



Australian Government

Australian Organ and Tissue Donation and Transplantation Authority

Annual Report 2010–11

Our vision is to implement a world's best practice approach to organ and tissue donation for transplantation, and to work in concert with state and territory governments to improve access by Australians to life-saving and life-transforming transplants.

About the Authority

The Australian Organ and Tissue Donation and Transplantation Authority is a prescribed agency under the *Financial Management and Accountability Act 1997*, with primary responsibilities outlined in the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008* (the Act 2008).

The Authority was established in January 2009. During 2008–09 and 2009–10 our key priorities were building organisational capacity and establishing corporate governance frameworks, both internally and within the broader DonateLife Network. In 2010–11 we shifted to a phase of consolidation and program delivery, which is described in detail in Part 2 of this report.

Our mission is to deliver a highly effective national organ and tissue donation system with the support of Australian governments, the clinical profession and the community.

Our core values are to act with integrity, realise our potential, respect individuals, encourage effective teamwork and rise to challenges.

Preface

About this report

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

The report is a formal accountability document that details the activities of the Australian Organ and Tissue Donation and Transplantation Authority (the Authority) during 2010–11.

The main purpose of this report is to provide Members of Parliament and Senators with an accurate description of the Authority's activities during 2010–11. However, we hope it is also a valuable source of information for the Australian organ and tissue donation and transplantation sector and for the general community. We have tried to provide readers with a useful and informative picture of the Authority's performance over the reporting period.

Structure of this report

This report starts with a letter from our Chief Executive Officer (CEO), Ms Yael Cass, to the Parliamentary Secretary for Health and Ageing, the Hon Catherine King MP, asking her to present the annual report to parliament.

The **Overview** provides an outline of the Australian Government's World's Best Practice National Reform Agenda on Organ and Tissue Donation for Transplantation (the National Reform Agenda). It also includes an outline of the Authority's operating principles and a summary of our activities and achievements through the CEO's review and the National Medical Director's report.

Part 1: Authority overview – reports on our structure and management arrangements.

Part 2: Performance reporting – outlines our outcomes and program framework, and the main activities in implementing the nine measures of the National Reform Agenda. This section also reports on our performance against the key strategic directions and targets detailed in the 2010–11 Health and Ageing Portfolio Budget Statements, and includes financial reporting on Budget Estimates and actual expenses for 2010–11.

Part 3: Management and accountability – details our people management, corporate planning activities, and information on compliance with external legislative requirements. This includes payments for advertising and market research and consultancies, ecologically sustainable development, occupational health and safety, grants, and freedom of information.

Part 4: Financial statements – contains a discussion and analysis of our financial performance as well as a complete set of financial statements for the Authority in 2010–11.

The **appendices** include the Donateliife National Communications Framework and Charter and our statement of compliance with Section 8 of the *Freedom of Information Act 1982*.

At the end of the report there is a list of **abbreviations**, a **glossary**, a **list of requirements** to help readers identify all mandatory information now required for inclusion in annual reports and an **alphabetical index**.

Letter of transmittal



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

The Hon Catherine King MP
Parliamentary Secretary for Health and Ageing,
Infrastructure and Transport
Parliament House
CANBERRA ACT 2600

Dear Parliamentary Secretary

I am pleased to provide you with the Annual Report of the Australian Organ and Tissue Donation and Transplantation Authority (the Authority), for the year ended 30 June 2011. Section 28 of the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008* requires the Chief Executive Officer to prepare, and give to you for presentation to the parliament, an annual report on the operations of the Chief Executive Officer and the Authority.

The report details the Authority's performance against the Agency Outcomes and Output Groups of the Health and Ageing Portfolio Budget Statements 2010–11.

The report has been prepared in accordance with the Requirements for Annual Reports 2010–11, approved by the Joint Committee of Public Accounts and Audit on 8 July 2011, as required under subsections 63(2) and 70(2) of the *Public Service Act 1999*.

Yours sincerely

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

Ms Yael Cass
Chief Executive Officer
Australian Organ and Tissue Donation and Transplantation Authority

20 September 2011

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The day our family changed forever

My sister was a special person from the day she was born, as she entered the world on Christmas Day. Our family—mum, dad, Donna and myself had discussed organ donation as a family and all agreed it was a good idea, but never thought it would happen to us.

Mum, dad and myself said goodbye to Donna as she got into her car to drive to visit her best friend. Life changed forever that day when mum and dad received a phone call from John Hunter Hospital to say Donna had been flown there and was in critical condition.

When we arrived, doctors explained that Donna was on life support. The shock is unexplainable and it is not a situation that anybody ever expects to happen. A Donor Coordinator was sent to talk to us and said Donna would be a candidate for donation. Our decision was an easy one as we knew that's what Donna would have wanted. We knew this because we had already had the discussion.

Donna was pronounced brain dead and her organs were removed. Two children and two adults received organs and a new life. This has given our family some comfort over the years, knowing some good could come from our tragedy.

Donna wasn't speeding or doing anything wrong she simply leaned over to change a cassette tape in her car and lacked concentration for a few seconds, which we have all done from time to time. Nobody thinks it will happen to them but if it does, you need to know your loved ones wishes. That's why it is important to discuss it with your family. People need to ask themselves if their child needed an organ, would they accept it? Of course they would, so people also have to be willing to give.

Karen



My sister Donna.

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One chance. One life.

Ashley. A remarkable young man, a larrikin, a devoted family guy and a true hero.

Ashley was 27 years of age and experiencing one of the greatest peaks of his life, attending the Clipsal 500 race meeting in Adelaide driving his very own V8 Supercar. A dream come true.

But in a devastating accident on the track, Ashley's race and life was cut short.

Ashley had lived his life to its utmost potential. He crammed so many outstanding experiences into his 27 years; almost as though he knew he had just that one short chance, one life.

Ashley grew up in a small town, surrounding himself with noble people, who shared his keenness for life. He had a mischievous humour and a smirk that brought delight to the lives of all he met. But for every part cheeky, he had equal parts genuine compassion and respect. A true gentleman and a true larrikin. Ashley was an incredible son, brother, partner, father and mate.

Following his accident and death, true to his giving and generous nature, he was able to give one final, ultimate gift. He was able to donate life. Ashley was a multi-organ donor and directly touched the lives of six people with his gift. Thankfully as a family we had discussed organ and tissue donation and knew what Ashley's wishes were and, that if given the chance, he wanted to donate life. His death was a tragedy that we didn't see coming and we can't imagine having made the decision to donate without knowing his wishes. We share Ashley's story when we can and always encourage families to discuss donation so they know the wishes of their

loved ones. For Ashley to be a donor was a true blessing to our family.

Ash didn't have a second chance at life, of course we - his family - wish he had, but he did make the most of the chance he had, he lived a beautiful life and made us all so proud, he was the rock our family revolved around. His gift gave his donor recipients the chance to live their lives and share their futures with their families and loved ones. They had already battled through sickness and now Ashley's gift has given them a chance that they each deserve. We think about the recipients often and wish them all a magnificent future.

Ashley will always be sincerely missed, it's hard to make sense of losing such a precious person from our world. But — he will always be remembered for his life, his love, and his gift — one chance, one life.

Ashley's family



Ashley. His gift saved six lives—His love and smile touched many.

Overview

National Reform Agenda

Organ and tissue donation rates in Australia have been historically low. Increasing the rate of organ and tissue donation would significantly improve access to life-saving and life-transforming transplants for Australians in need and their quality of life and that of their families who care for them. The economic impact of more transplants on the health system would also be significant, particularly given the high cost of providing ongoing medical care, such as renal dialysis, compared with the cost of transplantation.

In 2008 the Council of Australian Governments endorsed the Australian Government's National Reform Agenda to implement a World's Best Practice Approach to Organ and Tissue Donation for Transplantation (National Reform Agenda).

The Australian Government committed ongoing funding, including \$151 million over four years to 2011–12, to establish a nationally coordinated approach to organ and tissue donation processes.

The key strategic directions of the National Reform Agenda are to:

Organ and tissue donation at a glance

- ♥ One organ and tissue donor can save the lives of up to 10 people and significantly improve the lives of dozens more.
- ♥ Australia has a world-class reputation for successful transplant outcomes.
- ♥ 91% of Australians agree that organ and tissue donation has the potential to save and improve lives.
- ♥ The majority of Australians (82%) recognise that it is important for their family to know their donation wishes.
- ♥ 40% of Australians have not discussed their donation wishes with their family.
- ♥ 43% of Australians do not know, or are not sure, of the donation wishes of their loved ones.
- ♥ The most important thing that helps a family's decision about organ donation is knowing the wishes of their loved one.
- ♥ Australia's family consent rate is low, with less than 60% of families giving consent for organ and tissue donation to proceed.
- ♥ 1,596 people were on Australian organ transplant waiting lists at 3 June 2011.
- ♥ On average, people on the transplant list wait between six months and four years.
- ♥ In 2010–11, 328 organ donors gave 976 Australians a new chance in life.
- ♥ The number of organ donors in 2010–11 was the highest since national records began.
- ♥ Australia's donor per million population rate lifted from 12.9 in 2009–10 to 14.6 in 2010–11 and was significantly higher than the baseline rate of 10.2. As of January 2011, Australia's growth compares favourably with Spain's increase of 2.4 per million people after its first full year of national reforms (1991), and the United Kingdom's increase of 0.3 per million people for the first full year of its national reforms (2009).
- ♥ In 2010–11, 965 people donated their corneas. As a result, there were 1,513 corneal transplants.

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

Evidence from comparable countries demonstrates that a coordinated and comprehensive national approach, complemented by education and awareness efforts, will lead to an increase in solid organ and tissue donation and transplants.

The National Reform Agenda provides for significant investment in national initiatives

to increase organ and tissue donation for transplantation in Australia and comprises nine measures, as shown in the box below.

We manage implementation of the nine measures through leadership and collaboration with the DonateLife Network comprising state and territory medical directors, DonateLife Agencies and hospital-based doctors and nurses dedicated to organ and tissue donation.

Other significant stakeholders engaged in implementation of the National Reform Agenda are: state and territory governments, eye and tissue banks, community organisations, and the broader donation and transplantation clinical sectors.

National Reform Agenda measures



Chief Executive Officer's review

I was appointed CEO of the Authority in February 2011. During the period ending 30 June 2011, I have been encouraged by the progress that has been made in implementing the National Reform Agenda.



Last year (2010) was the first full year of implementation of the Australian Government's National Reform Agenda, a World's Best Practice Approach to Organ and Tissue Donation for Transplantation. The collective efforts of the Authority, the DonateLife Network, community organisations and the broader sector – in partnership with the Commonwealth, state and territory governments – achieved Australia's highest donation and transplantation outcomes since national records began.

In 2010–11, 328 organ donors saved and improved the lives of 976 Australians. This was the highest rate since national records began. The increase is substantial, being a 60% increase on the calendar year baseline of 205 organ donors (the average from 2000 to 2008), and a 15% increase on the 2009–10 outcome (285 organ donors). These results indicate that the National Reform Agenda is starting to gain traction. The aim of the DonateLife Network is to achieve sustained and continued growth in donation and transplant rates in order to improve or save the lives of the 1,596 Australians (at 3 June 2011) waiting for a solid organ transplant.

In March 2011, 300 members of the DonateLife Network came from 77 hospitals across the country to participate in the second DonateLife Network Annual Forum in Sydney. Over two days, members of the network participated in discussions with peers and sector experts, including international leaders in the field. The theme was 'Connecting people – Transforming

Lives', focusing on our place and purpose within the Australian community and health system. Organ and tissue donation reform is a microcosm of the broader national health reform agenda and can set a new paradigm for improved performance, accountability, transparency and community engagement.

Following the annual forum, a strategic planning day was held with the Authority's Advisory Council, state medical directors, jurisdictional representatives, agency

managers and senior Authority staff. This leadership group identified six strategic priorities for the DonateLife Network for 2011–12 (see below). These priorities are critical to delivering sustainable reform and efficiency in organ and tissue donation, supporting clinical change management across the DonateLife Network, and collecting the right data to drive performance and inform change management.

DonateLife Network strategic priorities

Development of an electronic donor record

The electronic donor record will support the capture of donor referral data, medical–social history and family consent, and provide a real-time system for the offer, allocation and distribution of organs and tissue.

DonateLife Hospital Performance Audit data collection enhancement

The enhancements to hospital performance audit and reporting will establish a national best practice framework for data analysis and will drive clinical performance accountability and improvement.

Increasing consent rates

Family Conversation Workshops are being developed to provide intensive training modules for clinicians on managing the donation requesting process with potential donor families.

Special audiences' communication and engagement strategy

In consultation with key stakeholders, we are developing a communication engagement strategy to address potential barriers to organ and tissue donation within culturally and linguistically diverse audiences in Australia.

Integration of the Eye and Tissue Network into the broader DonateLife Network

The integration of the Eye and Tissue Network into the broader DonateLife Network will deliver strategies to further integrate solid organ and tissue donation processes. It will provide nationally consistent data collection processes including tissue donation, allocation, transplantation and outcome data.

Development of a performance and reporting framework

The development of a performance and reporting framework will provide an agreed process for collecting, reporting and disseminating data, and delivering improved access to data.

Highlights for 2010–11

The 2010–11 year was one of consolidation. Here are some of the significant highlights:

- ♥ Leadership of the DonateliLife Network was consolidated, with strengthened collaboration between the Authority, state medical directors, DonateliLife Agency staff, jurisdictional representatives, the broader DonateliLife Network and community stakeholders.
- ♥ Our governance structure was streamlined to allow for more effective clinical and expert engagement in developing and implementing the National Reform Agenda.
- ♥ The clinical content segment of the Australasian Donor Awareness Program (ADAPT) was revised and updated, and we began revising the grief and bereavement segment.
- ♥ We started developing a new training module to train clinicians in managing the donation requesting process with potential donor families.
- ♥ We delivered a national orientation and induction program for new DonateliLife Network staff.
- ♥ We rolled out Phase Two of the national advertising campaign.
- ♥ Her Excellency Ms Quentin Bryce AC, Governor-General of the Commonwealth of Australia, became a DonateliLife Ambassador and launched the DonateliLife *Book of Life: A collection of life-saving and life-changing stories from people touched by organ and tissue donation* at the National Library of Australia for DonateliLife Week.
- ♥ We implemented a Donor Family Support (DFS) framework nationally to deliver consistent donor family support services and resources.
- ♥ We focus-tested DFS resources with donor families to test their currency and usefulness, and then started revising these resources to reflect the feedback we received.
- ♥ The Parliamentary Secretary for Health and Ageing launched the Transplantation Society of Australia and New Zealand (TSANZ) *Organ Transplantation from Deceased Donors: Consensus Statement on Eligibility Criteria and Allocation Protocols* on 1 July 2011.
- ♥ We completed a report on options for more effective eye and tissue product retrieval, processing and storage, for consideration in 2011–12.
- ♥ The Australian Paired Kidney Exchange Program got under way and the first match run occurred in October 2010. A total of 15 kidney transplants have successfully been achieved over 2010–11 as a result of this program.
- ♥ Implementation of the national Donation after Cardiac Death Protocol was rolled out in the second half of 2010, resulting in an expansion of the potential organ donation pool and contributing to the increase in donation rates.



Her Excellency Ms Quentin Bryce AC, Governor-General of the Commonwealth of Australia, Michael Bryce and the Parliamentary Secretary for Health and Ageing, Catherine King, at the Donatelife Week 2011 Launch

Improved capacity in the health sector

Business Management Plans were implemented across each state and territory, with progress reports submitted to the Authority each quarter.

