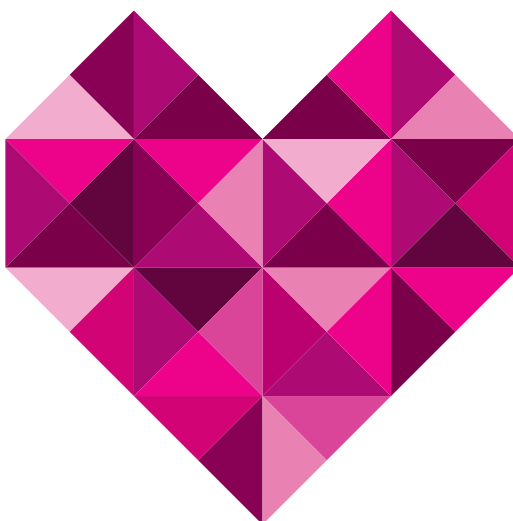




Australian Government

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



Annual Report

2013–14

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Alternative format

This Annual Report is available electronically on the Australian Organ and Tissue Donation and Transplantation Authority's website at www.donatelife.gov.au.

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Australian Government

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

Annual Report

—
2013–14



Preface

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 implement the Australian Government's national reform programme to increase organ and tissue donation for transplantation.



Aim

The aim of the national reform programme is to implement a nationally coordinated, world's best practice approach to organ and tissue donation for transplantation.

The twin objectives of our national reform programme are:

1 to increase the capability and capacity within the health system to maximise donation rates

..... and

2 to build community awareness and stakeholder engagement across Australia to promote organ and tissue donation.

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*.

Australia's national reform programme was developed in the context of clear international commitments and statements by the World Health Organisation relating to the obligation of governments to be more accountable and responsible for implementing safe, ethical and effective organ and tissue donation and transplantation systems at a national level.

The key reform elements of the world's best practice approach which have been adapted in Australia are:



An appropriate legal and ethical framework



A national coordinating body



Hospital-based clinical donation specialists



Specialist training for clinical staff in management of the donation process and family donation conversations



Implementation of a clinical governance framework that supports quality assurance and audit of hospital clinical practice and governance of the donation process



Financial support to donor hospitals to ensure that costs related to donor management are not a barrier to donation



Media engagement and national community awareness and education



International cooperation to share best practice.

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 2013–14. Its main purpose is to provide Members of Parliament and Senators with an accurate description of our activities during 2013–14.

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.

Part 1

Part 1: Overview – This section provides a summary of our activities and achievements, reported in the CEO's review and the National Medical Director's report. It also reports on our structure and management arrangements and personnel.

Part 2

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 2013–14 Health and Ageing Portfolio Budget Statements. It also includes financial reporting on Budget estimates and actual expenses for 2013–14, 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 programme
- ▶ progress made against the five 2013–14 DonatLife strategic priorities
- ▶ the main activities undertaken in implementing the nine measures of the national reform programme, and
- ▶ activities undertaken by DonatLife Network staff at the jurisdictional level.

Part 3

Part 3: Management and accountability – This section summarises our corporate governance responsibilities 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, consultancies and grants.

Part 4

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 2013–14.

Appendices

Appendix 1 provides information about the DonatLife 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 the required sections to be included in annual reports
- ▶ an alphabetical index, and
- ▶ a list of tables and figures.

Letter of transmittal



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 2014, for presentation to the Parliament.

The report details the OTA's performance against the Agency Outcome and Program Structure set out in the 2013–14 Health and Ageing Portfolio Budget Statements.

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. I am also satisfied that the OTA 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

Ms Yael Cass

Chief Executive Officer
Australian Organ and Tissue Donation and Transplantation Authority

3 October 2014

Contents

Preface	ii
About us	ii
About this report	iii
Structure of the report	iv
Letter of transmittal	v
Part 1: Overview	1
Organ and tissue donation at a glance	2
Chief Executive Officer's review	4
National Medical Director's report	9
Organisational structure	14
Committee structure	16
Part 2: Performance reporting	21
Our Program	25
Trend information	28
Community awareness and attitudes	40
National reform programme summary of progress	43
▶ Part A Report on strategic priorities	43
▶ Part B National achievement against the nine measures	56
▶ Part C Activities in the states and territories	71
Part 3: Management and accountability	91
Corporate governance	92
People management	95
Workplace health and safety	98
Financial management	99
Other reporting requirements	101

Part 4: Financial performance and financial statements **103**

Financial performance – departmental	105
Financial performance – administered	106
Independent Auditor’s Report	107
Statement by the Chief Executive Officer and the Chief Financial Officer	109
Statement of comprehensive income	110
Statement of financial position	111
Statement of changes in equity	112
Cash flow statement	113
Schedule of commitments	114
Schedule of contingencies	115
Administered schedule of comprehensive income	116
Administered schedule of assets and liabilities	117
Administered reconciliation schedule	118
Administered cash flow statement	119
Schedule of commitments	120
Schedule of contingencies	121
Notes to and forming part of the financial statements	122

Appendices **181**

Appendix 1: DonatLife National Communications Framework and Charter	182
Abbreviations and glossary	184
List of requirements	188
Index	192

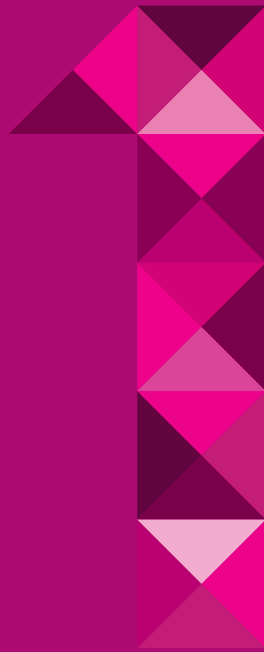
List of tables

Table 1: Advisory Council membership and meeting attendance, second term 2013–14	16
Table 2: Agency Resource Statement 2013–14	23
Table 3: Outcome 1 – Financial Resources Summary 2013–14	24
Table 4: Qualitative deliverables	25
Table 5: Quantitative deliverables	27
Table 6: Deceased organ donation and transplantation outcomes 2009–2013	28
Table 7: Key performance indicator results 2010–2013	33
Table 8: Barriers to discussion for respondents who have not discussed donation decisions in the past 12 months, at March 2014	42
Table 9: Components of the Clinical Practice Improvement Program	44

Table 10: State Medical Directors for each jurisdiction, 2013–14	57
Table 11: Audit Committee membership and meeting attendance 2013–14	92
Table 12: Our values	95
Table 13: Staffing numbers at 30 June 2014	96
Table 14: Senior Executive Service and Medical Officer salary bands at 30 June 2014	97
Table 15: Non-SES salary ranges at 30 June 2014	97
Table 16: Non-salary benefits 2013–14	97
Table 17: Comparison expenditure on consulting services during 2011–12, 2012–13 and 2013–14	102
Table 18: Advertising and market research agencies and organisations used during 2013–14	102

List of figures

Figure 1: Organisational structure 2013–14	14
Figure 2: Deceased organ donors 2009–2013	29
Figure 3: Organ transplant recipients 2009–2013	29
Figure 4: Organs transplanted 2009–2013	30
Figure 5: Organ donation and transplant rates 2009–2013	30
Figure 6: Distribution of deceased organ donors by donation pathway 2009–2013	31
Figure 7: Organs transplanted from deceased donors 2009–2013	31
Figure 8: Australia's potential organ donor population	32
Figure 9: International deceased organ donor rate comparison	34
Figure 10: Eye donors 2009–2013	34
Figure 11: Corneal transplants 2009–2013	35
Figure 12: Tissue donations from deceased donors 2012–2013	36
Figure 13: Tissue donations from living donors 2012–2013	36
Figure 14: Tissue transplant outcomes 2013	37
Figure 15: Australian eye and tissue banks	38
Figure 16: Respondents who had discussed organ and tissue donation decisions with their partner/family, at April 2014	41
Figure 17: Respondents' knowledge of family members' donation decisions, at March 2014	41




Part 1

Overview

—	Organ and tissue donation at a glance	2
	Chief Executive Officer's review	4
	National Medical Director's report	9
	Organisational structure	14
	Committee structure	16

Organ and tissue donation at a glance

 **391**
deceased organ donors in 2013

 **10%** *increase in donation outcomes over 2012*

 **58%** *increase in donation outcomes over 2009 (when we began)*

 **1,122**
Australian lives transformed in 2013

Only around
one per cent
of deaths in hospital are in the specific circumstances where organ donation is possible

DonateLife Professional Education Package

Provides specialist training for managing the donation process and for conducting family conversations about death and the opportunity for organ and tissue donation

Total of **29** *In 2013–14, throughout Australia*

29 *core FDC workshops provided training to*

7 *core FDC workshops provided training to*
147 *health professionals and*

37 *practical FDC workshops that trained*

13 *practical FDC workshops that trained*
106 *health professionals*

practical FDC workshops delivered since 2012

Hospital-based Clinical Practice Improvement Program

This program identifies key elements of best practice that can be measured and reported over time to inform ongoing, structured clinical improvements within each DonateLife hospital

70.5%
of KPIs met
Baseline CPIP survey (July 2013)

76.1%
of KPIs met
First CPIP survey (July–December 2013)

Organ donors per million population (dpmp)

11.4

dpmp 2009



16.9

dpmp 2013

48%

increase

Organs transplanted per million population (otmp)

39.5

otmp 2009



50.9

otmp 2013

29%

increase

DonateLife Week 2014

Have the chat that **save lives**

315

events

during DonateLife Week

↑ 46%

increase in media coverage for DonateLife Week

\$10.4

million

in editorial equivalency for DonateLife Week media coverage

Culturally and Linguistically Diverse community activities

50

key religious and cultural organisations engaged

61

DonateLife Statements of Support signed by religious and cultural community leaders

12

partnerships with ethnic media organisations

18

languages accessible for DonateLife materials

DonateLife Network

175

hospital-based medical and nursing specialists

72

hospitals

100

staff in eight specialist DonateLife Agencies

Chief Executive Officer's review



The 2013–14 year was a year for driving change to continue the momentum of the Australian Government's national reform programme to implement a world's best practice approach to organ and tissue donation for transplantation.

Australia has now adopted the key elements of international reform models, having:

- ▶ an appropriate legal and ethical framework
- ▶ a national coordinating body
- ▶ hospital-based clinical donation specialists
- ▶ specialist training for clinical staff in managing the deceased donation process and family donation conversations
- ▶ implementation of a Clinical Governance Framework that supports quality assurance and audit of hospital clinical practice and governance of the donation process
- ▶ financial support to donor hospitals to ensure that costs related to donor management are not a barrier to donation
- ▶ media engagement and national community awareness and education, and
- ▶ international cooperation to share best practice.

The adoption of these elements saw Australia record 391 deceased organ donors in 2013 which transformed the lives of 1,122 Australians. This was a 10% increase on the 2012 total of 354 donors and represents a 58% increase from 2009 (247 donors), the year the OTA and the DonateLife Network (DLN) was established. To enable Australia to align with international donation performance reporting, all statistics are recorded for the calendar year (ending 31 December 2013).

The results achieved in 2013 could not have occurred 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.

These results were also achieved through the implementation of a range of initiatives that continued to drive change within the DLN. These initiatives are addressed in greater detail later in this report, but I want to make mention of a few elements of these changes.

Clinical Governance Framework

Driving clinical practice reform at the hospital level is a key area of focus in order for the national reform programme to continue to improve donation outcomes. To achieve this, the Clinical Governance Committee (comprising State Medical Directors and DonateLife Agency Clinical and Operations Managers) developed the Clinical Governance Framework (CGF).

The CGF provides defined guidance on frameworks and governance structures to support the hospital-based doctors and nurses specialising in organ and tissue donation to achieve the objective of increasing clinical capacity and capability to increase organ and tissue donation in the 72 DLN hospitals across Australia.

The CGF supports the effective implementation of a Clinical Practice Improvement Program (CPIP) in each of the DLN hospitals. This program identifies key elements of best practice that can be measured and reported over time to inform ongoing, structured clinical improvements.

Jurisdictional and hospital-based CGF Leads were identified in all jurisdictions, and they continue to champion and guide implementation of the CGF and the CPIP. In 2013–14 annual local hospital activity plans were developed which outline actions to be taken to embed the components of the CPIP in hospital practice. The first progress reports received in January 2014 show a 5.6% increase in the number of key performance indicators being met.

Professional Education Package

The Professional Education Package (PEP) provides specialist education to support health professionals in conducting conversations with families about the opportunity for organ and tissue donation. There are three sequential education modules that make up the PEP, with the centrepiece being the core Family Donation Conversation workshop and practical training modules.

In 2013–14 we worked with peak professional groups on a consultative review of the PEP to reflect participant evaluations to date and to include input from donor families. The results have helped us to undertake an ongoing review of the training to ensure that it continues to provide professionals with the necessary skills to support families in their time of grief as well as maximising consent rates for organ and tissue donation.

It has been pleasing to note that, following this review, the core Family Donation Conversation workshop has been included as one of the mandatory training options in the intensive care trainee curriculum of the College of Intensive Care Medicine of Australia and New Zealand.

Right
Yael Cass, CEO of the Organ and Tissue Authority, speaking at the Australian Multicultural Foundation conference in Melbourne.



Electronic Donor Record

In 2013–14 we successfully implemented an Electronic Donor Record (EDR) in all states and territories (with the exception of Queensland which will commence on 1 July 2014). The EDR replaces the time-consuming and out-moded paper-based process for capturing donor data and offering and allocating organs and tissue for transplantation.

As a national, web-based clinical information system, the EDR:

- ▶ captures donor referral data, medico-social history and family consent information for potential and actual donors
- ▶ enables, in real time, the offer, allocation and distribution of organs across Australia for potential and actual transplant recipients, and
- ▶ facilitates transplantation to improve and maintain the health of transplant recipients by enabling a trace-back facility to jurisdictions.

The implementation of the EDR should reduce the time taken for organ offer and acceptance from the previous average of 17 hours.



Above

Corporate Australia joined the national DonateLife conversation at the national DonateLife Week 2014 launch. (L-R) James Goodwin, AAA; Sue Dillon, ANZ; Dr Paul Bates, BUPA; Heart transplant recipient Amanda Hill; Assistant Minister for Health, Senator Fiona Nash; Donor family member Rory Thomas; David Koch, Chair of the OTA Advisory Council; Yael Cass, OTA CEO; Greg Thomas, Linfox; and, Philip Prior, Australia Post.

Community awareness and education

Engagement with culturally and linguistically diverse communities remained a priority in 2013–14 through the continued implementation of the national 'DonateLife... the greatest gift' community education campaign. The campaign focused on those communities that are less likely to have discussed or decided about organ and tissue donation. A total of 61 DonateLife Statements of Support have now been signed by religious and cultural leaders in support of the campaign.

Other highlights for the year included the fourth national DonateLife Week being held from 23 February – 2 March 2014. Adopting the theme, 'Have the chat that saves lives', over 300 registered community events were held across

Community awareness and education *continued*

Australia with the aim of raising awareness of the importance of discussing donation wishes with loved ones. Many of these events were supported by the OTA through our seventh round of Community Awareness Grants, or have benefited from the suite of resources we produced.

At the beginning of DonateLife Week we announced the launch of the DonateLife Corporate Partnership Program. Through this program we have invited the Australian business community to work with us to educate employee and customer networks about organ and tissue donation and encourage family discussion about donation decisions.

In 2013–14 the DonateLife website underwent a complete redesign to improve the information available to the community. The new website (www.donatelife.gov.au) highlights DonateLife information about organ and tissue donation and transplantation for health professionals and the general community. It also has extensive information for religious and cultural communities with links to resources in 18 community languages.

In November 2013 Australia hosted the 12th Congress of the International Society for Organ Donation and Procurement, in Sydney. The OTA was a principal sponsor of the congress, which achieved its aim of stimulating debate and discussion among Australian and international donation and transplantation experts.

Right

Professor Jeremy Chapman OAM speaking at the opening of the 2013 International Society for Organ Donation and Procurement Congress in Sydney.



Outlook for 2014–15

The 2014–15 Federal Budget included a commitment to establish a new independent authority by merging the OTA and the National Blood Authority by 1 July 2015. The amalgamation of the two organisations will consolidate a range of national coordination and contracting activities which support the provision of a safe and sustainable supply of blood and blood products and the provision of quality organ and tissue donation services. The merger will not detract from the continued delivery of programs and business outcomes and will be managed to minimise the impact on program delivery and staff.

Outlook for 2014–15 *continued*

During 2014–15 we will continue to remain focused on the delivery of the national reform programme objectives and outcomes, and to work with all our stakeholders to achieve continued and sustained increases in organ and tissue donation. In particular, we will be focusing on five strategic priorities:

- 1 Implementing the second stage of the DonateLife Clinical Governance Framework
- 2 Developing a national vigilance and surveillance framework for organ donation and transplantation
- 3 Delivering specialist education to health professionals involved in conversations with families about the opportunity for donation
- 4 Conducting community awareness and education activities in relation to organ and tissue donation, in partnership with sector and community organisations
- 5 Establishing an independent statutory authority responsible for the national blood supply and organ and tissue donation by merging the functions of the OTA and the National Blood Authority.

Financial performance

The OTA's 2013–14 financial performance was strong. The financial statements report a departmental \$0.063 million operating deficit compared to a \$0.101 million operating deficit in 2012–13. For 2013–14 we forecast a break-even operating result after adjusting for unfunded depreciation.

Our administered statements report expenditure of \$39.678 million towards delivery of the national reform programme.

Acknowledgments

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 would also like to thank the dedicated and professional staff of the DonateLife Network and the OTA, whose ongoing commitment and enthusiasm have been instrumental in driving change throughout the year.

Finally, I would like to acknowledge the work of my colleague, Associate Professor Jonathan Gillis, who completed his three-year period as National Medical Director on 30 June 2014. During his tenure at the OTA, Jonathan made an exceptional contribution through his work with the DonateLife Network and with the broader donation and transplantation sectors. I wish him all the best as he now focuses on health ethics research and his academic interests.

I am pleased to present the OTA's 2013–14 Annual Report.

Ms Yael Cass

Chief Executive Officer

Organ and Tissue Authority

National Medical Director's report



The achievements of the past year could not have happened without the continued efforts, dedication and passion of the team of health professionals across the DonateLife Network.

International recognition

The 2013–14 year saw Australia's donation efforts recognised by our international counterparts and colleagues when more than 550 delegates from 41 countries attended the 12th Congress of the International Society for Organ Donation and Procurement that the Organ and Tissue Authority (OTA) was proud to host in Sydney in November 2013. This gathering of international experts was an excellent opportunity for us all to network, engage and share experiences with our fellow Australian and international colleagues.

Discussions with international leaders in organ donation before and throughout the congress confirmed that Australia is taking the right steps in clinical and social reform for achieving continued growth in organ donation. This assessment was informed by the experience of world leaders such as Spain, Croatia and the United States.

Eye and tissue sector reform

In 2013–14 eye and tissue banks worked with the OTA to publish an expanded performance dataset. In addition to previously published information on tissue donors and tissue donations, tissue banks reported on outcome data. This is the first time that data on the number of tissue grafts transplanted and the number of tissue transplant recipients in Australia has been reported publicly.

As a result of the ongoing monthly reporting by tissue banks, the Australia and New Zealand Organ Donation Registry published the Australian Tissue Data report for the first time in 2013. The report contains data on tissue donation and transplantation by Australian jurisdictions and by quarter.

Eye and tissue sector reform *continued*

In 2013 there were over 4,000 tissue donors and 1,114 eye donors. Due to the generosity of these donors, over 6,000 tissue transplants and 1,932 corneal transplants in 2013 improved the lives of nearly 4,000 tissue and 1,932 corneal transplant recipients.

This is a tribute to the generosity of donors and the hard work of the sector.

Donor Family Studies

I am very pleased to be able to report that the OTA conducted the first wave of what will become a series of national Donor Family Studies to provide evidence-based insight into the experiences of families across the entire organ and tissue donation process. This important research will guide future professional practice and training so that families are given the best possible support.

Wave 1 of the national Donor Family Study, which began in September 2013, invited feedback from 700 Australian families who made a donation decision in 2010 and 2011. The figure of 700 comprised 674 families that consented to donation and 26 families that declined donation. Results of the study will enable the OTA and the sector to review services and enhance the care and support of families throughout the donation process.

Quality assurance and engagement with the transplant sector

The year saw our Vigilance and Surveillance Working Group start work on the development of a national vigilance and surveillance system that will capture serious adverse events and serious adverse reactions occurring at any stage of the chain from donation to transplantation. The national vigilance and surveillance system will:

- ▶ support jurisdictional quality systems in deceased organ donation and transplantation
- ▶ provide early warning systems
- ▶ monitor, record and analyse these events and reactions and the impact of an intervention
- ▶ improve patient outcomes, and
- ▶ inform future deceased organ donation and transplantation health policy and strategies.

Collaboration with the transplant sector is an important priority for the OTA and is critical for improving outcomes for Australians in need of an organ or tissue transplant. In 2013–14 we continued to liaise with representatives of the Transplantation Society of Australia and New Zealand on matters at the interface of the donation and transplantation sectors.

This continued engagement resulted in work with the National Health and Medical Research Council in 2013 on the development of *Ethical guidelines for eligibility criteria and allocation protocols for organ transplantation from deceased donors*. These guidelines will inform ethical practice for health professionals in relation to the development and implementation



Above (L-R)

On the job at DonatLife Victoria's eastern Melbourne location at the Monash Medical Centre are (L-R) Nina Mao, Bridget O'Bree, Gopal Taori and Nicola Stitt.

Suzette Griffiths and Angela Dufek lighting candles in memory of the organ and tissue donors of 2013 at the 2014 DonatLife SA Service of Remembrance.

Quality assurance and engagement with the transplant sector continued

of eligibility criteria for entry onto organ transplant waiting lists; donor suitability criteria for organ allocation for transplantation; and the organ allocation protocols for determining transplant recipients. The OTA is represented – alongside other important stakeholders – in the development of this significant initiative.

The ethical guidelines will also inform the development of organ-specific clinical protocols that will guide national clinical practice by specifying the clinical criteria and protocols specific to each organ type. This will assist in the management of transplant waiting lists and matching organs to transplant recipients.

Acknowledgments

This year is my last as the National Medical Director for the OTA. During my time here I have seen a steady growth in the donation and transplantation rates. I remain constantly amazed at the generosity of families who consider donation at such a terribly sad time in their lives. The generosity of these families, on behalf of their loved ones, has meant that many lives have been saved through organ transplantation.

I would like to acknowledge the tireless efforts and commitment of the State Medical Directors in supporting and guiding their DonatLife Network teams in the implementation of the national reform efforts. The leadership they have shown over the past 12 months is commendable.

Acknowledgments

continued

I would like to make a separate mention and extend my personal thanks to all of the DonateLife Network staff for their tireless efforts in providing a donation service to the Australian community. Their commitment and dedication 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.

I acknowledge my professional colleagues in the Transplantation Society of Australia and New Zealand, the Australian and New Zealand Intensive Care Society, the College of Intensive Care Medicine of Australia and New Zealand, the Australian College of Critical Care Nurses, the Australasian Transplant Coordinators Association, the Transplant Nurses Association, the Australasian Tissue and Biotherapeutics Forum, and the Eye Bank Association of Australia and New Zealand. They have shown continued commitment to the implementation of the national reform programme to increase organ and tissue donation rates in Australia.

Of course, I would like to extend my sincere thanks and 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.

Most importantly, I would finally like to express my personal thanks to all families who consider and make a decision about donation at one of the worst times of their lives – thank you.

Associate Professor Jonathan Gillis

National Medical Director
Organ and Tissue Authority

Francesca Rourke

Donation Specialist Coordinator

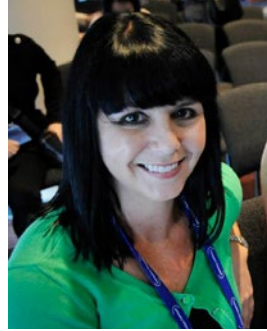
DonateLife QLD

As one of the longest serving Donation Specialist Coordinators in Australia, Francesca has been involved with the national development of the Electronic Donor Record (EDR).

Initially a member of the EDR Oversight Committee, she then became a member of the EDR Clinical Advisory Group. She worked closely with EDR Project Lead, Carol George, to develop the initial drafts of the EDR Standard Operating Procedure, User Guide and the revised EDR Form, as well as the customisation of the EDR to the Australian environment.

As a member of the Organ and Tissue Authority (OTA) Advisory Council, she recommended the drafting of the EDR National Standard Operating Procedure and the establishment of a working group of transplantation and donation specialists to address the changes in practice that would result from the move to an electronic system. As the Chair of the working party, and with the support and collaboration of the OTA, the Standard Operating Procedure was completed, endorsed by the relevant professional societies, and released in time for training before the EDR 'go-live' date of 31 March 2014.

As President of the Australasian Transplant Coordinators Association (ATCA), Francesca has worked on the review of the ATCA policy and procedures for organ allocation. As part of this she helped develop the process for

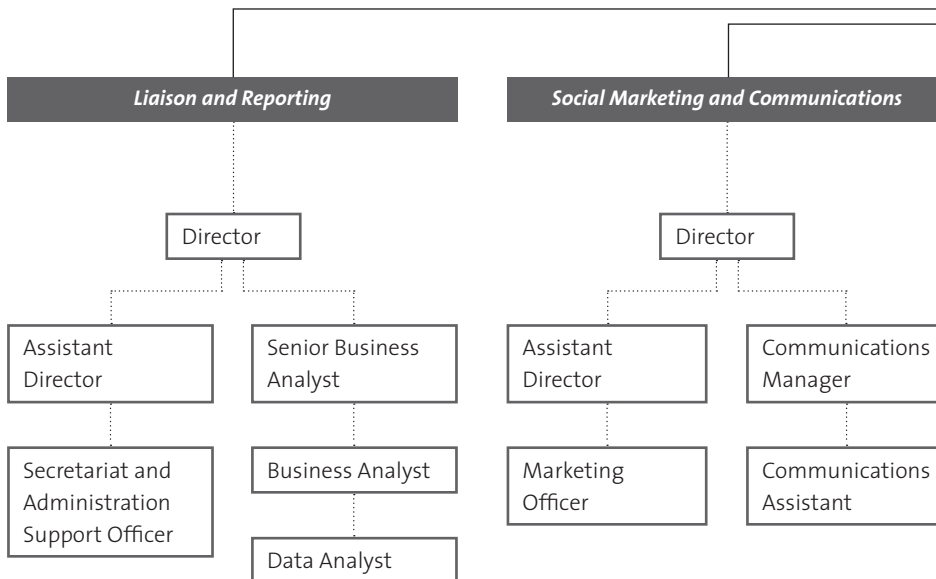


approving and formalising documents and processes collaboratively between the OTA, ATCA and the Transplantation Society of Australia and New Zealand (TSANZ). This has resulted in clearer accountabilities and a more streamlined system for implementing policy and process changes in the sector.

Francesca was the author of the ATCA–TSANZ Standard Operating Procedures for organ allocation, organ rotations and urgent listings. She also developed the national implementation strategy for the revised processes and, with the OTA, coordinated and facilitated national staff training. The feedback from the participants indicated improved clarification and greater understanding of the national processes. The national implementation of the ATCA–TSANZ Standard Operating Procedures for organ allocation, organ rotations and urgent listings successfully occurred on 1 March 2014.

Organisational structure

The Organ and Tissue Authority (OTA) is a statutory body which, at 30 June 2014, employed 26.2 full-time-equivalent staff.



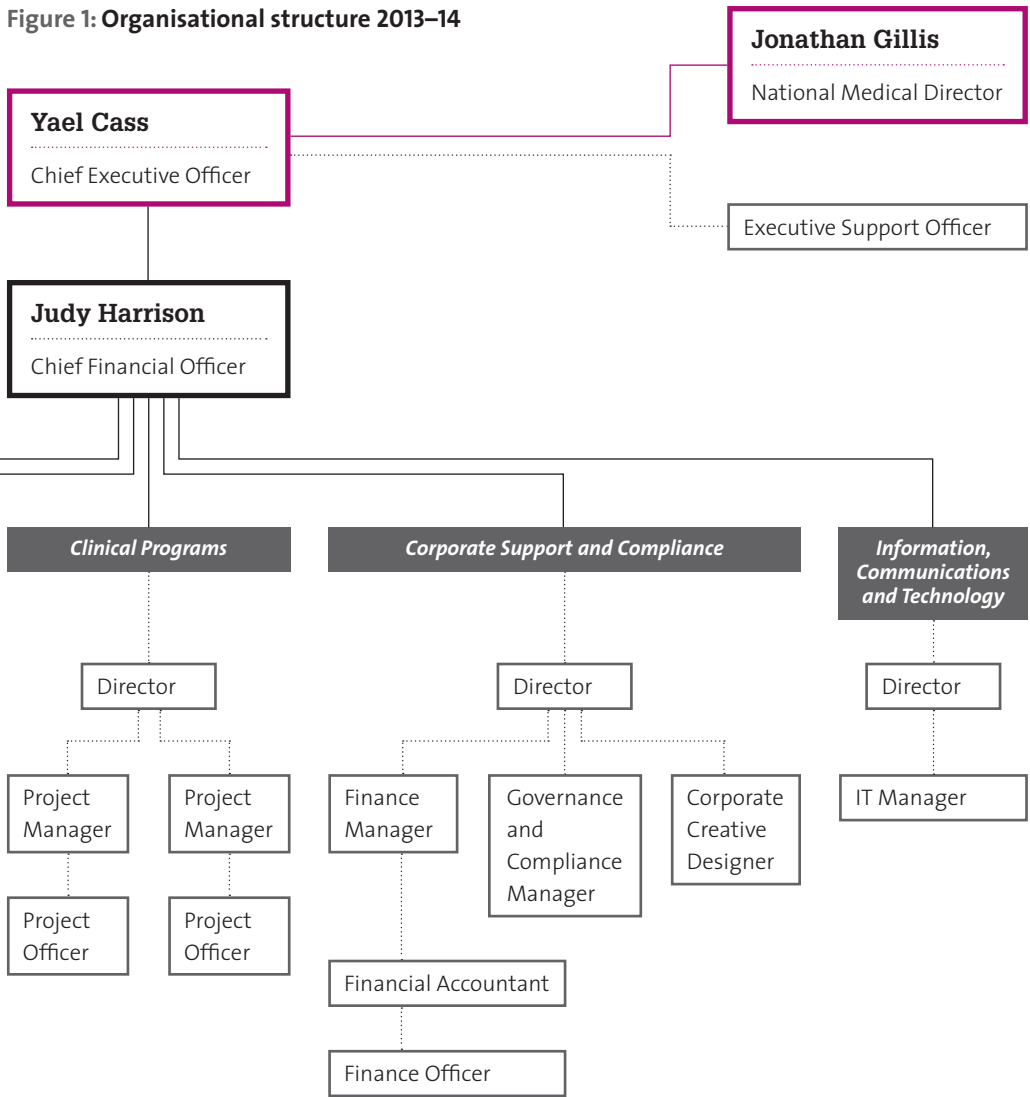
Measure 1, 2

- Committees
- Registries
- Data governance framework
- Clinical governance framework
- Data analysis
- DonatLife Audit
- Performance reporting
- State and territory funding agreements
- Parliamentary
- New Zealand relationship
- Conferences
- Eye and tissue data
- Electronic Donor Record development

Measure 5

- Media liaison
- CALD engagement
- Research
- Public relations
- Campaign
- DonatLife Week
- Community Awareness Grants
- Charter Signatories
- Communications Reference Group
- Website management
- Transplant Australia
- Merchandise

Figure 1: Organisational structure 2013–14



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 Programme
- 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
- Portfolio Budget Statements
- Annual Report
- Organ Donation Hospital Support Funding
- Annual Forum
- State and Territory Funding Agreement acquittals
- Whole of Government Chief Executive Instructions
- Creative and design

ICT

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

Senior Executive team

Our Senior Executive team comprises Yael Cass, Chief Executive Officer (CEO), Jonathan Gillis, National Medical Director, Judy Harrison, Chief Financial Officer and the General Manager (position occupied by Elizabeth Flynn until 11 April 2014). The Senior Executive team meets on a weekly basis to review performance against the nine measures and strategic priorities, along with financial performance and analysis.

