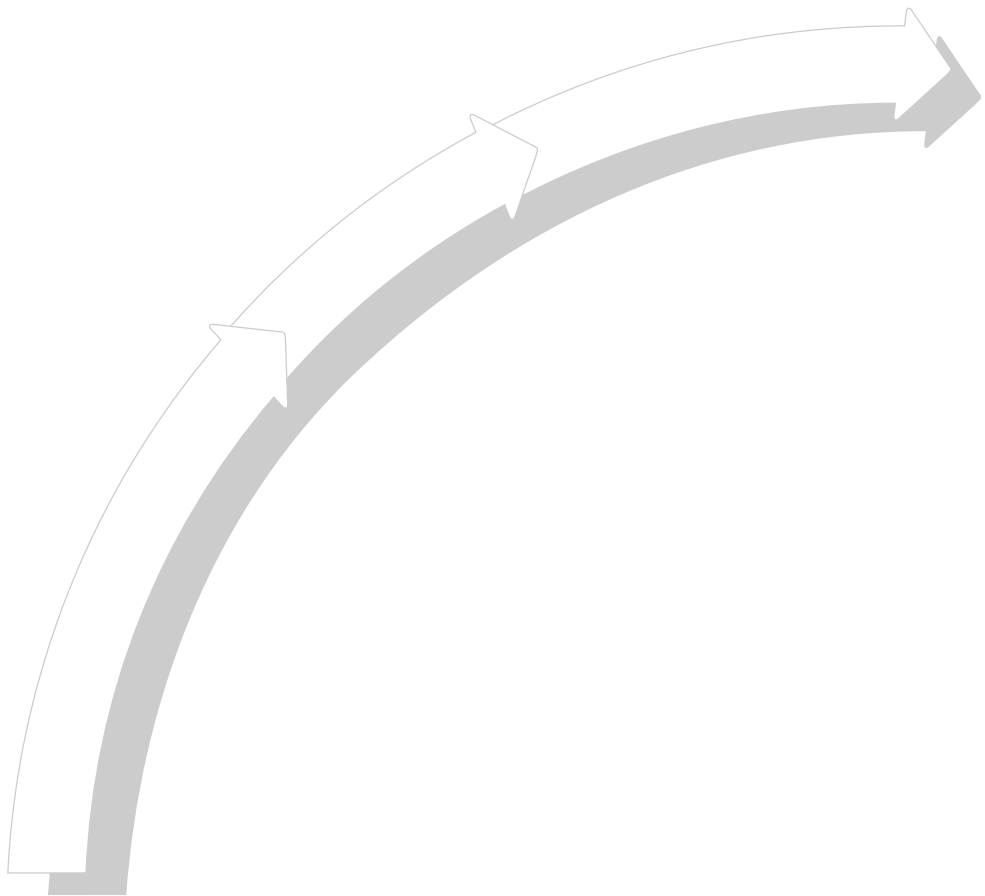




Australian Government

**Australian Organ and Tissue Donation
and Transplantation Authority**

Annual Report 2012–13





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Enquiries

If you would like to comment on this annual report, or have any queries, please contact:

Director, Corporate Support and Compliance
Australian Organ and Tissue Donation
and Transplantation Authority
PO Box 295
CIVIC SQUARE ACT 2608

P: 02 6198 9800
F: 02 6198 9801
E: enquiries@donatelifelife.gov.au

Alternative format

This annual report is available electronically on the Australian Organ and Tissue Donation and Transplantation Authority's website at www.donatelifelife.gov.au/ar

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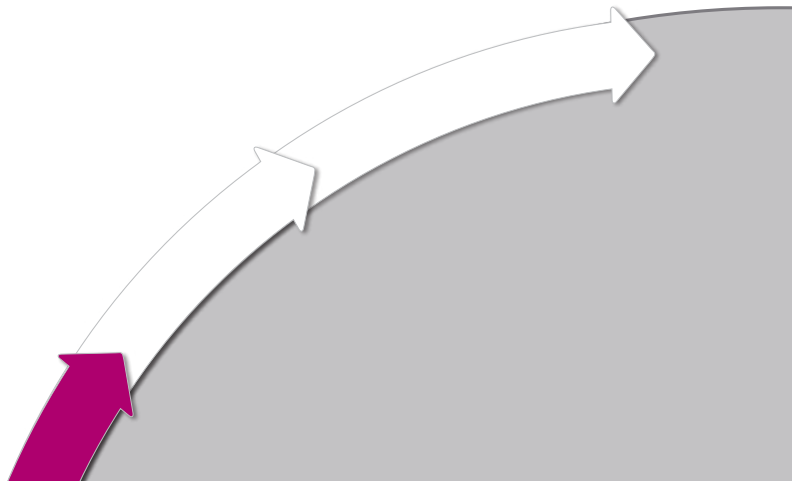
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Australian Government

**Australian Organ and Tissue Donation
and Transplantation Authority**

Annual Report 2012–13





Australian Government

Australian Organ and Tissue Donation and Transplantation Authority

ABOUT US

The Australian Organ and Tissue Donation and Transplantation Authority, known as the Organ and Tissue Authority (OTA), works with states and territories, clinicians and the community sector, to deliver the Australian Government's national reform agenda to implement a world's best practice approach to organ and tissue donation for transplantation.

The OTA is a statutory authority established by the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008* which sets out the primary responsibilities for the OTA and the functions of the Chief Executive Officer.

The OTA is a prescribed agency under the *Financial Management and Accountability Act 1997*.

ABOUT THIS REPORT

This report is prepared in accordance with the *Requirements for Annual Reports*, as issued by the Department of the Prime Minister and Cabinet and approved by the Joint Committee of Public Accounts and Audit under subsections 63(2) and 70(2) of the *Public Service Act 1999*.

This report is a formal accountability document that details the activities of the OTA during 2012–13. Its main purpose is to provide Members of Parliament and Senators with an accurate description of our activities during 2012–13.

However, we hope it is also a valuable source of information for the Australian organ and tissue donation and transplantation sectors and for the general community. We have endeavoured to provide readers with a useful and informative picture of our performance over the reporting period.

STRUCTURE OF THE REPORT

This report opens with a letter from the Chief Executive Officer (CEO), Ms Yael Cass, to the Minister for Health, the Hon Peter Dutton MP, asking him to present the annual report to Parliament.

The **Introduction** provides a summary of our activities and achievements, reported in the CEO's review and the National Medical Director's report.

Part 1: Overview – This section provides an outline of the Australian Government's national reform agenda to implement a world's best practice approach to organ and tissue donation for transplantation. It also reports on our structure and management arrangements and personnel.

Part 2: Performance reporting – This section outlines our outcomes and program framework and reports on our performance against the deliverables and key performance indicators detailed in the 2012–13 Health and Ageing Portfolio Budget Statements. It also includes financial reporting on Budget estimates and actual expenses for 2012–13, as well as trend information about organ donation and transplantation and community awareness. It then presents a summary of:

- ⇒ progress in implementing the national reform agenda
- ⇒ progress made against the six 2012–13 DonateLife strategic priorities
- ⇒ the main activities undertaken in implementing the nine measures of the national reform agenda, and
- ⇒ activities undertaken by DonateLife Network staff at the jurisdictional level.

Part 3: Management and accountability – This section summarises our corporate governance structure and activities as well as our human resources and people management. It also covers our financial management responsibilities and compliance with external legislative requirements, including payments for advertising and market research and consultancies, ecologically sustainable development, occupational health and safety, and grants.

Part 4: Financial performance and financial statements – This section includes a discussion and analysis of our financial performance, as well as a complete set of financial statements for the OTA in 2012–13.

Appendix 1 provides information about the Donatelife National Communications Framework and Charter, including a list of Charter Signatories.

At the end of the report there is:

- ⇒ a list of **abbreviations**
- ⇒ a **glossary**
- ⇒ a **list of requirements** identifying all mandatory information now required for inclusion in annual reports, and
- ⇒ an alphabetical **index**.



Australian Government
**Australian Organ and Tissue Donation
and Transplantation Authority**

The Hon Peter Dutton MP
Minister for Health
Parliament House
CANBERRA ACT 2600

Dear Minister

In accordance with Section 28 of the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008* (the Act), I am pleased to present you with the Annual Report of the Australian Organ and Tissue Donation and Transplantation Authority (the OTA) for the year ended 30 June 2013, for presentation to the Parliament.

The report details the OTA's performance against the Agency Outcome and Program Structure set out in the Health and Ageing Portfolio Budget Statements 2012–13.

The report has been prepared in accordance with Section 28 of the Act and the *Requirements for Annual Reports* approved by the Joint Committee of Public Accounts and Audit under subsections 63(2) and 70(2) of the *Public Service Act 1999*.

The report also details information required by other applicable legislation, including the *Financial Management and Accountability Act 1997*, the *Freedom of Information Act 1982*, and the *Work Health and Safety Act 2011*.

I am satisfied that the OTA has prepared fraud risk assessments and fraud control plans and has in place appropriate fraud prevention, detection, investigation, reporting and data collection procedures and processes that meet the specific needs of the agency and comply with the *Commonwealth Fraud Control Guidelines*.

Yours sincerely

A handwritten signature in black ink that reads "Yael Cass".

Ms Yael Cass
Chief Executive Officer

14 October 2013

Contents

INTRODUCTION	2
About us	2
About this report	2
Structure of the report	3
Letter of transmittal	4
Organ and tissue donation at a glance	8
Chief Executive Officer's review	10
National Medical Director's report	14
PART 1: OVERVIEW	17
Introduction	18
Organisational structure	20
Committee structures	24
PART 2: PERFORMANCE REPORTING	33
Our program	34
Trend information	40
Source data and adjustments	49
Community awareness and attitudes	50
National reform agenda summary of progress	52
⇒ Part A: Report on strategic priorities	53
⇒ Part B: National achievements against the nine measures	67
⇒ Part C: Activities in the states and territories	81
PART 3: MANAGEMENT AND ACCOUNTABILITY	99
Corporate governance	100
External scrutiny	104
People management	105
Workplace health and safety	108
Financial management	109
Sustainability and environmental performance	111
Other reporting requirements	111

PART 4: FINANCIAL PERFORMANCE AND FINANCIAL STATEMENTS 113

Financial performance—Departmental	115
Financial performance—Administered	116
Independent Auditor’s Report	117
Statement by the Chief Executive Officer and the Chief Financial Officer	119
Statement of comprehensive income	120
Balance sheet	121
Statement of changes in equity	122
Cash flow statement	123
Schedule of commitments	124
Schedule of contingencies	125
Administered schedule of comprehensive income	126
Administered schedule of assets and liabilities	127
Administered reconciliation schedule	128
Administered cash flow statement	129
Schedule of commitments	130
Schedule of contingencies	131
Notes to and forming part of the financial statements	132

APPENDICES 181

Appendix 1: DonatLife National Communications Framework and Charter	182
Abbreviations	185
Glossary	186
List of requirements	188
Index	192

DONATELIFE...THE GREATEST GIFT

Greek Orthodox	Valasia	16
Buddhism	Nina	19
Islam	Saliha	60
Christianity	Twanny	66
Hinduism	Sumith	80
Judaism	Adina	98

LIST OF TABLES

Table 1:	National reform agenda measures	18
Table 2:	Advisory Council membership and meeting attendance, first term 2012–13	25
Table 3:	Advisory Council membership and meeting attendance, second term 2012–13	25
Table 4:	OTA resource statement 2012–13	35
Table 5:	Financial resource summary 2012–13	36
Table 6:	Qualitative deliverables	37
Table 7:	Quantitative key performance indicators	39
Table 8:	Deceased organ donation and transplantation outcomes 2009–2012	40
Table 9:	Organs transplanted	49
Table 10:	Organs transplanted rate (otpm)	49
Table 11:	Barriers to discussion for respondents who have not discussed donation wishes in the past 12 months, at March 2013	51
Table 12:	Components of the Clinical Practice Improvement Program outcomes	55
Table 13:	State Medical Directors for each jurisdiction	69
Table 14:	Audit Committee membership and meeting attendance 2012–13	101
Table 15:	Our values	105
Table 16:	Staffing numbers 2012–13	106
Table 17:	Senior Executive Service and Medical Officer salary bands 2012–13	106
Table 18:	Non-SES salary ranges 2012–13	107
Table 19:	Non-salary benefits 2012–13	108
Table 20:	Comparison expenditure on consultancy services during 2010–11, 2011–12 and 2012–13	112
Table 21:	Advertising and market research agencies and organisations used during 2012–13	112

LIST OF FIGURES

Figure 1:	Organisational structure 2012–13	20
Figure 2:	Committee structure	32
Figure 3:	Deceased organ donors 2009–2012	40
Figure 4:	Deceased organ donors, monthly actual and trend 2009–2012	41
Figure 5:	Transplant recipients 2009–2012	41
Figure 6:	Organs transplanted 2009–2012	42
Figure 7:	Donation and transplant rates 2009–2012	42
Figure 8:	Deceased donors by pathway 2009–2012	43
Figure 9:	Organs transplanted from deceased donors 2009–2012	44
Figure 10:	International deceased donor rate comparison	44
Figure 11:	Potential donor pyramid	45
Figure 12:	Eye donors and corneal transplants 2009–2012	46
Figure 13:	Tissue banks in Australia	47
Figure 14:	Living and deceased tissue donations 2012	47
Figure 15:	Deceased tissue donations 2012	48
Figure 16:	Respondents who had discussed organ and tissue donation wishes with their partner/family, at March 2013	50
Figure 17:	Respondents' knowledge of family members' donation wishes, at March 2013	51
Figure 18:	DonateLife Clinical Governance Framework	54
Figure 19:	Potential and actual DBD donors in DonateLife Network hospitals 2010–2012	59
Figure 20:	Donation after Brain Death request, consent and conversion rates 2010–2012	59
Figure 21:	Network organisational chart	68
Figure 22:	Corporate governance structure	100

ORGAN AND TISSUE DONATION AT A GLANCE

1,053 Transplant recipients

354 Organ donors

In 2012, 354 organ donors gave 1,053 Australians a new chance at life.

43%

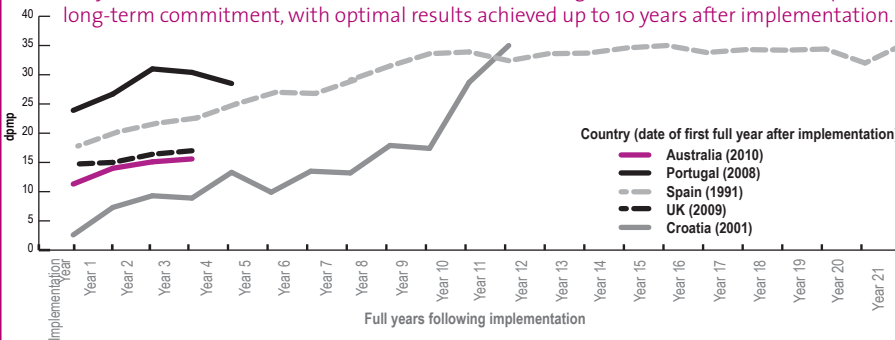
The 2012 outcome of 354 deceased organ donors represents a 43% increase in the number of organ donors over 2009 (247), the year the DonateLife Network was established.



The core national reform elements adopted in Australia and by international leaders in organ and tissue donation are:

- 1** A national coordinating authority
- 2** Hospital-based clinical donation specialists
- 3** Specialist training for clinical staff in management of the deceased donation process and family donation conversations
- 4** Implementation of a clinical governance framework that supports quality assurance and audit of hospital clinical practice and governance of the donation process
- 5** Financial support to donor hospitals to ensure that costs related to donor management are not a barrier to donation
- 6** Media engagement and national community awareness and education
- 7** International cooperation to share best practice.

A key lesson from international leaders is that sustained growth in donation rates requires a long-term commitment, with optimal results achieved up to 10 years after implementation.



ORGANS

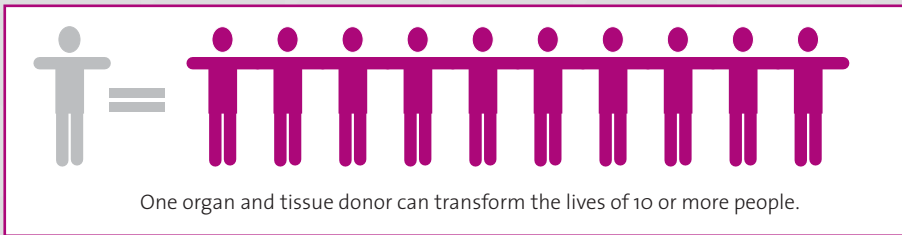
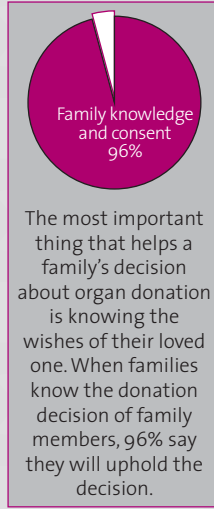
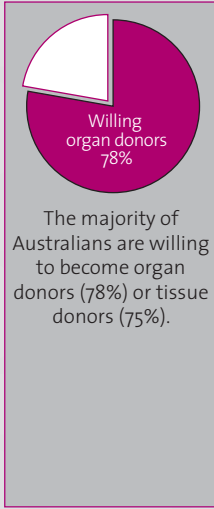
heart
kidneys
liver
lungs
pancreas
pancreas islets
intestine

TISSUES

bone and tendons
corneas, sclera and lamellar
heart valves
skin

1,600

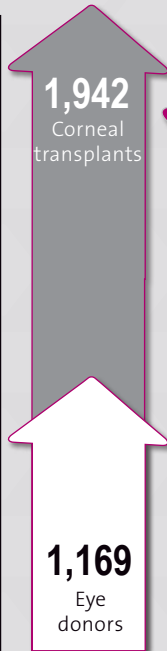
Around 1,600 people are on Australian organ transplant waiting lists at any time



22/71

World Health Organisation (WHO) data comparing international deceased organ donation rates shows that between 2009 and 2011 (the latest available data), Australia has shifted from a ranking of 32nd to 22nd internationally, out of 71 countries. Our donation rate has continued to improve since 2011.

In 2011, Australia was also ranked 17th by the WHO when comparing international population rates for organs transplanted from deceased and living donors.



2012 Transplanted organs

Organ	Number
Kidneys	617
Livers	230
Hearts	72
Heart/lung	4
Lungs	144
Pancreas	38
Pancreas islets	4
Intestine	1
Total	1,110

CHIEF EXECUTIVE OFFICER'S REVIEW



Ms Yael Cass

The 2012–13 year saw continued momentum in the Australian Government's national reform agenda to implement a world's best practice approach to organ and tissue donation for transplantation.

In contrast to previous years, all statistics in this report are recorded for the calendar year ending 31 December 2012. This is to align with Australian and international donation performance reporting. This data shows that in 2012, 354 deceased organ donors transformed the lives of 1,053 Australians. This was a 5% increase on the 2011 total of 337 donors and represents a 43% increase from 2009 (247 donors), the year the DonatLife Network was established.

The results throughout 2012 could not have been achieved without the support of those Australians who made the generous decision to become an organ or tissue donor, and their immediate families who, in difficult and stressful circumstances, acted to fulfil the wishes of their loved ones.

2012–13 strategic priorities

1. Develop a clinical governance framework to support and guide DonatLife Network staff in the provision of quality organ and tissue donation services within the broader health system.

Our clinical governance framework provides defined guidance on building and maintaining reliable, quality systems, and defines ownership and accountability for organ and tissue donation systems in hospitals.

2. Deliver the national Professional Education Program to increase family consent rates for organ and tissue donation.

We are delivering a modular education program for health professionals to build capability in effectively conducting conversations with potential donor families and requesting consent for donation.

3. Refine audit and data collection processes for identifying potential and actual donors to drive improvements in organ and tissue donation.

The enhancements to the hospital performance audit, reporting and data collection processes will refine a national best practice framework and drive clinical performance and system improvements.

The other factor in the increased rates of donation was the implementation of the clinical reform elements of the national reform agenda. During 2012–13 specialist education was delivered in all Australian jurisdictions to support health professionals in conducting conversations with potential donor families to help them make informed and enduring decisions about donation. Over 600 intensive care and critical care clinicians across the country have now received this specialist training since it started in March 2012. Additional practical skills training was also provided to over 300 health professionals in relation to conducting complex family donation conversations.

During 2012–13 we made excellent progress against each of our six strategic priorities.

My colleague, Associate Professor Jonathan Gillis, will address some of these priorities in his National Medical Director’s review. However, I would like to make particular mention of the considerable work undertaken in relation to engagement with culturally and linguistically diverse (CALD) communities and the implementation of the Electronic Donor Record.

During 2012–13 we collaborated with the DonateLife Network and other stakeholders to begin implementing our Culturally and Linguistically Diverse Communications and Engagement Strategy 2012–15. Under the strategy, we are implementing a phased, systematic program to provide tailored information about organ and tissue donation to CALD communities.

Former Parliamentary Secretary for Health and Ageing, Catherine King MP, launched a community education campaign—‘DonateLife... the greatest gift’—at the beginning of DonateLife Week in February 2013. Developed in consultation with key religious and community leaders, the campaign confirms their support for organ and tissue donation, and their partnership in the distribution and promotion of culturally appropriate resources.

In March 2013 a collection of DonateLife Statements of Support, signed by religious and cultural leaders in support of organ and tissue donation, was launched at a ceremony in Sydney.

4. Implement an Electronic Donor Record to improve the accuracy, reliability, efficiency and transparency of the organ and tissue donation process.

The Electronic Donor Record will support an efficient and effective national web-based information system that allows for data entry management and sharing of crucial donor/transplantation information to expedite and improve on the current organ and tissue referral processes in Australia.

5. Implement Stage 1 of the Eye and Tissue Reform Report to further consolidate eye and tissue donation within the broader DonateLife Network.

Stage 1 addresses the development of nationally agreed data definitions and datasets within the eye and tissue sector; identification of a national data registry for the sector to consolidate donation and transplantation data; and development of an education program for eye and tissue bank staff.

6. Implement a nationally coordinated culturally and linguistically diverse audiences communication and engagement plan to address barriers to decision making and discussion about organ and tissue donation.

In partnership with key stakeholders, we will continue to address potential barriers to organ and tissue donation within culturally and linguistically diverse audiences in Australia. We will do this via a communication and engagement strategy which includes the distribution and use of culturally appropriate resources.

Religious leaders from the Jewish, Hindu, Buddhist, Greek Orthodox, Islamic and Catholic faith communities spoke in support of the 'DonateLife ... the greatest gift' campaign. At 30 June 2013 a total of 34 Statements of Support had been signed by religious and cultural leaders. A campaign CD featuring religious and cultural leaders will be distributed to over 500 religious and cultural organisations and 250 community-based health organisations in 2013–14.

We also made strong progress in implementing the Electronic Donor Record (EDR) in 2012–13. The EDR will provide a web-based system for the capture of donor referral data and enable, in real time, the offer, allocation and distribution of organs and tissue across Australia for potential and actual organ and tissue recipients. It should significantly streamline current work practices and timeframes associated with the donation process, and the offer and acceptance process. Development, testing and evaluation of the EDR over 2012–13 is now largely complete, with the rollout of user training for the donation and transplant sectors and the system due to 'go live' in 2013–14. We thank all clinicians across the DonateLife Network and transplant sector who have contributed to this significant project.

Other highlights for the year included the third national DonateLife Week being held from 24 February – 3 March 2013. Adopting the theme 'Make your wish count: discover, decide, discuss organ and tissue donation', there were 214 registered events conducted across Australia aiming to raise awareness of the importance of discussing donation wishes with loved ones. Many of these events were supported by the OTA through Round 6 of our Community Awareness Grants program, or benefitted from the suite of resources we produced.

A new Advisory Council was appointed in 2012–13 by the former Parliamentary Secretary for Health and Ageing. The final meeting of the inaugural Advisory Council was held in July 2012, and I wish to acknowledge the contribution of Mr Sam Chisholm and other inaugural Advisory Council members who provided me with valuable advice on matters relevant to organ and tissue donation and transplantation.

The second term Advisory Council, with David Koch appointed as Chair, met four times during 2012–13 and provided me with advice on several key matters, including confirmation of the strategic priorities for 2013–14.

2013–14 strategic priorities

1. Implement a clinical governance framework to support and guide hospital staff in the provision of quality organ and tissue donation services within the Australian health system.

A clinical governance framework provides defined guidance to DonateLife Network and hospital staff on building and maintaining reliable systems in order to deliver the Australian Government's national reform agenda to implement a world's best practice approach to organ and tissue donation for transplantation.

2. Implement and evaluate the effectiveness of the national Professional Education Program on the family donation conversation and its impact on consent rates for organ and tissue donation.

Relevant critical care staff will have the opportunity to attend the national Professional Education Program (PEP) training. We will evaluate the effectiveness of the PEP training with potential donor families to ensure that the provision of targeted education supports families to make an enduring decision about donation.

In November 2013 Australia will host the 12th Congress of the International Society for Organ Donation and Procurement Congress in Sydney. The congress will provide a unique opportunity for Australian organ and tissue donation staff to learn from a broad range of international donation and transplantation experts.

We are working closely with congress organisers in developing the congress program, which will include scientific and educational sessions on various issues, ideas and innovations in organ donation. The aim of the congress is to stimulate debate and discussion and to hear the best ideas from across the world. We will be actively encouraging all DonateLife Network staff to attend this event.

Acknowledgments

As mentioned previously, I would like to thank those Australians who became an organ or tissue donor during the year, along with their families who agreed to fulfil their wishes.

I also thank Dr Jonathan Gillis for his expert clinical advice and leadership of the DonateLife Network in his role as National Medical Director.

Dr Gillis is a well respected clinician in the sector who was previously the State Medical Director for New South Wales. His assistance to me and the OTA's Senior Executive has been invaluable.

I would also like to thank the State Medical Directors (SMDs) from all eight jurisdictions who have provided local leadership and guidance to the DonateLife Network. In 2012–13 three new SMDs were appointed: Associate Professor Frank Van Haren (ACT), Dr Bruce Powell (WA) and Dr Leo Nunnink (Qld). They and their SMD colleagues lead a dedicated and professional group of staff who make up the DonateLife Network.

Finally, I thank the staff of the OTA, whose ongoing commitment, drive and enthusiasm have been instrumental in a great number of our achievements throughout the year.

I am pleased to present the OTA's 2012–13 Annual Report.

Ms Yael Cass

Chief Executive Officer
Organ and Tissue Authority

3. Implement an Electronic Donor Record to improve the accuracy, reliability, efficiency and transparency of the organ and tissue donation process.

The Electronic Donor Record will support an efficient and effective national web-based information system that allows for data entry management and the sharing of crucial donor/transplantation information to improve the current organ and tissue referral processes in Australia.

4. Continue to implement eye and tissue donation reform.

We will continue to work with the sector to formalise and consolidate eye and tissue donation processes, as well as eye and tissue data definitions, datasets and education projects.

5. Implement a nationally coordinated Indigenous Australian and culturally and linguistically diverse audiences communication and engagement plan to continue to inform decision making and discussion

about organ and tissue donation.

In partnership with key stakeholders, we will continue to facilitate access to culturally appropriate information and resources about organ and tissue donation within Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities in Australia.



Associate Professor Jonathan Gillis

From a clinical point of view, 2012–13 was a year of considerable achievement across the DonateLife Network. The increase in donation rates and transplants was a result, in no small part, to the hard work and commitment of everyone involved in this important national project. I continue to be impressed by the professionalism, dedication and compassion of all the staff across the network.

The year also saw the development of the Clinical Governance Framework (CGF). The CGF provides defined guidance on frameworks and governance structures to support DonateLife Network hospital-based staff in the provision of quality organ and tissue donation services. Within the CGF, the Clinical Practice Improvement Program identifies a series of components which are key contributors to best practice donation outcomes in hospitals. DonateLife hospitals have developed local hospital activity plans which outline actions to be taken in 2013–14 to embed the components of the Clinical Practice Improvement Program in hospital practice.

Considerable progress was also made in relation to the DonateLife Audit, which transitioned to a web-based data collection in August 2012. The DonateLife Audit now provides an aggregate de-identified dataset at a national level to facilitate analysis within and between jurisdictions, and to facilitate a process for the more accurate identification of potential donors after cardiac death.

The calendar year ending 31 December 2012 provided the third consecutive year of having full year data of potential and actual donation activity data from the 72 DonateLife Network hospitals across Australia. The data continues to be extremely useful for identifying best practice and driving change in hospital processes to lift donation rates.

In 2012–13 we also started work on the national Donor Family Study, previously managed by the Australasian Transplant Coordinators Association, which will survey families who were asked about donation in a hospital setting in 2010 and 2011.

We expect the study to provide valuable evidence-based insight into the experiences of families across the entire organ and tissue donation process, and to guide future professional practice and training so that families are given the best possible support.

We continue to work closely with the eye and tissue sector to formalise and consolidate eye and tissue donation processes, as well as eye and tissue data definitions, datasets and education projects. The 2012 Tissue Report was published on the DonateLife website in 2012–13, enabling—for the first time—data to be reported publicly on the number of tissue donors and the number of tissue donations in Australia. I am extremely pleased that there is now a process to ensure ongoing reporting of eye and tissue data.

Following collaboration with eye and tissue banks across Australia, there is now also a nationally agreed dataset for eye and tissue donation. Work has also begun on data collection for the reporting of the number and type of tissue transplants and the number of tissue transplant recipients.

In 2012–13 the terms of reference were finalised for the Vigilance and Surveillance Working Group. This group will comprise leaders in the field of vigilance and surveillance, jurisdictional representatives, and experts from the organ donation and transplantation sector. The purpose of the group will be to develop a vigilance and surveillance framework that will inform a system for detecting and reporting serious adverse events in organ donation and transplantation.

In my role as National Medical Director of the OTA, I have been pleased to be the Program Chair of the local organising committee of the 12th Congress of the International Society for Organ Donation and Procurement. This will be hosted by Australia in November 2013 in Sydney. I am confident that the congress program will help foster, promote and develop all aspects of organ and tissue donation and procurement.

I also continued to attend meetings of the Transplantation Society of Australia and New Zealand (TSANZ) Council, the TSANZ Donor Surgeons and Donor Coordinators Advisory Committee, and the Renal Transplant Advisory Committee. The organ donation, intensive care and transplant sectors are increasingly working constructively together to provide excellent, efficient and compassionate care to donor families and transplant recipients.

Acknowledgments

I acknowledge my colleague, Ms Yael Cass, and the members of the Senior Executive team at the OTA for their support and guidance in my work with the clinical sector to improve organ and tissue practice in hospitals across Australia.

I also thank the State Medical Directors for their continued leadership and commitment in owning and implementing the national reform agenda.

I particularly thank all of the DonateLife Network staff for their tireless efforts in providing a donation service to the Australian community that continues to increase the possibility for those in need to receive a transplant, while balancing the sensitive and challenging aspects of family grief and loss at the time of donation.

Finally, I acknowledge my professional colleagues in the Transplantation Society of Australia and New Zealand, the Australia and New Zealand Intensive Care Society, the Australasian Transplant Coordinators Association, the Transplant Nurses Association, the Australasian Tissue and Biotherapeutics Forum, and the Eye Bank Association of Australia & New Zealand for their continued commitment to the implementation of the national reform agenda to increase organ and tissue donation rates in Australia.

Associate Professor Jonathan Gillis

National Medical Director
Organ and Tissue Authority

DonateLife...the greatest gift



Valasia is familiar with the life-saving benefits that transplantation makes to people's lives. Her youngest daughter, Stephania, was put on the liver transplant waiting list when she was one year old, waiting 20 months before a liver became available. Valasia tells her story here.

"As a little girl Stephania was in and out of hospital and was not able to walk, play or laugh like other children. This was difficult to watch and all we wanted was for our little girl to be able to lead a normal life like other children.

"I find it difficult to put into words what it is like being on the transplant waiting list, waiting for the telephone call that would transform Stephania's life. This experience was not something that only affected Stephania; it affected our whole family.

"It was at midnight that we finally received the call. Nothing can prepare you for the call, and as we drove to the hospital we experienced mixed emotions. Crying tears of absolute joy for Stephania who was finally getting a new liver, and tears of grief for someone else's family who had just lost their loved one.

"Today Stephania is thriving and is a perfect example of what organ donation can do. Receiving a liver transplant has transformed her

life and we know this is due to the generous act of the donor family who agreed to donate life in a traumatic time.

"I speak as a Greek Orthodox and while I can't speak for everyone, I urge you to help educate our children and communities about organ and tissue donation. Please talk to your loved ones about your donation decision so that more Australian lives, like Stephania's, can be transformed through organ and tissue donation. It's time that people understand that religion is not a barrier to becoming an organ and tissue donor."

Valasia

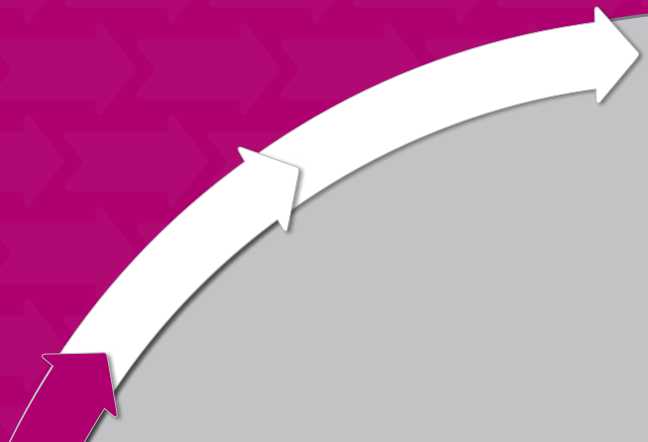


(L-R) Chris and Valasia pictured with their daughters, Natalia and Stephania, at the launch of the 'DonateLife ... the greatest gift' campaign.

Part 1

Overview

Introduction	18
Organisational structure	20
Committee structures	24



INTRODUCTION

In 2008 the Council of Australian Governments endorsed the Australian Government’s national reform agenda to implement a world’s best practice approach to organ and tissue donation for transplantation.

The national reform agenda has two key objectives:

- ⇒ to increase the capability and capacity within the health system to maximise donation rates
- ⇒ to raise community awareness and stakeholder engagement across Australia to promote organ and tissue donation.

Since 2009 the implementation of the national reform agenda has increased the rate of organ and tissue donation significantly. This has translated into an increased number of organ and tissue transplants and is transforming the lives of transplant recipients, and their families and loved ones.

Evidence from Australia and comparable countries demonstrates that a coordinated and comprehensive national approach to the donation process that is focused on improving clinical practice at the hospital level—complemented by community education—leads to an increase in organ and tissue donation and transplants.

The national reform agenda is built on nine measures, as shown in Table 1.

Table 1: National reform agenda measures.

Nine measures	
1	A national approach and system: a national authority and network of DonateLife Agencies
2	Specialist hospital staff and systems dedicated to organ donation
3	Activity funding for hospitals
4	National professional awareness and education
5	Coordinated ongoing community awareness and education
6	Support for donor families
7	Safe, equitable and transparent national transplantation processes
8	A national eye and tissue donation and transplantation network
9	Other national initiatives, including living donation programs.

We manage the implementation of the nine measures through leadership of—and collaboration with—State Medical Directors, DonateLife Agencies and hospital-based medical and nurse specialists in organ and tissue donation. These people and organisations make up the DonateLife Network.

Significant partners engaged in implementation of the national reform agenda include state and territory governments, eye and tissue banks, community organisations, and the broader donation and transplantation clinical sectors.

DonatLife...the greatest gift



As a DonatLife Victoria Nurse Donation Specialist, Nina is always on the move between conducting community presentations on organ and tissue donation and the professional demands of the Emergency Department of Monash Health.

"I see first-hand how the incredibly generous act of organ donation can not only save many people's lives, but also leave a positive impact on their loved ones," Nina said. "It is so important that families discuss and know each other's wishes about organ donation."

Nina is one of DonatLife Victoria's 33 Nurse Donation specialists spread across the state. These team members help recognise potential donors, facilitate organ and tissue donation, support staff and families involved in the process, and raise awareness within local communities.

Building awareness in Nina's communities has its particular challenges – her health service covers much of south-eastern Melbourne where people originate from more than 180 countries and speak over 100 different languages.

Nina is a strong advocate of the national Culturally and Linguistically Diverse Communications and Engagement Strategy, which Victoria is one of the first states to implement at a local level.

"People from all walks of life depend on the gift of a transplant, regardless of race, origin, religion or language. I think the same should apply to donation", Nina said.

"I am passionate about helping everyone regardless of background to understand the facts. I am Chinese and have been brought up in the Buddhist faith. Buddhism teaches compassion and respects the death process and body, aims to relieve suffering, and may consider organ donation an act of charity and a final gift of generosity. This has allowed me better understanding of the importance of approaching organ donation in a culturally sensitive manner."

Nina



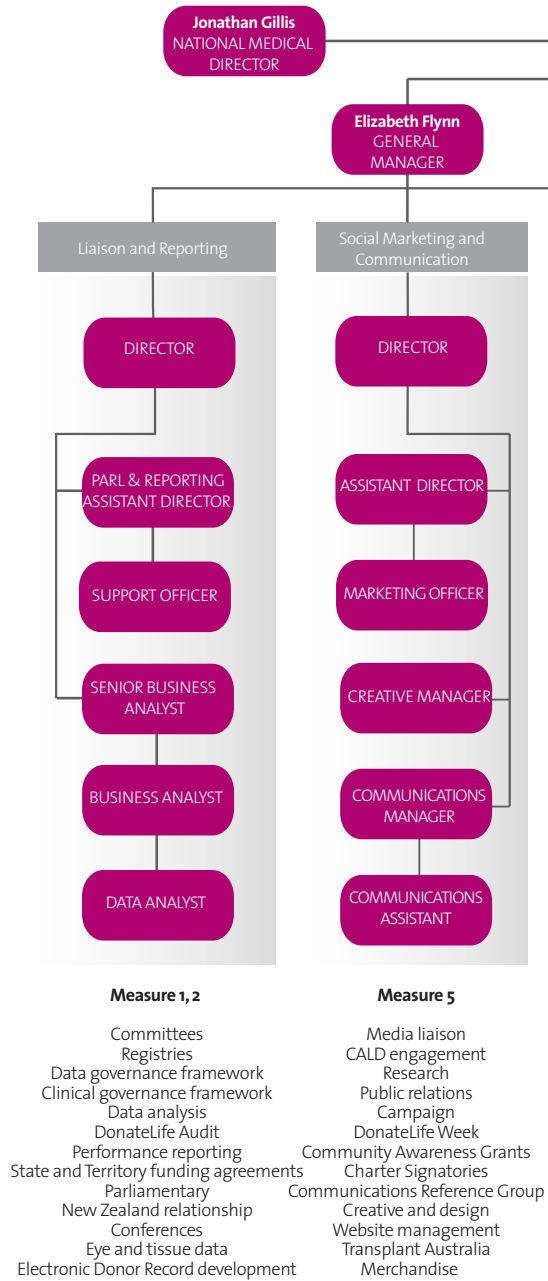
Nina speaking at the 'DonatLife ... the greatest gift' launch at Customs House, Sydney.

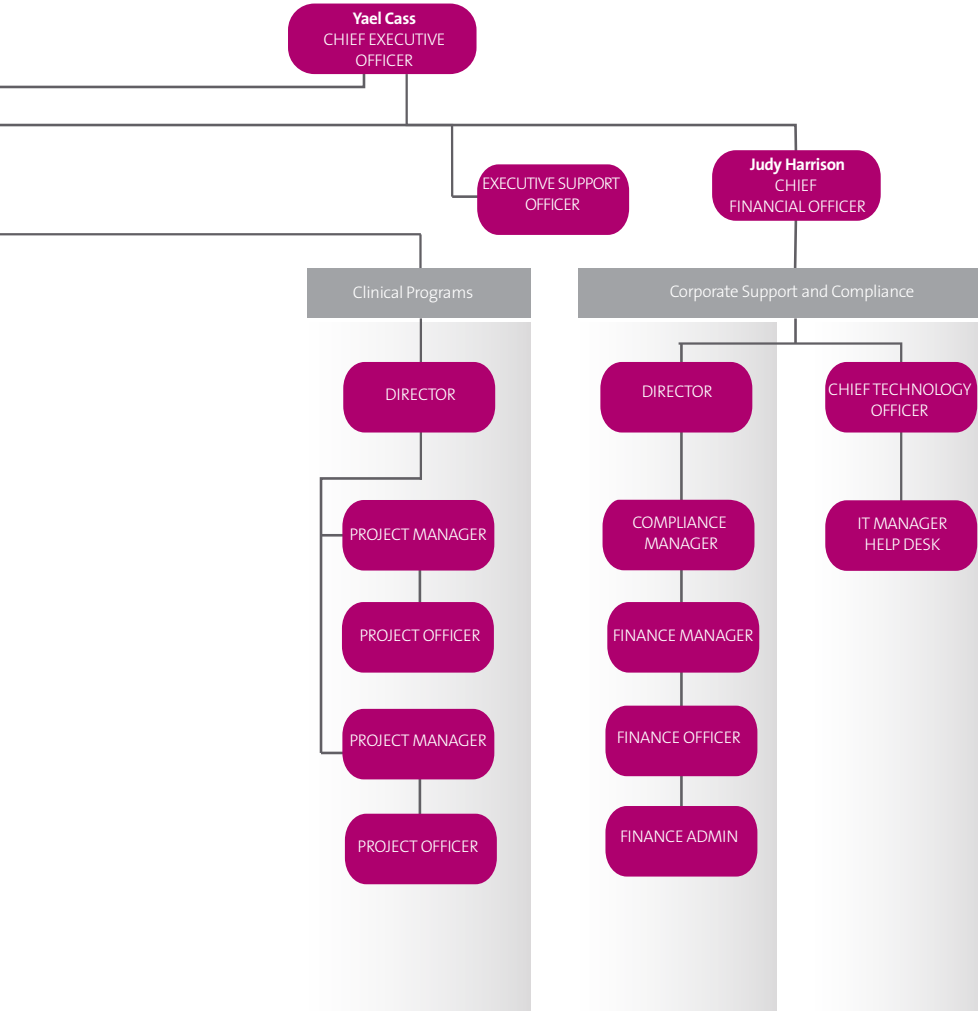
ORGANISATIONAL STRUCTURE

The OTA is a statutory body which, at 30 June 2013, employed 27.6 full-time-equivalent staff.

Our organisational structure for 2012–13 (shown in Figure 1) enabled us to deliver on our six strategic priorities for 2012–13 and other initiatives to further implement the national reform agenda.