A dedicated data and audit officer was appointed in each jurisdiction to support the Donatelife Hospital Performance Audit. These officers were appointed to ensure consistent audit processes, provide supervision, support and training, coordinate and run case review meetings, provide feedback to hospital staff, and meet regularly to review the audit process.

Increased community awareness

In 2010–11 the Donatelife communication campaign achieved and sustained increased levels of family discussion about donation wishes, knowledge of family members' donation wishes, and awareness of the role of family consent. Extended use of the campaign – 'Donatelife. Discuss it today, OK?' continued to prompt Australians to discuss their donation wishes with family members, because in Australia family consent is always sought before donation can proceed.

In May 2011 the second phase of the campaign – 'Donatelife. Know their wishes, OK?' – was launched to encourage Australians to ask about and know the donation wishes of family members so that they are prepared, should the situation arise, to confirm the wishes of the deceased.

The Donatelife campaign is a key component of the National Community Awareness and Education program and was supported by community-based activities conducted by the Donatelife Network, community organisations and other key stakeholders during 2010–11.

In 2010–11 the Australian Organ Donor Awareness Week was renamed DonateLife Week following consultation with the sector to reflect the new nationally consistent approach to community education and awareness. DonateLife Week activities were supported by the DonateLife *Book of Life* and by national campaign advertising activity.

The DonateLife brand, as the national brand for organ and tissue donation, was increasingly used across the sector to provide a unifying symbol for building community awareness and support for organ and tissue donation.

The year ahead

The Authority is now well positioned to focus on our six strategic priorities for 2011–12. The foundations of the National Reform Agenda are now settled and our work will focus on supporting and delivering clinical practice reform across the DonateLife Network.

Acknowledgments

I would like to acknowledge the contribution of Ms Elizabeth Cain, who was the Authority's acting CEO for the period March 2010 to February 2011 and was integral to achieving many of the outcomes mentioned above. The Authority would not have progressed to where it is now without her leadership and dedication to implementing the National Reform Agenda.

I would also like to thank Dr Gerry O'Callaghan, the inaugural National Medical Director, for his expert advice and unfailing commitment to progressing the National Reform Agenda, with particular focus on developing the national clinical network. As a well-respected voice in the donation and

transplantation sectors, and with experience of the National Organ Donation Collaborative (2006–08), Dr O'Callaghan was well placed to embrace this lead role in the Authority.

Dr O'Callaghan leaves us at the end of this reporting period but will maintain his involvement in the sector through his position as a member of the Advisory Council.

I would like to acknowledge the continued leadership of the Advisory Council's Chairman, Mr Sam Chisholm, and the 12 members who provide me with ongoing advice on matters of relevance to organ and tissue donation and transplantation.

I would also like to thank the state medical directors from all eight jurisdictions who have provided leadership and guidance to the DonateLife Network.

Our stakeholders, including the Department of Health and Ageing, led by the Secretary, Ms Jane Halton PSM; state and territory governments; and our 50 charter signatories also deserve acknowledgment. All have been integral to setting the strong foundations and solid progress achieved in 2010–11.

Finally, I thank the Authority staff whose ongoing commitment, persistence and versatility have contributed to our many accomplishments.

I am pleased to present the Authority's 2010–11 Annual Report.

National Medical Director's report

In its first full year of operation, the DonateLife Network has seen a continuation of increased donation rates for both organ and tissue, which are described in detail elsewhere in this report. From my perspective, it is important to take this opportunity to recognise the increased depth and diversity of skills and expertise within the network, and particularly in hospitals in remote and regional Australia.



Increased donation rates have resulted in more transplants being available in Australia than ever before. This increase in donation and transplantation is cause to congratulate the individuals responsible and acknowledge their hard work throughout 2010–11.

Whenever donation and transplantation occur we must also reflect on the generosity of donor families who have made this possible. I have frequently encountered very strong and consistent feedback from families and friends of organ and tissue donors that knowing the wishes of loved ones during life is of paramount importance. This provides families with a much-needed sense of validation in their contribution to end-of-life decision-making and gives DonateLife staff a great sense of legitimacy as they support families. It has been gratifying to know and hear that our national advertising campaign has had such a strong resonance with donor families and clinical staff.

DonateLife Network staff were also welcomed at thanksgiving ceremonies across the country. It is a humbling and inspirational experience to meet donor families and their friends and hear their stories of both the experience and of the loved ones whose lives these ceremonies celebrate.

This year has seen increasing collaboration and cooperation of hospital teams to support each other in the implementation of the National Reform Agenda. DonateLife staff from the Alfred Hospital in Melbourne travelled to Western Australia to provide support for the implementation of

Donation after Cardiac Death in that state following legislative changes. Hospital medical directors, organ donor coordinators and hospital senior nurses travelled to other parts of the country to observe successful clinical practices and learn new skills. Clinical staff from the Royal Darwin Hospital were welcomed at the Queensland Eye Bank where they learned corneal retrieval techniques to support corneal donation and transplantation in the Northern Territory for the first time. It is very exciting to experience the evolution of the DonatLife Network.

Part of this evolutionary process has been ongoing research activity. One of the many projects was the Predict Study coordinated by DonatLife staff at the John Hunter Hospital, Newcastle. The aim of the study was to validate an Australian-based tool that is ethically and medically acceptable to be used by intensive care clinicians in intensive care units in order to predict the time to death after withdrawal of life-sustaining treatments. The results will be available in 2011–12. The expected outcome of the trial is to provide intensive care clinicians with a tool to support decision-making and help to predict, with an acceptable degree of certainty, which patients will require prolonged palliative care planning and which will only survive for a short period. It is also expected that the tool will help clinicians identify suitable candidates for Donation after Cardiac Death. Many others in the network produced excellent scientific work during 2010–11 and presented or published their achievements both in Australia and overseas.

Tools for implementing the National Reform Agenda

The 2010–11 year saw important work done to develop and disseminate tools to support the implementation of the National Reform Agenda and influence clinical practice. These tools included:

1. The National Donation after Cardiac Death Protocol

Supported by an implementation framework and a plain language consumer guide, this protocol was transferred to the Authority by the National Health and Medical Research Council (NHMRC) in July 2010 and subsequently implemented across jurisdictions during 2010–11.

2. Revised ADAPT program

The long-standing ADAPT course provided to intensive care nurses and physicians as a component of their postgraduate training underwent content revision as part of a collaborative process with the Australian New Zealand Intensive Care Society (ANZICS), the College of Intensive Care Medicine of Australia and New Zealand, and the Australian College of Critical Care Nurses. The revised content reflects the new national framework, increased demand, and recent scientific developments (including the third edition of the ANZICS *Statement on Brain Death and Organ Donation* edition 3.1). It also prepares the course for new and varied forms of delivery.



3. DonateLife Hospital Performance Audit

The DonateLife Audit is used to measure and report on actual and potential organ donation activity and to identify missed opportunities for organ donation. The audit process (which includes case review meetings) raises staff awareness about donation activity and helps determine how to overcome local barriers to organ donation. In 2010 the Authority captured the first full year of nationally consistent audit data. Analysis of this data enabled the Authority to target and prioritise interventions to address those hospitals that are underperforming and have potential for increased donation activity. It also allowed the Authority to identify leading hospitals in donation activity with the possibility of learning from these organisations.

In the future, the DonateLife Audit will facilitate the direct comparison of similar institutions and help informed decision-making on staffing levels in hospitals based on donation activity.

4. Donor Family Support Service

This is a nationally consistent program of support that provides donor families with respectful support that is responsive to the needs of each family. The national Donor Family Support (DFS) Service Framework outlines the support offered to donor families in Australia.

A DFS coordinator position has been funded in each jurisdiction to implement DFS consistently and to provide ongoing support for donor families.

The donor family support resources were focus-tested in early 2011 to ensure they met the need of families. The resources will be revised in line with the findings of the focus testing and revised resources will be available in late 2011.

5. Family Consent Workshop

Work has begun on the development of this advanced skills workshop to provide comprehensive training for clinicians on sensitive communication with families.

This is an exciting and crucial tool for influencing the outcome of family discussion to advocate for donation as an outcome and simultaneously support donor families in the decision-making process.

In February 2011 we lost a valued colleague and friend, Janette Hall from South Australia. Janette was the hospital senior nurse at the Lyell McKewin Hospital in Adelaide and a tireless advocate for her professional goals as well as a devoted mother and wife. Janette became an organ and tissue donor, and it was a great honour to be able to acknowledge her contribution with the Janette Hall Professional Training and Development Scholarship. The scholarship was announced at the DonateLife Network Annual Forum in March 2011, where her colleagues and friends from DonateLife South Australia read the reflections of her husband, Dr Simon Hall.

There have been many highlights in a very busy year, with the continued focus on saving and improving the lives of Australians through increasing organ and tissue donation and transplantation. This year saw the launch of the TSANZ *Organ Transplantation from Deceased Donors: Consensus Statement on Eligibility Criteria and Allocation Protocols*, the implementation of the Australian Paired Kidney Exchange Program, and the beginning of the process for national integration of the eye and tissue banks into the broader DonateLife Network.

International collaboration

In February 2011 I had the privilege of visiting the Gift of Life Donor Program in Philadelphia where I learned a great deal from the extremely hospitable team led by CEO, Mr Howard Nathan, who subsequently participated in the second DonatLife Network Annual Forum. This organ procurement organisation has a donation rate of 39.2 donors per million population, as well as an active tissue retrieval program. We have much to learn from such an experienced and high-performing program. We are fortunate they have agreed to partner with us in the development of our Family Conversation Workshop and training materials later in 2011. The Gift of Life Institute has an international reputation for excellence in training organ and tissue donation professionals.

As part of this trip I was invited to speak at a consensus workshop hosted by the Canadian Blood Authority in partnership with the Canadian Critical Care Society on the role of physicians in organ donation.

Acknowledgments

My greatest pleasure of the last year has been the task of introducing our new CEO, Ms Yael Cass, to the DonatLife Network and clinical communities of intensive care, transplantation and other partners. It has been rewarding to observe the warm reception she has received and the strength of leadership she has demonstrated engaging with clinical colleagues.

After two years as inaugural National Medical Director, I decided to step down from my position effective from 1 July 2011. It has been an absolute privilege to have been part of this program and to have had the opportunity to work with such a passionate and expert group both within the DonatLife Network and at the Authority in Canberra. I look forward to resuming my role as a member of the Advisory Council in 2011–12.

Taylor's gift

Taylor was just 15 months old when she became a donor. Her gifts have saved the lives of two baby boys who now not only have the gift of life, but also the gift of time and a chance to grow up with their loving families.

Taylor was a very independent, outgoing and lively child. Every day was an adventure and another excuse to laugh, smile and play. She had total confidence that she was the centre of her family and greatly adored by everyone around her, but was also a great sharer. When she died it seemed a very important and logical choice for us as her parents to decide to offer her organs for donation. We know with total certainty that she would have wanted to share anything she could with others and would be very proud of what she has been able to contribute after she left us.

We will probably never know Taylor's recipients nor get the chance to meet them or tell them about Taylor, but this doesn't diminish the importance of the gifts she gave or the rightness of the decision to authorise her donation.

Being a donor is more than the gift the donor gives – it's also about the community you join when you are a donor family, the joy you get from knowing someone else is healthy because of her, and the knowledge of how very proud she would be of the special gift she gave to these complete strangers, with not a thought of receiving anything in return. It's a great comfort to know that a little piece of our angel lives on in the precious children of other families.

Les and Peter



Taylor

Part 1

Authority overview

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Organisational structure

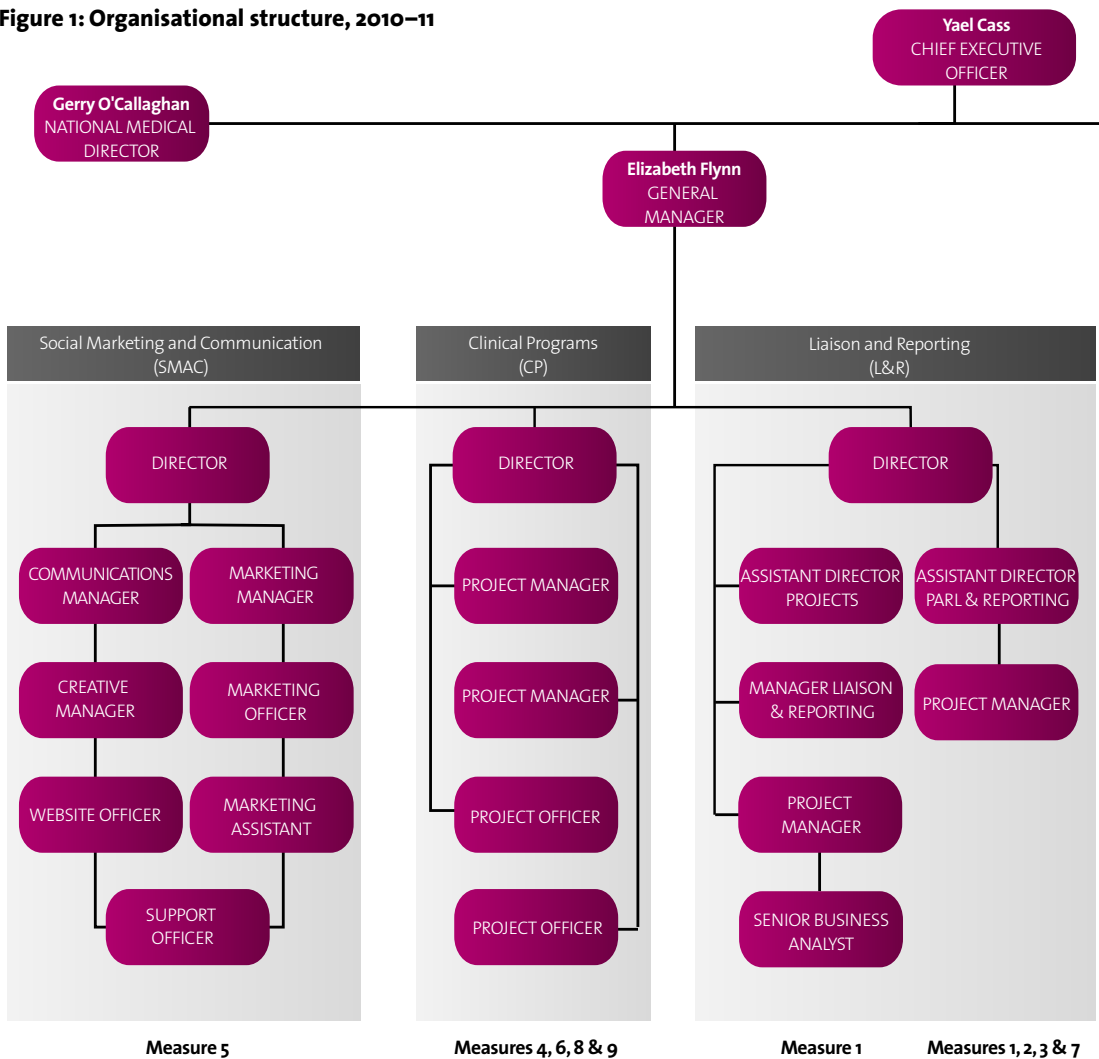
The Australian Organ and Tissue Donation and Transplantation Authority (the Authority) is a relatively small statutory body which, at 30 June 2011, employed 33.5 full-time-equivalent staff.

The organisational structure of the Authority for 2010–11 shown in Figure 1 reflects the shift in emphasis from the administratively intensive work of establishing

the Authority and the DonateLife Network to consolidating the DonateLife Network and implementing other measures under the National Reform Agenda.