Committee structure

The OTA has the following committee structure:

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

Advisory Council

The OTA's premier advisory body is the Australian Organ and Tissue Donation and Transplantation Advisory Council (the Advisory Council). The Advisory Council is 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.

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.

Table 1: Advisory Council membership and meeting attendance, second term 2013–14

Position	Name	Meetings attended
Chair	Mr David Koch	4 / 4
Member	Ms Anne Cahill Lambert AM*	1 / 4
Member	Professor Jeremy Chapman OAM	4 / 4
Member	Professor Geoff Dobb	4 / 4

Advisory Council *continued*

Position	Name	Meetings attended
Member	Ms Francine Eades	4 / 4
Member	Dr Marisa Herson	4 / 4
Member	Professor John Horvath AO	4 / 4
Member	Ms Rachael Martin	3 / 4
Member	Mr David O'Leary	3 / 4
Member	Ms Francesca Rourke	3 / 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

*Ms Anne Cahill Lambert resigned from the Advisory Council effective 1 October 2013

The practice of issuing a communiqué after each meeting promoted the communication of key Advisory Council deliberations. Communiqués are available on our website at www.donatelife.gov.au/ota-advisory-council.



Advisory Council

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

Jurisdictional Advisory Group

The peak governance committee for the DonatLife Network is the Jurisdictional Advisory Group. It comprises State Medical Directors and jurisdictional health department representatives.

This group, chaired by the CEO, considers and makes recommendations about strategic priorities, clinical and data governance and program planning for the DonatLife Network.



Jurisdictional Advisory Group

Standing back row (L-R) Dr Gregory Hollis, Dr Leo Nunnink, Lee Wood, Dr Bruce Powell, Dr Robert Herkes, Ashley Eccles. Standing middle row (L-R) Dr Jeanette Young, Amanda Nesbitt, Julie Tate, Moira McKinnon, Eva Mehakovic. Seated (L-R) Dr Sally Tideman, Dr Helen Opdam, Yael Cass, A/Prof Dianne Stephens, Karen Bottig. Absent: Dr Jonathan Gillis, Kim Stewart, Dr Andrew Turner, Dr Frank Van Haren, Susan Ireland.

Clinical Governance Committee

The peak clinical committee for the DonatLife Network is the Clinical Governance Committee. It is chaired by the National Medical Director and comprises the CEO, State Medical Directors and clinical managers from each state and territory. The committee makes recommendations relating to the clinical aspects of the national reform programme for consideration by the Jurisdictional Advisory Group.

Charter Signatories Committee

The main mechanism for engagement with the non-government sector is the Charter Signatories Committee. It comprises representatives from:

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

**Charter
Signatories
Committee**
continued

All members are signatories to the DonatLife National Communications Framework and Charter. Its main purpose is to ensure that members share and receive the necessary information to undertake a nationally consistent and coordinated approach to community education and communication about organ and tissue donation.

Transplant Liaison Reference Group

The Transplant Liaison Reference Group provides advice to the CEO and facilitates engagement with the transplant sector on matters relevant to the national reform programme. 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
- ▶ DonatLife Network
- ▶ Australia and New Zealand Organ Donation Registry, and
- ▶ Australian and New Zealand Intensive Care Society.

Purpose- specific working groups

Periodically, purpose-specific working groups are established by the CEO. In 2013–14 eight purpose-specific groups were active:

- ▶ The Eye and Tissue Data Implementation Group was established to progress the development of a minimum national donation and transplantation dataset, standardised descriptors and a reporting mechanism for eye and tissue data.
- ▶ The Eye and Tissue Education Implementation Group was established to contribute to the development of an Australian national education program for eye and tissue bank personnel.
- ▶ The Data and Audit Working Group comprises 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 utilise this data to drive clinical performance improvement.

Data and Audit Working Group

Standing back row (L-R): Kelly Anstey, Shena Graham, Lynette Parker, Ashley Eccles. Standing middle row (L-R): Andree Gould, Biana Topp, Tricia Williams, Dr David Pilcher. Seated front row (L-R): Byron Arcia, Dr Helen Opdam, Dr Laura Gladkis, Erin Wells.



**Purpose-specific
working groups**
continued

- ▶ The Electronic Donor Record (EDR) Oversight Committee was the governing body for the implementation of the EDR. Membership comprises representatives from the Advisory Council and donation/transplantation clinical and nurse practitioners. At its meeting on 4 March 2014, members agreed to terminate the committee, noting that the EDR had been successfully implemented and that there are other forums through which to manage any EDR issues that may arise.
- ▶ The Communications Reference Group is a representative forum where DonateLife Communications Officers work collaboratively with the OTA to coordinate and support community awareness and education activities, including DonateLife Week.
- ▶ The Family Conversations Steering Group includes representatives from relevant peak professional bodies and DonateLife clinicians and managers. It provides clinical and technical expert advice on the national Professional Education Package as it relates to family communication and consent for donation.
- ▶ The Donor Family Support Implementation Group includes Donor Family Support Coordinators and OTA staff. It works to implement, monitor and review the DonateLife Donor Family Support Service across Australia.
- ▶ The Education Coordinators Network comprises DonateLife Education Coordinators and OTA staff. It works to coordinate and support education activities for health professionals working in the donation and transplantation sectors.



Part 2 Performance reporting

Our Program	25
Trend information	28
Community awareness and attitudes	40
National reform programme summary of progress	43
▶ Part A Report on strategic priorities	43
▶ Part B National achievement against the nine measures	56
▶ Part C Activities in the states and territories	71

Part 2: Performance reporting

As agreed by the Council of Australian Governments in 2008, the Organ and Tissue Authority (OTA) is tasked with implementing the Australian Government's national reform programme for organ and tissue donation for transplantation.

We measure our success in achieving our outcomes in various ways. One of these measures is the reporting of our performance against the outcomes and planned performance indicators described in the Portfolio Budget Statements 2013–14 (PBS).

Outcomes and performance information

- ▶ ***Outcome 1: Improved access to organ and tissue transplants, including through a nationally coordinated and consistent approach and system***
- ▶ ***Program 1.1: A nationally-coordinated system for organ and tissue donation for transplantation.***

This section provides a summary of our performance against the PBS indicators, as well as a summary of our financial results. It also provides data on organ and tissue donation and transplantation, and community awareness outcomes.

We have also reported on progress made in achieving the DonateLife strategic priorities; the main activities undertaken in implementing the nine measures of the national reform programme; and the activities undertaken by Donatelife staff in the states and territories.

Table 2: Agency Resource Statement 2013–14

	(a)	(b)	(a-b)
	Actual available appropriations for 2013–14 \$	Payments made 2013–14 \$	Balance remaining 2013–14 \$
Ordinary Annual Services¹			
Departmental Appropriation			
Prior year departmental appropriation	1,654,327	1,654,327	-
Departmental appropriation	5,846,000	3,559,357	2,286,643
S.31 Relevant agency receipts	1,089,283	1,089,283	-
Total	<u>8,589,610</u>	<u>6,302,967</u>	<u>2,286,643</u>
Departmental Appropriation			
Outcome 1	39,680,000	27,916,229	
Total	<u>39,680,000</u>	<u>27,916,229</u>	
Total ordinary annual services	<u>48,269,610</u>	<u>34,219,196</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	-	-	-
Equity injections	-	-	-
Previous years' outputs	-	-	-
Total	<u>-</u>	<u>-</u>	<u>-</u>
Administered non-operating			
Prior year administered appropriation	-	-	
Total	<u>-</u>	<u>-</u>	
Total other services	<u>-</u>	<u>-</u>	
Special Accounts			
Opening Balance	-	-	
Appropriation Receipts	-	-	
Payments made	-	-	
Closing balance	-	-	
Total resourcing and payments	<u>48,269,610</u>	<u>34,219,196</u>	<u>-</u>

¹ Appropriation Bill (No.1) 2013–14 and Appropriation Bill (No.3) 2013–14

² Appropriation Bill (No.2) 2013–14 and Appropriation Bill (No.4) 2013–14

Table 3: Outcome 1 – Financial Resources Summary 2013–14

	(a)	(b)	(a-b)
	Budget 2013–14	Actual expenses 2013–14	Variation 2013–14
	\$	\$	\$
Program 1.1: Coordination of organ and tissue donation and transplantation			
Administered Expenses			
Ordinary Annual Services (Annual Appropriation Bill 1)	39,680,000	39,678,336	1,664
Special accounts	-	-	-
Departmental Expenses			
Ordinary Annual Services (Annual Appropriation Bill 1)	5,846,000	5,537,431	308,569
Expenses not requiring appropriation in the Budget year	539,000	436,927	102,073
Total for Program 1.1	46,065,000	45,652,694	412,306
Total expenses for Outcome 1	46,065,000	45,652,694	412,306
Average staffing level (number)	28	27.43	(0.57)

Our Program

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

The Australian Government, through the OTA, is developing and maintaining a number of programs and initiatives to increase the capability and capacity of the organ and tissue donation sector.

Four particular Program objectives were identified in the PBS for 2013–14:

- ▶ implement the organ and tissue donation Clinical Governance Framework (CGF)
- ▶ integrate the eye and tissue network into the DonatLife Network (DLN)
- ▶ raise community awareness and stakeholder engagement across Australia, and
- ▶ implement an Electronic Donor Record (EDR).

In the 2013–14 PBS, qualitative and quantitative deliverables and key performance indicators were identified for each of these Program objectives.

Deliverables

Table 4: Qualitative deliverables

Implement the organ and tissue donation Clinical Governance Framework	Qualitative deliverable	Implement the organ and tissue donation Clinical Governance Framework
	Result	Deliverable met
	▶	In 2013–14 each DLN hospital (with the exception of NSW) developed an annual local hospital activity plan outlining actions to be taken in 2013–14 to embed the components of the Clinical Practice Improvement Program (CPIP) in hospital practice. The hospital action plans were implemented from 1 July 2013. (From 1 July 2014 in NSW, Hospital Activity Plans will complement Service Level Agreements.)
	▶	In July 2013 a CPIP survey of all jurisdictions (including NSW) was conducted to record baseline achievement against the key performance indicators (KPIs), with a view to mapping trends over time.
	▶	In January 2014 DLN hospitals in all jurisdictions (including NSW) reported for the first time on implementation of the CPIP for the six-month reporting period July – December 2013.
	▶	Trend analysis comprising a comparison of achievement of KPIs by the DLN hospitals for the baseline (July 2013) against the period July – December 2013 showed a 5.6% increase in the number of KPIs achieved.

Integrate the eye and tissue network into the DonateLife Network

Qualitative deliverable Develop a national education program for the eye and tissue sector staff based on a combination of online and face-to-face learning modules, national practical competencies and a self-paced training module

Result Deliverable met

- ▶ The Eye and Tissue Education Implementation Group provided advice and direction on the identification, review and development of training and education opportunities.
- ▶ The working group agreed to the development of a national competency framework to harmonise national practice and training.
- ▶ An educational designer has been engaged to draft a tertiary curriculum framework for a proposed new course on organ, eye and tissue donation.

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

- ▶ We held our fourth national DonateLife Week from Sunday 23 February to Sunday 2 March 2014. The theme was 'Have the chat that saves lives'. Community events were a strong component of DonateLife Week with a total of 315 registered events, an increase on the 214 registered events held in 2013. Media coverage increased by 46% in 2014 with 1,306 news items compared with the 895 achieved in 2013.
- ▶ In February 2014 we launched the DonateLife Corporate Partnership Program and announced our inaugural partners: ANZ, Bupa, Australia Post, Linfox and the Australian Automobile Association. This program is open to the Australian business community to educate employee and customer networks about organ and tissue donation and motivate family discussion about donation decisions.
- ▶ We produced a new national suite of school education resources for teachers of Year 8 and 9 students in Australian secondary schools, to inspire learning and discussion about organ and tissue donation and transplantation in the classroom. The resources are aligned to learning descriptions in the Australian curriculum in the areas of English and Science and they are relevant to the learning areas of Civics and Citizenship, and Health and Physical Education.
- ▶ We continued to engage with religious and cultural leaders and communities as part of the ongoing national 'DonateLife...the greatest gift' community education campaign. The campaign aims to facilitate culturally appropriate and in-language resources for faith and cultural communities in Australia. In 2013–14 we focused on nine faith communities and seven language groups.
- ▶ In 2013–14 we continued to lead and provide support across the sector on a range of community awareness and education activities. We focused on encouraging Australians to discuss their donation decisions with family members, and to decide and register their donation decisions on the Australian Organ Donor Register.
- ▶ We supported 17 organisations through Community Awareness Grants to conduct community awareness events and activities during DonateLife Week 2014, and/or targeted community-based events at other times of the year.
- ▶ Our new DonateLife website was launched with a fresh design to reflect the evolution of the national reform programme and to enable users to access the site in a more intuitive and engaging way.
- ▶ We produced and distributed a range of nationally consistent, factual information products and promotional items. These included fact sheets, posters, postcards, videos, a Community Speakers Kit (comprising an information booklet and a PowerPoint presentation), the DonateLife/Australian Organ Donor Register brochure, and campaign kits to extend the reach and impact of the National Community Awareness and Education Program.

Implement an Electronic Donor Record	Qualitative deliverable	Implement an Electronic Donor Record
	Result	Deliverable met

- ▶ On 31 March 2014 the Electronic Donor Record (EDR) was implemented in all states and territories with the exception of Queensland.
- ▶ A regulatory change was completed on 20 June 2014, allowing Queensland to implement the EDR on 1 July 2014. From that date all states and territories will be using the EDR to facilitate organ donation in Australia.
- ▶ By 31 March 2014 a multilateral business agreement was executed between the Australian Government and all states and territories, and between states and territories, to manage the appropriate exchange between jurisdictions of patient information in the EDR.

Key performance indicators

Table 5: Quantitative deliverables

Quantitative deliverable	Rate of request by hospital staff to families for organ and tissue donation		
	2013 target*	100%	2013 actual 96%

- ▶ In 2013 there was an increase of 2% in the number of potential donors after brain death (DBD) identified in the DLN hospitals around Australia, from 516 in 2012 to 528 in 2013.**
- ▶ In 2013 the national DBD request rate was 96%, a 4% increase over the 2012 rate.
- ▶ A national request rate of 100% is an aspirational target which we anticipate achieving within the next five years.
- ▶ Potential donors after circulatory death (DCD) have been excluded, as data from this donation pathway requires further validation.***

Quantitative deliverable	Rate of family consent to organ and tissue donation		
	2013 target*	75%	2013 actual 62%

- ▶ There was a slight increase in the DBD consent rate from 61% in 2012 to 62% in 2013.
- ▶ A national consent rate of 75% is an aspirational target which we anticipate achieving within the next five years.
- ▶ Data for donors after circulatory death has been excluded, as it requires further validation.

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

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

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

Trend information

Organ and tissue donation and transplantation outcomes

Since the OTA was established in January 2009 significant increases in organ and tissue donation and transplantation outcomes have been achieved. In 2013 these gains continued, and work goes on to further increase organ and tissue donation outcomes into the future.

Table 6: Deceased organ donation and transplantation outcomes 2009 – 2013

	2009	2010	2011	2012	2013
Deceased organ donors	247	309	337	354	391
Australian resident population ¹	21,691,652	22,031,750	22,340,024	22,723,904	23,130,932
Organ donation rate (donors per million population) ²	11.4	14.0	15.1	15.6	16.9
Transplant recipients	808	943	1,009	1,053	1,122
Organs transplanted ³	856	993	1,057	1,110	1,177
Organ transplant rate (organs transplanted per million population) ⁴	39.3	45.0	47.3	48.9	50.9

1 The Preliminary Australian Estimated Resident Population for 30 June of each year is based on results of the 2011 Census of Population and Housing statistics and was updated on 17 December 2013 by the Australian Bureau of Statistics, accounting for changes in the Australian resident population count since 2009, as reported in previous publications. For any calendar year, the population count is based on the preliminary Estimated Resident Population at 30 June within the calendar year.

2 Organ donation rates are based on the Preliminary Australian Estimated Resident Population for 30 June of each year, which was updated on 17 December 2013 accounting for changes in the organ donation rate since 2009, as reported in previous publications.

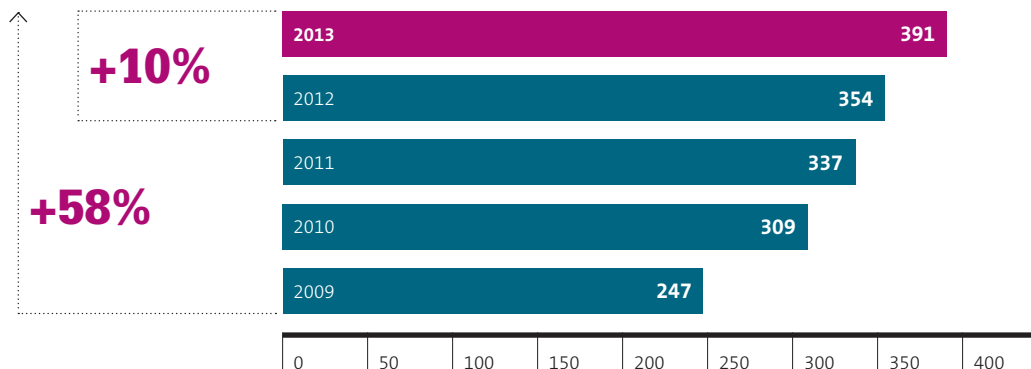
3 Organs transplanted from deceased donors include pancreatic islet transplants. Organs transplanted from living donors and tissue transplantations are excluded.

4 Organ transplant rates are based on the Preliminary Australian Estimated Resident Population for 30 June of each year, which was updated on 17 December 2013 accounting for changes in the organ transplant rate since 2009, as reported in previous publications.

Deceased organ donors

In 2013 there were 391 organ donors who transformed the lives of 1,122 Australians. This represents a 10% increase over 2012 (354 donors) and a 58% increase over 2009 (247 donors), the year the DLN was established.

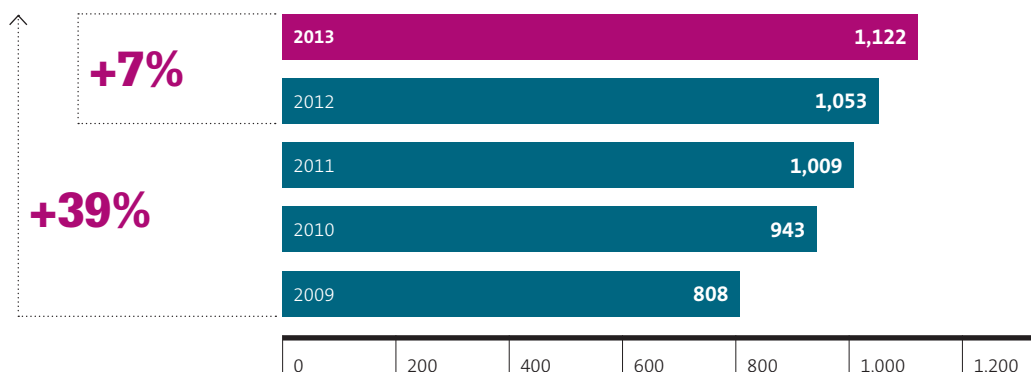
Figure 2: Deceased organ donors 2009–2013



Organ transplant recipients

In 2013 there were 1,122 organ transplant recipients. This represents a 7% increase over 2012 (1,053 transplant recipients) and a 39% increase over 2009 (808 recipients), the year the DLN was established.

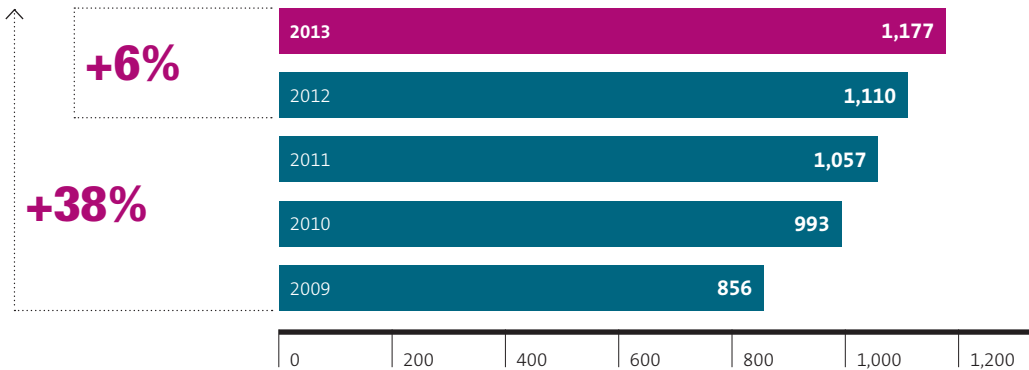
Figure 3: Organ transplant recipients 2009–2013



Organs transplanted

In 2013 there were 1,177 organs transplanted. This represents a 6% increase over 2012 (1,110 organs transplanted) and a 38% increase over 2009 (856 transplants), the year the DLN was established.

Figure 4: Organs transplanted 2009–2013

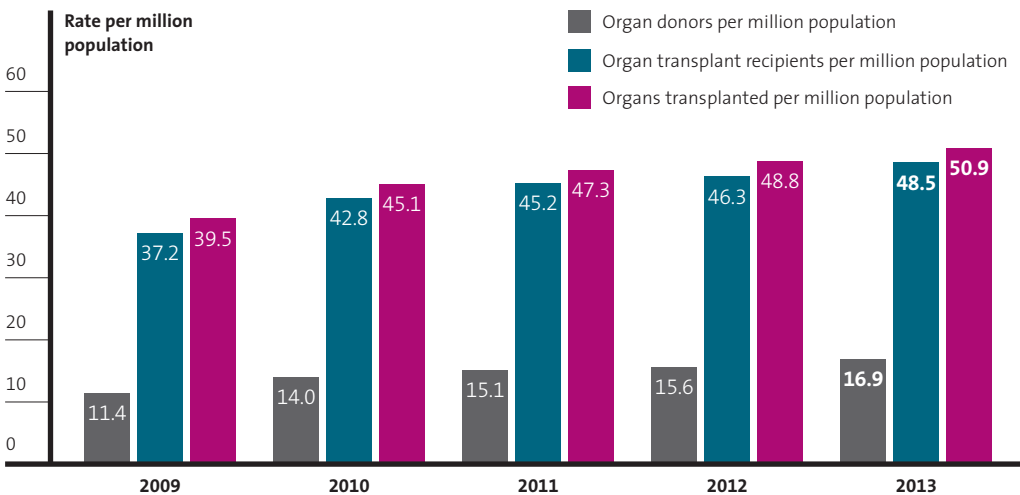


Organ donation and transplant rates

In 2013 Australia had a donor per million population rate (dpmp) of 16.9. This result represents an 8% increase (1.3 dpmp) over the 2012 outcome of 15.6 dpmp, and a 48% increase over 2009 (11.4 dpmp), the year the DLN was established.

Using the international standard measure of organs transplanted per million population (otmp), Australia achieved an outcome of 50.9 otpmp in 2013. This was a 4% increase on the 2012 outcome (48.8 otpmp) and a 29% increase over 2009 (39.5 otpmp), the year the DLN was established.

Figure 5: Organ donation and transplant rates 2009–2013

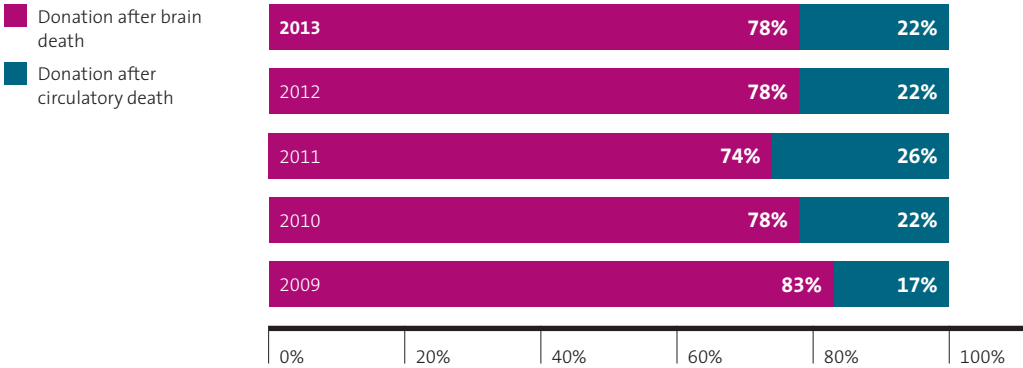


Distribution of deceased organ donors by donation pathway

In 2013 the majority of organ donors (78%, or 305 donors) came from the donation after brain death (DBD) pathway. The remaining 22% (86 donors) came from the donation after circulatory death (DCD) pathway. These figures were the same in 2012.

There were 144 more donors in 2013 than in 2009. Of these, 69% of the growth (100 donors) came from the DBD pathway and 31% of the growth (44 donors) from the DCD pathway.

Figure 6: Distribution of deceased organ donors by donation pathway 2009–2013

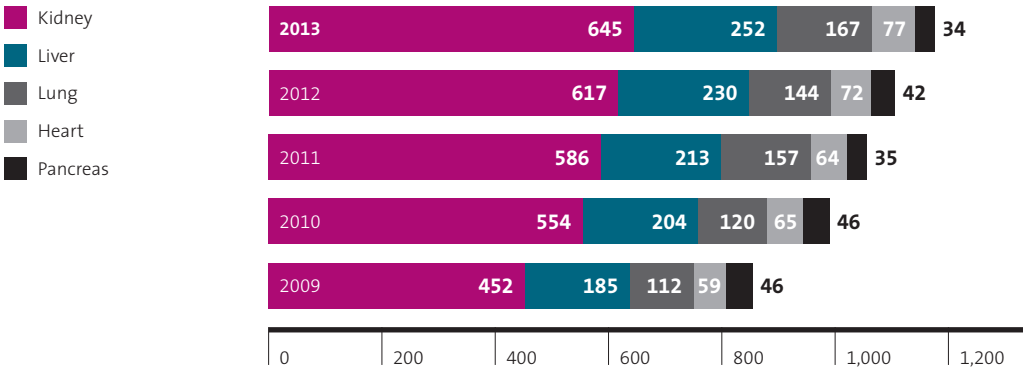


Organs transplanted from deceased donors

Kidneys are the most predominant organ donated and transplanted. In 2013 there were 645 kidneys transplanted from deceased organ donors. This was 5% higher than the outcome in 2012 (617 kidneys), and 43% higher than in 2009 (452 kidneys), the year the DLN was established.

In 2013 there were also two combined heart/lung transplants. These transplants have not been represented graphically due to the relatively small numbers when compared with other types of organs transplanted.

Figure 7: Organs transplanted from deceased donors 2009–2013



Australia's potential organ donor population

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

To demonstrate this, in 2013 the Australian population was 23,130,932 and there were an estimated 149,500 deaths. Of these, approximately 75,400 occurred in hospitals, with around 725 potential donors identified. This represents around 1% of hospital deaths.

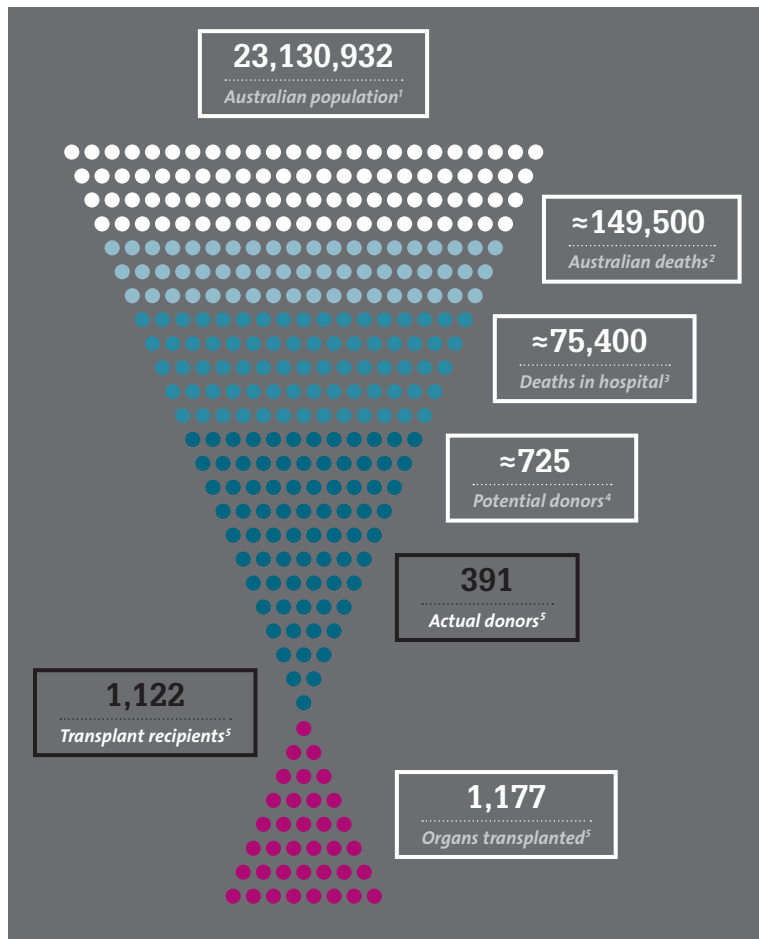
Of the estimated 725 potential donors identified, requests to families for donation were made in around 700 cases, with approximately 430 families consenting to donation. In just under 40 cases where family consent was given, donation did not proceed for a variety of clinical reasons.

The resulting 391 deceased organ donors enabled 1,177 organs to be transplanted, transforming the lives of 1,122 transplant recipients.

Figure 8: Australia's potential organ donor population

Sources

- 1 Estimated resident population, ABS 3101.0 Australian Demographic Statistics, June 2013, released 17/12/2013
- 2 Estimated from ABS 3302.0 Deaths, Australia, 2013, released 7/11/2013
- 3 Estimated from Australian Institute of Health and Welfare Australian hospital statistics 2011–12, released 19/4/2013 and updated 5/10/2013
- 4 Extrapolated from September 2013 DonatLife Audit Report, OTA
- 5 Australia and New Zealand Organ Donation Registry monthly report on Deceased Organ Donation in Australia, January 2014



DonateLife Audit key performance indicators

Since 2010 the DonateLife 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 DLN.

The data obtained from the audit is used to quantify national and jurisdictional potential for organ donation. It also identifies missed donation opportunities and determines the request, consent and conversion rates for organ donation in DLN hospitals.

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

In 2013, for the fourth consecutive year, a full calendar year of potential and actual donation activity data was captured in the 72 DLN 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 in Table 7, the three DBD performance indicators – request rate, consent rate and conversion rate – have increased compared with previous years.

Table 7: Key performance indicator results 2010–2013

National KPI targets	2010	2011	2012	2013
Request – 100%	92%	94%	92%	96%
Consent – 75%	54%	59%	61%	62%
Conversion – 70%	44%	49%	51%	53%

Work is currently being undertaken to further analyse the key performance indicators to drive practice improvement across the donation sector.

The DonateLife Audit reports on DBD outcomes only. The DCD data is excluded for reporting purposes because validation work is currently being undertaken on potential DCD categorisation.

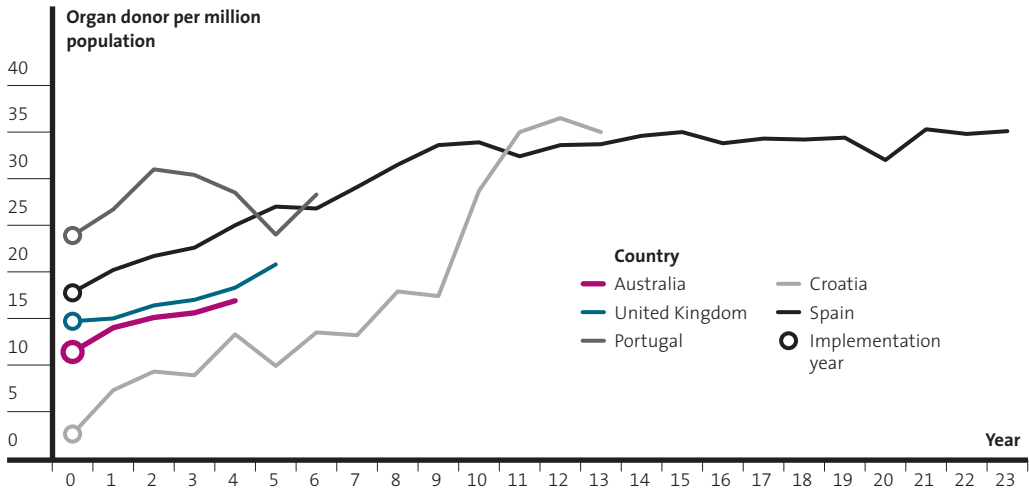
International deceased organ donation comparison

It is not possible to draw direct comparisons between countries in terms of their progress in organ donation reform. This is because 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.

