

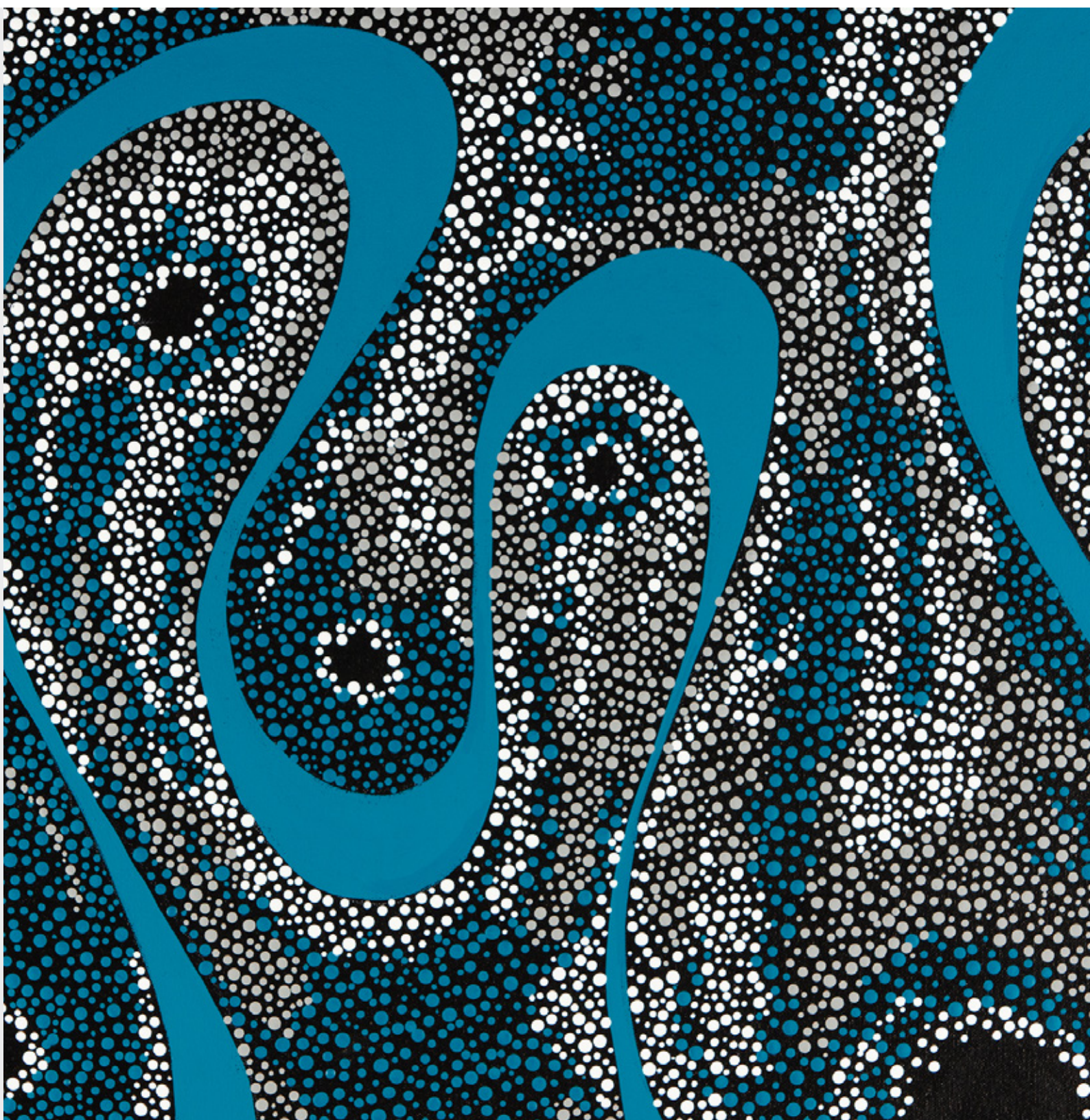


Review of Operations 2022-23



Calvary

Mater Newcastle



Contents

The Spirit of Calvary	3
Management and Community Advisory Council	4
Report from the General Manager	6
Report from the Community Advisory Council	8
Quality Report	11
Report from the Calvary Mater Newcastle Auxiliary 'Cancer Carers'	14
The Public Private Partnership	16
Stories for the Year	20
Fast facts	30
Year in Review	32
Research and Teaching Reports	38
Financial Report 2022-23	52



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.

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.

Our Values are at the heart of who we are:



Hospitality

We welcome all who come into contact with our services by listening and responding openly.



Stewardship

Our heritage, history and all we have is a gift. Our people are stewards for today and tomorrow.



Healing

We care for the spiritual, psychological and physical wellbeing of each person. We consider the whole person in all their relationships.



Respect

We value every person. We treat each person with dignity, justice and compassion whatever the circumstances.

Hospitals | Home Care | Virtual Care | Retirement Living | Residential Aged Care

Spirit of Calvary

Being for others

Everyone is welcome.

You matter. We care about you.

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

Your dignity guides and shapes the care we offer you.

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

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

We will deliver care tailored to your needs and goals.

Your wellbeing inspires us to learn and improve.

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

Management and Community Advisory Council



Hospital Executive

- General Manager: Roz Everingham/Mark Jeffrey (retired September 2023)
- Director of Medical Services: Dr Ralph Gourlay
- Director of Nursing and Cancer Services: Nicole Feenan
- Director of Medicine and Palliative Care Services: Kim Kolmajer
- Director of Critical Care and Surgical Services: Tracy Muscat
- Director of Finance and Corporate Services: Wayne Wells
- Director of Mission Integration: Kellie Goldsworthy

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 Allysyan Armstrong-Brown
- Director Clinical Toxicology: Professor Geoff Isbister
- Director of Prevocational Education and Training: Professor Ian Whyte
- Director Consultation-Liaison Psychiatry: Professor Gregory Carter
- Director Department of General Medicine: Dr Suzanne Wass
- Director Department of Palliative Care: Dr Rachel Hughes
- Director Emergency Department: Dr Ingrid Berling
- Director Haematology: Dr Sam Yuen

- Director Intensive Care Unit: Dr Menaka Perumbuli Achchige
- Director of Cardiology: Dr Stuart Murch
- Director of Medical Oncology: Dr James Lynam
- Director of Pharmacy: Rosemary James
- Director of Radiation Oncology: Dr Sanjiv Gupta
- Director of Surgery: Dr Adeeb Majid
- Director of Social Work: Julie Steffner
- Emergency Department Nurse Manager: Jo-Anne Berry and Rebecca Robertson
- Emergency Short Stay Nurse Unit Manager 2: Stephanie Duke
- Emergency Department Clinical Nurse Unit Managers: Maree Connor / Kate Blackler / Kim Blayden / Andrew Adams / Rebecca Robertson / Jo-Anne Berry
- 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: 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
- Perioperative Services Nurse Manager: Chris Aartsen
- Operating Theatre Suite Clinical Nurse Unit Manager: Stanley Meyers
- Pastoral Care Manager: Margot McCrindle
- Patient Services Manager: Brad Rochester
- Payroll Manager: Kerrie Chapman
- Physiotherapist in Charge: Judy Holland
- Pre-Procedures Nurse Unit Manager: Emma Brady
- Public Affairs and Communications Manager: Helen Ellis
- Quality Manager: Jeanette Upton
- Radiation Oncology Nurse Unit Manager: Ashley Powell
- Speech Pathologist in Charge: Patricia Potter
- Staff Development Coordinator: Jacinta Carr
- Supply Services Manager: 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: 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
- Kellie Goldsworthy
- Wayne Wells, Director of Finance and Corporate Services
- Helen Ellis, Public Affairs and Communications Manager

Report from the General Manager

As the new General Manager for Calvary Mater Newcastle, I am pleased to contribute to the hospital's 2022-23 Review of Operations Report.

Having previously worked at the Mater as the Director of Nursing and Cancer Services, it brings me great joy to return to this wonderful facility in a different capacity. The Mater is rich in values and community spirit, and I am proud to support the work of our skilled staff and the patients we care for.

Before looking back on this year's achievements, I'd firstly like to acknowledge the work of outgoing General Manager, Mark Jeffrey, who we formally farewellled in late 2023. Heading into well-earned retirement after five years at the Mater and 20 years in the health sector, Mark leaves behind a legacy of kindness and compassion.

Successfully leading the organisation through two Australian Council on Healthcare Standards accreditations and the COVID-19 pandemic, Mark demonstrated a strong commitment to his role and exemplary leadership during his tenure. He generously gave his time to many and we thank him for his service.

On departure, Mark shared his hope for Calvary Mater Newcastle - that it remain the primary cancer centre for the region, well into the future. A badge we wear with pride today.

As an Affiliated Health Organisation, we are contracted to provide public health services in conjunction with Hunter New England Local Health District (HNELHD). As part of this, we provide inpatient and outpatient services in medical oncology, radiation oncology, haematology and surgical oncology. We are also a major research and cancer clinical trials centre with local, national and international research collaborations and activities taking place.

In addition to cancer services, we provide a 24/7 emergency department, intensive care, general medicine, surgical, specialist palliative care, toxicology and pharmacology, and alcohol and drug services. We are a one of three Designated Centres of Integrated Oncology and Palliative Care in Australia, as recognised by the European Society for Medical Oncology. We are a Certified 'Gold Status' Centre for Excellence in Cardio-oncology, as recognised by the International Cardio-Oncology Society, and were the only centre in Australia to have been awarded this certification. We have a rich, 100+ year history of serving our community and are backed by unwavering local support.



This report not only exemplifies these facts, but showcases our commitment to providing high quality, safe, and innovative care that always holds the patient at the centre.

One significant achievement we must acknowledge is the launch of Calvary Mater Newcastle's inaugural Reconciliation Action Plan (RAP) and the commencement of RAP implementation activities, as part of our reconciliation journey.

It was a privilege to attend the launch event on 21 April 2023 and hear members of our hospital's Closing the Gap Collaborative discuss the importance of this work. It was fantastic to see so many staff and community members engaged, and I invite you to read more about it in this report.

I would also like to acknowledge the hard work of staff in achieving Hospital Accreditation, in accordance with the National Safety and Quality Health Service Standards. This was a mammoth effort that required everyone coming together across the hospital to achieve 'no not mets', with accreditors further commenting on the 'wonderful respect and care shown to patients'.

Our wonderful Volunteers and Auxiliary members continued to contribute so richly to the hospital, with various patient and staff support projects and fundraising efforts.

The 2022-23 financial year was a particularly successful one for the Calvary Mater Newcastle Auxiliary 'Cancer Carers', with the group working incredibly hard to raise an amazing \$232,422.16 for the hospital. I thank them for their tireless work to improve the experiences of our community and for making the Mater a great place to be.

I would also like to extend my sincere thanks to the local community for its support of the hospital, as well as the Community Advisory Council (CAC) in giving their time, their feedback and most importantly, giving consumers a voice.

Over the course of this financial year, I am pleased to say that staff have demonstrated the Calvary values of Hospitality, Healing, Stewardship and Respect. On behalf of Mark, myself and the wider executive team, I want to thank staff for their commitment to their roles, the compassion and humanity they show to patients and their loved ones, and the support and guidance they give each other, day in day out.

Every time I walk down the main hospital corridor, it brings me great pride to look around and see how staff interact with each other and with members of the community, showing kindness and a deep sense of 'Being for Others'.

It is a welcoming place to be, and I hope this continues for years to come.

Roz Everingham
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 Infection Prevention and Control, Translational Research, Work Health and Safety, Research Development and Engagement, Communicating for Safety (Standard 6), Closing The Gap Collaborative, Partnering with Consumers, Patient Blood Management, Drugs and Therapeutics, Heritage, and Mission and Values.

Members' participation ensures that each committee recognises consumer concerns, hears the consumer perspective, provides information on issues affecting consumers, and protects the interests of consumers. Members also have the opportunity to review and discuss de-identified patient feedback and complaints and review performance data.

Mater staff gain valuable insight from consumers and are appreciative of their time and contribution to ultimately improve the patient experience.

Calvary Mater Newcastle Consumer and Community Engagement Framework 2023-2028

This financial year, we were pleased to launch Calvary Mater Newcastle's newest Consumer and Community Engagement Framework (2023-2028), which builds upon the work previously undertaken within the first framework. Working in partnership with the diverse communities the Mater serves, the 2023-28 framework provides a solid structure that further embeds continuous and meaningful engagement and expands the scope of engagement activities.

The actions and priorities contained within the framework are once again driven by the voices of consumers, community and workforce through their direct input: What matters to you? What can we do better? Whose voices are not being heard?

By asking these questions, we have been able to hear and act upon some of the untold stories. These voices have been captured and explored through focus groups, surveys, staff and consumer rounding, one-to-ones and Calvary Mater Newcastle committees. Throughout, members of the Consumer Advisory Council have provided rich and meaningful observations and feedback which in turn have informed this Framework and its strategic priorities and intent.

The Framework has also taken into account compliments, complaints and surveys. It is aligned and underpinned by the Calvary Mater Newcastle Operational Plan 2022-23, the Translational Research Strategic Plan 2021-2023, Calvary Mater Newcastle Innovate Reconciliation Action Plan (2022-2024), the Health Literacy Action Plan 2019-2024, Wayfinding Audit 2021, and the Calvary Clinical Governance Framework. Other key external documents included NSW Health Elevating the Human Experience Guide, Hunter New England Local Health District (HNELHD) Policy Implementing the Partnering with Consumers Framework, the second edition of the National Safety and Quality Health Service Standards and the National Clinical Trials Governance Framework.

The content of the Framework is deeply aligned with Calvary values of Hospitality, Healing, Stewardship and Respect and embodies the Spirit of Calvary 'Being for Others.' The framework's strategic priorities, intent and actions, commits us to demonstrating our mission which is informed and directed by the experience of the people that we serve.

For our inaugural Framework, a consultation with consumers and workforce identified eight priority areas:

1. All Voices Matters
2. Human Encounters Matter
3. Listening Matters
4. Wellbeing Matters
5. Information Matters
6. Being Involved Matters
7. Systems Matter
8. Environment Matters

Over the next five years, Calvary Mater Newcastle will concentrate efforts to continue working with consumers and workforce to bring the identified priorities to life and implement meaningful actions.

Notable achievements include:

- **Achieving Hospital Accreditation in accordance with the National Safety and Quality Health Service (NSQHS) Standards** - accreditors were particularly complimentary of the involvement of Community Advisory Council members, their unwavering commitment to the hospital, the impact members have when participating in committees, and the guidance they provide as the peak consumer body.
- **Ensuring our hospital environment acknowledges and welcomes Aboriginal and Torres Strait Islander peoples** - this has been achieved by:
 - ▶ The launch of Calvary Mater Newcastle's inaugural Reconciliation Action Plan (RAP) and the commencement of RAP implementation activities.
 - ▶ The completion of the Miromullia project which sought to co-design a model of palliative care for Aboriginal people in the Greater Newcastle area. An outcome of the project was the establishment of a dedicated Aboriginal Health Worker role for palliative care, which has recently been recruited to.
 - ▶ The commencement of a 'Sorry Business' project for end of life care patients in conjunction with the Director of Mission Integration, the Aboriginal Hospital Liaison Officer, the Auxiliary and the wider staff group.
 - ▶ The installation of cultural artwork on the glass surrounding the Level 3 courtyard (near Clinical Information Services) to create a welcoming space and allow privacy for patients and loved ones using the area. Planning in underway to review the Smoking Ceremony policy, which will include this space as an option for location.
- **Ensuring our hospital provides a culturally safe environment for our Culturally and Linguistically Diverse (CALD) communities** - this has been achieved by:
 - ▶ Updating the staff orientation presentation in conjunction with Hunter New England Local Health District's Multicultural Health Unit.
 - ▶ Providing in-services on interpreter use to departments throughout the hospital which includes inpatient and outpatient services.
 - ▶ Training staff on how to use myVirtualCare for interpreter services.
 - ▶ The commencement of study 'Lost in translation? Improving outcomes for multicultural cancer patients' at Calvary Mater Newcastle in

conjunction with the Multicultural Health Unit. Funded by the Cancer Institute, this research invites clinical and non-clinical staff providing care to cancer patients, to draw on their experiences with interpreter services.

- **Implementing a clear wayfinding experience for staff, patients and visitors to the site** - this includes updating the following signage:

- Surgical Outpatient Services
- Site map
- Edith Street Car Park P2 lift signage and level signs consistent with the colours assigned for each level
- Ward re-locations.

- **Providing a diverse volunteer service** - Mater volunteers continue to support the hospital across many different areas such as the wards, hospice and wig service. Volunteer services continue to be expanded to other areas as needed (ie: to provide executive support to support services, to bring back pre-COVID-19 initiatives).
- **Supporting the Calvary Mater Newcastle Hospital Auxiliary** - the Cancer Carers continue to raise funds for equipment and items of patient comfort and care. Staff are very supportive of the auxiliary and present to the group on a monthly basis to request funding for improvement projects that will benefit patients.
- **Utilising feedback to improve the patient experience** - we continue to seek feedback from our consumers through a variety of channels. This includes through online and hardcopy feedback forms; in patient care group forums; via the 'You Said, We Did' initiative; and through verbal feedback to staff/ Executive team.
- **Keeping staff wellbeing at the forefront of all engagement activities** - this was achieved through regular promotion of the Employee Assistance Program (EAP); having EAP services on site following critical incidents/during challenging times; providing EAP drop-in sessions during Mental Health Month; and running an 'R U OK? Day' and 'Stress Bucket' activity where staff could write about/share what causes them stress and how they manage this.
- **Inviting consumers to be part of awareness, engagement and recruitment activities** - this was achieved by inviting a consumer to assist with the Prostate Cancer Awareness Month stall; welcoming parishioners on-site for a tour of the Mater for the Bishop's Staff Day; inviting consumers to judge the staff

Christmas decorating competition; and using current Mater consumers as panel members for recruitment panels.

- **Actioning of the Calvary Mater Newcastle Health Literacy Action Plan (2019-2024)** - the plan, which sits within the Consumer and Community Engagement Framework (2023-28), continues to be actioned when reviewing/creating consumer information and undertaking signage audits. The plan also highlights 'Environment' as one of the four priority areas to ensure 'health facilities and centres are easy to access and navigate'. This information is presented at Orientation Day on a monthly basis for all new staff members.
- **Promotion of the Calvary Mater Newcastle Consumer Register** - requests for Expressions of Interest to join promoted in external publications such as Hunter Lifestyle Magazine.
- **Giving back to the community that supports the Mater** - this was achieved by running the annual St Vincent de Paul Giving Tree Appeal; and donating equipment and PPE to health services in need overseas.
- **Honouring our heritage** - this was achieved through unveiling the Heritage Corridor display which was developed in conjunction with the Heritage Committee; meeting quarterly with the Heritage committee; and maintaining the Mater archives and museum, which hosts many items that have been donated by community members.
- **Focusing on projects to improve the patient experience** - this was achieved by rolling out the new Patient Care Board artwork across the hospital in early 2023, following an extensive review and implementation project; bringing back the 'Jolly Trolley' and morning tea initiatives for the hospice which were cancelled during COVID-19; the development of the 'Bedside Clinical Handover' video; implementing Quality Dashboards across inpatient and outpatient units accessible to staff, patients and visitors; welcoming additional McGrath Breast Care Metastatic Nurse, Samantha Oliver, and Cancer Navigator, Priscilla Talsma; and installing artwork in the hospice chapel as part of the 'Butterfly Project' for Palliative Care Week.



