with the hospital Food Services Working Group towards meeting the ACI menu and nutrition standards
- Implemented web based mobile app 'Go Spot Check' to complete daily food quality checks to ensure required food safety and optimal patient satisfaction

### Retail

Medirest operated retail outlets Deli Marche café, Amigo-to-Go Express Store, coffee carts and vending machines, continued to prove popular across the hospital providing high quality meals, beverages and snacks. The COVID-19 pandemic and resulting visitor number restrictions impacted the retail operation on occasions throughout the year with some outlets closing for a period of time. On average just over 4,150 customers per week were served.

### Helpdesk

The Helpdesk provides a primary point of communication for all Novacare services' requests 24-hours a day, seven days a week, 365 days a year. Facilities management software provides a system for reporting and responding to requests, incidents, and suggestions for improvements.

Annual customer satisfaction surveys invite all hospital users to participate and offer their feedback on Medirest Helpdesk services. These surveys have allowed Medirest to respond to customer suggestions for improvement, and it continues to strive for greater efficiency and open communication with customers. Medirest Helpdesk overall satisfaction rating has remained steady over the past three years.

### Cleaning and environmental services

Medirest's Cleaning and Environmental Services comprises scheduled cleaning, reactive cleaning, periodic and project cleaning, in addition to a complete waste management program. The success of the Cleaning and Environmental Services is based on a deep understanding of the critical importance of delivering cleaning, domestic and waste management (environmental) services to Calvary Mater Newcastle in a collaborative approach working closely with clinical and infection control units.

The service's reactive cleaners made an average of 1,013 beds within the hospital per month over the 2020-21 period, and a monthly average of just over 6.29 tonnes of clinical waste was removed from the site. Highlights for the year included:

- Sustainability efforts which included diverting over 75% of our general waste from landfill via the Bedminster waste recovery system. A total of 353 tonnes of compost was produced via this method.
- Over 11 tonnes of confidential waste paper was recycled through Suez and repurposed into more sustainable paper products.
- Over 27 tonnes of paper and cardboard, through correct source separation, has been diverted and repurposed into products such as cardboard boxes and recycled coffee cups.
- Over 940 kilograms of batteries have been diverted and precious metals like lithium, silver, gold and cadmium have been repurposed to process more batteries.
- New initiatives such as PVC recycling, green food waste and e-waste were placed on hold for the year due to the impacts of the COVID-19 pandemic and the manual sorting required in these processes. These initiatives will be re-evaluated in the future.

### Security

The Medirest Security team provides efficient and quality security, escort and response services across Calvary Mater Newcastle. The team is responsible for the safe response to internal incidents and the security of people and assets.

During 2020-21, Medirest Security responded to an average of 67 code black incidents per month within Calvary Mater Newcastle.

The Medirest Security Manager continued to deliver high-level fire and evacuation training regularly throughout the year via mandatory in-services and refresher courses.

### Materials management

The Materials Management Department provides an efficient, high-quality service for the receipt and distribution of materials throughout the hospital, including clinical supplies, general consumables and hospital mail.

On behalf of Calvary Mater Newcastle, the Materials Management Department maintains a supply of a wide range of items required in clinical areas. During 2020-21, the department issued a monthly average of 3,589 combined stock units to hospital wards.

## Hard Services



Honeywell proudly provides a fully integrated Facility Management Service solution that is people-centred, providing comprehensive, responsive and high-quality outcomes to the hospital's patients, staff, and visitors throughout Calvary Mater Newcastle.

Highlights for the Honeywell team in 2020-21 include:

- Registration of the Annual Fire Safety Statement with Newcastle City Council.
- Upgrade of the Asset Register within the Computerised Maintenance Management System, which includes over 36,000 assets.
- Implementation of the Central Asset Management System (CAMS) condition auditing tool, used for the collection of asset condition information, and predicting future asset condition and lifecycle requirements.

### Overall service statistics

- The Reactive Maintenance team responded to 4,994 maintenance requests.
- A total of 1,898 planned maintenance events were scheduled and completed.
- Inspection of 36,310 assets occurred, to ensure that the assets continue to provide maximum reliability to support the delivery of services across the hospital.
- Responded to 11,845 critical alarm notifications.

### Modifications

Honeywell supports Calvary Mater Newcastle in ensuring the facility continues to meet the operational needs by undertaking minor and major building modifications as requested by the hospital. There were 121 minor requests and 33 major modification requests. Some major projects completed include:

- Titan Linear Accelerator, Linac replacement and refurbishment of bunker
- CSD facility upgrade and sterilizer replacement
- Emergency Department remodelling for negative pressure rooms
- Refurbishment of Hospice reception area
- Cabling in clinical wards to support patient monitoring
- Building works to support the installation of a new MRI scanner

### Lifecycle

As well as routine and corrective maintenance, Honeywell takes a long-term approach to asset life, through the undertaking of an annual Condition Assessment and a rolling 5-year Lifecycle Works Plan. A lifecycle plan is developed annually from the Condition Audit and it identifies assets that are due for replacement. During the 2020-21 period, Honeywell recorded 568 lifecycle activities.

### Grounds and gardens

Honeywell maintains the grounds and gardens throughout the site, the gardens are designed and maintained to ensure it is an aesthetically attractive landscape that compliments the Mater and local environment. The numerous courtyard areas provide a space for staff, patients and visitors a place to relax, enjoy the landscape and helps to promote wellbeing.



# Stories for the year

## 01 A focus on quality and safety

- Putting our patients experience first
- Speaking Up for Safety

## 02 Care of our people and working environments

- Caring for communities
- Rita's last wish

## 03 Partnering and planning for the present and the future

- Hunter trial unit's success
- Collaboration success
- A lasting legacy

## 04 Caring for our resources

- The thunderbolt of Radiation Oncology
- Promoting health care without harm
- Finding the way

# 01

## A focus on quality and safety

### Putting our patients experience first

Regardless of job roles, at the very core of the work carried out at Calvary Mater Newcastle is a drive to ensure that the hospital's patients and visitors have the best possible experience of care.

Jennifer Metcalfe and Julie Lowe, Calvary Mater Newcastle Patient Experience Officers, are two such people who have the ultimate goal of improving the experience for patients in the Emergency Department waiting room.

Since August 2020, Calvary Mater Newcastle has been fortunate to employ two Patient Experience Officers funded by the NSW Government Patient Experience Program.

These new positions partner with the hospital's Emergency Department team to improve patient experience through positive, compassionate, effective communication and practical assistance. They are tasked with keeping patients up-to-date about Emergency Department waiting times, plans for care and ensuring they remain comfortable while they wait to see a clinician.

Thanks to Jennifer and Julie's passion and drive, their presence has made a positive difference to our patient's experience, as they assist patients at a time of great need and sometimes distress.

Between the duo, Julie and Jenny work Monday to Sunday, from 2:30pm to 11pm. The hours of their role help ensure someone is available to assist at some of the busiest times in the Emergency Department.



**Will you Speak up for Safety™?**

You will learn to Speak Up for Safety and respectfully using the Safety C.O.D.E.™. Contact your manager to book in your Speak Up for Safety™ workshop.

**Introducing the Calvary Mater Newcastle Speaking Up for Safety™ Program**

**Will you Speak up for Safety™?**

You will learn to Speak Up for Safety™ easily and respectfully using the Safety C.O.D.E.™. Contact your manager to book in your Speak Up for Safety™ workshop.

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## Speaking Up for Safety

**Wednesday 19 May saw Calvary Mater Newcastle launch its new Speaking Up for Safety™ program, an important new patient safety initiative. As part of Calvary's commitment to quality and safety all Calvary hospitals will be implementing the program.**

The Speaking Up for Safety™ program, a Vanderbilt based initiative, helps health care organisations overcome entrenched behaviours that can lead to poor patient outcomes. The program achieves culture change from within, normalising collegiate two-way communication to prevent unintended patient harm.

Through a one-hour training session all staff working across the Mater will develop the skills and insights to respectfully raise issues with each other when they are concerned about a patient's safety.

Congratulations to our four staff members, Dr Allysan Armstrong-Brown, Dr Nick Dafters, Casey Hutchinson, and Melissa Lintott, who underwent rigorous training and accreditation to become Trainers to deliver the Speaking Up for Safety™ training program to all staff across the hospital.



## 02 Care of our people and working environments

### Caring for communities

*“Everything within our boundaries is of much significance, and a love of country and all that exists, inspires me to release what I do onto canvas.”* Thomas Croft

Thomas Croft, a Barnjarla man, was approached by Aboriginal Hospital Liaison Officer (AHLO), Margaret Whitson, to create a design she could use for a uniform work shirt. She hoped wearing a shirt with such a design would help patients, staff and visitors identify her as the AHLO. Margaret also wanted to be clearly identified and she wanted Calvary Mater Newcastle to be identified in the various forums she attends with colleagues from other organisations.

Her counterpart in Calvary Bruce ACT, Graeme Brown, heard of her endeavour and wanted ‘in’. He thought it was a great idea. Soon the National Director of Mission, Mark Green, saw an opportunity for it to become the design for all Calvary services and sites.

Supported by the local Director of Mission, Mary Ringstad, and after consultation with local Aboriginal communities across the Calvary network, Tom’s beautiful design, in ‘Calvary blue’ has become the national design for Calvary.

The artwork itself is called ‘Caring for Communities’. The central feature, a meandering river, reminds us of the life giving source fresh water is, a source of food, drink, and recreation and around which communities gather and are sustained. His painting expresses how we need to care for our families and support our communities through kindness, concern and open communication throughout our patients’ journeys.



## Rita's last wish

***For horsewoman Rita Meredith (nee Browning) 'dreams really do come true' as Rita's last wish "to smell and see a horse one last time" was granted on a very special day at the Hospice on Tuesday 9 March 2021.***

Rita's family, friends, Hospice staff, and NSW Mounted Police, rallied together to make the magical moment happen in a very short space of time. Following a call from Rita's friend, two NSW Mounted Police Officers and their horses, based in Redfern Sydney, were only too happy to make the two-hour, 163-kilometre trip to make Rita's dream become a reality.

Senior Constable Graham Lovett and Constable Nicole Harvell, accompanied by their handsome sidekicks, Police Horse 'Don' and Police Horse 'Hollywood' spent an hour and a half with Rita out the front of the Hospice on a gloriously sunny day allowing plenty of pats, sniffs and the swapping of stories about the job.

For Rita, it was very fitting the horses were from the Mounted Police. Rita, originally from England, made history in her early 20s. After serving in the Durham County Constabulary for two years, Rita was accepted to the Country's Mounted Police Unit in 1968, making her the first female Mounted Police Officer in the UK.

Based at Durham Mounted Police, Rita's first assignment was to help ensure the safety of Queen Elizabeth, also known as The Queen Mother, during a royal visit to Teesside.

It wasn't until 1991 that Rita's family arrived in Australia and Rita went on to work tirelessly as a foster carer for children with disabilities. However, horses were always close to her heart!

Speaking on the day, Rita was overcome with happiness and simply said, "It's unbelievable, I can't believe it! Thank you."

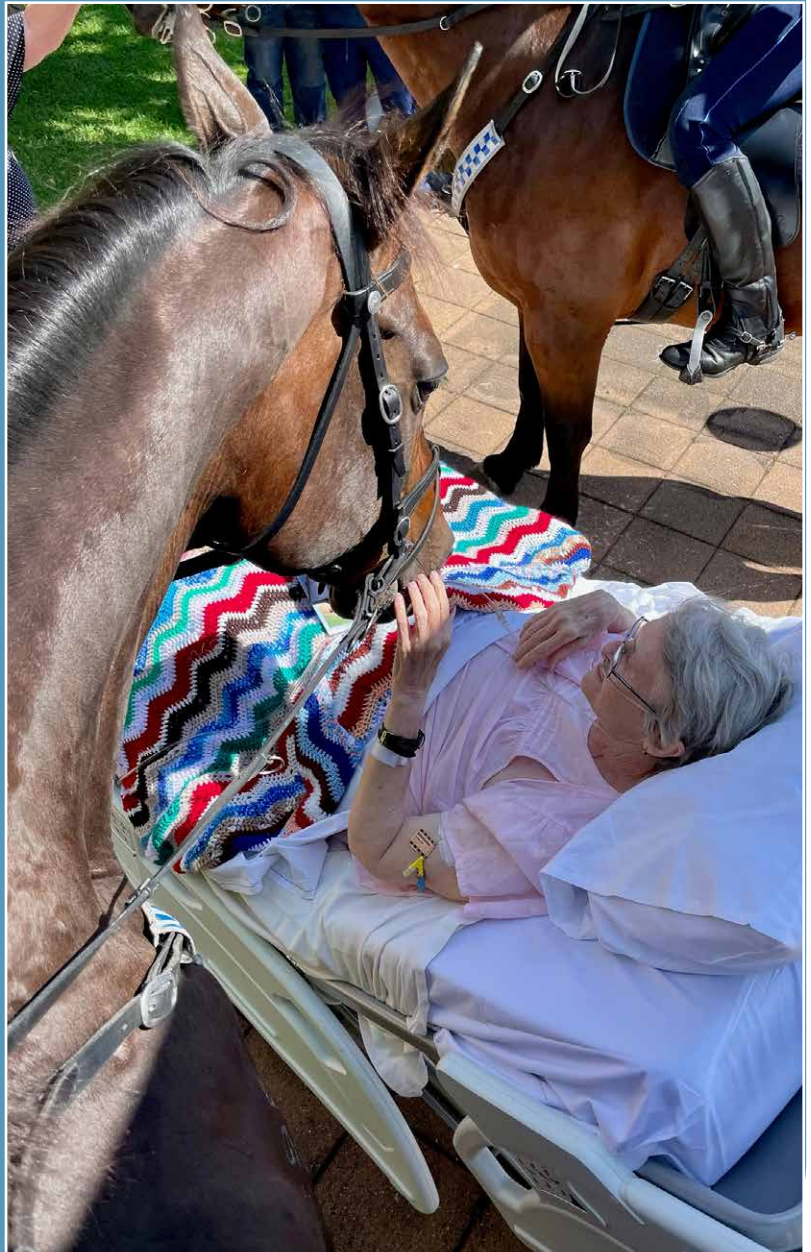
Emily Sykes, Rita's daughter-in-law and registered nurse at Calvary Mater Newcastle, said "I'm very grateful that someone as wonderful as Rita could get her last wish granted. To see the smile on her face and the love and mutual respect radiating out of both her and the police officers is something I won't forget for a long time.

"Rita couldn't believe what all the fuss was about and was very humble about just how important she was to the history of policing and women in general."

It was a magical day for all involved and the story went 'viral' across the world, spreading some happiness through the sharing of this touching moment.

Emily said, "Rita passed away peacefully less than 48 hours after her visit from the mounties. It truly was one last wish!"

Vale Rita Meredith, 7 January 1946 – 11 March 2021.





# 03 Partnering and planning for the present and the future

## Hunter trial unit's success

***The Hunter New England Cancer Clinical Research Network (CCRN) was named the winner of the 2020 NSW Premier's Award for Outstanding Clinical Trials Unit in late November 2020.***

The CCRN was recognised for its tenacious efforts to connect people to important, life-changing cancer trials and rewarded for its high level of enrolments in clinical trials.

The Network was established to support a portfolio of cancer clinical trials across the region – giving all residents access to the best possible treatment and care.

First formed in 2007 under an initiative funded by the Cancer Institute NSW and spearheaded by staff at Calvary Mater Newcastle, it now comprises eight clinical trials units in specialised fields and key locations. Within the CCRN, Calvary Mater Newcastle has three key clinical trial units, Medical Oncology, Radiation Oncology and Haematology, and is the main centre for cancer clinical trials in the Hunter region.

Dr James Lynam, Calvary Mater Newcastle Medical Oncology Staff Specialist and Network Chairperson, said, "Research showed that patients on clinical trials did better than those not on trials, and the job of the Network was to recruit as many people as possible."

He continues, "The CCRN is a meeting of minds to try and address various challenges that we face locally, and to try and improve how we manage clinical trials, and get people onto clinical trials."

In 2019 to 2020, the Network robustly recruited to investigator-initiated cancer treatment trials, positioning itself as the leader of enrolments.

The Network had 119 participants enrolled to investigator-initiated trials of novel drugs in medical oncology and haematology as well as radiation oncology and surgery. In addition, many units engaged in phase I trials, dramatically impacting local participants who no longer need to travel long distances for these specialised trials.

Thanks to the hard work of staff across the Hunter New England region, this unique collaboration is positioning itself as a leader in trial recruitment and enrolment.

James concludes, "None of these achievements could have taken place without our patients- they agree to participate in our research and continually inspire us in our work. We couldn't do it without them."





