

Celebrating



years at the heart of our community

Review of Operations

2021-22



Calvary

Mater Newcastle

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



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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

Hospitality
Healing
Stewardship
Respect

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

Hospital Executive

- General Manager: Mark Jeffrey
- Director of Medical Services: Dr Ralph Gourlay
- Director of Nursing and Cancer Services: Kim Kolmajer (Acting until Nov 2021) / Nicole Feenan
- Director of Medicine and Palliative Care Services: Marissa Ledlin (Acting until Nov 2021) / Kim Kolmajer
- Director of Critical Care and Surgical Services: Tracy Muscat / Chris Aartsen (Acting from January 2022)
- Director of Finance and Corporate Services: Wayne Wells
- Director of Mission Integration: Mary Ringstad (until May 2022) / Kellie Goldsworthy
- Director Intensive Care Unit: Dr Katrina Ellem (until June 2022) / Dr Menaka Perumbuli Achchige
- Director of Cardiology: Dr Stuart Murch
- Director of Medical Oncology: Dr Tony Bonaventura (until September 2021) / Dr James Lynam
- Director of Pharmacy: Rosemary James
- Director of Radiation Oncology: Dr Mahesh Kumar (until March 2022) / Dr Sanjiv Gupta
- Director of Surgery: Dr Ralph Gourlay (until June 2021) / Dr Adeeb Majid
- Director of Social Work: Kellie Goldsworthy (until May 2022) / Dournein Patchett
- Emergency Department Nurse Manager: Jo-Anne Berry and Rebecca Robertson
- Emergency Department Clinical Nurse Unit Manager 2: Stephanie Duke
- Emergency Department Clinical Nurse Unit Manager: Kim Blayden / Jacinta Carr (until January 2022) / Maree Connor / Kate Blackler
- Financial Controller: Petula Steele
- Human Resources Manager: Liana O'Connor
- Health Information Services and Information Communications Technology Manager: Heather Alexander
- Intensive Care Nurse Unit Manager: Rachael Hasaab
- Junior Medical Officer Managers: Victoria Wall (until February 2022), Regan Penglaze and Brad McDougall
- 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, and Leanne Bradford
- Nutrition and Dietetics Manager: Andrew Court
- Occupational Therapist in Charge: Andrew Wakely
- Operating Theatre Suite Nurse Manager: Chris Aartsen / Emma Brady (Acting from January 2022)
- Operating Theatre Suite Clinical Nurse Unit Manager: Stanley Meyers

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: Elizabeth Knight
- Coronary Care Nurse Unit Manager: Anne Thomson
- Day Treatment Centre Nurse Unit Manager: 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 / Dr Bernard McClement (Acting from April 2022)
- 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 (until March 2022) / Dr Ingrid Berling
- Director Haematology: Dr Sam Yuen

- Pastoral Care Manager: Margot McCrindle
- Patient Services Manager: Brad Rochester (until April 2022) / Marney Winter
- Payroll Manager: Kerrie Chapman
- Physiotherapist in Charge: Belinda Allen (until October 2021) / Judy Holland
- Pre-Procedures Nurse Unit Manager: Emma Brady (until January 2022) / Jodie Casserly and Renae McIlwain
- 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 (until December 2021) / Jacinta Carr
- Supply Services Manager: Anne McCormack (until January 2022) / Lucas Miller
- 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: Linda Liversidge (until February 2022) / Megan Kepreotis
- Wards 5C/D Haematology Nurse Unit Manager: Linzi Nolan

Community Advisory Council

Chairperson:

- Robert Russell, Consumer Representative

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 Integration (until May 2022) / Kellie Goldsworthy
- Wayne Wells, Director of Finance and Corporate Services
- Helen Ellis, Public Affairs and Communications Manager



Report from the General Manager

It is my privilege to present the 2021-22 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 upholds Calvary Mater Newcastle's commitment in continuing to provide high quality services through safe, reliable and timely care.

Health care is about being for others. It is about people, those in the community who need our help at what can be at the most vulnerable times in their lives and those who selflessly and courageously deliver compassionate care, with steadfast commitment, despite these unprecedented times.

The Calvary values of Hospitality, Healing, Stewardship and Respect, have once again been lived and breathed by our staff as they navigated the evolving health care environment. I want to take this opportunity to thank and acknowledge every staff member at Calvary Mater Newcastle for their commitment to prioritise excellent patient-centered care. The compassion, kindness, strength and camaraderie I have witnessed over the past 12 months has been extraordinary. I'm extremely proud of how staff have adapted and risen to each challenge. My heartfelt thanks to everyone involved.

As part of our ongoing COVID response we have continued to provide a screening process for everyone entering the hospital, as well as implementing the advised NSW Health Visitor restrictions. Rapid Antigen Tests (RAT) self-testing booths were set-up at our main entries for visitors to carry out a test prior to attending as an outpatient or visiting an inpatient, these booths were supported in their function by the hospital's volunteers. Our comprehensive Respiratory Fit Testing Program has continued and 'Amber Alert' zones have been temporarily established in the hospital to help keep our patients and staff safe.

The year 2022 did provide us with a wonderful opportunity to celebrate the Mater's Centenary. It was a great chance to reflect on how far the Mater has come in the past 100 years and appreciate what an amazing legacy the founding Sisters of Mercy (Singleton) have provided.

On 25 March 1922 the Newcastle Mater Misericordiae Hospital, now known as Calvary Mater Newcastle, was officially opened. The Mater has a long and proud history of being at the heart of the community for 100 years. While the people may have changed, our values have continued to guide and inform our ongoing commitment to serve the people of the region through the expertise and compassion of our staff.

From humble beginnings the Mater has flourished in the Hunter community. It is much loved – many were born here and in turn many have died here. It is a place of significance that we hold with care.



Our Centenary year gives us time to reflect on all that the hospital has achieved and that of those who have gone before us.

Aside from this landmark occasion, we have also been fortunate to celebrate many of our staff's wonderful achievements.

On Mary Potter Day, Thursday 18 November 2021, we were able to celebrate and congratulate as a hospital our research grant recipients and three exceptional staff members who were nominated by their peers for the Mary Potter Award – Sulu Lolhea, Social Worker; Dr Lindy Turner, Staff Specialist Palliative Care; and Cathy Odelli, Clinical Dietitian – Oncology Outpatients.

The Mary Potter Award for staff member of the year was awarded to Cathy Odelli. Cathy was praised for her work as a clinician, researcher, leader, teacher and mentor spanning more than 30 years at the Mater. Her peers recognised her as an expert in her field delivering nutrition support to patients receiving oncology treatment, especially those with oesophageal and head and neck cancer. Cathy's tireless, dedicated, holistic and passionate approach was admired. Together with her strong connections with other services, and desire to continually introduce best nutrition care practice to improve patient care.

Cathy went on to be shortlisted as one of 19 final nominees for the Calvary National Mary Potter Award and was selected as the overall national Mary Potter Award winner. As a hospital we were delighted to see Cathy receive this recognition at a wider Calvary level.

Congratulations also went to Dr Pam Harrison who was awarded an OAM (The Medal of the Order of Australia) in the 2022 Australia Day Honours for her contribution to palliative care and community history. Pam has dedicated her life to improving health care for the people of Newcastle and Hunter region and beyond; she has shown selfless dedication throughout her career and even in retirement, Pam continues to contribute to the community through her role as historian and author. Pam's contribution to the Mater has been extensive, visionary, and foundational to the work of the hospital today.

While this year has been demanding, the hospital and its staff have managed to achieve some wonderful things which are detailed in this report. As a major research and clinical trial centre, this year we have had the opportunity to celebrate many research successes. I encourage you to take some time to read our stories for the year.

Additionally, in May 2020 Calvary Mater Newcastle launched Phase One of the Speaking Up for Safety™ program. A national program for Calvary Hospitals that empowers staff to be heard, by equipping people with the skills and insights to respectfully raise issues with each other when they are

concerned about a patient's safety. Work is underway for the implementation of Phase Two, the Speak Up for Safety Feedback System. The Mater will be the first hospital across the Calvary Hospital group to implement this Feedback System.

Our wonderful Volunteers and Auxiliary members continue to contribute so richly to the hospital, despite the challenges the pandemic has presented.

Our main volunteer service was put on hold for a number of months throughout the year due to COVID-19. When no visitors were permitted or visiting hours limited at the hospital, our volunteers provided a courier service from the two main screening stations to the wards, providing a vital link between patients and their families delivering personal belongings, washing, gifts, etc. When the RAT self-testing booths were introduced in 2022, volunteers have helped oversee the booths allowing an informal concierge service to take place. When all of our volunteers were able return to the hospital they were welcomed back with open arms as they are a much cherished part of the hospital community. We are extremely grateful to our volunteers who have continued to provide a vital service to our patients and visitors, together with remaining committed to their roles at Calvary Mater Newcastle despite the challenges COVID has presented.

The 2021-22 financial year was challenging for the Auxiliary as the group's normal fundraising activities were once again affected by the pandemic. I would like to thank our Auxiliary members for their continued fundraising efforts. This financial year the Auxiliary raised an incredible \$144,334.02, a magnificent achievement that makes a huge difference to the hospital, our staff and patients.

I would also 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. The dedication and willingness to contribute so richly to the hospital is very much appreciated.

Once again I extend my heartfelt 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 community 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.

Hospital committees

Members are represented on a number of hospital committees including those for Patient Care and Quality, Infection Prevention and Control, Translational Research, Research Development and Engagement, Communicating for Safety, Clinical Deterioration, Closing 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 enormously appreciative of their valuable input and contribution, together with their steadfast 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.

The time period for this framework has now ceased. A number of outstanding actions have been successfully completed throughout the 2021-22 financial year, while a few of the framework's current actions will need to roll into our next framework document.

The first framework provided a firm pillar for Calvary Mater Newcastle to outline its approach and actions for consumer engagement. Since the inception of the document the hospital has evolved and developed in this area, the next framework will take into account past successes and learnings and will continue to provide a voice for our consumers.

Notable achievements include:

- Ensure our hospital environment acknowledges and welcomes our Aboriginal and Torres Strait Islander peoples:
 - Reconciliation Action Plan – The 'Innovate' template for the hospital's RAP has been completed and is now conditionally endorsed by Reconciliation Australia. The artwork for the document is being finalised.
 - A standard 'Welcome' to our First Peoples and Acknowledgement of traditional owners in the form of a decal has been installed at each public entrance to Calvary Mater Newcastle services/site.
 - A 'Welcome' sign in language has been installed on the Platt Street entrance wall and above the main entrance Information Desk.
 - A new Aboriginal painting (artist Lauren Freestone) has been purchased and hung in the Group Room next to the Physiotherapy Department. This room is used by a variety of clinics including the Wig Service, and the Alcohol and Drug Service.
 - Specific outdoor areas have been identified as part of an ongoing plan to develop outdoor spaces for visitor and patient usage, which is part of the hospital's general outdoor space plan. This includes: a private outdoor space for bedbound patients and additions to the communal enclosed garden located on Level 2, to make it a welcoming space for our Aboriginal patients, visitors and staff, together with our wider community of patients, visitors and staff.
- Ensure our hospital provides a culturally safe environment for our Culturally and Linguistically Diverse (CALD) communities:
 - Calvary Mater Newcastle policy 'Interpreters – booking and working with health care interpreters' has been updated.
 - A study titled 'Lost in translation? Improving outcomes for multicultural cancer patients' has received ethics approval and will commence in September 2022. This study is being conducted at Calvary Mater Newcastle by the department of Multicultural Health Services at Hunter New England Local Health District. This research has been funded by the Cancer Institute. The purpose of this study is to invite clinical and non-clinical staff providing healthcare to cancer patients to draw on their experiences with interpreter services and share their perceptions of integrating interpreters into the health care team within the hospital setting.
- The Senior Administration Forum team continues to work hard creating 'Interpreter Service Efficiencies' throughout all departments of the hospital, achievements include:
 - » Outpatients: Radiation Oncology is now looking into how the department can report processes for interpreter usage – project underway. Medical Oncology outpatient interpreter usage numbers improve every month, the project continues.
 - » Palliative Care is carrying out a project on the Interpreter Service, looking at improvement processes, particularly with follow-up phone calls.
 - » Rolling agenda item on the Senior Administration Forum for discussion and review purposes.
- The hospital has been gifted with two Work Stations on Wheels (WoWs) from the HNELHD Multicultural Health Service. These WoWs are set up for specifically providing ease of access to interpreter services through My Virtual Care. A staged roll out program commenced in 2022. This is initially being implemented in outpatient services including the Day Treatment Centre and Radiation Oncology with staff being provided with training to be able to utilise this technology. The outcome of this program is that patients from CALD communities will have efficient and timely access to interpreter services.
- A trial is being undertaken on one of our hospital wards to ensure that we are meeting the needs of our CALD communities. An initiative entitled SALI is being trailed with a spot audit being undertaken to review uptake and outcomes for patients:
 - » S - Social
 - » A - Aboriginal or Torres Strait
 - » L - Language
 - » I - Interpreter

- 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:
 - Recommendations from the Wayfinding Audit that have been actioned:
 - » Edith Street Car Park P2 lift signage and level signs updated to be consistent with the colours assigned for each level.
 - » Hospital wide signage audit, based on ward relocations, in progress.
 - » The Mater site map currently being updated.
 - » New signage for Melanoma Unit in progress.
- Provide a volunteer concierge service at hospital entrances for greeting and assisting in locating people and services. Due to the ongoing impact of COVID-19 and restrictions to visiting this service has had to be adaptable to change. The volunteers continue to provide a vital service to our patients and visitors. When no visitors have been permitted in the hospital, or visiting hours have been limited, volunteers have provided a courier service from the two main screening stations, which are located at the main entrances to the hospital, to the wards, providing a vital link between patients and their families delivering personal belongings, washing, gifts and so on. Due to the ongoing impact of COVID-19 self-testing RAT booths were introduced in 2022, the volunteers have been instrumental in providing a greeting and assistance service by helping oversee the booths and allowing for an informal concierge service to take place.
- Actively listen to consumers as they express their concerns and needs. The Mater continues to seek feedback from our consumers through a variety of ongoing strategies. Members of the hospital Executive Team are now including consumer rounding when carrying out their departmental rounding. Rounding is a mechanism to gain invaluable feedback which can shape and inform our delivery of care.
- Staff wellbeing continues to be at the forefront of engagement activities especially during these challenging times. Continual promotion of the Employee Assistance Program (EAP) remains pivotal. This has included having the EAP service on site further to critical incidents but also in relation to wellbeing sessions. During the month of June 2022 the Executive Team distributed 'Wellbeing Hampers' and drink vouchers across the hospital to thank staff for all that they do and all that they give to Calvary Mater Newcastle. The hospital continues to work on building a culture that values and acknowledges staff wellbeing. Some of the activities that we have engaged with are structured such as R U OK day, but there is growing momentum for staff led initiatives such as the Gratitude Loop which has been implemented within a hospital department. The Gratitude Loop is a way for staff to show gratefulness and appreciation for their colleagues.
- The Calvary Mater Newcastle Health Literacy Action Plan (2019-2024) continues to be actioned. The plan sits within the hospital's Consumer and Community Engagement Framework (2018-2021). In April 2021 Calvary Mater Newcastle launched its Wayfinding Audit. The NSW Health Literacy Framework 2019-2024, highlights Environment as one of the four priority areas, with the overall priority being 'health facilities and centres are easy to access and navigate'. The Wayfinding Audit is an attempt to address this particular priority and the reporting of recommendations and achievements is reported under Environment in our Health Literacy Plan.
- Staff Consumer Engagement Clinics continue to remain popular. They provide an opportunity for staff to discuss ideas and receive support for consumer engagement initiatives.
- Our consumer register database is now reformatted and a process is in place to accept new consumer representative recruits. Formal recruitment campaigns to commence.
- Involve consumers in the hospital's workforce recruitment. Following consultation with the hospital's Human Resources Department, work is underway to implement a small scale pilot program using current consumers to participate as the fourth panel member on recruitment panels. Due to a change in the internal recruitment systems this project has been delayed but remains on the agenda for the rest of the year.
- Baby Change Room – A local artist was commissioned to draw special animal themed artwork that was printed on perspex and fitted above the current changing bench, as well as displayed on decals for the tiles. A new chair, side table and baby changing mat was also purchased for this room.
- Patient Care Board review – Following various rounds of consumer engagement including surveys and focus groups, the new Patient Care Board artwork has been successfully trialled on the MAAZ Ward for a number of months. The new artwork is to be rolled out across the hospital at the beginning of the year 2023.

Quality Report



Patient-Centred Care

The NSW Health Bureau of Health Information (BHI) Patient Survey program helps us understand what patients think about all aspects of their treatment and care, and plays a key part in improving services. There are question sets covering Admitted Patients, Outpatient Cancer Clinics and Emergency Department. Calvary Mater Newcastle regularly monitors and reports on results and analyses the information to form part of an integrated patient feedback report. The hospital continues to perform better than peer hospitals and the NSW average in the majority of the measures.

During 2021, 94 per cent of Calvary Mater Newcastle inpatients, 94 per cent of Emergency Department patients and 99 per cent of Cancer Clinic patients rated overall quality of care as 'Very Good' or 'Good' (95 per cent target). Despite the pressures on the health service during this time, 86 per cent of inpatients, 77 per cent of Emergency Department patients and 95 per cent of Cancer Clinic patients said they 'would speak highly' of their hospital experience to family and friends.

Complaints and Compliments

Calvary Mater Newcastle encourages patients and their families to provide feedback about their experience. Their

opinions are important to what we are doing well and where we could improve. During 2021-22 we received a total of 180 complaints, which was the same as the previous year. Ninety-three per cent of the complaints were acknowledged within five days and 82 per cent were finalised within 35 days.

The majority of complaints related to the coordination of care. The restriction of visitors for inpatients due to Public Health COVID-19 Orders adversely impacted on the personal connection for inpatients and their family members during this period. Various strategies were implemented to minimise the impact of these changes for patients and their families particularly during end of life care.

Delivering Quality Care

Calvary Mater Newcastle uses a range of indicators and standards to monitor and gauge the quality of care we provide our community. We benchmark our performance nationally and internally, and strive to ensure everyday care to each patient meets the National Safety and Quality Health Service Standards. Beyond our work with COVID-19, we are committed to ongoing improvement, building on what we have achieved, and delivering better care and safety to our patients, staff and community.

Risk Management

Incident reporting is an integral component of the Calvary Mater Newcastle's risk management system. Regular training and information is provided to staff on the use of the Incident Management System (IMS+). Incidents are routinely analysed and trends reported to the Executive and the Patient Care Quality Committee. Serious incidents are formally reviewed. Open disclosure - being the acknowledgement of, apology for and investigation of adverse events - occurs with patients, families, carers and staff who are affected by a serious adverse event while receiving health care.

There are several high risk issues being addressed, including minimising harm from violence and aggression in the workplace, integrating paper and electronic health record systems, and delivering a high quality health care service during the COVID-19 pandemic. During this period two organisational wide risks were mitigated through our capital works program, achieving compliance with the new Australian Standard AS4187. These were for the reprocessing of reusable medical devices and upgrading the personal duress system across the facility creating a safer work environment. Calvary Mater Newcastle Executive and staff continue to work to understand and intervene to mitigate risk and improve patient care in these areas.

COVID-19 Responses

Throughout 2021-22, Infection Prevention continued to strategise and support COVID-19 pandemic response. The Infection Prevention provided input into the development and review of guidelines, alongside consultation and advice for the ongoing management of COVID-19 patients and staff. Key activity areas included:

- Implementation of contact tracing to manage multiple positive, symptomatic and staff exposures and active follow-up and return to work clearance.
- Development and delivery of ongoing education and resources for the PPE including decisions around fit-testing and availability of masks. Ensuring compliance with NSW Health policies COVID responses.