Patient-Centred Care

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 the Emergency Department.

Calvary Mater Newcastle regularly monitors and reports the results in the integrated patient feedback report. The hospital continues to perform better than peer hospitals and the NSW average in a majority of the measures.

During 2022, 96% of Calvary Mater Newcastle inpatients, 89% of Emergency Department patients, and 99% of Cancer Clinic patients the rated overall quality of care as 'Very Good' or 'Good' (95% target).

Despite the pressures on the health service during this time, 85% of inpatients, 61% of Emergency Department patients, and 96% 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 feedback assists us to identify what we are doing well and where we can improve our service.

During 2022-23 we received a total of 160 complaints, a 10% decrease compared to the previous year. 94% of the complaints were acknowledged within five days and 71% were finalised within 35 days.

The majority of complaints related to the coordination of care (49%) followed by communication issues.

Communication issues have gradually improved as COVID visitor restrictions have been relaxed and family members/carers have increased visitation access.

Delivering quality Care

Calvary Mater Newcastle is regularly assessed against a range of independent and rigorous accreditation programs to ensure our health services are safe and of a high standard.

In May 2023, Calvary Mater Newcastle became the first facility within Hunter New England Local Health District and one of the first Calvary facilities to undergo a second hospital-wide assessment under the second edition National Safety and Quality Health Service Standards. The nationally mandated assessment program is governed by the Australian Commission on Safety and Quality in Healthcare.

From the 16-19 May 2023, three assessors from the Australian Council on Healthcare Standards (ACHS) assessed all services at Calvary Mater Newcastle. The assessors visited all wards, departments and services. The assessors were impressed by the passion and enthusiasm in which staff approached the assessment process and the willingness to share their successes, particularly given the constraints and challenges that the COVID-19 pandemic has brought for the past two years.

They commented that "Calvary's value statements were clearly imbedded in Calvary Mater Newcastle's culture and demonstrated by all staff during their interactions with assessors. The workforce, inclusive of Calvary Corporate support members and Visiting Medical Officers, presented as a cohesive team all contributing to the delivery of safe, high quality and comprehensive care on a daily basis."

All actions contained in each of the standards were assessed as Met except for one action (1.27) relating to the monitoring of Colonoscopy Key Performance Indicators which was assessed as Met with Recommendation.

In addition to the periodic accreditation programs, Calvary Mater Newcastle continues to routinely report a range of nationally benchmarked measures, including the Hospital Acquired Complications indicators. These indicators assist us to identify key ongoing improvements so we can deliver better, safer care to our patients and the community.

Currently we are implementing a range of activities aimed at reducing the risk of patients developing pressure injuries during their hospital stay.

Risk Management

Incident reporting is an integral component of Calvary Mater Newcastle's risk management system. Incidents are routinely analysed and trends reported to the executive and staff. 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 healthcare.

Some of the current issues being addressed include minimising harm from violence and aggression in the workplace and the implementation of recruitment strategies to reduce medical and nursing workforce shortages.

Patient Safety

In the 12 month period, 1328 clinical incidents were notified by staff. That means on average, approximately 8% of inpatients experienced some kind of incident during their stay.

Of these, 97.4% sustained minimal or no harm, 2.6% sustained an event that required additional medical care and two events resulted in significant harm or death. Both of these incidents were reported to NSW Health and investigated in accordance with NSW Legislation. All recommendations generated from these investigations have been implemented.

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 2022-23, 6873 urgent clinical reviews were requested by clinical staff, an increase of 8% compared to the previous financial year. A total of 1031 rapid response calls were attended, however only eight (0.7%) 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 national benchmark rate remains at 1/10,000 occupied bed days (OBDs). Calvary Mater Newcastle's rate for the period 2022-23 was 1.23/10,000 bed days, which is higher than benchmark. Approximately 63% (5/8) of the SABSI infections were related to intravascular devices.

Multiple initiatives have been implemented to reduce the SABSI rates, including an increased focus on aseptic technique and the introduction of cannulation packs.

All reported healthcare related SABS infections are actively investigated to identify system improvements and processes.

Hand Hygiene

Overall during 2022-23, 87% of all staff complied with the hand hygiene audit requirements. The national benchmark is 80%. Ongoing hand hygiene auditor training programs are continuing in 2023.

Staff influenza vaccination

The 2022-23 influenza campaign, which ran from May-August, saw 90% 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 the site to benchmark 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 2022-23 financial year was a successful one for the Calvary Mater Newcastle Auxiliary 'Cancer Carers', with the group back on track and operating many of the fundraising activities they ran prior to the COVID-19 pandemic.

This financial year, the 'Cancer Carers' rallied together and worked incredibly hard to raise an amazing \$232,422.16 for the hospital.

With 25 members ranging in age from 63 to 96, the auxiliary worked a total of 11,947 hours, equating to 477.88 hours per member and an average of \$9,297 being raised per member.

Below is a breakdown of how the funds were raised for the 2022-23 financial year:

Activity	Funds Raised	Activity	Funds Raised
Bank Interest	\$2512.84	Grants	\$30,000.00
Bowls Days	\$9434.60	Housie	\$42,488.00
Cookbooks	\$528.00	Jams and pickles	\$5,543.05
Cooking Craft Days	\$3871.30	Lollies	\$22,253.55
Craft	\$41,811.75	Raffles	\$3025.80
Donations	\$23,051.11	Sundry	\$6033.94
Functions	\$22,142.47	Bunnings BBQ	\$7414.25
Golf Day	\$12,311.50		

Whether it be manning lolly and craft tables, selling raffle tickets, attending luncheons, movie days and fashion parades, crocheting items, catering at bowls days and lolly packing, the Auxiliary received incredible support from their own members, families, friends and loved ones throughout the year.

In addition, the Auxiliary were richly supported by the local community who donate to the group and purchase goods for the benefit of the hospital and its patients.

Providing ongoing support was Beresfield Bowling Club, who continued to hold 'Housie Sessions', and the Wests Group via their ClubGRANTS NSW. Contributions the Auxiliary were incredibly grateful for.

Over the year, the Auxiliary purchased hospital equipment to the value of \$213,058.16. Equipment and items purchased included:

- 2 low profile beds for Ward 4B (Surgical) and 1 low profile bed for Ward 5C (Haematology) - \$26,973
- 2 low profile beds for Ward 5A (Coronary Care Unit) - \$20,161.20
- Tovertafel 'Magic Table' for Ward 5B (Medical) - \$16,499
- 38 high back patient chairs for use across the hospital - \$22,702
- 1 bariatric bed for use across the hospital - \$27,588
- 10 electric recliner chairs for Ward 5C (Haematology) - \$19,351.86



- Ultrasound Machine for the Vascular Access Team (VAT) - \$31,000
- Pressure Relieving Devices for use across the hospital - \$22,974.30
- Memory keeping packs for the Adolescent and Young Adults Team - \$10,000
- Walkers and forearm support frames for the Oncology Loan Pool Physiotherapy Department - \$9,808.80
- Contribution towards Head and Neck cancer patient prosthetics - \$5000
- Weekly fresh flowers for the Mary Potter Chapel - \$1000

Other donated items included:

- Comfort teddies for ED
- Toiletry bags for ED patients
- Pump bags for Ward 4B and Day Treatment Centre
- Knitted blankets for the Hospice

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, Suzanne Lawrance; Vice Presidents, Robyne Pitt and Gloria Graham; Assistant Secretary and Assistant Treasurer, Margaret Dougherty; 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, Deb Astawa and Courtney Farrar
- Mark Jeffrey - General Manager
- Kellie Goldsworthy - Director of Mission Integration
- Finance Department - Lynda Evans, Wayne Wells and Selina Maybury
- Support Services - David Millington, Darrin Jenkins, Peter Hobson, Hayden Linich and Corey Pepperrall
- Assistant Auxiliary Treasurer - Brenda Harris
- Beresfield Bowling Club and other District Bowling Clubs
- The Wests Group (ClubGRANTS NSW)
- 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, Michael Caldwell.



Soft Services

Medirest proudly delivers specialist food, hospitality, and support services to patients, staff, and visitors and we have once again valued our role in supporting Calvary Mater Newcastle throughout 2022-23 in delivering excellent patient centred care for which they are renowned.

Whilst the COVID-19 pandemic continued to have an impact during mid to late 2022, particularly around increased employee absenteeism and a difficult recruitment landscape, the Medirest team were diligent in collectively delivering consistent care and flexibility to ensure we maintained our high-level services across our departments. Highlights for the Medirest team included:

- NSW Food Authority - Food Safety Program Audit; "A" rating achieved
- Newcastle City Council Food Business External Audit; five star rating achieved
- Successful participation in the Calvary Mater Newcastle accreditation

Overall Service Statistics

- The Catering team served 365,902 meals to hospital patients
- The Security team attended 1,284 incidents
- The Reactive Cleaning team made 11,273 hospital beds
- The hospital site generated 67.95 tonnes of clinical waste
- Helpdesk Operators logged 21,196 events
- 595 tonnes of waste were diverted from landfill
- 43,287 deliveries were received via the Stores department

Catering Services

The Catering Department prepared and served a monthly average of 30,491 hot and cold patient meals during the reporting period. Working closely with the Nutrition and Dietetics Department our team also ensure the necessary accuracy and extra care required to provide specific diets and supplements to patients. Highlights included:

- Collaborating with the hospital Food Services Working Group to implement the NSW Agency for Clinical Innovation menu and nutrition changes.
- Achieving the NSW Food Authority - Food Safety Program Audit "A" rating for the eighth consecutive year.

Retail

High quality meals, beverages, snacks, and ancillary items are offered via retail outlets Deli Marche Café, Amigo-to-Go Express Store, Level 2 Coffee Cart, and vending machines located throughout the hospital. To further enhance our vending machine options during the reporting period, the retail team introduced fresh vending in the Emergency Department Waiting Room ensuring that fresh food and beverage options are readily available for visitors, staff, and patients at all times.

As the COVID-19 pandemic restrictions began to ease throughout the reporting year, visitor numbers slowly increased resulting in the average customer numbers rising to 4,507 per month. Reduced restrictions also enhanced our ability to provide onsite catering opportunities for several Calvary Mater Newcastle events including:

- Mary Potter Day staff BBQ
- Celebration of Service cocktail party
- Accreditation "Thank You" BBQ

Helpdesk

The Helpdesk provides a primary point of communication for all Novacare service requests twenty-four hours a day, three hundred and sixty-five 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, reactive, 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 939 beds within the hospital per month over the reporting period, and a monthly average of just over 5.66 tonnes of

clinical waste was removed from the site. Over the year we continued to work closely with the Sustainability Committee and are pleased to have achieved the following:

- Diverting 72% of our general waste from landfill via the Bedminster waste recovery system. A total of just over 366 tonnes of compost was produced via this method.
- Recycling 10.9 tonnes of confidential wastepaper via Veolia / Shredex which was repurposed into more sustainable paper products.
- Just over 28 tonnes of paper and cardboard was diverted through correct source separation and repurposed into recycled paper products.
- 1036 kilograms of batteries have been diverted and precious metals such as lithium, silver, gold, and cadmium have been repurposed to process more batteries.
- Recycling 1.8 tonnes of PVC via Baxter Healthcare / Cleanaway Daniels. The PVC IV bags are recycled on the wards and converted into children's play matting.
- E-waste recycling was raised via the Calvary Sustainability Committee. As a result, Medirest engaged Veolia to implement a site-specific e-waste program.

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 2022-23, Medirest Security Officers responded to an average of 93 Code Black incidents per month, 26 unconfirmed Code Red and two confirmed Code Red incidents within Calvary Mater Newcastle.

The Medirest Security Manager continued to deliver fire and evacuation training regularly throughout the year via mandatory in-services and refresher courses. These sessions also included facilitating fire and evacuation training online via Microsoft Teams and also scheduling multiple sessions across singular days to provide varied and regular training opportunities for all participants.

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 hospital, the Materials Management Department also maintains a supply of a wide range of items required in clinical areas.

During 2022-23, the department issued a monthly average of 3607 combined stock units to hospital wards.

Hard Services

Honeywell proudly provides a fully integrated Facility Management Service solution that is people-centered, providing comprehensive, responsive, and high-quality outcomes to patients, staff, and visitors throughout Calvary Mater Newcastle. Highlights for the Honeywell team in 2022-23 include:

- Upgrade completed to EBI and DVM system
- Completed the network cutover to new edge and core switch systems to site
- New Med levels 2, 3, 4 and 5 controller upgrade completed
- Roof replacement completed in old North Block 5C, 5D and 5E
- Chiller replacement in Central Plant Room

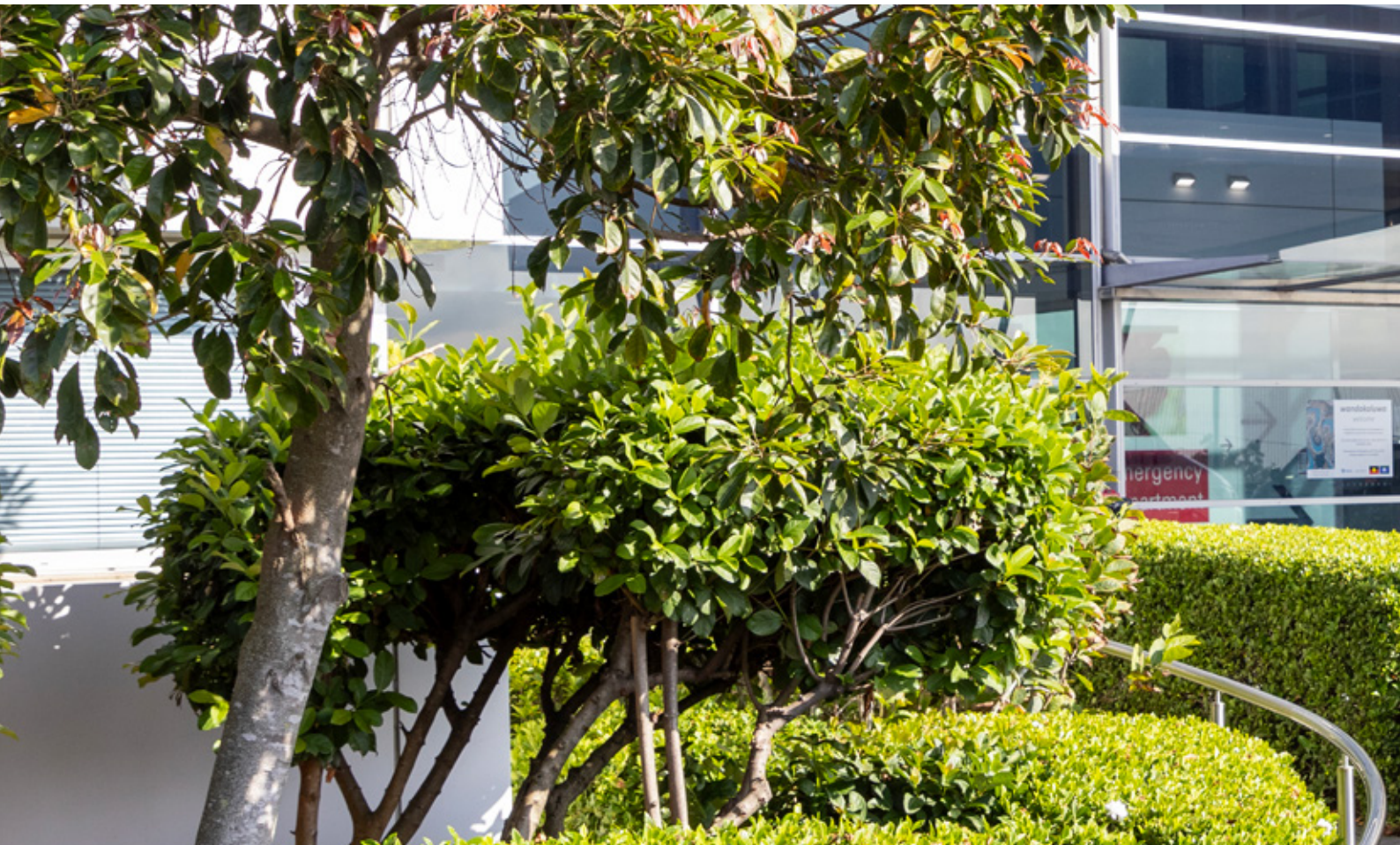
Overall Service Statistics

- The Reactive Maintenance team responded to 6,141 maintenance requests
- 1,961 planned maintenance events were scheduled and completed
- Responded to 11,569 critical alarm notifications

Variations and Minor Works

Honeywell supports Calvary Mater Newcastle in ensuring the facility continues to meet the operational needs by undertaking variations and minor works as requested by the hospital. These works have included:

- Installation of ICU patient care boards
- Clean corridor swipe access
- Installation of 4C alcove desks



Lifecycle

CFE planned refurbishment works are an integral part of Honeywell's dedication and commitment to provide a lifecycle plan for continual productivity to site operations. A lifecycle works plan is developed annually from the condition audit and it identifies assets that are due for replacement. CFE planned refurbishment works, and other planned works which are deemed to be non-essential are scheduled on the lifecycle works program with a 5-year look ahead. Key life cycle projects completed during the reporting period included:

- Replacement of the old North Block roof
- Bathroom refurbishments
- Replacement of boilers
- Ward 4C and 5D nurse call system upgrade
- Upgrade of three boilers and four pumps

Grounds and Gardens

Honeywell continues to maintain the grounds and gardens throughout the site. Gardens are designed and maintained to ensure it provides an aesthetically attractive, healthy landscape that compliments the hospital and local environment. The numerous courtyard areas provide a space for staff, patients, and visitors to relax, enjoying the landscape and helps to promote wellbeing.

The grounds and gardens throughout the site have been a focal point with Honeywell undertaking re-mulching and planting native plants to all garden areas providing an attractive outlook with completion of external cleaning to continually improve and maintain the aesthetics of the external and internal spaces across the hospital. This has included the refurbishment of ICU courtyard which provides a place of calmness and serenity for hospital employees.



Stories for the year

Celebrating the launch of our inaugural Innovate Reconciliation Action Plan



On Friday 21 April we celebrated the launch of Calvary Mater Newcastle's inaugural Innovate Reconciliation Action Plan (RAP) as part of our reconciliation journey.

The launch event took place in the hospital's main foyer, level 3, in the Delimarche seating area. It was wonderful to see so many staff and community stakeholders attend to celebrate the launch of our inaugural RAP.

