



Australian Government
Australian Organ and Tissue Donation
and Transplantation Authority

ANNUAL REPORT 2019♥20

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Alternative format

This Annual Report is available electronically on the Organ and Tissue Authority's website at www.donatelife.gov.au/about-us/strategy-and-performance/annual-report-0

Enquiries

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Acknowledgments

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This Annual Report provides details of the operations and performance of the Australian Organ and Tissue Donation and Transplantation Authority, more commonly known as the Organ and Tissue Authority (OTA), in 2019–20. It is a key accountability document to our Minister and a key source of information for our stakeholders and the general public.

The report is prepared in accordance with the *Resource Management Guide No. 135 Annual Reports for non-corporate Commonwealth entities*, published by the Department of Finance. This publication provides guidance on annual report requirements under the *Public Governance, Performance and Accountability Act 2013* and associated rules.

Why is organ and tissue donation important?

For someone who is seriously ill, an organ or tissue transplant can mean the difference between life and death, being healthy or sick; between seeing or being blind; or between being active and never walking again. Transplantation enables people to resume an active role in their family, workplace and community. Organ donation gives someone who has organ failure a second chance at life.

Becoming an organ donor is a rare event. To be able to donate you need to die in hospital and your organs need to be functioning well to be transplanted. In 2019 around 1,300 Australians – about 2% of people who die in hospital – had the opportunity to donate their organs.

There are then other reasons why people may not progress to organ donation, including undiagnosed chronic illness, cancer or infectious diseases. In 2019 there were 756 families who consented to be an organ donor, but only 548 could go on to donate their organs.

People who are not suitable to be an organ donor may still be able to donate their eyes and tissue, including bone, skin and heart valves.

One organ donor can save the lives of up to seven people and help many more through eye and tissue donation.

With around 1,700 Australians on a waiting list for an organ transplant, and a further 12,000 people on dialysis, the generous act of organ donation has far-reaching effects, changing the lives of those needing a transplant and their families.



We thank all the generous donors and their families who have saved and transformed the lives of people needing a transplant through organ and tissue donation. We also acknowledge the dedication and commitment of our donation nursing and medical specialists and transplantation teams. Transplantation is only possible through the donation of organs and tissues, and its life-changing benefits would not be possible without this shared commitment.

2019 AT A GLANCE

2019 national data

548

Deceased organ
donors

62%

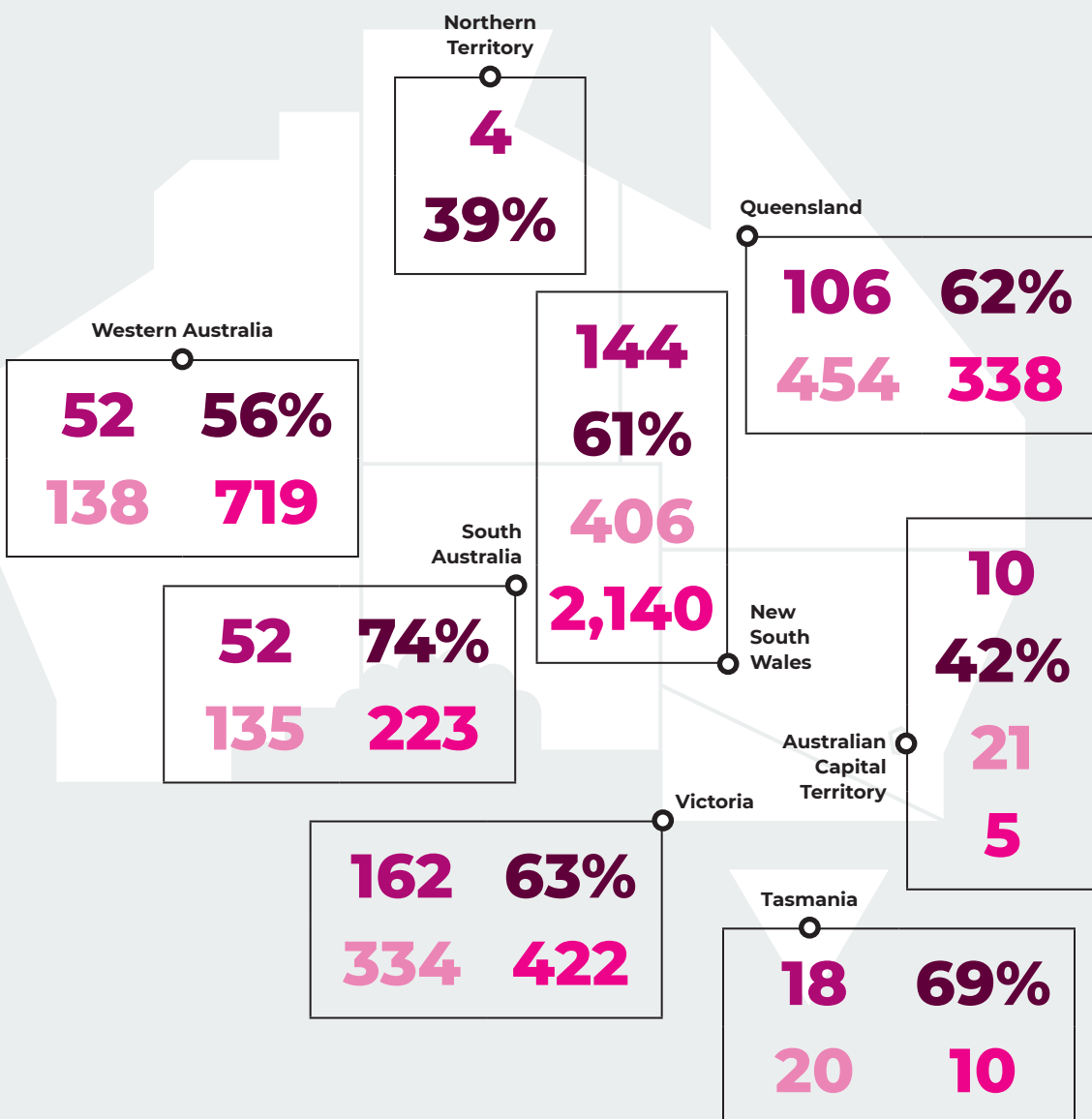
Deceased organ
donor consent rate

1,508

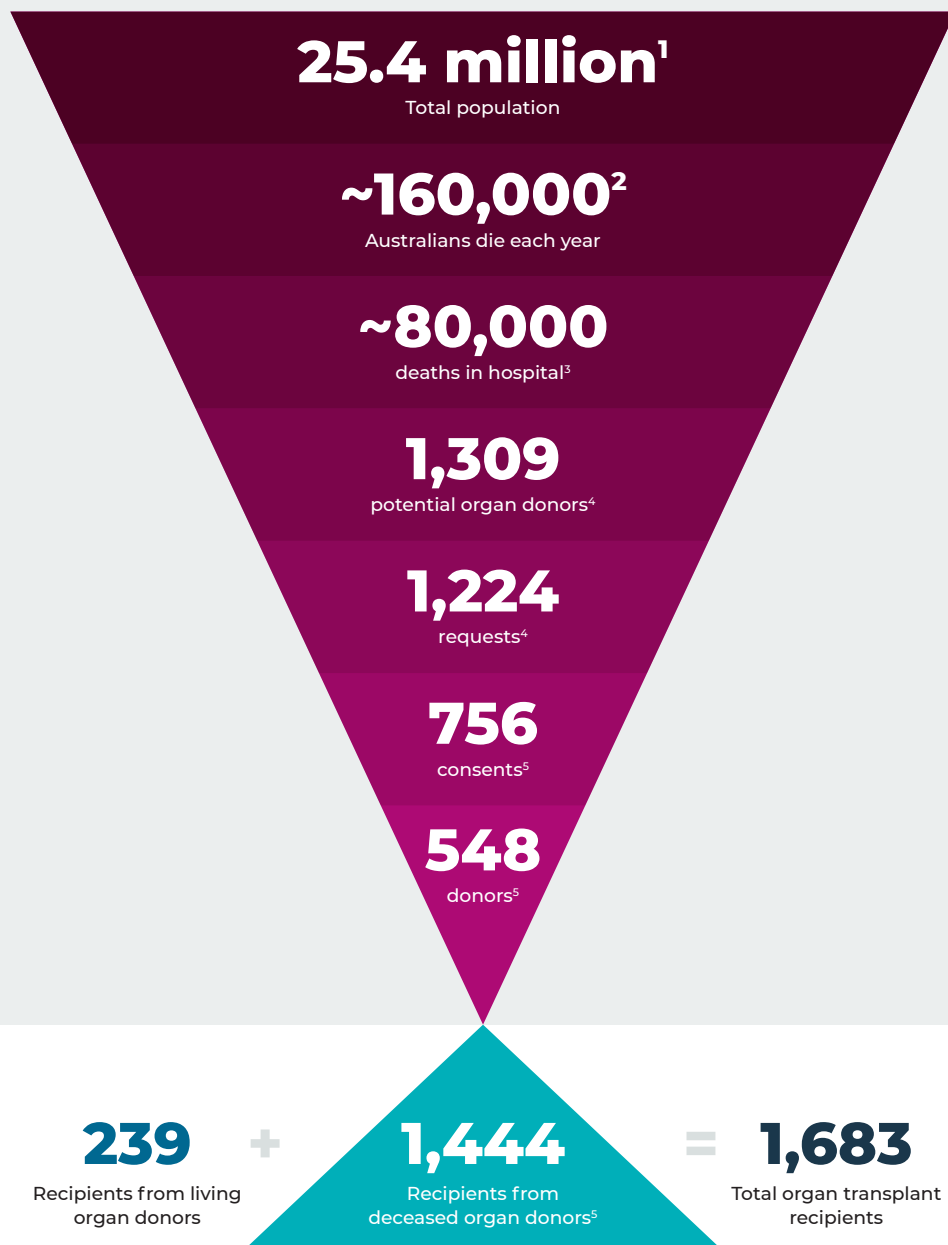
Eye donors

3,816

Tissue donors



**Australia's potential deceased
organ donor population and
transplantation outcomes**



Sources

- ¹ Australian Bureau of Statistics. 3101.0 Estimated Resident Population, June 2019. Australian Demographic Statistics (Released 19/12/2019).
- ² Australian Bureau of Statistics. 3302.0 Deaths, Australia, 2018 (Released 25/09/2019).
- ³ Australian Institute of Health and Welfare 2019. Admitted patient care 2017–18: Australian hospital statistics. Health services series no. 90. Cat. no. HSE 225. Canberra: AIHW.
- ⁴ DonateLife Audit, January 2020
- ⁵ Deceased organ donation in Australia, Australia and New Zealand Organ Donor Registry, January 2020

DID YOU KNOW?



Register and tell your family you want to be a donor – it only takes a minute at donatelife.gov.au



One organ donor can **save the lives of up to seven people** and help many more through eye and tissue donation



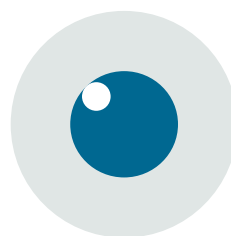
Since the national program started in 2009 more than **13,000 Australians** have received an organ transplant



More Australian families said 'yes' to organ donation than ever before



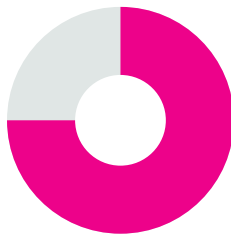
Australia has a best practice clinical donation system lead by specialist doctors and nurses across **95 hospitals**



In 2019 more than **12,000 Australians** benefited from eye and tissue transplants



In 2019 nine out of 10 families agreed to donation when their family member was registered to be a donor



If Australia had a national consent rate of 75%, we would be in the top 10 countries in the world for donation rates



All major religions in Australia support organ and tissue donation



In 2019 seven out of 10 cases families agreed to donation when they were supported by a donation specialist in the hospital



There are around 1,700 Australians currently waitlisted for a transplant and a further 12,000 people on dialysis who could benefit from a transplant



We thank those Australians and their families who have said 'yes' to organ donation

LETTER OF TRANSMITTAL

The Hon Mark Coulton MP
Minister for Regional Health, Regional Communications and Local Government
Parliament House
CANBERRA ACT 2600

Dear Minister

As the Chair of the Board of the Australian Organ and Tissue Donation and Transplantation Authority (the OTA), I am very pleased to provide you with the Annual Report for the period 1 July 2019 to 30 June 2020.

This report has been prepared for the purpose of Section 46 of the *Public Governance, Performance and Accountability Act 2013* which requires that an annual report be given to the responsible Minister for presentation to the Parliament.

The report also contains information required by other applicable legislation, including the Public Governance, Performance and Accountability Rule 2014, the *Environment Protection and Biodiversity Conservation Act 1999*, the *Freedom of Information Act 1982*, and the *Work Health and Safety Act 2011*.

Yours sincerely



Dr Mal Washer

Chair
Organ and Tissue Authority Board

29 September 2020

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PART 1

OVERVIEW

OTA Board Chair's report

Chief Executive Officer's review

National Medical Director's reflection

Organ and Tissue Authority

Alex, Pauline and Kendra,
with a photo of Richie
who became an organ
and tissue donor

OTA BOARD CHAIR'S REPORT

On behalf of the Board of the Organ and Tissue Authority (OTA), I am pleased to present the OTA's Annual Report 2019–20.



I am proud to reflect on the agency's efforts to save and improve the lives of more Australians by delivering a national program to increase organ and tissue donation and improve opportunities for transplantation.

The Australian Government, through the OTA, remains committed to increasing the capability and capacity within the health system to maximise donation rates, and to raising community awareness and stakeholder engagement across Australia to promote organ and tissue donation.

In 2019 the lives of 1,444 Australians were saved through transplantation due to 548 deceased organ donors. Additionally, eye and tissue donation changed the lives of more than 12,000 Australians who benefited from eye and tissue donation.

Our key focus areas in 2019–20

Further increases to organ and tissue donation rates rely on more individuals and their families agreeing to donate. In 2019–20 we continued our focus on increasing the consent rate for donation, and converting the high level of public support for donation into registration and family discussion.

Consideration of organ and tissue donation comes at an intensely emotional time for families, and is usually associated with the unexpected death of their loved one. When donation is a possibility in the hospital setting, more families consent to donation when their family member is a registered donor. This leaves the family in no doubt they wanted to be a donor, and families take comfort from honouring their loved one's wishes.

In 2019 nine out of 10 families agreed to donation when their family member was on the donor register. Consent for donation was given in seven out of 10 cases when the family had prior knowledge of their loved ones wishes. However, it dropped to only six out of 10 families when the family was unaware of what their family member wanted. We can continue to raise the consent rate if more Australians register and talk about donation.

In Australia we have a nationally coordinated system based on world's best practice. This includes a network of 265 DonatLife donation nursing and medical specialists working across 95 hospitals. Data shows us that more families say yes to donation when they are well informed and supported by a donation specialist. Involving a donation specialist when the opportunity for donation is raised with the family in hospital is a key component of clinical best practice. In 2019 a donation specialist was involved in seven out of 10 family conversations about donation. We can continue to increase consent for donation by involving a donation specialist in every donation conversation with families. We can also provide training to further enhance the skills of donation specialists supporting families to make an informed decision at this difficult time.

We have continued to engage with the community to promote awareness of organ and tissue donation. This includes encouraging more

Australians to register to be a donor on the Australian Organ Donor Register (AODR) and, just as importantly, to let their family and friends know they want to be a donor when they die.

We encourage the community to act on their support for donation by registering and letting family members know their wishes. We have continued to promote online registration through www.donatelife.gov.au, emphasising that the online form makes registration easy and takes less than a minute. There were 221,641 new registrations on the AODR in 2019, 9% more than new registrations the previous year.

Strategic direction for 2020–21

Future health policy, budget, and service delivery will inevitably be impacted by the effects of COVID-19, making future planning complex. Recognising the current environment, our focus for 2020–21 includes supporting and collaborating with the clinical sector in order to be responsive to future uncertainties, including national or localised COVID-19 outbreaks. We will continue to focus on our key objectives, acknowledging there will be impacts from COVID-19, to increase donation opportunities for transplantation; provide specialist support for families involved in the donation process; increase consent through registration and family discussion; and enhance systems to support donation and transplantation.

“ I encourage you to take this opportunity to talk to your families and, if you want to be a donor, register on the Australian Organ Donor Register, and save lives. If you are already registered, talk to your friends and family and let them know you want to be a donor, and encourage them to have the discussion and register too.”

Donation and transplantation services will continue to be impacted as the pandemic continues, as a result of pressures in hospitals and ICUs, and logistical challenges arising from border closures for interstate retrieval teams and organ transport across jurisdictions. We will see ongoing changes to the delivery of services within and across jurisdictions as a result. It is anticipated the full 2020 donation and transplantation outcomes will be significantly impacted.

Our goal for the next 12 months is to continue to facilitate the safe delivery of donation and transplantation services for all Australians, with a focus on the 1,700 people currently on organ transplant waiting lists in Australia.

The COVID-19 pandemic has brought family and friends to the forefront of our minds. I encourage you to take this opportunity to register to be an organ and tissue donor and save lives. If you are already registered, talk to your friends and family and let them know you want to be a donor, and encourage them to have the discussion and register too.

Following the initial outbreak of COVID-19 in Australia, renal transplantation services were suspended for a seven-week period from March 2020. This was due to the unknown risks of COVID-19 to patient safety and the risk of COVID-19 infection during the post-transplantation phase. This has significantly impacted year-to-date donation and transplantation rates. During the suspension, potential organ donors continued to be referred to DonateLife Agencies to provide life-saving liver, lung and heart transplants for critically urgent patients and paediatric patients.

The progress of two key government reviews over the next 12–18 months may also have significant implications for the OTA and our role across organ donation retrieval and transplantation, and eye and tissue donation. We will continue to work closely with the Department of Health and jurisdictions on the National Eye and Tissue Sector Policy Framework and to progress outcomes from the Review of the Australian organ donation, retrieval and transplantation system. This will include development of a future strategy for retrieval and transplantation in Australia and delivery on agreed priorities across the sector, building on the success and learnings of the national donation program.

Financial performance 2019–20

The OTA's operating result for 2019–20 was a deficit of \$0.153 million. The OTA is committed to delivering the program of Government and ensuring that resources are appropriately allocated to optimise our performance. The OTA remains in a net asset position at 30 June 2020.

Administered expenditure for 2019–20 was \$46.523 million towards the delivery of the national reform program, including \$44.871 million grants expenditure, the majority of which was provided towards dedicated organ and tissue donation specialists in hospitals and organ and tissue donation agencies.

Acknowledgments

Increasing donation and transplantation requires close collaboration and cooperation with our many stakeholders, and I wish to acknowledge those who have contributed to the success of the national program in 2019–20.

First and foremost, the Board acknowledges and sincerely thanks every donor and their family for making such a generous decision during a very difficult time in their lives.

We thank the individuals and organisations from the community who volunteer their time and energy to partner with the OTA to promote awareness of organ and tissue donation and encourage more Australians to register and talk about donation.

Under exceptionally difficult circumstances this year, our recognition and gratitude go to the DonateLife Network hospital and agency staff; health professionals; eye and tissue bank staff; and our colleagues in the retrieval and transplant sector – surgeons, physicians and coordinators – who make donation and transplantation happen.

Finally, we thank the OTA's CEO and team whose professionalism and hard work have again made a significant contribution to our program in 2019–20.

On behalf of the Board, I am very pleased to present the OTA's 2019–20 Annual Report.



Dr Mal Washer
Chair, OTA Board

CHIEF EXECUTIVE OFFICER'S REVIEW

I am delighted to reflect on our year at the Organ and Tissue Authority, highlight our achievements and also the challenges amidst the COVID-19 pandemic.

It is a privilege to be leading the Australian Government's national organ and tissue donation program. I am very proud of our incredible teams at the OTA and DonateLife Network who, in very challenging times, have remained dedicated to supporting donation to give as many people as possible the chance of receiving a life-saving transplant.

In 2019 more families said yes to donation than ever before. Due to this, the lives of 1,444 Australians were saved through organ transplantation from a deceased organ donor. Families are faced with this decision in the hospital at such an emotional time, as they are dealing with the news that their loved one will not survive. I want to personally thank them for saying yes and giving someone else a second chance at life.

For the 239 living organ donors who unselfishly gave an organ in 2019 – usually a kidney to their family member or close friend – I thank you, too.

There are also many people who generously made eye or tissue donations to improve the lives of others. In 2019 over 12,000 Australians benefited from eye and tissue donation.

Much has been achieved in the past 11 years as a result of having a nationally coordinated program in Australia. The organ donation rate has more than doubled, resulting in more than 13,000 people receiving a life-saving transplant. We will continue to strive to increase this further.



Our clinical system

A key focus for us is the nationally consistent approach to donation being delivered across more than 95 hospitals by our funded DonateLife network. This consists of 265 donation specialist medical, nursing and support staff.

It is critical that the donation Clinical Practice Improvement Program is well understood and fully embedded across all DonateLife hospitals. National, jurisdictional and individual hospital dashboard reporting clearly demonstrates the positive outcomes of the program, performance against best practice elements, and key areas of focus.

Building on the enhanced reporting and analysis of DonateLife hospital performance and data from 2018, this past year the OTA – with DonateLife – has focused on increasing engagement with hospital executives and intensive care units (ICUs). In addition to quarterly reporting, outcomes were presented to all Health Ministers, and meetings occurred with a number of hospital executives, ICU Directors and peak clinical associations.

Community engagement

One of our key strategies is to increase community awareness of, and support for, donation and transplantation. The call to action over the past year has been to encourage people to talk to their families and, importantly, if they support donation, to register on the Australian Organ Donor Register. The OTA's streamlined channel at donatelife.gov.au means it takes less than a minute to register.

We worked with our Community Engagement Group to plan the messaging for our annual DonateLife Week campaign, which commenced on the last Sunday of July. Our agreed social media messaging for the campaign was 'Who's your plus one?'. This recognised that if every person on the register encouraged just one more person to also register, we would automatically double the number of Australians with a registered wish to be an organ donor.

DonateLife Week 2019 was launched by Minister Mark Coulton MP on the steps of the iconic Sydney Opera House which was lit up in our DonateLife colour, magenta, for the first time. Community organisations and partners participated in the week, and sporting events were held across the nation. Highlights included our first partnership with the Melbourne Storm as well as ongoing partnerships with the AFL, the Football Federation Australia and Tonic Health Media. In addition, the many local community events resulted in an 18.4% increase on registrations over the campaign period compared to the previous year.

OrganMatch

The new state-of-the art organ wait-listing, matching and allocation system is running well and already making a difference to practice. In September 2019 we rolled out the OrganMatch Clinical Portal to all transplant units, enabling over 650 clinical staff from 46 transplant units to access the Clinical Portal for real-time patient results and reports, as well as matching and transplant information for their patients. This was the first time the clinical units in Australia have had direct access to the organ matching system.

Australian and New Zealand Paired Kidney Exchange

A highlight for the year was the successful expansion of the Australian Paired Kidney Exchange Program to include New Zealand. The Australian and New Zealand Paired Kidney Exchange (ANZKX) Program, which began on 1 July 2019, increases the potential number of living donor kidney transplants. This is achieved by identifying matches for patients who are eligible for a kidney transplant and who have a living donor who is willing but unable to donate because of an incompatible blood type or tissue type. The successful expansion of the program has resulted in a larger combined pool of donor/recipient pairs from which compatible matches can be identified. The first round of surgeries following the expansion has resulted in four successful trans-Tasman exchanges since October 2019.

I acknowledge the enormous amount of work by the very dedicated team of people involved in this collaboration.

The impact of COVID-19

The 2020 calendar year has seen unprecedented challenges for all Australians in the face of the COVID-19 health pandemic, including impacts on the national program. During the initial outbreak of the pandemic in Australia, the OTA played a key role in facilitating national coordination and communications across the donation and transplantation sector.

The establishment of the National Transplantation and Donation Rapid Response Taskforce has been instrumental in providing an effective forum for key clinical stakeholders across the end-to-end donation, retrieval and transplantation sector. The taskforce reviews and discusses critical information in relation to national approaches to managing impacts on the program and provides clear and regular communications to the sector.

The emergence of COVID-19 saw the suspension of adult kidney transplant programs, including the ANZKX, in March 2020. While a gradual recommencement occurred from May 2020, the complexities of the ANZKX program, and international travel restrictions, have delayed the recommencement of the program. Both Australia and New Zealand are looking to conduct their paired kidney exchange programs within each country separately, and we continue to monitor the situation with a view to recommencing trans-Tasman exchanges as soon as possible.