During this period, our Secretariat and Reporting Section and our DonateLife Network Liaison Section were amalgamated into the Liaison and Reporting Section.

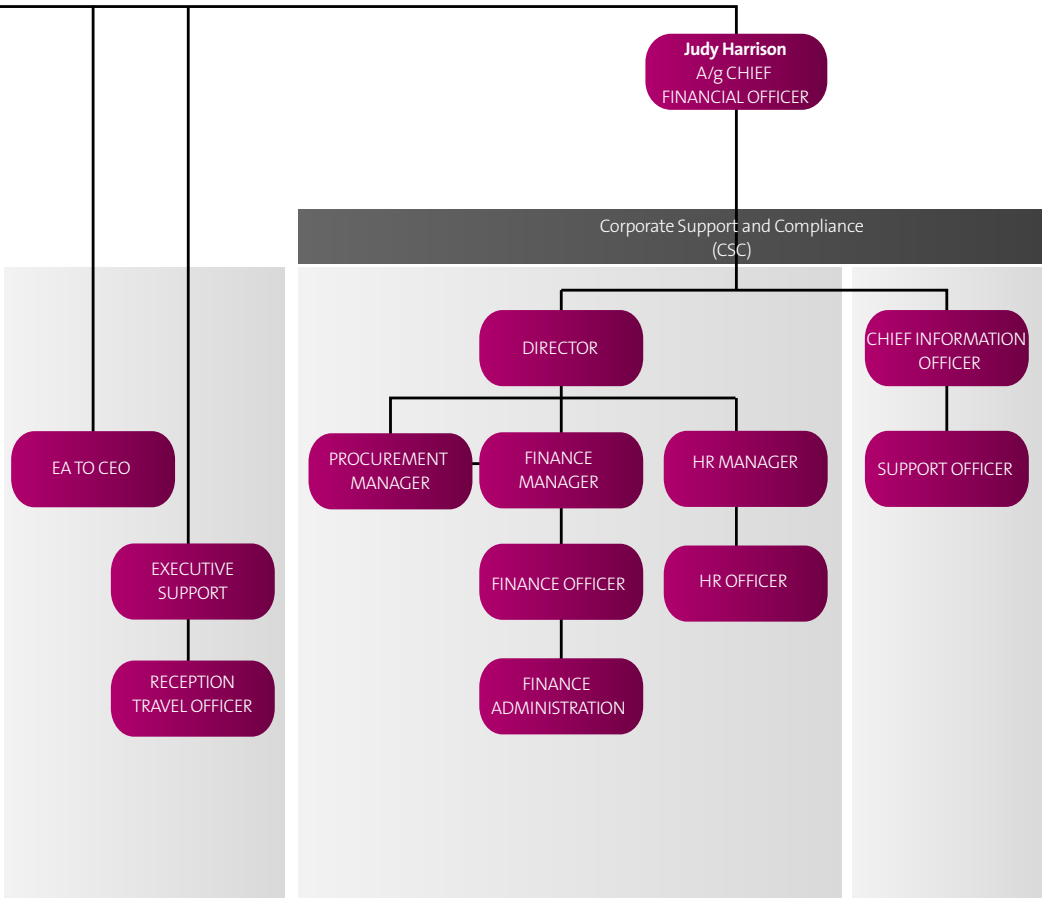
Figure 1: Organisational structure, 2010–11



Executive team

Our executive team, including the CEO, National Medical Director, Chief Financial Officer and General Manager, delivered:

- ♥ an improved focus on implementing the nine measures of the Australian Government's National Reform Agenda, and
- ♥ financial and reporting systems and people management that reflect best practice in the Australian Public Service.





Chief Executive Officer – Ms Yael Cass

Ms Yael Cass commenced as CEO of the Authority in February 2011. Her role is to provide leadership and guidance to ensure that Australia achieves world's best practice in organ and tissue donation for transplantation.

Ms Cass is responsible for providing senior leadership within the Authority and across the DonateLife Network to ensure that the national coordinated approach to increase organ and tissue donation continues to gain traction and delivers outcomes to improve the lives of those Australians, and their families, waiting for transplants. The objective of the CEO and the entire Authority is to: increase capability and capacity within the health system; and to build community awareness and stakeholder engagement across Australia to promote organ and tissue donation.

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

national health reform agenda between the Commonwealth and state and territory governments.

Before 2008 Ms Cass worked for three years on national blood, organ and tissue donation policy in the Health and Ageing portfolio. In this period she supported the work of the National Clinical Taskforce on Organ and Tissue Donation. This experience provides a strong base for continued engagement with the organ donation and transplantation sectors, stakeholders and the national DonateliLife Network.



National Medical Director – Dr Gerry O'Callaghan

MB Bch BAO FJFICM FFARCSI

Dr Gerry O'Callaghan, a practising intensive care specialist in Adelaide, has been the National Medical Director since the foundation of the Authority in early 2009.

As the Authority's clinical head, the National Medical Director leads and promulgates its work in the medical and clinical space, ensuring its work is understood, supported and embraced across these critical sectors. The National Medical Director is pivotal to the Authority's goal of implementing a world's best practice approach to organ and tissue donation for transplantation.

Dr O'Callaghan was a member of:

- ♥ the Australian New Zealand Intensive Care Society (ANZICS) Brain Death and Organ Donation Committee (2006–09), which recently published the third edition of the *Statement on Brain Death and Organ Donation*
- ♥ the National Clinical Taskforce on Organ and Tissue Donation (2007–08)
- ♥ the National Health and Medical Research Council (NHMRC) Working Party on Ethical Guidelines on Organ and Tissue Donation for Transplantation (2005–06).

He was chair of the Advisory Group to the NHMRC National Organ Donation Collaborative (2006–08), and chair of the Working Group, which has written the *National Protocol for Donation after Cardiac Death*.

After graduating from the Royal College of Surgeons in Ireland, Dr O'Callaghan undertook postgraduate training in anaesthesia in Ireland and the United Kingdom. He subsequently trained in intensive care medicine in Australia, gaining fellowship of the College of Intensive Care Medicine in 1997. Dr O'Callaghan's 20-year career in the sector includes appointments in Ireland, the United Kingdom, Israel and Australia. Dr O'Callaghan became interested in the challenges of facilitating organ donation and the interface with transplantation medicine while working in the Institute of Liver Studies, Kings College Hospital, London.



General Manager Ms Elizabeth Flynn

Ms Elizabeth Flynn has been the Authority's General Manager since March 2010. She reports to the CEO and is responsible for delivering the projects that contribute to the nine measures of the government's National Reform Agenda, and for providing senior leadership to staff within the Authority.

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

Ms Flynn has a strong track record in establishing portfolio agencies. She was an integral part of the teams that established the:

- ♥ National Food Authority (now known as Food Standards Australia New Zealand), for which she won an Australia Day Individual Achievement Award
- ♥ Australian Radiation Protection and Nuclear Safety Authority
- ♥ Office of the Gene Technology Regulator, for which she won an Australia Day Team Achievement Award.

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



Acting Chief Financial Officer Ms Judy Harrison

Ms Judy Harrison has been acting Chief Financial Officer of the Authority since March 2010.

Ms Harrison provides assurance on the Authority's financial sustainability, its control framework, and the accuracy of its appropriation bills, budget estimates and financial reporting. The Chief Financial Officer is the principal financial advisor to the Authority's CEO and executive team.

Ms Harrison was the Director of Financial Reporting and Treasury within the Department of Health and Ageing, a role she held for five years. This role encompassed managing the department's treasury team and responsibility for both monthly and annual external reporting requirements.

Ms Harrison is a qualified accountant with significant previous financial reporting and financial management experience in both the public and private sectors, including five years' consulting, five years in the United Kingdom banking sector and audit experience gained in a major chartered accounting firm.



Back row: Prof Jeremy Chapman, Anne Cahill Lambert, Assoc Prof Jonathan Gillis, Dr Gerry O'Callaghan, Prof John Horvath, Dr Anthony Cross, Prof Geoff Dobb
 Front row: Prof Don Chalmers, Rachael Martin, Sam Chisholm, Yael Cass.

Advisory Council

The Authority's foremost governing body is the Australian Organ and Tissue Donation and Transplantation Advisory Council (the Advisory Council). The Advisory Council was established under the Australian *Organ and Tissue Donation and Transplantation Authority Act 2008* (the 2008 Act) to advise the CEO about organ or tissue donation and transplantation matters. It is integral to driving the new national approach to increasing Australia's organ and tissue donation and transplantation rates.

Under the 2008 Act, the Minister for Health and Ageing appoints the Chair and members of the Advisory Council for three-year terms. The Advisory Council comprises a minimum of nine and a maximum of 15 non-governing members, and remuneration and allowances are in line with Remuneration Tribunal determinations.

The Advisory Council brings with it the widest possible perspective to help drive the government's reforms in this area – from the Chairman's own experience as a transplant recipient, to a range of stakeholder and consumer interests, health professionals and experts in the field.

The Advisory Council met five times during 2010–11 and provided the CEO with advice on key matters that included:

- ♥ the Activity-Based Funding model
- ♥ the Authority's organisational and committee structure
- ♥ development of an electronic donor record
- ♥ the Authority's data strategy
- ♥ training for clinical staff making requests for organ donation
- ♥ review of Donor Family Support resources
- ♥ implementation of the Transplantation Society of Australia and New Zealand (TSANZ) protocols
- ♥ integration of the eye and tissue sector into the DonateLife Network
- ♥ the DonateLife Network media management strategy
- ♥ strategic priorities for 2011–12.

Table 1: Advisory Council membership and meeting attendance, 2010–11

Position	Name	Meetings attended
Chair	Mr Sam Chisholm	5/5
Member	Dr David Boadle	4/5
Member	Ms Anne Cahill Lambert AM	5/5
Member	Professor Don Chalmers	5/5
Member	Professor Jeremy Chapman OAM	4/5
Member	Dr Anthony Cross	2/5
Member	Professor Geoff Dobb	5/5
Member	Dr Marisa Herson	5/5
Member	Professor John Horvath AO	5/5
Member	Mr David Koch	3/5
Member	Ms Rachael Martin	5/5
Member	Dr Gerry O'Callaghan	Leave of absence
Member	Dr Amanda Rischbieth	1/5 (resigned August 2010)
Member	Associate Professor Dianne Stephens OAM	3/5
Member	Professor Russell Strong AC	4/5

The practice of issuing a communiqué after each meeting promotes communication of key Advisory Council deliberations. Communiqués are available on the Authority's website at www.donatelife.gov.au/The-Authority/Our-people/Advisory-Council.html.



Mr Sam Chisholm
(Chairman)

Mr Chisholm has been a Director of Telstra, Chairman of Foxtel, Chairman of the Macquarie Radio Network, Director of the Australian Wool Board, CEO and Managing Director of the Nine Network, CEO and Managing Director of British Sky Broadcasting, a Director of News Corporation and Executive Director of Publishing and Broadcasting Limited.

He is Chairman of the Chris O'Brien Lifehouse Centre. He was a director of the Victor Chang Cardiac Research Institute and then appointed a Life Governor. He was awarded an Honorary Doctorate from the Queensland University of Technology.

Mr Chisholm is the recipient of a bilateral lung transplant.



Dr David Boadle

Dr Boadle graduated from the University of Tasmania in 1980 and practised as a consultant physician specialising in medical oncology and palliative care in the north and north-west of Tasmania from 1988 until 2000.

From 2000 to 2009 Dr Boadle undertook a range of senior management roles, including the Chief Medical Officer for Tasmania. In 2009 Dr Boadle returned to clinical practice as a medical oncologist at the Royal Hobart Hospital.



Ms Anne Cahill
Lambert AM

Ms Cahill Lambert has worked in the health system for more than 30 years, retiring from the position of CEO of Women's & Children's Hospitals Australasia following the onset of a terminal lung illness. This gave her the opportunity to consider how the organ and tissue donation and transplant sector operated in a complex multi-jurisdictional environment.

Ms Cahill Lambert is a Council member of the NHMRC, chairing its Consumer Consultative Group.

Retirement has enabled Ms Cahill Lambert to focus on one of her key interests, the building of community. The ACT Government has appointed her to a number of committees, including the Remuneration Tribunal, the ACT Australian of the Year Committee and the Committee of the Community Centenary Funds Initiative.

Ms Cahill Lambert's educational qualifications include health management and public administration. She has a continuing research interest in governance.



Professor
Don Chalmers

Professor Chalmers is a Professor of Law and Director of the Centre for Law and Genetics at the University of Tasmania. He is a Foundation Fellow of the Australian Academy of Law.

Professor Chalmers is Chair of the Gene Technology Ethics and Community Consultative Committee and Deputy Chair of the NHMRC Embryo Research Licensing Committee. He was Chair of the NHMRC Australian Health Ethics Committee from 1994 until 2000.

Internationally, Professor Chalmers is a member of the Human Genome Organisation Ethics Committee and the International Cancer Genome Consortium Data Access Committee.

Professor Chalmers' current major research interests are in health law and genetics, research ethics and law reform. He has been Chief Investigator on several Australian Research Council research grants and an NHMRC program grant.



Professor Jeremy
Chapman OAM

Professor Chapman is a renal physician with a special interest in transplantation. He is Director of Acute Interventional Medicine and Renal Services at Sydney's Westmead Hospital, Clinical Professor in Medicine at the University of Sydney, and Consultant Medical Director to the New South Wales Australian Red Cross Blood Service Tissue Typing Laboratory. He is also Chairman of the Australian Bone Marrow Donor Registry and the Australian Cord Blood Bank Network, and Past President of TSANZ.

On a global level, Professor Chapman is immediate past President of the Transplantation Society, past President and current Secretary General of the World Marrow Donor Association and Chair of the Global Alliance for Transplantation.

Professor Chapman's clinical work is in renal medicine, transplantation of kidney and pancreas, diabetic renal disease and islet transplantation.

He is currently pursuing research interests in transplantation, tissue typing and xenotransplantation, and has authored over 250 clinical articles.



Dr Anthony Cross

Dr Cross is an emergency physician based at Box Hill Hospital in Victoria. He is in full time clinical practice and holds a number of positions within the Australasian College for Emergency Medicine. He brings the perspective of emergency clinicians and their patients to the Authority.



Professor
Geoff Dobb

Professor Dobb is Director of Critical Care at Royal Perth Hospital and Head of the Intensive Care Unit. He is also Clinical Professor in the School of Medicine and Pharmacology at the University of Western Australia.

He is currently Chair of the ANZICS Death and Organ Donation Committee, a member of the Western Australian Transplant Advisory Committee, and he is heavily involved with the Australasian Donor Awareness Program (ADAPT). He is also Vice-President of the Australian Medical Association. Research interests include aspects of the care of potential organ donors.

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



Dr Marisa Herson

Dr Herson graduated in Medicine (Brazil, 1979) and trained in General and Plastic Surgery in Israel. She returned to Brazil in 1990 and joined the Hospital das Clinicas University of Sao Paulo Plastic Surgery Department. Burn care, both acute and reconstructive surgery, became the focus of her activity.

In 1999 she received a PhD from the Sao Paulo University following research into an innovative skin substitute. She was appointed Associate Professor of Surgery in 2004.

The contribution of skin allografts in burn care was paramount to further involvement in tissue banking, including the establishment and management of the Hospital das Clinicas Tissue Bank.

In 2007 Dr Herson moved to Australia to undertake the role of Head of the Donor Tissue Bank of Victoria (Victorian Institute of Forensic Medicine). She was appointed Adjunct Senior Lecturer of the Department of Forensic Medicine at Monash University in 2009.



Professor
John Horvath AO

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

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



Mr David Koch

Mr Koch is best known as co-host of the Seven TV Network's breakfast program, *Sunrise*. His career began as a newspaper finance journalist and he became one of Australia's leading business journalists and commentators.