Rob Russell, Chairperson of our Community Advisory Council and member of the hospital's Closing the Gap Collaborative Committee spoke about the importance of the RAP, it's meaning to Calvary Mater Newcastle and the work of Reconciliation Australia. While Mark Jeffrey and Kellie Goldsworthy reflected on what the RAP entails and Calvary Mater Newcastle's commitment to reconciliation. The event concluded with Johnny, a proud Bundjalung man, filling our corridor with the wonderful sounds of the didgeridoo, while guests were treated to some bush inspired savoury and sweet treats.

Our inaugural Innovate RAP is built on strong relationships with our Closing the Gap Collaborative Committee, the Hunter New England Aboriginal Health Unit, our Community Advisory Council members, and collaboration with local Aboriginal and Torres Strait Islander organisations. Our RAP is an opportunity to align the work we have undertaken so far in improving Aboriginal

health outcomes with the national process of reconciliation, determined by First Peoples.

Through the pillars of our RAP - Relationships, Respect, Opportunities and Governance - we are focused on developing and strengthening relationships with Aboriginal and Torres Strait Islander peoples, engaging staff and stakeholders in reconciliation, and developing and piloting innovative strategies to empower Aboriginal and Torres Strait Islander peoples.

At the heart of our Innovate RAP is a willingness to embrace diversity and inclusion which is fundamental for the reconciliation journey. Our RAP provides us with a framework which will guide and lead us towards reconciliation through the Spirit of Calvary 'Being for Others'. We recognise that it is not one act but a journey that requires commitment.

Our thanks go to the team at Reconciliation Australia for their guidance throughout the process, our committed RAP Working Group – Margaret Whitson, Liana O'Connor, Helen Ellis, Kellie Goldsworthy and past Director of Mission Mary Ringstad. Together with the support and knowledge of our Closing the Gap Collaborative Committee and our Community Advisory Council. Also, a special mention to Deb Astawa for her graphic design expertise which is showcased in the RAP.

Additionally, as we come to the end of our Centenary year at the Mater it was also important for us to acknowledge those who have been missing from our story - that of the Awabakal people - the original inhabitants of the land, on which the service operates.

Saretta Fielding was commissioned to produce a beautiful piece of glass artwork that was proudly unveiled at this launch event. The artwork now proudly hangs in our Heritage Garden. The artwork encompasses Aboriginal art that symbolises what this hospital means - it is community,

a place where we all gather, where Elders teach and a place of health. The Awabakal people are also represented through stylised hills and plains. Always was. Always will be.

As part of our RAP we invite any Calvary Mater Newcastle staff to identify your Aboriginal and/or Torres Strait Islander origin through the Equal Employment Opportunity tab in My Kiosk within Calvary Connect. Your personal information will be kept confidential and the only data shared will be statistical, therefore de-identified.

Meaningful play puts patient needs first

Patients and staff from Ward 5B recently welcomed a new addition – a ‘magic table’ known as a Tovertafel – which was generously funded by the Calvary Mater Newcastle’s Auxiliary.

Designed for use in health care settings, the Tovertafel is a games console with interactive activities which aim to improve the wellbeing of patients living with dementia.

Nurse Unit Manager of Ward 5B, Niamh Finch, said that the service was pleased to be able to offer the new console to improve the cognitive and physical activity of patients.

“Stimulating physical activity in elderly people with dementia is especially important, as they often don’t get enough exercise,” she said.

“The magic table is a great tool for making physical activity fun, and the games promote social bonding between those living with dementia, health care professionals and family members.”

Utilising the combination of a light projector, computer, infrared sensors and a loudspeaker, interactive images are projected onto a table below, allowing users to point, swipe and draw their way through various games.

According to Niamh, this has proven particularly effective in calming agitated patients.

“Participating in activities like the ones offered on the Tovertafel, can help a person with dementia achieve purpose and pleasure, reduce anxiety and provide positive stimulation without being too overwhelming,” she said.

“It’s also great for staff because the table can be easily cleaned between uses, games can be played by one user or a small group, and there are multiple game options designed to suit differing ability levels and interests.”

While the table is situated in the Ward 5B patient lounge, it is available for use by patients across the hospital. To date, the occupational therapy department have made good use of the magic table during their activity groups, as

they can target the activities to their patient’s needs.

Niamh extended her thanks to the Auxiliary for their support and reflected on the benefits to patients so far.

“We are witnessing some people really cheering up and expressing themselves after using the magic table, whereas prior to this, they were very quiet and demonstrating low moods on the ward.

“We thank the Auxiliary immensely for this funding which has allowed us to purchase this item that promotes unlimited and meaningful play for our patients.”



Stories for the year

Research excellence at it's best



We once again say a huge congratulations to Dr Katie McGill, Calvary Mater Newcastle Research Manager in Suicide Prevention, on her latest success. Katie was co-winner of the University of Newcastle 2022 Higher Degree by Research (HDR) Research Excellence Award for her work on suicide prevention.

The University of Newcastle, under the auspices of Graduate Research, award the annual HDR Excellence Awards, across four categories (Research Excellence, Community Engagement, Industry Engagement and Leadership Excellence). These awards are open to all HDR students enrolled at the University in any Faculty and on any campus.

The award recognises and celebrates outstanding early career researchers and research supervisors, and the important role they play in research achievements. The accolade is awarded to an outstanding HDR student in recognition of excellence in their research activities over the past 12 months.

Dr Ralph Gourlay, Director of Medical Services, said, "I understand that this was related to Katie's work at the Mater on suicide prevention in demonstrating the benefits and uses of a clinical case register for all deliberate self-poisoning patients. This is a fabulous contribution and we are extremely proud of Katie. I hope she also enjoyed 'a bit of the glow' of being recognised through this prestigious award."

Katie said, "I'm absolutely thrilled, and humbled, to receive this award. It is so encouraging to receive an award like this as an early career researcher, particularly when all the nominations were so worthy. It is also a lovely way to finish off what has been a very demanding few years.

"This award is also a tribute to all of those who have helped make the research program possible, not the least being Calvary Mater Newcastle, and I couldn't have asked for a better mentor or supervisor than Greg Carter. I look forward to continuing the work to make sure that the care and support we provide to people who are suicidal or who self-harm is the best it possibly can be."

A DYNAMIC Trial – Tumour DNA technology provides effective pathway to colon cancer treatment

Congratulations to the Calvary Mater Newcastle Medical Oncology team, who provided a prominent leadership role in a successful cancer clinical trial that was published in one of the world's leading medical journals, the New England Journal of Medicine.

The DYNAMIC trial was the first completed randomised clinical trial of circulating tumour DNA technology. It aimed to improve the treatment of patients who had been diagnosed with early stages of colon cancer and in return improve their quality of life.

Dr Fiona Day, Lead of the trial at Calvary Mater Newcastle and Senior Staff Specialist Medical Oncology, explains a standard treatment for patients with stage two or three colon cancer is surgery followed by chemotherapy to reduce the chances of the cancer's reoccurrence.

However, through this trial they were able to differentiate and tailor treatment for patients based on the results of a super sensitive blood test, performed on the patients four to seven weeks post-operative, which detects a tiny trace of the cancer's DNA in the blood. Through the results of this microscopic blood test, the treating doctor is then able to tailor treatment - have chemotherapy after surgery, or just have the operation alone.

"The results of the trial have been dramatic, almost halving the number of people needing to take chemotherapy. Those patients who needed intensive treatment received it and those who didn't benefited from bypassing chemotherapy, meaning no unnecessary side effects and inconvenience," said Dr Day.

Calvary Mater Newcastle was one of 23 sites that participated in this Australian wide trial that recruited 455 participants. Our Mater team are to be congratulated on being one of the highest recruiting sites despite the hurdles of not performing this surgery on site and the extremely tight timelines for eligibility for the trial.

Fiona comments, "Recruiting participants to this trial was a real team effort across the Mater and our colorectal surgery colleagues across the District."

Dr Day concludes, "The favourable results of this trial are a great step forward in improving the lives of people facing colon cancer and how we treat them."



Stories for the year

The Mater was in his corner



For siblings Darren and Kelly Turner, the care their father received at Calvary Mater Newcastle following a diagnosis of melanoma, had a lasting impact on them both.

It was with this care and attention in mind, following the sad death of their father John in October 2021, the siblings decided to each make a donation from their inheritance towards the hospital's Melanoma Unit.

John was a butcher by trade for 65 years and such was his dedication he continued to work until 80 years of age. When John wasn't working he spent his spare time outdoors – fishing, enjoying time at the family holiday home up the Bay, always out in the sun.

With not much knowledge of sunscreen at this time, John consequently had many skin cancers removed in the 90's and in 2014 he was sadly diagnosed with a melanoma on his scalp. The melanoma spread to John's liver which meant in this instance doctors were unable to operate. However, an immunotherapy clinical trial was available at the Mater for John to participate in.

Darren said, "Dad responded so well to the clinical trial. His spirits were lifted knowing that the trial was a pathway for him and that the Mater was in his corner!"

Kelly added, "Dad had a very positive mindset after the trial - it gave him a good quality of life for a further six years. He was a strong man, with nine lives, and he still lived quite independently right up until he died last year at 86 years of age. He died of a fall not the melanoma."

The generous donation will help provide better access and ongoing care for the hospital's melanoma unit patients. Cheryl Cooley, Nurse Manager Surgery, explains, "The money will be put towards converting an office to a clinic room, updating our equipment used to identify melanoma, as well as melanoma research.

"Donations such as this, go such a long way, we are ever so appreciative."

Get Up, Stand Up, Show Up

The week of NAIDOC 2022 was marked by wet weather, which meant that some of our planned Mater activities, such as our Welcome to Country and Smoking Ceremony had to be postponed. However we were still able to celebrate and recognise NAIDOC Week through a number of events. We were still able to Get Up! Stand Up! Show Up!

On the Tuesday, we were lucky to welcome and learn from Linda Dipper of Oz Tukka who introduced staff, visitors and patients to Australian native bush foods for cooking, growing and improving health. Special scones with native jams and creams also proved very popular.

Margaret Whitson our Aboriginal Hospital Liaison Officer, together with colleagues from the Hunter New England Local Health District Aboriginal Health Unit, spent time yarning in our main foyer during the week.

This was a great chance to learn more about Aboriginal Health Services, culture and to learn about what's going on in Community. Margaret was also a wonderful quizmaster giving staff and patients an opportunity to win many a fabulous prize and learn more about Aboriginal culture and history.

The postponed Newcastle Day of Celebration March and Opening Ceremony for NAIDOC Week was held in Newcastle on Friday 15 June. An invite was extended to

members of the Calvary Mater Newcastle Closing the Gap Committee and identified staff members. The March culminated at the Newcastle Foreshore and was a day of community celebrations and get-together.

Margaret Whitson commenting on the event, "It was such a great day for all members of the community to come together as one and to show that we can all Get Up! Stand up! Show Up!"

"Whilst participants from Calvary Mater Newcastle were getting ready to commence the March, and were unfolding our banner, a community member approached and made a point of thanking the Mater for the amazing care that we provided to her mum at end of life. Throughout the March there were many times the hospital and its staff were recognised and thanked."

Held on the first week of July each year, NAIDOC Week is a time to celebrate and recognise the history, culture and achievements of Aboriginal and Torres Strait Islander People – as well as an opportunity for all Australians to learn and celebrate the oldest, continuous living cultures on earth.



Stories for the year

Made with Love – Murrum

For Lori Parish, Medirest Human Resources Manager and proud Bundjalung woman, having experienced the tragic loss of her daughter and in later years her grandson due to stillbirth, the motivation to help people in similar situations was high.

“After the loss of my grandson, I started volunteering with an organisation that supplied clothing for stillborn babies. I wanted to put my sewing, knitting and crocheting skills to good use,” she said.

“However, along the way I noticed that the packs weren’t always reflective of different cultures, so I wanted to do more to help support our diverse communities.”

In 2017, Lori and her co-founder Melinda Parker created Made With Love – Murrum, a national charity. Murrum means pretty, beautiful, lovely, good, in Bundjalung language. The team, including approximately 60 volunteers, provide a package of funeral garments for babies born sleeping or miscarried. These packs contain various items that are lovingly made and then packaged and sent to various hospitals, women’s services, and funeral directors across Australia.



The packs include an outfit or cocoon made from repurposed wedding dresses, a handmade nappy, booties, a beanie, a blanket, card and handbag charm, and are centred on helping the family create a memory of the baby. “All of the team want to help the family honour the life of their loved one,” Lori said.

The clothing included in these packs is adapted to take into account different cultures. For example adapting the style of clothing and using the colour red for Chinese cultures; white for Hindu; green, white and blue for Torres Strait Islander culture and red, yellow and black for Aboriginal people.

“We try to have an inclusive range of garments that are culturally appropriate for the diverse communities that live in Australia,” Lori explained.

The charity operates wholly and solely through donations and there is a pledge system when accepting wedding dresses.

The donor pledges their dress by submitting a photo through the charities Facebook page called Made With Love – Murrum. The dress is then placed on a waiting list until a seamstress becomes available. The freshly cleaned dress is then sent by the donor direct to the seamstress.

Suzanna Belavic, Staff Health Nurse, was one such person who donated her dress to the charity. Lori estimates that approximately 40 outfits will be created thanks to Suzanna’s kind donation.

The charity also accepts donations of handmade cards, wool, fabric and handbag charms.

“I have a great sense of family and kinship and I see this as my opportunity to do a little bit along the way to help others. It’s a privilege to help honour these lives,” Lori said.

“Our volunteers are the backbone of what we do and we can never thank them enough.”

The butterfly effect

Visitors to the Hospice will be treated to a beautiful collection of colourful butterflies adorning the walls of the Chapel. During Palliative Care Week 2022 staff commenced the 'Butterfly Project', a project aiming to create a mindful space for staff to create a butterfly in memory of a patient they had been caring for at their end of life.

A space was set up in the Chapel along with many and varied craft supplies to create and decorate a butterfly to be placed on a display board. The plan was to have the butterflies on display during 2023 Palliative Care Week to honour and remember the patients who had died in care.

Carolyn Nichols, Pastoral Care Practitioner Palliative Care, said, "As the project evolved we held a few afternoons in the Hospice where staff could drop in and gather around a table and create butterflies together. This proved to be a rich time of sharing and remembering patient's stories as we decorated their butterfly.

"The display of butterflies in the Chapel has grown and is now emerging as a beautiful wall of remembrance. In the process it became evident that families were also drawn to the butterfly wall's creativity and significance. They too began making butterflies to add to the wall, but also selected particular butterflies to take home as a keepsake of their experience in the Hospice!

"As a result, the number of butterflies on display for Palliative Care week has reduced, but as with many Arts Health and Community Engagement projects, the butterfly



project has taken on a new meaning for our team, and will continue on proving to be a source of well-being and team connection."

The final step of the project will see the creation of a Butterfly Art Installation for Palliative Care Week 2023, held in late May, which will be displayed in the Calvary Mater Newcastle main foyer.

Lions, monkeys, and bears, oh my!

Lions, monkeys, and bears are just a few of the animals brightening up the walls of our Parent's Room, located on the level 3 main hospital foyer, since a mini renovation of the room has been carried out.

Gone is the cold and sterile environment and in its place is a functional and cheerful space allowing us to help meet the needs of parents and babies when at the hospital, whether they are a visitor, patient or staff member.

Talented local artist Gwynne Jones got onboard to create a series of colourful fun animals and flowers to warm up the white tiles via a series of decals. Gwynne also created an engaging illustration that was printed onto a large perspex panel and placed over the benchtop. A padded baby changing mat was also added to this area.

A new armchair and small side table was placed in the corner of the room by an electrical

powerpoint, allowing for a more comfortable breastfeeding experience and providing a quiet, private/lockable place for staff to express milk.



Stories for the year

Training our paramedics

In the spirit of helping a friend, Calvary Mater Newcastle recently hosted local paramedic, Juliet Stark, for training to become an intensive care paramedic.

As part of the specialist program, paramedics are required to complete a five week block of training which incorporates two weeks in operating theatres; one week in an emergency department (ED); one week in an intensive care unit (ICU); and a final week in Sydney to complete road retrieval and air ambulance training.

Juliet, who is typically located at the Rutherford base, approached the Mater to host her for the training.

"There aren't many hospitals outside of Sydney who facilitate this training," she said.



"I knew the Mater had an ED, an ICU and theatres, so it ticked all the boxes. I approached the team to see if they'd be interested in taking me on, and they were more than happy to help, so I was very thankful!"

During her time at the Mater, Juliet gained skills from each department.

"In theatres, it was very interesting to learn about the airway manoeuvres and management, as well as the extubating and infusion processes in ICU.

"I am a trained ED nurse and I actually work at the Mater too, so I knew what to expect in that department," she laughed.

The main takeaway for Juliet came from jumping in on morning rounds with the doctors and nurses, getting an insight into their goals and approaches to care for patients.

"It's been a lovely time here - each department has been welcoming, kind, considerate and really understood my learning objectives.

"Staff were waiting for me each day and did everything they could to help me meet those objectives."

Juliet has since headed to Sydney to complete her final week of training, and will then be stationed in Hamilton for 18 weeks to complete her qualification.

Once finished, Juliet will join approximately 5 per cent of the NSW paramedic workforce, who are intensive care trained.

All the best Juliet - it was a pleasure hosting you!

Supporting the bereaved

Calvary Mater Newcastle has a group of dedicated volunteers known as the Bereavement Support Team.

The group, including Sue, Pat, Margaret, John and Siobhán (not pictured) provides support to the loved ones of palliative care patients following their death.

They ensure that people are given the opportunity to share their story, express their pain and experience the healing that comes with deep and non-judgemental listening.

They have extensive knowledge about grief, outstanding communication skills and an incredible ability to build trust and rapport with loved ones.

Between them, members have 56 combined years of voluntary service to the Mater. In the 2022-23 financial year, they made a total of 863 phone calls.

Demonstrating the impact of this team, below is a story submitted to the Mater executive team:

One of the Bereavement Support Team volunteers called a woman four months after the death of her husband.

On answering the phone, the woman's first response was "I'm so glad you called".

These words prompted the woman's tears, before she began telling her story. She explained that she and her husband had been married for more than 60 years. That she has good and bad days. That today was a bad one.

She explained that she missed her husband terribly. She spoke of the deep pain and guilt she felt, as he had died peacefully overnight while she slept.

While she had love and support from her family, she hadn't shared this story with anyone previously.

The volunteer was deeply moved by this encounter. Due to volunteer's ability to listen, empathise and validate but not judge, this was a pivotal moment in the woman's journey of healing.