We have also been regularly sharing the COVID-19 experience and impacts on donation and transplantation with our international colleagues, including the United Kingdom, Canada, USA, Spain and Italy. This information exchange has been invaluable.

Our National Medical Director's reflection provides details of the impacts of COVID-19 on our clinical donation and transplantation system, and we continue to navigate this challenging time.

Thank you OTA team

I am very proud of the efforts of the OTA team during the initial outbreak of the pandemic. We quickly and successfully adapted to working-from-home arrangements and continued to deliver in this challenging environment. Our team were also very willing to contribute to the wider COVID-19 response across the Australian Public Service and in the health system. Our registered nurses were on stand-by for a call-up from hospitals if needed, and we had staff re-deployed, including to the Department of Health.

As part of the Government's pandemic response, I was also seconded to the Department of the Prime Minister and Cabinet as the Executive Coordinator for the COVID-19 Health Taskforce for more than two months, returning to the OTA in June. I want to say a big thank you to Judy Harrison for acting as CEO, the OTA Executive Team and staff for your commitment and positivity during this period.

Our future areas of focus

It is critical that learnings from the current health situation inform our future planning. Recognising the current environment, our key areas of focus for 2020–21 must afford us the agility and flexibility to respond to changing priorities. Our national strategic focus areas will support our DonatLife Network and the retrieval and transplantation sector to continue delivery of our national program in the uncertainty of the next 12 months. Over this period, it is also critical that we focus on enhancing data analytics and system capability to continue to drive improvements in clinical practice.

I am looking forward to the year ahead and the challenges and opportunities it may bring for the OTA.



Lucinda Barry
Chief Executive Officer

NATIONAL MEDICAL DIRECTOR'S REFLECTION

The past year has certainly been eventful, particularly the months following the recent onset of the COVID-19 pandemic.

The impact the pandemic has had on all of our lives has been enormous. Transplant recipients and those on waiting lists, families of potential donors, and health professionals working in the sector have all faced additional challenges.

Families who have experienced the death of a loved one during this time have had to cope with restricted hospital visiting policies and patient updates delivered remotely by phone rather than in person. Despite these difficulties, families of potential donors have continued to honour their loved one's wishes and have generously been able to consider others in need, with consent rates remaining stable.

Transplant recipients have had to navigate different ways of receiving their ongoing post-transplant care, employing telehealth and other means to reduce their exposure to others and the risk of becoming infected. Fortunately, so far only a small number of recipients in Australia have contracted COVID-19 and all have recovered. People on transplant waiting lists will have felt particularly vulnerable. They have continued to engage with health services to receive supportive treatments, and no doubt wondered what the impact of the pandemic might mean for their chance of receiving an organ transplant.

Health professionals in the donation and transplantation sectors have worked closely to minimise (as much as possible) the impact of the pandemic on donation opportunities and access to transplantation. The early creation in March 2020 of the COVID-19 National Transplantation and Donation Rapid Response Taskforce provided a weekly forum at which donation, transplantation and infectious disease expertise could be shared.



Provision of data tracking of COVID-19 numbers, and information about the impact on hospital capacity, enabled timely, nationally consistent, and well-informed decisions to be made. Initiatives include agreed protocols for donor and recipient testing; overcoming logistics related to transportation and travel restrictions; and the careful consideration and management of the temporary suspension of living and deceased donor kidney transplant programs in late March 2020.

At this time, it was predicted that hospitals would be overwhelmed by sick people with COVID-19, and there were concerns about newly transplanted, heavily immunosuppressed recipients being exposed to the risk of infection. Life-saving heart, lung, liver and all paediatric transplant programs continued, with kidney transplantation recommencing in early May.

Staff working in the donation, transplantation and intensive care sectors have managed staffing and rostering complexities, redeployment, and adapting to new procedures and policies. For some, it has meant working remotely and adapting practices in order to keep projects on track, including through virtual meetings and other creative ways of sharing ideas and information. For others, there has been the risk of occupational exposure to infection and the need to adjust to the routine use of cumbersome extra personal protective equipment, as well as adopting new methods for patient and family care and communication.

Health care practitioners have demonstrated remarkable resilience and commitment, and have gone to great efforts to continue to optimise every donation opportunity and ensure continued access to transplantation. This has included safeguarding the free movement of surgical retrieval teams between jurisdictions and being flexible with donor surgery times so that interstate organ offers can continue in the face of limited commercial airline services.

Some of the key nationally led clinical activities and projects have continued during this time, including progress in delivering the National Professional Education Strategy. A particularly timely achievement, given the public health requirement for social distancing, has been the development of the DonateLife Coaching Program. This is a web-based, interactive program that seeks to build donation specialist skills in communicating with families about donation using real-time feedback provided by expert donation educators and communicators.

Best practices in donor referral, family communication and hospital implementation continue to evolve. The Clinical Practice Improvement Program (now in its fourth phase) has been revised, and the *Best practice guideline for offering organ and tissue donation in Australia* has been updated, along with the associated core Family Donation Conversation workshop. These initiatives have been revised to reflect contemporary best practice. This includes routine referral to donation services to advise on donor feasibility of a broader pool of patients approaching end-of-life care, and strengthening the collaborative model for offering donation to families with the involvement of donation specialist nurses. Data collection and reporting of adherence to these best practices has been enhanced, with routine dashboard reporting and tailored information provided regularly to DonateLife Network staff and hospitals.

Our ongoing focus and priority is to provide best practice donation services with a focus on high-quality care and support of donors and their families, and a mutual goal of helping as many Australians as possible to access the benefits of transplantation.



Dr Helen Opdam
National Medical Director

“Health care practitioners have demonstrated remarkable resilience and commitment, and have gone to great efforts to continue to optimise every donation opportunity and ensure continued access to transplantation.”

ORGAN AND TISSUE AUTHORITY

The OTA was established in 2009 by the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008* to deliver a nationally coordinated program to increase organ and tissue donation to improve opportunities for transplantation in Australia.

To achieve this, we work in partnership with the Commonwealth Department of Health, state and territory governments, the DonateLife Network, the broader donation and transplantation clinical sectors, eye and tissue banks, community organisations, and the general public.

We are an independent micro agency within the Australian Government Health portfolio, located in Canberra.

Governance arrangements

The OTA is a non-corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013* (the PGPA Act). The OTA Board is the accountable authority under the PGPA Act.

Our Board comprises seven members including the CEO, who bring clinical, business and management experience, knowledge and expertise to strengthen oversight of the OTA and our efforts to increase organ and tissue donation rates.

Biographies of our Board members are available at www.donatelife.gov.au/about-us/who-we-are/our-board.

Under the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008*, the Board is required to meet at least four times a year. In 2019–20 the Board met six times: three face-to-face meetings, one videoconference (due to COVID-19 restrictions) and two teleconferences, as shown in Table 2.

Table 1 Details of the OTA Board during 2019–20

Name	Position held	Date of commencement	Date of cessation
Dr Mal Washer	Chair	1 July 2017	Appointed term
Professor Carol Pollock	Deputy Chair	1 July 2017	Appointed term
Ms Lucinda Barry*	OTA CEO	17 September 2017	Appointed term
Dr Marisa Herson	Member	4 October 2017	Appointed term
Mr Oren Klemich	Member	4 October 2017	Appointed term
Ms Margaret Kruger	Member	4 October 2017	Appointed term
Professor Stephen Lynch AC	Member	4 October 2017	Appointed term
Ms Judy Harrison*	Acting OTA CEO	24 March 2020	1 June 2020

* The OTA CEO was seconded to the Department of Prime Minister and Cabinet from 24 March – 1 June 2020 as part of the Government's response to the COVID-19 pandemic. Ms Judy Harrison was appointed to the position of acting OTA CEO for this period.

Table 2 OTA Board meetings 2019–20

Specific-purpose meeting (teleconference)	22 August 2019
Meeting 1	17 September 2019
Meeting 2	10 December 2019
Meeting 3	25 February 2020
Specific-purpose meeting (teleconference)	26 March 2020
Meeting 4 (videoconference)	16 June 2020

OTA staff

In 2019–20 our Senior Executive Team comprised:

- + Ms Lucinda Barry (Chief Executive Officer)
- + Dr Helen Opdam (National Medical Director)
- + Ms Judy Harrison (General Manager)
- + Ms Amanda Bell (from March 2020)
- + Mr Mark McDonald (from March 2020).

At 30 June 2020 the OTA employed 22.18 full-time equivalent employees across five business units. Our skilled, expert and dedicated people were integral to delivering our strategic priorities and achieving our outcomes in 2019–20. Our organisational structure for 2019–20 is shown in Figure 1.

Figure 1
OTA organisational
structure
2019–20

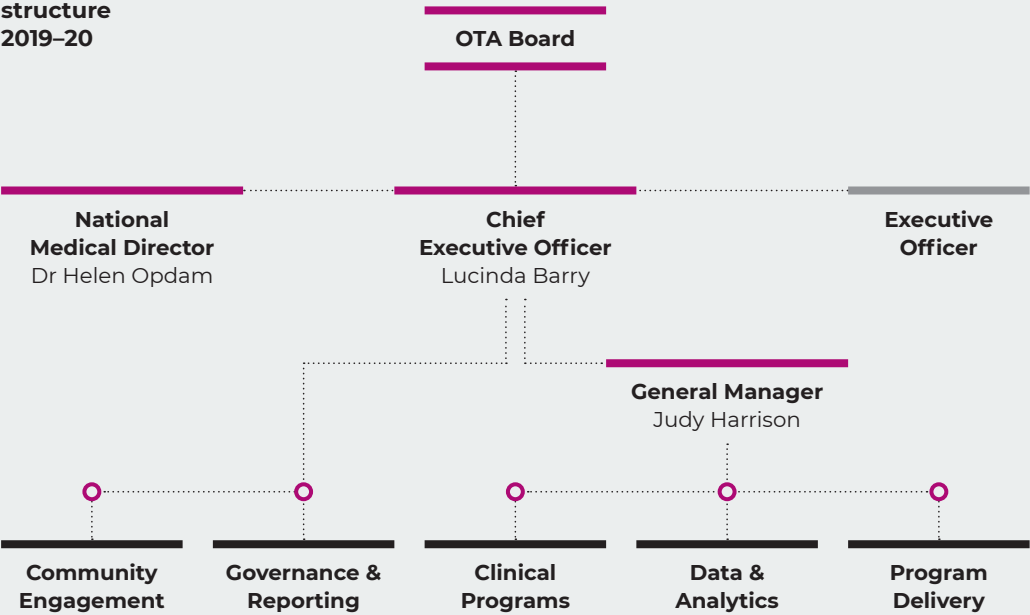
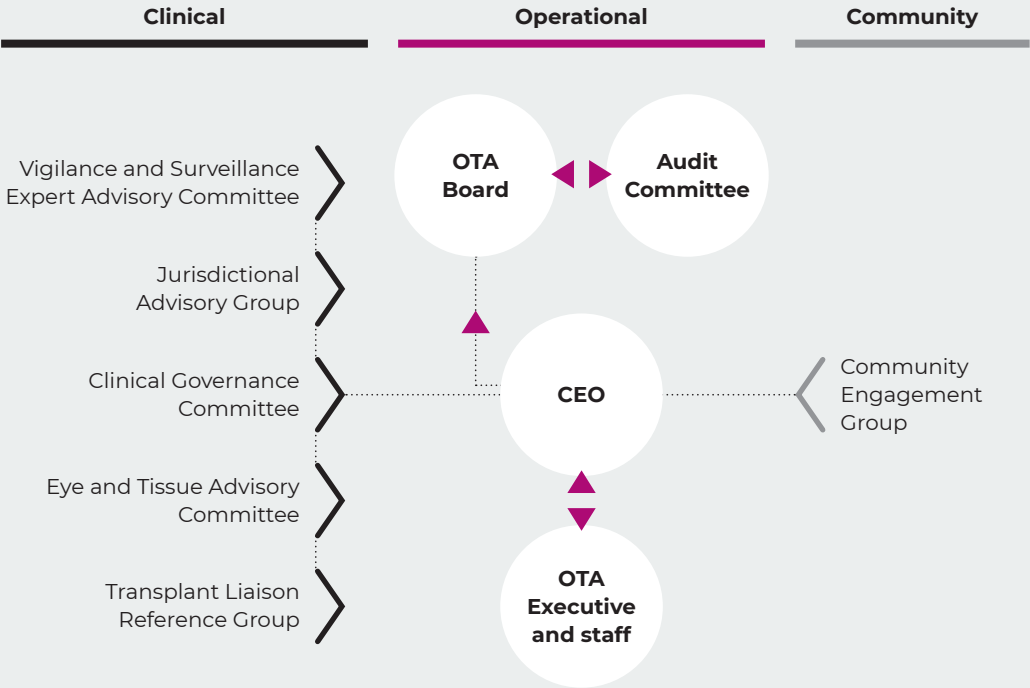


Figure 2
OTA committee
structure 2019–20



OTA committee structure

Our committee structure gives key stakeholders the opportunity to provide input, advice and recommendations to support the delivery of the national program.

All our committees report to the CEO, who reports on meeting recommendations and advice to the Board. The exception to this is the Audit Committee, who provide advice and assurance to the Board.

The committee structure for 2019–20 is shown in Figure 2.

Vigilance and Surveillance Expert Advisory Committee

The Vigilance and Surveillance Expert Advisory Committee (VSEAC) monitors the performance of the Australian vigilance and surveillance system and provides advice on emerging risks identified in the organ and tissue donation and transplantation sectors. The Chair is Professor Jeremy Chapman and membership comprises our National Medical Director, our CEO and high-level technical specialists with relevant expertise from key clinical stakeholders and government.

In May 2020, the VSEAC released the inaugural report on the Australian vigilance and surveillance system following two full years of operation. The report provides the Australian community with a clear view of vigilance and surveillance in the system and provides confidence to those who need a transplant that we are doing everything we can to make it as safe as possible. The VSEAC also issues quarterly communiques to the clinical sector to drive clinical practice improvements.

Jurisdictional Advisory Group

The Jurisdictional Advisory Group is the peak advisory committee on the national program. The group considers – and makes recommendations about – all aspects of the program, including strategic priorities, clinical and data governance, and program planning and resources for the DonateLife Network. The Jurisdictional Advisory Group works to ensure the national program is consistent with state and territory legislation, policies and processes. Chaired by our CEO, this group comprises jurisdictional health department representatives, the National and State Medical Directors, DonateLife Agency Managers and the OTA General Manager.

Clinical Governance Committee

The Clinical Governance Committee is the peak clinical advisory committee for the DonateLife Network. It is chaired by the National Medical Director and comprises the CEO, State Medical Directors, clinical managers from each state and territory, and representatives of the eye and tissue sectors. The committee provides a forum for sharing experiences and new initiatives, and agrees on practices related to the implementation of the Clinical Practice Improvement Program in DonateLife hospitals. The committee makes recommendations relating to clinical aspects of the national program for consideration by the Jurisdictional Advisory Group.

Eye and Tissue Advisory Committee

The Eye and Tissue Advisory Committee facilitates communication between the OTA, the Department of Health, and the eye, tissue and organ donation sectors. This collaboration helps to improve systems and processes to increase the number of eye and tissue donations for transplantation in Australia. The committee is chaired by the OTA and membership comprises representatives from all Australian eye and tissue banks, as well as the Australian Government's Health Technology Assessment Branch and the Therapeutic Goods Administration.

Transplant Liaison Reference Group

The Transplant Liaison Reference Group facilitates engagement with the transplantation sector on matters relevant to the national program and provides advice on issues and emerging trends that have implications for transplantation matters more broadly. It is chaired by Professor Steve Chadban. Membership comprises our National Medical Director and CEO, and representatives from the:

- + Australian and New Zealand Society of Nephrology
- + Transplantation Society of Australia and New Zealand
- + DonateLife Network
- + Australian and New Zealand Intensive Care Society
- + Australia and New Zealand Organ Donation Registry
- + Australasian Transplant Coordinators Association
- + Transplant Nurses' Association
- + Transplant Australia.

Audit Committee

The Audit Committee provides independent advice and assurance to our Board, assisting them to meet their duties and obligations regarding financial and performance reporting, risk oversight and management, and systems of internal control. The Audit Committee comprises two independent external members and one OTA member. A Board member, the General Manager and representatives from the Australian National Audit Office and internal audit staff are invited to attend each meeting. See **Part 5: Corporate Governance** for more information.

Community Engagement Group

The Community Engagement Group works collaboratively to inform communications and engagement activities undertaken as part of the national program. The group is chaired by OTA Board member, Mr Oren Klemich, a donor family member. Membership comprises the CEO and representatives from a broad range of community organisations. These include organisations and individuals working to promote awareness of organ and tissue donation, including target audience groups such as Aboriginal and Torres Strait Islander people, youth, and culturally and linguistically diverse people. The group gives us a community perspective on relevant issues, emerging trends, and opportunities.

Purpose-specific working groups

We have a number of purpose-specific working groups and committees. In 2019–20 the following groups were active:

- + Communications Reference Group
- + Data and Audit Working Group
- + Family Support Advisory Group
- + Education Coordinators Network
- + Electronic Donor Record Working Group
- + OrganMatch Strategic Governance Committee.

COVID-19 specific forums (from March 2020)

In March 2020 we co-established the COVID-19 National Transplantation and Donation Rapid Response Taskforce with the Transplantation Society of Australia and New Zealand.

Our National Medical Director and CEO, along with DonateLife State Medical Directors are also active participants in the COVID-19 forum for international sharing, facilitated by the Canadian Blood Services.



PART 2

PERFORMANCE REPORTING

Our program

Organ and Tissue Authority
Resource Statement 2019–20

Expenses for Outcome 1

Financial performance – departmental

Financial performance – administered

Annual Performance Statement

Trend information

Charlie,
Heart valve tissue
recipient

OUR PROGRAM

As agreed by the Council of Australian Governments in 2008, the OTA is tasked with delivering the Australian Government's national program for increasing organ and tissue donation for transplantation.

We measure our success in achieving our outcomes in a number of ways. One of these measures is the reporting of our performance against the deliverables and the key performance indicators for Outcome 1 and Program 1.1 in the Health Portfolio Budget Statements:

Outcome 1

Improved access to organ and tissue transplants, including through a nationally consistent approach and system

Program 1.1

A nationally coordinated system for organ and tissue donation for transplantation

Organ and Tissue Authority

RESOURCE STATEMENT 2019-20

Table 3 Entity resource statement 2019-20

		Actual available appropriation for 2019-20 (\$)	Payments made 2019-20 (\$)	Balance remaining 2019-20 (\$)
		(a)	(b)	(a)-(b)
Ordinary annual services¹				
Departmental appropriation ²		7,934,414	5,760,198	2,174,216
Total		7,934,414	5,760,198	2,174,216
Administered expenses				
Outcome 1		43,389,000	35,792,701	
Total		43,389,000	35,792,701	
Total ordinary annual services	A	51,323,414	41,552,900	
Total available annual appropriation and payments		51,323,414	41,552,900	
Total resourcing and payments	A	51,323,414	41,552,900	
Total net resourcing and payment for Organ and Tissue Authority		51,323,414	41,552,900	

- 1 Appropriation Act (No.1) 2019-20 and Appropriation Act (No.3) 2019-20.
This may also include prior year departmental appropriation and section 74 retained revenue receipts.
- 2 Includes an amount of \$0.250m in 2019-20 for the departmental capital budget.
For accounting purposes this amount has been designated as 'contributions by owners'.

EXPENSES FOR OUTCOME 1

Outcome 1

Improved access to organ and tissue transplants, including through a nationally consistent approach and system

Table 4 Expenses for Outcome 1

	Budget* 2019–20 (\$)	Actual expenses 2019–20 (\$)	Variation 2019–20 (\$)
	(a)	(b)	(a-b)
Program 1.1: A Nationally Coordinated System for Organ and Tissue Donation for Transplantation			
Administered expenses			
Ordinary annual services (Appropriation Act No. 1)	43,389,000	46,522,948	(3,133,948)
Departmental expenses			
Departmental appropriation ¹	5,308,000	5,108,106	199,894
Expenses not requiring appropriation in the budget year	566,000	460,997	105,003
Total for Program 1.1	49,263,000	52,092,051	(2,829,051)
Total expenses for Outcome 1	49,263,000	52,092,051	(2,829,051)
	2018–19	2019–20	
Average staffing level (number)	22.19	24.06	

* Full year budget, including any subsequent adjustment made to the 2019–20 budget at Additional Estimates.

¹ Departmental appropriation combines ordinary annual services (Appropriation Act Nos. 1, 3 and 5) and retained revenue receipts under section 74 of the *Public Governance, Performance and Accountability Act 2013*.

Financial performance –

DEPARTMENTAL

Operating result – departmental

The OTA's operating result for 2019–20 was a deficit of \$0.153 million, compared with the forecast loss of \$0.481 million for unfunded depreciation and amortisation expenses. The movements in expenses was mainly due to staffing movements and the impact of COVID-19 including reduced travel costs following travel restrictions during the pandemic. The OTA's commitment to financial management is reflected in its financial performance and unqualified financial statements.

Income – departmental

The OTA received \$5.308 million in revenue from Government in 2019–20, compared to \$5.461 million in 2018–19. The significant decrease reflects the Whole of Government Property savings measure in addition to further efficiencies applied in relation to Government saves.

Expenses – departmental

The OTA's expenses for 2019–20 amounted to \$5.569 million, 8 per cent lower than in 2018–19. The reduction in expenses compared with the prior year, is largely due to a decrease in travel costs following COVID-19 travel restrictions and property savings, noting that the prior year supplier expenditure also included one-off office relocation costs.

Net asset position – departmental

Net assets increased from 2018–19 to 2019–20, primarily due to the recognition of the right-of-use asset and a reduction to payables as a consequence of implementation of AASB16 Leases on 1 July 2019.

Total assets increased by \$1.106 million to \$4.733 million (2018–19 \$3.627 million), largely due to the recognition of the right-of-use asset.

Total liabilities increased by \$0.705 million to \$2.525 million (2018–19 \$1.820 million). The increase is due to the application of AASB 16 and the corresponding lease liability on the right-of-use asset. The OTA has applied AASB 16 using the modified retrospective approach and therefore the comparative information has not been restated.

Capital budget

In 2019–20, the OTA received a capital budget of \$0.250 million. Capital expenditure during the year included enhancements to the Electronic Donor Record, the Donatelife Audit tool and the Electronic Document and Records Management System.

Financial performance –

ADMINISTERED

Administered income

Administered income was received of \$3.140 million which represented contributions received from the Department of Health towards OrganMatch support.

Administered expenses

For 2019–20, the OTA reported supplier expenses of \$1.652 million, primarily related to costs associated with:

- + Electronic Donor Record (EDR) licensing and support
- + increasing community awareness and education through creative material production, public relations and merchandise
- + delivery of the national Professional Education Package across Australia including delivery of eLearning modules to our health professionals and development of a web-based platform to host professional development sessions for Donation Specialist Donor Coordinators who participate in donor family conversations; and
- + additional donor family support resources as well as development of a web-based platform to host professional development sessions for Donation Specialist Donor Coordinators who participate in donor family conversations.

Grant expenses were \$44.871 million. Funding was provided by the OTA to:

- + state and territory governments for dedicated organ donation specialists in hospitals and donation agencies as well as delivery of professional education

- + public and some private hospitals, contributing to the costs associated with organ donation activity based on actual and intended organ donors
- + deliver the Australian organ matching system – OrganMatch
- + partner with community organisation's to promote family discussion, knowledge and registration on the AODR.

Administered assets

As at 30 June 2020, the OTA held total assets of \$0.737 million which is \$0.084 million higher than the previous year, resulting from recognition of prepaid EDR licences.

Administered liabilities

Total administered liabilities decreased by \$0.762 million resulting from a reduction in grants payable at 30 June.

Financial statements

The OTA received an unqualified audit report from the Australian National Audit Office. The above section should be read in conjunction with the OTA's 2019–20 audited financial statements, presented on page 73 and includes the independent auditor's report and statement by the Accountable Authority and Chief Financial Officer.

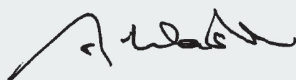
ANNUAL PERFORMANCE STATEMENT

Statement of preparation

We, the OTA Board, as the accountable authority of the Organ and Tissue Authority (OTA), present the 2019–20 performance statement of the OTA, as required under section 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013* (the PGPA Act). In our opinion, this Annual Performance Statement accurately presents the OTA's performance and complies with subsection 39(2) of the PGPA Act.