Patient Safety

In the past 12 months there have been 1,286 clinical incidents notified by staff. That means on average, approximately seven per cent of inpatients experienced some kind of incident during their stay. Of these 98 per cent sustained minimal or no harm, 1.3 per cent sustained an event that required additional medical care and three events resulted in significant harm or death.

Rapid Response Calls

Calvary Mater Newcastle continues to provide a two-tier robust rapid response program which quickly identifies and ensures staff appropriately respond to a patient whose health is unexpectedly deteriorating. In the year 2021-22, 6,359

urgent clinical reviews were requested by clinical staff and 938 rapid response calls were attended. Only eight (0.08 per cent) rapid response calls were due to a cardiac arrest.

SABSI Rate

Staphylococcus aureus bloodstream infections (SABSI) are serious infections associated with significant morbidity and mortality. The benchmark rate remains at 1/10,000 occupied bed days (OBDs). Calvary Mater Newcastle rate 2.3/10,000 bed days exceeded the benchmark. Approximately half of the infections were related to devices. Multiple initiatives have been implemented to reduce the SABSI rates, including an increased focus on aseptic technique, introduction of cannulation packs and the procurement of vascular ultrasound probe high level disinfection units. All reported health care related SABSI infections are actively investigated to identify system improvements and processes.

Hand Hygiene

Overall during 2021-22, 87 per cent of all staff comply with hand hygiene audit requirements. The national benchmark is 80 per cent.

Ongoing hand hygiene auditor training programs are continuing in 2022.

Staff Influenza Vaccination

The 2021-22 influenza campaign, which ran from May-August, saw 88 per cent of staff vaccinated.

Antimicrobial Stewardship (AMS)

Appropriate antimicrobial prescribing was enhanced by changing the accessibility of restricted antimicrobial medications across the facility to ensure patients receive the most appropriate antimicrobials for their respective indications.

Calvary Mater Newcastle continues to participate in the National Antimicrobial Prescribing Survey and National Antimicrobial Surveillance Portal uploads which enables Calvary Mater Newcastle to benchmark our antimicrobial usage with other facilities across Australia. Participation in these programs has identified areas of suboptimal performance which have been targeted by the AMS team through ongoing education with relevant treating teams.



Report from the Calvary Mater Newcastle Auxiliary 'Cancer Carers'

The 2021-22 financial year was challenging for the Calvary Mater Newcastle Auxiliary 'Cancer Carers' as the group's normal fundraising activities were once again affected by the pandemic.

Due to COVID-19 restrictions, the group were unable to be present at the hospital from August 2021 until mid-November 2021, it was then that the Auxiliary lolly table, raffle table and smaller craft stall were once again in full operation at the Mater. Many of the group's main events and functions were also cancelled due to changing COVID-19 restrictions.

However, despite these challenging circumstances, members of the Calvary Mater Newcastle Auxiliary 'Cancer Carers' rallied together and raised an amazing \$144,334.02 for the 2021-22 financial year.

With 25 members, ranging in age from 59 to 103, this dedicated group of men and women throughout the 2020-21 financial year worked approximately 9,325 hours in total, equating to 373 hours per member and an average of \$5,863 being raised per member.

Below is a breakdown of how the funds were raised for the 2021-22 financial year:

Activity	Funds Raised	Activity	Funds Raised
Bank Interest	\$70.97	Grants	\$31,000
Bowls Days	\$26,291.50	Housie	\$27,317.10
Cookbooks	\$100.00	Jams and pickles	\$69.00
Cooking Craft Days	\$4,299.50	Lollies	\$13,414.35
Craft	\$25,627.10	Raffles	\$1,005.50
Donations	\$1,438.00	Sundry	\$5,135.00
Functions	\$8,566.00		

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 once again 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.

Over the past year the Auxiliary has purchased hospital equipment and made donations to the hospital to the value of \$81,118. Equipment and items purchased were:

- Five low profile beds for Ward 5A/MAAZ = \$47,744
- Three low profile beds for Ward 4C (Oncology) = \$25,425
- One TV for the Medical Centre Waiting Room = \$1,949
- A contribution towards head and neck cancer patients prosthetics = \$5,000
- A weekly bunch of fresh flowers for the Mary Potter Chapel (Pastoral Care) = \$1,000

The Auxiliary is led by a team of extraordinary committed women who dedicate a large part of their lives to fundraise on behalf of Calvary Mater Newcastle. 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, Wayne Wells and Selina Maybury
- Support Services Team - David Millington, Peter Hobson, Hayden Linich, Mark Delves and Corey Pepperall
- 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 proudly provides specialist food, retail, hospitality, and support services to patients, visitors and staff throughout Calvary Mater Newcastle.

Whilst the COVID-19 pandemic presented many operational challenges we were very pleased to be able to continue to meet our high level of service requirements throughout the year. Highlights for the Medirest team in 2021-22 include:

- We were pleased to welcome the following new Medirest Managers:
 - Gail Kay – Catering Manager
 - Michael Montoya – Security Manager
 - Shane Cochrane – Retail Manager
 - Lori Parish – Human Resources Manager
 - Gavin Scott – Stores Manager
- BSI Food Safety Certification

Overall Service Statistics

- 367,307 meals were served to hospital patients
- The Security team attended to 1,016 incidents
- The Reactive Cleaning team made 12,465 hospital beds
- The hospital site generated 79.14 tonnes of clinical waste
- 571 tonnes of waste were diverted from landfill
- 21,244 events were logged via the Helpdesk
- 43,464 deliveries were received via the Stores Department

Catering Services

The Catering Department prepared and served a monthly average of 30,609 high-quality, hot and cold patient meals during 2021-22. Working closely with the hospital's 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 toward meeting the ACI menu and nutrition standards.
- Introduction of My Waste, powered by Leanpath for patient feeding services around an ongoing food waste reduction program.
- The Medirest Sustainability and Responsibility Plan was implemented to remove excess disposables and replace with reusable patient feeding items in support of the environment.

Retail

Medirest operates retail outlets Deli Marche Café, Amigo-to-Go express store, coffee carts and vending machines providing high quality meals, beverages, and snacks. The COVID-19 pandemic and resulting visitor number restrictions continued to impact the retail operation on occasions throughout the year with some outlets closing for an extended period of time. On average just over 3,665 customers per month were served.

In addition to providing great service our retail team created and proactively promoted a 12-month community awareness calendar around special charity organisations and other events that are in line with the values of our local community, Calvary Mater Newcastle and Medirest.

Helpdesk

The Helpdesk provides a primary point of communication for all Novacare service 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.

In addition, alongside the Security Department the Helpdesk also assists employees, volunteers and contractors with the application, processing and issuing of identification badges, electronic access cards and hard keys to ensure secure and safe access to required site locations.

Cleaning and Environmental Services

Medirest's Cleaning and Environmental Services solution 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 Department 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 1,039 beds within the hospital per month over the 2021-22 period, and a monthly average of just over 6.59 tonnes of clinical waste was removed from the site. Over the year, the team worked closely with the hospital's Sustainability Working Party and achieved the following:

- Diverting just over 70.5 per cent of our general waste from landfill via the Bedminster waste recovery system. A total of just under 357 tonnes of compost was produced via this method.
- Over 12.5 tonnes of confidential wastepaper was recycled through Suez and repurposed into more sustainable paper products.
- Over 26.5 tonnes of paper and cardboard through correct source separation was diverted and repurposed into products such as cardboard boxes and recycled coffee cups.
- Over 2,273 kilograms of batteries have been diverted and precious metals like lithium, silver, gold and cadmium have been repurposed to process more batteries.
- After a period of being on hold due to the COVID-19 pandemic impacts PVC recycling was re-commenced during the year.

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 2021-22, Medirest Security responded to an average of 65 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. Due to the COVID-19 pandemic this included providing fire and evacuation training sessions online via Microsoft Teams to maintain consistent training whilst ensuring safe distancing requirements.

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 2021-22, the department issued a monthly average of 3,622 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 2021-22 include:

- Registration of the Annual Fire Safety Statement with Newcastle City Council.
- Honeywell completed the 2021 Energy Audit in July 2021 which was focussed on reducing electricity consumption and improving the hospital's environmental footprint. The Energy Audit is a key input into the development of the lifecycle plan whereby plant and equipment selections consider the environmental aspects through operations.
- Urgent COVID-19 works were completed to support the hospital's COVID-19 response plans including: attending planning meetings and documentation development with South Block Level 5 for the construction of additional temporary walls, installation of barrier systems, HVAC reviews and assessment of portable air-conditioning units and air purification units with Calvary Infection Control.
- New Med master keyset replacement project was completed with door key barrel replacement.
- At the request of Calvary Mater Newcastle, Honeywell supported Ambulance NSW with the installation and commissioning of a portable break room trailer, providing a COVID safe recreation space for Ambulance Officers.
- Coordination of the repairs and commissioning of a new chiller and the removal of a temporary chiller to ensure there was no adverse operational impact to the hospital.

Overall Service Statistics

- The Reactive Maintenance team responded to 4,243 maintenance requests.
- 1,552 planned maintenance events were scheduled and completed.
- Responded to 12,536 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 100 minor requests and 30 major modification requests. Some major projects completed include:

- Installation of CCTV in PECC transition lounges.
- CMN Apheresis room modification.
- Remodelling of the resuscitation bay with a negative pressure function.
- Installation of UPS backed outlets in the Emergency Department.
- Duress system upgrade works.

Lifecycle

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. The COVID-19 pandemic has impacted on the completion of some CFE planned refurbishment works, and other planned works which were deemed to be non-essential. This has resulted in a proposed 2022 lifecycle works program and 5-year look ahead including a plan to recommence the 2021 projects which were placed on hold as a result of COVID-19.

Key projects:

- Upgrade of the warm water system within the old north block.
- Commence the replacement of the old north block roof.
- Bathroom refurbishments.

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 hospital and local environment. The numerous courtyard areas provide a space for staff, patients and visitors to relax, enjoy the landscape and helps to promote wellbeing.

The grounds have been a focal point through early 2022 with Honeywell undertaking paving repairs and a large program of external cleaning to continuously improve the aesthetics of the external spaces across the hospital.



Mater Centenary

On Friday 25 March 2022, Calvary Mater Newcastle kick-started a year of celebrations to mark its 100-year history.

Opening its doors in 1922, the Newcastle Mater Misericordiae Hospital was founded and administered by the Sisters of Mercy from their Mother House in Singleton. These Sisters were originally from Ennis, Ireland.

From humble beginnings, the hospital first commenced as a 34-bed hospital in a single building known as Enmore Hall situated on Edith Street, Waratah. In 1927, through a 10,000 pound donation from Mr W Longworth, a children's block was built at the rear of the existing hospital. Then almost a decade later, at a cost of 78,000 pounds, raised by the local community, a new Mater Hospital was built and officially opened on 7 April 1935. This grand building was three storeys high with accommodation for 32 private and 60 public patients.

A staple in Newcastle's history, the Mater famously survived the earthquake of 1989 and 'the Mercy on the Mater campaign' where the public successfully campaigned to keep the Mater a public hospital to be rebuilt on its current site in Waratah.

In 2006 the hospital transferred ownership from the Sisters of Mercy (Singleton) to Little Company of Mary Health Care. With the most public symbol of a new beginning for the hospital being the name change to Calvary Mater Newcastle in 2007. The hospital then underwent redevelopment under a Public Private Partnership, which was completed in 2009.

Fast forward to 2022, the hospital is now a 210-bed facility, employing over 1,300 staff and caring for more than 460,000 outpatients a year, 17,000 inpatient services, and attending to more than 40,000 Emergency Department presentations. Calvary Mater Newcastle provides specialist medical care in a range of cancer services, palliative care, and toxicology. As well as serving the local community through its critical care, medical and surgical services. The Mater is recognised as a leading research centre and the main centre for cancer clinical trials in the Hunter region.

The Mater has a long and proud history of being at the heart of the Hunter community. While the people may have changed, the values have continued to guide and inform staff's ongoing commitment to serve the people of the region through their expertise and compassion.

Mark Jeffrey, General Manager, Calvary Mater Newcastle, commenting on what the Centenary means to the hospital said, "It is a chance for us to celebrate the legacy of the Mater. A time to reflect on the Mater's contribution to the health and wellbeing of this community. A time to remember the story of those who have gone before us and those who now will take us into the future. A time to acknowledge those who have been missing from the story - that of the Awabakal people - the original inhabitants of the land, on which the service operates."

As Calvary Mater Newcastle embarks on its Centenary year, we acknowledge it is a place of significance to this community that we will continue to be proud of and hold with the upmost of care.



Something to celebrate

A number of events took place to kick start the hospital's Centenary celebrations.



Staff BBQ

On 24 March 2022 an all staff BBQ took place. Despite the weather, staff, armed with umbrellas, braved the walk to the Mater Lecture Theatre Courtyard where they were treated to a beautifully cooked lunch courtesy of Support Services and Medirest.

While, Cheryl Cooley, Sandra McKendry and Sheina Wagstaff, stepped back a few decades as they greeted staff in nursing outfits from across the eras.

It was a lovely celebratory occasion.

Celebrating with our community

We were fortunate to be able to host a formal Centenary celebratory luncheon on 25 March that saw members of the Mater community join together to celebrate the hospital's humble beginnings that saw it flourish.

Sister Kath Williams, Sister Kay Sheridan, Sister Mary Guy and Sister Mary O'Hearn, all Sisters of Mercy who once worked here at the Mater, were in attendance. As was Sister Monica Whelan, Sister of the Little Company of Mary, Regional Leadership Team.

Others in attendance included Calvary Leaders - from the Board, Calvary Ministries Members Council and National and Regional Executive. Representatives from the HNELHD, Mater Graduate Nurses' Association, former long serving CEOs, past and present members from the Community Advisory Council and Heritage Committee, and long serving representatives from the Volunteers and Auxiliary. Staff were also represented by the current longest serving staff members and all our Mary Potter Award recipients since the inception of the award in 2015.



Guests gathered in the Mater Lecture Theatre Courtyard as a traditional smoking ceremony began. Aboriginal Elder and Gomeroi man, Rob Russell, the Chair of the hospital's Community Advisory Council, acknowledged country and the Awabakal nation, a people who prospered in this rich environment.

Throughout the event, guests took a trip down memory lane as Dan Cox, Journalist from 1233 ABC Radio, expertly hosted a number of conversations between former and present staff.

First to take to the stage was Sister Mary Guy, Sister of Mercy who nursed at the Mater for a number of years, with Gillian Blanchard, Oncology Nurse Practitioner. Tales from nursing back in the day juxtaposed with nursing today, made for some laugh out loud moments.

Next Dr Pam Harrison OAM, the co-founder of the Palliative Care Outreach Service, and Jessica Scaife, Nurse Unit Manager Palliative Care, spoke of how the Mater's outreach service first started and compared it to the service it is today.

Finally, Dan welcomed a number of our researchers, Dr James Lynam, Director of Medical Oncology; Associate Professor Jennette Sakoff, Chief Hospital Scientist; Dr Sarah Moberley, Senior Research Fellow, Palliative Care Unit and Julianne Rose, Aboriginal Palliative Care Unit, to talk all things research with a view towards the future.

As with all good Mater events, the celebration finished with the cutting of the special Centenary cake, carried out by long serving staff member David Millington who has worked at the Mater for 44 years and Sister Monica Whelan, LCM.

It was a wonderful occasion to celebrate this much cherished hospital.

A toast to the Mater

Our special Centenary drinks and canapes event held the afternoon/evening of 25 March was an ideal chance for staff to enjoy the company of one another relaxing in the Mater Lecture Theatre Courtyard.



A walk down memory lane

As the second week of Centenary celebrations commenced a special pop-up Heritage Display 'A walk down memory lane...' was set-up for one week only.

A mock-up of an old Mater inpatient room was on display; past hospital artefacts including typical bedside tea services, education roll down posters of anatomy and all the body systems, various bowls, pans, denture cups, etc; nursing uniforms throughout the ages; past staff handbooks and patient handbooks; Mater T-shirts and sweatshirts; and photos galore, were just some of the goodies on show.

A large number of staff, patients, visitors, and students, flocked to the display to learn more about the Mater history for themselves or to reminisce about the days gone by.



Putting our stamp on it

A special centenary logo was produced to sit alongside our Calvary Mater Newcastle logo. This logo was created by talented local designer, Kate Murray from Paper Daisy, who was 'Born Smarter at the Mater' and sadly has had family members spend their last days here at the hospital. The Mater is a place that she holds dear!

The hearts of the logo represent the Calvary heart and also that the Mater has been at the heart of the community since its inception. The hearts interconnect to represent the many diverse layers of the community that come together at the Mater, always rotating, always moving forward. The Centenary is something to celebrate so we welcomed bright colours. The blues are that of Calvary, the red and gold that of the original crest of the Newcastle Mater Misericordiae Hospital, the other colours included reflect the stained glass window located by the Chapel, level 3. This window was originally based in the Nurses Chapel in the former convent building and when the Mater was redeveloped in 2009 it was put in pride of place and captures the light beautifully in its new position.



This logo has been incorporated in a number of document templates. Centenary pens and retractable swipe card holders were also printed with our Centenary logo to be delivered to staff as a thank you and keep sake of this special year.





Were you Born Smarter at the Mater?

In celebration of our Centenary year, a limited edition lapel pin badge and T-shirt with the well known and loved Mater catch phrase 'Born Smarter at the Mater', were produced.

Staff members who were born here at the Mater, were offered a complimentary lapel pin in recognition. While, our Auxiliary are selling the T-shirts with all profits from the sale donated to the Calvary Mater Newcastle Auxiliary, the hospital's main fundraising arm providing funds to assist in the comfort and care of patients.

Sharing Mater Memories

To celebrate the Mater's Centenary we invited staff, volunteers and members of the community to share a story or memory relating to Calvary Mater Newcastle. It may be from its earlier days as Newcastle Mater Misericordiae Hospital or more recently.

A story that captures something of the spirit of this wonderful centre of care that quickly became an institution in Newcastle. Known and loved as The Mater, many of our community were born here, some of whom are of a generation who now also die here. It is a place of significance that staff hold with care and the community cherish. Our specialities have changed but throughout a century of care the Mater remains at the heart of the community.

These stories were displayed in a mini exhibition in the hospital's foyer.

Born, bred and a bridal party

My connection to the Mater began in 1966 when I was born here.

I started my first job here at the Mater in 1983 in Medical Records (in the dungeon!). Many a time we each fell down the steep stairs. I was also married that year, and on the day of my wedding my mother's neighbour was an inpatient in Ward E and unable to come to the wedding. She was very upset so the whole bridal party called in to see her on the way from the church to the photos. The number of nurses that did a double take as they saw me coming down the corridor in my wedding dress!

I have made many friends at the Mater who I still see today. I come back to work at Calvary Mater Newcastle in 2021 and I have said to my colleagues that I will leave the Mater in a box!

Kay Digby
Administration Officer, Medical Centre

Calvary Mater Newcastle

Mater Memories 1922-2022

Calvary Mater Newcastle 100

Morning prayers

Over 35 years ago, I was a young nurse in my early twenties working in a unit which was referred to as the 'Sick Sisters Ward' or old 'S Ward', caring for all the nuns and priests, regardless of their denomination.

On this day I had to remove staples from a nun's leg as the surgeon was due to arrive on the ward to review the wound. Unfortunately, the patient was in the Little Chapel, which was within the confines of the ward, saying her morning prayers. I asked the nun reverently to return to her bed so I could remove her staples. She refused, as nothing interferes with morning prayer.