Figure 1: Organisational structure 2012–13





Measure 4, 6, 7, 8 & 9

- Professional education and awareness
- Consent models
- Donor family support
- Eye and tissue network
- National vigilance and surveillance
- Australian Paired Kidney Exchange Program
- Donation after cardiac death
- Safe, equitable and transparent national transplantation process

Corporate/Measure 3

- Financial reporting
- Management accounting
- Financial processing
- Payroll
- Human resources
- Compliance
- Procurement and funding
- Audit Committee
- Procurement/funding review
- Portfolio Budget Statements
- Annual Report
- Organ Donation Hospital Support Funding
- Annual Forum
- State and Territory Funding Agreement acquittals
- Whole of Government Chief Executive Instructions

ICT

- Whole of Government compliance
- Technical support
- SharePoint (intranet)
- Electronic Donor Record/IT Advisor

Senior Executive team



Chief Executive Officer

Ms Yael Cass
LLB (Hons), BSocWk (Hons), BA

Ms Yael Cass commenced as Chief Executive Officer of the OTA in February 2011. Her role is to provide leadership and guidance to ensure that Australia achieves a sustained increase in organ and tissue donation rates by implementing a nationally coordinated, world's best practice approach to organ and tissue donation for transplantation.

A lawyer by training, Ms Cass has worked on the development and delivery of national social policy over 25 years—with a principal focus on health and ageing policy and programs, Indigenous affairs, education and training, and immigration policy. Over 2008 to 2010, Ms Cass worked in the Department of the Prime Minister and Cabinet, including as First Assistant Secretary for the Social Policy Division.

Prior to 2008, Ms Cass worked for three years on national blood, organ and tissue donation policy in the Health and Ageing portfolio. In this period she supported the work of the National Clinical Taskforce on Organ and Tissue Donation.



National Medical Director

Associate Professor Jonathan Gillis
MB BS, PhD, FRACP, FCICM, FACHPM

Associate Professor Jonathan Gillis is the National Medical Director for the OTA. Before taking up this position in 2011, Jonathan was the State Medical Director for DonateLife New South Wales.

Before joining the DonateLife Network, Jonathan had a long career in paediatric intensive care. He trained in paediatrics and paediatric intensive care in Sydney and in Toronto, Canada. For more than 14 years he held the position of Director of the Paediatric Intensive Care Unit at the Children's Hospital at Camperdown (and subsequently at Westmead, when it moved).

He is also qualified as a palliative care physician and worked with the palliative care team at the Children's Hospital and at Bear Cottage. He is a Clinical Associate Professor at the University of Sydney and has a PhD in the History and Philosophy of Science from the University of New South Wales.

Widely published, Jonathan has been an invited speaker at international conferences on intensive care issues, ethics, and end-of-life care. Jonathan is a Visiting Scholar at the Plunkett Centre for Ethics at St Vincent's Hospital, Sydney.



General Manager
Ms Elizabeth Flynn
SSc, Grad Dip FSC, Grad Dip PH

Ms Elizabeth Flynn has been the OTA's General Manager since March 2010. She reports to the CEO and is responsible for delivering the projects that contribute to the nine national reform agenda measures, and for providing senior leadership to OTA staff.

Before joining the OTA, Elizabeth was an Assistant Secretary with the Office of the Gene Technology Regulator. Her role included coordination of the regulator's enforcement and compliance activities, corporate business services, international cooperation, expert advisory committees and legal arrangements.

Ms Flynn has qualifications in science (microbiology), public health, and government statutory compliance.



Chief Financial Officer
Ms Judy Harrison
BComm, CPA

Ms Judy Harrison commenced as the CFO at the OTA in March 2010, after five years as the Director of Financial Reporting and Treasury at the Department of Health and Ageing.

Before joining the Australian Public Service in 1999, Judy held several roles in the private sector throughout Australia and in the United Kingdom, contributing to over 28 years' experience as a qualified accountant.

The Chief Financial Officer is the principal financial advisor to the OTA's CEO and Senior Executive team.

COMMITTEE STRUCTURES

The OTA has a three-tier committee structure:

- ⇒ program governance and advice, incorporating the:
 - Advisory Council
 - Jurisdictional Advisory Group
- ⇒ committees established by the CEO to provide sector-specific advice and liaison, including the:
 - Clinical Governance Committee
 - Charter Signatories
 - Transplant Liaison Reference Group, and
- ⇒ purpose-specific working groups.

Advisory Council

The OTA's foremost advisory body is the Australian Organ and Tissue Donation and Transplantation Advisory Council (the Advisory Council). The Advisory Council was established under the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008* (the Act) to advise the CEO about organ and tissue donation and transplantation matters.

Under the Act, the Minister for Health and Ageing appointed the inaugural Chair and members of the Advisory Council for a three-year term. The first term of the Advisory Council was extended until August 2012 when the second term of membership was announced by the former Parliamentary Secretary for Health and Ageing, the Hon Catherine King.

The Advisory Council comprises representation from a wide range of stakeholder and consumer interest groups as well as health professionals and clinical experts in the field of organ and tissue donation and transplantation.

The first term membership of the Advisory Council met once during 2012–13 and provided the CEO with advice on:

- ⇒ development of an Electronic Donor Record
- ⇒ delivery of the Professional Education Package in relation to the family donation conversation, and
- ⇒ the DonatLife National Communications Strategy 2012–13.

Table 2 lists the inaugural membership of the Advisory Council and the meetings attended in 2012–13.

The second term membership of the Advisory Council met four times during 2012–13 and provided the CEO with advice on key matters that included:

- ⇒ development of an Electronic Donor Record
- ⇒ hospital performance audit data collection enhancement (the DonatLife Audit)
- ⇒ integration of the eye and tissue network into the broader DonatLife Network
- ⇒ implementation of a Professional Education Package in relation to the family donation conversation, and a national pilot of models for requesting consent to donation
- ⇒ the culturally and linguistically diverse communication and engagement strategy, and
- ⇒ strategic priorities for 2013–14.

Table 3 lists the membership of the second term of the Advisory Council and the meetings attended in 2012–13.

Table 2: Advisory Council membership and meeting attendance, first term 2012–13

Position	Name	Meetings attended
Chair	Mr Sam Chisholm (Chair)	0/1
Member	Dr David Boadle	1/1
Member	Ms Anne Cahill Lambert AM	1/1
Member	Professor Don Chalmers	0/1
Member	Professor Jeremy Chapman OAM	1/1
Member	Dr Anthony Cross	0/1
Member	Professor Geoff Dobb	1/1
Member	Dr Marisa Herson	1/1
Member	Professor John Horvath AO	1/1
Member	Mr David Koch	1/1
Member	Ms Rachael Martin	1/1
Member	Dr Gerry O'Callaghan	0/1
Member	Associate Professor Dianne Stephens OAM	1/1
Member	Professor Russell Strong AC	1/1

Table 3: Advisory Council membership and meeting attendance, second term 2012–13

Position	Name	Meetings attended
Chair	Mr David Koch	4/4
Member	Ms Anne Cahill Lambert AM	4/4
Member	Professor Jeremy Chapman OAM	4/4
Member	Professor Geoff Dobb	4/4
Member	Ms Francine Eades	4/4
Member	Dr Marisa Herson	4/4
Member	Professor John Horvath AO	4/4
Member	Ms Rachael Martin	4/4
Member	Mr David O'Leary	4/4
Member	Ms Francesca Rourke	4/4
Member	Mr Jon Seccull	4/4
Member	Mr Chris Thomas	4/4
Member	Dr Helen Watchirs	4/4
Member	Ms Anne Wilson	4/4

The practice of issuing a communiqué after each meeting promoted communication of key Advisory Council deliberations. Communiqués are available on the OTA's website at www.donatelife.gov.au/the-authority/our-people/our-people.

Advisory Council members



Standing (L–R): Dr Marisa Herson, Associate Prof Jonathan Gillis, Chris Thomas, Francine Eades, Prof Geoff Dobb, Dr Helen Watchirs, Prof Jeremy Chapman, Francesca Rourke, Anne Wilson. Seated (L–R): David O’Leary, Anne Cahill Lambert, David Koch, Yael Cass, Jon Seccull. Absent: Prof John Horvath, Rachael Martin.

Mr David Koch (Chair)

David is well known thanks to his television career. He is co-host of Channel Seven’s Sunrise program, finance expert for the Seven and Prime television networks, and host of Australia’s small business program, Kochie’s Business Builders. David is also a finance expert in print media, contributing weekly columns to the Your Money section of News Ltd newspapers and The Experts section of New Idea.

David was appointed Chair of the Advisory Committee of the OTA in 2012, having previously served as a Committee Member and Chair of the OTA Audit Committee since the OTA was established in 2009. In addition to these roles, David is Chairman of the Port Adelaide Football Club and a shareholder of the Sydney Kings Basketball organisation, as well as being one of their founding directors.

The Koch Centre for Youth, operated by Father Chris Riley’s Youth Off the Streets program, is another of David’s and wife Libby’s great achievements, with David being patron and an avid supporter. David was also named Australian Father of the Year in 2007.

Ms Anne Cahill Lambert AM

Ms Cahill Lambert has worked in the health system for more than 30 years, retiring from the position of CEO of Women's and Children's Hospitals Australasia following the onset of a terminal lung illness. She is keen to ensure that all Australians, irrespective of their geography, socio-economic status, gender or cultural background, have the opportunity to be an organ donor or organ recipient should the circumstances arise.

Retirement has enabled Ms Cahill Lambert to focus on one of her key interests: the building of community. She chairs the Australian Capital Territory Remuneration Tribunal and is a member of the Committee of the Community Centenary Funds initiative. She has recently concluded her role as a member of the Expert Reference Group reviewing the size of the ACT Legislative Assembly.

Nationally, Ms Cahill Lambert is a member of the Health Reference Group of the Grattan Institute, an independent and non-partisan think tank developing high-quality public policy advice. She was a member of the National Health and Medical Research Council for the 2009–2012 triennium and she continues to participate in that council's working groups.

Ms Cahill Lambert's educational qualifications include health management and public administration, and she has a continuing research interest in governance. She received an AM in 2005 for services to health administration.

Professor Jeremy Chapman OAM

Professor Chapman is a renal physician with a special interest in transplantation. He is Director of the Division of Medicine and Cancer Services at Sydney's Westmead Hospital, and Clinical Professor in Medicine at the University of Sydney. He is also Chairman of the Australian Bone Marrow Donor Registry and the Australian Cord Blood Bank Network, and past President of the Transplantation Society of Australia and New Zealand.

On a global level, Professor Chapman is a past President of the Transplantation Society, past President and current Secretary-General of the

World Marrow Donor Association, and Co-Chair of the Declaration of Istanbul custodian group.

Professor Chapman's clinical work is in renal medicine, transplantation of kidney and pancreas, diabetic renal disease and islet transplantation. He is currently pursuing research interests in transplantation and has authored over 340 clinical articles.

Professor Geoff Dobb

Professor Dobb is Director of Critical Care at Royal Perth Hospital, and Clinical Professor in the School of Medicine and Pharmacology at the University of Western Australia. He is also Chair of the Western Australian Southern Country Health Service Governing Council.

He is a member and past Chair of the Australian and New Zealand Intensive Care Society (ANZICS) Death and Organ Donation Committee, a member of the Western Australian Transplant Advisory Committee, and heavily involved with the Australasian Donor Awareness Program. He also represents ANZICS at the World Health Organisation Forum on the Determination of Death. Research interests include aspects of the care of potential organ donors.

Professor Dobb is Vice President of the Australian Medical Association and has previously been President of ANZICS, the Asia Pacific Association for Critical Care Medicine, and the Australian Medical Association in Western Australia. He was also Treasurer of the World Federation of Societies of Intensive and Critical Care Medicine.

Ms Francine Eades

Ms Eades is an experienced Aboriginal Registered Nurse. She is currently employed as the Aboriginal Health Advisor at the Sydney Children's Hospitals Network and works across the network at the Children's Hospital in Randwick and the Children's Hospital at Westmead. She has previously been a research associate with the Kulunga Health Research Centre in the Western Australia (WA) Telethon Institute for Child Health Research and worked on the landmark research study, the WA Aboriginal Child Health Survey.

Dr Marisa Herson

Dr Herson graduated in Medicine in Brazil in 1979, and trained in General and Plastic Surgery in Israel. She returned to Brazil in 1990 and joined the Hospital das Clinicas University of Sao Paulo Plastic Surgery Department.

In 1999 she received a PhD from the Sao Paulo University following research into an innovative skin substitute. She was appointed Associate Professor of Surgery in 2004. Burn care, both acute and reconstructive surgery, became the focus of her surgical activity, extending to the establishment and management of the Skin Tissue Bank.

From 2007 to 2011 Dr Herson was the Head of the Donor Tissue Bank of Victoria, and an Adjunct Senior Lecturer at the Department of Forensic Medicine, Monash University. Dr Herson is currently affiliated with the Skin Cell Culture Laboratory at the Alfred Hospital in Melbourne, engaged in research on skin cell matrix substitutes, and teaching as Senior Lecturer in the Department of Surgery, Monash University.

Professor John Horvath AO

Professor Horvath is Principal Medical Consultant to the Australian Government Department of Health and Ageing and was Chief Medical Officer for the Australian Government from 2003 to 2008. Professor Horvath holds the position of Senior Advisor to the Dean of Medicine, University of Sydney, and is Chair or a member of a number of advisory bodies to the Department of Health and Ageing.

Professor Horvath was Professor of Renal Medicine at the University of Sydney and Director of Renal Services at the Royal Prince Alfred Hospital. He was awarded an Order of Australia in January 2001 for his services to medicine.

Ms Rachael Martin

Ms Martin is studying a double degree in education and arts. Concurrent to her studies, Ms Martin dedicates her time to working with children with special needs, providing early intervention, family support services and behaviour management courses.

The tragic loss of her brother, Ashley Cooper, at the Clipsal 500 motor race in 2008 led to Ms Martin's involvement in, and dedication to, organ donation. Ashley was an organ donor and was successful in touching many lives as a result of his gift.

As a teenager, Ms Martin represented Australia on youth leadership issues in the United States and Canada while visiting the United Nations. She was named Young Citizen of the Year on Australia Day 2001.

Mr David O'Leary

Mr O'Leary is President of Gift of Life Inc, a prominent Canberra-based advocacy group promoting organ and tissue donation. He received a liver transplant over 20 years ago. During his career, he was a senior executive within the Department of Foreign Affairs and Trade and was Consul-General in New Caledonia and Hong Kong.

Ms Francesca Rourke

Ms Rourke is a Donation Specialist Coordinator at DonateLife Queensland and has worked in the area of organ and tissue donation since 2002. Ms Rourke is the immediate past President of the Australasian Transplant Coordinators Association (ATCA), a position she held for four years. ATCA is the peak professional body representing donation and transplant coordinators and others working in the organ and tissue donation and transplantation sector in Australia and New Zealand.

Ms Rourke has represented ATCA on the Transplantation Society of Australia and New Zealand (TSANZ) Council for the past four years and has established strong professional relationships with the TSANZ Council and other transplant staff. She is the inaugural ATCA representative, working with the OTA and TSANZ to implement a raft of donation improvement activities jointly identified by the OTA/TSANZ/ATCA. She is a previous and current member on several OTA groups within the sector. Francesca has post-graduate qualifications in critical care and an international Diploma of Advanced Transplant Coordination.

Mr Jon Seccull

Mr Seccull is employed full-time by the Victorian Department of Justice. In 2013 Mr Seccull began a Bachelor of Arts degree in Community Development to support his work in raising awareness and increasing organ and tissue donation rates.

Mr Seccull is the father of Ethan James Seccull (or Jimmy as he was affectionately known) who was three years old when he became the first paediatric organ and tissue donor after cardiac death in Australia. Ethan's gracious gift helped to save three lives.

Organ and tissue donation has become an important topic in Mr Seccull's life since the passing of his little boy. Mr Seccull donates his time to speak at numerous public events and forums to help raise awareness about organ and tissue donation. Mr Seccull has now, in memory of his son and in memory of Mr David Gough, started the annual 'Jimmy's Journey' motorbike rides to help continue to raise awareness about organ and tissue donation.

Mr Chris Thomas

Mr Thomas is currently Chief Executive Officer at Transplant Australia which aims to increase the rate of organ and tissue donation and improve the community's understanding of transplantation. It also provides members with support, education and guidance to improve their health and quality of life.

Mr Thomas has previously held positions as the General Manager at the Advertising Federation of Australia, National Corporate Affairs Manager at the Heart Foundation, and National Membership Marketing Manager and Communications Manager at the Australian Medical Association.

Dr Helen Watchirs OAM

Dr Watchirs was appointed as the ACT Human Rights and Discrimination Commissioner in 2004. Her work has focused on Human Rights Audits of ACT detention facilities, as well as supervising the handling of discrimination, vilification and sexual harassment complaints.

She has over 30 years' experience as a human rights lawyer working for Australian Government agencies, several United Nations agencies and the Office of the High Commissioner for Human Rights. Her PhD and Masters in Public Law from the Australian National University (ANU) focus on HIV/AIDS human rights issues, and she was a member of the ANU Ethics Committee.

Dr Watchirs is also a member of the Federal Ministerial Advisory Council on Blood Borne Viruses & STIs. At the community level she chaired the ACT Disability Aged and Carer Advocacy Service, and was a legal member of the Social Security Appeals Tribunal.

In addition, her late husband, Terry Connolly, was a tissue donor and she has been an active donation advocate in the ACT, speaking about her experience at the DonateLife annual forum in 2011.

Ms Anne Wilson

Ms Wilson is the CEO and Managing Director of Kidney Health Australia, a national health care charity whose focus is to save and improve the lives of Australians affected by kidney disease. This is achieved through the promotion of good kidney health through delivery of programs in education, advocacy, research and support.

Jurisdictional Advisory Group



Standing (L–R): Dr Sally Tideman, Dr Jeannette Young, Julie Letts, Michael Furey, Associate Professor Frank Van Haren, Associate Professor Jonathan Gillis, Julie Tate, Diana Salvaris. Seated (L–R): Dr Helen Opdam, Dr Bruce Powell, Yael Cass, Dr Robert Herkes, Sue Ireland. Absent: Dr Leo Nunnick, Associate Professor Dianne Stephens, Dr Andrew Turner, Dr Andrew Pengilley, Lee Wood.

The peak governance committee for the DonatLife Network is the Jurisdictional Advisory Group (JAG) (formerly the State Medical Director/Jurisdictional Working Group committee). It comprises State Medical Directors (SMDs) and jurisdictional health department representatives.

This group, chaired by the CEO, considers and makes recommendations to the CEO with respect to the strategic priorities, clinical and data governance, planning and leadership of the DonatLife Network, and state- and territory-based implementation of the Australian Government’s national reform agenda on organ and tissue donation.

The addition of officials from all health departments ensures that the efforts of the DonatLife staff reflect state and territory government and Australian Government policies and processes. It also ensures that legislative and funding implications are well understood by relevant departments, promoting a nationally consistent and coordinated approach to increasing organ and tissue donation rates in Australia. The JAG meets quarterly at the OTA, and four meetings were held in 2012–13.

The practice of issuing a communiqué after each meeting promotes communication of key committee deliberations. Communiqués are available on our website at www.donatlife.gov.au/the-network

Clinical Governance Committee

The peak clinical committee for the DonateLife Network is the Clinical Governance Committee which pursues specific clinical issues relevant to the work of the DonateLife Network. The committee is chaired by the National Medical Director and comprises the CEO, SMDs and agency managers from each state and territory. The committee makes recommendations relating to the clinical aspects of the national reform agenda for consideration by the JAG.

Under the direction of the JAG, there were two key tasks for this committee in 2012–13. One was to develop a clinical governance framework to support DonateLife Network hospital-based donation specialist staff in delivering quality organ and tissue donation services. The other was to establish governance and accountability structures to inform the development of a national vigilance and surveillance system for organ and tissue donation and transplantation.

Charter Signatories

The main mechanism for engagement with the non-government sector and the community is the group of signatories to the DonateLife National Communications Framework and Charter. This is a key mechanism to ensure that Charter Signatories are provided with the necessary information to take a nationally consistent and coordinated approach to communicating with the community.

The OTA has a large range of stakeholders, including:

- ⇒ consumer groups
- ⇒ professional and peak bodies involved in donation and transplantation
- ⇒ Australian Government agencies and authorities, and
- ⇒ state and territory health departments and hospitals.

See Appendix 1 for more information about the DonateLife National Communications Framework and Charter and the list of Charter Signatories.

Transplant Liaison Reference Group

The Transplant Liaison Reference Group provides advice to the CEO and facilitates engagement with the transplant sector on transplantation issues relevant to the national reform agenda. Membership comprises the National Medical Director and representatives from the:

- ⇒ Transplantation Society of Australia and New Zealand
- ⇒ Australasian Transplant Coordinators Association
- ⇒ Transplant Australia
- ⇒ Transplant Nurses Association
- ⇒ Australia and New Zealand Organ Donor Registry, and
- ⇒ Australia and New Zealand Intensive Care Society.

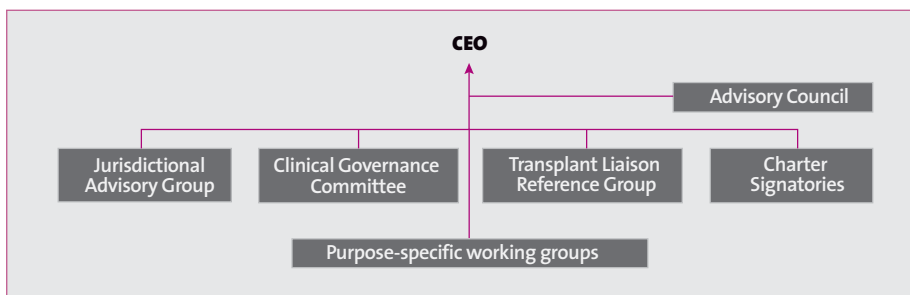
Purpose-specific working groups

Purpose-specific working groups are established by the CEO from time to time, and disbanded once the assigned task is accomplished. In 2012–13 nine purpose-specific groups were active:

- ⇒ The Electronic Donor Record Oversight Committee was established as the governing body for the electronic donor record project. Membership comprises representatives from the Advisory Council and donation/transplantation clinical and nurse practitioners. Senior Executive members of the OTA also participate on the committee.
- ⇒ The Data and Audit Working Group consists of jurisdictional data and audit officers, as well as representatives with relevant clinical and technical expertise. The group was established to manage the DonatLife Audit and reporting processes in the 72 DonatLife Network hospitals across Australia, and to drive clinical performance improvement using this data.
- ⇒ The Clinical Nursing Leads Working Group was established to provide a forum for DonatLife nurse managers to discuss matters of clinical relevance and make recommendations to the Jurisdictional Advisory Group via the Clinical Governance Committee. The group comprises nursing leads from each jurisdiction and two OTA representatives.
- ⇒ The Communications Reference Group is a representative forum where DonatLife Communications Officers and the OTA work to coordinate and support community awareness and education activities, including DonatLife Week.
- ⇒ The Eye and Tissue Education Implementation Group was established to provide oversight and advice on the development of an Australian national education program for eye and tissue bank personnel.
- ⇒ The Eye and Tissue Data Implementation Group was established to provide advice on progressing the requirements involved in developing a minimum national dataset, development of standardised definitions/glossary, a nationally consistent product name/type and a reporting mechanism for eye and tissue data.
- ⇒ The Family Conversations Steering Group was established to provide clinical and technical expert advice on the national Professional Education Package relating to family communication and consent for donation. The steering group includes representatives from the peak professional bodies and senior DonatLife clinicians and managers.
- ⇒ The Donor Family Support Implementation Group is a representative group which implements, monitors and reviews the Donor Family Support Service across Australia.
- ⇒ The Education Coordinators Network is a representative forum where DonatLife Education Coordinators and the OTA work to coordinate and support education activities provided for health professionals working in the donation and transplantation sectors.

Figure 2 illustrates the OTA's 2012–13 committee structure.

Figure 2: Committee structure



Part 2

Performance reporting

Our program	34
Trend information	40
Source data and adjustments	49
Community awareness and attitudes	50
National reform agenda summary of progress	52
Part A: Report on strategic priorities	53
Part B: National achievements against the nine measures	67
Part C: Activities in the states and territories	81

Part 2: Performance reporting

The performance of the OTA is guided by the Australian Government’s national reform agenda to implement a world’s best practice approach to organ and tissue donation for transplantation, as agreed by the Council of Australian Governments in 2008.

We measure our progress in achieving outcomes against the performance deliverables and performance indicators set out in the 2012–13 Portfolio Budget Statements (PBS).

The OTA contributes to:

Outcome 1: Improved access to organ and tissue transplants, including through a nationally coordinated and consistent approach and system

through:

Program 1.1: A nationally-coordinated system for organ and tissue donation for transplantation.

This section provides a summary of our performance against the 2012–13 PBS and a summary of the financial results. It also provides trend information about organ donation and transplantation and community awareness, and a summary of progress in implementing the national reform agenda.

This includes progress made against the six 2012–13 DonateLife strategic priorities; the main activities undertaken in implementing the nine measures of the national reform agenda; and activities undertaken by DonateLife staff at the jurisdictional level.

OUR PROGRAM

As outlined above, our Program is a nationally coordinated system for organ and tissue donation for transplantation.

The Australian Government, through the OTA, aims to develop and maintain a number of programs and initiatives in line with the nine measures of the national reform agenda to implement a world’s best practice approach to organ and tissue donation for transplantation. The national reform agenda has two key objectives:

- ⇒ to increase the capability and capacity within the health system to maximise donation rates, and
- ⇒ to raise community awareness and stakeholder engagement across Australia to promote organ and tissue donation.

Four program objectives were identified in the PBS for 2012–13:

- ⇒ implement an Organ and Tissue Donation Clinical Governance Framework
- ⇒ provide education and support to clinicians
- ⇒ integrate the Eye and Tissue Network into the DonateLife Network, and
- ⇒ raise community awareness and stakeholder engagement across Australia.

In the 2012–13 PBS, qualitative and quantitative deliverables and key performance indicators were identified for each program objective.

Table 4: OTA resource statement 2012–13

	(a) Actual available appropriations for 2012–13 \$	(b) Payments made 2012–13 \$	(a–b) Balance remaining 2012–13 \$
Ordinary annual services¹			
Departmental appropriation			
Prior year departmental appropriation	1,592,335	1,592,335	–
Departmental appropriation	5,886,000	4,231,673	1,654,327
S.31 Relevant agency receipts	1,105,904	1,105,904	–
Total	<u>8,584,239</u>	<u>6,929,912</u>	<u>1,634,327</u>
Administered expenses			
Outcome 1	39,003,000	27,937,573	
Total	<u>39,003,000</u>	<u>27,937,573</u>	
Total ordinary annual services	<u>46,461,335</u>	<u>33,761,581</u>	
Other services²			
Administered expenses			
Specific payments to states, ACT, NT and local government			
Outcome 1	–	–	
Total	<u>–</u>	<u>–</u>	
Departmental non-operating			
Prior year departmental appropriation	1,088,130	1,088,130	–
Equity injections	–	–	–
Previous years' outputs	–	–	–
Total	<u>1,088,130</u>	<u>1,088,130</u>	<u>–</u>
Administered non-operating			
Prior year administered appropriation	–	–	
Total	<u>–</u>	<u>–</u>	
Total other services	<u>1,088,130</u>	<u>1,088,130</u>	
Special accounts			
Opening balance	–	–	
Appropriation receipts	–	–	
Payments made	–	–	
Closing balance	–	–	
Total resourcing and payments	<u>47,549,465</u>	<u>34,849,711</u>	<u>–</u>

¹ Appropriation Bill (No.1) 2012–13 and Appropriation Bill (No.3) 2012–13

² Appropriation Bill (No.2) 2012–13 and Appropriation Bill (No.4) 2012–13

Table 5: Financial resource summary 2012–13

	(a)	(b)	(a–b)
	Budget	Actual	Variation
	2012–13	2012–13	2012–13
	\$	\$	\$
Program 1.1: Coordination of organ and tissue donation and transplantation			
<i>Administered expenses</i>			
Ordinary annual services (Annual Appropriation Bill 1)	39,003,000	39,000,093	2,907
Special accounts	–	–	–
<i>Departmental expenses</i>			
Ordinary annual services (Annual Appropriation Bill 1)	5,886,000	5,740,581	145,419
Expenses not requiring appropriation in the Budget year	355,000	291,047	63,953
Total for Program 1.1	45,224,000	45,031,721	192,279
Total expenses for Outcome 1	45,244,000	45,031,721	212,279
Average staffing level (number)	28	27.65	(0.35)

Deliverables

Table 6: Qualitative deliverables

Implement an Organ and Tissue Clinical Governance Framework

Qualitative deliverable	Develop and implement the Organ and Tissue Donation Clinical Governance Framework
Result	Deliverable met
⇒	Throughout 2012 the Clinical Governance Committee, in consultation with the DonateLife Network (DLN), developed the DonateLife Clinical Governance Framework (CGF).
⇒	The CGF provides defined guidance on frameworks and governance structures to support DLN hospital-based staff in the provision of quality organ and tissue donation services in 72 DonateLife Network hospitals across Australia.
⇒	Within the framework, the Clinical Practice Improvement Program (CPIP) identifies 12 components that are key contributors to best practice donation outcomes in hospitals.
⇒	States and territories have identified jurisdictional and hospital-based CGF Leads to champion and guide implementation of the CGF and the CPIP at the jurisdictional and hospital levels.
⇒	Each DLN hospital (with the exception of NSW) has developed an annual local hospital activity plan which outlines actions to be taken in 2013–14 to embed the components of the CPIP in hospital practice.
⇒	The hospital action plans will be implemented from 1 July 2013 (from 1 July 2014 in NSW).

Provide education and support to clinicians

Qualitative deliverable	Provide training for health professionals to manage the family donation conversation through the Professional Education Package
Result	Deliverable met
	In 2012–13 training workshops were delivered to:
⇒	approximately 270 health professionals through 11 core Family Donation Conversation workshops
⇒	approximately 295 health professionals through 22 practical Donation Conversation workshops
⇒	approximately 935 health professionals through 54 general Australasian Donor Awareness Program workshops
⇒	approximately 315 health professionals through 18 Medical Australasian Donor Awareness Program workshops

Integrate the Eye and Tissue Network into the DonateLife Network

Qualitative deliverable	Develop nationally agreed data definitions and datasets for eye and tissue donation
Result	Deliverable met
	<ul style="list-style-type: none"> ⇒ In 2012 nationally agreed datasets for eye and tissue donation were developed. ⇒ For the first time, data on the number of tissue donors and the number of tissue donations in Australia was publicly reported. ⇒ Work was also undertaken to begin data collection for the reporting of the number and type of tissue transplants and the number of tissue transplant recipients.

Raise community awareness and stakeholder engagement across Australia

Qualitative deliverable	Conduct community awareness and education activities on organ and tissue donation, in partnership with sector and community organisations
Result	Deliverable met
	<ul style="list-style-type: none"> ⇒ In 2012–13 we continued to lead and provide support across the sector on a range of community awareness and education activities focused on the importance of registration and family discussion and knowledge of donation decisions. ⇒ The third national DonateLife Week was held from 24 February – 3 March 2013, with 214 registered events across Australia. The theme, ‘Make your wish count: discover, decide, discuss organ and tissue donation’ generated significant media coverage and community participation. ⇒ We supported a range of community awareness activities, funded through Round 6 of our Community Awareness Grants program in 2012–13. We funded a total of 22 organisations to conduct community-based events during DonateLife Week 2013 to raise awareness of the importance of discussing donation wishes with loved ones. ⇒ In consultation with religious and cultural leaders and other stakeholders, we launched the ‘DonateLife ... the greatest gift’ community education campaign and resource kit. This campaign aims to facilitate access by Australians from culturally and linguistically diverse communities to information and resources about organ and tissue donation. ⇒ We produced the national DonateLife School Resources for Year 8 and Year 9 for use by school teachers across Australia. These resources are linked to the Australian Curriculum for teachers through Education Services Australia, and are accessible through the DonateLife website at www.donatelife.gov.au. ⇒ We produced a range of nationally consistent, factual information products, including fact sheets, posters, postcards, video stories, a Community Speakers Kit (comprising an information booklet and a PowerPoint presentation), the DonateLife Australian Organ Donor Registration brochure, and campaign kits to extend the reach and impact of the National Community Awareness and Education Program.

Key performance indicators

Table 7: Quantitative key performance indicators

Quantitative indicator	Rate of request by hospital staff to families for organ and tissue donation		
2012 target ¹	100%	2012 actual	92%
Result	Deliverable partially met		
<ul style="list-style-type: none"> ⇒ In 2012 there was an increase of 8% in the number of potential donors after brain death (DBD) identified in the DonatLife Network hospitals around Australia, from 478 in 2011 to 516 in 2012. ⇒ In 2012 the national DBD request rate was 92% – a 2% decrease compared with the rate achieved in 2011. ⇒ Donation after cardiac death (DCD) data has been excluded, as data for this donation pathway requires further validation. 			

Quantitative indicator	Rate of family consent to organ and tissue donation		
2012 target	75%	2012 actual	61%
Result	Deliverable partially met		
<ul style="list-style-type: none"> ⇒ In 2012 there was an increase in the DBD consent rate from 59% in 2011 to 61% in 2012. ⇒ A national consent rate of 75% is an aspirational target which is anticipated to be achieved within the next five years. ⇒ DCD data has been excluded, as data for this donation pathway requires further validation. 			

¹ Key performance indicators are reported on a calendar year basis to align with Australian and international donation performance reporting



TREND INFORMATION

Organ and tissue donation and transplantation outcomes

Since the OTA's establishment in January 2009, significant increases in organ and tissue donation and transplantation outcomes have been achieved. In 2012 these gains were maintained, and work continues to further increase organ and tissue donation outcomes into the future.

Table 8: Deceased organ donation and transplantation outcomes 2009–2012

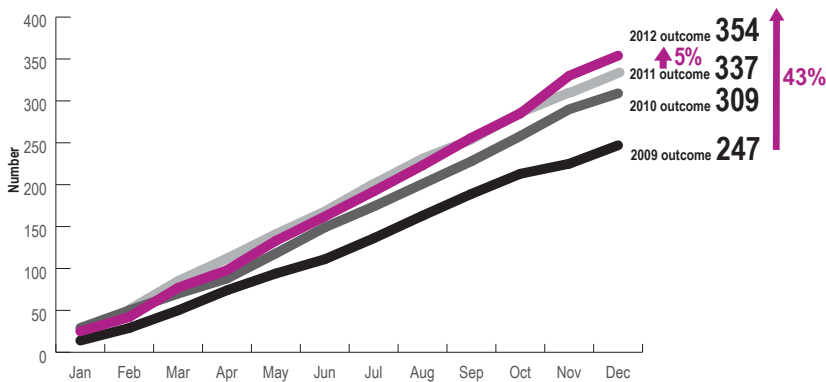
	2009	2010	2011	2012
Deceased organ donors	247	309	337	354
Australian resident population	21,778,845	22,065,317	22,323,933 ¹	22,683,573 ¹
Organ donation rate (donors per million population) ²	11.3	14.0	15.1	15.6
Transplant recipients	808	943	1,009	1,053
Organs transplanted ²	856	993	1,057	1,110
Organ transplant rate (organs transplanted per million population)	39.3	45.0	47.3	48.9

1. The Preliminary Australian Estimated Resident Population figures for 30 June 2011 and 30 June 2012 are based on results of the 2011 Census of Population and Housing statistics and were released on 30 April 2013 by the Australian Bureau of Statistics. For any calendar year, the population count is based on the preliminary Estimated Resident Population at 30 June within the calendar year.
2. Organs transplanted from deceased donors include pancreatic islet transplants. Organs transplanted from living donors and tissue transplantations are excluded.

Deceased organ donors

In 2012, 354 organ donors transformed the lives of 1,053 Australians. The 5% increase in 2012 built on the 9% increase in 2011 (337) and represents a 43% increase over 2009 (247), the year the DonateLife Network was established.

Figure 3: Deceased organ donors 2009–2012

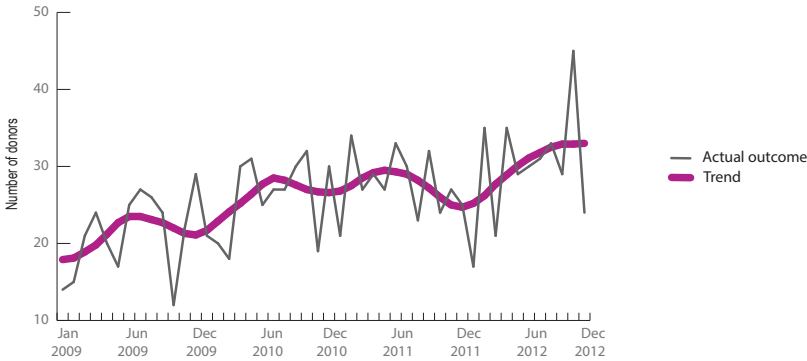


Deceased organ donation trend 2009–2012

This trend is calculated by taking a Henderson moving average of the actual outcomes to smooth out the month-to-month random volatility. It is designed to indicate the broad direction of a series rather than specific month-to-month outcomes.

The deceased organ donation trend has increased over time from fewer than 20 donors a month in January 2009 to over 30 donors by the end of 2012.

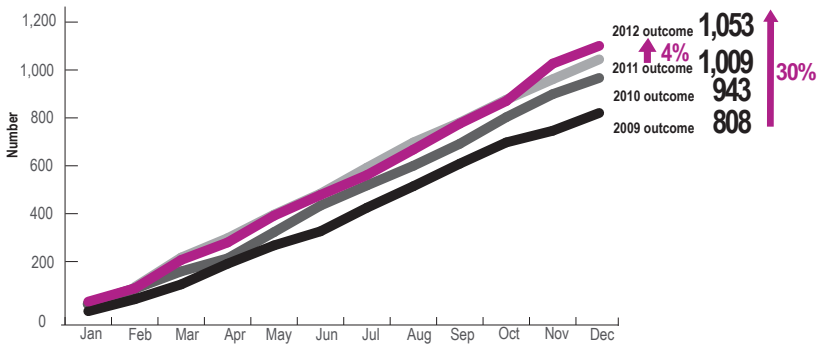
Figure 4: Deceased organ donors, monthly actual and trend 2009–2012



Transplant recipients

In 2012 there were 1,053 transplant recipients. The 4% increase in 2012 built on the 7% increase in 2011 (1,009) and represents a 30% increase over 2009 (808), the year the DonateLife Network was established.

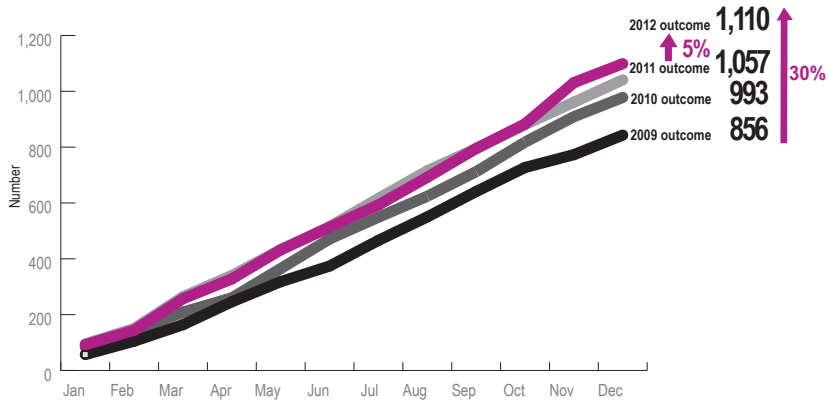
Figure 5: Transplant recipients 2009–2012



Organs transplanted

In 2012 there were 1,110 organs transplanted. The 5% increase in 2012 built on the 6% increase in 2011 (1,057) and represents a 30% increase over 2009 (856), the year the DonateLife Network was established.

Figure 6: Organs transplanted 2009–2012

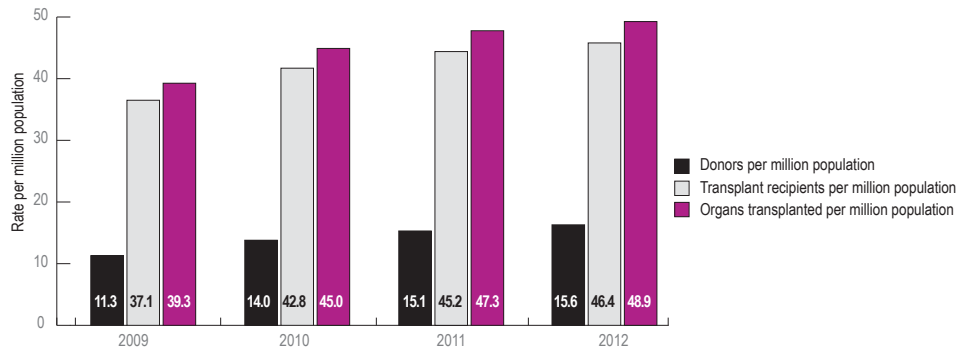


Donation and transplant rates

In 2012 Australia had a donor per million population rate (dpmp) of 15.6 dpmp. This result represents a 3% increase (0.5 dpmp) on the 2011 outcome of 15.1 dpmp, and a 38% increase over 2009 (11.3 dpmp), the year the DonateLife Network was established.

Using the international standard measure of organs transplanted per million population (otpm), Australia achieved an outcome of 48.9 otpm in 2012, a 3% increase on the 2011 outcome (47.3 otpm) and a 24% increase over 2009 (39.3 otpm), the year the DonateLife Network was established.

Figure 7: Donation and transplant rates 2009–2012



Deceased donors by donation pathway

In 2012, 78% (277) of deceased donors came from the Donation after Brain Death (DBD)* pathway, with the remaining 22% (77) coming from the Donation after Cardiac Death (also known as Donation after Circulatory Death, or DCD)** pathway.

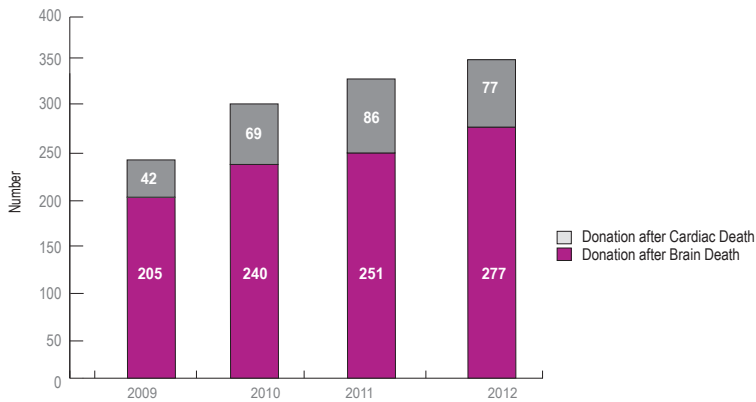
In 2012 there was a 10% increase in donations from the DBD pathway and a 12% decrease from the DCD pathway when compared to 2011 outcomes.

Of the 107 additional donors in 2012 compared to 2009, 72 donors (67% of the growth) came from the DBD pathway and 35 donors (33% of the growth) from the DCD pathway.

* DBD: Brain death occurs when a person's brain is so damaged that it will never function again. When doctors determine that a person has died in this way, donation after brain death can be considered.

** DCD: Cardiac death occurs when a person's heart stops beating. When doctors determine that a person will not recover and their heart will stop beating within 90 minutes of removal of artificial support, donation after cardiac death can be considered.