Fast facts



39,816

Emergency presentations



16,401

Patients admitted



4.03 days

Average length of stay



717

Melanoma Unit patient services



365,902

Patient meals



463

New staff recruitment health reviews



1493

Employees



1141

ICU rapid response calls



6637

Surgical outpatient services



363

Items provided from the Oncology Equipment Loan Pool



3528

Medical Oncology nurse practitioner occasions of service



7701

Haematology Ward inpatient admissions



1189

Psycho-Oncology Service occasions of service



695

Coronary Care Unit Admissions



4003

Department of General Medicine
inpatients/admissions



10,164

Day Treatment Centre
recorded treatments



3756

Volunteering hours



125

Medical oncology
clinical trial enrollments



11,017

Patients visited by
Pastoral Care



599

Intensive Care Unit admissions



5425

Same day admissions



\$232,422.16

Raised by Auxiliary members



4530

Procedures performed by Operating Suite and Preoperative Clinic
including electroconvulsive therapy treatments



1639

Department of Consultation-Liaison
Psychiatry occasions of service

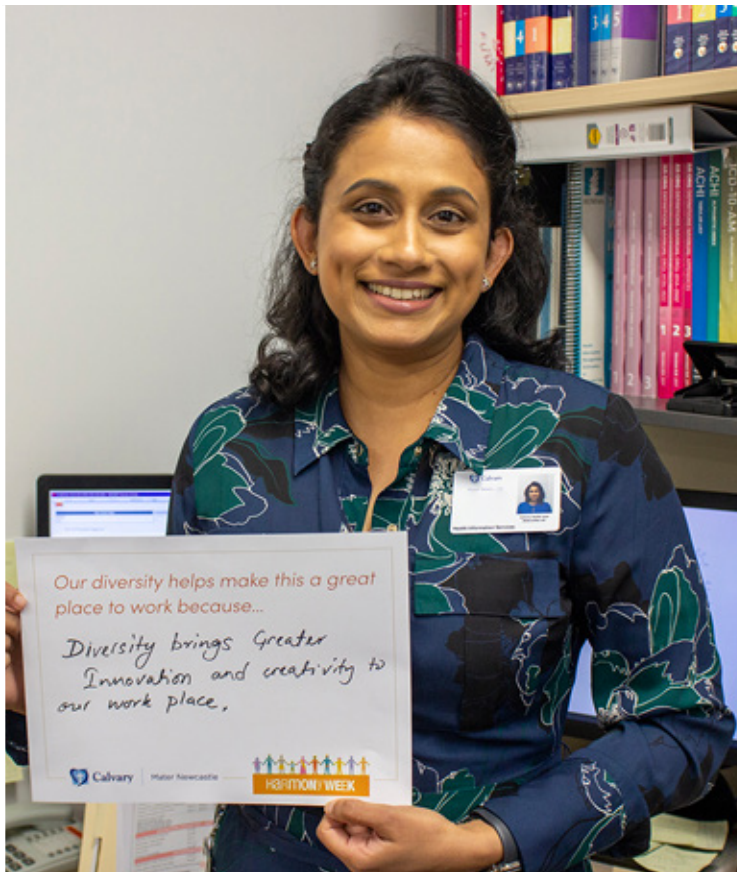


1755

Radiation Oncology patients received
radiation therapy

Year in Review





Year in Review





Year in Review





Research and Teaching Reports

A message from the Research Committee

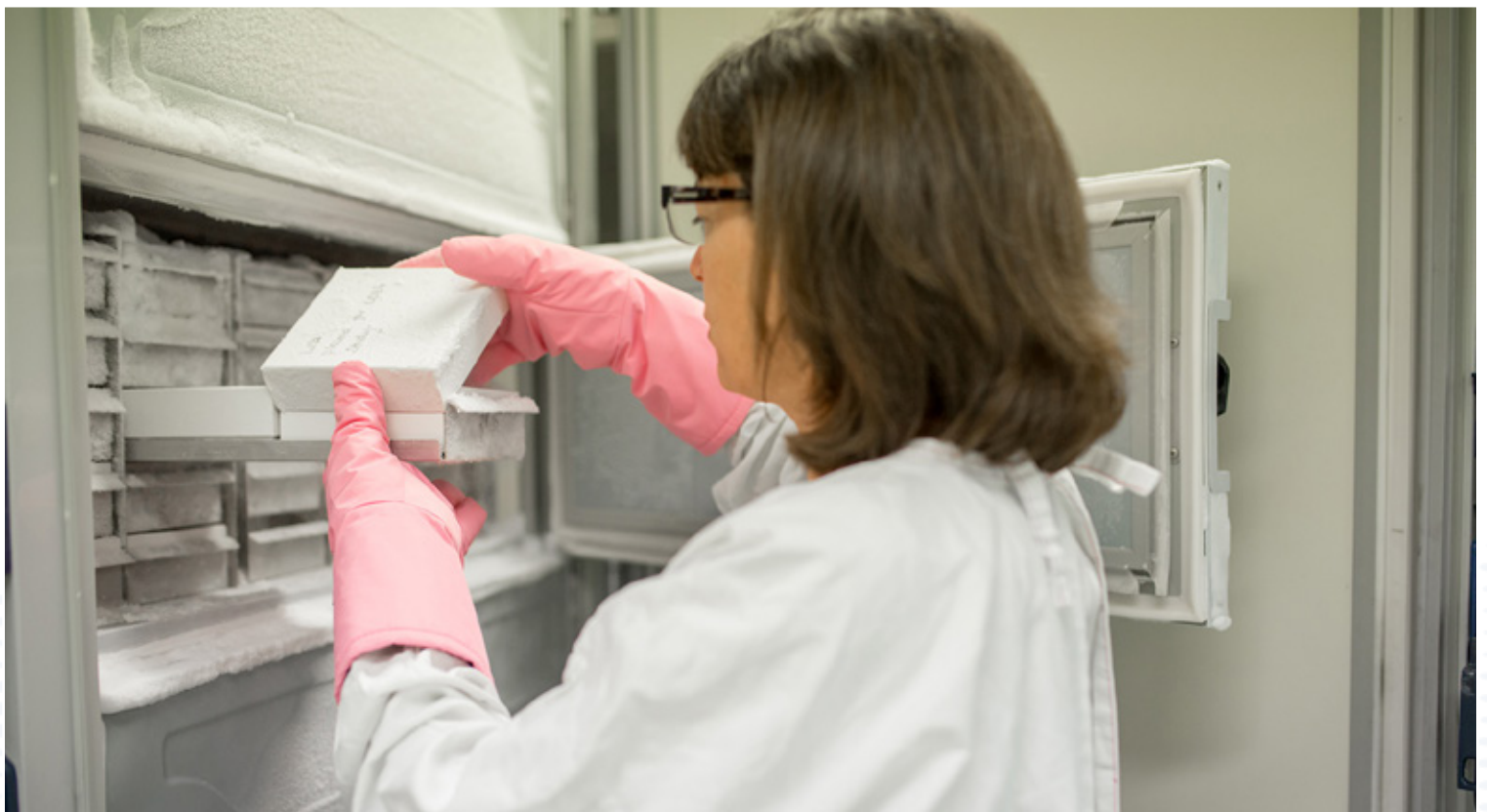
The Translational Research Advisory Committee (TRAC), Clinical Trials Sub-Committee (CTC) and Research Development and Engagement Sub-Committee (ReDE) have experienced a productive period throughout 2022-2023.

The main areas of focus of our research committees throughout the year included:

- The National Clinical Trials Governance Framework (NCTGF)
- Statewide Clinical Trials Management System (CTMS)
- Consumer Engagement and Involvement in Research
- Facilitation of the CMN Annual Grant Rounds

Achievements by our research committees and research teams throughout the year included:

- Establishment of a NCTGF Working Party
- Review and updating of the CMN Research Standard Operating Procedures (SOP's)
- Development and implementation of a Clinical Trial Participant Patient Survey
- The announcement of the Vicki Barrett Research Fund which was established after a generous donation was received from the estate of Vicki Barrett, a previous CMN patient with the wish for her bequest to be used for cancer research.
- Promoting awareness of the CMN Research Governance process throughout the hospital
- Consumer engagement activities - (Laboratory tour, Hunter Valley presentation, Visit and donation from Lifeball members)
- Celebration of Medical Research Week and International Clinical Trials Day
- Establishment of an Early Phase Clinical Trials space.



Research Grants awarded

The Calvary Mater Newcastle Research Development and Engagement (ReDE) Committee was pleased to be able to offer grant opportunities in 2022-23 through the Oncology Research Grant, Margaret Mitchell Grant, Vicki Barrett Research Fund and the HCRA Clinical Cancer Research Fund.

The successful recipients of funding in 2022-23 were:

Oncology Research Grant

- Dr Jennette Sakoff and Dr Jayne Gilbert, Medical Oncology – The AHR pathway and breast cancer selectivity, \$34,650.

Margaret Mitchell Grant

- Dr Lisa Lincz, Kathryn Skelding, Dr Anoop Enjeti, Haematology – A potential circulating biomarker for leukaemia and pre-leukaemia \$23,197.
- Madhu Garg, Dr James Lynam, Medical Oncology – Mitotane Pharmacodynamics in Adrenocortical Cancer in Children and Adults, \$25,000.

Vicki Barrett Research Fund

- Dr Shyam Gangadharan, General Medicine – Mechanisms of cancer related stroke: to detect cancer in patients with cryptogenic stroke, correlating brain imaging and biomarkers, \$16,640.

HCRA Clinical Cancer Research Fund

- Sarah Gallagher, Radiation Oncology – Essential lab equipment for storing cancer clinical trial patient samples, -80 freezer, \$12,000.
- Dr Jayne Gilbert, Medical Oncology – Maintenance of essential equipment in the processing and storage of patient samples. Servicing of biological safety cabinets, balances, centrifuges, repair of ultra-low freezer, liquid nitrogen, \$4,275.
- Madhu Garg, Medical Oncology – HPLC and data analysis infrastructure support for therapeutic drug monitoring in Cancer patients. HPLC service/maintenance, Statistica software renewal, HPLC analytical columns, guard columns and vials, maintenance/repair microcentrifuge, \$10,232.
- Dr Lisa Lincz, Haematology – 2022 service contract for CMN flow cytometer, \$3,670.

The ReDE Committee extends their appreciation to the assessors and review panel members for dedicating their time and expertise to provide invaluable scientific reviews and guidance for distributing of these funds.

Department Research

DEPARTMENT OF CONSULTATION-LIAISON PSYCHIATRY

JOURNAL ARTICLES/PUBLICATIONS

1. 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.
(*BJS Open*. 2022 Jul 7;6(4):zrac046. doi: 10.1093/bjsopen/zrac046. PMID: 35796068; PMCID: PMC9260183.)
2. 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.
(*J Patient Rep Outcomes* 6, 80 (2022). <https://doi.org/10.1186/s41687-022-00477-4>.)
3. Vanessa H. Bal, Bennett L. Leventhal, Gregory Carter, Hosanna Kim, Yun-Joo Koh, Mina Ha, Ho-Jang Kwon, Patricia Hong & Young Shin Kim (2022) 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
(*Archives of Suicide Research*, 26:3, 1232-1249, DOI: 10.1080/13811118.2020.1868367)
4. 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
(*Cancer Epidemiology*, Volume 79, 2022, 102202, ISSN 1877-7821, <https://doi.org/10.1016/j.canep.2022.102202>. (<https://www.sciencedirect.com/science/article/pii/S1877782122001072>)).
5. 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
(*The Journal of Crisis Intervention and Suicide Prevention* online September 2022. DOI: 10.1027/0227-5910/a000880)
6. Wu Y, Levis B, Daray FM, Ioannidis JPA, Patten SB, Cuijpers P, Ziegelstein RC, Gilbody S, Fischer FH, Fan S, Sun Y, Benedetti A, Thombs BD, and the DEPRESSD HADS Group. Comparison of the accuracy of the 7-item HADS Depression subscale and 14-item total HADS for screening for major depression: a systematic review and individual participant data meta-analysis.
(*Psychol Assess*, 2023;35:95-114. doi:10.1037/pas0001181.)
7. McGill K, Salem A, Hanstock TL, Heard TR, Garvey L, Leckning B, Whyte I, Page A, Carter G.
Indigeneity and Likelihood of Discharge to Psychiatric Hospital in an Australian Deliberate Self-Poisoning Hospital-Treated Cohort.
International Journal of Environmental Research and Public Health. 2022; 19(19):12238. <https://doi.org/10.3390/ijerph191912238>)
8. Carter G, Sperandei S, Spittal MJ, Chitty K, Clapperton A, Page A.
Characteristics of suicide decedents with no federally funded mental health service contact in the 12 months before death in a population-based sample of Australians 45 years of age and over.
(*Suicide and Life-Threatening Behavior*, 53, 110–123. <https://doi.org/10.1111/sltb.12928>)
Journal articles/publications (continued)
9. Gregory Carter, Matthew J. Spittal, Linda Glowacki, Dimitri Gerostamoulos, Paul Dietze, Barbara Sinclair, Shalini Arunogiri, Michael Berk, Dan I. Lubman, Victoria Manning, Peter Higgs, Brendan Quinn, Amanda Baker, Olivia M. Dean, Alynna Turner, Rebecca McKetin
Diagnostic accuracy for self-reported methamphetamine use versus oral fluid test as the reference standard, in a methamphetamine dependent intervention trial population.
(*Addiction* 2023 Mar;118(3):470-479. doi: 10.1111/add.16085. Epub 2022 Dec 3. PMID: 36367075.)
10. Dani A, Balachandran S, McGill K, Whyte I, Carter G.
Prevalence of Depression and Predictors of Discharge to a Psychiatric Hospital in Young People with Hospital-Treated Deliberate Self-Poisoning at an Australian Sentinel Unit.
(*International Journal of Environmental Research and Public Health*. 2022; 19(23):15753. <https://doi.org/10.3390/ijerph192315753>)
11. Chitty KM, Sawyer MG, Carter G, Lawrence D.
Use of Medicare Benefit Scheme mental health services in young people who experienced self-harm and/or suicidal behaviours: Data from the Young Minds Matter survey.
(*Australasian Psychiatry*. 2023;31(3):270-276. doi:10.1177/10398562231163415)
12. Witt K, Rajaram G, Lamblin M, Knott J, Dean A, Spittal MJ, Carter G, Page A, Pirkis J, Robinson J.
Characteristics of self-harm presentations to the emergency department of the Royal Melbourne Hospital, 2012–2019: Data from the Self-Harm Monitoring System for Victoria.
(*Australas Emerg Care*. 2023 Jan 27;S2588-994X(23)00003-9. doi: 10.1016/j.auec.2023.01.003.
Epub ahead of print. PMID: 36710228.)
13. Alison K. Beck, Amanda L. Baker, Ben Britton, Alistair Lum, Sonja Pohlman, Erin Forbes, Lyndell Moore, Ditte Barnoth, Sarah J. Perkes, Chris Oldmeadow, Gregory Carter
Adapted Motivational Interviewing for Brief Healthcare Consultations: A Systematic Review and Meta-Analysis of Treatment Fidelity in Real-World Evaluations of Behaviour Change Counselling
(*British Journal of Health Psychology*, <https://doi.org/10.1111/bjhp.12664>)
14. Long Khanh-Dao Le, Anna Flego, Karolina Krysinska, Karl Andriessen, Piumee Bandara, Andrew Page, Marisa Schlichthorst, Jane Pirkis, Catherine Mihalopoulos, Greg Carter, Lennart Reifels.
Modelling the cost-effectiveness of brief aftercare interventions following hospital-treated self-harm
(accepted *BJPsych Open* June 2023).
15. Chitty KM, Sperandei S, Carter G, Ali Z, Raubenheimer JE, Schaffer A, Page A, Buckley NA
Five healthcare trajectories in the year before suicide and what they tell us about selective prevention: a population-level case series study
(accepted *eClinical Medicine* June 2023)
16. Colleen Loo, Nick Glozier, David Barton, Bernhard Baune, Natalie Mills, Paul Fitzgerald, Paul Glue, Shanthi Sarma, Veronica Galvez-Ortiz, Dusan Hadzi-Pavlovic, Angelo Alonzo, Vanessa Dong, Donel Martin, Stevan Nikolin, Philip Mitchell, Michael Berk, Gregory Carter, Maree Hackett, John Leyden, Sean Hood, Andrew Somogyi, Kyle Lapidus, Elizabeth Stratton, Ellen Lyrtzis, Kirsten Gainsford, Shona Neehoff, Deepak Garg, Nicollette Thornton, Célia Fourier, Karyn Richardson, Demi Rozakis, Anish Scaria, Cathrine Mihalopoulos, Mary Lou Chatterton, William McDonald, Philip Boyce, Paul Holtzheimer, Frank Andrew Kozel, Patricio Riva-Posse, Anthony Rodgers
Efficacy and Safety of Repeated Subcutaneous Ketamine Injections for Treatment Resistant Depression – The KADS Study: A Randomised, Double-Blind, Comparator-Controlled Trial
(accepted *B J Psych* May 2023).
17. Forbes, E., Clover, K., Baker, A. L., Britton, B., Carlson, M., McCarter, K. (2023). 'Having the mask on didn't worry me until . . . they clamped my head down so I wouldn't move': A qualitative study exploring anxiety in patients with head and neck cancer

during radiation therapy. *Journal of Medical Radiation Sciences*, doi: 10.1002/jmrs.658

18. McGill, K., Whyte, I.M., Sawyer, L., Adams, D., Delamothe, K., Lewin, T.J., Robinson, J., Kay-Lambkin, F.J. and Carter, G.L. (2022). Effectiveness of the Hunter Way Back Support Service: An historical controlled trial of a brief non-clinical after-care program for hospital-treated deliberate self-poisoning. *Suicide and Life-Threatening Behavior* 52, 500– 514. <https://doi.org/10.1111/sltb.12840>
19. Heard, T.R., McGill, K., Skehan, J. & Rose, B. (2022). The ripple effect, silence and powerlessness: Hidden barriers to discussing suicide in Australian Aboriginal communities. *BMC Psychology* 10(23). <https://doi.org/10.1186/s40359-022-00724-9>
20. McGill, K., Bhullar, N., Batterham, P., Carrandi, A., Wayland S. & Maple, M. (2022) Key issues, challenges, and preferred supports for those bereaved by suicide: Insights from postvention experts, *Death Studies*. <https://doi.org/10.1080/07481187.2022.2112318>
21. McGill, K., Bhullar, N., Pearce, T., Batterham, P. J., Wayland, S., & Maple, M. (2022). Effectiveness of brief contact interventions for bereavement: A systematic review. *OMEGA - Journal of Death and Dying*, 0(0). <https://doi.org/10.1177/00302228221108289>
22. Zbukvic, I., Rheinberger, D., Rosebrock, H., Lim, J., McGillivray, L., Mok, K., Stamate, E., McGill, K., Shand, F. & 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, 26334895211065786.

CONFERENCE PRESENTATIONS

1. **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.
Poster presentation and rapid-fire oral presentation of a poster (awarded best student poster)
2. **Suicide Prevention in Clinical Settings (in Suicide Prevention in the Health Sector)**
Prof Greg Carter
HMRI Health Minds Seminars. Suicide Prevention Flagship. Newcastle. September 2022
3. **Stream 1: Individual Approaches and Lived Experience to Prevention of Self-harm**
Prof Greg Carter, Panel member Lancet Commission on Self-harm
Summit on Self-Harm. Blackdog Institute, Pyrmont Sydney. November 2022.