## Collaboration success

*A collaboration between Medical Oncology Research at Calvary Mater Newcastle and the Department of Nuclear Medicine at Hunter New England Local Health District enables local men to get access to a unique trial of a new kind of treatment, up until now just available in capital cities.*



The results from the Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP) “TheraP” (ANZUP 1603) trial released earlier this year confirmed the effectiveness of a new class of therapy for men with metastatic castration-resistant prostate cancer.

Metastatic prostate cancer is cancer that has spread from the prostate to other parts of the body, most commonly to bones and lymph nodes. This is treated by suppressing the male sex hormone testosterone which can drive tumour growth. Over time, tumours can be resistant to this hormone therapy and the disease is then called castration-resistant. This type of advanced disease is often a lethal condition and novel treatments are needed to improve outcomes.

Dr Craig Gedy, Senior Staff Specialist Medical Oncology at Calvary Mater Newcastle, explained that prostate cancer that has spread can be treated with hormones and chemotherapy, but if these fail different treatments are needed.

“Giving injections of radioactive drugs has been a standard treatment for thyroid cancer and some rare cancers, but this is a new treatment idea for prostate cancer,” he said.

“This clinical trial is important as it shows that Lu-PSMA is at least as effective as chemotherapy, but has less side-effects. We are really grateful to the Nuclear Medicine team who have enabled the delivery of this new treatment here in Newcastle.”

The results of this trial were published in the prestigious journal, *The Lancet*, as well as being presented at the American Society of Clinical Oncology (ASCO) Genitourinary Cancers Symposium.

The TheraP trial was the first “theranostics” trial to be offered at Calvary Mater Newcastle through this new collaboration. The hospital’s Medical Oncology Research Trials has since opened a new theranostics trial (called ‘ENZA-p’), combining Lu-PSMA and hormone tablets in men with advanced prostate cancer.

Dr Natalie Rutherford, Clinical Director of Nuclear Medicine at Hunter New England Local Health District, said it is exciting to be able to bring this advanced nuclear medicine treatment to the Hunter region.

“It is humbling to see that the treatment compared favourably with existing treatments,” she said.

“We are keen to explore how we can bring this treatment to men with advanced prostate cancer routinely.”

TheraP (ANZUP 1603) is a partnership between ANZUP Cancer Trials Group and the Prostate Cancer Foundation of Australia (PCFA) with support from the Australian Nuclear Science and Technology Organisation (ANSTO), the Australasian Radiopharmaceutical Trials Network (ARTnet), Endocyte Inc, a Novartis company, It’s a Bloke Thing, Movember and CAN4CANCER and The University of Sydney NHMRC Clinical Trials Centre providing central study coordination.

## A lasting legacy

***After an extraordinary 22 years of fundraising for oncology researchers at the Mater, the Coalfields Cancer Support Group decided the time was right to call time on their fundraising.***

To recognise this remarkable group of fundraisers the hospital held a thank you morning tea at East Cessnock Bowling Club where Hospital Scientists Dr Jennette Sakoff, Assoc Prof Lisa Lincz, Dr Jayne Gilbert and Fiona Scorgie attended, along with Mary Ringstad, Helen Ellis and Deb Astawa.

With a relationship spanning over two decades this event was at times emotional but what permeated throughout was the deep respect between both parties.

Over this time the group raised \$667,000 for the hospital which helped fund the Coalfields Cancer Support Group Equipment Grant that is awarded to oncology researchers on an annual basis at the hospital's Celebration of Service.

The group began as a support group for cancer patients and survivors and their loved ones, and held their first raffle at Christmas in 1999, raising \$4,000. The decision was made to donate the proceeds to local cancer research efforts at the Mater.

Marie Main, Coalfields Cancer Support Group President, said of their first-ever cheque handover to the research scientists, "You would have thought we gave them \$4 million!"

From countless raffles, bingo days, country music nights and coach trips to every corner of Australia, the group has funded vital equipment for the Mater's research teams to use in treatment and clinical trials.

Over the many years of fundraising, the group has been grateful for the support of the Cessnock community. Marie said, "The whole town has supported us - if we

invited everyone who supported us we would have to get the Opera House to fit everybody in! When we said it was for the Mater, people wouldn't hesitate."

The group's fundraising efforts took a hit during COVID-19, and between that and its ageing membership, the decision was made to fold.

Despite a slow year in 2020, the group handed over one last cheque for \$12,000 at the morning tea.

Dr Jennette Sakoff, Chief Hospital Scientist, said, "It was a sad moment when the group decided to call it a day and wind up their fundraising efforts, however, the legacy from their devotion will continue. The equipment purchased from their dedication has provided our research teams with the infrastructure and tools to conduct crucial clinical trials and laboratory-based research for our local community."

As a sign of the Mater's gratitude for the groups many years of support, each member was presented with a Calvary Mater Newcastle 20 years of service badge and a rose corsage.

Mary Ringstad, Director of Mission, said the hospital had a "deep gratitude" for the group's commitment to fundraising for cancer research.

"To choose to donate to research shows a lot of wisdom," she said.

"We have benefited enormously as have our patients. You leave an extraordinary legacy- financial, research and the relationships that have been formed."





## 04 Caring for our resources



### The thunderbolt of Radiation Oncology

***On 13 July 2020 the Department of Radiation Oncology launched its new multi-million dollar Varian TrueBeam Edge linear accelerator.***

**T**he TrueBeam Edge is a replacement for the old C-series accelerator in the Zeus bunker. It is a state-of-the-art machine designed primarily for stereotactic type radiation cancer treatments.

Stereotactic treatments are modern high dose radiation treatments that provide superior treatment outcomes for a number of different cancer types and can be delivered with significantly fewer treatment attendances for the patient.

Mahesh Kumar, Director of Radiation Oncology said, "This is the second TrueBeam Edge in the department and its introduction into clinical use is a major enhancement to the department's successful stereotactic program.

"COVID-19 restrictions have created significant challenges for installation and commissioning of the new Zeus machine. The Department of Radiation Oncology is proud in such circumstances to have treated patients on the new Zeus machine on schedule."



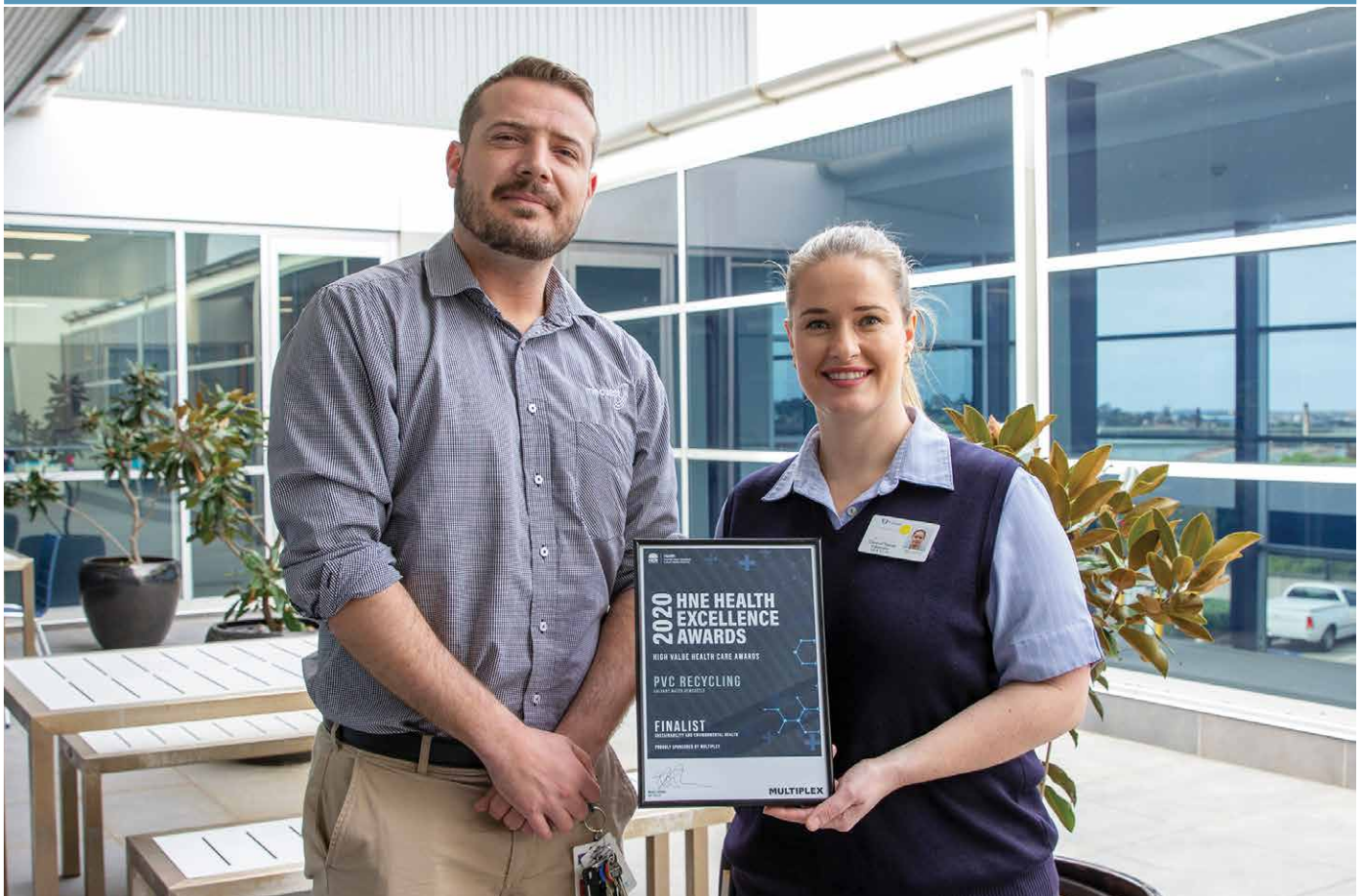
## Promoting health care without harm

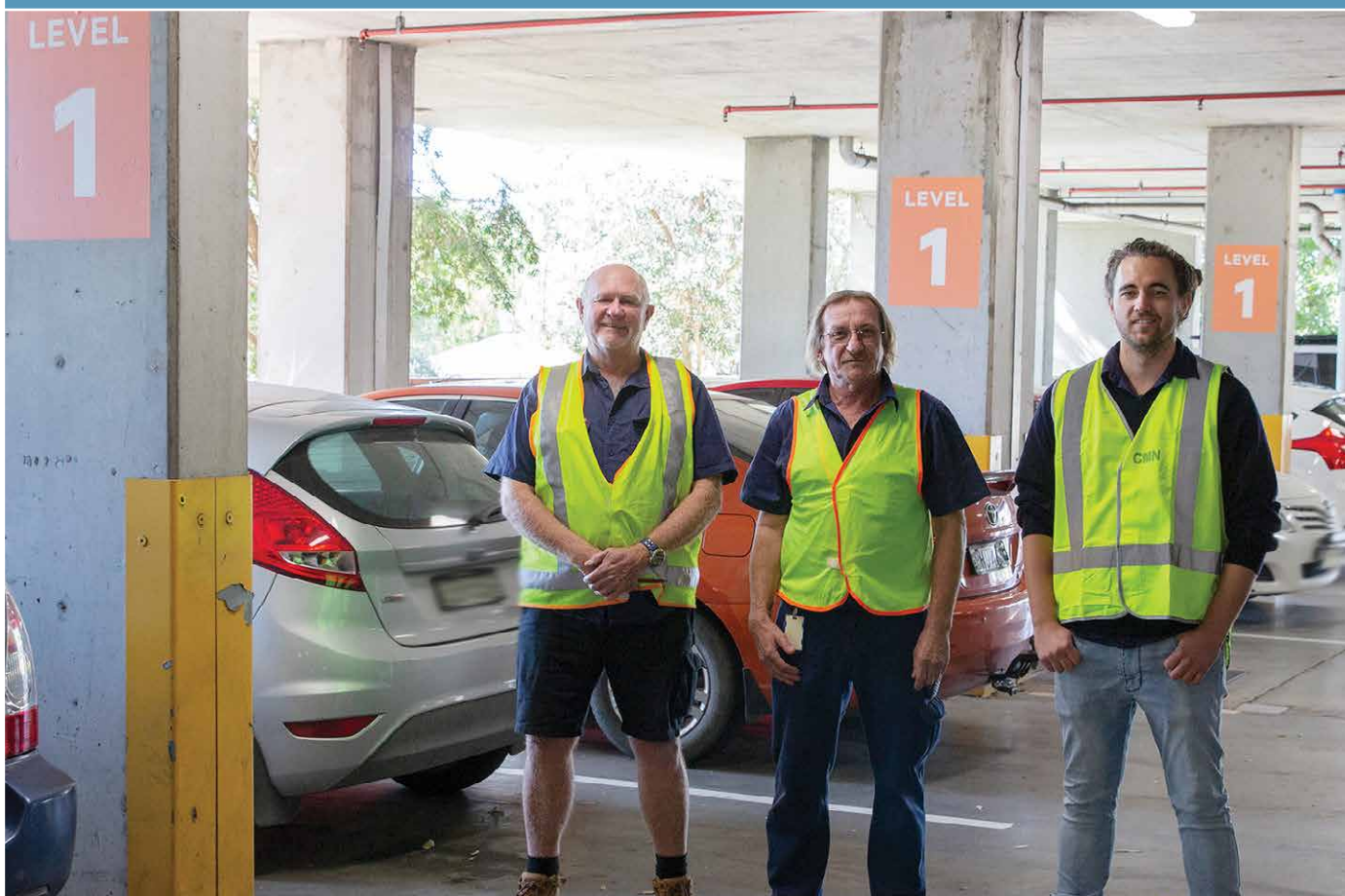
*Congratulations went to the Calvary Mater Newcastle PVC recycling team for their ongoing commitment to recycling and for being finalists in the Sustainability and Environmental Health category of the 2020 HNE Health Excellence Awards.*

The Sustainability and Environmental Health Award recognises that climate change and unsustainable resource use are contributing to ill-health the world over, and aims to acknowledge environmental sustainability projects, practices and programs which promote health care without harm.

More than 4,000 kilograms of recyclable plastics including IV bags, face masks and oxygen tubing have been collected since a PVC Recycling Program was introduced at Calvary Mater Newcastle in 2018.

The recycled, high-grade PVC material is 100 per cent reusable and is reprocessed into products including children's play matting and surgical masks, which are donated to developing countries.





## Finding the way

***The hospital's P2 car park (Edith Street) is boasting new level signage in a bid to help our consumers find their way more easily.***

**T**he Support Services team meticulously placed just over 200 colour coordinated stickers on pillars on both level 1 and level 2 as a means of easily identifying each level.

The colours selected for the signage use colour palettes that allow easy distinction for people with colour blindness.

This project was initially brought to the hospital's attention by members of the Mission and Values Committee and later supported by the findings from the

hospital's Wayfinding Audit carried out in 2019 (part of the hospital's Consumer and Community Engagement Framework).

Consumers repeatedly highlighted they found it challenging trying to locate their car after a visit to the hospital due to poor level signage.







# Activity and Statistical Information

ADMITTED PATIENTS	2020/2021	2019/2020
Total admissions (includes same day)	17,697	17,001
Same day admissions	6,215	5,955
Average length of stay of admitted patients	4.61	4.72
Bed occupancy rate	96%	94%
<b>Number of operations</b>	<b>3,711</b>	<b>3,245</b>

## EMERGENCY DEPARTMENT

Number of attendances (includes admitted patients)	40,785	37,971
Number of admissions via Emergency Department (ED)	11,877	11,516

<b>OUTPATIENT SERVICES (EXCLUDES ED)</b>	<b>460,238</b>	<b>396,490</b>
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<b>Total FTE staff employed 30 June</b>	<b>1,075</b>	<b>1,049</b>
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# Snapshot of our Year



The Coronary Care Unit treated

**734** patients



**397**

tonnes of waste diverted from landfill



The Department of Medical Oncology provided

**31,756**

occasions of service

**40,785**

patients were cared for by the Emergency Department



**460,238**

occasions of outpatient services were provided to our community



**1,091**

admissions to the Hunter Area Toxicology Service



**13,212**

patients visited Haematology Outpatient Clinics

The Department of Consultation-Liaison Psychiatry delivered



**2,150**

occasions of service to the hospital's inpatients, for **755** new referrals

The Gastroenterology team treated

**518**

inpatients and received

**495**

referrals to outpatient care



Perioperative Services, predominantly the Operating Suite and Preoperative Clinic, performed

**3,711**

procedures and

**1,272**

electroconvulsive therapy treatments



The Department of Palliative Care received a total of

**1,740**

referrals and had **58**

patients (and their carers) participate in its department led clinical trials



The Psycho-Oncology Service accepted referrals of **255** individual outpatients, delivering

**1,260**

occasions of service through the clinic, of which **855** were delivered by telehealth or telephone

The Alcohol and Drug Unit provided assessment, counselling, treatment and support to



**7,093** outpatients

**658** new melanoma patients were treated in the Melanoma Unit



The Day Treatment Centre provided

**10,615** occasions of service

The Department of General Medicine treated

**3,406** patients

The Cardiology Department performed a total of

**1,863** cardiograms



Our dedicated 26 Auxiliary members raised



**\$170,084.13**

equating to more than **\$6,540** being raised per member

Over 50 dedicated and generous volunteers contributed a combined total of

**2,929** volunteering hours



We welcomed

**165**

Junior Medical Officers



**84**

Medical and Surgical Registrars

**22**

Intensive Care Unit Senior Resident Medical Officers

**76**

Emergency Department Senior Resident Medical Officers and Registrars

**17,697**

patients admitted to hospital



Surgical Outpatient Services delivered

**5,427**

occasions of service

**126**

patients enrolled into a medical oncology clinical trial



# Year in Review









# Year in Review









# Year in Review









# Research and Teaching Reports

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## A message from the Research Committee

In what has been a challenging year for research at Calvary Mater Newcastle due to the COVID-19 pandemic there still have been many areas of focus and achievement.