Figure 8: Deceased donors by pathway 2009–2012

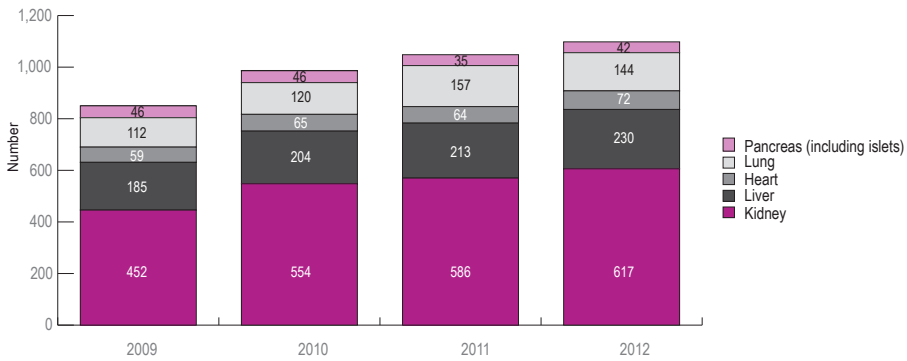


Organs transplanted from deceased donors

Kidneys are the most predominant organ donated and transplanted. In 2012 there were 617 kidneys transplanted from deceased organ donors. This was 5% higher than the outcome in 2011 (586), 11% higher than the outcome in 2010 (554) and 37% higher than in 2009 (452), the year the DonateLife Network was established.

In 2012 there were also four combined heart/lung transplants and one intestinal transplant. These transplants have not been represented graphically due to the relatively small numbers when compared with other types of organ transplants.

Figure 9: Organs transplanted from deceased donors 2009–2012

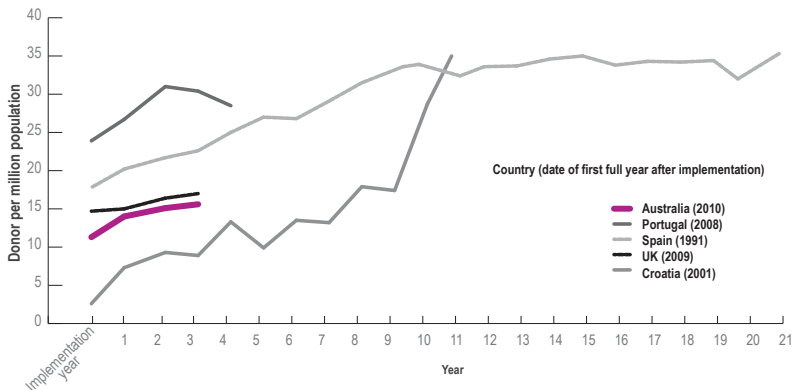


International organ donation comparison

It is not possible to draw direct comparisons between countries in terms of their progress in organ donation reform, as there are many differences between health care systems, population size, community attitudes and the relative starting points for national organ and tissue donation reform.

The key lesson to learn from countries with high donation outcomes is that reform of organ and tissue donation is an incremental process that takes time as national systems are developed and hospital-based clinical practice is reformed.

Figure 10: International deceased donor rate comparison



Australia's potential donor population

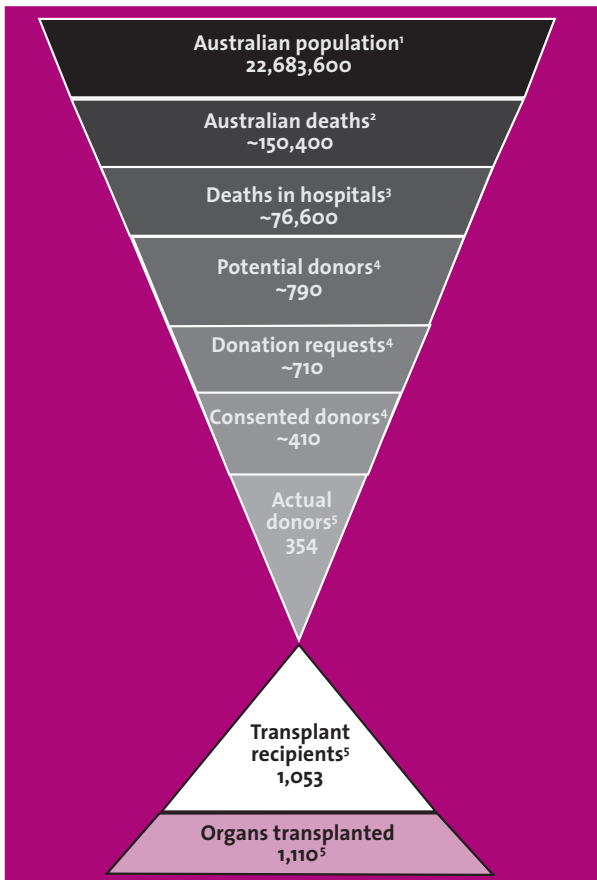
Not everyone can be an organ donor, as particular circumstances must prevail in order for a patient to be medically suitable for donation. Organ donation is only possible from a subset of end-of-life events that occur in Intensive Care Units or hospital Emergency Departments. Potential donors need to be recognised as such and, if medically suitable, the family will be asked to confirm the wishes of their family member before donation can occur.

By way of example, in 2012 the Australian population was 22,683,600 with an estimated 150,400 deaths occurring. Of these, approximately 76,600 deaths occurred in hospitals, with around 790 potential donors identified—around 1% of the hospital deaths.

Requests to families for donation were made in around 710 cases, with approximately 410 families consenting to donation. In just over 50 cases where family consent was given, donation did not proceed for a variety of clinical reasons.

The resulting 354 deceased organ donors transformed the lives of 1,053 Australians in 2012.

Figure 11: Potential donor pyramid



Sources:

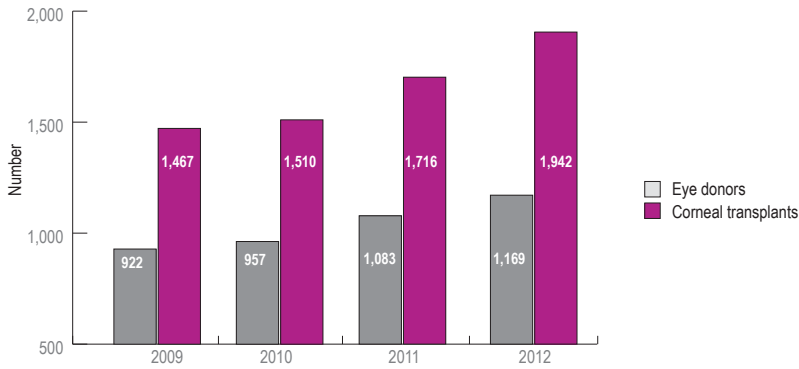
1. Estimated resident population at 30 June 2012 (Australian Bureau of Statistics publication ABS 3101.0 - Australian Demographic Statistics, June 2012, released 18/12/2012)
2. Estimated from ABS 3302.0 Deaths, Australia, 2011, released 8/11/2012
3. Estimated from the Australian Institute of Health and Welfare report on Australian hospital statistics 2010–11, released 30/4/2012. Updated 16/5/2012
4. Estimated from DonateLife Audit, September 2012, Organ and Tissue Authority
5. Australia and New Zealand Organ Donation (ANZOD) Registry monthly report on Deceased Organ donation in Australia, December 2012. Data updated by ANZOD in August 2013.

Eye donation and transplantation

Outcomes from the Eye Bank Association of Australia and New Zealand indicate that, in 2012, 1,169 eye donors enabled 1,942 corneal transplants. This represents an 8% increase in eye donors and a 13% increase in corneal transplants over 2011 (1,083 donors and 1,716 transplants respectively).

The 2012 outcomes represent a 27% increase in eye donations and a 32% increase in corneal transplants over 2009 (922 donors and 1,467 transplants respectively).

Figure 12: Eye donors and corneal transplants 2009–2012



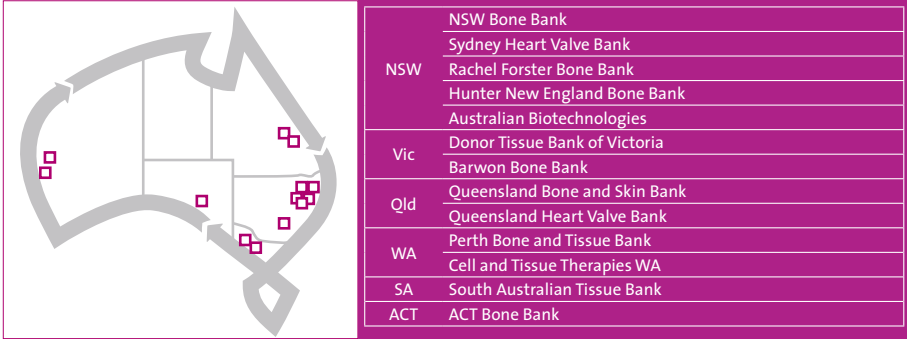
Tissue donation

In 2012 we worked together with tissue banks to agree on a national tissue dataset and reporting framework. The tissue report released in April 2012 was the first time national reporting occurred using the agreed dataset.

Around 1% of people die in circumstances in hospital that will enable organ donation, but many more people can become tissue donors after their death. One deceased donor can transform the lives of many people, and enable them to lead normal, healthy and active lives.

A living tissue donor is someone who donates tissue while they are still alive. In Australia, living tissue donors can donate femoral heads and, in some instances, heart valves. The femoral head is the ball part of the hip joint, and is normally removed during hip replacement surgery. The bone is processed and used in orthopaedic surgery. The heart valves may be donated by the recipient of a heart transplant.

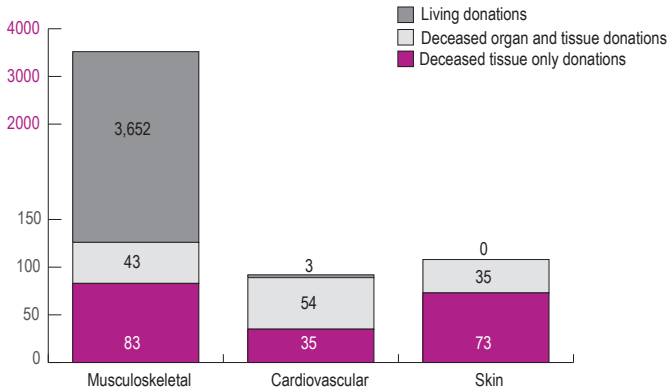
Figure 13: Tissue banks in Australia



Living and deceased tissue donations

In 2012 there were 3,843 generous tissue donors, of whom 3,655 (95%) were living donors while the remaining 188 (5%) were deceased. Living donors predominantly donated musculoskeletal tissue as part of their hip replacement surgery (3,652 donations), while deceased donors donated musculoskeletal, cardiovascular and skin tissue (323 donations).

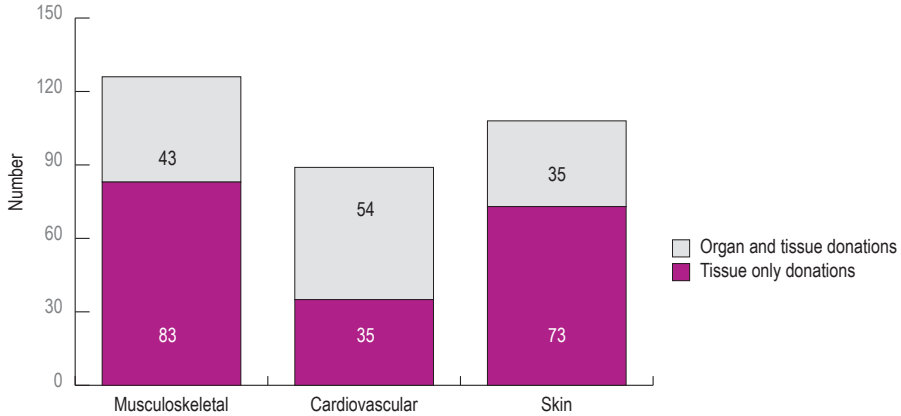
Figure 14: Living and deceased tissue donations 2012



Deceased tissue donations

In 2012 there were 188 deceased tissue donors who gave 323 tissue donations. Of these, there were 126 musculoskeletal donations, 89 cardiovascular tissue donations and 108 donations of skin tissue. Of these donations, 132 (41%) were from donors who also donated organs and 191 (59%) were donations of tissue only.

Figure 15: Deceased tissue donations 2012



Musculoskeletal tissue donation

Musculoskeletal tissue is the second most commonly donated tissue in the world. Only blood is more regularly donated and used.

Donated bone and tendons can be grafted to replace bone and ligaments that have been lost as a result of tumours, disease (such as debilitating arthritis) or traumatic injury. Tissue donation can save the limb of a person who has developed cancer and would otherwise face limb amputation. It can also aid fracture healing, strengthen hip and knee joint replacements, and replace and repair spinal deformities. Tissue donation enables recipients to lead normal, healthy and active lives.

Cardiovascular tissue donation

Cardiovascular tissue donations are often used to repair congenital defects in young children and babies and to replace diseased valves in adults. Heart tissue donation markedly improves the quality of life and can sometimes save the life of a child.

Skin tissue donation

Skin grafting often saves lives. Skin grafts are an effective way to treat people with severe burns. Children, in particular, need skin grafts, as a burn or scald can cover most of their body. Skin grafts are medically recognised as an effective way to minimise scarring and promote healing of severe burns. A patient with severe burns may need repeat skin grafting from numerous donors until their wounds heal.

SOURCE DATA AND ADJUSTMENTS

In contrast to previous years, data reported in the 2012–13 Annual Report is reported on a calendar year basis to align with Australian and international donation performance reporting.

In May and August 2013, as part of their routine data quality audit processes, the Australia and New Zealand Organ Donation (ANZOD) Registry revised data previously provided to the OTA in relation to organs transplanted. The following table describes these changes. The adjusted data will apply to all organ and tissue donation reporting going forward.

Table 9: Organs transplanted

Year	Previously published outcomes	Revised outcomes
2009	850	856
2010	987	993
2011	1,041	1,057
2012	1,099	1,110

Table 10: Organs transplanted rate (otmp)

Year	Previously published outcomes	Revised outcomes
2009	39.0	39.3
2010	44.7	45.0
2011	46.6	47.3
2012	48.4	48.9

COMMUNITY AWARENESS AND ATTITUDES

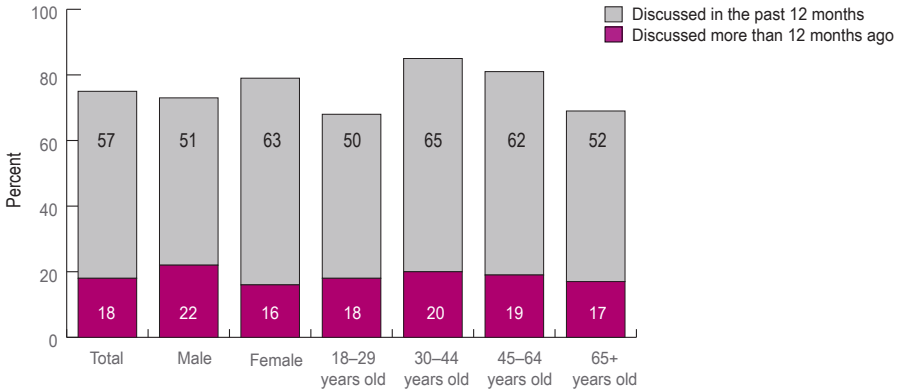
In March 2013 we commissioned Woolcott Research to undertake tracking research to measure community attitudes and awareness about organ and tissue donation. The research enabled us to measure the ongoing effectiveness of the National Community Awareness and Education Program against May 2010 benchmark and 2011–12 tracking research.

The research we commissioned has shown a consistently high level of willingness by Australians to become organ (78%) and tissue (75%) donors.

At the same time, 52% of Australians are unaware that while we each have the potential to become organ donors, less than 1% of people actually die in hospital in the specific circumstances where organ donation is possible. Many more have the potential to become tissue donors. On learning this fact, 61% of people became more motivated to decide about becoming an organ and tissue donor.

The key call to action for Australians to discuss their donation wishes with family members has translated to significant increases in family discussion. Tracking research has shown that strong progress has been made by the national DonatLife Community Awareness and Education Program, with the majority of Australians (75%) having now discussed their donation wishes with family members. The majority of people (57%) indicated that this discussion had taken place in the past 12 months (see Figure 16). Females (79%), 30–44 year olds (85%) and 45–64 year olds (81%) are the most likely to have discussed their donation decisions with family members.

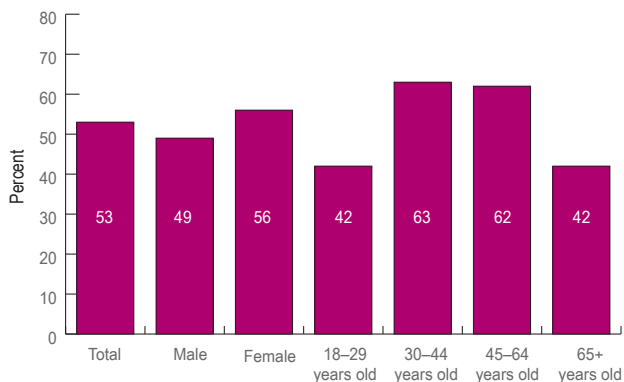
Figure 16: Respondents who had discussed organ and tissue donation wishes with their partner/ family, at March 2013



Research results showed that 66% of Australians believe their family knows their donation wishes. Of the 53% of Australians confident that they know their family members’ donation wishes, the majority (96%) indicate that they would uphold those wishes, should the situation arise. Knowledge of family members’ donation wishes tends to be lower among those aged 18–29 (42%) and over 65+ (42%), and for males (49%) compared with females (56%).

With 47% of Australians unaware or unsure about their family members’ donation wishes, ongoing nationally consistent initiatives are required to overcome barriers to family discussion and knowledge. Less than half of those Australians who are unaware or unsure of their family’s decision report they would still feel confident to make a decision about donation for their loved one, should the situation arise. These results show the importance of encouraging family discussion about organ and tissue donation.

Figure 17: Respondents' knowledge of family members' donation wishes, at March 2013



In 2012–13 our research examined barriers to discussion of donation decisions (see Table 11). The majority (90%) of people who had not discussed their donation wishes indicated that they would want their family to know what they wanted. The three main reasons people had not discussed their donation wishes were that they:

- ⇒ never seemed to think about it when with family members
- ⇒ found it difficult to get the family all together to discuss donation wishes, and
- ⇒ believed their family would not want to talk about death.

Table 11: Barriers to discussion for respondents who have not discussed donation wishes in the past 12 months, at March 2013

Statement	%
I know it's something that we need to discuss, but we never seem to think about it when we're together	70
It's too hard to get the family together to discuss our wishes	47
My next of kin would not like to talk about my death	47
I just would not know how to start a discussion about this sort of thing with my family	33
There is no need to discuss this with my family/next of kin because they would know what I would want done	30
It is better just to leave it up to them to decide what to do	30
I have never thought about organ and tissue donation	24
It is not necessary to discuss this sort of thing with next of kin	20

Overall, the 2012–13 results indicate that awareness levels have generally been sustained, despite the absence of any campaign advertising during 2012–13. This is an indicator of the strength of community awareness and education activities encouraging family discussion of donation wishes in 2012–13, combined with the levels of recall of previous phases of DonatLife campaign advertising activity.

NATIONAL REFORM AGENDA SUMMARY OF PROGRESS

This section of the report consists of three parts:

- ⇒ **Part A** provides a summary of progress against the six 2012–13 DonatLife Network strategic priorities
- ⇒ **Part B** provides a summary of progress made at a national level against the nine measures of the national reform agenda
- ⇒ **Part C** provides a summary of significant activities undertaken by DonatLife staff at the jurisdictional level.



PART A: REPORT ON STRATEGIC PRIORITIES

Each year we develop a set of strategic priorities to ensure our efforts are focused on areas identified by the DonateLife Network as integral to implementation of the national reform agenda.

In March 2012 the DonateLife leadership group met to confirm the strategic priorities for 2012–13. This group comprises senior OTA officers, members of the Advisory Council, State Medical Directors, representatives of state and territory health departments, and DonateLife Agency managers.

A summary of our progress against the six strategic priorities for 2012–13 is provided below.

Strategic priority 1: Develop a clinical governance framework to support and guide DonateLife Network staff in the provision of quality organ and tissue donation services within the broader health system.

A clinical governance framework provides defined guidance on building and maintaining reliable quality systems and defines ownership and accountability for organ and tissue donation systems in hospitals.

In early 2011 the former Parliamentary Secretary for Health and Ageing, the Hon Catherine King MP, commissioned a Mid-Point Implementation Review to assess the impact of the Australian Government's national reform agenda on organ and tissue donation for transplantation and to identify opportunities for improvement.

This review canvassed the opinions of a wide range of clinical experts and other stakeholders, as well as those of the members of the DonateLife Network (DLN). It found that there had been solid progress to date and that this progress had equalled or bettered progress seen in other countries at an equivalent stage in their reform journey.

In addition, the review identified that 'driving clinical practice reform at the hospital level' was a key area requiring further focus if the national reform agenda was to continue to impact positively on donation outcomes. It suggested the development of a national framework to support clinical practice improvement in DLN hospitals. Such a framework should include a range of strategies to support the desired changes in the delivery of organ, eye and tissue donation services in hospitals.

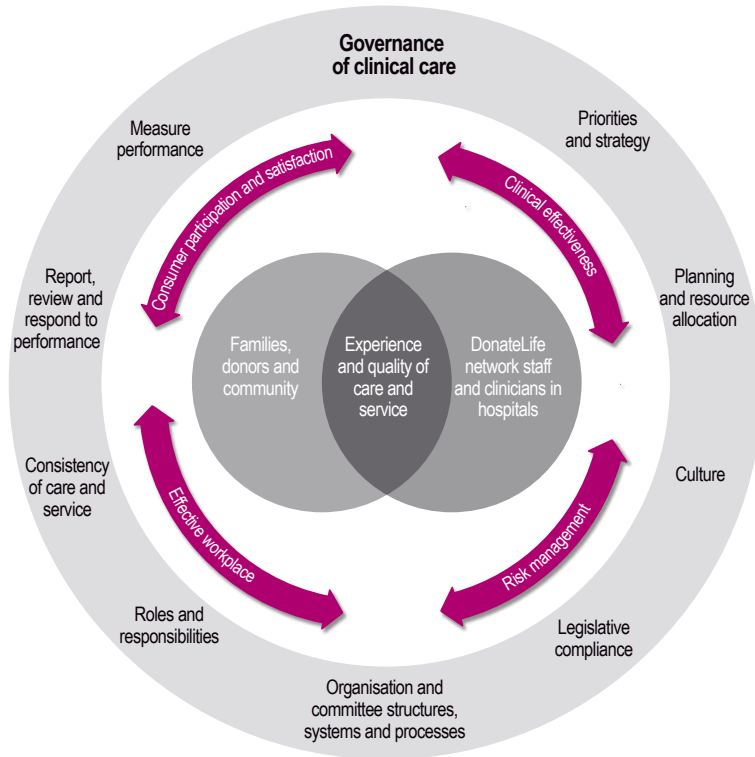
In response to the review findings, we established the Clinical Governance Committee in late 2011 to make recommendations for action on matters of clinical relevance to the DLN. In March 2012 the DLN leadership group agreed to the development of a clinical governance framework as a strategic priority in 2012–13.

Throughout 2012, the Clinical Governance Committee, in consultation with the DLN, developed the DonateLife Clinical Governance Framework (CGF). This framework provides defined guidance on frameworks and governance structures to support DLN hospital-based staff in the provision of quality organ and tissue donation services within the broader health system.

Figure 18 represents the CGF and illustrates that:

- ⇒ the goal is an improved donation experience, and improved quality of care and service
- ⇒ clinical effectiveness, workforce effectiveness, risk management and consumer participation and satisfaction are the four domains of quality and safety, and
- ⇒ there are nine components related to governance of clinical care.

Figure 18: DonateLife Clinical Governance Framework



The nine components of the CGF are as follows:

1. Priorities and strategic directions are set and communicated clearly.
2. Planning and resource allocation supports achievement of goals.
3. Measure performance and monitor quality and safety systems within the service.
4. Report, review and respond to performance to support continuous improvement of quality and safety within the service.
5. Organisational and committee structures, systems and processes are in place.
6. Roles and responsibilities are clearly defined and understood by all participants in the system.
7. Compliance with legislative requirements.
8. Culture is positive and supports patient safety and quality improvement initiatives.
9. Consistency of clinical processes to ensure a nationally uniform approach to clinical care.

The CGF provides the governance and accountability that supports effective implementation of the Clinical Practice Improvement Program (CPIP) in DLN hospitals across Australia.

The CPIP identifies 12 components that are key contributors to best practice donation outcomes and that align with the four quality and safety domains identified in the CGF, as shown in Table 12 below.

Table 12: Components of the Clinical Practice Improvement Program outcomes

Clinical Practice Improvement Program	
Quality and safety domain	Components
Clinical effectiveness	1 Organ, eye and tissue donation is considered in all end-of-life situations and pursued where appropriate.
	2 Organ, eye and tissue donation is discussed at regular Intensive Care Unit meetings and other clinical forums, including local hospital reviews of all actual and potential donor cases.
	3 Organ, eye and tissue donation policies/procedures/guidelines are drafted and incorporated into standard hospital/unit policy and procedure manuals.
	4 Clinical trigger implementation is reviewed annually and feedback used to inform ongoing use and education.
	5 DonatLife Audit is implemented fully and consistently according to the DonatLife Audit Guide.
Workforce/ professional development	6 Hospital-based teams are established to work together to identify and resolve issues that impact on donation performance in the hospital.
	7 Senior clinician/executive organ, eye and tissue donation champions are identified to provide hospital leadership in organ, eye and tissue donation.
	8 DonatLife Network hospital-based staff undertake regular organ, eye and tissue donation professional training to maintain clinical currency.
Risk management	9 Annual performance and development reviews of DonatLife Network hospital-based staff are held by the State Medical Director or delegate according to local position descriptions and performance processes.
	10 Serious adverse events related to organ, eye and tissue donation are reported within existing hospital, DonatLife Agency, jurisdictional and national systems, as appropriate.
Consumer participation and satisfaction	11 Potential donor family experience of donation is a structured and supportive process (regardless of whether donation proceeds).
	12 DonatLife Week and other community education and awareness events are undertaken and reported.

The CPIP also identifies key performance indicators for each component against which performance and progress will be measured over time, as well as an evaluation process.

Jurisdictional and hospital-based CGF Leads have been identified in all jurisdictions. These DonatLife Network staff members participated in the development of the CPIP and will continue to champion and guide the implementation of the CGF and the CPIP at the jurisdictional and hospital-based levels.

Each DLN hospital (with the exception of NSW) has developed an annual local hospital activity plan which outlines actions to be taken in 2013–14 to embed the components of the CPIP in hospital practice. The hospital action plans will be implemented from 1 July 2013 (from 1 July 2014 in NSW).

Implementation of the DonatLife Clinical Governance Framework and the Clinical Practice Improvement Program is a strategic priority for the DonatLife Network in 2013–14.



Thousands of Canberrans participated in the DonatLife Walk, organised by the Gift of Life Inc and supported through an OTA Community Awareness Grant as part of DonatLife Week 2013.

Strategic priority 2: Deliver the national Professional Education Package to increase family consent rates for organ and tissue donation.

The OTA has developed—and is delivering—a modular education program for health professionals to build capability in effectively conducting conversations with potential donor families and requesting consent for donation.

In 2012–13 we led the widespread delivery of specialist education in all Australian jurisdictions to support health professionals in conducting conversations with families about the opportunity of organ and tissue donation. The core Family Donation Conversation (core FDC) workshop has been delivered as the core component of the Professional Education Package (PEP). The PEP comprises sequential training modules that provide health professionals with the necessary knowledge and skills to support grieving families to make an informed and enduring decision about donation.

In 2012–13 there were 11 core FDC workshops across Australia providing training to approximately 270 professionals working in the organ and tissue donation sector. This means that since the first core FDC workshop in March 2012 there have been over 600 professionals across the country who have received specialist training in the core FDC workshops, enhancing practice when requesting donation.

The core FDC workshop was developed in collaboration with the Gift of Life Institute in Philadelphia, USA, which is known to be an international leader in education on family communication for organ and tissue donation. We have continued to work with the Gift of Life Institute since engaging them in 2011 to develop and deliver core FDC workshops in every Australian jurisdiction. Significant work occurred in 2012–13 for the provision of a professional development and training program for a select group of specialist Australian trainers for the long-term delivery of the core FDC workshop in Australia. In February 2013 the delivery of the core FDC workshop was successfully transitioned from the Gift of Life Institute trainers to the Australian trainers.

During the year we developed an additional practical FDC workshop to complement the core FDC workshop. The aim of the practical FDC workshop was to enable professionals to practise complex family donation conversations in a safe training environment. The practical FDC workshop was developed by an experienced group of DonatLife clinicians and trainers and commenced in August 2012. In 2012–13 there were 22 practical FDC workshops which provided training to around 295 health professionals.

A national evaluation is being undertaken to formally evaluate the impact of the FDC training on the way health professionals manage conversations with families when discussing organ and tissue donation. The evaluation will also assess the effectiveness of the 2013 national pilot of new models for management of the family donation conversation and the impact on donation consent rates.

In October 2012 we contracted La Trobe University's Australian Institute for Primary Care and Ageing to undertake this work. The institute has developed the necessary survey tools and will conduct the data analysis and report the outcomes of the evaluation. Approval has been granted by the relevant Human Research and Ethics Committees for the evaluation to seek feedback from health professionals involved in family donation conversations that take place at the pilot hospitals.

The requesting models being piloted involve the early introduction of a dedicated donation specialist requestor who has been specifically trained through the PEP to discuss donation with grieving families, and to support them during the decision-making process. There are two requesting models: in the Collaborative Requesting Model, the donation specialist requestor raises the topic of donation with the family in collaboration with the treating clinical specialist; whereas in the Designated Requestor Model, the treating clinical specialist will not be present or involved in the conversation when donation is first raised with the family.

Findings from the pilot evaluation will be reported to inform future national improvements in FDC training, and models for requesting organ and tissue donation.

Strategic priority 3: Refine audit and data collection processes for identifying potential and actual donors to drive improvements in organ and tissue donation.

The enhancements to the hospital performance audit, reporting and data collection processes will refine a national best practice framework and drive clinical performance and system improvements.

Since 2010 the DonatLife Audit has provided a nationally consistent method of retrospectively auditing data regarding hospital deaths in the context of organ donation. This process captures nationally consistent data across the 72 hospitals in the DonatLife Network.

The data obtained from the audit is used to quantify national and jurisdictional potential for organ donation; identify missed donation opportunities; and determine the request, consent and conversion rates for organ donation in DonatLife Network hospitals.

The audit data is also pivotal in helping to identify and develop new strategies to improve Australia’s organ donation rate.

In 2012–13 the DonatLife Audit was enhanced in the following ways:

- ⇒ The DonatLife Audit was transitioned to a web-based data collection application in August 2012, improving the audit process by:
 - providing an aggregate de-identified dataset at a national level to facilitate analysis within and between jurisdictions
 - facilitating a process for the more accurate identification of potential donors after cardiac death
 - removing the requirement for double entry of data
 - improving the data validation processes
 - providing enhanced reporting capabilities at the local, jurisdictional and national level.
- ⇒ The *DonatLife Audit Guide* was updated to be consistent with the web-based application and audit processes. The updated guide also includes a user guide and a ‘frequently asked questions’ document.

In 2012, for the third consecutive year, a full calendar year of potential and actual donation activity data was captured in the 72 DonatLife Network hospitals across Australia. The data has proven to be useful for identifying best practice and for driving change in hospital practice to lift donation rates.

As shown at Figure 19, the number of identified potential and actual DBD donors increased in 2012 when compared with 2011 potential and actual DBD donors. This is equivalent to an 8% increase in potential DBD donors and a 13% increase in actual DBD donors in the DonatLife Network hospitals in 2012.

Figure 19: Potential and actual DBD donors in DonatLife Network hospitals 2010–2012

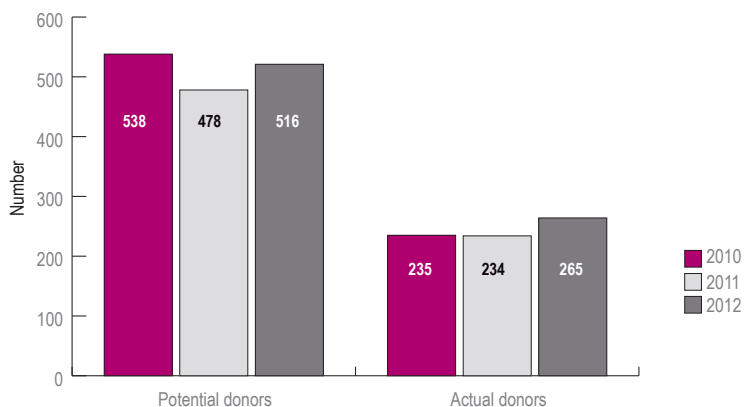
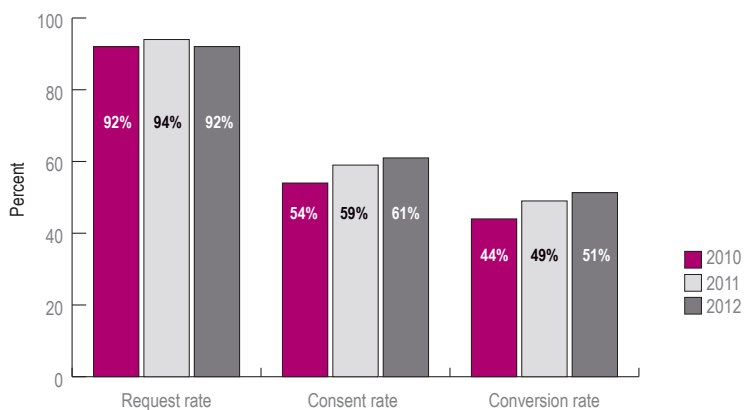


Figure 20 shows that despite a slight decrease in the request rate compared to 2011, the consent and the conversion rates in 2012 continued the year-on-year increases since 2010.

Figure 20: Donation after Brain Death request, consent and conversion rates 2010–2012



Work continues in analysing the key performance indicators to drive practice improvement across the donation sector.

The DonatLife Audit reports on brain death outcomes only. Donation after Cardiac Death (DCD) data is excluded for reporting purposes due to the fact that validation work is currently being undertaken on potential DCD categorisation.

DonateLife...the greatest gift



When you meet Saliha it's hard to imagine this bright, bubbly 22-year-old has spent the past two years connected to a mechanical 'heart' fighting to survive.

Only a few years earlier, she had finished Year 12 and was about to start her adult life when unexpectedly she was diagnosed with heart failure. Her heart was only at 10% capacity.

"Everything was falling into place, and then BANG, this illness appears. It was shocking. Until I received the VAD [Ventricular Assist Device], I was yellow, breathless and couldn't walk from one room to the other without struggling," Saliha explained.

The VAD was a temporary solution, however, and Saliha's only option to live was a heart transplant.

Saliha spent the next two years working hard to get her body ready for the transplant, and then waiting for the right donor.

"It was a Wednesday morning, and one of the nurses tapped me on the shoulder. She took me into a little office and said 'we might have a heart for you, what do you think?'" Saliha said.

"I gave the thumbs-up, but I was terrified. Am I going to come back [from theatre]? I'm receiving someone else's heart; I didn't know what was going to happen after the operation.

But I put my faith in God and the doctors and said 'go ahead'."

The transplant has changed Saliha's life in many ways. She is planning to go to university, can't wait to give back to her community and family, and has started to practise her religion more and more.

"I feel like a new person. Every day I feel better and better. I would say to my donor and their family, simply, thank you. Two words don't seem enough for this big gift, but it has changed my life."

Saliha



Brave Saliha in hospital.

Strategic priority 4: Implement an Electronic Donor Record to improve the accuracy, reliability, efficiency and transparency of the organ and tissue donation process.

The Electronic Donor Record (EDR) will support an efficient and effective national web-based information system that allows for data entry management and sharing of crucial donor/transplantation information to expedite and improve on the current organ and tissue referral processes in Australia.

Until now, the Confidential Donor Referral Form has been used to collect organ and tissue donor information in order to offer organs for transplantation. The manually collected donor data and information is transmitted by various means to organ-specific transplant staff by a donation specialist coordinator.

In order to provide donation and transplantation data to the Australia and New Zealand Organ Donation (ANZOD) Registry, donation data has to date been entered onto a printed form and mailed to the registry. There has been considerable duplication of data on the Confidential Donor Referral Form and the ANZOD Registry data forms.

It has been generally agreed that the Confidential Donor Referral Form and ANZOD processes for sharing data are very time-consuming and out-moded.

In March 2011 the development of a national EDR was confirmed as a strategic priority for the DLN and a tender process was undertaken by the OTA.

The primary purpose of the Donatelife EDR is to implement a national web-based clinical information system in order to:

- ⇒ capture donor referral data, medico-social history and family consent information for potential and actual donors
- ⇒ enable—in real time—the offer, allocation and distribution of organs and tissue across Australia for potential and actual organ and tissue recipients, and
- ⇒ facilitate transplantation to improve and maintain the health of organ and tissue transplant recipients by enabling states and territories to utilise the EDR trace-back facility at any time should that be required.

It will also enable the electronic transfer of de-identified data from the EDR to the ANZOD Registry.

In October 2012 we entered into a contract with Transplant Connect, a US medical software company, for the development of the Australian EDR using the iTransplant Medical Information System. The iTransplant application is used by over 50 donor agencies worldwide, including the United States, India and Canada.

iTransplant is web-based, configurable and customisable off-the-shelf software hosted at a secure data centre. It consists of separate modules for organ, eye and tissue donation. Phase 1 of the EDR project will focus on organ donation. There are options to include eye and tissue donation in Phases 2 and 3 of the project.

In late October and early November 2012, representatives from Transplant Connect visited Australia to present the iTransplant application and explore how the US product could be customised and configured to suit the Australian clinical context.

Consultative design workshops were held in Brisbane, Sydney and Melbourne for a variety of stakeholders, including representatives from the donation and transplantation sectors.



Approximately 200 participants took advantage of the opportunity to provide input to the essential features of an Australian EDR.

Following the workshops, the OTA, members of the EDR Project Control Group and other clinical experts reviewed the input provided by workshop participants and scoped the business requirements for the Electronic Donor Record.

With the finalisation of the scoping specifications in late January 2013, Transplant Connect started the development of the EDR. Subsequently, the project moved into a testing and evaluation phase. There have been two rounds of evaluation undertaken, with a third scheduled before the ‘go live’ launch in 2013–14.

Each state and territory has nominated a jurisdictional EDR liaison contact who is responsible for coordinating jurisdictional testers and providing timely feedback to the OTA on the outcomes of the evaluation process.

In parallel with the technical development of the EDR, we have been working with:

- ⇒ the DonatLife Network to develop national EDR standard operating procedures (processes and protocols) to promote consistency in the quality and integrity of the data system and the information provided to transplant units to facilitate the organ offer process
- ⇒ the DonatLife Network to establish the necessary information and communication technology systems to support implementation of the EDR, and
- ⇒ state and territory governments to resolve legal and governance issues around sharing, accessing, securing, storing and managing data.

Implementation of the EDR is a strategic priority for the DonatLife Network in 2013–14.

Strategic priority 5: Implement Stage 1 of the Eye and Tissue Reform Report to further consolidate eye and tissue donation within the broader DonateLife Network.

Stage 1 addresses the development of nationally agreed data definitions and datasets within the eye and tissue sector; identification of a national data registry for the sector to consolidate donation and transplantation data; and development of an education program for eye and tissue bank staff.

There has been sound progress made in 2012–13 following the review of eye and tissue banking in Australia and the release of the *Report on the options for more effective eye and tissue retrieval, processing and storage* in 2011.

Stage 1 of this report was addressed in 2012, and nationally agreed datasets for eye and tissue donations were developed in collaboration with eye and tissue banks across Australia.

For the first time in Australia, data on the number of tissue donors and the number of tissue donations was publicly reported early in 2013, and a process is in place to ensure ongoing reporting of eye and tissue data.

In addition, work has begun in collaboration with Australian eye and tissue banks to enhance the data collection process in order to report on the number and type of tissue transplants and the number of tissue transplant recipients in Australia.

The Eye and Tissue Education Implementation Group convened in 2012 to further the development of an education program for the eye and tissue sector. Work is continuing in consultation with key stakeholders, and includes investigation of additional modules to address gaps in existing international courses to suit the Australian sector. Advancements are being made to identify an appropriate set of current practical competencies with a view to standardising these nationally.



Strategic priority 6: Implement a nationally coordinated culturally and linguistically diverse communication and engagement plan to address barriers to decision making and discussion about organ and tissue donation.

The OTA, in partnership with key stakeholders, will continue to address potential barriers to organ and tissue donation within culturally and linguistically diverse (CALD) communities in Australia via a communication and engagement strategy and plan which includes the distribution and use of culturally appropriate resources.

In 2012–13 the OTA, in collaboration with the DonateLife Network and other stakeholders, commenced implementation of our Culturally and Linguistically Diverse Communications and Engagement Strategy 2012–15, with an initial focus on NSW and Victoria. The strategy, developed in consultation with—and endorsed by—the DonateLife leadership group, provides the national framework for a phased, systematic program to facilitate access to culturally appropriate and in-language resources on organ and tissue donation.

Key activities in 2012–13 included:

- ↪ Consultation with key religious and community leaders in NSW and Victoria, including face-to-face meetings to identify support for organ and tissue donation and opportunities to partner in the development, distribution and promotion of culturally appropriate resources.
- ↪ The launch of a community education campaign, in consultation with religious and cultural leaders: 'DonateLife ... the greatest gift'. The campaign was launched by former Parliamentary Secretary for Health and Ageing, the Hon Catherine King MP, at the national launch of DonateLife Week on 18 February 2013.
- ↪ The launch of the collection of DonateLife Statements of Support, signed by religious and cultural leaders in support of organ and tissue donation at Customs House, Sydney, on 13 March 2013. Religious leaders from the Jewish, Hindu, Buddhist, Greek Orthodox, Islamic and Catholic faith communities spoke in support of the 'DonateLife ... the greatest gift' campaign.
- ↪ At 30 June 2013 a total of 34 DonateLife Statements of Support had been signed by religious and cultural leaders.
- ↪ Production of the 'DonateLife ... the greatest gift' multimedia campaign CD comprising videos featuring religious and cultural leaders, and copies of the DonateLife Statements of Support. Brochures and posters were also produced in Arabic, Chinese, English, Greek, Italian, Spanish, Turkish and Vietnamese, and for Buddhist, Catholic, Hindu, Jewish, Muslim and Easter Orthodox faith communities. The campaign CD will be distributed to over 500 religious and cultural organisations and 250 community-based health organisations in NSW and Victoria in July 2013 and are available on the DonateLife website at www.donatelife.gov.au.