So what to do? This beautiful nun suggested that I attend to the removal of the staples in the Chapel. I said to her, "There is no privacy here for you," and she replied, "Shut the door of the Chapel, this is God's house and you are doing God's work so why shouldn't you attend to me here?" With that loving request how could I refuse. All staples were removed and the nun's morning prayers attended to.

I might just add that this nun told me the story of the Rosary that morning and this was the first time I'd heard it out loud.

I also have fond memories of the 20-year Hospice celebrations and catching up with all the retired staff.

Kim Valentine
Registered Nurse

Calvary Mater Newcastle

Mater Memories 1922-2022

Calvary Mater Newcastle 100



Stories for the year

1 A focus on quality and safety

- A measure of success
- Why are clinical trials important?

2 Care of our people and working environments

- Dr Pam Harrison recognised in Australia Day Honours
- Get your game on
- Stories on a plate
- Supporting the people of Ukraine

3 Partnering and planning for the present and the future

- Targeted success
- Cancer research gets \$7 million boost in NSW regions
- Care to Quit
- Achieving gold status
- Sharing best practice

4 Caring for our resources

- A ray of hope

1 A focus on quality and safety

A measure of success

Calvary Mater Newcastle and the University of Newcastle were well-represented at the International Association for Suicide Prevention-Asia Pacific (IASP) conference, at Broadbeach Queensland in May 2022, scooping up two of the three Early Career Researcher prizes.

During the Early Career Researcher pre-conference workshop, participants were given five minutes to describe their research during a round of 'Lightning Presentations'.

The awards were judged by an expert international panel including Prof Ian Hickie (Brain and Mind Centre, University of Sydney) and Dr Kylie King (Monash University, Victoria).

Dr Katie McGill, Calvary Mater Newcastle Research Manager in Suicide Prevention and PhD candidate, University of Newcastle, was awarded the 'Best Lightning Talk' for her summary on the role and value of clinical case registers for hospital-treated self-harm in improving patient care.

Ms Cynthia Coombe, a proud Worimi descendant and PhD candidate, University of Newcastle, won the hearts of the audience, winning the People's Choice award for her talk about how she is seeking to better understand the care provided to Aboriginal people who come to hospital after intentional self-poisoning.



Cynthia echoed the voices of Awabakal and Worimi Elders and colleagues Margaret Whitson, Aboriginal Hospital Liaison Officer, Calvary Mater Newcastle, and Leonie Garvey, Greater Newcastle Sector Aboriginal Health Unit Manager, as she received the award in the hope that the work will have a ripple effect for First Nations communities, with the research translating into positive change in current clinical practise.

Professor Greg Carter, Director Consultation-Liaison Psychiatry, is the PhD supervisor of both candidates, and both women's research has only been possible because of the unique dataset and case register held at Calvary Mater Newcastle.

Greg said, "Winning two of the three Early Researcher presentation awards at IASP was a deserved honour for Dr McGill and Ms Coombe. It was also a measure of the success of Newcastle based research programs.

"There was extensive competition from other PhD students, particularly from a number of Australian Universities and from a small number of international participants, who presented some excellent suicide prevention projects."

Why are clinical trials important?



International Clinical Trials Day is a day to raise awareness about the importance and benefits of clinical trials. It is an opportunity to recognise all those hard-working professionals in the clinical trials sector that continue to improve the quality of life of many patients, every day around the world. It is also a time to thank our patients who agree to go on trials.

This year our Medical Oncology, Haematology and Radiation Oncology trials units celebrated Clinical Trials Day by dressing in bright coloured t-shirts to represent some of the colours of the different types of cancer we treat here at the Mater.

At an information stand in the main corridor, the Medical Oncology team held a mock randomisation to bring attention and help people understand how trials work, and the large amount of research and volunteers that are required to bring new treatment to patients. Without clinical trials, patients would not have access to new and emerging treatments.

The trials units at the Mater are known for their excellence and this is why we are able to bring so many new trial treatments from all around the world to the patients of the Hunter region.

2

Care of our people and working environments

Dr Pam Harrison recognised in Australia Day Honours

Congratulations to Dr Pam Harrison who was awarded an OAM in the 2022 Australia Day Honours for her contribution to palliative care and community history.

Pam has dedicated her life to improving health care for the people of Newcastle and the Hunter region and beyond; she has shown selfless dedication throughout her career and even in retirement, Pam continues to contribute to the community through her role as historian and author.

Pam can be seen regularly at Calvary Mater Newcastle through her role on its Heritage Committee where she painstakingly gives her time to help ensure the history of the Newcastle Mater Misericordiae Hospital is sensitively archived. Pam can also be seen caring for the meticulously catalogued and much-loved Pathology museum she set up in 1997, and displayed in cabinets located outside Amigos café at the Mater.

However, many may not know how Pam has had a deep impact on the hospital and the formation of some of its services.

Pam introduced clinical haematology services to the Mater and created the Hunter Haemophilia Treatment Centre. The appointment of Sister Kay Sheridan RSM RN in 1980 enhanced this service and enabled the introduction of home therapy.



In August 1983, with the approval and support of the then CEO, Sister Mary Tarcissius RSM, Pam, together with Sister Mary Brendan (Mary O'Connor) RSM RN, initiated and developed the Palliative Care Service at the Mater in a voluntary capacity and without funding. Through Pam's dedication and direction, the Palliative Care Service continued to expand. Pam was also successful in securing donations and resources, while continuing her work as Haematologist at the hospital. Pam's involvement finished at the end of 1986 when the service was fully funded and her voluntary contribution was no longer required.

In 2000, Pam received an invitation as a Foundation Fellow of the Australasian Chapter of Palliative Medicine (FACHPM) "in recognition of her voluntary work in initiating and developing the Newcastle Mater Misericordiae Hospital Palliative Care Service".

Aside from Pam's pioneering work at the hospital, Pam is also a prolific Hunter author historian who has penned many books including history and recollections of the Newcastle Mater Misericordiae Hospital: SS Gardiner Pathology Department, and Newcastle Mater Misericordiae Hospital Palliative Care service: from conception to viability: August 1983 – December 1986.

Pam's contribution to the Mater has been extensive, visionary, and foundational to the work of the hospital today.

Get your game on

International Nurses' Day is celebrated around the world every 12 May, the anniversary of Florence Nightingale's birth. The theme for this year was Nurses: A Voice to Lead - Invest in nursing and respect rights to secure global health.

Things got a bit competitive this year at the Mater, with teams from across the hospital participating in the inaugural International Nurses' Day Olympics.

Nicole Feenan, Director of Nursing Service, said, "The purpose of the games was to create a little bit of fun and enjoyment in the workplace, while celebrating the amazing work that our nursing staff do.

"It was great to see so many enthusiastic nurses come along to play, and even more encouraging to see their non-clinical colleagues rolling up their sleeves to support them on the day."

The Olympics consisted of six games: expertly making a bed, popping pingpong balls into bedpans, blindly fixing a heart on a chart, tossing away empty fluid bags, proficiently bandaging a pretend patient, and keeping a steady hand while playing the board game, 'Operation'.

Individuals were scored at each station on how well they played the game, with points being awarded to the team they were representing.

In the afternoon the Calvary Mater Newcastle Nursing Workforce Plan was unveiled at our Nursing Grand Rounds. Additionally, special guest speakers Elizabeth Grist, Executive Director of Clinical Services, Nursing and Midwifery, Hunter New England Local Health District, and Professor Amanda Johnson, Head of School and Dean, School of Nursing and Midwifery, University of Newcastle, presenting on workforce strategy from a local health district and university perspective.

At the end of the Nursing Grand Rounds, with scores tallied, winners of the inaugural International Nurses' Day



Olympics were announced with trophies, and hampers given out. Gold was awarded to the 'Poison Chalice's', Day Treatment Centre; Silver awarded to the 'Pain Killers', Theatres and Bronze went to the 'Misfits' in Ward 5B.

Nicole concluded, "During the games I witnessed collegiality and teams supporting each other in a friendly but competitive way. Similar to what we see every day at the Mater with our nursing and clinical teams working on the floor together to take care of our community."

Stories on a plate

This year the Hospice walls are adorned with beautifully designed ceramic plates, made by patients and their families.

The 'Kitchen Table Conversations', a Mercy Hospice Arts Health project, promotes connections, storytelling and conversations about life and living, made possible with Dry July funding.

The project centred around the creation of a collaborative art work, using ceramic plates, to be hung on a wall of the Mercy Hospice. It was created by engaging interested Hospice patients, their families and friends.

A theme was chosen seeking to promote end of life discussions and storytelling, and people were invited to respond in a variety of creative ways.

Palliative Care Fig Tree Program staff, including Jo Haney and Jenny Johnston, pictured above, contracted Nina Katzmarski, Designer and Community Arts Worker, to assist patients and families in creating their plates. Some patients were also happy to share the story 'behind' their artwork, and these stories have also been displayed together on the wall of the Hospice.



One patient commented, "This is a way of creating a special gift for my friend, and passing on my thoughts to friends and family when I have died." With a family member saying, "This is a very special thing to do with my mum."

The plates will ultimately be returned to patients and families for them to keep.

Supporting the people of Ukraine

On the 20 April Calvary Mater Newcastle received an invitation from Liz Grist, Executive Director, Clinical Services, Nursing and Midwifery to participate in a Hunter New England Local Health District initiative to gather medical supplies for donation to the Ukraine. A very specific list of needed items and a suggestion to check any surplus stock was given.



Staff rallied together to gather the items into a central location, itemising them and completing the inventory list as requested.

Calvary Mater Newcastle had gathered 27 boxes of items ready to go. One of the storeman asked if he could write a message on one of the boxes, after a moment's thought he suggested a heart might be the best. We all understand a heart.

A very appreciative call from the local coordinator for The International Coordination for Medical Aid for the Ukraine, reinforced the gratitude the Ukrainian people feel knowing they are being thought of from so far away.

3 Partnering and planning for the present and the future

Targeted success

A collaboration between the Department of Radiation Oncology at Calvary Mater Newcastle and the Department of Nuclear Medicine at Hunter New England Local Health District has resulted in clinical trial success.

Prof Jarad Martin, Radiation Oncology Senior Staff Specialist, and Dr Natalie Rutherford, Clinical Director of Nuclear Medicine, were part of the team awarded dual winners of the 2021 Australian Clinical Trials Alliance (ACTA) Award.

This event celebrates the vital role trials have in advancing clinical practice and saving or improving patients' lives every year.

The award-winning clinical trial, known as ProPSMA, provides greater accuracy in identifying prostate cancer. The trial uses a new imaging technique called PSMA PET/CT which can detect small sites of tumour spread that may not be detected with conventional imaging.

During the trial, 300 men with newly diagnosed prostate cancer participated across ten sites, including Calvary Mater Newcastle. Each participant had a whole-body 3D scan using a radioactive substance that tracks prostate cancer, called a Ga68 PSMA PET/CT scan, that produced detailed images of the cancer spread. The trial team found that PSMA PET/CT had an accuracy of 92 per cent compared to 65 per cent accuracy achieved with conventional imaging.

Natalie said, "The ProPSMA study was a pivotal trial for men in Newcastle, and all of Australia. It shows the



true extent of men's prostate cancer against other imaging that was previously considered gold standard, and deepening our knowledge of the men who do have unrealised metastatic disease at their baseline diagnosis. It was also a very good stepping stone to showing that this little PSMA tracer was not only a great way to track the malignancy, but now, hopefully beyond the ProPSMA trial, will also attack and kill the tumour."

The findings were published in the peer-reviewed journal, The Lancet, in March 2020. ProPSMA was funded by a clinical trials grant from the Prostate Cancer Foundation of Australia and Movember.

Jarad commented, "The findings from the ProPSMA trial are already impacting the routine management of local men with newly diagnosed prostate cancer. It was a great collaboration between clinicians and allied health which has helped

establish Newcastle at the forefront of this field."

Prostate cancer is recognised as a silent disease in that there are often no symptoms present during the early stages. Once symptoms do begin to develop, the cancer is often further advanced and may have spread beyond the original tumour site. Imaging accuracy is critical to determining the best treatment plan for men who have received a prostate cancer diagnosis.

The trial was led by Chief Investigator, Prof Michael Hofman, Director of the Prostate Cancer Theranostics and Imaging Centre of Excellence (ProSTIC) at the Peter MacCallum Cancer Centre (as part of the Australasian Radiopharmaceutical Network (ARTnet) and co-badged the ANZUP Cancer Trials Group.

Cancer research gets \$7 million boost in NSW regions

Congratulations to Dr Craig Gedye, Medical Oncology Senior Staff Specialist, who is Chief Investigator of a cancer research capacity building grant that was awarded a \$7 million investment to the NSW Regional Health Partners.

People living with cancer and the health care professionals caring for them are set to benefit thanks to the Translational Cancer Research Capacity Building Grant, awarded by the NSW Government through the Cancer Institute NSW. This significant grant will help build an innovative cancer research network in the Hunter, New England, Central Coast, Mid North Coast and Northern NSW.

Craig said, “It can be hard to carry out health and medical research. With this network we hope to make it easier for patients and their clinicians to collaborate to advance cancer care through research relevant not only in NSW, but for anyone experiencing cancer.

“We have incredible people and clinicians in our regions and, by building on the systems we already use, we hope to embed cancer research in health care to improve the lives of people with cancer. I’m proud that it will happen here.”

The research will run collaboratively across all members of the NSW Regional Health partnership; through the four Local Health Districts, Calvary Mater Newcastle, and with support from the University of Newcastle, and with dedicated staff based at the Hunter Medical Research Institute.

The grant recognises NSW Regional Health Partners as a partnership of institutions focused on bridging the gap between what medical research tells us and what happens to people in the health system.

Craig will be working with all the partners, of which Calvary Mater Newcastle is one, to form a steering committee to allow a cancer research infrastructure model to be designed.



NSW Regional Health Partners Chairman Stewart Dowrick said the \$7 million injection will help people in rural and regional NSW who are often excluded from research.

“We’re a partnership with a common interest in improving the lives of people in rural and regional NSW, and cancer is a part of many of those lives,” Mr Dowrick, who is also Chief Executive of the Mid North Coast Local Health District, said.

Chief Cancer Officer and CEO of the Cancer Institute NSW, Professor David Currow, said NSW is at the forefront of innovation in cancer research.

“Investment in research with a focus on priority populations is an important driver in improving cancer outcomes. We want to make an impact where it matters most – on the lives of people affected by cancer today, and into the future,” Professor Currow said.

NSW Regional Health partners is a partnership of the University of Newcastle, University of New England, HMRI, Hunter New England Central Coast Primary Health Network, Calvary Mater Newcastle and the Central Coast, Mid North Coast and Hunter New England Local Health Districts.

Care to Quit



Staff at Calvary Mater Newcastle are leading the way in helping oncology patients quit smoking through participation in the Care to Quit trial, led by Professor Christine Paul from the University of Newcastle.

The enthusiastic Calvary Mater Newcastle Care to Quit leadership team consists of Dr Fiona Day, Dr Tin Quah, Gillian Blanchard, Laura Healey, Emily Sykes, Leanna Pugliese and Ashley Powell.

Smoking tobacco has harmful effects on almost all parts of the body. After being diagnosed with cancer, patients who continue to smoke have higher post-operative complications, longer hospital stays and more radiotherapy complications.

Conversely, patients who stop smoking at a cancer diagnosis improve their chances of survival, among many other benefits. Despite this, not all patients treated at cancer centres are screened for current smoking or referred to smoking cessation services.

The Care to Quit trial is a National Health and Medical Research Council (NHMRC) funded stepped wedge randomised clinical trial to implement best-practice smoking cessation care for people with cancer. It will be run over three years at nine cancer treatment centres in Australia.

At the Mater, patients will be invited to participate when attending Medical Oncology, Radiation Oncology, Surgical and Haematology outpatient clinic appointments. Participating is simple, involving two scheduled phone interviews. The trial aim is to see an improvement in the

smoking quit rate among patients recruited after their treating staff are provided with a six month 'intervention' period of support and education in providing smoking cessation care.

The Mater team recruited the first patients to Care to Quit after it opened in June 2021.

The Mater team has also helped develop important educational resources for the trial. Role play videos demonstrating smoking cessation advice provided to 'patients' (played by actors) have been filmed in the Medical Centre and in the Radiation Oncology treatment area and will be used at all participating cancer centres.

"I believe we are at a watershed moment for addressing this important aspect of supportive care in oncology," said Dr Fiona Day. "We now realise that continued smoking after a cancer diagnosis can have an impact similar to having versus not having some cancer treatments. So now it's time to resource and upskill our health services to meet this need, and gathering clinical trial evidence via the Care to Quit trial will aid that process."

Achieving gold status

Through the dedication of Associate Professor Aaron Sverdlov, Clinical Lead and Research Co-Director, Hunter New England Local Health District; and Associate Professor Doan Ngo, Co-Director and Research Lead; the Newcastle Cardio-Oncology Program (a collaboration between Calvary Mater Newcastle, HMRI, HNELHD and the University of Newcastle) has been designated a Center of Excellence by the International Cardio-Oncology Society – receiving the highest designation, GOLD status. The only centre in Australia to have been awarded this certification.

Dr James Lynam, Director of Medical Oncology, Calvary Mater Newcastle, said, “A significant number of our treated cancer patients are at risk, or have potentially significant cardiac complications from their malignancy or treatment. Aaron and his team are helping to monitor and manage already affected patients, while simultaneously carrying out extensive research into trying to identify those patients most at risk.

“Aaron has been inordinately helpful to the department when faced with patients that require certain treatments that are known to cause cardiac complications. This award really is a testament to the team’s extensive knowledge and dedication.”

The Cardio-Oncology Service run at the Mater encompasses a full range of activities from clinical service delivery, education, advocacy and networking, as well as clinical research. It is a multidisciplinary team effort between clinicians and researchers across all local institutions.

Associate Professor Sverdlov said, “Our mission is to improve acute and long-term cardiovascular outcomes in patients with cancer via an integrative multidisciplinary collaboration between cardiology, oncology, haematology, radiation oncology, pharmacy and pharmacology, leading to better understanding, detection, monitoring and treatment of cardiovascular diseases arising from or co-existing with cancer and cancer therapies.

“I would like to thank everyone at Calvary Mater Newcastle for their support and goodwill, especially from the Medical Oncology, Radiation Oncology, Haematology and Cardiology departments. This is an important achievement for our institution and we are the only centre in Australia to receive top tier accreditation (and one of only 15 or 16 around the world).”

Associate Professor Ngo said, “To achieve this designation, we had to demonstrate excellence across multiple domains, including clinical service, publications, education, research, quality improvement, capacity building and leadership in the field at national and international level.

“I look forward to working together to further expand and enhance the service which aims to improve health outcomes for our cancer patients and survivors.”



Sharing best practice

In September 2021, Calvary Mater Newcastle was accredited as a Designated Centre of Integrated Oncology and Palliative Care by the European Society of Medical Oncology (ESMO). This means our clinicians can share best practice and the latest know-how in cancer treatment and care as part of an international community of oncology professionals.

ESMO is one of two leading professional organisations for medical oncology. With more than 25,000 members representing oncology professionals from over 160 countries

worldwide, ESMO is the society of reference for oncology education and information.

Dr James Lynam, Medical Oncology Staff Specialist, said, "I think this international recognition is a testament to the collaboration and hard work of all the various teams involved in the care of our cancer patients here at the Mater."

Dr Rachel Hughes, Director Palliative Care, said, "Integration of palliative care into oncology is associated with improved outcomes for patients and

carers. Our department is proud to be working in partnership with medical oncology to innovate in care, education and research."