### Focus areas included:

- Reviewed and updated the Calvary Mater Newcastle Translational Research Strategic Plan (2021-2023).
- Developed a suite of Calvary Mater Newcastle Research Standard Operating Procedures (SOPs).
- Staff development activities included: Project Management Fundamentals for Research and Clinical Trial Workshop and embedded Economist Community of Practice.
- Consumer engagement in research, including a presentation by Sarah Lukemann – Hunter Cancer Research Alliance (HCRA) Community Engagement Coordinator.
- Developed a suite of governance memos and templates to ensure a robust governance system within the hospital including resources for researchers on Calvary Connect (intranet).

### Achievements included:

- The Hunter New England Cancer Clinical Research Network (CCRN) was named the winner of the 2020 NSW Premier's Award for Outstanding Clinical Trials Unit.
- After an extraordinary 22 years of fundraising for oncology researchers at the Mater, the Coalfields Cancer Support Group decided to call time on their fundraising. To recognise this remarkable group of fundraisers the hospital held a thank you morning tea in June 2021. Over this time the group have raised \$667,000 in donations for the hospital which has provided funding through the Coalfields Cancer Support Group Equipment Grant that is awarded to oncology researchers on an annual basis at our Celebration of Service.



# Research Grants awarded

The hospital's Research Development and Engagement (ReDE) Committee was delighted to be able to offer grant opportunities in 2020-21 through the Coalfield Cancer Support Group Equipment Grant, James Lawrie Grant, Jane Reid Harle Grant, Margaret Mitchell Grant and the HCRA Clinical Cancer Research Infrastructure Fund.

The funding recipients in 2020-21 were:

## **Coalfields Cancer Support Group Equipment Funding**

- Dr Jayne Gilbert, Medical Oncology – Medical oncology research laboratory safe storage and computer equipment, \$4,320.75.

## **James Lawrie Grant**

- Dr Minh Thi Tieu, Hubert Hondermarck, Radiation Oncology – Prognostic implications of nerve density in head and neck cancer, \$29,989.90.

## **Jane Reid Harle Grant**

- Dr Jennette Sakoff, Jayne Gilbert, Janice Aldrich-Wright, Hiren Mandaliya, Medical Oncology – A cluster-bomb approach for the treatment of ovarian cancer, \$24,332.00.

## **Margaret Mitchell Grant**

- Dr Tim Walker, Dr Kate Napthali, Dr Michael Potter, General Medicine – Defining treatment limiting gastrointestinal side effects of checkpoint inhibitor therapy in advanced cancer, \$23,375.00.
- Allison Fraser, Cathy Odelli, Dr Mahesh Kumar, Dr Chris Wratten, Dr Minh Thi Tieu, Dr Fiona Day, Yuvnik Trada, Yolanda Cox, Laurie-Anne Minslow, Talisha Varoxis, Nutrition and Dietetics, \$25,000.00.

## **HCRA Clinical Cancer Research Infrastructure**

- Madhu Garg, Medical Oncology – Support for HPLC infrastructure used in therapeutic drug monitoring of patients with cancer, \$8,499.98
- Dr Jayne Gilbert, Medical Oncology – Essential equipment for the harvesting and storage of patient ascites samples, \$9,113.84

The ReDE Committee would like to acknowledge and thank the assessors and review panel members for their time and commitment to providing expert scientific reviews and invaluable advice for funding distribution.

# Department Research

## DEPARTMENT OF CONSULTATION-LIAISON PSYCHIATRY

### JOURNAL ARTICLES/PUBLICATIONS

1. Clover, K., Lambert, S.D., Oldmeadow, C., Britton, B., King, M.T., Mitchell, A.J., Carter, G.L.  
  
Apples to apples? Comparison of the measurement properties of hospital anxiety and depression-anxiety subscale (HADS-A), depression, anxiety and stress scale-anxiety subscale (DASS-A), and generalised anxiety disorder (GAD-7) scale in an oncology setting using Rasch analysis and diagnostic accuracy statistics. (Current Psychology 2020; <https://doi.org/10.1007/s12144-020-00906-x>)
2. Walton C J, Bendit N, Baker A L, Carter G L, Lewin T J.  
  
A randomised trial of Dialectical Behaviour Therapy and the Conversational Model for the treatment of Borderline Personality Disorder with recent suicidal and/or non-suicidal self-injury: An effectiveness study in an Australian public mental health service. (ANZJP online first June 2020; <https://doi.org/10.1177/0004867420931164>)
3. Forbes E, Baker AL, Britton B, Clover K, Skelton E, Oultram S, Oldmeadow C, McCarter K. Non-pharmacological approaches to procedural anxiety reduction for patients undergoing radiotherapy for cancer: systematic review protocol. BMJ Open 2020; 10:e035155. doi: 10.1136/bmjopen-2019-035155
4. Dayle Raftery, Peter J. Kelly, Frank P. Deane, Amanda L. Baker, Isabella Ingram, Melvin Goh, Dan I. Lubman, Greg Carter, Alyna Turner, Olivia M. Dean, Barbara Sinclair, Rebecca McKetin.  
  
Insight in Substance Use Disorder: A Systematic Review of the Literature (Addictive Behaviors Volume 111, 2020; <https://doi.org/10.1016/j.addbeh.2020.106549>).
5. Alison K. Beck , Amanda L. Baker, Gregory Carter, Christopher Wratten, Judith D. Bauer, Luke Wolfenden, Kristen McCarter, Ben Britton.  
  
Assessing Adherence, Competence and Differentiation in a Stepped-wedge Randomised Clinical Trial of a Complex Behaviour Change Intervention (Nutrients 2020, 12(8), 2332; <https://doi.org/10.3390/nu12082332>)
6. McKetin, R., Quinn, B., Higgs, P., Berk, M., Dean, O.M., Turner, A., Kelly, P.J., Lubman, D.I., Carter, G., Baker, A.L., Manning, V., Thomas, T., Bathish, R., Raftery, D., Saunders, L., Wrobel, A., Meehan, A., Sinclair, B., Reid, D., Arunogiri, S., Hill, H., Cordaro, F. and Dietze, P.M.  
  
Clinical and demographic characteristics of people who smoke versus inject crystalline methamphetamine in Australia: Findings from a pharmacotherapy trial. (Drug Alcohol Review 2020; doi:10.1111/dar.13183 online first)
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Development of the Victorian Self-harm Monitoring System. (online first December 2020 International Journal of Environmental Research and Public Health; <https://doi.org/10.3390/ijerph17249385>)
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Parent-reported suicidal ideation in three population-based samples of school-aged Korean children with Autism Spectrum Disorder (ASD) or elevated social problems. (accepted Archives of Suicide Research, December 2020).
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12. Andrew Page, Piamee Bandara, Trent Hammond, Garry Stevens, Greg Carter.  
  
Impact Of Covid-19 Physical Distancing Policies On Incidence Of Intentional Self-Harm In Western Sydney (Australasian Psychiatry published online: May 3, 2021. <https://doi.org/10.1177/10398562211010808>)
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Hospital-treated deliberate self-poisoning patients: drug-induced delirium and clinical outcomes (ANZJP May 2021; <https://doi.org/10.1177/00048674211009608>)
15. He C, Levis B, Riehm KE, ... Clover, K... et al. The accuracy of the Patient Health Questionnaire-9 algorithm for screening to detect major depression: An individual participant data meta-analysis. Psychotherapy and psychosomatics. 2020;89(1):25-37.
16. McGill K, Spittal M, Bryant J, Lewin T, Whyte I, Madden C, Carter G.  
  
Comparison of Accredited Person and Medical Officer discharge decisions under the Mental Health Act of NSW: a cohort study of deliberate self-poisoning patients (ANZJP May 2021; DOI: 10.1177/00048674211009613)
17. Yin Wu; Brooke Levis; Ying Sun, MPH; Chen He; Ankur Krishnan; Dipika Neupane; Parash Mani Bhandari; Zelalem Negeri; Andrea Benedetti; Brett D. Thombs and the DEPRESSion Screening Data (DEPRESSD) HADS Group  
  
Accuracy of the Hospital Anxiety and Depression Scale Depression Subscale



(HADS-D) to Screen for Major Depression: Systematic Review and Individual Participant Data Meta-analysis. (BMJ April 2021;373:n972; doi: <https://doi.org/10.1136/bmj.n972>)

18. Alison Beck; Amanda Baker; Gregory Carter; Laura Robinson; Kristen McCarter; Christopher Wratten; Judy Bauer; Luke Wolfenden; Benjamin Britton

Is Fidelity to a Complex Behaviour Change Intervention associated with Patient Outcomes? Exploring the Relationship between Adherence, Competence and the Nutritional Status of Intervention Patients in a Successful Stepped-wedge Randomised Clinical Trial of Eating As Treatment (EAT)" (Implementation Science 16, 46 April 2021; <https://doi.org/10.1186/s13012-021-01118-y>)

19. Dayle Raftery, Peter J. Kelly, Frank P. Deane, Gregory Carter, Olivia M. Dean, Dan I. Lubman, Alyna Turner, Rebecca McKetin

Cognitive insight, medication adherence and methamphetamine cessation in people enrolled in a pharmacotherapy trial for methamphetamine use (Drug and Alcohol Dependence (online first) May 2021; DOI: 10.1016/j.jsat.2021.108473)

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N-acetylcysteine (NAC) for methamphetamine dependence: A randomised controlled trial. (accepted EClinical Medicine June 2021; <https://doi.org/10.1016/j.eclinm.2021.101005>)

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22. Drake, J., Walker, M., Gallant, N., Sturgess, E. & McGill, K. Caring for the caring professionals within a cancer hospital: Research into compassion fatigue, burnout, and distress. Australian Social Work. Accepted - March 2021. <https://doi.org/10.1080/0312407X.2021.1944235>

## CONFERENCE PRESENTATIONS

1. Sophia Wooldridge

Psycho-Oncology patient satisfaction with rapid transition to telehealth in response to COVID-19  
Hunter Cancer Research Symposium, 5 November 2020 at Newcastle Town Hall.

2. Gregory Carter

E-mental health approaches to suicide prevention in clinical and non-clinical populations: benefits, harms, and ethical considerations

Keynote Address. E-mental health International Conference (Virtual Conference), December 2020

3. Gregory Carter

Intervention trials and outcomes for DSH after-care: Zelen, stepped wedge, historical controlled and propensity score designs.



<p>Invited Presenter. IASP Australasian Research Meeting (Virtual meeting), February 2021</p> <p>4. Gregory Carter</p> <p>Ketamine in Mental Health Disorders</p> <p>Invited lecture Network 4 Trainee Education Day (Emergency Department). Port Stephens, October 2020.</p> <p>5. Gregory Carter</p> <p>The Emerging Role of Ketamine in Mental Health Disorders – Emergency Department and Suicidality</p> <p>Invited lecture in Network 4 Physician Conference (Emergency Department). Port Stephens, October 2020.</p> <p>6. Katie McGill</p> <p>NSW Accredited Persons Program (Mental Health Act, NSW)- Comparison of Accredited Person and Medical Officer clinical assessment and discharge decisions for patients admitted for deliberate self-poisoning.</p> <p>Presenter, Centre for Brain and Mental Health Research- Postgraduate conference, November 2020.</p> <p>7. Gregory Carter</p> <p>Medical interventions: hospitalisation, pharmacotherapy and electroconvulsive therapy (Topic 2.2)</p> <p>Invited Lecture. Griffith University: Course 7006. Comparative Analysis of Different Approaches to Suicidal Behaviour. Online. Newcastle, April 2021.</p> <p>8. Katie McGill</p> <p>SPA Early Career Researcher Workshop</p> <p>Invited presenter and panel member. Suicide Prevention Australia- national conference, April, 2020.</p> <p>9. Gregory Carter</p> <p>What are the requirements for a public health approach to suicide prevention?</p> <p>Invited Lecture: Suicide Prevention Symposium: Clinical, Research and Policy perspectives. Menzies School of Health Research, Casuarina Campus. NT. 16 June 2021.</p> <p>10. Katie McGill</p> <p>Bridging the gap: Evidence into practice in suicide prevention</p> <p>Invited presenter, Menzies School of Health Research, Northern Territory, June 2021.</p> <p>11. Wooldridge S, Clover K, Plant C, Prowse E, Ward S, Carter GL.</p> <p>Psycho-oncology patient satisfaction with rapid transition to telehealth in response to COVID-19.</p>	<p>Clinical Oncology Society of Australia Annual Scientific Meeting 2020; (online teleconference). Asia-Pacific Journal of Clinical Oncology 2020 Nov 1 (vol. 16, pp. 27-28).</p> <p>12. Clover K, Lambert SD, Oldmeadow C, Britton B, King MT, Mitchell AJ, Carter GL.</p> <p>Convergent and criterion validity of PROMIS depression and anxiety measures relative to legacy measures and structured diagnostic interview in cancer patients.</p> <p>ANZ PROMIS symposium, 30 June 2021, 3-4.30pm</p> <p><b>CONFERENCE POSTERS</b></p> <p>1. Vaisnavi Thirugnanasundralingam, Melissa Stieler, Cassidy Campbell, Peter Pockney, Kalpesh Shah, Lachlan Gan, Matthew Spittal, Gregory Carter, Lachlan Gan, Matthew Spittal, Gregory Carter. Somatic Symptom Disorder (SSD) and Abdominal Pain: Prevalence, Diagnostic Accuracy, Co-Morbidity and Relationship to Opioid Prescribing</p> <p>Talking Poster (Virtual Presentation due to COVID). ASGBI Congress 2020 (Association of General Surgeons of Britain and Ireland, July 2020).</p> <p><b>RESEARCH FUNDING/GRANTS</b></p> <ul style="list-style-type: none"> <li> <b>2018 NHMRC APP1152952</b>            Centre Of Research Excellence In Suicide Prevention: CRESP II            CIs: Christensen H, Venkatesh S, Boydell K, Shand F, Harvey S, Batterham P, Calcar A, Carter G, Larsen M, Robinson J.            \$2,499,557.28 over three years (2019-2021)         </li> <li> <b>2018 National Health and Medical Research Council - APP1157757</b>            Prescribed medicine use and healthcare contacts before suicide: Detecting opportunities for prevention using population-based linkage of routinely collected data            CIs: Kate Chitty, Jennifer Pilgrim, Andrea Schaffer, Rose Cairns            Als: Nicholas Buckley, Sallie-Anne Pearson, Gregory Carter, Andrew Page, Jacques Raubenheimer, Claire Wylie            \$354,526 over three years         </li> <li> <b>2018 Australian Rotary Health</b>            Optimising caring contact: Using text messages to support people after a suicide attempt            CIs: Mark Larsen, Fiona Shand, Kirsten Morley, Philip Batterham, Sofian Berrouiguet, Paul Haber, Greg Carter, Helen Christensen (Als Justin Chia, Richard Henshaw, Dean Martin)            \$13,3793 over 2 years (1 Jan 2019- 31 Dec 2020)         </li> </ul>	<ul style="list-style-type: none"> <li> <b>2018 Suicide Prevention Australia (NHMRC Gap Funding)</b>            Preventing repeated self-poisoning: A brief therapy text message intervention            Investigators: Larsen, Shand, Morley, Carter, Kapur            \$523,614 Duration: 3 years (Jan 2019 – Dec 2021)         </li> <li> <b>2019 Australian Government Department of Health</b>            National Leadership in Suicide Prevention Research Project            Pirkis J, Robinson J, Reifels L, Bassilios B, Spittal M, Reavley N, Gunn J, Carter G, Lubman D, Milner A, Kolves K, Krysinska K, Phelps A, Sutherland G, Grant L, Minas H.            \$1,200,000 over three years (2019-2021)            2020 Australian Government Department of Health, MRFF.         </li> <li> <b>2019 Suicide Prevention Research Fund</b>            Pilot RCT of an online program for carers of people after a suicide attempt.            Sally Fitzpatrick, Frances KayLambkin, Jaelea Skehan, Katie McGill.            \$100,000 over 12 months (2020).         </li> <li> <b>2019 University of New England Seed Funding</b>            Risk and resilience following exposure to suicide.            Myfanwy Maple, Navjot Bhullar, Philip Batterham, Katie McGill            \$12,000 over 12 months (2020)         </li> <li> <b>2019 Hunter Medical Research Fund.</b>            Preventing suicide in Australian men- the Aviva project.            Frances KayLambkin, Brian Kelly, Katie McGill, Jenny Geddes, Milena Heinsch, Dara Sampson            \$20,000 over 12 months (2020).         </li> <li> <b>2020 Million Minds Mission Suicide Prevention - APP1200195</b>            Developing a Comprehensive Care Pathway For those at Risk of Suicide But Not in Care: The Under the Radar Project.            CIs: Helen Christensen, Samuel Harvey, Gregory Carter, Svetha Venkatesh, Katherine Boydell, Henry Cutler, Ian Kneebone, Toby Newton-John, Jin Han, Kit Huckvale.            \$3.7M over 5 years (2020-2024)         </li> </ul> <p><b>CLINICAL TRIALS</b></p> <p>Alison Jones, Greg Carter, Ian Whyte, Andrew Page, Naren Gunja, Christopher Ryan, Graham Gould, Garry Stevens.</p> <p>SMS SOS: Effectiveness of SMS text messages</p>
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in improving survival and rehabilitation rates of deliberate self-harm patients and reducing re-presentation of DSH patients to hospital.