Through our Community Awareness Grants program, we provided funding to organisations for projects that engaged with CALD communities on the subject of organ and tissue donation. In 2012–13 funding was provided to the following projects:

- ↪ The Ethnic Broadcasting Association of Queensland developed a radio package promoting organ and tissue donation, translated into Greek, Arabic, Italian, Vietnamese, Cantonese and Mandarin and broadcast on rotation on Radio 4EB for three months.
- ↪ The Regional Development Association of Far North Queensland and Torres Strait conducted a series of community events focusing on Indigenous communities across Far North Queensland.

- ⇒ The Townsville Intercultural Centre conducted a one-day event targeting Townsville's large cultural community, including refugees and migrants, and a series of health workshops with students.
- ⇒ Artback NT conducted 14 performances of 'Gift of Life', a 30-minute performance piece, to Indigenous communities in regional and remote NT.
- ⇒ The Macarthur Diversity Initiative conducted information stalls at four festivals with a CALD focus, and held a discussion panel during DonateLife Week 2013.
- ⇒ Perth North Metro conducted a basketball match and provided culturally appropriate information to Indigenous Australians in Perth.
- ⇒ Bugalwena Health conducted a gathering of Indigenous families on the North Coast of NSW and distributed a brochure and merchandise specifically designed for the Indigenous community.



Yael Cass speaking at the launch of the 'DonateLife ... the greatest gift campaign' at Customs House, Sydney. Leaders from priority faith groups spoke in support of the campaign (L-R) Venerable Miau You, Father Steven Scoutas, Pandit Ji Samir, Pandit Ji Rami, Dr Mohammad Anas, Venerable Thich Phuoc Dat, Dr Bernadette Tobin, Rabbi Moshe Gutnick.

DonateLife...the greatest gift



Over 42 years ago Twanny received a life-saving kidney transplant. Today, with that same functioning kidney, he reflects on his life and the people who played a role in keeping him alive.

Born in Malta in 1953, Twanny developed kidney disease as a young boy. Malta was still recovering from the war and did not have dialysis and transplant programs. Twanny explains that had his family not migrated to Australia in 1965, he would have died.

"I was lucky to receive my transplant at St Vincent's hospital in Melbourne, one of the earliest in Australia".

Twanny also knows what it is like to be faced with the question, 'Does your loved one want to be an organ donor?' when, following the death of his father, his family agreed to honour his wish to become an organ donor.

"For our family, the circle was completed; I received the gift of life through a kidney transplant, and my father donated life."

While Twanny still experiences health issues, he is enjoying life to the fullest. Although now retired, he manages his own business as a Loss and Grief Counsellor/Educator and has participated in competition ballroom dancing, cycling, bowling and much more.

"Most importantly, this journey would not be possible without the generosity of my donor and their family. I don't know them and they don't know me, however, I would like to think that I haven't wasted this special gift of life I was given in their hour of sorrow and grief."

If you have made a decision about organ and tissue donation it is important that you share your decision with your family, because should the situation arise they will be asked to confirm your decision.

Twanny leaves this final request, "Remember to enjoy life, as it is the only one we have".

Twanny



Twanny in action with his guide dog Val at the Chand Raat Eid Festival in Melbourne.

PART B: NATIONAL ACHIEVEMENTS AGAINST THE NINE MEASURES

Measures 1 and 2

DonateLife Network

As part of the national reform agenda, state and territory governments agreed to the establishment of a national network of DonateLife Agencies and to employ hospital-based medical and nursing specialists in organ and tissue donation.

Additionally, all jurisdictions agreed to employ State Medical Directors (SMDs) charged with responsibility for leading and managing jurisdictional staff in their work to increase organ and tissue donation for transplantation across Australia.

Under the leadership of the National Medical Director, SMDs work with the OTA and each other to drive clinical practice and system change to increase organ and tissue donation rates.

The DonateLife Agencies are responsible for organ and tissue donation coordination, professional clinical education, support of donor families, community awareness and education, and data and audit.

Medical and nursing donation specialists are employed in 72 hospitals to facilitate the organ and tissue donation process, and to educate and support hospital-based staff involved in organ and tissue donation.

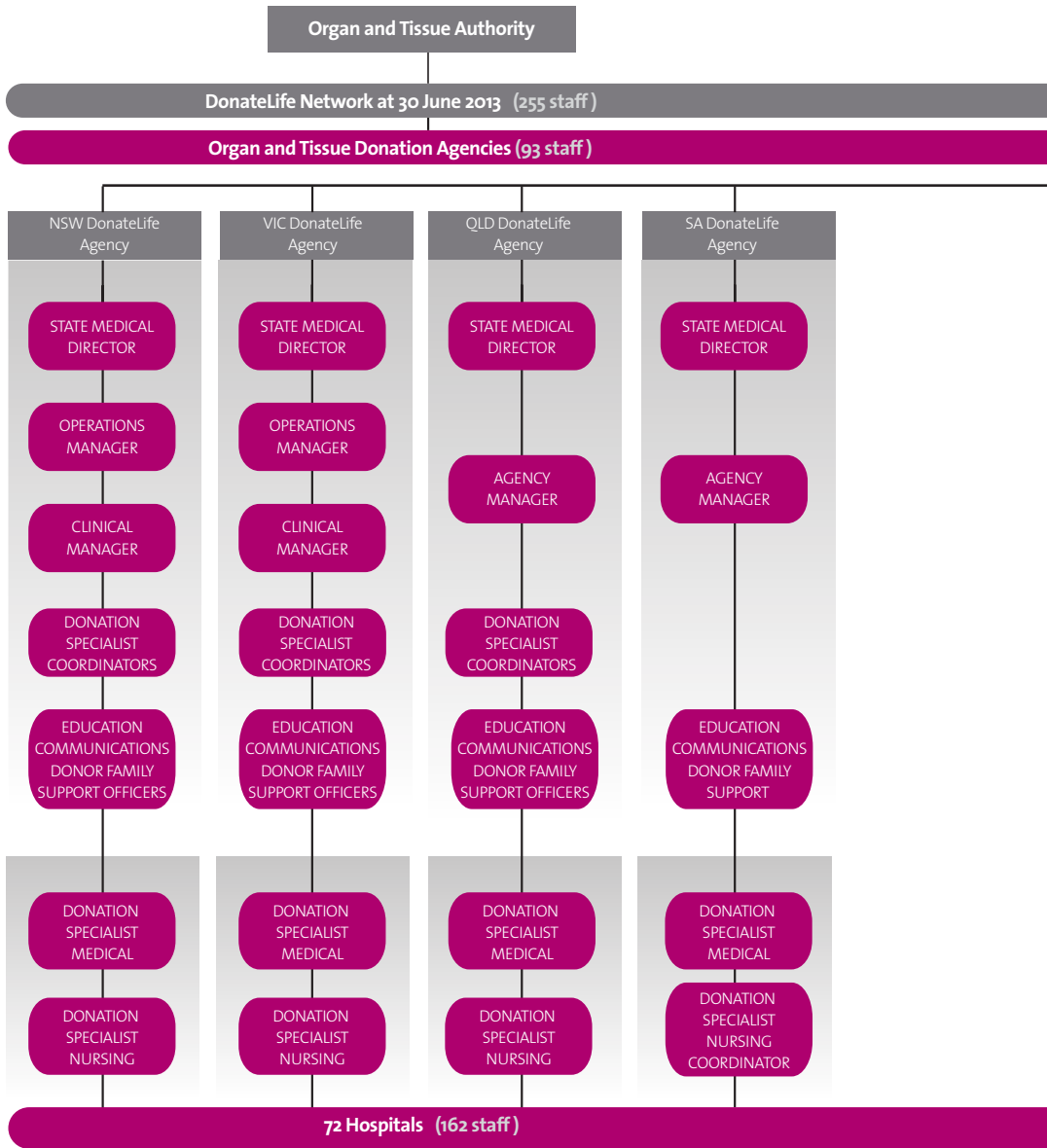
The DonateLife Network comprises DonateLife Agencies, donation specialist hospital-based staff and the OTA (see Figure 21).

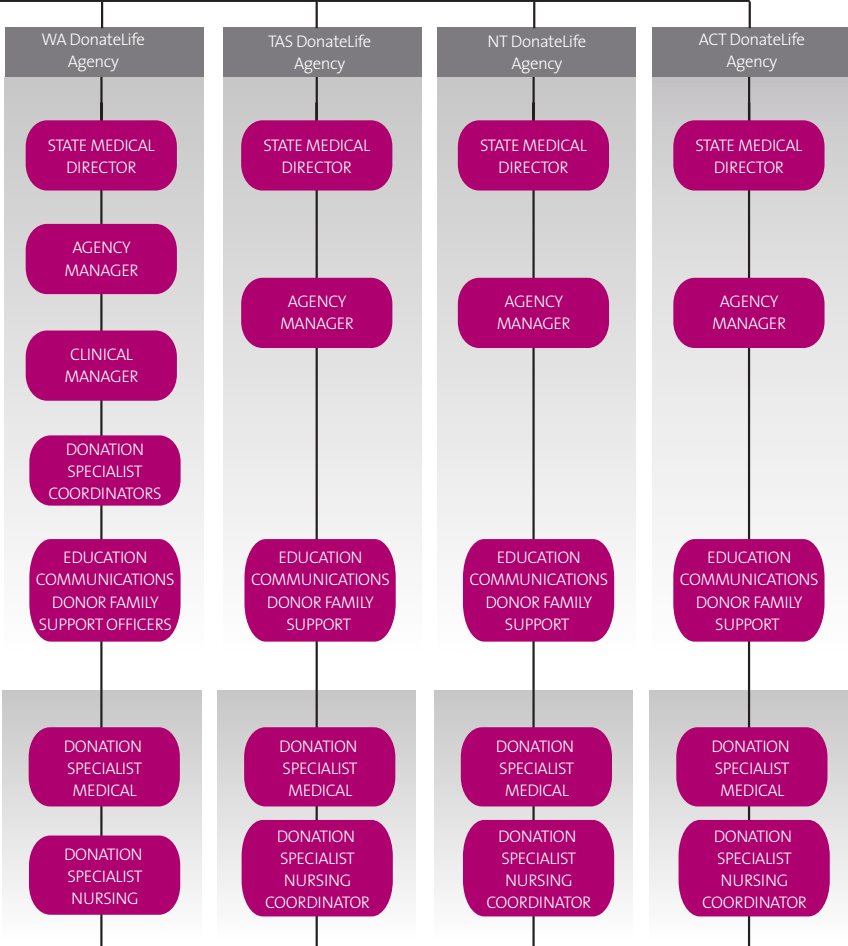
At 30 June 2013 the DonateLife Network comprised 255 OTA-funded staff, including 162 hospital-based medical and nursing specialists of organ and tissue donation in 72 hospitals across Australia, and 93 staff in eight specialist DonateLife Agencies.

During 2012–13 we continued to provide funding to each state and territory government to employ DonateLife Agency and hospital-based donation specialist staff. National role and responsibility guidelines for all DonateLife Network staff were used to inform their work. We also worked with the DonateLife Network and state and territory health departments to deliver on the six key strategic priorities.

We continue to monitor the progress of each jurisdiction, using a performance and reporting framework that has been agreed with the jurisdictions, as part of state and territory funding agreements.

Figure 21: Network organisational chart





State Medical Directors

The SMDs are responsible for increasing organ and tissue donation, overseeing organ and tissue donation processes, and ensuring consistency of practice within their jurisdictions. Specifically, the SMDs are responsible and accountable for:

- ⇒ overseeing the implementation of clinical practice reform by hospital-based medical and nursing specialists in organ and tissue donation. This includes standardising the adoption of endorsed clinical protocols within Emergency Departments and Intensive Care Units, and education and professional development programs
- ⇒ providing peer support to, and coordinating, a jurisdictional network of hospital-based medical and nursing specialists in organ and tissue donation
- ⇒ directing the jurisdiction’s DonatLife Agency, including taking ultimate responsibility for operational and financial management
- ⇒ reporting at a jurisdictional level against mutually agreed performance targets and goals
- ⇒ liaising with jurisdictional eye and tissue banks and transplantation and retrieval sectors.

Table 13 lists the SMDs for each jurisdiction.

Table 13: State Medical Directors for each jurisdiction

Area	State Medical Director
New South Wales	Dr Robert Herkes
Victoria	Dr Helen Opdam
Queensland	Dr Leo Nunnink*
South Australia	Dr Sally Tideman
Western Australia	Dr Bruce Powell**
Tasmania	Dr Andrew Turner
Northern Territory	Associate Professor Dianne Stephens
Australian Capital Territory	Dr Imogen Mitchell and Associate Professor Frank Van Haren***

* During 2012–13 Associate Professor David Cook and Dr Jonathan Field acted as proxy for the Queensland SMD at meetings and other events as necessary while an SMD recruitment process was undertaken. Dr Nunnink commenced as the substantive SMD in January 2013.

** In 2012–13 Dr Alan Duncan acted as proxy for the Western Australian SMD at meetings and other events as necessary while an SMD recruitment process was undertaken. Dr Powell commenced as SMD in November 2012.

*** In 2012–13 Dr Mitchell resigned as the Australian Capital Territory SMD. Associate Professor Van Haren commenced as the new SMD in October 2012.

DonatLife Agencies

Under the leadership of the SMDs, DonatLife Agencies contribute to the implementation of the national reform agenda in their respective jurisdiction. Key areas of responsibility include:

- ⇒ the provision of organ donation coordination services
- ⇒ collaboration and communication across the DonatLife Network to maximise donation outcomes for transplantation
- ⇒ community awareness and education activities that promote the life-saving and life-transforming benefits of organ and tissue donation, and the importance of family consent in the donation process, and
- ⇒ provision of nationally consistent and best practice support to donor families.

During 2012–13 the structure of the nursing donation specialists changed in South Australia, Tasmania, the Northern Territory and the Australian Capital Territory. Two separate roles—‘Organ Donation Coordinator’ and ‘Hospital-Based Nurse Specialist in Organ Donation’—were combined to become one role: ‘Donation Specialist Nurse Coordinator’.

In these jurisdictions, this role now fulfils all the hospital and DonateLife Agency expectations of the previous two roles and allows for these nurses to function with confidence and effectiveness in both environments.

In 2012–13 staff from the DonateLife Agencies made a substantial contribution to the development of the electronic donor record. For more information about this work, see Part A.

DonateLife hospital-based donation specialist staff

The DonateLife hospital-based medical and nursing donation specialists are responsible for organ and tissue donation processes in their hospitals.

These donation specialist staff work closely with hospital teams, particularly in the Intensive Care Unit and Emergency Department, to optimise identification of potential organ and tissue donors and the conversion of potential to actual donors.

Increasingly, they play an active role in facilitating the actual donation process in partnership with the DonateLife donation specialist coordinators and the treating clinical team.

They are also responsible for raising awareness of, and providing education on, organ and tissue donation for medical, nursing, allied health staff and others who are involved in the donation process in the hospital.

In 2012–13 staff from the DonateLife hospitals were actively involved in the development of the Clinical Governance Framework, incorporating the Clinical Practice Improvement Program (CPIP). This work included undertaking surveys to determine a baseline for the CPIP (for future evaluation purposes) and preparing Hospital Activity Plans for implementation from 1 July 2013. For more information about this work, see Part A.

DonateLife Network annual forum

In past years the entire DonateLife Network—along with members of the eye and tissue banking sector, the Advisory Council, Charter Signatories and state and territory health departments—have met in March for an annual forum.

The primary objective of the forum was to provide delegates with the opportunity to learn from national and international best practice in donation and to contribute to the ongoing implementation of the national reform agenda.

In 2012–13 this event did not occur. Instead, we will be encouraging all staff to attend the 12th Congress of the International Society for Organ Donation and Procurement in Sydney from 21–24 November, which is being hosted by the Transplantation Society of Australia and New Zealand. The congress will provide a unique opportunity for Australian organ and tissue donation staff to learn from a broad range of international donation and transplantation experts.

Measure 3: New funding for hospitals

This measure ensures that hospitals are provided with funding to address additional staffing, bed and other infrastructure costs associated with organ donation. The funding ensures costs are not a barrier for organ donation to proceed in hospitals.

These additional costs vary between hospitals and may include:

- ⇒ pathology and imaging
- ⇒ staffing time in Emergency Departments, Intensive Care Units and operating suites, and
- ⇒ the cost of transferring a consented potential donor from a regional hospital to a larger metropolitan hospital for the purposes of donation.

The Organ Donation Hospital Support Funding model has been used across Australia since 2009. In line with our agreement with the states and territories, we undertook a review of this funding model in late 2011, with a number of different models being considered before the preferred model was agreed.

The former Parliamentary Secretary for Health and Ageing, the Hon Catherine King MP, then wrote to the former Prime Minister seeking agreement to implement this new funding model. On 17 September 2012 Senator the Hon Jan McLucas, former Parliamentary Secretary to the Prime Minister agreed to the revised Organ Donation Hospital Support Funding model being implemented in 2012–13.

The new model is less administratively burdensome and uses independent Australia and New Zealand Organ Donation (ANZOD) Registry performance data to generate activity summaries to calculate the related payments. The revised model also addresses the fact that regional hospitals sometimes incur costs when transferring a potential organ donor to a larger metropolitan hospital for the purposes of donation.

In 2012–13 funding was provided to 79 public and private hospitals across Australia.



Measure 4: National professional awareness and education

This measure provides targeted delivery of high-quality education on organ and tissue donation to the Australian professional clinical community. It is led at a national level by the OTA and supported at a jurisdictional level through the DonatLife Agencies, and professionally by the peak professional bodies.

Delivery of the Professional Education Package to increase family consent rates for organ and tissue donation was one of our strategic priorities in 2012–13. Advanced training to support family donation conversations is a key part of this work, which is reported in Part A.

In 2013 the OTA began development of an online, interactive, e-learning orientation package, to replace the previous National Orientation Day for new DonatLife Network staff. By moving to an online orientation, new staff will be able to access national orientation at the time they start working within the network and at a time and place that is convenient for them. The new modularised online package will provide new DonatLife Network staff with information on the national reform agenda, the strategic priorities, the roles and responsibilities of the DonatLife Network, and key national initiatives, so they can understand and support the reform.

The 2012–13 period saw the awarding of the second and third rounds of the Janette Hall Professional Training and Education Scholarship, which was created in memory of a South Australian Hospital Senior Nurse of Organ Donation who passed away in December 2010. Across these two rounds of scholarship funding:

- ⇒ three scholarship recipients were supported to attend the Advanced International Training Course in Transplant Coordination in Spain
- ⇒ three scholarship recipients were supported to attend the International Course on Tissue Banking, Advanced Therapies and Blood Banking in Spain, and
- ⇒ one scholarship recipient was supported to visit an interstate hospital to observe and learn from advanced practitioners in a Donation after Cardiac Death case.

In total, seven health professionals working in the organ and tissue donation sector received scholarship funding in 2012–13.

The DonatLife Education Coordinators Network, established in October 2010, continued to meet regularly to share local training initiatives and contribute to key national education projects. In 2012–13 the Education Coordinators Network provided input to initiatives such as the development of the online orientation package and delivery of the Family Donation Conversation workshops. The network also helped to review a national package of presentations to be used by the DonatLife Network to educate people on key issues and processes in the organ, eye and tissue donation and transplantation sector.

Measure 5: Coordinated ongoing community awareness and education

The DonatLife National Communications Strategy 2012–13 provides the strategic framework and direction for the National Community Awareness and Education Program.

The key components include the national awareness week (DonatLife Week), Community Awareness Grants, community education and outreach, and media and social media activities.

The third annual DonatLife Week was held from Sunday 24 February – Sunday 3 March 2013. A total of 214 registered events took place across Australia, promoting the national theme, ‘Make your wish count: discover, decide, discuss organ and tissue donation’.

There was strong media support for DonatLife Week, with high take-up of the key messages and stories featured every day of the week. A total of 895 media items specific to DonatLife Week promoted the importance of family discussion and knowledge of donation decisions. The media coverage achieved during DonatLife Week 2013 equated to a cumulative audience reach of 39 million and editorial value of \$18 million, which is a very positive outcome given that there was no paid advertising activity in 2012–13.

We acknowledge the generosity of donor families and transplant recipients in sharing their stories to inspire other Australians to discover, decide and discuss organ and tissue donation. This includes submitting stories for publication in the printed and online DonatLife *Book of Life*, speaking with the media, and participating at community events.

There are 51 signatories to the National DonatLife Communications Charter, consisting of state and territory governments, peak professional bodies, DonatLife Agencies, eye and tissue banks and community organisations. In 2012–13 we worked with and supported the DonatLife Network and other signatories to extend the reach and impact of the national community awareness and education program at the local level.

The Community Awareness Grants program contributed significantly to promoting community education and awareness in 2012–13. Round 6 of the Community Awareness Grants program provided funding to 22 organisations to conduct community-based awareness events and activities during DonatLife Week 2013. A diverse range of projects were conducted, including:

- ➔ the GroundSwell Project conducted the FilmLife Festival, which invited young and emerging filmmakers to develop short films around the theme of DonatLife Week 2013
- ➔ the Cycle of Giving bike ride from the Sunshine Coast to New Farm Park (outside central Brisbane), which attracted around 600 cyclists to raise awareness of organ and tissue donation
- ➔ a radio package promoting organ and tissue donation which was developed by the Ethnic Broadcasting Association of Queensland, translated into Greek, Arabic, Italian, Vietnamese, Cantonese and Mandarin, and broadcast on rotation on Radio 4EB for three months, and
- ➔ a gathering of Indigenous families on the North Coast of NSW, which was organised by Bugalwena Health to share food, discuss organ and tissue donation and distribute a brochure and merchandise specifically designed for the Indigenous community.

In 2012–13, following extensive consultation with key religious and cultural leaders, we started implementing the ‘DonatLife ... the greatest gift’ education campaign to engage with culturally and linguistically diverse communities and facilitate their access to information about organ and tissue donation. The aim of the campaign was to enable more Australians to make a decision about organ and tissue donation and discuss it with their families.

The priority communities for the campaign in 2012–13 included Jewish, Hindu, Buddhist, Islamic, Catholic and Greek Orthodox faith communities, and Arabic, Turkish, Vietnamese, Chinese (traditional), Spanish, Greek and Italian language communities.

During 2012–13 we continued to provide nationally consistent, factual resources for the sector as well as for the broader Australian community. These resources included the *DonatELife Guide for Community Speakers*, Australian School curriculum resources for Year 8 and Year 9 students (accessible by teachers through the Education Services Australia online portal), online campaign kits, brochures, factsheets, e-newsletters, media releases, postcards, posters and merchandise.

A strong online presence through the DonatELife website, Facebook and Twitter pages continued to engage Australians in 2012–13.



Hon Justine Elliot MP and Indigenous families from the North Coast of NSW wearing t-shirts produced through the Bugalwena project, supported by an OTA Community Awareness Grant.

Measure 6: Support for donor families

We continued to fund Donor Family Support Coordinators in every jurisdiction during the year to provide nationally consistent and best practice support to donor families. This funding included the provision of a national suite of donor family support resources that are offered to organ, eye and tissue donor families.

We continued to work with the Donor Family Support Implementation Group to collaborate on the provision of services to donor families nationally.

We also started work on the national Donor Family Study which was previously conducted by the Australasian Transplant Coordinators Association (ATCA). The survey methodology has been agreed for the 2013 national Donor Family Study which will survey families who were asked about donation in a hospital setting in 2010 and 2011. Families will be invited to participate in the study and may choose to participate by completing an online or written survey questionnaire. Families may also volunteer to take part in a small number of one-on-one interviews.

The survey instruments have been drafted by an independent researcher—Proof Research Pty Ltd—with advice from the Donor Family Support Implementation Group, which includes all Donor Family Support Coordinators and an ATCA representative. Additional input on the qualitative interview phase of the study has been provided by donor family representatives of the Advisory Council, and ethics approval has been granted.

It is expected that the study will provide valuable evidence-based insight into the experiences of families across the entire organ and tissue donation process. This information will guide future professional practice and training so that families are given the best possible support.



Measure 7: Safe, equitable and transparent national transplantation processes

The OTA's relationship with the Transplantation Society of Australia and New Zealand (TSANZ) continues to strengthen through maintaining the national protocols for the management of transplantation waiting lists and the allocation of donated organs across Australia.

In 2012–13 we entered into a funding agreement with TSANZ for the provision of secretariat support, project management and liaison between our organisation, TSANZ and ATCA.

Key outcomes of the 2012–13 agreement included:

- ⇒ maintenance of the clinical currency of the Organ Transplantation from Deceased Donors: Consensus Statement on Eligibility Criteria and Allocation Protocols (the Consensus Statement) and mutual agreement on the process for development of Version 2 of the Consensus Statement
- ⇒ finalisation of terms of reference and work plans for TSANZ's advisory committees
- ⇒ review and implementation of the ATCA/TSANZ standard operating procedures and other associated documentation.

In 2013–14 the Consensus Statement will be reviewed under a partnership arrangement between our organisation, the TSANZ and the National Health and Medical Research Council.

Version 2 of the Consensus Statement will be developed in two parts:

1. Ethical Guidelines for Eligibility Criteria and Allocation Protocols for Organ Transplantation from Deceased Donors (Ethical Guidelines)
2. Clinical Protocols for Organ Transplantation from Deceased Donors (Clinical Protocols).

We expect it will take a minimum of two years to develop Version 2, during which time TSANZ will continue to maintain the clinical currency of the Consensus Statement Version 1.2 in line with current practice.

We have continued to participate in an observational capacity at TSANZ Council meetings, TSANZ Donor Surgeons and Donor Coordinators Advisory Committee meetings and Renal Transplant Advisory Committee meetings, further strengthening the collaboration with the transplant sector.

In 2012 we established the Transplant Liaison Reference Group to act as a formal interface between the donation and transplantation sectors.

The membership of the Transplant Liaison Reference Group is representative of the transplant sector. Its role is to facilitate communication within the transplant sector and between the donation and transplant sectors.

As organ donation continues to build momentum in Australia, the interrelationship between the sectors becomes increasingly important to the success of the national reform agenda and, specifically, to safe, equitable and transparent national transplantation processes.

Measure 9: Other national initiatives, including living donation programs

Australian Paired Kidney Exchange program

In its fourth year of activity, the Australian Paired Kidney Exchange program continues to meet its aim to maximise the number of live donor kidney transplants that can be performed in Australia by identifying biologically compatible donor/recipient pairs through quarterly match runs.

We provide funding to the exchange program's National Coordination Centre based at Fremantle Hospital through a funding agreement with the Western Australian Department of Health.

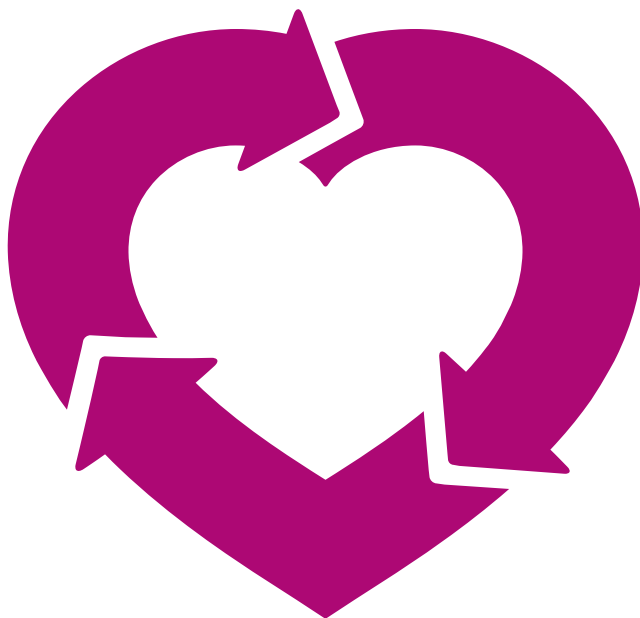
To date there have been 56 successful kidney transplants that are unlikely to have occurred in the absence of the program, which started in August 2010. At the end of June 2013 there were a further 10 patients awaiting surgery, with seven of these anticipated to receive a transplant in July 2013.

As part of ongoing monitoring and evaluation of the program, over 60 stakeholders attended the second Australian Paired Kidney Exchange Workshop in Sydney in May 2013. Participants included nephrologists, transplant surgeons and transplant coordinators from all jurisdictions, as well as tissue typing scientists. The overall feedback on the Kidney Exchange Program and its achievements was positive and supportive of continuing the program.

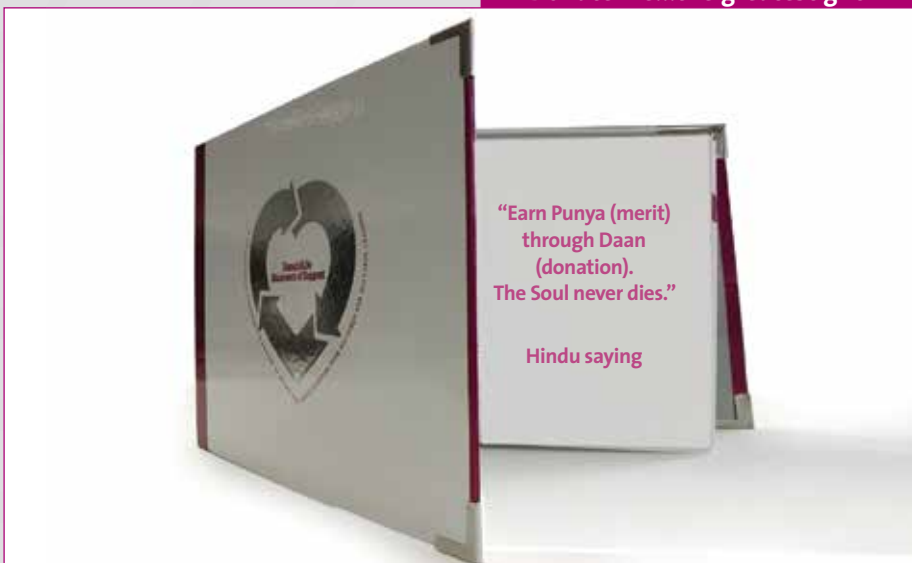
Vigilance and surveillance

We have undertaken to develop a vigilance and surveillance framework that will inform a system for detecting and reporting serious adverse events in organ donation and transplantation.

In 2012–13 we established the terms of reference for the Vigilance and Surveillance Working Group and we were in the final stages of identifying the membership. This group will comprise leaders in the field of vigilance and surveillance, jurisdictional representatives, and experts from the organ donation and transplantation sector.



DonateLife...the greatest gift



Sumith was 33 when he had a new liver transplanted at Royal Prince Alfred Hospital. Now 37, with a four-week-old baby at home, life couldn't be more different.

"I was lucky. I only waited nine months. Some people have to wait two years or more. I was in really bad shape before the organ transplant," Sumith said.

"I was very yellow, with no energy. I hadn't worked for five months because I was too sick."

Everything went smoothly and he was back at home three weeks after the surgery.

"It gives you a different perspective on life. I used to work in the corporate world, now I work for a not-for-profit organisation. It was just something I felt I wanted to do."

Sumith said the idea of becoming a father was a distant hope when he was so sick. The birth of his child is an "added bonus" to his second chance at life.

"I am as normal as I can be. I am working as hard as I can. We have our new baby.

"Before the transplant it was just about surviving, about getting through it day by day."

Sumith believes people are still not aware of what a difference organ transplantation can make to the recipient.

"People don't really realise how important it is. How it can change a person's life and how it can also change the lives of that person's family."

He was a believer in the importance of organ donation long before he needed one of his own.

"When I migrated to Australia I registered as a donor." But actually needing a donated organ himself was not something he had ever considered.

"It's a gift. At the end of the day it's just the most fantastic gift."

Sumith



Sumith received the gift of a transplant.

PART C: ACTIVITIES IN THE STATES AND TERRITORIES

 Health NSW Organ & Tissue Donation Service			82
			84
			86
 Government of South Australia SA Health			88
 Government of Western Australia Department of Health			90
 Tasmania Explore the possibilities			92
			94
 ACT Government Health			96



Health
NSW Organ & Tissue
Donation Service



DonateLife New South Wales (NSW Organ and Tissue Donation Service)

State Medical Director New South Wales: Dr Robert Herkes MB BS FRACP FCICM

Dr Herkes started in the role as State Medical Director NSW in July 2011. He is also the Director of Intensive Care Services at the Royal Prince Alfred Hospital in Sydney and Co-Chair of the NSW Intensive Care Taskforce.

Dr Herkes has a strong interest in the use of data to drive clinical practice improvement, having been instrumental in the development of the Australia and New Zealand Intensive Care Society (ANZICS) Database and championed the use of Clinical Information Systems within Intensive Care Units.

Dr Herkes was an active participant in the National Organ Donation Collaborative from 2006–2009 and returned to the sector in this leadership role to progress implementation of the national reform agenda in NSW.

Key activities in 2012–13

At 30 June 2013 the New South Wales Organ and Tissue Donation Service (NSW OTDS) employed 62 OTA-funded staff, comprising 15 DonateLife Agency staff and 47 medical and nursing donation specialists across 20 hospitals.

In August 2012 the NSW Minister for Health launched *Increasing Organ Donation in NSW: Government Plan 2012*. The NSW OTDS has responsibility for implementing this plan and is working in collaboration with the NSW Ministry of Health and a range of key stakeholders to achieve those outcomes.

Key initiatives outlined in the plan to improve organ and tissue donation in NSW include:

- ⇒ amendments to the *Human Tissue Act 1983*
- ⇒ closure of the NSW Roads and Maritime Services' organ donor register
- ⇒ implementation of designated requestors, and
- ⇒ improving information to culturally and linguistically diverse communities.

The Roads and Maritime Services' organ donor registry was closed on 19 November 2012. With the OTA's assistance, a snapshot of the registry was transferred to the NSW OTDS and an educational campaign was conducted to advise of these important changes.

The further fractionation of the donation specialist medical positions to enhance engagement with senior medical staff was introduced, and a full-day orientation for people new to the position was conducted in April 2013.

The Communication with Families regarding Organ and Tissue Donation in Intensive Care (COMFORT) study, previously known as the Designated Requestor trial, has eight NSW hospitals participating. At the end of June 2013 there were eight donor families enrolled at four hospitals. To date, 34 clinicians have attended designated requestor simulation training, and the study is expected to extend over the next two to three years.

Seven hospitals have signed up for the national pilot of models for requesting consent, which includes the NSW COMFORT study, with a further two awaiting ethics approval.

With the rollout of the national culturally and linguistically diverse (CALD) engagement strategy, and the development of the NSW CALD Implementation Strategy, linkages with CALD groups were enhanced by staff attending events to promote organ and tissue donation in these communities.

In the Professional Education Program there were:

- ⇒ eighteen general Australasian Donor Awareness Program (ADAPT) workshops with a total of 241 participants
- ⇒ six medical ADAPT workshops with 77 participants
- ⇒ three two-day core Family Donation Conversation seminars with 70 participants, and
- ⇒ six practical Family Donation Conversation workshops with 83 participants.

The Schools Project in NSW finished in February 2013 and was handed to the OTA to continue with the national development of this initiative.

The new NSW Lion's Eye Bank and NSW Bone Bank facility at Sydney Hospital was officially opened by the NSW Minister for Health on 27 June 2013. This new facility provides a purpose-built site for the co-location of these important services.

In December 2012 the inaugural meeting of NSW transplant surgeons and physicians was conducted to enable discussion of cases and medical suitability of potential organ donors. The meeting was chaired by the Chair of the Transplant Advisory Committee, Dr Henry Pleass. Discussions continue through the regular meetings of this committee, and the revised Case Review Forums are now held on a quarterly basis.

Meetings continue to be held with the Chief Executive of the NSW OTDS, Mr Terry Clout; the Chief Health Officer, Dr Kerry Chant; and chief executives of local health districts to ensure ongoing support for the further development of organ and tissue donation services. New reporting frameworks have been put in place and local committees established to further embed organ and tissue donation as ongoing practice within the health system.

Highlights

One of the highlights for 2012–13 was the prestigious Health Care Unit of the Year award won by the donation specialist team at John Hunter Hospital. The hospital contributes high numbers of organ donations and recently concentrated its efforts on increasing tissue donors, resulting in an increase of 150% in tissue donation over 2011 numbers.



(L-R) Dr Jorge Brieva, Jeanette Lacey, Nicole Coleman and Adrian Watson receiving an award at the Hunter New England Local Health District Staff Achievement Awards.

Another highlight was Aboriginal collaboration to promote organ and tissue donation. The development of a national Aboriginal pamphlet provided the platform for ongoing engagement with local Aboriginal communities where organ donation is now being discussed in a culturally respectful way. This initiative required a collaboration between the Donation Specialist Nurse (Mary Campbell), Aboriginal health workers, local Aboriginal community members, and state/national organisations. The project won the collaborative team category of the Northern NSW local health district quality awards and has been submitted as part of the NSW Health Innovation Awards.



(L-R) Hazel Bridgett, Darlene Rotumah, Mary Campbell, Dr Brian Pezzuti at the Northern NSW Local Health District Quality Award ceremony.



DonateLife Victoria

State Medical Director Victoria: Dr Helen Opdam MBBS FRACP FCICM

Dr Opdam became Victorian State Medical Director in 2009. Dr Opdam has a long-standing involvement in organ donation, including her ongoing role as Senior Intensive Care Specialist at the Austin Hospital in Melbourne, and as a former member of the Advisory Committee for the National Organ Donation Collaborative (2006–2009).

Dr Opdam is a leader in national organ donation strategy development and implementation. She is a member of the Australian and New Zealand Intensive Care Society (ANZICS) Death and Organ Donation Working Party that developed the current edition of the ANZICS *Statement on Death and Organ Donation*.

Dr Opdam chairs the OTA Data and Audit Working Group, established to drive clinical performance improvement and enhance hospital performance audit and reporting processes for DonateLife hospitals nationally.

Dr Opdam regularly facilitates Australasian Donor Awareness Program (ADAPT) workshops that deliver nationally-consistent education and training for intensive care specialists and trainees on brain death and organ donation.

In June 2013 Dr Opdam represented Australia's organ donation sector at the final meeting of the three-year Organ Donation European Quality System project in Barcelona, Spain.

Key activities in 2012–13

At 30 June 2013 DonateLife Victoria employed 79 OTA-funded staff, comprising 22 DonateLife Agency staff and 57 medical and nursing donation specialists across 22 hospitals.

In providing a safe, effective and efficient organ donation coordination service in 2012–13, DonateLife Victoria focused on increasing rates of organ and tissue donation by improving donor identification and requests, increasing consent rates, and expanding the donor pool by implementing Donation after Cardiac Death (DCD).

DonateLife Victoria continued its strong clinical engagement and education. Bi-monthly half-day professional development and audit case review meetings are standard practice, attended by all network staff and hospital clinical champions. These meetings are themed around strategic priorities identified by the OTA and evolved at a jurisdictional level, and include an external speakers program.

An extensive cycle of professional education and training was delivered, including:

- ⇒ general and medical ADAPT workshops
- ⇒ operating theatre staff workshops
- ⇒ an advanced brain death workshop for medical donation specialists, and
- ⇒ advanced nurse donation specialist workshops on donation work-up, media, research and coronial processes.

Implementation of an e-learning portal has also facilitated ongoing education.

Within the context of the national strategic priorities, further work was undertaken to implement six Victorian strategic goals. These were:

1. Improve the quality of the organ donation discussion with families to increase consent
2. Broader implementation of DCD
3. Increase tissue donation
4. Enhance the DonateLife audit of hospital deaths in Victoria
5. Develop a special audience communication and engagement strategy
6. Minimise risk.

Strategic working groups were created for each priority, and key projects and work plans were developed.

As part of the DonatLife Audit Working Group, DonatLife Victoria worked to improve the quality of audit case review meetings by including potential DCD cases in discussion as well as cases that illustrated communication and request issues.

New resources developed include an educational video to improve the communication skills of those raising the topic of donation with families, supported by monthly small group communication skills training sessions. A video on DCD has also been developed in collaboration with transplant teams and Geelong hospital that will benefit clinical staff across Victoria and nationally.

DonatLife Victoria expanded community awareness activities, delivering community-level talks by staff and volunteers state-wide, a DonatLife Week 2013 program of more than 50 events, building new partnerships with aligned stakeholders, and developing plans for priority groups such as culturally and linguistically diverse communities. The DonatLife *Book of Life* remained a major tool for promoting donation at public events, including at our annual Thanksgiving Service on 25 May 2013, attended by more than 500 recipients, recipient and donor family members, staff and volunteers.

Media engagement remained a priority, with a landmark collaboration with the ABC's *Four Corners* program providing an insight and personal perspective on donation. DonatLife Victoria also provided strong local leadership to manage the Arena Virus Coronial Findings announced in May 2013.

The Pilot General Practitioner project has been evaluated and further rollout later in 2013 is planned that will engage many medical staff and community members.

Highlights

Clinical governance meetings with executive teams across each health service have produced greater engagement of the health services, with increased support and consistency of practice among clinical teams.

Donation after Cardiac Death is contributing to the growth in organ donation for transplantation. DonatLife Victoria focused on this as a key priority in 2012–13 with the aim of increasing uptake and ensuring sustainability. For more information, go to www.donatlife.gov.au/the-authority/national-protocol-for-donation-after-cardiac-death

Development of further strategies that support culturally and linguistically diverse communities in the clinical setting have led to a number of resources being created and made available nationally to support the donation conversation with families who have English as a second language.

Communication has been a strong focus for our team, with the collaborative request trial underway, the communication resource DVD complete, and lead trainers from Victoria identified for delivery of the professional education package.



(L–R) Jon Secull, Michelle Secull, Dr Helen Opdam at the launch of DonatLife Week in Bendigo.



DonateLife Queensland

State Medical Director Queensland: Dr Leo Nunnink MBBS FACEM FCICM MHServMgt

Dr Nunnink was appointed State Medical Director for Queensland on 28 January 2013. He is Senior Staff Specialist in Intensive Care at Princess Alexandra Hospital and a clinical academic with the University of Queensland Discipline of Anaesthesiology and Critical Care. In the latter role, he developed education programs using simulation and e-learning. Dr Nunnink is currently undertaking further specialisation in medical administration.

Key activities in 2012–13

At 30 June 2013 DonateLife Queensland employed 32 OTA-funded staff, comprising 14 DonateLife Agency staff and 18 medical and nursing donation specialists across 11 hospitals.

DonateLife Queensland plays a leading role in the area of deceased tissue donation, tissue banking and the living bone donor program. The three Queensland tissue banks worked closely with DonateLife Queensland to optimise tissue donation from organ donors where consent has been obtained. To further support the work of the tissue banks, significant work is being done to amalgamate the three tissue banks into a single campus which will diversify the skills of the staff and provide efficiencies within the tissue donation and processing areas. The tissue banks have also achieved the submission of dossiers for Therapeutic Goods Administration licensing.

