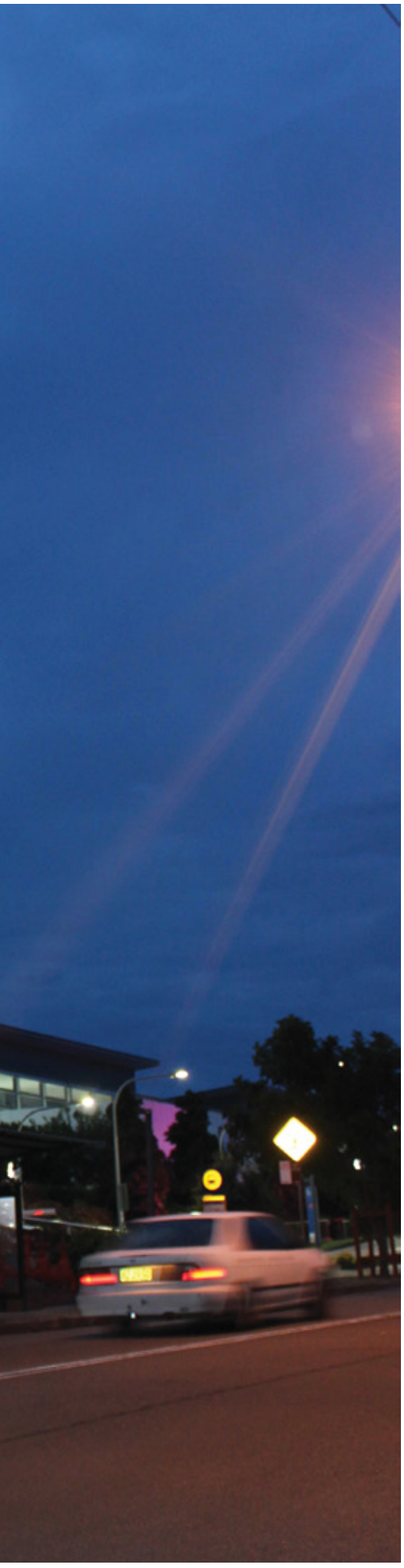
Calvary

Mater Newcastle

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

Review of Operations

2019-20



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Acknowledgement of Land and Traditional Owners

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

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

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

The Spirit of Calvary

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

Our Mission identifies why we exist

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

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

Our Vision identifies what we are striving to become

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

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

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

We are guided by our values:

Hospitality

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

Healing

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

Stewardship

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

Respect

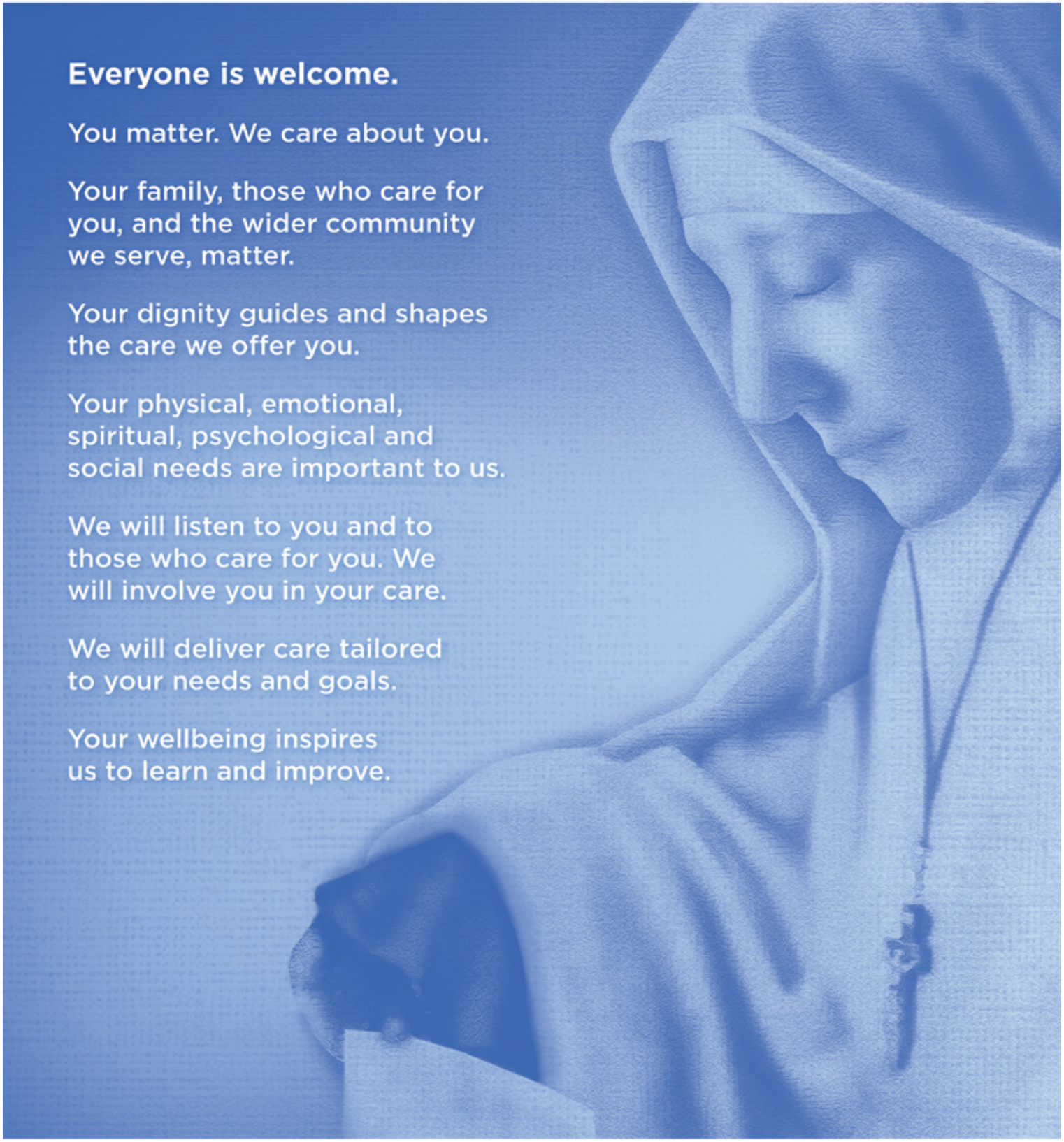
Recognises the value and dignity of every person who is associated with our services. It is our responsibility to care for all with whom we come into contact, with justice and compassion no matter what the circumstances, and we are prepared to stand up for what we believe and challenge behaviour that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

Calvary

Spirit of Calvary

Being for others

Hospitality
Healing
Stewardship
Respect



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

Management and Community Advisory Council

Hospital Executive

- General Manager: Mark Jeffrey
- Director of Medical Services: Dr MaryAnn Ferreux
- Acting Director of Nursing and Cancer Services: Kim Kolmajer
- Acting Director of Medicine and Palliative Care Services: Marissa Ledlin
- Director of Critical Care and Surgical Services: Tracy Muscat
- Director of Finance and Corporate Services: Wayne Wells
- Director of Mission: Mary Ringstad

Department Managers

- Alcohol and Drug Unit Nurse Unit Manager: Jason Scott
- Chief Hospital Scientist Medical Oncology: Dr Jennette Sakoff
- Chief Medical Physicist: John Simpson
- Chief Radiation Therapist: Karen Jovanovic
- Clinical Dean: A/Professor Tim Walker
- Clinical Information Manager: Nicole Crockett
- Coronary Care Nurse Unit Manager: Anne Thomson
- Acting Day Treatment Centre Nurse Unit Manager: Sarah Scudds
- Department of Palliative Care Nurse Unit Manager: Jessica Scaife
- Desktop Services Manager: Clinton Starrett
- Director Alcohol and Drug Services: Dr Craig Sadler
- Director of Anaesthetics: Dr Allysan Armstrong-Brown
- Director Clinical Pharmacology and 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 Michael Hayes (until March 2020) / Dr Suzanne Wass
- Director Department of Palliative Care: Dr Rachel Hughes
- Director Emergency Department: Dr Johann Gildenhuys
- Director Haematology: Professor Philip Rowlings (until August 2019) / Dr Sam Yuen
- Director Hunter Drug Information Service: Felicity Prior
- Director Intensive Care Unit: Dr Katrina Ellem
- Director of Cardiology: Dr Angela Worthington (Vale 11 February 2020) / Dr Stuart Murch
- Director of Medical Oncology: Dr Tony Bonaventura
- Director of Pharmacy: Rosemary James
- Director of Radiation Oncology: Dr Mahesh Kumar
- Director of Surgery: Dr Ralph Gourlay
- Director of Social Work: Lyn Herd
- Emergency Department Nurse Manager: Jo-Anne Berry and Rebecca Robertson
- Emergency Department Clinical Nurse Unit Manager 1: Kim Blayden
- Emergency Department Clinical Nurse Unit Manager 2: Jacinta Carr / Maree O'Connor
- Financial Controller: Petula Steele
- Human Resources Manager: Michael Hodgson
- Health Information Services and Information Communications Technology Manager: Heather Alexander
- Intensive Care Nurse Unit Manager: Leanne Bradford / Melissa Lintott
- Junior Medical Officer Manager: Victoria Wall
- Management Accounting Manager: Neville Brown
- Medical Centre Nurse Unit Manager / Hospital in the Home: Kelly Crawford
- Medical Centre Front Office Manager: Rebecca Cruickshank / Melinda Rye
- 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 Alison Lee
- Nutrition and Dietetics Manager: Andrew Court
- Occupational Therapist in Charge: Andrew Wakely
- Operating Theatre Suite Nurse Manager: Chris Aartsen
- Operating Theatre Suite Clinical Nurse Unit Manager: Stanley Meyers
- Pastoral Care Manager: Margot McCrindle
- Patient Services Manager: Brad Rochester
- Payroll Manager: Kerrie Chapman
- Physiotherapist in Charge: Judy Holland
- Pre-Procedures Nurse Unit Manager: Emma Brady
- Public Affairs and Communications Manager: Helen Ellis
- Quality Manager: Jeanette Upton
- Radiation Oncology Nurse Unit Manager: Ashley Powell
- Speech Pathologist in Charge: Patricia Potter
- Staff Development Coordinator: Judith Thompson
- Supply Services Manager: Anne McCormack
- Supply Services Supervisor: David Millington

- Ward 4B Surgical Inpatient Nurse Unit Manager: Lara Riley
- Ward 4C Medical Nurse Unit Manager: Niamh Finch
- Ward 5A/MAAZ Nurse Unit Manager: Tracey Coates
- Ward 5B Oncology Nurse Unit Manager: Linda Liversidge
- Wards 5C/D Haematology Nurse Unit Manager: Linzi Nolan

Community Advisory Council

- Chairperson: Cathy Tate OAM, Consumer Representative

Members:

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

Report from the General Manager

It is my privilege to present the 2019-2020 Review of Operations Report for Calvary Mater Newcastle.

The report affirms the hospital's commitment in continuing to provide high quality services to the Hunter community and our responsibility to provide safe, reliable and timely care. Our results demonstrate that we are a compassionate team dedicated to caring for our community. This has been achieved as the demand for health services continues to grow and as we continue to deliver improvements and innovation.

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

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

During September 2019 Calvary Mater Newcastle successfully underwent and achieved hospital-wide accreditation under the second edition of the National Safety and Quality Health Standards. The National Standards are mandated by the Australian Commission on Safety and Quality in Healthcare and apply to public and private health services nationally.

Over four days, from the 10-13 September 2020, three assessors made a concerted effort to visit all clinical and support services, and assess the hospital against the new standards.

It was recognised by the assessors that "Calvary Mater Newcastle staff demonstrate a culture of caring, based on the organisation's values and mission. This culture supports the provision of patient focused safe quality services to all the patients receiving care and treatment."

They continued, "The focus on quality and safety is evident from the Board and Executive through all clinical and support staff. Staff understand the requirements of the Standards and there is a well-developed and maintained clinical governance program with organisation-wide reporting and monitoring systems which ensure an integrated approach to improving the safety and quality of care."

Some further comments made by the assessors include:

- "Amazing place – it is clear that care for patients is important for all staff here."
- "Very well maintained facility."
- "Extremely cooperative staff."
- "I would want to be a patient here."
- "Very impressive hospital. Very caring ethos – feels safe and it looks safe."

The assessors recommended that Calvary Mater Newcastle be granted three years accreditation. To achieve accreditation is public recognition that Calvary Mater Newcastle's performance, as assessed by an independent external organisation (ACHS), meets or exceeds the NSQHS standards.

Everyone at Calvary Mater Newcastle is and should be very proud of this achievement. With thanks to all of our dedicated staff, consumer representatives, volunteers and auxiliary members, for their commitment and tenacity.

With the catastrophic bushfires and the introduction of the Novel Coronavirus COVID-19, the year 2019-2020 will be remembered as a year like no other!

The bushfires of late 2019 and early 2020 devastated much of the east coast of NSW, resulting in a natural disaster being declared across much of the state. Our staff came together to support those in need in our community, despite many being impacted.

On the 25 January 2020 COVID-19 reached Australian shores. This marked the start of a period of significant challenges for the hospital and the wider community. While this year we have not had the experiences of many overseas communities and heath care services, the quality of preparation that was and continues to be undertaken has positioned Calvary Mater Newcastle for the challenges that may lay ahead.

It has been a year of adaptation and innovation with staff rising to the challenge of many rapid changes. A hospital COVID-19 Testing Clinic was set-up, together with COVID-19 Screening Stations at the hospital's three main entry points. Staff participated in scenario-based training, cancer wards moved ward locations, together with office based staff relocating to new areas in the hospital. The use of Telehealth for outpatient appointments became dominant. COVID-19 will remain an evolving challenge for 2020-2021, however, the commitment and dedication of our staff will continue.

The hospital celebrated Mary Potter Day on 21 November 2019 with a Celebration of Service to recognise the long service of our staff. The Mary Potter Award for staff member of the year was awarded to Kim Adler who is the Clinical Trial Clinical Nurse Consultant/ Supervisor for the Medical Oncology Clinical Trials Unit.

Kim demonstrates the 'Spirit of Calvary' each day through her work to bring scientifically sound and clinically relevant clinical trials to people with a diagnosis of cancer. My congratulations and thanks also go to the other four Mary Potter Award nominees: Gillian Blanchard, Oncology Nurse Practitioner for Oncology/Emergency; Naomi Horton, Senior Registered Nurse in Ward 4B (Surgical); Sarah Scudds, Acting Nurse Unit Manager, Day Treatment Centre; and Lyn Davies, Executive Assistant to the General Manager.

The World Health Organisation acknowledged 2020 as the International Year of the Nurse and Midwife. It coincided with the 200th anniversary of the birth of Florence Nightingale, widely considered the founder of modern nursing and a woman who made her own remarkable contribution to health and humanity. Throughout the year 2020 we will shine a spotlight on the role of our nurses and their thoughts about why they love their chosen career. Calvary Mater Newcastle is blessed with a truly extraordinary

group of nurses. My thanks to all our nurses for the great care you provide each and every day to our patients.

As always the contribution our volunteers and Auxiliary members have made to the hospital has been much appreciated. Sadly due to COVID-19, our volunteers and auxiliary members have been absent from the hospital from March 2020. Staff, patients, visitors alike, dearly miss their presence at the Mater and we very much look forward to the day they are able to return to the hospital.

Despite these challenging times, the Auxiliary members' spirited and unrelenting dedication to fundraising for our hospital never ceases to amaze all those who benefit so generously from their time and effort. This financial year the Auxiliary presented a cheque to the hospital for the sum of $236,438.24 from their tireless fundraising work. Our members' devotion means we are able to enhance the comfort and care of our patients and for that we are most grateful.

Celebrating our staffs' achievements is something we take great pride in at Calvary Mater Newcastle. Three Calvary Mater Newcastle projects were recognised in the 2019 Calvary National Awards, both in the area of work, health and safety (WHS). The Emergency Department Violence Prevention and Management Team won the Best WHS Solution category, with the PVC recycling project runner-up in the same section. A joint haematology-pharmacy project to help clinicians treat and manage extravasation injuries resulting from administering intravenous medications was a finalist for best clinical safety solution.

Emergency Department Staff Specialist Dr Paul Hui was awarded the Humanitarian Overseas Service Medal for his leading efforts during the West Africa Ebola crisis. The medal is presented to those who perform humanitarian service in a foreign country, in particular those working in dangerous environments or during a humanitarian crisis.

Finally, I would like to thank our generous and loyal community for its support of the hospital, and the Community Advisory Council in its advisory role. The hospital continues to receive valuable support and advice from Little Company of Mary Health Care Board, Calvary National Office and the Hunter New England Local Health District.

I hope this year's Review of Operations proves to be a valuable and informative report, and we will continue to strive to provide a quality service to the community based on our values of Hospitality, Healing, Stewardship and Respect.

Mark Jeffrey
General Manager

Report from the Community Advisory Council

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

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

Diverse membership

Over the past year, the CAC has been fortunate to welcome three new members from our Aboriginal, and culturally and linguistically diverse communities. These new members add a rich diversity in background and experience that is more representative of the local population.

Aron Hidru, an Eritrean refugee whose professional background is as a hospital scientist, has undergone the Calvary Mater Newcastle volunteer training and finds his role on the CAC and subsequently the Blood Management Committee rewarding. While, Robert Russell, Chief Executive, Awabakal Land Council, and Andrew Smith, Chief Executive Officer, Worimi Local Aboriginal Land Council, joined the committee in February, and have been able to begin their committee work on the Close the Gap Collaborative Committee. Rob Russell has also joined the Clinical Deterioration Committee.

Hospital-wide accreditation

This year, one of the main focuses of the hospital was preparing Calvary Mater Newcastle for hospital-wide accreditation against the Australian Commission on Safety and Quality Health Care National Safety and Quality Health Service Standards in October 2019. A great deal of work went on behind the scenes to ensure projects were finished and evidence was collated in time for the assessors four day survey of the hospital. The CAC was instrumental throughout this process and members were on hand for the four day assessment to discuss with assessors their involvement and impact against the 10 standards. During their meetings with the assessors, members spoke passionately and knowledgeably about their role and the consumer engagement work being carried out. The assessors publicly acknowledged the members' pivotal role and dedication.

COVID-19

In 2020 the hospital moved into pandemic management which necessitated significant changes in its approach to consumer and community engagement. An Extraordinary Meeting was held for the CAC to update members on critical issues the hospital faced, of particular note was to review COVID-19 specific guidelines - 'Ethical Principles for Resource Allocation in the event of an overwhelming surge of COVID-19 Patients', 'Care of the Dying Guidelines COVID-19' - both of which were likely to impact the community directly and cause considerable concern.

During COVID-19 members have continued their involvement through video conferences, carrying out outpatient experience surveys regarding the changes in models of care during the pandemic, and three standing committees have benefited from the appointment of a consumer representative from the Council.

Hospital committees

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

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

Calvary Mater Newcastle Consumer and Community Engagement Framework 2018-2021

The Consumer and Community Engagement Framework (2018-2021) is now in place. The hospital's Community Advisory Council plays an integral role in monitoring, providing advice on and evaluating the framework. Updates are provided quarterly at every Community Advisory Council meeting. Informal consultation and collaboration occurs between meetings.

The framework actions are reported to: the monthly Hospital Management Committee (extended) and Calvary Monthly Performance meeting, Patient Care and Quality Committee meeting, Standard 2 Working Party meeting, and other hospital committee meetings and forums as appropriate.

The Consumer and Community Engagement Framework was acknowledged during accreditation as a significant achievement in meeting the expanded requirements of National Safety Quality and Health Service Standards Standard 2 Partnering with Consumers.

Also this year the Community Advisory Council further established its credentials as the peak consumer body of the hospital. This was evidenced throughout the accreditation process, its consultation during the initial stages of COVID-19, and in the addition of three significant new members.