4. **Indigenous cultural identify and likelihood of discharge to psychiatric hospital after deliberate self-poisoning.**
McGill K, Salem A, Hanstock TL, Heard TR, Garvey L, Leckning B, Whyte I, Page A, Carter G. International Association of Suicide Prevention Asia Pacific Conference. Gold Coast. July 2022. Presentation.
5. **Hospital treated self-harm: Improving data to improve care.**
Dr Katie McGill
Lancet Commission on Self-harm: Self-Harm Summit- Early Career Researcher Workshop. Rapid fire presentation. Pyrmont, November 2022.
6. **Did introduction of a suicide prevention care pathway change Mental Health Service practice?**
Dr Katie McGill
International Association of Suicide Prevention Australasian Research Workshop. Melbourne, February 2023.
Rapid fire presentation (awarded best 'lightning' presentation).

RESEARCH FUNDING/GRANTS

1. 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)
2. 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).
3. 2022 NSW Health Rural Research Capacity Building Grant.
A pilot effectiveness implementation study utilising telehealth to increase access to dialectical behaviour therapy for consumers in rural areas diagnosed with borderline personality disorder
Walton, C., McGill, K., Dunbar, A. & Gonzalez, S. \$97 000 over two years (2022-2023).
4. 2023 Hunter Medical Research Institute-Healthy Minds Seed Funding.
Collaborative suicide prevention priority setting within the Hunter New England region.

McGill, K., Skehan, J., Potter, A. & Peprah, J. \$5 000 over one year (2023).

CLINICAL TRIALS

1. Britton, B., Baker, A. L., Wolfenden, L., Wratten, C., Bauer, J., Beck, A. K., McCarter, K., & Carter, G.
Five-year mortality outcomes for Eating As Treatment (EAT), a health behaviour change intervention to improve nutrition in patients with head and neck cancer: a stepped-wedge, randomised controlled trial
2. Garry John Stevens, Sandro Sperandei, Gregory Leigh Carter, Sithum Munasinghe, Trent Ernest Hammond, Naren Gunja, Vlasios Brakoulis, Andrew Page
SMS SOS: A randomised trial of the efficacy of a Short Message Service (SMS) brief contact intervention in reducing repetition of hospital-treated self-harm
3. Colleen Loo, Nick Glozier, David Barton, Bernhard Baune, Natalie Mills, Paul Fitzgerald, Paul Glue, Shanthi Sarma, Veronica Galvez-Ortiz, Dusan Hadzi-Pavlovic, Angelo Alonzo, Vanessa Dong, Donel Martin, Stevan Nikolin, Philip Mitchell, Michael Berk, Gregory Carter, Maree Hackett, John Leyden, Sean Hood, Andrew Somogyi, Kyle Lapidus, Elizabeth Stratton, Ellen Lyrtzis, Kirsten Gainsford, Shona Neehoff, Deepak Garg, Nicolette Thornton, Célia Fourier, Karyn Richardson, Demi Rozakis, Anish Scaria, Cathrine Mihalopoulos, Mary Lou Chatterton, William McDonald, Philip Boyce, Paul Holtzheimer, Frank Andrew Kozel, Patricio Riva-Posse, Anthony Rodgers
Efficacy and Safety of Repeated Subcutaneous Ketamine Injections for Treatment Resistant Depression – The KADS Study: A Randomised, Double-Blind, Comparator-Controlled Trial
4. Forbes, E., Clover, K., Baker, A. L., McCarter, K. Oultram, S., Kumar, M., Wratten, C., Tier, M. T., Nixon, J., Britton, B. (2022).
Biofeedback Enabled CALM (BeCALM) - the feasibility of biofeedback on procedural anxiety during radiation therapy: study protocol for a pilot randomised controlled trial.

MILESTONES, ACHIEVEMENTS, ETC

1. PhD Graduation
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.

2. PhD Completion

Dr Katherine McGill, PhD Candidate, School of Medicine and Public Health, Faculty of Health and Medicine, University of Newcastle. Improving self-harm data to improve care- The case for a clinical (quality) register in Australia (2019-2022). Principal Supervisor: Professor Frances Kay-Lambkin Co-Supervisors: Gregory Carter, Jo Robinson

3. PhD Submission

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

An Exploration of Procedural Anxiety in Patients Undergoing Radiation Therapy
Principal Supervisor: Professor Amanda Baker, then Dr Kerrie Clover (Nov 22 onwards); Co-Supervisors: Kristen McCarter, Benjamin Britton.

AWARDS

1. Best Student Poster

Erin Forbes (PhD Candidate)

Forbes, E., Clover, K., Baker, A. L., McCarter, K., Carter, G., Wratten, C., Tieu, M. T., Kumar, M., Oultram, S., Nixon, J., Britton, B. Rates of Procedural Anxiety During Radiotherapy and Next Steps. Australian Association for Cognitive and Behaviour Therapy (AACBT) National Conference (2022)

2. University of Newcastle Dean's Higher Degree Research Award - Research Excellence. 2022.

Katie McGill (PhD candidate).

3. Hunter New England Local Health District - Mental Health Service. Collaborative Leader of the Year. 2023. Katie McGill.

4. Hunter New England Local Health District - Psychology. Closing the Gap Award. 2022. Katie McGill.

PROFESSIONAL SERVICE

1. Dr Kerrie Clover, served as National Convenor for the Australian Psychological Society Interest Group - Psychologists in Oncology
2. Dr Katie McGill served as Deputy Director of Hunter Medical Research Institute: Healthy Minds Research Program.

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 2021-2022. The ongoing COVID-19 pandemic continues to provide challenges for staff and students.

HAEMATOLOGY CLINICAL TRIALS

- **Unit Manager:** Kath Hall
- **Senior Clinical Trial Coordinators/Team Leaders:** Joanne Smart, Tara Novak, Nick Stankovich
- **Clinical Trial Coordinators:** Cheryl Cairney, Katie Oleksyn, Cassandra Bird, Klara Jakimovski, Netsi Negewo, Leanne DeGroot, Margo Hughes, Kenway Yeoh, Lauren Jones
- **Senior Data Manager:** Afrin Farjana (Acting Maternity Relief), Natasha Winter
- **Data Managers:** Jared Nichols, Mohit Sharma
- **Systems Manager:** Alesia Ogrodnik
- **Administrative/Ethics & Governance:** Patricia Rozanski
- **Finance Officer:** Karen Kincaid, Fiona Lunsman,
- **Start Up Team:** Fiona Lunsman, Kylie Cox
- **Laboratory Technical Officers:** Kylie Cox, Bryn Rollinson
- **Clinical Trial Lead Staff Specialist:** Wojt Janowski

In the past 12 months, the Haematology Clinical Trials Unit has activated nine new clinical trials for haematological malignancies Acute Myeloid Leukaemia, Chronic Lymphocytic Leukemia and Multiple Myeloma with trials for Myelofibrosis, Mantle Cell Lymphoma and Diffuse Large B-Cell Lymphoma ongoing. In the past year, the unit has recruited 54 new participants to various studies looking into these diseases.

The unit's portfolio consists of research projects in various stages from determining feasibility through to completed and published research. Currently the unit has 13 studies in the start-up phase, 21 studies open to recruitment and 34 studies closed to recruitment with active participants on treatment or in follow up. These studies are either administered by the ALLG, the Australasian Myeloma Research Consortium (AMaRC), sponsored by pharmaceutical companies or investigator initiated.

Multiple Myeloma continues to be an area of significant research with some exciting new projects underway. We opened the CARTITUDE-5 study in 2022 and have recruited three participants to this cutting edge clinical trial. It is anticipated the first collections and infusions related to CAR-T will be in 2024. The Haematology Trials unit has been selected as a site for a number of early phase 1b trials in multiple myeloma providing access to new and cutting edge treatments to participants.

Staff Specialist Wojt Janowski was successfully

appointed the new Clinical Trial Lead and will contribute to a renewed focus on CMN investigator initiated research projects. One such project is being coordinated by Dr Ritam Prasad and Dr Lisa Lincz looking at a new complement activity assay.

In late 2022 HCT underwent a restructure that saw the introduction of three tumour stream dedicate teams with the appointment of a Team Leader to each, the introduction of a Senior Data Manager Role and a dedicated Start Up Team to provide a more streamlined and professional approach for the conduct of Clinical Trials, a format which we are continuing to consolidate. A larger team also has the potential for more frequent movement of staff.

The unit's support team has grown throughout the year, adding three new positions. Alesia Ogrodnik has been appointed Systems Manager and is responsible for the management of the Maisi platform and the transition to the new NSW Health clinical trial management system due in late 2022. The team also welcomed Fiona Lunsman as a new Start Up Coordinator and Brynley Rollinson as a new Laboratory Technician. Our Clinical Trial Coordinators continue to manage the unit's growing portfolio and we welcomed Kenway Yeoh, Cassandra Bird, Lauren Jones and Netsi Negewo to the team in 2022-2023.

In the 2022-23 period, the unit continued to grow, develop its its structure and processes to enable the provision and access to clinical trials for various Haematological diseases.

BONE MARROW STEM CELL TRANSPLANT RESEARCH

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

Patient transplant data are reported to the Australian Bone Marrow Transplant Recipients Registry (ABMTRR) as part of Australian Bone Marrow Transplant (BMT) research and development. These data are 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 and Lymphoma Group (ALLG), Thrombosis and Haemostasis society of Australia and New Zealand (THANZ), International Society on Thrombosis and Haemostasis (ISTH); Berlin-Bernhard-Münster Paediatric Acute Lymphoblastic Leukaemia (BFM-ALL); as well as through individual collaborations with researchers at 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 (U 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

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

4. 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 OH&S Committee
- Member, CMN Mission and Values Committee

Linda Welschinger

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

Geordie Zaunders

- 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 Nikhil Pande
- **Clinical Trial Manager:** Kim Adler
- **Senior Clinical Trial Coordinators:** Kerrie Cornall, Jennifer McFarlane and Gail Walker
- **Clinical Trial Coordinators:** Kiriilee Askew, Rebecca Aitken, Kelly Barker, Bronwyn Crawford, Olivia Fitzgibbon, Rochelle Jones, Saba Kugashiya, Seren Langlands, Caitlyn McHugh, Emily Munn, Emily Millington and Megan Walker
- **Finance Coordinator:** Alison Leonard-England
- **Ethics Coordinator:** Allison Kautto
- **Start-up Coordinator:** Lisa Paksec
- **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

2022-23 has seen many staff changes in Medical Oncology.

We bid a fond farewell to A/Prof Craig Gedye who left for greener pastures in Adelaide. Craig achieved great things and was a huge advocate for clinical trials. He chaired the CMN clinical trials subcommittee leading us to improve trial processes. He is most remembered as a patient advocate and a collaborative researcher. While at MOR he developed many investigator initiated studies including EnzAdapt and TaxAdapt in prostate cancer. These resulted

in the larger phase III study ANZadapt in collaboration with ANZUP. He also developed MAGMA in GBM in collaboration with COGNO. We wish him every success.

Over the past year MOR Trials opened 14 new clinical trials to recruitment across the Hunter New England health district - covering breast, colorectal, gastroesophageal, lung, melanoma, head and neck cancer, bladder, pancreas, renal, testicular, ovarian, and non-melanoma skin cancer.

As of 30 June 2023, 45 trials were actively recruiting participants, 5 trials remained on hold and another 7 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 189 patients were offered the opportunity to participate in a clinical trial. Of these 137 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

Over the year MOR has expanded its research in the development of novel agents for the treatment of pancreatic cancer. We have officiated a research agreement with the Professor Phoebe Phillips and Dr George Sharbeen at the University of NSW (Lowy Institute). This agreement has allowed us to expand our cell culture models including the use of cancer associated fibroblasts from a number of pancreatic cancer patients. These new models will add to our laboratory tools to test and screen new molecules. We have also expanded our long held collaboration with Professor Janice Aldrich-Wright at the University of Western Sydney. This collaboration has been productive and culminated in the development of novel platinum based molecules for the potential treatment of ovarian cancers.

Consumer engagement with cancer support groups is important and has continued throughout 2023. The Boobs Bubbles Breakfast kindly hosted by Fran King and Karen Goodsir raised significant funding of \$15,000 for research at their annual breakfast event at Pokolbin. Mount Thorley CFMEU (Construction, Forestry, Mining and Energy Union) have also continued their support with a kind donation of \$5,000.

PUBLICATIONS

1. Addition of endocrine therapy to dual anti-HER2 targeted therapy in initial treatment of HER2 + /HR + metastatic breast cancer. Loft, M., Lok, S.W., De Boer, R. et al. *Breast Cancer Res Treat* (2023). <https://doi.org/10.1007/s10549-022-06856-1>
2. Results of PD-L1 Analysis of Women Treated with Durvalumab in Advanced Endometrial Carcinoma (PHAEDRA). Smith, D.; Robledo, K.P.; Yip, S.; Cummins, M.M.; Kok, P.-S.;

- Lee, Y.C.; Friedlander, M.; Baron-Hay, S.; Shannon, C.; Coward, J.; Beale, P.; Goss, G.; Meniawy, T.; **Lombard, J.**; Spurdle, A.B.; Andrews, J.; Stockler, M.R.; Mileskin, L.; Antill, Y., on behalf of the Australia New Zealand Gynaecological Oncology Group. *Cancers* 2023, 15, 254. <https://doi.org/10.3390/cancers15010254>
3. Real-World Outcomes in Patients With Brain Metastases Secondary to HER2-Positive Breast Cancer: An Australian Multi-centre Registry-based Study. Tung I, Moldovan C, Wong V, De Boer R, Yeo B, Malik L, Greenberg S, Anton A, Nott L, Barnett F, Collins IM, **Lombard J**, Nottage M, Sahu A, Torres J, Gibbs P, Lok SW. *Clin Breast Cancer*. 2022 Oct;22(7):e764-e772. doi: 10.1016/j.clbc.2022.07.005. Epub 2022 PMID: 35941066
4. BCAN-D-22-00829. Chemoradiotherapy with Concurrent Durvalumab for the Palliative Treatment of Oligometastatic Oesophageal and Gastroesophageal Carcinoma with Dysphagia: A Single Arm Phase II Clinical Trial (PALEO, sponsored by the Australasian Gastro-Intestinal Trials Group) (2022) **Fiona Day**; Swetha Sridharan; James Lynam; **Craig Gedye**; **Catherine Johnson**; Allison Fraser; Stephen R Thompson; Michael Michael; Trevor Leong; Amitesh Roy; Mahesh Kumar; Andre van der Westhuizen; Gaik T Quah; **Hiren Mandaliya**; **Girish Mallesara**; Joshua Sappiatzer; Christopher Oldmeadow; Jarad Martin
BMC Cancer <https://doi.org/10.1186/s12885-022-10407-8>
5. Strongyloides - An uncommon cause of eosinophilia whilst on durvalumab. **Gaik Tin Quah**, **Gillian Blanchard**, Neil Miller, Paul Wilson, **Ina Nordman**. 18 July 2022 <https://doi.org/10.1002/cnr2.1682>
6. Therapeutic Value of Sentinel Lymph Node Biopsy in Patients With Melanoma A Randomized Clinical Trial Multicenter Selective Lymphadenectomy Trials Study Group Article Information *JAMA Surg*. Published online August 3, 2022. doi:10.1001/jamasurg.2022.2055
7. Depatuzizumab-mafodotin in EGFR-amplified newly diagnosed glioblastoma: a phase III randomized clinical trial. Lassman AB, Pugh SL, Wang TJC, Aldape K, Gan HK, Preusser M, Vogelbaum MA, Sulman EP, Won M, Zhang P, Moazami G, Macsai MS, Gilbert MR, Bain EE, Blot V, Ansell PJ, Samanta S, Kundu MG, Armstrong TS, Wefel JS, Seidel C, de Vos FY, Hsu S, Cardona AF, Lombardi G, Bentsion D, Peterson RA, **Gedye C**, Bourg V, Wick A, Curran WJ, Mehta MP. *Neuro Oncol*. 2022 Jul 15;noac173. doi: 10.1093/neuonc/noac173.
8. Chemoradiotherapy with concurrent durvalumab for the palliative treatment of oligometastatic esophageal and gastroesophageal carcinoma with dysphagia: A single arm phase 2 clinical trial, PALEO. **F Day**, S Sridharan, M Michael,

- L Christophersen, MM Moore, Melissa A. Eastgate, Stephen Thompson, Angela Mweempwa, Christopher Oldmeadow, Allison Fraser, Jarad Martin. *Journal of Clinical Oncology*, 2023, 41 (16_suppl), TPS4172-TPS4172.
9. ASCEND: A randomised, double-blinded, phase II study of gemcitabine and nab-paclitaxel with CEND-1/LSTA1 or placebo in patients with untreated metastatic pancreatic ductal adenocarcinoma, Andrew Peter Dean, Timothy Jay Price, Katrin Marie Sjoquist, Val GebSKI, Jan Mumford, **Fiona Day**, Sonia Yip, Nathan Bradshaw, Christopher GCA Jackson, Shamsudheen Padinharakam, Belinda Lee, Matthew E Burge, Niall C Tebbutt, Christopher B Steer, Chris Lomma, Lyn Lam, Joanna Lee, Lorraine A Chantrill, Marion Harris, *Journal of Clinical Oncology*, 2023, 41 (16_suppl), TPS4197-TPS4197.
10. Implementing Smoking Cessation Interventions for Tobacco Users Within Oncology Settings: A Systematic Review, Alison L Young, Elena Stefanovska, Christine Paul, Kristen McCarter, Melissa McEnally, Jordan Tait, Shalini Vinod, Kate White, **Fiona Day**, Emily Stone, *JAMA oncology*, 2023.
11. Phase 2 confirmatory study of cemiplimab (350 mg IV Q3W) in patients with locally advanced or metastatic cutaneous squamous cell carcinoma (CSCC): Study 1540 Group 6, Brett Hughes, Jean-Jacques Grob, Samantha Bowyer, **Fiona Day**, Rahul Ladwa, Brian Stein, Eva Muñoz-Couselo, Nicole Basset-Seguín, Alexander Guminski, Laurent Mortier, Axel Hauschild, Michael Migden, Chrysalynne Schmults, Suk-Young Yoo, Jocelyn Booth, Frank Seebach, Israel Lowy, Matthew Fury, Danny Rischin, *SKIN The Journal of Cutaneous Medicine*, 2023, 7 (2), s175-s175.
12. C-POST protocol update: A Phase 3, randomized, double-blind study of adjuvant cemiplimab versus placebo post surgery and radiation therapy in patients with high-risk cutaneous squamous cell carcinoma, Danny Rischin, Daniel Brungs, **Fiona Day**, Hayden Christie, Vishal Patel, Gerard Adams, James Estes Jackson, Maite De Liz Vassen Schurmann, Dmitry Kirtbaya, Thuzar Shin, Christopher Hart, Elizabeth Stankevich, Siyu Li, Israel Lowy, Hyunsil Han, Priscila Gonçalves, Matthew Fury, Sandro Porceddu, *SKIN The Journal of Cutaneous Medicine*, 2023, 7(2), s173-s173.
13. Chemoradiotherapy with concurrent durvalumab for the palliative treatment of oligometastatic oesophageal and gastroesophageal carcinoma with dysphagia: a single arm phase II clinical trial (PALEO, sponsored by the Australasian Gastro-Intestinal Trials Group), **Fiona Day**, Swetha Sridharan, James Lynam, Craig Gedye, Catherine Johnson, Allison Fraser, Stephen R Thompson, Michael Michael, Trevor Leong, Amitesh Roy, Mahesh Kumar, Andre van der Westhuizen, Gaik T Quah, **Hiren Mandaliya**, **Girish Mallesara**, Joshua