Structurally, some significant internal changes were undertaken within the service in the past 12 months. Responsibility for organ and tissue donation services was transferred from the Queensland Health Division of the Chief Health Officer to the Metro South Hospital and Health Service. A business manager was recruited to manage financial and budgetary compliance and reporting.

An important event for DonateLife Queensland is the annual, two-day, face-to-face meeting of all network staff. This workshop gives the staff, who are geographically dispersed, an opportunity to connect and strengthen working relationships as well as receive training from the agency. One aspect of training in 2012–13 was related to the implementation of the new national audit tool application which has resulted in more consistent and higher quality data being accessible.

DonateLife Queensland continues with its involvement in the Australian Paired Kidney Exchange Program and, since January 2013, there have been four successful paired transplants. Alongside the living kidney program, a policy has been developed for altruistic kidney donation.

Donation after Cardiac Death (DCD) is fully established in Queensland: all hospitals are DCD-capable and supported by state guidelines (which are currently being reviewed).

The donation specialist nurses and doctors, together with the donation specialist coordinators, have continued to provide professional education during the financial year. About 2,700 health professionals participated in 272 hospital-based Professional Education Packages. Family Donation Conversation workshops were delivered by locally sourced presenters for the first time, with three DonateLife Queensland staff now fully accredited to deliver national training.

DonateLife Queensland hosted eight Services of Remembrance in regional areas this year, and most of them noted an increase in numbers. More than 1,000 people attended the Brisbane Service of Remembrance at Brisbane City Hall in June 2012.

DonateLife Queensland's engagement with school students grew during the year, with schools increasingly choosing organ and tissue donation among their selected topics for Year 11/12 senior health education. In 2012–13 more than 2,280 students at 42 high schools participated in school talks by donor coordinators or undertook visits to renal dialysis units as part of their organ and tissue donation health education.

While traditional communication and public awareness-raising activities have been maintained, there has been a renewed focus on culturally and linguistically diverse communities, leading to significant opportunities in some Queensland Indigenous communities.

Highlights

During 2012–13 Cairns-based Donation Specialist Nurse, Loren Ginders, worked with community grant winner—Regional Development Australia Far North Queensland and Torres Strait—to raise awareness in Indigenous communities.

Initially, there was an intensive consultation process with health centres, community council members and elders to establish appropriate events for their district.

Awareness-raising centred on sporting activities and using positive role models: Northern Pride rugby league team members and Cairns Taipan basketball players. Other champions included community leaders and Indigenous recipients.

The travelling show visited five rural and remote communities as well as speaking to Far North Queensland health professionals and community elders at formal events.

Project organisers and recipients were interviewed by the media and, as a result of all this work, Loren has been invited to talk to school students as well as Far North Queensland community health centres. She is optimistic the donation message will continue to be heard in Far North Queensland communities long after the end of the project.



Former Bronco, Queensland and Australian Rugby League player, Petero Civoniceva, with DonateLife QLD staff (L) Niamh Farrell and (R) Shelley Waller at the NRL All Stars Festival in Brisbane.



DonateLife South Australia

State Medical Director South Australia: Dr Sally Tideman BA MBBS FRACGP MPH FRACMA

Dr Tideman brings expertise in health service reform to the role with a background of 22 years' experience in medicine, rural and remote general practice, medical administration, management and leadership.

In her first four years as State Medical Director, Dr Tideman focused on the implementation of the national reform agenda in South Australia. Her objective for the year ahead is to work collaboratively with Di Callahan, the South Australian Nursing Service Director, to continue to deliver explicit and balanced executive medical and nursing leadership for the organisation, combined with supporting a strong service delivery and organisation development culture. DonateLife SA continues to build capacity in 'leadership' and 'followership'—both key variables in a high-performing system.

Under Dr Tideman's leadership, the now well-established DonateLife SA Network continues to perform at a nationally high standard.

Key activities in 2012–13

At 30 June 2013 DonateLife South Australia employed 26 OTA-funded staff, comprising 12 DonateLife Agency staff and 14 medical and nursing donation specialists across five hospitals.

Following four years of active reform, South Australia has a stable, professional, and committed multidisciplinary team supported by SA Health and Ageing, clinical champions and volunteers.

The last year has seen the finalisation of all protocols and clinical standard operating procedures guiding best practice organ and tissue donation in participating South Australian hospitals. Annual review of all protocols is mandated.

Five research projects into state and national aspects of organ and tissue donation are currently in progress.

DonateLife SA has collaborated with the Royal Institution of Australia—the Science Exchange to develop an Organ and Tissue 'scinamation'—a short, stylised animation communicating the complex scientific concepts of organ donation in an accessible format (a two-minute DVD/web video). Work is in progress to extend the scinamation project to culturally and linguistically diverse (CALD) audiences.

A new project to engage Indigenous Australian audiences on organ and tissue donation is underway following the appointment of a CALD project officer to provide expertise and support in Indigenous/CALD matters to DonateLife medical, nursing and communications staff.

In 2012–13 DonateLife SA staff made 105 clinical presentations about organ and tissue donation to Intensive Care Units, Emergency Departments, operating theatre staff and doctors and nurses in training at hospital sites across South Australia. This equates to education supporting coordinated, safe and quality delivery for organ and tissue donation services for more than 1,200 clinicians.

All sites have participated in the national DonatLife Audit, reporting monthly on all potential and actual organ donations. Audit reports inform continuous quality improvement.

All sites have participated in preparing for the National Organ and Tissue Donation Clinical Practice Improvement Program. This key component of the DonatLife Clinical Governance Framework starts on 1 July 2013 and has been welcomed by DonatLife SA.

DonatLife SA continues to have a strong profile in the media as well as community engagement. There has been significant exposure through a number of state-wide publications and DonatLife SA has well established links with radio, social, web-based and television media.

Development of the South Australian Eye and Tissue Network continued with collaboration for the Service of Remembrance, the annual Rose Planting Service and community awareness events. The integration has been consolidated through the Eye and Tissue Subcommittee of the South Australian Transplantation and Organ Donation Advisory Council.

DonatLife SA organised a number of events honouring donors and their families. The 2013 February Rose Planting Ceremony at Bonython Park was attended by 300 members of donor families, transplant recipients, and their families and friends. The Hon Jack Snelling MP, South Australian Minister for Health and Ageing, and Karen Aunger, donor family member, planted the Spirit of Peace rose.

More than 250 people attended the 2013 Service of Remembrance in June in the ANZAC Hall at Prince Alfred College. Candles were lit to remember the donors in 2012, and an a cappella group sang a medley of songs to accompany a special In Memory DVD.

Highlights

DonatLife SA staffed an information stand at the Royal Automobile Association of South Australia annual Street Smart youth and road trauma awareness event held at the Entertainment Centre in February 2013. It was a highlight of DonatLife Week, with around 4,000 students from secondary schools across the state gaining access to informative materials and fun items revolving around the theme 'Make your wish count: discover, decide and discuss organ and tissue donation'. DonatLife volunteers and staff answered students' questions about donation and highlighted donor family and transplant recipient stories in the DonatLife *Book of Life*.



(L-R) Linda Vaughan and Maureen Benn at the Royal Automobile Association of South Australia's Street Smart youth and road trauma awareness event at the Adelaide Entertainment Centre.



Government of **Western Australia**
Department of **Health**



Key activities in 2012–13

At 30 June 2013 DonateLife Western Australia employed 25 OTA-funded staff, comprising 11 DonateLife Agency staff and 14 medical and nursing donation specialists across eight hospitals.

These are exciting times for DonateLife in WA. As health services in Western Australia are moved away from the traditional tertiary settings to a more disseminated, regional approach to health provision, a dialogue has begun about the feasibility of organ retrieval being part of that move. With the increasing capability of non-tertiary hospitals to provide high-quality, critical care support of potential donors, consideration is being given to the feasibility of such a scheme. Undoubtedly, the project would present many challenges to the transplant community, and DonateLife WA is committed to facilitating discussion about these challenges. By adding to the number of potential sites retrieving organs, DonateLife seeks to increase the numbers of donors, ensure equity of opportunity, and maintain the high-quality service we currently provide.

DonateLife WA continues to develop and provide a range of training and education programs to the clinical community. In 2012–13 a wide variety of clinical education programs were organised and well received across both hospital and community-based groups. The medical and general ADAPT courses continue to be well-attended and received, thanks to the considerable efforts of nursing and medical staff. A comprehensive training package for Donor Coordinators has been developed, and standardisation of practices and processes remains a key piece of work.

DonateLife's crucial communication plans continue to be developed and implemented. Communities such as over 55-year-old groups, high school and university students were included in the mix of presentations, orientations and expos. As part of this plan, 46 education programs and presentations were delivered to community and industry groups, schools and Indigenous health workers.

DonateLife Western Australia

State Medical Director Western Australia: Dr Bruce Powell MBBS MRCP FRCA FAN ZCA

Dr Powell was appointed as the State Medical Director for Western Australia in November 2012, taking over from Dr Simon Towler who had been acting in the position until then. Dr Powell graduated from the Royal Free Hospital School of Medicine, London, in 1991 and, after his resident years, joined the Royal Navy as a medical officer, spending five years serving on ships and alongside the Royal Marines.

Dr Powell has had a varied and wide-ranging career that includes medical training, nephrology, anaesthesia and intensive care. He worked as a senior registrar in Fremantle Hospital's Intensive Care Unit in 2006, and from 2008 as Director of Intensive Care at the newly-commissioned unit at Rockingham General Hospital.

Dr Powell has been involved with organ donation throughout his career. His interest flourished during his four years as a registrar in nephrology and general medicine at the Sheffield Kidney Institute in Yorkshire. Working in anaesthesia and intensive care after that provided further opportunities to care for all aspects of both donors and recipients.

DonatLife WA also continues to work closely with non-profit groups through established individual liaison as well as through the Community Advisory Panel. This important conduit between DonatLife WA and its partners in the community will assist in providing both advice and feedback on direction and activities.

DonatLife Week in WA included:

- ⇒ a public debate on Sunday 24 February 2013 organised by the Organ Donation and Transplantation Foundation of WA
- ⇒ 'Dunk for a Wish' organised by Perth North Metro Medicare Local
- ⇒ information booths at university orientation days at Edith Cowan University, the University of Western Australia, the University of Notre Dame, and Curtin University
- ⇒ sixteen banners displayed through the Murray St Mall in the centre of Perth for the week, with an accompanying lunchtime event on the Thursday
- ⇒ displays and events with DonatLife-branded jars of pink heart chocolates at all major hospital sites.

Other events included the City to Surf fun run on Sunday 25 August 2012, involving recipients and donor families, and the Royal Automobile Club of Western Australia bstreetsmart event at Perth Arena on 10 April 2013 aimed at young, at-risk drivers, riders and passengers.

DonatLife WA has begun to make significant links with relevant Indigenous and other culturally and linguistically diverse communities in order to develop future education programs for these sectors. Timelines and databases for regular and professional meetings and follow-up have been—and will continue to be—developed.

Highlights

DonatLife WA's demonstrable success in increasing organ and tissue donation rates and transplantations over the past year is testimony to the work by all involved. The planned strategy of using hospital-based nursing expertise to expand the donor coordinator pool has progressed successfully, with a 50% increase in skilled donor coordinators across DonatLife WA. This plan places DonatLife WA in a solid position to handle those increasing organ and tissue donations, while also enhancing teamwork and cohesion across multiple sites.

During the year, in a strategy to further increase organ and tissue donation beyond the current geographical limits of Perth, DonatLife WA embarked on a project to develop a clinical governance framework to support and guide DonatLife Network staff in providing quality organ and tissue donation services to the broader health system.

Organ donation is relevant to all health sectors in Western Australia but currently only three major metropolitan hospitals undertake organ retrieval.

This exciting project will now move ahead in close partnership with regional stakeholders, and will be supported by tertiary expertise.



(L-R) Organ recipient Peter Chwal and family at the Honour Board ceremony in April 2013.



DonateLife Tasmania

State Medical Director Tasmania: Dr Andrew Turner MBBS FRACP FCICM

Dr Turner has been Director of the Department of Critical Care Medicine at Royal Hobart Hospital since 2007. He was Honorary Treasurer of Australia and New Zealand Intensive Care Society (ANZICS) 2002–10, Honorary Secretary of ANZICS 2010–2012, Vice President of ANZICS 2012–present, Intensive Care Foundation Trustee/Director 2005–11, and is a Clinical Associate Professor at the University of Tasmania.

Dr Turner has an interest in research and evidence-based medicine, having spent several years on the Executive of the ANZICS Clinical Trials Group, and he has been principal investigator in numerous studies conducted at the Royal Hobart Hospital. He was Director of Intern Training for five years and Director of the Division of Medicine at Royal Hobart Hospital for three years.

Dr Turner started his medical training at the University of Tasmania and began specialising in intensive care medicine in 1993. His training continued at the Austin Hospital in Melbourne and he became a specialist at the Royal Hobart Hospital in 1998.

Dr Turner believes his role allows him to advocate for—and improve the health of—Australians waiting for organ transplantation, and foster a culture and systems within Tasmania that support organ donation and the families of organ donors.

Key activities in 2012–13

At 30 June 2013 DonateLife Tasmania employed nine OTA-funded staff, comprising two DonateLife Agency staff and seven medical and nursing donation specialists across three hospitals.

Support was provided by the Department of Health and Human Services, through the strong engagement of a jurisdictional departmental representative.

In the past 12 months DonateLife Tasmania has seen considerable growth in deceased solid organ donation outcomes, reflecting the consolidation of the implementation of the national reform agenda in the state.

The DonateLife Tasmania team was strengthened professionally through regular state-wide team meetings, clinical meetings, case reviews and DonateLife Audit meetings.

Professional development was further enhanced through participation in the Family Donation Conversation Workshop in Hobart in May 2013, with a capacity audience agreeing this was a very valuable learning opportunity to strengthen skills to support the needs of families being asked to consider organ and tissue donation.

The DonateLife team worked consistently at developing and presenting clinical education and awareness sessions to a cross-section of health professionals in all area health services. This was complemented by the delivery of four ADAPT courses (one medical and three general workshops) across three hospitals.

The Royal Hobart Hospital continues to participate in the national trial of a Collaborative Requestor Model of request for organ donation. Staff have developed significant skills in the requesting process and are beginning to lead donation requests.

In February 2013 DonateLife Tasmania progressed closer towards the provision of a fully state-based organ donation coordination service with the commencement of the hybrid donation model to coordinate the pre-theatre phase of donation. DonateLife Victoria continued to provide coordination support during the theatre phase of donation cases.

Tasmania's first Donation after Cardiac Death (DCD) case was achieved in June 2013. This followed intensive protocol development and implementation at the Royal Hobart Hospital in 2012, providing for an alternative pathway to support organ and tissue donation.

In November 2012 the former Parliamentary Secretary for Health and Ageing, the Hon Catherine King MP, visited the Royal Hobart Hospital and acknowledged the progress of reform implementation at the local level.

The DonateLife Tasmania team worked tirelessly to promote organ and tissue donation awareness in the community during the year, consistent with the national communications framework established by the OTA. The DonateLife Agency responded to increased public enquiries and requests for information and education.

Community awareness and education presentations were provided to colleges, service clubs, universities and community groups.

DonateLife Week 2013 was the most successful yet for DonateLife Tasmania with 15 events scheduled across the state. The statewide launch was opened by the Tasmanian Health Minister Michelle O'Byrne MP at the Royal Botanical Gardens.

A total of 17 media outcomes were achieved during the week through the three major newspapers and two commercial television stations.

Tasmanians continued to contribute stories to the DonateLife *Book of Life*, which contains moving stories of people's lives that have been touched by organ and tissue donation. The book was featured at community awareness events across the state, contributing to a groundswell of interest.

DonateLife Tasmania's commitment to providing local donor family support was again reflected in the Service of Remembrance, held in Hobart in May 2013. This was an opportunity to acknowledge the generous gift of organ and tissue donors and their families, and the benefits for transplant recipients.

Highlights

The 2013 Service of Remembrance was held at the Baha'i Centre for Learning in Hobart on Saturday 25 May 2013.

The service theme of Cycle of Life reflected the different seasons experienced in people's lives, and included the opportunity to place a dedicated autumn leaf to decorate and bring to life a bare symbolic tree.

Highlights of the service included the St Michael's Collegiate Choir, the Dolce Ensembles string quartet, and harp player Kate Mooney who provided the reflective music.

A candle exchange ceremony provided the opportunity for all to reflect on individual donation and transplant experiences, and to remember and honour the people who were significant in their lives.

There were compassionate and moving reflections on donation and transplant experiences, generously provided by donor family, recipient and living donor speakers. Responsive prayers were provided by representatives from DonateLife Tasmania and the Australian Organ Donor Register.

DonateLife Tasmania wishes to extend thanks for the generous contributions from the community and those involved in the service preparations and planning, as well as those who attended the service.



The 2013 DonateLife Service of Remembrance in Hobart.



DonateLife Northern Territory

State Medical Director Northern Territory: Associate Professor Dianne Stephens OAM MBBS FANZCA FCICM

Associate Professor Stephens graduated from the University of Melbourne in 1988 and completed her Anaesthesia and Intensive Care training in Melbourne before moving to Darwin in 1998 as the first Intensive Care Specialist in the Northern Territory. She has built a robust Intensive Care Service at Royal Darwin Hospital that has a reputation for high-quality care and outcomes.

In 2001 Associate Professor Stephens established LifeNet NT, the first organ donation agency in the Northern Territory. She was a founding member of the OTA Advisory Council and has worked as the NT Jurisdictional Representative on successive national committees, driving reform in the organ donation sector for over 10 years.

Associate Professor Stephens has academic interests in improving organ donation knowledge in Indigenous communities, the critical care management of Indigenous people, and the management of disasters, trauma and sepsis, and she has published widely in these areas. She has a strong academic, research and teaching record and a reputation for the passionate pursuit of improved outcomes for patients and families.

Key activities in 2012–13

At 30 June 2013 DonateLife Northern Territory employed eight OTA-funded staff, comprising seven DonateLife Agency staff and one medical donation specialist in two hospitals.

Organ donation in the Northern Territory has continued to grow. Rates of organ donation have increased significantly, aligning the NT with world leaders in organ donation outcomes. Valuable collaboration with critical care departments at both Royal Darwin and Alice Springs Hospitals has assisted in this achievement, due to improved donor identification, staff knowledge and donor management.

DonateLife Week was very successful in the Northern Territory. Our launch was held at Darwin's 'il lido' restaurant which served a 'Dine for Life' menu throughout the week. We gave away pink pool noodles at the Darwin Waterfront Wave Lagoon and the Alice Springs Aquatic Centre, and held information displays throughout the Northern Territory, including at Charles Darwin University campuses during their orientation day. Donor families and recipients generously shared their stories through the local media.

The DonateLife team are relentless in their efforts to raise awareness by delivering frequent education to both clinical and community groups. Clinical education for NT hospital staff included a Family Donation Conversation core workshop and two practical workshops, as well as hospital grand rounds and regular in-services. Additionally, NT clinical staff, together with local hospital intensivists, participated in DonateLife Audit case reviews with Western Australia.

Community education included displays in the NT Show Circuit, participation at school health expos, and presentations to community service groups. DonateLife NT staff also participated in professional development activities, including journal club meetings, monthly education sessions and a two-day clinical workshop to ensure practice consistency in Darwin and Alice Springs.

Empowering Indigenous people to make informed decisions about organ and tissue donation is a priority for DonatLife NT. Our Indigenous education project continues to expand its reach with activities in East Arnhem, Lajamanu and the Katherine region this year. We attended the Milimika Festival on the Tiwi Islands and the Barunga Festival near Katherine, experiencing excellent networking and engagement at both of these key Indigenous community events.

Service of Remembrance ceremonies for donor families, recipients and staff were held at the George Brown Darwin Botanic Gardens and the Alice Springs Olive Pink Garden. These services provided an opportunity to reflect on the generosity of those who have given others a second chance of life through the donation of organs and tissues for transplantation.

DonatLife NT continues to work closely with the Queensland Eye Bank to develop an eye donation program in the NT.

Highlights

Artback NT and the Gift of Life play was once again a worthy recipient of a Community Awareness Grant, funded by the OTA.

The play aims to increase awareness and understanding of organ and tissue donation among Indigenous people. Developed by Indigenous artist, actor and director, Ben Graetz, the message theatre piece tells the story of a young man who sustains a severe head injury from a footy accident who donates his organs, and a young mother struggling with end-stage kidney disease who decides to have a kidney transplant. It is a story about family, loss, love and the extraordinary and generous gift of giving through donation. The play is very moving and has generated conversations that ripple through communities wherever it has toured. At Barunga Festival this year it was a feature event and attracted key Indigenous leaders who were very affected by its powerful message.



Associate Professor Dianne Stephens talks with children at the Milimika Festival.



DonateLife Australian Capital Territory

State Medical Director Australian Capital Territory:

**Associate Professor Frank Van Haren
MD PhD EDIC FCICM PGDipEcho**

Associate Professor Van Haren has been the State Medical Director for DonateLife ACT since October 2012. He was born and raised in the Netherlands and completed his dual Specialist Physician and Intensive Care Specialist training at the University of Nijmegen in the Netherlands.

Associate Professor Van Haren is a Senior Specialist in Intensive Care at Canberra Hospital, Director of the Intensive Care Research Program and Associate Professor at the Medical School of the Australian National University.

He is an internationally recognised research leader and was awarded a PhD in Medical Sciences in 2010.

Associate Professor Van Haren's leadership of DonateLife ACT is complemented by more than 15 years' experience with organ and tissue donation and transplantation. He is passionate about giving donor families the opportunity to make an enduring donation decision, and about pursuing strong direction and growth for DonateLife ACT services.

Associate Professor Van Haren is supported in his role as State Medical Director for DonateLife ACT by Deputy State Medical Director, Dr Greg Hollis, and Staff Specialists, Dr Sam Scanlan and Dr Mark Oliver, representing both the Emergency Department and the Intensive Care Unit.

Key activities in 2012–13

At 30 June 2013 DonateLife ACT employed 14 OTA-funded staff, comprising 10 DonateLife Agency staff and four medical and nursing donation specialists in one hospital.

DonateLife ACT continues to evolve by striving for best practice in organ and tissue donation. Organ donation rates are on an upward trend and it is evident community donation awareness has adopted the same direction. DonateLife ACT's supply of eye tissue donation for the NSW Lions Eye Bank has consistently met demand, together with the supply of local bone grafts, resulting in positive outcomes for transplant recipients.

New leadership was welcomed in 2012 with the appointment of Associate Professor Frank Van Haren and Kylie Downes to the State Medical Director and Agency Manager positions. Their aligned visions for DonateLife ACT Agency growth and success have begun to pave the way for an exciting future.

DonateLife ACT has a newly formed relationship with Calvary Health Care which will ensure more members of the ACT community have access to the opportunity of donation. This new relationship continues to be nurtured and developed through regular hospital education delivered by on-site donation specialists. DonateLife ACT is grateful to Calvary Health Care staff for embracing this new relationship and working in collaboration to fulfil the wishes of the community at the end of a patient's life.

Maintaining a presence in the community has been achieved through regular community engagements to raise donation awareness. DonateLife ACT's attendance at the National Multicultural Festival provided an excellent opportunity to connect with cultural groups through their celebrations with music, dance, cultural heritage and international food. Other key awareness raising activities included attendance at the University of Canberra 'O Week', the Retirement and Lifestyle Expo, NAIDOC Week, hospital displays providing tasty cupcakes to the public and staff, Defence Force open day, and an invitation to present at organ donor Julie Hart's 'Hart to Heart' fundraiser event.

The DonateLife ACT team also raised awareness about donation through participation in a team-building session at the Fernwood Fitness gym.

Professional development is vital for staff at DonateLife ACT to ensure the agency maintains current best practice. Five donation specialists successfully completed a Diploma in Tissue Banking, an online course provided by the Transplant Procurement Management and University of Barcelona. The course content included donor selection, eye tissue, cardiovascular tissue, musculoskeletal tissue, skin and cell therapies. This extensive new knowledge has allowed for review and refinement of current tissue donation practices, together with exploration of extending the tissue donation service provided in the ACT.

The generosity of donor families is always overwhelming. DonateLife ACT is grateful to the Bungendore Quilters, Anne's Legacy and individual volunteers who acknowledge the altruistic gift of organ donation by providing handmade quilts for local donor families. The quilts join the journey of the donor and their family during the donation process, and in the future often provide comfort for the family when reflecting on their experience.

DonateLife ACT wishes to acknowledge and thank outgoing State Medical Director, Dr Imogen Mitchell, and Acting Agency Manager, Shakira Spiller, for their contributions and commitment to the agency.

Highlights

The annual Service of Thanksgiving was held at Old Parliament House on 18 May 2013. Donor families, transplant recipients, clinical and hospital staff came together for the theme, 'Together we unite'. An addition to previous years was the inclusion of pastoral care staff from Calvary Health Care.

The scene was set for a time of reflection and thanksgiving. A donor family shared their story reflecting on their loved one, in addition to two recipients highlighting the positive impact their transplant has had on their lives. Delta Goodrem's song, 'Together we are one', was played, representing the donation and transplantation journey each person had travelled, and the similarities they had experienced. This theme was also demonstrated by a 'paper people' cut-out, an idea contributed by the organising committee.



DonateLife photo booth at the University of Canberra 'O Week'.

DonateLife...the greatest gift



I had a very rare condition, which attacked my liver and my kidneys. I knew that in adulthood I would need a transplant.

I think anyone who has been on the transplant list, or anyone who has loved someone on the transplant list, will know it's an extremely stressful period. However everything after my transplant, regardless of pain and discomfort, was wonderful. Your whole perspective changes.

I've always tried to live meaningfully. I chose to go into Jewish education because I wanted to do something which was going to make a difference. Being as unwell as one gets when life-sustaining organs aren't functioning, you're forced to rank your priorities. Although family was always the most important part of my life, I now know that much more clearly.

I learnt in hospital that 50 per cent of donations don't occur, even if someone had registered. If we're talking about radically increasing donation rates, we're not necessarily talking about increasing the number of people who register, but rather, encouraging people to discuss their wishes with their families. So when loved ones hear of it for the first time, it is not after the person has passed away.

Judaism upholds the sanctity of life above everything. I deeply believe it's very Jewish to

do what you can to save a life. Yes, there's an imperative to bury whole. But Judaism calls for many commandments to be set aside for "pikuach nefesh"—for saving a life.

Everyone I speak to says 'I'm pro', but when you ask them if they've registered as a donor, they say 'well no not yet'. If you're pro, act on it. If you're uncertain about the Jewish view, then find out. Live deliberately.

Adina



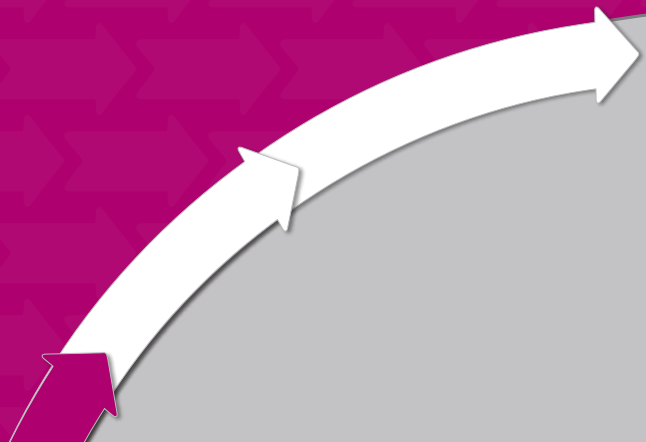
Adina, who received a kidney transplant in 2013, encourages families to discuss and know each other's donation decisions so they don't hear it for the first time after the person has passed away.

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Part 3

Management and accountability

Corporate governance	100
External scrutiny	104
People management	105
Workplace health and safety	108
Financial management	109
Sustainability and environmental performance	111
Other reporting requirements	111



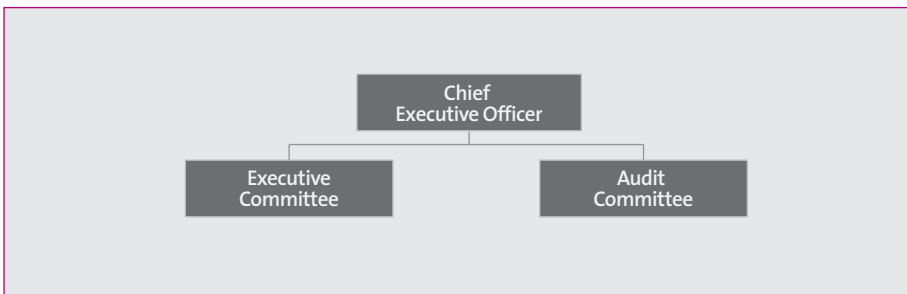
CORPORATE GOVERNANCE

The OTA's governance framework provides the structure for informed decision making, efficient and effective program management, risk management and accountability.

The OTA is a statutory authority established by the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008*. This Act sets out our primary responsibilities and the functions of the CEO.

The OTA is a prescribed agency under the *Financial Management and Accountability Act 1997*.

Figure 22: Corporate governance structure



Executive Committee

Our Executive Committee comprises the CEO, National Medical Director, Chief Financial Officer, General Manager and Business Unit Directors.

The committee meets weekly to provide guidance and leadership in our overall direction and responsibilities. It considers internal recommendations and provides advice to the CEO on governance matters, including financial and operational issues, risk and security management, fraud control, strategic information, technology matters, and people management.

Audit Committee

The Audit Committee, chaired by an independent member, Mr Peter Hofer, provides assurance and assistance on our risk control, compliance frameworks and external responsibilities. The committee provides independent assurance to the CEO to meet our responsibilities under the *Financial Management and Accountability Act 1997*.

The Audit Committee comprises two independent external members and one internal member, and it met four times during 2012–13. Representatives from the Australian National Audit Office, Internal Audit staff and other relevant OTA staff were invited to attend each meeting.

During 2012–13 selected OTA staff provided program delivery and risk reporting presentations to the Audit Committee, addressing the key risks as identified in our enterprise risk register.

Table 14 lists the Audit Committee members and the meetings attended in 2012–13.

Table 14: Audit Committee membership and meeting attendance 2012–13

Position	Name	Meetings attended
Outgoing Chair	Mr David Koch	1/1
Chair	Mr Peter Hofer	4/4
Member	Ms Glenys Roper	3/4
Member	Mr Rick O'Brien	4/4

*Mr Koch attended the September 2012 meeting in his capacity as outgoing Chair.





A set of training boards were presented to the North Bondi Surf Life Saving Club junior nippers by the Hon Jillian Skinner, Minister for Health and Medical Research at the NSW launch of DonateLife Week 2013.

Internal audit arrangements

In 2012–13 PricewaterhouseCoopers held primary responsibility for internal audit arrangements within the OTA. They promoted and improved our corporate governance by conducting audits and investigations and by providing independent advice and assistance to our Senior Management.

PricewaterhouseCoopers conducted four internal audit reviews aligned with the 2012–13 Strategic Internal Audit Plan and key risks, as approved by the Audit Committee. These reviews encompassed:

- ↪ internal reporting
- ↪ internal business process review
- ↪ procurement and contract management, and
- ↪ grant management.

The reports contained six recommendations to improve our operations and controls. During 2012–13 we implemented four of the 2012–13 recommendations and two from 2011–12.

Fraud control

We are committed to taking a systematic and stringent approach to the prevention and detection of fraud.

We have in place a number of review mechanisms to regularly evaluate the effectiveness of fraud control strategies, and a fraud control plan that complies with the Commonwealth Fraud Control Guidelines. As part of the periodic review of corporate governance documents, during 2012–13 we updated our existing fraud risk assessment and the fraud control plan. The review process had a strong focus on ensuring appropriate fraud prevention, detection, investigation and reporting procedures were in place.

During 2012–13 there were no fraud allegations investigated by the OTA.



Australian Government
**Australian Organ and Tissue Donation
and Transplantation Authority**

I, Yael Cass, certify that I am satisfied that for 2012–13, the Australian Organ and Tissue Donation and Transplantation Authority has:

- ⇒ prepared appropriate fraud risk assessments and a fraud control plan that complies with the *Commonwealth Fraud Control Guidelines*
- ⇒ appropriate fraud prevention, detection, investigation, reporting and data collection procedures and processes in place that meet the specific needs of the OTA
- ⇒ taken all reasonable measures to minimise the incidence of fraud in the OTA and to investigate and recover the proceeds of fraud against the OTA.

Yours sincerely

A handwritten signature in black ink that reads "Yael Cass".

Ms Yael Cass
Chief Executive Officer
27 September 2013



(L–R): Guy Newton, Neihana Milne, Daniel Nash, Mana Tewhatu and Trent Newlyn members of the Coffs Harbour touch football team 'The DonateLifer's' wearing their DonateLife t-shirts.

Risk management

Our Risk Management Framework ensures we consciously manage risks within a structured approach. Our objective is to integrate risk management across our corporate and operational areas.

In 2012–13 we reviewed and updated our Risk Management Framework, incorporating all key deliverables, current strategic priorities and key performance indicators. Our framework is based on Comcover's *Better Practice Guide—Risk Management* and the international standard *ISO 31000-2009 Risk Management Principles and Guidelines*.

EXTERNAL SCRUTINY

The OTA values transparency and accountability and welcomes scrutiny from a number of important institutions.

During 2012–13 there were:

- ➔ no issues or matters about the OTA referred to, or raised with, the Commonwealth Ombudsman's Office
- ➔ no legal actions lodged against the OTA, and
- ➔ no reports into the operations of the OTA by the Auditor-General or a Parliamentary Committee.

The OTA continued to appear before the Senate Standing Committee on Community Affairs.

Community organisations play an important role within the organ and tissue donation and transplantation sector. Wherever possible, we endeavour to include consumer representatives on internal committees and working groups.

PEOPLE MANAGEMENT

The OTA values the commitment and dedication of staff in developing a shared understanding of purpose, values and strategies to achieve our goals.

In 2012–13 we released our inaugural Strategic and Operational Plan. The strategic component of the plan has helped inform decisions regarding our structure and day-to-day operational activities, and has been integral in producing the outcomes defined by the strategy.

The development of the Strategic and Operational Plan followed a series of planning meetings that began with an analysis of the 2012 Australian Public Service Commission employee census results. The results provided information about how our staff viewed issues such as leadership and culture, health and wellbeing, recruitment and retention, and performance management.

We support the Australian Public Service (APS) Values and we actively integrate them into our day-to-day activities. We recognise that the values provide a framework within which we can drive various business tasks, respond quickly and soundly to changing circumstances and priorities, and remain accountable for decisions.

We have developed specific interpretations of the APS Values to align with the environment in which we work.

Table 15: Our values

I	Impartial	We develop and implement evidence-based policy that promotes equity and access to organ and tissue donation for transplantation.
C	Committed to service	We are an informed and responsive organisation which empowers the broader DonatLife Network to deliver world-class organ and tissue donation services.
A	Accountable	We are open, credible and responsible to the Australian community and governments.
R	Respectful	We professionally and compassionately acknowledge the different interests and needs of people affected by organ and tissue donation.
E	Ethical	We act with honesty and integrity in the conduct of our work.

In 2012–13 we continued our service level agreement with the Department of Health and Ageing which includes the delivery of payroll services and has enabled our staff to access the department's learning and development programs.

Terms and conditions of employment for Senior Executive Service (SES) staff are provided by individual determinations made under section 24(1) of the *Public Service Act 1999*. All terms and conditions of employment for non-SES staff are provided for in the Organ and Tissue Authority Enterprise Agreement 2011–14.

At 30 June 2013 we employed 27.6 full-time-equivalent staff, a reduction from 30.37 at 30 June 2012. Table 16 provides a breakdown of these figures by classification, gender, full-time and part-time status, and ongoing and non-ongoing employment. All staff are located in Canberra.

Table 17 shows the notional salary bands for SES and Medical Officers, while Table 18 provides the salary ranges for each non-SES classification, including the 3% salary adjustment that was payable from 2 August 2012. Table 19 lists the non-salary benefits available to staff.

In 2012–13 a total of nine staff at the SES and non-SES levels received a combined total of \$129,367.26 in performance pay. The majority of performance payments made in 2012–13 relate to assessments made for 2011–12, while a small number relate to assessments and pro-rata payments for 2012–13. Given the small number of staff involved, details of the actual classification levels and payments made for each level are not provided.

Table 16: Staffing numbers 2012–13

Classification	Female				Male				Total
	Ongoing		Non-ongoing		Ongoing		Non-ongoing		
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	
CEO	1								1
SES 1	2								2
Medical Officer Class 6							0.5		0.5
Senior Public Affairs Officer Grade 2	1								1
Executive Level 2	1			0.7	2				3.7
Executive Level 1	4	0.8		0.8	2				7.6
APS6	4		1		1				6
APS5	2		1				1		4
APS4	1								1
APS3		0.8							0.8
Total	16	1.6	2	1.5	5		1.5		27.6

Table 17: Senior Executive Service and Medical Officer salary bands 2012–13

Classification	Minimum \$	Maximum \$
SES 1	144,200	185,400
Medical Officer Class 6	189,378	276,100

Note: The CEO may approve salary rates outside these bands in accordance with individual determinations.

Table 18: Non-SES salary ranges 2012–13

Classification	1 July 2012 \$	2 August 2012 \$
Senior Public Affairs Officer Grade 2	131,145	135,079
	126,048	129,830
	126,100	129,883
Executive Level 2	120,047	123,648
	116,168	119,653
	106,508	109,703
	101,814	104,869
Executive Level 1	97,785	100,719
	93,155	95,950
	89,270	91,948
	81,954	84,413
APS 6	80,159	82,563
	76,167	78,452
	72,644	74,823
	69,503	71,588
APS 5	67,641	69,670
	65,850	67,825
	63,970	65,889
APS 4	62,209	64,075
	60,543	62,360
	59,231	61,008
APS 3	56,544	58,240
	54,951	56,599
	53,437	55,041

Note: A total of five staff are covered by individual flexibility arrangements entitling them to remuneration in addition to that provided under the enterprise agreement. Given the small number of staff involved, details of the actual classification levels and payments made are not provided. The quantum of all amounts payable is \$54,483 pa.



Table 19: Non-salary benefits 2012–13

⇒ Access to an Employee Assistance Program
⇒ Influenza vaccinations
⇒ Time off for blood donations
⇒ Flexible working arrangements, including time off in lieu where appropriate, and recognition of travel time
⇒ Cultural or religious holidays substitution scheme
⇒ Annual Christmas closedown
⇒ Home-based working arrangements
⇒ Eyesight testing and reimbursement of prescribed eyewear costs
⇒ Reimbursement of costs associated with obtaining financial advice for staff aged 54 and older
⇒ Reimbursement of costs associated with damage to clothing or personal effects
⇒ Reimbursement of tropical/temperate travel clothing costs if required
⇒ Support for professional and personal development
⇒ Access to leave accruals at half pay
⇒ Car parking (SES and EL2 staff only)
⇒ Allowance in lieu of a motor vehicle (SES staff only)

WORKPLACE HEALTH AND SAFETY

We promote and maintain a high standard of health, safety and wellbeing for all workers, including contractors and visitors.

Consistent with the legislative requirements of the *Work Health and Safety Act 2011*, we aim to:

- ⇒ prevent accidents and ill health caused by adverse working conditions
- ⇒ locate employees in an environment that maximises health, safety and wellbeing
- ⇒ promote health and wellbeing
- ⇒ provide influenza vaccinations to all staff at no charge
- ⇒ conduct regular hazard inspections and encourage the reporting of any incidents or hazards, and
- ⇒ arrange training and information for workers about workplace health and safety issues.

As part of our Health and Safety Management Arrangements, workplace health and safety matters are discussed as a standing agenda item at the quarterly meetings of the Workplace Consultative Committee. This enables management and employees to work together to effectively manage workplace health and safety risks and hazards. Before each meeting of the committee, Health and Safety Representatives undertake an inspection of our work premises in order to identify any potential workplace hazards. There were no workplace accidents, dangerous occurrences, serious personal injury incidents, or investigations undertaken during 2012–13.

We continue to promote awareness of work health and safety, and all new staff are required to satisfactorily complete Comcare’s eLearning training module on *Work Health and Safety for Workers: Get into Gear for 2012*.

FINANCIAL MANAGEMENT

Our financial management framework underpins the appropriation, expenditure and use of money and resources.

The OTA's financial accountability responsibilities are set out in Section 44 of the *Financial Management and Accountability Act 1997* and are based on an efficient, effective, economical and ethical set of Commonwealth-allocated resources that is consistent with the policies of the Australian Government. We meet these responsibilities by working within a financial control framework that supports efficient processing and recording of financial transactions (including audited financial statements).

In 2006–07 the government introduced an annual financial reporting requirement known as the Certificate of Compliance. The certificate requires the CEO to confirm that the OTA complied with the financial management and accountability legislation and other specified Commonwealth Australian Government policies. It also confirms whether we are operating within the agreed resources for the current financial year.

To ensure we have complied with the certificate's requirements in 2012–13, we have maintained effective financial processes and internal control mechanisms as well as ongoing compliance monitoring and reporting activities.

Assets management

Our asset management strategy emphasises whole-of-life asset management. In addition, the annual asset review seeks to minimise holdings of surplus and underperforming assets.

Our stocktake of fixed and intangible assets in 2012–13 confirmed their location and condition.

In 2012–13 we conducted a revaluation of assets in accordance with the Australian Accounting Standard (AASB 116 Property, Plant and Equipment). We obtained independent expert advice on asset values and conducted a review of assets for impairment (AASB 136 Impairment of Assets) to ensure assets are only carried at a value above their recoverable amount.

Discussion relating to the assets we administered in 2012–13 can be found in Part 4: Financial performance and financial statements.

Purchasing

In 2012–13, with the exception of those instances reported in the Certificate of Compliance, the OTA complied with the government’s policy framework under which agencies govern and undertake their own procurement, as represented by the Commonwealth Procurement Rules. Our procurement framework encourages competition, value for money, transparency and accountability, and the efficient, effective and ethical use of resources.

Australian National Audit Office access clauses

During 2012–13 all of our awarded contracts or deeds of standing offer contained standard clauses granting the Auditor-General access to contractors’ premises.

Exempt contracts

During 2012–13 the OTA had no contracts that were exempt from AusTender reporting.

Grant programs

We provide five types of grant funding:

- ↪ state and territory governments for dedicated organ and tissue donation clinical specialists in hospitals and organ and tissue donation agencies
- ↪ public and private hospitals as a contribution towards the costs associated with organ donation activity based on actual and intended organ donors, and the cost of transferring an intended donor from a regional hospital to a larger hospital solely for the purpose of donation
- ↪ transplant outcome registries within Australia
- ↪ Community Awareness Grants to help organisations with projects or activities that contribute to improving awareness and engagement of the Australian community, the non-government sector, donor families and others involved in increasing organ and tissue donation, and
- ↪ one-off grants to organisations following successful unsolicited and solicited applications for funding outside of the Community Awareness Grants program.