Other notable achievements include:

- Ensure our hospital environment acknowledges and welcomes our Aboriginal and Torres Strait Islander peoples:
    - A variety of beautiful Aboriginal paintings have now been placed throughout the hospital, with plaques to accompany. Two significant artworks were purchased. Tom Croft's artwork 'Caring for Communities' was commissioned to be the design for the uniform shirts of

Calvary workers in identified Aboriginal positions, however Calvary National Office decided, after consultation with Aboriginal communities where Calvary services are located, to purchase the artwork and design, and the associated rights of use, as the Calvary National Aboriginal design. Les Ahoy's, 'Cancer affects us all' painting depicting his cancer journey was commissioned by the Day Treatment Centre to be displayed in the waiting room for all patients and visitors. Due to the popularity of both artworks they are now being used throughout Calvary services.

- Specific outdoor areas have been identified as part of a plan to develop outdoor spaces for visitor and patient usage, as part of the hospital's general outdoor space plan. For example, yarning places, a garden for those with dementia, an area for smoking ceremonies. Further consultation is needed.

- The Multicultural Health Liaison Officer to implement a workforce training program – There has been a focus on interpreter usage and how staff access telehealth to meet the interpreter needs of both inpatients and outpatients. The hospital's Multicultural Health Liaison Officer is working with staff to improve their performance in this area.

- Provide a volunteer concierge service at hospital entrances for greeting and assisting in locating people and services – Experienced volunteers have now been recruited and trained, participating in both Calvary Mater Newcastle training and a generic 'Meet and Greet' course run at Belmont Hospital. The service is currently on hold due to COVID-19.

- Creation of a welcoming and inclusive experience for all consumers in all hospital settings, through accessible services, clear signage, hospitality and a visible and identifiable workforce – An in-depth hospital-wide Wayfinding Audit was completed. Extensive consumer feedback, focus groups, surveys, mystery shoppers, compliments and complaints, feedback from staff, was collated and analysed allowing the hospital to assess the current patient experience and put forward recommendations for improvement. One significant recommendation was to clearly distinguish each level of parking in car park P2. This has been completed and the colours chosen were researched to ensure they meet the needs of people who are colour blind.

- Develop a social media strategy – The hospital has increased its activity on its Facebook account, including pivotal COVID-19 messages to the community. It has also proved a popular highlight for staff, acknowledging colleagues achievements and initiatives, particularly during International Year of the Nurse.

- Health Literacy Action Plan developed - The plan sits within the hospital's Consumer and Community Engagement Framework (2018-2021). By adopting the framework priorities it is hoped Calvary Mater Newcastle will improve the health literacy responsiveness of the hospital, enable patients to improve their health literacy and enhance staff capability. Actions include the Wayfinding Audit and subsequent initiatives, an updated Consumer Information Policy including readability, and developing visual resources for consumers.

- Demonstration and promotion of how consumer feedback is used and what changes/improvements have been made as a consequence – 'You Said, We Did' initiative designed and display installed in the main foyer and initial examples provided. Suggestion box incorporated into display allowing suggestions to be collated easily and answered where possible.

- Implementation of a policy and protocol for issues related to recruitment, appointment, training, orientation and ongoing support of consumer representatives – Consumer Register brochure, application form, handbook and new Calvary Mater Newcastle website subsection 'Consumer and Community Participation' finalised. This section includes webpages regarding the Consumer and Community Engagement Framework, Join our Consumer Register, Community Advisory Council, and the 'You Said, We Did' initiative.

- Develop and implement a mandatory and developmental consumer and community engagement training plan for the workforce – Plan has been completed and mandatory and developmental training identified.

- Develop and implement a mandatory and developmental consumer and community engagement training plan for consumers – Plan has been completed and the different consumer participation levels identified with regards to training needs.

Report from the Calvary Mater Newcastle Auxiliary 'Cancer Carers'

The year 2019-2020 has been challenging- bush fires, droughts, floods and COVID-19 have impacted many Australians. Since March 2020, members of the Calvary Mater Newcastle Auxiliary 'Cancer Carers' have been unable to fundraise due to the COVID-19 pandemic.

Despite these challenging times, the members' spirited and unrelenting dedication to fundraising for the hospital never ceases to amaze all those who benefit so generously from their time and effort.

In spite of the unpredictable COVID-19 environment, members of the Calvary Mater Newcastle Auxiliary 'Cancer Carers' raised $236,438.24 for the 2019-20 financial year.

With 27 members ranging in age from 60 to 102, this dedicated group of men and women worked approximately 28,798 hours in total throughout the year, equating to 1,068 hours per member and $8.757 being raised per member.

Below is a breakdown of how the funds were raised for the 2019-20 financial year:

Activity	Funds Raised	Activity	Funds Raised
Bank Interest	$879.68	Golf Day	$7,559.00
Bowls Days	$23,387.25	Grants	$35,000.00
Cookbooks	$1,609.00	Housie	$25,141.60
Cooking Craft Days	$7,758.20	Lollies	$44,252.64
Craft	$29,618.86	Raffles	$11,586.20
Donations	$14,570.00	Sundry	$9,879.96
Functions	$25,195.85		

Over the past year the Auxiliary has purchased hospital equipment and made donations to the hospital to the value of $167,288.30 and have obligations for a further $155,000. Equipment and items purchased included:

- One simulation manikin for the Emergency Department = $6,658.65
- A contribution towards the mural in the paediatric consultation room in the Emergency Department = $5,000
- Seven electric patient chairs for Ward 5B (Oncology) = $28,318
- Two bedside couches and five IV poles for Ward 4B (Surgical) = $5,235
- A linear transducer and a contribution towards theatre workstations for the Operating Theatres = $22,000
- Three cough assist machines = $22,551
- One patient treatment chair for Ward 4C (Medical) = $7,061.90
- Five observation machines for the Day Treatment Centre = $15,434.75
- A contribution towards head and neck cancer patient's prosthetics = $5,000
- Six chemotherapy treatment chairs for the Day Treatment Centre = $42,180
- Three scalp cooling caps for the Day Treatment Centre = $2,508.50
- A research contribution towards the hospital's Medical Oncology Experimental Therapeutics Group = $5,150
- A contribution towards volunteer Kaye Woods' patient care toiletry packs for Ward 4C (Medical) patients = $190.50

The Auxiliary is led by a team of extraordinarily dedicated individuals who have joined together with a common purpose in mind – to fundraise on behalf of Calvary Mater Newcastle for the comfort and care of patients. The Auxiliary Executive team comprises President, Elaine Wellard; Treasurer, Kay Fordham; Secretary, Margaret Dougherty; Vice Presidents, Robyne Pitt and Jan McDonald; Assistant Secretary, Margaret Sneddon; Assistant Treasurer, Suzanne Lawrance; and Publicity Officer, Evelyn Duggan.

Fundraising

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

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

- Public Affairs and Communications Department- Helen Ellis, Deb Astawa and Fran Holz
- Mark Jeffrey, General Manager
- Mary Ringstad, Director of Mission
- Finance Department- Lynda Evans, Maylinda Wells and Wayne Wells
- Support Services Team- David Millington, Peter Hobson, Peter Bird, Mark Delves and Hayden Linich
- Kaye Woods
- Beresfield Bowling Club and other District Bowling Clubs
- Muree Golf Club
- The Wests Group (ClubGRANTS NSW)
- The families, friends, hospital staff and members of the community
- The Auxiliary lolly packing support team

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 Novacare.

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

Soft Services

Medirest proudly provides specialist food, retail, hospitality and support services to patients across the entire Mater campus.

Highlights for the Medirest team in 2019-2020 included:

- Patient catering obtaining NSW Food Authority Level 'A' Vulnerable Persons Scheme Licence
- Five Star, Excellent rating. Scores on doors for all retail outlets – Food Safety Audit from Newcastle City Council
- Calvary Mater Newcastle, Team of the Month – Security Team – January 2020
- Calvary Mater Newcastle, Team of the Month – Cleaning Team – April 2020
- BSI Food Safety Certification
- Average internal Environment Scores of 95.49%. These results are achieved through refinement of microfibre cleaning technology and state-of-the-art tablet-based environmental auditing system and black light technology.
- Continuing the comprehensive waste recycling programs and introducing PVC medical products recycling
- Rapidly adapting the service requirements to the COVID-19 pandemic operating environment.

Overall service statistics

- 363,070 meals were served to hospital patients
- The Security team attended 970 incidents within Calvary Mater Newcastle
- The Reactive Cleaning team made 13,924 hospital beds
- The hospital campus generated 73.43 tonnes of clinical waste
- 405,474 tonnes of waste diverted from landfill
- 23,066 events were logged through the Help Desk
- 42,988 deliveries were received via the loading dock

Catering services

The Catering Department provided a monthly average of 30,255 high-quality, hot and cold meals, prepared onsite for Calvary Mater Newcastle patients during 2019-2020. Working closely with Nutrition and Dietetics staff, Medirest ensured extra care was taken

to provide special meals to patients that require specific diets and supplements. Highlights for 2019-2020 included:

- Maintaining NSW Food Authority Level 'A' licence through further strengthening of HACCP processes
- Ongoing collaboration with the hospital through the Food Services Working Group
- Menu improvements including improved vegetarian choices and enhanced salads
- Ongoing investment in upgrading and replacement of catering equipment

Retail

Medirest-operated retail outlets continue to prove popular across the hospital, providing an average of 4,986 customers per week with high-quality meals and beverages. These outlets include the Deli Marche café, Amigo-to-Go express/convenience store, as well as conveniently located coffee carts and vending outlets.

During the past 12 months, Medirest has continued to focus on providing additional grab and go meal products to increase the speed of service for our customers and particularly hospital staff.

Help desk

The Help Desk provides a primary point of communication for all requests regarding the delivery of all Novacare services onsite 24 hours a day, seven days a week, 365 days a year. Sophisticated facilities management software provides a system for reporting and responding to requests, incidents, and suggestions for improvements.

Customer satisfaction surveys are regularly carried out, inviting all hospital users to participate and offer their feedback on Medirest service. These surveys have allowed Medirest to respond to customer suggestions for improvement, and it continues to strive for greater efficiency and open communication with customers. Medirest's overall satisfaction rating has remained steady over the past three years.

Cleaning and environmental services

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

The service's reactive cleaners made an average of 1,160 beds within the hospital per month over the 2019-2020 period, and a monthly average of just over 6.12 tonnes of clinical waste was removed from the site. Highlights for this financial year included:

- We are proud of our sustainability efforts which include diverting over 50% of our general waste from landfill via the Bedminster waste recovery system. Last year 685 tonnes of compost was produced via this method.
- Our recycling program includes printer cartridges, waste paper and cardboard, grease trap recovery, PET plastics, green garden waste and batteries
- We have recently worked in partnership with Calvary Mater Newcastle to introduce the recycling of PVC medical products fluid bags that turned into PVC products such as garden holes and vinyl flooring.

Security

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

During 2019-2020, Medirest Security responded to an average of 59 'Code Black' incidents per month within Calvary Mater Newcastle.

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

Materials management

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

On behalf of Calvary Mater Newcastle, the Materials Management Department maintains supply of a wide range of items required in clinical areas. During 2019-2020, the department issued a monthly average of 2,447 combined stock units to hospital wards.

Hard Services

Projects completed for the period included:

- Modifications to the Emergency Department multipurpose room
- Haematology Department
- Access control installations
- Pathway installations
- Painting works in all buildings ranging from small to large scale
- Several bathroom refurbishments
- System alarm installations
- Eighty-five minor changes complete across the Campus

Activity and Statistical Information

ADMITTED PATIENTS	2019/2020	2018/2019
Total admissions (includes same day)	17,001	17,862
Same day admissions	5,955	6,266
Average length of stay of admitted patients	4.72	4.56
Bed occupancy rate	94%	95%
Number of operations	**3,245**	**3,670**

EMERGENCY DEPARTMENT		
Number of attendances (includes admitted patients)	37,971	40,272
Number of admissions via Emergency Department (ED)	11,516	12,378

OUTPATIENT SERVICES (EXCLUDES ED)	396,490	382,584

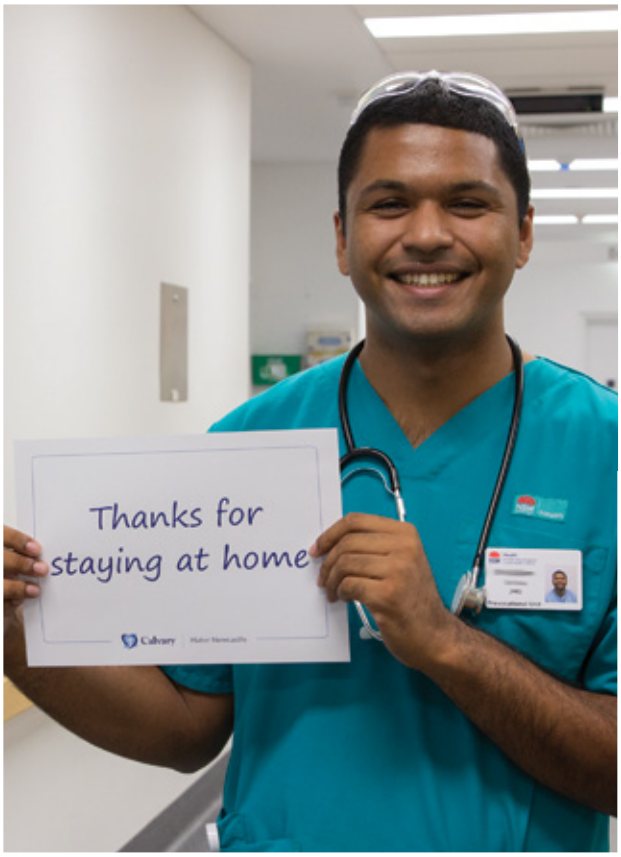
Total FTE staff employed 30 June	**1,049**	**1,022**

Year in Review


game on
mole


Doff
PPE
here

Year in Review




2019 NHE HEALTH EXCELLENCE AWARDS


2019 NHE HEALTH EXCELLENCE AWARDS

Year in Review


Join me in July and help
raise awareness and funds
for Head and Neck Cancer
SOUP FOR THE SOUL
BEYOND FIVE


Thanks for
keeping your
distance –
1.5 metres


2019 HNE HEALTH
EXCELLENCE
AWARDS


Mater Newcastle
te use of antimicrobials
important to us
ANTIBIOTIC
AWARENESS WEEK
Preserve the Miracle
RESISTANCE
FIGHTER
RESISTANCE
FIGHTER

Snapshot of our Year

The Coronary Care Unit treated

631 patients

The Department of Consultation-Liaison Psychiatry delivered

3,036

occasions of service, including Consultation-Liaison Psychiatry and Palliative Care inpatients and Youth Cancer and Psycho-Oncology outpatients

15,932

patients requiring therapeutic diets were planned and monitored through Dietetic Services

2,011

Haematology inpatient admissions, with over

10,000 patient visits to Ward 5D

405,474

tonnes of waste diverted from landfill

11,630

patients visited Haematology Outpatient clinics

363,070

meals served to patients

The Department of Medical Oncology provided

31,756

occasions of service

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

3,471 procedures and

1,362 electroconvulsive therapy treatments

37,971

patients were cared for by the Emergency Department

396,490

occasions of outpatient services were provided to our community

Approximately **20%** of patients admitted to the Hospice were discharged home as their preferred place of care.

1,637 referrals were made to the Community Palliative Care Service

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

6,441 outpatients

626 new patients were treated in the Melanoma Unit

Outpatient Oncology Dietitians provided nutrition care for

750 oncology patients with over

3,200 occasions of service

231 patients were enrolled on a cancer clinical trial

The Cardiology Department performed a total of

1,425 Cardiac ECHOs

Our dedicated Auxiliary members raised

$236,438.24

equating to more than $8,757 being raised per member

42,988

deliveries were received via the hospital's loading dock

17,001

patients admitted to hospital

Welcomed

120

Junior Medical Officers

63

Medical and Surgical Registrars

18

Intensive Care Unit Senior Resident Medical Officers

41

Emergency Department Senior Resident Medical Officers

34

Emergency Department Registrars

Research and Teaching Reports

A message from the Research Committee

In early 2020, Calvary Mater Newcastle established its own Research Office.

The new office is one of several exciting initiatives that will help Calvary Mater Newcastle achieve its vision of becoming a leader in translational research that will directly benefit patients and improve healthcare for the community.

Melissa Gavenlock is the new Research Governance Officer, and Kirsty Sanderson is continuing in her research support role.

Part of Melissa's role is to help researchers meet all of their governance requirements right from the start, whether they are new or existing researchers, and keep them informed of what funding and grant opportunities are available to them.

Kirsty will continue to provide support to the hospital's key research committees, including the Translational Research Advisory Committee, the Research Development and Engagement Committee, and the Clinical Trials Committee.

Calvary Mater Newcastle employs researchers in a broad range of areas to enable clinical trials, biomedical research, applied health services research and population health studies; and is a leader in medical oncology, haematology, radiation oncology, clinical toxicology, psychiatry and palliative care research.

Ensuring governance arrangements that promote accountability and responsibility and meet standards, supporting and developing research capacity at Calvary Mater Newcastle, and encouraging new researchers are part of the hospital's Translational Research Strategic Plan.

The focus will be on ensuring governance arrangements promote accountability and responsibility as well as supporting and developing research capacity and encouraging new researchers as part of hospital's vision of becoming a leader in translational research.

A message from the Research Development and Engagement Committee

The Research Development and Engagement Committee (ReDE) members include: Dr Jennette Sakoff (Chair), Helen Ellis, Dr Anoop Enjeti, Zoe Feighan, Dr Shyam Gangadaran, Melissa Gavenlock, Dr Peter Greer, Catherine Johnson, Dr Lisa Lincz, April MacNeill, and Dr Aoife McGarvey.

The Committee would like to thank Dr Anoop Enjeti and April MacNeill for their contribution as they stepped down from the committee in 2019-2020.

In what has been a challenging year the committee has continued to work in alignment with the Calvary Mater Newcastle Translational Research Strategic Plan.

Areas of focus include:

- Current awareness communication for researchers
- Health economics in the research environment
- Consumer involvement in research

Research Grants awarded

The ReDE Committee was delighted to be able to offer grant opportunities in 2019 through the Jane Reid Harle Grant, Coalfields Cancer Support Group Equipment Funding, James Lawrie Grant and the Hunter Cancer Research Alliance (HCRA) Clinical Cancer Research Infrastructure.

The funding recipients in 2019 were:

Jane Reid Harle Grant

- Dr Lisa Lincz, Katheryn Skelding, Anoop Enjeti, Haematology – Does alpha-enolase moduolate the bone marrow microenvironment to promote leukaemia relapse, $30,000.

Coalfields Cancer Support Group Equipment Funding

- Dr Jayne Gilbert, Dr Jennette Sakoff, Medical Oncology – Single Mode Microplate Reader for Colourimetric Cell Growth Assays in the Experimental Therapeutics Drugs Development Program, $23,372.
- Dr Jonathon Goodwin, Radiation Oncology – MRI CEST Imaging Phantom Fabrication System, $2,110.
- Shu Ren, Pharmacy – Clinical Trials Fridge for Pharmacy Clinical Trials Department, $5,918.

James Lawrie Grant

- Dr Jennette Sakoff, Medical Oncology – Targeting the Aryl Hydrocarbon Receptor pathway and PD-L1 expression in cell models of head and neck cancer, $49,420.

HCRA Clinical Cancer Research Infrastructure

- Dr Lisa Lincz, Haematology – Computer and software upgrade for CMN Fluroskan FL fluorimeter, $5,240.

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

Department Research

DEPARTMENT OF CONSULTATION-LIAISON PSYCHIATRY

JOURNAL ARTICLES/PUBLICATIONS

1. Katie McGill, Sarah A. Hiles, Tonelle E. Handley, Andrew Page, Terry J. Lewin, Ian Whyte, Gregory L. Carter.

   Is the reported increase in young female hospital-treated intentional self-harm real or artefactual?