- Sappiatzer, Christopher Oldmeadow, Jarad Martin, *BMC cancer*, 2022, 22 (1), 1-10.
14. 1TiP ASCEND: Randomized, double-blinded phase II study of gemcitabine and nab-paclitaxel with CEND-1 or placebo in untreated metastatic pancreatic ductal adenocarcinoma—An Australasian Gastro-Intestinal Trials Group (AGITG) trial ACTRN12621001290886, A Dean, TJ Price, K Sjoquist, N Aryal, J Mumford, **F Day**, S Yip, A Walsh, D Siu, C Jackson, S Padinharakam, B Lee, M Burge, J Lynam, N Tebbutt, ZWJ Wong, LL Lam, J Lee, L Chantrill, M Harris, *Annals of Oncology*, 2022, 33, S1483.
 15. Real world outcomes of patients with extensive stage small cell lung cancer treated at an Australian tertiary cancer centre, M Hong, S Soomro, **F Day**, G Mallesara, I Nordman, H Mandaliya, *ASIA-PACIFIC JOURNAL OF CLINICAL ONCOLOGY*, 2022, 18, 37-38.
 16. C-POST Protocol Update: A Phase 3, Randomized, Double-Blind Study of Adjuvant Cemiplimab vs. Placebo Post Surgery and Radiation Therapy in Patients with High-Risk Cutaneous Squamous Cell Carcinoma, D Rischin, D Brungs, **F Day**, H Christie, VA Patel, G Adams, JE Jackson, MDLV Schurmann, D Kirtbaya, TM Shin, CD Hart, E Stankevich, S Li, I Lowy, H Han, MG Fury, S Porceddu, *International Journal of Radiation Oncology, Biology, Physics* 114 (3), e610-e611.
 17. Building staff capability, opportunity, and motivation to provide smoking cessation to people with cancer in Australian cancer treatment centres: development of an implementation intervention framework for the Care to Quit cluster randomised controlled trial, Annika Ryan, Alison Luk Young, Jordan Tait, Kristen McCarter, Melissa McEnallay, **Fiona Day**, James McLennan, Catherine Segan, Gillian Blanchard, Laura Healey, Sandra Avery, Sarah White, Shalini Vinod, Linda Bradford, Christine L Paul, *Health Services and Outcomes Research Methodology*, 2022, 1-33.
 18. Phase I trial of hypofractionated chemoradiotherapy in the palliative management of esophageal and gastro-esophageal cancer, Swetha Sridharan, **Fiona Day**, Jasmin Loh, James Lynam, Joanne Smart, Brandan Holt, Hiren Mandaliya, Anthony Bonaventura, Mahesh Kumar, Jarad Martin, *Radiation Oncology*, 2022, 17 (1), 158.
 19. Phase II confirmatory study of cemiplimab (350mg IV Q3W) in patients with locally advanced or metastatic cutaneous squamous cell carcinoma (CSCC): Study 1540 Group 6, BGM Hughes, JJ Grob, SE Bowyer, **FL Day**, R Ladwa, B Stein, E Munoz Couselo, N Basset-Seguine, A Guminski, L Mortier, A Hauschild, MR Migden, C Schmults, SY Yoo, J Booth, F Seebach, I Lowy, MG Fury, D Rischin, *ANNALS OF ONCOLOGY*, 2022, 33 (7), S921-S921.
 20. 818P Phase II confirmatory study of cemiplimab (350mg IV Q3W) in patients with locally advanced or metastatic cutaneous squamous cell carcinoma (CSCC): Study 1540 Group 6, Brett GM Hughes, Jean-Jacques Grob, Samantha E Bowyer, **FL Day**, Rahul Ladwa, Brian Stein, E Muñoz Couselo, Nicole Basset-Seguine, Alexander Guminski, Laurent Mortier, Axel Hauschild, Michael R Migden, C Schmults, Suk-Young Yoo, Jocelyn Booth, Frank Seebach, Israel Lowy, Matthew G Fury, D Rischin, *Annals of Oncology*, 2022, 33, S921.
 21. 885TiP The I-PACE study: Imgatuzumab in PAtients with advanCED cutaneous squamous cell carcinoma (aCSCC), C Robert, MR Migden, **FL Day**, SE Bowyer, RD Hofheinz, P Chrom, S Heeger, D Rischin, *Annals of Oncology*, 2022, 33, S953.
 22. Sun J, Baker JR, Russell CC, Pham HNT, Goldsmith CD, Cossar PJ, **Sakoff JA**, Scarlett CJ, and McCluskey A. Novel Piperazine-1,2,3-Triazole Leads for the Potential Treatment of Pancreatic Cancer. *RSC Medicinal Chemistry*. 2023 accepted.
 23. McGhie BS, **Sakoff J, Gilbert J**, Gordon CP, Aldrich-Wright JR. Synthesis and Characterisation of Fluorescent Novel Pt(II) Cyclometallated Complexes with Anticancer Activity. *ijms-2344389*. *International Journal of Molecular Sciences*. 2023
 24. Aputen AD, Elias MG, **Gilbert J, Sakoff JA**, Gordon CP, Scott KF, Janice R. Aldrich-Wright. Versatile Platinum(IV) Prodrugs of Naproxen and Acemetacin as Chemo-anti-inflammatory Agents. *Cancers*-2280953. 2023
 25. Khoury A, **Sakoff JA, Gilbert J**, Karan S, Gordon CP, Aldrich-Wright JR. Potent Platinum(IV) Prodrugs That Incorporate a Biotin Moiety to Selectively Target Cancer Cells. *Pharmaceutics*. *pharmaceutics-1967413*. Dec 2022, 14 (12).
 26. Khoury A, Elias E, Mehanna S, Shebaby W, Deo KM, Mansour N, Khalil C, Sayyed K, **Sakoff JA, Gilbert J**, Daher CF, Gordon CP, Taleb RI, Aldrich-Wright JR. Novel Platinum(II) and Platinum(IV) Antitumor Agents that Exhibit Potent Cytotoxicity and Selectivity. *Journal of Medicinal Chemistry*. DOI10.1021/acs.jmedchem.2c01310. 2022-Dec-08
 27. Aputen, AD, Elias MG, **Gilbert J, Sakoff JA**, Gordon CP, Scott KF, Aldrich-Wright JR. Bioactive Platinum(IV) Complexes Incorporating Halogenated Phenylacetates. *Molecules*. 27(20):7120. DOI10.3390/molecules27207120. OCT 2022
 28. Pham, NMQ, Vuong QV, **Sakoff JA**, Bowyer MC, Le V, Scarlett CJ. Determination of bioactive compounds, antioxidant and anticancer activities of Tuckeroo (Cupaniopsis anacardioides) fruits. *3 Biotech*. 12(10):257. DOI10.1007/s13205-022-03314-z. OCT 2022.
 29. Aputen AD, Elias MG, **Gilbert J, Sakoff JA**, Gordon CP, Scott, KF, Aldrich-Wright JR. Potent Chlorambucil-Platinum(IV) Prodrugs. *International Journal of Molecular Science*. 23(18):10471. DOI10.3390/ijms231810471. SEP 2022
 30. McGhie BS, **Sakoff J, Gilbert J**, Gordon CP, Aldrich-Wright JR. Novel Planar Pt(II) Cyclometallated Cytotoxic Complexes with G-Quadruplex Stabilisation and Luminescent Properties. *International Journal of Molecular Science*. 23(18):10469. DOI10.3390/ijms231810469. SEP 2022.
- ### CONFERENCE POSTERS
1. Hill J, Brungs D, Aghmesheh M, Ackland SP, Parker S, Jokela R, Garg MB, Ranson D, Clingan PR (2023) A phase 1b dose escalation of a novel co-formulation of 5-fluorouracil and leucovorin to determine pharmacokinetics, safety, tolerability and maximum tolerated dose in patients with advanced malignancy after failure of standard treatment. *ESMO 2023 Trial In Progress Poster*
 2. **Garg MB, Sakoff J**, Ackland,SP (2022) A simple and rapid HPLC method for the simultaneous measurement of plasma Leucovorin and its metabolite in cancer patients undergoing treatment for their disease. *Cancer and Precision Medicine Symposium Asia-Pacific Journal of Clinical Oncology, Volume:18 SI Supplement: 5 Pages: 22*
 3. ASCO 2023. Circulating Tumor DNA (ctDNA) as a Marker of Residual Disease and Recurrence in Resected Stage I-IV Epithelial Ovarian Cancer (EOC). Sumitra Ananda, Yuxuan Wang, Wei Hong, Gary Richardson, **Janine Lombard**, Geraldine Goss, Linda Mileshkin, Christopher Steer, Anne Marie O'Broin-Lennon, Orla McNally, Christopher Douville, Maria Popoli, Janine Ptak, Natalie Silliman, Lisa Dobbyn, Nicholas Papadopoulos, Kenneth W. Kinzler, Bert Vogelstein, Jeanne Tie, Peter Gibbs
 4. ASCO 2023. Molecular tumor profiling and therapy selection in advanced gynecological cancers: a retrospective cohort analysis from the Australian Molecular Screening and Therapeutics (MoST) Program. Damien Kee et al
 5. MOGA 2022. What is women with breast cancers' experience and perception of genitourinary symptoms? Dr Antonia Pearson et al.
 6. MASCC June 2023. The impact of timing: Does antiemetic premedication timing affect chemotherapy induced nausea and vomiting (CINV)? **Laura Healey** et al.
 7. Garg M, Sakoff J, Ackland,SP (2022) A simple and rapid HPLC method for the simultaneous measurement of plasma Leucovorin and its metabolite in cancer patients undergoing treatment for their disease. *Cancer and Precision Medicine Symposium Newcastle Nov 2022*.
- ### CONFERENCE ORAL PRESENTATIONS
1. **Janine Lombard**. ANZGOG ASM March 2023, Repurpose study: Efavirenz in

platinum resistant ovarian cancer; a phase 2 signal seeking study.

2. **Laura Healey.** AONSC 2023, Left Ventricular Ejection fraction in patients receiving Herceptin: when do cardio-oncology step in?
3. **Fiona Day.** PALEO at AGITG ASM November 2022, Melbourne, in Upper GI Trials in Progress session.
4. **Jennette Sakoff.** Oral Presentation. Aryl Hydrocarbon Receptor and Breast Cancer. Cancer and Precision Medicine Symposium Newcastle Nov 2022.
5. **Jennette Sakoff.** Oral Presentation. Aryl Hydrocarbon Receptor. Cancer Detection and Therapy Research. Symposium Retreat Newcastle May 2023.

GRANT FUNDING

1. **Garg MB, Day F, Lynam J** (2022) HPLC and data analysis infrastructure support for therapeutic drug monitoring in cancer patients. HCRA Clinical Cancer Research Fund (CCRF): \$10,231
2. **Garg, MB, Lynam J.** (2022) Mitotane pharmacodynamics in Adrenocortical cancer in Children and Adults. CMN Margaret Mitchell Research project Grant, \$25,000
3. **Garg MB, Ackland SP** (2023) Additional samples analysis for pharmacokinetics (PK) of 5-Flourouracil and Leocovorin in Phase 1B Study of Deflexifol in patients with advanced malignancy after failure of standard treatment. Destamma Investments Pty Ltd, Austinmer, NSW \$30,000
4. **Sakoff JA and Gilbert J** (2023). The AHR pathway and breast cancer selectivity". Oncology Research Grant Calvary Mater Newcastle. \$34,650.
5. **Sakoff J.** New platinum compounds as potential anti-cancer drugs (2023). Centre Drug and Therapeutics. University of Newcastle. \$7,500.
6. **Gilbert, J. and Sakoff, J.** Maintenance of essential equipment in the processing and storage of patient samples. \$4275 2022. Clinical Cancer Research Fund.
7. **Sakoff JA and Gilbert J** (2023) Infrastructure for processing and storage of patient blood and tissue samples. HCRA Clinical Cancer Research Fund (CCRF). \$5560
8. **Janine Lombard.** Associate Investigator. ICON9: A phase 3 randomised trial of cediranib and olaparib maintenance in patients with relapsed platinum sensitive ovarian cancer. 2022/GNT2014936. \$494131.60.
9. **Fiona Day.** Associate Investigator. 2023 Cure Cancer Research Grant. Harnessing long noncoding RNAs for colorectal cancer early diagnosis and treatment.

DEPARTMENT OF PALLIATIVE CARE

RESEARCH FUNDING/GRANTS

1. Fern Beschi - HNELHD Palliative Care Flexible Funding Pool for 2023/2024: "HNELHD Palliative Care Pharmacy Project – safety and efficacy of 48 hour infusion pumps" (\$34,100)
2. Fern Beschi - 2023 Calvary Mater Newcastle Clinical Cancer Research Fund: "Drug stability and compatibility pharmaceutical research equipment for cancer patients requiring subcutaneous infusions" (\$9033.42)

OTHER RELEVANT MATERIAL

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

Project Lead: Julie 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), and 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.
- Completion of community survey and community and health professional yarning, with good community support.
- New Aboriginal Health Worker position description populated, reviewed and advertised.

Next steps:

Analysis of results is in progress, with feedback to Aboriginal Advisory Group is the next step prior to wider sharing of findings.

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.

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), and data analysis is underway.

Summary of other projects underway:

- Current practices in prescription and administration, and pharmacology of subcutaneous Levettiracetam 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
- The Department of Palliative Care is also carrying out a project on CALD patients and families interactions with palliative care and Interpreter Service utilisation.

PhD candidate: Jessica Scaife continuing PhD(Medicine) candidature at the University of Newcastle, on the topic "A Randomised Controlled Trial of a Multidisciplinary Model of Community Palliative Care to Improve Patient-Centred Care in Preferred Place", supervised by Prof John Attia and Dr Moberley

Masters by research candidate: Fern Beschi continuing MPhil(Clinical Pharm) candidature at the University of Newcastle, on the topic "Levetiracetam Use in Palliative Care: Investigation of Levetiracetam Stability and Compatibility When Administered Alone or in Combination With Other Medications by Subcutaneous Infusion", supervised by A/Prof Jenny Schneider.

DEPARTMENT OF RADIATION ONCOLOGY

The last year has seen an ongoing significant research contribution from across the department's separate professions. Notable achievements include 45 journal publications with significant research publication contributions coming from Dr Jarad Martin (16), Dr Peter Greer (15) Dr Yuvnik Trada (7), Dr Joerg Lehmann (6) and Dr Swetha Sridharan (5). The radiation therapists have also continued to increase their year on year contribution to the department's research. The department also attracted over \$900 000 of competitive research funding and recruited 44 patients to various clinical trials.

JOURNAL ARTICLES AND PUBLICATIONS

During this reporting period members of this department contributed to approximately 45 journal articles and publications. Publications varied across subject and author with the largest contributors coming from the oncologist and physics backgrounds. Within these various publications, there were a variety of subject matters which can be broadly broken down into research areas such as:

1. Head and Neck

- Ewa Aren, Yuvnik Trada, Mark Lee, Shrikant Deshpande, Michael Jameson, Meredith Johnston, Megan Berry, Vanessa Estall, and Allan Fowler. "Identifying the Location of Locoregional Recurrences after Definitive Radiotherapy for Head and Neck Cancer Using Metabolic Parameters of Baseline and Mid-Treatment 18F-Fdg-Pet Scans." *Journal of Medical Imaging and Radiation Oncology* 67 (10/27 2022). <http://dx.doi.org/10.1111/1754-9485.13486>.
- Claire Jeans, Bena Brown, Elizabeth C. Ward, Anne E. Vertigan, Amanda E. Pigott, Jodie L. Nixon, Chris Wratten and May Boggess "A Prospective, Longitudinal and Exploratory Study of Head and Neck Lymphoedema and Dysphagia Following Chemoradiotherapy for Head and Neck Cancer." *Dysphagia* 38, no. 4 (29/10/2022 2023): 1059-71. <http://dx.doi.org/10.1007/s00455-022-10526-1>.
- 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." *Cancer Epidemiol* 79 (21/06/2022 2022): 102202. <http://dx.doi.org/10.1016/j.canep.2022.102202>.

- Lachlan McDowell, Danny Rischin, Madeleine King, Lizbeth Kenny, Sandro Porceddu, Chris Wratten Andrew Macann, James E. Jackson, Mathias Bressel, Tsien Fua, Charles Lin, Chen Liu, June Corry. "Patient- and Clinician-Reported Outcomes in Human Papillomavirus-Associated Tonsillar Carcinoma Treated with Unilateral and Bilateral Intensity Modulated Radiation Therapy-a Substudy from Trog 12.01." *Int J Radiat Oncol Biol Phys* 115, no. 1 (01/01/2023 2023): 174-88. <http://dx.doi.org/10.1016/j.ijrobp.2022.08.006>.
- Danny Rischin, Hisham Mehanna, Richard. J. Young, Mathias Bressel, Janet Dunn, June Corry, Pinki Soni, Tessa Fulton-Lieuw, Gulnaz Iqbal, Lizbeth Kenny, Sandro Porceddu, Chris Wratten, Max Robinson, and Benjamin J. Solomon. "Prognostic Stratification of Hpv-Associated Oropharyngeal Cancer Based on Cd103(+) Immune Cell Abundance in Patients Treated on Trog 12.01 and De-Escalate Randomized Trials." *Ann Oncol* 33, no. 8 (07/09/2022 2022): 804-13. <http://dx.doi.org/10.1016/j.annonc.2022.04.074>.
- Christopher Rumley, Christian Hansen, Michael Jameson, Yuvnik Trada, Jørgen Johansen, Niels Gyldenkerne, Jesper Eriksen, Farhannah Aly, Rasmus Christensen, Mark Lee, Carsten Brink, and Lois Holloway. "Delineation Uncertainties of Tumour Volumes on Mri of Head and Neck Cancer Patients." *Clinical and Translational Radiation Oncology* 36 (08/01 2022). <http://dx.doi.org/10.1016/j.ctro.2022.08.005>.
- Yuvnik Trada, Mark Lee, Michael Jameson, Phillip Chlap, Paul Keall, Daniel Moses, Peter Lin, and Allan Fowler. "Mid-Treatment 18f-Fdg Pet Imaging Changes in Parotid Gland Correlates to Radiation-Induced Xerostomia." *Radiotherapy and Oncology* 186 (06/01 2023): 109745. <http://dx.doi.org/10.1016/j.radonc.2023.109745>.
- Yuvnik Trada, Peter Lin, Mark Lee, Michael Jameson, Phillip Chlap, Paul Keall, Daniel Moses, and Allan Fowler. "Impact of Tumour Region of Interest Delineation Method for Mid-Treatment Fdg-Pet Response Prediction in Head and Neck Squamous Cell Carcinoma Undergoing Radiotherapy." *Quantitative Imaging in Medicine and Surgery* 13 (05/01 2023). <http://dx.doi.org/10.21037/qims-22-798>

2. Thorax

- Shankar Siva, Pitchaya Sakyanun, Tao Mai, Wenchang Wong, Adeline Lim, Joanna Ludbrook, Catherine Bettington, Angela Rezo, David Pryor, Nicholas Hardcastle, Tomas Kron, Braden Higgs, Hien Le, Marketa Skala, Suki Gill, Thomas Eade, Raef Awad, Giuseppe Sasso, Shalini Vinod, Rebecca Montgomery, David Ball, Mathias Bressel. "Long-Term Outcomes of Trog 13.01 Safron li Randomized Trial of Single- Versus Multifraction Stereotactic Ablative Body Radiotherapy for Pulmonary Oligometastases." *J Clin Oncol* 41, no. 19 (Jul 1 2023): 3493-98. <http://dx.doi.org/10.1200/jco.23.00150>.
- Elena N. Vasina, Natalie Kong, Peter Greer, Jose Baeza Ortega, Tomas Kron, Joanna J. Ludbrook, David Thwaites, Joerg Lehmann "First Clinical Experience with Real-Time Portal Imaging-Based Breath-Hold Monitoring in Tangential Breast Radiotherapy." *Phys Imaging Radiat Oncol* 24 (Oct 2022): 1-6. <http://dx.doi.org/10.1016/j.phro.2022.08.002>.