International deceased organ donation comparison
continued

Figure 9: International deceased organ donor rate comparison



Source

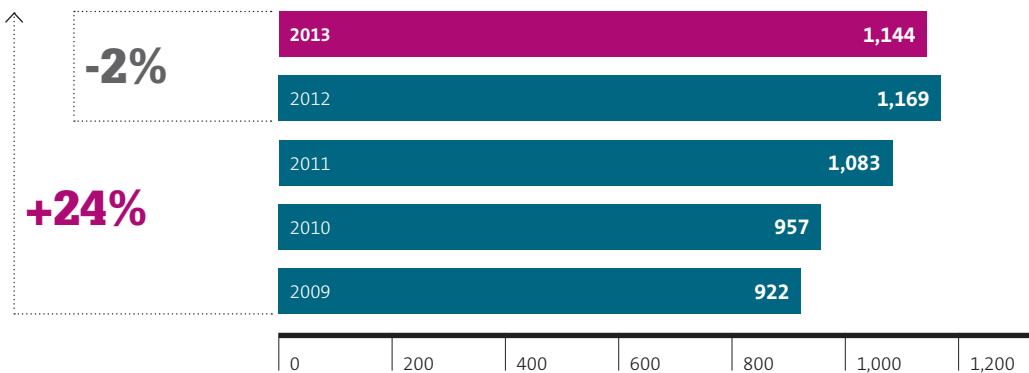
Australia and New Zealand Organ Donation Registry, International Registry of Organ Donation and Transplantation, January 2014

Eye donation and transplantation

The 2013 outcome of 1,144 eye donors represents a 2% decrease on the 2012 outcome of 1,169 eye donors and a 24% increase in eye donations over 2009 (922 donors).

In 99% of cases, both eyes were retrieved from the donors. However, eight of the 1,144 eye donors in 2013 donated only one eye, which means a total of 2,280 eyes were donated or retrieved in the period.

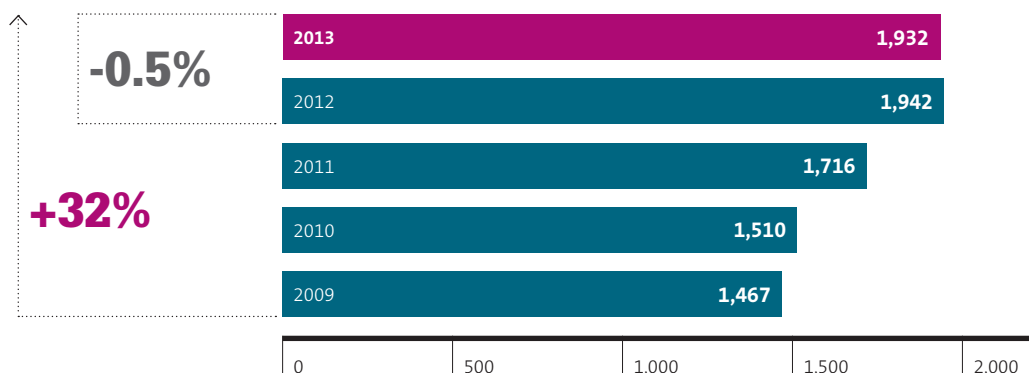
Figure 10: Eye donors 2009–2013



Eye donation and transplantation continued

There were 1,932 corneal transplants in 2013. This represents a 0.5% decrease on the 2012 outcome of 1,942 corneal transplants but a 32% increase in corneal transplants over 2009 (1,467 transplants).

Figure 11: Corneal transplants 2009–2013



Eye donation rates and service activity of the eye banks met the service capacity of the Australian health system for corneal transplantation in 2012 and 2013. The number of donors and corneal transplants is expected to remain relatively constant unless there is an increase in the service capacity of the Australian health system coupled with an increase in the rate of demand for corneas.

Improved efficiencies in the ability to determine the suitability of donors has meant that the utilisation rate (the number of transplants performed in relation to the number of eyes donated) has increased in recent years.

Tissue donation

In 2013–14 we worked with tissue banks and the Australia and New Zealand Organ Donation Registry (ANZOD) to expand the national tissue dataset to include data on notified tissue grafts transplanted and notified tissue transplant recipients. The 2013 OTA Performance Report and the 2013 ANZOD Australian Tissue Data reports released in January and February 2014, respectively, represented the first time national reporting occurred using the expanded tissue 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.

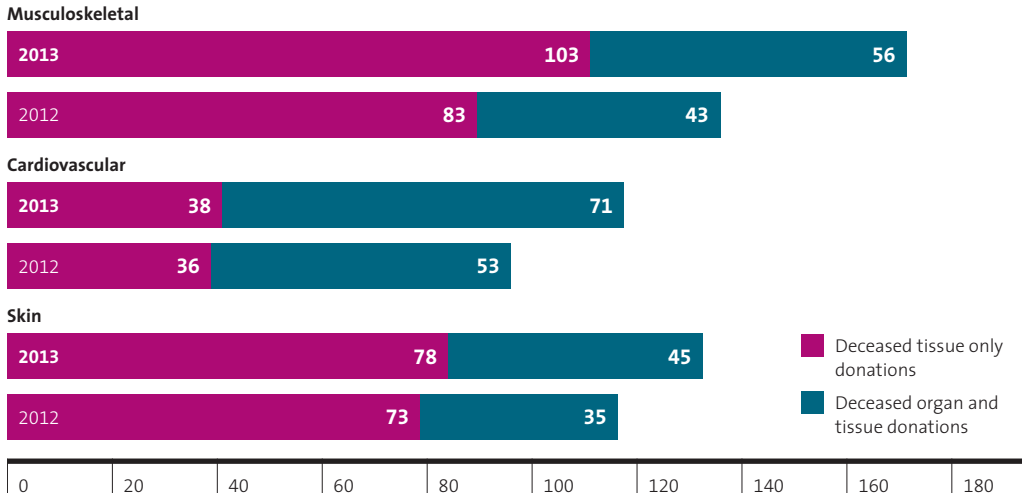
A living tissue donor is someone who donates tissue while they are still alive. In Australia, living tissue donors can donate femoral heads and, in some instances, heart valves.

Deceased tissue donation

The 2013 outcome of 228 deceased tissue donors and 391 deceased tissue donations represents a 21% increase respectively over the 2012 outcome of 188 deceased tissue donors and 323 deceased tissue donations.

The 228 deceased tissue donors gave 159 musculoskeletal tissue donations, 123 skin tissue donations, and 109 cardiovascular tissue donations.

Figure 12: Tissue donations from deceased donors 2012–2013



Living tissue donation

The 2013 outcome of 3,804 living tissue donations represents a 4% increase over the 2012 outcome of 3,655 living tissue donations.

The 3,804 living tissue donors gave 3,784 musculoskeletal tissue donations and 20 cardiovascular tissue donations.

Figure 13: Tissue donations from living donors 2012–2013



Tissue transplant outcomes 2013

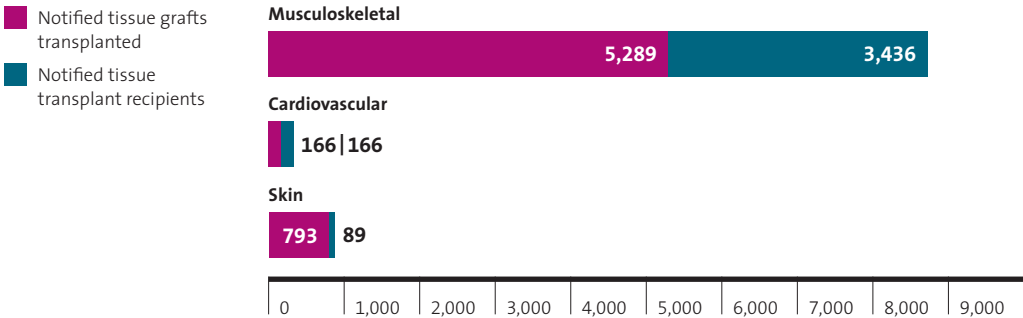
In 2013 tissue donors enabled 6,248 tissue transplants, improving the lives of 3,691 tissue transplant recipients.

Of the 6,248 notified tissue transplants, there were 5,289 musculoskeletal tissue transplants, 166 cardiovascular tissue transplants and 793 skin tissue transplants.

Tissue transplant recipients included 3,436 recipients of musculoskeletal tissue, 166 recipients of cardiovascular tissue and 89 recipients of skin tissue.

This data shows that many musculoskeletal and skin tissue transplant recipients have received multiple tissue grafts as part of their treatment received in 2013.

Figure 14: Tissue transplant outcomes 2013



Notes

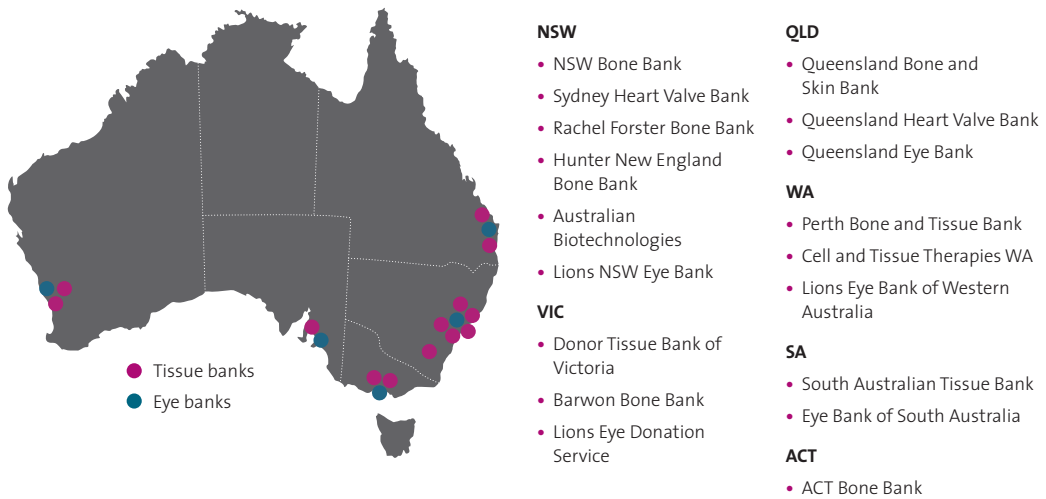
- When a tissue bank is notified of a tissue transplant, it is referred to as a notified tissue graft. Not all tissue transplants are notified.
- Grafts transplanted and transplant recipient data may or may not be a direct outcome of tissue donations reported for 2013, as tissue can be stored for a period of time before the graft is transplanted.
- Outcome data captures the number of notified grafts transplanted and the number of tissue transplant recipients who may receive one or more tissue grafts.
- While 13 Australian Tissue Banks contribute to donation data, only 12 Australian Tissue Banks contributed to outcome data.

Below
*Janine Cunningham,
 Justine Holloway and
 Paul McLauchlan
 from DonatELife ACT.*



Australian eye and tissue banks

Figure 15: Australian eye and tissue banks



Sources

- ▶ Organ donation and transplantation data: ANZOD Registry, May 2014
- ▶ DBD performance indicators: DonateLife Audit, May 2014
- ▶ International organ donation data: International Registry of Organ Donation and Transplantation, June 2014
- ▶ Eye donation and transplantation data: Eye Bank Association of Australia and New Zealand, January 2014
- ▶ Tissue donation data: Australian tissue banks, February 2014

Kylie Downes

Agency Manager

DonateLife ACT

Kylie has been 'driving change' as the manager of DonateLife ACT since she took up the position in 2012. Her supportive, focused and steady direction has meant that all DonateLife ACT aims for 2013–14 have been met.

At Canberra Hospital, Kylie has overseen the formulation, approval and implementation of the new standard operating procedure 'Admission to ICU for the consideration of organ donation'. Potential organ donors in the emergency department are now automatically transferred to Intensive Care for end-of-life care. This procedure has ensured that families are offered the opportunity for organ donation at a more appropriate time and in a more appropriate setting.

Kylie has coordinated the formulation of DonateLife ACT's vision/mission statement and team charter. Kylie's team now take great

pride in applying 'Code Heart' (Harmony, Equality, Awareness, Respect, Trust) to their work.

Under Kylie's leadership, the ACT Bone Bank has become the DonateLife ACT Bone Bank and part of the broader DonateLife ACT team. Kylie recruited a new Production Manager and the project plan for finalising the integration is almost complete. This has only been achievable with the creation of new business relationships, staff training, quality system enhancement and equipment purchases.

Kylie has been pivotal in Calvary Hospital becoming a DonateLife Network hospital this year. She has ensured that relationships with key personnel have been solidified, data agreements have been signed, recruitment of a 0.2 FTE Medical position has occurred and DonateLife ACT staffing at this hospital has been finalised.

DonateLife ACT's current tissue retrieval service includes eye tissue from deceased donors and femoral heads from living donors. The business plan to expand this tissue retrieval service to include bone, heart valves and skin from deceased donors is nearing completion.

Kylie is the operational manager, administrator, counsellor, organiser, tissue holder and meal break enforcer. Kylie is the person quietly but steadily driving change for the whole DonateLife ACT team.



Community awareness and attitudes

In March 2014 we commissioned Woolcott Research to undertake an annual market research survey to gauge Australian community attitudes and awareness about organ and tissue donation.

The survey started in 2010 to track the effectiveness of the national DonatLife media advertising campaign which ceased in 2012. Past research identified that the 2010 – 2012 DonatLife advertising campaign effectively led to increased discussion and knowledge levels about organ and tissue donation.

In the second consecutive year without advertising campaign activity, the research survey provides a useful snapshot of current attitudes and awareness to inform the future direction of the national DonatLife Community Awareness and Education Program.

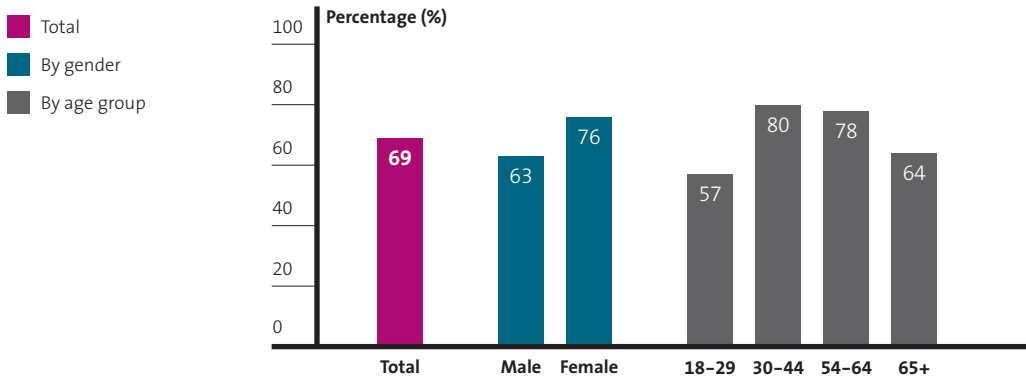
The March 2014 research found a consistently high level of willingness among Australians to become organ (76%) and tissue (75%) donors.

Many Australians (47%) are unaware that less than 1% of people die in hospital in the specific circumstances where organ donation is possible. On learning that organ donation is a rare event, 61% of people became more motivated to want to become an organ and tissue donor.

Family discussion levels about donation decisions have remained high, with 69% of Australians surveyed reporting that they had discussed their donation decisions with family members. Of those, 47% reported having had the discussion in the past 12 months.

When looking at discussion rates across different demographics (see Figure 16), females continued to be more likely to have discussed their donation decision with family members (76% compared to 63% for males). Young adults aged 18–29 years continued to represent the group least likely to have discussed their donation decision with family members, at 57%.

Figure 16: Respondents who had discussed organ and tissue donation decisions with their partner/family, at April 2014

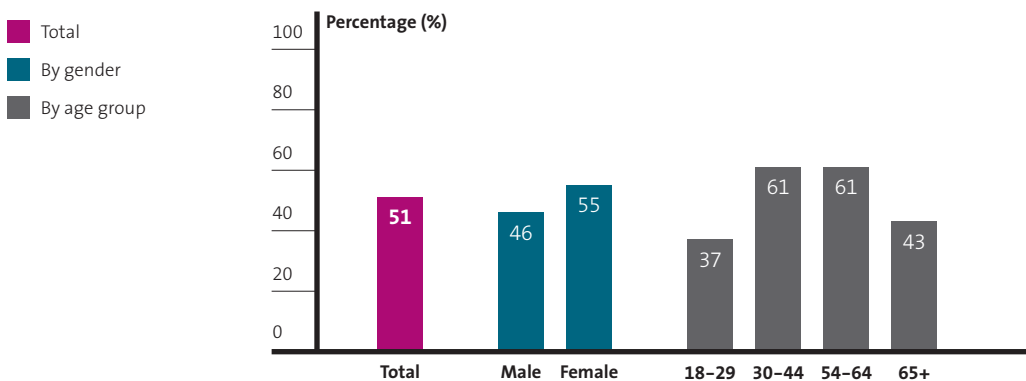


Most people (70%) are aware of the need for the next of kin to agree to donation proceeding. However, we continue to see a gap between those Australians who believe their family knows their donation decision (63%) and those who say they know their family members' donation decisions (51%), as shown in Figure 17.

Knowledge of family members' donation decisions is lower among young adults aged 18-19 (37%), older Australians aged 65+ (43%), and males (46%). This indicates the need for family members to remind each other about their respective donation decisions through repeated discussion.

It is encouraging that 94% of people indicated they would uphold the donation decision of family members when they were aware of those decisions. Only 39% of people who are unaware of family members' donation decisions feel confident to agree to donation by a loved one should the situation arise. We know that pre-knowledge of the deceased's donation decision is the most important factor for families in agreeing to donation proceeding. This research reaffirms the continued need to educate Australians on the importance of family discussion and knowledge of donation decisions.

Figure 17: Respondents' knowledge of family members' donation decisions, at March 2014



Interestingly, 33% of people surveyed had discussed organ and tissue donation outside the family with friends and workmates. This indicates an increase in normalising community acceptance of organ and tissue donation as a topic for discussion.

With 49% of Australians unaware or unsure about their family members' donation decisions, nationally consistent initiatives need to continue to increase family discussion and knowledge levels as part of normalising community acceptance about organ and tissue donation.

The four main barriers to family discussion were identified as:

- ▶ not thinking about it when the family is together
- ▶ finding it difficult to get the family together
- ▶ believing their family would not want to talk about their death
- ▶ uncertainty about how to initiate a discussion with their family.

Table 8: Barriers to discussion for respondents who have not discussed donation decisions in the past 12 months, at March 2014

Statement	%
I would want my next of kin to be sure about my wishes	88
I know it's something that we need to discuss, but we never seem to think about it when we're together	67
It's too hard to get the family together to discuss our wishes	42
My next of kin would not like to talk about my death	39
I just would not know how to start a discussion about this sort of thing with my family	36
There is no need to discuss this with my family/next of kin because they would know what I would want done	33
It is better just to leave it up to them to decide what to do	33
I have never thought about organ and tissue donation	25
It is not necessary to discuss this sort of thing with next of kin	22

The 2014 survey findings represent continued strong levels of community engagement in the subject of organ and tissue donation and the importance of family discussion about donation decisions. At the same time, there is a clear need to continue to educate the community about the need for knowledge about family members' donation decisions. It is evident – and expected – that discussion levels will not remain as high as those achieved during the 2010 – 2012 advertising campaign. However, the 2014 survey results indicate that the national DonateLife Community Awareness and Education Program is effectively maintaining public engagement and support.

National reform programme summary of progress

This section of the report consists of three parts:

- ▶ **Part A** provides a summary of progress against the five 2013–14 DonatLife Network strategic priorities
- ▶ **Part B** provides a summary of progress made at a national level against the nine measures of the national reform programme
- ▶ **Part C** provides a summary of significant activities undertaken by DonatLife staff at the jurisdictional level.

Part A: Report on strategic priorities

Each year a set of strategic priorities is developed to ensure our efforts are focused on areas identified by the DonatLife Network (DLN) as integral to implementation of the national reform programme to increase organ and tissue donation for transplantation.

In March 2013 the DLN leadership group met to confirm the strategic priorities for 2013–14. This group comprises senior OTA officers, members of the Advisory Council, State Medical Directors (SMDs), representatives of state and territory health departments, and DonatLife Agency managers.

A summary of our progress against the five strategic priorities for 2013–14 is provided below.

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

Our Clinical Governance Framework (CGF) provides defined guidance to DLN and hospital staff on building and maintaining reliable systems in order to deliver the Australian Government's national reform programme to implement a world's best practice approach to organ and tissue donation for transplantation.

In early 2011 a review was undertaken to assess the impact of the Australian Government's national reform programme and to identify opportunities for improvement.

The review identified that 'driving clinical practice reform at the hospital level' was a key area requiring further focus if the national reform programme was to continue to impact positively on donation outcomes.

Part A: Report on strategic priorities
continued

It recommended the development of a national framework that would support clinical practice improvement in DLN hospitals. This framework should include a range of strategies to support DLN hospital-based staff in providing quality organ and tissue donation services within the broader health system.

In response to this review recommendation, the Clinical Governance Committee developed the CGF during 2012 in consultation with the DLN.

The CGF provides the governance and accountability that supports effective implementation of clinical practice improvement in hospitals. A Clinical Practice Improvement Program (CPIP) was established in DLN hospitals across Australia in 2013–14.

The CPIP identifies 12 components that are key contributors to best practice donation outcomes, as shown in Table 9 below. It is based on the premise that there is a direct relationship between having quality donation processes in place and donation outcomes.

Table 9: Components of the Clinical Practice Improvement Program

Quality and safety domain	Components
Clinical effectiveness	<ol style="list-style-type: none"> 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 DonateLife Audit is implemented fully and consistently according to the DonateLife Audit Guide.
Workforce/professional development	<ol style="list-style-type: none"> 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 DLN hospital-based staff undertake regular organ, eye and tissue donation professional training to maintain clinical currency. 9 Annual performance and development reviews of DLN hospital-based staff are held by the SMD or delegate according to local position descriptions and performance processes.
Risk management	<ol style="list-style-type: none"> 10 Serious adverse events related to organ, eye and tissue donation are reported within existing hospital, DonateLife Agency, jurisdictional and national systems, as appropriate.
Consumer participation and satisfaction	<ol style="list-style-type: none"> 11 Potential donor family experience of donation is a structured and supportive process (regardless of whether donation proceeds). 12 DonateLife Week and other community education and awareness events are undertaken and reported.

Part A: Report on strategic priorities
continued

The CPIP also identifies key performance indicators for each component against which performance and progress is measured over time.

Implementation of the CGF and the CPIP was a strategic priority for the DLN in 2013–14.

In preparation for implementation from 1 July 2013, each DLN hospital (except NSW) developed an annual local hospital activity plan outlining actions to be taken in 2013–14 to embed the components of the CPIP in hospital practice.

DLN hospitals provide two six-monthly progress reports each year on implementation of the CPIP.

Hospitals report achievement against the key performance indicators (KPIs) for each component of the CPIP using the CPIP survey tool. The reports are validated by the relevant SMD and are subsequently provided to the OTA for collation and tracking over time. A summary of national results is presented to the Clinical Governance Committee and the Jurisdictional Advisory Group twice a year for consideration.

In July 2013 a CPIP survey of all jurisdictions (including NSW) was conducted to record baseline achievement against the KPIs, with a view to mapping trends over time.

In January 2014 DLN hospitals in all jurisdictions (including NSW) reported for the first time on implementation of the CPIP for the six-month reporting period July – December 2013 using the CPIP survey tool.

Trend analysis was undertaken, assessing achievement against KPIs by the DLN hospitals for the baseline in July 2013 compared with the period July – December 2013. This comparison showed a 5.6% increase in the number of KPIs achieved, from 70.5% to 76.1%.

In the second half of 2014, the DLN will consider transitioning to the second phase of the initiative which involves collaborative, focused hospital performance review and program development.

Below

Dr Sam Radford, a DonateLife Victoria Medical Donation Specialist, is an ICU intensivist physician based at the Austin Hospital, Melbourne. The event was a special side visit to Melbourne for key international sector leaders attending the ISODP in Sydney.



Dr Gopal Taori

Donation Specialist Medical

DonateLife VIC

The 2013–14 year was an eventful and challenging one at the Monash Medical Centre (MMC) in Victoria but it was also a most satisfying one for Dr Gopal Taori. This was the year when MMC truly became a leader in the implementation of the national reform for organ and tissue donation.

Juggling a very busy life as an intensive care specialist on a professional front, and a young family on a personal front, Gopal is proud to have been able to successfully lead a team of hospital-based donation specialist staff in driving change at MMC.

Gopal says, “People don’t resist change...they resist being changed”. The key to success is providing clinicians with the opportunities to be in the ‘driver’s seat’ as they work their way through the changes. Last year, the specialist team at MMC rolled out their donation after circulatory death program and, to the credit of all involved, the hospital has become one of the best performing centres in the country.

Gopal believes “change is as much about people as about process. It means different things to different people, so it requires many approaches”. His team made sure that each and every individual concern was addressed as a special case and allowed everyone to accept change at their own pace.

“Clarity of vision and purpose makes it easier”, Gopal says, particularly as his donation specialist team sincerely believed in the desired change. This enhanced their communication with colleagues. Their commitment meant that they often came



in to work out-of-hours to discuss organ donation with bereaved families and help colleagues with managing potential organ donors.

Gopal is also a strong advocate of community involvement. He says, “Real change in the organ donation rate will happen when the community drives it”. He believes that health care professionals need to establish meaningful communication and engagement with their society to understand their concerns and the factors that will motivate people to change their attitudes towards organ donation. He is actively involved with the various cultural organisations based in Melbourne to promote the cause for organ and tissue donation.

Often, people feel as though they have to go through change alone – that they must be a pioneer and take a risk. That is why, at MMC, Gopal and his team made sure that people never felt as though they were working in isolation. “Change was positioned as a team effort that was 100% supported by the DonateLife team”, Gopal says. The results speak for themselves.

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

We are providing access for relevant critical care staff to attend the national Professional Education Package (PEP) training. We are evaluating 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 2013–14 we continued to deliver 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 (FDC) workshop has been delivered as the key component of the PEP, and is supported by a complementary practical FDC workshop to enable skills practice. Both workshops provide health professionals with the necessary knowledge and skills to communicate with and support potential donor families to make an informed and enduring decision about donation.

In 2013–14 there were seven core FDC workshops that provided training to 147 professionals and 13 practical FDC workshops that trained 106 professionals throughout Australia.

During the year we worked with peak professional groups on a consultative review of the PEP to reflect participant evaluations to date and to include input from key stakeholders. These included the College of Intensive Care Medicine of Australia and New Zealand, the Australian and New Zealand Intensive Care Society, and the Australian College of Critical Care Nurses.



Lead Family Donation Conversation Trainers

Back row (L-R) Kelly Anstey, Dr Steve Philpot, Dr Alex Wurm, Dr Rohit D'Costa and Dr Stewart Moodie. Front row (L-R) Helen Golding, Amanda Bell, Dr Cherry Wise, Tina Coca, A/Prof Dianne Stephens, Michele Stewart, Bernie Dwyer and Theresa Daly.

Part A: Report on strategic priorities
continued

This review included support of the FDC training by these groups and addition of the core FDC workshop as one of the mandatory training options in the intensive care trainee curriculum.

Results of our research projects have also informed the review and enhancement of the FDC training to ensure it continues to provide professionals with the expertise they need to support families in their time of grief and during the decision-making process, and to subsequently increase consent rates for organ and tissue donation.

We have continued to commission La Trobe University's Australian Institute for Primary Care and Ageing to conduct a detailed national evaluation of the impact of the FDC training on the way health professionals manage conversations with families when discussing organ and tissue donation. This evaluation is also assessing the effectiveness of the national pilot of new models for managing the FDC and the impact on donation consent rates.

Interim analysis reports of the pilot evaluation were completed in October 2013 and June 2014, providing valuable information on the way donation is raised in the 15 pilot hospitals participating in the evaluation. The final report (due in May 2015) will provide evidence to inform ongoing national improvement of the FDC training and the best practice model for requesting organ and tissue donation in Australia.

Research through the Donor Family Study, completed in May 2014, provided valuable feedback from families across Australia who consented to or declined donation in a hospital setting in 2010 and 2011. It enabled families to share their experiences of the donation process, from the initial family donation conversations through to the follow-up support provided after the donation. Family perspectives reported in the study are being considered in the ongoing revision of the FDC training to ensure that health professionals are skilled to meet the needs of families who are asked to consider organ and tissue donation. Further details of the Donor Family Study are reported in Part B Measure 6: Support for donor families.

Strategic priority 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 (EDR) is an efficient and effective national web-based information system. It has been implemented to allow 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.

The need for a national EDR has been apparent since the OTA was established in 2009. A first attempt to build an EDR was undertaken by an Australian company in 2010 but, due to competing priorities, it was not realised.

Up until the implementation of the EDR, a paper-based system had been used to collect organ and tissue donor information to offer organs for transplantation.

Amanda Bell

Clinical Programs

Organ and Tissue Authority

Amanda Bell started work as Project Manager in the Clinical Programs business unit in the Organ and Tissue Authority in August 2010. She brought with her many years of experience working in Australian Government health care reform, including improving health care services for people in immigration detention, and working on safety and quality in health care.

Amanda has played a leading role in the successful development and implementation of the DonatLife Professional Education Package (PEP) and the Family Donation Conversation (FDC) workshops. A total of 29 core FDC workshops and 37 practical FDC workshops have now been delivered across Australia since the program started in 2012. These workshops have given health professionals the knowledge and skills they need to communicate with grieving families and to help them make informed and enduring decisions about organ and tissue donation.

In developing the core FDC workshop, Amanda worked behind the scenes to establish a positive and solid relationship with the Gift of Life Institute in Philadelphia, USA. This work included agreement of contractual and license arrangements for using the training content in Australia. Amanda was involved in all elements of the training, including the development, piloting and review of workshops, and she successfully consulted with many stakeholders to develop and implement the training. This collaboration with DonatLife staff, including Education



Coordinators, Australian FDC trainers, and representatives of peak professional bodies, has been critical to the successful uptake of the PEP training in Australia.

The practical FDC workshop was developed by a small working group of Australian DonatLife clinicians and trainers to support the core FDC workshop and enable participants to practise skills taught in the core FDC workshop. Amanda supported this working group in drafting the workshop program and materials for piloting and starting this practical workshop in Australia in August 2012. This workshop has been commended widely as a valuable training opportunity for clinicians in the sector.

Amanda continues to work on the PEP and is responsible for contracts in two key areas of research: the Donor Family Study and the National Evaluation of the Pilot of Models for Requesting Donation. These research projects which will provide evidence-based insight into the donation experience from the perspectives of both donor families and donation staff, and will inform future work.

Part A: Report on strategic priorities
continued

The manually collected data was transmitted by various means to organ-specific transplant staff by a donation specialist coordinator. Donation and transplantation data was provided to the Australia and New Zealand Organ Donation Registry in the same way.

It was generally agreed that these processes for sharing data were time-consuming and outmoded, so an alternative was sought.

The EDR was developed during 2013 and early 2014 with input from DLN staff and clinicians, and standardised training was delivered to all users. Privacy issues (relating to the Commonwealth acting as data custodian for identifiable donor data entered into the system) were resolved through the development of an EDR Agreement between jurisdictions, and between jurisdictions and the OTA.

On 31 March 2014 the EDR was implemented in all states and territories except Queensland. A regulatory change was subsequently completed on 20 June 2014 allowing Queensland to implement the EDR on 1 July 2014. From that date, all states and territories will be using the EDR to facilitate organ donation in Australia.

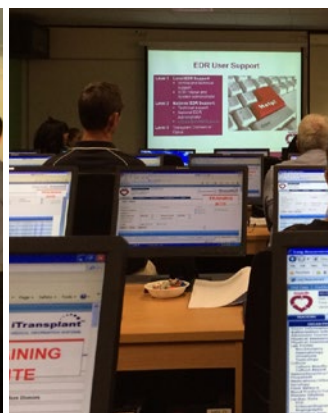
The EDR is a national, web-based clinical information system implemented to:

- ▶ 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
- ▶ facilitate transplantation to improve and maintain the health of organ and tissue transplant recipients by enabling a trace-back, and
- ▶ enable the electronic transfer of de-identified data from the EDR to the Australia and New Zealand Organ Donation Registry (ANZOD) registry.