ESMO's core mission is to improve the quality of cancer care, from prevention and diagnosis all the way to palliative care and patient follow-up. It is to educate doctors, cancer patients and the general public on the best practices and latest advances in oncology. Together with promoting equal access to optimal cancer care for all patients.

4

Caring for our resources

A ray of hope

At the beginning of January 2022 the Department of Radiation Oncology's latest multi-million dollar Varian TrueBeam linear accelerator will treat its first patients in the Hunter bunker.

The bunker has been heavily refurbished as part of the project to improve the working space and the patient environment.

This is the third and final machine to be replaced in this project and takes the department's treatment capabilities up to four out of five machines being via the state of the art TrueBeam platform.

Prior to the COVID-19 pandemic the department only had one TrueBeam, so these upgrades represent a significant capability improvement performed under difficult COVID related conditions. This is a wonderful achievement for the department and these upgrades will benefit the community's cancer patients for many years to come.

The TrueBeam linear accelerators are a more accurate and precise machine in virtually all aspects of radiotherapy treatment delivery and having multiple platforms means that all patients who would benefit from these improvements can gain access for their treatment.



The new machine has been configured with a wide array of treatment modalities including three photon beams, four electron beams and a large multi leaf collimator (MLC) to provide the full range of treatment options to doctors so that they can provide the best treatment for each and every patient.

The MLC is used to modify radiation beams into any required shape. Modern radiotherapy treatments use these to continuously change the shape of the beam during treatment delivery to optimise the radiation dose to the cancerous tumour while sparing the healthy tissue.



Snapshot of our Year

17,008

patients were admitted to the hospital

489,255

occasions of outpatient services were provided to our community



39,148

patients were cared for by our Emergency Department, and of these

11,591

were admitted for further treatment.

5,778

same day admissions

Our total number of FTE staff employed was

1,089



Our average length of stay of admitted patients was

3.8 days

Snapshot of our Year

The Intensive Care Unit provided specialist care to

527 patients, with **12,201** ventilation hours provided



The Department of Medical Oncology provided

32,100 occasions of service

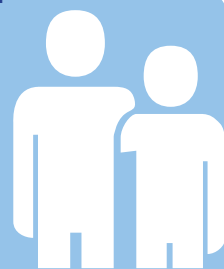


The Department of Consultation-Liaison Psychiatry delivered

1,571

occasions of service to the hospital's inpatients, for

661 new referrals



The Department of General Medicine treated



4,220

patients/admissions and provided **4,165** Outpatient appointments - **1,607** of these were via Telehealth due to COVID-19. An additional **106** Outreach/Community appointments were also hosted.

Surgical Outpatient Services delivered

6,281

occasions of service

More than

13,250

patients attended our Haematology Outpatient Clinics

Our 10-chair Haematology Day Ward 5D treated over

9,000 patients

2,060

inpatient admissions were made for our Haematology Wards



The Intensive Care Unit attended

1,007

rapid response calls



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

3,519

procedures and

1,406

electroconvulsive therapy treatments



Our dedicated 25 Auxiliary members raised



\$144,334.02

equating to more than

\$5,863 being raised per member

The Department of Palliative Care had an annual referral rate of

1,700

The average service length of stay was **95 days**

and the inpatient length of stay was **10 days**

The Psycho-Oncology Service accepted referrals of **244** individual outpatients, delivering

1,402

occasions of service through the clinic, of which **818** were delivered by Telehealth or telephone

394.9

tonnes of waste was diverted from landfill



Medical Oncology Research Clinical Trials opened **21** new trials and had **52** trials recruiting

141 patients were enrolled into a Medical Oncology clinical trial



778

new melanoma patients were treated in the Melanoma Unit

Our Staff Health Office carried out

540

new staff recruitment health reviews

At any one time our Oncology Equipment Loan Pool provides activities of daily living, pressure care and comfort equipment to over

400 patients

Over 48 dedicated and generous volunteers contributed a combined total of

2,193

volunteering hours



Year in Review





Year in Review





Year in Review





Research and Teaching Reports

A message from the Research Committee

The year 2021-22 has been a busy year in research for our Translational Research Advisory Committee (TRAC), Clinical Trials Sub-Committee (CTC) and Research Development and Engagement Sub-Committee (ReDE).

The main areas of focus for our research committees included:

- Developing a research development strategy for Calvary Mater Newcastle
- Consumer involvement in research
- Implementing the Australian Council on Health Care Standards National Clinical Trials Governance Framework
- NSW Health Clinical Trial Management Software (CTMS)

The knowledge base of the focus areas was further increased by attendance/participation of committee members and research staff members at the following:

- NSW RHP Embedded Economist Presentation/Workshop
- Health Consumer NSW workshop 'Consumer involvement in Health and Medical Research'
- 2022 ARCS Conference Sydney
- Medical Research Week

Achievements by the research committee's throughout the year included:

- The development and implementation of a suite of research documents and templates in consultation with the Calvary Legal team, such as: Material Transfer Agreement, Confidentiality Disclosure Agreement, and the Research Governance Office information pamphlet.
- The launch of the updated Calvary Mater Newcastle Research Website.
- The development of a Calvary Connect (intranet) Research Page to be used as a resource for researchers.
- A number of researchers participated in the formal Centenary celebratory luncheon where they took part in a conversation hosted by Dan Cox, Journalist from 1233 ABC Radio. The Mater's Centenary Celebrations provided the opportunity for our researchers to showcase the changes and challenges of medical research over the years. In particular, the advances in technology over this time period and how Calvary Mater Newcastle has now turned into a thriving hub of medical research and services from very humble beginnings.



Research Grants awarded

The hospital's Research Development and Engagement (ReDE) Committee was delighted to be able to offer grant opportunities in 2021-22 through the Coalfield Cancer Support Group Equipment Grant, Margaret Mitchell Grant, Oncology Research Grant and the HCRA Clinical Cancer Research Infrastructure Fund.

The funding recipients in 2021-22 were:

Coalfields Cancer Support Group Equipment Funding

- Fiona Scorgie and Associate Professor Lisa Lincz, Haematology – Essential Equipment for Haematology Cancer Research including computer and statistical software support together with a microplate swinging bucket rotor, a pH meter and a tilt and roll mixer, \$8,104.
- Madhu Garg and Kim Adler, Medical Oncology – Bio-specimen management system including QR coding and a labelling system suitable for ultra-cold storage, \$19,896.

HCRA Clinical Cancer Research Infrastructure

- Associate Professor Lisa Lincz, Haematology – Service contract for ongoing use of the BD Flow Cytometer, \$3,500.
- Dr Jayne Gilbert, Medical Oncology – Service and repair of the VIAFLO 384 electronic pipette and biological safety hoods, \$4,274.

Margaret Mitchell Grant

- Dr Jane Ludbrook, Dr Mahesh Kumar, Dr Girrish Mallesara and Associate Professor Shalini Vinod, Radiation Oncology and Medical Oncology, \$25,000.
- Dr Jonathon Goodwin and Dr Jane Ludbrook, Radiation Oncology – Evaluation of isotropic 4D-MRI for lower lobe lung cancer treatment planning (Miracle II), \$25,000.

Oncology Research Grant

- Dr Jennette Sakoff and Dr Jayne Gilbert, Medical Oncology – Targeting the Aryl Hydrocarbon Receptor (AhR) for the treatment of pancreatic cancer, \$34,785.

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

- McKetin R., Dean OM, Turner A, Kelly PJ, Quinn B, Lubman DI, Dietze P, Carter G, Higgs P, Sinclair B, Reid D, Baker AL, Manning V, te Pas N, Thomas T, Bathish R, Raftery DK, Wrobel A, Saunders L, Arunogiri S, Cordaro F, Hill H, Hall S, Clare P, Mohebbi M, Berk M..
N-acetylcysteine (NAC) for methamphetamine dependence: A randomised controlled trial.
(*Eclinical Medicine* June 2021; <https://doi.org/10.1016/j.eclinm.2021.101005>. Vol 38, 101005, August 01, 2021)
 - Bal VH, Leventhal BL, Carter G, Kim H, Koh YJ, Ha M, Kwon HJ, Hong P, Kim YS. Parent-Reported Suicidal Ideation in Three Population-Based Samples of School-Aged Korean Children With Autism Spectrum Disorder and Autism Spectrum Screening Questionnaire Screen Positivity. *Arch Suicide Res.* 2021 Nov 2:1-18. doi: 10.1080/13811118.2020.1868367. Epub ahead of print. PMID: 34724876; PMCID: PMC9058040.
 - 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* 2021 Nov;130:108473; DOI: 10.1016/j.jsat.2021.108473)
 - Carter, G., Sperandei, S., Chitty, K. M., & Page, A.
Antidepressant treatment trajectories and suicide attempt among Australians aged 45 years and older: A population study using individual prescription data.
(*Suicide and Life-Threatening Behavior*, 2022 Feb;52(1):121-131. doi: 10.1111/sltb.12812. Epub ahead of print. 2021 Oct 25. PMID: 34693551.)
 - Zelalem F. Negeri, Brooke Levis, Ying Sun, Chen He, Ankur Krishnan, Yin Wu, Parash Mani Bhandari, Dipika Neupane, Eliana Brehaut, Andrea Benedetti, Brett D. Thombs and the Depression Screening Data (DEPRESSD) PHQ Group10.
Accuracy of the Patient Health Questionnaire-9 (PHQ-9) for Screening to Detect Major Depression: An Updated Systematic Review and Individual Participant Data Meta-analysis.
(*BMJ* 2021; 375 doi: <https://doi.org/10.1136/bmj.n2183> (Published 05 October 2021)
- Cite this as: *BMJ* 2021;375:n2183 *BMJ* August 2020)
- Stieler M, Pockney P, Campbell C, Vaisnavi Thirugnanasundralingam, Lachlan Gan, Matthew Spittal, Gregory Carter.
Using the Patient Health Questionnaire to estimate prevalence and gender differences of somatic symptoms and psychological co-morbidity in a secondary inpatient population with abdominal pain.
(*Australian & New Zealand Journal of Psychiatry.* September 2021. doi:10.1177/00048674211044639)
 - McGill, Katherine; Whyte, Ian; Sawyer, Lisa; Adams, Danielle; Delamothe, Katrina; Lewin, Terry; Robinson, Jo; Kay-Lambkin, Frances; Carter, Gregory
Effectiveness of the Hunter Way Back Support Service: an historical controlled trial of a brief non-clinical after-care programme for hospital-treated Deliberate Self-Poisoning.
(accepted *Suicide and Life Threatening Behavior*, November 2021)
 - Samantha Tang, Natalie Reily, Andrew Arena, Philip Batterham, Alison L Cleave, Gregory Carter, Andrew Mackinnon, Helen Christensen
People who die by suicide without receiving mental health services: A systematic review.
(*Frontiers in Public Health, section Public Mental Health* 18 January 2022, <https://doi.org/10.3389/fpubh.2021.736948>).
 - Bandara, P; Page, A; Hammond, T; Sperandei, S; Stevens, G; Gunja, N; Anand, M; Jones, A; Carter, G.
Hospital-presenting intentional self-harm in Western Sydney, Australia: event rates, demographic and clinical characteristics during the period of implementation of a new self-harm reporting field.
(*CRISIS* 2022 Feb 9. doi: 10.1027/0227-5910/a000845. Epub ahead of print. PMID: 35138153.)
 - Gale L, McGill K, Twaddell S, Lewin T, Whyte I, Carter G.
Hospital-treated deliberate self-poisoning patients: drug-induced delirium and clinical outcomes.
(*ANZJP* 2022;56(2):154-163. doi:10.1177/00048674211009608)
 - 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* 2022;56(2):178-185. doi:10.1177/00048674211009613)
 - Mark Larsen, Natasha Josifovski; Fiona Shand; Kirsten Morley; Justin Chia; Richard Henshaw; Katherine Petrie; Bilal Reda; Emily Li; Adam Theobald; Sandersan Onie; Michelle Tye; Sofian Berrouguet; Phillip J Batterham; Gregory Carter; Paul Haber; Helen Christensen
A pilot study of a text message and online brief contact intervention following self-harm or a suicide attempt: a mixed methods evaluation.
(accepted *General Hospital Psychiatry* March 2022)
 - Stieler M, Pockney P, Campbell C, Thirugnanasundralingam V, Gan L, Spittal MJ, Carter G.
Somatic symptom severity associations with healthcare utilisation and costs in surgical inpatients with an episode of abdominal pain.
(accepted *BJS Open* March 2021)
 - Sayed Kaveh Hadeiy; Narges Gholami; Rebecca McDonald; Omidvar Rezaei; Ali-Asghar Kolahi; Nasim Zamani; Alireza Shamsi-Lahijani; Firouzeh Noghrehchi; Gregory Carter; Hossein Hassanian-Moghaddam
Trends in hospital-treated intentional self-poisoning events in Tehran before and during the COVID-19 epidemic.
(*Current Psychology* (2022). <https://doi.org/10.1007/s12144-022-03248-y>, May 2022).
 - Kerrie Clover; Sylvie D. Lambert; Christopher Oldmeadow; Benjamin Britton; Alex J Mitchell; Gregory Carter; Madeleine King
Convergent and criterion validity of PROMIS anxiety measures relative to six legacy measures and a structured diagnostic interview for anxiety in cancer patients.
(accepted *Journal of Patient-Reported Outcomes* May 2022).
 - Kristen McCarter, Amanda L. Baker, Luke Wolfenden, Chris Wratten, Judith Bauer, Alison K. Beck, Erin Forbes, Gregory Carter, Lucy Leigh, Christopher Oldmeadow, Ben Britton
Smoking and other health factors in patients with head and neck cancer.
(accepted *Cancer Epidemiology* June 2022).
 - Chitty, Kate; Cvejic, Rachael; Heintze, Theresa; Srasuebkul, Preeyaporn; Morley, Kirsten; Dawson, Andrew; Carter, Gregory; Dinh, Michael; Buckley, Nicholas; Trollor, Julian
The association between problematic use of alcohol and drugs on repeat self-harm and suicidal ideation: insights from a population-based administrative health dataset.
(accepted *The Journal of Crisis Intervention and Suicide Prevention* July 2021)
 - McGill, K., Bhullar, N., Pearce, T., Batterham, P.J., Wayland, S. and Maple, M., 2022.

Effectiveness of Brief Contact Interventions for Bereavement: A Systematic Review. *OMEGA-Journal of Death and Dying*, p.00302228221108289. <https://doi.org/10.1177/00302228221108289>

19. Heard, T.R., McGill, K., Skehan, J. and Rose, B., 2022. The ripple effect, silence and powerlessness: hidden barriers to discussing suicide in Australian Aboriginal communities. *BMC psychology*, 10(1), 1-14. <https://doi.org/10.1186/s40359-022-00724-9>
20. Zbukvic, I., Rheinberger, D., Rosebrock, H., Lim, J., McGillivray, L., Mok, K., Stamate, E., McGill, K., Shand, F. and Moullin, J.C., 2022. Developing a tailored implementation action plan for a suicide prevention clinical intervention in an Australian mental health service: A qualitative study using the EPIS framework. *Implementation Research and Practice*, 3, p.26334895211065786. <https://doi.org/10.1177/26334895211065786>
21. McGill, K., Bhullar, N., Batterham, P., Carrandi, A., Wayland, S. & Maple, M. (accepted). Key issues, challenges and preferred supports for those bereaved by suicide: Insights from postvention experts. *Death Studies*.

CONFERENCE PROCEEDINGS/PUBLICATIONS

1. Berling I., Whyte IM, Carter G, Cutten A, McGill K
Cardiac arrhythmia deaths associated with inpatient psychiatric admission and antipsychotic medication.
Clinical Toxicology. TAYLOR & FRANCIS LTD. 58: 546 (1 page). 02 Jun 2020
2. Forbes, E., Clover, K., Baker, A., McCarter, K., Oultram, S., Wratten, C., ... & Britton, B. (2021, October). Biofeedback Enabled CALM (BECALM): Trialling the use of biofeedback to reduce anxiety during radiotherapy treatment: A pilot randomised controlled trial. In *ASIA-PACIFIC JOURNAL OF CLINICAL ONCOLOGY* (Vol. 17, pp. 16-17)
3. Clover, K., Lambert, S. D., Oldmeadow, C., Britton, B., King, M. T., Mitchell, A. J., & Carter, G. (2021, October). Convergent and criterion validity of PROMIS depression and anxiety measures, relative to established measures and structured diagnostic interview, for people with cancer. In *ASIA-PACIFIC JOURNAL OF CLINICAL ONCOLOGY* (Vol. 17, pp. 18-19)

CONFERENCE POSTERS

1. Rates of Procedural Anxiety during Radiotherapy using a Mask In Patients with Head and Neck Cancer.
Forbes, E., Clover, K., Carter, G., Wratten, C., Britton, B., Tieu, M., Kumar, M., Oultram, S., Baker, A., McCarter, e-poster. Psycho-oncology Co-operative Research Group (PoCoG) Scientific Meeting, December 2021
2. Rates Of Procedural Anxiety During Radiotherapy And Next Steps.

Forbes E., Clover K, Baker AL, McCarter K, Carter G, Wratten C, Tieu MT, Kumar M, Oultram S, Nixon J, Britton B.

Australian Association for Cognitive and Behaviour Therapy (AACBT). October 2022.

3. Study protocol: Biofeedback Enabled CALM (BECALM): *Trialling the use of biofeedback to reduce anxiety during radiotherapy treatment - a pilot randomised controlled trial*. E-poster (5 minute presentation):
Forbes, E., Clover, K., Baker, A., McCarter, K., Oultram, S., Wratten, C., Kumar, M., Tieu, M., Nixon, J., Britton,
Psycho-oncology Co-operative Research Group (PoCoG) Scientific Meeting (Dec 2021)
4. *Biofeedback Enabled CALM (BECALM): Trialling the use of biofeedback to reduce anxiety during radiotherapy treatment - a pilot randomised controlled trial* Rapid fire presentation:
Forbes, E., Clover, K., Baker, A., McCarter, K., Oultram, S., Wratten, C., Kumar, M., Tieu, M., Nixon, J., Britton, B. Hunter Cancer Research Symposium, Newcastle, Australia (Nov 2021)

RESEARCH FUNDING/GRANTS

1. 2019 Australian Government Department of Health
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).
2. 2020 Australian Government Department of Health, MRFF Million Minds Mission Suicide Prevention - APP1200195
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)
3. 2022 National Suicide Prevention Leadership and Support Program Grant APP 9CA84M4
LIFEWAYS - Translating suicide prevention research into policy and practice
Pirkis, J. Reifels, L. Currier, D. Andriessen, K. Krysinska, K. Robinson, J. Phelps, A. Francis, J. Eades, S. Shand, F. Tye, M. Larsen, M. Kolves, K. **Carter, G.** Neil, A. Skehan, J. Diminic, S. Edwards, B.
\$2,601,201 over three years (2022-2024).

CLINICAL TRIALS

- Biofeedback Enabled Calm (BE Calm): trialling the use of a pulse rate biofeedback

device to reduce anxiety during radiotherapy treatment- a pilot randomised controlled trial

Forbes E, Britton B, Clover K, Baker A, McCarter, K, Oultram S, Kumar M, Wratten C, Tieu M, Nixon J.

- N-acetylcysteine (NAC) for methamphetamine dependence: A randomised controlled trial
McKetin R., Dean OM, Turner A, Kelly PJ, Quinn B, Lubman DI, Dietze P, Carter G, Higgs P, Sinclair B, Reid D, Baker AL, Manning V, te Pas N, Thomas T, Bathish R, Raftery DK, Wrobel A, Saunders L, Arunogiri S, Cordaro F, Hill H, Hall S, Clare P, Mohebbi M, Berk M.
- Efficacy and Safety of Repeated Subcutaneous Ketamine Injections for Treatment Resistant Depression – The KADS Study: A Randomised, Double-Blind, Comparator-Controlled Trial
Colleen Loo, Nick Glozier, et al.