The statement below reports our performance against the planned performance criteria set out in the 2019–20 Health Portfolio Budget Statements and our 2019–20 Corporate Plan.

Yours faithfully



Dr Mal Washer
Chair, OTA Board

28 September 2020

Our purpose, performance measures and outcomes

Our purpose

Our purpose is to save and improve the lives of more Australians through optimising potential organ and tissue donation for transplantation, through a nationally coordinated and consistent approach and system

Our results

In 2019¹ the lives of 1,683 Australians were saved or improved through transplantation due to the generosity of 548 deceased and 239 living organ donors and their families. In addition, over 12,000 Australians benefited from eye and tissue donation

Quantitative measures¹

Performance criteria 1-3

Increasing the capability and capacity within the health system to maximise donation and transplantation rates

Performance criteria 4

Raising community awareness and stakeholder engagement across Australia to promote organ and tissue donation

Qualitative measures

Performance criteria 1-3

Increasing the capability and capacity within the health system to maximise donation and transplantation rates

Performance criteria 4

Raising community awareness and stakeholder engagement across Australia to promote organ and tissue donation

Analysis of our performance in 2019–20 against our purpose

¹ Quantitative performance data is reported on a calendar year basis to align with Australian and international donation and transplantation performance reporting

Quantitative measures

Performance criteria	Target 2019	2019 outcomes	Result against performance criterion
Increasing the capability and capacity within the health system to maximise donation and transplantation rates			
1 Deceased organ donors per million population (dpmp)	25 dpmp	21.6 dpmp	Not met While the national donation rate target was not met, donation rates in two jurisdictions – Tasmania (33.7 dpmp) and South Australia (29.7dpmp) – exceeded our 2019 target. Victoria was only slightly under the national target at 24.6 dpmp.
2 Rate of consent to organ donation	70%	62%	Not met While the national consent rate target was not met, consent rates in one jurisdiction – South Australia – exceeded the target. The national consent rate was slightly lower than in 2018 (64%). Reflecting improved clinical practice, a record number of families agreed to donation in 2019; however, a substantial number did not progress to donation primarily for medical and logistical reasons.
3 Donation specialist involved in family donation conversations	70%	74%	Met Under the 2018–2020 funding agreements, states and territories agreed to implement the Clinical Practice Improvement Program (CPIP) Phase 3 in all DonatLife hospitals. The CPIP provides guidance to DonatLife Network clinical staff on achieving best practice organ and tissue donation in intensive care units and emergency departments when the rare opportunity for donation occurs. A key element of CPIP Phase 3 is having a donation specialist nurse or doctor discuss the option of donation with families in the hospital. In 2019 the proportion of cases where donation was raised by staff and a donation specialist was involved in discussions with the family increased from 63% in 2018 to 74%, exceeding our target.
Raising community awareness and stakeholder engagement across Australia to promote organ and tissue donation			
4 Through community education and awareness, increase the number of registrations on the Australian Organ Donor Register (AODR)	10%	9%	Not met In 2019 we continued to raise community awareness of organ and tissue donation and encourage Australians to register on the AODR and let their family know they want to be a donor. There were 221,641 new registrations on the AODR in 2019, a 9% increase over the number of new registrations in 2018.

Qualitative measures

Performance criteria

Result against performance criterion

Increasing the capability and capacity within the health system to maximise donation and transplantation rates

- 1 Work with the donation sector to develop and deliver professional education programs and resources that support best practice organ and tissue donation in intensive care units and emergency departments

Met

We have continued to evolve professional education programs and resources to drive clinical practice change.

The Introductory Donation Awareness Training workshop was updated to maintain currency and ensure the changing needs of the sector are being met. This workshop is a key strategy in educating a wider range of hospital-based health professionals, particularly in intensive care units (ICUs) and emergency departments (EDs), about donation pathways, referral processes and the donation process.

To complement the Introductory Donation Awareness Training workshop, eLearning modules were developed and made available nationally to hospital staff working in ICUs and EDs. These modules focused on the routine referral of patients with planned end-of-life care to DonateLife and eye and tissue donation.

Monitoring of the implementation of the elements of the *Best practice guideline for offering organ and tissue donation in Australia* continued through the Clinical Practice Improvement Program (CPIP). The CPIP is the agreed performance framework for the delivery of clinical donation services. It identifies seven elements and reportable key performance indicators fundamental to achieving best practice organ and tissue donation in the ICU and ED environments.

- 2 Work with the donation and transplant sector to evolve the performance measurement and reporting framework to inform nationally consistent and evidence-based clinical practice

Met

The collection, analysis and reporting of data to monitor clinical practice change has continued as a key area of focus for the OTA in 2019–20.

The metrics, dashboards, reports and the data collections that underpin the reporting framework were reviewed and enhanced during 2019–20 to keep pace with the evolving clinical performance monitoring needs.

A Data Governance Committee was established in July 2019 to consider privacy and governance issues relating to data sharing and release from relevant data assets. The committee is working to expand the data available for analysis and reporting to improve clinical practice and donation and transplant outcomes.

- 3 Collaborate with states and territories to ensure the health system has the capacity and capability to support future growth and sustainability of donation and transplantation outcomes

Met

In 2019–20 we continued to work with the Commonwealth Department of Health and jurisdictional health representatives on the Review of Australia's organ donation, retrieval and transplantation system.

Performance criteria

Result against performance criterion

Raising community awareness and stakeholder engagement across Australia to promote organ and tissue donation

4 Work with community organisations and partners to raise public awareness of organ and tissue donation and the importance of registering on the Australian Organ Donor Register (AODR) and talking about donation

Met

Throughout 2019–20, in collaboration with the DonateLife Network and our community partners, we continued to undertake a range of community education and awareness-raising activities. Key initiatives included DonateLife Week, DonateLife Thank You Day, Community Awareness Grants, Jersey Day, Gift of Life DonateLife Walk 2019, and Saffron Day, and partnerships with the Australian Football League, Football Federation Australia, Melbourne Storm and Tonic Health Media.

We continued to provide factual information and promotional resources to partners across the donation and transplantation sectors and the broader community to encourage informed discussion and decision-making about organ and tissue donation. These materials included activity reports, factsheets, campaign supporter kits, videos and social media resources.

Analysis of our performance in 2019–20 against our purpose

Transplantation is an effective and well-established treatment that can save lives and significantly improve the lives of many Australians waiting for a transplant and the families who care for them. Improving access to transplantation relies on increasing the donation of organs and tissues.

Organ donation is a rare event – only around 2% of deaths in hospital occur in a way that organ donation is medically possible. Maximising donation outcomes from this small donor pool requires optimal clinical practice in end-of-life care in hospital and a very high level of family and community awareness and support for donation.

Many more people can become eye and tissue donors as these can be donated following death in broader circumstances, including outside of hospital. Also, unlike organs, tissue can be stored for varying periods of time.

In 2019, thanks to the generosity of 548 deceased organ donors and their families, and 239 living donors, the lives of 1,683 Australians were saved or improved through transplantation. A further 12,000 Australians benefited from eye and tissue transplantation made possible by generous eye and tissue donors and their families.

Our national consent rate in 2019 (quantitative performance criterion 2) was 62%, decreasing slightly from 64% in 2018. The 2019 national consent rate was below our target of 70%. One jurisdiction – South Australia – achieved a 74% consent rate which is above the national target. South Australia's result demonstrates the importance of registration, with 70% of the population registered on the AODR contributing to the highest jurisdictional consent rate in 2019. South Australia is the only state where individuals can register to be a donor through a drivers licence system.

Within the current legislative consent framework, the OTA Board recommends that all Australians should be able to register to be a donor on the AODR when they apply for – or renew – their drivers licence.

Increasing the capability and capacity within the health system to maximise donation and transplantation rates

In 2019 the number of deceased organ donors translated into a national organ donation rate of 21.6 donors per million population (dpmp), slightly lower than 22.2 dpmp in 2018.

While the national donation rate was below the 2019 target of 25 dpmp (quantitative performance criterion 1), there remains variation across states and territories. Tasmania (33.7 dpmp) and South Australia (29.7dpmp) exceeded our 2019 target, and Victoria was only slightly under the national target at 24.6 dpmp.

Australia's national program to increase organ and tissue donation for transplantation has shown an overall trend of growth. Since the program started in 2009, we have more than doubled the number of deceased organ donors (122% increase) and improved the lives of nearly twice the number of people through transplantation (81% increase) thanks to the generosity of 4,566 organ donors and their families.

In 2019–20 we continued to focus on optimising the identification of potential donors and increasing consent to donation in the hospital setting. We achieved this through the implementation of the Clinical Practice Improvement Program (CPIP) Phase 3 in our network of 95 DonateLife hospitals (qualitative performance criterion 1) across Australia.

As a result, in 2019 more patients were referred for consideration as potential organ donors, more families were offered the opportunity for their loved one to be a donor, and more families agreed to donation. However, some of these patients did not become donors for medical and logistical reasons. The CPIP provides guidance to DonateLife Network clinical staff on achieving best practice organ and tissue donation in intensive care units and emergency departments when the rare opportunity for donation occurs.

The key performance indicators for each element of clinical strategic focus identified by the program were monitored and reported through jurisdictional and hospital dashboards produced by the OTA. In addition, six-monthly progress reports were completed by all states and territories and their DonateLife Agency.

For the first time end of year outcome reports were provided for the Minister to provide to all jurisdictional Health Ministers. This identified areas for improvement.

The collection, analysis and reporting of data to inform, assess and monitor clinical practice has continued to be a key area of focus for us in 2019–20 (qualitative performance criterion 2).

The metrics, dashboards, reports and the data collections that underpin the reporting framework were reviewed and enhanced during 2019–20 to keep pace with the evolving clinical performance monitoring needs.

We established a Data Governance Committee in July 2019 to consider privacy and governance issues relating to data sharing and release from relevant data assets. The committee is working to expand the data available for analysis and reporting to improve clinical practice and donation and transplant outcomes.

Transplantation practices also influence donation rates, so we work closely with the transplantation sector to ensure appropriate systems and policies are in place to optimally use the organs available for transplantation.

In 2019 we partnered with the sector to deliver OrganMatch, Australia's new state-of-the-art wait-listing and organ matching system. OrganMatch is accessed by over 650 clinicians and transplant coordinators, from 46 renal, heart, lung and liver and pancreas transplant units, and 150 scientists across Australia. Through its clinical portal, OrganMatch also gives clinicians access to real-time patient results and reports as well as matching and transplant information for their patients.

Raising community awareness and stakeholder engagement across Australia to promote organ and tissue donation

Registration and family knowledge make a major difference when families are faced with making a decision about donation in hospital. Nine in 10 families agree to donation when their loved one is a registered donor, and seven in 10 when their loved one was not registered but the family knew they wanted to be a donor.

In collaboration with the DonateLife Network, in 2019–20 we continued to deliver the community awareness and education program, encouraging and supporting Australians to be a registered donor on the AODR and to tell their family and friends they want to be a donor. Our two key annual events to promote awareness and acknowledge the generosity of the community were DonateLife Week (in July 2019) and DonateLife Thank You Day (in November 2019). These events would not be possible without the support of the Donatelife Network, and our community, corporate and sporting partners, in promoting awareness and acceptance of organ and tissue donation through their engagement with the community.

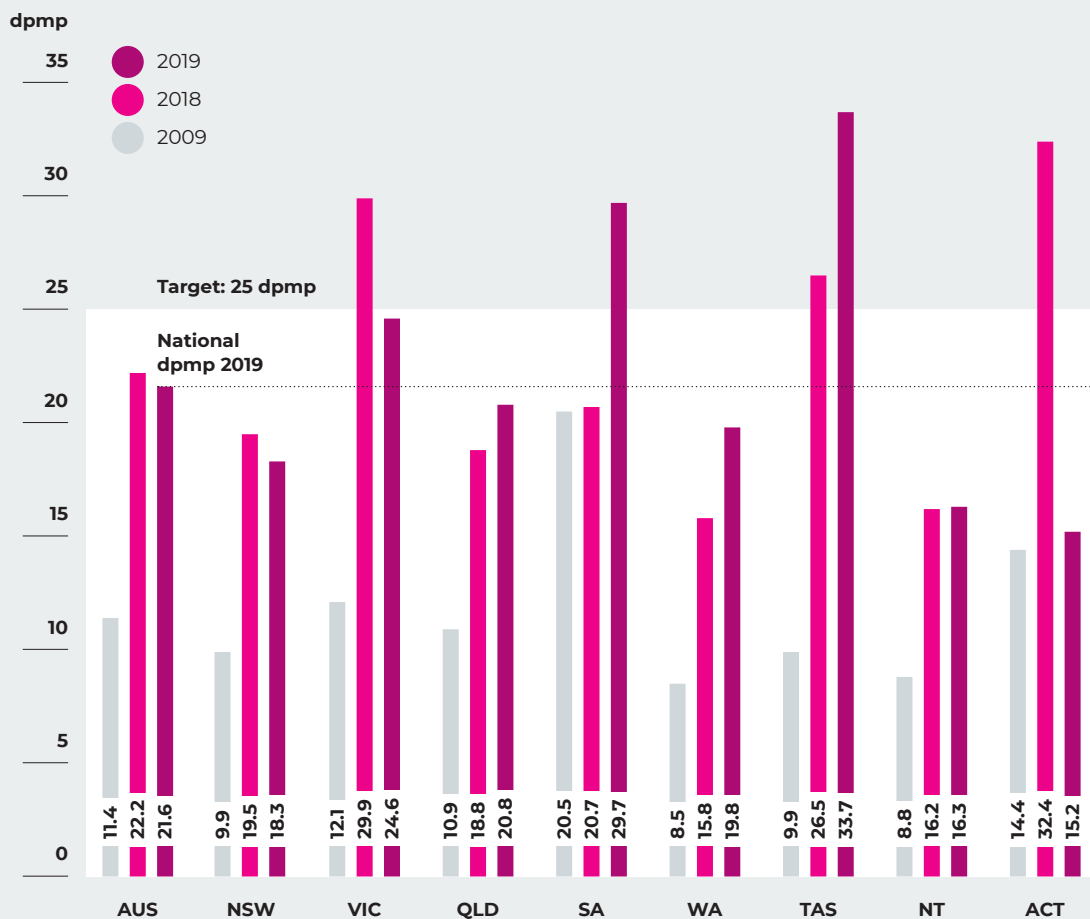
In 2019 we provided community awareness funding to assist organisations with projects or activities that contribute to increasing Australians' knowledge of the benefits of donation and transplantation and encourage family discussion and online registration on the Australian Organ Donor Register.

In 2019 there were 221,641 new registrations on the AODR. This represents a 9% increase on the number of new registrations in 2018, slightly below our target of 10%.

The collective efforts of the clinical and community sectors have delivered significant progress for the national program since it began in 2009. Despite this progress, there are currently around 1,700 Australians on organ transplant waiting lists, with a further 12,000 patients on dialysis – many of whom might benefit from kidney transplantation. Globally, there will never be enough organs to meet the demand for those needing a transplant. That is why it is critical that we do all we can to educate the public and normalise conversations about donation.

TREND INFORMATION

Figure 3
Deceased organ donation
rates by jurisdiction
2009, 2018 and 2019



Note:

The relatively small populations of the Northern Territory, the Australian Capital Territory and Tasmania can result in substantial fluctuations in outcomes and donation rates from year to year.

Figure 4
Organs transplanted
from deceased donors
2018 and 2019



Kidney

857

2019

897

2018



Liver

308

2019

318

2018



Lungs

183

2019

222

2018



Heart

113

2019

129

2018



Pancreas

40

2019

51

2018




Intestine

0

2019

1

2018



Trechelle,
DonateLife Donation
Specialist Nursing
Coordinator



PART 3

COLLABORATION

Introduction

The DonateLife Network

The eye and tissue sector

The transplantation sector

The community

INTRODUCTION

Saving and improving lives through the gift of organ and tissue donation requires a collaborative effort from the whole community.

Our national program is delivered in partnership with the states and territories, the DonateLife Network, the eye and tissue sector, the donation and transplantation clinical sectors, and the community.

In 2019

95

DonateLife Network hospitals

13

Eye and tissue banks

46

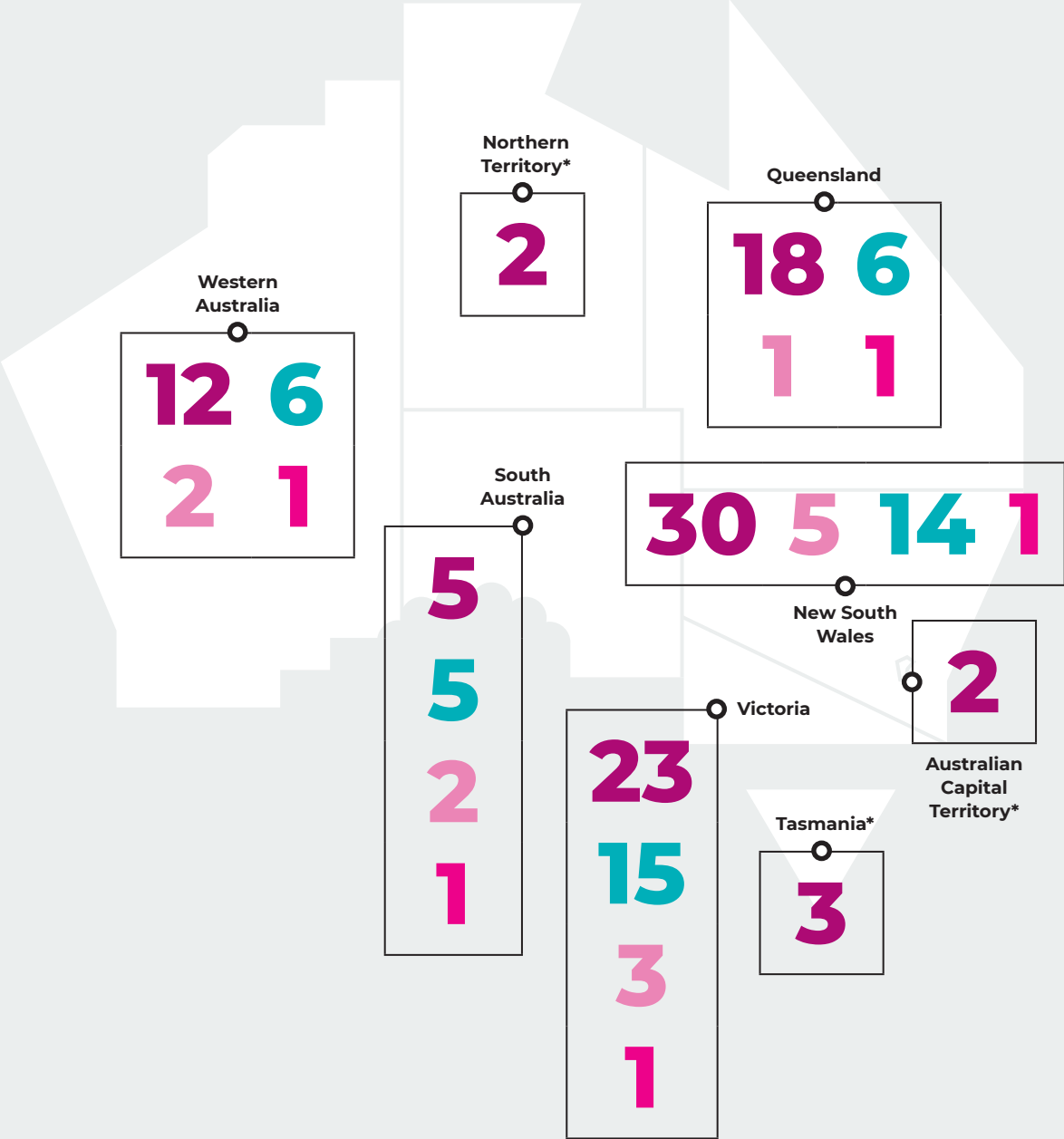
Transplant units

5

Tissue typing laboratories

Figure 5
Our stakeholders

- DonateLife Network hospitals
- Transplant units
- Eye and tissue banks
- Tissue typing laboratories



Note:
Surgical teams travel interstate to facilitate donation in ACT, TAS and NT. Patients in ACT, TAS and NT travel interstate for transplantation.

THE DONATELIFE NETWORK

The OTA delivers the national program to increase organ and tissue donation for transplantation in partnership with a network of State and Territory Medical Directors, DonateLife Agencies, and hospital medical and nurse specialists in organ and tissue donation. These people and organisations comprise the DonateLife Network.

Each DonateLife Agency has a State Medical Director, Agency Manager, clinical, communications, family support and education teams who deliver the national program in their state and territory. These teams work closely with intensive care units and emergency department so all possible cases are considered and families are given the opportunity of donation.

DonateLife specialists in the DonateLife Network:

- + provide professional donation services and encourage best clinical practice to increase donation rates
- + participate in clinical practice review and audit
- + raise awareness about organ and tissue donation
- + provide care and support to families throughout the donation process
- + educate health professionals about the donation process.

The OTA and DonateLife team deliver a national professional education program to train donation specialists, including through the national FDC workshop which is designed to ensure families are well supported and informed about donation.

New South Wales

Co-State Medical Directors

Associate Professor Michael O'Leary
Dr Elena Cavazzoni

General Manager

Danielle Fisher

Director of Nursing and Clinical Services

Juliana Celcer

Clinical Manager

Nicola Seifert

14.5

Full-time equivalent staff
All agency staff, clinical and non-clinical

25.1

Full-time equivalent staff
Hospital-based staff
(includes doctors and nurses)

30

Number of DonateLife hospitals

144

Number of deceased donors 2019

385

Number of transplant recipients
(by state of donation) in 2019

Victoria

State Medical Director

Dr Rohit D'Costa

Deputy State Medical Director

Dr Sam Radford

Director of Nursing and Operations

Robyn Scott (to 7 December 2019)
Leanne McEvoy (Acting from 8 December 2019)

Clinical Manager

Leanne McEvoy
Georgie Callaghan (Acting)

17.4

Full-time equivalent staff
All agency staff, clinical and non-clinical

24.8

Full-time equivalent staff
Hospital-based staff
(includes doctors and nurses)

23

Number of DonateLife hospitals

162

Number of deceased donors 2019

413

Number of transplant recipients
(by state of donation) in 2019

Queensland

State Medical Director

Dr Leo Nunnink

Deputy State Medical Director

Dr Angus Carter

State Manager

Tina Coco AO

14.7

Full-time equivalent staff

All agency staff, clinical and non-clinical

11.8

Full-time equivalent staff

Hospital-based staff

(includes doctors and nurses)

18

Number of DonateLife hospitals

106

Number of deceased donors 2019

300

Number of transplant recipients

(by state of donation) in 2019

South Australia

State Medical Director

Dr Stewart Moodie

Nursing Service Director

Heylen Laver

6.1

Full-time equivalent staff

All agency staff, clinical and non-clinical

8.8

Full-time equivalent staff

Hospital-based staff

(includes doctors and nurses)

5

Number of DonateLife hospitals

52

Number of deceased donors 2019

122

Number of transplant recipients

(by state of donation) in 2019

Western Australia

State Medical Director

Dr Simon Towler (acting)

Clinical Nurse Manager

Melissa Smith

11.4

Full-time equivalent staff
All agency staff, clinical and non-clinical

5.7

Full-time equivalent staff
Hospital-based staff
(includes doctors and nurses)

12

Number of DonateLife hospitals

52

Number of deceased donors 2019

129

Number of transplant recipients
(by state of donation) in 2019

Tasmania

State Medical Director

Associate Professor Andrew Turner

State Manager

Susan Towns

Clinical Manager

Alexandra Goward

3.4

Full-time equivalent staff
All agency staff, clinical and non-clinical

5.0

Full-time equivalent staff
Hospital-based staff
(includes doctors and nurses)

3

Number of DonateLife hospitals

18

Number of deceased donors 2019

53

Number of transplant recipients
(by state of donation) in 2019

Northern Territory

State Medical Director

Dr Sarah Jones

Program Manager

Lee Wood

5.7

Full-time equivalent staff

All agency staff, clinical and non-clinical

0.6

Full-time equivalent staff

Hospital-based staff

(includes doctors and nurses)

2

Number of DonateLife hospitals

4

Number of deceased donors 2019

10

Number of transplant recipients

(by state of donation) in 2019

Australian Capital Territory

State Medical Director

Professor Frank Van Haren

Agency Manager

Nadia Burkolter

2.5

Full-time equivalent staff

All agency staff, clinical and non-clinical

3.2

Full-time equivalent staff

Hospital-based staff

(includes doctors and nurses)

2

Number of DonateLife hospitals

10

Number of deceased donors 2019

32

Number of transplant recipients

(by state of donation) in 2019

THE EYE & TISSUE SECTOR

The eye and tissue sector comprises eye and tissue banks across Australia. Banks collect tissue from deceased and living donors, then process and store the tissue for distribution to clinicians for transplantation and other surgical uses.