The rollout of the EDR has been remarkably smooth, with credit due to all those from the donation and transplant sectors who have contributed to the development and implementation of the system.

Below

In 2014 the OTA launched the Electronic Donor Record. To support this national transition, training was delivered to Donatelife Organ Donor Coordinators and specialists across Australia.



Carol George

Liaison and Reporting Team

Organ and Tissue Authority

Carol started work with the OTA in May 2012. Previously, she had worked for several years in the Victorian Public Service as the Business Project Manager working on supporting the collection, analysis and publication of data on the health and wellbeing of Victoria's children.

Carol began her working career as a hospital scientist and, over a period of 15 years, she worked in hospitals in Queensland, New South Wales and Victoria. A key role was as the Project Manager for the Australian and New Zealand Intensive Care Society Centre for Outcome and Resource Evaluation. In this role she was responsible for project management of the quality assurance program to which Intensive Care Units across Australia and New Zealand contribute data to measure their performance and, in particular, the survival outcome of their patients. Other roles included data management in Victorian hospitals, managing a number of clinical databases supporting the delivery of cancer treatment and familial cancer services.

Carol's formal qualifications include a Master of Business (IT) and Graduate Diploma in Epidemiology and Biostatistics.

Since October 2012 Carol has led the national implementation of the Electronic Donor Record (EDR), the delivered system going live on 31 March 2014. All states and territories now use the EDR to collect and transmit the information needed to undertake the donation process.

Delivery of the project required her to work closely with DonatLife Agencies and their staff, to ensure that the clinical system met their needs and produced the expected practice improvements.

Liaison with transplantation staff in each state and territory, as well as health departments across Australia, was key to ensuring the system was developed in accordance with local relevant legislation and practices. Working closely with Donation Specialists, standard operating procedures were developed to support the use of the system, and training using a 'train the trainer' model was delivered across the country before the EDR went live.

Successful delivery of the project relied on expertise across the DonatLife Network and is testament to the strong working relationships and leadership that exist within the network. The project has provided an opportunity for staff to develop new analytical skills, increase their knowledge and understanding of the donation process, and build closer working relationships between DonatLife Agencies. The project has also increased the capability of the OTA to support the EDR and other data collections for which it is custodian.

A huge thank you is due to everyone across the DonatLife Network who so actively participated in, and supported, the implementation and successful delivery of the EDR.



Part A: Report on strategic priorities
continued

At this early stage, anecdotal feedback has been very positive: users are enjoying the benefits of having an electronic system for gathering and sharing donor data, and transplant sector staff have reported the benefits of receiving a comprehensive and consistent set of donor data to inform and expedite the organ offer and acceptance process.

We continue to work with the states and territories to ensure the EDR meets its primary objective of improving the accuracy, reliability, efficiency and transparency of the organ and tissue donation process.

The completed Phase 1 of the EDR project focused on organ donation. There are options to include eye and tissue donation in Phases 2 and 3 of the project.

Strategic priority 4: Implement Stage 1 of the *Eye and tissue reform report to further consolidate eye and tissue donation within the broader DonateLife Network.*

Stage 1 addressed 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.

Sound progress was made in 2013–14 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.

During the year we worked with tissue banks and the ANZOD registry to expand the national tissue dataset to include data on notified tissue grafts transplanted and notified tissue transplant recipients. The 2013 OTA Performance Report and the 2013 ANZOD Australian Tissue Data Reports, released in January and February 2014 respectively, represented the first time national reporting had occurred using the expanded tissue dataset.

The Eye and Tissue Education Implementation Group convened in 2013–14 to review and advise on developments in education and training for the eye and tissue sector. Further action was undertaken with stakeholders to expand on the large volume of work already completed to harmonise national practice and training through the development of a national competency framework for the sector.

We are also in the early stages of exploring a communications workshop that will provide people in the sector with the necessary knowledge and skills to sensitively support grieving families to make an informed, proactive decision about eye and tissue donation. The primary focus of the workshop is intended to be on requesting consent over the phone from families of potential eye and tissue-only donors.

We are also working to establish a tertiary course offering a professional qualification in organ, eye and tissue donation. An educational designer has been engaged to draft a curriculum framework for the proposed new course and investigate the potential of the course to attract sustainable numbers of students, both domestically and internationally.

Strategic priority 5: Implement a nationally coordinated 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 culturally and linguistically diverse (CALD) communities in Australia.

In 2013–14 we continued to implement our national 'DonateLife...the greatest gift' community education campaign. This campaign aims to facilitate access to culturally appropriate and in-language information about organ and tissue donation for CALD communities.

Working in partnership with the DLN and other key stakeholders, we continued our focus on nine faith and seven language communities in New South Wales and Victoria, with supporting activities taking place in other jurisdictions.

Key activities in 2013–14 included:

- ▶ continued consultation with 50 key religious and cultural organisations 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
- ▶ obtaining DonateLife Statements of Support: at 30 June 2014 a total of 61 statements had been signed by religious and cultural leaders in support of organ and tissue donation
- ▶ extensive community outreach through more than 50 opportunities generated through engagement with religious and community organisations. This included a DonateLife presence at religious and cultural festivals and functions, placement of articles and information for printed and online use, liaising with ethnic media, and speaking at various forums. Key festivals with a DonateLife presence included the Greek Festival of Sydney, the Holi Mahotsav, the Chand Raat Eid Festival in Sydney and Melbourne, the Norton St Fiesta and a special event at the Buddhist Quang Minh Temple in Melbourne
- ▶ distribution of the 'DonateLife...the greatest gift' community education resources at relevant festivals and events during DonateLife Week and throughout the year, to engage with communities from a diverse range of faith and language backgrounds. A total of 278,088 brochures and 21,351 posters were produced, including 62,038 brochures and 4,835 posters that were distributed through a mail-out to over 500 religious and cultural organisations
- ▶ translation and distribution of a fact sheet, *How to have the discussion about organ and tissue donation*, into Arabic, traditional Chinese and Vietnamese to support people from CALD backgrounds to initiate the discussion with their families during DonateLife Week 2014

Part A: Report on strategic priorities
continued

- ▶ distribution of a media release calling for people to ‘have the chat’ during DonatLife Week 2014, with a specific focus on the ‘DonatLife...the greatest gift’ campaign. The release was translated into Arabic, Chinese (simplified and traditional), Greek, Vietnamese and Punjabi
- ▶ partnerships with 12 ethnic media organisations, resulting in more than 14 news items in print, online and broadcast media during DonatLife Week 2014
- ▶ continued liaison with the Sydney Beth Din on the development of a ruling on organ and tissue donation for people of the Jewish faith
- ▶ a translated ruling from the Turkish Diyanet (the High Commission for Religious Affairs), provided by the Attaché at the Turkish Consulate General, about organ and tissue donation for the Australian Turkish Muslim population
- ▶ translations of a suite of DonatLife materials, including the DonatLife/ Australian Organ Donor Register brochure and several donor family support resources into an expanded set of 18 languages, now available on the DonatLife website. This was achieved through success in a funding round through the Department of Immigration and Border Protection.

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 2013–14 funding was provided to the following projects:

- ▶ The Australian Multicultural Foundation held a national conference in Melbourne, Victoria, in June 2014 entitled ‘Death, dying, grieving and organ and tissue donation awareness – a cultural perspective’ attended by community representatives, health professionals and other disciplines from across Australia.
- ▶ The Queensland Remote Aboriginal Media developed six five-minute radio plays featuring local Indigenous voices, language and characters, and used the large network of Indigenous community media organisations in over 75 communities around Australia.
- ▶ The Saltwater Freshwater Arts Alliance Aboriginal Corporation used the Saltwater Freshwater Festival (held in Kempsey) to share information with Aboriginal families and the broader community.
- ▶ The Sydney Datong Chinese School promoted organ and tissue donation and DonatLife Week 2014 to the Chinese community, particularly school-age children and their families, through a range of activities across three school terms
- ▶ The Ethnic Communities Council of Queensland targeted the Chinese and Vietnamese communities in Queensland through a local media campaign, information stalls and face-to-face information sessions.

Claire Farmer

Social Marketing and Communications Team

Organ and Tissue Authority

In February 2010 Claire started work at the OTA in the Social Marketing and Communications Team, bringing with her strong media and communications skills and experience.

In 2012 Claire led the development of the OTA's culturally and linguistically diverse (CALD) Communications and Engagement Strategy. Research findings had shown that people from CALD backgrounds were less likely to have made a decision about organ and tissue donation or to have discussed their decision with their families. The strategy aims to address these findings by facilitating access to culturally appropriate information.

Claire has worked closely with Cultural Partners, a Sydney-based cultural communications agency, on all elements of the strategy. A significant part of Claire's role has involved coordinating the many diverse stakeholders involved.

The first – and crucial – phase of the strategy's implementation was an extensive process of consultation with religious and community leaders. It was important to understand their positions on organ and tissue donation, and to work with them on opportunities to distribute information to their communities.

One of the key outcomes of this work was the development of religious rulings on organ and tissue donation. Claire worked with senior OTA staff and staff from DonatLife and Cultural Partners to provide access to the information that religious leaders needed to finalise their positions on organ and tissue donation.

Rulings are now available for people of Hindu, Catholic and Greek Orthodox faith, and are imminent for those of Jewish and Islamic faith. Claire has worked hard to make other clergy and the community aware of these rulings, and to coordinate activities such as training sessions with clergy and presentations at religious conferences.

The 'DonatLife...the greatest gift' community education campaign, developed through this consultation process, consisted of a suite of brochures, posters and videos for CALD communities. The campaign launch in March 2013 brought together a wide range of people in support of organ and tissue donation. This included religious and community leaders, the CALD media, donor families, transplant recipients, and staff from the OTA and the DonatLife Agency and Network.

Claire continues to coordinate this long-term project to engage with CALD communities, in partnership with Cultural Partners, DonatLife staff, community and religious leaders, and members of the CALD media.



Part B: National achievements against the nine measures

Measures 1 and 2

DonateLife Network

As part of the national reform programme, state and territory governments have established a national network of DonateLife Agencies and employ hospital-based medical and nursing specialists in organ and tissue donation.

Additionally, all jurisdictions 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 DLN comprises DonateLife Agencies, hospital-based donation specialist staff, and the OTA.

At the end of June 2014 the DLN comprised 275 OTA-funded staff. This included 175 hospital-based medical and nursing specialists for organ and tissue donation in 72 hospitals across Australia, and 100 staff in eight specialist DonateLife Agencies.

During 2013–14 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 DLN staff were used to inform their work. We also worked with the DonateLife Network and state and territory health departments to deliver on the five 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 the state and territory funding agreements.

The 2012 – 2014 state and territory funding agreements for the delivery of organ and tissue donation services expired on 30 June 2014.

In the first half of 2014, we negotiated with state and territory health departments to vary the existing funding agreements for an additional two-year period under the same terms and conditions and payment model as the current agreements.

Part B: National achievements against the nine measures
continued

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 DonateLife 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 10 lists the SMDs for each jurisdiction.

Table 10: State Medical Directors for each jurisdiction, 2013–14

State/territory	State Medical Director
New South Wales*	Dr Robert Herkes Associate Professor Michael O’Leary
Victoria	Dr Helen Opdam
Queensland	Dr Leo Nunnink
South Australia	Dr Sally Tideman
Western Australia	Dr Bruce Powell
Tasmania	Associate Professor Andrew Turner
Northern Territory	Associate Professor Dianne Stephens
Australian Capital Territory	Associate Professor Frank Van Haren

* Dr Robert Herkes was NSW SMD until 31 May 2014. Associate Professor O’Leary commenced on 1 June 2014 as acting co-SMD with Dr Elena Cavazzoni who was recruited to commence acting as co-SMD from 1 July 2014

Part B: National achievements against the nine measures
continued

DonateLife Agencies

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

- ▶ the provision of organ donation coordination services
- ▶ collaboration and communication across the DLN 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.

In 2013–14 staff from the DonateLife Agencies made a substantial contribution to the development and implementation of the EDR and the CGF. 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 specialists work closely with hospital teams, particularly in the Intensive Care Unit and Emergency Departments, to optimise the identification of potential organ and tissue donors and the conversion of potential donors 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 about, organ and tissue donation for medical, nursing, allied health staff and others who are involved in the donation process in the hospital.

In 2013–14 staff from the DonateLife hospitals were actively involved in the development and implementation of the CGF, incorporating the CPIP. This work included undertaking surveys to record a baseline for the CPIP (for future evaluation purposes), preparing Hospital Activity Plans for implementation from 1 July 2013, and reporting on implementation of the CPIP for the reporting period July – December 2013. For more information about this work, see Part A.

Part B: National achievements against the nine measures
continued

International Society for Organ Donation and Procurement – 12th Congress

During November 2013 Australia hosted the 12th Congress of the International Society for Organ Donation and Procurement (ISODP) in Sydney. The congress was attended by over 550 delegates specialising in organ and tissue donation and transplantation, representing 41 countries.

The ISODP Congress covered scientific and educational programs to present issues, ideas and innovations in organ donation and procurement in meaningful, detailed and accessible ways. The congress was also a great opportunity to stimulate debate and discussion and to hear the best ideas from around the world.

There were 59 invited speakers from 16 countries who shared with delegates their experiences, reform updates and developments in clinical advancements and technology, and gave an insight into organ and tissue donation and procurement practices internationally.

The congress program included sessions on:

- ▶ international comparisons of the potential for organ donation
- ▶ global guidelines for death determination
- ▶ the role of the donation specialist, and
- ▶ challenges for the next 10 years.

A total of 233 abstracts were submitted for the congress. Topics presented included:

- ▶ education, social communication, press and mass media
- ▶ public policies of donation and transplantation
- ▶ graft and patient outcomes
- ▶ donation after cardiac death programs, and
- ▶ organ preservation and bioethics, religious and legal aspects.

A delegation of leading international experts from Croatia, Spain, Canada, the UK and the USA met with OTA staff in Canberra and conducted site visits in Melbourne before attending the four-day congress.

Below

World-leading organ and tissue donation and transplantation experts gathered in Sydney for the 12th International Society for Organ Donation and Procurement Congress, co-hosted by the Organ and Tissue Authority.



Part B: National achievements against the nine measures
continued

We provided sponsorship for 238 DLN staff to attend the congress to benefit from the collective international expertise on organ and tissue donation and procurement, reform and best practice improvements. Attendance at the 2013 ISODP Congress replaced the annual DonatLife Forum which is designed to bring together our DLN staff to promote the outcomes of the national reform programme.

Measure 3: New funding for hospitals

Organ Donation Hospital Support Funding is an activity-based funding program that gives hospitals a contribution towards the additional costs associated with organ donation activity, using data as reported by the Australia and New Zealand Organ Donation Registry. Funding is 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.

The purpose of the funding is to ensure that costs are not a barrier for organ donation to proceed. The funding is available to hospitals so that, in circumstances where organ donation is being considered, staff will know that funds are available to – for example – provide an extra Intensive Care Unit bed or to support donor clinical management.

Funding agreements are entered into with each state and territory health department, private hospitals in the ACT and Queensland, and health and hospital services in Queensland.

In 2013–14 Organ Donation Hospital Support Funding was provided for 97 public and private hospitals across Australia.

Measure 4: National professional awareness and education

This measure continues to provide targeted 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.

Implementation and evaluation of the PEP to support family donation conversations was one of our strategic priorities in 2013–14. The delivery of this training is reported in Part A.

In April 2014 we started developing a new Introductory Donation Awareness Training workshop which will replace the previous Australasian Donor Awareness Program workshop in the PEP. This workshop is being developed as generic multidisciplinary training to provide introductory awareness training for professionals involved in organ and tissue donation, including clinical processes and family communication.

In 2013–14 we released a new online, interactive, e-learning orientation package for completion by new DLN staff across the country. This package provides information on the national reform programme, the strategic priorities, the OTA, the roles and responsibilities of the DLN, and key national initiatives.

Part B: National achievements against the nine measures
continued

It introduces new staff to the national picture of organ and tissue donation in Australia from the time they start in their position, so they can understand and support the national reform programme. It is also available to existing DLN staff to refresh their knowledge of the reform.

During the year we continued to fund Education Coordinators in each state and territory to coordinate professional education activities in their jurisdiction. The Education Coordinators Network is led by the OTA and continues to meet regularly to share local training initiatives and contribute to key national education initiatives. In 2013–14 the Education Coordinators Network provided input to initiatives such as the development of the Introductory Donation Awareness Training workshop, the online orientation package and the review of a national package of education resources.

The revised education resources were released in May 2014 as a package of 10 PowerPoint presentations on key issues and processes involved in organ, eye and tissue donation for transplantation. These resources are used by DLN staff to deliver nationally consistent education to the clinical community.

Measure 5: Coordinated ongoing community awareness and education

The National Community Awareness and Education Program aims to ensure a nationally consistent, evidence-based approach to communications about organ and tissue donation.

Key components in 2013–14 included DonatLife Week, community education and outreach, media and public relations, social media, Community Awareness Grants and the DonatLife website.

During DonatLife Week 2014, Australians were encouraged to ‘Have the chat that saves lives’. Now in its fourth year, the national awareness week was held from Sunday 23 February to Sunday 2 March and consisted of 315 registered community events across Australia. We provided 48,293 units of merchandise and 161,538 printed materials to the sector to support events and community outreach.

Below

DonatLife South Australia volunteer Katie Purves providing organ and tissue donation information to students at the Royal Automobile Association of South Australia’s Street Smart youth and road trauma event.



Lee Wood

Program and Policy Director

DonateLife NT

Ms Lee Wood has dedicated much of her career to organ and tissue donation.

From August 2004 until June 2009 Lee worked as the Northern Territory (NT) Organ Donor Coordinator, the sole full-time employee of the NT Organ Donation Agency. Lee worked independently and tirelessly in this role, and consistently contributed above and beyond the responsibilities of an Organ Donor Coordinator. During this period the Medical Director could only support her in an advisory capacity, leaving Lee effectively functioning as the NT State Agency Manager. Lee participated in the National Organ Donation Collaborative between 2007 and June 2009, building strong relationships with other jurisdictions and undertaking peer reviews at an interstate level.

In June 2009 Lee was appointed as the Program and Policy Director of the newly created DonateLife NT. Lee has built DonateLife NT into a high-performing agency with a cohesive team dedicated to implementing the national reform programme to optimise organ donation rates. Lee contributes to the national reform programme through the Clinical Governance Committee and the Jurisdictional Advisory Committee. DonateLife NT pioneered the streamlining of the organ donation nurse specialist role, incorporating all aspects of the reform agenda. This encompassed hospital-based education, social marketing and communications, and donation coordination – from the initial donation conversation through to retrieval of organs in the operating theatre.

Lee is the driving force behind the NT Indigenous Education Program. She led the team of Indigenous consultants that created the Indigenous resources that are used across the nation, and was awarded a Churchill Fellowship in recognition of this work. Lee worked closely with Artback NT to foster the development of the message theatre play, *The Gift of Life*, which has now toured several NT Indigenous communities and will tour Western Australia later in 2014. The NT community education work is starting to effect change at the grassroots level and is making organ donation an acceptable subject for Indigenous families to discuss as part of end-of-life care.

Lee has been instrumental in developing the NT Eye Donation Program with the Queensland Eye Bank. This program has required high-level inter-jurisdictional negotiations that Lee has successfully managed, providing a template for future cooperative endeavours in the eye and tissue sector.

Lee is one of the unsung heroes of organ and tissue donation – a real quiet achiever.





Above

Each year thousands of Australians celebrate DonatLife Week, the national awareness week for organ and tissue donation.

Part B: National achievements against the nine measures
continued

The DonatLife Week 2014 campaign featured strongly across Australian print, online and broadcast media. Coverage was overwhelmingly favourable, reflecting the key themes and messages of the campaign. Media coverage increased significantly in volume during DonatLife Week 2014, generating 1,306 media items specific to the week, representing a 46% increase over the coverage achieved in 2013. Through the support of the media, the campaign reached a cumulative audience of over 28 million Australians and achieved \$10.4 million in editorial equivalence.

DonatLife Week 2014 provided the platform to announce the DonatLife Corporate Partnership Program and inaugural partners: ANZ, Bupa, Australia Post, Linfox and the Australian Automobile Association. These partners participated in DonatLife Week 2014 through a range of activities, including hosting 'Have the chat' information sessions in the workplace. Through this program, we invite the Australian business community to work with us to educate employee and customer networks about organ and tissue donation and encourage family discussion about donation decisions.

There are 52 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.

Part B: National achievements against the nine measures
continued

Each of these organisations has committed to nationally consistent engagement with the community. In 2013–14 we worked with – and supported – sector organisations to extend the reach and impact of the National Community Awareness and Education Program at the local level.

A total of 15 organisations received funding in 2013–14 through Community Awareness Grants to conduct community-based events or activities held during DonatLife Week 2014 and/or a targeted and relevant community-based awareness and education activity outside of DonatLife Week 2014. Following are some of these projects:

- ▶ The Australian Men’s Shed Association conducted information seminars and distributed DonatLife resources to more than 900 Men’s Sheds across Australia.
- ▶ The Ethnic Communities Council of Queensland engaged Vietnamese and Chinese communities through a series of information sessions.
- ▶ Double lung transplant recipient, Coen Ashton, rode 1,000km up the Murray River on a jet-ski to promote organ and tissue donation, supported by a national media campaign.
- ▶ The GroundSwell Project conducted the 2014 FilmLife Film Festival, which supported young and emerging filmmakers to create short films using the theme ‘Have the chat that saves lives’.
- ▶ Two radio campaigns were developed by the Community Broadcasting Association (270 radio stations across Australia) and Queensland Remote Aboriginal Media (broadcast across 75 Indigenous communities) in support of DonatLife Week 2014.

In September 2013 we launched a new national suite of school education resources for teachers in Australian secondary schools, to inspire learning and discussion about organ and tissue donation and transplantation in the classroom. The Australian Curriculum Studies Association developed the new resources for the OTA. The resources are aligned to learning descriptions in the Australian curriculum in the areas of English and Science and they are relevant to the learning areas of Civics and Citizenship, and Health and Physical Education.

The education resources for Year 8 students, The Gift of Life, introduce students to a range of issues relating to organ and tissue donation and transplantation, through short films and personal stories. The resources for Year 9 students, Have the Conversation, present students with different perspectives about organ and tissue donation, consider the barriers to donation and ethical issues relating to transplantation, and include online interactive and personal research activities. The Year 9 resources include the internationally acclaimed Australian short film, The Last Race.

In 2013–14 engagement with CALD communities remained a priority through continued implementation of the national ‘DonatLife...the greatest gift’ community education campaign. The campaign aims to facilitate access to culturally appropriate and in-language resources about organ and tissue donation to support those communities less likely to have discussed or decided about organ and tissue donation.

Part B: National achievements against the nine measures
continued

The priority communities in 2013–14 were Jewish, Hindu, Buddhist, Islamic, Catholic, Greek Orthodox, Antiochian, Maronite and Coptic faith communities. The priority language groups were Arabic, Turkish, Vietnamese, Chinese (traditional), Spanish, Greek and Italian.

Bunnings and Lions Club initiative

**Jodie Cowell, Mary Campbell,
Sam Glanville, Lisa O'Reilly and Christine Ross**

NSW Organ and Tissue Donation Service

The NSW Organ and Tissue Donation Service initiative of partnering with Bunnings Warehouses and Lions Clubs has led to great success in spreading the message to 'have the chat that saves lives'.

During DonateLife Week, Bunnings Warehouses throughout NSW held sausage sizzles manned by volunteers from Lions Clubs, in support of the DonateLife message. The first partnership of this kind had taken place in 2013, when Northern NSW Donation Clinical Nurse Specialist, Mary Campbell, had organised an event at Bunnings Warehouse with the South Tweed Heads Rotary Club.

Nepean Hospital Donation Specialist Nurse, Jodie Cowell, led the team organising this year's initiative. "We had overwhelming support from the Lions who were very willing to partner with us in support of our campaign", Jodie said. "We had a whopping 111 Lions Clubs support the cause and hold barbecues at 75 Bunnings stores."

Once Jodie and the team had the support of Lions Club District Governors, she sought expressions of interest from individual clubs, speaking with nearly all of the Lions Clubs in NSW. Some of the network staff attended District Conventions in rural locations such as Forbes and Bathurst in NSW and Macgregor in Brisbane. When Jodie attended the N5 District meeting in Bathurst, she spoke to more than

200 delegates to encourage them to become a DonateLife partner. It took considerable effort to contact all the Bunnings stores to confirm the dates each club had booked and then to verify this with each club.

In preparation for DonateLife Week, NSW Organ and Tissue Donation Service staff spent a day packaging Australian Organ Donor Register forms, pens, posters, postcards and other materials needed by the Lions teams into 75 boxes that were then sent out across NSW. The entire NSW DonateLife Network went to many Lions Clubs dinner meetings and Bunnings stores to give them information, as well as travelling to various stores over the weekend of the campaign.

This event would not have been possible without the support and dedication of the Lions Past District Governor, Mr Peter Mendl, and District Governor N5, Mr Warren Latham.



Part B: National achievements against the nine measures
continued

A total of 61 DonateLife Statements of Support have now been signed by religious and cultural leaders in support of the campaign. More than 500 community education campaign kits were distributed to religious and cultural organisations and over 250 kits were distributed to health-based organisations in NSW and Victoria. Other activities included having a presence at festivals and functions, engaging with ethnic media, and providing in-language information for printed and online use by communities.

Through a Department of Immigration and Border Protection grant, we were able to translate into 18 languages the national DonateLife brochure, which includes the Australian Organ Donor Register form. The grant further enabled the translation of key Donor Family Support resources into 12 languages to complement the existing six translated versions.

Right
The DonateLife Statements of Support collection.



Donor families and transplant recipients continued to generously share their stories through the DonateLife Book of Life, speaking with media and participating at community events. We acknowledge those generous Australians who continue to share their stories to help encourage Australians discover, decide and discuss organ and tissue donation.

The DonateLife website at www.donatelife.gov.au remains the authoritative website in Australia on organ and tissue donation. To improve navigation and the user experience, a newly designed website was launched in 2013–14 to replace the site launched in 2009 at the start of the national reform programme. The DonateLife social media sites – Facebook, Twitter and Instagram – continued to facilitate engagement with a strong online community following.

In 2013–14 we updated and extended our suite of nationally consistent, factual resources available for use by the sector and the broader Australian community. They included the DonateLife Community Speakers Guide, Donatelife Tool Kits, brochures, fact sheets, media releases, posters, online resources and merchandise.

Part B: National achievements against the nine measures
continued

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, including holding DonateLife Remembrance Services in all jurisdictions and reviewing the National Donor Family Support Service.

The National Donor Family Study (Wave 1) was completed in May 2014 following the transition of the study from the Australasian Transplant Coordinators Association (ATCA) to the OTA. This national study involved families who were asked about organ and tissue donation in a hospital setting in 2010 and 2011. For the first time, it invited families that declined donation to participate in the study (26 families), as well as families that consented to donation (674 families). All families were invited to participate in the study by completing an online or written survey questionnaire, and for the first time included the opportunity for families to also take part in a small number of face-to-face interviews. In total, 132 families and 186 family members contributed to the Wave 1 Donor Family Study.

The study was completed by a research company – Proof Research Pty Ltd – with advice from the Donor Family Support Implementation Group, which includes all Donor Family Support Coordinators and an ATCA representative.

Findings from the study are being considered by the DLN and will provide important information for ongoing review and enhancement of the service provided to all families that are asked to make a decision about organ and tissue donation.

In June 2014 we started planning for the Wave 2 Donor Family Study that will survey families that consented to and declined donation in 2012 and 2013. This has included a review of the study survey instruments, and beginning the process for reviewing the study by Human Research Ethics Committees across Australia.

Below

Transplant pioneer Professor Russell Strong with heart transplant recipient Amanda Hill and her fiancé Joe Reid at the Queensland Service of Remembrance.



David Easton

Donor Family Support Coordinator

DonatLife WA

A key principle of DonatLife is that every member of the community should be able to register to become an organ and tissue donor, regardless of their age and health situation.

In January 2014 DonatLife WA's Donor Family Support Coordinator, David Easton, suggested to the State Medical Director a way of reaching more members of the community to alert them to the importance of organ and tissue donation. He had the idea of a strategic approach to access carers and clients by forming partnerships with key community care providers and peak health agencies such as Silver Chain and Palliative Care WA respectively.

By working in partnership with key community care providers, David felt it should be possible to promote the opportunity of organ donation to their clients who may then formalise their end-of-life wishes as an advance care plan and organ donor registration. The key community care provider could consider collaborating with other providers in its network to apply collectively for a grant to promote an advance care plan and organ donor registration to the wider community.

The rationale is that community care providers in the health and community sector play an important role in delivering care to each client and their family when disability and chronic ill-health limits their independence and ability to live at home. The provider can promote the opportunity for clients and their families to have a conversation about their wishes regarding medical treatment, end-of-life care arrangements and organ donor registration. The plan provides a mechanism to improve quality of end-of-life care through the coordination of desired access to resources and services to complement expected care needs.



The wider community is supportive of organ donation but the uptake of people to ratify their consent through the Australian Organ Donor Register is low.

The collaboration of multiple key providers in the health and community sector may further raise awareness of organ donation opportunities when people formalise their end-of-life wishes. Strategies to promote this can include:

- ▶ an initial assessment and ongoing review of the care plan with the client and their family
- ▶ an information kit about considering an advance care plan and organ donor registration that would be available via social media, the website of the community and health providers, and as a hard copy
- ▶ education and promotion of advance care plans and organ donor registration to clients and their families by key community providers at social forums.

A collaborative action by key community care providers and peak health agencies may include discussing and completing a funding application to Lotterywest for a project to develop one or more of these strategies.

The project was still in development at 30 June 2014.

Measure 7: Safe, equitable and transparent national transplantation processes

Key to the success of this measure is the strong relationship between the donation and transplantation sectors. We foster these relationships through close liaison with members of the Transplant Liaison Reference Group and cooperation with key stakeholders, including the Transplantation Society of Australia and New Zealand (TSANZ) and ATCA.

In 2013–14 we continued a funding arrangement with the TSANZ to provide secretariat support, project management and liaison between our organisations.

Progress continues with the review of the *Organ Transplantation from Deceased Donors: Consensus Statement on Eligibility Criteria and Allocation protocols*. In addition, the National Health and Medical Research Council, together with TSANZ and the OTA, have started work on developing *Ethical Guidelines for Eligibility Criteria and Allocation Protocols for Organ Transplantation from Deceased Donors*. We have also provided funding to TSANZ to start developing the organ-specific Clinical Protocols for organ transplantation from deceased donors.

The Transplant Liaison Reference Group met three times during 2013–14, facilitating communication between the sectors and providing advice to the OTA on issues relating to the intersection of organ donation and transplantation in Australia.

Measure 8: A national eye and tissue donation and transplantation network

This measure aims to increase eye and tissue donation rates in Australia by introducing integrated systems to deliver a coordinated and accountable tissue transplantation service nationally.

Sound progress was made in 2013–14 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*.

In 2013–14 we worked with tissue banks and the Australia and New Zealand Organ Donation Registry (ANZOD) registry to expand the national tissue dataset to include data on notified tissue grafts transplanted and notified tissue transplant recipients. The 2013 OTA Performance Report and the 2013 ANZOD Australian Tissue Data reports, released in January and February 2014 respectively, were the first time national reporting occurred using the expanded tissue dataset.

Drawing on the experience and knowledge of the sector, we have been working with the Eye and Tissue Education Implementation Group to identify education and training opportunities that would be beneficial for eye and tissue bank personnel. Work continues on the development of national competencies that will underpin theoretical and technical skills training for tissue bank staff across Australia.

Part B: National achievements against the nine measures
continued

We are also working to establish a tertiary course offering a professional qualification in organ, eye and tissue donation. We expect that the course will offer a number of professional streams and that it will be designed to appeal to a broad market, including those working in the area of eye and tissue donation and transplantation.