Information about grants awarded between 1 July 2012 and 30 June 2013 is available at: www.donatelife.gov.au/media/docs/The_Authority/Accountability_and_Reporting/Final_Grant_List_-_2012-13.pdf

SUSTAINABILITY AND ENVIRONMENTAL PERFORMANCE

We are committed to making a positive contribution to ecologically sustainable office accommodation and facilities to meet business needs.

Section 3A of the *Environment Protection and Biodiversity Conservation Act 1999* sets out the principles of ecologically sustainable development. Our main environmental impact comes from office space energy consumption and our information and communications technology operations.

We report annually on our greenhouse gas emissions as part of the online system for comprehensive activity reporting. This mandatory reporting requirement is limited to electricity, gas and vehicle fuel consumption.

We are committed to the strategies and actions outlined in the *Australian Government ICT Sustainability Plan 2010–2015* to introduce energy-saving initiatives and improve the sustainability of information and communications technology operations.

OTHER REPORTING REQUIREMENTS

Disability reporting mechanisms

Since 1994 Australian Government departments and agencies have reported on their performance as policy advisor, purchaser, employer, regulator and provider under the Commonwealth Disability Strategy. In 2007–08 reporting on the employer role was transferred to the Australian Public Service Commission's *State of the Service Report* and the *APS Statistical Bulletin*. These reports are available at www.apsc.gov.au. Departments and agencies have not been required to report on these functions since 2010–11.

The Commonwealth Disability Strategy has been overtaken by a new National Disability Strategy 2010–2020 which sets out a 10-year national policy framework to improve the lives of people with disability, promote participation, and create a more inclusive society. A high-level, two-yearly report will track progress against each of the six outcome areas of the strategy and present a picture of how people with disability are faring. The first of these reports will be completed in 2014 and will be available at www.fahcsia.gov.au.

The Social Inclusion Measurement and Reporting Strategy—agreed by the government in December 2009—will also include some reporting on disability matters in its regular *How Australia is Faring* report and, if appropriate, in strategic change indicators in agency annual reports. More detail on social inclusion matters can be found at www.socialinclusion.gov.au.

Freedom of information

Agencies subject to the *Freedom of Information Act 1982* are required to publish information to the public as part of the Information Publication Scheme. This requirement is in Part II of the Act and has replaced the former requirement to publish a section 8 statement in an annual report.

All information published in accordance with our Information Publication Scheme requirements can be found at www.donatelife.gov.au/the-authority/about-us/freedom-of-information/information-publication-scheme.

Consultants

We engage consultants to provide specialist expertise where professional, independent advice or services are required. In line with the Commonwealth Procurement Rules' value for money principles, we have implemented a policy which defines a consultancy and provides guidance on selecting and engaging consultants.

Our consultancy policy supports the value for money principles as defined in the Commonwealth Procurement Rules and primarily uses the following three justifications for engaging consultants:

1. skills currently unavailable within the agency
2. need for specialised or professional skills
3. need for independent research or assessment.

During 2012–13 two new consultancy contracts were entered into involving total actual expenditure of \$44,132.61 (including GST). In addition, two ongoing consultancy contracts were active during the 2012–13 year, involving total actual expenditure of \$58,897.30 (including GST).

Table 20: Comparison expenditure on consultancy services during 2010–11, 2011–12 and 2012–13

2010–11	2011–12	2012–13
\$60,044	\$47,001	\$103,030

This report contains information about actual expenditure on contracts for consultancies entered into by the OTA. Information about the value of these contracts and consultancies is available on the AusTender website at www.tenders.gov.au.

Advertising and market research

In accordance with amendments to the *Commonwealth Electoral Act 1918*, we are required to report on all payments over \$12,100 (including GST) to advertising agencies, market research organisations, polling organisations, media advertising organisations, and direct mail organisations. Table 21 shows all the agencies and organisations we used in 2012–13 for these purposes.

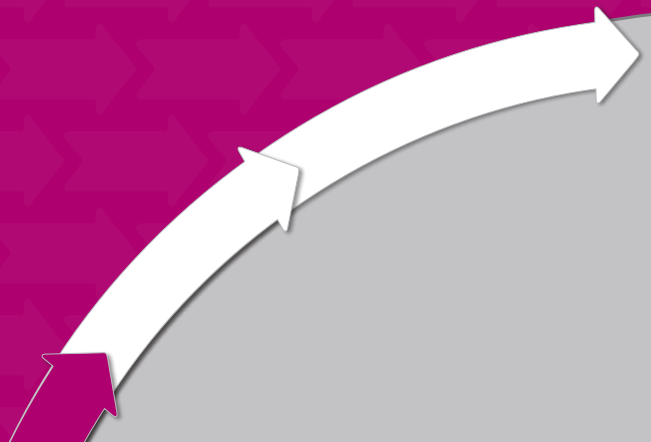
Table 21: Advertising and market research agencies and organisations used during 2012–13

Agency/organisation	Service provided	\$ Paid (incl. GST)
Market research organisations		
Woolcott Research	Research services	119,779
Direct mail organisations		
National Mailing and Marketing	Warehouse and distribution services	60,000

No advertising campaign activity was undertaken by the OTA during 2012–13.

Part 4

Financial performance and financial statements



Financial performance and financial statements

Financial performance—Departmental	115
Financial performance—Administered	116
Independent Auditor’s Report	117
Statement by the Chief Executive Officer and the Chief Financial Officer	119
Statement of comprehensive income	120
Balance sheet	121
Statement of changes in equity	122
Cash flow statement	123
Schedule of commitments	124
Schedule of contingencies	125
Administered schedule of comprehensive income	126
Administered schedule of assets and liabilities	127
Administered reconciliation schedule	128
Administered cash flow statement	129
Schedule of commitments	130
Schedule of contingencies	131
Notes to and forming part of the financial statements	132

Financial performance—Departmental

The OTA recorded an operating deficit for 2012–13

Operating result: Departmental

The Australian Organ and Tissue Donation and Transplantation Authority (OTA) recorded an operating deficit of \$0.101 million.

For 2012–13 the OTA forecast a break even operating result after adjusting for unfunded depreciation and audit fees. On elimination of unfunded depreciation and audit fees, the OTA recorded an operating profit of \$0.126m.

Total appropriation revenue decreased by \$0.137 million for 2012–13

Revenue: Departmental

During 2012–13, revenue from Government decreased by 2% (\$0.137 million) to \$5.866 million. The reductions were a reflection of government funding decisions.

The OTA recorded other revenue of \$0.065 million.

Total expenses decreased by \$0.914 million for 2012–13

Expenses: Departmental

Operating expenses decreased by 13% (\$0.914 million) to \$6.032 million (2011–12: \$6.946 million).

This is primarily due to a decrease in full time equivalent staffing numbers during 2012–13.

A strong focus on financial management resulted in a decrease in supplier expenditure in the areas of contractors and advertising.

Net assets increased by \$0.263 million in 2012–13

Assets and liabilities: Departmental

The net asset position of the OTA has increased from 2011–12 to 2012–13. This is attributable to the revaluation increment of \$0.363 million recognised for property, plant and equipment as at 30 June 2013 and the 2012–2013 operating deficit.

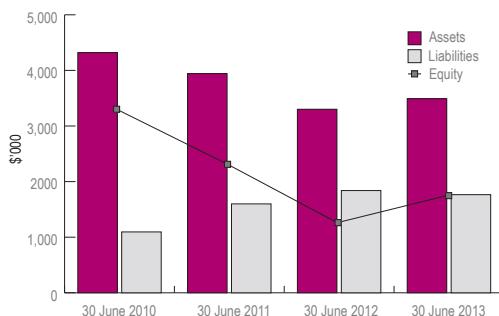
Total assets have increased by 6% (\$0.188 million) to \$3.490 million (2011–12: \$3.302 million). The increase reflects assets purchased during the year and the revaluation increment recognised for property, plant and equipment, offset by depreciation and reduction of appropriation receivable.

Total liabilities have decreased by 4% (\$0.074 million) to \$1.765 million (2011–12: \$1.839 million). This is primarily a consequence of a decrease in salary and wages owed to employees at the end of the financial year.

The OTA's equity position

Sustainability

A four year summary of the OTA's assets, liabilities and equity position is provided in the graph below.



Financial performance—Administered

Total administered expenses decreased by \$3.656 million

Administered expenses

For 2012–13 the OTA reported supplier expenses of \$2.200 million, primarily related to costs associated with:

- ♥ increasing community awareness and education through creative material production, public relations, research, merchandise and printed information material components
- ♥ delivery of the national Professional Education Package across Australia, including Family Donation Conversation workshops that provide health professionals with advanced training and communication skills to support grieving families when raising the opportunity of donation.

Grant expenses were \$36.800 million, funding is provided by the OTA to:

- ♥ state and territory governments for dedicated organ and tissue donation clinical specialists in hospitals and organ and tissue donation agencies
- ♥ public and private hospitals as a contribution towards the costs associated with organ donation activity based on actual and intended organ donors, and the cost of transferring an intended donor from a regional hospital to a larger hospital solely for the purpose of donation
- ♥ transplant outcome registries within Australia
- ♥ organisations with projects or activities that provide guidance or contribute to improving awareness and engagement of the Australian community, the non-government sector, donor families and others involved in increasing organ and tissue donation.

Total administered assets increased by \$0.024 million

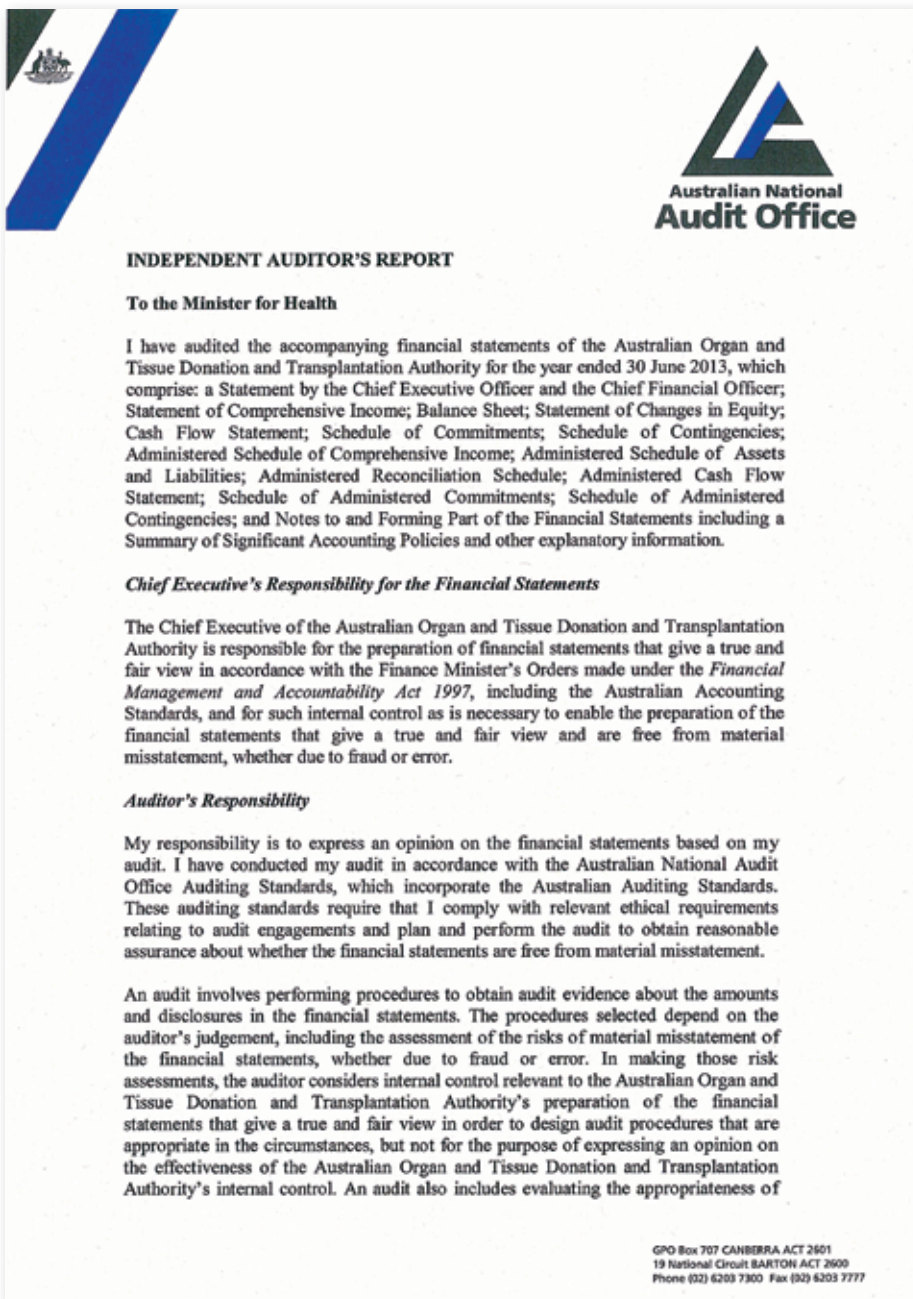
Assets: Administered

Total administered assets increased by 10% (\$0.024 million) to \$0.253 million (\$0.229 million in 2011–12).

Total administered liabilities decreased by \$1.481 million

Liabilities: Administered

Total administered liabilities decreased by 12% (\$1.481 million) to \$11.170 million (\$12.651 million in 2011–12). This is primarily attributable to a decrease in grants payable as at 30 June 2013.



Independent Auditor's report

the accounting policies used and the reasonableness of accounting estimates made by the Chief Executive of the Australian Organ and Tissue Donation and Transplantation Authority, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

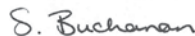
In conducting my audit, I have followed the independence requirements of the Australian National Audit Office, which incorporate the requirements of the Australian accounting profession.

Opinion

In my opinion, the financial statements of the Australian Organ and Tissue Donation and Transplantation Authority:

- (a) have been prepared in accordance with the Finance Minister's Orders made under the *Financial Management and Accountability Act 1997*, including the Australian Accounting Standards; and
- (b) give a true and fair view of the matters required by the Finance Minister's Orders including the Australian Organ and Tissue Donation and Transplantation Authority's financial position as at 30 June 2013 and of its financial performance and cash flows for the year then ended.

Australian National Audit Office



Serena Buchanan
Audit Principal

Delegate of the Auditor-General

Canberra
23 September 2013

AUSTRALIAN ORGAN AND TISSUE DONATION AND TRANSPLANTATION AUTHORITY

**STATEMENT BY THE CHIEF EXECUTIVE OFFICER
AND THE CHIEF FINANCIAL OFFICER**

In our opinion, the attached financial statements for the year ended 30 June 2013 are based on properly maintained financial records and give a true and fair view of the matters required by the Finance Minister's Orders made under the *Financial Management and Accountability Act 1997*, as amended.

Signed



Yael Cass
Chief Executive Officer
23 September 2013

Signed



Judy Harrison
Chief Financial Officer
23 September 2013

Australian Organ and Tissue Donation and Transplantation Authority

STATEMENT OF COMPREHENSIVE INCOME

for the period ended 30 June 2013

	Notes	2013	2012
		\$	\$
EXPENSES			
Employee benefits	3A	4,138,480	4,803,722
Suppliers	3B	1,666,101	1,810,263
Depreciation and amortisation	3C	227,047	331,729
Total expenses		6,031,628	6,945,714
LESS:			
OWN-SOURCE INCOME			
Own-source revenue			
Interest	4A	—	312
Other	4B	64,000	61,500
Total own-source revenue		64,000	61,812
Gains			
Sale of assets	4C	1,100	—
Total gains		1,100	—
Total own-source income		65,100	61,812
Net cost of services		5,966,528	6,883,902
Revenue from Government	4D	5,866,000	6,003,000
Deficit attributable to the Australian Government		(100,528)	(880,902)
OTHER COMPREHENSIVE INCOME			
Changes in asset revaluation surplus		363,169	—
Total comprehensive income		363,169	—
Total comprehensive income (loss) attributable to the Australian Government		262,641	(880,902)

The above statement should be read in conjunction with the accompanying notes.

Australian Organ and Tissue Donation and Transplantation Authority

BALANCE SHEET

as at 30 June 2013

	Notes	2013 \$	2012 \$
ASSETS			
Financial assets			
Cash and cash equivalents	5A	77,825	50,000
Trade and other receivables	5B	1,620,393	2,670,891
Total financial assets		<u>1,698,218</u>	<u>2,720,891</u>
Non-financial assets			
Land and buildings	6A,C	470,000	354,830
Property, plant and equipment	6B,C	222,370	92,307
Intangibles	6D,E	1,069,800	133,433
Other non-financial assets	6F	29,214	–
Total non-financial assets		<u>1,791,384</u>	<u>580,570</u>
Total assets		<u>3,489,602</u>	<u>3,301,461</u>
LIABILITIES			
Payables			
Suppliers	7A	120,303	70,750
Other payables	7B	499,527	611,439
Total payables		<u>619,830</u>	<u>682,189</u>
Provisions			
Employee provisions	8A	1,145,102	1,157,243
Total provisions		<u>1,145,102</u>	<u>1,157,243</u>
Total liabilities		<u>1,764,932</u>	<u>1,839,432</u>
Net assets		<u>1,724,670</u>	<u>1,462,029</u>
EQUITY			
Parent entity interest			
Contributed equity		1,900,000	1,900,000
Asset revaluation surplus		363,169	–
Accumulated deficit		(538,499)	(437,971)
Total parent entity interest		<u>1,724,670</u>	<u>1,462,029</u>
Total equity		<u>1,724,670</u>	<u>1,462,029</u>

The above statement should be read in conjunction with the accompanying notes.

STATEMENT OF CHANGES IN EQUITY

for the period ended 30 June 2013

Australian Organ and Tissue Donation and Transplantation Authority

STATEMENT OF CHANGES IN EQUITY

for the period ended 30 June 2013

	Retained earnings		Asset revaluation surplus		Contributed equity		Total equity	
	2013	2012	2013	2012	2013	2012	2013	2012
	\$	\$	\$	\$	\$	\$	\$	\$
Opening balance								
Balance carried forward from previous period	(437,971)	442,931	-	-	1,900,000	1,900,000	1,462,029	2,342,931
Adjusted opening balance	(437,971)	442,931	-	-	1,900,000	1,900,000	1,462,029	2,342,931
Comprehensive income								
Other comprehensive income - changes in asset revaluation surplus	-	-	363,169	-	-	-	363,169	-
Deficit for the period	(100,528)	(880,902)	-	-	-	-	(100,528)	(880,902)
Total comprehensive income	(100,528)	(880,902)	363,169	-	-	-	262,641	(880,902)
Contribution by owners								
Equity injection - Appropriation	-	-	-	-	-	-	-	-
Sub-total transactions with owners	-	-	-	-	-	-	-	-
Closing balance as at 30 June	(538,499)	(437,971)	363,169	-	1,900,000	1,900,000	1,724,670	1,462,029
Closing balance attributable to the Australian Government	(538,499)	(437,971)	363,169	-	1,900,000	1,900,000	1,724,670	1,462,029

The above statement should be read in conjunction with the accompanying notes.

Australian Organ and Tissue Donation and Transplantation Authority

CASH FLOW STATEMENT

for the period ended 30 June 2013

	Notes	2013 \$	2012 \$
OPERATING ACTIVITIES			
Cash received			
Appropriations		6,957,738	6,618,255
Net GST received		–	5,530
Interest		–	312
Other		933,016	900,546
Total cash received		<u>7,890,754</u>	<u>7,524,643</u>
Cash used			
Employees		(5,190,303)	(4,729,420)
Suppliers		(1,591,544)	(1,658,344)
Net GST used		(18,930)	–
Cash transferred to OPA		(1,105,904)	(1,118,836)
Total cash used		<u>(7,906,681)</u>	<u>(7,506,600)</u>
Net cash flows used by operating activities	9	<u>(15,927)</u>	<u>18,043</u>
INVESTING ACTIVITIES			
Cash received			
Proceeds from sales of property, plant and equipment		1,100	–
Total cash received		<u>1,100</u>	<u>–</u>
Cash used			
Purchase of property, plant and equipment		(59,084)	–
Purchase of intangibles		(986,394)	(134,885)
Total cash used		<u>(1,045,478)</u>	<u>(134,885)</u>
Net cash flows used by investing activities		<u>(1,044,378)</u>	<u>(134,885)</u>
FINANCING ACTIVITIES			
Cash received			
Contributed equity		1,088,130	134,885
Total cash received		<u>1,088,130</u>	<u>134,885</u>
Net cash flows from financing activities		<u>1,088,130</u>	<u>134,885</u>
Net increase (decrease) in cash held		<u>27,825</u>	<u>18,043</u>
Cash and cash equivalents at the beginning of the reporting period		50,000	31,957
Cash and cash equivalents at the end of the reporting period	5A	<u>77,825</u>	<u>50,000</u>

The above statement should be read in conjunction with the accompanying notes.

Australian Organ and Tissue Donation and Transplantation Authority

SCHEDULE OF COMMITMENTS

as at 30 June 2013

	2013	2012
	\$	\$
BY TYPE		
Commitments receivable		
Net GST recoverable on commitments ¹	208,869	167,376
Total commitments receivable	208,869	167,376
Commitments payable		
Other commitments		
Operating leases ²	(863,945)	(1,178,108)
Other	(1,433,619)	(663,023)
Total commitments payable	(2,297,564)	(1,841,131)
Net commitments by type	(2,088,695)	(1,673,755)
BY MATURITY		
Commitments receivable		
GST recoverable on commitments		
One year or less	150,688	94,451
From one to five years	58,182	72,924
Over five years	-	-
Total commitments receivable	208,870	167,375
Commitments payable		
Operating lease commitments		
One year or less	(314,163)	(314,163)
From one to five years	(549,782)	(863,945)
Over five years	-	-
Total operating lease commitments	(863,945)	(1,178,108)
Other commitments		
One year or less	(640,005)	(488,006)
From one to five years	(793,614)	(175,017)
Over five years	-	-
Total other commitments	(1,433,619)	(663,023)
Total commitments payable	(2,297,564)	(1,841,131)
Net commitments by maturity	(2,088,695)	(1,673,755)

Note:

1. Commitments are GST inclusive where relevant.

2. Operating leases included are effectively non-cancellable.

Leases for office accommodation

Lease payments are subject to annual increases in accordance with lease agreements. The initial period of office accommodation is still current and may be renewed for one option of up to three years, followed by a second option of up to three years, at the Organ and Tissue Authority's (OTA's) discretion.

The nature of other commitments relate to payments associated with running costs of the OTA.

Agreements for the provision of motor vehicles to senior executive officers or fleet drivers

No contingent rentals exist. There are no renewal or purchase options available to the OTA.

The above schedule should be read in conjunction with the accompanying notes.

Australian Organ and Tissue Donation and Transplantation Authority

SCHEDULE OF CONTINGENCIES

as at 30 June 2013

	2013	2012
	\$	\$
Contingent assets		
Guarantees	-	-
Claims for damages or costs	-	-
Total contingent assets	<u>-</u>	<u>-</u>
Contingent liabilities		
Guarantees	-	-
Claims for damages or costs	-	-
Total contingent liabilities	<u>-</u>	<u>-</u>
Net contingent assets (liabilities)	<u>-</u>	<u>-</u>

Information on significant remote contingencies and contingencies that can not be quantified is disclosed in Note 10.

The above schedule should be read in conjunction with the accompanying notes.

Australian Organ and Tissue Donation and Transplantation Authority

ADMINISTERED SCHEDULE OF COMPREHENSIVE INCOME

for the period ended 30 June 2013

	Notes	2013 \$	2012 \$
EXPENSES			
Suppliers	15A	2,200,187	3,670,739
Grants	15B	36,799,906	38,985,347
Total expenses administered on behalf of Government		<u>39,000,093</u>	<u>42,656,086</u>
LESS:			
OWN-SOURCE INCOME			
Own-source revenue			
Other	16	—	—
Total own-source revenue administered on behalf of Government		<u>—</u>	<u>—</u>
Net cost of services		<u>39,000,093</u>	<u>42,656,086</u>
Deficit attributable to the Australian Government		<u>39,000,093</u>	<u>42,656,086</u>
OTHER COMPREHENSIVE INCOME			
Changes in asset revaluation surplus		—	—
Total comprehensive income		<u>—</u>	<u>—</u>
Total comprehensive income		<u>(39,000,093)</u>	<u>(42,656,086)</u>

The above statement should be read in conjunction with the accompanying notes.

Australian Organ and Tissue Donation and Transplantation Authority

ADMINISTERED SCHEDULE OF ASSETS AND LIABILITIES

as at 30 June 2013

	Notes	2013 \$	2012 \$
ASSETS			
Financial assets			
Cash and cash equivalents	17A	80,000	49,148
Trade and other receivables	17B	173,076	179,983
Total financial assets		<u>253,076</u>	<u>229,131</u>
Total assets administered on behalf of Government		<u>253,076</u>	<u>229,131</u>
LIABILITIES			
Payables			
Suppliers	18A	206,546	185,337
Grants	18B	10,963,116	12,465,385
Total payables		<u>11,169,662</u>	<u>12,650,722</u>
Total liabilities administered on behalf of Government		<u>11,169,662</u>	<u>12,650,722</u>
Net assets/liabilities		<u>(10,916,586)</u>	<u>(12,421,591)</u>

The above statement should be read in conjunction with the accompanying notes.

Australian Organ and Tissue Donation and Transplantation Authority

ADMINISTERED RECONCILIATION SCHEDULE

	2013 \$	2012 \$
Opening administered assets less administered liabilities as at 1 July	(12,421,591)	(13,985,950)
Surplus (deficit) items:		
Plus: Administered income	–	–
Less: Administered expenses (non CAC)	(39,000,093)	(42,656,086)
Administered transfers to/from Australian Government:		
Appropriation transfers from OPA:		
Annual appropriations for administered expenses (non CAC)	40,672,558	42,784,274
Administered assets and liabilities appropriations	(13,267)	1,564,359
Transfers to OPA	(154,193)	(128,188)
Closing administered assets less administered liabilities as at 30 June	<u>(10,916,586)</u>	<u>(12,421,591)</u>

This schedule should be read in conjunction with the accompanying notes.

Australian Organ and Tissue Donation and Transplantation Authority

ADMINISTERED CASH FLOW STATEMENT

for the period ended 30 June 2013

	Notes	2013 \$	2012 \$
OPERATING ACTIVITIES			
Cash received			
Net GST received		16,781	242,822
Other		154,193	128,188
Total cash received		<u>170,974</u>	<u>371,010</u>
Cash used			
Grants		(38,466,242)	(38,877,240)
Suppliers		(2,178,978)	(5,693,654)
Total cash used		<u>(40,645,220)</u>	<u>(44,570,894)</u>
Net cash flows used by operating activities	19	<u>(40,474,246)</u>	<u>(44,199,884)</u>
FINANCING ACTIVITIES			
Cash received			
GST appropriation		493,571	836,793
Total cash received		<u>493,571</u>	<u>836,793</u>
Cash used			
Return of GST appropriations to the Official Public Account		(506,838)	(845,059)
Total cash used		<u>(506,838)</u>	<u>(845,059)</u>
Net cash flows used by financing activities		<u>(13,267)</u>	<u>(8,266)</u>
Net decrease in cash held		<u>(40,487,513)</u>	<u>(44,208,150)</u>
Cash and cash equivalents at the beginning of the reporting period		49,148	28,587
Cash from Official Public Account for:			
Appropriations		40,672,558	44,356,899
		<u>40,721,706</u>	<u>44,385,486</u>
Cash to Official Public Account for:			
Appropriations		(154,193)	(128,188)
		<u>(154,193)</u>	<u>(128,188)</u>
Cash and cash equivalents at the end of the reporting period	17A	<u>80,000</u>	<u>49,148</u>

This schedule should be read in conjunction with the accompanying notes.

Australian Organ and Tissue Donation and Transplantation Authority

SCHEDULE OF ADMINISTERED COMMITMENTS

as at 30 June 2013

	2013	2012
	\$	\$
BY TYPE		
Commitments receivable		
GST recoverable on commitments ¹	399,587	399,988
Total commitments receivable	<u>399,587</u>	<u>399,988</u>
Other commitments payable		
Other ²	(31,777,690)	(54,467,491)
Total other commitments payable	<u>(31,777,690)</u>	<u>(54,467,491)</u>
Net commitments by type	<u>(31,378,103)</u>	<u>(54,067,503)</u>
BY MATURITY		
Other commitments receivable		
One year or less	254,206	229,911
From one to five years	145,381	170,077
Over five years	-	-
Total other commitments	<u>399,587</u>	<u>399,988</u>
Other commitments payable		
One year or less	(29,551,099)	(30,879,255)
From one to five years	(2,226,591)	(23,588,236)
Over five years	-	-
Total other commitments	<u>(31,777,690)</u>	<u>(54,467,491)</u>
Net commitments by maturity	<u>(31,378,103)</u>	<u>(54,067,503)</u>
¹ Commitments are GST inclusive where relevant.		
² Other commitments payable relates primarily to grant funding agreements held with State and Territory Governments and private sector not for profit organisations.		
The above schedule should be read in conjunction with the accompanying notes.		

Australian Organ and Tissue Donation and Transplantation Authority

SCHEDULE OF ADMINISTERED CONTINGENCIES

as at 30 June 2013

	2013	2012
	\$	\$
Administered contingent assets		
Guarantees	-	-
Indemnities	-	-
Claims for damages or costs	-	-
Total administered contingent assets	<u>-</u>	<u>-</u>
Administered contingent liabilities		
Guarantees	-	-
Indemnities	-	-
Claims for damages or costs	-	-
Total administered contingent liabilities	<u>-</u>	<u>-</u>
Net administered contingent assets (liabilities)	<u>-</u>	<u>-</u>

Information on significant remote contingencies and contingencies that cannot be quantified is disclosed in Note 20.
This schedule should be read in conjunction with the accompanying notes.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note	Description	Page
Note 1	Summary of significant accounting policies	133
Note 2	Events after the balance sheet date	142
Note 3	Expenses	143
Note 4	Income	145
Note 5	Financial assets	146
Note 6	Non-financial assets	147
Note 7	Payables	152
Note 8	Provisions	153
Note 9	Cash flow reconciliation	154
Note 10	Contingent liabilities and assets	155
Note 11	Senior executive remuneration	156
Note 12	Remuneration of auditors	159
Note 13	Financial instruments	160
Note 14	Financial assets reconciliation	162
Note 15	Administered: Expenses	163
Note 16	Administered: Income	164
Note 17	Administered: Financial assets	165
Note 18	Administered: Payables	166
Note 19	Administered: Cash flow reconciliation	167
Note 20	Administered contingent liabilities and assets	168
Note 21	Administered: Financial instruments	169
Note 22	Administered financial assets reconciliation	172
Note 23	Appropriations	173
Note 24	Compliance with statutory conditions for payments from the consolidated revenue fund	176
Note 25	Compensation and debt relief	177
Note 26	Reporting of outcomes	178

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1.1 Objectives of the Australian Organ and Tissue Donation and Transplantation Authority (the OTA)

The OTA is an Australian Government controlled entity. It is a not-for-profit entity. The aim of the OTA is to create a world's best practice approach to organ and tissue donation for transplantation, and lead a co-ordinated approach to organ and tissue donation nationally. An enhanced national approach will improve access to life-saving and life-transforming transplants, through increased availability of suitable organs and tissues. The OTA aims to increase the capability and capacity of the organ and tissue donation sector, and to create a greater understanding of, and personal commitment to, donation among the public. This will lead to a long-term increase in organ and tissue donation and transplantation rates. The OTA is structured to meet one outcome.

To help achieve this outcome, the Australian Government funds the OTA to implement the following nine key measures:

1. establish a new national approach and system for organ and tissue donation—a national authority and network of organ and tissue donation agencies
2. establish specialist hospital staff and systems dedicated to organ donation
3. provide new funding for hospitals
4. provide national professional education and awareness
5. provide coordinated, ongoing community awareness and education
6. provide support for donor families
7. establish a safe, equitable and transparent national transplantation process
8. establish a national eye and tissue donation and transplantation network
9. undertake additional national initiatives, including living donation programs.

The continued existence of the OTA in its present form and with its present programs is dependent on Government policy and on continuing funding by Parliament for the OTA's administration and programs.

The OTA's activities that contribute towards this outcome are classified as either departmental or administered. Departmental activities involve the use of assets, liabilities, income and expenses controlled or incurred by the OTA in its own right. Administered activities involve the management or oversight by the OTA, on behalf of the Government, of items controlled or incurred by the Government.

The OTA conducts the following administered activities on behalf of the Government:

- payments to suppliers and grants issued to not-for-profit and state and territory governments for the delivery of a highly effective national organ and tissue donation system.

1.2 Basis of preparation of the Financial Report

The financial statements are general purpose financial statements and are required by section 49 of the *Financial Management and Accountability Act 1997*.

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

The financial statements and notes have been prepared in accordance with:

- ♥ Finance Minister's Orders (FMOs) for reporting periods ending on or after 1 July 2011
- ♥ Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position.

The financial statements are presented in Australian dollars and values are rounded to the nearest dollar unless otherwise specified.

Unless an alternative treatment is specifically required by an accounting standard, or the FMOs, assets and liabilities are recognised in the balance sheet when and only when it is probable that future economic benefits will flow to the entity or a future sacrifice of economic benefits will be required and the amounts of the assets or liabilities can be reliably measured. However, assets and liabilities arising under agreements equally proportionately unperformed are not recognised unless required by an accounting standard. Liabilities and assets that are unrecognised are reported in the Schedule of Commitments and the Schedule of Contingencies.

Unless alternative treatment is specifically required by an accounting standard, income and expenses are recognised in the statement of comprehensive income when and only when the flow, consumption or loss of economic benefits has occurred and can be reliably measured.

Administered revenues, expenses, assets and liabilities and cash flows reported in the administered schedules and related notes are accounted for on the same basis and using the same policies as for departmental items, except where otherwise stated at Note 1.20.

Comparative figures have been adjusted where required to conform to changes in presentation of the financial statements.

1.3 Significant accounting judgements and estimates

No accounting judgements or estimates have been identified that have a significant impact on the amounts recorded in the financial statements or that have a significant risk of causing a material adjustment to carrying amounts of assets and liabilities within the next accounting period.

1.4 New Australian accounting standards

Adoption of new Australian accounting standard requirements

No accounting standard has been adopted earlier than the application date as stated in the standard.

Revised standards that were issued prior to sign-off date and are applicable to the current reporting period did not have a financial impact, and are not expected to have a future financial impact on the OTA.

Future Australian accounting standard requirements

No new standards, revised standards, interpretations and amending standards that were issued by the Australian Accounting Standards Board prior to the sign-off date, are expected to have a financial impact on the OTA for future reporting periods.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

1.5 Revenue

Revenue from government

Amounts appropriated for departmental appropriations for the year (adjusted for any formal additions and reductions) are recognised as Revenue from Government when the OTA gains control of the appropriation, except for certain amounts that relate to activities that are reciprocal in nature, in which case revenue is recognised only when it has been earned. Appropriations receivable are recognised at their nominal amounts.

Resources received free of charge

Resources received free of charge are recognised as revenue when, and only when, a fair value can be reliably determined and the services would have been purchased if they had not been donated. Use of those resources is recognised as an expense.

Resources received free of charge are recorded as either revenue or gains depending on their nature, that is, whether they have been generated in the ordinary course of the activities of the OTA.

Other types of revenue

Revenue from the sale of goods is recognised when:

- ♥ the risks and rewards of ownership have been transferred to the buyer
- ♥ the seller retains no managerial involvement nor effective control over the goods
- ♥ the revenue and transaction costs incurred can be reliably measured
- ♥ it is probable that the economic benefits associated with the transaction will flow to the OTA.

Revenue from rendering of services is recognised by reference to the stage of completion of contracts at the reporting date. The revenue is recognised when:

- ♥ the amount of revenue, stage of completion and transaction costs incurred can be reliably measured
- ♥ the probable economic benefits associated with the transaction will flow to the OTA.

The stage of completion of contracts at the reporting date is determined by reference to services performed to date as a percentage of total services to be performed.

Receivables for goods and services, which have 30 day terms, are recognised at the nominal amounts due less any impairment allowance account. Collectability of debts is reviewed at balance date. Allowances are made when collectability of the debt is no longer probable.

Interest revenue is recognised using the effective interest method as set out in AASB 139 *Financial Instruments: Recognition and Measurement*.

1.6 Gains

Other resources received free of charge

Resources received free of charge are recognised as gains when, and only when, a fair value can be reliably determined and the services would have been purchased if they had not been donated. Use of those resources is recognised as an expense (refer to Note 4B).

Contributions of assets at no cost of acquisition or for nominal consideration are recognised as gains at their fair value when the asset qualifies for recognition, unless received from another Government entity as a consequence of a restructuring of administrative arrangements.

Resources received free of charge are recorded as either revenue or gains depending on their nature.

Sale of assets

Gains from disposal of assets are recognised when control of the asset has passed to the buyer.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

1.7 Transactions with the Australian government as owner

Equity injections

Amounts appropriated which are designated as 'equity injections' for a year (less any formal reductions) and Departmental Capital Budgets (DCBs) are recognised directly in contributed equity in that year.

Restructuring of administrative arrangements

Net assets received from or relinquished to another Australian Government entity under a restructuring of administrative arrangements are adjusted at their book value directly against contributed equity.

Other distributions to owners

The FMOs require that distributions to owners be debited to contributed equity unless it is in the nature of a dividend.

1.8 Employee benefits

Liabilities for 'short-term employee benefits' (as defined in AASB 119 *Employee Benefits*) and termination benefits due within twelve months of the end of reporting period are measured at their nominal amounts.

The nominal amount is calculated with regard to the rates expected to be paid on settlement of the liability.

Other long-term employee benefit liabilities are measured as net total of the value of the defined benefit obligation at the end of the reporting period minus the fair value at the end of the reporting period of plan assets (if any) out of which the obligations are to be settled directly.

Leave

The liability for employee benefits includes provisions for annual leave and long service leave. No provision has been made for sick leave as all sick leave is non-vesting and the average sick leave taken in future years by employees of the OTA is estimated to be less than the annual entitlement for sick leave.

The leave liabilities are calculated on the basis of employees' remuneration at the estimated salary rates that will be applied at the time the leave is taken, including the OTA's employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.

The liability for long service leave has been determined by the Australian Government shorthand method.

Separation and redundancy

Provision is made for separation and redundancy benefit payments. The OTA recognises a provision for termination when it has developed a detailed formal plan for the terminations and has informed those employees affected that it will carry out the terminations.

Superannuation

Under the Superannuation Legislation Amendment (*Choice of Superannuation Funds*) Act 2004, staff of the OTA are able to become a member of any complying superannuation fund. A complying superannuation fund is one that meets the requirements under the *Income Tax Assessment Act 1997* and the *Superannuation Industry (Supervision) Act 1993*.

The majority of staff of the OTA are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS) or the PSS accumulation plan (PSSap).

The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap and other compliant superannuation funds are defined contribution schemes.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported by the Department of Finance and Deregulation's administered schedules and notes.

The OTA makes employer contributions to the employee superannuation scheme at rates determined by an actuary to be sufficient to meet the current cost to the Government. The OTA accounts for the contributions as if they were contributions to defined contribution plans.

The liability for superannuation recognised as at 30 June represents outstanding contributions for the number of days between the last pay period in the financial year and 30 June.

1.9 Leases

A distinction is made between finance leases and operating leases. Finance leases effectively transfer from the lessor to the lessee substantially all the risks and rewards incidental to ownership of leased non-current assets. An operating lease is a lease that is not a finance lease. In operating leases, the lessor effectively retains substantially all such risks and benefits.

The OTA does not hold any finance leases.

Operating lease payments are expensed on a straight-line basis which is representative of the pattern of benefits derived from the leased assets.

Lease incentives taking the form of 'free' leasehold improvements and rent free periods are recognised as liabilities. These liabilities are reduced on a straight-line basis by allocating lease payments between rental expense and reduction of the lease incentive liability.

Where the OTA has a contractual obligation to undertake remedial work upon vacating leased properties, the estimated cost of that work is recognised as a liability. An equal value asset is created at the same time and amortised over the life of the lease of the underlying leasehold property.

1.10 Borrowing costs

All borrowing costs are expensed as incurred.

1.11 Cash

Cash is recognised at its nominal amount. Cash and cash equivalents includes cash on hand, notes and coins held and any deposits in bank accounts with an original maturity of three months or less that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value.

1.12 Financial assets

The OTA classifies its financial assets in the following category:

♥ loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition. The OTA only holds loans and receivables.

Financial assets are recognised and derecognised upon 'trade date'.

Effective interest method

The effective interest method is a method of calculating the amortised cost of a financial asset and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, or, where appropriate, a shorter period.

Income is recognised on an effective interest rate basis except for financial assets that are recognised at fair value through profit or loss.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Loans and receivables

Trade receivables, loans and other receivables that have fixed or determinable payments that are not quoted in an active market are classified as 'loans and receivables'. Loans and receivables are measured at amortised cost using the effective interest method less impairment. Interest is recognised by applying the effective interest rate.

Impairment of financial assets

Financial assets are assessed for impairment at the end of each reporting period.

Financial assets held at amortised cost—if there is objective evidence that an impairment loss has been incurred for loans and receivables or held to maturity investments held at amortised cost, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the asset's original effective interest rate. The carrying amount is reduced by way of an allowance account. The loss is recognised in the Statement of Comprehensive Income.

1.13 Financial liabilities

Financial liabilities are classified as either financial liabilities 'at fair value through profit or loss' or other financial liabilities. The OTA does not hold any financial liabilities at 'fair value through profit and loss'. Financial liabilities are recognised and derecognised upon 'trade date'.

Other financial liabilities

Other financial liabilities, including borrowings, are initially measured at fair value, net of transaction costs. These financial liabilities are subsequently measured at amortised cost using the effective interest method, with interest expense recognised on an effective yield basis.

The effective interest method is a method of calculating the amortised cost of a financial liability and of allocating interest expense over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash payments through the expected life of the financial liability, or, where appropriate, a shorter period.

Supplier and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

1.14 Contingent liabilities and contingent assets

Contingent liabilities and contingent assets are not recognised in the balance sheet but are reported in the relevant schedules and notes. They may arise from uncertainty as to the existence of a liability or asset or represent an asset or liability in respect of which the amount cannot be reliably measured. Contingent assets are disclosed when settlement is probable but not virtually certain and contingent liabilities are disclosed when settlement is greater than remote.

At 30 June 2013, the OTA had no contingent assets or liabilities to report.

1.15 Acquisition of assets

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken. Financial assets are initially measured at their fair value plus transaction costs where appropriate.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and income at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor's accounts immediately prior to the restructuring.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

1.16 Property, plant and equipment

Asset recognition threshold

Purchases of property, plant and equipment by the OTA are recognised initially at cost in the balance sheet, except for purchases costing less than \$1,000 which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located. This is particularly relevant to 'makegood' provisions in property leases taken up by the OTA where there exists an obligation to restore the property to prescribed conditions. These costs are included in the value of the OTA's leasehold improvements with a corresponding provision for the 'makegood' recognised.