Multicentre trial: Westmead, Nepean and Blacktown Hospitals

Trial recruitment closed and 2 year follow-up completed. Analysis of results underway.

#### ANY OTHER RELEVANT MATERIAL

##### Research higher degree students

- Dr Katherine McGill, PhD Candidate, School of Medicine and Public Health, Faculty of Health and Medicine, University of Newcastle. (Supervisor: G Carter)  
Using Sentinel Unit Data to Inform Clinical Practice for Hospital-Presenting Deliberate Self-Harm
- Dr Melissa Stieler, PhD (Surgical Science) Candidate, School of Medicine and Public Health, Faculty of Health and Medicine, University of Newcastle. (Supervisor: G Carter)  
Somatic Symptom severity and Undifferentiated Abdominal Pain; Prevalence, Diagnostic Accuracy and Comorbidity  
Successfully passed PhD Confirmation process February 2021.
- Cynthia Coombe, PhD candidate. School of Medicine and Public Health, Faculty of Health and Medicine, University of Newcastle. (Supervisor: G Carter)  
Indigenous Suicide Prevention. NHMRC funded PhD Scholarship.  
Candidature confirmed for Semester 2, 2021. University of Newcastle.

- Alison Beck, PhD Candidate, School of Medicine and Public Health, Faculty of Health and Medicine, University of Newcastle. (Supervisor: G Carter)

Translating Motivational Interviewing and Behaviour Change Techniques into Dietetic Interventions.

- Todd Heard, Masters of Clinical Psychology, Charles Sturt University. (Supervisor: Katie McGill)

The ripple effect, silence and powerlessness: Hidden barriers to discussing suicide in Australian Aboriginal communities. Awarded degree, December 2020.

- Erin Forbes, PhD Candidate, School of Medicine and Public Health, Faculty of Health and Medicine, University of Newcastle. (Supervisor: A/Prof. Kerrie Clover)

Innovative Interventions to Address Procedure Related Anxiety in Patients Undergoing Radiotherapy.

##### RHD student Awards

- Dr. Katherine McGill – CMN Research Manager Suicide Prevention and PhD candidate  
Winner- Best Presentation- Centre for Brain and Mental Health Research Postgraduate Conference 2020. University of Newcastle.
- Dr. Katherine McGill – CMN Research Manager Suicide Prevention and PhD candidate  
Faculty Best Confirmation Higher Degree Research Award for 2020. University of Newcastle
- Dr. Katherine McGill – CMN Research Manager Suicide Prevention and PhD candidate

CHMW Three Minute Thesis Competition Outcome 2021 – Winner for School of Medicine and Public Health. University of Newcastle.

##### RANZCP Scholarly Projects

- Dr Lindsay Gale – 2016-2021  
Hospital-treated deliberate self-poisoning patients: drug-induced delirium and clinical outcomes  
Passed April 2021
- Dr Anitha Dani and Dr Srilaxmi Balachandran – 2020- 2022  
Prevalence of depression and predictors of discharge to a psychiatric hospital in young people with hospital-treated deliberate self-poisoning at a sentinel unit in NSW.

## Haematology

### OVERVIEW

The Haematology Unit engages in both clinical and laboratory-based research. Clinicians and nurses are actively involved in research directed at improving patient care, while the department also supports dedicated laboratory and clinical trials teams. The staff specialists are committed to providing quality training to haematology registrars.

Many of the staff hold conjoint appointments with the University of Newcastle and engage in teaching undergraduate medical students and supervising higher research degrees. The Unit is fortunate to have strong community support and is grateful for all the generous donations received in 2020-21.





The ongoing COVID-19 pandemic has made things particularly challenging for staff and students over the past year.

#### HAEMATOLOGY CLINICAL TRIALS

- **Unit Manager:** Michele Gambrell
- **Clinical Trial Coordinators:** Tara Novak, Marguerite Hughes, Nick Stankovich, Cheryl Cairney, Klara Jakimovski, Leanne DeGroot, Maree Jarret, Katie Oleksyn, Jo Smart and Wendy Johnson
- **Data Managers:** Alesia Ogrodnik, Alex Hoffman and Natasha Winters
- **Administrative/Finance Officers:** Patricia Rozanski and Karen Kincaid
- **Laboratory Technical Officer:** Kylie Cox

Over the past year the Haematology Clinical Trials Office has activated nine new clinical trials across a range of haematology malignancies including Acute Myeloid Leukaemia, Myelofibrosis, Multiple Myeloma, Mantle Cell Lymphoma and Diffuse Large B-Cell Lymphoma. In February 2021, the unit recruited a participant to an intensive Phase 1 Pharmacokinetics study and was also the top recruiting site for an Australasian Leukaemia and Lymphoma Group (ALLG) AML study.

Of all the open trials/registries (including those open to recruitment and those closed to recruitment but with participants either on treatment or in follow-up) being managed in 2020-21, all are either administered by the ALLG, the Australasian Myeloma Research Consortium (AMaRC), sponsored by pharmaceutical companies or investigator initiated.

The Trial's team of clinical trial coordinators has grown sufficiently over the past few years that they have needed to organise the trial coordinators into teams. The red team, led by Jo Smart, specialises in AML, Myelofibrosis and clotting disorders and the blue team, led by Nick Stankovich, specialises in Lymphoma, Myeloma and Chronic Leukaemia.

Significant work has been carried out on moving more source record documentation away from the participant's medical record and various other paper-based documentation onto the site's electronic medical record, ARIA.

The unit has commenced 'The AML Project', which aims to track all patients in the region with AML to determine the area's survival rates and treatment preferences. The project has involved the site designing their own database using a secure web-based software platform for Research Electronic Data Capture (REDCap), and has the unit working more closely with the University of Newcastle and the Hunter Medical Research Institute. The project has also increased recruitment in several local investigator-led studies.

In the 2021-22 period the unit will continue to grow, expecting to recruit to a CAR-T study and continuing to open and recruit to studies for various Haematology diseases.

#### BONE MARROW STEM CELL TRANSPLANT RESEARCH

**Dr Philip Rowlings, Dr Sam Yuen, Louisa Brown, Hong Zhang, Linda Welschinger, Geordie Zaunders**

Patient transplant data is reported to the Australian Bone Marrow Transplant Recipients Registry (ABMTRR) as part of Australian Bone Marrow Transplant (BMT) research and development. This data is also part of the Asia Pacific Bone Marrow Transplant (APBMT) research group. The CMN Unit is the lead site on the ethics application for data collection of the NSW BMT Network, a subgroup of the Agency for Clinical Innovation (ACI) of the Clinical Excellence Commission (CEC), of the NSW Ministry of Health.

#### VENOUS THROMBOEMBOLISM AND TRANSFUSION RESEARCH

**Dr Ritam Prasad, Dr Kate Melville, Dr Jillian De Malmarche, and Dr Anoop Enjeti**

Practise changing audits and interventions have been important contributions in these areas with Dr Anoop Enjeti as chair of the Area Transfusion Committee and Dr Melville as chair of the Area Venous Thromboembolism (VTE) Committee. Dr Melville is also involved in Obstetric Haematology. Dr Bryony Ross, who was until this year a key member of the transfusion and VTE research, has moved to the Children's Hospital in Westmead but will continue to have ongoing connections within the department. We thank her for her enthusiastic involvement in transfusion and thrombosis research.

Dr Enjeti was part of two major advisory groups that arose in response to the COVID-19 pandemic. The THANZ Thrombosis Thrombocytopenia Syndrome (TTS) Advisory Group for post Astra Zeneca associated vaccine thrombosis played an important role in developing national consensus



testing and clinical management strategies (<https://www.thanz.org.au/documents/item/591>). This group played a crucial role in advising NSW Health, the Australian Technical Advisory Group on Immunisation, and the Therapeutic Goods Administration on issues surrounding vaccine-associated thrombosis complications. He also led the clinical management of this rare complication within Hunter New England and provided specialist and general practitioner education on these issues. Dr Enjeti was also part of the national COVID-19 clinical evidence taskforce contributing to development of evidence based thromboprophylaxis guidelines for COVID-19 infections.

## LABORATORY RESEARCH - THE HUNTER HAEMATOLOGY RESEARCH GROUP

**Assoc Prof Lisa Lincz, Fiona Scorgie, Dr Anoop Enjeti, Dr Ritam Prasad**

The Haematology Research Laboratory conducts studies into haematological cancers and disorders of coagulation, with a primary interest in circulating microvesicles. The laboratory is linked to the University of Newcastle and offers training to encourage students to enter this area of research. This year, ever changing COVID restrictions and university campus lockdowns proved challenging for both staff and students attempting to complete laboratory based research. With added complications of overseas shipment shortages, the group all had to adjust, adapt and modify experiments based on what time and equipment was available.

As always, the group maintains strong collaborations with researchers nationally and internationally through memberships with various societies: Australasian Leukaemia and Lymphoma Group (ALLG), Thrombosis and Haemostasis society of Australia and New Zealand (THANZ), International Society on Thrombosis and Haemostasis (ISTH); Berlin-Bernhard-Münster Paediatric Acute Lymphoblastic Leukaemia (BFM-ALL); as well as through individual collaborations with researchers at the Universities of Tasmania and Melbourne, as well as the Royal Hobart Hospital and Austin Health; Children's Cancer Institute, Randwick; and locally with the departments of Molecular Medicine (NSW Health Pathology- JHH), Clinical Toxicology and Pharmacology (CMN), Medical Oncology (CMN), Radiation Oncology (CMN), Hunter Medical Research Institute, and the School of Biomedical Sciences and Pharmacy (University of Newcastle).

The group is working towards the establishment of a Hunter based translational research program in the area of Myelodysplasia and Acute Myeloid Leukemia. This endeavour involves strong collaboration between haematology clinicians, researchers, and clinical trials teams, together with researchers at the University of Newcastle and Hunter Medical Research Institute. As part of this project, Dr Enjeti, as chair of the MDS Working Party of the ALLG, launched the ALLG Myelodysplasia Registry in June 2021.

## RESEARCH HIGHER DEGREES

Dr Asma Ashraff was awarded Master's in Epidemiology from the University of Newcastle for her research project on real world experience with Azacitidine in MDS.

## UNDERGRADUATE MEDICAL STUDENT PROJECTS (UNIVERSITY OF NEWCASTLE)

Everyone counts. A Wilesmith, A Bruce, G Elton, R Mullen, M De Leur. Supervised by A Enjeti, B Ross, L Lincz

FISH'ing for Prognosis in MGUS. J Eather, D Chia, S Lim. Supervised by A Enjeti, N Berry, L Lincz

## RESEARCH FUNDING

The 2021 Medical Research Support Program grant from Hunter Cancer Research Alliance. Salary for research a laboratory scientist. Anoop K Enjeti, \$21,600.

2021 Race Oncology grant. An open label Phase II study of high dose Bisantrene with cytarabine arabinoside (AraC) or low dose Bisantrene with Azacitidine or Inqovi (decitabine) for treatment of relapsed or refractory Acute Myeloid Leukemia (R/R AML) patients with extramedullary disease (BISantrene for Extramedullary leukaemia ChemoTherapeutics; BISECT). Anoop K Enjeti, \$117,936

The 2021 Thrombosis and Haemostasis Society of Australia and New Zealand Science and Education trust. Establishing a screening test for complement mediated lysis to help diagnose atypical haemolytic uremic syndrome. Lisa Lincz, Fiona Scorgie, Kent Chapman, Ritam Prasad, \$18,480

## CONFERENCE AND MEETING PROCEEDINGS

(including results of clinical trials in which CMN haematology patients were participants)

### American Society of Hematology

Mollee, P., J. Reynolds, **W. Janowski**, H. Quach, P. Campbell, S.D. Gibbs, S. Lee, J. D'Rozario, K. Taylor, T. Cochrane, C.T. Wallington-Beddoe, F. Kwok, N. Weber, I.H. Kerridge, H. Weston, P.J. Ho, N. Horvath, F. Yuen, and A. Spencer, A Randomized Study of Bortezomib, Cyclophosphamide and Dexamethasone Induction (VCD) Versus VCD and Daratumumab Induction Followed By Daratumumab Maintenance (VCDD) for the Initial Treatment of Transplant-Ineligible Patients with Multiple Myeloma (AMaRC 03-16). *Blood*, 2020. 136(Supplement 1): p. 4-5.

### American Society of Clinical Oncology

Byrd, J.C., P. Hillmen, P. Ghia, A.P. Kater, A.A.A. Chanan-Khan, R.R. Furman, S.M. O'Brien, M.N. Yenerel, Á. Illés, N.E. Kay, J.A.G. Marco, A.R. Mato, J.F. Seymour, S. Leprêtre, S. Stilgenbauer, T. Robak, P. Patel, K. Higgins, S. Sohoni, and W. Jurczak, First results of a head-to-head trial of acalabrutinib versus ibrutinib in previously treated chronic lymphocytic leukemia. *Journal of Clinical Oncology*, 2021. 39(15\_suppl): p. 7500-.

Sharman, J.P., M. Egyed, W. Jurczak, A. Skarbnik, J.M. Pagel, M.K. Kamdar, T. Munir, G. Corbett, L.M. Fogliatto, Y. Herishanu, V. Banerji, S.E. Coutre, P. Walker, K. Karlsson, P. Ghia, A. Janssens, W.G. Wierda, P. Patel, M.H. Wang, and J.C. Byrd, Acalabrutinib ± obinutuzumab versus obinutuzumab + chlorambucil in treatment-naïve chronic lymphocytic leukemia: Elevate-TN four-year follow up. *Journal of Clinical Oncology*, 2021. 39(15\_suppl): p. 7509-.

Usmani, S.Z., E. Terpos, **W. Janowski**, H. Quach, S. West, D. Williams, E.J. Dettman, G. Ferron-Brady, K. Luptakova, and I. Gupta, DREAMM-9: Phase III study of belantamab mafodotin plus VRd versus VRd alone in transplant-ineligible newly diagnosed multiple myeloma (TI NDMM). *Journal of Clinical Oncology*, 2020. 38(15\_suppl): p. TPS8556-TPS.

### European Hematology Association

Usmani, S., E. Terpos, **W. Janowski**, H. Quach, S. West, D. Williams, E.J. Dettman, G. Ferron-Brady, K. Luptakova, and I. Gupta. DREAMM-9: Phase III study of belantamab mafodotin plus VRd vs. VRd alone in transplant-ineligible newly diagnosed multiple myeloma (TI NDMM). in *EHA Library*, 06/12/20; 297954; PB2038. 2020.