   ANZJP Volume: 53 issue: 7, page(s): 663-672.; July 1, 2019

2. Yin Wu, Brooke Levis, Kira E Riehm, Nazanin Saadat, Alexander W Levis, Marleine Azar, Danielle B Rice, Jill Boruff, Pim Cuijpers, Simon Gilbody, John P.A. Ioannidis, Lorie A Kloda, Dean McMillan, Scott B Patten, Ian Shrier, Roy C Ziegelstein, Dickens H Akena, Bruce Arroll, Liat Ayalon, Hamid R Baradaran, Murray Baron, Charles H Bombardier, Peter Butterworth, Gregory Carter, Marcos H Chagas, Juliana C. N. Chan, Rushina Cholera, Yeates Conwell, Janneke M de Man-van Ginkel, Jesse R Fann, Felix H Fischer, Daniel Fung, Bizu Gelaye, Felicity Goodyear-Smith, Catherine G Greeno, Brian J Hall, Patricia A Harrison, Martin Harter, Ulrich Hegerl, Leanne Hides, Stevan E Hobfoll, Marie Hudson, Thomas Hyphantis, MD, Masatoshi Inagaki, Nathalie Jetté, Mohammad E Khamseh, Kim M Kiely, Yunxin Kwan, Femke Lamers, Shen-Ing Liu, Manote Lotrakul, Sonia R Loureiro, Bernd Löwe, Anthony McGuire, Sherina Mohd-Sidik, Tiago N Munhoz, Kumiko Muramatsu, Flávia L Osório, Vikram Patel, Brian W Pence, Philippe Persoons, Angelo Picardi, Katrin Reuter, Alasdair G Rooney, Juwita Shaaban, Abbey Sidebottom, Lesley Stafford, Sharon C Sung, Pei Lin Lynnette Tan, Alyna Turner, Henk C van Weert, Jennifer White, Mary A Whooley, Kirsty Winkley, Mitsuhiko Yamada, Andrea Benedetti, Brett Thombs.

   Evaluation of the Equivalency of the PHQ-8 and PHQ-9: A systematic review and individual participant data meta-analysis.

   Psychological Medicine 2020 Jun;50(8):1368-1380. doi: 10.1017/S0033291719001314. Epub 2019 Jul 12.

3. Elizabeth A. Fradgley, Emma Byrnes, Kristen McCarter, Nicole Rankin, Ben Britton, Kerrie Clover, Gregory Carter, Douglas Bellamy, Chris L. Paul.

   A cross-sectional audit of current practices and areas for improvement of distress screening and management in Australian cancer services: is there a will and a way to improve?

   Supportive Care in Cancer. 2020 Jan;28(1):249-259. doi: 10.1007/s00520-019-04801-5. Epub 2019 Apr 27

4. Alison Kate Beck, Erin Forbes, Amanda L. Baker, Ben Britton, Chris Oldmeadow, Gregory Carter.

   Treatment Fidelity in Real World Evaluations of Behaviour Change Counselling: Protocol for a Systematic Review and Meta-Analysis

   BMJ Open. 2019 Jul 30;9(7):e028417. doi: 10.1136/bmjopen-2018-028417

5. Prevalence and characteristics associated with chronic non-cancer pain in suicide decedents: a national study

   Campbell, Gabrielle; Darke, Shane; Degenhardt, Louisa; Townsend, Harriet; Carter, Gregory; Draper, Brian; Duflou, Johan; Lappin, Julia.

   Suicide and Life-Threatening Behavior, Aug 50(4) 2020, 778-791.online first March 2020 doi: 10.1111/sltb.12627

6. Brooke Levis, Andrea Benedetti, Brett D Thombs, on behalf of the DEPRESsion Screening Data (DEPRESSD) Collaboration

   (DEPRESSD) Collaboration members: Dickens H Akena, Bruce Arroll, Liat Ayalon, Marleine Azar, Hamid R Baradaran, Murray Baron, Andrea Benedetti, Charles H Bombardier, Jill Boruff, Peter Butterworth, Gregory Carter, Marcos H Chagas, Juliana C N Chan, Matthew J Chiovitti, Kerrie Clover, Yeates Conwell, Pim Cuijpers, Janneke M de Man-van Ginkel, Jaime Delgadillo, Jesse R Fann, Felix H Fischer, Daniel Fung, Bizu Gelaye, Simon Gilbody, Felicity Goodyear-Smith, Catherine G Greeno, Brian J Hall, John Hambridge, Patricia A Harrison, Martin Härter, Ulrich Hegerl, Leanne Hides, Stevan E Hobfoll, Marie Hudson, Masatoshi Inagaki, John P A Ioannidis, Khalida Ismail, Nathalie Jetté, Mohammad E Khamseh, Kim M Kiely, Lorie A Kloda, Yunxin Kwan, Alexander W Levis, Brooke Levis, Shen-Ing Liu, Manote Lotrakul, Sonia R Loureiro, Bernd Löwe, Laura Marsh, Anthony McGuire, Dean McMillan, Sherina Mohd Sidik, Tiago N Munhoz, Kumiko Muramatsu, Flávia L Osório, Vikram Patel, Scott B Patten, Brian W Pence, Philippe Persoons, Angelo Picardi, Danielle B Rice, Kira E Riehm, Katrin Reuter, Alasdair G. Rooney, Nazanin Saadat, Tatiana A Sanchez, Iná S Santos, Juwita Shaaban, Abbey Sidebottom, Adam Simning, Ian Shrier, Lesley Stafford, Sharon C Sung, Pei Lin Lynnette Tan, Brett D Thombs, Alyna Turner, Christina M van der Feltz-Cornelis, Henk C van Weert, Paul A Vöhringer, Jennifer White, Mary A Whooley, Kirsty Winkley, Mitsuhiko Yamada, Roy C Ziegelstein, Yuying Zhang

   Accuracy of Patient Health Questionnaire-9 (PHQ-9) for screening to detect major depression: individual participant data meta-analysis

   BMJ 2019;365:l1476. doi: https://doi.org/10.1136/bmj.l1476 (Published 09 April 2019)

7. Mariann Jackson, Katie McGill, Terry J. Lewin, Jenifer Bryant, Ian Whyte, Gregory Carter.

   Hospital-treated deliberate self-poisoning in the older adult: Identifying specific clinical assessment needs

   ANZJP Jun 2020 54(6): 591-601 Online First 20 Jan 2020.https://doi.org/10.1177/0004867419897818

8. Yin Wu, Brooke Levis, Ying Sun, Ankur Krishnan, Chen He, Kira E. Riehm, Danielle B. Rice, Marleine Azar, Xin Wei Yan, Dipika Neupane, Parash Mani Bhandari, Mahrukh Imran, Matthew J. Chiovitti, Nazanin Saadat, Jill T. Boruff, Pim Cuijpers, Simon Gilbody, Dean McMillan, John P.A. Ioannidis, Lorie A. Kloda, Scott B. Patten, Ian Shrier, Roy C. Ziegelstein, Melissa Henry, Zahinoor Ismail, Carmen G. Loiselle, Nicholas D. Mitchell, Marcello Tonelli, Samir Al-Adawi, Anna Beraldi, Anna P.B.M. Braeken, Natalie Büel-Drabe, Adomas Bunevicius, Gregory Carter, Chih-Ken Chen, Gary Cheung, Kerrie Clover, Ronán M. Conroy, Daniel Cukor, Carlos E. da Rocha e Silva, Eli Dabscheck, Federico M. Daray, Elles Douven, Marina G. Downing, Anthony Feinstein, Panagiotis P. Ferentinos, Felix H. Fischer, Alastair J. Flint, Maiko Fujimori, Pamela Gallagher, Milena Gandy, Simone Goebel, Luigi Grassi, Martin Härter, Josef Jenewein, Nathalie Jetté, Miguel Julião, Jae-Min Kim, Sung-Wan Kim, Marie Kjærgaard, Sebastian Köhler, Wim L. Loosman, Bernd Löwe, Rocio Martin-Santos, Loreto Massardo, Yutaka Matsuoka, Anja Mehnert, Ioannis Michopoulos, Laurent Misery, Ricard Navines, Meaghan L. O'Donnell, Ahmet Öztürk, Jurate Peceliuniene, Luis Pintor, Jennie L. Ponsford, Terence J. Quinn, Silje E. Reme, Katrin Reuter, Alasdair G. Rooney, Roberto Sánchez-González, Marcelo L. Schwarzbold, Vesile Senturk Cankorur, Juwita Shaaban, Louise Sharpe, Michael Sharpe, Sébastien Simard, Susanne Singer, Lesley Stafford, Jon Stone, Serge Sultan, Antonio L. Teixeira, Istvan Tiringer, Alyna Turner, Jane Walker, Mark Walterfang, Liang-Jen Wang, Jennifer White, Dana K. Wong, Andrea Benedetti, Brett D. Thombs,

   Probability of major depression diagnostic classification based on the SCID, CIDI and MINI diagnostic interviews controlling for Hospital Anxiety and Depression Scale – Depression subscale scores: An individual participant data meta-analysis of 73 primary studies.

   Journal of Psychosomatic Research, 129, 2020, 109892, https://doi.org/10.1016/j.jpsychores.2019.109892

9. Levis B, Benedetti A, Ioannidis JPA, Sun Y, Negeri Z, He C, Wu Y, Krishnan A, Bhandari PM, Neupane D, Imran M, Rice DB, Riehm KE, Saadat N, Azar M, Boruff J, Cuijpers P, Gilbody S, Kloda LA, McMillan D, Patten SB, Shrier I, Ziegelstein RC, Alamri SH, Amtmann D, Ayalon L, Baradaran HR, Beraldi A, Bernstein CN, Bhana A, Bombardier CH, Carter G, Chagas MH, Chibanda D, Clover K, Conwell Y, Diez-Quevedo C, Fann JR, Fischer FH, Gholizadeh L, Gibson LJ, Green EP, Greeno CG, Hall BJ, Haroz EE, Ismail K, Jetté N, Khamseh ME, Kwan Y, Lara MA, Liu SI, Loureiro SR, Löwe B, Marrie RA, Marsh

L, McGuire A, Muramatsu K, Navarrete L, Osório FL, Petersen I, Picardi A, Pugh SL, Quinn TJ, Rooney AG, Shinn EH, Sidebottom A, Spangenberg L, Tan PLL, Taylor-Rowan M, Turner A, van Weert HC, Vöhringer PA, Wagner LI, White J, Winkley K, Thombs BD.

Patient Health Questionnaire-9 scores do not accurately estimate depression prevalence: individual participant data meta-analysis.

J Clin Epidemiol. 2020 Jun;122:115-128.e1. doi: 10.1016/j.jclinepi.2020.02.002. Epub 2020 Feb 24. PMID: 32105798.

10. Chitty K M, Schumann J, Schaffer A, Cairns R, Gonzaga N.J, Raubenheimer J.E, Carter G, Page A, Pearson SA, Buckley N.A,

Australian Suicide Prevention using Health-Linked Data (ASHLi): The study protocol

BMJ Open 2020;10:e038181. doi:10.1136/bmjopen-2020-038181. Online First May 2020

11. Clover, K., Lambert, S.D., Oldmeadow, C., Britton, B., King, M.T., Mitchell, A.J., Carter, G.L.

Apples to apples? Comparison of the measurement properties of hospital anxiety and depression-anxiety subscale (HADS-A), depression, anxiety and stress scale-anxiety subscale (DASS-A), and generalised anxiety disorder (GAD-7) scale in an oncology setting using Rasch analysis and diagnostic accuracy statistics.

Current Psychology (2020). https://doi.org/10.1007/s12144-020-00906-x

12. Walton C J, Bendit N, Baker A L, Carter G L, Lewin T J.

A randomised trial of Dialectical Behaviour Therapy and the Conversational Model for the treatment of Borderline Personality Disorder with recent suicidal and/or non-suicidal self-injury: An effectiveness study in an Australian public mental health service.

ANZJP online first June 2020 https://doi.org/10.1177/0004867420931164

CONFERENCE PRESENTATIONS

1. Katie McGill, Danielle Adams, Dr Lisa Sawyer, Katrina Delamothe & Prof Greg Carter

   Effectiveness of the Way Back Support Service (Hunter) program-a brief, non-clinical support program for people who have attempted suicide. (Oral presentation)

   30th World Congress of the International Association for Suicide Prevention “Breaking Down Walls & Building Bridges”, Londonderry-Derry, Northern Ireland. UK. September 2019.

2. Jane Pearson (Chair), Greg Carter, Michael Schoenbaum, Sofian Berrouiguet.

   Caring Communications and Brief Contact Interventions in Suicide Prevention: Potential Impact, Implementation Successes and Remaining Challenges (Symposium)

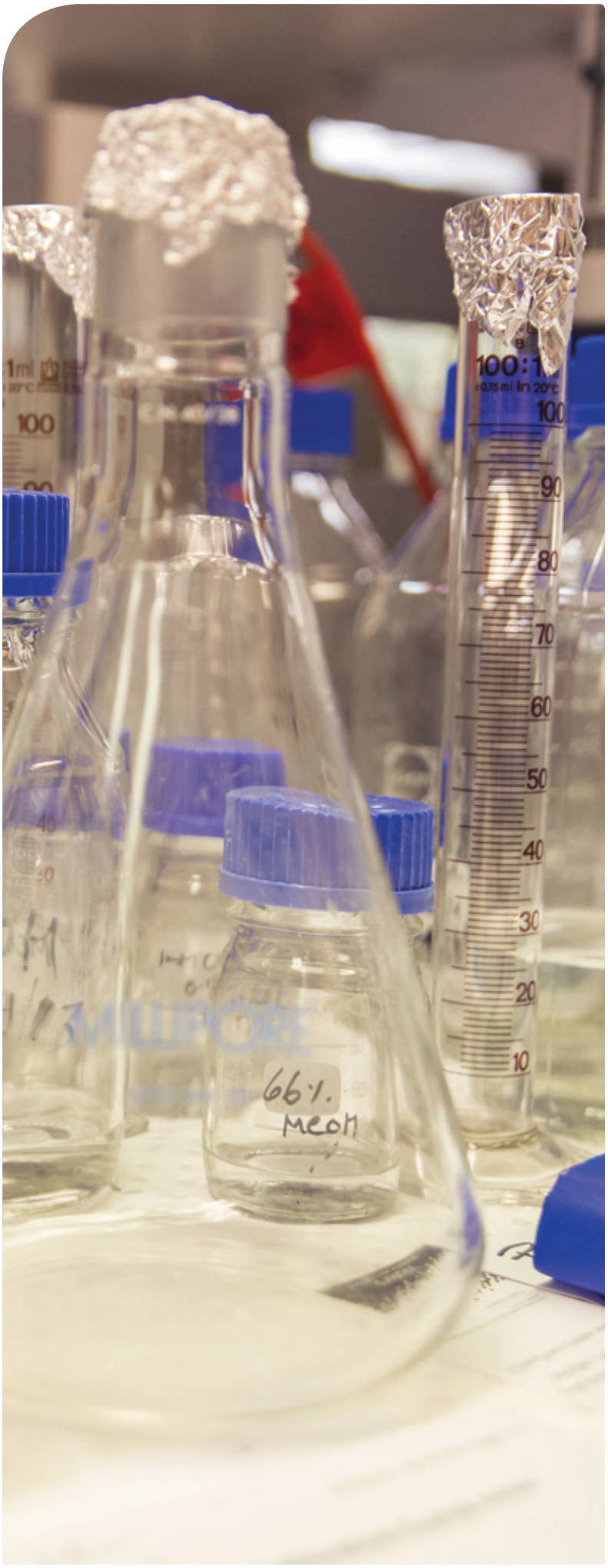
   30th World Congress of the International Association for Suicide Prevention “Breaking Down Walls & Building Bridges”, Londonderry-Derry, Northern Ireland. UK. September 2019.

3. Melissa Stieler, Cassidy Campbell, Peter Pockney, Kalpesh Shah, Vaisnavi Thirugnanasundralingam, Lachlan Gan, Matthew Spittal, Gregory Carter

   Somatic Symptom Disorder and Undifferentiated Abdominal Pain: Prevalence, Diagnostic Accuracy and Co-Morbidity (Oral presentation. Awarded Best Presentation of the session)

   Annual Scientific Conference by Royal Australasian College of Surgeons (RACS), Melbourne, Australia – November 2019

4. Vaisnavi Thirugnanasundralingam, Melissa Stieler, Cassidy Campbell, Peter Pockney, Kalpesh Shah, Lachlan Gan, Matthew Spittal, Gregory Carter, Lachlan Gan, Matthew Spittal, Gregory Carter



Somatic symptom disorder in surgical inpatients: increased healthcare utilisation. (Oral presentation)

European and the Austrian Society for Surgical Research 55th Congress 2020 (Austria, December 2019)

5. Cassidy Campbell, Melissa Stieler, Peter Pockney, Kalpesh Shah, Vaisnavi Thirugnanasundralingam, Lachlan Gan, Matthew Spittal, Gregory Carter

   Somatic Symptom Disorder and Undifferentiated Abdominal Pain: Prevalence, Diagnostic Accuracy and Co-Morbidity (Oral presentation)

   16th Annual Academic Surgical Congress (ASC), Florida, USA – February 2020

6. Vaisnavi Thirugnanasundralingam, Melissa Stieler, Cassidy Campbell, Peter Pockney, Kalpesh Shah, Lachlan Gan, Matthew Spittal, Gregory Carter, Lachlan Gan, Matthew Spittal, Gregory Carter (Poster)

   Somatic Symptom Disorder (SSD) and Abdominal Pain; Prevalence, Diagnostic Accuracy, Co-Morbidity and Relationship to Opioid Prescribing (Oral presentation)

   New Zealand Association of General Surgeons 2020 Annual Scientific Meeting (March 2020)

CONFERENCE POSTERS

1. Forbes, E., Clover, K., Carter, G., Wratten, C., Britton, B., Tieu, M., Kumar, M., Oultram, S., Baker, A. L., McCarter, K.

   Rates Of Procedural Anxiety During Radiotherapy Using A Mask In Patients With Head And Neck Cancer.

   Poster Presentation: Hunter Cancer Research Symposium, Newcastle, Australia, 2019

2. Melissa Stieler, Cassidy Campbell, Peter Pockney, Kalpesh Shah, Vaisnavi Thirugnanasundralingam, Lachlan Gan, Matthew Spittal, Gregory Carter (Poster)

   Somatic Symptom Disorder (SSD) and Abdominal Pain; Increased Opioid Prescribing in Surgical Inpatients

   The Association of Surgeons in Training (ASiT) Conference, Birmingham, UK- March 2020

3. Cassidy Campbell, Melissa Stieler, Peter Pockney, Kalpesh Shah, Vaisnavi Thirugnanasundralingam, Lachlan Gan, Matthew Spittal, Gregory Carter (Poster)

   Somatic Symptom Disorder (SSD) and Abdominal Pain; Increased Opioid Prescribing in Surgical Inpatients

   Surgical Research Society (SRS) Conference by Royal College of Surgeons, Ireland – March 2020

RESEARCH FUNDING/GRANTS

1. 2019 Australian Government Department of Health

   National Leadership in Suicide Prevention Research Project

   Pirkis J, Robinson J, Reifels L, Bassilios B, Spittal M, Reavley N, Gunn J, Carter G, Lubman D, Milner A, Kolves K, Krysinska K, Phelps A, Sutherland G, Grant L, Minas H. $1.2M over three years (2019-2021).

2. 2020 Australian Government Department of Health, MRFF Million Minds Mission Suicide Prevention- APP1200195

   Developing a Comprehensive Care Pathway For those at Risk of Suicide But Not in Care: The Under the Radar Project

   CIs: Helen Christensen, Samuel Harvey, Gregory Carter, Svetha Venkatesh, Katherine Boydell, Henry Cutler, Ian Kneebone, Toby Newton-John, Jin Han, Kit Huckvale. $3.7M over 5 years (2020-2024)

CLINICAL TRIALS

1. Effectiveness of the Way Back Support Service (Hunter) program- a brief, non-clinical support program for people who have attempted suicide.

2. Somatic Symptom Disorder (SSD) and Abdominal Pain

ANY OTHER RELEVANT MATERIAL (MILESTONES, ACHIEVEMENTS, ETC.)