In 2007 readers of *Banking and Finance* magazine named Mr Koch Australia's Best Finance Journalist. In 2007 he was also recognised as the Small Business Champion by the Council of Small Business of Australia.



Ms Rachael Martin

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

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

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



Associate Professor
Dianne Stephens
OAM

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

In 2001 Associate Professor Stephens established LifeNet NT, the first organ donation agency in the Northern Territory. She is a founding member of the Authority's Advisory Council and has worked as the Northern Territory Jurisdictional Representative on successive national committees driving reform in the organ donation sector for over 10 years. She has academic interests in improving organ donation knowledge in Indigenous communities, the critical care management of Indigenous people, and the management of disasters, trauma and sepsis, and has published widely in these areas. She has a strong academic, research and teaching record and a reputation for the passionate pursuit of improved outcomes for patients and families.

Associate Professor Stephens currently holds the position of State Medical Director for the Northern Territory.



Professor
Russell Strong AC

Professor Strong is a graduate of the University of London. He is a hepatobiliary surgeon and pioneer in liver transplantation in Australia, and was a staff specialist at the Princess Alexandra Hospital in Brisbane for over 30 years.

Professor Strong has been instrumental in training more than 80 overseas surgeons in advanced hepatobiliary surgery and liver transplantation, and he established and performed the first liver transplants in Australia in 1985. He developed the 'Brisbane technique' of reduced-size liver transplantation for children in 1987 and performed the world's first successful living related liver transplant in 1989.

He has contributed to more than 260 medical literature publications, including authoring 16 book chapters, and was Medical Director of the Queensland Organ and Tissue Agency – Queenslanders Donate (2006–09). In 2010 he was awarded a Knighthood by the King of Malaysia for his services to that country.



Dr Amanda Rischbieth

Dr Rischbieth has extensive experience and expertise in health in senior management, clinical, education and research roles.

Dr Rischbieth resigned from her position as a member of the Advisory Council in August 2010.

Senior management committees

In early 2010 we began a review of the Authority's committee structure and operations. The aim of the review was to ensure the committee structure continued to align effectively with implementation of the National Reform Agenda and the Authority's changing needs.

Based on the recommendations of the review, the committee and advisory structure was revised, with several committees being amalgamated or disbanded.

Advisory Council

The Advisory Council is a statutory body and the CEO's premier advisory group (see page 21 for more information).

Audit Committee

The Audit Committee, a central governance element for the Authority, was established by the Authority's CEO in accordance with section 46 of the *Financial Management and Accountability Act 1997* and the Financial Management and Accountability Orders 2.1.1 and 2.1.2. The role of the Audit Committee is to provide independent assurance and assistance to the CEO to meet the Authority's responsibilities under the *Financial Management and Accountability Act 1997*, particularly in relation to risk control, compliance frameworks and external accountabilities.

The Audit Committee comprises three independent, external members and met five times in 2010–11. Representatives from the Australian National Audit Office and Authority staff members also attend committee meetings.

Refer to Part 3: Management and Accountability for more information on the Audit Committee.

Table 2 lists the Audit Committee members and the meetings attended in 2010–11.

Table 2: Audit Committee membership and meeting attendance, 2010–11

Position	Name	Meetings attended
Chair	Mr David Koch	5/5
Member	Mr Peter Hoefler	5/5
Member	Ms Glenys Roper	5/5



Back row: Jayanti Gupta, Victoria Nesire, Dr Kevin Yuen, Dr Phil Sargent, Dr Greg Hollis, Craig Kennedy, Yael Cass, Assoc Prof Dianne Stephens, Amanda Nesbitt, Dr Andrew Turner
 Front row: Diana Salvaris, Ruth Power, Dr Robert Herkes, Dr Sally Tideman, Dr Helen Opdam, Assoc Prof Jonathan Gillis and Donna Burton.

State Medical Directors and Jurisdictional Working Group Committee

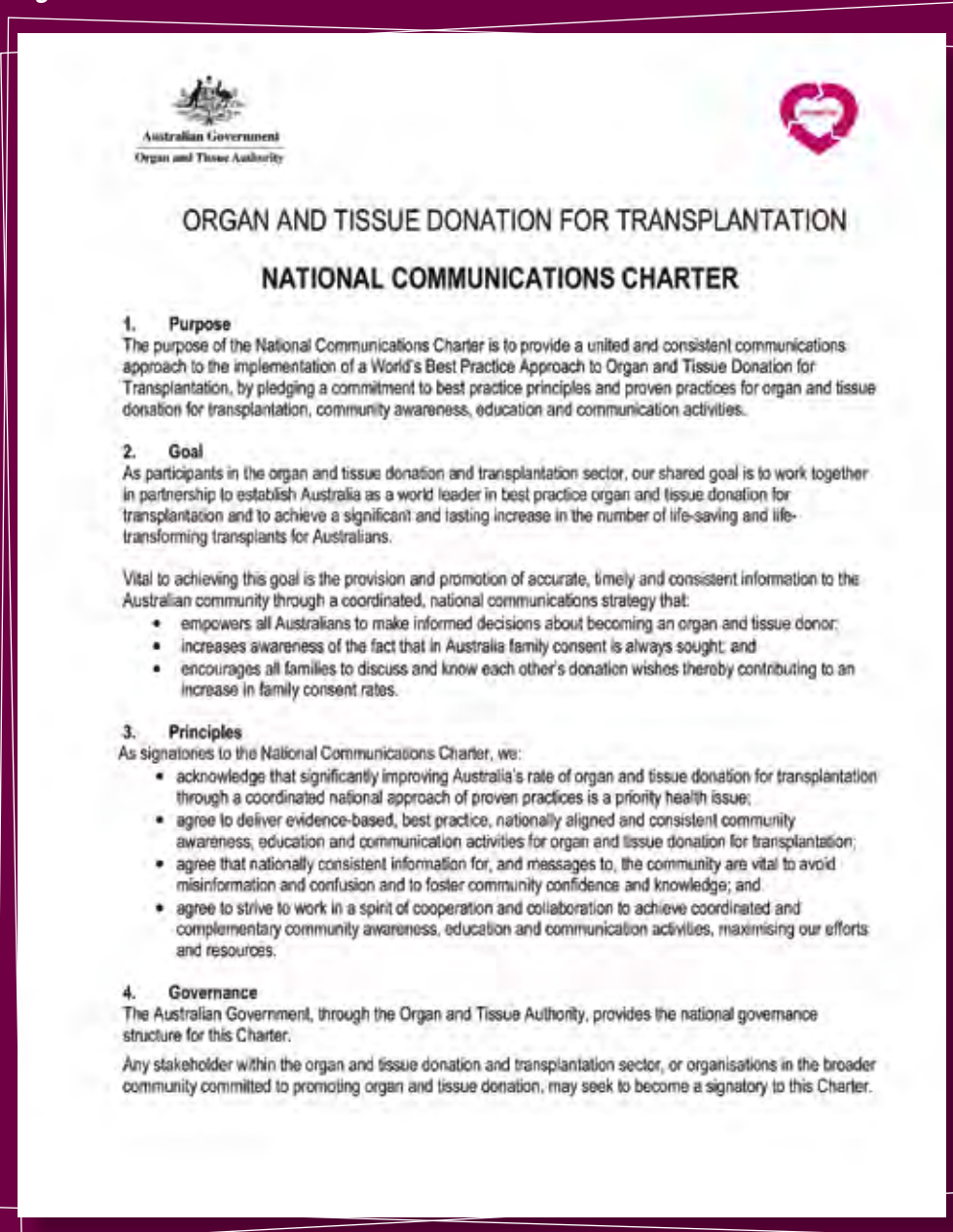
The premier governance committee for the DonateLife Network established by the CEO is the combined committee of state medical directors (SMDs) and jurisdictional health department representatives. This group, chaired by the CEO, considers and makes recommendations to the CEO in respect of the strategic priorities, clinical and data governance, planning and leadership of the DonateLife Network, and state-based implementation of the Australian Government's National Reform Agenda on organ and tissue donation.

The addition of officials from all health departments ensures the efforts of the DonateLife staff reflect state, territory and Australian Government policies and processes, and legislative and funding implications are well understood by

relevant departments, promoting a nationally consistent and coordinated approach to increasing organ donor rates in Australia. The State Medical Directors and Jurisdictional Working Group Committee aims to meet bi-monthly. Five meetings were held in 2010–11.

The practice of issuing a communiqué after each meeting promotes communication of key committee deliberations. Communiqués are available on the Authority's website at www.donatelife.gov.au/The-Network.html.

Figure 2: National Communications Charter



Charter signatories

The premier engagement mechanism for the non-government sector and the community is the group of signatories to our National Communications Framework and Charter. This is a key mechanism to ensure the Authority provides accurate, consistent information to the community through a coordinated, national communications framework.

The Authority has a large range of stakeholders, including:

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

See Appendix 1 for more information about the DonatLife National Communications Framework and Charter and the list of charter signatories.

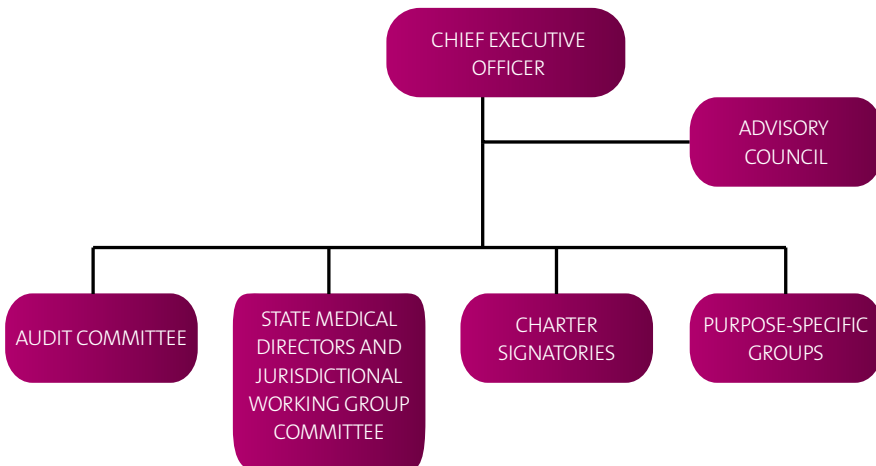
Purpose-specific groups

Purpose-specific groups are established by the CEO from time to time. For example:

- ♥ the Eye and Tissue Working Group was established in 2010–11 to develop options for more effective eye and tissue retrieval, processing and storage
- ♥ it was decided to establish a Clinical Governance Committee comprising all state medical directors and DonatLife Agency clinical managers to pursue specific clinical issues relevant to the work of the DonatLife Network in 2011–12
- ♥ a Transplant Liaison Reference Group will also be established in 2011–12 to provide advice to the CEO and ensure engagement with the transplant sector on transplantation issues relevant to the National Reform Agenda.

Figure 3 shows the committee structure for 2010–11.

Figure 3: Committee structure, 2010–11



DonateLife Network

As part of the National Reform Agenda, state and territory governments agreed to the establishment of a national network of DonateLife Agencies and employment of specialist hospital medical directors and hospital senior nurses for organ and tissue donation.

Additionally, all jurisdictions agreed to employing state or territory medical directors charged with the responsibility of managing these staff in each jurisdiction, with a goal of increasing organ and tissue donation for transplantation across Australia.

SMDs lead the organ and tissue donation sector in each jurisdiction. The leaders liaise with the Authority and one another regularly to drive clinical practice change to increase organ and tissue donation rates. The National Medical Director is responsible for leading this group of dedicated health professionals.

The DonateLife Agencies employ specialist staff in organ and tissue donation coordination, professional education, support of donor families, communications, and data and audit roles.

Specialist hospital staff are employed to facilitate the organ and tissue donation process and to educate and support the hospital staff involved.

Organ donation coordinators and hospital-based staff work closely together to facilitate organ and tissue donation at the hospital level and are accountable for their performance to the SMDs and to the Authority.

The DonateLife Agencies, specialist hospital staff and the Authority comprise the DonateLife Network (see Figure 4). The DonateLife Network shares information, builds on existing knowledge, develops

expertise and solves problems in a collaborative and supportive manner.

In 2010–11 there was continued growth and consolidation of the DonateLife Network. At the end of June 2011 the DonateLife Network comprised 233 staff, including 162 clinical specialists of organ and tissue donation in 77 hospitals across Australia and 71 staff in eight specialist DonateLife Agencies.

The DonateLife Network Annual Forum in March 2011 provided an opportunity for DonateLife Network staff to meet and share their learning and ideas.

During 2010–11 we worked with the DonateLife Network and state and territory health departments to, among other things:

- ♥ establish and implement Business Management Plans across each state and territory, against which they submit progress reports to the Authority each quarter
- ♥ collate, for the first time, a complete set of national audit data to assess performance against national, jurisdictional and peer-hospital levels
- ♥ establish the inaugural professional training and development scholarship program in memory of Janette Hall
- ♥ fund Donor Family Support coordinators in every jurisdiction to provide ongoing support for families
- ♥ support the staging of the inaugural DonateLife Week, including the launch of the *DonateLife Book of Life*.



DonateLife Network Forum 2011

DonateLife Agencies

Under the leadership of the SMDs, DonateLife Agencies are responsible for implementing the National Reform Agenda in their respective state or territory. Key areas of responsibility, under our national leadership, include:

- ♥ the reform of the hospital system within each state and territory so that all potential organ and tissue donations are identified and potential donor families are well supported
- ♥ communication and collaboration across the agency network to maximise transplantation access and outcomes
- ♥ community awareness and education activities that promote the life-saving and life-transforming benefits of organ and tissue donation, and the importance of family consent in the donation process
- ♥ professional education strategies for specialist hospital-based staff in organ and tissue donation.

Throughout 2010–11 SMDs and representatives of state and territory governments and the Authority worked together to knit individual jurisdictions into a cohesive national network with a shared vision, mission and purpose.

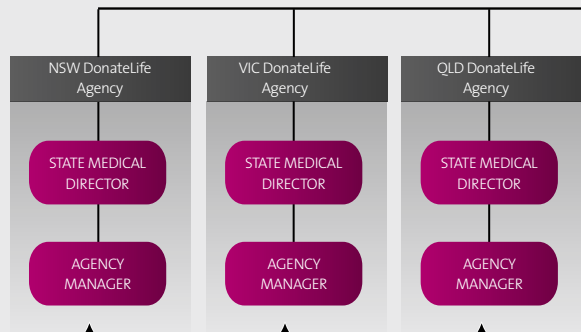
State medical directors

Table 3 lists the SMDs for each jurisdiction.