Facon, T., S.K. Kumar, T. Plesner, R.Z. Orlowski, P. Moreau, N. Bahlis, S. Basu, H. Nahi, C. Hulin, H. Quach, H. Goldschmidt, M. O'Dwyer, A. Perrot, C.P. Venner, K. Weisel, J.R. Mace, N. Raj, M. Tiab, M. Macro, L. Frenzel, X. Leleu, T. Ahmadi, J. Wang, R.V. Rempelbergh, C.M. Uhlar, B. Tromp, M. Delioukina, J. Vermeulen, and S.Z. Usmani, Overall survival results with daratumumab, lenalidomide, and dexamethasone versus lenalidomide and dexamethasone in transplant-ineligible newly diagnosed multiple myeloma: Phase 3 MAIA study. *EHA Library*. Facon T. 06/12/21; 330171; LB1901, 2021.

**Sillar, J.**, M.V. Nievas, and L. Munshi. Survival outcomes in patients with acute myeloid leukemia presenting with hyperleucocytosis. in *EHA Library*. Sillar J. 06/09/21; 325245; EP485. 2021.

### ADVISORY/BOARD MEMBERSHIP

**Sam Yuen** - Executive Committee, NSW BMT Network of the Agency for Clinical Innovation, NSW Health

**Philip Rowlings** - Editorial Board of the *Journal Blood Cell Therapy*

Board of Directors, Australia Leukaemia and Lymphoma Group

Emeritus Member, Asia Pacific Blood and Marrow Transplant Group

**Anoop Enjeti** - Co-chair, Acute Leukaemia Working Party, ALLG

Chair, MDS Working Group, ALLG

President and Executive council member Thrombosis and Haemostasis Society of Australia and New Zealand (THANZ)

Chief Examiner Haematology Royal College of Pathologists of Australasia (RCPA) and on the Board of Examination and Assessment (RCPA)

Executive member RACP /RCPA Combined Joint College Training Program

Member, Biomarkers and Targeted Therapy Committee of HCRA

Member, Evidence based Guidelines (EviQ) Committee, NSW Cancer Institute (NSW CI)

Member, NSW Haematology Teaching Committee

**Ritam Prasad** - Member, Australian Haemophilia Centre Directors organisation Executive Committee

**Wojt Janowski** - Member, ALLG Myeloma Subcommittee

Deputy Chair, CCRN Steering Committee

Member, HCRA Clinical Trials Strategic Planning Committee

Member, Australasian Myeloma Research Consortium Steering Committee

Member, eVIQ Haematology Reference Group

**Lisa Lincz** - Member, CMN Translational Research Advisory Committee

Member, CMN Research Development and Engagement Committee

**Cathie Milton** - CMN, Collection Facility Director Apheresis

Member, ACI BMT Network Nurses Group

Member, District Patient Blood Management Committee, HNELHD

Member, NSW eHealth, Blood and Blood Products Design Focus Group

**Louisa Brown** - Member, ACI BMT Network long term follow-up working group

**Fiona Scorgie** - Chairperson, CMN Occupational Health and Safety Committee

Member, CMN Mission and Values Committee

## PUBLICATIONS

- Bhurani, M., L. Admojo, C. Van Der Weyden, R. Twigger, A. Bazargan, H. Quach, A. Zimet, L. Coyle, J. Lindsay, D. Radeski, E. Hawkes, G. Kennedy, I. Irving, N. Gutta, J. Trotman, J. Yeung, L. Dunlop, M. Hua, P. Giri, S. **Yuen**, S. Panicker, S. Moreton, L. Khoo, A. Scott, D. Kipp, A. McQuillan, C. McCormack, M. Dickinson, and H.M. Prince, Pralatrexate in relapsed/refractory T-cell lymphoma: a retrospective multicenter study. *Leuk Lymphoma*, 2021. **62**(2): p. 330-6.
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- Bond, D.R., H.J. Lee, and **A.K. Enjeti**, Unravelling the Epigenome of Myelodysplastic Syndrome: Diagnosis, Prognosis, and Response to Therapy. *Cancers (Basel)*, 2020. **12**(11).
- Campbell, S., J. Mason, **R. Prasad**, **H. Ambrose**, S. Hunt, and H. Tran, Acquired haemophilia and haemostatic control with

recombinant porcine factor VIII: case series. *Intern Med J*, 2021. **51**(2): p. 215-9.

- Chapman, K., R. Prasad**, S. Mohammed, and E.J. Favaloro, 2B or not 2B? A diagnosis of von Willebrand disease a lifetime of 86 years in the making. *Blood Coagul Fibrinolysis*, 2021. **32**(3): p. 229-33.
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- Lillicrap, T., C.B. Keragala, D.F. Draxler, J. Chan, H. Ho, S. Harman, B. Niego, E. Holliday, C.R. Levi, C. Garcia-Esperon, N. Spratt, P. Gyawali, A. Bivard, M.W. Parsons, J. Montaner, A. Bustamante, I.F. Cadenas, G. Cloud, J.M. Maguire, **L. Lincz**, T. Kleinig, J. Attia, S. Koblar, M.A. Hamilton-Bruce, P. Choi, B.B. Worrall, and R.L. Medcalf, Plasmin Generation Potential and Recanalization in Acute Ischaemic Stroke; an Observational Cohort Study of Stroke Biobank Samples. *Front Neurol*, 2020. **11**: p. 589628.
- Makhija, K., K. Chapman**, and **R. Prasad**, A case report of successful transition from argatroban to warfarin using DOAC-stop in heparin induced thrombocytopenia (HIT). *Pathology*, 2021.
- Makhija, K., L.F. Lincz, K. Attalla, F.E. Scorgie, A.K. Enjeti, and R. Prasad**, White blood cell evaluation in haematological malignancies using a web-based digital microscopy platform. *Int J Lab Hematol*, 2021.
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haematology patients: an Australian and New Zealand consensus position statement. *Intern Med J*, 2021. **51**(5): p. 763-8.

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- Zinzani, P.L., I.W. Flinn, **S.L.S. Yuen**, M.S. Topp, C. Rusconi, I. Fleury, K. Le Dû, C. Arthur, B. Pro, G. Gritti, M. Crump, A. Petrich, D. Samineni, A. Sinha, E.A. Punnoose, E. Szafer-Glusman, N. Spilewoy, M. Mobasher, K. Humphrey, M. Kornacker, and W. Hiddemann, Venetoclax-rituximab with or without bendamustine vs bendamustine-rituximab in relapsed/refractory follicular lymphoma. *Blood*, 2020. **136**(23): p. 2628-37.
- Bond, D.R., K. Uddipto, **A.K. Enjeti**, and H.J. Lee, Single-cell epigenomics in cancer: charting a course to clinical impact. *Epigenomics*, 2020. **12**(13): p. 1139-51.

## MEDICAL ONCOLOGY RESEARCH (MOR)

### MOR TRIALS:

- Clinical Trial Manager:** Kim Adler
- Clinical Trial Coordinators:** Kirrilee Askew, Kelly Barker, Kerrie Cornall, Jennifer McFarlane, Louise Plowman, Gail Walker, Emily Munn, Megan Walker, Caitlyn McHugh, Patrick Skippen and Suma Santhosh
- Finance:** Alison Leonard—England
- Ethics Specialists:** Catherine Johnson and Allison Kautto
- Data Management:** Jessica Aldcroft, Anthony Morrison, Jieqi Guo and Maya Hassim



- **Laboratory Technicians: Alison Pickup and Jieqi Guo**
- **Clinical Trial Fellows: Dr Tin Quah and Dr Sarah Zardawi**

With Australia now a “preferred country” for many clinical trials – MOR Trials has had a very busy year with a vast range of clinical trials for cancer patients of the Hunter on offer.

Over the past year MOR opened 24 new clinical trials to recruitment across the Hunter New England Health District - covering breast, colorectal, gastroesophageal, lung, melanoma, ovarian, prostate, mesothelioma and non-melanoma skin cancer. As of 1 July 2021, 45 trials were actively recruiting participants, 4 trials remained on hold and another 5 trials were pending approval to commence. These trials were a mixture of phase 1b, II & III cooperative group, pharmaceutical sponsored studies and investigator initiated studies.

Overall 209 patients were offered the opportunity to participate in a clinical trial. Of these, 126 have been enrolled into a clinical trial.

The team also said a fond farewell to Sue Brew. Sue worked in cancer research at Calvary Mater Newcastle for 26 years. In that time she has made a major contribution to cancer trials in the Hunter and guided many cancer patients through their cancer journey while on a clinical trial. During this time Sue was also an invaluable member on the Hunter New England Human Research Ethics Committee and a board member of the Australian & New Zealand Gynecological Oncology Group (ANZGOG). The team thanks her for her commitment to cancer research and wish her every success and happiness in the future, she will be missed by patients and staff.

#### MOR EXPERIMENTS

- **Director of MOR Laboratory and Chief Hospital Scientist: Dr Jennette Sakoff**
- **Hospital Scientists: Dr Jayne Gilbert and Madhu Garg**
- **Technical Officer: Alesia Ogrodnik**

The MOR Laboratory encompasses the Experimental Therapeutics Group. The aim of the unit is to improve outcomes for cancer patients undergoing chemotherapy. The main areas of research include (i) the development of new small molecules for the treatment of cancer, (ii) identifying ways to reducing clinical toxicity to chemotherapy and (iii) implementing therapeutic drug monitoring in order to optimise chemotherapy dosing. The drug development program primarily targets brain, pancreatic, ovarian and breast cancers, while studies of clinical toxicity and drug monitoring span all tumour types.

During 2020-21 the unit expanded upon its research on the role of the Aryl Hydrocarbon Receptor pathway in cancer, with an additional three publications detailing the effectiveness of small molecules on this pathway. Scholarly output analysis of the past five years now places the unit in the top 50 authors worldwide studying this signalling pathway (data from Scopus July 2021). Indeed, one of the small molecules discovered by this team to activate this signalling pathway is now commercially available as a research tool from eight multinational chemical-reagent organisations. The team has now expanded its portfolio to examine the development of inhibitors of this pathway, for the potential treatment of pancreatic cancer.



The research facility continues to culture ovarian cancer cells harvested from the ascites fluid from patients at Calvary Mater Newcastle with ovarian cancer. This fluid would normally be discarded, however, it contains a plethora of cancer cells that are cultured and used to test the effectiveness of new platinum-based drug combinations. The fluid itself is also invaluable when used to study the tumour microenvironment and the effect of various stimuli on tumour growth.

The therapeutic drug monitoring skills of the unit are popular and ever expanding. The unit routinely screen blood samples for 5FU metabolism from an array of cancer patients throughout Australia. 5FU is an old drug and a very effective drug, however, failure to metabolise it properly results in potentially devastating outcomes. This analysis is used to predict those patients more likely to experience this problem before they receive treatment. The unit has expanded its collaboration with University of Wollongong on a Phase1B study of a novel FU/LV formulation for GI Cancer. The unit continues to collaborate on an international project, FUSAFE2 (France), examining the genetic code of a critical gene involved in the metabolism of 5FU. This analysis will be performed on hundreds of samples from around the globe including 60 from colorectal cancer patients here in the Hunter. As the only facility in Australia and the Asia Pacific providing therapeutic drug monitoring of mitotane in blood from patients with adrenocortical carcinoma, the unit continues to receive numerous requests each year for services.

While the COVID-19 global pandemic continues, sadly, many of the philanthropic supporters and consumer groups of the team have been unable to interact and provide the much needed consumer and financial support.

## PUBLICATIONS

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2. Impact of prior (neo)adjuvant trastuzumab (NAT) exposure on the efficacy of HER2-targeted therapy for metastatic breast cancer. Kanjanapan Y, Lok SW, Gibbs P, De Boer R, Yeo B, Greenberg S, Barnett F, Knott L, Richardson G, Wong R, Nottage M, Collins IM, Torres J, Lombard J, Johns J, Harold M, Malik L. Breast Cancer Res Treat. 2020 Nov;184(1):87-95. doi: 10.1007/s10549-020-05825-w. Epub 2020 Aug 10. PMID: 32779037
3. Nerve growth factor and its receptor tyrosine kinase TrkA are overexpressed in cervical squamous cell carcinoma Faulkner S, Griffin N, Rowe CW, Jobling P, Lombard JM, Oliveira SM, Walker MM, Hondermarck H. FASEB Bioadv.

2020 Jun 30;2(7):398-408. doi: 10.1096/fba.2020-00016. eCollection 2020 Jul. PMID: 32676580

4. Gedye, C. How to Feel Bad., J.Clin.Oncol., epub Aug 6 2021.
5. Pathmanandavel S, Crumbaker M, Yam AO, Nguyen A, Rofe C, Hovey E, Gedye C, Kwan EM, Hauser C, Azad AA, Eu P, Martin AJ, Joshua AM, Emmett L. 177Lutetium PSMA-617 and idronoxil (NOX66) in men with end-stage metastatic castrate-resistant prostate cancer (LuPIN): Patient outcomes and predictors of treatment response of a Phase I/II trial. J Nucl Med. 2021 Jul 29;jnumed.121.262552. doi: 10.2967/jnumed.121.262552. PMID: 34326127.
6. Bintrafusp alfa (M7824), a bifunctional fusion protein targeting TGF- $\beta$  and PD-L1: results from a phase I expansion cohort in patients with recurrent glioblastoma. Khasraw M, Weller M, Lorente D, Kolibaba K, Lee CK, Gedye C, I de La Fuente M, Vicente D, Reardon DA, Gan HK, Scott AM, Dussault I, Helwig C, Ojalvo LS, Gourmelon C, Groves M. Neurooncol Adv. 2021 Apr 9;3(1):vdab058. doi: 10.1093/oaajnl/vdab058. eCollection 2021 Jan-Dec.
7. Business as unusual: medical oncology services adapt and deliver during COVID-19. Travers A, Adler K, Blanchard G, Bonaventura T, Charlton J, Day F, Healey L, Kim S, Lombard J, Mallesara G, Mandaliya H, Navani V, Nordman I, Paterson R, Plowman L, Quah GT, Scalley M, Shrestha P, Taylor B, van der Westhuizen A, Zhang B, Gedye C, Lynam J. Intern Med J. 2021 May;51(5):673-681. doi: 10.1111/imj.15217.
8. Gedye C. Cancer Heterogeneity Chapter 13, The Basic Science of Oncology, Sixth Edition. McGraw-Hill Education / Medical, Chicago 05 Mar 2021 (Chapter).
9. ENZA-p trial protocol: a randomized phase II trial using prostate-specific membrane antigen as a therapeutic target and prognostic indicator in men with metastatic castration-resistant prostate cancer treated with enzalutamide (ANZUP 1901). Emmett L, Subramaniam S, Joshua AM, Crumbaker M, Martin A, Zhang AY, Rana N, Langford A, Mitchell J, Yip S, Francis R, Hofman MS, Sandhu S, Azad A, Gedye C, McJannett M, Stockler MR, Davis ID; Australian, New Zealand Urogenital, Prostate Cancer Trials Group (ANZUP), the ENZA-p investigators. BJU Int. 2021 May 24. doi: 10.1111/bju.15491.
10. A Novel Role for Brain and Acute Leukemia Cytoplasmic (BAALC) in Human Breast Cancer Metastasis. Birgersson M, Chi M, Miller C, Brzozowski JS, Brown J, Schofield L, Taylor OG, Pearsall EA, Hewitt J, Gedye C, Lincz LF, Skelding KA. Front Oncol. 2021 Apr 22;11:656120. doi: 10.3389/fonc.2021.656120. eCollection 2021.
11. Safety and Efficacy of Atezolizumab in Understudied Populations with Pretreated Urinary Tract Carcinoma: Subgroup Analyses of the SAUL Study in Real-World Practice. Merseburger AS, Castellano D, Powles T, Lorient Y, Retz M, Voortman J, Huddart RA, Gedye C, Van Der Heijden MS, Gurney H, Ong M, de Ducla S, Pavlova J, Fear S, Sternberg CN. J Urol. 2021 Aug;206(2):240-251. doi: 10.1097/JU.0000000000001768. Epub 2021 Apr 9.
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13. Bouche G, Gedye C, Meheus L, Pantziarka P. Drug repurposing in oncology. Lancet Oncol. 2020 Dec;21(12):e542. doi: 10.1016/S1470-2045(20)30561-1.
14. Oral THC: CBD cannabis extract for refractory chemotherapy-induced nausea and vomiting: a randomised, placebo-controlled, phase II crossover trial. Grimison P, Mersiades A, Kirby A, Lintzeris N, Morton R, Haber P, Olver I, Walsh A, McGregor I, Cheung Y, Tognela A, Hahn C, Briscoe K, Aghmesheh M, Fox P, Abdi E, Clarke S, Della-Fiorentina S, Shannon J, Gedye C, Begbie S, Simes J, Stockler M. Ann Oncol. 2020 Aug 13;S0923-7534(20)39996-8. doi: 10.1016/j.annonc.2020.07.020.
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17. Holland I, Bakri YM, Sakoff J, Zaleta Pinet D, Motti C, van Altena I. Bioactive  $\alpha,\beta$ -conjugated 3-keto-steroids from the Australian brown alga Cystophora xiphocarpa. Phytochemistry 188:112798, 2021.
18. Sun J, Ambrus JJ, Russell CC, Baker JR, Cossar PJ, Pirinen MJ, Sakoff JA, Scarlett CJ, McCluskey A. Targeting the S100A2-p53 interactions with a series of novel 3,5-bistrifluoromethylbenzene sulfonamides:



Synthesis and cytotoxicity. ChemMedChem. 2021 May 27.