OTHER RELEVANT MATERIAL (MILESTONES, ACHIEVEMENTS, ETC.)

PHD STUDENTS

1. Alison Beck, PhD Candidate, School of Medicine and Public Health, Faculty of Health and Medicine. Translating Motivational Interviewing and Behaviour Change Techniques into Dietetic Interventions.
(2018-2022) Primary Supervisor Professor Amanda Baker, Co-supervisor Ben Britton and G Carter.
Passed June 2022.
2. Dr Katherine McGill, PhD Candidate, School of Medicine and Public Health, Faculty of Health and Medicine, University of Newcastle.
Using Sentinel Unit Data to Inform Clinical Practice for Hospital-Presenting Deliberate Self-Harm.
Principal Supervisor: Professor Frances Kay-Lambkin Co-Supervisors: Gregory Carter, Jo Robinson
3. Dr Melissa Stieler, PhD (Surgical Science) Candidate, School of Medicine and Public Health, Faculty of Health and Medicine, University of Newcastle.
Somatic Symptom severity and Undifferentiated Abdominal Pain; Prevalence, Diagnostic Accuracy and Comorbidity.
Principal Supervisor: Dr Peter Pockney, Co-Supervisor: Gregory Carter (15 July 2019) 8 years (part-time)
4. Cynthia Coombe PhD Candidate University of Newcastle.
Informing practice through a better understanding of Aboriginal/Torres Strait Islander people, hospital-treated for self-harm within the Hunter Region of NSW.

Principal Supervisor: Greg Carter. Co-supervisors: Rhonda Wilson and Frances Kay-Lambkin

5. Erin Forbes PhD Candidate, School of Medicine and Public Health, Faculty of Health and Medicine, University of Newcastle.

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

Principal Supervisor: Amanda Baker, Co-Supervisors: Dr Ben Britton, Dr Kristen McCarter & Associate Prof Kerrie Clover

AWARDS

- **Kerrie Clover** - Psychology Researcher of the Year- HNELHD (Nov 2021)
- **Katie McGill** - Psychologist of the Year - HNELHD (Nov 2021)
- **Katie McGill** - Allied Health Researcher of the Year- HNELHD (Sept 2021)
- **Katie McGill** - Deeble Health Policy Research Scholarship - Australian Healthcare & Hospitals Association (February 2022)

PHD STUDENT AWARDS

Alison Beck

- University of Newcastle School of Medicine & Public Health - Publication of the Year
- Population & Public Health - Joint Winner
- Alison Beck - PhD (Psychiatry)
- Beck, A.K., Baker, A.L., Carter, G. et al. Is fidelity to a complex behaviour change intervention associated with patient outcomes? Exploring the relationship between dietitian adherence and competence and the nutritional status of intervention patients in a successful stepped-wedge randomised clinical trial of eating as treatment (EAT). Implementation Sci 16, 46 (2021). <https://doi.org/10.1186/s13012-021-01118-y>

Erin Forbes

- Psycho-oncology Co-operative Research Group (PoCoG) Scientific Meeting (2021)
- Best e-poster (5 minute presentation)
- Forbes, E., Clover, K., Carter, G., Wratten, C., Britton, B., Tieu, M., Kumar, M., Oultram, S., Baker, A., McCarter, e-poster. Rates of Procedural Anxiety during Radiotherapy using a Mask in Patients with Head and Neck Cancer
- Psycho-oncology Co-operative Research Group (PoCoG) Scientific Meeting, December 2021

Katie McGill

- International Association for Suicide Prevention- 10th Asia Pacific (IASP) conference
- Best 'Lightning Talk': The role and value of clinical case registers for hospital-treated self-harm in improving patient care.

Cynthia Coombe

- International Association for Suicide Prevention - 10th Asia Pacific (IASP) conference
- Peoples' choice award: Biroon Wollun: 'To Break Head'

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 2021-22. The ongoing COVID-19 pandemic continues to provide challenges for staff and students.

HAEMATOLOGY CLINICAL TRIALS

- **Unit Manager:** Michele Gambrell
- **Clinical Trial Coordinators:** Cheryl Cairney, Joanne Smart, Katie Oleksyn, Klara Jakimovski, Leanne DeGroot, Margo Hughes, Nick Stankovich, Nicole Reid, Tara Novak, Tina Millett
- **Data Managers:** Natasha Winters, Afrin Farjana
- **Systems Manager:** Alesia Ogrodnik
- **Administrative/Finance Officers:** Patricia Rozanski, Karen Kincaid, Fiona Lunsman, Maree Jarrett
- **Laboratory Technical Officers:** Kylie Cox, Bryn Rollinson
- **Clinical Trial Lead Staff Specialist:** Wojt Janowski

BONE MARROW STEM CELL TRANSPLANT RESEARCH

Philip Rowlings, Sam Yuen, Louisa Brown, Hong Zhang, Linda Welschinger, Geordie Zauanders

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 Malmanche, and Dr Anoop Enjeti

Practise changing audits and interventions have been important contributions in these areas with Dr Anoop Enjeti as Chair of Area Transfusion Committee and Dr Melville as chair of the area venous thromboembolism (VTE) committee. Dr Melville is also involved in Obstetric Haematology.

LABORATORY RESEARCH - THE HUNTER HAEMATOLOGY RESEARCH GROUP

Lisa Lincz, Fiona Scorgie, Anoop Enjeti, Ritam Prasad

The Haematology Research Laboratory conducts studies into haematological cancers and disorders of coagulation. The laboratory is linked to the University of Newcastle and offers training to registrars and students.

As always, the group maintains strong collaborations with researchers nationally and internationally through memberships with various societies: Australasian Leukaemia & 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 Royal North Shore Hospital and the Children's Cancer Institute, Randwick; and locally with the departments of Neurology (JHH), Molecular Medicine (NSW Health Pathology - JHH), Medical Oncology (CMN), Hunter Medical Research Institute, and the School of Biomedical Sciences and Pharmacy (University of Newcastle).

Clinical and laboratory researchers from the Haematology Unit make up a large proportion of the Blood Cancer component within the newly announced Precision Medicine Research Program within the Hunter Medical Research Institute. This program forms connections between basic medical research and patient-centred intervention studies with the ultimate aim of identifying the most appropriate treatments for individual patients by deciphering the characteristics of complex diseases – providing the right treatment for each patient at the right time.

RESEARCH HIGHER DEGREES

Characterising a new potential regulator of AML cell invasion. D Theron (BSc. Hons 2022) Supervisors: K Skelding and L Lincz

UNDERGRADUATE MEDICAL STUDENT PROJECTS (UNIVERSITY OF NEWCASTLE)

Can we be certain about uncertainty? E Johnston, N Walker, N Mansell, O Fahey. Supervisors: A Enjeti, D Mossman, L Lincz.

RESEARCH FUNDING

Precision Medicine program-2021 HMRI MRSP-Cancer Program \$286,439.00

Cracking the Code: The launch of a genomic, epigenetic and proteomic pre-clinical platform to improve the treatment of paediatric leukaemias \$122,000.00.

CONFERENCE AND MEETING PROCEEDINGS (including results of clinical trials in which CMN haematology patients were participants)

1. American Society of Hematology 2021

Indran, T., M. Swain, J. Widjaja, F. Yuen, H. Quach, **W. Janowski**, A. Hutchinson, C.T. Wallington-Beddoe, J. Estell, I.H. Kerridge, and A. Spencer, *The Effect of Daratumumab, Lenalidomide, Dexamethasone (DRd) on Peripheral Blood Stem Cell Mobilisation (PBSC)*. Blood, 2021. **138**(Supplement 1): p. 3884-.DOI: 10.1182/blood-2021-150444.

Lim, S.-I., J. Reynolds, H. Quach, A. Hutchinson, I.H. Kerridge, J. Estell, **W. Janowski**, C.T. Wallington-Beddoe, A. Kalf, F. Yuen, and A. Spencer, *Preliminary Analysis of the MM21 Trial: Response Adaptive Salvage Treatment with Daratumumab-Lenalidomide-Dexamethasone (DRd) for Newly Diagnosed Transplant Eligible Multiple Myeloma Patients Failing Front-Line Bortezomib-Based Induction Therapy*. Blood, 2021. **138**(Supplement 1): p. 1665-.DOI: 10.1182/blood-2021-152102.

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, 2021. **138**(Supplement 1): p. 2728-.DOI: 10.1182/blood-2021-152500.

Ninkovic, S., N.E. Murphy, H. Sidiqi, C.T. Wallington-Beddoe, A. Puliayil, C.K. Yannakou, **W. Janowski**, F. Yuen, A. Spencer, and H. Quach, *Isatuximab Rescue for Inadequate Response to Lenalidomide and Dexamethasone in Transplant Ineligible Patients with Newly Diagnosed Multiple Myeloma: Interim Analysis of the Phase II Iril Study of the Australian Myeloma Research Consortium (AMaRC 18-02)*. Blood, 2021. **138**(Supplement 1): p. 1671-.DOI: 10.1182/blood-2021-151871.

Usmani, S.Z., A. Alonso Alonso, H. Quach, Y. Koh, A. Guenther, C.-K. Min, X.L. Zhou, M. Kaisermann, L.M. Mis, D. Williams, A. Yeakey, G. Ferron-Brady, D.J. Figueroa, B.E. Kremer, I. Gupta, and **W. Janowski**, *DREAMM-9: Phase I Study of Belantamab Mafodotin Plus Standard of Care in Patients with Transplant-Ineligible Newly Diagnosed Multiple Myeloma*. Blood, 2021. **138**(Supplement 1): p. 2738-.DOI: 10.1182/blood-2021-153315.

2. European Hematology Association 2022

Lasica, M., A. Spencer, P. Campbell, C. Wallington-Gates, N. Wong Doo, **W.**

Janowski, G. McCaughan, A. Puliayil, F. Yuen, K. Le, J. Reynolds, and H. Quach, *P946: a phase I/II single arm study of belantamab mafodotin, carfilzomib and dexamethasone in patients with relapsed multiple myeloma: AMaRC 19-02 Belacard study*. HemaSphere, 2022. **6**: p. 836-7.DOI: 10.1097/01.HS9.0000846652.51254.ac.

Yeung, D., A. Grigg, N. Shanmuganathan, A. Soltenbeck, D. White, S. Branford, N. Viiala, **P. Rowlings**, A. Mills, J. Shortt, C. Tiley, D. Ross, D. Kipp, R. Harrup, I. Cunningham, J. Kwan, R. Eek, H. Mutsando, K.S. Tan, K. Burbury, M. Wright, and T. Hughes, *P720: Proactive dasatinib dose reduction in the ALLG CML 12 direct study based on trough levels minimise toxicity and preserve efficacy*. HemaSphere, 2022. **6**: p. 615-6. DOI:10.1097/01.HS9.0000845764.61186.15.

3. Blood 2021, Adelaide & Virtual, Australia.

Welschinger L, Milton C, Zaunders G, Yuen S. (20-23 Sept. 2021). *Plerixafor in autologous collection: What time is now?* [Poster presentation].

Wojt Janowski, Peter Mollee, John Reynolds, Hang Quach, Philip Campbell, Simon Gibbs, Sophie Lee, James D'Rozario, Kerry Taylor, Tara Cochrane, Craig Wallington-Beddoe, Fiona Kwok, Nicholas Weber, Ian Kerridge, Helen Weston, P Joy Ho, Noemi Horvath, Flora Yuen, Andrew Spencer. *A randomised study of daratumumab, bortezomib, cyclophosphamide and dexamethasone*



induction with daratumumab until progression (VCDD) versus VCD induction alone for the initial treatment of transplant-ineligible patients with multiple myeloma (AMaRC03-16)

Jock Simpson, Cathie Milton, Karan Makhija, Wojt Janowski. A retrospective audit of early discharge (day +1) following autologous stem cell transplantation

5. Australian Society for Medical Research Hunter Region Satellite Scientific Meeting 2022

Danielle Theron, Daniel Barry, **Anoop Enjeti, Jonathan Sillar, Lisa Lincz**, Kathryn Skelding. Increased ENO1 mRNA expression is a potential negative prognostic biomarker of AML patient survival.

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
- 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
- Executive member Precision Medicine Program HMRI and UoN
- 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

Fiona Scorgie

- Chairperson, CMN Occupational Health & Safety Committee

- Member, CMN Mission and Values Committee

Linda Welschinger

- CCS, Blood & Marrow Transplant Laboratory
- Member, ACI BMT Laboratory Working Group

Geordie Zauanders

- Laboratory Manager, Blood & Marrow Transplant Laboratory
- Member, ACI BMT Laboratory Working Group

PUBLICATIONS

1. Brice, L., N. Gilroy, G. Dyer, M. Kabir, M. Greenwood, S. Larsen, J. Moore, D. Gottlieb, M. Hertzberg, **L. Brown**, M. Hogg, G. Huang, C. Ward, and I. Kerridge, *Predictors of quality of life in allogeneic hematopoietic stem cell transplantation survivors*. J Psychosoc Oncol, 2021. **39**(4): p. 534-52. DOI: 10.1080/07347332.2020.1870644.
2. Choi, P.Y., D. Hsu, H.A. Tran, C.W. Tan, **A. Enjeti**, V.M.Y. Chen, B.H. Chong, J. Curnow, D. Pepperell, and R. Bird, *Immune thrombocytopenia following vaccination during the COVID-19 pandemic*. Haematologica, 2022. **107**(5): p. 1193-6. DOI: 10.3324/haematol.2021.279442.
3. Choi, P.Y., E. Merriman, A. Bennett, **A.K. Enjeti**, C.W. Tan, I. Goncalves, D. Hsu, and R. Bird, *Consensus guidelines for the management of adult immune thrombocytopenia in Australia and New Zealand*. Med J Aust, 2022. **216**(1): p. 43-52. DOI: 10.5694/mja2.51284.
4. **Enjeti, A.K.**, R. Agarwal, P. Blombery, L. Chee, C.C. Chua, A. Grigg, N. Hamad, H. Iland, S. Lane, A. Perkins, D. Singhal, C. Tate, I.S. Tiong, and D.M. Ross, *Panel-based gene testing in myelodysplastic/myeloproliferative neoplasm overlap syndromes: Australasian Leukaemia and Lymphoma Group (ALLG) consensus statement*. Pathology, 2022. **54**(4): p. 389-98. DOI: 10.1016/j.pathol.2022.03.002.
5. Hunt, K.V., S.M. Burnard, E.A. Roper, D.R. Bond, M.D. Dun, N.M. Verrills, **A.K. Enjeti**, and H.J. Lee, *scTEM-seq: Single-cell analysis of transposable element methylation to link global epigenetic heterogeneity with transcriptional programs*. Sci Rep, 2022. **12**(1): p. 5776. DOI: 10.1038/s41598-022-09765-x.
6. Ito, T., D. Sanford, C. Tomuleasa, H.H. Hsiao, L.J.E. Olivera, **A.K. Enjeti**, A.G. Conca, T.B. Del Castillo, L. Girshova, M.P. Martelli, B. Guvenc, C.N. Bui, A. Delgado, Y. Duan, B.G. Guijarro, C. Llamas, and J.H. Lee, *Healthcare resource utilization trends in patients with acute myeloid leukemia ineligible for intensive chemotherapy receiving first-line systemic treatment or best supportive care: A multicenter international study*. Eur J Haematol, 2022. **109**(1): p. 58-68. DOI: 10.1111/ejh.13769.
7. Lau, C.L., H.J. Mayfield, J.E. Sinclair, S.J. Brown, M. Waller, **A.K. Enjeti**, A. Baird, K.R. Short, K. Mengersen, and J. Litt, *Risk-benefit analysis of the AstraZeneca COVID-19 vaccine in Australia using a Bayesian network modelling framework*. Vaccine, 2021. **39**(51): p. 7429-40. DOI: 10.1016/j.vaccine.2021.10.079.
8. Mannan, A., Z.P. Germon, J. Chamberlain, **J.R. Sillar**, B. Nixon, and M.D. Dun, *Reactive Oxygen Species in Acute Lymphoblastic Leukaemia: Reducing Radicals to Refine Responses*. Antioxidants (Basel), 2021. **10**(10).DOI: 10.3390/antiox10101616.
9. McErlean, G., L. Brice, N. Gilroy, M. Kabir, M. Greenwood, S.R. Larsen, J. Moore, D. Gottlieb, M. Hertzberg, **L. Brown**, M. Hogg, G. Huang, C. Ward, and I. Kerridge, *Long-term treatment burden following allogeneic blood and marrow transplantation in NSW, Australia: a cross-sectional survey*. J Cancer Surviv, 2022. **16**(2): p. 432-44. DOI: 10.1007/s11764-021-01038-2.
10. Miyamoto, T., D. Sanford, C. Tomuleasa, H.H. Hsiao, L.J.E. Olivera, **A.K. Enjeti**, A. Gimenez Conca, T.B.D. Castillo, L. Girshova, M.P. Martelli, B. Guvenc, A. Delgado, Y. Duan, B. Garbayo Guijarro, C. Llamas, and J.H. Lee, *Real-world treatment patterns and clinical outcomes in patients with AML unfit for first-line intensive chemotherapy()*. Leuk Lymphoma, 2022. **63**(4): p. 928-38. DOI: 10.1080/10428194.2021.2002321.
11. Savage, K.J., S.M. Horwitz, R. Advani, J.H. Christensen, E. Domingo-Domenech, G. Rossi, F. Morschhauser, O. Alpdogan, C. Suh, K. Tobinai, A. Shustov, M. Trneny, **S.L.S. Yuen**, P.L. Zinzani, L.H. Truemper, T.M. Illidge, O.A. O'Connor, B. Pro, H. Miao, V. Bunn, K. Fenton, M. Fanale, M. Puhlmann, and S.P. Iyer, *Role of Stem Cell Transplant in CD30-positive PTCL following Frontline Brentuximab Vedotin+CHP or CHOP in ECHELON-2*. Blood Adv, 2022. DOI: 10.1182/bloodadvances.2020003971.
12. Silva, A., **F.E. Scorgie**, **L.F. Lincz**, K. Maduwage, S. Siribaddana, and G.K. Isbister, *Indian Polyvalent Antivenom Accelerates Recovery From Venom-Induced Consumption Coagulopathy (VICC) in Sri Lankan Russell's Viper (Daboia russelii) Envenoming*. Front Med (Lausanne), 2022. **9**: p. 852651. DOI: 10.3389/fmed.2022.852651.
13. Skelding, K.A., D.L. Barry, D.Z. Theron, and **L.F. Lincz**, *Targeting the two-pore channel 2 in cancer progression and metastasis. Exploration of Targeted Anti-tumor Therapy*, 2022. 3(1): p. 62-89. DOI: 10.37349/etat.2022.00072.
14. Skelding, K.A. and **L.F. Lincz**, *PARP Inhibitors and Haematological Malignancies-Friend or Foe?* Cancers (Basel), 2021. **13**(21).DOI: 10.3390/cancers13215328.

15. **Welschinger, L., C. Milton, G. Zaunders,** and **A. Ashraf**, *Effect of nucleated cell count and cryopreservation on engraftment post autologous stem cell transplant*. *Transfus Apher Sci*, 2022: p. 103495. DOI: 10.1016/j.transci.2022.103495.

16. Younes, A., J.M. Burke, C.S. Diefenbach, S. Ferrari, C. Khan, J.P. Sharman, M. Tani, C. Ujjani, U. Vitolo, **S.L.S. Yuen**, A. Raval, M. Shivhare, T.G. Nielsen, G. Sellam, and M. Gilbertson, *Safety and efficacy of atezolizumab with obinutuzumab and bendamustine in previously untreated follicular lymphoma*. *Blood Adv*, 2022. DOI: 10.1182/bloodadvances.2021006131.