Revaluations

Fair values for each class of asset are determined as shown below:

Asset class	Fair value measured at
Leasehold improvements	Depreciated replacement cost
Property, plant and equipment	Market selling price
Furniture and fittings	Market selling price

Following initial recognition at cost, property, plant and equipment are carried at fair value less subsequent accumulated depreciation and accumulated impairment losses. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets do not differ materially from the assets' fair values as at the reporting date. The regularity of independent valuations depends upon the volatility of movements in market values for the relevant assets.

An independent valuation of leasehold improvements and property, plant and equipment was carried out by the Australian Valuation Office on 4 April 2013. The Australian Valuation Office reviewed the fair values of each class of assets as at 30 June 2013.

Revaluation adjustments were made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve except to the extent that it reversed a previous revaluation decrement of the same asset class that was previously recognised in the surplus/deficit. Revaluation decrements for a class of assets were recognised directly in the surplus/deficit except to the extent that they reversed a previous revaluation increment for that class. Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

Depreciation

Depreciable property, plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to the OTA using, in all cases, the straight-line method of depreciation. Leasehold improvements are depreciated over the lesser of the estimated useful life of the improvements or the unexpired period of the lease.

Depreciation rates (useful lives), residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current, or current and future reporting periods, as appropriate.

Depreciation rates applying to each class of depreciable asset are based on the following useful lives:

	2013	2012
Leasehold improvements	Lease term	Lease term
Property, plant and equipment	3 to 5 years	3 to 5 years

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Impairment

All assets were assessed for impairment at 30 June 2013. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

The recoverable amount of an asset is the higher of its fair value less costs to sell and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if the OTA were deprived of the asset, its value in use is taken to be its depreciated replacement cost.

Derecognition

An item of property, plant and equipment is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal.

1.17 Intangibles

The OTA's intangibles comprise software for internal use and purchased software. These assets are carried at cost less accumulated amortisation and accumulated impairment losses.

Software is amortised on a straight-line basis over its anticipated useful life. The useful lives of the OTA's software are 1 to 3 years (2011–12: 1 to 3 years).

All software assets were assessed for indications of impairment as at 30 June 2013.

1.18 Inventories

Inventories held for sale are valued at the lower of cost and net realisable value.

Inventories held for distribution are valued at cost, adjusted for any loss of service potential.

Costs incurred in bringing each item of inventory to its present location and condition are assigned as follows:

- ♥ raw materials and stores—purchase cost on a first-in-first-out basis
- ♥ finished goods and work-in-progress—cost of direct materials and labour plus attributable costs that can be allocated on a reasonable basis.

Inventories acquired at no cost or nominal consideration are initially measured at current replacement cost at the date of acquisition.

1.19 Taxation

The OTA is exempt from all forms of taxation except Fringe Benefits Tax (FBT) and the Goods and Services Tax (GST).

Revenues, expenses, assets and liabilities are recognised net of GST:

- ♥ except where the amount of GST incurred is not recoverable from the Australian Taxation Office
- ♥ except for receivables and payables.

1.20 Monitoring of constitutional and other legal requirements

The Australian Government continues to have regard to developments in case law, including the High Court's most recent decision on Commonwealth expenditure in *Williams v Commonwealth* (2012) 288 ALR 410, as they contribute to the larger body of law relevant to the development of Commonwealth programs. In accordance with its general practice, the Government will continue to monitor and assess risk and decide on any appropriate actions to respond to risks of expenditure not being consistent with constitutional or other legal requirements.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

1.21 Reporting of administered activities

Administered revenues, expenses, assets, liabilities and cash flows are disclosed in the administered schedules and related notes.

Except where otherwise stated below, administered items are accounted for on the same basis and using the same policies as for departmental items, including the application of Australian Accounting Standards.

Administered cash transfers to and from the official public account

Revenue collected by the OTA for use by the Government rather than the OTA is administered revenue. Collections are transferred to the Official Public Account (OPA) maintained by the Department of Finance and Deregulation. Conversely, cash is drawn from the OPA to make payments under Parliamentary appropriation on behalf of Government. These transfers to and from the OPA are adjustments to administered cash held by the agency on behalf of the Government and are reported as such in the Administered Cash Flow Statement and in the Administered Reconciliation Schedule.

Revenue

All administered revenues are revenues relating to the course of ordinary activities performed by the OTA on behalf of the Australian Government. As such, administered appropriations are not revenues of the individual entity that oversees distribution or expenditure of the funds as directed.

Loans and receivables

Where loans and receivables are not subject to concessional treatment, they are carried at amortised cost using the effective interest method. Gains and losses due to impairment, derecognition and amortisation are recognised through profit and loss.

Grants

The OTA administers a number of grant schemes on behalf of the Government. Grant liabilities are recognised to the extent that (i) the services required to be performed by the grantee have been performed or (ii) the grant eligibility criteria have been satisfied, but payments due have not been made. A commitment is recorded when the Government enters into an agreement to make these grants but services have not been performed or criteria satisfied.

NOTE 2: EVENTS AFTER THE BALANCE SHEET DATE

There was no subsequent event that had the potential to significantly affect the ongoing structure and financial activities of the OTA.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 3: EXPENSES

	2013 \$	2012 \$
Note 3A: Employee benefits		
Wages and salaries	3,179,030	3,568,827
Superannuation:		
Defined benefits plans	430,287	487,269
Defined contribution plans	94,494	136,915
Leave and other entitlements	422,507	494,332
Separation and redundancies	–	97,766
Other employee expenses	12,162	18,613
Total employee benefits	4,138,480	4,803,722
Note 3B: Suppliers		
Goods and services		
Advertising and marketing	5,166	66,598
Consultants	7,520	5,349
Contractors	87,988	159,215
Equipment and software	674,866	686,805
Facilities	81,626	108,735
Staff recruitment and training	41,493	51,464
Travel	153,948	126,101
Office supplies and stationery	15,036	18,088
Printing and publishing	68,045	54,178
Resources received free of charge	64,000	61,500
Other	126,190	119,309
Total goods and services	1,325,878	1,457,342
Goods and services are made up of:		
Provision of goods – related parties	7,936	13,584
Provision of goods – external parties	18,154	12,140
Rendering of services – related entities	146,808	146,426
Rendering of services – external parties	1,152,980	1,285,192
Total goods and services	1,325,878	1,457,342
Other supplier expenses:		
Operating lease rentals – external parties:		
Minimum lease payments	277,484	284,480
Workers compensation expenses	62,739	68,441
Total other supplier expenses	340,223	352,921
Total supplier expenses	1,666,101	1,810,263

The OTA received incentives in the form of rent free periods on entering the operating lease for 221 London Circuit.

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

	2013	2012
	\$	\$
Note 3C: Depreciation and amortisation		
Depreciation:		
Leasehold improvements	94,621	94,621
Property, plant & equipment	82,399	204,731
Total depreciation	177,020	299,352
Amortisation:		
Intangibles:		
Computer software	50,027	32,377
Total amortisation	50,027	32,377
Total depreciation and amortisation	227,047	331,729

The OTA conducts an annual review of assets for impairment in accordance with the principles of Australian Accounting Standards (AASB 136 *Impairment of Assets* and AASB 139 *Financial Instruments: Recognition and Measurement*) to ensure the OTA does not carry assets at a value above their recoverable amount. Disclosure in Note 6 represents adjustments to asset carrying amounts where indications of impairment were identified.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 4: INCOME

	2013	2012
	\$	\$
Note 4A: Interest		
Other	-	312
Total interest	<u>-</u>	<u>312</u>
Note 4B: Other revenue		
Resources received free of charge	64,000	61,500
Total other revenue	<u>64,000</u>	<u>61,500</u>

Resources received free of charge are for services provided by the Australian National Audit Office (ANAO) for the end of financial year statement audit.

GAINS

Note 4C: Sale of assets

Property, plant and equipment

Proceeds from sale	1,100	-
Carrying value of assets sold	-	-
Net gain from sale of assets	<u>1,100</u>	<u>-</u>

REVENUE FROM GOVERNMENT

Note 4D: Revenue from Government

Appropriations:

Departmental appropriation	5,866,000	6,003,000
Total revenue from Government	<u>5,866,000</u>	<u>6,003,000</u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 5: FINANCIAL ASSETS

	2013	2012
	\$	\$
Note 5A: Cash and cash equivalents		
Cash on hand or on deposit	77,825	50,000
Total cash and cash equivalents	<u>77,825</u>	<u>50,000</u>
Note 5B: Trade and other receivables		
Appropriations receivable:		
for existing programs	1,556,501	2,630,465
Total appropriations receivable	<u>1,556,501</u>	<u>2,630,465</u>
Other receivables:		
GST receivable from the Australian Taxation Office	59,156	40,226
Other	4,736	200
Total other receivables	<u>63,892</u>	<u>40,426</u>
Total trade and other receivables (gross)	<u>1,620,393</u>	<u>2,670,891</u>
Less impairment allowance account:		
Other	-	-
Total impairment allowance account	<u>-</u>	<u>-</u>
Total trade and other receivables (net)	<u>1,620,393</u>	<u>2,670,891</u>
Receivables are expected to be recovered in:		
No more than 12 months	1,620,393	2,670,891
More than 12 months	-	-
Total trade and other receivables (net)	<u>1,620,393</u>	<u>2,670,891</u>
Receivables are aged as follows:		
Not overdue	1,619,183	2,670,891
Overdue by:		
0 to 30 days	-	-
31 to 60 days	-	-
61 to 90 days	1,210	-
More than 90 days	-	-
Total receivables (gross)	<u>1,620,393</u>	<u>2,670,891</u>
The impairment allowance account is aged as follows:		
Not overdue		
Overdue by:		
0 to 30 days	-	-
31 to 60 days	-	-
61 to 90 days	-	-
More than 90 days	-	-
Total impairment allowance account	<u>-</u>	<u>-</u>

Credit terms are net 30 days.

NOTE 6: NON-FINANCIAL ASSETS

	2013 \$	2012 \$
Note 6A: Land and buildings		
Leasehold improvements:		
Fair value	470,000	473,106
Accumulated depreciation	—	(118,276)
Total leasehold improvements	<u>470,000</u>	<u>354,830</u>
Total land and buildings	<u>470,000</u>	<u>354,830</u>

No indicators of impairment were found for land and buildings.

No land or buildings are expected to be sold or disposed of within the next 12 months.

Note 6B: Property, plant and equipment

Property, plant and equipment:

Fair value	222,434	644,413
Accumulated depreciation	(64)	(552,106)
Total property, plant and equipment	<u>222,370</u>	<u>92,307</u>

No indicators of impairment were found for property, plant and equipment.

No property, plant or equipment is expected to be sold or disposed of within the next 12 months.

Revaluations of non-financial assets

All revaluations are independent and are conducted in accordance with the revaluation policy stated in Note 1.16. On 4 April 2013, an independent valuer conducted the revaluations as at 30 June 2013.

Revaluation increments include \$209,791 for leasehold improvements (2012: nil) and \$153,378 for property, plant and equipment (2012: nil). There were no revaluation decrements.

All revaluation increments were transferred to the asset revaluation surplus by asset class and included in the equity section of the balance sheet.

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 6C: Reconciliation of the opening and closing balances of property, plant and equipment 2013

	Leasehold Improvements	Other Property, Plant and Equipment	Total
	\$	\$	\$
As at 1 July 2012			
Gross book value	473,106	644,413	1,117,519
Accumulated depreciation and impairment	(118,276)	(552,106)	(670,382)
Net book value 1 July 2012	354,830	92,307	447,137
Additions:			
By purchase	–	59,084	59,084
Revaluations and impairments recognised in other comprehensive income	209,791	153,378	363,169
Depreciation expense	(94,621)	(82,399)	(177,020)
Net book value 30 June 2013	470,000	222,370	692,370
Net book value as of 30 June 2013 represented by:			
Gross book value	470,000	222,434	692,434
Accumulated depreciation and impairment	–	(64)	(64)
Net book value 30 June 2013	470,000	222,370	692,370

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 6C: Reconciliation of the opening and closing balances of property, plant and equipment 2012

	Leasehold Improvements	Other Property, Plant and Equipment	Total
	\$	\$	\$
As at 1 July 2011			
Gross book value	473,106	644,413	1,117,519
Accumulated depreciation and impairment	(23,655)	(347,375)	(371,030)
Net book value 1 July 2011	449,451	297,038	746,489
Additions:			
By purchase	–	–	–
Revaluations and impairments recognised in other comprehensive income	–	–	–
Depreciation expense	(94,621)	(204,731)	(299,352)
Net book value 30 June 2012	354,830	92,307	447,137
Net book value as of 30 June 2012 represented by:			
Gross book value	473,106	644,413	1,117,519
Accumulated depreciation and impairment	(118,276)	(552,106)	(670,382)
Net book value 30 June 2012	354,830	92,307	447,137

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 6D: Intangible assets

	2013	2012
	\$	\$
Computer software:		
Purchased	256,613	248,219
Work in progress	978,000	–
Accumulated amortisation	(164,813)	(114,786)
Total computer software	<u>1,069,800</u>	<u>133,433</u>
Total intangibles	<u>1,069,800</u>	<u>133,433</u>

No indicators of impairment were found for intangible assets.
No intangibles are expected to be sold or disposed of within the next 12 months.

Note 6E: Reconciliation of the opening and closing balances of intangibles 2013

	Computer software purchased	Total
	\$	\$
As at 1 July 2012		
Gross book value	248,219	248,219
Accumulated amortisation	(114,786)	(114,786)
Net book value 1 July 2012	<u>133,433</u>	<u>133,433</u>
Additions:		
By purchase or internally developed	986,394	986,394
Amortisation	(50,027)	(50,027)
Net book value 30 June 2013	<u>1,069,800</u>	<u>1,069,800</u>
Net book value as of 30 June 2013 represented by:		
Gross book value	1,234,613	1,234,613
Accumulated amortisation and impairment	(164,813)	(164,813)
Net book value 30 June 2013	<u>1,069,800</u>	<u>1,069,800</u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 6E: Reconciliation of the opening and closing balances of intangibles 2012

	Computer software purchased \$	Total \$
As at 1 July 2011		
Gross book value	113,334	113,334
Accumulated amortisation	(82,409)	(82,409)
Net book value 1 July 2011	30,925	30,925
Additions :		
By purchase or internally developed	134,885	134,885
Amortisation	(32,377)	(32,377)
Net book value 30 June 2012	133,433	133,433
Net book value as of 30 June 2012 represented by:		
Gross book value	248,219	248,219
Accumulated amortisation and impairment	(114,786)	(114,786)
Net book value 30 June 2012	133,433	133,433

Note 6F: Other non-financial assets

	2013 \$	2012 \$
Prepayments	29,214	—
Total other non-financial assets	29,214	—
Total other non-financial assets are expected to be recovered in:		
No more than 12 months	29,214	—
Total other non-financial assets	29,214	—

No indicators of impairment were found for other non-financial assets.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 7: PAYABLES

	2013	2012
	\$	\$
Note 7A: Suppliers		
Trade Creditors and accruals	<u>120,303</u>	<u>70,750</u>
Total supplier payables	<u><u>120,303</u></u>	<u><u>70,750</u></u>
Supplier payables expected to be settled in the next 12 months:		
Related entities	<u>12,022</u>	7,460
External parties	<u>108,281</u>	<u>63,290</u>
Total supplier payables	<u><u>120,303</u></u>	<u><u>70,750</u></u>
Settlement was usually made within 30 days.		
Note 7B: Other payables		
Salaries and wages	<u>238,740</u>	316,572
Superannuation	<u>19,735</u>	44,033
Lease incentive	<u>143,659</u>	175,244
Other	<u>97,393</u>	<u>75,590</u>
Total other payables	<u><u>499,527</u></u>	<u><u>611,439</u></u>
Other payables are expected to be settled in:		
No more than 12 months	<u>478,239</u>	577,986
More than 12 months	<u>21,288</u>	<u>33,453</u>
Total other payables	<u><u>499,527</u></u>	<u><u>611,439</u></u>

NOTE 8: PROVISIONS

	2013	2012
	\$	\$
Note 8A: Employee provisions		
Leave	<u>1,145,102</u>	<u>1,157,243</u>
Total employee provisions	<u>1,145,102</u>	<u>1,157,243</u>
Employee provisions are expected to be settled in:		
No more than 12 months	<u>918,112</u>	<u>960,676</u>
More than 12 months	<u>226,990</u>	<u>196,567</u>
Total employee provisions	<u>1,145,102</u>	<u>1,157,243</u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 9: CASH FLOW RECONCILIATION

	2013	2012
	\$	\$
Reconciliation of cash and cash equivalents as per Balance Sheet to Cash Flow Statement		
Cash and cash equivalents as per:		
Cash flow statement	77,825	50,000
Balance sheet	<u>77,825</u>	<u>50,000</u>
Difference	<u><u>-</u></u>	<u><u>-</u></u>
Reconciliation of net cost of services to net cash from operating activities:		
Net cost of services	(5,966,528)	(6,883,902)
Add revenue from Government	5,866,000	6,003,000
Adjustment for non-cash items		
Depreciation/amortisation	227,047	331,729
Gain on disposal of assets	(1,100)	-
Changes in assets/liabilities		
(Increase)/decrease in net receivables	(37,632)	326,754
(Increase)/decrease in prepayments	(29,214)	-
Increase/(decrease) in employee provisions	(12,141)	219,465
Increase/(decrease) in supplier payables	49,553	(132,859)
Increase/(decrease) in other payables	<u>(111,912)</u>	<u>153,856</u>
Net cash from (used by) operating activities	<u><u>(15,927)</u></u>	<u><u>18,043</u></u>

NOTE 10: CONTINGENT LIABILITIES AND ASSETS

Quantifiable contingencies

The OTA had no quantifiable contingencies at the reporting date.

Unquantifiable contingencies

The OTA provided an indemnity in relation to the purchase of an ICT system in relation to all actions, claims, demands, losses, damages, costs and expenses for which the contractor shall, may, or does become liable. The indemnity releases the contractor from any liability arising from the contract in excess of the contractors required insurance levels.

Remote contingencies

The OTA had no significant remote contingencies as at the reporting date.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 11: SENIOR EXECUTIVE REMUNERATION

Note 11A: Senior executive remuneration expense for the reporting period

	2013	2012
	\$	\$
Short-term employee benefits:		
Salary	862,634	1,034,903
Annual leave accrued	51,835	52,193
Performance bonuses	40,143	38,975
Other ¹	10,978	10,659
Total short-term employee benefits	<u>965,590</u>	<u>1,136,730</u>
Post-employment benefits:		
Superannuation	148,521	172,472
Total post-employment benefits	<u>148,521</u>	<u>172,472</u>
Other long-term benefits:		
Long service leave	43,518	30,120
Total other long-term benefits	<u>43,518</u>	<u>30,120</u>
Termination benefits:		
Voluntary redundancy payments	-	-
Total termination benefits	<u>-</u>	<u>-</u>
Total senior executive remuneration expenses	<u>1,157,630</u>	<u>1,339,322</u>

Notes:

¹ 'Other' includes motor vehicle allowances and other allowances.

Note 11A excludes acting arrangements and part-year service where total remuneration expensed as a senior executive was less than \$180,000.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 11B: Average annual reportable remuneration paid to substantive senior executives during the reporting period

Average annual reportable remuneration paid to substantive senior executives in 2013

Average annual reportable remuneration ¹	Substantive senior executives	Reportable salary ²	Contributed superannuation ³	Reportable allowances ⁴	Bonus paid ⁵	Total reportable remuneration
	No.	\$	\$	\$	\$	\$
Total reportable remuneration (including part-time arrangements):						
\$210,000 to \$239,999	1	175,640	27,576	2,513	22,500	228,229
\$240,000 to \$269,999	2	202,666	43,896	3,665	16,475	266,702
\$330,000 to \$359,999	1	300,065	46,299	3,665	–	350,029
Total number of substantive senior executives	4					

Average annual reportable remuneration paid to substantive senior executives in 2012

Average annual reportable remuneration ¹	Substantive senior executives	Reportable salary ²	Contributed superannuation ³	Reportable allowances ⁴	Bonus paid ⁵	Total reportable remuneration
	No.	\$	\$	\$	\$	\$
Total remuneration (including part-time arrangements):						
\$210,000 to \$239,999	1	172,009	21,325	2,440	23,563	219,337
\$240,000 to \$269,999	1	188,636	30,314	3,559	24,713	247,222
\$330,000 to \$359,999	1	283,123	46,748	3,559	–	333,430
\$420,000 to \$449,999	1	368,496	73,461	–	–	441,957
Total number of substantive senior executives	4					

Notes:

- This table reports substantive senior executives who received remuneration during the reporting period. Each row is an averaged figure based on headcount for individuals in the band.
- 'Reportable salary' includes the following:
 - gross payments (less any bonuses paid, which are separated out and disclosed in the 'bonus paid' column)
 - reportable fringe benefits (at the net amount prior to 'grossing up' to account for tax benefits)
 - exempt foreign employment income
 - salary sacrificed benefits.

- The 'contributed superannuation' amount is the average cost to the OTA for the provision of superannuation benefits to substantive senior executives in that reportable remuneration band during the reporting period.
- 'Reportable allowances' are the average actual allowances paid as per the 'total allowances' line on the individuals payment summaries.
- 'Bonus paid' represents average actual bonuses paid during the reporting period in the reportable remuneration band. The 'bonus paid' within a particular band may vary between financial years due to various factors such as individuals commencing with or leaving the OTA during the financial year.

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 11C: Other highly paid staff

Average annual reportable remuneration paid to other highly paid staff in 2013

Average annual reportable remuneration ¹	Staff No.	Reportable salary ²	Contributed superannuation ³	Reportable allowances ⁴	Bonus paid ⁵	Total
		\$	\$	\$	\$	\$
Total remuneration (including part-time arrangements):						
\$180,000 to \$209,999	4	142,537	26,857	2,640	16,043	188,077
Total number of other highly paid staff	4					

Average annual reportable remuneration paid to other highly paid staff in 2012

Average annual reportable remuneration ¹	Staff No.	Reportable salary ²	Contributed superannuation ³	Reportable allowances ⁴	Bonus paid ⁵	Total
		\$	\$	\$	\$	\$
Total remuneration (including part-time arrangements):						
\$180,000 to \$209,999	1	134,999	39,237	2,563	7,014	183,813
Total number of other highly paid staff	1					

Notes:

1. This table reports staff:

- a) who were employed by the entity during the reporting period
- b) whose reportable remuneration was \$180,000 or more for the financial period
- c) were not required to be disclosed in Table B or director disclosures.

Each row is an averaged figure based on headcount for individuals in the band.

2. 'Reportable salary' includes the following:

- a) gross payments (less any bonuses paid, which are separated out and disclosed in the 'bonus paid' column)
- b) reportable fringe benefits (at the net amount prior to 'grossing up' to account for tax purposes)
- c) exempt foreign employment income
- d) salary sacrificed benefits.

3. The 'contributed superannuation' amount is the average cost to the entity for the provision of superannuation benefits to other highly paid staff in that reportable remuneration band during the reporting period.

4. 'Reportable allowances' are the average actual allowances paid as per the 'total allowances' line on individuals' payment summaries.

5. 'Bonus paid' represents average actual bonuses paid during the reporting period in that reportable remuneration band. The 'bonus paid' within a particular band may vary between financial years due to various factors such as individuals commencing with or leaving the OTA during the financial year.

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 12: REMUNERATION OF AUDITORS

Financial statement audit services were provided free of charge to the OTA by the Australian National Audit Office (ANAO).

Fair value of the services provided:

Financial statement audit services

	2013	2012
	\$	\$
	<u>64,000</u>	61,500
	<u>64,000</u>	<u>61,500</u>

No other services were provided by the auditors of the financial statements.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 13: FINANCIAL INSTRUMENTS

	2013	2012
	\$	\$
Note 13A: Categories of financial instruments		
Financial assets		
Loans and receivables		
Cash and cash equivalents	77,825	50,000
Trade and other receivables	4,736	200
Total	<u>82,561</u>	<u>50,200</u>
Carrying amount of financial assets	<u>82,561</u>	<u>50,200</u>
Financial liabilities		
At amortised cost		
Trade creditors	120,303	70,750
Other payables	241,052	250,834
Total	<u>361,355</u>	<u>321,584</u>
Carrying amount of financial liabilities	<u>361,355</u>	<u>321,584</u>
Note 13B: Net income and expense from financial assets		
Loans and receivables		
Interest revenue	-	312
Net gain from loans and receivables	<u>-</u>	<u>312</u>
Net gain from financial assets	<u>-</u>	<u>-</u>

Note 13C: Net income and expense from financial liabilities

There is no interest expense from financial liabilities not at fair value through profit or loss in the years ending 30 June 2012 and 30 June 2013.

Note 13D: Credit risk

The OTA is exposed to minimal credit risk as loans and receivables are cash and trade receivables. The maximum exposure to credit risk is the risk that arises from potential default of a debtor. The amount is equal to the total amount of trade receivables (2013: \$4,736 and 2012: \$200)

The OTA had assessed the risk of default on payment and had allocated \$0 in 2013 (2012: \$0) to an impairment allowance account.

The OTA manages its credit risk by undertaking background and credit checks prior to allowing a debtor relationship. In addition, the OTA has policies and procedures that guide employees as to debt recovery techniques that are to be applied.

The OTA holds no collateral to mitigate against credit risk.

Credit quality of financial instruments not past due or individually determined as impaired

	Not past due nor impaired 2013 \$	Not past due nor impaired 2012 \$	Past due or impaired 2013 \$	Past due or impaired 2012 \$
Loans and receivables				
Cash and cash equivalents	77,825	50,000	-	-
Other receivables	3,526	200	1,210	-
Total	81,351	50,200	1,210	-

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 13E: Liquidity risk

The OTA's financial liabilities are payables including supplier payables and employee related payables. The exposure to liquidity risk is based on the notion that the OTA will encounter difficulty in meeting its obligations associated with its financial liabilities.

This is highly unlikely as the OTA is appropriated funding from the Australian Government and the OTA manages its budgeted funds to ensure it has adequate funds to meet payments as they fall due. In addition, the OTA has internal policies and procedures in place to ensure timely payment is made when due.

Maturities for non-derivative financial liabilities 2013

	within 1 year	1 to 2 years	Total
	\$	\$	\$
Other liabilities			
Trade creditors	120,303	–	120,303
Other payables	241,052	–	241,052
Total	361,355	–	361,355

Maturities for non-derivative financial liabilities 2012

	within 1 year	1 to 2 years	Total
	\$	\$	\$
Other liabilities			
Trade creditors	70,750	–	70,750
Other payables	250,834	–	250,834
Total	321,584	–	321,584

The OTA has no derivative financial liabilities in both the current and prior year.

Note 13F: Market risk

The OTA's financial instruments are of a nature that does not expose the OTA to certain market risks.

The OTA is not exposed to 'currency risk' or 'other price risk'.

The OTA has no interest bearing items on the Balance Sheet.

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 14: FINANCIAL ASSETS RECONCILIATION

	Notes	2013	2012
		\$	\$
Financial assets			
Total financial assets as per balance sheet		1,698,218	2,720,891
Less: non-financial instruments			
Appropriation receivable	5B	(1,556,501)	(2,630,465)
GST receivable from the Australian Taxation Office	5B	(59,156)	(40,226)
Total non-financial instruments		<u>(1,615,657)</u>	<u>(2,670,691)</u>
Total financial assets as per financial instruments note		<u><u>82,561</u></u>	<u><u>50,200</u></u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 15: ADMINISTERED: EXPENSES		
	2013	2012
Note 15A: Suppliers	\$	\$
Goods and services		
Advertising	–	1,376,381
Contractors	450,255	692,921
Consultants	33,206	2,559
Public relations and research	807,891	654,499
Travel	174,280	354,829
Other	734,555	589,550
Total goods and services	<u>2,200,187</u>	<u>3,670,739</u>
Goods and services are made up of:		
Provision of goods – related entities	–	–
Rendering of services – related entities	68,594	11,888
Rendering of services – external parties	2,131,593	3,658,851
Total goods and services	<u>2,200,187</u>	<u>3,670,739</u>
Total supplier expenses	<u>2,200,187</u>	<u>3,670,739</u>
Note 15B: Grants		
Public sector:		
State and Territory Governments	31,614,616	34,989,510
Private sector:		
Non-profit organisations	5,185,290	3,995,837
Total grants	<u>36,799,906</u>	<u>38,985,347</u>

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 16: ADMINISTERED: INCOME

	2013	2012
	\$	\$
OWN – SOURCE REVENUE		
Note 16A: Revenue		
Other	–	–
Total revenue	<u>–</u>	<u>–</u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 17: ADMINISTERED: FINANCIAL ASSETS

	2013	2012
	\$	\$
Note 17A: Cash and cash equivalents		
Cash on hand or on deposit	80,000	49,148
Total cash and cash equivalents	<u>80,000</u>	<u>49,148</u>
Note 17B: Trade and other receivables		
Other receivables:		
Other receivables	11,070	1,196
GST receivable from the Australian Taxation Office	162,006	178,787
Total other receivables	<u>173,076</u>	<u>179,983</u>
Total trade and other receivables (gross)	<u>173,076</u>	<u>179,983</u>
Less: impairment allowance account	-	-
Less: allowance for credit amendments	-	-
Total trade and other receivables (net)	<u>173,076</u>	<u>179,983</u>
Receivables are expected to be recovered in:		
No more than 12 months	173,076	179,983
More than 12 months	-	-
Total trade and other receivables (net)	<u>173,076</u>	<u>179,983</u>
Receivables were aged as follows:		
Not overdue	173,076	178,787
Overdue by:		
o to 30 days	-	-
31 to 60 days	-	1,196
61 to 90 days	-	-
More than 90 days	-	-
Total receivables (gross)	<u>173,076</u>	<u>179,983</u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 18: ADMINISTERED: PAYABLES

	2013	2012
	\$	\$
Note 18A: Suppliers		
Trade creditors and accruals	<u>206,546</u>	<u>185,337</u>
Total suppliers	<u><u>206,546</u></u>	<u><u>185,337</u></u>

Supplier payables expected to be settled in the next 12 months:

Related entities	5,846	480
External parties	<u>200,700</u>	<u>184,857</u>
Total supplier payables	<u><u>206,546</u></u>	<u><u>185,337</u></u>

Settlement is made according to the terms and conditions of each grant or contract. This is usually within 30 days of performance or eligibility.

Note 18B: Grants

Public sector:

State and Territory Governments	10,819,401	12,001,415
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Private sector:

Non-profit organisations	<u>143,715</u>	<u>463,970</u>
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Total grants	<u><u>10,963,116</u></u>	<u><u>12,465,385</u></u>
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Total grants are expected to be settled in:

No more than 12 months	<u>10,963,116</u>	<u>12,465,385</u>
Total grants	<u><u>10,963,116</u></u>	<u><u>12,465,385</u></u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 19: ADMINISTERED: CASH FLOW RECONCILIATION

	2013	2012
	\$	\$
Reconciliation of cash and cash equivalents as per Administered Schedule of Assets and Liabilities to Administered Cash Flow Statement		
Cash and cash equivalents as per:		
Schedule of administered cash flows	80,000	49,148
Schedule of administered assets and liabilities	80,000	49,148
Difference	<u>-</u>	<u>-</u>
Reconciliation of net cost of services to net cash from operating activities:		
Net cost of services	(39,000,093)	(42,656,086)
Changes in assets/liabilities		
(Increase)/ decrease in net receivables	6,907	241,626
Increase/ (decrease) in supplier payables	21,209	(2,022,915)
Increase/ (decrease) in other payables	(1,502,269)	237,491
Net cash from (used by) operating activities	<u>(40,474,246)</u>	<u>(44,199,884)</u>

NOTE 20: ADMINISTERED CONTINGENT LIABILITIES AND ASSETS

Quantifiable administered contingencies

The OTA had no quantifiable contingencies at the reporting date.

Unquantifiable administered contingencies

The OTA provided an indemnity in relation to the provision of ICT services for all actions, claims, demands, losses, damages, costs and expenses for which the contractor shall, may, or does become liable. The indemnity releases the contractor from any liability arising from the contract in excess of the contractors required insurance levels.

Significant remote administered contingencies

The OTA had no remote contingencies at the reporting date.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 21: ADMINISTERED FINANCIAL INSTRUMENTS

	2013	2012
	\$	\$
Note 21A: Categories of financial instruments		
Financial assets		
Loans and receivables		
Cash and cash equivalents	80,000	49,148
Other receivables	11,070	1,196
Total	<u>91,070</u>	<u>50,344</u>
Carrying amount of financial assets	<u>91,070</u>	<u>50,344</u>
Financial liabilities		
At amortised cost		
Trade creditors	206,546	185,337
Grants payable	10,963,116	12,465,385
Total	<u>11,169,662</u>	<u>12,650,722</u>
Carrying amount of financial liabilities	<u>11,169,662</u>	<u>12,650,722</u>

Note 21B: Net income and expense from financial assets

There is no interest income from financial assets not at fair value through profit or loss in the years ending 30 June 2012 and 30 June 2013.

Note 21C: Net income and expense from financial liabilities

There is no interest income from financial liabilities not at fair value through profit or loss in the years ending 30 June 2012 and 30 June 2013.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 21D: Credit risk

The administered activities of the OTA were not exposed to a high level of credit risk as the majority of financial assets are cash.

The OTA holds no collateral to mitigate against credit risk.

The following table illustrates the OTA's gross exposure to credit risk, excluding any collateral or credit enhancements:

	2013	2012
	\$	\$
Financial assets		
Loans and receivables		
Cash and cash equivalents	80,000	49,148
Other receivables	11,070	1,196
Total	91,070	50,344
Financial liabilities		
At amortised cost		
Trade creditors	206,546	185,337
Grants payable	10,963,116	12,465,385
Total	11,169,662	12,650,722

Credit quality of financial instruments not past due or individually determined as impaired

	Not past due nor impaired	Not past due nor impaired	Past due or impaired	Past due or impaired
	2013	2012	2013	2012
	\$	\$	\$	\$
Loans and receivables				
Other receivables	11,070	–	–	1,196
Total	11,070	–	–	1,196

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 21E: Liquidity risk

The OTA's administered financial liabilities are primarily grants payable to state and territory governments and not-for-profit entities and suppliers. The exposure to liquidity risk is based on the notion that the OTA will encounter difficulty in meeting its obligations associated with its financial liabilities.

This is highly unlikely as the OTA is appropriated funding from the Australian Government and the OTA manages its budgeted funds to ensure it has adequate funds to meet payments as they fall due. In addition, the OTA has policies and procedures in place to ensure timely payment is made when due.

The following tables illustrate the maturities for financial liabilities.

Maturities for non-derivative financial liabilities 2013

	within 1 year \$	1 to 2 years \$	Total \$
Other liabilities			
Trade creditors	206,546	–	206,546
Grants payable	10,963,116	–	10,963,116
Total	11,169,662	–	11,169,662

Maturities for non-derivative financial liabilities 2012

	within 1 year \$	1 to 2 years \$	Total \$
Other liabilities			
Trade creditors	185,337	–	185,337
Grants payable	12,465,385	–	12,465,385
Total	12,650,722	–	12,650,722

The OTA has no derivative financial liabilities in the current or prior year.

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 22: ADMINISTERED FINANCIAL ASSETS RECONCILIATION			
	Notes	2013	2012
		\$	\$
FINANCIAL ASSETS			
Total financial assets as per schedule of administered assets and liabilities		253,076	229,131
Less: non-financial instrument components			
GST receivable from the Australian Taxation Office	17B	<u>(162,006)</u>	<u>(178,787)</u>
Total non-financial instrument components		<u>(162,006)</u>	<u>(178,787)</u>
Total financial assets as per financial instruments note		<u>91,070</u>	<u>50,344</u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 23: APPROPRIATIONS

Table A: Annual appropriations (Recoverable GST exclusive)

	2013 Appropriations						Appropriation applied in 2013 (current and prior years) \$	Variance \$
	Appropriation Act		FMA Act					
	Annual appropriation \$	Appropriation reduced \$	AFM \$	Section 30 \$	Section 31 \$	Section 32 \$		
DEPARTMENTAL								
Ordinary annual services	5,886,000	-	-	-	1,105,904	-	6,991,904	61,991
Other services	-	-	-	-	-	-	-	(1,088,130)
Equity								
Total departmental	5,886,000	-	-	-	1,105,904	-	6,991,904	(1,026,139)
ADMINISTERED								
Ordinary annual services								
Administered items	39,003,000	(2,906)	-	154,193	-	-	39,154,287	(1,498,427)
Payments to CAC Act bodies	-	-	-	-	-	-	-	-
Other services								
State, ACT, NT and Local government	-	-	-	-	-	-	-	-
New administered outcomes	-	-	-	-	-	-	-	-
Administered assets and liabilities	-	-	-	-	-	-	-	-
Payments to CAC Act bodies	-	-	-	-	-	-	-	-
Total administered	39,003,000	(2,906)	-	154,193	-	-	39,154,287	(1,498,427)

Notes:

- Appropriations reduced under Appropriation Acts (Nos 13&5) 2012-13 sections 10, 11, 12 and 15 and under Appropriation Acts (Nos 2,4 &6) 2011-12 sections 12, 13, 14 and 17. Departmental appropriations do not lapse at financial year end. However, the responsible Minister may decide that part or all of a departmental appropriation is not required and request the Finance Minister to reduce that appropriation. The reduction in the appropriation is effected by the Finance Minister's determination and is disallowable by Parliament. In 2012, there was no reduction in departmental and non-operating departmental appropriations. As with departmental appropriations, the responsible Minister may decide that part or all of an administered appropriation is not required and request that the Finance Minister reduce that appropriation. For administered appropriation reduced under section 11 of Appropriation Acts (13&5) 2012-13 and section 12 of Appropriation Acts (Nos 2,4&6) 2012-13, the appropriation is taken to be reduced to the required amount specified in Table C of this note once the Annual Report is tabled in Parliament. All administered appropriations may be adjusted by the Finance Minister's determination, which is disallowable by Parliament.
- In 2012-13, there was no adjustment that met the recognition criteria of a formal addition or reduction in revenue (in accordance with FMO Div 701) but at law the appropriations had not been amended before the end of the reporting period.
- The departmental annual variance includes an amount of \$20,000 which will be reduced in 2013-14, as the *Instrument to Reduce Appropriations (No. 1 of 2013-2014)* becomes effective on 13 August 2013 and the equity variance of \$(1,088,130) reflects the purchase of assets from prior year equity funding. The administered ordinary annual services items variance of \$(1,498,427) relates to the difference in 2011-2012 and 2012-2013 section 11 amounts and movement in cash at bank.
- The OTA has no current allocation of Departmental Capital Budget.

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 23: APPROPRIATIONS

	2012 Appropriations						Total appropriation	Appropriation applied in 2012 (current and prior years)	Variance
	Appropriation Act		FMA Act		Section 31	Section 32			
	Annual appropriation	Appropriation reduced	AFM	Section 30					
	\$	\$	\$	\$	\$	\$	\$	\$	
DEPARTMENTAL									
Ordinary annual services	6,003,000	—	—	—	900,546	—	6,885,694	17,852	
Other services	—	—	—	—	—	—	134,885	(134,885)	
Equity									
Total departmental	6,003,000	—	—	—	900,546	—	7,020,579	(117,033)	
ADMINISTERED									
Ordinary annual services									
Administered items	42,670,000	(13,914)	—	128,188	—	—	44,336,338	(1,552,064)	
Payments to CAC Act bodies	—	—	—	—	—	—	—	—	
Other services									
State, ACT, NT and Local government	—	—	—	—	—	—	—	—	
New administered outcomes	—	—	—	—	—	—	—	—	
Administered assets and liabilities	—	—	—	—	—	—	—	—	
Payments to CAC Act bodies	—	—	—	—	—	—	—	—	
Total administered	42,670,000	(13,914)	—	128,188	—	—	44,336,338	(1,552,064)	

Notes:

(1) Appropriations reduced under Appropriation Acts (Nos.13) 2011–12 sections 10, 11 and 12 and under Appropriation Acts (Nos.2,4) 2011–12: sections 12, 13 and 14. Departmental appropriations do not lapse at financial year end. However, the responsible Minister may decide that part or all of a departmental appropriation is not required and request the Finance Minister to reduce that appropriation. The reduction in the appropriation is effected by the Finance Minister's determination and is disallowable by Parliament. In 2012, there was no reduction in departmental and non-operating departmental appropriations.

As with departmental appropriations, the responsible Minister may decide that part or all of an administered appropriation is not required and request the Finance Minister to reduce that appropriation. For administered appropriation reduced under section 11 of Appropriation Acts (1,3&5) 2011–12 and section 12 of Appropriation Acts (Nos.2,4&6) 2011–12, the appropriation is taken to be reduced to the required amount specified in Table C of this note once the Annual Report is tabled in Parliament. All administered appropriations may be adjusted by the Finance Minister's determination, which is disallowable by Parliament.

(2) In 2011–12, there was no adjustment that met the recognition criteria of a formal addition or reduction in revenue (in accordance with FMO Div 101) but at law the appropriations had not been amended before the end of the reporting period.

(3) The departmental equity variance of (\$134,885) predominantly reflects the purchase of assets from prior year equity funding. The administered ordinary annual services items variance of (\$1,552,064) relates to the difference in 2010–2011 and 2011–2012 section 11 amounts and movement in cash at bank.

(4) The OTA has no current allocation of Departmental Capital Budget.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 23: APPROPRIATIONS

Table B: Unspent annual appropriations (Recoverable GST exclusive)

OTA	2013	2012
	\$	\$
DEPARTMENTAL		
Appropriation Act (No. 2) 2004–05	–	1,088,130
Appropriation Act (No. 1) 2011–12	–	1,592,335
Appropriation Act (No. 1) 2012–13	1,654,326	–
Total	1,654,326⁽¹⁾	2,680,465
ADMINISTERED		
Appropriation Act (No.1) 2011–12	–	12,643,854
Appropriation Act (No.1) 2012–13	11,145,427	–
Total	11,145,427	12,643,854

Note:

(1) This balance includes an amount of \$20,000 which will be reduced in 2013-14 as the *Instrument to Reduce Appropriations (No. 1 of 2013-2014)* becomes effective on 13 August 2013.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Table C: Reduction in Administered Items (Recoverable GST exclusive)

2013	Amount required ³ by Appropriation Act		Total amount required ³	Total amount appropriated ⁴	Total reduction ⁵
Ordinary annual services	Act (No. 1)	Act (No. 3)			
Outcome 1	39,003,000.00		0 39,000,093.53	39,003,000.00	2,906.47

Notes:

1. Numbers in this section of the table must be disclosed to the cent.
2. Administered items for 2013 were reduced to these amounts when these financial statements were tabled in Parliament as part of the OTA's 2012–13 annual report. This reduction is effective in 2013–14, but the amounts are reflected in Table A in the 2012–13 financial statements in the column 'Appropriations reduced' as they are adjustments to 2012–13 appropriations.
3. Amount required as per Appropriation Act (Act 1 s.11; Act 2 s.12).
4. Total amount appropriated in 2012–13.
5. Total reduction effective in 2013–14.