3. Gastrointestinal

- Day, Fiona, Swetha Sridharan, James Lynam, Craig Gedye, Catherine Johnson, Allison Fraser, Stephen R. Thompson, Michael Michael, Trevor Leong, Amitesh Roy, Mahesh Kumar, Andre van der Westhuizen, Gaik T. Quah, Hiren Mandaliya, Girish Mallesara, Joshua Sappiatzer, Christopher Oldmeadow, and Jarad Martin. "Chemoradiotherapy with Concurrent Durvalumab for the Palliative Treatment of Oligometastatic Oesophageal and Gastroesophageal Carcinoma with Dysphagia: A Single Arm Phase II Clinical Trial (Paleo, Sponsored by the Australasian Gastro-Intestinal Trials Group)." *BMC Cancer* 22, no. 1 (17/12/2022 2022): 1324. <http://dx.doi.org/10.1186/s12885-022-10407-8>.
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- James Lonie, Sandra Brosda, Lauren Aoude, Vanessa Bonazzi, Kalpana Patel, Guy Lampe, Lambros Koufariotis, Venkateswar Addala, Scott Wood, Janine Thomas, Euan Walpole, Tao Mai, Stephen Ackland, Jarad Martin, Matthew Burge, Robert Finch, Christos Karapetis, Jenny Shannon, Louise Nott, Robert

- Bohmer, Kate Wilson, Elizabeth Barnes, John Zalcborg, B Mark Smithers, John Simes, Timothy Price, Val GebSKI, David Watson, John Pearson, Nic Waddell, Riccardo Dolcetti, and Andrew Barbour. "The Tumour Immune Microenvironment in Oesophageal Adenocarcinoma Has Prognostic Significance." *Diseases of the Esophagus* 35, no. Supplement_2 (24/09/2022 2022). Accessed 8/3/2023. <http://dx.doi.org/10.1093/dote/doac051.204>.
- Marjan M. Naeini, Felicity Newell, Lauren G. Aoude, Vanessa F. Bonazzi, Kalpana Patel, Guy Lampe, Lambros T. Koufariotis, Vanessa Lakis, Venkateswar Addala, Olga Kondrashova, Rebecca L. Johnston, Sowmya Sharma, Sandra Brosda, Oliver Holmes, Conrad Leonard, Scott Wood, Qinying Xu, Janine Thomas, Euan Walpole, G. Tao Mai, Stephen P. Ackland, Jarad Martin, Matthew Burge, Robert Finch, Christos S. Karapetis, Jenny Shannon, Louise Nott, Robert Bohmer, Kate Wilson, Elizabeth Barnes, John R. Zalcborg, B. Mark Smithers, John Simes, Timothy Price, Val GebSKI, Katia Nones, David I. Watson, John V. Pearson, Andrew P. Barbour, and Nicola Waddell. "Multi-Omic Features of Oesophageal Adenocarcinoma in Patients Treated with Preoperative Neoadjuvant Therapy." *Nature Communications* 14, no. 1 (31/05/2023 2023): 3155. <http://dx.doi.org/10.1038/s41467-023-38891-x>.
 - Marjan Naeini, Felicity Newell, Lauren G. Aoude, Vanessa F. Bonazzi, Kalpana Patel, Guy Lampe, Lambros T. Koufariotis, Vanessa Lakis, Venkateswar Addala, Olga Kondrashova, Rebecca L. Johnston, Sowmya Sharma, Sandra Brosda, Oliver Holmes, Conrad Leonard, Scott Wood, Qinying Xu, Janine Thomas, Euan Walpole, G. Tao Mai, Stephen P. Ackland, Jarad Martin, Matthew Burge, Robert Finch, Christos S. Karapetis, Jenny Shannon, Louise Nott, Robert Bohmer, Kate Wilson, Elizabeth Barnes, John R. Zalcborg, B. Mark Smithers, John Simes, Timothy Price, Val GebSKI, Katia Nones, David I. Watson, John V. Pearson, Andrew P. Barbour, and Nicola Waddell. "Multi-Omic Features of Oesophageal Adenocarcinoma Patients Pre-Treated with Preoperative Neoadjuvant Therapy." *Diseases of the Esophagus* 35, no. Supplement_2 (09/2022 2022). <http://dx.doi.org/10.1093/dote/doac051.280>.
 - Monchai Phonlakrai, Saadallah Ramadan, John Simpson, Neda Gholizadeh, Jameen Arm, Kate Skehan, Jonathan Goodwin, Yuvnik Trada, Jarad Martin, Swetha Sridharan, Bishnu Lamichhane, Steven Bollipo, and Peter Greer. "Determination of Hepatic Extraction Fraction with Gadoxetate Low-Temporal Resolution Dce-Mri-Based Deconvolution Analysis: Validation with Albi Score and Child-Pugh Class." *Journal of Medical Radiation Sciences* 70, no. S2 (11/09/2022 2023): 48-58. <http://dx.doi.org/https://doi.org/10.1002/jmrs.617>.
 - Swetha Sridharan, Fiona Day, Jasmin Loh, James Lynam, Joanne Smart, Brandan Holt, Hiren Mandaliya, Anthony Bonaventura, Mahesh Kumar, and Jarad Martin. "Phase I Trial of Hypofractionated Chemoradiotherapy in the Palliative Management of Esophageal and Gastro-Esophageal Cancer." *Radiation Oncology* 17, no. 1 (14/09/2022 2022): 158. <http://dx.doi.org/10.1186/s13014-022-02127-x>.
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- Danielle Chrystall, Adam Mylonas, Emily Hewson, Jarad Martin, Paul Keall, Jeremy Booth, and Doan Trang Nguyen. "Deep Learning Enables Mv-Based Real-Time Image Guided Radiation Therapy for Prostate Cancer Patients." *Physics in Medicine & Biology* 68, no. 9 (26/04/2023 2023): 095016. <http://dx.doi.org/10.1088/1361-6560/acc77c>.
 - Guneet Kaur, Joerg Lehmann, Peter Greer, Jarad Martin, and John Simpson. "Clinical Validation of the Varian Truebeam Intra-Fraction Motion Review (IMR) System for Prostate Treatment Guidance." *Physical and Engineering Sciences in Medicine* 46 (12/06 2022). <http://dx.doi.org/10.1007/s13246-022-01204-5>.
 - Jarad M. Martin, Matthew Richardson, Shankar Siva, Michael Cardoso, Marcus Handmer, and Mark Sidhom. "Mechanisms, Mitigation, and Management of Urinary Toxicity from Prostate Radiotherapy." *The Lancet Oncology* 23, no. 12 (01/12/2022 2022): e534-e43. Accessed 2023/08/02. [http://dx.doi.org/10.1016/S1470-2045\(22\)00544-7](http://dx.doi.org/10.1016/S1470-2045(22)00544-7).
 - Tamim Niazi, Sean Matthew McBride, Scott Williams, Ian D. Davis, Martin R. Stockler, Andrew James Martin, Hans T. Chung, Felicia Roncolato, Annie Ebacher, Eric Khoo, Jarad Martin, Tee Sin Lim, Simon Hughes, David Pryor, James W.F. Catto, Paul Kelly, Leily Gholam Rezaei, Scott C. Morgan, Ricardo A. Rendon, Christopher Sweeney, Australian, New Zealand Urogenital Prostate Cancer Trials Group. "Dasl-Hicap: A Randomized, Phase 3, Double-Blind Trial of Darolutamide with Androgen-Deprivation Therapy and Definitive or Salvage Radiation for Localized Very High-Risk Prostate Cancer." *Journal of Clinical Oncology* 41, no. 6_suppl (20/02/2023 2023): TPS396-TPS96. http://dx.doi.org/10.1200/JCO.2023.41.6_suppl.TPS396.
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 - Matthew J. Roberts, George Hruby, Andrew Kneebone, Jarad M. Martin, Scott G. Williams, Mark Frydenberg, Declan G. Murphy, Ben Namdarian, John W. Yaxley, Michael S. Hofman, Ian D. Davis, Louise Emmett. "Treatment De-Intensification for Low-Risk Biochemical Recurrence after Radical Prostatectomy: Rational or Risky?" *BJU Int* 132, no. 2 (22/05/2023 2023): 146-48. <http://dx.doi.org/10.1111/bju.16086>.
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 - Eric Wegener, Justin Samuels, Mark Sidhom, Yuvnik Trada, Swetha Sridharan, Samuel Dickson, Nicholas McLeod, and Jarad Martin. "Virtual Hdr Boost for Prostate Cancer: Rebooting a Classic Treatment Using Modern Tech." *Cancers* 15 (03/28 2023). <http://dx.doi.org/10.3390/cancers15072018>.
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- Erin Forbes, Kerrie Clover, Amanda L Baker, Kristen L McCarter, Sharon Oultram, Mahesh Kumar, Chris Wratten, Minh Thi Tieu, Jofie Nixon and Ben Britton "Biofeedback Enabled Calm (Becalm)-the Feasibility of Biofeedback on Procedural Anxiety During Radiation Therapy: Study Protocol for a Pilot Randomised Controlled Trial." *BMJ Open* 12, no. 12 (07/12/2022 2022): e062467. <http://dx.doi.org/10.1136/bmjopen-2022-062467>.

7. Physics

- Michael Barnes, Dennis Pomare, Marcus Doebrich, Therese Standen, Joshua Wolf, Peter Greer, and John Simpson. "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* (06/09 2022): 13660. <http://dx.doi.org/10.1002/acm2.13660>.
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- Matthew Field, David Thwaites, Martin Carolan, Geoff P Delaney, Joerg Lehmann, Jonathan Sykes, Shalini Vinod, Lois Holloway, Infrastructure platform for privacy-preserving distributed machine learning development of computer-assisted theragnostics in cancer, *Journal of Biomedical Informatics*, <https://doi.org/10.1016/j.jbi.2022.104181>
- Nesrin Dogan, Ben J. Mijnheer, Kyle Padgett, Adrian Nalichowski, Chuan Wu, Matthew J. Nyflot, Arthur J. Olch, Niko Papanikolaou, Jie Shi, Shannon M. Holmes, Jean Moran, Peter B. Greer. "Use of electronic portal imaging devices for pre-treatment and in vivo dosimetry patient-specific IMRT and VMAT QA: Report of AAPM Task Group 307.". *Medical physics*. <https://doi.org/10.1002/mp.16536>
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- Guang Yang, Suhuai Luo, Peter Greer. (2023). A Novel Vision Transformer Model for Skin Cancer Classification. *Neural Processing Letters*. <https://doi.org/10.1007/s11063-023-11204-5>
- Richardson SL, Buzurovic I, Cohen GN, Culbertson WS, Dempsey C, Libby B, Melhus CS, Miller RA, Scanderbeg DJ, Simiele SJ (2023) AAPM Medical Physics Practice Guideline 13.a: HDR brachytherapy, Part A. *J. Appl. Clin. Med. Phys* <https://doi.org/10.1002/acm2.13829>

8. Synthetic CT and MRI Integration

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- Hang Min, Jason Dowling, Michael Jameson, Kirrily Cloak, Joselle Faustino, Mark Sidhom, Jarad Martin, Michael Cardoso, Martin A Ebert, Annette Haworth, Phillip Chla, Jeremiah de Leon, Megan Berry, David Pryor, Peter Greer, Shalini K. Vinod, Lois Holloway. "Clinical target volume delineation quality assurance for MRI-guided prostate radiotherapy using deep learning with uncertainty estimation". *Radiotherapy and oncology : journal of the European Society for Therapeutic Radiology and Oncology*, 109794. <https://doi.org/10.1016/j.radonc.2023.109794>

CONFERENCE PRESENTATIONS

- Jarad Martin**, Mark Sidhom, David Pryor, Joseph Bucci, **Eric Wegener**, **Kenway Yeoh**, **Matthew Richardson**, **Peter Greer**, **Sarah Gallagher**, **Lee Wilton**, Laurel Schmidt, Sarah Keats, Sankar Arumugam, Simon Brown, Alan Glyde "Prostate Virtual HDR Brachytherapy Boost: 5-year Prospective Multicentre Clinical Trial Results" ESTRO 2023, Oral presentation
- Martin Lange, Luc Ollivier, Marion Renouf, Nicolas Magne, Igor Latorzeff, Pascal Pommier, Etienne Martin, Amaury Pommier, Guillaume Béra, Charles Catton, Ke Zhou, Martine Bellanger, **Jarad Martin**, Stephane Supiot "Pattern of relapse following hypofractionated radiotherapy of IR prostate cancer in the PROFIT trial" ESTRO 2023, Oral presentation
- Shankar Siva, Pitchaya Sakyanun, Tao Mai, Wenchang Wong, Adeline Lim, **Jane Ludbrook**, Catherine Bettington, Angela Rezo, David Pryor, Nicholas Hardcastle, Tomas Kron, Braden Higgs, Hien Le, Marketa

- Skala, Suki Gill, Raef Awad, Giuseppe Sasso, Shalini Vinod, Rebecca Montgomery, David Ball, Mathias Bressel. "Long-term outcomes of TROG13.01 SAFRON II: Single vs multi-fraction SABR for oligometastases to lung" ESTRO 2023, Oral presentation
4. Howard Liu, Yoo Young Lee, **Swetha Sridharan**, Wei Wang, Richard Khor, Julie Chu, Andrew Oar, Ee Siang Choong, Hien Le, Mihir Shanker, Alan Wigg, Katherine Stuart, David Pryor "Definitive SBRT in early-stage HCC: an Australian multi-institutional review of outcomes" ESTRO 2023, Oral presentation
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 6. Mohammad Hussein, Nick Hardcastle, **Joerg Lehmann**, Catharine Clark "Robustness of spine SBRT to sub tolerance MLC errors – a large scale evaluation" ESTRO 2023, Oral presentation
 7. **Sharon Oultram, Guneet Kaur, Geetha Govindarajulu, Swetha Sridharan**, Bradley Beeksma, **Paul Simpson**, Jodi Waugh, Stephanie Wrightson, and Claire Dempsey "To fill or not to fill: Comparison of bladder doses based on empty and full MRI scans during intracavitary brachytherapy for cervical cancer" Australian Brachytherapy Group (ABG) Annual Scientific Meeting 2023, Oral presentation
 8. **Laura O'Connor** "MRI to CBCT Treatment Verification for Pelvic Malignancies" Society for MR Radiographers & Technologists (SMRT) 2022, Oral presentation
 9. **Laura O'Connor** "Comparison Of Popular sCT Generation Methods, for MRI-only Definitive Pelvic Radiotherapy" Aus MR and RT Conference 2022, Oral presentation
 10. **Laura O'Connor** "Diagnosis vs Characterisation And Localisation; The Differing Goals Of MRI For Radiotherapy" Society for MR Radiographers & Technologists (SMRT) 2022, Oral presentation
 11. Peter B. Greer, **Joerg Lehmann**, Benjamin J. Zwan and Alisha Moore, "A Remote, Sensitive and Cost-Effective Method for International Dosimetric Auditing Including Developing Countries" AAPM meeting 2023, Oral presentation
 12. **Joerg Lehmann**, Mohammad Hussein, Catharine Clark, Peter Greer "SEAFARER Australia – Is our patient specific quality assurance effective?" EPSM 2022, Oral presentation
 13. **Joerg Lehmann** "Impact of camera occlusion on surface guided radiation therapy for SRS treatments", EPSM 2022, oral presentation
 14. Lois Holloway, Rob Finnegan, Vicky Chin, Phil Chlap, Daniel Al Mouiee, Matthew Field, Janet Cui, Amir Anees, Fahim Alam, Nick Hardcastle, Nick's students, Martin Carolan, Michael Bailey, Senthil Gandhidasan, Jonathan Sykes, Verity Ahern, Eric Hau, **Joerg Lehmann, John Simpson, Jane Ludbrook**, Jothy Selvaraj, Angela Rezo, David Thwaites, Shalini Vinod, Geoff Delaney "How consistent are heart contours and associated dosimetry?" EPSM 2022, oral presentation
 15. **Peter Greer**, Therese Standen, Raj David, Narges Miri, K Bobrowski, **Joerg Lehmann**, Benjamin Zwan, Alisha Moore "Remote EPID-Based Dosimetric Auditing using DVH Patient Dose Analysis", EPSM 2022, oral presentation
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 17. F Kong, Bradley Beeksma, **Peter Greer**, Software development for pre-treatment QA to automate the virtual phantom EPID dose reconstruction method (autoVIPER), EPSM, Adelaide, Australia, Nov 13-16, 2022 Oral Presentation
 18. **John Simpson**, James Welsh, Stephan Chalup, **Peter Greer**, Automatic Contouring of Organs-at-Risk in the Head and Neck on MR Images Using Fully Convolutional Networks, EPSM, Adelaide, Australia, Nov 13-16, 2022 Oral Presentation]
 19. **Peter Greer**, Jason Dowling, Jae Choi, Parneh Raniga, Mark Sidhom, Tony Young, Wilkinson D, **Laura O'Connor, Kate Skehan, Lee Wilton, Perry Hunter, Jarad Martin**, The NINJA MRI-only implementation substudy-preliminary results, Australian MRI-in-RT meeting, Noosa, Australia, Nov 2022 Oral Presentation
 20. **Peter Greer**, Jason Dowling, Jae Choi, Parneh Raniga, Mark Sidhom, Tony Young, Wilkinson D, **Laura O'Connor, Kate Skehan, Lee Wilton, Perry Hunter, Jarad Martin**, The NINJA MRI-only implementation substudy-preliminary results, , TROG Annual Scientific Meeting, Adelaide, Australia, Oral Presentation
 21. **Peter Greer**, et al., Results of the VESPA remote-EPID based audits for TROG clinical trials, TROG Annual Scientific Meeting, Adelaide, Australia, Oral Presentation
 22. B Texier, C Hémon, Lekieffre, E Collot, Safaa Tahri, Hilda Chourak, Jason Dowling, **Peter Greer**, I Bessieres, Anais Barateau, Caroline Lafond, Renaud de Crevoisier, J Castelli, Jean-Claude Nunes, "Multicentric CT synthesis by 3D cycle-GAN for prostate MRI-only radiotherapy", IEEE 20th International Symposium on Biomedical Imaging, Oral Presentation
 23. Hilda Chourak, Jason Dowling, **Peter Greer**, Anais Barateau, Carlone Lafond, Renaud de Crevoisier, Jean-Claude Nunes, Oscar Acosta, MRI-only radiation therapy for prostate cancer: exploration of the impact of synthetic CT uncertainties on dose calculation, IEEE 20th International Symposium on Biomedical Imaging, Oral Presentation
 24. Siyu Liu, L Liu, Jason Dowling, Craig Engstrom, **Peter Greer**, Stuart Crozier, Shekhar Chandra, "Enhancing generative medical image translation with cycle-consistent anti-aliasing", IEEE 20th International Symposium on Biomedical Imaging, Oral Presentation
 25. **Oultram S, Kaur G, Govindarajulu G, Sridharan S and Dempsey C**. Cervix brachytherapy: determining the optimal bladder volume using empty and full bladder MRI scans. ESTRO Annual Conference, Vienna, Austria, May 2023
 26. Carlson CM, Zhu H, **Dempsey C**, Shulman A, Della Bianca C, Keiper T, Koufigar S, Yorke A, Jalal B, Yu C, Dimitriadou D, Wilson L, Nano T and Li B. Large-Scale Remote Training for Medical Physicists to improve Intensity-Modulated Radiation Therapy/ Volumetric Modulated Arc Therapy in Low and Middle-Income Countries. Radiation Oncology Education Collaborative Study Group (ROECSG) Annual Symposium, Chicago, USA, May 2023
 27. **Oultram S, Kaur G, Govindarajulu G, Sridharan S and Dempsey C**. Determination of the optimal bladder filling protocol for cervix brachytherapy treatment (Part 2). Australasian Brachytherapy Group (ABG) annual conference, Sydney, Feb 2023
 28. **Dempsey C**, Shulman A, Carlson C, Ahmed S, Baclely R, Martinez D, Nano T, Sarria GR, Zhu H, Li B. A plan for improvement: Radiation Oncology education for centres in limited resource settings globally. RANZCR Annual Conference, Adelaide SA, November 2022
 29. Carlson CM, Zhu H, **Dempsey C**, Shulman A, Della Bianca C, Keiper T, Koufigar S, Yorke A, Jalal B, Yu C, Dimitriadou D, Wilson L, Nano T and Li B (2023) Large-Scale Remote Training for Medical Physicists to improve Intensity-Modulated Radiation Therapy/Volumetric Modulated Arc Therapy in Low and Middle-Income Countries. Radiation Oncology Education Collaborative Study Group Spring Symposium. Boston Massachusetts May 2023