19. Sun J, Baker JR, Russell CC, Cossar PJ, Pham HNT, Sakoff JA, Scarlett CJ, McCluskey A. Novel cytotoxic 1,2,3-Triazoles as potential new leads targeting S100A2-p53 Complex. ChemMedChem. 2021 May 27.
20. Baker JR, Russell C, Gilbert J, McCluskey A and Sakoff JA. Amino alcohol acrylonitriles as broad spectrum and tumour selective cytotoxic agents. RSC Medicinal Chemistry. 12(6):929,2021.
21. Baker JR, Pollard BL, Lin AJS, Gilbert J, Paula S, Zhu X, Sakoff JA, and McCluskey A Modelling and phenotypic screening of NAP-6 and 10-Cl-BBQ, AhR ligands displaying selective breast cancer cytotoxicity in vitro" ChemMedChem. 16(9):1499-1512,2021
22. Gilbert J, De Iuliis GN, McCluskey A and Sakoff JA. A novel naphthalimide that selectively targets breast cancer via the arylhydrocarbon receptor pathway. Scientific Reports. 10(1): 13978, 2020.
23. Baker JR, Russell CC, Gilbert J, Sakoff JA and McCluskey A. Amino alcohol acrylonitriles as activators of the aryl hydrocarbon receptor pathway, an unexpected MTT phenotypic screening outcome. ChemMedChem. 15(6):409-505, 2020.
24. Prachi Bhawe 1, Lalit Pallan 2, Georgina V Long 2 3, Alexander M Menzies 2 3, Victoria Atkinson 4, Justine V Cohen 5, Ryan J Sullivan

5, Vanna Chiarion-Sileni 6, Marta Nyakas 7, Katharina Kahler 8, Axel Hauschild 8, Ruth Plummer 9, Claudia Trojaniello 10, Paolo A Ascierto 10, Lisa Zimmer 11, Dirk Schadendorf 11, Clara Allayous 12, Celeste Lebbe 12, Andrea Maurichi 13, Mario Santinami 13, Severine Roy 14, Caroline Robert 14, Thierry Lesimple 15, Sapna Patel 16, Judith M Versluis 17, Christian U Blank 17, Adnan Khattak 18, Andre Van der Westhuizen 19, Matteo S Carlino 2 20, Mark Shackleton 21 22, Andrew Haydon 2. Melanoma recurrence patterns and management after adjuvant targeted therapy: a multicentre analysis

25. Griffin, C., Vilain, R., King, S., Nixon, S., Gooley, A., Bray, S, Lynam J, Walker MM, Scott RJ, Paul, C. (2021). Mind Over Matter: Confronting Challenges in Post-Mortem Brain Biobanking for Glioblastoma Multiforme. Biomarker Insights, 16. doi:10.1177/117727192111013359
26. Powles, T., van der Heijden, M. S., Castellano, D., Galsky, M. D., Loriot, Y., Petrylak, D. P, Lynam J, . . . Su, Y. L. (2020). Durvalumab alone and durvalumab plus tremelimumab versus chemotherapy in previously untreated patients with unresectable, locally advanced or metastatic urothelial carcinoma (DANUBE): a randomised, open-label, multicentre, phase 3 trial. The Lancet Oncology, 21(12), 1574-1588. doi:10.1016/S1470-2045(20)30541-6

## CONFERENCE POSTERS

1. **Gender P, Blanchard G, Healey L, Liversidge L.** Improving the management of chemotherapy/ Immunotherapy Adverse Drug reactions in the outpatient setting.
2. **Kepreotis M, Graham L.** Nursing and Midwifery Conference May 2021: Management of Constipation in the Oncology Setting- Constipation Risk Assessment Tool (CRAT)
3. **Sakoff J; Gilbert J; Baker J; and McCluskey A.** The aryl hydrocarbon receptor pathway and breast cancer. ASIA-PACIFIC JOURNAL OF CLINICAL ONCOLOGY. Volume: 16 Pages: 34-35 Supplement: 6 Special Issue: SI Meeting Abstract: PP15 Published: NOV 2020
4. ASCO and ANZGOG 2021: **Tumour-associated immune cells and progression free survival in advanced endometrial cancer (EC), results from the PHAEDRA Trial (ANZGOG 1601).** Deborah Smith, Kristy P Robledo, Sonia Yip, Michelle M. Cummins, Peey-Sei Kok, Yeh Chen Lee, Michael Friedlander, Sally Baron-Hay, Catherine Shannon, Jermaine Coward, Philip Beale, Geraldine Goss, Tarek Meniawy, Janine Lombard, Amanda B. Spurdle, John Andrews, Martin R Stockler Linda Mileshekin and Yoland Antill, on behalf of Australia New Zealand Gynaecological Oncology Group (ANZGOG).
5. ANZGOG 2021: **THE IMPACT OF OBESITY ON THE MANAGEMENT OF EARLY-STAGE ENDOMETRIAL CANCER.** Betty Zhang, Tony Bonaventura, Yvette Ius, Janine Lombard



## CONFERENCE ORAL PRESENTATIONS

Prostate Cancer – AstraZeneca Patient Advocacy Exchange Biomarker and Mutation Testing meeting, May 2021. **Lynam J**

Chair of Testicular Cancer Multidisciplinary Masterclass – Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP) Annual Meeting 2020. **Lynam J**

## GRANT FUNDING

- 2020 University of Newcastle, FHEAM Pilot grants. Does Precision Exercise Increase Brain Cancer Tumour Perfusion? A pilot study, **Gedye C, Lynam J, Valkenborghs S, Ramadan S, James E**; \$9,950.
- 2021 CINSW Translational Cancer Research Capacity Building Grant, \$7,000,000, with NSW Regional Health Partners.
- O'Brien M, McCluskey A, and **Sakoff J** (2020) Investigation of quinazolinone based tubulin polymerisation inhibitors. University of Newcastle PRC Drug Development Seed Funding. \$9,000.
- Baker J, **Sakoff J**, and McCluskey A (2020). Development of Azo-phenylacrylonitriles as selective AhR antagonists. University of Newcastle PRC Drug Development Seed Funding. \$9,000.
- Sakoff J, Gilbert J, Mandaliya H** (2020). Co-culturing patient derived ascetic fluid with traditional ovarian cancer cell lines: A model for drug resistance. University of Newcastle PRC Drug Development Seed Funding. \$8,900.
- Sakoff JA** and Ackland SP (2021). MRSP Infrastructure support for Experimental Therapeutics Group. Hunter Cancer Research Alliance. \$21,600.
- Sakoff JA, Gilbert J, Aldrich-Wright J, and Mandaliya H** (2021). A cluster-bomb approach for the treatment for ovarian cancer. Jane Reid Harle Grant Scheme. CMN. \$24,322.
- Garg MB, Day F, Lynam J**, (2020) Support for HPLC infrastructure used in therapeutic drug monitoring of patients with cancer, HCRA Clinical Cancer research Fund, \$8,499.
- Garg MB**, Ackland SP, (2020) To determine pharmacokinetics (PK) of 5-Fluorouracil in Phase I study of infusional and bolus schedules of Deflexifol, a novel 5-fluorouracil and leucovorin formulation, after failure of standard treatment. Destamma Investments Pty Ltd, Austinmer, NSW \$22,095.
- Garg MB**, Ackland SP, (2021) Additional samples analysis for pharmacokinetics (PK) of 5-Fluorouracil in Phase 1 Study of Deflexifol in patients with advanced malignancy after failure of standard treatment. Destamma Investments Pty Ltd, Austinmer, NSW \$8,843.

11. **Garg MB**, Ackland SP, (2021) Pharmacokinetics (PK) analysis for Leucovorin in Phase 1 Study of Deflexifol, a novel 5-fluorouracil and leucovorin formulation, in patients after failure of standard treatment. Destamma Investments Pty Ltd, Austinmer, NSW \$27,530.

12. **Van der Westhuizen A and Sverdlov A**. Research grant: \$18,182 JHH Charitable Trust Fund - awarded for Clinical Trial: ACE-IT001.

## OTHER

**Chair-Elect:** Advanced Training Committee in Medical Oncology – Royal Australasian College of Physicians (RACP) - Lynam J

## DEPARTMENT OF RADIATION ONCOLOGY

Despite the challenges of the COVID-19 pandemic, the Department of Radiation Oncology continues to integrate a strong research priority alongside clinical service delivery. The rise of virtual meetings has taken some getting used to, but our profile continues to grow, both nationally and further afield. Some key highlights include:

- Publication of the RAVES clinical trial in the Lancet Oncology, which has shown that it is safe to monitor men who've had surgery for prostate cancer rather than treating all high risk men with immediate post-operative radiotherapy.
- 66 participants enrolled onto a range of potentially practice changing clinical trials, with 50 of these being CINSW portfolio trials.
- Establishment of the MRI Meta-project, which provides a platform to streamline research associated with our MRI scanner.
- Several of our clinical and research staff continue to work on research higher degrees with departmental support.
- Submission of AAPM Task Group 307 report (Prof Peter Greer, Vice-chair) – "The Use of EPIDs for Patient-Specific IMRT and VMAT QA". It is a measure of Peter's standing in the field that he was invited to take a leading role with this highly influential North American based group.
- Our trial coordination team centrally running two randomized multicentre studies.
- A mix of investigator initiated and industry sponsored clinical trials.
- Publication of the SPARK clinical trial validating very accurate treatment delivery for prostate cancer and leading to these approaches now entering standard clinical practice.
- HNELHD (of which the Radiation Oncology Clinical Trial Unit is a part of) were the recipients of the NSW Premiers Award for Outstanding Clinical Trials for 2020.

## PUBLICATIONS

- Marcello, M., Denham, J. W., Kennedy, A., Haworth, A., Steigler, A., Greer, P. B., . . . Ebert, M. A. (2020). Increased Dose to Organs in Urinary Tract Associates With Measures of Genitourinary Toxicity in Pooled Voxel-Based Analysis of 3 Randomized Phase III Trials. *Frontiers in Oncology*, 10, art 1174. (Jul)
- Olaciregui-Ruiz, I., Beddar, S., Greer, P., Jornet, N., McCurdy, B., Paiva-Fonseca, G., . . . Verhaegen, F. (2020). In vivo dosimetry in external beam photon radiotherapy: Requirements and future directions for research, development, and clinical practice. *Physics and Imaging in Radiation Oncology*, 15, 108-116. (Jul)
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- Marcello, M., Denham, J. W., Kennedy, A., Haworth, A., Steigler, A., Greer, P. B., . . . Ebert, M. A. (2020). Relationships between rectal and perirectal doses and rectal bleeding or tenesmus in pooled voxel-based analysis of 3 randomised phase III trials. *Radiotherapy and Oncology*, 150, 281-292. (Sep)
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- Gholizadeh, N., Simpson, J., Ramadan, S., Denham, J., Lau, P., Siddique, S., . . . Greer, P. B. (2020). Voxel-based supervised machine learning of peripheral zone prostate cancer using noncontrast multiparametric MRI. *Journal of Applied Clinical Medical Physics*. (Oct)
- Hewson, E. A., Nguyen, D. T., O'Brien, R., Poulsen, P. R., Booth, J. T., Greer, P., . . . Keall, P. J. (2020). Is multileaf collimator tracking or gating a better intrafraction motion adaptation strategy? An analysis of the TROG 15.01 Stereotactic Prostate Ablative Radiotherapy with KIM (SPARK) trial. *Radiotherapy and oncology: journal of the European Society for Therapeutic Radiology and Oncology*. (Oct)
- Frank Verhaegen, Gabriel P. Fonseca, Jacob G. Johansen, Luc Beaulieu, Sam Beddar, Peter



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## CONFERENCE PRESENTATIONS

1. Lehmann, J., Hussein, M., Siva, S., Moore, A., Standen, T., Subramanian, B., Greer, P., Clark, C. H., "Differences in sensitivity of Patient Specific Quality Assurance systems to clinically relevant treatment delivery errors – results from the SEAFARER study" *Engineering Physical Sciences in Medicine (EPSM) 2020*, virtual, oral presentation
2. Lehmann, J., Pedersen, T., Wolf, J., Wilfert, A., "Surface Image Guided Radiation Therapy Implementation", *Engineering Physical Sciences in Medicine (EPSM) 2020*, virtual, oral presentation
3. Kron, T., Lonski, P., Lehmann, J., "Timely review of electronic portal images in a multicentre clinical trial of deep inhalation breath hold in breast cancer patients" *Engineering Physical Sciences in Medicine (EPSM) 2020*, virtual, oral presentation
4. Brown, R., Lye, J., Shaw, M., Crane, R., Briggs, A., Cooper, S., Shirley, B., Turk, A., Lehmann, J., Skehan, K., Begg, J., Rai, R., Booth, J., Baines, J., "Audit development for online adaptive radiotherapy for MRI and CBCT based systems" *Engineering Physical Sciences in Medicine (EPSM) 2020*, virtual, oral presentation
5. Lye, J., Alves, A., Shaw, M., Kadeer, F., Supple, J., Cole, A., Lehmann, J., Brown, R., "IMRT and VMAT deliveries with FFF fields assessed with end-to-end dosimetry audit" *Engineering Physical Sciences in Medicine (EPSM) 2020*, virtual, oral presentation



6. Greer P.B. (2020) Prediction of EPID-based VMAT patient-specific quality assurance results, Engineering and Physical Sciences in Medicine (EPSM), virtual, oral presentation, November 2020
7. Greer P.B. (2020), Investigation of an improved method for EPID-based IMRT and VMAT patient-specific quality assurance, Engineering and Physical Sciences in Medicine (EPSM), virtual, oral presentation, November 2020
8. Lim, S. B., Tsai, C. J., Greer, P., Fuangrod, T., Coffman, F., Lee, N., . . . Lovelock, D. M. (2020). Comparison of Patient Reported Xerostomia Risk and the Fluence-based Decision Support Metric. In *INTERNATIONAL JOURNAL OF RADIATION ONCOLOGY BIOLOGY PHYSICS* Vol. 108 (pp. S79). ELECTR NETWORK: ELSEVIER SCIENCE INC.
9. Calvo Ortega, J. F., Greer, P., Hermida-Lopez, M., Moragues-Femenia, S., & Casals-Farran, J. (2020). Pre-treatment verification of multi-target SRS using a virtual water phantom. In *RADIOTHERAPY AND ONCOLOGY* Vol. 152 (pp. S706-S707).
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13. Lehmann, J., Hussein, M., Siva, S., Moore, A., Standen, T., Subramanian, B., . . . Clark, C. H., Sensitivity assessment system to improve quality in radiation oncology treatments, (2020). Rapid-Fire Presentation Abstracts. In *ASIA-PACIFIC JOURNAL OF CLINICAL ONCOLOGY* Vol. 16 (pp. 17). WILEY. doi:10.1111/ajco.13472
14. Choi, J. H., Welsh, J., Chalup, S., & Greer, P. (2020). Automatic generation of synthetic CT and bulk anatomical density map using deep learning for MRI-only radiotherapy treatment planning. In *ASIA-PACIFIC JOURNAL OF CLINICAL ONCOLOGY* Vol. 16 (pp. 23). WILEY.
15. Gholizadeh, N., Greer, P., & Goodwin, J. (2020). Assessment of GlucoCEST MRI acquisition and clinical potential. In *ASIA-PACIFIC JOURNAL OF CLINICAL ONCOLOGY* Vol. 16 (pp. 33-34). WILEY.
16. Phonlakrai, M., et al., Deconvolution analysis to quantify liver function and generate parametric maps using low temporal resolution dynamic contrast-enhanced MRI with Gadoxetic acid disodium in focal liver cancer patients. In *ASIA-PACIFIC JOURNAL OF CLINICAL ONCOLOGY* Vol. 16 (pp. 39). WILEY.
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18. Martin, J., Sidhom, M., Pryor, D., Tang, C., Hayden, A., Miller, A., . . . Tomaszewski, J. (2021). Against the motion rebuttal: Brachytherapy Boost for Prostate Cancer- A Diminishing Solution. In *RADIOTHERAPY AND ONCOLOGY* Vol. 158 (pp. S20). ELSEVIER IRELAND LTD
19. Niazi T, Williams S, Davis ID, Stockler MR, Martin AJ, Bracken K, Roncolato F, Horvath L, Martin J, Lim TS, et al. DASL-HiCaP: Darolutamide augments standard therapy for localized very high-risk cancer of the prostate (ANZUP1801)-A randomized phase III double-blind, placebo-controlled trial of adding darolutamide to androgen deprivation therapy and definitive or salvage radiation. *JOURNAL OF CLINICAL ONCOLOGY*. LIPPINCOTT WILLIAMS & WILKINS. 39: 2 pages. 20 Feb 2021 (Conference)
20. Rischin, D., M. King, L. Kenny, S. Porceddu, C. Wratten, A. Macann, J. E. Jackson, M. Bressel, A. Herschtal, R. Fisher, T. Fua, C. Lin, C. Liu, B. G. M. Hughes, M. McGrath, L. McDowell and J. Corry (2021). "Randomised trial of radiotherapy with weekly cisplatin or cetuximab in low risk HPV associated oropharyngeal cancer (TROG 12.01)- a Trans-Tasman Radiation Oncology Group study." *Int J Radiat Oncol Biol Phys*.