PhD Students

1. Alison Beck, PhD Candidate, School of Medicine and Public Health, Faculty of Health and Medicine. Translating Motivational Interviewing and Behaviour Change Techniques into Dietetic Interventions

   (2018-2022) Primary Supervisor Professor Amanda Baker, Co-supervisor Ben Britton and G Carter.

2. Dr Melissa Stieler, Master of Philosophy (Surgical Science) Candidate, School of Medicine and Public Health, Faculty of Health and Medicine, University of Newcastle.

   Somatic Symptom Disorder and Undifferentiated Abdominal Pain; Prevalence, Diagnostic Accuracy and Comorbidity

   Principal Supervisor: Dr Peter Pockney, Co-Supervisor: Gregory Carter (15 July 2019) 2 years (full-time or part-time equivalent)

3. Dr Katherine McGill PhD, Candidate, School of Medicine and Public Health, Faculty of Health and Medicine, University of Newcastle.

   Using Sentinel Unit Data to Inform Clinical Practice for Hospital-Presenting Deliberate Self-Harm

   Principal Supervisor: Professor Frances Kay-Lambkin Co-Supervisors: Gregory Carter, Jo Robinson

RANZCP ADVANCED TRAINING – SCHOLARLY PROJECTS

1. Dr Lindsay Gale – 2016-2020. Which Drugs Cause Drug Induced Delirium in Self-Poisoning Patients

   Principal Supervisor: Gregory Carter

2. Dr Anitha Dani and Srilaxmi Balachandran – 2020-2021. Clinical characteristics and Outcomes for Adolescent and Young Adults with Deliberate Self-Poisoning

   Principal Supervisor: Gregory Carter

3. Professor Gregory Carter

   2019: Member RANZCP President's Advisory Group on suicide: understanding, risk and prevention.

   2020: Member Expert Advisory Group (EAG) to the Prime Minister's National Suicide Prevention Adviser

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 2019-2020.

HAEMATOLOGY CLINICAL TRIALS

- Clinical Trial Coordinators: Michele Gambrill, Tara Novak, Marguerite Hughes, Nick Stankovich, Cheryl Cairney, Klara Jakimovski and Leanne DeGroot.
- Data Managers: Katie Oleksyn and Alesia Ogrodnik
- Administrative/Finance Officers: Patricia Rozanski and Karen Kincaid
- Laboratory Technical Officer: Carolina Mariga Green

Over the past year the Haematology Clinical Trials Office has:

- Activated six new clinical trials across a range of haematology malignancies
- Pre-screened 200 new potential participants for those newly activated and ongoing clinical trials,
- Formally screened 38 of those potential participants and
- Enrolled 25 of those screened participants onto a clinical trial.
- Currently 125 patients are being cared for by trials staff (either on treatment or in active follow up).

The Trials Office Manager has also developed and fully implemented electronic Site Files for studies which has now been accepted by all sponsors. The filing system has been presented at National Cooperative group meetings with other sites showing interest in the system. The new electronic filing system has reduced the storage required for bulky hard copy folders and greatly reduces the paper used and archived by the trials office.

Of all the open trials/registries (including those open to recruitment and those closed to recruitment but with participants either on treatment or in follow up) being managed in 2019-20, all are either administered by the Australasian Leukaemia and Lymphoma Group (ALLG), the Australasian Myeloma Research Consortium (AMaRC), sponsored by pharmaceutical companies/industry partners and/or investigator initiated.

Participation in complex early phase trials, the administration required to successfully manage them, and increased number of trials being awarded to the site due to Covid-19 has warranted additional staff to the Haematology Trials Office this year (and into next year). The department welcomed Alesia Ogrodnik, and Maree Jarrett, to the Haematology Clinical Trials Office team. With additional trials in the pipeline for activation in late 2020 the team is currently planning recruitment of a new Clinical Trial Coordinator and Data Manager.

BONE MARROW STEM CELL TRANSPLANT RESEARCH

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

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. This data is also part of the Asia Pacific Bone Marrow Transplant (APBMT) research group. The CMN Unit is the lead site on the ethics application for data collection of the NSW BMT Network, a subgroup of the Agency for Clinical Innovation (ACI) of the Ministry of Health. Professor Rowlings is a member of the Scientific Advisory Committee of Asia Pacific BMT Group (APBMT), and is a member of the board of Worldwide Blood and Marrow Transplant network (WBMT).

VENOUS THROMBOEMBOLISM AND TRANSFUSION RESEARCH

Dr Bryony Ross, Dr Ritam Prasad, Dr Kate Melville, Dr Jillian De Malmanche, and Dr A Enjeti

Practise changing audits and interventions have been important contributions in these areas with Dr Bryony Ross as chair of Area Transfusion Committee and Dr Melville as chair of the Area Venous Thromboembolism (VTE) Committee. Dr Ross, Dr De Malmanche and Dr Melville are also involved in Obstetric Haematology.

LABORATORY RESEARCH - THE HUNTER HAEMATOLOGY RESEARCH GROUP

Lisa Lincz, Fiona Scorgie, Anoop Enjeti, Ritam Prasad and Philip Rowlings

The Haematology Research Laboratory conducts studies into haematological cancers and disorders of coagulation, with a primary interest in circulating microvesicles. The laboratory is linked to the University of Newcastle and offers training to encourage students to enter this area of research.

The group maintains strong collaborations with researchers internationally through the International Society on Thrombosis and Haemostasis; Berlin-Bernhard-Münster Paediatric Acute Lymphoblastic Leukaemia (BFM-ALL) group; Kingston University and Ontario Institute for Cancer Research, Canada (Dr A Enjeti, travelling fellowship); nationally with researchers at the Universities of Tasmania and Melbourne, as well as the Royal Hobart Hospital and Austin Health; Children's Cancer Institute, Randwick; and locally with the departments of Neurology (JHH), Molecular Medicine (NSW Health Pathology–North), Clinical Toxicology and Pharmacology (CMN), Medical Oncology (CMN), Radiation Oncology (CMN), Hunter Medical Research Institute, and the School of Biomedical Sciences and Pharmacy (University of Newcastle).

The group is working towards the establishment of a Hunter based translational research program in the area of Myelodysplasia and Acute Myeloid Leukemia. This endeavour involves strong collaboration between haematology clinicians, researchers, and clinical trials teams together with researchers at the University of Newcastle and Hunter Medical Research Institute. The team is driven by: Dr Enjeti (clinical translational/Genomics/ drug development), Dr Jon Sillar (Trainee and PhD student), Dr Asma Asharf (Clinical Epid), Michele Gambrill (Haematology Clinical Trials Manager), Dr Nikki Verrills (Molecular Biology), Dr Kathryn Skelding (Molecular Biology), Dr Matt Dun (Proteomics), Dr Lisa Lincz (Molecular Biology), Dr Heather Lee (Epigenetics), Prof R Scott (Genomics), L/Prof Rob Sanson-Fisher (Behaviour Research Collaborative). Dr A Enjeti has led the development of a Next Generation Sequencing (NGS) panel based testing for Acute Myeloid Leukaemia/Myelodysplastic Syndrome (AML/MDS) with the Hunter as a lead site for testing in NSW.

RESEARCH HIGHER DEGREE COMPLETIONS

PhD. Nadine Berry. Clinical use of SNP-microarrays for the detection of genome-wide changes in haematological malignancies with a focus on B-cell neoplasms. Supervisors: A Enjeti, R Scott

BSc (Honours) Class I. Lachlan Schoefield. The Potential Role of Alpha-Enolase in Acute Myeloid Leukaemia. Supervisors: K Skelding, L Lincz

FELLOWSHIPS/AWARDS

- **2020-2023. Clinical Research Fellowship.** Nadine Berry. Supervisors: A Enjeti, P Rowlings, R Scott
- **2020-2023. University of Newcastle Research Training Program Scholarship**. Lachlan Schoefield. Investigation of DNA repair pathways for precision medicine in acute myeloid leukaemia. Supervisors: Nikki Verrills, Kathryn Skelding, Matt Dun, Heather Murray, Anoop Enjeti, Lisa Lincz
- **2019. Hunter Cancer Research Alliance (HCRA) Best Paper (engagement category). Anoop Enjeti**, for: Wei, A.H., S.A.S. Jr, J.-Z. Hou, W. Fiedler, T.L. Lin, R.B. Walter, A. Enjeti, I.S. Tiong, M. Savona, S. Lee, B. Chyla, R. Popovic, A.H. Salem, S. Agarwal, T. Xu, K.M. Fakouhi, R. Humerickhouse, W.-J. Hong, J. Hayslip, and G.J. Roboz, Venetoclax Combined With Low-Dose Cytarabine for Previously Untreated Patients With Acute Myeloid Leukemia: Results From a Phase Ib/II Study. Journal of Clinical Oncology, 2019. 37(15): p. 1277-84.

RESEARCH FUNDING

- 2020. HCRA New Strategic Initiatives Funding. Salary funding for a Haematology Clinical Liaison Coordinator. A Enjeti, N Verrills, M Dun, H Lee, K Skelding, L Lincz, M Gambrill, R Sanson-Fisher $66,700
- 2020 University of Newcastle Strategic Research Pilot Grant Characterising a novel mechanism for leukaemia relapse. K Skelding, L Lincz $4550.
- 2020. CMN Jane Reid Harle Memorial Grant Scheme. Does alpha-enolase modulate the bone marrow microenvironment to promote leukaemia relapse? L Lincz, K Skelding, E Enjeti $30,000.
- 2020. HCRA Biomarkers and Targeted Therapies Flagship Program Project Funding. Investigating a novel treatment combination that targets the tumour micro-environment in Myelodysplastic Syndrome (MDS) and Low Blast Count Acute Myeloid Leukemia (LBC-AML). Danielle Bond, Anoop Enjeti, Nikki Verrills, Heather Lee, Lisa Lincz, Jonathan Sillar. $36,100
- 2017-20. Pathology North/HNELHD/CMN Clinical Research Fellowship. Locoregional differences, biomarkers and novel therapy in Acute Myeloid Leukaemia. Anoop Enjeti. $360,000
- 2015-19. NHMRC project grant APP1085550. Helping stroke physicians choose who to thrombolyse- the "Targeting Optimal Thrombolysis Outcomes" (TOTO) study. CIA:Elizabeth Holliday, CIG: L Lincz $1,031,671
- 2020. NHMRC project grant. Targeting DNA-PK in acute myeloid leukaemia. Nikki Verrills and Anoop Enjeti $741,610
- 2019. HMRI Multiple Myeloma Equipment Grant. A Enjeti. $55,000
- 2019. HMRI. An A(r)Ray of hope for paediatric acute lymphoblastic leukaemia. A Enjeti $20,000
- 2019-2020. HCRA Bloody Seminars. A Enjeti. $2500
- 2019-2020. FHAEM Overseas collaboration fellowship. A Enjeti. $6000

- 2020 NHMRC Ideas grant. Probing Epigenetic Clonal Evolution in Acute Myeloid Leukaemia. CI: Heather Lee, AI: A Enjeti. $554,455

CONFERENCE AND MEETING PROCEEDINGS

International Society for Laboratory Hematology 2020 Virtual Meeting Anoop Enjeti. Genomic investigation of inherited thrombotic microangiopathy—aHUS and TTP. (Invited speaker)

Makhija, K., K. Attalla, F. Scorgie, L. Lincz, A. Enjeti, and R. Prasad, Pilot Evaluation of an Artificial Intelligence (AI) Software for White Blood Cell Differentials. (eposter)

American Society of Hematology 61st Meeting, Orlando, Florida, USA Tam, C.S., T. Robak, P. Ghia, B.S. Kahl, P. Walker, **W. Janowski**, D. Simpson, M. Shadman, P.S. Ganly, L. Laurenti, S. Opat, M. Tani, H. Ciepluch, E. Verner, M. Simkovic, A. Österborg, M. Trněný, A. Tedeschi, J. Paik, C. Marimpietri, S. Feng, J. Huang, P. Hillmen, and J.R. Brown, Efficacy and Safety of Zanubrutinib in Patients with Treatment-Naive Chronic Lymphocytic Leukemia (CLL) or Small Lymphocytic Lymphoma (SLL) with Del(17p): Initial Results from Arm C of the Sequoia (BGB-3111-304) Trial. Blood, 2019. 134 (Suppl_1): p. 499. (oral presentation)

Unnikrishnan, A., X.Y. Lim, S. Joshi, A.C. Nunez, L. Vaughan, R. Pickford, S. Hough, S. Davidson, C. Fong, **A.K. Enjeti**, and M. Kenealy, In Vivo Assessment of Intracellular Dynamics Comparing Injection Versus Oral Azacitidine in a Phase IIb Investigator Initiated Clinical Trial. Blood 2019. 134 (Suppl_1): 4247.

Verner, E., A. Johnston, N. Pati, E.A. Hawkes, H.-P. Lee, T. Cochrane, C.Y. Cheah, D. Purtill, **A.K. Enjeti**, and C. Brown, Response Rates and Quality of Life Outcomes in Australasian Leukaemia & Lymphoma Group NHL29: A Phase II Study of Ibrutinib, Rituximab and Mini-CHOP in Very Elderly Patients with Newly Diagnosed Diffuse Large B Cell Lymphoma. Blood (2019) 134 (Suppl_1): 4094.

American Society of Clinical Oncology 2020 Virtual Scientific Program Usmani, S.Z. DREAMM-9: Phase III study of belantamab mafodotin plus VRd versus VRd alone in transplant-ineligible newly diagnosed multiple myeloma (TI NDMM). (eposter)

Blood 2019 - The combined meeting of Haematology Society of Australia and New Zealand, Australian and New Zealand Society of Blood Transfusion and Thrombosis and Haemostasis society of Australia and New Zealand, Perth, WA Welschinger, L., G. Zaunders, J. Virtue, and S. Yuen, Platelet recovery after autologous stem cell transplant in the older patient (poster)

The 25th European Hematology Association (Virtual) Congress 2020. **Yuen, S.**, C. Arthur, T. Phillips, R. Bannerji, I. Isufi, G. Gritti, J.F. Seymour, P. Corradini, P. Marlton, A. Johnston, V. Karur, D. Persky, M. Tani, J. Hirata, Y. Chang, L. Musick, and C. Flowers, Polatuzumab Vedotin (Pola) + Obinutuzumab (G) + Venetoclax (Ven) in Patients with Relapsed/Refractory (R/R) Follicular Lymphoma (Fl): Interim Analysis of a Phase Ib/II Trial, (eposter)

David Kipp Steven Lane Emily Blyth **Anoop Enjeti** Ashish Bajel Anne-Marie Watson Sally Mapp John Reynolds Andrew Wei. A Phase-Ib/II Clinical Evaluation Of Ponatinib in Combination with Azacitidine in Flt3-ITD Positive Acute Myeloid Leukaemia (ALLG AML M21). EHA Library. Kipp D. 06/12/20; 294494; EP576 (eposter)

2019 Hunter Cancer Research Symposium, November 8, Newcastle City Hall Fodeades, A.A., **N.K. Berry**, J. Chamberlain, P. Maley, **A.K. Enjeti**, and R.J. Scott. Detection of an IKZF1 (Plus) Paediatric B-ALL and the Impact on Clinical Management: A Case Study. in Asia-Pacific Journal Of Clinical Oncology. 2019

Murray, H.C., **A.K. Enjeti,** R.G. Kahl, H.M. Flanagan, M.D. Dun, and N.M. Verrills. Phosphoproteomic Characterisation of Acute Myeloid Leukaemia (AML). in Asia-Pacific Journal Of Clinical Oncology. 2019.

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
- Scientific Advisory Board of the Asia Pacific Bone Marrow Transplant Group (APBMT)
- Member, Hunter Cancer Research Alliance, Implementation Science Committee

Anoop Enjeti

- Co-chair, Acute Leukaemia Working Party, ALLG
- Chair, MDS Working Group, ALLG
- President and Executive council member Thrombosis and Haemostasis Society of Australia and New Zealand (THANZ)
- Chief Examiner Haematology Royal College of Pathologists of Australasia (RCPA) and on the Board of Examination and Assessment (RCPA)
- Executive member RACP/RCPA Combined Joint College Training Program
- Member, Biomarkers and Targeted Therapy Committee of HCRA
- Member, Evidence based Guidelines (EviQ) Committee, NSW Cancer Institute (NSW CI)
- Member, NSW Haematology Teaching Committee

Ritam Prasad

- Member, Australian Haemophilia Centre Directors Organisation Executive Committee

Wojt Janowski

- Member, ALLG Myeloma Subcommittee
- Deputy Chair, CCRN Steering Committee
- Member, HCRA Clinical Trials Strategic Planning Committee
- Member, Australasian Myeloma Research Consortium Steering Committee
- Member, eVIQ Haematology Reference Group

Bryony Ross

- Chair, District Patient Blood Management Committee HNEAH
- Member, NSW Blood and Blood Products Clinical Advisory Committee, CEC
- Member, NSW Red Cross Clinicians' Consultative Committee, Lifeblood
- Reviewer for Haematology Research, Journal of Paediatrics and Child Health Journal
- Member, Hunter Cancer Research Alliance, Implementation Science Committee

Lisa Lincz

- Member of Council, Thrombosis and Haemostasis Society of Australia and New Zealand (THANZ) Scientific and Education Trust
- Member, CMN Translational Research Advisory Committee
- Member, CMN Research Development and Engagement Committee

Cathie Milton

- CMN, Collection Facility Director Apheresis
- Member, ACI BMT Network Nurses Group
- Member, District Patient Blood Management Committee HNELHD
- Member, NSW eHealth, Blood and Blood Products Design Focus Group