We continue to support the eye and tissue sector with the implementation of the Therapeutic Goods Administration’s regulatory framework for biologicals. Funding arrangements to meet the direct regulatory costs associated with the implementation of this framework were originally made available to the sector to cover a three-year transition period to 31 May 2014. In 2013–14 the OTA and the Therapeutic Goods Administration undertook a review of the funding arrangements and agreed to extend the cost-offset beyond the three-year transition period to 30 June 2015.

Measure 9: Other national initiatives, including living donation programs

Australian Paired Kidney Exchange Programme

The Australian Paired Kidney Exchange Programme continues to meet the aim of maximising the number of live donor kidney transplants that can be performed in Australia. Since the programme started enrolling donor-recipient pairs in August 2010, there have been 92 successful kidney transplants resulting from 15 match runs.

Vigilance and surveillance

In 2013–14 we established the Vigilance and Surveillance Working Group and made significant progress on the development of a national vigilance and surveillance framework for solid organ donation and transplantation in Australia. The working group, which met twice in 2013–14, comprises jurisdictional representatives, leaders in the field of vigilance and surveillance, and experts from the organ donation and transplantation sectors.



Above
Director of the Australian Paired Kidney Exchange Programme, Dr Paolo Ferrari, speaking at the 2013 International Society for Organ Donation and Procurement Congress.



Vigilance and Surveillance Working Group
Standing back row (L-R) Prof Jeremy Chapman OAM, Julie Pavlovic and Dr Chris Hogan. Standing middle row (L-R) Paul Robertson, Eva Mehakovic, Tina Coco and A/Prof Frank Ierino. Seated (L-R) Kim Stewart, Sue Ireland, Yael Cass and Kylie Downes.

Part C: Activities in the states and territories



Dr Robert Herkes
State Medical Director NSW
until 31 May 2014

DonatLife New South Wales

(NSW Organ and Tissue Donation Service)

State Medical Directors New South Wales (NSW)

Dr Robert Herkes MB BS FRACP FCICM (1 July 2013 – 31 May 2014)

Associate Professor Michael O’Leary MD FRCA FCICM (acting co-SMD)

Dr Elena Cavazzoni MB ChB, PhD, FCICM (acting co-SMD)

From 2011 to the end of May 2014, Dr Herkes steered NSW through several significant projects. These included the integration of eye and tissue banks into the NSW Organ and Tissue Donation Service, restructuring DLN arrangements, introducing organ and tissue donation service level agreements with Local Health Districts, and developing the designated requester pilot. In June 2014 Dr Herkes left to take up the role of Clinical Medical Director with the Australian Commission on Safety and Quality in Healthcare. On 1 June 2014 Associate Professor O’Leary started acting as co-SMD and from 1 July Dr Elena Cavazzoni will join him as co-SMD.

Associate Professor O’Leary is a Senior Staff Specialist in the Intensive Care Service, Royal Prince Alfred Hospital, Sydney, and a Clinical Associate Professor at the Sydney Medical School, University of Sydney. He is a past President of the Australian and New Zealand Intensive Care Society. Associate Professor O’Leary has had a long-standing interest in organ donation and transplantation that began in the early days of his intensive care training in Cambridge, UK, with involvement in the liver transplantation program. He represented the St George Hospital, Sydney, on the National Organ Donation Collaborative, and was a member of the NSW State Liaison Committee for Organ Donation from 1999 – 2009.

Dr Cavazzoni is a staff specialist working at the Children’s Hospital at Westmead, Sydney. She completed her medical degree and PhD at the University of Sheffield, and trained as a paediatrician in London. In 2005 she moved to Brisbane where she began her training in paediatric critical care, and in 2010 she became a fellow of the College of Intensive Care Medicine of Australia and New Zealand. Her interests are in palliative care, organ and tissue donation, transfusion medicine and neurocritical care. She helped create ‘Paediatric BASIC’, a course designed for Paediatric Intensive Care Unit registrars, and she is an instructor and facilitator for Advanced Paediatric Life Support and the Diploma of Child Health at the University of Sydney.

Increasing organ and tissue donation rates requires changes to clinical practices and embedding a culture in hospitals that supports organ and tissue donation. In 2013–14 there was ample evidence that this work is well under way in NSW.

We successfully implemented the Electronic Donor Record in March 2014. We also undertook a review of the NSW donation after circulatory death (DCD) guidelines, and began the ‘Communication with families regarding organ and tissue donation in intensive care’ study at 10 NSW hospitals.

**Part C: Activities
in the states and
territories**
continued

In August 2013 the NSW Bone Bank was co-located with the Lions NSW Eye Bank at the Sydney Eye Hospital. Throughout the year there was a noticeable reduction in the scheduled corneal transplant waiting list, and a pre-cut cornea service was available from June 2014. The Lions NSW Eye Bank undertook a mutual learning trip to the Myanmar Eye Hospital. The NSW Bone Bank extended its living donor femoral head program to Coffs Harbour, contributing to the increasing availability of orthopaedic products for transplant in NSW.

Yoni Cross

Donation Specialist Nurse

NSW Central Coast



Yoni Cross was accompanied by Minister for Social Services, The Hon Kevin Andrews MP, for the closing leg of the DonateLife Week 2014 Memory Ride from Gosford to Canberra. The ride raised awareness about organ and tissue donation and acknowledged the generous donors and families of 2013.

When Yoni Cross first thought about doing something for DonateLife Week, she wanted to thank the donor families she had met. When she started looking into how many donors there were in Australia in 2013, she found the number was 391. She also learnt that it was exactly 391 kilometres from Wyong Hospital on the NSW Central Coast to Parliament House in Canberra. Yoni decided to ride that route in memory of those 391 donors and to thank their families who generously supported their loved ones' wishes to be an organ donor.

Yoni's husband helped her plan the trip and guided her route to Canberra, supporting her

over the four days. One of the stops along the way was the NSW DonateLife Week launch event at Cecil Hills, in western Sydney. Here she met the Zammits, the inspiring family of the donor, Doujon Zammit, who lost his life following an assault in Greece in 2008. The official launch by the NSW Health Minister, the Hon Jillian Skinner MP, and the naming of Lake Doujon to honour the gift of organ donation, was a momentous occasion.

Yoni said it was a tough ride, although it seemed to go very quickly. There were some memorable stops along the way, including a visit to Bradman Oval with her husband and son, who are great cricket enthusiasts.

In Canberra Yoni joined the Hon Kevin Andrews MP, Minister for Social Services, who is an avid cyclist. While the initial plan had been to just 'roll around' Parliament House for a photo opportunity, Mr Andrews was keen to pursue his usual morning training ride and invited Yoni along. It was a great ride on a beautiful Canberra morning – even though Yoni's legs were scolding her for the extra kilometres! To complete the ride, Yoni rode to the Organ and Tissue Authority offices to meet the staff and continue the promotion for DonateLife.



Above
DonateLife NSW network staff with Peter Mendl from Lions Club Australia celebrating the NSW launch of DonateLife Week 2014.

**Part C: Activities
in the states and
territories**
continued

DonateLife Week 2014 was very busy this year, with 48 events. These started with the launch by the NSW Minister for Health at the official naming of Lake Doujon at Cecil Hills, in memory of local resident and organ donor Doujon Zammit. The launch was organised in collaboration with the Liverpool Mayor and Liverpool Council. An additional highlight of the week was the engagement of 75 Bunnings stores and 111 Lions Clubs to promote the donation message at Bunnings stores across NSW.

We also hosted an annual NSW donation and transplantation network forum on 3 September 2013 to facilitate shared learning and the exchange of information. A two-day organ and tissue donation and transplantation workshop was also hosted by DonateLife NSW at the Australian College of Nursing.

While acknowledging our achievements, there are still challenges to be overcome in order to continue to increase organ donation and transplantation in NSW. We continue to focus our efforts on consolidating the work of the national reform programme and the NSW Government Plan by actioning five key priority areas:

- 1 Increasing consent rates
- 2 Building medical leadership to drive hospital-wide culture change in collaboration with nursing specialists
- 3 Increasing Emergency Department capacity to identify and refer potential donors
- 4 Increasing recognition and referral of potential DCD donors in NSW hospitals
- 5 Using data to drive service improvement.

Part C: Activities in the states and territories *continued*

DonateLife Victoria

State Medical Director Victoria (VIC)

Dr Helen Opdam MBBS FRACP FCICM



Dr Helen Opdam
State Medical Director
Victoria

DonateLife Victoria maintained a strong focus on professional and community engagement to deliver real improvements to donation capability in Victoria.

The DCD pathway now accounts for a third of all deceased organ donations in Victoria. All metropolitan hospitals now have active DCD programs and have been involved in professional education, protocol development and an innovative mock DCD visual training program to prepare for this outcome. In early 2014 we began the rollout to regional hospitals with donation specialist staff.

A top priority was to improve access to organ and tissue donation information for people from CALD backgrounds. We worked with the OTA to engage with several ethnic, religious and cultural leaders and maintain a DonateLife presence at major festivals, such as the Islamic Chand Raat Eid, the Hindu Diwalhi and other religious events.

Professional collaboration with the transplant sector has been further strengthened with the completion of a major restructure of the Victorian and Tasmanian Transplantation Committee to better coordinate improved clinical practice. Clinician engagement was also the focus of bi-monthly professional development meetings. Themes focused on local strategic priorities, with internal and external presenters working to support the ongoing development of the highly valued professional and clinical DonateLife team.

Collaborative initiatives with the Lions Eye Bank and the Donor Tissue Bank of Victoria resulted in an impressive 76% increase in tissue referrals and 54% increase in deceased tissue donors from organ donors in 2013.

Community engagement continued to expand, with well over 200 community activities undertaken by DLN staff and volunteers reaching around 260,000 Victorians. In response to a growing demand for community education, the DonateLife Volunteer Program was restructured into a 'community champions' model.

Below

DonateLife Victoria's state launch for DonateLife Week 2014 was held at Victoria's Parliament House.



**Part C: Activities
in the states and
territories**
continued

This provided greater opportunities for those willing to contribute while increasing our team's ability to provide tailored services in response to community demand. The model comprises four streams of activity – speaker, leader, specialist and general – complemented by online induction and an annual cycle of mentoring.

Carolyn Hargreaves

Donation Specialist Nurse

DonateLife VIC

Since taking up the role of Donation Specialist Nursing Coordinator four years ago, Carolyn Hargreaves has worked to drive change at the Goulburn Valley Health Service. She has been able to support numerous families through decisions about organ donation and is justifiably proud of the significant increase in the potential for donors and their families to have their donation wishes honoured.

Carolyn says the heart is essential to life, so it is a fitting symbol of organ and tissue donation in Australia. She has found that her regional Victoria area of Shepparton relies on three essential areas to drive continual growth and development in the organ and tissue donation sector. Community awareness raises family discussion rates; hospital acceptance normalises the organ and tissue donation process as part of end-of-life care for all patients; and increased knowledge enhances hospital staff's intellectual understanding and demystifies the process of organ and tissue donation.

The change that was required in Carolyn's regional area was raising awareness of the need to have the family discussion about organ and tissue donation. Without community awareness and family conversation, statistics show that families are much more likely to refuse organ and tissue donation for their family member, so Carolyn capitalises on every opportunity to speak to a wide spectrum of community groups. An advantage of working in a regional area like Shepparton has been access to far-reaching media coverage resulting from

close working relationships and networking with local media outlets.

One of Carolyn's roles has been as chair of our Regional Victoria Nursing Donation Specialist Group that was established to provide support and mentorship and to share community awareness accomplishments. This group provides regional Victoria with social marketing and community awareness equipment such as DonateLife banners for use at events designed to encourage people to discuss organ and tissue donation wishes with their families.

To help demystify the donation process among hospital staff, Carolyn seeks out every opportunity to engage them in conversations, education, activities and awareness events. Through key workplace organ donation supporters, the hospital has helped to identify all potential donors within the last 12 months, and all new staff have an orientation towards organ and tissue donation. Together, all staff work to keep organ and tissue donation as a discussion point on the agenda of the hospital and the wider community and region.



Kate Stodart and Shelley Waller

Principal Communications Advisors

DonateLife QLD



Shelley Waller and Kate Stodart, celebrating Kate Phillips' win at the 2014 Cycle of Giving.

DonateLife Queensland has discovered that, indeed, 'two heads are better than one' – at least where their social marketing and communications function is concerned.

Having performed the Principal Communications Advisor role for more than 10 years, early last year Kate Stodart happily agreed to job share with health media specialist, Shelley Waller.

The partnership has proven to be very successful, partly because the scope of the position is extraordinarily diverse. Being the only dedicated DonateLife communications role in Queensland, the role spans community engagement, social marketing, issues management, events and media liaison.

"Because we each bring a different set of skills to the table, we can support each other but also challenge each other's preconceptions", Kate says.

"In practical ways, that means we can bounce strategic planning ideas off each other, cover

more community events after hours, and even roster ourselves on to work simultaneously when the workload is most demanding", Shelley says.

A good example is the day that four television camera crews and their entourages arrived for the launch of a jet ski ride by lung recipient, Coen Ashton, to raise awareness of organ and tissue donation. Kate and Shelley were able to work together to manage the event, coordinate the media and liaise with the crowd of supporters and willing interviewees.

During DonateLife Week 2014, South East Queensland media coverage increased dramatically over the previous year, particularly among electronic news audiences, as a direct result of having two communications advisors on hand during the planning phase.

In the field of community engagement, good progress was made with increasing awareness among culturally and linguistically diverse communities. Kate worked closely with the Ethnic Communities Council of Queensland to take the donation message into Queensland's Chinese and Vietnamese communities, including conducting workshops and providing information stalls at key community events.

Shelley has embraced social media, targeting influential Facebook/Twitter sites and hosting the first live DonateLife Online Forum with representatives of donor families, transplant recipients and donation coordination staff.

Part C: Activities in the states and territories

continued



Dr Leo Nunnink
State Medical Director
Queensland

DonatLife Queensland

State Medical Director Queensland (QLD)

Dr Leo Nunnink MBBS FACEM FCICM MHServMgt

Organ and tissue donation services in Queensland have seen a major transition in 2013–14, with oversight transferred from the Office of the Chief Health Officer to Metro South Health under the stewardship of Chief Executive Dr Richard Ashby.

This year we initiated significant engagement with CALD groups, connecting with the Chinese, Vietnamese and Indian communities. Several Aboriginal and Torres Strait Islander transplant recipients have advocated for donation and transplantation with their communities. Additionally, there have been changes to the *Transplantation and Anatomy Act 1979*, with next-of-kin definitions now providing recognition for culturally diverse kinship relationships.

We implemented the Clinical Governance Framework across the DLN, with two non-DLN hospitals participating voluntarily. The tissue banks have had a year focused on regulatory issues, as the Therapeutic Goods Administration has worked to finalise eye and tissue product dossiers. This process has given us the opportunity to review quality processes across the eye and tissue banks, and to further streamline and standardise our practices.

Potential funding has been identified to expand the existing Queensland Bone and Skin Bank so it can accommodate all the Queensland tissue banks. Forensic tissue banking has re-commenced following a hiatus in 2013, and forensic donors are now a significant source of referrals. The Queensland Bone Bank was successful in attracting funding for a bone grinder, and has commenced preliminary work towards producing a demineralised bone matrix.

New recruits have joined the existing DLN of medical donation specialists for the first time in some years. Dr Anne Marie Welsh and Dr Mark Landy have temporarily assumed the role in Nambour, while Dr Angus Carter has joined the network in Cairns. Our members continue to meet regularly and we have begun a regular clinical journal review program.

Below

Rockhampton Hospital ICU staff and their families showed their support for DonatLife Week 2014 by participating in a 10 kilometre hike up Mount Archer, followed by a barbecue breakfast.



Part C: Activities in the states and territories
continued

DonateLife South Australia

State Medical Director South Australia (SA)

Dr Sally Tideman BA MBBS FRACGP MPH FRACMA



Dr Sally Tideman
State Medical Director
South Australia

The DonateLife SA Network has had a challenging but productive year with key highlights being achieved in all eight areas of our strategic focus. There has been an expansion of our service through collaboration with the SA Eye Bank, SA Health and the SA Bone Bank to further support the integration of clinical and community education and services. We have appointed an Emergency Department Consultant with retrieval expertise as part of the DonateLife SA Network and have delivered training in relevant aspects of organ and tissue donation to operating theatre staff.

We successfully prepared for, and implemented, the Electronic Donor Record in March 2014. We continued work on five clinical research projects, building clinical expertise, strengthening donor family support, building and sustaining partnerships, change conversations and leadership skills. This served to further focus the DonateLife SA team on accountability and performance.

We worked with the Royal Institution of Australia to develop Scinamation, a short animated cartoon explaining the complex scientific concepts of organ and tissue donation. With the Royal Institution we also delivered resources for science teacher professional development in organ and tissue donation in support of the OTA year 8 and 9 resources.

Growth in our Champion and Volunteer groups has been a deliberate strategy. The cycle of education, delivery of volunteer services, review, and acknowledgment of the two groups has enabled expansion of our organisational reach.

Culturally and linguistically diverse groups have benefited from the work of our Indigenous CALD Project Officer, with the highlight being the establishment of a link with the Aboriginal Health Council for education initiatives.

Below
Students learning more about organ and tissue donation at Flinders University O Week in Adelaide.



**Part C: Activities
in the states and
territories**
continued

The DonatLife SA communications strategy of making the donation 'message' visible and accessible to as many people as possible has embraced both identified key audiences (older people, young people and men) and mainstream audiences. Remarkable successes have included attendances at city and rural agricultural shows and outreach to youth audiences at the Royal Automobile Association's annual 'Street Smart' road trauma awareness event for over 5,000 students.

Donation Specialists Medical/Nursing

Research projects

DonatLife SA

For DonatLife South Australia (SA), enquiry, study and research are fundamental to their focus on continually challenging the donation team to question why they do what they do, evaluate how they do it, and act to continuously improve. This challenge is the catalyst for DonatLife SA research projects commenced in 2013–14 and ongoing, that are outlined here.

- ▶ Dr Brett Sampson (Donation Specialist Medical) and Donation Specialist Nursing Coordinators, Philippa Jones, Alison Hodak and Renee Chambers, conducted the ADOPT (Achieving Donor Physiological Targets) study. The team observed and documented the physiological management of brain-dead donors and adherence to current guidelines, with a view to enhancing the management of the potential donor post-brain death in the Intensive Care Unit.
- ▶ Dr Mrudula Kanhere (Donation Specialist Medical) and Donation Specialist Nursing Coordinators, Merridy Baylis and Emily Pumpa, studied end-of-life care in donation after circulatory death (DCD) donors. The methodology comprised a systematic, retrospective review of the palliative

process supporting DCD donors (both actual and intended) in one tertiary centre.

- ▶ Dr Stewart Moodie (Donation Specialist Medical) and Donation Specialist Nursing Coordinators, Nigel Palk and Patricia Williams, asked the question: 'How accurate are clinicians at predicting progression to brain death in an elderly population with acute intracerebral haemorrhage?' Using retrospective clinical histories and CT scans, their study aimed to assess the prognostic ability of intensivists to independently predict progression to brain death.
- ▶ Dr Brett Sampson (Donation Specialist Medical) and Luke Datson (Donation Specialist Nursing Coordinator) enquired into 'Brain death determination in South Australia'. They reviewed the use of imaging methods to determine brain death in South Australia from 2001 to 2013, with a view to identifying opportunities for change in clinical practice.

It is anticipated that preliminary findings of the above research will be available for the 2015 Forum with submissions for publication in 2016.

Part C: Activities
in the states and
territories
continued



Dr Bruce Powell
State Medical Director
Western Australia

DonateLife Western Australia

State Medical Director Western Australia (WA)

Dr Bruce Powell MBBS MRCP FRCA FAN ZCA

During the year our SMD initiated the State-wide Donation Project to increase and facilitate service delivery at outer metropolitan and regional medical centres. As a result, donations and retrievals have taken place at Rockingham General Hospital, with DonateLife WA supporting the hospital and staff through the provision of training and equipment to facilitate the process.

As part of the North Metropolitan Health Service, Public Health and Ambulatory Care, we worked towards accreditation to EQUIP 5 standards, with surveyors attending in May 2014. The surveyors were positive about DonateLife WA and the service we provide to the community, as well as the governance and good practice processes we have in place.

In 2013 DCD was implemented as a pathway to donation at Princess Margaret Hospital and has resulted in one donor to date. Capacity for organ donor activity was further increased with the first retrieval at a private campus, St John of God Subiaco, in 2013.

Our community engagement activities were very successful in 2013–14, with over 80 expos and presentations conducted. Our presence at the Perth-wide Fun Run in May 2014 ensured a wide reach for messaging about organ and tissue donation. In addition, we established a training program for volunteers, with in-roads made into recruiting specialist speakers. We conducted the formal induction of existing volunteers in readiness for upcoming events, and work with organisations such as Rotary Kalamunda, Rotary Bayview and Donor Mate has begun to achieve greater community awareness.

DonateLife Week 2014 was launched in the Murray Street Mall in the Perth CBD, where entertainers helped to engage passers-by, shoppers and workers, and our staff and volunteers emphasised the importance of talking about donation.

Below
*Hundreds of Western
Australians remembered the
generous donors and their
families at the 2014 Honour
Board ceremony.*



Emeritus Professor Teik E Oh AM

Donation Specialist Medical

DonateLife WA

Professor Oh is Emeritus Professor at the University of Western Australia (WA), and Adjunct Professor, University of Notre Dame Australia. Professor Oh has a distinguished background as a medical leader, clinician and academic, for which he was awarded the Order of Australia (AM). He has worked in the UK, Canada, the US and Hong Kong as Professor of Anaesthesia Intensive Care and Dean of Medicine, returning to Australia as the Inaugural Professor of Anaesthesia at the University of Western Australia.



Professor Oh began working with DonateLife in 2013, chiefly to work on the state-wide Organ Donation Project. DonateLife WA instigated this project in 2013 with the aim of:

- ▶ involving non-metropolitan general hospitals with Intensive Care Units (ICUs) in organ and tissue retrieval, and
- ▶ improving organ donation services state-wide.

The overarching project consists of a number of projects, including:

- ▶ enabling more WA hospitals across the state to facilitate organ donation and retrieval and enlisting health care professionals from outside the metropolitan area to support and drive this change
- ▶ facilitating the adoption of a standard WA framework for organ donation to clarify step-by-step interactions to deliver an optimal outcome
- ▶ collaborating with community groups in education, social marketing and community awareness activities to increase organ and tissue donation.

In 2013 Professor Oh facilitated the development of the project parameters, established clinical protocols and began the process of engagement with the relevant stakeholder groups. In support of this work, the WA State Medical Director visited five general hospitals that have ICUs in outer Perth (Armadale, Joondalup, Swan Districts, Rockingham, and Mandurah), as well as hospitals serving five regions: Bunbury (Southwest), Geraldton (Midwest), Port Hedland (Pilbara), Broome (Kimberley), and Kalgoorlie (Goldfields). To date, communication and the process of referring potential donors has improved, and organ donation and retrieval has occurred at Rockingham and has been considered at Armadale.

Collaboration with community groups has included the recruitment of a Perth Rotary Club and meetings of an organ and tissue donation focus group comprising business and professional organisations.

Desirable outcomes are improved awareness of organ donation, better data capture, and increased referral and consent rates. A minimum period of two years is anticipated to demonstrate outcome results.



Above
 Donatelife Western Australia staff and supporters engaging in events to educate their community on the topic of organ and tissue donation.

**Part C: Activities
 in the states and
 territories**
continued

We were host or partner to many events around the state in hospitals, shopping centres, pharmacies, universities, community groups and mine sites. The Minister for Health gave a speech during the Western Australian Parliament’s Question Time and was photographed with his donor card and badge.

A new Community Advisory Council was appointed to DonateLife WA during the year. The SMD is working with the council and external organisations to establish collaborative partnerships to work towards further efficiencies and collaboration within the sector. Long-term industry partners have re-stated their enthusiasm, and further contacts in the public and private sector are being explored.

Our Honour Board ceremony was attended by some 650 donor families and friends in April 2014. The guest speakers demonstrated the consolation that donation can provide for families and the life-changing transformation a donation gives. All donors and families were acknowledged. The challenge now is to accommodate the memorial plaques on an ongoing basis at the site set aside by the local council.

**Part C: Activities
in the states and
territories**
continued



A/Prof Andrew Turner
State Medical Director
Tasmania

Below

To launch DonatLife Week 2014 the DonatLife Network was joined by donor families, transplant recipients, living donors and the professional and clinical representatives who support organ and tissue donation in Tasmania at Parliament House Gardens.

DonatLife Tasmania

State Medical Director Tasmania (TAS)

Associate Professor Andrew Turner MBBS FRACP FCICM

Donation after circulatory death continued as an alternative pathway to donation since it started at the Royal Hobart Hospital in early 2013. In the 12 months to June 2014, DCD accounted for 25% of Tasmanian donations.

Further consolidation of the implementation of the national reform programme in Tasmania was reflected in sustained donation outcomes in 2013. Together with Victorian DLN staff, our staff undertook further training to continue to develop their donation coordination skills with a view to all Tasmanian donation cases being managed by local staff by July 2016.

Our team worked consistently to deliver clinical and community education, and awareness education and training, throughout all clinical networks to various community groups and at events across the state.

The Electronic Donor Record was successfully implemented in Tasmania on 31 March and our staff contributed to the national development of the program and the delivery of user training and ongoing system administrator support.

The Clinical Governance Framework was established in all Tasmanian DonatLife hospitals during the year. It has been enthusiastically embraced by clinical staff members who are now working towards implementing proven change strategies in their hospitals to increase organ and tissue donation awareness for transplantation.

The Royal Hobart Hospital participated in the national pilot of the Collaborative Requesting Model where significant skills in the donation requesting process were evaluated in hospitals across Australia.

The DonatLife Week 2014 launch event at Parliament Gardens in Hobart in February 2014 paid respect to the generosity of Tasmanian donor families who have supported donation over the last 25 years. Community activities and events to promote awareness of organ and tissue donation took place over an intensive eight days of thanksgiving and awareness-raising.



The Tasmanian Donor Family Support Program was enhanced by the Service of Remembrance, held in the north of the state at Quamby Estate in May 2014. Everyone present acknowledged the generous gift of donation from living and deceased organ and tissue donors and their families, and the increased opportunities for transplant recipients as a result.

Susan Towns

Agency Manager

DonatLife TAS

Susan joined DonatLife Tasmania in late 2012, bringing with her career experience in senior management with a focus on business development, quality and risk, change management, service development and design, project management and team building and effectiveness. Susan's strategic focus and energy has seen significant achievements since she joined DonatLife Tasmania, leading to positive culture improvement and a momentum of change.

The organisation realised a key strategic goal in 2013 with the implementation of the hybrid model for the delivery of donation services in Tasmania. Under this model, DonatLife Tasmania manages the donation process up to (but not including) the offer of organ and tissue donation while DonatLife Victoria manages the offer and retrieval processes.

During the year DonatLife Tasmania had an intensive focus on the development of clinical and administrative structures that support the delivery of services. There was also a focus on education, training and development of their clinical team of Donation Specialist Nursing Coordinators, Medical Donation Specialists and key stakeholders across the state. This resulted in the establishment of a sound referral pathway, with a priority being the quality and safe delivery of services within the Intensive Care Unit phase of the donation process. This involved the whole team in providing a sustainable framework to build on, and to grow services and



capabilities for the long term. The Donation Specialist Nursing Coordinators have continued to drive change in the area of collaborative consenting of donor families, and they have developed a culture of early referral and team planning of the consent process.

With Susan's leadership and support, the DonatLife Tasmania team has successfully implemented the first stage of the expanded donation services, as well as the Clinical Governance Framework and the Electronic Donor Record. In addition, DonatLife Tasmania has been participating in the Collaborative Requesting pilot study at Royal Hobart Hospital, and aligning communications and clinical strategies to engage and focus on community education and awareness.

DonatLife Tasmania's future strategic pathway is being actively planned and is a key project for change as the organisation moves into the next period.

**Part C: Activities
in the states and
territories**
continued



A/Prof Dianne Stephens
State Medical Director
Northern Territory

Below

DonateLife NT staff and supporters promoted organ and tissue donation at the 2013 Candy Jam fun run in Darwin.



DonateLife Northern Territory

State Medical Director Northern Territory (NT)

Associate Professor Dianne Stephens OAM MBBS FANZCA FCICM

Organ donation rates in the Northern Territory continued to improve throughout 2013, delivering greater opportunities for Territorians in need to access life-transforming transplants. This success was due to the combination of raised community awareness and improved hospital-based systems for identifying and supporting potential donors and their families.

Indigenous education remained a priority for DonateLife NT, with our Indigenous Education Program extending its reach to more communities over the last year. We focused our education activities on the communities of Lajamanu, Kalkarindji and Mutitjulu, and we sponsored and participated in the Milimika Festival at Wurramiyanga. The Indigenous education resources we have developed proved to be very popular, with many requests received both locally and interstate for copies of the materials.

The conversations we are having with Indigenous families during end-of-life care in the Intensive Care Unit are more informed than in previous years. Indigenous families are being given the opportunity to consider organ donation as a potential outcome for their families and their community, offering a real alternative to dialysis in the treatment and management of end-stage renal disease.

General community education and awareness-raising was also a focus for DonateLife NT. We mounted displays in the NT show circuit and participated in conferences, including the 2013 Royal Australian College of General Practice Conference and the Chronic Disease Network conference. We also attended school health expos and gave presentations to community service groups and university nursing students.



Above
 DonatLife Northern Territory staff raising awareness about organ and tissue donation.

Part C: Activities in the states and territories
continued

Our activities during DonatLife Week 2014 included a launch at the Wave Lagoon Darwin Waterfront and involvement in the Charles Darwin University Orientation Week. The DonatLife NT team was invited by Her Honour the Honourable Sally Thomas AC, Administrator of the Northern Territory, to an official lunch to acknowledge their hard work and success in raising the donation and transplant rates in the NT.

In 2013–14 we facilitated the training of NT medical and nursing staff through the core Family Donation Conversation workshop as well as via regular in-services.

Our staff also undertook training for, and welcomed the introduction of, the Electronic Donor Record in March 2014 which has already proven to make the organ offer and allocation process more efficient and timely.

To commemorate donors and their families, Service of Remembrance ceremonies were held at the George Brown Darwin Botanic Gardens and the Alice Springs Olive Pink Garden.

Kelly Anstey

Clinical Nurse Manager

DonateLife NT

In August 2009 Kelly Anstey joined the DonateLife NT team at Royal Darwin Hospital as a Donation Specialist Nursing Coordinator, and in July 2012 she took up the position of DonateLife NT Clinical Nurse Manager.

Kelly provides leadership to the Donation Specialist Nursing Coordinators in Darwin and Alice Springs, and oversees the DonateLife Audit of potential donors. She drives the development of clinical guidelines, participates in the on-call roster for the coordination of organ donation cases, and leads family donation conversations. She also participates in hospital and community awareness-raising and education about organ and tissue donation.

Kelly is the lead clinician for the rollout of the Indigenous Education Program in the Tiwi Islands. This program has been very successful, and now includes Daly River and the annual Barunga Festival, with very positive ongoing uptake in these communities.

Nationally, Kelly is one of a handful of lead trainers for the Family Donation Conversation workshops, in recognition of her excellent communication and education skills as well



as her expertise and knowledge. Kelly is also a trainer and system administrator for the Electronic Donor Record.

DonateLife NT is very lucky to have Kelly on-board, as she is an exceptional leader and educator and remains efficient while showing people respect and compassion. She has built a strong rapport and relationship with colleagues and health professionals (both local and interstate) as well as community members, patients and their families. Kelly is always willing to go above and beyond in all that she does and is a great role model for all DonateLife staff.

Part C: Activities
in the states and
territories
continued

DonateLife Australian Capital Territory

State Medical Director Australian Capital Territory (ACT)

Associate Professor Frank Van Haren MD PhD EDIC FCICM PGDipEcho



A/Prof Frank Van Haren
State Medical Director
ACT

In 2013–14 DonateLife ACT formulated a new ACT Health-wide Standard Operating Procedure, *Admission to ICU for the consideration of organ donation*. This procedure streamlined the admission to ICU for all potential organ donors from the Emergency Department and is now accepted practice at Canberra Hospital. The Standard Operating Procedure and its associated processes also improved Emergency Department referral rates and promoted improvement in the practice of the Family Donation Conversation.