## GRANTS

1. Greer P, Hunter Medical Research Institute, HMRI Support Grant, HMRI RSP Seed Funding Grant – Verification of online adaptive therapy, 2020, (\$25,000)
2. Greer P, Hunter Cancer Research Alliance – MRSP Funding, 2021, (\$21,600)
3. Martin J, Day F – PALEO Clinical Trial, Varian Medical Systems 2021-22 (\$170,000)

## RESEARCH HIGH DEGREE

1. Dr Adam McNeilly, PhD, University of Newcastle, *Investigations of an EPID-based dose reconstruction method for applications in MRI-Linac radiotherapy*, March 2021

## CLINICAL TOXICOLOGY AND PHARMACOLOGY

The department is involved in undergraduate and postgraduate teaching and has a very active research program. This was shown by the 36 articles published in refereed journals and six papers presented at international or national conferences in 2020-21. Topics included drug-induced QT prolongation, treatment of paracetamol poisoning, the management of behaviourally disturbed adults, relative toxicity of drugs in overdose and an extensive series of publications on venoms and antivenoms from the Clinical Toxicology Research Group.



# Financial Report

Financial Report for the Year Ended 30 June 2021

Calvary Health Care (Newcastle) Limited | ABN 75 081 149 126





## Being for Others

### Annual Financial Report

30 June 2021

Calvary Health Care (Newcastle) Limited

ABN 75 081 149 126



Hospitality



Healing



Stewardship



Respect

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DIRECTORS' REPORT

The Board of Directors of Calvary Health Care (Newcastle) Limited (the Company) submit their report for the year ended 30 June 2021.

Directors

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

NAME	QUALIFICATIONS	AREAS OF SPECIFIC RESPONSIBILITY
Jim Birch AM	BHA, FCHSM	Chair All Committees, Ex Officio
Assoc Prof Richard Matthews AM	MBBS	Director Chair, Clinical & Practice Governance Committee Member, Mission & Ethics Committee
Patrick O'Sullivan	CA, MAICD	Deputy Chair Chair, Audit & Risk Committee Member, Performance & Remuneration Committee
David Catchpole	BEC, Dip FP, FAICD, FCPA (Retired)	Director Chair, Performance & Remuneration Committee Member, Audit & Risk Committee
Jennifer Stratton	BA (Economics, English & History), FAICD	Director Chair, Mission & Ethics Committee Member, Performance & Remuneration Committee
Lucille Halloran	BCom (Hons), BA GAICD	Director Member, Mission & Ethics Committee Member, Clinical & Practice Governance
Annette Carruthers AM	MBBS (Hons), FRACGP, FAICD, Grad Dip App Fin	Director Member, Audit & Risk Committee Member, Clinical & Practice Governance Committee
Lucille Scomazzon	LLB (Hons 1), BA, GAICD	Director Member, Audit & Risk Committee Member, Clinical & Practice Governance
Agnes Sheehan	BA Business Studies (Hons), GAICD	Director Member, Audit & Risk Committee Member, Clinical & Practice Governance Committee

DIRECTORS' REPORT (continued)

Directors were in office for the entire period unless otherwise stated.  
The Directors attended the following Board meetings and applicable Committees each Director was eligible to attend:

Director	Board Meetings		ARC		MEC		PRC		CGC	
	Held	Att	Held	Att	Held	Att	Held	Att	Held	Att
Jim Birch AM	9	9								
Patrick O'Sullivan	9	8	5	5			4	4		
Assoc Prof Richard Matthews AM	9	9			3	3			4	4
David Catchpole	9	9	5	5			4	4		
Jennifer Stratton	9	9			3	3	4	4		
Lucille Halloran	9	9			3	3			4	4
Annette Carruthers AM	9	9	5	5					4	4
Lucille Scomazzon	9	9	5	5					4	4
Agnes Sheehan	9	9	5	4					4	3

Key:  
ARC Audit & Risk Committee  
MEC Mission & Ethics Committee  
PRC Performance & Remuneration Committee  
CGC Clinical Governance & Practice Committee

Short and long term objectives

Calvary's strategic aims are to:

- 1) Put the person and family at the centre of care in all settings, continuing to focus on palliative and end of life care;
- 2) Sustain the ability of our hospitals, aged care facilities and community services to provide quality and compassionate care in the communities we serve;
- 3) Improve the delivery system in order to promote effective, equitable, quality care and ensure patient, resident and client safety; and
- 4) Grow, integrate and innovate within our 'circle of competence' in the environment in which we operate.

It's Calvary's aim to provide a highly valued service that's greater than the sum of its parts.

Principal activities

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

Significant changes in the state of affairs

There were no significant changes in the state of affairs of the Company during the financial year. The COVID pandemic has not materially affected the financial performance or financial position of the Company.

The Company received operational funding \$4.3M from the NSW Ministry of Health for specific assistance with COVID related expenditure. As at 30 June 2021 the entire \$4.3M has been expended and recognised as revenue. The funding is unconditional and does not have to be returned to the NSW Ministry of Health.



## DIRECTORS' REPORT (continued)

### Review of operations

A deficit of \$1.7M was incurred for the Company for the financial year ended 30 June 2021 (2020: deficit of \$2.4M).

The Company continued to provide quality services in accordance with the mission, vision and values of the organisation.

#### (a) Revenues

The Company's revenue from operating activities totalled \$198.6M (2020: \$194.2M). Grants and subsidies from Government for hospital operations totalled \$163.0M (2020: \$158.2M). Grants and subsidies represent 82% (2020: 81%) of revenue from operating activities.

#### (b) Expenses

The Company's expenses from operating activities totalled \$204.0M (2020: \$200.9M). Expenses on personnel costs represent 66% (2020: 66%) of total operating expense.

Staffing levels have increased during the reporting period with total full time equivalents of 1075 as at 30 June 2021 (2020: 1049).

### Future developments

The Company expects to maintain the present level of operations within an environment of enhanced service delivery, and hence there are no significant developments or changes in operations anticipated in future financial years.

### Significant events after year end

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

In the opinion of the Directors, the ongoing COVID pandemic has not materially affected the Company's activity, performance, financial position and cash flows for the period between the end of the financial year and the date of this report.

### Deed of access and indemnity – Directors

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

## DIRECTORS' REPORT (continued)

### Indemnification of officers and auditors

During the financial year Little Company of Mary Health Care Limited (parent entity) has paid premiums in respect of Directors' and officers' liability and legal expenses insurance contracts for the year ended 30 June 2021 and since the financial year, Little Company of Mary Health Care Limited has paid premiums in respect of such insurance contracts for the year ended 30 June 2022. Such insurance contracts insure against certain liability (subject to specific exclusions) persons who are or have been Directors or executive officers of the group.

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

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

### Rounding off

The Company is an entity to which ASIC Corporations (Rounding in Financial/Directors' Reports) Instrument 2016/191 applies. Accordingly, amounts in the financial statements and Directors' Report have been rounded off to the nearest thousand dollars, unless otherwise stated.

### Proceedings on behalf of the Company

No person has applied for leave of the Court to bring proceedings on behalf of the Company or intervene in any proceedings to which the Company is a party for the purpose of taking responsibility on behalf of the Company for all or any part of those proceedings.

The Company was not a party to any such proceedings during the year.

### Member guarantee

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

### Registered Office

The Company's registered office is Level 12, 135 King Street, Sydney NSW 2000 and principal place of business is located on the Corner of Edith & Platt Streets, Waratah NSW Australia 2298.

The auditor's independence declaration is included on page 7 of the financial statements.

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

On behalf of the Directors.

  
Chair of the Board

  
Director

Dated at this 26<sup>th</sup> day of August 2021



## Auditor's Independence Declaration under subdivision 60-C section 60-40 of Australian Charities and Not-for-profits Commission Act 2012

To the Directors of Calvary Health Care (Newcastle) Limited

I declare that, to the best of my knowledge and belief, in relation to the audit for the financial year ended 30 June 2021 there have been:

- i. no contraventions of 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. no contraventions of any applicable code of professional conduct in relation to the audit.

KPMG

SL

KPMG

Stephen Isaac  
Partner

Sydney

26 August 2021

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## DIRECTORS' DECLARATION

In the opinion of the Directors of the Company:

1. the Company is not publicly accountable;
2. the financial statements and notes, set out on pages 9 to 26, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:
  - (a) complying with Australian Accounting Standards - Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Regulation 2013; and
  - (b) giving a true and fair view of the Company's financial position as at 30 June 2021 and of its the performance, for the financial year ended on that date;
3. there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the Directors

  
Chair of the Board

  
Director

Dated at this 26th day of August 2021.



## STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

For the year ended 30 June 2021			
<i>In thousands of AUD</i>			
	Note	2021	2020
Revenue from operations		198,641	194,248
Other income		3,256	3,323
<b>Total revenue for the year</b>	3	<b>201,897</b>	<b>197,571</b>
Employee benefits expense	11	133,945	133,024
Supplies		24,631	24,548
Computer Expenses		152	168
Contracted services		29,429	28,048
Loss on sale of asset		60	93
Depreciation and amortisation expense		7,581	6,694
National office contribution		3,361	3,092
Repairs and maintenance		186	219
Power, light & heat		7	9
Other expenses		4,608	5,028
<b>Total expenses for the year</b>		<b>203,960</b>	<b>200,923</b>
<b>Results from operating activities</b>		<b>(2,063)</b>	<b>(3,352)</b>
Finance income		330	948
<b>Net Deficit for the year</b>		<b>(1,733)</b>	<b>(2,404)</b>
Other comprehensive income for the year		-	-
<b>Total comprehensive loss for the year attributable to members of the company</b>		<b>(1,733)</b>	<b>(2,404)</b>

The accompanying notes, set out on pages 13 to 26, form part of these financial statements.

## STATEMENT OF FINANCIAL POSITION

As at 30 June 2021			
<i>In thousands of AUD</i>			
	Note	2021	2020
<b>Current assets</b>			
Cash and cash equivalents	7	18,141	19,767
Term deposits	8	60,000	55,000
Trade and other receivables	5	4,964	3,823
Inventories		1,685	1,255
Other current assets	6	509	455
<b>Total current assets</b>		<b>85,299</b>	<b>80,300</b>
<b>Non-current assets</b>			
Property, plant and equipment	4	106,441	107,003
<b>Total non-current assets</b>		<b>106,441</b>	<b>107,003</b>
<b>Total assets</b>		<b>191,740</b>	<b>187,303</b>
<b>Current liabilities</b>			
Trade and other payables		15,429	11,465
Employee benefits	11	45,250	42,346
Contract liabilities	10	217	387
<b>Total current liabilities</b>		<b>60,896</b>	<b>54,198</b>
<b>Non-current liabilities</b>			
Employee benefits	11	1,439	1,967
<b>Total non-current liabilities</b>		<b>1,439</b>	<b>1,967</b>
<b>Total liabilities</b>		<b>62,335</b>	<b>56,165</b>
<b>NET ASSETS</b>		<b>129,405</b>	<b>131,138</b>
Equity			
Retained earnings		129,405	131,138
<b>TOTAL EQUITY</b>		<b>129,405</b>	<b>131,138</b>

The accompanying notes, set out on pages 13 to 26, form part of these financial statements.

## STATEMENT OF CASH FLOWS

For the year ended 30 June 2021		Note	2021	2020
In thousands of AUD				
<b>Cash flows from operating activities</b>				
Receipts from customers			38,179	40,448
Government grants received			163,273	158,699
Payments to suppliers and employees			(196,239)	(192,797)
Interest received			260	742
Other income received			3,256	3,323
<b>Net cash provided by operating activities</b>			<b>8,729</b>	<b>10,415</b>
<b>Cash flows from investing activities</b>				
Proceeds on disposal of property, plant and equipment			354	526
Payment for property, plant and equipment			(5,709)	(7,383)
Investment in term deposits			(5,000)	(10,000)
<b>Net cash used in investing activities</b>			<b>(10,355)</b>	<b>(16,857)</b>
<b>Net increase decrease in cash held</b>			<b>(1,626)</b>	<b>(6,442)</b>
<b>Cash at the beginning of the financial year</b>			<b>19,767</b>	<b>26,209</b>
<b>Cash at end of the financial year</b>	7		<b>18,141</b>	<b>19,767</b>

The accompanying notes, set out on pages 13 to 26, form part of these financial statements.

## STATEMENT OF CHANGES IN EQUITY

For the year ended 30 June 2021					
In thousands of AUD					
2021		Retained Earnings	Total		
	Balance as at 1 July 2020	131,138	131,138		
	Net deficit for the year	(1,733)	(1,733)		
	Total comprehensive income for the year	(1,733)	(1,733)		
	Balance as at 30 June 2021	129,405	129,405		
2020		Retained earnings	Total Equity		
	Balance as at 1 July 2019	133,542	133,542		
	Net deficit for the year	(2,404)	(2,404)		
	Total comprehensive income for the year	(2,404)	(2,404)		
	Balance as at 30 June 2020	131,138	131,138		

The accompanying notes, set out on pages 13 to 26, form part of these financial statements.



## NOTES TO THE FINANCIAL STATEMENTS

### About this report

#### 1. Reporting entity

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

#### 2. Basis of Preparation

##### 2.1 Basis of Accounting

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

They were authorised for issue by the Board of Directors on 26 August 2021.

##### 2.2 Functional and Presentation Currency

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

The Company is of a kind referred to in ASIC Corporations (Rounding in Financial/Directors' Reports) Instrument 2016/191 and in accordance with that instrument, all financial information presented in Australian dollars has been rounded to the nearest thousand unless otherwise stated.

##### 2.3 Use of estimates and judgements

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

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

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

##### 2.4 Going concern

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

### Our Results

#### 3. Revenue

<i>In thousands of AUD</i>	2021	2020
<b>Revenue from operating activities</b>		
Revenue from rendering of services	35,677	36,026
Recurrent grants received/receivable	162,349	157,522
Resources received free of charge	615	700
	<b>198,641</b>	<b>194,248</b>
<b>Other income</b>		
Donations	787	817
Other income	2,469	2,506
	<b>3,256</b>	<b>3,323</b>
	<b>201,897</b>	<b>197,571</b>
<b>3.1 Revenue from Operating Activities</b>		
<b>Revenue from contracts with customers - AASB 15 Revenue from Contracts with Customers</b>		
Revenue from rendering of services	35,677	36,026
Recurrent grants received/receivable	162,349	157,522
	<b>198,026</b>	<b>193,548</b>
<b>Revenue recognised under AASB 1058 Income of NFP entities</b>		
Resources received free of charge	615	700
	<b>615</b>	<b>700</b>
	<b>198,641</b>	<b>194,248</b>
<b>Disaggregation of revenue from contracts with customers</b>		
<b>Type of service</b>		
Recurrent grant income	162,349	157,522
Patient fees	9,418	10,453
Pharmacy revenue	41	36
Sundry patient income	443	414
Prosthesis income	199	189
Other revenue from rendering of services	25,576	24,934
	<b>198,026</b>	<b>193,548</b>
<b>Revenue recognised under AASB 1058</b>		
	<b>615</b>	<b>700</b>
<b>Total revenue from operations</b>	<b>198,641</b>	<b>194,248</b>

### 3.1 Revenue from Operating Activities (continued) Accounting Policy

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

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

For further information on the accounting treatment for contract assets refer to Note 5, or contract liabilities, refer to Note 10.

**Government revenue - recurrent grants**  
Recurrent grants are received from the Government to deliver outcome based services on a range of programs to provide relief to sick and injured persons through the provision of care and treatment, and to promote, protect and maintain the health of the community. Revenue is recognised over time as performance obligations are met. The performance agreement between the Company and the Government specifying these services and programs typically cover the period of one year, and it is renewed annually. Funding is usually received in advance with a contract liability recorded for unspent funds.