Australia's eye and tissue banking sector operates across the public, not-for-profit and commercial sectors, funded from a range of private and state government sources. The public eye and tissue banks are the responsibility of each state and territory government. The Therapeutic Goods Administration (TGA) provides overarching governance for the quality and safety of eye and tissue donation for transplantation for all banks. It is the shared responsibility of the banks, governments and the TGA to ensure that eye and tissue donations are undertaken in a safe, ethical, and responsible manner.

All eye and tissue banks are supported by DonateLife Network staff who play an important role in seeking family consent for deceased organ and tissue donation in hospitals. We continue to work with the eye and tissue sector through the Eye and Tissue Advisory Committee (ETAC), Clinical Governance Committee and other forums that are convened on a needs basis to focus on specific issues, as described below.

The Australian tissue sector played a key role in the response to the New Zealand White Island volcano disaster that occurred on 9 December 2019. This included supplying skin to New Zealand for the treatment of people who sustained severe burns in the disaster, and ongoing management of patients who were repatriated back to Australia. The New South Wales, Victorian and Queensland Tissue Banks worked closely together to monitor the levels of skin available to ensure there was adequate supply for the initial treatment and ongoing recovery for patients affected by the disaster. We supported the response by coordinating national communication across the sector and facilitating consultation with other federal government agencies and stakeholders, as required.

Table 5 Australian eye and tissue banks

			Eye tissue	Musculoskeletal tissue	Cardiovascular tissue	Skin	Amnion	Femoral heads (living donation)
NSW	Newcastle	Hunter New England Bone Bank						●
	Sydney	Lions NSW Eye and Bone Bank	●	●		●	●	
		Sydney Heart Valve Bank			●			
		Australian Tissue Donation Network						●
		Rachel Forster Bone Bank						●
VIC	Melbourne	Lions Eye Donation Service Victoria	●					
		Donor Tissue Bank of Victoria		●	●	●		●
	Geelong	Barwon Health Bone Bank						●
QLD	Brisbane	Queensland Tissue Bank	●	●	●	●		●
SA	Adelaide	South Australian Eye Bank	●					
		South Australian Tissue Bank						●
WA	Perth	Lions Eye Bank WA	●					
		Perth Bone and Tissue Bank Inc (PlusLife)		●				●

The ACT provides retrieved musculoskeletal, skin and eye tissue to NSW for processing and distribution. Australian Biotechnologies process and distribute all NSW and ACT deceased musculoskeletal and femoral head tissue.

The COVID-19 pandemic has impacted the supply and demand of eye and tissue services. The suspension and subsequent reduction in elective surgeries across Australia has resulted in decreased demand for tissue. We continue to facilitate national forums and collaboration between the eye and tissue banks and other key stakeholders to discuss the impacts and challenges of COVID-19, including discussions about the requirements for COVID-19 testing of eye and tissue donors, and resourcing impacts.

We have continued to work with the Commonwealth Department of Health and states and territories through the Jurisdictional Eye and Tissue Steering Committee, to support progression of the National Eye and Tissue Sector Policy Framework. The Department of Health is leading the development and implementation of the framework, which seeks to address recommendations in the 2016 PricewaterhouseCoopers report, *Analysis of the Australian tissue sector*.

THE TRANSPLANTATION SECTOR

The organ donation and transplantation process is complex and involves a large number of health professionals working across the end-to-end organ donation, retrieval and transplantation system. All of those involved are dedicated to achieving the best possible outcomes for patients and their families who generously donate and those who need a transplant.

In 2019–20 we continued to strengthen our partnership with the retrieval and transplantation sector.

We work with our Transplant Liaison Reference Group and a number of professional organisations and associated committees that represent the many facets of the Australian organ transplant sector. In November 2019, we established the OrganMatch Strategic Governance Committee to provide national governance and oversight of OrganMatch. The committee's focus is on maintaining clinical currency and driving clinical best practice change that will optimise organ donation and transplantation outcomes.

The committee is chaired by the President of the Transplantation Society of Australia and New Zealand (TSANZ) and consists of representatives from each of the TSANZ organ-specific advisory committees, the OTA,

tissue typing laboratories, the National Manager of OrganMatch, a consumer representative, and representatives of professional societies and outcome registries.

A newly formed COVID-19 National Transplantation and Donation Rapid Response Taskforce. This Taskforce, established in March 2020 in response to the pandemic, has been instrumental in providing an effective forum for key clinical stakeholders across donation, retrieval and transplantation, infectious diseases, and tissue-typing fields. The Taskforce considers the clinical impact of COVID-19 on donation and transplantation in Australia and communicates critical information to the clinical sector on the delivery of organ donation and transplantation services in the COVID-19 environment.

The Taskforce convened for their first meeting on 17 March, and met weekly thereafter during the peak of the pandemic, to monitor developments and consider the potential future impact on donation and transplantation services. Membership comprises the Transplantation Society of Australia and New Zealand (TSANZ) President; TSANZ Advisory Council Chairs; the OTA's CEO, National Medical Director and National Manager Analytics; representatives of the OTA's Vigilance and Surveillance Expert Advisory Committee (including infectious disease physicians); DonateLife State Medical Director and Agency Manager representatives; and tissue-typing representation.

Table 6 Australian retrieval and transplantation units (June 2020)

	R Retrieval unit		T Transplant unit			
	Kidney	Liver	Pancreas	Heart	Lungs	Intestines
Sydney						
Children's Hospital at Westmead	R T	R T	R T	R T	R T	R T
Prince of Wales Hospital	R T	R T	R T	R T	R T	R T
Royal Prince Alfred Hospital	R T	R T	R T	R T	R T	R T
Royal North Shore Hospital	R T	R T	R T	R T	R T	R T
St Vincent's Hospital Sydney	R T	R T	R T	R T	R T	R T
Sydney Children's Hospital	R T	R T	R T	R T	R T	R T
Westmead Hospital	R T	R T	R T	R T	R T	R T
Newcastle						
John Hunter Hospital	R T	R T	R T	R T	R T	R T
Melbourne						
Alfred Hospital	R T	R T	R T	R T	R T	R T
Austin Health	R T	R T	R T	R T	R T	R T
Monash Medical Centre (Adult)	R T	R T	R T	R T	R T	R T
Monash Medical Centre (Paediatric)	R T	R T	R T	R T	R T	R T
Royal Children's Hospital Melbourne	R T	R T	R T	R T	R T	R T
Royal Melbourne Hospital	R T	R T	R T	R T	R T	R T
St Vincent's Hospital Melbourne	R T	R T	R T	R T	R T	R T
Brisbane						
Queensland Children's Hospital	R T	R T	R T	R T	R T	R T
Princess Alexandra Hospital	R T	R T	R T	R T	R T	R T
The Prince Charles Hospital QLD	R T	R T	R T	R T	R T	R T
Adelaide						
Flinders Medical Centre	R T	R T	R T	R T	R T	R T
Royal Adelaide Hospital	R T	R T	R T	R T	R T	R T
Women and Children's Hospital	R T	R T	R T	R T	R T	R T
Perth						
Fiona Stanley Hospital	R T	R T	R T	R T	R T	R T
Perth Children's Hospital	R T	R T	R T	R T	R T	R T
Sir Charles Gairdner Hospital	R T	R T	R T	R T	R T	R T
Darwin						
Royal Darwin Hospital	R T	R T	R T	R T	R T	R T

We welcomed the Australian Government-led final report of Phase 1 of the *Review of the Australian Organ Donation, Retrieval and Transplantation System* which was released by The Hon Mark Coulton MP on 21 February 2020. The review found that increased donation activity has created significant pressure on downstream retrieval and transplantation services and on the capacity of the health system. A key finding of the review was that enhancements to the current system are required in order to sustain and continue to drive optimal transplantation outcomes. The final report identified the following three key priorities for action:

- + developing a national strategy to meet the expected increase in organ transplantation volumes
- + improving governance to optimise future growth and sustainability of the donation, retrieval and transplantation system
- + developing a nationally-driven approach to focus and improve organ donation and transplantation rates and outcomes among Aboriginal and Torres Strait Islander people and Australians who live in rural and remote locations.

We are working with the Commonwealth Department of Health who have established the Jurisdictional Organ Donation, Retrieval and Transplantation Steering Committee to progress Phase 2 of the review. Membership of the steering committee includes government representatives from all jurisdictions and our CEO. The committee is currently working to develop a future national strategy for the organ donation, retrieval and transplantation system which will complement the OTA/DonateLife 2019–23 Strategic Plan, *Progressing Australian organ and tissue donation and transplantation to 2023*. The national strategy will ultimately be provided to Health Ministers for consideration and endorsement.

ANZKX



The Australian and New Zealand Paired Kidney Exchange (ANZKX) commenced on 1 July 2019, with the first exchange successfully occurring in October 2019.

OrganMatch



Australia's world class system managing our waiting lists and enabling optimal immunological matching and best practice allocation of organs for patients awaiting a life saving transplant.

NIKTT



The National Indigenous Kidney Transplantation Taskforce, dedicated to improving equity to and access of kidney transplantation for Aboriginal and Torres Strait Islander people.

THE COMMUNITY

Meaningful, consistent and effective engagement with the community is essential to building awareness and acceptance of organ and tissue donation in Australia.

Critically, donation only occurs if Australians say yes to being a donor.

At the forefront of our work are the generous Australians and their families who save and transform the lives of those needing a transplant through the gift of donation. This act of generosity has a profound impact on those who receive a transplant, as well as their families, friends and communities.

We partner with a broad range of stakeholders across the community to convert public support into action, by encouraging more Australians to talk about organ and tissue donation and, most importantly, to register to be a donor. Throughout the year, community groups and individuals actively promoted donation, shared their stories and delivered local activities to communities at the grassroots level.

Every year we run community education and awareness activities dedicated to promoting organ and tissue donation. In 2019–20 our two key campaigns were DonateLife Week and DonateLife Thank You Day. Throughout the year, we used our key social media platforms – Facebook, Instagram, Twitter and LinkedIn – to raise community awareness about organ and tissue donation in Australia. We also developed printed and online information and resources, and made use of national and local media.

A key to increasing the number of donors is improving consent rates; that is, the number of families who agree to donation in hospitals.

We know that more families say yes to donation when they know what their loved one wanted, either because they had registered to be a donor or they had previously talked about donation. A key call to action in all our communication to the public is to talk about donation with your family and register if you want to be a donor at the end of your life.

DonateLife Week 2019

DonateLife Week 2019 was held from 28 July to 4 August 2019. It was led by the OTA in partnership with DonateLife Agencies in each state and territory, and supported by donor families, transplant recipients, governments and corporate, sporting and community partners and organisations.

Every DonateLife Week, we want to inspire all Australians to make a real difference to the lives of others by registering to be a donor and having a chat about it with their family and friends. While the majority of Australians believe it is important to be an organ and tissue donor, only one in three are registered.

The call to action for DonateLife Week 2019 was finding a 'plus one'. If every registered donor found one person who wasn't and encouraged them to register, the number of registered donors would double. Our campaign also targeted groups with low representation on the register. This included young Australians (aged 16–25), culturally and linguistically diverse groups, and Indigenous Australians.



DonateLife Week 2019 was launched on the steps of the Sydney Opera House by the Hon Mark Coulton MP, Minister for Regional Services, Decentralisation and Local Government and the Minister responsible for the OTA. For the first time, the Opera House sails were illuminated 'DonateLife magenta', leading the lighting of dozens of other landmarks, and turning iconic buildings across Australia magenta to raise awareness for organ and tissue donation.

The 2019 campaign used social media, traditional media and community events across Australia to raise awareness and generate discussion about donation. Existing partnerships with the Australian Football League (AFL), the Football Federation of Australia, and Tonic Health Media – who distributed DonateLife materials in GP practices and pharmacies – helped to extend the campaign's reach. Round 20 of the 2019 AFL season promoted DonateLife through player and club support, digital engagement and stadium branding. New partnerships were also established with Melbourne Storm, who provided player ambassadors and lit their home stadium 'DonateLife magenta'; and Australia Post, who provided digital support.

We also provided 20 grants to community organisations to host local events in support of DonateLife Week 2019. Initiatives included a laneway dinner party, community walks, outreach through GP clinics, light shows, registration drives, market stalls at shows, morning teas, information workshops, community radio broadcasting, and advertising on public transport and billboards.

Additionally, we reached out to around 180 government agency communications and media teams and social clubs, encouraging them to participate in DonateLife Week 2019.

Data from the Australian Organ Donor Register shows that during the DonateLife Week campaign period (1 July to 31 August 2019) there were 18.4% more registrations than during the 2018 campaign.

DonateLife Thank You Day 2019

DonateLife Thank You Day, held annually since 2015, provides an opportunity for the community to acknowledge the generosity of donors and their families, simply by saying thank you to those who make organ and tissue donation possible.


On Sunday 17 November, Australians took part in DonateLife Thank You Day 2019 by sharing a thank you message acknowledging organ and tissue donors and their families on social media using the hashtags #DonateLife and #ThankYouDay2019. A media release issued by the Hon Mark Coulton MP also stressed the important role families play by saying yes to donation in the hospital. A range of digital resources were also created to support community events and featured in many of the social media posts.

Community events in 2020

In February, the ACT were out in full force at the 14th annual Gift Of Life (GoLi) walk around Lake Burley Griffin to raise awareness for organ and tissue donation.

By March, COVID-19 had greatly affected our community engagement plans. Restrictions on public gatherings saw many of our community events across all states and territories postponed or cancelled.

On Saturday 30 May we held our first National Service of Remembrance online. We invited Australians to join us for a unique online tribute that honoured those organ and tissue donors and their families who have generously given the gift of life. The pre-recorded tribute ran on the DonateLife Facebook page for 30 minutes and featured speakers from across the country, including donor families, recipients, and industry professionals. We encouraged everyone to post a photo of their loved ones in the comments and light a virtual candle.



Clement,
Kidney recipient

A young man with curly brown hair and a bright smile is shown from the chest up. He is wearing a light blue long-sleeved Henley shirt. The background is a soft-focus indoor setting with warm tones.

PART 4

PROGRESS AGAINST OUR 2019-20 KEY FOCUS AREAS

Introduction

Focus areas 1–10

INTRODUCTION

The 2019–23 Strategic Plan, *Progressing Australian organ and tissue donation and transplantation to 2023*, was developed in consultation with the DonateLife Network leadership team and state and territory health department representatives. Throughout 2019–20 this plan supported the continued, collaborative and consistent approach to the delivery of organ and tissue donation services across Australia.

The work of the OTA and the DonateLife Network was managed according to this strategic plan which set out the key objectives, strategies and actions to be undertaken over the four years from 2019–20 to 2022–23 to support our purpose: to save and improve the lives of more Australians through optimising potential organ and tissue donation for transplantation.

The 2019–23 Strategic Plan identified 10 key focus areas for the year ahead, and this section reports on our progress against each of these.

FOCUS AREAS

Focus Area 1

Embed routine referral of patients at planned end-of-life in our DonateLife Network hospitals

We continue to monitor the implementation of the Clinical Practice Improvement Program (CPIP) to achieve best practice donation services across Australia. An integral part of CPIP is the routine referral of all patients with planned end-of-life care in intensive care units (ICUs) and emergency departments (EDs) to DonateLife so the potential for organ and tissue donation can be considered. This ensures donation opportunities are not missed and enables DonateLife to determine suitability for organ donation with additional expert donation and transplantation medical advice. We started the review of CPIP in 2019–20 to further evolve and embed the *Best practice guideline for offering organ and tissue donation in Australia*. This was revised in 2019–20 and will be finalised in 2020–21 following consultation with relevant professional stakeholders.

In 2019–20 we finalised and released new eLearning modules on 'Routine referral for organ and tissue donation' and 'Eye and tissue donation' to the DonateLife Network and hospitals Australia-wide. These modules are designed to increase awareness of organ and tissue donation and debunk myths that may prevent timely referral to DonateLife of patients with planned end-of-life care in ICU and ED.

We began the delivery of the updated Introductory Donation Awareness Training workshop in 2019–20. This workshop is targeted to hospital-based health professionals, with the revised workshop having a stronger focus on the importance of routine referral and the positive benefits of transplantation.

We continue to evolve dashboard reporting to drive clinical best practice across DonateLife hospitals through the collection of data to monitor, assess and inform the national program. The DonateLife hospital reporting framework includes metrics on referral of patients at planned end-of-life. These dashboards and reports are provided regularly to the DonateLife Network and relevant state and territory health departments to inform discussions and assist with monitoring compliance with CPIP indicators. The metrics, dashboards, reports and the data collections that underpin this framework were reviewed and enhanced during 2019–20 to keep pace with the evolving clinical performance monitoring needs.

Focus Area 2

Continue to enhance the DonateLife hospital reporting framework to monitor performance and clinical processes

The DonateLife hospital reporting framework includes a variety of dashboards and reports that are provided regularly to the DonateLife Network and relevant state and territory health departments to inform discussions and assist with monitoring compliance with CPIP indicators. The metrics, dashboards, reports and data collections that underpin this framework were reviewed and enhanced during 2019–20 to keep pace with the evolving clinical performance monitoring needs. Major enhancements to improve the quality and timeliness of data from the DonateLife Audit – the primary data collection tool for monitoring clinical processes – were rolled out across all DonateLife hospitals throughout this year.

Focus Area 3

Continue to develop the DonateLife Learning Site

Throughout 2019–20 we continued to develop resources and education programs to optimise all aspects of potential organ and tissue donation. This includes expanding on the updates that were delivered to the DonateLife Learning Site in 2018–19 by releasing new eLearning modules to the DonateLife network. These modules – ‘Routine referral for organ and tissue donation’ and ‘Eye and tissue donation’ – aim to inform staff about the best practice donation processes.

We continued to produce episodes of the DonateLife podcast series on the Learning Site. This series explores the multifaceted aspects of the donation and transplantation space through interviews with a variety of professionals. Examples of podcast episodes include family communication, paediatric donation and insights from the National Donor Family Study. The site is further being used to facilitate the communication of important data analysis and information within the DonateLife teams.

We continued to fund the delivery of face-to-face core and practical Family Donation Conversation (FDC) workshops in all states and territories, running nine core and 10 practical FDC workshops which trained over 321 health professionals in 2019–20. Workshop attendees are provided with tools and techniques to support families to make an informed choice about donation. With the outbreak of COVID-19, planned workshops from mid-March onwards were postponed due to social distancing and travel restrictions. We have since been working to deliver smaller FDC workshops to meet COVID-safe requirements and we are exploring virtual delivery options for the education program.

Numerous resources focusing on family donation conversations are also available on the DonateLife Learning Site, to support the training. A review of the core FDC workshop began in 2019–20 to ensure currency and to reflect the elements of the revised *Best practice guideline for offering organ and tissue donation in Australia*. This included a strengthened focus on the collaborative model involving a donation specialist nurse in all family donation conversations.

Focus Area 4

Implement the Australian and New Zealand Paired Kidney Exchange Program

The Australian and New Zealand Paired Kidney Exchange (ANZKX) commenced on 1 July 2019, with the first exchange successfully occurring in October 2019. This trans-Tasman collaboration has increased the number of incompatible pairs enrolled in the program and broadened the diversity of participants. This provides greater opportunity for the identification of compatible pairs and subsequent transplants for participants in both countries. The success of the program is the result of extensive collaborations between the OTA, the ANZKX team at Royal Melbourne Hospital, Australian and New Zealand transplant units, the New Zealand Ministry of Health, and Australian Government border force and biosecurity agencies.

In 2019 there were 54 transplants facilitated through the Australian Paired Kidney Exchange Program (AKX) and the ANZKX, including four successful trans-Tasman exchanges since the ANZKX began. This is the highest number of transplants facilitated per year by the program to date. Since the commencement of the AKX program in 2010, there had been 359 living transplants at 30 June 2020.

In March 2020 living kidney donation programs, including the ANZKX program, were suspended as a result of the COVID-19 pandemic. Decisions to delay kidney transplants were made to protect the health of patients due to the risk of COVID-19 infection during a highly-immunosuppressed post-transplantation phase, recognising that patients were receiving effective dialysis treatment.

While a gradual recommencement of living kidney transplant programs occurred from May 2020, the complexities of the ANZKX program have meant a delayed recommencement of the program because of the continued closure of international borders. Both countries have agreed to look at conducting their paired kidney exchange programs independently in the interim. The ANZKX program clinical team continues to monitor developments and explore all opportunities for patients enrolled in the program, with the trans-Tasman exchange to recommence as soon as it is both safely and logistically possible.

Focus Area 5

Continue to collaborate with the eye and tissue sector to drive optimal outcomes

The OTA's Eye and Tissue Advisory Committee (ETAC) held three formal meetings and five purpose-specific meetings in 2019–20. This committee continues to be a key collaboration that focuses on increasing eye and tissue donation in Australia. The current ETAC work plan includes a number of key activities aimed at:

- + increasing community awareness
- + increasing donation opportunities by reviewing inclusion and exclusion criteria
- + reviewing the supply of skin in Australia.

All of these activities require collaboration with not only the eye and tissue sector but also all governments, the TGA and the community. In March 2020 ETAC welcomed their first community representative, who has been fortunate enough to receive the gift of sight through corneal transplantation. This community representative will bring an important community perspective to ETAC discussions and activities.

Focus Area 5 (continued)

We played a key role in supporting the response to the White Island volcano disaster in December 2019. This included facilitating the coordination of skin bank, TGA and government activities, enabling the critical demand for skin to be met following the repatriation of patients to burns units in Australia. This included national communication across the sector and facilitating consultation with other federal government agencies, the DonateLife Network and clinical stakeholders.

We also worked closely with eye and tissue sector representatives to finalise the Australian Donor Risk Interview (AUS-DRAI) tool in March 2020. The AUS-DRAI has been agreed as the single instrument to replace the current medical-social questionnaire used to gather information about a potential organ, eye and tissue donor. The AUS-DRAI and the associated guidance document has been finalised and endorsed by relevant stakeholders, including the Eye Bank Association of Australia and New Zealand and the Biotherapeutics Association of Australasia. Eye and tissue banks are currently working to train staff in using the new tool which is planned to commence in 2020–21.

Focus Area 6 Review and update the suite of culturally appropriate resources on organ and tissue donation

All major religions support organ and tissue donation as an act of charity and goodwill. People from all walks of life depend on organ and tissue donation to improve their quality of life – or perhaps even save their life.

We produce information and other resources specifically for multicultural and faith communities, including resources available in 18 languages. In 2019–20 these resources were reviewed, and more work needs to be done in 2020–21 to update them.

A number of Community Awareness Grants were provided to community groups who created awareness and education programs about organ and tissue donation among culturally and linguistically diverse and Indigenous Australian communities across Australia. For example, a grant was issued to the Federation of Ethnic Communities Council of Australia for them to connect with the community about organ and tissue donation and share these stories widely on social media and in-language radio. They engaged with prominent community leaders, religious figures, medical professionals, donor families and recipients. They also delivered events where they distributed multilingual resources and hosted live Q&A sessions to answer common misconceptions.

Queensland Remote Aboriginal Media also received a Community Awareness Grant to bring together Aboriginal and Torres Strait radio broadcasters, and provide them with scripts and resources to encourage family conversations and online registration (including broadcasting in language).

Focus Area 7

Implement the Data Governance Framework

The Data Governance Framework outlines the arrangements for the collective responsibility of managing data assets in the organ and tissue donation and transplantation sector. The framework, and the associated Data Governance and Privacy Principles, support the consistent provision of high-quality data. This informs decision-making, drives improvement in organ and tissue donation outcomes, and promotes compliance with relevant legal, regulatory and governance environments.

We established a Data Governance Committee in July 2019 as part of the implementation of the Data Governance Framework. The committee meets quarterly and includes representatives from the major organ and tissue donation and transplantation data asset hosts, as well as the state and territory health departments. The Data Governance Committee considers privacy and governance issues involved in data sharing and release from the specified data assets. It is working towards expanding the data available for analysis and reporting to improve clinical practice and donation and transplant outcomes.

Focus Area 8

Pursue new channels to promote and increase registration on the Australian Organ Donor Register

We continue to partner with community organisations to identify opportunities to promote registration on the Australian Organ Donor Register (AODR). We use consistent messaging that this can be achieved in 'less than a minute' using the streamlined registration channel on the DonateLife website, which interfaces directly with the AODR. In 2019 there were close to 49,000 new donation registrations through this DonateLife website channel.