MEDICAL ONCOLOGY RESEARCH (MOR)

MOR TRIALS:

- **Investigators:** Dr Howard Chan, Dr Fiona Day, A/Prof Craig Gedye, Dr Janine Lombard, Dr James Lynam, Dr Girish Mallesara, Dr Hiren Mandaliya, Dr Ina Nordman, Dr Tin Quah and Dr Andre van der Westhuizen
- **Clinical Trial Fellow:** Dr Sarah Zardawi
- **Clinical Trial Manager:** Kim Adler
- **Senior Clinical Trial Coordinators:** Kerrie Cornall, Jennifer McFarlane and Gail Walker
- **Clinical Trial Coordinators:** Kirrilee Askew, Rebecca Aitken, Kelly Barker, Bronwyn Crawford, Saba Kugashiya, Caitlyn McHugh, Emily Munn and Megan Walker
- **Finance Coordinator:** Alison Leonard-England

- **Ethics Coordinator:** Allison Kautto
- **Systems Coordinator:** Anthony Morrison
- **Senior Data Manager:** Jessica Aldcroft
- **Data Managers:** Nicole Hingerty, Jaishree Jalewa, Jye Lobasso, Bridgette Donati and Deepika Radhakrishnan
- **Laboratory Technicians:** Bridgette Donati and Deepika Radhakrishnan

The year 2021-22 has been a year of change for the MOR Trials Team. We have restructured our unit to meet the needs of a rapidly changing clinical trial environment and improve career paths for trial staff. Ensuring we remain a sustainable trial unit that can offer patients of the Hunter access to trial opportunities close to home. Our team now has three subspecialty teams in addition to gaining knowledge and experience with early phase trials.

- **Team 1** manage Gastrointestinal, Melanoma and Brain cancer trials.
- **Team 2** manage Genitourinary, Head & Neck and Skin cancer trials.
- **Team 3** manage Breast, Lung and Gynecological cancers.

Australia remains a “preferred country” for many clinical trials. MOR Trials continue to be offered a vast range of clinical trials for cancer patients of the Hunter.

Over the past year MOR Trials opened 20 new clinical trials to recruitment across the Hunter New England Local Health District - covering breast, colorectal, gastroesophageal, lung, melanoma, head & neck cancer, bladder, pancreas, renal, testicular, ovarian, and non-melanoma skin cancer.

As of 30 June 2022, 51 trials were actively recruiting participants, four trials remained on hold and another five 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 150 patients were offered the opportunity to participate in a clinical trial. Of these 141 have been enrolled into a clinical trial.

MOR EXPERIMENTS

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

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 2021-22 the unit expanded its research on the Aryl Hydrocarbon Receptor pathway in cancer. Of note is our expansion into the



role of this pathway in pancreatic cancer and the formation of a restrictive barrier surrounding the tumour. Indeed, we have received some pilot funding in this regard and have established a collaboration with Prof Phoebe Phillips from The University of New South Wales to investigate the role of cancer associated fibroblasts and treatment resistance in this disease.

The therapeutic drug monitoring skills of the unit are popular and ever expanding with analysis of 5FU and mitotane levels in cancer patients, as a means to optimise treatment protocols. Indeed, we are the only facility in Australia and the Asia Pacific providing therapeutic drug monitoring of mitotane in blood from patients with adrenocortical carcinoma. We have expanded our research studies in this area with the project now registered on the Australian Rare Cancer portal (ARC) (ARC Portal - Home) (<https://www.arcportal.org.au>); as “Adrenocortical Cancers & Mitotane Pharmacodynamics” in Rare Cancer Spotlight.

Professionally, Dr Jennette Sakoff was promoted to the position of Conjoint Associate Professor by the University of Newcastle in recognition of her commitment to the university in terms of research and student education.

Consumer input with our research has been somewhat hampered by the ongoing covid restrictions. Our laboratory team participated in the Centenary celebrations of the Mater hospital with a fun panel discussion taking place at a formal event with a select group of invited dignitaries in attendance.

PUBLICATIONS

- Campkin DM, Shimadate Y, Bartholomew B, Bernhardt PV, Nash RJ, **Sakoff JA**, Kato A, Simone M. Borylated 2,3,4,5-tetrachlorophthalimide and their 2,3,4,5-tetrachlorobenzamide analogues: synthesis, their glycosidase inhibition and anticancer properties in view to Boron Neutron Capture Therapy. *Molecules* 27 (11) (2022).
- Khoury A, **Sakoff JA**, **Gilbert J**, Scott KF, Karan S, Gordon CP, Aldrich-Wright JR. Cyclooxygenase Inhibiting Platinum(IV) Prodrugs with Potent Anticancer Activity. *Pharmaceutics*, 2022, 14 (4), 787. DOI10.3390/pharmaceutics14040787
- Bjelosevic A, **Sakoff JA**, **Gilbert J**, Gordon C, Aldrich-Wright J. Synthesis, Characterisation and Biological Activity of the Ruthenium(II) Complexes of the N4-tetradentate (N4-TL), 1,6-di(2'-pyridyl)-2,5-dibenzyl-2,5-diazahexane (picenBz2). 2022-Jan, *Journal of Inorganic biochemistry* 226, pp.111629. DOI10.1016/j.jinorgbio.2021.111629
- Sun J; Ambrus J; Baker J; Russell C; Cossar P; **Sakoff J**; Scarlett C, McCluskey A. 3,5-Bis(trifluoromethyl)phenylsulfonamides, a novel pancreatic cancer active lead. Investigation of the terminal aromatic moiety. *Bioorganic & Medicinal Chemistry Letters*, 2022, 61, 128591. DOI10.1016/j.bmcl.2022.128591
- Odell LR, Chau N, Russell CC, Young KA, **Gilbert J**, Robinson PJ, **Sakoff JA**, and McCluskey A. Pyrimidin based dynamin inhibitors as novel cytotoxic agents. *ChemMedChem*, 2022 Jan, v17. doi: 10.1002/cmdc.202100560.
- Heart Failure in Breast Cancer Survivors: Focus on Early Detection and Novel Biomarkers. Chen D, Kelly C, Haw TJ, **Lombard JM**, Nordman IIC, Croft AJ, Ngo DTM, Sverdlow AL. *Curr Heart Fail Rep*. 2021 Dec;18(6):362-377. doi: 10.1007/s11897-021-00535-w. Epub 2021 Nov 3. PMID: 34731413
- Clinical activity of durvalumab for patients with advanced mismatch repair-deficient and repair-proficient endometrial cancer. A nonrandomized phase 2 clinical trial Antill Y, Kok P, Robledo K, Yip S, Cummins M, Smith D, Spurdle A, Barnes E, Lee YC, Friedlander M, Baron-Hay S, Shannon C, Coward J, Beale P, Goss G, Meniawy T, **Lombard J**, Andrews J, Stockler MR, Mileschkin L; Australia New Zealand Gynaecological Oncology Group (ANZGOG), *Journal for ImmunoTherapy of Cancer* 2021;9:e002255. doi: 10.1136/jitc-2020-00
- Olaparib tolerability and common adverse-event management in patients with metastatic castration-resistant prostate cancer: Further analyses from the PROfound study. Roubaud G, Özgüroğlu M, Penel N, Matsubara N, Mehra N, Kolinsky MP, Procopio G, Feyerabend S, Joung JY, Gravis G, Nishimura K, **Gedye C**, Padua C, Shore N, Thierry-Vuillemin A, Saad F, van Alphen R, Carducci MA, Desai C, Brickel N, Poehlein C, Del Rosario P, Fizazi K. *Eur J Cancer*. 2022 May 18;170:73-84. doi: 10.1016/j.ejca.2022.04.016.
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- Tumor Genomic Testing for >4,000 Men with Metastatic Castration-resistant Prostate Cancer in the Phase III Trial PROfound (Olaparib). Hussain M, Corcoran C, Sibilla C, Fizazi K, Saad F, Shore N, Sandhu S, Mateo J, Olmos D, Mehra N, Kolinsky MP, Roubaud G, Özgüroğlu M, Matsubara N, **Gedye C**, Choi YD, Padua C, Kohlmann A, Huisden R, Elvin JA, Kang J, Adelman CA, Allen A, Poehlein C, de Bono J. *Clin Cancer Res*. 2022 Apr 14;28(8):1518-1530. doi: 10.1158/1078-0432.CCR-21-3940.
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20. Postmortem brain donations vs premortem surgical resections for glioblastoma research: viewing the matter as a whole. Griffin, C. P., Paul, C. L., Alexander, K. L., Walker, M. M., Hondermarck, H., & **Lynam, J.** (2022). *Neuro-Oncology Advances*, 4(1). doi:10.1093/noajnl/vdab168
21. Circulating Tumor DNA Analysis Guiding Adjuvant Therapy in Stage II Colon Cancer. Tie J, Cohen JD, Lahouel K, Lo SN, Wang Y, Kosmider S, Wong R, Shapiro J, Lee M, Harris S, Khattak A, Burge M, Harris M, **Lynam J**, Nott L, **Day F**, et al. *New England Journal of Medicine*. DOI: 10.1056/NEJMoa2200075. Published 4 June 22
22. Care to Quit: A stepped wedge cluster randomised controlled trial to implement best practice smoking cessation care in cancer centres. Paul C, Warren G, Vinod S, Meiser B, Stone E, Barker D, White K, McLennan J, **Day F**, et al. *Implementation Science* 16: 23, 2021.
23. Psychometric properties of leadership scales for health professionals: a systematic review. Carlson MA, Morris S, **Day F**, Dadich A, Ryan A, Fradgley EA, Paul C. *Implementation Science* 16: 85, 2021.
24. Business as unusual: medical oncology services adapt and deliver during COVID-19. **Travers A, Adler K, Blanchard G, Bonaventura T, Charlton J, Day F**, et al. *Internal Medicine Journal* 51: 673-81, 2021.

CONFERENCE POSTERS

1. **San Antonio Breast Cancer Symposium Dec 2021:** The Impact of erythropoietin administration concomitantly with adjuvant anti-Her2 Treatment on the patients' outcome: sub-analysis of the ALTTO study. Marins-Branco D, **Lombard J**, de Asambuja E et al
2. **ESMO conference Sept 2021:** Randomized trial of neoadjuvant chemotherapy with or without concurrent aromatase inhibitor therapy to downstage ER+ve breast cancer: Breast Cancer Trials group ANZ 1401 ELIMINATE trial. Type: Abstract Category: Early Breast cancer: Neoadjuvant therapy Authors :N. Murray, P. Francis, N. Zdenkowski3, N. Wilcken, F. Boyle, V. Gebiski, S. M. Tiley7, L. Gilham, S.-J. Dawson, S. Loi, A. D. Redfern, **J. Lombard**, A. Spillane, C. Shadbolt, H. Badger
3. **HCRA Annual Meeting 2021.** A retrospective audit of elective inpatient admissions to Medical Oncology Ward at Calvary Mater Newcastle. **Zhang, B., Hong, M., Zardawi, S., Scudds, S., & Lynam, J.** (2021). In *ASIA-PACIFIC JOURNAL OF CLINICAL ONCOLOGY* Vol. 17 (pp. 12-13).
4. **AGITG Annual Scientific Meeting, Trials in Progress session 14 October 2021. PALEO:** Phase II clinical trial for the alleviation of oesophageal cancer complications.

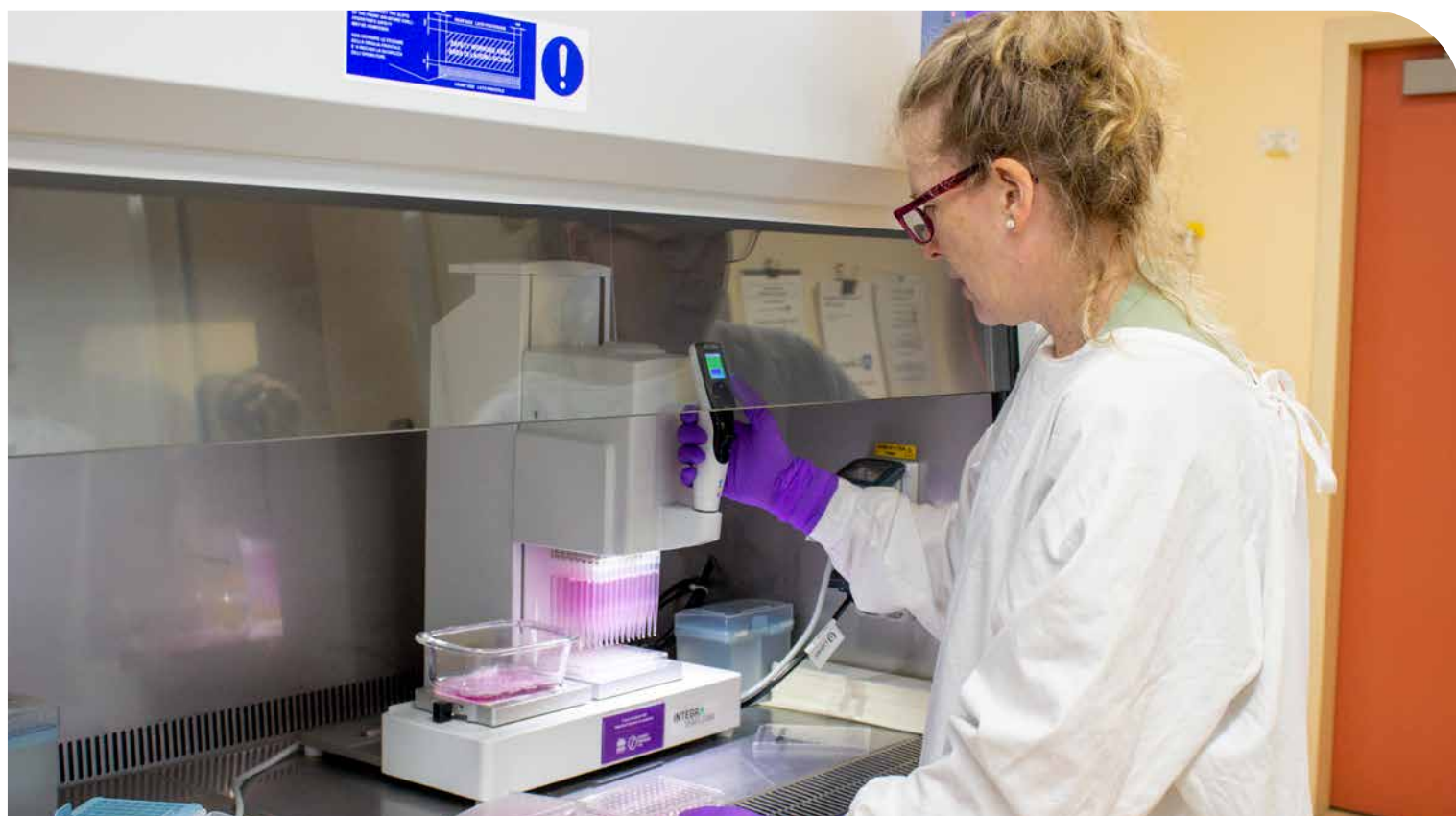
CONFERENCE ORAL PRESENTATIONS

1. Panel title: Addressing workforce capacity and capability in the MTP sector

Conference: 2022 ARCS Annual Conference
Date: 25th May 2022 – Johnson, Catherine

ASCO Annual meeting June 2022:

1. ASCO Annual meeting June 2022: Rischin D, Brungs D, **Day F**, et al. C-POST protocol update: A phase 3, randomized, double-blind study of adjuvant cemiplimab versus placebo post-surgery and radiation therapy (RT) in patients (pts) with high-risk cutaneous squamous cell carcinoma (CSCC). *Journal of Clinical Oncology* 40, no. 16_suppl (June 01, 2022) TPS9592-TPS9592.
2. ASCO Annual meeting June 2022: Tie J, Cohen J, Lahouel K, Lo SN, Wang Y, Wong R, Shapiro JD, Harris SJ, Khattak MA, Burge ME, Harris M, Lynam JF, Nott LM, **Day F**, et al. Adjuvant chemotherapy guided by circulation tumor DNA analysis in stage II colon cancer: The randomized DYNAMIC trial. *Journal of Clinical Oncology* 40, no. 17_suppl (June 10, 2022) LBA100-LBA100. Oral presentation given by A/Prof. Tie on 4 June 2022.
3. ESMO 2022 World Congress on GI Cancer poster: Day D, Starus A, Sieber O, Prasse E, Lamik A, Fredebohm J, Simes J, **Day F**, et al. P-94 circulating tumour DNA (ctDNA) detection using an ultra-sensitive next generation sequencing (NGS)-based assay in patients with resected colorectal cancer (CRC) in the phase III ASCOLT trial. *Annals of Oncology* 33, no. 4_suppl (June 1 2022), S282-S283.



GRANT FUNDING

1. Varian Medical Systems: Funding for the conduct of the PALEO clinical trial in metastatic oesophageal cancer, \$157,687.00
2. Sakoff JA and Gilbert J (2022). Targeting the Aryl hydrocarbon Receptor (AhR) for the treatment of pancreatic cancer. Oncology Research Grant Calvary Mater Newcastle. \$35,000.
3. Sakoff. MRSP funding via Hunter Cancer Research Alliance. \$12,000
4. Sakoff and Ackland. (2021). MRSP Infrastructure support for Experimental Therapeutics Group. Hunter cancer Research Alliance. \$21,600.
5. Sakoff. New platinum compounds as potential anti-cancer drugs. University of Western Sydney. \$15,000.
6. Gilbert J. (2021) Service and Repair of the VIAFLO 384 electronic pipette and maintenance of biological safety cabinets. Hunter Cancer Research Alliance Clinical Cancer Research Fund. \$4,273.
7. Garg MB, Adler K, (2021) Bio-specimen Management System for Cancer Research in Medical Oncology. CMN Coalfields Cancer Support Group Equipment Grant Scheme: \$19,896.

OTHER

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

DEPARTMENT OF PALLIATIVE CARE

The Department of Palliative Care is a comprehensive multidisciplinary palliative care service providing clinical care to the Greater Newcastle and East Lake Macquarie areas, as well as Telehealth and remote consultation services to the wider Hunter New England Local Health District. The department also provides a consultative inreach specialist palliative care service to local residential aged care facilities.

As part of both the Calvary National network of services, as well as the Hunter New England Local Health District, the department is able to partner to undertake translatable research activities across health care settings, including residential aged care and primary care, as well as metropolitan, regional and rural environments. The department has a strong commitment to, and has participated in, research projects investigating models of community enablement and health/death literacy.

The department's vision is to integrate the three pillars of: best practice clinical care, evidence-based learning and development models and clinician-led research in the delivery of care to patients, carers and the

wider community to enable care in preferred place, cognisant of the unique needs and preferences of all we serve.

A fundamental tenet of this model, a clinically embedded research unit, has been realised in the past three years and the site's research capability has grown, with a number of clinician-led research projects underway, in collaborative partnership with academic, clinical and community stakeholders. The department continues to strive toward improving infrastructure and capability in best practice data collection and analysis.

The department is privileged to have consumers and users of clinical and education services consulting in research design and implementation.

It is the department's objective that all staff in the department feel welcome to be curious and confident to contribute to improvements in care in experience for patients, carers and their peers through enquiry, research design, delivery and implementation. This will be achieved through ongoing commitment to research infrastructure embedded in clinical units.