Louisa Brown

- Member, ACI BMT network long term follow up working group

Fiona Scorgie

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

PUBLICATIONS

1. Arthur, C., A. Jeffrey, E. Yip, V. Katsioulas, A. Nalpantidis, I. Kerridge, M. Greenwood, L. Coyle, N. Mackinlay, K. Fay, **A. Enjeti**, J. Shortt, and W. Stevenson, Prolonged administration of low-dose cytarabine and thioguanine in elderly patients with acute myeloid leukaemia (AML) achieves high complete remission rates and prolonged survival. Leuk Lymphoma, 2020. 61(4): p. 831-9.
2. Attal, M., P.G. Richardson, S.V. Rajkumar, J. San-Miguel, M. Beksac, I. Spicka, X. Leleu, F. Schjesvold, P. Moreau, M.A. Dimopoulos, J.S.-Y. Huang, J. Minarik, M. Cavo, H.M. Prince, S. Macé, K.P. Corzo, F. Campana, S. Le-Guennec, F. Dubin, K.C. Anderson, M. Attal, P.G. Richardson, V. Rajkumar, J. San-Miguel, M. Beksac, I. Spicka, X. Leleu, F. Schjesvold, P. Moreau, M.A. Dimopoulos, J.S.-Y. Huang, J. Minarik, M. Cavo, H.M. Prince, S. Macé, K.P. Corzo, F. Campana, S. Le-Guennec, F. Dubin, K.C. Anderson, S. Harrison, **W. Janowski**, I. Kerridge, A. Spencer, M. Delforge, K. Fostier, P. Vlummens, K.L. Wu, R. Leblanc, M. Pavic, M. Sebag, R. Hajek, V. Maisnar, L. Pour, H. Gregersen, L. Benbouker, D. Caillot, M. Escoffre-Barbe, T. Facon, L. Frenzel, C. Hulin, L. Karlin, B. Kolb, B. Pegourie, A. Perrot, M. Tiab, L. Vincent, D. Niederwieser, A. Anagnostopoulos, S. Delimpasi, M.-C. Kyrtsonis, A. Symeonidis, A. Illes, G. Mikala, Z. Nagy, S. Bringen, P. Corradini, C. Fabio, R. Lemoli, A. Liberati, C. Nozzoli, R. Zambello, S. Iida, T. Ikeda, S. Iyama, M. Matsumoto, C. Shimazaki, K. Sunami, K. Suzuki, M. Uchiyama, Y. Koh, K. Kim, J.H. Lee, C.-K. Min, H. Blacklock, H. Goodman, A. Neylon, D. Simpson, S. Grosicki, A. Jurczyszyn, A. Walter-Croneck, K. Warzocha, L. Araujo, C. Moreira, V. Doronin, L. Mendeleeva, V. Vorobyev, A. Vranovsky, A. Alegre, M. Gironella, M.S. Gonzalez Perez, C. Montes, E. Ocio, P. Rodriguez, M. Hardling, B. Lauri, M.-C. Wang, S.-P. Yeh, M. Arat, F. Demirkan, Z. Gulbas, S.K. Besisik, I. Karadogan, T. Tuglular, A. Unal, F. Vural, J. Sive, M. Streetly, K. Yong and J. Tache, Isatuximab plus pomalidomide and low-dose dexamethasone versus pomalidomide and low-dose dexamethasone in patients with relapsed and refractory multiple myeloma (ICARIA-MM): a randomised, multicentre, open-label, phase 3 study. The Lancet, 2019. 394(10214): p. 2096-107.
3. Batt, T.J., **L.F. Lincz, R. Prasad**, R.P. Patel, M. Shastri, N. Lioufas, A.G. Smith, and M.D. Jose, Plasma levels of enoxaparin oligosaccharides, antifactor-Xa and thrombin generation in patients undergoing haemodialysis. Blood Coagul Fibrinolysis, 2020. 31(2): p. 152-9.
4. Berry, N.K., R.J. Scott, **P. Rowlings, and A.K. Enjeti**, Clinical use of SNP-microarrays for the detection of genome-wide changes in haematological malignancies. Crit Rev Oncol Hematol, 2019. 142: p. 58-67.
5. Berry, N.K., R.J. Scott, R. Sutton, T. Law, T.N. Trahair, L. Dalla-Pozza, P. Ritchie, D. Barbaric, and **A.K. Enjeti**, Enrichment of atypical hyperdiploidy and IKZF1 deletions detected by SNP-microarray in high-risk Australian AIEOP-BFM B-cell acute lymphoblastic leukaemia cohort. Cancer Genet, 2020. 242: p. 8-14.
6. Bond, D.R., K. Uddipto, **A.K. Enjeti**, and H.J. Lee, Single-cell epigenomics in cancer: charting a course to clinical impact. Epigenomics, 2020. 12(13): p. 1139-51.
7. Borbolla Foster, A., E. Smith, and **B. Ross**, Adherence to a selective antenatal haemoglobinopathy screening policy within a tertiary level obstetric unit in Australia. Australian and New Zealand Journal of Obstetrics and Gynaecology, 2020. n/a(n/a).
8. Campbell, S., J. Mason, **R. Prasad, H. Ambrose**, S. Hunt, and H. Tran, Acquired haemophilia and haemostatic control with recombinant porcine FVIII: case series. Intern Med J, 2020.
9. Dun, M.D., A. Mannan, C.J. Rigby, S. Butler, H.D. Toop, D. Beck, P. Connerty, J. Sillar, R.G.S. Kahl, R.J. Duchatel, Z. Germon, S. Faulkner, M. Chi, D. Skerrett-Byrne, H.C. Murray, H. Flanagan, J.G. Almazi, H. Hondermarck, B. Nixon, G. De Iuliis, J. Chamberlain, F. Alvaro, C.E. de Bock, J.C. Morris, **A.K. Enjeti**, and N.M. Verrills, Shwachman-Bodian-Diamond syndrome (SBDS) protein is a direct inhibitor of protein phosphatase 2A (PP2A) activity and overexpressed in acute myeloid leukaemia. Leukemia, 2020.
10. **Enjeti, A.K., T. de Malmanche, K. Chapman, and A. Ziolkowski,** Genomic investigation of inherited thrombotic microangiopathy-aHUS and TTP. Int J Lab Hematol, 2020. 42 Suppl 1: p. 33-40.
11. Ezad, S., A.A. Khan, H. Cheema, **A. Ashraf**, D.T.M. Ngo, A.L. Sverdlov, and N.J. Collins, Ibrutinib-related atrial fibrillation: A single center Australian experience. Asia Pac J Clin Oncol, 2019. 15(5): p. e187-e90.
12. Flores, C.J., A. Lakkundi, J. McIntosh, P. Freeman, A. Thomson, B. Saxon, J. Parsons, T. Spigiel, S. Milton, and **B. Ross**, Embedding best transfusion practice and blood management in neonatal intensive care. BMJ Open Quality, 2020. 9(1): p. e000694.
13. Holliday, E., T. Lillicrap, T. Kleinig, P.M.C. Choi, J. Maguire, A. Bivard, **L.F. Lincz**, M.A. Hamilton-Bruce, S.R. Rao, M.F. Snel, P.J. Trim, L. Lin, M.W. Parsons, B.B. Worrall, S. Koblar, J.

Attia, and C. Levi, Developing a multivariable prediction model for functional outcome after reperfusion therapy for acute ischaemic stroke: study protocol for the Targeting Optimal Thrombolysis Outcomes (TOTO) multicentre cohort study. BMJ Open, 2020. 10(4): p. e038180.

14. **Holmes, A.**, T. Wellings, O. Walsh, and **P. Rowlings**, Progressive multifocal leukoencephalopathy associated with a lymphoproliferative disorder treated with pembrolizumab. J Neurovirol, 2020.

15. Joshi, M., J. Taper, C. Forsyth, **P. Rowlings**, P. Campbell, P. Crispin, M. Harvey, C. Underhill, A. Bayley, K. Byth, G. Huang, and M. Hertzberg, Outpatient rituximab, ifosfamide, etoposide (R-IE) in patients older than 60 years with relapsed or refractory diffuse large B-cell lymphoma who are not candidates for stem cell transplantation. Leuk Lymphoma, 2020. 61(1): p. 91-7.

16. **Lincz, L.F**., **F.E. Scorgie**, M.B. Garg, J. Gilbert, and J.A. Sakoff, A simplified method to calculate telomere length from Southern blot images of terminal restriction fragment lengths. Biotechniques, 2020. 68(1): p. 28-34.

17. Maconachie, S., M. Jansen, E. Cottle, J. Roy, **B. Ross,** J. Winearls, and S. George, Viscoelastic haemostatic assays and fibrinogen in paediatric acute traumatic coagulopathy: A comprehensive review. Emerg Med Australas, 2020. 32(2): p. 313-9.

18. Rawson, J.L., F.M. Fagan, G.C. Burrough, H.M. Tang, M.A. Cuncannon, K.L. Ellem, and **A.K. Enjeti,** Intensive care unit outcomes in patients with hematological malignancy. Blood Science, 2020. 2(1): p. 33-7.

19. Schjesvold, F., H. Goldschmidt, V. Maisnar, I. Spicka, N. Abildgaard, **P. Rowlings**, L. Cain, D. Romanus, K. Suryanarayan, V. Rajkumar, D. Odom, A. Gnanasakthy, and M. Dimopoulos, Quality of life is maintained with ixazomib maintenance in post-transplant newly diagnosed multiple myeloma: The TOURMALINE-MM3 trial. Eur J Haematol, 2020. 104(5): p. 443-58.

20. Schofield, L., **L.F. Lincz**, and K.A. Skelding, Unlikely role of glycolytic enzyme α-enolase in cancer metastasis and its potential as a prognostic biomarker. Journal of Cancer Metastasis and Treatment, 2020. 6: p. 10.

21. Shanmuganathan, S., **B. Ross**, and J. Teo, Iron deficiency anaemia in children: a practical guide for management. MedicineToday, 2019. 20(9): p. 28-35.

22. **Sillar, J.R. and A.K. Enjeti,** Targeting Apoptotic Pathways in Acute Myeloid Leukaemia. Cancers (Basel), 2019. 11(11).

23. Stevenson, W., J. Bryant, R. Watson, R. Sanson-Fisher, C. Oldmeadow, F. Henskens, C. Brown, S. Ramanathan, C. Tiley, and **A. Enjeti**, A multi-center randomized controlled trial to reduce unmet needs, depression, and anxiety among hematological cancer patients and their support persons. Journal of Psychosocial Oncology, 2020. 38(3): p. 272-92.

MEDICAL ONCOLOGY RESEARCH (MOR)

The Medical Oncology Department has a very active research unit (MOR) in which they conduct both laboratory and clinical research. MOR is made up of clinicians, scientists, nurses, clinical trial coordinators and data managers dedicated to the improved management of patients with cancer and the advancement of cancer treatment.

MOR TRIALS:

- Clinical Trial Manager: Kim Adler
- Clinical Trial Coordinators: Sue Brew, Kirrilee Askew, Kelly Barker, Kerrie Cornall, Jennifer McFarlane, Louise Plowman, Amber Poulter, Gail Walker, Emily Munn, Kelly Healey
- Finance: Alison Leonard–England
- Ethics Specialists: Catherine Johnson and Allison Kautto
- Data Management: Jessica Aldcroft, Anthony Morrison and Rochelle Jones
- Laboratory Technician: Alison Pickup
- Clinical Trial Fellows: Dr Tin Quah and Dr Sang Kim

It has been a bumpy year for MOR Trials. The unit went from a very busy end of 2019 to pausing recruitment to 15 trials in response to COVID in March 2020. During this time the team volunteered to manage the COVID-19 Study 'ASCOT' for CMN, to ensure patients of Newcastle and the Hunter had access to potential COVID-19 treatments if needed.

With the stabilisation of COVID in NSW the team were able to re-open most of the trials in June 2020. This was a very challenging time for the team, with all learning to manage trials in a "COVID world". The team has shown their resilience and ability to think "outside the box", learning new ways that can be taken into the future.

Over the past year MOR opened 14 new clinical trials to recruitment across the Hunter New England Local Health District - covering breast, colorectal, gastroesophageal, lung, melanoma, ovarian, prostate, non-melanoma skin cancers and thyroid cancers - and as of 1 July 2020, 22 trials were actively recruiting participants, four trials remained on hold and another nine 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 176 patients were offered the opportunity to participate in a clinical trial. Of these, 126 have been enrolled into a clinical trial.

MOR Trials is now busier than ever, with 2020-2021 looking like a great year for trial opportunities for patients, with Australia being a preferred country for many new trials.

MOR EXPERIMENTS

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

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

During 2019-20 the group has continued its studies into the role of the Aryl Hydrocarbon Receptor pathway in cancer. Of note is the recent publication in Scientific Reports (Gilbert et al, 2020) detailing the breast cancer selectivity of novel compounds via this pathway. The group are also delighted to report that one of its discovered molecules is now commercially available from MedChemExpress and Sigma-Aldrich, allowing researchers from all over the globe access to these invaluable research tools. Research has also been boosted via funding from the James Lawrie Grant Scheme and the PRC for Drug Development at the University of Newcastle.

After receiving funding from the Hope4Cure Foundation the department now has a number of ovarian ascites cultures growing in its laboratory. These cancer cell populations were harvested from patients here at the Mater and provide an invaluable tool to test new drugs and novel drug combinations in a clinically relevant model of the disease. The team are now using this model to test for new platinum-based treatments for this disease.

The department continues to build upon its glioblastoma biobank in collaboration with Hunter Cancer Research Alliance. To date it has collected blood from 48 patients in the Hunter with this disease. During the course of their treatment the team receive up to four blood samples from each patient. Each blood sample is processed and separated into 28 samples for future biomarker analysis.

The therapeutic drug monitoring studies are popular and ever expanding. The team routinely screen blood samples for 5FU metabolism from an array of cancer patients throughout Australia. The department is now participating in a collaborative project with University of Wollongong on Phase1B study of a novel FU/LV formulation in GI Cancer. They have also joined an international collaborative project FUSAFE2 (Nice, France), in which genotyping of DPYD gene will be performed on hundreds of samples including 60 from colorectal cancer patients here in the Hunter. The MOR Laboratory is also the only

facility in Australia and the Asia Pacific providing therapeutic drug monitoring of mitotane in blood from patients with adrenocortical carcinoma.

The department is slowly progressing towards PC-2 accreditation for its laboratory, with the replacement of the ceiling, safety shower, eye wash station, flammable cabinet and shelving. Two new biological safety cabinets have also been installed. The team still have a few more items, such as replacing benchtops and installing a suitable security door, before it can request assessment and accreditation.

While the Covid-19 global pandemic has forced the closure of many research laboratories around Australia, the department was fortunate enough to keep its doors open with only minimal modifications needed to its office space. Notwithstanding this, the shift towards Covid research and the inability of community groups to raise funds for medical research has significantly stifled productivity, and the ability to engage with consumers. The team can only hope that 2021 is a better year.

PUBLICATIONS

1. Clingan,P. Ackland,S, Daniel Brungs,D., De Souza,P., Aghmesheh,M., Garg,MB., Ranson,D., Parker,S., Jokela,R., Ranson,M. (2019), First-in-human phase I study of infusional and bolus schedules of Deflexifol, a novel 5-fluorouracil and leucovorin formulation, after failure of standard treatment. Asia-Pac J Clin Oncol.15 (3), 151-157.
2. Baker JR, Sakoff JA and McCluskey A. The Aryl hydrocarbon Receptor (AhR) as a Breast Cancer Drug Target. Medicinal Research Reviews. Early Access Nov 2019. 10.1002/med.21645
3. Deo KM, Sakoff J, Gilbert J, Zhang Y, Aldrich Wright JR. Synthesis, characterisation and potent cytotoxicity of unconventional platinum(IV) complexes with modified lipophilicity. Dalton transactions (Cambridge, England : 2003) Volume: 48 Issue: 46 Pages: 17217-17227 Published: 2019-Nov-26 DOI: 10.1039/c9dt03339d
4. Deo KM, Sakoff J, Gilbert J, Zhang Y, Aldrich Wright JR. Synthesis, characterisation and influence of lipophilicity on cellular accumulation and cytotoxicity of unconventional platinum(IV) prodrugs as potent anticancer agents. Dalton transactions (Cambridge, England : 2003) Volume: 48 Issue: 46 Pages: 17228-17240 Published: 2019-Nov-26
5. Bjelosevic A, Sakoff JA, Gilbert J, Gordon C, Aldrich-Wright J. 'Synthesis, Characterisation and Biological Activity of the Ruthenium Complexes of the N4-tetradentate (N4-TL), 1,6-di(2'-pyridyl)-2,5-dimethyl-2,5-diazahexane (picenMe2).' Aust J Chemistry Accepted Nov 2019. https://doi.org/10.1071/CH19528. Submitted: 17 October 2019 Accepted: 28 November 2019 Published online: 23 April 2020
6. Lincz L, Scorgie FE, Garg MB, Gilbert J, Sakoff JA. 2019. A simplified method to calculate telomere length from southern blot images of terminal restriction fragment lengths. BioTechniques Volume: 68 Issue: 1 Pages: 28-34 Published: 2020-Jan.
7. Yusof ENM, Latif MAM, Tahir MIM, Sakoff JA, Veerakumarasivam A, Page AJ, Tiekink ERT and Ravoof TBSA. Homoleptic tin(IV) compounds of dinegative ONS dithiocarbazate Schiff bases: Synthesis, X-ray crystallography, DFT and cytotoxicity studies. Journal of Molecular Structure. Vol 1205. April 2020. DOI: 10.1016/j.molstruc.2019.127635
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CONFERENCE POSTERS

1. Garg MB, Galettis P, Sakoff J, Lynam, J, Martin,J, Ackland, S (2019) A simple rapid HPLC method for the simultaneous measurement of Temozolomide and its metabolite levels in Glioblastoma cancer patients plasma samples. Asia–Pacific Journal of Clinical Oncology, Volume: 15 SI Supplement: 7: PP20, Wiley publishing.

2. Kumari S, Garg MB, Ackland S, Hui, R, Wilcken, N, Gurney, H, Wong, M (2019) The value of pre-treatment plasma dihydrouracil, uracil and dihydrouracil to uracil ratio in predicting 5-fluorouracil toxicity in a modified Mayo regimen. AGITG 2019

3. Sakoff JA, Fay M, Lynam J, Gilbert J. High Levels of the Protein Receptor EphA2 in the Blood of Brain Cancer Patients Undergoing Treatment for their Disease Predicts for Shorter Survival. ASIA-PACIFIC JOURNAL OF CLINICAL ONCOLOGY Volume: 15 Special Issue: SI Supplement: 7 Pages: 28-29 Meeting Abstract: PP19 Published: NOV 2019

4. Forbes E, Clover K, Cook D, Cox Y, Johnson C. Integrating Supportive Care Screening and Assessment into Routine Clinical Care. International Psycho-Oncology Society World Congress 2019

5. Johnson C, Blanchard G, Cox Y, Gedye C. E- Health Symposium: Increasing the accessibility and quality of psychosocial cancer care: challenges and successes in development, codesign and evaluation of eHealth tools. CANcierge: a smartphone application for patients to navigate cancer services, improve treatment experiences and enhance capacity for self-care.

6. Van Der Westhuizen A, Vilain R, Graves M, Mandaliya H, Cornall K, Levy R, et al., 'PRIME002: Early phase II study of Azacitidine and Carboplatin priming for Avelumab in patients with advanced melanoma who are resistant to immunotherapy', Society for Melanoma Research, Salt Lake City, UT, USA (2019)

7. Budden T, Graves M, Wong M, Vilain R, Van Der Westhuizen A, Bowden N, 'Repurposing chemotherapy to alter methylation, DNA repair and immune pathways to prime treatment-resistant melanoma for immunotherapy', Society for Melanoma Research, Salt Lake City, UT, USA (2019)

8. Graves M, Galettis P, Navani V, Van Der Westhuizen A, Bowden N, 'Detecting plasma pembrolizumab concentrations in patients with melanoma using Liquid Chromatography/Mass Spectrometry', Society for Melanoma Research, Salt Lake City, UT, USA (2019

9. Van Der Westhuizen A, Graves M, Levy R, Majid A, Vilain R, Bowden N, 'PRIME002: Early phase II study of azacitidine and carboplatin priming for avelumab in patients with advanced melanoma who are resistant to immunotherapy', ANNALS OF ONCOLOGY, Barcelona, SPAIN (2019)

10. Wong-Brown MW, Lombard J, van der Westhuizen A, Bowden NA, 'Investigation of DNA Repair and the Epigenome in Chemoresistant High-Grade Serous Ovarian Cancer', ASIA-PACIFIC JOURNAL OF CLINICAL ONCOLOGY (2019)

11. Day F, Loh J, Sridharan S, Martin J. Palliative oesophageal chemoradiotherapy: A Phase I clinical trial. AGITG Annual Scientific Meeting, Adelaide, August 2019. Awarded Best Abstract.