The link to our channel has been used by both Access Canberra and VicRoads to provide a link to our website for online drivers licence renewals.

The OTA Board recommended that all Australians should be able to register to be a donor on the AODR when they apply for – or renew – their drivers licence. Currently, this only occurs in South Australia, the state with the highest registration rates nationally. We have been working with the Commonwealth Department of Health, which is responsible for the policy, and Services Australia, which operates the AODR, to progress options for governments.

Services Australia also incorporated targeted banner messaging and links on the myGov and Medicare websites, and on the Express Plus Medicare application, to prompt registration through those channels.

Focus Area 9

Continue to collaborate with the retrieval and transplantation sector

Our Transplant Liaison Reference Group (TRLG) continues to be a key forum for collaborating with the retrieval and transplantation sector. The TLRG meets three times a year and includes representatives from the Transplantation Society of Australia and New Zealand (TSANZ) and their Advisory Committees, the Transplant Nurses Association, the Australasian Transplant Coordinators Association, Transplant Australia, the DonateLife Network and the Australian and New Zealand Intensive Care Society.

Throughout the year the TLRG have provided advice on key areas of focus across the donation and transplantation system. These include the review of organ allocation systems, the introduction of the OrganMatch Clinical Portal, and planning the transition to virtual cross-matching for tissue typing. Initial TLRG discussions on the emerging COVID-19 pandemic in early March led to the establishment of the COVID-19 National Transplantation and Donation Rapid Response Taskforce. This has been a critical forum for managing the COVID-19 response.

The OrganMatch Strategic Governance Committee was established by the OTA in November 2019. Its role is to provide national governance and oversight of OrganMatch with a focus on maintaining clinical currency and driving clinical best practice change that will optimise organ donation and transplantation outcomes. The committee is chaired by the TSANZ President and consists of representatives from each of the TSANZ organ-specific advisory committees, the OTA, tissue typing, the National Manager of OrganMatch, a consumer representative, and representatives of professional societies and outcome registries.

During 2019–20 we continued to collaborate with the TSANZ on key projects to support the sector, with the OTA providing funding and support to the following projects:

- + an update of the TSANZ's *Clinical guidelines for organ transplantation from deceased donors* to include evidence-based guidance on donor assessment for the risk of malignancy transmission
- + a working group to facilitate the transition to virtual cross-matching for tissue typing
- + the continued review of the kidney allocation system and algorithms
- + the continued review of the non-renal allocation and offer processes.

The OTA and TSANZ have collaborated since 2015 to host a one-day combined forum for donation and transplantation clinicians to discuss common areas of interest and evolving clinical practice. Following the transition to a successful two-day national conference in 2019, we were working with TSANZ to co-host the next combined conference in March 2021. Planning commenced in 2019–20 but, due to the uncertainty of the COVID-19 pandemic, the conference has been cancelled. We will continue to work with the transplant sector to explore the alternative delivery of a virtual education program to include targeted presentations and discussions.

Focus Area 9 (continued)

We continue to collaborate with our international colleagues through donation and transplantation conferences nationally and internationally. These forums provide an invaluable opportunity to share experiences and learn from international organ donation and transplantation experts to further refine the system within Australia.

In November 2019, our National Medical Director, Dr Helen Opdam, Chief Executive Officer, Lucinda Barry and Director of Data and Analytics, Mark McDonald attended the International Society for Organ Donation and Procurement (ISODP) Congress held in Dubai. Dr Opdam as a member of the ISODP, was invited to present the “The Australian Experience” in the plenary session “Showcase on Organ Donation”.

The OTA sponsored Professor Sam Shemie, paediatric critical care physician at the Montreal Children’s Hospital and Medical Advisor for deceased donation for Canadian Blood Services, to attend and present at various sessions associated with the ANZICS World Congress of Intensive Care held in Melbourne in October 2019. Professor Shemie shared his insights on the Canadian journey in organ donation and transplantation in contrast to the Australian journey.


Focus Area 10 Deliver the OrganMatch Clinical Portal and Self-Service Reporting

The OrganMatch Clinical Portal was rolled out in September 2019 to all transplant units. It enabled more than 650 clinical transplant staff across 46 transplant units to access the Clinical Portal for real-time results and reports, and for matching and transplant information for their patients. This was the first time the clinical units have had direct access to the organ matching system, through a secure web portal that provides restricted access at the individual clinical and transplant units and clinician level.

We established a new position – National Manager OrganMatch – which plays a pivotal role in communication and collaboration with the transplant sector for matters relating to OrganMatch and the Clinical Portal. This role has been instrumental in the implementation, activation and ongoing support of the Clinical Portal for clinicians and transplant units.

The Clinical Portal enables clinicians to have real-time access to a wide range of patient information. This includes wait-list information, current Human Leukocyte Antigen antibody data, transplant and matching event reports such as Donor Specific Antigen assessments, cross-match results, and histocompatibility assessments.

Following the rollout, the focus for 2019–20 has been providing enhancements and improvements to the Clinical Portal for the end user. This includes new access permissions that allow transplant units to use and extract real-time patient information, which has provided efficiencies for both the transplant coordinators and the tissue-typing laboratories.



James,
heart recipient

A close-up portrait of a man with short brown hair and a full beard, looking directly at the camera with a slight smile. He is wearing a dark blue sweater over a light-colored collared shirt. The background is a blurred outdoor setting with green foliage.

PART 5

MANAGEMENT AND ACCOUNTABILITY

Corporate governance

People management

Workplace health and safety

Resource management

CORPORATE GOVERNANCE

The Commonwealth Resource Management Framework governs how the Commonwealth public sector uses and manages public resources. The framework is an important feature of an accountable and transparent public sector and informs the Australian people of the daily work of Commonwealth entities and their employees.

We are well positioned to manage our resources, risks and performance in accordance with the Commonwealth Resource Management Framework. Fundamental to this is our strong and efficient governance structure which provides a high level of transparency and accountability for our objectives and performance. We also ensure that we proactively manage our risks by integrating risk management principles into all critical management processes.

Executive Group

The Organ and Tissue Authority (OTA) is a non-corporate Commonwealth entity with a Board comprising a Chair, Deputy Chair, the Chief Executive Officer (CEO) and four other members. The Australian Organ and Tissue Donation and Transplantation Board (the Board) is the accountable authority under the Commonwealth *Public Governance, Performance and Accountability*

Act 2013 (the PGPA Act). The Board is responsible for the overall governance of the OTA in delivering the Australian Government's national program to improve organ and tissue donation and transplantation outcomes in Australia.

Section 13B of the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008* (amended in 2016) outlines the functions of the Board as:

- + to ensure the proper, efficient and effective performance of the Authority's functions
- + to determine objectives, strategies and policies to be followed by the Authority
- + such other functions as are conferred on the Board by this Act or any other law
- + such other functions (if any) as are determined in an instrument made under subsection (2) and given by the Minister to the Chair
- + to do anything incidental or conducive to the performance of any of the above functions.

In addition to the CEO, our Executive Leadership Team comprises the National Medical Director, the General Manager and Business Unit Directors.

This Executive Leadership Team provides guidance and leadership on our overall direction and responsibilities. Members provide 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 independent assurance to the Board on the OTA's financial and performance reporting responsibilities, risk oversight and management, and systems of internal control.

Our Audit Committee is established in compliance with Section 45 of the PGPA Act, and is chaired by an independent member, Ms Gayle Ginnane. Members include Mr Don Cross, as the independent external member, and Mr Mark McDonald as the internal member.

Representatives from our Board, the OTA CEO or General Manager, the Australian National Audit Office and our internal auditors are invited to attend each meeting. The Audit Charter is available at www.donatelife.gov.au/about-us/who-we-are/our-committees

Mr Peter Hoefer resigned as the Chair of the Audit Committee at the end of 2019 following a 10-year tenure. Peter's contribution has been invaluable and will be missed. We thank Peter for his commitment and work with us and wish him all the best for the future.

Table 7 Audit committee

Member name	Qualifications, knowledge, skills or experience (include formal and informal as relevant)
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Gayle Ginnane	Ms Ginnane is an experienced executive with significant board and audit committee experience. Formerly the Chief Executive Officer of the Private Health Insurance Regulator, Gayle has broad experience as a senior manager in an insurance and regulatory environment in both the public and commercial sectors and an in depth understanding of governance and risk management. She has a degree in statistics and economics and a postgraduate degree in defence studies.
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Number of meetings attended/total number of meetings: 4 meetings attended / 4 meetings total

Total annual remuneration: \$7,590 GST inclusive (\$6,900 GST ex)

Don Cross	Mr Cross is the chair or member of several Audit Committees and sub-committees, and was a senior partner at KPMG and a lead partner for KPMG's key strategic government accounts. Mr Cross has experience in government program delivery and reform, financial statement audit and internal audit for policy, regulatory and service delivery agencies. Mr Cross holds numerous qualifications and professional memberships in accounting, fraud control, business, and auditing and is a Fellow of the Institute of Chartered Accountants and a Certified Practising Accountant.
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Number of meetings attended/total number of meetings: 2 meetings attended / 2 meetings total

Total annual remuneration: \$4,235 GST inclusive (\$3,850 GST ex)

Peter Hoefer	Mr Hoefer has chaired a number of audit committees and is currently the chair of the Australian Pesticides and Veterinary Medicines. Mr Hoefer has an extensive background in all key aspects of commercial business and public sector management. Mr Hoefer has a Masters degree in Business Systems (Deakin) and is a Fellow with each of the following professional bodies: Certified Practising Accountants, Australian Institute of Company Directors, and the Australian Computer Society.
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Number of meetings attended/total number of meetings: 1 meeting attended / 2 meetings total

Total annual remuneration: \$2,200 GST inclusive (\$2,000 GST ex)

Mark McDonald	Mr McDonald leads the Analytics and Technology section of the OTA, managing the reporting and analytics functions, and using data and analysis to inform OTA program delivery and continual clinical practice improvement across the DonateLife Network. Mr McDonald has worked in the data and analytics field for more than 20 years, in roles that including report and dashboard development and analytic modelling across finance, human resource and operational business areas.
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Number of meetings attended/total number of meetings: 4 meetings attended / 4 meetings total

Total annual remuneration: N/A (OTA internal member)

Internal audit arrangements

Our internal audit responsibilities are performed by PricewaterhouseCoopers (PwC), with oversight by the Audit Committee. PwC is committed to promoting and improving our corporate governance by conducting audits and investigations and by making recommendations through the endorsed 2019–20 Strategic Internal Audit Plan. The contract with PwC includes the provision of ad hoc advice to management on a range of issues.

In 2019–20 PwC conducted a review of the implementation of an Electronic Document Record Management System. This included a workshop to review the Business Classification Scheme and naming conventions, transition from the current filing system, development of training/user guides and an implementation plan. A post-implementation review is to be completed during 2020–21.

The Audit Committee continued to monitor the implementation of internal audit report recommendations through PwC's regular status report presentations.

Fraud control

Fraud against the Commonwealth is a criminal offence. It reduces the funds available for delivering programs, can undermine the integrity of the public's confidence in government, and can place public safety at risk. We understand that the Australian community rightly expects entities and officials to acknowledge and fulfil their responsibilities as stewards of public funds and we make every effort to protect public resources.

We take fraudulent and corrupt conduct seriously, with a zero tolerance approach to such behaviour. We have taken all reasonable measures to prevent, detect and deal with fraud, as required by PGPA Rule 10, and we regularly evaluate the effectiveness of our fraud control strategies.

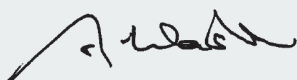
Our Fraud Control Plan identifies our approach to prevention, detection, reporting and investigation measures. It addresses the application of appropriate actions to remedy the harm from fraud, recovery of the proceeds of fraudulent activity, and annual mandatory fraud awareness training for all staff. It also addresses external scrutiny of – and accountability for – fraud control activities.

Our Fraud Control Plan complies with the Commonwealth Fraud Control Policy and aligns with Resource Management Guide No. 201, *Preventing, detecting and dealing with fraud*. There were no fraud instances investigated by the OTA during 2019–20.

I, Mal Washer, based on resolution of the Organ and Tissue Authority Board, certify that we are satisfied that for 2019–20, the Australian Organ and Tissue Donation and Transplantation Authority has:

- + prepared appropriate fraud risk assessments and a fraud control plan
- + appropriate fraud prevention, detection, investigation and reporting mechanisms in place that meet the specific needs of the Organ and Tissue Authority
- + taken all reasonable measures to appropriately deal with fraud relating to the Organ and Tissue Authority.

Yours faithfully



Dr Mal Washer
Chair, OTA Board

28 September 2020

Risk management

Embedding risk management into decision-making and performance management processes enables us to plan and to respond appropriately to new challenges and opportunities. It also helps us to make well-informed decisions in achieving our purpose of increasing access to organ and tissue transplants and enabling better health outcomes for all Australians.

Our risk management framework complies with the requirements of the Commonwealth Risk Management Policy and the PGPA Act, and maintains appropriate systems of risk oversight, management and internal control. We recognise that the foundation of our risk management framework is a positive risk culture. We continue to develop this culture through open and honest communication about risk, and by supporting and encouraging good risk management.

The OTA Board has defined our risk appetite and tolerance within our risk management policy. We have continual reporting and monitoring processes in place to ensure we are working within these levels, and that the defined levels continue to be appropriate. This process highlights where additional mitigation strategies and/or controls are required and where the level of acceptable risk may need to be reviewed.

Monitoring of risks involves comparing our risk exposure against our defined risk appetite and adjusting decision-making, resourcing or activities to better align the two.

Formal monitoring and reporting structures include:

- + quarterly reporting to our accountable authority on overall risk exposure and alignment with risk policy
- + quarterly risk reporting to the Board and Audit Committee
- + reviewing project/program-specific risk assessment plans on a needs basis, with reporting to the General Manager. More frequent reporting is completed when required – for example, in response to new or emerging risk areas, or significant changes in the risk environment.

We recognise that effective risk management is a critical component of sound corporate governance, particularly in relation to the delivery of outcomes, transparency and accountability to the portfolio Ministers and the Parliament.

External scrutiny

We are committed to transparency and accountability and we welcome external scrutiny.

During 2019–20 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 our operations
- + no reports on our operations by a parliamentary committee or the Commonwealth Ombudsman
- + no legal actions lodged against us.

Other scrutiny

We were not required to appear before the Senate Community Affairs Legislation Committee (Senate Estimates) in 2019–20.

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

PEOPLE MANAGEMENT

During 2019–20 we continued our commitment to leading and developing our employees to meet organisational objectives.

Our diverse workforce brings to the organisation a valuable range of skills and expertise, helping to foster productive relationships within the health sector. Many employees are considered experts in their fields, bringing to their roles important local and national experience.

Our work involves collaboration with a broad range of stakeholders across the donation, transplantation and community sectors, who make a significant contribution to our work and achievements nationally.

We receive productivity benefits through our ongoing service level agreement with the Commonwealth Department of Health. This includes the delivery of payroll services and a range of corporate support activities. We can also access the department's various panel arrangements, including the provision of recruitment services and a comprehensive Employee Assistance Program.

We are committed to promoting and supporting the Australian Public Service (APS) Values and Code of Conduct, as set out in the *Public Service Act 1999* (the Public Service Act).

We adopted an agile approach in response to the COVID-19 pandemic, and effective communication and collaboration has been critical in supporting all of our employees during this evolving environment.

During the initial COVID-19 peak in March 2020 we successfully transitioned to remote working arrangements. A COVID-19 operations and associated agency work plan was developed to support our team with the transition, and progress of activities against the agency work plan indicated productivity was not negatively impacted. Staff pulse surveys conducted during the working from home period indicated staff felt well supported during this time. A Recommencement Plan has also been implemented to assist in the transition of our return to working in the office. This plan is reviewed monthly and continues to evolve with the changing COVID-19 environment and supports a working environment where employees alternate between working in the office and working from home. Our planning is informed by the Commonwealth Department of Health, Safe Work Australia and Comcare.

A number of our employees were supported to assist in the COVID-19 Pandemic response across the Australian Public Service and in the health system. Our CEO was seconded to the Department of the Prime Minister and Cabinet (PM&C) as the Executive Coordinator for the COVID-19 Health Taskforce and other employees were seconded to PM&C and the COVID-19 National Incident Room at the Department of Health. Our registered nurses were also on stand-by to assist in the local hospitals if required.

Employee profile

Terms and conditions of employment for Senior Executive Service (SES) employees are provided by individual determinations made under section 24(1) of the Public Service Act. All terms and conditions of employment for non-SES employees are provided in our Enterprise Agreement 2016–2019, which took effect from 16 February 2016.

In January 2019 a determination was made under subsection 24(1) of the Public Service Act to provide employees with increases to their existing salary ranges and their allowances. They are eligible for these increases under the terms of the Enterprise Agreement.

At 30 June 2020 we employed 22.18 full-time equivalent staff. The tables below provide a breakdown of these figures by classification, gender, full-time and part-time status, ongoing and non-ongoing employment, salary ranges, location, and employment arrangements. In 2018–19 and 2019–20 there were:

- + no employees who identified as being Indigenous
- + no performance payments.

We continue to foster a culture that supports employees achieving their potential and that values employee diversity. This is continually fostered through the Enterprise Agreement and internal policies.

Table 8 Information about remuneration for key management personnel

Name	Position title	Short-term benefits		Post-employment benefits	Other long-term benefits	Total remuneration
		Base salary	Other benefits and allowances	Superannuation contributions	Long service leave	
Lucinda Barry	Chief Executive Officer	243,209	–	38,188	6,209	287,606
Judy Harrison	Acting Chief Executive Officer	66,356	5,226	9,350	1,266	82,198
Malcolm Washer	OTA Board Chair	77,355	–	7,349	–	84,704
Carol Pollock	OTA Board Deputy Chair	25,762	–	2,447	–	28,209
Stephen Lynch	OTA Board Member	25,762	–	2,447	–	28,209
Oren Klemich	OTA Board Member	25,762	–	2,447	–	28,209
Marisa Herson	OTA Board Member	25,762	–	2,447	–	28,209
Margaret Kruger	OTA Board Member	25,762	–	2,447	–	28,209

Note: Amounts reimbursed by key management personnel are excluded from the above table.

Table 9 Information about remuneration for senior executives

Total remuneration bands	Number of senior executives	Short-term benefits		Post-employment benefits	Other long-term benefits	Total remuneration
		Average base salary	Average other benefits and allowances	Average superannuation contributions	Average long service leave	Average total remuneration
\$220,001–\$245,000	1	166,597	17,981	32,170	4,015	220,763

Table 10 All ongoing employees current report period (2019–20)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total Indeterminate	
ACT	–	–	–	1.00	–	1.00	–	–	–	1.00
Total	–	–	–	1.00	–	1.00	–	–	–	1.00

Table 11 All ongoing employees previous report period (2018–19)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total Indeterminate	
ACT	–	–	–	1.00	–	1.00	–	–	–	1.00
Total	–	–	–	1.00	–	1.00	–	–	–	1.00

Table 12 Australian Public Service Act ongoing employees current report period (2019–20)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total Indeterminate	
SES 1	1.00	–	1.00	2.00	–	2.00	–	–	–	3.00
EL 2	–	–	–	5.00	–	5.00	–	–	–	5.00
EL 1	3.00	–	3.00	2.00	2.18	4.18	–	–	–	7.18
APS 6	1.00	–	1.00	1.00	–	1.00	–	–	–	2.00
Total	5.00	–	5.00	10.00	2.18	12.18	–	–	–	17.18

Table 13 Australian Public Service Act ongoing employees previous report period (2018–19)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total Indeterminate	
SES 1	–	–	–	1.00	–	1.00	–	–	–	1.00
EL 2	2.00	0.75	2.75	2.80	–	2.80	–	–	–	5.55
EL 1	2.00	–	2.00	7.20	1.63	8.83	–	–	–	10.83
APS 6	1.00	–	1.00	2.00	–	2.00	–	–	–	3.00
APS 5	–	–	–	1.15	–	1.15	–	–	–	1.15
Total	5.00	0.75	5.75	14.15	1.63	15.78	–	–	–	21.53

Table 14 Australian Public Service Act non-ongoing employees current report period (2019–20)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total Indeterminate	
EL 1	1.00	–	1.00	3.00	–	3.00	–	–	–	4.00
Total	1.00	–	1.00	3.00	–	3.00	–	–	–	4.00

Table 15 Australian Public Service Act non-ongoing employees previous report period (2018–19)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total Indeterminate	
EL 1	–	–	–	1.00	–	1.00	–	–	–	1.00
APS 6	–	–	–	1.00	–	1.00	–	–	–	1.00
APS 5	1.00	–	1.00	–	–	–	–	–	–	1.00
Total	1.00	–	1.00	2.00	–	2.00	–	–	–	3.00

Table 16 Australian Public Service Act employees by full time and part time status current report period (2019–20)

	Ongoing			Non-ongoing			Total
	Full-time	Part-time	Total ongoing	Full-time	Part-time	Total non-ongoing	
SES 1	3.00	–	3.00	–	–	–	3.00
EL 2	5.00	–	5.00	–	–	–	5.00
EL 1	5.00	2.18	7.18	4.00	–	4.00	11.18
APS 6	2.00	–	2.00	–	–	–	2.00
Total	15.00	2.18	17.18	4.00	–	4.00	21.18

Table 17 Australian Public Service Act employees by full time and part time status previous report period (2018–19)

	Ongoing			Non-ongoing			Total
	Full-time	Part-time	Total ongoing	Full-time	Part-time	Total non-ongoing	
SES 1	1.00	–	1.00	–	–	–	1.00
EL 2	4.80	0.75	5.55	–	–	–	5.55
EL 1	9.2	1.63	10.83	1.00	–	1.00	11.83
APS 6	3.00	–	3.00	1.00	–	1.00	4.00
APS 5	1.15	–	1.15	1.00	–	1.00	2.15
Total	19.15	2.38	21.53	3.00	–	3.00	24.53

Table 18 Australian Public Service Act employment type by location current report period (2019–20)

	Ongoing		Non-ongoing		Total
	Full-time	Part-time	Full-time	Part-time	
NSW	1.00	–	–	–	1.00
ACT	16.18	–	–	4.00	20.18
Total	17.18	–	4.00	–	21.18

Table 19 Australian Public Service Act employment type by location previous report period (2018–19)

	Ongoing		Non-ongoing		Total
	Full-time	Part-time	Full-time	Part-time	
NSW	1.00	–	–	–	1.00
Vic	0.75	–	–	–	0.75
ACT	19.78	–	–	3.00	22.98
Total	21.53	–	3.00	–	24.53

Table 20 Australian Public Service Act employment arrangements current report period (2019–20)

	SES	Non-SES	Total
Enterprise Agreement	–	20.18	20.18
Individual flexibility arrangements	–	7.00	7.00
Determination under subsection 24(1) of the <i>Public Service Act 1999</i>	1.00	–	1.00
Statutory Authority	–	1.00	1.00
Total	1.00	21.18	22.18

Table 21 Australian Public Service Act employment salary ranges by classification level (minimum/maximum) current report period (2019–20)

	Minimum salary	Maximum salary
SES 1	\$175,354	\$216,487
EL 2	\$122,309	\$147,702
EL 1	\$102,514	\$119,257
APS 6	\$83,421	\$95,995
APS 5	\$75,619	\$81,410
APS 4	\$69,524	\$74,930
APS 3	\$61,365	\$69,378
APS 2	\$53,101	\$59,106
APS 1	\$45,435	\$52,046
Other	\$144,748	\$153,612
Minimum/Maximum range	\$45,435	\$216,487

Non-salary benefits

The Enterprise Agreement and other employment arrangements provide a range of non-salary benefits in addition to those consistent with national employment standards and the *Fair Work Act 2009*. The non-salary benefits available to staff include:

- + influenza vaccinations
- + time off for blood donations
- + access to an Employee Assistance Program
- + flexible working arrangements, including time off in lieu (where appropriate) and recognition of travel time
- + cultural or religious holidays substitution scheme
- + home-based working arrangements
- + organised social activities
- + support for personal and professional development
- + access to leave accruals at half pay
- + rotational car parking
- + reimbursement of costs associated with obtaining financial advice for staff undertaking voluntary retrenchment
- + reimbursement of costs associated with damage to clothing or personal effects if the damage is work-related.

Performance management

All employees participate in our Performance and Development Agreement cycle.