Table 3: State medical directors, 2010–11

State	Medical Director
ACT	Dr Imogen Mitchell
NSW	A/Prof Jonathan Gillis
NT	A/Prof Dianne Stephens
QLD	Dr Phil Sargent
SA	Dr Sally Tideman
TAS	Dr Andrew Turner
VIC	Dr Helen Opdam
WA	Dr Kevin Yuen

Figure 4: DonateLife Network, 2010–11



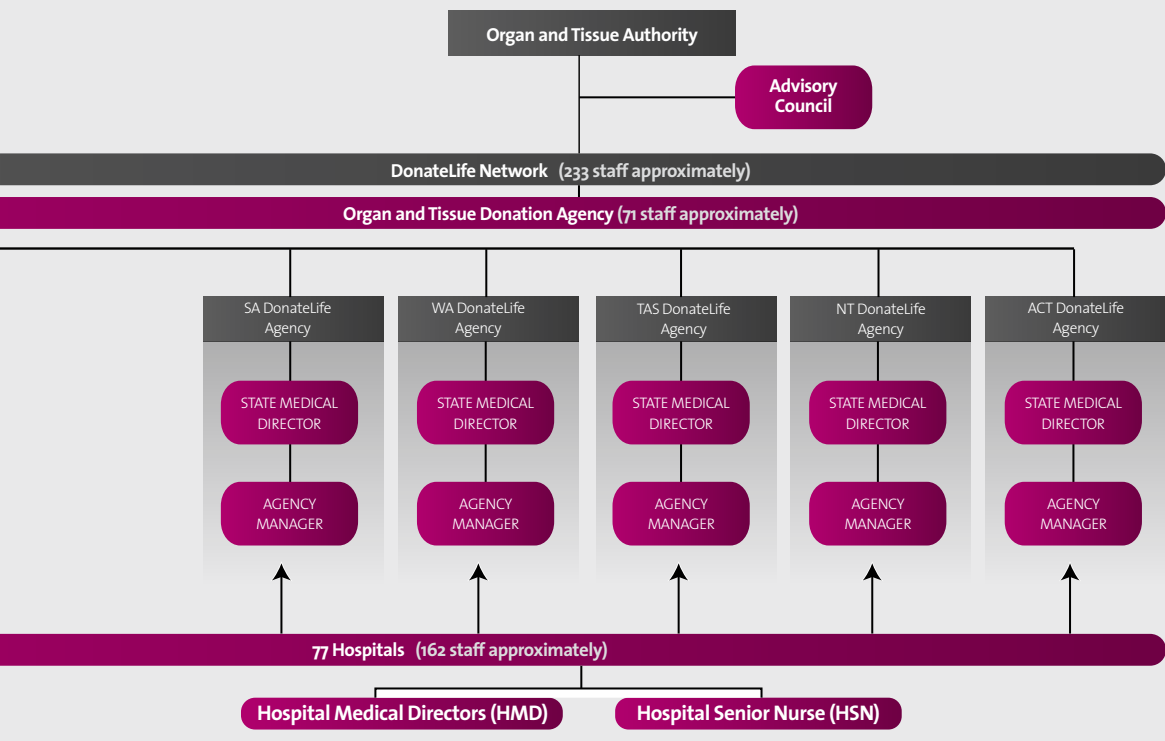
The SMDs, individually and as a part of the national network, are critical to the success of the National Reform Agenda. They oversee organ and tissue donation processes and ensure consistency of practice within their jurisdictions. Specifically, the SMDs are responsible and accountable for:

- ♥ overseeing implementation of clinical practice reform by hospital medical directors and hospital senior nurses, including standardising adoption of endorsed clinical protocols within emergency departments and intensive care units, and education and professional programs
- ♥ providing peer support to, and coordinating, a jurisdictional network

of hospital medical directors and hospital senior nurses

- ♥ directing the jurisdiction's DonateLife Agency, including taking ultimate responsibility for operational and financial management
- ♥ reporting at a jurisdictional level against the performance targets and goals we set
- ♥ liaising with their jurisdiction's eye and tissue banks and transplantation and retrieval sectors.

Each SMD has contributed to jurisdictional activities during 2010–11. These contributions, and biographies of each SMD, are included in Part 2 of this report.



Part 2

Performance reporting

Program 1.1: Coordination of organ and tissue donation and transplantation	38
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Program 1.1: Coordination of organ and tissue donation and transplantation

The performance of the Australian Organ and Tissue Donation and Transplantation Authority (the Authority) is guided by the National Reform Agenda, which is designed by the Australian Government and agreed by the Council of Australian Governments.

The Portfolio Budget Statements (PBS) provide the major performance accountability framework against which performance is measured.

This chapter provides a summary of our performance against the 2010–11 PBS and a summary of the financial results. The Authority contributes to Outcome 1 —Population Health, under Program 1.1: Coordination of organ and tissue donation and transplantation.

The Council of Australian Governments has endorsed the national reform initiatives that are being implemented under this program.

The goals of the national reform initiatives are to increase the capability and capacity of the organ and tissue donation and transplantation sectors and to improve community awareness of organ and tissue donation. The desired outcome is to increase organ and tissue donation rates and optimise allocation of organs and tissue to recipients.

In order to achieve this goal, the Authority has been funded to implement the nine measures of the National Reform Agenda.

Key strategic directions

In 2010–11 our key strategic directions, in accordance with the National Reform Agenda, were to:

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

For each key strategic direction, qualitative and quantitative deliverables and key performance indicators were identified in the 2010–11 PBS.

Authority resource statement and summary resource tables, by outcomes

Table 4 details the Authority's resource statement for 2010–11, while Table 5 provides a summary of financial resources.

Table 4: Authority resource statement, 2010–11

	(a) Actual available appropriations for 2010–11 \$	(b) Payments made 2010–11 \$	(a–b) Balance remaining 2010–11 \$
ORDINARY ANNUAL SERVICES¹			
Departmental appropriation			
Prior year departmental appropriation	1,829,986	1,829,986	-
Departmental appropriation	5,991,591	4,417,109	1,574,482
S.31 Relevant agency receipts	337,825	337,825	-
Total	<u>8,159,402</u>	<u>6,584,920</u>	<u>1,574,482</u>
Administered expenses			
Outcome 1	44,753,000	30,581,379	
Total	<u>44,753,000</u>	<u>30,581,379</u>	
Total ordinary annual services	<u>52,912,402</u>	<u>37,166,299</u>	
OTHER SERVICES²			
Administered expenses			
Specific payments to states, ACT, NT and local government			
Outcome 1	-	-	
Total	<u>-</u>	<u>-</u>	
Departmental non-operating			
Prior year departmental appropriation	1,711,061	488,046	1,223,015
Equity injections	-	-	-
Previous years' outputs	-	-	-
Total	<u>1,711,061</u>	<u>488,046</u>	<u>1,223,015</u>
Administered non-operating			
Prior year administered appropriation	-	-	
Total	<u>-</u>	<u>-</u>	
Total other services	1,711,061	488,046	
SPECIAL ACCOUNTS			
Opening balance	-	-	
Appropriation receipts	-	-	
Payments made	-	-	
Closing balance	-	-	
Total resourcing and payments	<u>54,623,463</u>	<u>37,654,345</u>	-

¹Appropriation Bill (No.1) 2010–11 and Appropriation Bill (No.3) 2010–11²Appropriation Bill (No.2) 2010–11 and Appropriation Bill (No.4) 2010–11

Table 5: Financial resources summary, 2010–11

	(a)	(b)	(a–b)
	Budget	Actual	Variation
	2010–11	2010–11	2010–11
	\$	\$	\$
Program 1.1: Coordination of organ and tissue donation and transplantation			
<i>Administered expenses</i>			
Ordinary Annual Services (Annual Appropriation Bill 1)	44,753,000	44,734,796	18,204
Special accounts	-	-	-
<i>Departmental expenses</i>			
Ordinary Annual Services (Annual Appropriation Bill 1)	5,991,591	5,991,591	-
Revenues from other sources	-	60,573	(60,573)
Expenses not requiring appropriation in the Budget year	-	-	-
Operating loss	1,385,000	881,529	503,471
Total for Program 1.1	52,129,591	51,668,489	461,102
Total expenses for Outcome 1	52,129,591	51,668,489	461,102
Average Staffing Level (Number)	36	34	(2)

Differing targets from the 2010–11 PBS

One 2010–11 quantitative key performance indicator was revised in the Authority’s 2011–12 PBS.

The qualitative key performance indicator *Percentage of Australian families that have held a memorable discussion, and know their family members’ wishes, about organ and tissue donation* was divided into two quantitative key performance indicators with separate targets, as follows:

1	Percentage of Australian families that have held a memorable discussion, and know their family members’ wishes about organ and tissue donation	Revised from 85% to 65%
	This indicator was revised to reflect the results of our first benchmark survey in May 2010 and the post-Phase 1 campaign tracking survey in August 2010.	Result: The revised indicator was substantially met.
2	Percentage of Australians who know their family members’ wishes about organ and tissue donation	Revised from 85% to 63%
	This indicator was previously integrated with the indicator on level of family discussion. The new indicator was identified and the target revised to reflect the results of our first benchmark survey in May 2010 and the post-Phase 1 campaign tracking survey in August 2010.	Result: The revised indicator was substantially met.

Claude's story

Claude's life journey began on 30th January, 1968. He lived and went to school in Aitkenvale, experiencing the trials of early childhood and developed the qualities which endeared him to many people, empathy for others and generosity of spirit.

In sport he was always a team player, playing junior rugby league and soccer. He held the junior javelin record at Town High for a number of years. As an adult he played touch football, and loved canoeing and bushwalking on Hinchinbrook Island.

'I had a great adrenalin rush today' was his comment when he landed with only his auxiliary parachute. The family moved to Oak Valley where Claude learned to appreciate the simple meaningful things in life: family, the land and the bush.

From 1988 he worked at C.B. Marine and Patrick Stevedoring. He was an active unionist, job delegate and crane driver.

When diagnosed with an inoperable brain tumour, his working career came to an end. With former partner Judy, a son Harlee was born. After their separation, Harlee became the main focus of his life. He adored doing things for and with his son; Chai Kwon Do, music, drama, sports and became a Scout leader. He loved watching Harlee grow and was a proud, loving and caring father. His partner Frances described him as kind and empathetic and showed nothing but

respect for her and her children, the centre of her life, as Harlee was the centre of his.

Claude's ultimate gift was to donate his organs, giving hope, happiness and better health to the recipients. He was a happy person who didn't have the best of everything but made the best of everything he had. Claude was always a deep thinker, a compassionate person, a loving father, son, brother, partner and friend. Our lives are richer for having shared his short life. Rest in Peace.

Elena & Bill (parents)



Claude

Performance information for Program 1.1

Program 1.1: Deliverables

Qualitative deliverables

Increase sector capability and capacity	
Qualitative deliverable	Maintain a network of DonatLife Agencies and trained medical and nursing specialists led by SMDs dedicated to organ and tissue donation
Result	Deliverable met
	<ul style="list-style-type: none"> ♥ The 2011 DonatLife Network Annual Forum was held in Sydney on 29–30 March 2011. ♥ The forum was attended by 301 delegates, including DonatLife Network staff, members of the Advisory Council, state and territory health departments, eye and tissue banks and community representatives. ♥ The primary objective was to provide the network with the opportunity to come together to contribute to the future implementation of the National Reform Agenda. ♥ Professional education and training requirements for specialist medical and nursing staff participating in organ and tissue donation are met through the provision of education programs specific to organ and tissue donation.
Qualitative deliverable	Monitor and review a funding model for hospital costs associated with donation activity
Result	Deliverable met
	<ul style="list-style-type: none"> ♥ In late 2009 the Authority, in conjunction with states and territories, developed the Organ Donation Hospital Support Funding model, formerly known as Activity-Based Funding. ♥ According to the terms agreed between states and territories and the Authority, the model was reviewed within the first 12 months of its application and enhancements were made. The Authority directly advised hospital CEOs and state and territory Directors-General of the changes. ♥ The new model was released in October 2010 and was made available to staff involved in organ and tissue donation via each state and territory DonatLife Agency.

Qualitative deliverable	Implement revised national protocols for organ transplantation eligibility and allocation in collaboration with the Transplantation Society of Australia and New Zealand, consumers and other stakeholders
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Result	Deliverable met
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- ♥ The revised national protocols for organ transplantation eligibility and allocation were implemented from 1 November 2010.

Qualitative deliverable	Implement the Donation after Cardiac Death (DCD) Protocol
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Result	Deliverable met
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- ♥ The Authority developed and distributed a national implementation plan to help jurisdictions implement the DCD Protocol.
- ♥ The Authority published the DCD Protocol on the DonatLife website and distributed copies to all jurisdictions.
- ♥ Each DonatLife Agency has reported to the Authority on the progress of DCD implementation within their jurisdiction. The majority of jurisdictions have implemented DCD programs or are in the process of doing so.

Qualitative deliverable	Implementation of the Australian Paired Kidney Exchange (AKX) Program
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Result	Deliverable met
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- ♥ The AKX Program started in August 2010 and, to date, there have been three match-runs resulting in successful kidney transplants for 15 recipients during 2010–11.



DonatLife Network Forum 2011 – Dr Jorge Brieva, Hospital Medical Director, John Hunter Hospital.

Improve community awareness

Qualitative deliverable **Conduct a social marketing campaign and public relations activities that lead to more Australian families discussing organ and tissue donation**

Result **Deliverable met**

- ♥ The ongoing DonateLife social marketing campaign and supporting public relations activities achieved significant increases in family discussion about donation wishes, knowledge of family members' donation wishes, and awareness of the role of family consent.
- ♥ The first phase of the Donatelife campaign, 'Donatelife. Discuss it today, OK?', promoted a clear call to action for the need to discuss donation wishes with the people close to you, as they could be asked to confirm your donation wishes.
- ♥ The second phase of the Donatelife campaign, 'Donatelife. Know their wishes, OK?', promoted the importance of asking and knowing the donation wishes of the people close to you, as you could be asked to confirm their donation wishes.
- ♥ The campaign was effectively and consistently promoted through 2010–11 across a range of communication platforms, including advertising, media, community outreach and online activity and engagement.
- ♥ The inaugural Donatelife Week was held from 20–27 February 2011. The national awareness week was renamed and rebranded in consultation with the sector to realign the week with the National Reform Agenda's National Community Awareness and Education program. The theme, 'Any day is a good day to talk about organ and tissue donation, especially this week because it's Donatelife Week', generated significant media coverage and was promoted through 290 events across Australia to encourage family discussion about donation wishes.
- ♥ A strong online presence focusing on the importance of family discussion about donation wishes was maintained through the Donatelife website at www.donatelife.gov.au and the Donatelife Facebook and Twitter accounts.
- ♥ The Authority produced printed and online versions of the Donatelife *Book of Life*. This valuable resource enables people to share their experiences and to understand the importance of families discussing and knowing each other's donation wishes.
- ♥ The Donatelife Family Discussion Kit continued to be promoted as an important resource to help family members initiate discussion around donation wishes.

Qualitative deliverable

Community awareness-raising activities funded by the Authority are consistent with the National Communications Framework and Charter and aligned with the overall National Strategy

Result

Deliverable met

- ♥ The Authority supported a range of community awareness activities, funded through its Community Awareness Grants program. This included the provision of grants to fund activities directly aligned with DonateLife Week and with activities designed to address potential barriers to discussion and decision-making about organ and tissue donation in culturally and linguistically diverse audiences, including Aboriginal and Torres Strait Islander peoples.
- ♥ The Authority delivered a suite of updated printed information materials on an ongoing basis, including fact sheets, key messages and campaign kits. Other resources included branding and style guidelines.
- ♥ The Authority led two rounds of consultation on the National Communications Framework and Charter, produced before the launch of the DonateLife campaign, to ensure a common understanding of the nationally consistent key messages and strategic approach to community education and engagement.
- ♥ In collaboration with the community organisation, Gift of Life Inc, the Authority developed a *DonateLife Guide for Community Speakers*. This important resource will support the sector in delivering nationally consistent, evidence-based information on organ and tissue donation. The guide will be distributed in early 2011–12.