12. Kumar M, Lombard J, O'Sullivan R, Mandaliya H, Tanwar PS. An organoid platform for personalised therapy in ovarian cancer. HCRA symposium 2019

13. Wong-Brown M, Crowe M, Lombard J, van der Westhuizen A, Bowden NA. Investigation of DNA repair and the epigenome in chemoresistant high grade serous ovarian cancer. ANZGOG 2019

14. Blanchard B, Mandaliya H et al 'The impact of integrating an oncology nurse practitioner into an acute care hospital emergency department: An Australian tertiary cancer centre experience'. May2020- ePoster at ASCO AM 2020

15. McLucas M, Mandaliya Het al, 'Lenvatinib in metastatic radioiodine referactory thyroid cancer'. Nov2019- Poster at COSA ASM 2019
16. Van DerWesthuizen A, Vilain R, Mandaliya H et al, 'PRIME002: Early phase II study of Azacitidine and Carboplatin priming for Avelumab in patients with advanced melanoma who are resistant to immunotherapy' Nov2019- Poster/Abstract at Society of Melanoma Research Congress 2019
17. Syed S, Lombard J, Mandaliya H et al, 'Axin2 marks the cell of origin for endometrial cancer. Nov2019- Posters/Abtracts/Rapid fire session at HCRA Symposium 2019
18. Moth E, Kiely B, Mandaliya H, 'Older adults' preferred and perceived roles in decision-making about palliative chemotherapy, decision priorities and information preferences' Aug2019- Poster at MOGA ASM
19. Kennedy J. A retrospective audit of patient enquiries prior to the implementation of the UKONS Triage Tool: An institutional experience. 23rd CSNA Annual Congress, June 2020

CONFERENCE ORAL PRESENTATIONS

1. Johnson C, Blanchard G, Cox Y, Gedye C. E-Health Symposium: Increasing the accessibility and quality of psychosocial cancer care: challenges and successes in development, codesign and evaluation of eHealth tools. CANcierge: a smartphone application for patients to navigate cancer services, improve treatment experiences and enhance capacity for self-care. International Psycho-Oncology Society World Congress 2019
2. Day F, Mandaliya H, Sridharan S, van der Westhuizen A, Kumar M et al. Palliative oesophageal chemoradiotherapy: A Phase I clinical trial MOGA Annual Scientific Meeting: Oral Presentation, Canberra, August 2019

GRANT FUNDING

1. Gilbert J, Garg MB (2019) Essential equipment including biohazard safety Hood for cancer research in Medical oncology. CMN Coalfields Cancer Support Group Equipment Grant Scheme: $17416
2. Ackland SP & Garg M.B. (2020). Hospital Scientist Salary in Medical Oncology Research Laboratory at the Calvary Mater Newcastle Hospital. HCRA $44,692
3. Sakoff JA & Gilbert J (2020). Targeting the Aryl Hydrocarbon Receptor pathway and PD-L1 expression in cell models of head and neck cancer. James Lawrie CMN Grant Scheme $49,000.
4. Gilbert & Sakoff (2020). Single Mode Microplate Reader for Colourimetric Cell Growth Assays in the Experimental Therapeutics Drug Development Program. Coalfields Equipment Grant Scheme. $23,000.
5. Sakoff JA. (2020). Infrastructure support for Experimental Therapeutics Group. Hunter cancer Research Alliance $37,800.
6. Sakoff JA (2020) Priority Research Centre for Drug Development. Drug Screening. $40,000.
7. O'Brien N, McCluskey A, Sakoff J (2020) Investigation of quinazolinone based tubulin polymerisation inhibitors. PRC Drug Development Seed Funding. $9,000.
8. Baker J, Sakoff J, & McCluskey A (2020). Development of Azo-phenylacrylonitriles as selective AhR antagonists. PRC Drug Development Seed Funding. $9,000.
9. Sakoff J, Gilbert J, Mandaliya H (2020). Co-culturing patient derived ascetic fluid with traditional ovarian cancer cell lines: A model for drug resistance. PRC Drug Development Seed Funding. $8,900.
10. Paul C. Measuring the financial impacts of cancer. $16 572
11. van der Westhuizen A & Bowden NA: Pilot Early phase II study of Decitabine, Carboplatin and Avelumab in patients with advanced melanoma. $340,000 and drug supply ~$1.5million Merck KGaA, Germany
12. Bowden NA, Martin JH, Marsh D, Ford C, Thomas D, Head R, Wong-Brown M, Stannard G. Associate Investigators: Lombard J, van der Westhuizen A, Mandilaya H, Toney M, Searles A. Medical Research Future Fund EPCDR Ovarian Cancer Research Grant Australian Program for Drug Repurposing for Ovarian Cancer 2020-2025 $2,693,815
13. McCarter K (UoN), Day F (co-investigator) Smoking Cessation Care for Patients with

Advanced Cancer: Clinician Perspectives. PRCHB Grants HCRA 2020: $4,504

14. Faulkner S (UoN), Day F (co-investigator) Cancer Neuroscience: Defining the Landscape of Human Tumour Innervation. HCRA New Strategic Initiatives Funding Round 2020: $89,815
15. Lombard J (Associate investigator). HCRA New strategic initiation grant: Cancer Neuroscience: Defining the Landscape of Human tumor innervation- $89 815.
16. Lombard J (Associate investigator). 2020: MRFF APP1199620: Emerging Priorities and Consumer Driven Research- 2019 Ovarian Cancer Research Grant: $2.69 million over 5 years.
17. Lombard J (Associate investigator). 2020: MRFF APP1100619: ADjuvant Tislelizumab plus chemotherapy after post-operative pelvic chemoradiation in high risk EndometriaL cancEr: the ADELE study.
18. Mandaliya H. HCRA New Strategic Initiatives Funding Round 2020. Cardio-Oncology Strategic Initiate Grant- $100,000
19. Mandaliya H. HCRA New Strategic Initiatives Funding Round 2020. Cancer Neuroscience: Defining the Landscape of Human Tumour Innervation- $89,815.04
20. Mandaliya H Hope 4 Cure Foundation 2019. New platinum agents for the treatment of ovarian cancer research in Medical Oncology - $39,252.00

OTHER

Investigator Driven clinical trials opened 2019-2020:

1. Day, F. Palliative Oesophageal Cancer Chemoradioimmunotherapy (PALEO)

DEPARTMENT OF PALLIATIVE CARE

JOURNAL ARTICLES/PUBLICATIONS

- Nixon J, Turner J, Gray L, Scaife J. Communicating Actively, Responding Empathically (CARE): Perceptions of Cancer Health Professionals Attending Communication Training Workshops. J Cancer Educ. 2020 Jun 26. doi: 10.1007/s13187-020-01809-y. Epub ahead of print. PMID: 32592036.

CONFERENCE PRESENTATIONS

- Dr Rachel Hughes, Characteristics of Australian adolescent and young adult palliative care patients: A national study to aid definitions and services. Palliative Care Outcome Collaboration, Outcomes and Benchmarking Conference, Sydney November 2019.
- Ms Lyn Campbell, Developing a multidisciplinary triage to improve access and outcomes for community palliative care patients. Oceanic Palliative Care Conference, Perth, September 2019.

RESEARCH FUNDING/GRANTS

A randomised controlled trial assessing the effectiveness of a new model of community based palliative care to improve patient-centred care in preferred place.

$461,101

Medical Research Future Fund, administered by NSW Regional Health Partners

CLINICAL TRIALS

Above clinical trial will commence recruitment during the 2020-2021 financial year.

ANY OTHER RELEVANT MATERIAL (MILESTONES, ACHIEVEMENTS, ETC.)

Study funded by Hunter Integrated Alliance.

Title: Enabling person centred-care in residential aged care facilities

Methods: Mixed methods study to look at current state of end of life care in aged care facilities: The study compared Emergency Department presentations retrospectively over two years and compared the end of life care (symptom management and delivery of care in line with wishes). Qualitative approach examined the enablers and barriers of quality end of life care and document the presence of advanced care planning, preferences and timeliness of symptom management at end of life.

Key findings: Most residents (96.7%) wished to remain in their residential aged care facility if their health were to deteriorate in an expected way. Residents of facilities whose model of care employs Palliative Care Nurse Practitioner had the lowest rates of emergency department transfers and timelier symptom management at end of life. Family decision making influenced location of death.

QUALITY PROJECT

Caring@Home

Caring@Home is a national initiative to improve access to symptom control for patients who wish to stay at home as their preferred place of care.

Calvary Mater Newcastle Outreach team have led the introduction of this package in the community to support this goal and improve management of symptoms using subcutaneous medicine administered by carers.

Patient and staff experience, unplanned ED presentations and hospital admissions have been evaluated post implementation to support the ongoing use of Caring@Home in the service. This model will be rolled out HNE wide.

DEPARTMENT OF RADIATION ONCOLOGY

Radiation Oncology continues to prioritise embedding research into its routine clinical care. The department continues to make a wide spectrum of significant contributions across clinical trials, teaching, and basic research. Staff from medical, physics, radiation therapy and dietetics have all had first author publication, increasing the breadth of its research capacity.

The department's aim is to continue to remain at the forefront of its field in Australasia, with the ultimate goal of continuing to offer patients cutting edge care. The research pipeline remains strong, and the department looks forward to its achievements continuing to grow. Despite the challenges presented by the ongoing pandemic, some specific achievements to highlight:

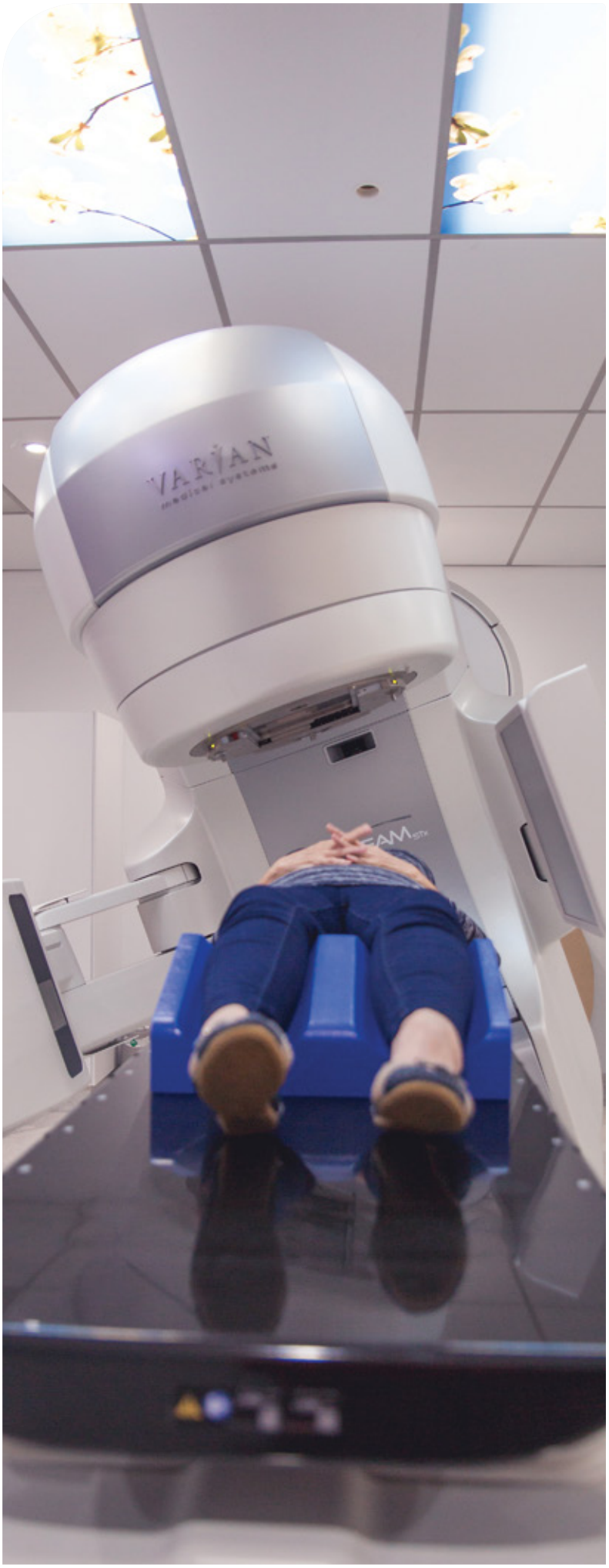
- 53 publications, including prestigious mastheads such as The Lancet, Lancet Oncology, Nature Reviews Urology, as well as the world's leading Radiation Oncology and Medical Physics journals.
- Radiation Oncology Clinical Trial Unit runs over 30 active studies across 12 tumour sites, with ~80 patients accrued to various clinical trials.
- Dedicated planning Magnetic Resonance Imager continues to provide value in helping to accurately define treatment in novel ways which would not have been possible without this investment.
- Four Completed research higher degrees in both Medical Physics and Radiation Therapy.

Publications since 1 July 2019

1. Hofman, M. S., Lawrentschuk, N., Francis, R. J., Tang, C., Vela, I., Thomas, P., Rutherford, N., Martin, J. M., Frydenberg, M., Shakher, R., Wong, LM., Taubman, K., Lee, S. T., Hsiao, E., Roach, P., Nottage, M., Kirkwood, I., Hayne, D., Link, E., Marusic, P., Matera, A., Herschtal, A., Iravani, A., Hicks, R. J., Williams, S., Murphy, D. G., Prostate-specific membrane antigen PET-CT in patients with high-risk prostate cancer before curative-intent surgery or radiotherapy (proPSMA): a prospective, randomised, multicentre study, The Lancet, Volume 395, Issue 10231, 2020, Pages 1208-1216, ISSN 0140-6736, https://doi.org/10.1016/S0140-6736(20)30314-7.
2. Kneebone, A., Fraser-Browne, C., Duchesne, G. M., Fisher, R., Frydenberg, M.,, Herschtal, A., Williams, S. G., Brown, C., Delprado, W., Haworth, A., Joseph, D. J., Martin, J. M., Matthews, J. H. L., Millar, J. L., Sidhom, M., Spry, N., Tang, C. I., Turner, S., Wiltshire, K., Woo, H. H., Davis, I. D., Lim, T. S., Pearse, M., Adjuvant radiotherapy versus early salvage radiotherapy following radical prostatectomy (TROG 08.03/ANZUP RAVES): a randomised, controlled, phase 3, non-inferiority trial, The Lancet Oncology, Volume 21, Issue 10, 2020, Pages 1331-1340, ISSN 1470-2045, https://doi.org/10.1016/S1470-2045(20)30456-3.
3. March, B., Faulkner, S., Jobling, P., Steigler, A., Blatt, A., Denham, J., Hondermarck, H., Tumour innervation and neurosignalling in prostate cancer, (2020) Nature Reviews Urology, 17 (2), pp. 119-130., DOI: 10.1038/s41585-019-0274-3
4. Marcello, M., Denham, J. W., Kennedy, A., Haworth, A., Steigler, A., Greer, P. B., Holloway, L. C., Dowling, J. A., Jameson, M. G., Roach, D., Joseph, D. J., Gulliford, S. L., Dearnaley, D. P., Sydes, M. R., Hall,

E., Ebert, M. A., Reduced Dose Posterior to Prostate Correlates With Increased PSA Progression in Voxel-Based Analysis of 3 Randomized Phase 3 Trials, (2020) International Journal of Radiation Oncology Biology Physics

5. Zwan, B. J., Caillet V., Booth J.T., Colville E., Fuangrod T., O'Brien R., Briggs A., O'Connor, D.J., Keall, P.J., Greer, P.B., Toward real-time verification for MLC tracking treatments using time-resolved EPID imaging, submitted to Medical Physics, 2020
6. Gholizadeh, N., Simpson, J., Ramadan, S., Denham, J., Lau, P., Siddique, S., . . . Greer, P. B. (2020). Voxel-based supervised machine learning of peripheral zone prostate cancer using noncontrast multiparametric MRI. Journal of Applied Clinical Medical Physics. doi:10.1002/acm2.12992
7. Hewson, E. A., Nguyen, D. T., O'Brien, R., Poulsen, P. R., Booth, J. T., Greer, P., . . . Keall, P. J. (2020). Is multileaf collimator tracking or gating a better intrafraction motion adaptation strategy? An analysis of the TROG 15.01 Stereotactic Prostate Ablative Radiotherapy with KIM (SPARK) trial.. Radiotherapy and oncology: journal of the European Society for Therapeutic Radiology and Oncology. doi:10.1016/j.radonc.2020.08.010
8. Marcello, M., Denham, J. W., Kennedy, A., Haworth, A., Steigler, A., Greer, P. B., . . . Ebert, M. A. (2020). Relationships between rectal and perirectal doses and rectal bleeding or tenesmus in pooled voxel-based analysis of 3 randomised phase III trials.. Radiotherapy and Oncology, 150, 12 pages. doi:10.1016/j.radonc.2020.07.048
9. Mir, R., Kelly, S. M., Xiao, Y., Moore, A., Clark, C. H., Clementel, E., Corning, C., Ebert, M., Hoskin, P., Hurkmans, C. W., Ishikura, S., Kristensen, I., Kry, S. F., Lehmann, J., Michalski, J. M., Monti, A. F., Nakamura, M., Thompson, K., Yang, H., Zubizarreta, E., Andratschke, N., Miles, E., Organ at risk delineation for radiation therapy clinical trials: Global Harmonization Group consensus guidelines, Radiotherapy and Oncology, Volume 150, 2020, Pages 30-39, https://doi.org/10.1016/j.radonc.2020.05.038.
10. Marcello, M., Denham, J. W., Kennedy, A., Haworth, A., Steigler, A., Greer, P. B., . . . Ebert, M. A. (2020). Increased Dose to Organs in Urinary Tract Associates With Measures of Genitourinary Toxicity in Pooled Voxel-Based Analysis of 3 Randomized Phase III Trials. Frontiers in Oncology, 10, 20 pages. doi:10.3389/fonc.2020.01174
11. Olaciregui-Ruiz, I., Beddar, S., Greer, P., Jornet, N., McCurdy, B., Paiva-Fonseca, G., . . . Verhaegen, F. (2020). In vivo dosimetry in external beam photon radiotherapy: Requirements and future directions for research, development, and clinical practice. Physics and Imaging in Radiation Oncology, 15, 108-116. doi:10.1016/j.phro.2020.08.003
12. Caillet, V., Zwan, B. J., Briggs, A., Hardcastle, N., Szymura, K., Podreka, A., O'Brien, R. T., Harris, B., Greer, P. B., Haddad, C., Jayamanne, D., Ead, T., Todd-Booth, J., Keall, P. J., Geometric uncertainty analysis of MLC tracking for lung SABR, Accepted manuscript Physics in Medicine and Biology, accepted 19/08/2020.
13. Gao, F., Griffin, N., Faulkner, S., Li, X., King, S.J., Jobling, P., Denham, J.W., Jiang, C.C., Hondermarck, H., The Membrane Protein Sortilin Can Be Targeted to Inhibit Pancreatic Cancer Cell Invasion, (2020) American Journal of Pathology, 190 (9), pp. 1931-1942, DOI: 10.1016/j.ajpath.2020.05.018
14. Delahunt, B., Murray, J.D., Steigler, A., Atkinson, C., Christie, D., Duchesne, G., Egevad, L., Joseph, D., Matthews, J., Oldmeadow, C., Samaratunga, H., Spry, N.A., Srigley, J.R., Hondermarck, H., Denham, J.W., Perineural invasion by prostate adenocarcinoma in needle biopsies predicts bone metastasis: Ten year data from the TROG 03.04 RADAR Trial, (2020) Histopathology, DOI: 10.1111/his.14107



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Conference Presentations

1. Shulman, A., Li, B., Dempsey, C., Dietrich, S., Brittingham-Hatcher, J., McLeod, M., Sandwall, P., Tassotto, M., "Project ECHO: High Dose Rate (HDR) Brachytherapy Training in Low- and Middle-Income Countries (LMICs)" Physical and Engineering Sciences in Medicine (2020) volume 43

2. Hatcher, J., Shulman, A., Dempsey, C., Chang, B., Malhotra, S., Oladeru, O., Tassoto, M., Sandwall, P., Dieterich, S., Li, B. ,Collaborative Model for International Telehealth: High Dose Rate Brachytherapy Training for Emerging Radiation Oncology Centers in Lower- and Middle-Income Countries, JCO Global Oncology 2020 6. 51-52.

3. Brooks, F., Glenn, M., Hussein, M., Clark, C., Lye, J. E., Lehmann, J., Silvestre, I., Kry, S., "The Impact of Standardization of Gamma Criteria On Imaging Radiation Oncology Core Phantoms Analysis" AAPM 2020, poster presentation PO-GeP-T-778 (virtual), Physical and Engineering Sciences in Medicine (2020) 43:297–462, https://doi.org/10.1007/s13246-019-00826-6

4. Vasina, E, Greer, P.B., Kron, T., Lehman, J., Automated offline image analysis with DIBH image analysis tool (DImAnT), EPSM 2019, Engineering and Physical Sciences in Medicine, 28–30 October 2019, Perth, Australia, Physical and Engineering Sciences in Medicine (2020) 43:297–462, https://doi.org/10.1007/s13246-019-00826-6

5. Does timing of salvage prostatic fossa radiotherapy affect rates of late genitourinary toxicity? A TROG 08.03 RAVES Sub Study, Mohamed Ehsan Bin Mohamed Ebrahim, TROG 2020 ASM, March 2020.

6. Genitourinary toxicity in post-prostatectomy fossa radiotherapy: Does timing heal all wounds? A TROG 08.03 RAVES Sub-Study, Mohamed Ehsan Bin Mohamed Ebrahim, RANZCR 71st ASM, October 2020.