During the year the ACT Bone Bank was amalgamated into DonateLife ACT, under the continued directorship of Professor Paul Smith. The new DonateLife ACT Bone Bank still maintains femoral head donation but the amalgamation has paved the way for us to expand our tissue donation service to include cadaveric bone, heart valves and skin.

During this period Calvary Healthcare became a DonateLife Network hospital, and two medical positions were approved and recruited. These outcomes will strengthen our relationship with Calvary and serve to improve referral and donation rates.

DonateLife Week 2014 was launched with the Light for Life Ball at the National Arboretum. The 2014 Service of Remembrance and Thanksgiving, held at Old Parliament House, was a moving and uplifting tribute to all donors, their families, transplant recipients, friends and healthcare workers.

DonateLife ACT is a small jurisdiction whose ultimate aim is to maximise the organ and tissue donation opportunity for the local community. With this in mind, we have been working closely with the NSW Organ and Tissue Donation Service to maximise the ACT role in facilitating all aspects of organ donation. Our project timelines have ensured key milestones have been met, clinical staff have received (and continue to receive) education, work instructions have been drafted, and stakeholder relationships have been enhanced and strengthened. DonateLife ACT appreciates the support and expertise provided by NSW to date, and we look forward to maintaining our positive and collaborative working relationship into the future.

Below

The Canberra community – including local businesses, sporting personalities, health bodies, school colleges and universities – participated in the eighth annual Gift of Life DonateLife Walk.



Justine Holloway

Donation Specialist Nursing Coordinator

DonateLife ACT

Utilising the knowledge and experience obtained in her previous role as a Donation Specialist Nursing Coordinator with DonateLife NT, Justine Holloway (nee Clarke) has relocated to Canberra and has been driving change in her new role with DonateLife ACT.

Justine was part of the DonateLife NT team on its journey to becoming an independent donation service. With Justine's support, the ACT has been pursuing a similar journey. DonateLife ACT has been collaborating with the NSW Organ and Tissue Donation Service to maximise local responsibility and the coordination of all aspects of the organ donation process.

Justine has achieved many key milestones, including documenting strategies to increase the local coordination of donation cases, educating staff, and developing work instructions, clinical forms and a comprehensive operational manual. Justine facilitated an in-depth training session for ACT Donation Specialist Nursing Coordinators on donor work-up and management, tissue typing, serology testing, organ allocation, packaging and transport, aligning the training with the Australasian Transplant Coordinators Association's Standard Operating Procedures.

While maintaining her current education portfolio, Justine always has new ideas and practical solutions for increasing community awareness about organ and tissue donation. She has been instrumental in revamping the



DonateLife ACT Community Champions Network, previously known as the Volunteer Network, and she offers ACT staff many opportunities to learn. Justine has also engaged guest speakers, both locally and nationally.

Justine has held a media and communications portfolio in both the NT and the ACT. This background has reinforced one of Justine's many strengths – building relationships. Justine's ability to engage all stakeholders has been pivotal in advancing the ACT's independence, and she has collaborated with a wide range of organisations. These include the wider DonateLife Network, including the NSW Organ and Tissue Donation Service, the Australian Red Cross Blood Service, the ACT Coroner's Office, Star Track couriers and various transplant units.

Justine's ability to build rapport with people from all walks of life continues to inspire her colleagues, donor families and the wider community, as does her enduring passion to always be better.

Nitin Jani

Corporate Support and Compliance Team

Organ and Tissue Authority

Driving change on the ground is Nitin Jani, a Financial Accountant in the Corporate Support and Compliance Team of the Organ and Tissue Authority.

Nitin started work with the OTA in January 2013 and has assisted in the preparation of financial statements, management reports, and reporting to the Department of Finance and Senate Estimates. He studied a Master of Accountancy and is currently working towards obtaining his Certified Practising Accountant qualifications.

A love of spreadsheets has seen Nitin re-engineer several internal processes, from journal upload files to internal budget models. He has played a key role in providing organ donation hospital support funding and ensuring that the internal processes of reconciliation and payment are as efficient as possible.

Nitin's expertise has enabled the OTA to make internal improvements to reporting requirements in relation to the administration of the funding agreements with each state and territory health department. He has also helped to develop templates for states and territories to help them with acquittal reporting and monitoring available funds.



At the end of each month, Nitin is responsible for meeting both the internal and external reporting requirements for the OTA, and he plays a key role in preparing the end-of-year financial statements.

The Corporate Support and Compliance Team works hard to streamline underlying business practices to ensure that transactions can be processed as efficiently as possible. In the lead-up to the introduction of the *Public Governance, Performance and Accountability Act 2013* on 1 July 2014, a review of all delegations, governance documents and spending templates and forms was undertaken and they were updated to meet the new requirements. Nitin's effective communication skills and detailed documentation of the revised business processes was a critical component of the successful management of this change.



Part 3 **Management and accountability**

Corporate governance	92
People management	95
Workplace health and safety	98
Financial management	99
Other reporting requirements	101

Corporate governance

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

The Organ and Tissue Authority (OTA) is a statutory authority established by the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008* (the Act) which 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* (the FMA Act).

Executive Committee

In addition to the CEO, our Executive Committee comprises the National Medical Director, the Chief Financial Officer and Business Unit Directors.

The Executive Committee provides guidance and leadership on our overall direction and responsibilities. The Executive Committee 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 provides assurance and assistance with our risk control, compliance frameworks and external responsibilities. The committee provides independent assurance to the CEO that our activities comply with the FMA Act.

The Audit Committee is chaired by an independent member, Mr Peter Hoefer, and includes the Deputy Chair, Ms Glenys Roper (independent external member), and Mr Rick O'Brien (internal OTA Director). Representatives from the Australian National Audit Office and Internal Audit are invited to attend each meeting.

During 2013–14 key OTA staff provided program delivery presentations to the Audit Committee. These presentations provided the Audit Committee with an assurance that adequate controls and risk mitigation strategies were in place.

Table 11: Audit Committee membership and meeting attendance 2013–14

Position	Name	Meetings attended
Chair	Mr Peter Hoefer	4/4
Deputy Chair	Ms Glenys Roper	4/4
Member	Mr Rick O'Brien	4/4

Internal audit arrangements

Under the oversight of the Audit Committee, our internal audit responsibilities are performed by PricewaterhouseCoopers (PwC). PwC are committed to promoting and improving our corporate governance by conducting audits and investigations and by making recommendations.

In accordance with the 2013–14 Strategic Internal Audit Plan, PwC conducted internal audits on:

- ▶ Protective Security, and
- ▶ Risk and Fraud Management.

Recommendations from these audits and associated staff workshops informed more efficient and effective work practices within the OTA.

Fraud control

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

We regularly evaluate the effectiveness of fraud control strategies, and maintain a fraud control plan that complies with the Commonwealth Fraud Control Guidelines. Under a perpetual review of corporate governance documents, PwC provided training to members of our Executive Committee and relevant corporate staff on fraud control issues during the year.

During 2013–14 there were no fraud allegations investigated by the OTA.



I, **Yael Cass**, certify that I am satisfied that for 2013–14, 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

Ms Yael Cass
Chief Executive Officer

23 September 2014

Risk management

The OTA is committed to a best practice approach to risk management and our objective is to integrate risk management across all functions.

As part of the 2013–14 Strategic Internal Audit Plan, PwC conducted a training workshop for members of the OTA Executive Committee to assess:

- ▶ the OTA's existing Risk Framework, and
- ▶ the tools available within the framework to assist in identifying and updating the OTA Enterprise Risk Register.

Our Enterprise Risk Register is continually reviewed and updated to reflect our operational improvements and changes. Risk assessments are conducted on new and ongoing projects which are used to identify and update our enterprise risk register.

External scrutiny

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

During 2013–14 there were:

- ▶ no judicial decisions, decisions of administrative tribunals, or decisions by the Australian Information Commissioner, that have had, or may have, a significant impact on the operations of the OTA
- ▶ no reports on the operations of the OTA, including by the Auditor General (other than the report on financial statements), a parliamentary committee, or the Commonwealth Ombudsman, and
- ▶ no legal actions lodged against the OTA.

We welcome feedback, research, insight and other forms of scrutiny from the general public and community organisations, as they play an important role in guiding the organ and tissue donation and transplantation sector.

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

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.

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 12: Our values

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

As a result of the amendments made to the *Public Service Act 1999* with effect from 1 July 2013, we revised our internal human resources policies and procedures to reflect the changes to the APS Values and the Code of Conduct. During the year we also developed new human resources procedures relating to the *Public Interest Disclosure Act 2013*, and continued to revise a range of related documentation.

In September 2013 we renewed our service level agreement with the Department of Health which includes the delivery of payroll services and a range of corporate support activities.

Our staff continued to participate in a range of development programs throughout the year. This included key staff being trained in Microsoft Structured Query Language query writing, report building, deployment and administration. This enables them to maintain reports used by the DonateLife Network to administer the Electronic Donor Record.

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 OTA Enterprise Agreement 2011–14.

At 30 June 2014 we employed 26.2 full-time-equivalent staff, a reduction from 27.6 at 30 June 2013. Table 13 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 14 shows the notional salary bands for SES and Medical Officers, while Table 15 provides the salary ranges for each non-SES classification. Table 16 lists the non-salary benefits available to staff.

During the year our staffing profile was regularly reviewed as vacancies arose. Overall, staff numbers reduced marginally, and classification levels realigned in order to achieve efficiency and productivity improvements.

In 2013–14 a total of nine staff at the SES and non-SES levels received a combined total of \$139,795.04 in performance pay. The majority of performance payments made in 2013–14 relate to assessments made for 2012–13, while a small number relate to assessments and pro-rata payments for 2013–14. Given the small number of staff involved, details of the actual classification levels and payments made for each level are not provided.

Table 13: Staffing numbers at 30 June 2014

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	1								1
Medical Officer Class 6							0.4		0.4
Senior Public Affairs Officer Grade 2	1								1
Executive Level 2	1				2		0.4		3.4
Executive Level 1	4	1.6			2				7.6
APS6	5		1		1				7
APS5	2						1		3
APS4	1								1
APS3		0.8							0.8
Total	16	2.4	1		5		1.8		26.2

Table 14: Senior Executive Service and Medical Officer salary bands at 30 June 2014*

Classification	Minimum \$	Maximum \$
SES 1	147,661	189,850
Medical Officer Class 6	193,924	249,856

*The CEO may approve salary rates outside these bands in line with individual determinations

Table 15: Non-SES salary ranges at 30 June 2014*

Classification	Minimum \$	Maximum \$
Senior Public Affairs Officer Grade 2	133,725	139,131
Executive Level 2	112,995	133,779
Executive Level 1	94,707	108,015
APS 6	77,068	86,945
APS 5	69,860	73,736
APS 4	64,230	67,866
APS 3	56,692	62,838

*A total of four 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 \$47,708 pa

Table 16: Non-salary benefits 2013–14

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

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 program 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 2013–14.

We continue to promote awareness of work health and safety, and all new staff are required to satisfactorily complete Comcare's e-learning training module, *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 is a micro agency committed to delivering best practice outcomes in organ and tissue donation and transplantation within our financial management framework.

Our key responsibilities are set out in section 44 of the *Financial Management and Accountability Act 1997*. These responsibilities are met through our commitment to efficient processing and recording of financial transactions, including audited financial statements.

We are also committed to ensuring compliance through annual financial reporting against the Certificate of Compliance. This self-assessment mechanism helps us to identify areas of concern and improve work practices to ensure the efficient, effective, economical and ethical use of Commonwealth resources.

Assets management

We have an asset management strategy which promotes whole-of-life asset management and includes an annual stocktake of fixed and intangible assets. This review helps to confirm the location and identify the condition of assets, along with reducing surplus and underperforming assets.

At 30 June 2014 there was an 11% reduction in net assets from the previous year, resulting from the amortisation of the Electronic Donor Record following its implementation in 2013–14. This was offset by purchases associated with the upgrade of the DonateLife website.

Further information on the value, acquisition and disposal of assets in 2013–14 can be found in Part 4: Financial performance and financial statements.

Purchasing

The OTA's purchasing policies are based on the FMA Act and the Commonwealth Procurement Rules.

Our Governance and Compliance Manager provides specialist advice and assistance to those business areas that are involved in procurement and contract management. We also have a shared electronic repository of up-to-date templates for procurement activity that includes general advice and instructions for users.

Procurement documentation and contracts are published on AusTender in accordance with the requirements of the Commonwealth Procurement Rules.

Australian National Audit Office access clauses

The OTA's standard contract templates include provisions allowing the Australian National Audit Office to access a contractor's premises.

We entered into two (2) contracts during 2013–14 with Optus Networks Pty Ltd that included a minor variation to the Australian National Audit Office access provisions. The agreed clause retains access to documents and records as well as personnel relevant to the performance of the contractor's obligations. However, it does not permit access to premises for confidentiality and security reasons.

Exempt contracts

The OTA does not have any contracts (with a value of \$10,000 or more including GST, or any standing offers) that are exempt from being published on AusTender.

Details of all contracts with a value of \$10,000 or more have been published on AusTender in accordance with the reporting requirements of the Commonwealth Procurement Rules.

Grant programs

We provide five types of grant funding:

- ▶ funding to state and territory governments for staff in organ and tissue donation agencies, and organ and tissue donation specialists working in hospitals across Australia
- ▶ funding for public and private hospitals to remove cost barriers to organ and tissue donation
- ▶ funding to support 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 programme.

Information on grants awarded by the OTA during the period 1 July 2013 to 30 June 2014 is available on our website at www.donatelife.gov.au/accountability-and-reporting.

Other reporting requirements

Sustainability and environmental performance

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.

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

Disability reporting mechanisms

Since 1994 Commonwealth 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. From 2010–11, departments and agencies have no longer been required to report on these functions.

The Commonwealth Disability Strategy has been overtaken by the 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 available in late 2014 and can be found at www.dss.gov.au.

Freedom of information

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

All information published in accordance with these requirements can be found at www.donatelife.gov.au/freedom-information-o

Consultants

Our policy for engaging consultants to provide specialist expertise supports the value-for-money principles as defined in the Commonwealth Procurement Rules. We primarily use the following three justifications for engaging consultants:

- a skills currently unavailable within the agency
- b need for specialised or professional skills
- c need for independent research or assessment.

During 2013–14 one new consultancy contract was entered into involving total actual expenditure of \$39,120 (including GST). In addition, three ongoing consultancy contracts were active during the 2013–14 year, involving total actual expenditure of \$35,844 (including GST).

Table 17: Comparison expenditure on consulting services during 2011–12, 2012–13 and 2013–14

2011–12	2012–13	2013–14
\$60,044	\$103,030	\$74,964

This report contains information about actual expenditure on contracts for consultancies entered into during 2013–14. Information about the value of these contracts and consultancies is available on the AusTender website at www.tenders.gov.au.

Advertising and market research

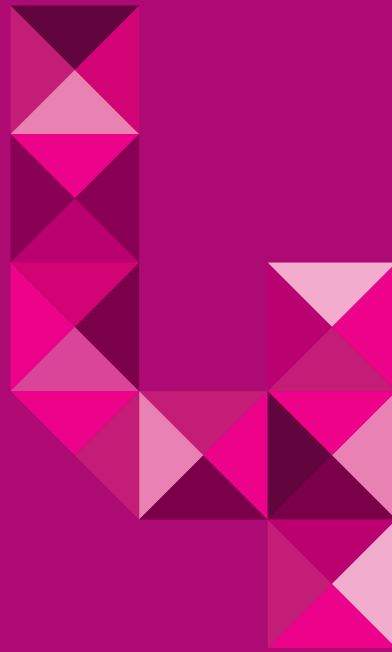
In accordance with amendments to the *Commonwealth Electoral Act 1918*, the OTA is required to report on all payments over \$12,400 (including GST) to advertising agencies, market research organisations, polling organisations, media advertising organisations, and direct mail organisations. Table 18 shows all agencies and organisations we used in 2013–14 for these purposes.

Table 18: Advertising and market research agencies and organisations used during 2013–14

Agency/organisation	Service provided	Paid \$
Market research organisations		
Woolcott Research	Research services	114,911
Direct mail organisations		
National Mailing and Marketing	Warehouse and distribution services	106,100

Note: Price paid includes GST

For the period 2013–14 no advertising campaign activity was undertaken by the OTA.



Part 4

Financial performance and financial statements

Part 4: Financial performance and financial statements

Financial performance – departmental	105
Financial performance – administered	106
Independent Auditor’s Report	107
Statement by the Chief Executive Officer and the Chief Financial Officer	109
Statement of comprehensive income	110
Statement of financial position	111
Statement of changes in equity	112
Cash flow statement	113
Schedule of commitments	114
Schedule of contingencies	115
Administered schedule of comprehensive income	116
Administered schedule of assets and liabilities	117
Administered reconciliation schedule	118
Administered cash flow statement	119
Schedule of commitments	120
Schedule of contingencies	121
Notes to and forming part of the financial statements	122

Financial performance – Departmental

The OTA recorded an operating deficit for 2013–14

Operating result – departmental

The Australian Organ and Tissue Donation and Transplantation Authority (OTA) recorded an operating deficit of \$0.063 million.

For 2013–14 the OTA forecast a break even operating result after adjusting for unfunded depreciation and audit fees. On elimination of unfunded depreciation, the OTA recorded an operating profit of \$0.304 million. The OTA's commitment to financial management continue to be reflected in its financial performance and unqualified financial statements.

Total appropriation revenue decreased

Revenue – departmental

During 2013–14, revenue from Government decreased by 0.43% (\$0.025 million) to \$5.841 million due to changes in government funding decisions. The Authority recorded other gains of \$0.070 million.

Total expenses decreased

Expenses – departmental

Operating expenses decreased by 0.95% (\$0.058 million) to \$5.974 million (2012–13: \$6.032 million).

Reduced appropriation levels in 2013–14 resulted in a strong focus on financial management and resulted primarily in a decrease in supplier expenditure in the areas of equipment and software and telecommunications.

Net assets decreased

Assets and liabilities – departmental

The net asset position of the Authority has decreased from 2012–13 to 2013–14. This is largely due to recognition of separation and redundancy payables offset by an increase in appropriation receivable.

Total assets have increased by 11.58% (\$0.404 million) to \$3.894 million (2012–13: \$3.490 million). The increase reflects an increase in appropriation receivable and purchase of web presence during the year, offset by depreciation and amortisation of non-financial assets.

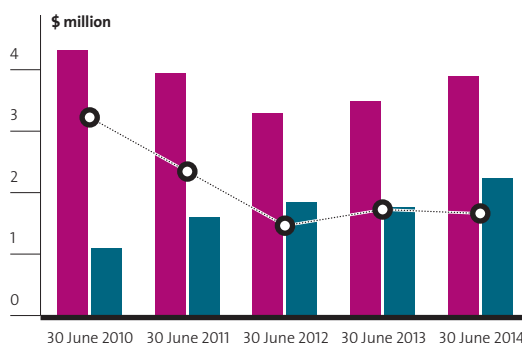
Total liabilities have increased by 26.49% (\$0.467 million) to \$2.232 million (2012–13: \$1.765 million). This is primarily due to recognition of separation and redundancy payables and other payables.

The OTA's equity position

Sustainability

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

- Assets
- Liabilities
- Equity



Financial performance – Administered

Total administered expenses increased

Administered expenses

For 2013–2014 the Authority reported supplier expenses of \$2.063 million, primarily related to costs associated with:

- ♥ EDR infrastructure and support;
- ♥ increasing community awareness and education through creative material production, public relations, research and merchandise; and
- ♥ 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 \$37.615 million, funding is provided by the Authority to:

- ♥ state and territory governments for dedicated organ and tissue donation medical 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; and
- ♥ 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

Assets – administered

Total administered assets increased by 5.53% (\$0.014 million) to \$0.267 million (\$0.253 million in 2012–13).

Total administered liabilities increased

Liabilities – administered

Total administered liabilities increased by 6.65% (\$0.743 million) to \$11.913 million (\$11.170 million in 2012–13). This is primarily attributable to an increase in grants payable as at 30 June 2014.

Independent Auditor's Report



INDEPENDENT AUDITOR'S REPORT

To the Minister for Health

I have audited the accompanying financial statements of the Australian Organ and Tissue Donation and Transplantation Authority for the year ended 30 June 2014, which comprise: a Statement by the Chief Executive Officer and the Chief Financial Officer; the Statement of comprehensive income; Statement of financial position; Statement of changes in equity; Cash flow statement; Schedule of commitments; Schedule of contingencies; Administered schedule of comprehensive income; Administered schedule of assets and liabilities; Administered reconciliation schedule; Administered cash flow statement; Schedule of administered commitments; Schedule of administered contingencies and Notes to and forming part of the financial statements comprising a Summary of significant accounting policies and other explanatory information.

Chief Executive's Responsibility for the Financial Statements

The Chief Executive of the Australian Organ and Tissue Donation and Transplantation Authority is responsible for the preparation of financial statements that give a true and fair view in accordance with the Finance Minister's Orders made under the *Financial Management and Accountability Act 1997*, including the Australian Accounting Standards, and for such internal control as is necessary to enable the preparation of financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial statements based on my audit. I have conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. These auditing standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Australian Organ and Tissue Donation and Transplantation Authority's preparation of the financial statements that give a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Australian Organ and Tissue Donation and Transplantation Authority's internal control. An audit also includes evaluating the appropriateness of 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 2014 and its financial performance and cash flows for the year then ended.

Australian National Audit Office



Puspa Dash
Executive Director

Delegate of the Auditor-General

Canberra
23 September 2014

Statement by the Chief Executive Officer and the Chief Financial Officer

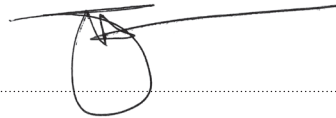
In our opinion, the attached financial statements for the year ended 30 June 2014 are based on properly maintained financial records and give a true and fair view of the matters required by the Finance Minister's Orders made under the *Financial Management and Accountability Act 1997*, as amended.

► Signed



.....
Yael Cass
Chief Executive Officer
23 September 2014

► Signed



.....
Judy Harrison
Chief Financial Officer
23 September 2014

Statement of comprehensive income

for the period ended 30 June 2014

	Notes	2014 \$	2013 \$
Net cost of services			
Expenses			
Employee benefits	3A	4,302,031	4,138,480
Suppliers	3B	1,300,742	1,666,101
Depreciation and amortisation	3C	366,927	227,047
Write-down and impairment of assets	3D	4,658	-
Total expenses		5,974,358	6,031,628
Own-source income			
Own-source revenue			
Other revenue	4A	70,000	64,000
Total own-source revenue		70,000	64,000
Gains			
Gains from sale of assets	4B	-	1,100
Total gains		-	1,100
Total own-source income		70,000	65,100
Net cost of services		(5,904,358)	(5,966,528)
Revenue from Government	4C	5,841,000	5,866,000
Deficit attributable to the Australian Government		(63,358)	(100,528)
Other comprehensive income			
Items not subject to subsequent reclassification to net cost of services			
Changes in asset revaluation reserves		-	363,169
Total comprehensive income		-	363,169
Total comprehensive income (loss) attributable to the Australian Government		(63,358)	262,641

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

Statement of financial position

as at 30 June 2014

	Notes	2014 \$	2013 \$
Assets			
Financial assets			
Cash and cash equivalents	6A	52,675	77,825
Trade and other receivables	6B	2,247,515	1,620,393
Total financial assets		2,300,190	1,698,218
Non-financial assets			
Land and buildings	7A,C	299,091	470,000
Property, plant and equipment	7B,C	131,000	222,370
Intangibles	7D,E	1,135,827	1,069,800
Other non-financial assets	7F	27,619	29,214
Total non-financial assets		1,593,537	1,791,384
Total assets		3,893,727	3,489,602
Liabilities			
Payables			
Suppliers	8A	96,696	120,303
Other payables	8B	1,086,503	499,527
Total payables		1,183,199	619,830
Provisions			
Employee provisions	9A	1,049,216	1,145,102
Total provisions		1,049,216	1,145,102
Total liabilities		2,232,415	1,764,932
Net assets		1,661,312	1,724,670
Equity			
Contributed equity		1,900,000	1,900,000
Asset revaluation reserves		363,169	363,169
Accumulated deficit		(601,857)	(538,499)
Total equity		1,661,312	1,724,670

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

Statement of changes in equity

for the period ended 30 June 2014

	Retained earnings		Asset revaluation surplus		Contributed equity		Total equity	
	2014	2013	2014	2013	2014	2013	2014	2013
	\$	\$	\$	\$	\$	\$	\$	\$
Opening balance								
Balance carried forward from previous period	(538,499)	(437,971)	363,169	-	1,900,000	1,900,000	1,724,670	1,462,029
Adjusted opening balance	(538,499)	(437,971)	363,169	-	1,900,000	1,900,000	1,724,670	1,462,029
Comprehensive income								
Deficit for the period	(63,358)	(100,528)	-	-	-	-	(63,358)	(100,528)
Other comprehensive income	-	-	-	363,169	-	-	-	363,169
Total comprehensive income	(63,358)	(100,528)	-	363,169	-	-	(63,358)	262,641
Transaction with owners								
Contributions by owners								
Equity injection – Appropriation	-	-	-	-	-	-	-	-
Departmental capital budget	-	-	-	-	-	-	-	-
Restructuring	-	-	-	-	-	-	-	-
Total transactions with owners	-	-	-	-	-	-	-	-
Closing balance as at 30 June	(601,857)	(538,499)	363,169	363,169	1,900,000	1,900,000	1,661,312	1,724,670

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

Cash flow statement

for the period ended 30 June 2014

	Notes	2014 \$	2013 \$
Operating activities			
Cash received			
Appropriations		6,257,816	6,957,738
Net GST received		164,568	172,887
Other		924,715	933,016
Total cash received		7,347,099	8,063,641
Cash used			
Employees		(4,594,187)	(5,190,303)
Suppliers		(1,513,446)	(1,783,361)
Cash transferred to OPA		(1,089,283)	(1,105,904)
Total cash used		(7,196,916)	(8,079,568)
Net cash from/(used by) operating activities	10	150,183	(15,927)
Investing activities			
Cash received			
Proceeds from sales of property, plant and equipment		-	1,100
Total cash received		-	1,100
Cash used			
Purchase of property, plant and equipment		(10,506)	(59,084)
Purchase of intangibles		(164,827)	(986,394)
Total cash used		(175,333)	(1,045,478)
Net cash from/(used by) investing activities		(175,333)	(1,044,378)
Financing activities			
Cash received			
Contributed equity		-	1,088,130
Total cash received		-	1,088,130
Net cash from financing activities		-	1,088,130
Net increase/(decrease) in cash held		(25,150)	27,825
Cash and cash equivalents at the beginning of the reporting period		77,825	50,000
Cash and cash equivalents at the end of the reporting period	6A	52,675	77,825

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

Schedule of commitments

as at 30 June 2014

	2014 \$	2013 \$
By type		
Commitments receivable		
Net GST recoverable on commitments ¹	<u>155,540</u>	208,869
Total commitments receivable	<u>155,540</u>	<u>208,869</u>
Commitments payable		
Other commitments		
Operating leases ²	(549,785)	(863,945)
Other	(1,161,157)	(1,433,619)
Total commitments payable	<u>(1,710,942)</u>	<u>(2,297,564)</u>
Net commitments by type	<u>(1,555,402)</u>	<u>(2,088,695)</u>
By maturity		
Commitments receivable		
GST recoverable on commitments		
Within 1 year	92,236	150,688
Between 1 to 5 years	63,304	58,181
More than 5 years	-	-
Total commitments receivable	<u>155,540</u>	<u>208,869</u>
Commitments payable		
Operating lease commitments		
Within 1 year	(314,163)	(314,163)
Between 1 to 5 years	(235,622)	(549,782)
More than 5 years	-	-
Total operating lease commitments	<u>(549,785)</u>	<u>(863,945)</u>
Other commitments		
Within 1 year	(700,432)	(640,005)
Between 1 to 5 years	(460,725)	(793,614)
More than 5 years	-	-
Total other commitments	<u>(1,161,157)</u>	<u>(1,433,619)</u>
Total commitments payable	<u>(1,710,942)</u>	<u>(2,297,564)</u>
Net commitments by maturity	<u>(1,555,402)</u>	<u>(2,088,695)</u>

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.

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

Schedule of contingencies

as at 30 June 2014

	2014 \$	2013 \$
Contingent assets		
Guarantees	-	-
Claims for damages or costs	-	-
Total contingent assets	<u>-</u>	<u>-</u>
Contingent liabilities		
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 11.

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

Administered schedule of comprehensive income

for the period ended 30 June 2014

	Notes	2014 \$	2013 \$
Net cost of services			
Expenses			
Suppliers	16A	2,062,983	2,200,187
Grants	16B	37,615,353	36,799,906
Total expenses		39,678,336	39,000,093
Income			
Revenue			
Non-taxation revenue			
Other	17	-	-
Total non-taxation revenue		-	-
Total revenue		-	-
Net (cost of)/contribution by services		(39,678,336)	(39,000,093)
Deficit attributable to the Australian Government		(39,678,336)	(39,000,093)
Other comprehensive income			
Changes in asset revaluation surplus		-	-
Total other comprehensive income		-	-
Total comprehensive loss		(39,678,336)	(39,000,093)

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

Administered schedule of assets and liabilities

as at 30 June 2014

	Notes	2014 \$	2013 \$
Assets			
Financial assets			
Cash and cash equivalents	18A	80,000	80,000
Trade and other receivables	18B	187,249	173,076
Total financial assets		267,249	253,076
Total assets administered on behalf of Government		267,249	253,076
Liabilities			
Payables			
Suppliers	19A	272,656	206,546
Grants	19B	11,640,663	10,963,116
Total payables		11,913,319	11,169,662
Total liabilities administered on behalf of Government		11,913,319	11,169,662
Net liabilities		(11,646,070)	(10,916,586)

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

Administered reconciliation schedule

	2014 \$	2013 \$
Opening assets less liabilities as at 1 July	(10,916,586)	(12,421,591)
Net (cost of)/contribution by services		
Income	-	-
Expenses		
Payments to Non-CAC Act bodies	(39,678,336)	(39,000,093)
Transfers (to)/from the Australian Government		
Appropriation transfers from Official Public Account		
Annual appropriations		
Payments to Non-CAC Act bodies	39,204,116	40,672,558
Administered assets and liabilities appropriations	(26,898)	(13,267)
Appropriation transfers to OPA		
Transfers to OPA	(228,366)	(154,193)
Closing assets less liabilities as at 30 June	<u>(11,646,070)</u>	<u>(10,916,586)</u>

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

Administered cash flow statement

for the period ended 30 June 2014

	Notes	2014 \$	2013 \$
Operating activities			
Cash received			
Net GST received		450,073	506,838
Other		228,366	154,193
Total cash received		678,439	661,031
Cash used			
Net GST paid		-	-
Suppliers		(2,530,768)	(2,396,876)
Grants		(37,096,524)	(38,738,401)
Total cash used		(39,627,291)	(41,135,277)
Net cash flows used by operating activities	20	(38,948,852)	(40,474,246)
Net decrease in cash held		(38,948,852)	(40,474,246)
Cash and cash equivalents at the beginning of the reporting period		80,000	49,148
Cash from Official Public Account			
Appropriations		39,204,116	40,672,558
GST appropriation		423,175	493,571
		39,707,291	41,215,277
Cash to Official Public Account			
Appropriations		(228,366)	(154,193)
Return of GST appropriations to the Official Public Account		(450,073)	(506,838)
		(678,439)	(661,031)
Cash and cash equivalents at the end of the reporting period	18A	80,000	80,000

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

Schedule of administered commitments

as at 30 June 2014

	2014 \$	2013 \$
By type		
Commitments receivable		
Net GST recoverable on commitments ¹	704,494	399,587
Total commitments receivable	704,494	399,587
Other commitments payable		
Other ²	(71,063,143)	(31,777,690)
Total other commitments payable	(71,063,143)	(31,777,690)
Net commitments by type	(70,358,649)	(31,378,103)
By maturity		
Commitments receivable		
Other commitments receivable		
Within 1 year	382,444	254,206
Between 1 to 5 years	322,050	145,381
More than 5 years	-	-
Total other commitments receivable	704,494	399,587
Commitments payable		
Other commitments payable		
Within 1 year	(39,726,552)	(29,551,099)
Between 1 to 5 years	(31,336,591)	(2,226,590)
More than 5 years	-	-
Total other commitments payable	(71,063,143)	(31,777,690)
Net commitments by maturity	(70,358,649)	(31,378,103)

1 Commitments are GST inclusive where relevant.

2 Other commitments payable relates primarily to grant funding agreements held with State and Territory governments, Hospital Health Services and private sector not for profit organisations.