DonatLife fact sheets

Quantitative deliverables

Increase sector capability and capacity	
Quantitative deliverable:	Percentage of full-time-equivalent positions funded for specialist organ and tissue hospital-based medical directors, nursing staff and state- and territory-wide medical directors
2010–11 target: 98.5%	2010–11 actual: 99%
Result	Deliverable met
	<ul style="list-style-type: none"> At 30 June 2011, 162 individuals (99% of full-time-equivalent funded positions) were employed in 77 hospitals across Australia.
Quantitative deliverable:	Percentage of identified eligible public and private hospital emergency departments and intensive care units that have implemented ‘clinical trigger’ checklists
2010–11 target: 100%	2010–11 actual: 100%
Result	Deliverable met
	<ul style="list-style-type: none"> The Authority has implemented a nationally consistent ‘clinical trigger’ protocol to help clinical staff identify potential organ and tissue donors in all 77 hospitals within the DonateLife Network. Utilisation of the clinical trigger protocol in emergency departments and intensive care units (ICUs) is reported as a key performance indicator under the DonateLife Hospital Performance Audit. This key performance indicator measures the proportion of patients identified under the clinical trigger in EDs or ICUs as potential donors.
Quantitative deliverable:	Percentage of funded specialist medical and nursing staff participating in organ and tissue donation professional development and training
2010–11 target: 95%	2010–11 actual: 100%
Result	Deliverable met
	<ul style="list-style-type: none"> All funded specialist medical and nursing staff participated in some form of professional development and training specific to organ and tissue donation. This involved a variety of forms of education, including state- and territory-led activity, attendance at an Australasian Donor Awareness Program (ADAPT), induction training for new staff joining the DonateLife Network, and attendance at the DonateLife Network Annual Forum.

Linda is helping to lead the way

Linda Thomas is a former ICU nurse and has been working in the organ and tissue donation sector for the past five years. Previously Linda was a Project Officer for the National Organ Donation Collaborative and worked as a Donor Coordinator with DonateLife. For the last twelve months she's been a Clinical Nurse Consultant (CNC) sharing her role between Princess Margaret Hospital and St John of God Murdoch and Subiaco Hospitals.

This is a very exciting time for WA as due to Linda's CNC role, organ and tissue donation has had a major presence at the above sites with one being the children's hospital and the other being in the private sector.

As Linda describes it, the best part of being a CNC is introducing and developing the CNC role and in a way being a 'pioneer' at

each site. The unpleasant aspect of the job is seeing families disappointed and disheartened when they would really like to donate their loved one's organs and/or tissues and they are unable due to medical reasons or logistics.

At each site Linda works with the Hospital Based Medical Director to provide leadership and consultancy to nursing, medical and allied health care professionals in the area of organ and tissue donation.

Linda finds great satisfaction in seeing donor families find some kind of comfort in their grief knowing that from a tragic situation another person has benefited.

When asked what people's reaction is when you tell them what you do for a living: 'That must be hard!'



Linda (centre) with colleagues.

Improve community awareness

Quantitative deliverable **Percentage of community grant allocations provided to eligible organisations**

2010–11 target: 100% **2010–11 actual: 99%**

Result **Deliverable met**

- ♥ The Authority allocated \$519,161 (excluding GST) in two rounds of Community Awareness Grants conducted in 2010–11.
- ♥ The first round of Community Awareness Grants was held in November 2010 and focused on activities aligned with DonateLife Week. Grants were awarded to 10 recipients.
- ♥ The second round of Community Awareness Grants was held in April 2011. This round focused on addressing potential barriers to discussion and decision-making about organ and tissue donation in culturally and linguistically diverse audiences, including Aboriginal and Torres Strait Islander peoples. Grants were awarded to 18 recipients.
- ♥ Three unsolicited applications aligned with the National Community Awareness and Education program were awarded.

Any day is a good day
to talk about organ and tissue donation.




donatelifeweek
Sunday 20 – Sunday 27 February 2011
For more information visit donatelife.gov.au

DonateLife Week flyer

Program 1.1: Key performance indicators

Qualitative key performance indicators

Increase sector capability and capacity	
Qualitative indicator	Enhanced management of eye and tissue donation, retrieval, processing, storage and transplantation, through a national network
Result	Indicator partially met
	<ul style="list-style-type: none"> ♥ As part of the integration of eye and tissue banks into the broader DonateLife Network, the Authority has worked closely with stakeholders to collate information and analyse current arrangements for eye and tissue retrieval, processing and storage; and to formulate advice for more effective eye and tissue retrieval, processing and storage in Australia. ♥ This has resulted in a report, <i>Report on the Options for More Effective Eye and Tissue Retrieval, Processing and Storage</i>, that identifies a number of gaps in the retrieval, processing and storage of eye and tissue products in Australia. Options have been developed to manage the gaps identified and will be considered by the Clinical Technical and Ethical Principal Committee and then by Health Ministers. ♥ Integration of the Eye and Tissue Network into the broader DonateLife Network is one of the Authority's six strategic priorities for 2011–12.
Qualitative indicator	Enhanced donor family support provided through the implementation of a nationally agreed Donor Family Support program
Result	Indicator met
	<ul style="list-style-type: none"> ♥ All donor families/individuals have been offered professional support services by the Donor Family Support (DFS) coordinators in each state or territory DonateLife Agency. ♥ DFS resources have been revised to meet donor family needs.

Improve community awareness

Qualitative indicator **Increase knowledge and understanding about organ and tissue donation and transplantation, and build confidence in Australia's new system**

Result **Indicator met**

- ♥ The Authority, in partnership with the sector, continued to play a vital role in increasing public knowledge, understanding and confidence in the National Reform Agenda and its implementation.
- ♥ The Authority's National Community Awareness and Education program achieved sustained levels in family discussion about donation wishes, knowledge of family members' donation wishes, and understanding about the role of family consent.
- ♥ In partnership with the DonateLife Network and other stakeholders, the Authority delivered a national media program to promote improved knowledge and understanding about organ and tissue donation. Activities included editorial briefings, media interviews, media releases, e-newsletters and events.
- ♥ The DonateLife campaign was awarded the internationally prestigious Gold Quill Award for Best Social Responsibility Campaign by the International Association of Business Communications.
- ♥ The DonateLife website was awarded the Best Government or Non-Government website by the Australian Interactive Media Industry Association.
- ♥ Signatories to our National Communications Charter, including DonateLife Agencies, Medicare Australia, eye and tissue banks, and community organisations, actively promoted a nationally consistent approach to community awareness and education about organ and tissue donation.
- ♥ A joint DonateLife/Australian Organ Donor Register brochure was produced in collaboration with Medicare Australia to enable Australians to understand the importance of making informed decisions about becoming an organ and tissue donor, registering their decision on the national register and, most importantly, ensuring that next of kin knew and accepted each other's donation decisions.

Quantitative key performance indicators

Increasing sector capability and capacity	
Quantitative indicator	Percentage of nominated hospitals that have dedicated organ and tissue medical and nursing positions occupied
2010–11 target: 95%	2010–11 actual: 99%
Result	Indicator met
	<ul style="list-style-type: none"> At 30 June 2011, 99% of full-time-equivalent funded positions across the 77 nominated hospitals in the DonateLife Network were occupied.
Quantitative indicator	Percentage of nationally consistent support offered to eligible donor families
2010–11 target: 100%	2010–11 actual: 100%
Result	Indicator met
Quantitative indicator	Rate of family consent to organ and tissue donation
2010–11 target: 70%	2010 calendar year: 54% (donation after brain death only)
Result	Indicator partially met
	<ul style="list-style-type: none"> The donation after brain death consent rate was 54% (donation after brain death only) for the 2010 calendar year. Donation after cardiac death has been excluded, as data has not yet been validated against this donation pathway. This key performance indicator is a stretch target that will increase to 75% for 2011–12 onwards. Increasing consent rates has been identified as a strategic priority for 2011–12 and work has started to deliver intensive training in requesting consent from potential donor families.

Improving community awareness

Quantitative indicator	Percentage of Australians who have held a memorable discussion about organ and tissue donation in the past 12 months
2010–11 target: 65%	2010–11 actual: 60% of Australians have held a family discussion about donation wishes, 81% of which are rated as being memorable
Result	Indicator substantially met
	<ul style="list-style-type: none">♥ The Authority appointed Woolcott Research to conduct four waves of tracking research in 2010–11 to measure the ongoing effectiveness of the National Community Awareness and Education program, including the DonateLife campaign.♥ The pre-campaign benchmark research, conducted in May 2010, established that the level of family discussion about donation wishes in Australia was just 48%.♥ Phase 1 of the DonateLife campaign conducted from 23 May to 3 July 2010 achieved a significant 10% increase in the number of people discussing their wishes, shifting from 48% to 58%.♥ This increase was sustained into 2011 and continued to track at 57% in March 2011 after the completion of the extended Phase 1 campaign.♥ Research conducted to evaluate Phase 2 of the campaign indicated that, by June 2011, the campaign had achieved a 12% increase in family discussion levels from 48% to 60%, with 81% rating the discussion as being memorable.

Quantitative indicator	Percentage of Australians who know their family members' wishes about organ and tissue donation
2010–11 target: 63%	2010–11 actual: 57%
Result	Indicator substantially met
	<ul style="list-style-type: none"> ♥ The Authority appointed Woolcott Research to conduct four waves of tracking research in 2010–11 to measure the ongoing effectiveness of the National Community Awareness and Education program, including the DonateLife campaign. ♥ Before the launch of the DonateLife campaign, the benchmark survey conducted in May 2010 established that the percentage of people who knew their family members' wishes was 51%. ♥ This saw a significant increase following Phase 1 of the DonateLife campaign, conducted from 23 May to 3 July 2010, with a 7% increase to 58%. ♥ This increase was sustained into 2011 with the Phase 2 campaign (22 May – 2 July 2011) showing that knowledge of family members' wishes has remained at 57%.
Quantitative indicator	Percentage of Australian families initiating a donation discussion in a hospital setting
2010–11 target: 30%	2010–11 actual: 30%
Result	Indicator met
	<ul style="list-style-type: none"> ♥ This data is sourced from the Australia and New Zealand Organ Donor Registry, which collects data on family-initiated consent among actual donors.

A life too short

Jason was nearly 19 years of age when he died. He was accidentally killed while attending an automotive spare parts traineeship.

Being the eldest of four children (two brothers and one sister), Jason was a very loving, caring and loyal son and brother with his family always coming first. Life was lived to the fullest, always in a hurry as though time was running out. He loved V8 cars, motorbikes and loud music along with his mates.

At 15 years he commenced work as a salesperson with an electrical store. Having the 'gift of the gab' he made many sales. Being an avid reader, Jason loved company and telling stories.

When Jason acquired his driver's license at the age of 17 he proudly announced 'I'm an organ donor just like mum and dad'. His aunty commented that she couldn't be one. His response was 'When you're dead you're dead. If you can help somebody else you do'.

When Jason was pronounced 'brain dead' the doctors noted 'Organ Donor' ticked on his license. As parents, never in our wildest dreams did we ever think we would be in this position. Jason's words echoed in our ears there was no other alternative but to fulfil his wish and give our consent.

We are very proud of his decision. It is of great comfort that he saved four people's lives, two being imminent deaths. His life was not in vain!

The Service of Thanksgiving is a wonderful event which we have attended every year since Jason's death.

The Closing Song 'What a Wonderful World' always brings tears to our eyes.

We have shared in something very special over the years, thanks to Jason and all the other organ donors. May They All Rest in Peace.

Bill and Keith



Jason became a donor at age 18

National Reform Agenda summary of progress

This section of the report consists of two parts:

A	National achievements	Part A provides a summary of progress made during the reporting period under each of the nine measures on a national level.
B	Activities in the states and territories	Part B provides a glimpse of significant activities undertaken by DonatLife staff at the jurisdictional level.

Part A: National achievements

National network of DonatLife Agencies

The DonatLife Agencies continued to build capability and capacity in 2010–11. Under the guidance of the National Medical Director and the leadership of the state medical directors (SMDs), the agencies progressively implemented a nationally consistent and coordinated service that aligns with the nine measures of the National Reform Agenda.

We continued to fund states and territories to employ agency managers, organ and tissue donation coordinators, educators, communication officers, DFS officers, and data and audit personnel. The employees facilitate the organ and tissue donation process, support donor families, provide performance data, and educate clinical staff and the community on organ and tissue donation in conjunction with the hospital-based medical specialists.

The agencies have implemented a performance management framework that enables us to track jurisdictional performance against allocated resources, organisational objectives and outcomes. As part of the performance framework, Business Management Plans were implemented across each state and territory, against which progress reports are submitted to the Authority each quarter.

Measure

1

A new national approach and system – a national authority and network of organ and tissue donation agencies

The agencies continue to play an integral role in implementing the National Reform Agenda, participating and contributing to key committees and working groups with the Authority. They are committed to proactively managing the positive challenges of increased organ donation activity.

DonateLife Hospital Performance Audit

The DonateLife Audit provides for a nationally consistent method of managing a retrospective audit to collect data about hospital deaths in the context of organ donation. This difficult accomplishment required adapting work practices across each jurisdiction and implementing data collection in a nationally consistent way across the 77 hospitals in the DonateLife Network.

The data obtained from the audit is used to quantify state and national potential for organ donation, identify missed donation opportunities, and determine the consent rate for organ donation. It also helps to identify and develop new strategies to improve Australia's organ donation rate through the increased identification of donors and a higher consent rate. Individual hospital performance can be analysed so that these strategies can be applied at the hospital level.

The 2010 audit data was presented at the 2011 DonateLife Network Annual Forum and was distributed to the SMDs soon afterwards.

At the DonateLife Network strategic planning day held on 31 March 2011, enhancement of the audit was identified as a strategic priority for 2011–12. Subsequently, the State Medical Directors and Jurisdictional Working Group Committee agreed a strategy for enhancing the audit, and a working group of expert staff was established to implement the strategy over 2011–12.

In 2010 we captured a full calendar year of potential and actual donation activity data in the 77 hospitals of the DonateLife Network. This is the first time national data of this kind has ever been captured in Australia.

The analysis of this data is proving to be a powerful tool for identifying best practice and driving change in hospital practice that will lift donation rates.

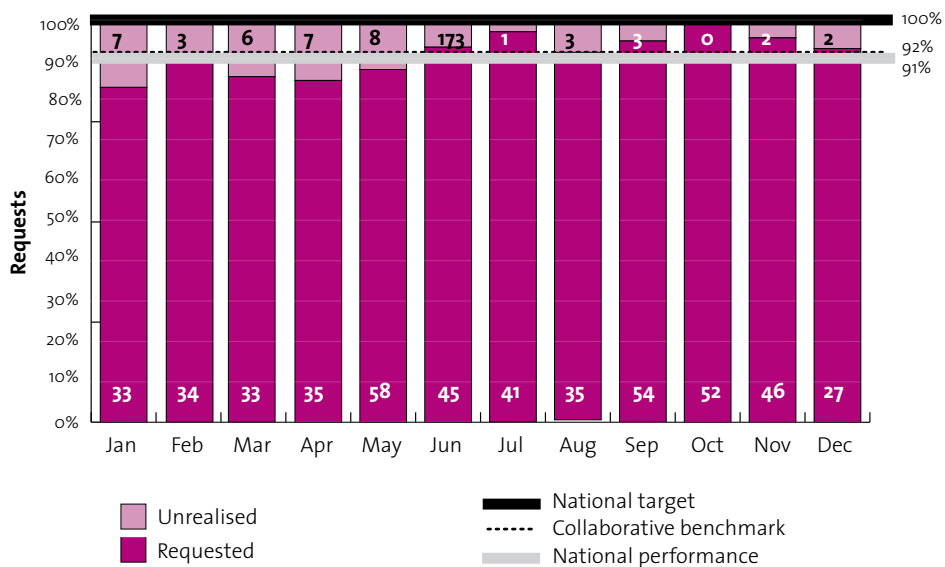
Figures 14, 15 and 16 show the request, consent and conversion rates for donation after brain death in 2010.