Miomullia Project (Awabakal language, continue to take care of)

Project Lead: Julie Anne Rose

In 2021, Calvary Mater Newcastle had the opportunity to pause and reflect on how palliative care was being delivered to its local Aboriginal and/or Torres Strait Islander community. It was identified that a model of care, culturally safe and effective for Indigenous communities, as well as staff, was best informed through understanding of needs, preferences and experience of the community. Consulting with the Aboriginal Health Unit and local Land Councils, a partnership was developed to consult with the community to create a best practice framework for care. Further, it was agreed that it was acceptable and optimal that this project was undertaken within a research framework to ensure the process is ethical and meaningful, that the voices of community members are respected and represented authentically.

Steps completed to date:

- Employment of an Aboriginal Project Coordinator, Julie Rose.
- Establishment of an Aboriginal Advisory Group.
- Co-design of methodological approach in consultation with Aboriginal Advisory Groups and academic bodies.
- Attainment of ethical clearance from the national Aboriginal Health and Medical Research Council and local ethics committees.
- Established community survey and community and health professional yarning.

Lessons learnt from this approach so far have highlighted the need for such a project to have a strong Aboriginal lead and strong community support. It is hoped that this project will continue to facilitate collaborative relationship across services to improve experience and meet needs of patients, family and communities accessing specialist palliative care. It is also hoped that the consultative research model may prove translatable and inform ongoing culturally safe service design models.

HPC3 (Hunter Palliative Community Coordinated Care)

Understanding need to enhance care in preferred place for patients and carers.

Project lead: Jessica Scaife

Supported through a MRFF grant in partnership with NSW Regional Health Partners, a randomised control trial is underway to identify best practice community palliative care service delivery and explore the role of care coordination in specialist palliative care. The research is designed to understand need in patients and carers, and the impact of earlier identification of distress and unmet need on the ability for patients to receive care in their preferred place.

Hunter Palliative Community Coordinated Care (known as HPC3) is a partnership with University of Newcastle, Hunter New England LHD, Hunter Medical Research Institute and Calvary Community Care.

Health economic evaluation and comprehensive cost consequence analysis has been embedded in the research design to better inform ongoing service development in specialist palliative care.

Recruitment to this study was commenced in May 2021 and within 11 months, the group has achieved the milestone of full participant recruitment (n=500).

The study is expected to be completed by December 2022.

Summary of other projects underway:

- Current practices in prescription and administration, and pharmacology of subcutaneous Levetiracetam in specialist palliative care - Fern Beschi
- Prognostic modelling to inform service delivery in specialist palliative care - Dr Sarah Moberley
- Validation of palliative care triage modelling in the local setting - Dr Ran May Saw
- Profile, needs and experience of brain cancer patients in the specialist palliative care inpatient setting - Dr Laura Bird
- A human centred design approach to education enabling palliative and end of life care in preferred place for residents of aged care facilities - Alisha Chand

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. Nearly all areas of the department contributed to research output including in house trials, multinational research group trials and industry supported trials. There was a particularly impressive output from the Radiation Therapists who contributed five first author articles and delivered an oral presentation at ESTRO 2022. Dr Mahesh Kumar and Dr Jonathan Goodwin were awarded a grant for \$92,442 from the Mark Hughes Foundation to study the role of CEST MRI imaging in brain tumours. Peter Greer was also successful in obtaining a grant for \$599,098 from Cancer Australia to study radiotherapy patient specific quality assurance.

PUBLICATIONS

- Rischin D, King, Kenny L, Porceddu S, **Wratten C**, Macann A, Jackson, J, Bressel M, Herschtal A, Fisher R, Fua T, Lin C, Liu C, Hughes B, McGrath M, McDowell L, Corry J (2021). Randomized Trial of Radiation Therapy With Weekly Cisplatin or Cetuximab in Low-Risk HPV-Associated Oropharyngeal Cancer (TROG 12.01) - A Trans-Tasman Radiation Oncology Group Study. *International Journal of Radiation Oncology Biol Phys*, 2021 Nov 15;111(4):876-886
- Richardson H, Kumar, M Tieu M, Parker J**, Dowling J, Arm J, Best L, **Greer P**, Clapham M, Oldmeadow C, **O'Connor L, Wratten C** (2022). Assessing the impact of magnetic resonance treatment simulation (MRSIM) on target volume delineation and dose to organs at risk for oropharyngeal radiotherapy. *J Med Radiation Science* 2022, Mar 69(1) 66-74
- Field M, Vinod S, Aherne N, Carolan M, Dekker A, Delaney G, Greenham S, Hau E, **Lehmann J, Ludbrook J**, Miller A, Rezo A, Selvarai J, Sykes J, Holloway L, Thwaites D (2021). Implementation of the Australian Computer-Assisted Theragnostics (AusCAT) network for radiation oncology data extraction, reporting and distributed learning. *J Med Imaging Radiation Oncology*, Aug 65(5) 627-636
- Richardson M, Skehan K, Wilton L, Sams J, Samuels J, Goodwin J, Greer P, Sridharan S, Martin, J** (2021) Visualising the urethra for prostate radiotherapy planning. *Med Radiation Science* 2021, Sep:68 (3) 282-288
- Nithiyananthan K, Creighton N, Currow D, **Martin JM** (2021). Population-Level Uptake of Moderately Hypofractionated Definitive Radiation Therapy in the Treatment of Prostate Cancer, *Int Journal of Radiation Oncol Biol Physics*, 2021 Oct 1.111(2) 417-423
- Min H, Dowling J, Jameson M, Cloak K, Faustino J, Sidhom M, **Martin J**, Ebert M, Haworth A, Chlap P, de Leon J, Berry M, Pryor D, **Greer P**, Vinod S, Holloway (2021). Automatic radiotherapy delineation quality assurance on prostate MRI with deep learning in a multicentre clinical trial. *Physics Med Biology*, Sep 28:66 (19)
- O'Connor L, Skehan K**, Choi JH, **Simpson J, Martin JM**, Warren-Forward H, Dowling J, Greer, P (2021). Optimisation and validation of an integrated magnetic resonance imaging-only radiotherapy planning solution. *Physics Imaging Radiation Oncol*, 2021 Oct 16: 20: 34-39
- Pryor D, **Martin JM**, Millar J, Day H, Ong WL, Skala M, Fitzgerald L, Hindson B, Higgs B, O'Callaghan M, Syed F, Hayden A, Turner S, Papa N (2021). Evaluation of Hypofractionated Radiation Therapy Use and Patient-Reported Outcomes in Men With Nonmetastatic Prostate Cancer in Australia and New Zealand. *JAMA*, 2021 Nov 1.4 (11)
- O'Connor L**, Dowling J, Hyuk Choi J, **Martin JM**, Warren-Forward H, **Richardson H**, Best L, **Skehan K, Kumar M, Govindarajulu G, Sridharan S, Greer**. (2022) P Validation of an MRI-only planning workflow for definitive pelvic radiotherapy. *Radiation Oncology* 2022 Mar 18:17 (1) 55
- Gomez-Iturriaga A, Keyes M, **Martin JM**, Spratt D (2022) Should brachytherapy be added to external beam radiotherapy for prostate cancer? *Lancet Oncology* 2022 Jan 23(1) 23-25
- O'Connor L**, Choi J, Dowling J, Warren-Forward H, **Martin JM, Greer P** (2022) Comparison of Synthetic Computed Tomography Generation Methods, Incorporating Male and Female Anatomical Differences, for Magnetic Resonance Imaging-Only Definitive Pelvic Radiotherapy. *Front Oncol* 2022 Feb 8:12:822687
- Zhou K, Renouf M, Perrocheau G, Magnec N, Latorzeff I, Pommier P, Crehange A, Paumier A, Bera G, **Martin J**, Catton C, Bellanger M, Supiot S. Cost-effectiveness of hypofractionated versus conventional radiotherapy in patients with intermediate-risk prostate cancer: An ancillary study of the Prostate fractionated irradiation trial – PROFIT. *Radiation and Oncology*, 18 June 2022. 173: 306-312
- Lockhart Kathleen, **Martin JM**, White M. Fusion versus cognitive MRI-guided prostate biopsies in diagnosing clinically significant prostate cancer. *Journal of Clinical Urology*. May 13 2022
- Young T, Dowling J, Rai R, Liney G, **Greer P**, Thwaites D, & Holloway L. (July 2021). Effects of MR imaging time reduction on substitute CT generation for prostate MRI-only treatment planning. *Physical and Engineering Sciences in Medicine*.
- Gholizadeh N, **Greer P, Simpson J, Goodwin J**, Fu C, Lau P, . . . Ramadan S. (July 2021). Diagnosis of transition zone prostate cancer by multiparametric MRI: added value of MR spectroscopic imaging with sLASER volume selection. *JOURNAL OF BIOMEDICAL SCIENCE*, 28(1)
- Hughes J, Lye J, Kadeer F, Alves A, Shaw M, Supple J, Keehan S, Gibbons F, **Lehmann J**, Kron T. Calculation algorithms and penumbra: Underestimation of dose in organs at risk in dosimetry audits (July 2021) *Medical Physics*, 48 (10), pp. 6184-6197.
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- Vasina, E.N., Greer, P., Thwaites, D., Kron, T., **Lehmann, J.** A system for real-time monitoring of breath-hold via assessment of internal anatomy in tangential breast radiotherapy (Nov 2021) *Journal of Applied Clinical Medical Physics* 23(1), e13473
- Raith A, Ehrgott M, Fauzi F, Lin K-M, Macann A, Rouse P, **Simpson J**, Integrating Data Envelopment Analysis into radiotherapy treatment planning for head and neck cancer, *European Journal of Operational Research* 296(1):289-303 (2022)
- Ebert, M. A., Marcello, M., Kennedy, A., Haworth, A., Holloway, L. C., **Greer, P.**, . . . Dearnaley, D. (2022). In Regard to Shortall et al. *International Journal of Radiation Oncology Biology Physics*, 112(3), 831-833
- Batista, V., Gober, M., Moura, F., Webster, A., Oellers, M., Ramtohul, M., Kügele, M., Freislederer, P., Buschmann, M., Anastasi, G., Steiner, E., Al-Hallaq, H., **Lehmann, J.** Surface guided radiation therapy: An international survey on current clinical practice (March 2022) *Technical Innovations and Patient Support in Radiation Oncology*, 22, pp. 1-8
- Lehmann, J., Standen, T.S., Kaur, G., Wolf, J., Wilfert, A., Simpson, J.** Methodology of thermal drift measurements for surface guided radiation therapy systems and clinical impact assessment illustrated on the C-Rad Catalyst+ HD system (Mar 2022) *Technical Innovations and Patient Support in Radiation Oncology*, 21, pp. 58-63 23.
- Barnes, M., O'Connor, D.J., Ebert, M.** Theoretical evaluation of a novel method for producing fluorine-18 for Positron-emission-tomography (PET) applications utilizing the $3\text{He}(d,p)4\text{He}$ reaction (2021) *Physical and Engineering Sciences in Medicine*, 44 (3), pp. 843-853.

24. Zifodya J, **Barnes M**, Baldock C. Internationally trained medical physicists should be certified, through ACPSEM, in order to be employed in Australia and New Zealand as Radiation Oncology Medical Physicists (2022) Physical and Engineering Sciences in Medicine, 45 (1), pp. 3-7
 25. **Barnes, M. P.**, Sun, B., Oborn, B. M., Lamichhane, B., Szwec, S., Schmidt, M., . . . **Greer, P.** (Apr 2022). Determination of the electronic portal imaging device pixel-sensitivity-map for quality assurance applications. Part 2: Photon beam dependence. *Journal of Applied Clinical Medical Physics*.
 26. **Barnes, M. P.**, Sun, B., Oborn, B. M., Lamichhane, B., Szwec, S., Schmidt, M., . . . **Greer, P.** (2022). Determination of the electronic portal imaging device pixel-sensitivity-map for quality assurance applications. Part 1: Comparison of methods. *Journal of Applied Clinical Medical Physics*.
 27. **Lehmann, J.**, Hussein, M., Barry, M. A., Siva, S., Moore, A., Chu, M., . . . Clark, C. H. (2022). SEAFARER – A new concept for validating radiotherapy patient specific QA for clinical trials and clinical practice: SEAFARER - sensitivity of patient specific quality assurance, PSQA. *Radiotherapy and Oncology*, 171, 121-128. (Jun)
 28. **Barnes, M.**, **Pomare, D.**, **Doebrich, M.**, **Standen, T. S.**, **Wolf, J.**, **Greer, P.**, & **Simpson, J.** (2022). Insensitivity of machine log files to MLC leaf backlash and effect of MLC backlash on clinical dynamic MLC motion: An experimental investigation. *JOURNAL OF APPLIED CLINICAL MEDICAL PHYSICS*
- CONFERENCE POSTERS OR ORAL PRESENTATIONS**
1. Long term outcomes of early stage primary gastric diffuse large B-cell lymphoma: a multi-centre retrospective study. RANZCR ASM - September 2021. Author: C. Smith, Y. Chin, **S. Gupta**, S. Thompson
 2. Long term outcomes of gastric MALT lymphoma treated with radiotherapy: a multi-centre retrospective study. RANZCR ASM September 2021 Author: C. Smith, Y. Chin, **S. Gupta**, S. Thompson
 3. Viscous Aqueous Gel Illustrating Natural Anatomy; the VAGINA method in gynaecological MRI simulation. Poster ESTRO May 2022. Author: **K. Skehan, M. Richardson, K. Martin, S. Dickson, G. Govindarajulu, S. Sridharan**
 4. Comparison of Synthetic Computed Tomography Generation Methods for Magnetic Resonance Imaging-only Definitive Pelvic Radiotherapy. Poster ESTRO May 2022. **L.O'Connor**, J.H.Choi, J.Dowling, H.Warren-Forward, **J.Martin, P.Greer**.
 5. Genitourinary hrQoL following Urethral sparing prostate SBRT compared with virtual HDR boost. Oral Presentation ESTRO May 2022. **M Richardson**, M Sidhom, P Keal, J Bucci, **S Gallagher, P Greer**, A Hayden, A Kneebone, D Pryor, S Siva, **J Martin**.
 6. Legislation (or lack of) Roles of the MR RT and MR Physicist and MRI safety. Oral Presentation NSW (ROMP) TEAP Meeting March 2022. **K Skehan**.
 7. Reflections on implementation and integration of MR in Radiation Oncology. Oral Presentation NSW (ROMP) TEAP Meeting March 2022. **K Skehan**
 8. To Fill or Not to Fill: Designing and Adaptive Bladder Filling Procedure during Intracavitary Brachytherapy for Cervical Cancer. Australian Brachtherapy Group Annual Meeting October 2021. **S Oultram**
 9. Biofeedback Enabled CALM (BECALM): Trialling the use of biofeedback to reduce anxiety during radiotherapy treatment: A pilot randomised controlled trial. Oral Presentation Oct 2021. Forbes E, Clover K, Baker A, McCarter K, **Oultram S, Wratten C, Kumar M, Tieu M**, Nixon J, Britton B
 10. Against the motion rebuttal: Brachytherapy Boost for Prostate Cancer- A Diminishing Solution. In RADIOTHERAPY AND ONCOLOGY Vol. 158 (pp. S20). Martin, J., Sidhom, M., Pryor, D., Tang, C., Hayden, A., Miller, A., . . . Tomaszewski, J. (2021).
 11. Against the motion rebuttal: Brachytherapy Boost for Prostate Cancer - A Diminishing Solution. In RADIOTHERAPY AND ONCOLOGY Vol. 158 (pp. S20) **Martin, J.**, Sidhom, M., Pryor, D., Tang, C., Hayden, A., Miller, A., . . . Tomaszewski, J. (2021).
 12. Integrating data envelopment analysis into radiotherapy treatment planning for head and neck cancer. RADIOTHERAPY AND ONCOLOGY Vol. 158 (pp. S20). **Simpson, J.**, Raith, A., Kuan-Min, L., Macann, A., Rouse, P., Erhgoth, M. 2021.
 13. Monitoring DIBH via measurements of the lung depth during tangential breast cancer radiotherapy. 2021 Hunter Cancer Research Alliance (HCRA) Symposium, poster presentation. In ASIA-PACIFIC JOURNAL OF CLINICAL ONCOLOGY Vol. 17 (pp. 15-16) 2021. **Vasina, E., Kong, N., Greer, P., Govindarajulu, G., Ludbrook, J., & Lehmann, J.**
 14. Investigation of 4D-MRI for lung cancer radiation treatment planning. In ASIA-PACIFIC JOURNAL OF CLINICAL ONCOLOGY Vol. 17 (pp. 11-12) 2021. **Goodwin, J., Higuchi, S., O'Connor, L., Zerafa, A., Skehan, K., Perkins, T., . . . Simpson, J.** (2021).
 15. Breathing pattern analysis of 4D-CT and 4D-MRI. In ASIA-PACIFIC JOURNAL OF CLINICAL ONCOLOGY Vol. 17 (pp. 24) 2021. **Higuchi, S., Goodwin, J., O'Connor, L., Zerafa, A., Greer, P., Ludbrook, J., & Simpson, J.** (2021).
 16. Virtual phantom-based pre-treatment verification of single-isocenter multiple brain targets SRS. In RADIOTHERAPY AND ONCOLOGY Vol. 161 (pp. S1319-S1320) 2021. Calvo-Ortega, J., **Greer, P. B.**, Moragues-Femenia, S., Laosa-Bello, C., & Casals-Farran, J.
 17. Spatial Characterization of errors in pseudo-CT generation for MRI-only radiotherapy. In RADIOTHERAPY AND ONCOLOGY Vol. 161 (pp. S1408-S1410) 2021. Chourak, H., Barateau, A., Cadin, C., Lafond, C., Nunes, J., De Crevoiser, R., **Greer P**, Acosta, O.
 18. Improving local Patient Specific Quality Assurance- a novel remote auditing approach In RADIOTHERAPY AND ONCOLOGY Vol. 161 (pp. S328-S330) 2021. **Lehmann, J.**, Hussein, M., Siva, S., Moore, A., Standen, T., Subramanian, B., . . . Clark, C.
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 20. Establishing action levels for virtual phantom-based QA of IMRT plans. In RADIOTHERAPY AND ONCOLOGY Vol. 161 (pp. S1320-S1321) 2021 Calvo-Ortega, J., **Greer, P. B.**, Moragues-Femenia, S., Laosa-Bello, C., & Casals-Farran, J.
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 23. Sensitivity Evaluation of Patient Specific Quality Assurance - Independent Assessment of Quality. In MEDICAL PHYSICS Vol. 48. 2021. **Lehmann, J.**, Hussein, M., Siva, S., Moore, A., Standen, T., Subramanian, B., . . . Clark, C. H.
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 25. Development and Deployment of a Real-Time Transit EPID Dose Verification System. In MEDICAL PHYSICS Vol. 48 (pp. 1 page). 2021. Baeza, J. A., Cassell, C., Lee, D., **Kong, N.**, & **Greer, P.**
 26. Voxel-wise analysis for spatial characterisation of pseudo-ct errors in MRI-only radiotherapy planning. In Proceedings - International Symposium on Biomedical