Hunter New England Local Health District (HNELHD) transferred control of the newly constructed general hospital facility through a sub-lease agreement to Calvary Health Care (Newcastle) Limited, a controlled entity. The terms and conditions of the use of the redeveloped facility are contained in a Head Lease between the parties to the PPP arrangement. The recognition of the assets is based on the fact that the Company, being an Affiliated Health Organisation which is outside the accounting control of either HNELHD or the NSW Ministry of Health, recognises its funding (recurrent or capital) as grant income in the year of receipt.

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

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

**Public Health Service - capital grants**

When the company receives cash or other financial assets to construct or acquire a non-financial asset (e.g. building) for its own use it is considered to be a capital grant.

Under AASB 1058 capital grants received under an enforceable agreement to enable the company to acquire or construct an item of property, plant and equipment to identified specifications are recognised as revenue as and when the obligation to construct or purchase is completed.

### 3.1 Revenue from Operating Activities (continued) Accounting Policy

For construction projects, this is generally as the construction progresses in accordance with costs incurred since this is deemed to be the most appropriate measure of completeness. When the cost incurred is not deemed to be the most accurate reflection of construction or acquisition, revenue is recognised on a straight line basis.

**Resources received free of charge**

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

- companionship for patients and residents
- support for mental health carers; and
- ward and fundraising assistance.

(iii) **Other revenue from ordinary activities**

**Interest**

Interest income is recognised using the effective interest method.

**Donations**

Donations collected, including cash and plant and equipment, are recognised as other income when the Company gains control of the asset.

Donations with specific conditions attached will be deferred until those conditions are satisfied.

(iv) **Significant estimates and judgements relating to revenue**

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

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



## Our Assets

## 4. Property, Plant and Equipment

<b>At Carrying Value</b>	<b>Land and buildings</b>	<b>Plant and equipment</b>	<b>Motor vehicles</b>	<b>Assets under construction</b>	<b>Total</b>
<i>In thousands of AUD</i>					
Carrying amount as at 1 July 2020	90,187	15,306	442	1,068	107,003
Additions/costs incurred	-	5,424	378	1,633	7,435
Transfers from assets under construction	-	1,068	-	(1,068)	-
Disposals	-	(64)	(352)	-	(416)
Depreciation expense	(3,308)	(4,273)	-	-	(7,581)
Balance at 30 June 2021	86,879	17,461	468	1,633	106,441
Book value as at 30 June 2021	140,263	42,185	468	1,633	184,548
Accumulated depreciation as at 30 June 2021	(53,383)	(24,724)	-	-	(78,107)
Book value as at 30 June 2020	140,263	39,681	442	1,068	181,454
Accumulated depreciation as at 30 June 2020	(50,076)	(24,375)	-	-	(74,451)
	90,187	15,306	442	1,068	107,003

## Accounting Policy

## Recognition and measurement

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

## Subsequent expenditure

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

## Capitalised interest

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

4. Property, Plant and Equipment (continued)  
Accounting policy

## Depreciation

Depreciation is recognised so as to write off the cost of assets less their residual values over their useful lives, using the straight line method. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements. Assets held under finance leases are depreciated over their expected useful lives on the same basis as owned assets. However, when there is no reasonable certainty that ownership will be obtained by the end of the lease term, assets are depreciated over the shorter of the lease term and their useful lives.

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

Buildings	40 years
Building improvements	10 years
Plant and equipment	6-10 years
Computer equipment	3 years

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

## Derecognition

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

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

## Impairment

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

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

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

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

## 5. Trade and Other Receivables

<i>In thousands of AUD</i>	2021	2020
<b>Current</b>		
Trade receivables	1,240	913
Other receivables	3,724	2,855
Other receivables due from related parties	-	55
	4,964	3,823

The movement in the allowance for impairment in respect of trade and other receivables during the year was as follows:

<i>In thousands of AUD</i>	2021	2020
Balance at the beginning of the year	(57)	(83)
Impairment losses recognised/reversed during	(47)	(59)
Amounts written off/recovered	25	85
<b>Balance at the end of the year</b>	<b>(79)</b>	<b>(57)</b>

## Accounting Policy

## Recognition and measurement

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

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

## Financial assets

The Company holds receivables with the objective to collect the contractual cash flows and therefore measures them at amortised cost using the effective interest method, less any impairment. Changes are recognised in the net result for the year when impaired, derecognised or through the amortisation process. Other financial assets are classified and subsequently measured at amortised cost as they are held for collection of contractual cash flows solely representing payments of principal and interest.

## Loans and receivables

Loans and receivables are financial assets with fixed or determinable payments that are not quoted in an active market. Such assets are recognised initially at fair value plus any directly attributable transactions costs on the date when they originated. Subsequent to initial recognition, loans and receivables are measured at amortised cost using the effective interest method, less any impairment losses.

## 5. Trade and Other Receivables (continued)

## Accounting Policy

## Impairment of financial assets

The Company applies a simplified approach in calculating expected credit losses (ECLs) for trade receivables recognising a loss allowance based on lifetime ECLs at each reporting date rather than monitoring changes in credit risk. The Company has established a provision matrix that is based on its historical credit loss experience, adjusted for forward-looking factors specific to the debtors and the economic environment. The Company considers a financial asset is in default when contractual payments are 90 days past due. However, in certain cases, the Company may also consider a financial asset to be in default when internal or external information indicates that the Company is unlikely to receive the outstanding contractual amounts in full before taking into account any credit enhancements held by the Company. A financial asset is written off when there is no reasonable expectation of recovering the contractual cash flows.

## Derecognition

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

## Contract assets

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

For further information on contract liabilities, refer to Note 10.

Contract assets arise when work has been performed on a particular program or services have been transferred to the customer but the invoicing milestone has not been reached and the rights to the consideration are not unconditional. If the rights to the consideration are unconditional then a receivable is recognised. No impairment losses were recognised in relation to these assets during the year (2020: \$nil).

## Costs to fulfil a contract

Where costs are incurred to fulfil a contract, they are accounted for under the applicable accounting standard, unless the costs:

- relate directly to a contract;
- generate or enhance resources that will be used to satisfy performance obligations in the future and;
- are expected to be recovered.

If so the costs are capitalised as contract costs assets. The contract cost asset is released to expenses on the same basis as the associated revenue is recognised.

## 6. Other Assets

<i>In thousands of AUD</i>	2021	2020
<b>Current</b>		
Prepayments	509	455
	509	455



## 7. Cash and Cash Equivalents

<i>In thousands of AUD</i>	2021	2020
Cash at bank and on hand	7,661	10,817
Cash at bank - special purpose funds	10,480	8,950
	<b>18,141</b>	<b>19,767</b>

## Accounting Policy

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

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

## 8. Term Deposits

<i>In thousands of AUD</i>	2021	2020
Term deposits (> 3 months < 12 months maturity)	60,000	55,000

## Accounting Policy

Term deposits with a term of less than three months are disclosed separately to cash and cash equivalents.

## 9. Restricted Assets

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

<i>In thousands of AUD</i>	2021	2020
Special Purpose / Conditions imposed by granting body	18,972	22,432
No.2 Account / Conditions imposed by NSW Ministry of Health	29,114	24,459
Research grants / Conditions imposed by granting body	7,394	7,059
	<b>55,480</b>	<b>53,950</b>
<i>Disclosed in the Statement of Financial Position as:</i>		
Cash and cash equivalents	10,480	8,950
Term deposits (greater than 3 months and less than 12 months maturity)	45,000	45,000
	<b>55,480</b>	<b>53,950</b>

## 10. Contract Liabilities

<i>In thousands of AUD</i>	2021	2020
Contract liabilities - current	217	387
	<b>217</b>	<b>387</b>

## Accounting Policy

Where a timing difference arises between the payment for sale of goods and rendering of services and the timing of satisfaction of a performance obligation, a contract asset or contract liability is to be recognised in accordance with AASB 15.

Contract liabilities represent the unspent grants or revenue received on the condition that specified services are delivered or conditions are fulfilled.

The services are usually provided, or the conditions usually fulfilled within 12 months of receipt of the grant / fees. Where the amount received is in respect of services to be provided over a period that exceeds 12 months after the reporting date or the conditions will only be satisfied more than 12 months after the reporting date, the liability is presented as non-current.

Where capital grants are received for the company to acquire or construct an item of property, plant and equipment which will be controlled by the Company then the funds are initially recognised as a contract liability and amortised to revenue as and when the obligation is satisfied.

## Other current liabilities – arising under contract with customers

Private Health Insurance (PHI) companies conduct audits to ensure private patient insurance monies have been accurately claimed by the Company on behalf of the patient. The effect of the PHI refund for the 2020/21 financial year is not deemed to be material and as such a refund liability relating to the right of return accessible by the PHI is not recorded.

## 11. Employee remuneration

## 11.1 Employee benefits expense

<i>In thousands of AUD</i>	2021	2020
Salaries and wages	119,714	118,872
Superannuation - defined contribution	9,571	9,359
Superannuation - defined benefit	615	700
Workcover	870	729
Long-term and post-employment benefits	3,175	3,364
	<b>133,945</b>	<b>133,024</b>

## 11.2 Employee Provisions

<i>In thousands of AUD</i>	2021	2020
Current		
Annual leave	17,722	16,594
Long service leave	27,318	25,562
Other employee provisions	210	190
	<b>45,250</b>	<b>42,346</b>
Non-current		
Long service leave	1,439	1,967
	<b>1,439</b>	<b>1,967</b>

### 11.2 Employee Provisions (continued) Accounting Policy

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

#### Short-term benefits

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

#### Other long-term benefits

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

#### Defined contribution plan

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

### 11.3 Key Management Personnel compensation

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

In AUD	2021	2020
Compensation to Directors and other members of key management	545,598	535,761

## 12. Related Parties

### 12.1 Transaction with key management personnel

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

A payment, the details of which are confidential and not disclosed, was made by the Parent Entity, Little Company of Mary Health Care Limited, in respect of a contract of insurance indemnifying all Officers against liability for any claims brought against a Director or Officer.

### 12.2 Transactions with other related parties

In AUD	2021	2020
<b>Amounts included in income received during the year from Calvary group companies:</b>		
Supplier rebate income	28,856	28,023
Recovery of salaries and wages (incl on-costs)	170,589	182,293
Recovery for goods and services	7,140	4,315
Transfer of leave provisions	14,545	-
	221,130	214,631
<b>Payments made during the year to Calvary group companies</b>		
National Office shared service contribution	2,156,274	1,929,712
National IT shared service contribution - recurrent	938,053	843,320
National IT shared service contribution - non-recurrent	266,452	319,007
Payments for goods and services	183,544	51,772
Insurance premiums	154,911	131,868
Training costs	8,101	2,498
Transfer of leave provisions	-	8,869
	3,707,335	3,287,046

### 12.3 Balances with other related parties

In AUD	2021	2020
<b>Amounts receivable from Calvary group companies:</b>		
Other receivables	-	54,838
	-	54,838

## 13. Economic Dependency

The public hospital facilities within the Company operated by Calvary Health Care (Newcastle) Limited depend on the annual appropriation of monies by their relevant State or Territory Governments to fund operations and meet commitments in accordance with separate agreements between these companies and the relevant Government authority.

The Company has indemnification from the NSW Ministry of Health for any accrued public hospital employee leave entitlements or any other employee entitlements such as redundancies payable by Calvary Health Care (Newcastle) Ltd which the Company is liable to pay at the time of, or becomes liable to pay as a consequence of, ceasing to conduct a public hospital in whole or part, as a public hospital listed in the Third Schedule of the Health Services Act or any successor Act subject to certain conditions.

The Directors currently believe that, collectively, the Company has sufficient cash resources to ensure the Parent Entity and each controlled entity will continue to trade as a going concern and they are unaware of any material uncertainties, events or conditions, which may cast significant doubt on this belief.



#### 14. Contingent liabilities and assets

##### Claims on managed fund

On 1 July 1989 the NSW Government implemented a self-insurance scheme known as the Treasury Managed Fund (TMF). Since that time, the Company has been a member of the TMF. The TMF will pay to or on behalf of the Company all sums which it shall become legally liable to pay by way of compensation or legal liability except for employment related, discrimination and harassment claims that do not have state-wide implications. Therefore, since 1 July 1989, apart from the exceptions noted above no contingent liabilities exist in respect of liability claims against the Company.

A Solvency Fund (now called Pre-Managed Fund) Reserve was established by the NSW Government to deal with the insurance matters incurred before 1 July 1989 that were above the limit of insurance held or for matters that were incurred prior to 1 July 1989 that would have become verdicts against the State. The Pre-Managed Fund will respond to all claims against the Company.

#### 15. Subsequent events

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

In the opinion of the Directors, the ongoing COVID-19 pandemic has not significantly affected the Company's activities for the period between the end of the financial year and the date of this report. The Company continues to monitor its activity and the situation closely.

#### 16. Other Accounting Policies

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

##### 16.1 Goods and services tax

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

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

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

##### 16.2 Finance income and expense

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

#### 17. Changes to accounting policies

The company has not been affected by any accounting policy changes during the financial year ending 30 June 2021.

AASB 1060 General Purpose Financial Statements – Simplified Disclosure for For-Profit and Not-for-Profit Tier 2 Entities is the new GPFS-Tier 2 Simplified Disclosures Standard that replaces the current suite of Tier 2 Reduced Disclosures Requirements (RDR) for annual reporting periods beginning on or after 1 July 2021. The Company has not elected to early adopt AASB 1060 for the 30 June 2021 financial year.



## Independent Auditor's Report

To the members of Calvary Health Care (Newcastle)

### Opinion

We have audited the *Financial Report* of Calvary Health Care (Newcastle) (the Company).

In our opinion, the accompanying *Financial Report* of the Company is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission (ACNC) Act 2012*, including:

- giving a true and fair view of the Company's financial position as at 30 June 2021, and of its financial performance and its cash flows for the year ended on that date; and
- complying with *Australian Accounting Standards - Reduced Disclosure Requirements and Division 60 of the Australian Charities and Not-for-profits Commission Regulations 2013*

The *Financial Report* comprises:

- Statement of financial position as at 30 June 2021
- Statement of profit or loss and other comprehensive income, Statement of changes in equity, and Statement of cash flows for the year then ended
- Notes (including a summary of significant accounting policies)
- Directors Declaration of the Company

### Basis for opinion

We conducted our audit in accordance with *Australian Auditing Standards*. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the Financial Report* section of our report.

We are independent of the Company in accordance with the *ACNC Act 2012* and the ethical requirements of the *Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (including Independence Standards) (the Code)* that are relevant to our audit of the *Financial Report* in Australia. We have fulfilled our other ethical responsibilities in accordance with the *Code*.

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### Other Information

Other Information is financial and non-financial information in Calvary Health Care (Newcastle)'s annual reporting which is provided in addition to the *Financial Report* and the Auditor's Report. The Directors are responsible for the Other Information.

Our opinion on the *Financial Report* does not cover the Other Information and, accordingly, we do not express an audit opinion or any form of assurance conclusion thereon.

In connection with our audit of the *Financial Report*, our responsibility is to read the Other Information. In doing so, we 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.

We are required to report if we conclude that there is a material misstatement of this Other Information, and based on the work we have performed on the Other Information that we obtained prior to the date of this Auditor's Report we have nothing to report.

### Responsibilities of the Directors for the Financial Report

The Directors are responsible for:

- Preparing the *Financial Report* that gives a true and fair view in accordance with Australian Accounting Standards - Reduced Disclosures Requirements and the *ACNC Act*;
- Implementing necessary internal control to enable the preparation of a *Financial Report* that gives a true and fair view and is free from material misstatement, whether due to fraud or error; and
- Assessing the Company's ability to continue as a going concern and whether the use of the going concern basis of accounting is appropriate. This includes disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they either intend to liquidate the Company or to cease operations or have no realistic alternative but to do so.

### Auditor's responsibilities for the audit of the Financial Report

Our objective is:

- 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 *Australian Auditing Standards* will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error. They 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 the *Financial Report*.

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As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit.

We also:

- i. Identify and assess the risks of material misstatement of the Financial Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- ii. Obtain an understanding of internal control relevant to the Audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the registered Company's internal control.
- iii. Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors.
- iv. Conclude on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our Auditor's Report to the related disclosures in the Financial Report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our Auditor's Report. However, future events or conditions may cause the registered Company to cease to continue as a going concern.
- v. Evaluate the overall presentation, structure and content of the Financial Report, including the disclosures, and whether the Financial Report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Directors of the registered Company regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

KPMG

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KPMG

Stephen Isaac  
Partner

Sydney

26 August 2021



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