2012	Amount required ³ by Appropriation Act		Total amount required ³	Total amount appropriated ⁴	Total reduction ⁵
Ordinary annual services	Act (No. 1)	Act (No. 3)			
Outcome 1	42,656,086.12		0 42,656,086.12	42,670,000.00	13,913.88

Notes:

1. Numbers in this section of the table must be disclosed to the cent.
2. Administered items for 2012 were reduced to these amounts when these financial statements were tabled in Parliament as part of the OTA's 2011–12 annual report. This reduction is effective in 2012–13, but the amounts are reflected in Table A in the 2011–12 financial statements in the column 'Appropriations reduced' as they are adjustments to 2011–12 appropriations.
3. Amount required as per Appropriation Act (Act 1 s.11; Act 2 s.12).
4. Total amount appropriated in 2011–12.
5. Total reduction effective in 2012–13.

NOTE 24: COMPLIANCE WITH STATUTORY CONDITIONS FOR PAYMENTS

Section 83 of the Constitution provides that no amount may be paid out of the Consolidated Revenue Fund except under an appropriation made by law. The OTA has reviewed its processes and controls over payments for long service leave, goods and services tax and payments under determinations of the Remuneration Tribunal to minimise the possibility for Section 83 breaches as a result of these payments.

The OTA has determined that there is a low risk identified per the risk assessments performed over payments for these items. The OTA is not aware of any specific breaches of Section 83 in respect of these items and will continue to monitor its level of compliance with Section 83 of the Constitution for which it is administratively responsible.

NOTE 25: COMPENSATION AND DEBT RELIEF

	2013 \$	2012 \$
DEPARTMENTAL		
No 'Act of Grace' expenses were incurred during the reporting period (2012: Nil).	—	—
No waivers of amounts owing to the Commonwealth were made pursuant to Section 34(1) of the <i>Financial Management and Accountability Act 1997</i> (2012: Nil).	—	—
No payments were provided under the Compensation for Detriment caused by Defective Administration (CDDA) Scheme during the reporting period (2012: Nil).	—	—
No ex-gratia payments were provided for during the reporting period (2012: Nil).	—	—
No payments were provided in special circumstances relating to APS employment pursuant to section 72 of the <i>Public Services Act 1999</i> (PS Act) during the reporting period (2012: Nil).	—	—

	2013 \$	2012 \$
ADMINISTERED		
No 'Act of Grace' expenses were incurred during the reporting period (2012: Nil).	—	—
No waivers of amounts owing to the Australian Government were made pursuant to Section 34(1) of the <i>Financial Management and Accountability Act 1997</i> (2012: No waivers).	—	—
No payments were provided under the Compensation for Detriment caused by Defective Administration (CDDA) Scheme during the reporting period (2012: Nil).	—	—
No ex-gratia payments were provided for during the reporting period (2012: Nil).	—	—

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 26: REPORTING OF OUTCOMES

Note 26A: Net cost of outcome delivery

	Outcome 1		Total	
	2013	2012	2013	2012
	\$	\$	\$	\$
Departmental				
Expenses	6,031,628	6,945,714	6,031,628	6,945,714
Gain from disposal of assets	1,100	–	1,100	–
Own-source income	64,000	61,812	64,000	61,812
Administered				
Expenses	39,000,093	42,656,086	39,000,093	42,656,086
Own-source income	–	–	–	–
Net cost of outcome delivery	44,967,721	49,539,988	44,967,721	49,539,988

Note 26B: Major classes of Departmental income, expenses, assets and liabilities by outcome

	Outcome 1		Total	
	2013	2012	2013	2012
	\$	\$	\$	\$
Departmental expenses				
Employee expenses	4,138,480	4,803,722	4,138,480	4,803,722
Supplier expenses	1,666,101	1,810,263	1,666,101	1,810,263
Depreciation and amortisation	227,047	331,729	227,047	331,729
Total	6,031,628	6,945,714	6,031,628	6,945,714
Departmental income				
Income from Government	5,866,000	6,003,000	5,866,000	6,003,000
Gain from disposal of assets	1,100	–	1,100	–
Other	64,000	61,500	64,000	61,500
Interest	–	312	–	312
Total	5,931,100	6,064,812	5,931,100	6,064,812
Departmental assets				
Cash and cash equivalents	77,825	50,000	77,825	50,000
Trade and other receivables	1,620,393	2,670,891	1,620,393	2,670,891
Land and buildings	470,000	354,830	470,000	354,830
Property, plant and equipment	222,370	92,307	222,370	92,307
Intangibles	1,069,800	133,433	1,069,800	133,433
Other non financial assets	29,214	–	29,214	–
Total	3,489,602	3,301,461	3,489,602	3,301,461
Departmental liabilities				
Suppliers	120,303	70,750	120,303	70,750
Other payables	499,527	611,439	499,527	611,439
Employee provisions	1,145,102	1,157,243	1,145,102	1,157,243
Other provisions	–	–	–	–
Total	1,764,932	1,839,432	1,764,932	1,839,432

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 26C: Major Classes of Administered income, expenses, assets and liabilities by outcomes

	Outcome 1		Total	
	2013	2012	2013	2012
	\$	\$	\$	\$
Administered expenses				
Supplier expenses	2,200,187	3,670,739	2,200,187	3,670,739
Grants	36,799,906	38,985,347	36,799,906	38,985,347
Total	39,000,093	42,656,086	39,000,093	42,656,086
Administered assets				
Cash and cash equivalents	80,000	49,148	80,000	49,148
Trade and other receivables	173,076	179,983	173,076	179,983
Total	253,076	229,131	253,076	229,131
Administered liabilities				
Suppliers	206,546	185,337	206,546	185,337
Grants payables	10,963,116	12,465,385	10,963,116	12,465,385
Total	11,169,662	12,650,722	11,169,662	12,650,722

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Appendices

Appendix 1: DonateLife National Communications Framework and Charter	182
Abbreviations	185
Glossary	186
List of requirements	188
Index	192

Appendix 1

DonateLife National Communications Framework and Charter

The DonateLife National Communications Framework and Charter provides the foundation for the organ and tissue donation and transplantation sectors to adopt a nationally consistent approach to community awareness and education. A collective voice, with all parties involved in the sector speaking in a coordinated, clear and consistent way, is central to improving Australia’s performance in organ and tissue donation.

Under the framework and charter, the OTA is committed to provide to signatories:

- ➔ a comprehensive range of up-to-date communications advice, support, research and materials to support awareness activities
- ➔ the single, recognisable, national DonateLife logo to unite the sector and to be used alongside existing organisation brands
- ➔ a dedicated website and extranet (Connect)
- ➔ encouragement and facilitation of collaboration and information sharing among signatories.

Charter Signatories commit to:

- ➔ encourage people to have the conversation with their families about their organ and tissue donation wishes
- ➔ use agreed key messages and provide clear, factual, consistent and relevant information about organ and tissue donation
- ➔ promote the facts to enable people to make an informed decision in relation to organ and tissue donation
- ➔ conduct public awareness events based around the DonateLife nationally consistent message and framework
- ➔ distribute and promote DonateLife information and promotional resources to the community
- ➔ continue to use their own branding in conjunction with the DonateLife brand as part of all communications activities and materials.

The DonateLife National Communications Framework and Charter are published on our website at www.donatelife.gov.au



Charter Signatories at 30 June 2013

At 30 June 2013 there were 51 signatories to the National Communications Charter:

- ⇒ ACT Bone Bank
- ⇒ ACT Health
- ⇒ AusBiotech
- ⇒ Australasian College for Emergency Medicine
- ⇒ Australasian Tissue and Biotherapeutics Forum
- ⇒ Australasian Transplant Coordinators Association
- ⇒ Australian and New Zealand Intensive Care Society
- ⇒ Australian Biotechnologies
- ⇒ Australian Government Department of Health and Ageing
- ⇒ Australian Government Department of Human Services
- ⇒ Australian Red Cross Blood Service
- ⇒ Barwon Bone Bank
- ⇒ Cell and Tissue Therapies Western Australia
- ⇒ Council of Governors of Lions Australia
- ⇒ David Hookes Foundation
- ⇒ Department of Health, South Australia
- ⇒ Department of Health, Western Australia
- ⇒ Department of Health and Families, Northern Territory
- ⇒ Department of Health and Human Services, Tasmania
- ⇒ Department of Human Services, Victoria
- ⇒ DonateLife ACT
- ⇒ DonateLife NT
- ⇒ DonateLife QLD
- ⇒ DonateLife SA
- ⇒ DonateLife TAS
- ⇒ DonateLife VIC
- ⇒ DonateLife WA
- ⇒ Donor Tissue Bank of Victoria
- ⇒ Eurobodalla Renal Support Group
- ⇒ Eye Bank Association of Australia and New Zealand
- ⇒ Eye Bank of South Australia
- ⇒ Gift of Life Inc
- ⇒ Heart and Lung Transplant Trust Victoria
- ⇒ Hunter New England Bone Bank
- ⇒ Kidney Health Australia
- ⇒ Lions Eye Bank WA
- ⇒ Lions Eye Donation Service
- ⇒ NSW Health
- ⇒ NSW Organ and Tissue Donation Service (previously known as DonateLife NSW)
- ⇒ Organ and Tissue Authority
- ⇒ Organ Donation and Transplant Foundation of WA
- ⇒ PlusLife (previously known as Perth Bone and Tissue Bank)
- ⇒ Queensland Health
- ⇒ Sammy D Foundation
- ⇒ South Australian Tissue Bank
- ⇒ St John of God Healthcare
- ⇒ Students and Volunteers for Organ Donation
- ⇒ Sydney Heart Valve Bank
- ⇒ Transplant Australia
- ⇒ Transplant Society of Australia and New Zealand
- ⇒ Zaidee's Rainbow Foundation

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transform the lives of 10 or more people.
To donate life, share your donation
decision with your loved ones today. OK?**



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Abbreviations

AC	Companion of the Order of Australia
ACT	Australian Capital Territory
ADAPT	Australasian Donor Awareness Program
AM	Member of the Order of Australia
ANU	Australian National University
ANZICS	Australian New Zealand Intensive Care Society
ANZOD	Australia and New Zealand Organ Donation Registry
AO	Officer of the Order of Australia
APS	Australian Public Service
ATCA	Australasian Transplant Coordinators Association
CAC Act	Commonwealth Authorities and Companies Act 1997
CALD	culturally and linguistically diverse (audiences/communities)
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CGF	Clinical Governance Framework
CPIP	Clinical Practice Improvement Program
DBD	Donation after Brain Death
DCD	Donation after Cardiac Death/Donation after Circulatory Death
dpmp	donors per million population
DLN	DonateLife Network
EDR	Electronic Donor Record
FDC	Family Donation Conversation
JAG	Jurisdictional Advisory Group
NSW	New South Wales
NT	Northern Territory
OAM	Medal of the Order of Australia
OTA	Organ and Tissue Authority
OTDS	Organ and Tissue Donation Service
otpmp	organs transplanted per million population
PBS	Portfolio Budget Statements
PEP	Professional Education Package
QLD	Queensland
SA	South Australia
SES	Senior Executive Service
SMD	State Medical Director
TAS	Tasmania
TSANZ	Transplantation Society of Australia and New Zealand
VIC	Victoria
WA	Western Australia



Glossary

Australian Organ and Tissue Donation and Transplantation Authority	Statutory body established under the Organ and Tissue Donation and Transplantation Authority Act 2008 to implement the national reform agenda
Clinical Governance Framework	Provides support and guidance to DonateliLife Network staff in the provision of quality organ and tissue donation services within the broader health system
Clinical Practice Improvement Program	Comprises 12 elements within the domains of clinical effectiveness, workforce, risk management and consumer participation and satisfaction that are implemented in all DonateliLife Network hospitals to improve clinical practice in organ and tissue donation
Consensus Statement on Eligibility Criteria and Allocation Protocols	A consensus statement on organ transplant waiting lists and organ allocation protocols for transplantation
consent rate	Number of consents as a proportion of the number of requests in potential donors
conversion rate	Number of organ donors as a proportion of the number of potential donors
Donation after Brain Death	Organ donation occurring after brain death has been determined and before cessation of circulation
Donation after Cardiac Death	Organ donation after death has been determined to have occurred, on the basis of the absence of circulation (and of other vital signs)
DonateliLife Agencies	Organ and tissue donation agencies that are responsible for implementing the national reform agenda in their respective state or territory. They employ specialist staff in organ and tissue donation coordination, professional education, Donor Family Support, communications, and data and audit roles
DonateliLife Audit	Nationally consistent audit on potential and actual donor activity used to improve clinical practice in organ donation
DonateliLife <i>Book of Life</i>	Collection of life-saving and life-changing stories from people touched by organ and tissue donation, launched during DonateliLife Week 2011
DonateliLife campaign	Community awareness campaign to achieve and sustain increased levels of family discussion about donation wishes, knowledge of family members' donation wishes, and awareness of the role of family consent
DonateliLife National Communications Charter and Framework	Framework and principles to provide for a nationally consistent approach to community awareness and education
DonateliLife Network	National network of organ and tissue donation agencies and hospital-based staff, focused on increasing organ and tissue donation
DonateliLife Week	National awareness week on organ and tissue donation (formerly named Australian Organ Donor Awareness Week)
Electronic Donor Record	A web based clinical information system that allows for data entry and the efficient and effective management of the donation and organ offer and acceptance process in Australia

Family Donation Conversation Workshop	Workshop-based training that provides health professionals with skills to conduct and sensitively manage discussions with families about sudden death and consent for donation
hospital-based staff	Specialist hospital staff, including hospital medical directors and hospital senior nurses, funded by the Australian Government to facilitate organ and tissue donation and to educate and support the hospital staff involved
Janette Hall Professional Training and Development Scholarship Program	Scholarship program that provides opportunities for health professionals working in the donation and transplant sector to attend professional training and education, both in Australia and overseas
national reform agenda	The nine measures that describe the key strategies of the Australian Government's 2008 World's Best Practice Approach to Organ and Tissue Donation for Transplantation
Organ Donation Hospital Support Funding	Australian Government funding provided to individual hospitals for additional staffing, bed and other infrastructure costs associated with organ donation to ensure costs are not a barrier to hospitals for organ donation to proceed



Over 200 events were held across Australia as part of DonateLife Week 2013, with thousands of Australians joining in the week of activity.

List of requirements

Part of report	Description	Requirement	Page
	Letter of transmittal	Mandatory	4
	Table of contents	Mandatory	5
	Index	Mandatory	192–196
	Glossary	Mandatory	186
	Contact officer(s)	Mandatory	IFC
	Internet home page address and Internet address for report	Mandatory	IFC
Review by CEO	Review by CEO	Mandatory	10–13
	Summary of significant issues and developments	Suggested	8–15
	Overview of Authority performance and financial results	Suggested	
	Outlook for following year	Suggested	
	Significant issues and developments – portfolio	Portfolio departments – suggested	N/A
Authority overview	Role and functions	Mandatory	18–32
	Organisational structure	Mandatory	20–21
	Outcome and program structure	Mandatory	34
	Where outcome and program structures differ from Portfolio Budget Statements/Portfolio Additional Estimates Statements or other portfolio statements accompanying any other additional appropriation bills (other portfolio statements), details of variation and reasons for change	Mandatory	N/A
	Portfolio structure	Portfolio departments – mandatory	N/A
Report on performance	Review of performance during the year in relation to programs and contribution to outcomes	Mandatory	34–51
	Actual performance in relation to deliverables and key performance indicators set out in Portfolio Budget Statements/Portfolio Additional Estimates Statements or other portfolio statements	Mandatory	37–39
	Where performance targets differ from the Portfolio Budget Statements/Portfolio Additional Estimates Statements, details of both former and new targets, and reasons for the change	Mandatory	N/A
	Narrative discussion and analysis of performance	Mandatory	53–79
	Trend information	Mandatory	40–49
	Significant changes in the nature of principal functions/ services	Suggested	N/A
	Performance of purchaser/provider arrangements	If applicable, suggested	N/A
	Factors, events or trends influencing Authority performance	Suggested	8–15
	Contribution of risk management in achieving objectives	Suggested	—
	Social inclusion outcomes	If applicable, mandatory	N/A

Part of report	Description	Requirement	Page
	Performance against service charter customer service standards, complaints data, and the department's response to complaints	If applicable, mandatory	N/A
	Discussion and analysis of the department's financial performance	Mandatory	113–179
	Discussion of any significant changes from the prior year, from budget or anticipated to have a significant impact on future operations.	Mandatory	113–179
	Agency Resource Statement and summary resource tables by outcomes	Mandatory	35–36
Management and accountability – corporate governance	Agency heads are required to certify that their agency complies with the Commonwealth Fraud Control Guidelines.	Mandatory	103
	Statement of the main corporate governance practices in place	Mandatory	100–104
	Names of the Senior Executive and their responsibilities	Suggested	22–23
	Senior Management Committees and their roles	Suggested	24–32
	Corporate and operational planning and associated performance reporting and review	Suggested	—
	Approach adopted to identifying areas of significant financial or operational risk	Suggested	104
	Policy and practices on the establishment and maintenance of appropriate ethical standards	Suggested	—
	How nature and amount of remuneration for SES officers is determined	Suggested	105–106
External scrutiny	Significant developments in external scrutiny	Mandatory	104
	Judicial decisions and decisions of administrative tribunals	Mandatory	104
	Reports by the Auditor-General, a Parliamentary Committee or the Commonwealth Ombudsman	Mandatory	104
Management of human resources	Assessment of effectiveness in managing and developing human resources to achieve departmental objectives	Mandatory	105
	Workforce planning, staff turnover and retention	Suggested	105
	Impact and features of enterprise or collective agreements, individual flexibility arrangements, determinations, common law contracts and Australian workplace agreements	Suggested	105
	Training and development undertaken and its impact	Suggested	105
	Work health and safety performance	Suggested	108
	Productivity gains	Suggested	N/A
	Statistics on staffing	Mandatory	106
	Enterprise or collective agreements, individual flexibility arrangements, determinations, common law contracts and Australian workplace agreements	Mandatory	106–107
	Performance pay	Mandatory	106

Part of report	Description	Requirement	Page
Assets management	Assessment of effectiveness of assets management	If applicable, mandatory	109
Purchasing	Assessment of purchasing against core policies and principles	Mandatory	110
Consultants	The annual report must include a summary statement detailing the number of new consultancy services contracts let during the year; the total actual expenditure on all new consultancy contracts let during the year (inclusive of GST); the number of ongoing consultancy contracts that were active in the reporting year; and the total actual expenditure in the reporting year on the ongoing consultancy contracts (inclusive of GST). The annual report must include a statement noting that information on contracts and consultancies is available through the AusTender website.	Mandatory	112
Australian National Audit Office access clauses	Absence of provisions in contracts allowing access by the Auditor-General	Mandatory	110
Exempt contracts	Contracts exempt from the AusTender	Mandatory	110
Financial Statements	Financial Statements	Mandatory	113–179
Other mandatory information	Work health and safety (Schedule 2, Part 4 of the <i>Work Health and Safety Act 2011</i>)	Mandatory	108
	Advertising and Market Research (Section 311A of the <i>Commonwealth Electoral Act 1918</i>) and statement on advertising campaigns	Mandatory	112
	Ecologically sustainable development and environmental performance (Section 516A of the <i>Environment Protection and Biodiversity Conservation Act 1999</i>)	Mandatory	111
	Compliance with the agency's obligations under the <i>Carer Recognition Act 2010</i>	If applicable, mandatory	N/A
	Grant programs	Mandatory	110
	Disability reporting – explicit and transparent reference to agency-level information available through other reporting mechanisms	Mandatory	111
	Information Publication Scheme statement	Mandatory	112
	Spatial reporting – expenditure by program between regional and non-regional Australia	If applicable, mandatory	N/A
	Correction of material errors in previous annual report	If applicable, mandatory	N/A
	Agency Resource Statements and Resources for Outcomes	Mandatory	35–36
List of requirements	Mandatory	188–190	



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Organ and Tissue Authority

Index

A

- ABC, 85
- Aboriginal Australians, *see* Indigenous Australians
- accidents, dangerous occurrences and injury, 108
- accountability and management, 99–112
- ADAPT, *see* Australasian Donor Awareness Program
- administered expenses, 116
- Advanced International Training Course in Transplant Coordination, 73
- advertising and market research, 112
- Advisory Council, *see* Australian Organ and Tissue Donation and Transplantation Advisory Council
- age and family members' donation wishes, 50, 51
- agency resource statement, 35
- AKX program, *see* Australian Paired Kidney Exchange program
- Alice Springs Hospital, 94
- allocation protocols, 77
- annual forum, 71
- appropriation revenue, 115
- Arena Virus Coronial Findings, 85
- Artbank NT, 65, 95
- assets, 115, 116
 - management, 109–10
- ATCA, *see* Australasian Transplant Coordinators Association
- ANZICS, *see* Australia and New Zealand Intensive Care Society
- ANZOD, *see* Australia and New Zealand Organ Donation Registry
- attitudes, *see* community awareness and education
- Audit Committee, 101, 102
- Auditor-General, *see* Australian National Audit Office
- audits, 102
 - external scrutiny, 104
 - see also* Donatelife Audit
- Aunger, Karen, 89
- Australasian Donor Awareness Program (ADAPT) workshop, 37, 83, 92
- Australasian Transplant Coordinators Association (ATCA), 31, 76, 77
- Australia and New Zealand Intensive Care Society (ANZICS), 31
- Australia and New Zealand Organ Donation Registry (ANZOD), 31
 - data, 61, 72
- Australian Capital Territory, 47, 70, 71, 96–7
- Australian Curriculum, 38
- Australian Government ICT Sustainability Plan 2010–2015*, 111
- Australian Institute for Primary Care and Ageing, 57
- Australian National Audit Office, 101
 - contract and deeds of standing access clauses, 110
 - reports, 104
- Australian Organ and Tissue Donation and Transplantation Advisory Council, 24–9, 32, 53, 71, 76
- Australian Organ and Tissue Donation and Transplantation Authority Act 2008*, 24, 100
- Australian Paired Kidney Exchange program, 79, 86
- Australian Public Service Values, 105
- awards and recognition, 83
- awareness, *see* community awareness and education; professional awareness and education

B

- barriers to donation decision discussions, 51
- Barunga Festival, 95
- bike ride, 74
- Biologicals Regulatory Framework, 78
- Boadle, Dr David, 25
- bone banks, 47, 83
- Book of Life*, *see* Donatelife *Book of Life*
- brain death, donation after (DBD), 43
 - identification, request and consent, 39, 45, 58–9
- Bugalwena Health, 65
- Business Unit Directors, 100

C

- Cahill Lambert, Anne, 25, 27
- CALD communities, *see* culturally and linguistically diverse audiences/communities
- Calvary Health Care, 96, 97
- cardiac death, donation after (DCD), 43, 59
 - Queensland, 87
 - scholarship funding, 73
 - Tasmania, 93
 - Victoria, 84, 85
- cardiovascular tissue donation, 47–8
- Cass, Yael, *see* Chief Executive Officer
- Certificate of Compliance, 109, 110
- Chair
 - Advisory Council, 24, 25, 26
 - Jurisdictional Advisory Group, 30
- Chalmers, Professor Don, 25
- Chant, Dr Kerry, 83
- Chapman, Professor Jeremy, 25, 27
- Charter, *see* Donatelife National Communications Framework and Charter
- Chief Executive Officer, 3, 4, 15, 20, 22, 26, 30, 65, 103, 119, 185
 - review of year, 10–13
- Chief Financial Officer, 23, 100, 119, 185
- Chisholm, Sam, 25
- classification of staff, 106–7
- Clinical Governance Committee, 31, 53
- Clinical Governance Framework, 53–6
- Clinical Nursing Leads Working Group, 32
- Clinical Practice Improvement Program, 55–6, 89
- Clinical Protocols, 77
- Clout, Terry, 83
- Collaborative Requestor Model, 92
- Comcover, 104
- committee structure, 24–32
- Commonwealth Disability Strategy, 111
- Commonwealth Ombudsman, 104
- Commonwealth Procurement Rules, 110, 112
- Communication with Families regarding Organ and Tissue Donation in Intensive Care (COMFORT) study, 82
- Communications Reference Group, 32
- community awareness and education, 38, 64–5, 74–5
 - Australian Capital Territory, 96–7
 - New South Wales, 82
 - Northern Territory, 94–5
 - Queensland, 87
 - research into effectiveness, 50–1
 - South Australia, 89
 - Tasmania, 93
 - Victoria, 85
 - Western Australia, 90–1
- Community Awareness Grants program, 38, 64–5, 74
- Confidential Donor Referral Form, 61
- Congress of the International Society for Organ Donation and Procurement, 15, 71
- Consensus Statement, 77
- consent to donation, 39, 45, 59
- consultants, 112
- contracts and contractors, *see* purchasing
- corneal transplants, 46
- corporate governance, 100–4
- Council of Australian Governments, 18
- Cross, Dr Anthony, 25
- cultural and religious leaders, 64
- culturally and linguistically diverse audiences/communities, 11, 13, 20, 38, 64–5, 74, 185
 - New South Wales, 64, 82
 - Queensland, 87
 - South Australia, 88
 - Victoria, 64, 85
 - Western Australia, 91
- communication and engagement strategy 2012–2015, 11, 13, 19, 24, 64, 83
- curriculum resources, 75
- Cycle of Giving bike ride, 74

D

- dangerous occurrences, 108
- Data and Audit Working Group, 32
- datasets and data collection, 58–9, 61–3
 - eye and tissue sector, 63, 78
 - families, 76
- deceased donors, *see* donors
- deliverables, 37–8
- Department of Health and Ageing, 105, 183
- Designated Requestor trial, 82
- Diploma in Tissue Banking, 97
- direct mail organisations, payments to, 112
- disability reporting mechanisms, 111
- Dobb, Professor Geoff, 25, 27
- DonatLife Agencies, 67–71, 82–97
- DonatLife Audit, 32, 58–9, 94
 - South Australia, 88–9
 - Victoria, 85
- DonatLife Audit Guide*, 58
- DonatLife Book of Life*, 74, 85, 93
- DonatLife Clinical Governance Framework, 53–6
- DonatLife Community Awareness and Education Program, *see* community awareness and education
- DonatLife Education Coordinators Network, 73
- DonatLife Electronic Donor Record, 32, 61–2
- DonatLife Guide for Community Speakers*, 75
- DonatLife National Communications Framework and Charter, 31, 182–3
 - Charter signatories, 31, 71, 183
- DonatLife National Communications Strategy 2012–13, 74
- DonatLife Network, 67–71
 - committees, 30–2, 182–3
 - deliverables, 37–8
 - Eye and Tissue Network integration, 63
 - key performance indicators, 39
 - leadership group, 53, 64
- DonatLife Network annual forum, 71
- DonatLife School Resources, 38, 75
- DonatLife Statements of Support, 64
- 'DonatLife ... the greatest gift' campaign, 11, 12, 38, 64, 65, 74, 98
 - Buddhism, Nina, 19
 - Christianity, Twanny, 66
 - Greek Orthodox, Valasia, 16
 - Hinduism, Sumith, 80
 - Islam, Sailha, 60
 - Judaism, Adina, 98
- DonatLife website, *see* website and online services
- DonatLife Week, 64, 65, 74
 - Northern Territory, 94
 - South Australia, 89
 - Victoria, 85
 - Western Australia, 91
- donation pathway, *see* brain death, donation after; cardiac death, donation after
- donation wishes, discussions about, 50–1
 - Family Donation Conversation workshops, 57, 83, 92, 94
- donor families, *see* families
- Donor Family Study, 76
- Donor Family Support Coordinators, 76
- Donor Family Support Implementation Group, 76
- donor registries, 31, 61, 72
 - NSW Roads and Maritime Services, 82
- donors and donation rates, 39–41, 42–9, 58–9
 - Electronic Donor Record, 61–2
 - see also* families; organ donors and donation rates; potential donors; transplants and transplant rates
- Downes, Kylie, 96

E

- e-learning orientation package, 73
- Eades, Francine, 25, 27
- ecologically sustainable development, 111
- education, *see* community awareness and education; professional awareness and education
- Education Coordinators Network, 32, 73
- Education Services Australia, 75
- Electronic Donor Record, 61–2
- Electronic Donor Record Oversight Committee, 32
- Electronic Donor Record Project Control Group, 62
- Eligibility Criteria, 77
- Elliot, Hon Justine, 75
- employees, *see* staff
- energy consumption, 111
- Enterprise Agreement, 105
- enterprise risk register, 101
- environmental performance, 111
- equity (financial), 115
- Ethical Guidelines, 77
- Ethnic Broadcasting Association of Queensland, 64
- Executive Committee, 100
- exempt contracts, 110
- expenditure, *see* finance
- external scrutiny, 104
- Eye and Tissue Data Implementation Group, 32
- Eye and Tissue Education Implementation Group, 63
- eye and tissue sector, 71, 78
 - integration into DonatLife Network, 63
 - New South Wales, 83, 96
 - see also* tissue donation
- Eye Bank Association of Australia and New Zealand, 15, 46, 78, 183
- eye donation and transplantation, 46, 61, 63
 - Australian Capital Territory, 96
 - Northern Territory, 95

F

- families, 76
- COMFORT study, 82
 - members' discussions about donation wishes, 50–1
 - request and consent, 39, 45, 59; *see also* Family Donation Conversation workshops
- Family Conversations Steering Group, 32
- Family Donation Conversation workshops, 57, 83, 92, 94
- fellowships and scholarships, 73
- females, *see* gender
- FilmLife Festival, 74
- films and videos, 74, 85, 88
- finance, 35–6, 109–10, 112–79
 - Australian Paired Kidney Exchange program National Coordination Centre, 79
 - Biologicals Regulatory Framework implementation, 78
 - hospital funding, 72
 - salaries and remuneration, 105, 106–8, 115
 - scholarship funding, 73
 - see also* grants; purchasing
- Financial Management and Accountability Act 1997*, 100, 101, 109
- financial performance, 115–16
- financial statements, 117–79
- Flynn, Elizabeth, *see* General Manager
- Four Corners*, *see* ABC
- fraud control, 103
- freedom of information, 112
- Fremantle Hospital, 79
- full-time equivalent staff, 105, 115
- full-time staff, 106
- funding, *see* finance

G

gender, 50, 51
 staff, 106
 General Manager, 20, 23, 100
 Gift of Life Institute, 57
 'Gift of Life' performance piece, 65, 95
 Gillis, Associate Professor Jonathan, *see* National Medical Director
 governance, 100–4
 Graetz, Ben, 95
 grants, 102, 110, 116
 community awareness program, 64–5, 74
 greenhouse gas emissions, 111
 GroundSwell Project, 74
Guide for Community Speakers, 75

H

Harrison, Judy, *see* Chief Financial Officer
health and safety, occupational, 108
 heart transplants, 44
 Herkes, Dr Robert, 30, 70, 82
 Herson, Dr Marisa, 25, 28
 hip replacement surgery, 46, 47
 Hoefler, Peter, 101
 Horvath, Professor John, 25, 28
 hospital activity plans, 56
 hospital funding, 72
 hospital staff, 67, 71
 Australian Capital Territory, 71, 96
 clinical practice, 53–6
 donation requests to families, 39, 45, 59
 Family Donation Conversation workshops, 57
 New South Wales, 82
 Northern Territory, 71, 94
 Queensland, 86
 South Australia, 71, 88
 Tasmania, 71, 92
 Victoria, 84
 Western Australia, 90
 see also professional awareness and education
 human resources, *see* staff
 hybrid donation model, 92

I

identification of potential donors, 39, 45, 58–9
 immigrant communities, *see* culturally and linguistically diverse communities
Increasing Organ Donation in NSW, 82
 Indigenous Australians
 New South Wales, 65, 83
 Northern Territory, 65, 95
 Queensland, 64, 87
 South Australia, 88
 Western Australia, 65, 89
 information and communications technology, 111
 see also website and online services
 information materials and publications, 38, 74, 75
 DonateLife *Book of Life*, 74, 85, 93
 'DonateLife ... the greatest gift' multimedia campaign, 64
 New South Wales, 83
 Victoria, 85
 Information Publication Scheme, 112
 injuries and accidents, 108
 internal audit arrangements, 102
 International Course on Tissue Banking, Advanced Therapies and Blood Banking, 73
 international organ donation comparison, 44
 International Society for Organ Donation and Procurement Congress, 15, 71
 intestinal transplants, 44
 iTransplant Medical Information System, 61

J

Janette Hall Professional Training and Education Scholarship, 73
 John Hunter Hospital, 83
 Jurisdictional Advisory Group, 30

K

key performance indicators, *see* performance indicators
 kidney transplants, 44, 79, 86
 King, Hon Catherine, 11, 24, 53, 64, 72, 93
 Koch, David, 25, 26, 101

L

La Trobe University, 57
 legal actions, 104
 legislation, 24, 100
 financial accountability responsibilities, 101, 109
 reporting requirements, 111, 112
 Senior Executive Service terms and conditions of employment, 105
 work health and safety, 108
 liabilities, 115, 116
 linguistically diverse audiences, *see* culturally and linguistically diverse communities
 Lion's Eye Bank, 83, 96
 live donor kidney transplants, 78, 86
 liver transplants, 44
 living tissue donors, 46, 47
 local hospital activity plans, 56
 location of staff, 105
 lung transplants, 44

M

Macarthur Diversity Initiative, 65
 males, *see* gender
 management and accountability, 99–112
 market research, 50–1, 76, 112
 Martin, Rachael, 25, 28
 McLucas, Hon Jan, 72
 media, 85, 89
 DonateLife Week coverage, 74
 medical donation specialists, *see* hospital staff
 Medical Officers, 105
 medical research, *see* research
 meetings
 Advisory Council, 25
 Audit Committee, 101
 Jurisdictional Advisory Group, 30
 membership, 32
 Advisory Council, 24–9
 Audit Committee, 101
 Clinical Governance Committee, 31
 DonateLife National Communications Framework and Charter signatories, 163
 DonateLife Network leadership group, 53
 Executive Committee, 100
 Jurisdictional Advisory Group, 30
 Transplant Liaison Reference Group, 31
 Mid-Point Implementation Review, 53
 migrant communities, *see* culturally and linguistically diverse communities
 Minister for Health and Ageing, 24
 Mitchell, Dr Imogen, 70, 97
 musculoskeletal tissue donation, 47–8

N

National Communications Framework and Charter, *see* DonateLife National Communications Framework and Charter
National Community Awareness and Education Program, *see* community awareness and education
National Disability Strategy, 111
National Health and Medical Research Council, 73, 77
National Mailing and Marketing, 112
National Medical Director, 3, 11, 13, 20, 22, 31, 67, 100
 report, 14–15
National Orientation Day, 73
national protocols, 77
national reform agenda, 18, 52–98
net assets, 115
New South Wales, 47, 61, 82–3
New South Wales Ministry of Health, 82
New South Wales Roads and Maritime Services, 82
non-ongoing staff, 106
non-salary benefits, 108
North Queensland, 64–5, 87
Northern Territory, 65, 71, 94–5
Nunnink, Dr Leo, 13, 30, 70, 86
nursing donation specialists, *see* hospital staff

O

O'Brien, Rick, 101
O'Byrne, Michelle, 93
O'Callaghan, Dr Gerry, 25
occupational health and safety, 108
O'Leary, David, 25, 28
Ombudsman, 104
ongoing staff, 106
Opdam, Dr Helen, 30, 70, 84, 85
operating result, 115
Organ and Tissue Clinical Governance Framework, *see* Clinical Governance Framework
Organ Donation and Transplantation Foundation of WA, 91
Organ Donation Hospital Support Funding model, 72
organ donors and donation rates, 10–11, 40–1
 community awareness and attitudes, 50–1
 Electronic Donor Record module, 61
 New South Wales, 82, 83
 see also potential donors
Organ Transplantation from Deceased Donors: Consensus Statement on Eligibility Criteria and Allocation Protocols, 77
organ transplants and transplant rates, *see* transplants and transplant rates
organisation and structure, 20–32, 100–1
 DonateLife Network, 67–71, 86, 89
orientation programs, 73, 82
outcome and program, 34–9

P

Paired Kidney Exchange program, *see* Australian Paired Kidney Exchange program
pancreas transplants, 44
parliamentary committees, 104
Parliamentary Secretary for Health and Ageing, 24, 53, 64, 72, 93
Parliamentary Secretary to the Prime Minister, 72
part-time staff, 106
pay, *see* remuneration
people management, *see* staff
people with disabilities, 111
performance indicators, 39
 Clinical Practice Improvement Program, 56
performance pay, 106
performance reporting, 33–97
 financial, 115–16
personnel, *see* staff
Perth North Metro, 65, 91
Pilot General Practitioner project, 85

plans and planning, 105
DonateLife Network, 56, 82, 91
fraud control, 103
internal audit, 102
Pleass, Dr Henry, 83
Portfolio Budget Statements (PBS), 34
potential donors, 39, 45, 58–9
 discussions about family members' wishes, 50–1
Powell, Dr Bruce, 13, 30, 70, 90
PricewaterhouseCoopers, 102
priorities, *see* strategic priorities
procurement, *see* purchasing
professional awareness and education, 37, 73
 annual forum, 71
 Australian Capital Territory, 97
 eye and tissue sector, 63, 78
 Family Donation Conversation workshops, 57
 New South Wales, 82
 Northern Territory, 94
 Queensland, 86, 87
 South Australia, 88
 Tasmania, 92
 Victoria, 84, 85
 Western Australia, 90
Professional Education Package, 37, 57, 87
 program, 34–9
Proof Research Pty Ltd, 76
protocols, 77
 South Australia, 88
 Tasmania, 93
Public Service Act 1999, 105
publications, *see* information materials and publications
purchasing, 102, 110, 112, 115, 116
 Electronic Donor Record contract, 61–2

Q

qualitative deliverables, 37–8
qualitative key performance indicators, 39
quantitative key performance indicators, 39
Queensland, 47, 61, 70, 86–7
 Community Awareness Grants program, 64–5
quilts, 97

R

radio promotion, 64
recipients, 41
Regional Development Association of Far North Queensland, 64
religious and cultural leaders, 64
remembrance services, 87, 89, 93, 95, 97
remuneration, 105, 106–8, 115
Report on the options for more effective eye and tissue retrieval, processing and storage, 63
requests for donation, 39, 45, 59
 Family Donation Conversation workshops, 57, 83, 92, 94
research, 88
 COMFORT study, 82
 community attitudes and awareness, 50–1
 Donor Family Study, 76
 Translating Research into Practice fellowship, 73
 see also datasets and data collection
resource statement, 35
revenue, *see* finance
risk management, 104
Roper, Glenys, 101
Rourke, Francesca, 25, 28
Royal Automobile Association of South Australia, 89
Royal Automobile Association of Western Australia, 91
Royal Darwin Hospital, 94
Royal Hobart Hospital, 92, 93
Royal Institute of Australia, 88

S

safety, occupational, 108
 salaries, see remuneration
 scholarships and fellowships, 73
 school programs and resources, 75
 New South Wales, 83
 Queensland, 87
 South Australia, 89
 Western Australia, 89
 scrutiny, external, 104
 Secull, Jon, 25, 29
 Senate Standing Committee on Community Affairs, 104
 Senior Executive Service (SES) staff, 105, 106
 Senior Executive team, 22–3, 32
 Service of Remembrance, 87, 89, 93, 95, 97
 sex, see gender
 short films, 74
 signatories to Charter, 31, 71, 183
 skin tissue donation, 47–8, 49
 Snelling, Hon Jack, 89
 Social Inclusion Measurement and Reporting Strategy, 111
 South Australia, 47, 71, 88–9
 specialist hospital staff, see hospital staff
 sport, 65, 87
 staff, 105–8, 115
 average staffing level, 36
 staff, DonateLife Network, 67–71
 Australian Capital Territory, 96
 New South Wales, 82
 Northern Territory, 94
 Queensland, 86
 South Australia, 88
 Tasmania, 92
 Victoria, 84
 Western Australia, 90
 see also hospital staff; professional awareness and education
 state and territory health departments, 30, 31, 53, 71
 New South Wales, 82
 Western Australia, 79
 Skinner, Hon Jill, 102
 State Medical Director/Jurisdictional Working Group Committee, 30
 State Medical Directors (SMDs), 67, 70
 Australian Capital Territory, 70, 96
 committee membership, 30, 53
 New South Wales, 82
 Northern Territory, 94
 Queensland, 70, 86
 South Australia, 88
 Tasmania, 92
 Victoria, 84
 Western Australia, 70, 90
 Stephens, Associate Professor Dianne, 25, 30, 70, 94–5
 Strategic and Operational Plan, 105
 Strategic Internal Audit Plan, 102
 strategic priorities, 53–65
 Victoria, 84–5
 Strong, Professor Russell, 25
 structure, see organisation and structure
 support for donor families, see families
 sustainability and environmental performance, 111
 Sydney Hospital, 83

T

Tasmania, 71, 92–3
 television promotion, 85
 Therapeutic Goods Administration, 78, 86
 Thomas, Chris, 25, 29
 Tideman, Dr Sally, 30, 70, 88
 tissue banks and banking, 47, 73, 86, 97
 tissue donation, 46–9, 78
 community awareness and attitudes, 50–1
 datasets and data collection, 61, 63
 New South Wales, 83

Tissue Report, 78
 tissue transplants, 63
 Torres Strait Islanders, see Indigenous Australians
 Townsville Intercultural Centre, 65
 Towler, Dr Simon, 90
 training, see professional awareness and education
 Translating Research into Practice fellowship, 73
 Transplant Australia, 31
 Transplant Connect, 61–2
 Transplant Liaison Reference Group, 31, 77
 Transplant Nurses Association, 31
 Transplantation Society of Australia and New Zealand (TSANZ), 15, 28, 31, 71, 77, 183, 185
 transplants and transplant rates, 41, 42, 77
 corneal, 46
 New South Wales, 83
 organs transplanted, 44, 49; kidneys, 44, 79, 86
 scholarships and fellowships, 73
 source data and adjustments, 49
 tissue, 63
 trend information, 40–9
 TSANZ, see Transplantation Society of Australia and New Zealand
 Turner, Dr Andrew, 30, 70, 92

U

University of Barcelona, 97
 university students, 91, 94

V

values, 105
 Van Haren, Associate Professor Frank, 13, 30, 70, 96
 Victoria, 47, 61, 64, 84–5, 92
 videos and films, 74, 85, 88
 Vigilance and Surveillance Working Group, 79

W

wages and remuneration, 105, 106–8, 114
 waiting lists, 76
 Watchirs, Dr Helen, 25, 29
 website and online services, 75
 DonateLife Audit, 58
 e-learning orientation package, 73
 Electronic Donor Record, 61–2
 Tissue Report, 78
 Western Australia, 47, 65, 70, 90–1, 94
 Western Australian Department of Health, 79
 Wilson, Anne, 25, 29
 women, see gender
 Woolcott Research, 50–1, 112
 workplace agreement, 108
 Workplace Consultative Committee, 108
 workplace health and safety, 108

Y

young people, 91, 94
 see also school programs and resources



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