The request rate shows requests as a proportion of brain dead potential donors.

The consent rate shows consents as a proportion of requests.

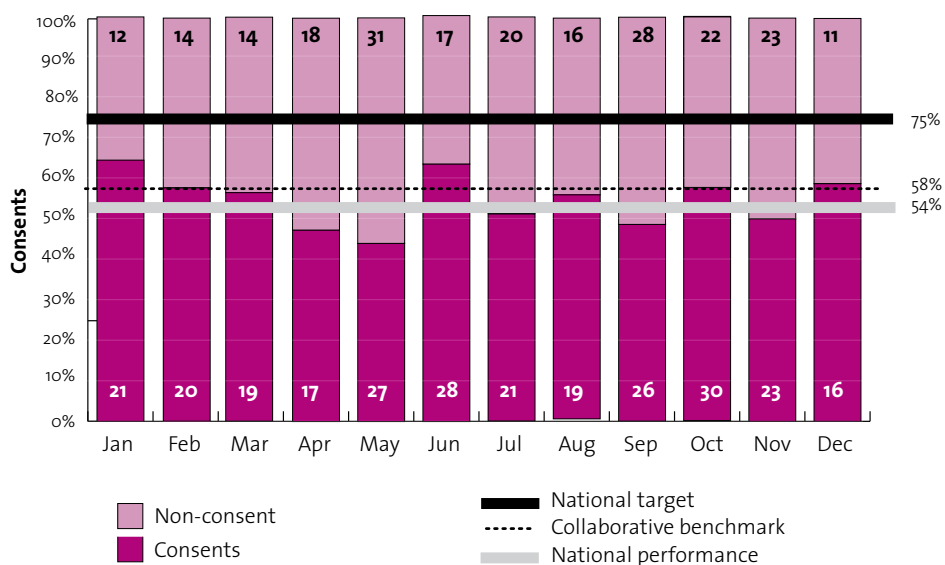
The conversion rate shows actual donors as a proportion of brain dead potential donors.

Figure 14: Donation after brain death, request rate by month, 2010



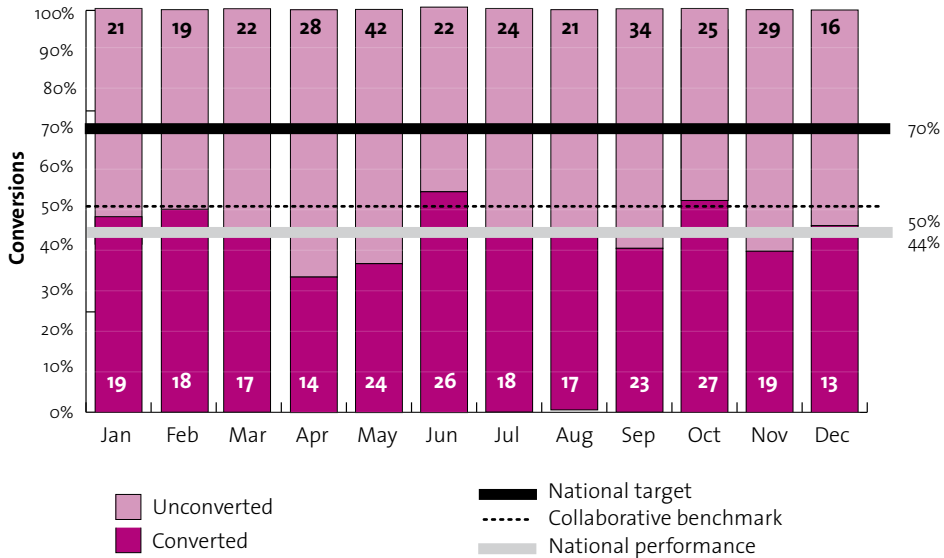
Source: DonateLife Audit 2010

Figure 15: Donation after brain death, consent rate by month, 2010



Source: DonateLife Audit 2010

Figure 16: Donation after brain death, conversion rate by month, 2010



Source: Donatelife Audit 2010

National electronic donor record

The aim of implementing a national electronic donor record for offering organs for transplantation is to help streamline organ offering processes. We hope it will improve the efficiency of collecting and disseminating the accurate clinical information needed by transplant specialists to determine the acceptance of organs for transplantation and their allocation to suitable recipients.

In late 2010 we researched the global market for a mature information management system that would address the electronic donor record requirements. We found that there are many products offering standard functionality around organ and tissue consent, offer, allocation and follow-up.

In 2011–12 we will engage a service provider to supply an information management system that will address the electronic donor record requirement.

Specialist hospital staff

In 2010–11 we continued to provide funding to major public and private hospitals in each jurisdiction to employ specialist organ and tissue hospital-based medical directors and nursing staff. The hospital-based staff work with the SMDs to educate clinical staff, collect data for reporting on national performance, and support the donation process in each of the 77 hospitals across Australia. Hospital-based staff work closely with clinical teams, particularly those in emergency departments, ICUs and operating theatres, as well as the agency staff.

Staff levels remained stable throughout the reporting period, with 99% of positions occupied at 30 June 2011. This high occupancy rate has helped to facilitate clinical practice reform and cultural change in hospitals.

We continue to monitor each hospital's progress through a performance framework that enables comparison across all hospitals at the national and jurisdictional levels.

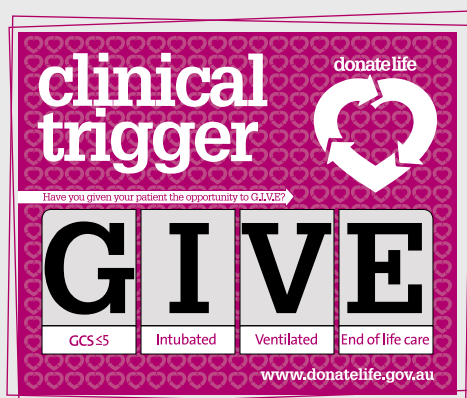
Clinical trigger protocol

We have implemented a nationally consistent 'clinical trigger' protocol to help clinical staff identify potential organ and tissue donors. This is known as the GIVE protocol, which stands for GCS \leq 5; intubated; ventilated; end-of-life care. The trigger has been adopted as the national protocol and has been endorsed by peak professional bodies, including the Australian New Zealand Intensive Care Society (ANZICS), the Australian College of Emergency Medicine, the College of Intensive Care Medicine, and the Australian Critical Care Nurses Association. The GIVE protocol has been implemented in emergency departments and ICUs across nominated hospitals in the DonateLife Network.

Measure

2

Specialist hospital staff and systems dedicated to organ donation



In 2010–11 Queensland joined the rest of Australia by implementing the GIVE protocol in 16 hospitals around the state to help clinicians in emergency departments and ICUs identify potential organ and tissue donors. As a result, more Queenslanders and their families who support donation are given the opportunity to donate and help others.

There was an increase in referrals to DonateLife staff, in accordance with the GIVE protocol, and awareness of organ donation potential also increased among hospital staff.

DonateLife Network Annual Forum

In March 2011 the Authority brought the DonateLife Network together for the second annual forum under the theme 'Connecting people – Transforming lives'. In addition to our staff, participants included members of the network, Australian eye and tissue banking staff, Advisory Council members, and representatives of relevant Commonwealth, state and territory health departments. The primary objective was to provide the network with the opportunity to learn from national and international best practice in donation and to contribute to the future implementation of the National Reform Agenda.

International speakers included Dr Alex Manara from the United Kingdom and Mr Nathan Howard, CEO of the Gift of Life Institute, Philadelphia, United States.

Delegates were asked to provide an evaluation of the annual forum. Analysis of the evaluations revealed that delegates:

- ♥ were enthusiastic about the international speakers and enjoyed hearing perspectives from the United States and the United Kingdom
- ♥ favoured sessions that were immediately relevant to their work responsibilities (that is, clinical topics)

- ♥ were most enthusiastic about the concurrent sessions, particularly the session on models for requesting consent and the DCD study
- ♥ were of the view that, in future, forum sessions should be shorter with more time for discussion or break-out groups, and with stricter time management.

A one-day induction for staff new to the DonateLife Network was held the day before the annual forum. The program provided participants with an overview of the National Reform Agenda and the DonateLife Network.

On the day following the forum, key stakeholders (including Advisory Council members, SMDs, jurisdictional representatives, agency managers and our Senior Executive Service staff) met to discuss and confirm the six strategic priorities for 2011–12.



Dr Gerry O'Callaghan speaking at the DonateLife Network Forum 2011.

Hospital funding

Under this measure, individual hospitals are provided with funding to address additional staffing, bed and other infrastructure costs associated with organ donation. The funding ensures costs are not a barrier to hospitals for organ donation to proceed. These additional costs vary between hospitals and may include pathology and imaging, staffing time in emergency departments, ICUs and operating suites.

In 2010–11 funding was provided to 78 public and private hospitals across Australia. In order to claim funding, hospitals are required to maintain a record of donation-related activities using a specific data collection tool. Using trigger points, the tool captures details at the patient level and aggregates the information to pre-populate de-identified activity information in a claim form. Activities are recorded monthly and claims are acquitted retrospectively by quarter.

Funding for the first quarter (July–September 2010) used a four-trigger point model (Activity-Based Funding) to determine the allocation of funding to hospitals. According to the terms agreed between states and territories and the Authority, the Activity-Based Funding was reviewed within the first 12 months of its application and enhancements were made. One of these enhancements saw the release of an updated claim tool, the Organ Donation Hospital Support Funding model, released to hospitals in October 2010. This introduced a six-trigger point model to more accurately cover costs incurred by hospitals as a result of donation. The new model was used in the second, third and fourth quarters of 2010–11 (October 2010 – June 2011).

We will undertake a further review of the Organ Donation Hospital Support Funding model in 2011–12. The results will inform decisions about modifications to the current process for providing funding for hospitals.

Measure

3

New funding for hospitals

Measure

4

National professional awareness and education

This measure makes available targeted education and training to the clinical community about organ and tissue donation for transplantation.

On 1 July 2010 the Authority assumed responsibility from the Australian Red Cross Blood Service for the Australasian Donor Awareness Program (ADAPT). This is a workshop-based program designed to provide health professionals with continuing education on organ and tissue donation.

In 2010–11 we worked with DonateLife Agencies to ensure the continued delivery of ADAPT in every state and territory and provided funding to conduct the workshops. We also worked with peak professional bodies to review the content of ADAPT workshops, and to maintain support and endorsement of the program for continuing nursing and medical education. The professional organisations we worked with included ANZICS, the College of Intensive Care Medicine of Australia and New Zealand, the Australian College of Critical Care Nurses, and the Royal College of Nursing Australia.

During the year we started developing a new one-day Family Conversation Workshop to provide intensive training for managing the donation requesting process with potential donor families. The workshop will provide health professionals with a greater understanding of the grief and loss experienced by the families of potential donors and help them develop skills in sensitively requesting consent to organ donation. A pilot of the workshop will be conducted in 2011. This training will contribute to increasing consent rates, which is one of the six strategic priorities for the DonateLife Network in 2011–12.

In October 2010 we established the Education Coordinators Network as a forum for communication between the Authority and agency education coordinators for developing and planning national education activities. The network has provided valuable input to a number of activities and resources, such

as revision of ADAPT, the Annual National Induction Day program, and clinical revision of DFS resources.

In December 2010 we released a national package of presentations for educating people on the key issues and processes involved in organ, eye and tissue donation for transplantation. The package provides clinical education on 10 key topics and is available on the DonatLife portal for use by the DonatLife Network.

In January 2011 we partnered with the National Health and Medical Research Council (NHMRC) and offered a Translating Research into Practice fellowship. The fellowship sought a health professional to undertake a practical project addressing an evidence–practice gap in the identification and/or management of organ and tissue donors, in order to increase donation rates in Australia. The NHMRC is managing the selection of a fellow to start in 2012.

A National Induction Day was held in March 2011 as part of the DonatLife Network Annual Forum, with 56 new staff attending

from around Australia. The day received positive feedback and addressed a variety of topics, including eye and tissue donation, support for donor families, data and reporting, common workplace challenges, professional education and media.

At the forum we announced the establishment of the Janette Hall Professional Training and Development Scholarship. Janette Hall was a hospital senior nurse from South Australia who was actively involved with organ and tissue donation for many years, and who passed away in December 2010. In 2011, the inaugural round of the scholarship will provide funding for up to three health professionals working in the donation and transplantation sector to attend international training and education.

We commissioned two independent evaluations of the Organ Donor and Transplant Recipient Coordinators' Advanced Course held in Adelaide from 16–20 May 2011. The evaluation was conducted to obtain advice on the future development of an advanced national training program for formal certification of organ donor coordinators.



Participants at the DonatLife Network Forum 2011.

Measure

5

Coordinated ongoing community awareness and education

The National DonateLife Communications Strategy 2010–11 provided the strategic framework and direction for the National Community Awareness and Education program, including the DonateLife campaign.

We conducted two phases of the DonateLife campaign in 2010–11. DonateLife Agencies and other signatories to the National Communications Charter, including community organisations, partnered with the Authority to extend the reach and impact of the campaign at the local level.

Phase 1 of the DonateLife campaign, 'DonateLife. Discuss it today, OK?', encouraged Australians to discuss their organ and tissue donation wishes with family members. This phase took place from 23 May – 3 July 2010. Extended campaign activity took place in two further periods: 1 December 2010 – 1 January 2011 and 30 January – 21 May 2011.

Phase 2 of the DonateLife campaign, 'DonateLife. Know their wishes, OK?', commenced on 22 May 2011. The call to action changed from encouraging Australians to discuss their own donation wishes with family members to asking and knowing the donation wishes of their next of kin.

Four waves of tracking research were conducted by Woolcott Research in 2010–11 to measure the ongoing effectiveness of the National Community Awareness and Education program, including the ongoing DonateLife campaign. The research is tracked against our benchmark study conducted in May 2010.

The results for 2010–11 showed:

- ♥ Family discussion about donation wishes increased by 12% from the May 2010 benchmark of 48%, to 60%.
- ♥ Awareness of family members' donation wishes increased by 6% from the May 2010 benchmark of 51%, to 57%.
- ♥ Knowledge of the role of family consent increased by 10% from the May 2010 benchmark of 64%, to 74%.

A highlight in 2010–11 was the inaugural DonateLife Week (Sunday 20 – Sunday 27 February 2011), with 290 events held across Australia, united under a common theme. The awareness week was supported by advertising with the call to action being ‘Any day is a good day to talk about organ and tissue donation, especially this week because it’s DonateLife Week’.

The DonateLife *Book of Life* featured at 46 events around Australia during the week and continued to be used as an awareness-raising tool in 2011.

Media activity during DonateLife Week achieved high levels of key message penetration and generated a total of 1,633 press, radio, television and online items, a total editorial value of \$11,188,675 and a cumulative audience reach of 41,625,141 Australians. Between 20 January and 27 February 2011 we secured daily media coverage of the campaign and awareness week, representing a strong sustained period of awareness.

We conducted two rounds of Community Awareness Grants in 2010–11 to support

community-based activities aligned with the National Community Awareness and Education program.

The first round in November 2010 invited eligible organisations to apply for funding to conduct community awareness activities to be held during DonateLife Week. Funding was awarded to 10 applicants. Activities included:

- ♥ the annual DonateLife Walk in Canberra, ACT, attended by more than 1,000 people and organised by Gift of Life
- ♥ the Great Debate in Perth, organised by the Organ Donation and Transplantation Foundation in Western Australia
- ♥ Transplant Australia’s DonateLife Beachwalk held on Bondi Beach in Sydney, New South Wales.