This seeks to:

- + clarify individual employees' understanding of their work tasks, their responsibilities and the performance standards expected
- + provide feedback on performance and improve communication between supervisors and their employees
- + provide a basis for determining salary advancement
- + identify learning and development needs
- + identify and manage instances of under-performance.

Professional and personal development

We recognise the importance of ensuring that all employees continue to develop their skills. This is facilitated through on-the-job training, sourced in-house training programs, and external accredited training programs. Other development opportunities include stakeholder engagement, and attendance at conferences, seminars and learning institutions.

As part of our role in the health sector, employees across the organisation are encouraged to attend a number of health conferences to promote organ donation awareness.

WORKPLACE HEALTH AND SAFETY

We are strongly committed to the health, safety and wellbeing of our employees, as well as contractors and visitors to our premises.

Consistent with the legislative requirements of the *Work Health and Safety Act 2011*, we have comprehensive work health and safety policies and guidelines in place. We provide employees with a safe workplace by eliminating or reducing the risk of hazards, conducting regular hazard inspections, and encouraging the reporting of any incidents or hazards. There are systems in place for employees to readily report any risks, hazards, near misses, injuries or incidents, and we quickly take corrective action, including applying First Aid, if required.

As part of our health and safety management arrangements, our Workplace Consultative Committee meets quarterly, ensuring a proactive approach to the health and safety of all employees. This enables management and employees to work together to effectively manage workplace health and safety risks and hazards. Workstation assessments form part of the induction process for our office-based employees, including home-based workers, with reasonable adjustments being made to ensure work can be conducted in a comfortable and safe manner.

There were no claims for injury in 2019–20 and no return-to-work programs conducted.

There were no reportable incidents lodged with Comcare during 2019–20.

Health and wellbeing

The initiatives we undertook during the year to maintain our ongoing commitment to a healthy, safe and secure workplace included:

- + the promotion of health and wellbeing by the provision of a health and wellbeing allowance and encouraging health initiatives, including access to sit-to-stand workstations and a computer-installed rest-and-stretch program
- + the provision of influenza vaccinations to all employees at no charge
- + access to a free and confidential Employee Assistance Program
- + the continued availability of workstation assessments for all new starters, as well as assessments for existing employees who felt it necessary for their wellbeing
- + the provision of information and communication technology remote working capabilities for employees, and enabling them to work from outside the office
- + the successful transition to working-from-home arrangements during the COVID-19 pandemic, which demonstrated the benefits of continued flexibility in working arrangements for all staff
- + specific safety and hygiene measures to promote a COVID-safe work environment.

RESOURCE MANAGEMENT

The OTA is a micro agency committed to delivering best practice outcomes in organ and tissue donation and transplantation within the Commonwealth Resource Management Framework.

Our staff have a number of duties outlined by the PGPA Act and have built strong processes and systems to meet these requirements. We are committed to ensuring compliance by preparing an annual Compliance Certificate. This self-assessment mechanism helps us to identify areas of concern and improve work practices. It also ensures the efficient, effective, economical and ethical use of Commonwealth resources in a way that is consistent with the policies of the Australian Government.

There were no non-compliance issues in 2019–20 that required reporting to the Minister.

Asset management

Our asset management strategy allows us to strategically plan and maintain the optimal asset mix for the effective delivery of our program. It includes:

- + a capital management plan that sets out information about our proposed capital expenditure
- + a detailed policy on the management of assets
- + an asset register, subject to an annual stocktake of fixed and intangible assets. This stocktake helps to confirm the location – and identify the condition – of assets, along with reducing surplus and under-performing assets.

During 2019–20 we made enhancements to the Electronic Donor Register, the Donatelife Audit tool, and our new Electronic Document Records Management System. We also conducted an independent asset revaluation on property, plant and equipment.

Further information on the value, acquisition and disposal of assets in 2019–20 can be found in

Part 6: Financial Statements.

Purchasing

In 2019–20 our purchasing policies and practices complied with the Commonwealth Procurement Rules, with the exception of instances reported in the 2019–20 PGPA Act Compliance Report.

Our procurement framework continues to support efficient, effective, economical and ethical procurement outcomes by encouraging competition, value for money, transparency and accountability.

Australian National Audit Office access clauses

Our standard contract templates include provisions which allow for the Australian National Audit Office to access a contractor's premises.

We did not enter into any contracts in 2019–20 that included a variation to the standard terms and conditions allowing such access.

Exempt contracts

During 2019–20 we did not enter into any contracts with a value of \$10,000 or more including goods and services tax (GST), or any standing offers that were exempt from being published on AusTender.

In accordance with the reporting requirements of the Commonwealth Procurement Rules, details of all contracts with a value of \$10,000 or more are published on AusTender.

Procurement initiatives to support small business

We support small business participation in the Australian Government procurement market. Small and medium enterprises and small enterprise participation statistics are available on the Department of Finance's website at www.finance.gov.au/procurement/statistics-on-commonwealthpurchasing-contracts.

We encourage the participation of small business through exclusively using the Department of Finance's Commonwealth Contracting Suite (except where placing Official Orders under panel

arrangements) for low-risk procurements valued under \$200,000 (inclusive of GST). These contract templates streamline the procurement processes for small businesses, in particular, by reducing process costs, removing repetition and ambiguity, simplifying liability, insurance and indemnity requirements, and creating consistency.

In recognition and support of on-time payment performance to small businesses, the small but dedicated nature of our finance team ensures the majority of invoices submitted are paid within a week of acceptance. We also facilitate payment by credit card if, and where, appropriate. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury's website at www.treasury.gov.au.

Grant programs

Funding is provided through grant programs across the clinical and community sectors. Funding provided through grants in 2019–20 included:

- + funding to state and territory governments and local area health districts for dedicated organ and tissue donation clinical specialists in hospitals, and organ and tissue donation agencies
- + public and some private hospital support funding to remove cost barriers to organ and tissue donation
- + funding to support transplant outcome registries
- + funding for the delivery of the Australian organ matching system – OrganMatch
- + grants offered through partnerships with health and community organisations to support community awareness and education
- + ad hoc grants to organisations conducting projects or activities that improve the awareness and engagement of the Australian community, the non-government sector, donor families and others involved in increasing organ and tissue donation following successful unsolicited applications for funding.

Information about 2019–20 awarded grants is available on GrantConnect at www.grants.gov.au.

Ecologically sustainable and environmental performance

The *Environment Protection and Biodiversity Conservation Act 1999* requires that Australian Government organisations report annually on their environmental performance and contribution to ecologically sustainable development. As a micro agency, our main environmental impact comes from office space energy consumption and our information and communications technology operations.

In 2019–20 we continued our commitment to ecologically sustainable development by ensuring we effectively delivered corporate strategic priorities while minimising environmental impact. This included a considered approach to planning, implementing and monitoring our environmental performance in accordance with current legislation, whole-of-government requirements and environmental best practice.

Disability reporting

The National Disability Strategy 2010–2020 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 tracks progress against each of the six outcome areas of the strategy and presents a picture of how people with disability are faring. The most recent of these progress reports to the Council of Australian Governments is available at <https://www.dss.gov.au/disability-and-carers-supporting-people-with-disability-resources-supporting-people-with-disability/progress-report-to-the-council-of-australian-governments-2016>

The APS Disability Employment Strategy 2016–2019 builds on the National Disability Strategy 2010–2020. It focuses on improving the employment experience of people with disability and increasing the representation of employees with disability across the APS.

Freedom of information

As an agency subject to Part II of the *Freedom of Information Act 1982*, we are required to publish information to the public as part of the Information Publication Scheme. All information published in accordance with these requirements is available at <https://donatelife.gov.au/about-us/corporate-information/freedom-information>.

Consultants

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

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

During 2019–20 one new consultancy contract was entered into involving total actual expenditure of \$11,000. No other consultancy contracts were active during the period.

Annual reports contain information about actual expenditure on contracts for consultancies. Information about the value of contracts and consultancies is available on the AusTender website.

During 2019–20 we did not conduct any advertising campaigns.

Table 22 Number and expenditure on consultants 2019–20

	Total
No. of new contracts entered into during the period	1
Total actual expenditure during the period on new contracts (inc. GST)	\$11,000
No. of ongoing contracts engaging consultants that were entered into during a previous period	–
Total actual expenditure during the period on ongoing contracts (inc. GST)	–



PART 6

FINANCIAL STATEMENTS

Independent Auditor's Report

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Chloe,
liver recipient

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INDEPENDENT AUDITOR'S REPORT



INDEPENDENT AUDITOR'S REPORT

To the Minister for Regional Health, Regional Communications and Local Government

Opinion

In my opinion, the financial statements of the Australian Organ and Tissue Donation and Transplantation Authority (the Entity) for the year ended 30 June 2020:

- (a) comply with Australian Accounting Standards – Reduced Disclosure Requirements and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
- (b) present fairly the financial position of the Entity as at 30 June 2020 and its financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following as at 30 June 2020 and for the year then ended:

- Statement by the Accountable Authority and Chief Financial Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement;
- Administered Schedule of Comprehensive Income;
- Administered Schedule of Assets and Liabilities;
- Administered Reconciliation Schedule;
- Administered Cash Flow Statement; and
- Notes to the financial statements, comprising a summary of significant accounting policies and other explanatory information.

Basis for opinion

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Entity in accordance with the relevant ethical requirements for financial statement audits conducted by the Auditor-General and his delegates. These include the relevant independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) to the extent that they are not in conflict with the *Auditor-General Act 1997*. I have also fulfilled my other responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Accountable Authority's responsibility for the financial statements

As the Accountable Authority of the Entity, the Australian Organ and Tissue Donation and Transplantation Authority Board (the Board) is responsible under the *Public Governance, Performance and Accountability Act 2013* (the Act) for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards – Reduced Disclosure Requirements and the rules made under the Act. The Board is also responsible for such internal control as the Board determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Board is responsible for assessing the ability of the Entity to continue as a going concern, taking into account whether the Entity's operations will cease as a result of an administrative

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restructure or for any other reason. The Board is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the assessment indicates that it is not appropriate.

Auditor's responsibilities for the audit of the financial statements

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian National Audit Office Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with the Australian National Audit Office Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Accountable Authority;
- conclude on the appropriateness of the Accountable Authority's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Accountable Authority regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Australian National Audit Office



Ron Wah
Audit Principal

Delegate of the Auditor-General

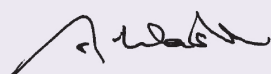
Canberra
28 September 2020

STATEMENT BY THE ACCOUNTABLE AUTHORITY AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2020 comply with subsection 42(2) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

In our opinion, at the date of this statement, there are reasonable grounds to believe that the Organ and Tissue Authority will be able to pay its debts as and when they fall due.

Signed



Dr Mal Washer

On behalf of the OTA Board
Accountable Authority

28 September 2020

Signed



Ms Jo Banchit

Acting Chief Financial Officer

28 September 2020

STATEMENT OF COMPREHENSIVE INCOME

for the
period ended
30 June 2020

	Notes	2020 (\$)	2019 (\$)	Original budget (\$)
Net cost of services				
Expenses				
Employee benefits	1.1A	3,641,988	3,512,510	3,772,000
Suppliers	1.1B	1,270,199	1,971,887	1,649,000
Finance costs	1.1C	10,553	–	–
Depreciation and amortisation	3.2A	646,363	562,392	481,000
Total expenses		5,569,103	6,046,789	5,902,000
Own-source income				
Own-source revenue				
Resources received free of charge	1.2A	114,000	103,000	85,000
Total own-source revenue		114,000	103,000	85,000
Total own-source income		114,000	103,000	85,000
Net cost of services		(5,455,103)	(5,943,789)	(5,817,000)
Revenue from Government	1.2B	5,308,000	5,461,000	5,336,000
Deficit		(147,103)	(482,789)	(481,000)
Other comprehensive income				
Items not subject to subsequent reclassification to net cost of services				
Changes in asset revaluation deficit		(5,503)	(3,855)	–
Total other comprehensive loss		(5,503)	(3,855)	–
Total comprehensive loss		(152,606)	(486,644)	(481,000)

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

BUDGET VARIANCES COMMENTARY

Statement of
comprehensive
income

Employee benefits

Employee benefits were lower due to lower than budgeted staffing levels resulting from unanticipated staff movements during the year, including COVID-19 staff redeployments.

Suppliers

Supplier expenses were \$0.38 million lower than budget largely due to the application of AASB 16 Leases and reduced travel costs following COVID-19 travel restrictions.

Depreciation and amortisation

Depreciation estimates in the original budget did not take into account the impact of AASB 16. Therefore, depreciation and amortisation expenses are higher than budgeted as the expense includes depreciation on the right-of-use asset.

STATEMENT OF FINANCIAL POSITION

as at
30 June 2020

	Notes	2020 (\$)	2019 (\$)	Original budget (\$)
Assets				
Financial assets				
Cash and cash equivalents	3.1A	74,712	94,059	71,000
Trade and other receivables	3.1B	2,243,438	2,136,781	1,967,000
Total financial assets		2,318,150	2,230,840	2,038,000
Non-financial assets¹				
Buildings	3.2A	1,265,534	314,232	152,000
Property, plant and equipment	3.2A	78,430	88,133	54,000
Computer software	3.2A	993,642	905,415	622,000
Other non-financial assets	3.2B	76,923	88,459	112,000
Total non-financial assets		2,414,529	1,396,239	940,000
Total assets		4,732,679	3,627,079	2,978,000
Liabilities				
Payables				
Suppliers	3.3A	293,932	352,792	197,000
Other payables	3.3B	137,109	445,398	117,000
Total payables		431,041	798,190	314,000
Interest bearing liabilities				
Leases	3.4A	1,051,149	–	–
Total interest bearing liabilities		1,051,149	–	–
Provisions				
Employee provisions	6.1A	1,042,725	1,022,082	1,102,000
Total provisions		1,042,725	1,022,082	1,102,000
Total liabilities		2,524,915	1,820,272	1,416,000
Net assets		2,207,764	1,806,807	1,562,000
Equity				
Contributed equity		3,418,000	3,168,000	3,418,000
Asset revaluation reserve		662,781	668,284	672,000
Accumulated deficit		(1,873,017)	(2,029,477)	(2,528,000)
Total equity		2,207,764	1,806,807	1,562,000

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

1 Right-of-use assets are included in the following line items: Buildings

BUDGET VARIANCES COMMENTARY

Statement of financial position

Trade and other receivables

Variance in trade and other receivables reflects a higher than anticipated appropriation receivable balance at 30 June 2020. This balance reflects the operating result surplus (after unfunded depreciation and amortisation expenses).

Buildings

Variance in buildings is a consequence of the application of AASB 16 and the revaluation of the office fitout at the new premises at 30 June 2019 which was not recognised in the original budget.

Property, plant and equipment

Increased level of expenditure on plant and equipment compared to budget, mainly attributable to the purchase of IT equipment including new laptops.

Computer software

Increased level of expenditure on computer software compared to budget reflects enhancements to: the Electronic Donor Record, the DonateLife Audit tool and the Electronic Document Records Management System.

Other non-financial assets

Variance relates to the timing of a prepayment of support fees for the data and analytic applications.

Payables and other payables

Increase in supplier and other payables is due to the timing of receipt of services and accompanying tax invoice.

Leases

Variance is a consequence of the application of AASB 16 which was not recognised in the original budget.

STATEMENT OF CHANGES IN EQUITY

for the
period ended
30 June 2020

Notes	2020 (\$)	2019 (\$)	Original budget (\$)
Contributed equity			
Opening balance			
Balance carried forward from previous period	3,168,000	2,919,000	3,168,000
Adjusted opening balance	3,168,000	2,919,000	3,168,000
Transactions with owners			
Contributions by owners			
Departmental capital budget	250,000	249,000	250,000
Total transactions with owners	250,000	249,000	250,000
Closing balance as at 30 June	3,418,000	3,168,000	3,418,000
Retained earnings			
Opening balance			
Balance carried forward from previous period	(2,029,477)	(1,546,688)	(2,047,000)
Adjustment on initial application of AASB 16	303,563	-	-
Adjusted opening balance	(1,725,914)	(1,546,688)	(2,047,000)
Comprehensive income			
Deficit for the period	(147,103)	(482,789)	(481,000)
Other comprehensive income	-	-	-
Total comprehensive income	(147,103)	(482,789)	(481,000)
Closing balance as at 30 June	(1,873,017)	(2,029,477)	(2,528,000)
Asset revaluation reserve			
Opening balance			
Balance carried forward from previous period	668,284	672,139	672,000
Adjusted opening balance	668,284	672,139	672,000
Comprehensive income			
Other comprehensive income	(5,503)	(3,855)	-
Total comprehensive income	(5,503)	(3,855)	-
Closing balance as at 30 June	662,781	668,284	672,000

	Notes	2020 (\$)	2019 (\$)	Original budget (\$)
Total equity				
Opening balance				
Balance carried forward from previous period		1,806,807	2,044,451	1,793,000
Adjustment on initial application of AASB 16		303,563	–	–
Adjusted opening balance		2,110,370	2,044,451	1,793,000
Comprehensive income				
Deficit for the period		(147,103)	(482,789)	(481,000)
Other comprehensive income		(5,503)	(3,855)	–
Total comprehensive income		(152,606)	(486,644)	(481,000)
Transactions with owners				
Contributions by owners				
Departmental capital budget		250,000	249,000	250,000
Total transactions with owners		250,000	249,000	250,000
Closing balance as at 30 June		2,207,764	1,806,807	1,562,000

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

**Accounting
policy**

Equity injections

Amounts appropriated which are designated as 'equity injections' for a year (less any formal reductions) and Departmental capital budgets (DCBs) are recognised directly in contributed equity in that year.

BUDGET VARIANCES COMMENTARY

Statement of changes in equity

Statement of changes in equity

Variance in total equity compared to budget is due to the initial application of AASB 16 and the impact of reduced staffing levels and travel expenditure.

CASH FLOW STATEMENT

for the
period ended
30 June 2020

	Notes	2020 (\$)	2019 (\$)	Original budget (\$)
Operating activities				
Cash received				
Appropriations		5,490,852	5,597,589	5,336,000
Net GST received		156,865	181,745	203,000
Section 74 receipts		91,752	151,118	–
Total cash received		5,739,469	5,930,452	5,539,000
Cash used				
Employees		(3,772,364)	(3,674,681)	(3,772,000)
Suppliers		(1,369,540)	(1,866,550)	(1,564,000)
Section 74 receipts transferred to OPA		(91,752)	(151,118)	–
Other		(156,865)	(181,745)	(203,000)
Total cash used		(5,390,521)	(5,874,094)	(5,539,000)
Net cash from operating activities		348,948	56,358	–
Investing activities				
Cash used				
Purchase of property, plant and equipment		(25,965)	(126,382)	(250,000)
Purchase of computer software		(333,527)	(156,199)	–
Total cash used		(359,492)	(282,581)	(250,000)
Net cash used by investing activities		(359,492)	(282,581)	(250,000)

CASH FLOW STATEMENT CONT.

	Notes	2020 (\$)	2019 (\$)	Original budget (\$)
Financing activities				
Cash received				
Contributed equity		250,000	249,000	250,000
Total cash received		250,000	249,000	250,000
Cash used				
Principal payments of lease liabilities		(258,803)	–	–
Total cash used		(258,803)	–	–
Net cash from/(used by) financing activities		(8,803)	249,000	250,000
Net increase/(decrease) in cash held		(19,347)	22,777	–
Cash and cash equivalents at the beginning of the reporting period		94,059	71,282	71,000
Cash and cash equivalents at the end of the reporting period	3.1A	74,712	94,059	71,000

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

BUDGET VARIANCES COMMENTARY

Cash flow statement

Cash flow statement

Variances against budget in the Cash flow statement are broadly consistent with the explanations provided for income and expenses. No budget was provided for in the Cash flow statement for the transfer of s74 receipts to the OPA or the recognition of principle payments of lease liabilities on application of AASB 16.

ADMINISTERED SCHEDULE OF COMPREHENSIVE INCOME

for the
period ended
30 June 2020

	Notes	2020 (\$)	2019 (\$)	Original budget (\$)
Net cost of services				
Expenses				
Suppliers	2.1A	1,651,741	2,106,119	1,228,000
Grants	2.1B	44,871,207	41,037,802	42,161,000
Total expenses		46,522,948	43,143,921	43,389,000
Income				
Revenue				
Non-taxation revenue				
Other	2.2	3,140,000	-	-
Total non-taxation revenue		3,140,000	-	-
Total revenue		3,140,000	-	-
Net cost of services		(43,382,948)	(43,143,921)	(43,389,000)
Deficit		(43,382,948)	(43,143,921)	(43,389,000)
Total comprehensive loss		(43,382,948)	(43,143,921)	(43,389,000)

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

BUDGET VARIANCES COMMENTARY

Schedule of
comprehensive
income

Suppliers and grants

Increase in supplier expenses reflects unbudgeted expenditure on the Electronic Donor Record.

Increase in grants expenditure reflects additional expenditure on supporting and maintaining clinical currency of the national waitlisting and matching system; OrganMatch.

Other revenue

Other revenue received relates to unbudgeted contributions from the Department of Health for OrganMatch.

ADMINISTERED SCHEDULE OF ASSETS AND LIABILITIES

as at
30 June 2020

	Notes	2020 (\$)	2019 (\$)	Original budget (\$)
Assets				
Financial assets				
Cash and cash equivalents	4.1A	80,000	88,851	89,000
Trade and other receivables	4.1B	425,361	563,801	533,000
Total financial assets		505,361	652,652	622,000
Non-financial assets				
Other non-financial assets	4.2A	231,322	–	207,000
Total non-financial assets		231,322	–	207,000
Total assets administered on behalf of Government		736,683	652,652	829,000
Liabilities				
Payables				
Suppliers	4.3A	225,418	250,788	194,000
Grants	4.3B	7,711,241	8,447,952	8,350,000
Total payables		7,936,659	8,698,740	8,544,000
Total liabilities administered on behalf of Government		7,936,659	8,698,740	8,544,000
Net liabilities		(7,199,976)	(8,046,088)	(7,715,000)

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

BUDGET VARIANCES COMMENTARY

Schedule of assets and liabilities

Trade and other receivables

Trade and other receivables were lower than budget due to lower than forecast GST receivable from the Australian Taxation Office.

Other non-financial assets

Other non-financial assets are prepayments made for the Electronic Donor Record software licencing. The variance to budget is due to the indexation of licencing costs not budgeted for.

Supplier and grants payables

Variance in supplier and grant payables compared to budget is a reflection of the timing of payments made to key suppliers and grant recipients at 30 June 2020.

ADMINISTERED RECONCILIATION SCHEDULE

	2020 (\$)	2019 (\$)
Opening assets less liabilities as at 1 July	(8,046,088)	(7,715,244)
Net cost of services		
Income	3,140,000	–
Expenses		
Payments to entities other than corporate Commonwealth entities	(46,522,948)	(43,143,921)
Transfers (to)/from the Australian Government		
Appropriation transfers from Official Public Account		
Net GST appropriations	158,508	(101,764)
Annual appropriations		
Payments to entities other than corporate Commonwealth entities	47,241,322	43,128,005
Appropriation transfers to OPA		
Transfers to OPA	(3,170,770)	(213,164)
Closing assets less liabilities as at 30 June	(7,199,976)	(8,046,088)

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

Accounting policy

Administered cash transfers to and from the Official Public Account

Revenue collected by the entity for use by the Government rather than the entity 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 the administered cash held by the entity on behalf of the Government and reported as such in the schedule of administered cash flows and in the administered reconciliation schedule.

ADMINISTERED CASH FLOW STATEMENT

for the
period ended
30 June 2020

	Notes	2020 (\$)	2019 (\$)
Operating activities			
Cash received			
Net GST received		904,878	886,236
Section 74 receipts		3,170,770	213,164
Other		3,140,000	–
Total cash received		7,215,648	1,099,400
Cash used			
Suppliers		(2,099,276)	(1,894,208)
Grants		(49,354,282)	(42,018,269)
Total cash used		(51,453,558)	(43,912,477)
Net cash used by operating activities		(44,237,910)	(42,813,077)
Cash from Official Public Account			
Appropriations		47,241,322	43,128,005
GST appropriation		773,939	782,796
Total cash from Official Public Account		48,015,261	43,910,801
Cash to Official Public Account			
Appropriations		(3,170,770)	(213,164)
Return of GST appropriations to the Official Public Account		(615,432)	(884,560)
Total cash to Official Public Account		(3,786,202)	(1,097,724)
Cash and cash equivalents at the beginning of the reporting period		88,851	88,851
Cash and cash equivalents at the end of the reporting period	4.1A	80,000	88,851

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

OVERVIEW

Objectives of the Organ and Tissue Authority

The Organ and Tissue Authority (OTA) is an Australian Government controlled entity. It is a not-for-profit (NFP) entity. The objective of the entity is to work with states and territories, clinicians and the community sector to deliver the Australian Government's national program to improve organ and tissue donation and transplantation outcomes in Australia.