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

Schedule of administered contingencies

as at 30 June 2014

	2014 \$	2013 \$
Contingent liabilities		
Guarantees	-	-
Indemnities	-	-
Total administered contingent liabilities	<u>-</u>	<u>-</u>
Net administered contingent assets (liabilities)	<u>-</u>	<u>-</u>

Details of each class of contingent liabilities and contingent assets in the above table are disclosed in Note 21, along with information on significant remote contingencies and contingencies that cannot be quantified.

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

Notes to and forming part of the financial statements

Note 1	Summary of significant accounting policies	123
Note 2	Events after the reporting period	131
Note 3	Expenses	132
Note 4	Own-source income	135
Note 5	Fair value measurement	136
Note 6	Financial assets	140
Note 7	Non-financial assets	141
Note 8	Payables	147
Note 9	Provisions	148
Note 10	Cash flow reconciliation	149
Note 11	Contingent assets and liabilities	150
Note 12	Senior executive remuneration	151
Note 13	Remuneration of auditors	155
Note 14	Financial instruments	156
Note 15	Financial assets reconciliation	159
Note 16	Administered expenses	160
Note 17	Administered income	161
Note 18	Administered financial assets	162
Note 19	Administered payables	163
Note 20	Administered cash flow reconciliation	164
Note 21	Administered contingent liabilities and assets	165
Note 22	Administered financial instruments	166
Note 23	Administered financial assets reconciliation	169
Note 24	Appropriations	170
Note 25	Compensation and debt relief	175
Note 26	Reporting of outcomes	176
Note 27	Net cash appropriation arrangements	179

Notes to and forming part of the financial statements

1 Note 1 Summary of significant accounting policies

1.1 Objectives of the Australian Organ and Tissue Donation and Transplantation Authority (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; and
- 9** undertake additional national initiatives, including living donation programs.

The 2014 Federal Budget, delivered on 13 May 2014, included a commitment to establish a single independent agency by merging the OTA and the National Blood Authority (NBA) by 1 July 2015.

The Government's purpose in establishing a single independent agency is to consolidate a range of national coordination and contracting activity which supports the provision of critical clinical supplies on two important fronts.

The NBA and the OTA are continuing to work together to facilitate the merger of the OTA and the NBA by 1 July 2015.

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, state and territory governments, private hospitals and hospital health services for the delivery of a highly effective national organ and tissue donation system.

1.2 Basis of preparation of the financial statements

The financial statements are general purpose financial statements and are required by section 49 of the *Financial Management and Accountability Act 1997*.

The Financial Statements and notes have been prepared in accordance with:

- ♥ Finance Minister's Orders (or FMOs) for reporting periods ending on or after 1 July 2011; and
- ♥ 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 is 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 Statement of financial position 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 executory contracts 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 1.22.

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.

The OTA applied amendments to AASB 119 *Employee Benefits* and adopted AASB 13 *Fair Value Measurement* as per the accounting standards. This did not have a material affect, and is not expected to have a material affect, on the financial statements.

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

The OTA expects to adopt AASB 1055 *Budgetary Reporting*, in line with anticipated Department

of Finance amendments to the Finance Minister Orders. It is not expected to have a material impact on the financial statements.

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.

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; and
- ♥ 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; and
- ♥ 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

Sale of assets

Gains from disposal of assets are recognised when control of the asset has passed to the buyer.

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 (DCB) 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 present 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.

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'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.

1.10 Borrowing costs

All borrowing costs are expensed as incurred.

1.11 Fair value measurement

The entity deems transfers between levels of the fair value hierarchy to have occurred at the end of the reporting period.

1.12 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 3 months or less that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value.

1.13 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. 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.

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, 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.

1.14 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).

1.15 Contingent liabilities and contingent assets

Contingent liabilities and contingent assets are not recognised in the Statement of financial position 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 2014, the OTA had no contingent assets or liabilities to report.

1.16 Financial guarantee contracts

Financial guarantee contracts are accounted for in accordance with AASB 139 *Financial Instruments: Recognition and Measurement*. They are not treated as a contingent liability, as they are

regarded as financial instruments outside the scope of AASB 137 *Provisions, Contingent Liabilities and Contingent Assets*.

1.17 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.

1.18 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).

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 Solutions on 26 May 2014. The Australian Valuation Solutions reviewed the fair values of each class of assets as at 30 June 2014.

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:

	2014	2013
Leasehold improvements	Lease term	Lease term
Property, plant and equipment	3 to 5 years	3 to 5 years

Impairment

All assets are assessed for impairment at 30 June 2014. 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.

1.19 Intangibles

The OTA's intangibles comprise 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 5 years (2012–13: 1 to 3 years).

All software assets were assessed for indications of impairment as at 30 June 2014.

1.20 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; and
- ♥ except for receivables and payables.

1.21 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* [2014] HCA 23, 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.

1.22 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. 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.

2 Note 2 **Events after the reporting period**

There was no subsequent event that had the potential to significantly affect the ongoing structure and financial activities of the OTA.

3 Note 3 Expenses

	2014 \$	2013 \$
Note 3A Employee benefits		
Wages and salaries	3,177,288	3,179,030
Superannuation		
Defined benefits plans	446,378	430,287
Defined contribution plans	100,678	94,494
Leave and other entitlements	303,463	422,507
Separation and redundancies	263,743	–
Other employee expenses	10,481	12,162
Total employee benefits	4,302,031	4,138,480

	2014 \$	2013 \$
Note 3B Suppliers		
Goods and services supplied or rendered		
Advertising and marketing	–	5,166
Consultants	13,265	7,520
Contractors	63,889	87,988
Equipment and software	435,423	674,866
Facilities	75,822	81,626
Staff recruitment and training	29,977	41,493
Travel	110,324	153,948
Office supplies and stationery	12,892	15,036
Printing and publishing	37,120	68,045
Resources received free of charge	70,000	64,000
Other	124,661	126,190
Total goods and services supplied or rendered	973,373	1,325,878
Goods supplied in connection with		
Related parties	–	7,936
External parties	18,014	18,154
Total goods supplied	18,014	26,090
Services rendered in connection with		
Related parties	178,658	146,808
External parties	776,701	1,152,980
Total services rendered	955,359	1,299,788
Total goods and services supplied or rendered	973,373	1,325,878
Other suppliers		
Operating lease rentals in connection with		
External parties		
Minimum lease payments	278,478	277,484
Workers compensation expenses	48,891	62,739
Total other suppliers	327,369	340,223
Total suppliers	1,300,742	1,666,101

OTA received incentives in the form of rent free periods on entering the operating lease for 221 London Circuit, Canberra ACT.

Notes to and forming part of
the financial statements *continued*

	2014 \$	2013 \$
Note 3C Depreciation and amortisation		
Depreciation		
Leasehold improvements	170,909	94,621
Property, plant & equipment	97,218	82,399
Total depreciation	268,127	177,020
Amortisation		
Intangibles	98,800	50,027
Total amortisation	98,800	50,027
Total depreciation and amortisation	366,927	227,047
Note 3D Write-down and impairment of assets		
Write-down of property, plant and equipment	4,658	-
Total write-down and impairment of assets	4,658	-

4 Note 4 Own-source income

	2014 \$	2013 \$
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Own-source revenue

Note 4A Other revenue

Resources received free of charge	70,000	64,000
Total other revenue	70,000	64,000

Resources received free of charge are for services provided by the Australian National Audit Office (ANAO) for the financial statement audit.

Gains

Note 4B Gains from sale of assets

Property, plant and equipment

Proceeds from sale	-	1,100
Carrying value of assets sold	-	-
Net gain from sale of assets	-	1,100

Revenue from Government

Note 4C Revenue from Government

Appropriations

Departmental appropriations	5,841,000	5,866,000
Total revenue from Government	5,841,000	5,866,000

5 Note 5 Fair value measurements

Note 5A Fair value measurements

The following tables provide an analysis of assets and liabilities that are measured at fair value.

The different levels of the fair value hierarchy are defined below.

Level 1 Quoted prices (unadjusted) in active markets for identical assets or liabilities that the entity can access at measurement date.

Level 2 Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.

Level 3 Unobservable inputs for the asset or liability.

Fair value measurements at the end of the reporting period by hierarchy for assets and liabilities in 2014

	Fair value measurements at the end of the reporting period using			
	Fair Value \$	Level 1 inputs \$	Level 2 inputs \$	Level 3 inputs \$
Non-financial assets				
Land and buildings	299,091	–	–	299,091
Property, plant and equipment	131,000	–	131,000	–
Total non-financial assets	430,091	–	131,000	299,091

1 The OTA did not measure any non-financial assets at fair value on a non-recurring basis as at 30 June 2014.

Fair value measurement – highest & best use

OTA's assets are held for operational purposes and not held for the purposes of deriving a profit. The current use of the assets is considered the highest and best use.

Note 5B Valuation technique and inputs for Level 2 and Level 3 fair value measurements

Level 2 and 3 fair value measurements – valuation technique and the inputs used for assets in 2014

	Category (Level 2 or Level 3)	Fair Value	Valuation technique(s) ¹	Inputs used	Range (weighted average) ²
Non-financial assets					
Leasehold improvements	Level 3	299,091	Depreciated Replacement Cost (DRC)	Replacement cost new (price per square metre) Consumed economic benefit / obsolescence of asset	20.0% – 20.0% (20.0%) per annum
Property, plant and equipment	Level 2	131,000	Market Approach	Adjusted market transactions	

1 There have been no changes to valuation techniques.

2 Significant unobservable inputs only. Not applicable for assets or liabilities in the Level 2 category.

There were no significant inter-relationships between unobservable inputs that materially affect fair value.

Recurring and non-recurring Level 3 fair value measurements – valuation processes

The entity procured the service of the Australian Valuation Solutions (AVS) to undertake a comprehensive valuation of all non-financial assets at 30 June 2014. The entity tests the procedures of the valuation model as an internal management review at least once every 12 months (with a formal revaluation undertaken once every three years). If a particular asset class experiences significant and volatile changes in fair value (i.e. where indicators suggest that the value of the class has changed materially since the previous reporting period), that class is subject to specific valuation in the reporting period, where practicable, regardless of the timing of the last specific valuation. The entity has engaged AVS to provide written assurance that the models developed comply with AASB 13.

There is no change in the valuation technique since the prior year.

Significant Level 3 inputs utilised by the entity are derived and evaluated as follows

Leasehold improvements – consumed economic benefit / obsolescence of asset

Assets that do not transact with enough frequency or transparency to develop objective opinions of value from observable market evidence have been measured utilising the cost (Depreciated Replacement Cost or DRC) approach. Under the DRC approach the estimated cost to replace the asset is calculated and then adjusted to take into account its consumed economic benefit / asset obsolescence (accumulated depreciation). Consumed economic benefit / asset obsolescence has been determined based on professional judgement regarding physical, economic and external obsolescence factors relevant to the asset under consideration.

The weighted average is determined by assessing the fair value measurement as a proportion of the total fair value for the class against the total useful life of each asset.

Recurring Level 3 fair value measurements – sensitivity of inputs

**Leasehold improvements & property, plant and equipment – consumed economic benefit /
obsolescence of asset**

The significant unobservable inputs used in the fair value measurement of the OTA's leasehold improvements and property, plant and equipment asset classes relate to the consumed economic benefit / asset obsolescence (accumulated depreciation). A significant increase (decrease) in this input would result in a significantly lower (higher) fair value measurement.

Note 5C Reconciliation for recurring Level 3 fair value measurements

Recurring Level 3 fair value measurements – reconciliation for assets

	Non-financial assets	
	Leasehold improvements	Total
	2014	2014
	\$	\$
Opening balance ¹	470,000	470,000
Total gains/(losses) in accumulated depreciation ²	(170,909)	(170,909)
Transfers into Level 3 ³	-	-
Transfers out of Level 3 ³	-	-
Closing balance	299,091	299,091

¹ Opening balance as determined in accordance with AASB 13.

² The presentation of these gains/(losses) in the Statement of comprehensive income is under depreciation and amortisation expenses.

³ There have been no transfers between levels of the hierarchy during the year.

The OTA's policy for determining when transfers between levels are deemed to have occurred can be found in Note 1.

6 Note 6 Financial assets

	2014 \$	2013 \$
Note 6A Cash and cash equivalents		
Cash on hand or on deposit	52,675	77,825
Total cash and cash equivalents	52,675	77,825
Note 6B Trade and other receivables		
Goods and services receivables in connection with		
External parties	321	4,736
Total goods and services receivables	321	4,736
Appropriations receivables		
Existing programs	2,228,968	1,556,501
Total appropriations receivables	2,228,968	1,556,501
Other receivables		
GST receivable from the Australian Taxation Office	18,226	59,156
Total other receivables	18,226	59,156
Total trade and other receivables (gross)	2,247,515	1,620,393
Less impairment allowance		
Other	-	-
Total impairment allowance account	-	-
Total trade and other receivables (net)	2,247,515	1,620,393
Trade and receivables (net) are expected to be recovered in		
No more than 12 months	2,247,515	1,620,393
More than 12 months	-	-
Total trade and other receivables (net)	2,247,515	1,620,393
Receivables are aged as follows		
Not overdue	2,247,515	1,619,183
Overdue by:		
0 to 30 days	-	-
31 to 60 days	-	1,210
61 to 90 days	-	-
More than 90 days	-	-
Total receivables (gross)	2,247,515	1,620,393

Credit terms are net 30 days. (2013: 30 days).

7 Note 7 Non-financial assets

	2014 \$	2013 \$
Note 7A Land and buildings		
Leasehold improvements		
Fair value	470,000	470,000
Accumulated depreciation	(170,909)	-
Total leasehold improvements	299,091	470,000
Total land and buildings	299,091	470,000

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 7B Property, plant and equipment

Property, plant and equipment

Fair value	217,819	222,434
Accumulated depreciation	(86,819)	(64)
Total property, plant and equipment	131,000	222,370

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 1.18. On 26 May 2014, an independent valuer conducted the revaluations.

The outcome of the 2014 revaluation was a revaluation increment of \$4,336 (0.91%). As this amount was immaterial no revaluation increments or decrements were recognised in 2014 (leasehold improvements 2013: \$209,791 and property, plant and equipment 2013: \$153,378).

All 2013 revaluation increments were transferred to the asset revaluation surplus by asset class and included in the equity section of the Statement of financial position.

Note 7C Reconciliation of the opening and closing balances of property, plant and equipment 2014

	Leasehold Improvements	Other Property, Plant and Equipment	Total
	\$	\$	\$
As at 1 July 2013			
Gross book value	470,000	222,434	692,434
Accumulated depreciation and impairment	-	(64)	(64)
Net book value 1 July 2013	470,000	222,370	692,370
Additions:			
By purchase	-	10,506	10,506
Revaluations and impairments recognised in other comprehensive income	-	-	-
Depreciation	(170,909)	(97,218)	(268,127)
Disposals	-	(4,658)	(4,658)
Net book value 30 June 2014	299,091	131,000	430,091
Net book value as of 30 June 2014 represented by:			
Gross book value	470,000	217,819	687,819
Accumulated depreciation and impairment	(170,909)	(86,819)	(257,728)
Net book value 30 June 2014	299,091	131,000	430,091

Note 7C 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	(94,621)	(82,399)	(177,020)
Disposals	–	–	–
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 *continued*

	2014 \$	2013 \$
Note 7D Intangible assets		
Computer software		
Purchased	1,268,640	256,613
Work in progress	130,800	978,000
Accumulated amortisation	(263,613)	(164,813)
Total computer software	1,135,827	1,069,800
Total intangibles	1,135,827	1,069,800

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 7E Reconciliation of the opening and closing balances of intangibles 2014

	Computer software purchased \$	Total \$
As at 1 July 2013		
Gross book value	1,234,613	1,234,613
Accumulated amortisation	(164,813)	(164,813)
Net book value 1 July 2013	1,069,800	1,069,800
Additions:		
By purchase or internally developed	164,827	164,827
Amortisation	(98,800)	(98,800)
Net book value 30 June 2014	1,135,827	1,135,827
Net book value as of 30 June 2014 represented by:		
Gross book value	1,399,440	1,399,440
Accumulated amortisation and impairment	(263,613)	(263,613)
Net book value 30 June 2014	1,135,827	1,135,827

Note 7E 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	133,433	133,433
Additions:		
By purchase or internally developed	986,394	986,394
Amortisation	(50,027)	(50,027)
Net book value 30 June 2013	1,069,800	1,069,800
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	1,069,800	1,069,800

Notes to and forming part of
the financial statements *continued*

	2014 \$	2013 \$
Note 7F Other non-financial assets		
Prepayments	27,619	29,214
Total other non-financial assets	27,619	29,214
Total other non-financial assets expected to be recovered		
No more than 12 months	27,619	29,214
Total other non-financial assets	27,619	29,214

No indicators of impairment were found for other non-financial assets.

8 Note 8 Payables

	2014 \$	2013 \$
Note 8A Suppliers		
Trade creditors and accruals	96,696	120,303
Total supplier payables	96,696	120,303
Suppliers expected to be settled		
No more than 12 months	96,696	120,303
More than 12 months	-	-
Total suppliers	96,696	120,303
Suppliers in connection with		
Related parties	6,620	12,022
External parties	90,076	108,281
Total suppliers	96,696	120,303
Settlement was usually made within 30 days.		
Note 8B Other payables		
Wages and salaries	436,224	238,740
Superannuation	61,063	19,735
Separations and redundancies	253,849	-
Lease incentive	101,077	143,659
Other	234,290	97,393
Total other payables	1,086,503	499,527
Other payables expected to be settled		
No more than 12 months	794,689	478,239
More than 12 months	291,814	21,288
Total other payables	1,086,503	499,527

9 Note 9 Provisions

	2014 \$	2013 \$
Note 9A Employee provisions		
Leave	1,049,216	1,145,102
Total employee provisions	1,049,216	1,145,102
Employee provisions expected to be settled		
No more than 12 months	901,317	918,112
More than 12 months	147,899	226,990
Total employee provisions	1,049,216	1,145,102

10 Note 10 Cash flow reconciliation

	2014 \$	2013 \$
Reconciliation of cash and cash equivalents as per statement of financial position to cash flow statement		
Cash and cash equivalents as per		
Cash flow statement	52,675	77,825
Statement of financial position	52,675	77,825
Discrepancy	-	-
Reconciliation of net cost of services to net cash from/(used by) operating activities		
Net cost of services	(5,904,358)	(5,966,528)
Revenue from Government	5,841,000	5,866,000
Adjustments for non-cash items		
Gain on acquisition of assets	-	-
Depreciation/amortisation	366,927	227,047
Gain or loss on disposal of assets	4,658	(1,100)
Movements in assets and liabilities		
Assets		
Increase in net receivables	(627,122)	(37,632)
(Increase)/decrease in prepayments	1,595	(29,214)
Liabilities		
Decrease in employee provisions	(95,886)	(12,141)
Increase/(decrease) in supplier payables	(23,607)	49,553
Increase/(decrease) in other payables	586,976	(111,912)
Net cash from/(used by) operating activities	150,183	(15,927)

11 Note 11 **Contingent assets and liabilities**

Quantifiable contingencies

The OTA had no quantifiable contingencies as 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 (2013: nil).

12 Note 12 Senior executive remuneration

	2014 \$	2013 \$
Note 12A Senior executive remuneration expenses for the reporting period		
Supplier payables expected to be settled in the next 12 months		
Salary	757,968	818,655
Performance bonuses	53,393	40,143
Motor vehicle and other allowances	45,669	54,958
Total short-term employee benefits	857,030	913,756
Post-employment benefits:		
Superannuation	141,446	148,521
Total post-employment benefits	141,446	148,521
Other long-term benefits:		
Annual leave accrued	60,618	51,835
Long service leave	26,253	43,518
Total other long-term benefits	86,871	95,353
Termination benefits:		
Voluntary redundancy payments	-	-
Total termination benefits	-	-
Total senior executive remuneration expenses	1,085,347	1,157,630

Notes

- Note 12A is prepared on an accrual basis (therefore the performance bonus expenses disclosed above may differ from the cash 'Bonus paid' in Note 12B).
- Note 12A excludes acting arrangements and part-year service where total remuneration expensed as a senior executive was less than \$195,000.

Note 12B Average annual reportable remuneration paid to substantive senior executives during the reporting period

Average annual reportable remuneration paid to substantive senior executives in 2014

Average annual reportable remuneration ¹	Substantive senior executives No.	Reportable Salary ² \$	Contributed superannuation ³ \$	Reportable allowances ⁴ \$	Bonus paid ⁵ \$	Total reportable remuneration \$
Total reportable remuneration (including part-time arrangements):						
\$225,000 to \$254,999	3	183,734	30,770	1,901	17,798	234,203
\$375,000 to \$404,999	1	337,791	49,631	-	-	387,422
Total number of substantive senior executives	4					

Average annual reportable remuneration paid to substantive senior executives in 2013

Average annual reportable remuneration ¹	Substantive senior executives No.	Reportable Salary ² \$	Contributed superannuation ³ \$	Reportable allowances ⁴ \$	Bonus paid ⁵ \$	Total reportable remuneration \$
Total remuneration (including part-time arrangements):						
\$225,000 to \$254,999	1	175,640	27,576	2,513	22,500	228,229
\$255,000 to \$284,999	2	202,666	43,896	3,665	16,475	266,702
\$345,000 to \$374,999	1	300,065	46,299	3,665	-	350,029
Total number of substantive senior executives	4					

Notes

- 1** 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.
- 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 benefits);
 - c** exempt foreign employment income; and
 - d** reportable employer superannuation contributions.
- 3** The 'contributed superannuation' amount is the average cost to the Authority for the provision of superannuation benefits to substantive senior executives 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 the individuals' payment summaries.
- 5** '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.

Note 12C Average Annual Reportable Remuneration Paid to Other Highly Paid Staff during the Reporting Period

Average annual reportable remuneration paid to other highly paid staff in 2014

Average annual reportable remuneration ¹	Other highly paid staff	Reportable Salary ²	Contributed superannuation ³	Reportable allowances ⁴	Bonus paid ⁵	Total reportable remuneration
		\$	\$	\$	\$	\$
Total reportable remuneration (including part-time arrangements):	1	156,486	27,331		13,737	197,554
\$195,000 to \$224,999						
Total number of other highly paid staff	1					

Average annual reportable remuneration paid to other highly paid staff in 2013

Average annual reportable remuneration ¹	Other highly paid staff	Reportable Salary ²	Contributed superannuation ³	Reportable allowances ⁴	Bonus paid ⁵	Total reportable remuneration
		\$	\$	\$	\$	\$
Total reportable remuneration (including part-time arrangements):	1	152,284	38,358		6,668	197,310
\$195,000 to \$224,999						
Total number of other highly paid staff	1					

Notes

- 1** This table reports staff:
 - a** who were employed by the Authority during the reporting period;
 - b** whose reportable remuneration was \$195,000 or more for the financial period; and
 - 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); and
 - c** reportable employer superannuation contribution; and
 - d** exempt foreign employment income.
- 3** The 'contributed superannuation' amount is the average cost to the OTA 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.

13

Note 13
**Remuneration of
Auditors**

	2014	2013
	\$	\$
Financial statement audit services were provided free of charge to the OTA by the Australian National Audit Office (ANAO)		
Fair value of the services received		
Financial statement audit services	70,000	64,000
Total fair value of services received	70,000	64,000

The ANAO provided assurance engagements free of charge to the OTA. No other services were provided by the auditors of the financial statements.

14 Note 14 Financial instruments

2014
\$

2013
\$

Note 14A Categories of financial instruments

Financial assets

Loans and receivables

Cash and cash equivalents	52,675	77,825
Trade and other receivables	321	4,736
Total loans and receivables	52,996	82,561
Total financial assets	52,996	82,561

Financial liabilities

Financial liabilities measured at amortised cost

Trade creditors	96,696	120,303
Other payables	335,367	241,052
Total financial liabilities measured at amortised cost	432,063	361,355
Total financial liabilities	432,063	361,355

Note 14B Net gains or losses on financial assets

There is no interest income and expense from financial assets not at fair value through profit or loss in the years ending 30 June 2013 and 30 June 2014.

Note 14C Net income and expense from financial liabilities

There is no interest income and expense from financial liabilities not at fair value through profit or loss in the years ending 30 June 2013 and 30 June 2014.

Note 14D 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 (2014: \$321 and 2013: \$4,736).

The OTA had assessed the risk of default on payment and had allocated \$0 in 2014 (2013: \$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 assets 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
	2014 \$	2013 \$	2014 \$	2013 \$
Cash and cash equivalents	52,675	77,825	-	-
Other receivables	321	3,526	-	1,210
Total	52,996	81,351	-	1,210

Note 14E 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 policies and procedures in place to ensure timely payment is made when due and has no past experience of default.

Maturities for non-derivative financial liabilities 2014

	within 1 year	1 to 2 years	Total
	\$	\$	\$
Other liabilities			
Trade creditors	96,696	-	96,696
Other payables	297,402	37,965	335,367
Total	394,098	37,965	432,063

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

The OTA has no derivative financial liabilities in both the current and prior year.

Note 14F 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 Statement of financial position.

15 Note 15 Financial assets reconciliation

	Notes	2014 \$	2013 \$
Total financial assets as per statement of financial position		2,300,190	1,698,218
Less: non-financial instruments components			
Appropriation receivable	6B	(2,228,968)	(1,556,501)
GST receivable from the Australian Taxation Office	6B	(18,226)	(59,156)
Total non-financial instruments		(2,247,194)	(1,615,657)
Total financial assets as per financial instruments note		52,996	82,561

16 Note 16 Administered expenses

	2014 \$	2013 \$
Note 16A Suppliers		
Goods and services supplied or rendered		
Contractors	560,095	450,255
Consultants	54,884	33,206
Public relations and research	379,972	807,891
Travel	184,100	174,280
Software licence and maintenance	405,701	168,000
Other	478,231	566,555
Total goods and services supplied or rendered	2,062,983	2,200,187
Goods and services supplied in connection with		
Provision of goods – related parties	-	-
Rendering of services – related parties	61,170	68,594
Rendering of services – external parties	2,001,813	2,131,593
Total goods and services	2,062,983	2,200,187
Total supplier expenses	2,062,983	2,200,187
Note 16B Grants		
Public sector		
State and Territory Governments	33,001,516	31,614,616
Private sector		
Non-profit organisations	4,613,837	5,185,290
Total grants	37,615,353	36,799,906

17 Note 17 Administered income

	2014 \$	2013 \$
<hr/>		
Note 17 Revenue		
Other	-	-
Total revenue	<u>-</u>	<u>-</u>

18 Note 18 Administered financial assets

	2014 \$	2013 \$
Note 18A Cash and cash equivalents		
Cash on hand or on deposit	80,000	80,000
Total cash and cash equivalents	80,000	80,000
Note 18B Trade and other receivables		
Other receivables		
Related parties	184,830	162,006
External parties	2,419	11,070
Total other receivables	187,249	173,076
Total trade and other receivables (gross)	187,249	173,076
Less: impairment allowance account	-	-
Less: allowance for credit amendments	-	-
Total trade and other receivables (net)	187,249	173,076
Receivables are expected to be recovered in		
No more than 12 months	187,249	173,076
More than 12 months	-	-
Total trade and other receivables (net)	187,249	173,076
Receivables were aged as follows		
Not overdue	187,249	173,076
Overdue by:		
0 to 30 days	-	-
31 to 60 days	-	-
61 to 90 days	-	-
More than 90 days	-	-
Total receivables (gross)	187,249	173,076

19 Note 19 Administered payables

	2014 \$	2013 \$
Note 19A Suppliers		
Trade creditors and accruals	272,656	206,546
Total suppliers	272,656	206,546
Suppliers expected to be settled		
No more than 12 months	272,656	206,546
More than 12 months	-	-
Total suppliers	272,656	206,546
Suppliers in connection with		
Related parties	-	5,846
External parties	272,656	200,700
Total suppliers	272,656	206,546
Settlement was usually made within 30 days.		
Note 19B Grants		
Public sector		
State and Territory Governments	10,978,897	10,819,401
Private sector		
Non-profit organisations	661,766	143,715
Total grants	11,640,663	10,963,116
Grants expected to be settled		
No more than 12 months	11,640,663	10,963,116
Total grants	11,640,663	10,963,116

Settlement was made according to the terms and conditions of each grant within 30 days of performance or eligibility.

20 Note 20 Administered cash flow reconciliation

	2014 \$	2013 \$
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 flow statement	80,000	80,000
Schedule of administered assets and liabilities	80,000	80,000
Discrepancy	<u>-</u>	<u>-</u>
Reconciliation of net cost of services to net cash from/(used by) operating activities		
Net cost of services	(39,678,336)	(39,000,093)
Movements in assets and liabilities		
Assets		
(Increase)/decrease in net receivables		
Liabilities	(14,173)	6,907
Increase/(decrease) in supplier payables		
Increase/(decrease) in other payables	66,110	21,209
Net cash from/(used by) operating activities	<u>677,547</u>	<u>(1,502,269)</u>
Net cash from/(used by) operating activities	<u>(38,948,852)</u>	<u>(40,474,246)</u>

21 Note 21 **Administered contingent liabilities and assets**

Quantifiable administered contingencies

The OTA had no quantifiable contingencies at reporting date.

Unquantifiable administered contingencies

The OTA provided an indemnity in relation to the provision of ICT services 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.

Significant remote administered contingencies

The OTA had no remote contingencies at reporting date.

22 Note 22 Administered financial instruments

	2014 \$	2013 \$
Note 22A Categories of financial instruments		
Financial assets		
Loans and receivables		
Cash and cash equivalents	80,000	80,000
Other receivables	2,419	11,070
Total loans and receivables	82,419	91,070
Total financial assets	82,419	91,070
Financial liabilities		
Financial liabilities measured at amortised cost		
At amortised cost		
Trade creditors	272,656	206,546
Grants payable	11,640,663	10,963,116
Total financial liabilities measured at amortised cost	11,913,319	11,169,662
Total financial liabilities	11,913,319	11,169,662

Note 22B Net gains or losses on financial assets

There is no interest income from financial assets not at fair value through profit or loss in the years ending 30 June 2013 and 30 June 2014.

Note 22C Net gains or losses on financial liabilities

There is no interest income or expense from financial liabilities not at fair value through profit or loss in the years ending 30 June 2013 and 30 June 2014.

Note 22D 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:

	2014 \$	2013 \$
Financial assets		
Loans and receivables		
Cash and cash equivalents	80,000	80,000
Other receivables	2,419	11,070
Total	82,419	91,070

Financial liabilities

At amortised cost		
Trade creditors	272,656	206,546
Grants payable	11,640,663	10,963,116
Total	11,913,319	11,169,662

Credit quality of financial instruments not past due or individually determined as impaired

	Not past due nor impaired 2014 \$	Not past due nor impaired 2013 \$	Past due or impaired 2014 \$	Past due or impaired 2013 \$
Loans and receivables				
Other receivables	2,419	11,070	-	-
Total	2,419	11,070	-	-

Note 22E 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 2014

	within 1 year	1 to 2 years	Total
	\$	\$	\$
Other liabilities			
Trade creditors	272,656	-	272,656
Grants payable	11,640,663	-	11,640,663
Total	11,913,319	-	11,913,319

Maturities for non-derivative financial liabilities 2013

	within 1 year	1 to 2 years	Total
	\$	\$	\$
Other liabilities			
Trade creditors	206,546	-	206,546
Other payables	10,963,116	-	10,963,116
Total	11,169,662	-	11,169,662

The OTA has no derivative financial liabilities in the current or prior year.