7. Richardson, M., Skehan, K., Goodwin, J., Greer, P. B., Martin, J., Visualising the urethra for prostate radiotherapy planning, AUS MR in RT November 2019.

8. Young, J., Van Schelt, J., Wang, D., Kalet, A., Cao, N., Meyer, J., Price, R., Dempsey, C., Kim, J., Young, L., Skin Dose Measurements with Optically Stimulated Luminescence Dosimeters for SAVI Breast Brachytherapy Treatment Quality Assurance, MEDICAL PHYSICS, 2019; 46 (6): E163

9. Artschan, R., Ostwald, T., Simpson, P., (2019) Eclipse Aperture Shape Controller – how does it affect treatment plan modulation? EPSM & AOCMP 2019

10. Lehmann, J., Hussein, M., Standen, T., Siva, S., Moore, A., Subramanian, B., . . . Clark, C. (2019). Toward Safe Delivery of Radiation Therapy-Assessment of the Sensitivity of Clinically Used Patient-Specific Quality

Assurance Methods. In ASIA-PACIFIC JOURNAL OF CLINICAL ONCOLOGY Vol. 15 (pp. 23). WILEY.

11. Vasina, E., Kong, N., Greer, P. B., & Lehmann, J. (2019). Real-Time Assessment of Lung Depth and Skin Distance during Deep Inspiration Breath Hold (DIBH) Radiotherapy of Breast Cancer. In ASIA-PACIFIC JOURNAL OF CLINICAL ONCOLOGY Vol. 15 (pp. 23-24). WILEY.
12. McNeilly, A., Greer, P. B., Van Beek, T., Van Uytven, E., Fuangrod, T., Chytyk-Praznik, K., Zwan, B. J., (2019). Investigations of an EPID-Based 3D Dose Reconstruction Method for Applications in MRI-Linac Radiotherapy. In ASIA-PACIFIC JOURNAL OF CLINICAL ONCOLOGY Vol. 15 (pp. 21). WILEY.
13. Greer, P. B., Skehan, K., Goodwin, J., Dowling, J., Choi, J. H., Sidhom, M., . . . Martin, J. (2019). A Multi-Centre Study of MRI-Only Prostate Radiation Therapy Planning: A NINJA Trial Sub-Study. In ASIA-PACIFIC JOURNAL OF CLINICAL ONCOLOGY Vol. 15 (pp. 23). WILEY.
14. Lim, S. B., Tsai, C. J., Greer, P. B., Fuangrod, T., Hwang, K., Fontenla, S., . . . Lovelock, D. M. (2019). The Use of Transit Fluence as a Decision Support Metric for Head and Neck Adaptive Radiation Therapy. In INTERNATIONAL JOURNAL OF RADIATION ONCOLOGY BIOLOGY PHYSICS Vol. 105 (pp. S240-S241). Chicago, IL: ELSEVIER SCIENCE INC. doi:10.1016/j.ijrobp.2019.06.351
15. Cassell, C., Lee, D., & Greer, P. B., (2019). Sub-Image Sampling Method to Improve Temporal Resolution of Time-Resolved EPID Applications. In MEDICAL PHYSICS Vol. 46 (pp. E352). San Antonio, TX: WILEY.
16. Hewson, E., Nguyen, D., O'Brien, R., Poulsen, P., Booth, J., Greer, P. B., Keall, P., (2019). Is MLC Tracking or Gating a Better Real-Time Correction Strategy? An Analysis of the TROG 15.01 Stereotactic Prostate Ablative Radiotherapy with KIM (SPARK) Trial. In MEDICAL PHYSICS Vol. 46 (pp. E283). San Antonio, TX:
17. Vasina, E., Greer, P. B., Lehmann, J., (2019). Investigation of Live EPID Based DIBH Target Localization Using the Skin-Air Interface. In MEDICAL PHYSICS Vol. 46 (pp. E234-E235). San Antonio, TX:
18. Lee, D., McNeilly, A., Cassell, C., Kong, N., Greer, P. B., (2019). Feasibility of Real-Time Control-Point Treatment Delivery Verification with EPID. In MEDICAL PHYSICS Vol. 46 (pp. E512). San Antonio, TX:
19. Marcello, M., Kennedy, A., Haworth, A., Holloway, L., Dowling, J., Greer, P. B., Ebert, M., (2019). External Validation of 3D Spatial Dose-Response Mapping for Toxicity Subsequent to Pelvic Radiotherapy. In MEDICAL PHYSICS Vol. 46 (pp. E314). San Antonio, TX:
20. Choi, J., Lee, D., Dowling, J., OConnor, L., Pichler, P., Greer, P. B. (2019). Bulk Anatomical Density Maps for Quality Assurance in MRI-Only Prostate Treatment Planning. In MEDICAL PHYSICS Vol. 46 (pp. E318). San Antonio, TX:
21. Greer, P. B., Knutson, N., Wolthaus, J., Barnes, M., (2019). Alternative Strategies for Linac Beam Verification Or Beam Data Collection Without Using a 3DWater Tank. In MEDICAL PHYSICS Vol. 46 (pp. E469-E470). San Antonio, TX:
22. Greer, P. B., Lehmann, J., Bobrowski, K., (2019). A High Sensitivity Dosimetric Auditing Method. In MEDICAL PHYSICS Vol. 46 (pp. E411). San Antonio, TX:
23. Beeksma, B., Schellnegger, N., Sams, J., Patterson, J., Doebrich, M., Kumar, M., Implementation of knowledge based radiation treatment planning to improve efficiency and quality of plans for prostate cancer patients: a feasibility report, HCRA Symposium November 2019. [Oral Presentation – Awarded best RapidFire oral presentation].

Grants

1. Faulkner, S., Hondermarck, H., Jiang, C. C., Jobling, P., Day, F., Tanwar, P., Syed, S., Lombard, J., Mandaliya, H., Tieu, M., Kumar, M., Zhang, X. D., La, T., Ackland, S., King, S., Paul, C., Rush, R., Oldmeadow, C., Cancer Neuroscience: Defining the Landscape of Human Tumour Innervation- $89.815.04 (2020–2021)
2. Greer, P. B., Welsh, J., Chalup, S., Simpson, J., Deep learning for MRI-only head and neck radiotherapy, Varian Medical Systems ($260,000), (2020-2022)

Research Higher Degrees

1. Sharon C Oultram MPhil by research – Radiation Therapy
2. Dr Benjamin Zwan, PhD, University of Newcastle, Time-Resolved Quality Assurance and Delivery Verification for External Beam Radiation Therapy Using an Electronic Portal Imaging Device, 15/09/2020
3. Dr Neda Gholizadeh, PhD, University of Newcastle, Improved Prostate Tumour Identification and Delineation Using Multiparametric Magnetic Resonance Imaging, 6/12/19
4. Terry Perkins, MSc University of Sydney, Imaging Respiratory motion using 4D-MRI

ALLIED HEALTH

PUBLICATIONS

1. Allison Fraser, Cathy Odelli, Ben Britton, Mahesh Kumar, Fiona Day, Minh Thi Tieu, Chris Wratten (2020). Gastrostomy dependency trends over 15 years of patients at a large tertiary referral centre following the insertion of prophylactic gastrostomy for chemoradiation for mucosal head and neck cancer. In ASIA-PACIFIC JOURNAL OF CLINICAL ONCOLOGY Vol. 16, Issue 5 (pp e198-e206). WILEY. DOI: 10:1111/ajco.13342

Financial Report

Financial Report for the Year Ended 30 June 2020

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

Calvary

Being for Others

Annual Financial Report
30 June 2020

Calvary Health Care (Newcastle) Limited

ABN 75 081 149 126

CONTENTS

DIRECTORS' REPORT

Annual Financial Report 30 June 2020 | Calvary Health Care (Newcastle) Limited

The Board of Directors of Calvary Health Care (Newcastle) Limited submit their report for the year ended 30 June 2020.

Directors

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

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

NAME	QUALIFICATIONS	AREAS OF SPECIFIC RESPONSIBILITY
Jim Birch AM	BHA, FCHSM	Chair (from 28 November 2019) Member, Audit & Risk Committee (to 29 November 2019) Member, Clinical & Practice Governance Committee (to 28 November 2019) All Committees, Ex Officio (from 28 November 2019)
Hon. John Watkins AM (retired 28 November 2019)	LLB, MA, DipEd, Hon DLitt, Macq	Chair All Committees, Ex Officio
Assoc Prof Richard Matthew AM	MBBS	Director Chair, Clinical & Practice Governance Committee Member, Mission & Ethics Committee
Patrick O'Sullivan	CA, MAICD	Deputy Chair Chair, Audit & Risk Committee Member, Performance & Remuneration Committee (from 1 January 2020)
David Catchpole	BEc, Dip FP, FAICD, FCPA (Retired)	Director Chair, Performance & Remuneration Committee Member, Audit & Risk Committee
Jennifer Stratton	BA (Economics, English & History), FAICD	Director Chair, Mission & Ethics Committee Member, Performance & Remuneration Committee
Lucille Halloran	BCom (Hons), BA (Admin), ESCP, AICD, Member CA ANZ	Director Member, Performance & Remuneration Committee (to 1 January 2020) Member, Mission & Ethics Committee Member, Clinical & Practice Governance (from 1 January 2020)
Annette Carruthers	MBBS (Hons), FRACGP, FAICD, Grad Dip App Fin	Director Member, Audit & Risk Committee Member, Clinical & Practice Governance Committee
Lucille Scomazzon	LLB (Hons 1), BA, GAICD	Director Member, Audit & Risk Committee Member, Mission & Ethics Committee (to 1 January 2020) Member, Clinical & Practice Governance (from 1 January 2020)
Agnes Sheehan	BA Business Studies (Hons), GAICD	Director Member, Audit & Risk Committee Member, Clinical & Practice Governance Committee
Philip Maloney	BCom, LLB, GradDip CSP, ACIS, MAICD	Company Secretary

DIRECTORS' REPORT

Annual Financial Report 30 June 2020 | Calvary Health Care (Newcastle) Limited

Directors (cont'd)

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
Hon John Watkins AM	3	3								
Jim Birch AM	10	10	3	3					2	2
Patrick O'Sullivan	10	9	5	5			2	2		
Assoc Prof Richard Matthews AM	10	9			4	3			4	4
David Catchpole	10	10	5	5			4	4		
Jennifer Stratton	10	10			4	4	4	4		
Lucille Halloran	10	10			4	3	2	2	2	2
Annette Carruthers	10	10	5	5					4	4
Lucille Scomazzon	10	10	5	5	2	2			2	2
Agnes Sheehan	10	9	5	5					4	4

Key:
ARC Audit & Risk Committee
MEC Mission & Ethics Committee
PRC Performance & Remuneration Committee
CGC Clinical and Practice Governance 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 are the ownership and operation of the Calvary Mater Newcastle hospital.
The current COVID pandemic has not significantly impacted the Company's principal activities.

Significant changes in the state of affairs

There were no significant changes in the state of affairs of the Company during the financial year.

The COVID pandemic has not materially affected the financial performance, financial position and cashflow of the Company. In March 2020 the Australian Government directed hospitals in Australia to temporarily halt non urgent elective surgeries in preparation for the COVID pandemic. The Company was not materially impacted as a result of this decision.

As a public hospital, the majority of the Company's revenue is obtained from the NSW Ministry of Health. Public health service recurrent funding has not been affected as a result of the COVID pandemic.

The Company received additional capital and recurrent funding ($334k) from the NSW Ministry of Health for specific assistance with COVID related expenditure. As at 30 June 2020 the entire $334k has been expended and recognised as revenue. The funding is unconditional and does not have to be returned to the NSW Ministry of Health.

The Company has not received any other COVID relating funding. For further information on the Company's revenue and other income, refer to Note 2.

Results

A deficit of $2.4M was incurred for the financial year ended 30 June 2020 (2019: deficit $2.3M).

Management is actively reviewing operational performance to further improve this result. In the event of financial assistance being required the Company may call upon financial support from the Parent Entity, Little Company of Mary Health Care Limited.

Review of operations

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 $194.2M (2019: $187.1M). Grants and subsidies from Government for hospital operations totalled $158.2M (2019: $151.5M). Grants and subsidies represent 81% (2019: 81%) of revenue from operating activities.

Revenue from operations for the year ended 30 June 2020 included $0.7M (2019: $0.8M) resources received free of charge - revenue relating to the recognition of the NSW government funding of superannuation contributions for employees who are members of the defined benefit contribution schemes SASS and SSS.

(b) Expenses

The Company's expenses from operating activities totalled $200.9M (2019: $194.9M). Expenses on personnel costs represent 66% (2019: 65%) of total operating expense.

Staffing levels for clinical services have increased during the reporting period with total staff of 1,049 full time equivalents as at 30 June 2020 (2019: 1,022). The actual number of staff as at 30 June 2020 was 1,337 (2019: 1,372).

(c) Hospital activities

The overall inpatient activity for the year was 17,014 separations, a decrease of 5% on the year ended 30 June 2019. Emergency Department presentations for the year were 37,967, a slight decrease on the year ended 30 June 2019. Non-inpatient activity for the hospital during the year was 410,511 occasions of service, an increase of 8% on the year ended 30 June 2019.

Future developments

The Company plans to continue the integration and expansion of its current range of services in accordance with the mission, vision and values of the organisation.

Significant events after year end

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

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

Deed of access and indemnity - Directors

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

Indemnification of officers and auditors

Little Company of Mary Health Care Ltd paid a premium during the year in relation to a Directors & Officers Liability policy indemnifying the Directors and Officers of the Group for losses which the Director or Officer may become legally obligated to pay on account of any claim made against the Director or Officer during the policy period for a wrongful act committed during the policy period.

The Company has not otherwise, during or since the end of the financial year, except to the extent permitted by law, indemnified or agreed to indemnify an officer or auditor of the Company or of any related body corporate against a liability incurred as such an officer or auditor.

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.

DIRECTORS' REPORT

Annual Financial Report 30 June 2020 | Calvary Health Care (Newcastle) Limited

Auditor's independence declaration

The auditor's independence declaration is included on page 6 of the financial statements.

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

On behalf of the Directors.

Chair of the Board **Director**

Dated at this 27th day of August 2020.

KPMG

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

To the Directors of Calvary Health Care (Newcastle) Limited

I declare that, to the best of my knowledge and belief, in relation to the audit of Calvary Health Care (Newcastle) Limited for the financial year ended 30 June 2020 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

Partner

Sydney

27 August 2020

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 8 to 32, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:

   (a) complying with Australian Accounting Standards - Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Regulation 2013; and

   (b) giving a true and fair view of the Company's financial position as at 30 June 2020 and of its 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 xxth day of August 2020.

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

	Note	2020 $ '000	2019 $ '000
Revenue from operations		194,248	187,104
Other income		3,323	4,004
Total revenue for the year	2	197,571	191,108
Employee benefits expense		133,024	126,447
Depreciation expense		6,694	6,647
Supplies		24,548	25,407
Contracted services		28,048	26,789
Shared service contributions		3,092	3,535
Power, light & heat		9	6
Repairs and maintenance		219	227
Other expenses		5,289	5,858
Total expenses for the year		200,923	194,916
Result from operating activities		(3,352)	(3,808)
Finance income		948	1,496
Net deficit for the year		(2,404)	(2,312)
Other comprehensive income for the year		-	-
Total comprehensive loss for the year attributable to members of the Company		**(2,404)**	**(2,312)**

The Statement of Profit or Loss and Other Comprehensive Income is to be read in conjunction with the notes to the financial statements set out on pages 12 to 32.

STATEMENT OF FINANCIAL POSITION

Annual Financial Report 30 June 2020 | Calvary Health Care (Newcastle) Limited

	Note	2020 $ '000	2019 $ '000
Current assets			
Cash and cash equivalents	4	19,767	26,209
Trade and other receivables and contract assets	5	3,823	4,609
Inventories		1,255	1,132
Other financial assets	6	55,000	45,000
Other current assets		455	453
Total current assets		**80,300**	**77,403**
Non-current assets			
Property, plant and equipment	7	107,003	106,921
Total non-current assets		**107,003**	**106,921**
Total assets		**187,303**	**184,324**
Current liabilities			
Trade and other payables		11,465	9,705
Provisions	9	42,346	39,484
Contract liabilities		387	85
Total current liabilities		**54,198**	**49,274**
Non-current liabilities			
Provisions	9	1,967	1,508
Total non-current liabilities		**1,967**	**1,508**
Total liabilities		**56,165**	**50,782**
NET ASSETS		**131,138**	**133,542**
Equity			
Retained earnings		131,138	133,542
TOTAL EQUITY		**131,138**	**133,542**

The Statement of Financial Position is to be read in conjunction with the notes to the financial statements set out on pages 12 to 32.

STATEMENT OF CASH FLOWS

Annual Financial Report 30 June 2020 | Calvary Health Care (Newcastle) Limited

	Note	2020 $ '000	2019 $ '000
Cash flows from operating activities			
Receipts from customers		37,367	38,745
Government grants received		144,272	149,906
Payments to suppliers and employees		(175,289)	(183,175)
Interest received		742	1,216
Other income received		3,323	4,004
Net cash provided by operating activities		**10,415**	**10,696**
Cash flows from investing activities			
Proceeds on disposal of property, plant and equipment		526	399
Payment for property, plant and equipment		(7,383)	(3,308)
Payment for investment in term deposits		(10,000)	-
Net cash used in investing activities		**(16,857)**	**(2,909)**
Net (decrease)/increase in cash held		(6,442)	7,787
Cash at the beginning of the financial year		26,209	18,422
Cash at end of the financial year		**19,767**	**26,209**
Separate disclosure of operating and other cash at the end of the financial year:			
Operating cash		10,817	11,824
Special purpose, trust and other restricted cash	8	8,950	14,385
	4	**19,767**	**26,209**

The Statement of Cash Flows is to be read in conjunction with the notes to the financial statements set out on pages 12 to 32.

STATEMENT OF CHANGES IN EQUITY

2020	Retained earnings $ '000	Total $ '000
Balance 1 July 2019	133,542	133,542
Net deficit for the year	(2,404)	(2,404)
Total comprehensive loss for the year	(2,404)	(2,404)
Balance 30 June 2020	**131,138**	**131,138**

2019	Retained earnings $ '000	Total $ '000
Balance 1 July 2018	135,854	135,854
Net deficit for the year	(2,312)	(2,312)
Total comprehensive loss for the year	(2,312)	(2,312)
Balance 30 June 2019	**133,542**	**133,542**

The Statement of Changes in Equity is to be read in conjunction with the notes to the financial statements set out on pages 12 to 32.

NOTES TO THE FINANCIAL STATEMENTS

1 Summary of significant accounting policies

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

Statement of compliance
The financial statements are general purpose financial statements which have been prepared in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and Australian Accounting Standards - Reduced Disclosure Requirements, and comply with other requirements of the law.

The financial statements were authorised by the Board on 27th August 2020.

Basis of preparation
The financial statements have been prepared on the basis of historical cost. All amounts are presented in Australian dollars.

The Company is a company of the kind referred to in ASIC Corporations (Rounding in Financial/Directors' Reports) Instrument 2016/191, and in accordance with the Class Instrument, amounts in the financial report are rounded off to the nearest thousand dollars, unless otherwise indicated.

New and amended accounting standards and interpretations
Effective for the first time in 2019-20

AASB 16 Leases

Calvary has adopted AASB 16 Leases using the modified retrospective approach by recognising the cumulative effect of initially applying the new requirements at the initial application, which is 1 July 2019.

Previously, the Company recognised leases under AASB 117. The Company now assesses whether a contract is or contains a lease based on the definition of a lease, as explained in Note 1(j).

On transition, the Company applied AASB 16 only to contracts that were previously identified as leases. For further information on the 'grandfathering exemption' refer to Note 1(j).

For leases where the Company is a lessee, the distinction between operating and finance leases no longer exists. Instead, all leases are accounted under a single on balance sheet model in a similar way to finance leases under AASB 117 Leases.

Impact on transition - AASB 16

The Company does not have any leases as a lessee. There is no impact to the current year financial statements resulting from transition and adoption of AASB 16.