The basis of preparation

The financial statements are general purpose financial statements and are required by section 42 of the *Public Governance, Performance and Accountability Act 2013*.

The financial statements have been prepared in accordance with:

- ♥ *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
- ♥ Australian Accounting Standards and Interpretations – Reduced Disclosure Requirements issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position. The financial statements are presented in Australian dollars.

Revaluation of property, plant and equipment

An independent valuation of all property, plant and equipment was carried out by Jones Lang LaSalle (JLL) as at 30 June 2019 and a desktop review to assess fair value was conducted as at 30 June 2020. This review included qualitative, quantitative and uncertainty analysis, including any potential impacts on the fair value of the OTA's assets as a result of COVID-19. JLL noted that the impact of COVID-19 has introduced 'significant valuation uncertainty' due to the rapidly changing local and global economic situation but have assessed that there has been no material movement in the value of assets held by the OTA.

New accounting standards

All new, revised, amending standards and/or interpretations that were issued prior to the sign-off date and are applicable to the current reporting period did not have a material effect on the OTA's financial statements.

Standard/ Interpretation	Nature of change in accounting policy, transitional provisions¹, and adjustment to financial statements
AASB 15 <i>Revenue from Contracts with Customers</i>	AASB 15, AASB 2016-8 and AASB 1058 became effective 1 July 2019. AASB 15 establishes a comprehensive framework for determining whether, how much and when revenue is recognised. It replaces existing revenue recognition guidance, including AASB 118 <i>Revenue</i> , AASB 111 <i>Construction Contracts</i> and Interpretation 13 Customer Loyalty Programmes. The core principle of AASB 15 is that an entity recognises revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services.
AASB 2016-8 <i>Amendments to Australian Accounting Standards – Australian Implementation Guidance for Not-for-Profit Entities</i>	
AASB 1058 <i>Income of Not-For-Profit Entities</i>	AASB 1058 is relevant in circumstances where AASB 15 does not apply. AASB 1058 replaces most of the NFP provisions of AASB 1004 <i>Contributions</i> and applies to transactions where the consideration to acquire an asset is significantly less than fair value principally to enable the entity to further its objectives, and where volunteer services are received.
AASB 16 <i>Leases</i>	AASB 16 became effective on 1 July 2019. This new standard has replaced AASB 117 <i>Leases</i> , Interpretation 4 <i>Determining whether an Arrangement contains a Lease</i> , Interpretation 115 <i>Operating Leases—Incentives</i> and Interpretation 127 <i>Evaluating the Substance of Transactions Involving the Legal Form of a Lease</i> . AASB 16 provides a single lessee accounting model, requiring the recognition of assets and liabilities for all leases, together with options to exclude leases where the lease term is 12 months or less, or where the underlying asset is of low value. AASB 16 substantially carries forward the lessor accounting in AASB 117, with the distinction between operating leases and finance leases being retained. The details of the changes in accounting policies, transitional provisions and adjustments are disclosed below and in the relevant notes to the financial statements.

Application of AASB 16 Leases

The OTA adopted AASB 16 using the modified retrospective approach, under which the cumulative effect of initial application is recognised in retained earnings at 1 July 2019. Accordingly, the comparative information presented for 2019 is not restated, that is, it is presented as previously reported under AASB 117 and related interpretations.

The OTA elected to apply the practical expedient to not reassess whether a contract is, or contains a lease at the date of initial application. Contracts entered into before the transition date that were not identified as leases under AASB 117 were not reassessed. The definition of a lease under AASB 16 was applied only to contracts entered into or changed on or after 1 July 2019.

AASB 16 provides for certain optional practical expedients, including those related to the initial adoption of the standard. The OTA applied the following practical expedients when applying AASB 16 to leases previously classified as operating leases under AASB 117:

- ♥ Apply a single discount rate to a portfolio of leases with reasonably similar characteristics;
- ♥ Exclude initial direct costs from the measurement of right-of-use assets at the date of initial application for leases where the right-of-use asset was determined as if AASB 16 had been applied since the commencement date;
- ♥ Reliance on previous assessments on whether leases are onerous as opposed to preparing an impairment review under AASB 136 Impairment of assets as at the date of initial application; and
- ♥ Applied the exemption not to recognise right-of-use assets and liabilities for leases with less than 12 months of lease term remaining as of the date of initial application.

As a lessee, the OTA previously classified leases as operating or finance leases based on its assessment of whether the lease transferred substantially all of the risks and rewards of ownership. Under AASB 16, the OTA recognises right-of-use assets and lease liabilities for most leases. However, the OTA has elected not to recognise right-of-use assets and lease liabilities for some leases of low value assets based on the value of the underlying asset when new or for short-term leases with a lease term of 12 months or less.

On adoption of AASB 16, the OTA recognised right-of-use assets and lease liabilities in relation to the lease of office space.

The lease liabilities were measured at the present value of the remaining lease payments, discounted using the OTA's incremental borrowing rate as at 1 July 2019. The OTA's incremental borrowing rate is the rate at which a similar borrowing could be obtained from an independent creditor under comparable terms and conditions. The weighted-average rate applied was 0.988%.

The right-of-use assets were measured as follows:

- a** Office space: measured at an amount equal to the lease liability, adjusted by the amount of any prepaid or accrued lease payments.

Impact on transition

On transition to AASB 16, the OTA recognised additional right-of-use assets and additional lease liabilities, recognising the difference in retained earnings. The impact on transition is summarised below:

Departmental	1 July 2019 (\$)
Right-of-use assets – buildings	1,322,200
Lease liabilities	1,299,399
Prepayment	22,801
Lease incentive	303,563
Retained earnings	303,563

The following table reconciles the Departmental minimum lease commitments disclosed in the entity's 30 June 2019 annual financial statements to the amount of lease liabilities recognised on 1 July 2019:

	1 July 2019 (\$)
Minimum operating lease commitment at 30 June 2019	1,327,832
Undiscounted lease payments	1,327,832
Less: effect of discounting using the incremental borrowing rate as at the date of initial application	(28,433)
Lease liabilities recognised at 1 July 2019	1,299,399

Taxation

The OTA is exempt from all forms of taxation except Fringe Benefits Tax and the Goods and Services Tax (GST).

Reporting of administered activities

Administered revenue, expenses, assets, liabilities and cash flows are disclosed in the administered schedules and related notes.

Except where otherwise stated, 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.

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.

NOTES TO THE FINANCIAL STATEMENTS

Note 1

Financial performance p. 99

This section analyses the financial performance of the OTA for the year ended 2020.

Note 2

Income and expenses administered on behalf of the Government p. 102

This section analyses the activities that the OTA does not control but administers on behalf of the Government.*

Note 3

Financial position p. 104

This section analyses the OTA's assets used to conduct its operations and the operating liabilities incurred as a result. Employee related information is disclosed in the People and Relationships section.

Note 4

Assets and liabilities administered on behalf of the Government p. 110

This section analyses assets used to conduct operations and the operating liabilities incurred as a result the OTA does not control but administers on behalf of the Government.*

Note 5

Funding p. 113

This section identifies the OTA's funding structure.

Note 6

People and relationships p. 116

This section describes a range of employment and post employment benefits provided to our people and our relationships with other key people.

Note 7

Managing uncertainties p. 119

This section analyses how the OTA manages financial risks within its operating environment.

Note 8

Other information p. 124

Aggregate assets and liabilities.

* Unless otherwise noted, the accounting policies adopted are consistent with those applied for departmental reporting.

NOTE 1.1

EXPENSES

	2020 (\$)	2019 (\$)
1.1A / Employee benefits		
Wages and salaries	2,714,958	2,730,034
Superannuation:		
Defined benefits plans	229,870	250,481
Defined contribution plans	272,161	213,886
Leave and other entitlements	409,044	305,452
Other employee expenses	15,955	12,657
Total employee benefits	3,641,988	3,512,510

Accounting policy

Accounting policies for employee related expenses is contained in the People and relationships section.

	2020 (\$)	2019 (\$)
1.1B / Suppliers		
Goods and services supplied or rendered		
Contractors and consultants	193,215	246,767
Equipment and software	404,728	476,887
Facilities	66,906	125,317
Staff recruitment and training	62,013	54,011
Travel	118,222	151,108
Office supplies and stationery	8,033	7,478
Printing and publishing	20,868	27,212
Resources received free of charge	114,000	103,000
Shared services MoU	207,435	252,126
Other	41,961	60,002
Total goods and services supplied or rendered	1,237,381	1,503,908
Goods supplied	9,430	44,862
Services rendered	1,227,951	1,459,046
Total goods and services supplied or rendered	1,237,381	1,503,908

NOTE 1.1

EXPENSES CONT.

	2020 (\$)	2019 (\$)
Other suppliers		
Operating lease rentals ¹	7,444	437,215
Workers compensation expenses	25,374	30,764
Total other suppliers	32,818	467,979
Total suppliers	1,270,199	1,971,887

¹ The OTA has applied AASB 16 using the modified retrospective approach and therefore the comparative information has not been restated and continues to be reported under AASB 117.

The OTA has low-value lease commitments of \$14,111 as at 30 June 2020.

Accounting policy

Short-term leases and leases of low-value assets

The OTA has elected not to recognise right-of-use assets and lease liabilities for short-term leases of assets that have a lease term of 12 months or less and leases of low-value assets (less than \$10,000). The entity recognises the lease payments associated with these leases as an expense on a straight-line basis over the lease term.

	2020 (\$)	2019 (\$)
1.1C / Finance Costs		
Interest on lease liabilities	10,553	-
Total finance costs	10,553	-

The above lease disclosures should be read in conjunction with the accompanying note 3.2

NOTE 1.2

OWN-SOURCE REVENUE AND GAINS

Own-source revenue

	2020 (\$)	2019 (\$)
1.2A / Resources received free of charge		
Resources received free of charge	114,000	103,000
Total other revenue	114,000	103,000

Resources received free of charge are for services provided by the Australian National Audit Office for the end of financial year statement audit.

Accounting policy

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 revenue or gains depending on their nature.

Revenue from Government

	2020 (\$)	2019 (\$)
1.2B / Revenue from Government		
Appropriations		
Departmental appropriations	5,308,000	5,461,000
Total revenue from Government	5,308,000	5,461,000

Accounting policy

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 entity 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.

NOTE 2.1

ADMINISTERED – EXPENSES

	2020 (\$)	2019 (\$)
2.1A / Suppliers		
Goods and services supplied or rendered		
Board fees	230,234	221,621
Contractors	214,261	326,951
Public relations and research	157,156	197,665
Travel	91,882	147,745
Software licence and maintenance	706,734	587,754
Other	251,474	624,383
Total goods and services supplied or rendered	1,651,741	2,106,119
Services rendered	1,651,741	2,106,119
Total goods and services supplied or rendered	1,651,741	2,106,119
2.1B / Grants		
Public sector		
State and Territory Governments	37,798,547	35,280,530
Private sector		
Not-for-profit organisations	7,072,660	5,757,272
Total grants	44,871,207	41,037,802

Accounting policy

The OTA administers a number of grant schemes on behalf of the Government. Grant liabilities are recognised to the extent that (i) 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. When the Government enters into an agreement to make these grants and services, but services have not been performed or criteria satisfied, this is considered a commitment.

NOTE 2.2
ADMINISTERED – INCOME

	2020 (\$)	2019 (\$)
2.2A / Other revenue		
Other	3,140,000	–
Total revenue	3,140,000	–

NOTE 3.1

FINANCIAL ASSETS

	2020 (\$)	2019 (\$)
3.1A / Cash and cash equivalents		
Cash on hand or on deposit	74,712	94,059
Total cash and cash equivalents	74,712	94,059

Accounting policy

Cash is recognised at its nominal amount. Cash and cash equivalents includes:

- a cash on hand; and
- b demand 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.

	2020 (\$)	2019 (\$)
3.1B / Trade and other receivables		
Goods and services receivables		
Other	120,199	64,296
Total goods and services receivables	120,199	64,296
Appropriations receivables		
Appropriation receivable	2,099,504	2,033,738
Total appropriations receivables	2,099,504	2,033,738
Other receivables		
GST receivable from the Australian Taxation Office	23,735	38,747
Total other receivables	23,735	38,747
Total trade and other receivables (gross)	2,243,438	2,136,781
Total trade and other receivables (net)	2,243,438	2,136,781

No indicators of impairment were found for trade and other receivables in 2020 (2019: nil).

Credit terms for goods and services were within 30 days (2019: 30 days).

Accounting policy

Financial assets

Trade receivables and other receivables that are held for the purpose of collecting the contractual cash flows where the cash flows are solely payments of principal and interest, that are not provided at below-market interest rates, are subsequently measured at amortised cost using the effective interest method adjusted for any loss allowance.

NOTE 3.2

NON-FINANCIAL ASSETS

3.2A / Reconciliation of the opening and closing balances of property, plant and equipment and intangibles

Reconciliation of the opening and closing balances of property, plant and equipment and intangibles

	Buildings (\$)	Property, plant and equipment (\$)	Computer software (\$)	Total (\$)
As at 1 July 2019				
Gross book value	314,232	88,133	2,612,544	3,014,909
Accumulated depreciation, amortisation and impairment	–	–	(1,707,129)	(1,707,129)
Total as at 1 July 2019	314,232	88,133	905,415	1,307,780
Recognition of right of use asset on initial application of AASB 16	1,322,200	–	–	1,322,200
Adjusted total as at 1 July 2019	1,636,432	88,133	905,415	2,629,980
Additions				
Purchase	5,941	20,024	333,527	359,492
Revaluations and impairments recognised in other comprehensive income	(6,971)	1,468	–	(5,503)
Depreciation and amortisation	(70,502)	(31,195)	(245,300)	(346,997)
Depreciation on right-of-use assets	(299,366)	–	–	(299,366)
Total as at 30 June 2020	1,265,534	78,430	993,642	2,337,606
Total as at 30 June 2020 represented by				
Gross book value	1,265,534	78,430	2,946,071	4,290,035
Accumulated depreciation, amortisation and impairment	–	–	(1,952,429)	(1,952,429)
Total as at 30 June 2020	1,265,534	78,430	993,642	2,337,606
Carrying amount of right-of-use assets	1,022,834	–	–	1,022,834

No indicators of impairment were found for property, plant and equipment and intangibles. No property, plant and equipment or intangibles is expected to be sold or disposed of within the next 12 months.

Revaluations of non-financial assets

All revaluations were conducted in accordance with the revaluation policy stated at Note 3.2A. At 30 June 2020, an independent valuer, Jones Lang LaSalle Public Sector Valuations, conducted a revaluation.

NOTE 3.2

NON-FINANCIAL ASSETS CONT.

Contractual commitments for the acquisition of property, plant, equipment and intangible assets

There are no contractual commitments for the acquisition of property, plant and equipment.
There are no contractual commitments for the acquisition of intangible assets as at 30 June 2020.

In 2019 there were no contractual commitments for the acquisition of intangible assets.

Accounting policy

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.

Asset recognition threshold

Purchases of property, plant and equipment are recognised initially at cost in the Statement of financial position, except for purchases costing less than \$1,000 which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located.

Lease Right of Use (ROU) Assets

Leased ROU assets are capitalised at the commencement date of the lease and comprise of the initial lease liability amount, initial direct costs incurred when entering into the lease less any lease incentives received. These assets are accounted for by Commonwealth lessees as separate asset classes to corresponding assets owned outright, but included in the same column as where the corresponding underlying assets would be presented if they were owned.

On initial adoption of AASB 16 the OTA has adjusted the ROU assets at the date of initial application by the amount of any provision for onerous leases recognised immediately before the date of initial application. Following initial application, an impairment review is undertaken for any right of use lease asset that shows indicators of impairment and an impairment loss is recognised against any right of use lease asset that is impaired. Lease ROU assets continue to be measured at cost after initial recognition in Commonwealth agency, GGS and Whole of Government financial statements.

Revaluations

Following initial recognition at cost, property, plant and equipment (excluding ROU assets) are carried at fair value (or an amount not materially different from fair value) less subsequent accumulated depreciation and accumulated impairment losses. Valuations were 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.

Revaluation adjustments are made on a class basis. Any revaluation increment was 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 reverse 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.

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:

	2020	2019
Buildings	Lease term	Lease term
Plant and Equipment	3 to 5 years	3 to 5 years

Impairment

All assets were assessed for impairment at 30 June 2020. 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.

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 (2018–19: 1 to 5 years).

All software assets were assessed for indications of impairment as at 30 June 2020.

	2020 (\$)	2019 (\$)
3.2B / Other non-financial assets		
Prepayments	76,923	88,459
Total other non-financial assets	76,923	88,459

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

NOTE 3.3

PAYABLES

	2020 (\$)	2019 (\$)
3.3A / Suppliers		
Trade creditors and accruals	293,932	352,792
Total suppliers	293,932	352,792
Settlement was usually made within 30 days.		
3.3B / Other payables		
Salaries and wages	53,233	23,512
Superannuation	7,721	4,017
Lease incentive ¹	-	303,564
Other	76,155	114,305
Total other payables	137,109	445,398

- ¹ The OTA has applied AASB 16 using the modified retrospective approach and therefore the comparative information has not been restated and continues to be reported under AASB 117.

NOTE 3.4

INTEREST BEARING LIABILITIES

	2020 (\$)	2019 (\$)
3.4A / Leases		
Lease liabilities		
Buildings ¹	1,051,149	–
Total leases	1,051,149	–

- ¹ The OTA has applied AASB 16 using the modified retrospective approach and therefore the comparative information has not been restated and continues to be reported under AASB 117.

NOTE 4.1

ADMINISTERED – FINANCIAL ASSETS

	2020 (\$)	2019 (\$)
4.1A / Cash and cash equivalents		
Cash on hand or on deposit	80,000	88,851
Total cash and cash equivalents	80,000	88,851
4.1B / Trade and other receivables		
Goods and services receivables	-	305,436
Total goods and services receivables	-	305,436
Other receivables		
GST receivable from the Australian Taxation Office	425,361	258,365
Total other receivables	425,361	258,365
Total trade and other receivables (gross)	425,361	563,801
Total trade and other receivables (net)	425,361	563,801

No indicators of impairment were found for trade and other receivables in 2020 (2019: nil).

Credit terms for goods and services were within 30 days (2019: 30 days).

NOTE 4.2

ADMINISTERED – NON-FINANCIAL ASSETS

	2020 (\$)	2019 (\$)
4.2A / Other non-financial assets		
Prepayments	231,322	–
Total other non-financial assets	231,322	–

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

NOTE 4.3

ADMINISTERED – PAYABLES

	2020 (\$)	2019 (\$)
4.3A / Suppliers		
Trade creditors and accruals	225,418	250,788
Total suppliers	225,418	250,788

Settlement was usually made within 30 days.

4.3B / Grants		
State and Territory Governments	6,226,356	6,991,014
Non-profit organisations	1,484,885	1,456,938
Total grants	7,711,241	8,447,952

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

NOTE 5.1

APPROPRIATIONS

	2020 (\$)	2019 (\$)
5.1A / Annual Appropriations ('recoverable GST exclusive')		
Departmental		
Ordinary annual services		
Annual appropriation	5,336,000	5,461,000
Receipts retained under PGPA Act – Section 74	91,752	151,118
Total appropriation	5,427,752	5,612,118
Appropriation applied (current and prior years)	5,353,334	5,393,067
Variance	74,418	219,051
Capital Budget		
Annual departmental capital budget ¹	250,000	249,000
Payments for non-financial assets ²	250,000	249,000
Variance	-	-
Administered		
Ordinary annual services		
Annual appropriation	43,389,000	43,148,000
Receipts retained under PGPA Act – Section 74	3,170,770	213,164
Total appropriation	46,559,770	43,361,164
Appropriation applied (current and prior years)	47,241,322	43,128,005
Variance	(681,552)	233,159

¹ Departmental capital budgets are appropriated through Appropriation Acts (No. 1, 3, 5).

They form part of ordinary annual services, and are not separately identified in the Appropriation Acts.

² Payments made on non-financial assets include purchases of assets and expenditure on assets which have been capitalised.

NOTE 5.1

APPROPRIATIONS CONT.

	2020 (\$)	2019 (\$)
5.1B / Unspent annual appropriations ('recoverable GST exclusive')		
Departmental		
Appropriation Act (No.1) 2018–19	-	2,033,738
Appropriation Act (No.1) 2019–20	2,099,504	-
Cash at bank	74,712	94,059
Total departmental	2,174,216	2,127,797

Administered		
Appropriation Act (No.1) 2016–17	-	1,030
Appropriation Act (No.1) 2017–18	750	1,000
Appropriation Act (No.1) 2018–19	4,080	8,281,681
Appropriation Act (No.1) 2019–20	7,596,299	-
Cash at bank	80,000	88,851
Total administered	7,681,129	8,372,562

NOTE 5.2

NET CASH APPROPRIATION ARRANGEMENTS

	2020 (\$)	2019 (\$)
Total comprehensive income less depreciation/amortisation expenses previously funded through revenue appropriations	493,757	75,748
Plus: depreciation/amortisation expenses previously funded through revenue appropriation	(646,363)	(562,392)
Plus: depreciation right-of-use assets	299,366	–
Less: principal repayments – leased assets	258,803	–
Total comprehensive loss – as per the Statement of comprehensive income	(112,043)	(486,644)
Total comprehensive loss – as per the Statement of comprehensive income	(152,606)	(486,644)

NOTE 6.1

EMPLOYEE PROVISIONS

	2020 (\$)	2019 (\$)
6.1A / Employee provisions		
Leave	1,042,725	1,022,082
Total employee provisions	1,042,725	1,022,082

Accounting policy

Liabilities for 'short-term employee benefits' and termination benefits expected within twelve months of the end of reporting period are measured at their nominal amounts.

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 provision for annual leave and long service 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 with reference to the Australian Government shorthand method. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

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

The OTA's staff are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS), or the PSS accumulation Plan (PSSap) or other superannuation funds held outside the Australian Government.

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 in the Department of Finance's administered schedules and notes.

The OTA makes employer contributions to the employees' defined benefit 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.

NOTE 6.2

KEY MANAGEMENT PERSONNEL REMUNERATION

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including any director (whether executive or otherwise) of that entity. The OTA has determined the key management personnel to be the Chair of the Board and its members and the Chief Executive Officer. Key management personnel remuneration is reported in the table below:

	2020 (\$)	2019 (\$)
Short-term employee benefits	522,576	478,045
Post-employment benefits	67,124	64,435
Other long-term employee benefits	7,475	7,444
Total key management personnel remuneration expenses¹	597,175	549,924

The total number of key management personnel that are included in the above table are 8 (2019: 7).

- ¹ The above key management personnel remuneration excludes the remuneration and other benefits of the Portfolio and Cabinet Minister. The Portfolio Minister's remuneration and other benefits are set by the Remuneration Tribunal and are not paid by the entity.

NOTE 6.3

RELATED PARTY DISCLOSURES

Related party relationships

The OTA is an Australian Government controlled entity. Related parties to the OTA are key management personnel, including the OTA Board, the portfolio Minister and Executive, and other Australian Government entities.

Transactions with related parties

Given the breadth of Government activities, related parties may transact with the government sector in the same capacity as ordinary citizens. These transactions have not been separately disclosed in this note.

Giving consideration to relationships with related entities, and transactions entered into during the reporting period by the OTA, it has been determined that there are no related party transactions to be separately disclosed.

NOTE 7.1

CONTINGENT ASSETS AND LIABILITIES

7.1A / Contingent asset 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 contractor's required insurance levels.

The OTA provided an indemnity to the lessors of the OTA's leased premises in relation to all actions, claims, demands, losses, damages, costs and expenses for which the lessor shall, may or does become liable. These can arise from the negligent use by the lessee of water, gas, electricity, lighting, overflow or leakage of water and other services and facilities. The indemnity releases the lessor from all claims and demands of any kind and from all liability which may arise in respect of any death of, or injury to, any person, and any accident or damage to property of whatever kind except to the extent that the lessor's negligence contributed to the death, injury, loss or damage.

Accounting policy

Contingent liabilities and contingent assets are not recognised in the statement of financial position but are reported in the 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.

7.1B / 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 contractor's required insurance levels.