23 Note 23 Administered financial assets reconciliation

	Notes	2014 \$	2013 \$
Total financial assets as per schedule of administered assets and liabilities		267,249	253,076
Less: non-financial instrument components			
GST receivable from Australian Taxation Office	18B	(184,830)	(162,006)
Total non-financial instrument components		(184,830)	(162,006)
Total financial assets as per financial instruments note		82,419	91,070

24 Note 24 Appropriations

Table A: Annual appropriations ('recoverable GST exclusive')

	2014 appropriations					Total Appropriation applied in 2014 (current and prior years)	Variance ³
	Annual appropriation	Appropriation Act reduced ¹	AFM	Section 30	Section 31		
	\$	\$	\$	\$	\$	\$	\$
Departmental							
Ordinary annual services	5,846,000	-	-	-	1,089,283	-	6,935,283
Other services	-	-	-	-	-	-	-
Equity	-	-	-	-	-	-	-
Total departmental	5,846,000	-	-	-	1,089,283	-	6,935,283
Administered							
Ordinary annual services							
Administered items	39,680,000	(1,664)	-	228,366	-	-	39,906,702
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	39,680,000	(1,664)	-	228,366	-	-	39,906,702
Total	39,680,000	(1,664)	-	228,366	-	-	39,906,702
							6,287,966
							647,317
							702,586

Notes

- 1** Appropriations reduced under Appropriation Acts (Nos. 1,3&5) 2013–14 sections 10, 11, 12 and 15 and under Appropriation Acts (Nos. 2,4,&6) 2013–14: 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 2014, 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 (1,3&5) 2013–14 and section 12 of Appropriation Acts (Nos 2,4&6) 2013–14, 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 2013–14, 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 annual variance includes an amount of \$5,000 which will be reduced in 2014–15 as the Instrument to Reduce Appropriations (No. 1 of 2014–15) becomes effective.
- 4** The OTA has no current allocation of Departmental Capital Budget.

Table A: Annual appropriations ('recoverable GST exclusive') continued

	2013 appropriations						Total appropriation applied in 2013 (current and prior years)	Variance ³
	Annual appropriation	AFM appropriation reduced ¹	Section 30	Section 31 (GST excl.)	Section 32	Total appropriation		
	\$	\$	\$	\$	\$	\$	\$	
Departmental								
Ordinary annual services	5,886,000	-	-	1,105,904	-	6,991,904	61,991	
Other services								
Equity	-	-	-	-	-	1,088,130	(1,088,130)	
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

- 1** Appropriations reduced under Appropriation Acts (Nos.1,3) 2012–13: sections 10, 11, and 12 and under Appropriation Acts (Nos.2,4) 2012–13: 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 2012–13, 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 reduce that appropriation. For administered appropriation reduced under section 11 of Appropriation Acts (1,3&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.
- 2** 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 101) but at law the appropriations had not been amended before the end of the reporting period.
- 3** 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 (\$1,484,513) relates to the difference in 2011–2012 and 2012–2013 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 *continued*

Table B: Unspent annual appropriations ('recoverable GST exclusive')

Authority	2014 \$	2013 \$
Departmental		
Appropriation ACT (No.1) 2012–13	–	1,654,326
Appropriation ACT (No.1) 2013–14	2,286,643	–
Total	2,286,643	1,654,326
Administered		
Appropriation ACT (No.1) 2012–13	3,000	11,145,427
Appropriation ACT (No.1) 2013–14	11,843,771	–
Total	11,846,771	11,145,427

Table C: Reduction in administered items ('recoverable GST exclusive')

2014	Amount required ³ – by Appropriation Act		Total amount required ³	Total amount appropriated ⁴	Total reduction ⁵
	Act (No. 1)	Act (No. 3)			
Ordinary annual services					
Outcome 1	39,680,000.00	0	39,678,335.87	39,680,000.00	1,664.13
Other Services					
Outcome 1					

Notes

- 1 Numbers in this section of the table must be disclosed to the cent.
- 2 Administered items for 2014 were reduced to these amounts when these financial statements were tabled in Parliament as part of the OTA's 2014 annual report. This reduction is effective in 2015, but the amounts are reflected in Table A in the 2013–14 financial statements in the column 'Appropriations reduced' as they are adjustments to 2013–14 appropriations.
- 3 Amount required as per Appropriation Act (Act 1 s.11; Act 2 s.12).
- 4 Total amount appropriated in 2014.
- 5 Total reduction effective in 2015.

2013	Amount required ³ – by Appropriation Act		Total amount required ³	Total amount appropriated ⁴	Total reduction ⁵
	Act (No. 1)	Act (No. 3)			
Ordinary annual services					
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 2013 annual report. This reduction was effective in 2014, but the amounts were 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 2013.
- 5 Total reduction effective in 2014.

25 Note 25

Compensation and debt relief

	2014 \$	2013 \$
Departmental		
No 'Act of Grace' expenses were incurred during the reporting period (2013: 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> (2013: Nil)	-	-
No payments were provided under the Compensation for Detriment Administration (CDAA) Scheme during the reporting period (2013: Nil).	-	-
No ex-gratia payments were provided for during the reporting period. (2013: Nil).	-	-
No payments were provided in special circumstances relating to APS employment pursuant to section 73 of the <i>Public Services Act 1999</i> (Ps Act) during the reporting period (2013: Nil).	-	-
Administered		
No 'Act of Grace' expenses were incurred during the reporting period (2013: 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> (2013: No waivers)	-	-
No payments were provided under the Compensation for Detriment caused by Defective Administration (CDAA) Scheme during the reporting period (2013: Nil).	-	-
No ex-gratia payments were provided for during the reporting period. (2013: Nil).	-	-

26 Note 26 Reporting of outcomes

The Australian Organ and Tissue Donation and Transplantation Authority reports on only one outcome. All of the OTA's departmental and administered revenue, expenses, assets and liabilities are allocated to Outcome 1 in the tables below.

Note 26A Net cost of outcome delivery

	Outcome 1		Total	
	2014 \$	2013 \$	2014 \$	2013 \$
Departmental				
Expenses	5,974,358	6,031,628	5,974,358	6,031,628
Gain from disposal of assets	-	1,100	-	1,100
Own-source income	70,000	64,000	70,000	64,000
Administered				
Expenses	39,678,336	39,000,093	39,678,336	39,000,093
Own-source income	-	-	-	-
Net cost of outcome delivery	45,582,694	44,967,721	45,582,694	44,967,721

Note 26B Major classes of departmental expenses, income, assets and liabilities by outcome

	Outcome 1		Total	
	2014 \$	2013 \$	2014 \$	2013 \$
Departmental expenses				
Employee expenses	4,302,031	4,138,480	4,302,031	4,138,480
Supplier expenses	1,300,742	1,666,101	1,300,742	1,666,101
Depreciation and amortisation	366,927	227,047	366,927	227,047
Write down and impairment of assets	4,658	-	4,658	-
Total	5,974,358	6,031,628	5,974,358	6,031,628
Departmental income				
Income from government	5,841,000	5,866,000	5,841,000	5,866,000
Gain from disposal of assets	-	1,100	-	1,100
Other	70,000	64,000	70,000	64,000
Total	5,911,000	5,931,100	5,911,000	5,931,100
Departmental assets				
Cash and cash equivalents	52,675	77,825	52,675	77,825
Trade and other receivables	2,247,515	1,620,393	2,247,515	1,620,393
Land and buildings	299,091	470,000	299,091	470,000
Property, plant and equipment	131,000	222,370	131,000	222,370
Intangibles	1,135,827	1,069,800	1,135,827	1,069,800
Other non financial assets	27,619	29,214	27,619	29,214
Total	3,893,727	3,489,602	3,893,727	3,489,602
Departmental liabilities				
Suppliers	96,696	120,303	96,696	120,303
Other payables	1,086,503	499,527	1,086,503	499,527
Employee provisions	1,049,216	1,145,102	1,049,216	1,145,102
Total	2,232,415	1,764,932	2,232,415	1,764,932

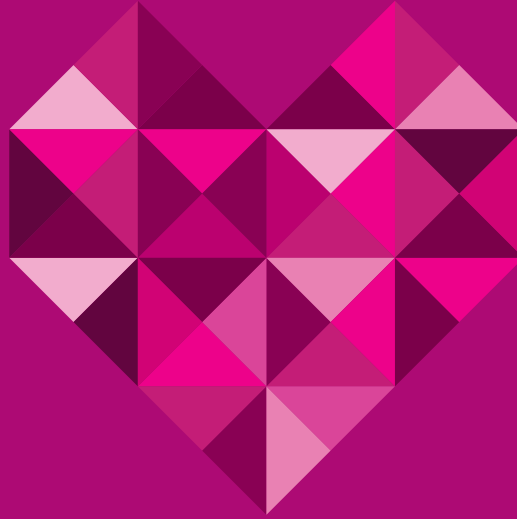
Note 26C Major classes of administered expenses, income, assets and liabilities by outcomes

	Outcome 1		Total	
	2014 \$	2013 \$	2014 \$	2013 \$
Administered expenses				
Supplier expenses	2,062,983	2,200,187	2,062,983	2,200,187
Grants	37,615,353	36,799,906	37,615,353	36,799,906
Total	39,678,336	39,000,093	39,678,336	39,000,093
Administered assets				
Cash and cash equivalents	80,000	80,000	80,000	80,000
Trade and other receivables	187,249	173,076	187,249	173,076
Total	267,249	253,076	267,249	253,076
Administered liabilities				
Suppliers	272,656	206,546	272,656	206,546
Grants payables	11,640,663	10,963,116	11,640,663	10,963,116
Total	11,913,319	11,169,662	11,913,319	11,169,662

27 Note 27 Net cash appropriation arrangements

	2014 \$	2013 \$
Total comprehensive income (loss) less depreciation/amortisation expenses previously funded through revenue appropriations¹	303,569	489,688
Plus: depreciation/amortisation expenses previously funded through revenue appropriation	(366,927)	(227,047)
Total comprehensive income (loss) – as per the Statement of comprehensive income	(63,358)	262,641

- ¹ From 2010–11, the Government introduced net cash appropriation arrangements, where revenue appropriations for depreciation/amortisation expenses ceased. Entities now receive a separate capital budget provided through equity appropriations. Capital budgets are to be appropriated in the period when cash payment for capital expenditure is required.



Appendices

Appendix 1: Donateline National Communications Framework and Charter	182
Abbreviations and glossary	184
List of requirements	188
Index	192

Appendix 1: DonateLife National Communications Framework and Charter

A National Communications Framework and Charter provide 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 Organ and Tissue Authority is committed to providing signatories with:

- ▶ 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.

Charter Signatories commit to:

- ▶ encourage people to have the conversation with their families about their organ and tissue donation decisions
- ▶ 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 and to register these decisions on the Australian Organ Donor Register
- ▶ 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.

Charter Signatories at 30 June 2014

At 30 June 2014 there were 52 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
- ▶ Australian Government Department of Human Services
- ▶ Australian Red Cross Blood Service
- ▶ Barwon Bone Bank
- ▶ Cell and Tissue Therapies Western 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 (ACT)
- ▶ Heart and Lung Transplant Trust Victoria
- ▶ Hunter New England Bone Bank
- ▶ Kidney Health Australia
- ▶ Lions Eye Bank WA
- ▶ Lions Eye Donation Service
- ▶ Liver Kids Australia Inc
- ▶ 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
- ▶ 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 Cricket Australia
- ▶ Transplant Society of Australia and New Zealand
- ▶ Zaidee's Rainbow Foundation

Abbreviations and glossary

Abbreviations

ACT	Australian Capital Territory
ANZOD	Australia and New Zealand Organ Donation Registry
APS	Australian Public Service
ATCA	Australasian Transplant Coordinators Association
CALD	culturally and linguistically diverse
CEO	Chief Executive Officer
CGF	Clinical Governance Framework
CPIP	Clinical Practice Improvement Program
DBD	donation after brain death
DCD	donation after circulatory death
DLN	DonateliLife Network
dpmp	deceased donors per million population
EDR	Electronic Donor Record
FDC	Family Donation Conversation
FMA Act	<i>Financial Management and Accountability Act 1997</i>
GST	goods and services tax
ICU	Intensive Care Unit
ISODP	International Society for Organ Donation and Procurement
KPI	key performance indicator
MMC	Monash Medical Centre
NMD	National Medical Director
NSW	New South Wales
NT	Northern Territory
OTA	Organ and Tissue Authority
otmp	organs transplanted per million population (from deceased organ donors)
PBS	Portfolio Budget Statements
PEP	Professional Education Package
PwC	PricewaterhouseCoopers
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

Advisory Council	The OTA's foremost advisory body established under the <i>Australian Organ and Tissue Donation and Transplantation Authority Act 2008</i> to advise the CEO about organ or tissue donation and transplantation matters
Audit Committee	Committee established by the OTA's CEO in accordance with section 46 of the <i>Financial Management and Accountability Act 1997</i> to provide independent assurance and assistance to meet the OTA's responsibilities under the Act, particularly in relation to risk control, compliance frameworks and external accountabilities
Australasian Donor Awareness Program	Workshop-based program that provides health professionals with continuing education on organ and tissue donation, including education on clinical issues and family communication (being replaced by the Introductory Donation Awareness Training workshop)
Australian Organ and Tissue Donation and Transplantation Authority	Statutory body established under the <i>Organ and Tissue Donation and Transplantation Authority Act 2008</i> to implement the national reform programme
Australian Paired Kidney Exchange Programme	A kidney paired donation program that aims to increase living donor kidney transplants for patients who are eligible for a kidney transplant and have a living donor who is willing but unable to donate because of an incompatible blood type or tissue type. Incompatible 'pairs' enrol in the program and are potentially matched against other incompatible 'pairs'
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 DLN hospitals to improve clinical practice in organ and tissue donation
Clinical protocols	Protocols to guide national clinical practice by specifying the eligibility criteria for entry onto organ transplant waiting lists; donor suitability criteria for organ allocation for transplantation; and the organ allocation protocols for determining transplant recipients
Consensus Statement on Eligibility Criteria and Allocation Protocols	A consensus statement on organ transplant waiting lists and organ allocation protocols for transplantation (currently under review – see Ethical Guidelines, and Clinical Protocols)
Consent rate	Number of consents as a proportion of the number of requests made of potential donors
Conversion rate	Number of brain-dead organ donors as a proportion of the number of potential donors with confirmed or probable brain death
DonateLife	Australian Government program brand for the national reform programme, including brand name and identity for the DonateLife Network and the national DonateLife Community Awareness and Education Program
DonateLife Agencies	Organ and tissue donation agencies that are responsible for implementing the national reform programme 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
DonateLife Audit	Nationally consistent method of managing a retrospective audit to collect data about hospital deaths in the context of organ donation

Glossary

continued

DonateLife <i>Book of Life</i>	Collection of life-saving and life-changing stories from people touched by organ and tissue donation
DonateLife Clinical Governance Framework	Provides support and guidance to DLN staff who provide quality organ and tissue donation services within the Australian health system
'DonateLife...the greatest gift' campaign	Community education and engagement campaign to facilitate access to culturally appropriate and in-language resources for culturally and linguistically diverse communities
DonateLife Network	National network of organ and tissue donation agencies, hospital-based staff and the OTA, focused on increasing organ and tissue donation
DonateLife Week	National awareness week on organ and tissue donation
Donation after brain death	Organ donation occurring after brain death has been determined and before cessation of circulation
Donation after circulatory death	Organ donation after death has been determined to have occurred, on the basis of the absence of circulation (and of other vital signs)
Donor Family Study	A retrospective study that is conducted every second year to seek feedback on the donation process from families who are asked to make a donation decision
Electronic Donor Record	National electronic web-based IT system for offering organs for transplantation to streamline organ offering processes
Ethical guidelines	Guidelines for ethical practice in relation to organ transplantation from deceased donors (specific to the ethics of the organ transplantation process)
Family Donation Conversation workshop	Workshop-based training that provides health professionals with the knowledge and skills to communicate with families about death and donation, and to support families to make an informed donation decision
Femoral head	The ball part of the hip joint
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
Introductory Donation Awareness Training	Workshop-based program that provides multidisciplinary introductory awareness training for professionals involved in organ and tissue donation, including clinical processes and family communication
Jurisdictional Advisory Group	Representatives of all jurisdictional health departments ensuring the efforts of the DonateLife staff reflect state, territory and Australian Government policies and processes, and that legislative and funding implications are well understood by relevant departments
Living tissue donor	Someone who donates tissue while they are still alive
National Communications Charter and Framework	Framework and principles of the nationally consistent approach to communications

Glossary

continued

National reform programme	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. Originally known as the national reform agenda
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
Portfolio Budget Statements	Statements prepared by portfolios to explain the Budget appropriations in terms of Outcomes and Programs
Professional Education Package	Modularised program providing specialist training for conducting family conversations about death and the opportunity for organ and tissue donation
Request rate	Number of requests as a proportion of the number of potential donors
State Medical Directors	Leaders of the organ and tissue donation sector in each jurisdiction who drive clinical practice change to increase organ and tissue donation rates

List of requirements

Part of report	Description	Requirement	Page
	Letter of transmittal	Mandatory	v
	Table of contents	Mandatory	vi–viii
	Index	Mandatory	192–194
	Glossary	Mandatory	184–187
	Contact officer(s)	Mandatory	IFC
	Internet home page address and internet address for report	Mandatory	IFC
Review by CEO	Review by CEO	Mandatory	4
	Summary of significant issues and developments	Suggested	2–8
	Overview of authority performance and financial results	Suggested	2–8
	Outlook for following year	Suggested	7–8
	Significant issues and developments – portfolio	Portfolio departments – suggested	N/A
Authority overview	Role and functions	Mandatory	ii–iii
	Organisational structure	Mandatory	14–15
	Outcome and program structure	Mandatory	22
	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	43–88
	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	25–27
	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	43–70

Part of report	Description	Requirement	Page
	Trend information	Mandatory	28–42
	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	4–12
	Contribution of risk management in achieving objectives	Suggested	94
	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	105–106
	Discussion of any significant changes in financial results from the prior year, from budget or anticipated to have a significant impact on future operations	Mandatory	105–106
	Agency Resource Statement and summary resource tables by outcomes	Mandatory	110–179
Management and accountability – corporate governance	Agency heads are required to certify that their agency complies with the Commonwealth Fraud Control Guidelines	Mandatory	93
	Statement of the main corporate governance practices in place	Mandatory	92–94
	Names of the Senior Executive and their responsibilities	Suggested	16
	Senior Management Committees and their roles	Suggested	16–20
	Corporate and operational planning and associated performance reporting and review	Suggested	95–96
	Internal audit arrangements including approach adopted to identifying areas of significant financial or operational risk and arrangements to manage these risks	Suggested	92–94
	Policy and practices on the establishment and maintenance of appropriate ethical standards	Suggested	95
	How nature and amount of remuneration for SES officers is determined	Suggested	96–97
External scrutiny	Significant developments in external scrutiny	Mandatory	94
	Judicial decisions and decisions of administrative tribunals and the Australian Information Commissioner	Mandatory	94
	Reports by the Auditor-General, a Parliamentary Committee or the Commonwealth Ombudsman or an agency capability review	Mandatory	94

Part of report	Description	Requirement	Page
Management of human resources	Assessment of effectiveness in managing and developing human resources to achieve departmental objectives	Mandatory	95–96
	Workforce planning, staff turnover and retention	Suggested	96
	Impact and features of enterprise or collective agreements, individual flexibility arrangements, determinations, common law contracts and Australian Workplace Agreements	Suggested	96–97
	Training and development undertaken and its impact	Suggested	95
	Work health and safety performance	Suggested	98
	Productivity gains	Suggested	N/A
	Statistics on staffing	Mandatory	96
	Enterprise or collective agreements, individual flexibility arrangements, determinations, common law contracts and Australian workplace agreements	Mandatory	97
	Performance pay	Mandatory	96
Assets management	Assessment of effectiveness of assets management	If applicable, mandatory	99
Purchasing	Assessment of purchasing against core policies and principles	Mandatory	99
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	102
Australian National Audit Office access clauses	Absence of provisions in contracts allowing access by the Auditor-General	Mandatory	100
Exempt contracts	Contracts exempted from publication in AusTender	Mandatory	100
Financial statements	Financial statements	Mandatory	110–179

Part of report	Description	Requirement	Page
Other mandatory information	Work health and safety (Schedule 2, Part 4 of the <i>Work Health and Safety Act 2011</i>)	Mandatory	98
	Advertising and Market Research (Section 311A of the <i>Commonwealth Electoral Act 1918</i>) and statement on advertising campaigns	Mandatory	102
	Ecologically sustainable development and environmental performance (Section 516A of the <i>Environment Protection and Biodiversity Conservation Act 1999</i>)	Mandatory	101
	Compliance with the agency's obligations under the <i>Carer Recognition Act 2010</i>	If applicable, mandatory	N/A
	Grant programs	Mandatory	100
	Disability reporting – explicit and transparent reference to agency level information available through other reporting mechanisms	Mandatory	101
	Information Publication Scheme statement	Mandatory	101
	Correction of material errors in previous annual report	If applicable, mandatory	N/A
	Agency Resource Statements and Resources for Outcomes	Mandatory	23–24
	List of requirements	Mandatory	188–191

Index

A

advertising and market research, 102
Advisory Council, 13, 16, 17, 20, 43, 185
Andrews, Hon Kevin, 72
Anstey, Kelly, 87
ANZOD, *see Australia and New Zealand Organ Donation Registry*
Ashby, Dr Richard, 77
Ashton, Coen, 64, 76
assets management, 99
ATCA, *see Australasian Transplant Coordinators Association*
AusTender, 99, 100, 102
Australasian Tissue and Biotherapeutics Forum, 12, 183
Australasian Transplant Coordinators Association, 12, 13, 19, 67, 89, 183
Australia and New Zealand Organ Donation Registry, 9, 19, 32, 34, 35, 50, 52, 60, 69
Australian and New Zealand Intensive Care Society, 12, 19, 47, 71, 183
Australian College of Critical Care Nurses, 12, 47
Australian Government ICT Sustainability Plan 2010–2015, 101
Australian National Audit Office, 92, 100, 192
Australian Organ and Tissue Donation and Transplantation Authority Act 2008, v, 16, 92, 185
Australian Organ Donor Register, 26, 54, 65, 66, 68, 182
Australian Paired Kidney Exchange Programme, 70, 185
Australian Tissue Data report, 9, 52

B

Bell, Amanda, 49
bone banks, 38, 72, 77, 78, 88, 183
Bunnings, 65, 73

C

Cahill Lambert, Anne, 16, 17
CALD, *see culturally and linguistically diverse*
Campbell, Mary, 65
Carter, Dr Angus, 77
Cass, Yael, *see Chief Executive Officer*
Cavazzoni, Dr Elena, 57, 71
CEO, *see Chief Executive Officer*
Certificate of Compliance, 99
CGF, *see Clinical Governance Framework*
Chambers, Renee, 79
Chapman, Professor Jeremy, 16
Charter Signatories, 16, 18, 182, 183

Chief Executive Officer, v, 4, 8, 12, 15, 16, 18, 19, 92, 93, 97, 109, 185
Chief Financial Officer, 15, 16, 92, 109
Clinical Governance Committee, 5, 16, 18, 44, 45
Clinical Governance Framework, 4, 5, 8, 25, 43, 44, 45, 58, 77, 83, 187,
Clinical Practice Improvement Program, 2, 5, 25, 44, 45, 58
Clinical Protocols for organ transplantation from deceased donors, 69
College of Intensive Care Medicine of Australia and New Zealand, 5, 12, 47, 71
Commonwealth Disability Strategy, 101
Commonwealth Fraud Control Guidelines, v, 93, 190
Commonwealth Procurement Rules, 99, 100, 102
Communications and Engagement Strategy, 55
Communications Reference Group, 20
community awareness, 4, 6, 8, 20, 22, 25, 26, 40, 42, 55, 56, 58, 61, 64, 80, 85, 182, 185
Community Awareness Grants program, 7, 26, 54, 55, 61, 64, 100
consent, 5, 6, 20, 27, 32, 33, 47, 48, 50, 52, 58, 73
consultants, 102
contracts, 49, 99, 100, 102
corneal transplants, 10, 35
Council of Australian Governments, 22
Cowell, Jodie, 65
CPIP, *see Clinical Practice Improvement Program*
Cross, Yoni, 72
Cultural Partners, 55
culturally and linguistically diverse, 3, 6, 53, 54, 55, 64, 74, 77, 78, 187

D

Data and Audit Working Group, 19
Datson, Luke, 79
DBD, *see donors after brain death*
DCD, *see donors after circulatory death*
disability reporting, 101, 193
DLN, *see DonateliLife Network*
Dobb, Professor Geoff, 17
DonateliLife Agencies, 56, 58, 60, 63, 185
DonateliLife Audit, 19, 32, 33, 38, 44, 186
DonateliLife Book of Life, 66, 187
DonateliLife Community Speakers Guide, 66
DonateliLife Corporate Partnership Program, 7, 26, 63
DonateliLife Education Coordinators, 20
DonateliLife National Communications Framework and Charter, iv, 19, 63, 182, 183

DonatLife Network, iv, 3, 4, 5, 8, 9, 11, 12, 18, 19, 25, 26, 27, 29, 30, 31, 33, 39, 43, 44, 45, 50, 51, 52, 53, 56, 58, 60, 61, 65, 67, 71, 74, 77, 83, 88, 89, 95, 185, 187

Australian Capital Territory, 39, 57, 88, 89, 183
New South Wales, 25, 45, 53, 57, 71–73, 88, 183
Northern Territory, 57, 85, 86, 183
Queensland, 6, 13, 27, 50, 54, 57, 60, 64, 76, 77, 183
South Australia, 57, 78, 79, 183
Tasmania, 57, 83, 84, 183
Victoria, 57, 74, 75, 183
Western Australia, 57, 80–82, 183

DonatLife Remembrance Services, 67, 84, 86, 88

DonatLife Statements of Support, 6, 53, 66

DonatLife Volunteer Program, 74

DonatLife website, 7, 26, 54, 61, 66, 99

DonatLife Week, 3, 6, 7, 20, 26, 44, 53, 54, 61, 63, 64, 65, 72, 73, 76, 80, 83, 86, 88, 187

DonatLife...the greatest gift, 6, 26, 53, 54, 55, 64, 187

Donor Family Study, 10, 48, 67, 187

Donor Family Support Coordinators, 20, 67, 68

Donor Family Support Implementation Group, 20, 67

Donor Family Support Service, 20, 67, 84

donors after brain death, 27, 28, 31, 33, 38

donors after circulatory death, 27, 28, 31, 33, 71, 73, 74, 80, 83

Downes, Kylie, 39

E

Eades, Francine, 17

Easton, David, 68

EDR, *see Electronic Donor Record*

Education Coordinators, 20, 49, 61

Education Coordinators Network, 20, 61

Electronic Donor Record, 6, 13, 20, 25, 27, 48, 50, 51, 52, 58, 71, 78, 83, 84, 86, 87, 95, 99, 187

Electronic Donor Record Clinical Advisory Group, 13

Electronic Donor Record Oversight Committee, 13, 20

Environment Protection and Biodiversity Conservation Act 1999, 101

Ethical guidelines for eligibility criteria and allocation protocols for organ transplantation from deceased donors, 10, 69

eye and tissue banks, 9, 35, 38, 57, 63, 71, 77, 78

Eye and Tissue Data Implementation Group, 19

Eye and Tissue Education Implementation Group, 19, 26, 52, 69

eye and tissue network, 25, 26

Eye and tissue reform report, 52

Eye Bank Association of Australia and New Zealand, 12, 38, 183

eye donation, 34, 35, 38

F

Family Conversations Steering Group, 20

Family Donation Conversation, 2, 5, 47, 48, 49, 86, 88, 187

Farmer, Claire, 55

FDC, *see Family Donation Conversation*

financial management, 99

Financial Management and Accountability Act 1997, ii, 92, 99, 185

financial performance, iv, 8, 99, 103

financial resources summary 24

financial statements, iv, 8, 94, 99, 103

fraud, 92, 93

freedom of information, 101

Freedom of Information Act 1982, v, 101

Flynn, Elizabeth, 16

G

George, Carol, 13, 51

Gillis, Associate Professor Jonathan, *see National Medical Director*

Glanville, Sam, 65

grant programs, 100

H

Hargreaves, Carolyn, 75

Harrison, Judy, *see Chief Financial Officer*

Hodak, Alison, 79

Hoefer, Peter, 92

Herkes, Dr Robert, 57, 71

Herson, Dr Marisa, 17

Holloway, Justine, 89

Horvath, Professor John, 17

Hospital Activity Plans, 25, 58

I

International Society for Organ Donation and Procurement, 7, 9, 59, 60

ISODP, *see International Society for Organ Donation and Procurement*

J

Jani, Nitin, 90

Jones, Philippa, 79

Jurisdictional Advisory Group, 16, 18, 45, 187

K

Kanhere, Dr Mrudula, 79

Key performance indicator, 33

Koch, David, 16

L

Lions Club, 65, 73

Lions Eye Bank, 74, 183

Landy, Dr Mark, 77

M

management and accountability, iv, 91

Martin, Rachael, 17

N

National Blood Authority, 7, 8
National Community Awareness and Education Program, 26, 61, 64
National Communications Charter, *see DonatLife National Communications Framework and Charter*
National Health and Medical Research Council, 10, 69
National Mailing and Marketing, 102
National Medical Director, 8, 9, 11, 12, 15, 16, 18, 19, 56, 92
national reform programme, iv, 4, 5, 8, 12, 18, 19, 22, 26, 43, 56, 58, 60, 66, 73, 83, 185, 188
New South Wales Organ and Tissue Donation Service, *see DonatLife Network NSW*
Nunnink, Dr Leo, 57, 77

O

O'Brien, Rick, 92
Oh, Teik E, 81
O'Leary, Associate Professor Michael, 57, 71
O'Leary, David, 17
Opdam, Dr Helen, 57, 74
O'Reilly, Lisa, 65
Organ Donation Hospital Support Funding, 60, 188
organ and tissue donation and transplantation, 2-10, 12, 16, 19, 22, 25, 44, 46-49, 52-64, 66-71, 73-78, 80, 81, 83, 84, 87-89, 94, 95, 99, 100, 182, 185, 187, 188
organisational structure, 14, 15
outcomes and performance information, 22

P

Palk, Nigel, 79
PBS, *see Portfolio Budget Statements*
PEP, *see Professional Education Package*
performance reporting, iv, 4, 21, 22, 27, 35, 52, 69
Portfolio Budget Statements, 22, 25, 184, 187, 189
Powell, Dr Bruce, 57, 80
PricewaterhouseCoopers, 93, 94
Professional Education Package, 5, 20, 47, 49, 60, 184, 187
Public Interest Disclosure Act 2013, 95
Public Service Act 1999, iii, v, 95, 96
purchasing, 99
PwC, *see PricewaterhouseCoopers*

Q

qualitative deliverables, 25, 26, 27
quantitative deliverables, 27

R

resource statement, 23
risk, 44, 93, 94
Roper, Glenys, 92
Ross, Christine, 65
Rourke, Francesca, 13, 17

S

Sampson, Dr Brett, 79
Seccull, Jon, 17
Skinner, Hon Jillian, 72
SMD, *see State Medical Directors*
Staffing, 96
State Medical Directors, 5, 11, 18, 43, 44, 45, 56, 57, 71, 74, 77, 78, 80, 83, 85, 88, 184, 187
states and territories, 6, 22, 27, 50, 52, 60
Stephens, Associate Professor Dianne, 57, 85
strategic priorities, iv, 8, 16, 18, 22, 43, 47, 48, 52, 53, 60
Stodart, Kate, 76

T

Taori, Dr Gopal 46
Therapeutic Goods Administration, 70, 77
Thomas, Chris, 17
Thomas, Hon Sally, 86
Tideman, Dr Sally, 57, 78
Towns, Susan, 84
Transplant Australia, 19, 183
Transplant Liaison Reference Group, 16, 19, 69
Transplant Nurses Association, 12, 19
Transplantation Society of Australia and New Zealand, 10, 12, 13, 19, 69
Trend information, 28, 190
TSANZ, *see Transplantation Society of Australia and New Zealand*
Turner, Associate Professor Andrew, 57, 83

V

Van Haren, Associate Professor Frank 57, 88
Victorian and Tasmanian Transplantation Committee, 74
vigilance and surveillance, 8, 10, 70
Vigilance and Surveillance Working Group, 10, 70

W

Waller, Shelley, 76
Watchirs, Dr Helen, 17
Welsh, Dr Anne Marie, 77
Williams, Patricia, 79
Wilson, Anne, 17
Wood, Lee, 62
Woolcott Research, 40, 102
workplace health and safety, 98
Workplace Health and Safety Act 2011, v, 98

Z

Zammit, Doujon, 72, 73

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