- Imaging Vol. 2021-April (pp. 395-399). 2021 Nice, France. Chourak, H., Barateau, A., Mylona, E., Cadin, C., Lafond, C., **Greer, P.**, . . . Acosta, O.
27. Patient experience with LEILA: real-time measurements of the mid lung depth in EPID images of tangential breast fields, EPSM 2021, Oral Presentation. **Elena Vasina, Natalie Kong, Peter Greer, Geetha Govindarajulu, Jane Ludbrook, Joerg Lehmann**
 28. Thermal drift in Surface Guided Radiation Therapy, EPSM 2021, poster presentation. **Joerg Lehmann, Therese Standen, Guneet Kaur, Joshua Wolf, Alex Wilfert**
 29. Report dose-to-medium in clinical trials; a consensus from the Global Harmonisation Group, ESTRO 2021 poster. Stephen Kry, Jessica Lye, Catharine Clark, Nicolaus Andratschke, Alexis Dimitriadis, David Followill, Rebecca Howell, Mohammad Hussein, Masayori Ishikawa, Satoshi Kito, Tomas Kron, Jonny Lee, Jeff Michalski, Angelo Monti, Nick Reynaert, Paige Taylor, Karen Venables, Ying Xiao, **Joerg Lehmann**
 30. TROG 14.04: Multicentre study of feasibility and impact on anxiety of DIBH in breast cancer patients ESTRO 2021, poster presentation. Tomas Kron, Mathias Bressel, Peta Lonski, Courtney Hill, Rebecca Mercieca-Bebber, Verity Ahern, Margot Lehman, Carol Johnson, Drew Latty, Rachel Ward, Danielle Miller, Dilli Banjade, Debra Moriss, Richard De Abreu Lourenco, Jenny Woodcock, Rebecca Montgomery, **Joerg Lehmann, Boon Chua**
 31. Comparison of 4D-MRI and 4D-CT for lung cancer volume and motion assessment. EPSM 2021, poster presentation. **Satomi Higuchi, Jane Ludbrook, Laura O'Connor, Amy Zerafa, Peter Greer, John Simpson, Jonathan Goodwin**
 32. Clinical evaluation of 4DMRI for lung cancer radiation treatment planning. ISMRM 2021. **Jonathan Goodwin, Satomi Higuchi, Laura O'Connor, Amy Zerafa, Kate Skehan, Terry Perkins, Sanjiv Gupta, Peter Greer, Jane Ludbrook, John Simpson.**
 33. Correlation between internal and external anatomy motion during DIBH breast RT treatments. TROG 2022 Annual Scientific Meeting, oral presentation. **Elena Vasina, Natalie Kong, Philippa Patterson, Jane Ludbrook, Geetha Govindarajulu, Tomas Kron, Peter Greer, Joerg Lehmann**
 34. Dosimetric auditing to assist international centres participating in Australian clinical trials. TROG 2022 Annual Scientific Meeting, oral presentation. **Peter Greer, Alisha Moore, Andrew Grose, Annette Haworth, Joerg Lehmann.**
 35. Clinical experience with real-time portal monitoring of breath-hold in tangential breast cancer radiotherapy. IUPSEM World Congress on Medical Physics and Biomedical Engineering 2022 Singapore, poster presentation. **Elena Vasina, Natalie Kong, Peter Greer, Tomas Kron, Joanna J Ludbrook, David I Thwaites, Joerg Lehmann**
 36. The Global Harmonization Group and its role in ensuring quality trials. IUPSEM World Congress on Medical Physics and Biomedical Engineering 2022 Singapore, oral presentation. **Joerg Lehmann, Nicolaus Andratschke, Satoshi Ishikura, Elizabeth Miles, Stephen Kry, Catherine Clark**
 37. Robustness of spine SABR plans to delivery errors within machine tolerance: multicentre analysis. ESTRO 2022, oral presentation. Mohammad Hussein, **Joerg Lehmann, Catharine Clark**
 38. Back arching during tangential DIBH breast treatments detected with live EPID based position monitoring. poster presentation, ESTRO 2022. **Elena Vasina, Natalie Kong, Jane Ludbrook, Geetha Govindarajulu, Peter Greer, Joerg Lehmann**
- ### GRANTS
1. Greer PB, Artschan R, Wratten C, Simpson J, Ostwald P, Trada Y, EDOC – Epid Detection Of Change, CCRN, 17/08/2021 (\$8,000)
 2. Greer PB, Lehmann J, Trada Y, Moore A, Simpson J, Clark C, Hussein M, SEAFARER-Is radiation therapy patient specific QA in Australia effective, Cancer Australia (\$599,098), 2022-2024
 3. Kumar M, Goodwin J, CEST Imaging for metabolic assessment in brain tumours (CIMBA-B), Mark Hughes Foundation Centre for Brain Cancer Research, 2022-2024 (\$92,000)
- ### CLINICAL TRIALS ACTIVITY
- Fifty-four Radiation Oncology patients were enrolled onto clinical trials, with 43 to CINSW portfolio trials.
 - Initiation of the Margaret Mitchell Grant funded multi-centre phase II MODERN-LUNG study looking at hypofractionated CRT followed by immunotherapy for NSCLC (Jane Ludbrook).
 - James Lawrie Grant funded 'Prognostic implications of nerve density in head and neck cancer' study of Mimi Tieu. The pathological assessments have been completed and correlation with clinical outcomes is ongoing.
- ### PHD'S CONFERRED
- Dr Indriani Astono, PhD, University of Newcastle, Convolutional Neural Networks for Image Segmentation in Clinical Applications, 14/09/2021
 - Dr Michael Barnes, PhD, University of Newcastle, Comprehensive Linear Accelerator Quality Assurance Testing for Volumetric Modulated Arc Therapy (VMAT), 31/05/2022
- ### SOCIAL WORK
- Drake, J., Walker, M., Gallant, N., Sturgess, E. and McGill, K. (2021). Caring for the Caring Professionals Within a Cancer Hospital: Research into Compassion Fatigue, Burnout, and Distress. Australian Social Work, pp.1–13.
- ### SURGERY
- ### ARTICLES PUBLISHED
1. Portal vein stenting in the management of duodenal varices due to malignant obstruction: A case report and literature review - Roy S, Giles T, Majid A. *International Journal of Surgery Case Reports* 95 01 Jun 2022.
 2. Incidental adenocarcinoma of the gallbladder in a patient with y insertion gallbladder duplication in the context of recurrent biliary colic: A video case report - Dustin Jefferys, Susmit Roy, Adeeb Majid. *Medicine (United States)* 101(8):E28829 25 Feb 2022.
 3. Anatomical reconstruction after pancreaticoduodenectomy in a patient with previous Roux-en-Y gastric bypass for obesity: a novel complication for the future - Roy S, Jefferys D, Rubbo S, Mayo-Ramsay T, Majid A. *ANZ Journal of Surgery* 01 Jan 2021.
- ### ARTICLES UNDER FINAL STAGES OF REVIEW
1. Binge-eating and Sodium Bicarbonate: A potent combination for gastric rupture in adults. Two case reports and a review of literature - You Jin Han, Susmit Roy, Ashley Siau, Adeeb Majid. *Journal of Eating Disorders, Springer Nature.*
 2. Laparoscopic Choledochotomy and Choledochoduodenostomy For The Management Of Persistent Common Bile Duct Stones - A video case report. *SAGE Open Medicine.*
- ### POSTERS ACCEPTED
1. Anatomical reconstruction after pancreaticoduodenectomy in a patient with previous Roux-en-Y Gastric Bypass for obesity: a novel complication for the future. Australian and New Zealand Metabolic and Obesity Surgical Society (ANZMOSS) Conference, Cairns - October 2022.
- ### RESEARCH PUBLICATION GRANTS SECURED
1. *Portal Vein Stenting in the Management of Duodenal Varices Due to Malignant obstruction: A Case Report and Literature Review.* The Hunter Surgical Society. \$1,430
 2. *Incidental adenocarcinoma of the gallbladder in a patient with Y insertion gallbladder duplication in the context of recurrent biliary colic - a video case report.* The Hunter Surgical Society. \$1,950



Financial Report

Financial Report for the Year Ended 30 June 2022

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



Being for Others

Annual Financial Report

30 June 2022

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 2022.

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 (Retired 25.11.21)	MBBS	Director Chair, Clinical & Practice Governance Committee Member, Mission & Ethics Committee
Patrick O'Sullivan	CA, MA/CD	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 Scmazzon	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
Professor Christopher Baggoley AO (Appointed 29.9.21)	BVSc (Hons), BMBS, B Soc Admin, FACEM, FRACMA, D Univ (FUSA), FAAHMS	Director Chair, Clinical & Practice Governance Committee Member, Mission & Ethics 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	7								
Patrick O'Sullivan	9	9	5	5			4	4		
Assoc Prof Richard Matthews AM	3	3			2	2			2	2
David Catchpole	9	9	5	5			4	4		
Jennifer Stratton	9	9			4	4	4	4		
Lucille Halloran	9	9			4	4			4	4
Annette Carruthers AM	9	9	5	5					4	4
Lucille Scmazzon	9	9	5	5					4	4
Agnes Sheehan	9	8	5	5					4	4
Prof Chris Baggoley AO	7	6			3	3			3	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 \$2.9M (2021: \$4.3M) from the NSW Ministry of Health for specific assistance with COVID related expenditure. As at 30 June 2022, the entire \$2.9M 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 \$1.4M was incurred for the Company for the financial year ended 30 June 2022 (2021: deficit of \$1.7M).

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 \$204.2M (2021: \$198.6M). Grants and subsidies from Government for hospital operations totalled \$169.2M (2021: \$163.0M). Grants and subsidies represent 83% (2021: 82%) of revenue from operating activities.

(b) Expenses

The Company's expenses from operating activities totalled \$211.5M (2021: \$204.0M). Expenses on personnel costs represent 66% (2021: 66%) of total operating expense.

Staffing levels have increased during the reporting period, with total full-time equivalents of 1,089 as at 30 June 2022 (2021: 1,075).

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 2022 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 2023. 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 25th day of August 2022



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 2022 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

25 August 2022

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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 – General Purpose Financial Statements – Simplified Disclosures; 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 2022 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

SL
.....
Chair of the Board

SL
.....
Director

Dated at this 25th day of August 2022.

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

For the year ended 30 June 2022			
<i>In thousands of AUD</i>			
	Note	2022	2021
Revenue from operations		204,245	198,641
Other income		5,588	3,256
Total revenue for the year	3	209,833	201,897
Employee benefits expense			
Supplies	11	140,484	133,945
Computer Expenses		24,217	24,631
Contracted services		105	152
Loss on sale of asset		30,356	29,429
Depreciation and amortisation expense		-	60
National office contribution		7,996	7,581
Repairs and maintenance		3,582	3,361
Power, light & heat		167	186
Other expenses		8	7
		4,559	4,608
Total expenses for the year		211,474	203,960
Results from operating activities		(1,641)	(2,063)
Finance income		199	330
Net Deficit for the year		(1,442)	(1,733)
Other comprehensive income for the year		-	-
Total comprehensive income for the year attributable to members of the company		(1,442)	(1,733)

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

STATEMENT OF FINANCIAL POSITION

As at 30 June 2022			
<i>In thousands of AUD</i>			
	Note	2022	2021
Current assets			
Cash and cash equivalents	7	17,483	18,141
Term deposits	8	45,000	60,000
Trade and other receivables	5	8,509	4,964
Inventories		1,736	1,685
Other current assets	6	492	509
Total current assets		73,220	85,299
Non-current assets			
Property, plant and equipment	4	103,878	106,441
Total non-current assets		103,878	106,441
Total assets		177,098	191,740
Current liabilities			
Trade and other payables		19,107	15,429
Employee benefits	11	44,424	45,250
Contract liabilities	10	164	217
Total current liabilities		63,695	60,896
Non-current liabilities			
Employee benefits	11	1,067	1,439
Total non-current liabilities		1,067	1,439
Total liabilities		64,762	62,335
NET ASSETS		112,336	129,405
Equity			
Retained earnings		112,336	129,405
TOTAL EQUITY		112,336	129,405

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 2022

<i>In thousands of AUD</i>	Note	2022	2021
Cash flows from operating activities			
Receipts from customers		35,248	38,179
Government grants received		170,490	163,273
Payments to suppliers and employees		(206,156)	(196,239)
Interest received		187	260
Other income received		5,588	3,256
Net cash provided by operating activities		5,357	8,729
Cash flows from investing activities			
Proceeds on disposal of PP&E		592	354
Payment for PP&E		(5,980)	(5,709)
Payment for investment in term deposits		-	(5,000)
Return of investment from term deposits		15,000	-
Net cash provided by / (used in) investing activities		9,612	(10,355)
Cash flows from financing activities			
Distribution to the owner of the Company		(15,627)	-
Net cash used in financing activities		(15,627)	-
Net decrease in cash held		(658)	(1,626)
Cash at the beginning of the financial year		18,141	19,767
Cash at end of the financial year	7	17,483	18,141

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 2022

In thousands of AUD

2022	Retained Earnings	Total Equity
Balance as at 1 July 2021	129,405	129,405
Net deficit for the year	(1,442)	(1,442)
Total comprehensive income for the year	(1,442)	(1,442)
Transactions with owners of the Company		
Distribution to the parent entity	(15,627)	(15,627)
Total transactions with owners of the Company	(15,627)	(15,627)
Balance as at 30 June 2022	112,336	112,336

2021	Retained Earnings	Total Equity
Balance as at 30 June 2021	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

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 - Simplified Disclosures 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 - Simplified Disclosures.

They were authorised for issue by the Board of Directors on 25 August 2022.

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>	2022	2021
Revenue from operating activities		
Revenue from rendering of services	35,079	35,677
Recurrent grants received/receivable	168,628	162,349
Resources received free of charge	538	615
	204,245	198,641
Other Income		
Donations	1,214	787
Profit on disposal of property, plant and equipment	27	-
Other income	4,347	2,469
	5,588	3,256
3.1 Revenue from Operating Activities		
Revenue from contracts with customers - AASB 15 Revenue from Contracts with Customers		
Revenue from rendering of services	35,079	35,677
Recurrent grants received/receivable	168,628	162,349
	203,707	198,026
Revenue recognised under - AASB 1058 Income of NFP entities		
Resources received free of charge	538	615
	538	615
	204,245	198,641
Disaggregation of revenue from contracts with		
Type of service		
Recurrent grant income	168,628	162,349
Patient fees	8,810	9,418
Pharmacy revenue	38	41
Sundry patient income	416	443
Prosthesis income	242	199
Other revenue from rendering of services	25,573	25,576
Revenue recognised under AASB 1058	203,707	198,026
	538	615
Total revenue from operations	204,245	198,641

3. Revenue (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 for 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 (eg, 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.

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3. Revenue (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.

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Our Assets

4. Property, Plant and Equipment

At Carrying Value	Land and buildings	Plant and equipment	Motor Vehicles	Assets under construction	Total
<i>In thousands of AUD</i>					
Carrying amount as at 1 July 2021	86,879	17,461	468	1,633	106,441
Additions/costs incurred	-	5,733	240	25	5,998
Transfers from assets under construction	-	1,633	-	(1,633)	-
Disposals	-	(292)	(273)	-	(565)
Depreciation expense	(3,307)	(4,689)	-	-	(7,996)
Balance at 30 June 2022	83,572	19,846	435	25	103,878
Book value as at 30 June 2022	140,263	43,775	435	25	184,498
Accumulated depreciation as at 30 June 2022	(56,691)	(23,929)	-	-	(80,620)
Net book value as at 30 June 2022	83,572	19,846	435	25	103,878
Book value as at 30 June 2021	140,262	42,185	468	1,633	184,548
Accumulated depreciation as at 30 June 2021	(53,383)	(24,724)	-	-	(78,107)
Net book value as at 30 June 2021	86,879	17,461	468	1,633	106,441

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

In thousands of AUD

	2022	2021
Current		
Trade receivables	795	1,240
Grant receivable	3,930	-
Other receivables	3,761	3,724
Other receivables due from related parties	23	-
	8,509	4,964

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

	2022	2021
<i>In thousands of AUD</i>		
Balance at the beginning of the year	(79)	(57)
Impairment losses recognised	(200)	(47)
Amounts written off	195	25
Balance at the end of the year	(84)	(79)

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 (2021: \$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*In thousands of AUD*

	2022	2021
Current		
Prepayments	492	509
	492	509

7. Cash and Cash Equivalents

<i>In thousands of AUD</i>	2022	2021
Cash at bank and on hand	7,385	7,661
Cash at bank - special purpose funds	10,098	10,480
	17,483	18,141

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>	2022	2021
Term deposits (> 3 months < 12 months maturity)	45,000	60,000

Accounting Policy

Term deposits with a term 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 (eg, 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>	2022	2021
Special Purpose / Conditions imposed by granting body	18,696	18,972
No.2 Account / Conditions imposed by NSW Ministry of Health	29,058	29,114
Research grants / Conditions imposed by granting body	7,344	7,394
	55,098	55,480
Disclosed in the Statement of Financial Position as:		
Cash and cash equivalents	10,098	10,480
Term deposits (greater than 3 months and less than 12 months)	45,000	45,000
	55,098	55,480

10. Contract Liabilities

<i>In thousands of AUD</i>	2022	2021
Contract liabilities - current	164	217
	164	217

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 2021/22 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>	2022	2021
Salaries and wages	127,725	119,714
Superannuation - defined contribution	10,545	9,571
Superannuation - defined benefit	538	615
Workcover	896	870
Long-term and post-employment benefits	780	3,175
	140,484	133,945

11.2 Employee Provisions

<i>In thousands of AUD</i>	2022	2021
Current		
Annual leave	18,972	17,722
Long service leave	25,238	27,318
Other employee provisions	214	210
	44,424	45,250
Non-current		
Long service leave	1,067	1,439

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

Compensation of key management personnel

Non-Executive Directors' fees and National executive salaries are paid and are reported separately by the Parent Entity, Little Company of Mary Health Care Ltd. Remuneration for the Company's Executives is detailed below.

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

In AUD	2022	2021
Compensation to directors and other members of key management	572,280	545,598

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	2022	2021
Amounts included in income received during the year from Calvary group companies:		
Supplier rebate income	-	28,856
Recovery of salaries and wages (incl on-costs)	-	170,589
Recovery for goods and services	4,838	7,140
Transfer of leave provisions	-	14,545
	4,838	221,130
Payments made during the year to Calvary group companies:		
National Office shared service contribution	2,446,131	2,156,274
Distribution to the parent entity	15,627,000	-
National IT shared service contribution - recurrent	869,591	938,053
National IT shared service contribution - non-recurrent	266,386	266,452
Payments for goods and services	19,141	183,544
Insurance premiums	-	154,911
Training costs	-	8,101
	19,228,249	3,707,335

13. Remuneration of auditors

During the year the following fees were paid or payable for services provided by KPMG Australia and its related parties as the auditor:

In AUD	2022	2021
(a) Audit and other assurance services		
KPMG Australia	85,000	81,500
Audit and review of financial statements	85,000	81,500
Total remuneration for audit and other		
Total remuneration of auditors	85,000	81,500

14. 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.

15. 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.

16. 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.

17. 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.

17.1 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.

17.2 Finance income and expense

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

18. Changes to accounting policies

The Company has applied the following standard for the first time for their annual reporting period commencing 1 July 2021:

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

The above standard introduced certain revised disclosure requirements but did not have any impact on the amounts recognised in prior periods.



Independent Auditor's Report

To the members of Calvary Health Care (Newcastle) Limited

Opinion

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

The **Financial Report** comprises:

- Statement of financial position as at 30 June 2022;
- Statement of profit or loss and other comprehensive income, Statement of changes in equity and Statement of cash flows for the year ended;
- Notes including a summary of significant accounting policies; and
- Directors' Declaration of 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 2022 and of its financial performance for the year ended on that date; and
- complying with *Australian Accounting Standards - Simplified Disclosures Framework* and Division 60 of the Australian Charities and Not-for-profits Commission Regulations 2013.

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 these requirements.



Other Information

Other Information is financial and non-financial information in Calvary Health Care (Newcastle) Limited'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 - Simplified Disclosures Framework* 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.



As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgement and maintain professional skepticism 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 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 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

KPMG

Stephen Isaac

Partner

Sydney

25 August 2022



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