Financial Report

Financial Report for the Year Ended 30 June 2023

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

Table of Contents

DIRECTORS' REPORT3

AUDITOR'S INDEPENDENCE DECLARATION7

DIRECTORS' DECLARATION8

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME9

STATEMENT OF FINANCIAL POSITION10

STATEMENT OF CASH FLOWS11

STATEMENT OF CHANGES IN EQUITY12

NOTES TO THE FINANCIAL STATEMENTS13

1. Reporting entity13

2. Basis of Preparation13

3. Revenue14

4. Property, Plant and Equipment17

5. Trade and Other Receivables19

6. Other Assets20

7. Cash and Cash Equivalents21

8. Term Deposits21

9. Restricted Assets21

10. Contract Liabilities21

11. Employee remuneration22

12. Related Parties23

13. Remuneration of auditors25

14. Economic Dependency25

15. Contingent liabilities and assets25

16. Subsequent events25

17. Other Accounting Policies26

18. Changes to accounting policies26



Being for Others

Annual Financial Report

30 June 2023

Calvary Health Care (Newcastle) Limited

ABN 75 081 149 126



Hospitality



Healing



Stewardship



Respect

DIRECTORS' REPORT

The Board of Directors of Calvary Health Care (Newcastle) Limited (the Company) submit their report for the year ended 30 June 2023.

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	BBA, FCHSM	Chair All Committees, Ex Officio
Patrick O'Sullivan (resigned 30.6.23)	CA, MAICD	Deputy Chair Chair, Audit & Risk Committee Member, Performance & Remuneration Committee
Ludlie Soomazon	LLB (Hons 1), BA, GAICD	Director (appointed Deputy Chair 12.7.23) Member, Audit & Risk Committee Member, Clinical Governance 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
Ludlie Halloran	BCom (Hons), BA, GAICD	Director Member, Mission & Ethics Committee Member, Clinical Governance Committee
Annette Carruthers AM	MBBS (Hons), FRACGP, FAICD, Grad Dip App Fin	Director Member, Audit & Risk Committee (part year) Member, Performance & Remuneration Committee (part year) Member, Clinical Governance Committee
Agnes Sheehan	BA Business Studies (Hons), GAICD	Director Member, Audit & Risk Committee Member, Clinical Governance Committee
Professor Christopher Baggoley AO	BVSc (Hons), BMBS, B Soc Admin, FACEM, FRACMA, D Univ (FUSA), FAAHMS	Director Chair, Clinical Governance Committee Member, Mission & Ethics Committee
Yvonne Le Bas (appointed 24.11.22)	BBus Studies, MA, Fellow CA Aus/NZ, Fellow Inst. CA England/Wales, FAICD	Director Member, Audit & Risk Committee (Chair Audit & Risk Committee from 27.7.23)

DIRECTORS' REPORT (continued)

Directors were in office for the entire period unless otherwise stated.

The Directors attended the following Board meetings and applicable Committees each Director was eligible to attend:

Director	Board Meetings		ARC		MEC		PRC		CGC	
	Held	Att	Held	Att	Held	Att	Held	Att	Held	Att
Jim Birch AM	9	9								
Patrick O'Sullivan	9	9	5	5			4	2		
David Catchpole	9	9	5	5			4	4		
Jennifer Stratton	9	9			4	4	4	4		
Ludlie Halloran	9	9			4	4			4	3
Annette Carruthers AM	9	9	3	3			2	2	4	4
Ludlie Soomazon	9	9	5	5					4	4
Agnes Sheehan	9	8	5	5					4	4
Prof Chris Baggoley AO	9	9			4	4			4	4
Yvonne Le Bas	6	6	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 Company received operational funding \$1.6M (2022: \$2.9M) from the NSW Ministry of Health for specific assistance with COVID related expenditure. As at 30 June 2023 the entire \$1.6M 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 \$3.2M was incurred for the Company for the financial year ended 30 June 2023 (2022: deficit of \$1.4M).

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

(a) Revenues

The Company's revenue from operating activities totalled \$207.8M (2022: \$204.2M). Grants and subsidies from Government for hospital operations totalled \$168.7M (2022: \$169.2M). Grants and subsidies represent 81% (2022: 83%) of revenue from operating activities.

(b) Expenses

The Company's expenses from operating activities totalled \$218.5M (2022: \$211.5M). Expenses on personnel costs represent 66% (2022: 66%) of total operating expense.

Staffing levels have increased during the reporting period with total full time equivalents of 1,093 as at 30 June 2023 (2022: 1,089).

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.

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 2023 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 2024. 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.

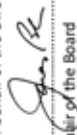
Registered Office

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 22nd day of September 2023.



Auditor's Independence Declaration under subdivision 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 2023 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

KPMG
 Stephen Isaac
 Pettrér
 Sydney
 22 September 2023

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 2023 and of its the performance, for the financial year ended on that date;
3. there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the Directors

Chair of the Board

Director

Dated at this 22nd day of September 2023.

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STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

For the year ended 30 June 2023			
		2023	2022
	Note		
<i>In thousands of AUD</i>			
Revenue from operations	3	207,790	204,245
Other income	3	5,828	5,588
Total revenue for the year		213,618	209,833
Employee benefits expense	11	144,689	140,484
Supplies		25,609	24,217
Computer Expenses		108	105
Contracted services		30,386	30,356
Loss on sale of asset		29	-
Depreciation and amortisation expense		8,022	7,996
National office contribution		3,631	3,582
Repairs and maintenance		175	167
Power, light & heat		10	8
Other expenses		5,825	4,559
Total expenses for the year		218,484	211,474
Results from operating activities		(4,866)	(1,641)
Finance income		1,714	199
Net Deficit for the year		(3,152)	(1,442)
Other comprehensive income for the year		-	-
Total comprehensive income for the year attributable to members of the company		(3,152)	(1,442)

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

STATEMENT OF FINANCIAL POSITION

As at 30 June 2023			
		2023	2022
	Note		
<i>In thousands of AUD</i>			
Current assets			
Cash and cash equivalents	7	16,392	17,483
Term deposits	8	45,000	45,000
Trade and other receivables	5	4,948	8,509
Inventories		1,248	1,736
Other current assets	6	505	492
Total current assets		68,093	73,220
Non-current assets			
Property, plant and equipment	4	98,859	103,878
Total non-current assets		98,859	103,878
Total assets		166,952	177,098
Current liabilities			
Bank overdraft		711	-
Trade and other payables		13,113	19,107
Employee benefits	11	45,844	44,424
Contract liabilities	10	136	164
Total current liabilities		59,804	63,695
Non-current liabilities			
Employee benefits	11	964	1,067
Total non-current liabilities		964	1,067
Total liabilities		60,768	64,762
NET ASSETS		106,184	112,336
Equity		106,184	112,336
Retained earnings		106,184	112,336
TOTAL EQUITY		106,184	112,336

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 2023	Note	2023	2022
<i>In thousands of AUD</i>			
Cash flows from operating activities			
Receipts from customers		47,775	35,248
Government grants received		166,041	170,490
Payments to suppliers and employees		(217,027)	(206,156)
Interest received		1,581	187
Other income received		5,828	5,588
Net cash provided by operating activities		4,198	5,357
Cash flows from investing activities			
Proceeds on disposal of PP&E		338	592
Payment for PP&E		(3,338)	(5,980)
Return of investment from term deposits		-	15,000
Net cash provided by / (used in) investing activities		(3,000)	9,612
Cash flows from financing activities			
Distribution to the owner of the Company		(3,000)	(15,627)
Net cash used in financing activities		(3,000)	(15,627)
Net decrease in cash held		(1,802)	(658)
Cash at the beginning of the financial year		17,483	18,141
Cash at end of the financial year	7	15,681	17,483

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 2023	Retained Earnings	Total Equity
<i>In thousands of AUD</i>		
2023		
Balance as at 1 July 2022	112,336	112,336
Net deficit for the year	(3,152)	(3,152)
Total comprehensive income for the year	(3,152)	(3,152)
Transactions with owners of the Company		
Distribution to the parent entity	(3,000)	(3,000)
Total transactions with owners of the Company	(3,000)	(3,000)
Balance as at 30 June 2023	106,184	106,184
2022		
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)
Distribution to the parent entity	(15,627)	(15,627)
Balance as at 30 June 2022	112,336	112,336

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 22 September 2023.

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 2016/791, 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

In thousands of AUD	2023	2022
Revenue from operating activities		
Revenue from rendering of services	39,077	35,079
Recurrent grants received/receivable	168,217	168,628
Resources received free of charge	496	538
	207,790	204,245
Donations	2,393	1,214
Profit on disposal of property, plant and equipment	-	27
Other income	3,435	4,347
	5,828	5,588

3.1 Revenue from Operating Activities

Revenue from contracts with customers – AASB 15 Revenue from Contracts with Customers

Revenue from rendering of services	39,077	35,079
Recurrent grants received/receivable	168,217	168,628
	207,294	203,707
Revenue recognised under – AASB 1058 Income of NFP entities		
Resources received free of charge	496	538
	496	538
	207,790	204,245

Disaggregation of revenue from contracts with customers

Type of service	2023	2022
Recurrent grant income	168,217	168,628
Patient fees	10,659	9,226
Prosthesis Fees	171	242
Facility Fees	4,463	4,124
Pharmacy Fees	38	38
Other revenue from rendering of services	23,746	21,449
	207,294	203,707
Revenue recognised under AASB 1058	496	538
	207,790	204,245

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 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 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 facility are contained in a Head Lease between the parties to the PPP arrangement. The recognition of the assets is based on the fact that the Company, being an Affiliated Health Organisation which is outside the accounting control of either HNELHD or the NSW Ministry of Health, recognises its funding (recurrent or capital) as grant income in the year of receipt.

Revenue from rendering of services - Patient fee revenue

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

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

Public Health Service - capital grants

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

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

3. 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.

Our Assets

4. Property, Plant and Equipment

At Carrying Value <i>In thousands of AUD</i>	Land and buildings	Plant and equipment	Motor vehicles	Assets under construction	Total
Carrying amount as at 1 July 2022	83,572	19,846	435	25	103,878
Additions/costs incurred	-	2,985	321	63	3,370
Transfers from assets under construction	-	25	-	(25)	-
Disposals	-	(62)	(305)	-	(367)
Depreciation expense	(3,302)	(4,720)	-	-	(8,022)
Balance at 30 June 2023	80,270	18,075	451	63	98,859
Book value as at 30 June 2023	140,263	45,762	451	63	186,538
Accumulated depreciation as at 30 June 2023	(59,993)	(27,687)	-	-	(87,680)
Net book value as at 30 June 2023	80,270	18,075	451	63	98,859
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

Accounting Policy

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

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

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

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

Depreciation

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

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

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

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

Derecognition

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

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

Impairment

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

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

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

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

5. Trade and Other Receivables

<i>In thousands of AUD</i>	2023	2022
Current		
Trade receivables	1,365	795
Grant receivable	148	3,930
Other receivables	3,427	3,761
Other receivables due from related parties	8	23
	<u>4,948</u>	<u>8,509</u>

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

<i>In thousands of AUD</i>	2023	2022
Balance at the beginning of the year	(84)	(79)
Impairment losses recognised	(206)	(200)
Amounts written off/recovered	183	195
Balance at the end of the year	<u>(107)</u>	<u>(84)</u>

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 30.

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 (2022: \$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

Current	2023	2022
Prepayments	505	492
	<u>505</u>	<u>492</u>

7. Cash and Cash Equivalents

<i>In thousands of AUD</i>	2023	2022
Cash at bank and on hand	-	7,385
Cash at bank - special purpose funds	16,392	10,098
Cash and cash equivalents in the statement of financial position	16,392	17,483
Bank overdrafts repayable on demand and used for cash management purposes	(711)	-
Cash and cash equivalents in the statement of cash flows	15,681	17,483

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>	2023	2022
Term deposits (> 3 months < 12 months maturity)	45,000	45,000

9. Restricted Assets

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

<i>In thousands of AUD</i>	2023	2022
Special Purpose / Conditions imposed by granting body	22,394	18,696
No.2 Account / Conditions imposed by NSW Ministry of Health	31,043	29,058
Research grants, / Conditions imposed by granting body	7,955	7,344
	61,392	55,098
Disclosed in the Statement of Financial Position as:		
Cash and cash equivalents	16,392	10,098
Term deposits (greater than 3 months and less than 12 months maturity)	45,000	45,000
	61,392	55,098

21

10. Contract Liabilities

<i>In thousands of AUD</i>	2023	2022
Contract liabilities - current	136	164
	136	164

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.

11. Employee remuneration

11.1 Employee benefits expense

<i>In thousands of AUD</i>	2023	2022
Salaries and wages	126,314	127,725
Superannuation - defined contribution	11,446	10,545
Superannuation - defined benefit	496	538
Workcover	2,700	896
Long term and post-employment benefits	3,733	780
	144,689	140,484

11.2 Employee Provisions

<i>In thousands of AUD</i>	2023	2022
Current		
Annual leave	19,572	18,972
Long service leave	26,014	25,238
Other employee provisions	258	214
	45,844	44,424
Non-current		
Long service leave	964	1,067

22

Annual Financial Report 30 June 2023 | Calvary Health Care (Newcastle) Limited

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	2023	2022
Compensation to directors and other members of key management	584,040	572,280

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.

Annual Financial Report 30 June 2023 | Calvary Health Care (Newcastle) Limited

12.2 Transactions with other related parties

In AUD	2023	2022
Amounts included in income received during the year from Calvary group companies:		
Recovery for goods and services	14,225	4,838
	14,225	4,838
Payments made during the year to Calvary group companies:		
National Office shared service contribution	2,317,783	2,446,131
Distribution to the parent entity	3,000,000	15,627,000
National IT shared service contribution - recurrent	1,047,117	869,591
National IT shared service contribution - non-recurrent	266,386	266,386
Payments for goods and services	6,062	19,141
	6,637,348	19,228,249

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	2023	2022
(a) Audit and other assurance services		
KPMG Australia	90,150	85,000
Audit and review of financial statements	90,150	85,000
Total remuneration for audit and other	90,150	85,000
Total remuneration of auditors	90,150	85,000

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.

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

There have been no changes to accounting policies in preparation of these financial statements of the Company.



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).

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 2023, and of its financial performance and its cash flows 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 Regulation 2022 (ACNCR)*

The **Financial Report** comprises:

- Statement of financial position as at 30 June 2023.
- Statement of profit or loss and other comprehensive income, Statement of changes in equity, and Statement of cash flows for the year then ended.
- Notes including a summary of significant accounting policies.
- Directors' declaration of the Company.

Basis for opinion

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

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

We are independent of the Company in accordance with the auditor independence requirements of 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.

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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 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:

- i. preparing the Financial Report that gives a true and fair view in accordance with Australian Accounting Standards – *Simplified Disclosures Framework* and the *ACNC* and *ACNCR*;
- ii. 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
- iii. 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:

- i. to obtain reasonable assurance about whether the Financial Report as a whole is free from material misstatement, whether due to fraud or error; and
- ii. 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 this Financial Report.

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



We also:

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

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

KPMG

KPMG

Stephen Isaac

Partner

Sydney

22 September 2023



Awabakal Country
Locked Mail Bag 7
Hunter Region Mail Centre, NSW 2310, Australia
P: 02 4921 1211
www.calvarymater.org.au