1 Summary of significant accounting policies

AASB 15 Revenue from Contracts with Customers & AASB 1058 Income for Not-for-Profit Entities

The Company has adopted AASB 15 Revenue from Contracts with Customers and AASB 1058 Income of Not for-Profit Entities for the first time in the current year with a date of initial application of 1 July 2019.

AASB 15 changes timing of revenue recognition from the previous 'transfer of risks & rewards' model to a 'transfer of control' model. If the performance obligations in the customer contract are enforceable and sufficiently specific to enable the Company to determine when they have been satisfied then revenue is recognised in accordance with AASB 15. Otherwise the income is assessed against AASB 1058. The timing of income recognition under AASB 1058 will depend on whether the transaction gives rise to a performance obligation, liability or contribution by owners. It also applies to transactions where the consideration to acquire an asset is significantly less than fair value principally to enable the Company, as a not for profit, to further its objectives.

The Company has applied AASB 15 and AASB 1058 using the cumulative effect method, with the effect of initially applying this standard recognised at the date of initial application (i.e. 1 July 2019). Accordingly, the information presented for 2019 has not been restated – i.e. it is presented, as previously reported, under AASB 118, AASB 111 and AASB 1004 and related interpretations. Additionally, the disclosure requirements in AASB 15 and AASB 1058 have not generally been applied to comparative information.

For further information on revenue recognition relating to specific revenue streams, refer to Note 1(c).

Impact on transition - AASB 15 and AASB 1058

The Company conducted a detailed assessment of all its individual revenue streams. The adoption of AASB 15 and AASB 1058 did not result in any material change in accounting on adoption of these standards as at 1 July 2019.

The Company receives research grant funding from various pharmaceutical entities for conducting clinical trials. Under the clinical trial contract, the Company recovers the cost incurred from the funding entities in arrears. Prior to adopting AASB 15, the Company recognised a receivable and corresponding accrued revenue relating to any unbilled clinical expenditure at year end. Following the adoption of AASB 15 this has been recognised as a contract asset in the current year financial statements. The overall impact to net assets is nil.

Issued but not yet effective

AASB 1060 *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* has been developed to reduce the reporting burden of for-profit and not-for-profit entities using the current Tier 2 reporting requirements for preparing general purpose financial statements.

AASB 1060 is a disclosure standard and will not impact the net results of the entity. The standard will be adopted by the Company at the mandatory date of 1 July 2021.

NOTES TO THE FINANCIAL STATEMENTS

Annual Financial Report 30 June 2020 | Calvary Health Care (Newcastle) Limited

1 Summary of significant accounting policies

The following significant accounting policies have been adopted in the preparation and presentation of the financial report:

(a) Taxation

The Company is exempt from income tax under the current provisions of the Australian Income Tax Assessment Act (1997). Accordingly, there is no income tax expense or income tax payable.

(b) 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.

(c) Income recognition

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 grant is otherwise recognised immediately as income under AASB 1058.

Prior to the adoption of AASB 1058 and AASB 15, most grant income was categorised as reciprocal or non-reciprocal. Reciprocal grants received on the condition that specified services be delivered, or conditions fulfilled were initially recognised as a liability and revenue was recognised when services were performed or conditions fulfilled.

(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 1(k), or contract liabilities, refer to Note 1(l).

The key changes to the Company's accounting policies relating to timing of revenue recognition from applying AASB 15 are stated below under each revenue stream.

1 Summary of significant accounting policies

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.

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. The adoption of AASB 15 has not impacted the timing of revenue recognition relating to patient fees.

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

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.

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.It is considered impracticable to quantify and reliably estimate the monetary value of all classes of free of charge services. 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.

1 Summary of significant accounting policies

(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 revenue when the company gains control of the asset. Donations with specific conditions attached will be deferred until those conditions are satisfied. The adoption of AASB 1058 has not impacted the Company's timing of revenue recognition relating to donations.

(d) Finance costs

Costs include interest on borrowing and lease liabilities and are recognised using the effective interest method.

(e) Cash and cash equivalents

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 as defined above.

(f) Financial instruments

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

Financial assets and liabilities are initially measured at fair value. Transaction costs that are directly attributable to the acquisition or issue of financial assets and liabilities are added to or deducted from the fair value of the financial assets or financial liabilities, 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 transaction 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.

1 Summary of significant accounting policies

Impairment of financial assets

The Company applies the simplified approach in calculating expected credit losses (ECLs) for trade receivables and contract assets 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 assets 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.

Financial liabilities

Non-derivative financial liabilities are initially recognised at fair value less any directly attributable transaction costs. Subsequent to initial recognition, these liabilities are measured at amortised cost using the effective interest rate method.

Derecognition

The Company derecognises financial liabilities when, and only when, the Company's obligations are either discharged, cancelled or they expire. The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable is recognised in the profit or loss.

(g)) Inventories

Inventories are measured at the lower of cost and net realisable value. Costs are assigned on the basis of weighted average costs.

NOTES TO THE FINANCIAL STATEMENTS

Annual Financial Report 30 June 2020 | Calvary Health Care (Newcastle) Limited

1 Summary of significant accounting policies

(h) Property, plant and equipment

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

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.

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. Leased assets under AASB 16 are depreciated over the shorter of the lease term and their useful lives.

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.

The depreciation/amortisation rates used for each class of asset are as follows:

	2020	2019
Buildings	2.5%	2.5%
Building improvements (unless unexpired period of lease is shorter)	10.0%	10.0%
Plant and equipment, comprised of:		
Plant, equipment, fixtures and fittings	10.0%	10.0%
Medical, surgical and office equipment	15.0%	15.0%
Computer equipment	33.3%	33.3%

Motor vehicles are not depreciated as the Company's policy is to hold motor vehicles for less than one year.

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.

1 Summary of significant accounting policies

(i) Impairment of non-financial assets

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.

Impairment losses are recognised in profit or loss. For non-current assets excluding goodwill, the recoverable amount is determined as the current replacement costs as defined under AASB 13 *Fair Value Measurement*. Any 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. Such reversal is recognised in profit or loss.

(j) Leases

Definition of a lease

At inception of a contract, the Company assesses whether a lease exists - i.e. does the contract convey the right to control the use of an identified asset for a period of time in exchange for consideration. This involves an assessment of whether:

- The contract involves the use of an identifiable asset - this may be explicitly or implicitly identified within the agreement. If the supplier has a substantive substitution right, then there is no identified asset.
- The Company has the right to obtain substantially all of the economic benefits from the use of the asset throughout the period of use.
- The Company has the right to direct the use of the asset - i.e. decision-making rights in relation to changing how and for what purpose the asset is used.
- The Company has elected not to separate non-lease components from lease components have accounted for all leases as a single component.

To assess whether a contract conveys the right to control the use of an identified asset, the Company uses the definition of a lease in AASB 16.

Short-term leases and leases of low-value assets

The Company has elected not to recognise right-of-use assets and lease liabilities of low-value assets and short-term leases. Lease payments relating to short-term and low-value leases are recognised as an expense on a straight-line basis over the lease term.

Short-term leases are leases with a lease term of 12 months or less. Low-value assets leases are less than $10,000.

NOTES TO THE FINANCIAL STATEMENTS

Annual Financial Report 30 June 2020 | Calvary Health Care (Newcastle) Limited

1 Summary of significant accounting policies

Peppercorn leases

The term "peppercorn lease" is used to describe a lease that has nil or nominal lease payments. The term also includes leases with lease payments that are more than nominal but significantly below market value, principally to enable an the Company to further its not for profit objectives. It is a requirement of AASB 1058 and AASB 16 that all peppercorn leases be recognised in the balance sheet as a right-of-use asset and a corresponding lease liability.

For the year ended 30 June 2020, the Company does not have any peppercorn leasing arrangements.

The 'grandfathering 'exemption

The Company has elected to apply the practical expedient under AASB 16 Leases to not reassess contracts that were not considered to include a lease under the previous accounting standards.

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

1 Summary of significant accounting policies

(k) Contract assets

Due to the adoption of AASB 15 from 1 July 2019, 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. This was previously recognised as accrued income within Trade and Other Receivables under AASB 118.

For further information on the accounting policy under AASB 15, refer to Note 1(c).

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 (2019: $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;
- are expected to be recovered; and
- generate or enhance resources that will be used to satisfy performance obligations in the future.

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. The Company has not incurred any such costs relating to fulfilling a contract in the current financial year (FY19: Nil).

(l) Contract liabilities

Due to the adoption of AASB 15 from 1 July 2019, 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. This was previously recognised as Deferred Income under AASB 118.

For further information on the accounting policy under AASB 15, refer to Note 1(c).

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.

1 Summary of significant accounting policies

(m) Provisions

Provisions are recognised when the Company has a present obligation (legal or constructive) as a result of a past event, it is probable that the Company will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation.

Provisions are determined by discounting the expected future cash flows at a pre-tax rate that reflects current market assessments of the time value of money and the risks specific to the liability. The unwinding of the discount is recognised as a finance cost.

Where some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, a receivable is recognised as an asset if it is virtually certain that reimbursement will be received and the amount of the receivable can be measured reliably.

(n) Employee benefits

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.

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.

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.

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

1 Summary of significant accounting policies

(o) Critical accounting judgements and key sources of estimation uncertainty

In the application of the Company's accounting policies, the Directors are required to make estimates and judgements about the carrying amount of assets and liabilities. The estimates and associated assumptions are based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data obtained both externally and within the group. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and in future periods where applicable.

Critical judgements in applying accounting policies

Grant income

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.

2 Revenue and other income

	Note	2020 $ '000	2019 $ '000
Revenue from operating activities			
Revenue from rendering of services		36,026	35,608
Public Health Service recurrent grants		157,522	150,722
Public Health Service resources received free of charge		700	774
Total revenue from operations		194,248	187,104
Other income			
Donations		817	1,217
Other income		2,506	2,787
		3,323	4,004
Total revenue and other income		197,571	191,108

2.1 Revenue from operating activities

Revenue from contracts with customers - AASB 15 *Revenue from Contracts with Customers*	
Public Health Service recurrent grants	157,522
Rendering of services	36,026
	193,548
Revenue recognised under AASB 1058 *Income of NFP entities*	
Resources received free of charge	700
	700
	194,248

2.2 Disaggregation of revenue from contracts with customers

Revenue from contracts with customers has been disaggregated based on type of goods or services provided

Type of service

Public Health Service recurrent grants	157,522
Patient accommodation	10,453
Pharmacy revenue	36
Sundry patient income	414
Prosthesis income	189
Other revenue from rendering of services	24,934
	193,548
Revenue recognised under AASB 1058	700
Total revenue from operations	194,248

NOTES TO THE FINANCIAL STATEMENTS

	Note	2020 $ '000	2019 $ '000
3 Expenses			
Superannuation - defined contribution		9,359	8,759
Superannuation - defined benefit		700	774
Loss on disposal of property, plant & equipment		93	210
4 Cash and cash equivalents			
Cash at bank and on hand		10,817	11,824
Cash at bank - special purpose funds		8,950	14,385
		19,767	26,209
5 Trade and other receivables			
Current			
Trade receivables		913	1,507
Other receivables		2,855	3,081
Other receivables due from related parties	12	55	21
		3,823	4,609
Movement in the impairment of receivables and contract assets			
Balance at the beginning of the year		(83)	(82)
Impairment losses recognised/reversed during the year		(59)	(72)
Amounts written off/recovered		85	71
Balance at the end of the year		(57)	(83)
6 Other financial assets			
Loans and receivables at amortised cost			
Current			
Term deposits		55,000	45,000

NOTES TO THE FINANCIAL STATEMENTS

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	Note	2020 $ '000	2019 $ '000
7 Property, plant and equipment			
Freehold land - at cost		7,946	7,946
Buildings - at cost		132,317	132,317
Less: Accumulated depreciation		(50,076)	(46,768)
		82,241	85,549
Plant and equipment - at cost		39,681	37,264
Less: Accumulated depreciation		(24,375)	(24,261)
		15,306	13,003
Motor vehicles - at cost		442	423
Assets under construction - at cost		1,068	-
		107,003	106,921

	Note	2020 $ '000	2019 $ '000
Reconciliation of property, plant and equipment			
Cost			
Freehold land			
Balance at 1 July 2019		7,946	
Balance at 30 June 2020		7,946	
Buildings			
Balance at 1 July 2019		132,317	
Balance at 30 June 2020		132,317	
Plant and equipment			
Balance at 1 July 2019		37,264	
Additions		5,772	
Disposals		(3,355)	
Balance at 30 June 2020		39,681	
Motor Vehicles			
Balance at 1 July 2019		423	
Additions		556	
Disposals		(537)	
Balance at 30 June 2020		442	
Assets under construction			
Balance at 1 July 2019		-	
Costs incurred during the year		1,068	
Balance at 30 June 2020		1,068	
Accumulated depreciation and impairment			
Buildings			
Balance at 1 July 2019		(46,768)	
Depreciation expense		(3,308)	
Balance at 30 June 2020		(50,076)	
Plant and equipment			
Balance at 1 July 2019		(24,261)	
Eliminated on disposal of assets		3,272	
Depreciation expense		(3,386)	
Balance at 30 June 2020		(24,375)	

	Note	2020 $ '000	2019 $ '000

Land and buildings - Public Private-Partnership arrangement

In 2005/06 the NSW Health Administration Corporation entered into a contract with a private sector provider, Novacare Project Partnership, for financing, design, construction and commissioning of a new hospital facility, a mental health facility and refurbishment of existing buildings, and facilities management and delivery of ancillary non-clinical services on the Calvary Mater Newcastle site until November 2033 (the Public-Private-Partnership ('PPP')).

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

For further information on the HNELHD leasing arrangement and exemption under AASB 16 , refer to Note 1(j).

8 Restricted assets

The Company holds assets which are restricted by externally imposed conditions, for example, in line with the 'Accounts and Audit Determination' of NSW Ministry of Health in exercising its powers conferred by the *Health Services Act 1997* (NSW) and grant and donor requirements.

The assets are only available for application in accordance with the terms of these restrictions.

Category / Conditions		
Special Purpose / Conditions imposed by granting body	22,432	20,398
No.2 Account / Conditions imposed by NSW Ministry of Health	24,459	27,016
Research grants / Conditions imposed by granting body	7,059	6,971
	53,950	54,385
Disclosed in the Statement of Financial Position as:		
Cash and cash equivalents	8,950	14,385
Other financial assets	45,000	40,000
	53,950	54,385

9 Provisions

Current		
Employee benefits:		
Annual leave	16,594	14,992
Long service leave	25,562	24,312
Other employee provisions	190	180
	42,346	39,484
Non Current		
Employee benefits:		
Long service leave	1,967	1,508

Other provisions

Other provisions comprise roster days accrued.

10 Retirement Benefit Plans

Defined benefit plans

A small number of employees who commenced employment with the Company prior to 18 December 1992 are members of the defined benefit State Authority Superannuation Scheme (SASS). This scheme is managed by the State Super Authority and the Company has neither control nor responsibility for the scheme. The Company's only obligations are the payment of any employee salary sacrificed employer contributions and employee post-tax employee contributions. The NSW Treasury remits all other required employer contributions directly to the scheme. The Company accounts for the liability paid by NSW Treasury as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as Resources received free of charge.

The superannuation expense for the financial year is determined by using the formulae specified by the NSW Ministry of Health. The expense for certain superannuation schemes (i.e. Basic Benefit and First State Super) is calculated as a percentage of the employees' salary. For other superannuation schemes (i.e. State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

11 Commitments for expenditure

Public private partnership (PPP)

In 2006/06, the NSW Health Administration Corporation entered into a contract with a private sector provider, Novacare Project Partnership for financing, design, construction and commissioning of a new hospital facility, a mental health facility and refurbishment of existing buildings, and facilities management and delivery of ancillary non-clinical services on the site until November 2033.

Other expenditure commitments, totalling $8.6M (2019: $8.2M), for the provision of facilities management and delivery of other non-clinical services on the Calvary Mater Newcastle site, were expended for the year ended 30 June 2020. This expenditure commitment over the life of the service provision is contingent upon recurrent funding continuing to be received from the NSW Health Department, via Hunter New England Local Health District. The Company has no contractual obligations to deliver these services as the agreement to provide facilities management and other non-clinical services is between NSW Health and Novacare and the Company is not a party to this agreement.

	2020 $	2019 $

12 Related parties

Transactions 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 Ltd, in respect of a contract of insurance indemnifying all Officers against liability for any claims brought against a Director or Officer.

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.

Compensation to key management personnel of the Company	535,761	564,969

Transactions with other related parties

Amounts included in income received during the year from Calvary group companies:		
Supplier rebate income	28,023	4,540
Recovery of salaries and wages (incl on-costs)	182,293	111,528
Recovery for goods and services	4,315	10,341
Amounts included in expenditure during the year to Calvary group companies:		
National Office shared service contribution	1,929,712	1,695,948
National IT shared service contribution - recurrent	843,320	1,048,128
National IT shared service contribution - non-recurrent	319,007	790,572
Payments for goods and services	51,772	46,006
Insurance premiums	131,868	121,691
Training costs	2,498	-
Transfer of leave provisions	8,869	-

Receivables due from related parties

Amounts receivable from Calvary group companies:		
Other receivables	54,838	21,328

13 Contingent liabilities

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.

Workers compensation hindsight adjustment

The NSW Treasury Managed Fund normally calculates hindsight premiums each year. However, in relation to workers compensation, adjustments are delayed. The final hindsight adjustment for the 2014/15 fund year and an interim adjustment for the 2016/17 fund year were not calculated until 2019/20. The 2015/16 final and 2017/18 interim hindsight calculations will be paid in 2020/21.

It is not possible for the Company to reliably quantify the amount outstanding.

There are no other events identified and not brought to account which could be expected to have a material effect on the financial statements in the future.

14 Economic dependency and going concern

The Company derives most of its income from the NSW Health Department, via Hunter New England Local Health District. A going concern basis for the preparation of the financial statements has been adopted as it is expected that sufficient funding from the NSW Ministry of Health will continue.

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.

Of total revenue, 81% is derived from NSW Government funding, and 5% is derived from private patient revenue. Benefits are paid in accordance with agreements between the NSW Ministry of Health and the health funds.

The Parent Entity may, in turn, provide economic assistance to any of its subsidiaries including the Company, by withdrawing funds from any other of its subsidiaries, except for those moneys located in certain Special Purpose or Trust Fund Accounts, to provide such support as is necessary to enable the Parent Entity or subsidiary to pay its debts as and when they fall due, provided neither the Parent Entity or the Company will become insolvent as a result of the withdrawal.

The Directors currently believe that, collectively, the Parent Entity and its subsidiaries have sufficient cash resources to ensure the Company, the Parent Entity, and other subsidiaries of the Parent Entity will continue to trade as going concerns and they are unaware of any material uncertainties, events or conditions, which may cast significant doubt on this belief.

15 Events subsequent to balance date

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

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

KPMG

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:

i. giving a true and fair view of the Company's financial position as at 30 June 2020, and of its financial performance and its cash flows for the year ended on that date; and

ii. complying with *Australian Accounting Standards – Reduced Disclosure Requirements* and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

The ***Financial Report*** comprises:

i. Statement of financial position as at 30 June 2020;

ii. Statement of profit or loss and other comprehensive income, Statement of changes in equity, and Statement of cash flows for the year then ended;

iii. Notes including a summary of significant accounting policies; and

iv. 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* (the Code) that are relevant to our audit of the Financial Report in Australia. We have fulfilled our other ethical responsibilities in accordance with the Code.

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.

KPMG

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 – Reduced Disclosures Requirements and the ACNC Act;

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. 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 the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our Auditor's Report to the related disclosures in the Financial Report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our Auditor's Report. However, future events or conditions may cause the registered Company to cease to continue as a going concern.

v. Evaluate the overall presentation, structure and content of the Financial Report, including the disclosures, and whether the Financial Report represents the underlying transactions and events in a manner that achieves fair presentation.

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

KPMG

KPMG

Stephen Isaac

Partner

Sydney

27 August 2020


Thanks for
washing your
hands
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Mater Newcastle

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