Accounting policy

Indemnities and/or guarantees

The maximum amounts payable under the indemnities given is disclosed above, where relevant. At the time of completion of the financial statements, there was no reason to believe that the indemnities and or guarantees would be called upon, and no recognition of any liability was therefore required.

NOTE 7.2

FINANCIAL INSTRUMENTS

	2020 (\$)	2019 (\$)
7.2A / Categories of financial instruments		
Financial assets at amortised cost		
Cash and cash equivalents	74,712	94,059
Trade and other receivables	120,199	64,296
Total financial assets at amortised cost	194,911	158,355
Total financial assets	194,911	158,355
Financial liabilities		
Financial liabilities measured at amortised cost		
Trade creditors	293,932	352,792
Total financial liabilities measured at amortised cost	293,932	352,792
Total financial liabilities	293,932	352,792

Accounting policy

Financial assets

With the implementation of AASB 9 Financial Instruments for the first time in 2019, the OTA classified its financial assets as financial assets measured at amortised cost.

The classification depends on both the OTA's business model for managing the financial assets and contractual cash flow characteristics at the time of initial recognition. Financial assets are recognised when the OTA becomes a party to the contract and, as a consequence, has a legal right to receive or a legal obligation to pay cash and derecognised when the contractual rights to the cash flows from the financial asset expire or are transferred upon trade date.

Comparatives have not been restated on initial application.

Financial assets at amortised cost

Financial assets included in this category need to meet two criteria:

- 1 the financial asset is held in order to collect the contractual cash flows; and
- 2 the cash flows are solely payments of principal and interest on the principal outstanding amount.

Amortised cost is determined using the effective interest method.

Effective interest method

Income is recognised on an effective interest rate basis for financial assets that are recognised at amortised cost.

Impairment of financial assets

Financial assets are assessed for impairment at the end of each reporting period based on Expected Credit Losses, using the general approach which measures the loss allowance based on an amount equal to lifetime expected credit losses where risk has significantly increased, or an amount equal to 12-month expected credit losses if risk has not increased.

The simplified approach for trade, contract and lease receivables is used. The approach always measures the loss allowance as the amount equal to the lifetime expected credit losses.

A write-off constitutes a derecognition event where the write-off directly reduces the gross carrying amount of the financial asset.

Financial liabilities

Financial liabilities are classified as other financial liabilities. Financial liabilities are recognised and derecognised upon 'trade date'.

Financial liabilities at amortised cost

Other financial liabilities include supplier and other payables, which 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).

7.2B / 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 2020 and 30 June 2019.

7.2C / 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 2020 and 30 June 2019.

NOTE 7.3

ADMINISTERED FINANCIAL INSTRUMENTS

	2020 (\$)	2019 (\$)
7.3A / Categories of financial instruments		
Financial assets at amortised cost		
Loans and receivables		
Cash and cash equivalents	80,000	88,851
Other receivables	-	305,436
Total financial assets at amortised cost	80,000	394,287
Total financial assets	80,000	394,287
Financial liabilities		
Financial liabilities measured at amortised cost		
Trade creditors	225,418	250,788
Grants payable	7,711,241	8,447,952
Total financial liabilities measured at amortised cost	7,936,659	8,698,740
Total financial liabilities	7,936,659	8,698,740

7.3B / Net gains or losses on financial assets

There is no interest income or expense from financial assets not at fair value through profit or loss in the years ending 30 June 2020 and 30 June 2019.

7.3C / 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 2020 and 30 June 2019.

NOTE 7.4

FAIR VALUE MEASUREMENTS

The following tables provide an analysis of assets and liabilities that are measured at fair value. The remaining assets and liabilities disclosed in the Statement of financial position do not apply the fair value hierarchy.

Accounting policy

The OTA engaged the services of an independent valuer to conduct a detailed external valuation of all non-financial assets at 30 June 2020 and has relied upon those outcomes to establish carrying amounts. An annual assessment is undertaken to determine whether the carrying amount of the assets is materially different from the fair value. Comprehensive valuations are carried out at least once every three years. The independent valuer has provided written assurance to the OTA that the models developed are in compliance with AASB 13.

7.4A / Fair value measurements

Fair value measurements at the end of the reporting period

	2020 (\$)	2019 (\$)
Non-financial assets		
Buildings ¹	1,265,534	314,232
Property, plant and equipment ¹	78,430	88,133
Total non-financial assets	1,343,964	402,365

¹ No non-financial assets were measured at fair value on a non-recurring basis as at 30 June 2020 (2019: Nil).

The remaining assets and liabilities reported by the OTA are not measured at fair value in the Statement of Financial Position.

NOTE 8.1

AGGREGATE ASSETS AND LIABILITIES

	2020 (\$)	2019 (\$)
8.1A / Departmental – Aggregate assets and liabilities		
Assets expected to be recovered in:		
No more than 12 months	2,395,073	2,303,421
More than 12 months	2,337,606	1,323,658
Total assets	4,732,679	3,627,079
Liabilities expected to be settled in:		
No more than 12 months	1,049,785	894,405
More than 12 months	1,475,130	925,867
Total liabilities	2,524,915	1,820,272

8.1B / Administered – Aggregate assets and liabilities

Assets expected to be recovered in:		
No more than 12 months	736,683	652,652
Total assets	736,683	652,652
Liabilities expected to be settled in:		
No more than 12 months	7,936,659	8,698,740
Total liabilities	7,936,659	8,698,740

PART 7

APPENDICES

Appendix 1: Key stakeholders

Appendix 2: Abbreviations

Appendix 3: Glossary

Appendix 4: List of requirements

Appendix 5: Alphabetical index

Wayne,
Corneal recipient

Appendix 1

KEY STAKEHOLDERS

The following are key stakeholders we have worked with to deliver the national program.

Government

- + ACT Health
- + Australian Health Ethics Committee
- + Australian Government Department of Health (including the Therapeutic Goods Administration)
- + Australian Government Services Australia
- + Department for Health and Wellbeing, South Australia
- + Department of Health and Human Services, Tasmania
- + Department of Health and Human Services, Victoria
- + Department of Health, Northern Territory
- + Department of Health, Western Australia
- + National Health and Medical Research Council
- + NSW Ministry of Health
- + Queensland Health

Professional associations

- + Australian and New Zealand Intensive Care Society
- + Australian College of Critical Care Nurses
- + Australasian College for Emergency Medicine
- + Australian Medical Association
- + Australian Medical Students Association

- + Australian and New Zealand Society of Nephrology
- + Australasian Transplant Coordinators Association
- + Biotherapeutics Association of Australasia
- + College of Intensive Care Medicine of Australia and New Zealand
- + Eye Bank Association of Australia and New Zealand
- + The Pharmacy Guild of Australia
- + The Royal Australian College of General Practitioners
- + Transplant Nurses Association
- + Transplantation Society of Australia and New Zealand

Eye and tissue banks

- + Australian Biotechnologies
- + Australian Tissue Donation Network
- + Barwon Health Bone Bank
- + Donor Tissue Bank of Victoria
- + Hunter New England Bone Bank
- + Lions Eye Bank WA
- + Lions Eye Donation Service Victoria
- + Lions NSW Eye and Bone Bank
- + PlusLife (Perth Bone and Tissue Bank)
- + Queensland Tissue Bank
- + South Australian Eye Bank
- + South Australian Tissue Bank
- + Sydney Heart Valve Bank

Community

- + Aussie Transplant Mates
- + Council of Governors of Lions Australia
- + David Hookes Foundation
- + Donor Families Australia
- + Donor Mate
- + Eurobodalla Renal Support Group
- + Ethan 'Jimmy' Foundation
- + Gift of Life Inc
- + Gift of Life Foundation
- + Herd of Hope
- + James Ackerman Family Trust Fund
- + Kidney Health Australia
- + Liver Kids Australia Inc
- + Lucky Stars Australia Transplant Cricket Inc
- + Saffron Day
- + Sammy D Foundation
- + The Nathan Gremmo Community Fund Inc
- + The Sweetest Gift (NSW)
- + Transplant Australia

Donation and transplantation outcome registries

- + Australia and New Zealand Cardiothoracic Organ Transplant Registry
- + Australia and New Zealand Dialysis and Transplant Registry
- + Australia and New Zealand Islets and Pancreas Transplant Registry
- + Australia and New Zealand Liver Transplant Registry
- + Australia and New Zealand Organ Donation Registry
- + Australian Corneal Graft Registry

Other organisations

- + Australian Football League
- + Australia Post
- + Australian Red Cross Lifeblood
- + DataCom
- + Football Federation Australia
- + Melbourne Storm
- + Qantas
- + ShareLife
- + StarTrack
- + Tonic Health Media
- + Transplant Connect

International organisations

- + American Association of Tissue Banks
- + Canadian Blood Services
- + Donation and Transplantation Institute, Spain
- + Gift of Life Donor Program, USA
- + International Registry on Organ Donation and Transplantation, Spain
- + International Society for Organ Donation and Procurement
- + National Health Service Blood and Transplant, United Kingdom
- + National Transplant Organization, Spain
- + Nevada Donor Network
- + Organ Donation New Zealand
- + The Transplantation Society
- + Trillium Gift of Life Network, Canada
- + United Network for Organ Sharing, USA
- + World Health Organization

Appendix 2

ABBREVIATIONS

ACT	Australian Capital Territory	MP	Member of Parliament
AFL	Australian Football League	NSW	New South Wales
AKX	Australian Paired Kidney Exchange Program	NT	Northern Territory
ANZKX	Australian and New Zealand Paired Kidney Exchange Program	OTA	Australian Organ and Tissue Donation and Transplantation Authority/Organ and Tissue Authority
AODR	Australian Organ Donor Register	PwC	PricewaterhouseCoopers
APS	Australian Public Service	QLD	Queensland
AUS-DRAI	Australian Donor Risk Assessment Interview	SA	South Australia
CEO	Chief Executive Officer	SES	Senior Executive Service
COVID-19	SARS-CoV-2 declared a pandemic on 11 March 2020	TAS	Tasmania
CPIP	Clinical Practice Improvement Program	TGA	Therapeutic Goods Administration
DBD	donation after brain death	TLRG	Transplant Liaison Reference Group
DCD	donation after circulatory death	TSANZ	Transplantation Society of Australia and New Zealand
DLN	DonateLife Network	VIC	Victoria
dpmp	donors per million population	WA	Western Australia
ED	emergency department		
ETAC	Eye and Tissue Advisory Committee		
FDC	Family Donation Conversation		
GST	goods and services tax		
ICU	intensive care unit		

Appendix 3

GLOSSARY

Audit Committee	A committee established in accordance with Section 17 of the PGPA Rule to provide independent advice and assurance to the OTA Board, as the accountable authority, particularly in relation to risk control, compliance frameworks, and external accountabilities.
Australian Organ and Tissue Donation and Transplantation Authority (OTA)	A statutory body established under the <i>Australian Organ and Tissue Donation and Transplantation Authority Act 2008</i> to deliver the national program. Also known as the Organ and Tissue Authority (OTA).
Australian and New Zealand Paired Kidney Exchange (ANZKX) Program	A kidney paired donation program between Australia and New Zealand. It 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 are enrolled in the program and are matched against other incompatible pairs.
Best practice guideline for offering organ and tissue donation in Australia	A guideline developed to outline the preferred approach when speaking with families about organ donation. The guideline includes the goals of family communication, staff roles and responsibilities, timing and elements of the family donation conversation, training requirements and review of practice.
Clinical guidelines for organ transplantation from deceased donors	Guidelines developed by the Transplantation Society of Australia and New Zealand that inform eligibility and assessment criteria for organ transplantation, and protocols for the allocation of deceased donor organs to wait-listed patients.
Clinical Practice Improvement Program (CPIP) Phase 3	A program that comprises seven elements of clinical strategic focus with associated reportable key performance indicators (KPIs). These KPIs are key to achieving best-practice organ and tissue donation in the intensive care and emergency department environment. The CPIP Phase 3 elements are implemented in all DonateLife hospitals and are fundamental to the work of hospital donation specialists and the DonateLife Agencies.
Consent rate	The number of consents as a percentage of all requests made to potential deceased donor families.
DonateLife	The Australian Government brand for all initiatives undertaken as part of the national program to increase organ and tissue donation for transplantation.
DonateLife Agencies	Agencies responsible for delivering the national program 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	A nationally consistent retrospective audit to collect data about hospital deaths in the context of organ donation.

DonateLife Network	The national network of state-based organ and tissue donation agencies and hospital-based staff focused on increasing organ and tissue donation.
DonateLife Thank You Day	A national day to acknowledge organ and tissue donors and families who agreed to donation.
DonateLife Week	A national awareness week promoting organ and tissue donation.
Donation after brain death	Organ donation after a person's death has been determined on the basis of irreversible cessation of all brain function.
Donation after circulatory death	Organ donation after a person's death has been determined on the basis of irreversible cessation of circulation of blood in the body.
Donor Family Study	A retrospective study that is conducted every second year to seek feedback on the donation experience of families who were asked to make a donation decision.
Electronic Donor Record	A national electronic web-based IT system for managing the donation process and offering organs for transplantation.
Ethical guidelines for organ transplantation from deceased donors	Guidelines that inform ethical practice and decision-making by everyone involved in assessing the eligibility of an individual for transplantation, assessing the suitability of donor organs for transplantation, and allocating organs from deceased donors.
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.
Hospital-based staff	Specialist hospital staff, including medical and nursing donation specialists, 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 training that provides an overview of the donation pathways, the donation process, and how to refer patients to the DonateLife Agency or hospital donation specialist team. It is mainly targeted to ICU and ED staff as well as other clinicians and support staff in the hospital.
Organ and Tissue Authority Board	Since 1 July 2017, the accountable authority under the <i>Public Governance, Performance and Accountability Act 2013</i> and the decision-making body for the OTA.
Organ Donation Hospital Support Funding	Australian Government funding provided to state and territory health departments, local health districts or individual hospitals for the bed and other infrastructure costs associated with organ donation to ensure costs are not a barrier for organ donation to proceed.
OrganMatch	A sophisticated software system developed by the OTA in partnership with the Australian Red Cross Blood Service. This system replaces the National Organ Matching System (NOMS) and facilitates optimal matching of donor organs to transplant recipients.
Portfolio Budget Statements	Statements prepared by portfolios to explain the Budget appropriations in terms of outcomes and programs.
Request rate	The number of requests as a percentage of all potential deceased 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.

Appendix 4

LIST OF REQUIREMENTS

PGPA Rule Reference	Description	Description	Page
17AD(g)	Letter of transmittal		
17AI	A copy of the letter of transmittal signed and dated by accountable authority on date final text approved, with statement that the report has been prepared in accordance with section 46 of the Act and any enabling legislation that specifies additional requirements in relation to the annual report.	Mandatory	viii
17AD(h)	Aids to access		
17AJ(a)	Table of contents.	Mandatory	ix
17AJ(b)	Alphabetical index.	Mandatory	137–140
17AJ(c)	Glossary of abbreviations and acronyms.	Mandatory	128
17AJ(d)	List of requirements.	Mandatory	131–136
17AJ(e)	Details of contact officer.	Mandatory	IFC
17AJ(f)	Enti's website address.	Mandatory	IFC, BC
17AJ(g)	Electronic address of report.	Mandatory	IFC
17AD(a)	Review by accountable authority		
17AD(a)	A review by the accountable authority of the entity.	Mandatory	2–4
17AD(b)	Overview of the entity		
17AE(1)(a)(i)	A description of the role and functions of the entity.	Mandatory	10
17AE(1)(a)(ii)	A description of the organisational structure of the entity.	Mandatory	11–12
17AE(1)(a)(iii)	A description of the outcomes and programmes administered by the entity.	Mandatory	16
17AE(1)(a)(iv)	A description of the purposes of the entity as included in corporate plan.	Mandatory	21
17AE(1)(aa)(i)	Name of the accountable authority or each member of the accountable authority.	Mandatory	10–11
17AE(1)(aa)(ii)	Position of the accountable authority or each member of the accountable authority.	Mandatory	11

PGPA Rule Reference	Description	Description	Page
17AE(1)(aa)(iii)	Period as the accountable authority or member of the accountable authority within the reporting period.	Mandatory	11
17AE(1)(b)	An outline of the structure of the portfolio of the entity.	Portfolio departments – mandatory	N/A
17AE(2)	Where the outcomes and programs administered by the entity differ from any Portfolio Budget Statement, Portfolio Additional Estimates Statement or other portfolio estimates statement that was prepared for the entity for the period, include details of variation and reasons for change.	If applicable, mandatory	N/A
17AD(c) Report on the Performance of the entity			
Annual Performance Statements			
17AD(c)(i); 16F	Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule.	Mandatory	21–27
17AD(c)(ii) Report on Financial Performance			
17AF(1)(a)	A discussion and analysis of the entity's financial performance.	Mandatory	4, 19–20
17AF(1)(b)	A table summarising the total resources and total payments of the entity.	Mandatory	17–18
17AF(2)	If there may be significant changes in the financial results during or after the previous or current reporting period, information on those changes, including: the cause of any operating loss of the entity; how the entity has responded to the loss and the actions that have been taken in relation to the loss; and any matter or circumstances that it can reasonably be anticipated will have a significant impact on the entity's future operation or financial results.	If applicable, mandatory	N/A
17AD(d) Management and Accountability			
Corporate Governance			
17AG(2)(a)	Information on compliance with section 10 (fraud systems).	Mandatory	60
17AG(2)(b)(i)	A certification by accountable authority that fraud risk assessments and fraud control plans have been prepared.	Mandatory	60
17AG(2)(b)(ii)	A certification by accountable authority that appropriate mechanisms for preventing, detecting incidents of, investigating or otherwise dealing with, and recording or reporting fraud that meet the specific needs of the entity are in place.	Mandatory	60
17AG(2)(b)(iii)	A certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud relating to the entity.	Mandatory	60
17AG(2)(c)	An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance.	Mandatory	58–61
17AG(2)(d) – (e)	A statement of significant issues reported to Minister under paragraph 19(1)(e) of the Act that relates to non-compliance with Finance law and action taken to remedy non-compliance.	If applicable, mandatory	N/A

PGPA Rule Reference	Description	Description	Page
Audit Committee			
17AG(2A)(a)	A direct electronic address of the charter determining the functions of the entity's audit committee.	Mandatory	59
17AG(2A)(b)	The name of each member of the entity's audit committee.	Mandatory	59
17AG(2A)(c)	The qualifications, knowledge, skills or experience of each member of the entity's audit committee.	Mandatory	59
17AG(2A)(d)	Information about the attendance of each member of the entity's audit committee at committee meetings.	Mandatory	59
17AG(2A)(e)	The remuneration of each member of the entity's audit committee.	Mandatory	59
External Scrutiny			
17AG(3)	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny.	Mandatory	61
17AG(3)(a)	Information on judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner that may have a significant effect on the operations of the entity.	If applicable, mandatory	N/A
17AG(3)(b)	Information on any reports on operations of the entity by the Auditor-General (other than report under section 43 of the Act), a Parliamentary Committee, or the Commonwealth Ombudsman.	If applicable, mandatory	N/A
17AG(3)(c)	Information on any capability reviews on the entity that were released during the period.	If applicable, mandatory	N/A
Management of Human Resources			
17AG(4)(a)	An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives.	Mandatory	62–68
17AG(4)(aa)	Statistics on the entity's employees on an ongoing and non-ongoing basis, including the following: (a) statistics on full-time employees; (b) statistics on part-time employees; (c) statistics on gender; (d) statistics on staff location.	Mandatory	63–66
17AG(4)(b)	Statistics on the entity's APS employees on an ongoing and non-ongoing basis; including the following: Statistics on staffing classification level; Statistics on full-time employees; Statistics on part-time employees; Statistics on gender; Statistics on staff location; Statistics on employees who identify as Indigenous.	Mandatory	64–66

PGPA Rule Reference	Description	Description	Page
17AG(4)(c)	Information on any enterprise agreements, individual flexibility arrangements, Australian workplace agreements, common law contracts and determinations under subsection 24(1) of the <i>Public Service Act 1999</i> .	Mandatory	63–67
17AG(4)(c)(i)	Information on the number of SES and non-SES employees covered by agreements etc identified in paragraph 17AG(4)(c).	Mandatory	67
17AG(4)(c)(ii)	The salary ranges available for APS employees by classification level.	Mandatory	67
17AG(4)(c)(iii)	A description of non-salary benefits provided to employees.	Mandatory	68
17AG(4)(d)(i)	Information on the number of employees at each classification level who received performance pay.	If applicable, mandatory	N/A
17AG(4)(d)(ii)	Information on aggregate amounts of performance pay at each classification level.	If applicable, mandatory	N/A
17AG(4)(d)(iii)	Information on the average amount of performance payment, and range of such payments, at each classification level.	If applicable, mandatory	N/A
17AG(4)(d)(iv)	Information on aggregate amount of performance payments.	If applicable, mandatory	N/A
Assets Management			
17AG(5)	An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities.	If applicable, mandatory	70
Purchasing			
17AG(6)	An assessment of entity performance against the <i>Commonwealth Procurement Rules</i> .	Mandatory	71
Consultants			
17AG(7)(a)	A summary statement detailing the number of new contracts engaging consultants entered into during the period; the total actual expenditure on all new consultancy contracts entered into during the period (inclusive of GST); the number of ongoing consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting year on the ongoing consultancy contracts (inclusive of GST).	Mandatory	72
17AG(7)(b)	A statement that <i>"During [reporting period], [specified number] new consultancy contracts were entered into involving total actual expenditure of \$[specified million]. In addition, [specified number] ongoing consultancy contracts were active during the period, involving total actual expenditure of \$[specified million]"</i> .	Mandatory	72
17AG(7)(c)	A summary of the policies and procedures for selecting and engaging consultants and the main categories of purposes for which consultants were selected and engaged.	Mandatory	72
17AG(7)(d)	A statement that <i>"Annual reports contain information about actual expenditure on contracts for consultancies. Information on the value of contracts and consultancies is available on the AusTender website."</i>	Mandatory	72

PGPA Rule Reference	Description	Description	Page
Australian National Audit Office Access Clauses			
17AG(8)	If an entity entered into a contract with a value of more than \$100 000 (inclusive of GST) and the contract did not provide the Auditor-General with access to the contractor's premises, the report must include the name of the contractor, purpose and value of the contract, and the reason why a clause allowing access was not included in the contract.	If applicable, mandatory	71
Exempt contracts			
17AG(9)	If an entity entered into a contract or there is a standing offer with a value greater than \$10 000 (inclusive of GST) which has been exempted from being published in AusTender because it would disclose exempt matters under the FOI Act, the annual report must include a statement that the contract or standing offer has been exempted, and the value of the contract or standing offer, to the extent that doing so does not disclose the exempt matters.	If applicable, mandatory	71
Small business			
17AG(10)(a)	A statement that <i>"[Name of entity] supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance's website."</i>	Mandatory	71
17AG(10)(b)	An outline of the ways in which the procurement practices of the entity support small and medium enterprises.	Mandatory	71
17AG(10)(c)	If the entity is considered by the Department administered by the Finance Minister as material in nature—a statement that <i>"[Name of entity] recognises the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury's website."</i>	If applicable, mandatory	71
Financial Statements			
17AD(e)	Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.	Mandatory	73–124
Executive Remuneration			
17AD(da)	Information about executive remuneration in accordance with Subdivision C of Division 3A of Part 2-3 of the Rule.	Mandatory	63

PGPA Rule Reference	Description	Description	Page
17AD(f)	Other Mandatory Information		
17AH(1)(a)(i)	If the entity conducted advertising campaigns, a statement that <i>"During [reporting period], the [name of entity] conducted the following advertising campaigns: [name of advertising campaigns undertaken]. Further information on those advertising campaigns is available at [address of entity's website] and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance's website."</i>	If applicable, mandatory	N/A
17AH(1)(a)(ii)	If the entity did not conduct advertising campaigns, a statement to that effect.	If applicable, mandatory	72
17AH(1)(b)	A statement that <i>"Information on grants awarded by [name of entity] during [reporting period] is available at [address of entity's website]."</i>	If applicable, mandatory	71
17AH(1)(c)	Outline of mechanisms of disability reporting, including reference to website for further information.	Mandatory	72
17AH(1)(d)	Website reference to where the entity's Information Publication Scheme statement pursuant to Part II of FOI Act can be found.	Mandatory	72
17AH(1)(e)	Correction of material errors in previous annual report.	If applicable, mandatory	N/A
17AH(2)	Information required by other legislation.	Mandatory	69–72

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