While the mainstream campaign activities have resonated well with culturally and linguistically diverse audiences, we commissioned an in-depth study to better understand and identify those audiences most likely to benefit from targeted



Her Excellency Ms Quentin Bryce AC, Governor-General of the Commonwealth of Australia, with Parliamentary Secretary for Health and Ageing Catherine King and donor family member Robin Gough viewing the DonateLife *Book of Life*.

communications and engagement. These groups included Hindu, Greek Orthodox, Muslim, Buddhist and Aboriginal and Torres Strait Islander audiences. This informed the second round of Community Awareness Grants held in May 2011 and resulted in funding being awarded to 18 applicants. These activities are designed to address potential barriers to discussion and decision-making about organ and tissue donation within culturally and linguistically diverse audiences.

There are 50 signatories to the National Communications Charter, consisting of state and territory governments, DonateLife Agencies, eye and tissue banks and community organisations. We held

two meetings with charter signatories, in November 2010 and May 2011, to enable their contribution to implementation of the National Reform Agenda and development of the National Community Awareness and Education program.

In March 2011 the DonateLife campaign was awarded the prestigious International Association of Business Communicators' Gold Quill Award for excellence in communications in the Social Responsibility category. The DonateLife website was awarded Best Government or Non-Government website by the Australian Interactive Media Industry Association.

Phase 1: DonateLife, Discuss it today. OK?

This man could save a life one day. He's decided to be an organ and tissue donor.

To donate life, discuss it today. **OK**

This woman could save a life one day. She's decided to be an organ and tissue donor.

This man could save a life one day. He's decided to be an organ and tissue donor.

To donate life, discuss it today. **OK**

Phase 2: DonateLife, Know their wishes. OK?

To donate life know their wishes. Ask them today. **OK**

For more information visit donatelifegov.au

To donate life know their wishes

To donate life know their wishes

To donate life, ask them today. **OK**

To donate life, ask them today. **OK**

For more information visit donatelifegov.au

Donor family support

The Authority continues to fund DFS coordinators in every jurisdiction to provide nationally consistent and best practice support to donor families.

A suite of resources has been developed under the National DFS Service Framework to deliver a consistent and high standard of care.

We focus-tested DFS resources in 2010–11 to determine whether they were meeting the needs of donor families. DFS resources have now been revised in line with the findings of the focus testing and will be available for use in 2011–12.



Erin Brown, Donor Family Support Officer ACT.

Measure

6

Support for donor families

Measure

7

Safe, equitable and
transparent national
transplantation
processes

In June 2010 the *Organ Transplantation from Deceased Donors: Consensus Statement on Eligibility Criteria and Allocation Protocols* was completed and submitted to the Authority by the Transplantation Society of Australia and New Zealand (TSANZ).

During 2010–11 we held consultations with jurisdictions and the DonatLife Network, who provided extensive feedback on the management and monitoring of the Consensus Statement.

The Consensus Statement was launched on 1 July 2011 by the Parliamentary Secretary for Health and Ageing at the TSANZ Annual Scientific Meeting in Canberra.

In June 2011 we committed additional funding to provide secretariat support to the standing committees of TSANZ and to liaise with other agencies to maintain the clinical currency of the Consensus Statement for organ and tissue transplantation in Australia.



This measure aims to increase eye and tissue donation rates in Australia by introducing systems that will deliver a coordinated, accountable, national tissue transplantation service across Australia.

Progress has been made to varying degrees in integrating the eye and tissue sector into the DonateLife Network. However, the level of integration differs between jurisdictions. A number of jurisdictions have transferred governance of jurisdictional eye and tissue banks into their respective DonateLife Agencies, while others have maintained informal relationships with the DonateLife Network.

We established an Eye and Tissue Working Group in February 2011. This was in response to a request by the Clinical Technical and Ethical Principal Committee of the Australian Health Ministers' Advisory Council to develop options for more effective eye and tissue product retrieval, processing and storage. This report will be considered by AHMAC in 2011–12.

The Therapeutic Goods Administration implemented a national regulatory framework for human tissues and emerging biological therapies, known as the Biologicals Regulatory Framework, on 31 May 2011. Eye and tissue banks have a three-year transition period from 31 May 2011 to 31 May 2014 to demonstrate legislative compliance in order to gain entry on the Australian Register of Therapeutic Goods.

We worked with the Therapeutic Goods Administration, eye and tissue banks and peak organisations such as the Australasian Tissue and Biotherapeutics Forum and the Eye Bank Association of Australian and New Zealand during the developmental phase of the Biologicals Regulatory Framework.

Measure

8

A national eye and tissue donation and transplantation network

The Australian Government has committed funding over the three-year transition period to offset direct regulatory costs incurred by Australian publicly funded facilities and not-for-profit hospital supply units during the transition period. To implement this commitment, we have established a memorandum of understanding with the Therapeutic Goods Administration through which we will continue to monitor the implementation of the Biologicals Regulatory Framework.

Measure

9

Other national initiatives, including living donation programs

Australian Paired Kidney Exchange (AKX) Program

This program increases live donor kidney transplants by identifying biologically incompatible donor–recipient pairs and matching an incompatible donor–recipient pair with a second incompatible donor–recipient pair. Exchanging donors creates two compatible matches. Paired donations can occur across a chain of donors and recipients.

The AKX Program started enrolling donor–recipient pairs in August 2010 and has resulted in 15 people receiving a kidney in 2010–11. This is an outstanding result for the first nine months of a new program and exceeds the numbers achieved in similar programs internationally. For example, six kidney transplants were achieved in the first 12 months of a similar program in the United Kingdom.

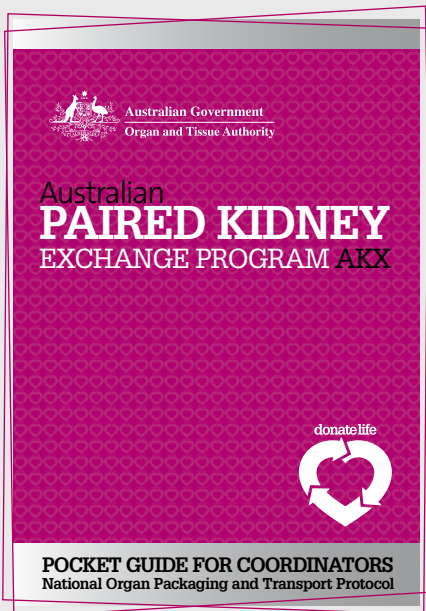
National protocol for Donation after Cardiac Death

This protocol supports national consistency in hospital procedures for Donation after Cardiac Death (DCD). The NHMRC developed the protocol through a working party chaired by our National Medical Director.

From July 2010 we assumed responsibility for national implementation of the DCD Protocol. A DCD Plain Language Statement was prepared to explain DCD and provide answers to frequently asked questions. We designed the protocol for publication, consulted with SMDs on the NHMRC’s recommendations for implementation, and developed a national implementation plan outlining the roles and responsibilities of all stakeholders involved in implementation.

The protocol was formally released in October 2010 and is available on the DonateLife website, together with the DCD Plain Language Statement.

The majority of jurisdictions (New South Wales, Victoria, South Australia, Western Australian, Australian Capital Territory and Queensland) have DCD programs in place within hospitals. Tasmania is planning implementation of a DCD program and the Northern Territory is considering the potential for a DCD program in 2011–12.



My kidney transplant story

Born in the old Alice Springs Hospital in 1959, I was a small, early baby. I suffered from polio and as a result, spent a long time in the old Hospital. The doctors told my mother that I might not survive.

I grew up in Ernabella, and later as a young woman I moved to Amata (SA) and was teaching children at pre-school there. I had two wonderful children of my own, Jocelyn and Kirsty.

One day I took Kirsty for a holiday to Warburton to see Jocelyn and other family. While I was there, I got really sick, had lots of fluid in my body, was short of breath and couldn't walk. The doctor sent me to Kalgoorlie Hospital, then on to Perth Hospital via the Royal Flying Doctor Service.

I knew I had kidney problems because I had diabetes for years but now had complete kidney failure. I started haemodialysis in Perth and later learnt to set up my own dialysis machine, to put in my own needles for dialysis.

The doctor was really nice but it was a bit scary being in Perth and away from everyone I knew.

I decided to move to Adelaide. My youngest daughter was still a student then, she moved to Adelaide to be with me and to complete her year twelve studies.

I went through all the tests to get onto the kidney transplant waiting list, being on dialysis there for many years. While on dialysis at Wayville, a nurse told me there

was a transplant kidney for me. I went straight to Queen Elizabeth Hospital after dialysis and had the transplant operation the next morning.

My transplanted kidney worked straight away and I did not need to have dialysis again!

I am very grateful for my transplant. I think it's a good thing to donate organs.



Margaret



DonateLife NSW

State Medical Director NSW Associate Professor Jonathan Gillis MBBS PhD FRACP FCICM FACHPM

Associate Professor Gillis has had a long career in paediatric intensive care and for more than 12 years has held the position of Director of the Paediatric ICU at the Children's Hospital Camperdown and then at Westmead. He is also a qualified palliative care physician and a Clinical Associate Professor at the University of Sydney, with a PhD in the History and Philosophy of Science from the University of New South Wales.

Associate Professor Gillis has been an invited speaker at international conferences on intensive care issues, end-of-life care and ethics. He is a Visiting Scholar at the Plunkett Centre of Ethics at St Vincent's Hospital where his projects include everyday ethical issues within the ICU and the words and ideas employed in end-of-life discussions.

Key activities in 2010–11

At 30 June 2011 DonateLife NSW comprised 49 staff, including 39 clinical specialists of organ and tissue donation in 22 hospitals and 10 staff in the organ and tissue agency. During the reporting period, new hospital medical director positions were introduced to Orange Base and St Vincent's Sydney hospitals.

Performance management meetings with hospital-based staff using data from the DonateLife Hospital Performance Audit were introduced to focus on key performance indicators in hospitals.

Education and training programs for all clinical staff were offered across the state. These programs included medical and general ADAPT workshops as well as specific education programs such as the DCD Education Workshop, Paediatric Education Day and media training for all staff.

In addition, regular DonateLife meetings, web conferences, case reviews and transplant services meetings were introduced; a regional/rural support group was established; and two DonateLife NSW staff attended the European Transplant Coordinators' Organisation conference in Wales, United Kingdom, in September 2010.

DonateLife NSW delivered 463 presentations to a range of community groups, including service clubs and educational organisations, and held events across the state during



Bondi beach walk 2011.



1. Parramatta launch – Lizzie, Monica, Nicola and Dr Arvind Rajamani
 2. Kogarah Launch with Tracey and Brooke 3. John, lung recipient Newcastle

DonateLife Week. DonateLife NSW also participated in the Youth Road Trauma Forum days at Acer Arena, Homebush Bay (attended by 12,000 high school students), and the Henty Fair, Wagga Wagga (attended by over 50,000 people). This event was supported by the Authority through a Community Awareness Grant.

DonateLife NSW provided leadership in establishing a national forum for DonateLife DFS coordinators to discuss, develop and review clinical practice and issues related to supporting donor families.

Significant effort was put into the administrative transfer of the tissue banks to the NSW Organ Tissue Donation Service. As a first step, administrative responsibility for the NSW Bone Bank was transferred to the Organ Tissue Donation Service on 1 January 2011. In May 2011 the service appointed a new manager for the integrated eye and tissue banks to oversee the development and ongoing management of a single eye and tissue bank service.

DonateLife NSW provided substantial support to the Authority across all media in national, urban and rural areas. A range of other initiatives have been implemented in NSW to enhance organ donation, including a review of organ retrieval capacity and measures to ensure effective organ retrieval, and expression of interest requests for single pathology services for all serology and nucleic acid testing.

Donor Honour Board



Ms Kimberley Livingstone, a double lung transplant recipient, and Mr Terry Clout, NSW Health.

This year marked the 20th anniversary of the Donate Life NSW Annual Remembrance and Reflection service. Over 350 people came together to acknowledge the generosity of donors and their families in a multi-faith service.

As a feature of the service, everyone was invited to place a decorated butterfly shape in a display to symbolise the spirit of organ and tissue donors, of hope, and of the ever repetitive circle of life and renewal.

In addition, Annual Remembrance Services were conducted in Newcastle, Wollongong and Sydney.



David Gough (right) promoting organ and tissue donation awareness.



DonateLife VIC

State Medical Director VIC Dr Helen Opdam MBBS FRACP FCICM

Dr Opdam is a senior intensive care specialist at the Austin Hospital in Melbourne and her interests include improving patient care through systems and processes and neuro-intensive care.

Dr Opdam has had a long-term interest in organ donation and has worked as a medical consultant for the Victorian Organ Donation Agency from 2002. In this capacity, she implemented a Victorian audit to detect potential organ donors, with a particular focus on addressing barriers to donation.

Dr Opdam was a member of the National Institute of Clinical Studies Advisory Committee for overseeing the National Organ Donation Collaborative (2006–09). She is a member of the ANZICS Death and Organ Donation Working Party and provided substantial input into the recently published *ANZICS Statement on Death and Organ Donation* (edition 3.1). Dr Opdam regularly facilitates ADAPT workshops that provide education to intensive care specialists and trainees and other doctors on brain death and organ donation.

Key activities in 2010–11

At 30 June 2011 Donatelife VIC comprised 73 staff, including 56 clinical specialists of organ and tissue donation in 22 hospitals and 17 staff in the organ and tissue agency.

In 2010–11 Donatelife VIC maintained its focus on providing a safe, effective and efficient organ donation coordination service. The organisation also focused on increasing rates of organ and tissue donation through donor identification and request, increasing consent, and expanding the organ donor pool by implementing DCD and safely broadening medical suitability.

The ability to fractionate the hospital medical director positions has been particularly effective in attracting to these roles senior intensive care and emergency department specialists who are well established in their hospitals. This has been a key characteristic of the successful implementation of the National Reform Agenda in Victoria.

A large volume of professional education was provided by agency and hospital staff (180 and 1,059 sessions respectively), with a particular focus on the organ donation request process and improving consistency and quality of data reported in the Donatelife Hospital Performance Audit. In addition, Donatelife VIC held highly successful and well-attended monthly half-day meetings for network staff covering a range of topics such as tissue typing, eye and tissue donation and religion and



Monica Dowling, Emiliano Zucchi and Stefania Zen from Northern Health at the La Dolce Italia Lygon Street Festival.



1. Catia whose dad Oscar became an organ donor 2. Joanna Forteach 3. Melanie, Hayley, Sonja and Chloe ,whose son and brother Mitchell was a donor

culture. Bi-monthly audit case review meetings focused on identifying and addressing barriers to donation and included presentations on successful initiatives at the hospital level to increase organ donation. Bereavement education and support was regularly provided to DonateLife VIC agency and hospital staff.

DonateLife VIC raised community awareness through activities undertaken by DonateLife Network staff and a well-established volunteer program. DonateLife VIC used the DonateLife *Book of Life* to promote organ and tissue donation at a range of public events, including a well-attended annual thanksgiving service for recipients and donor families. A recent initiative is the establishment of a working group to better engage with culturally and linguistically diverse communities.

DonateLife VIC worked closely with other organisations to jointly develop a pilot program to facilitate tissue donation in patients dying in hospital who would not be identified as tissue donors by the coronial system, with the aim of future broader implementation. The other organisations were the Lions Eye Donation Service, the Donor Tissue Bank of Victoria, and Austin and Alfred hospitals.

Implementation of DCD occurred progressively in Victorian hospitals, with four hospitals having active programs. DCD has resulted in more than 50% additional donors at these hospitals.

DonateLife Team VIC



The DonateLife team in Victoria has gone from strength to strength and now consists of medical specialists, nurses, organ donor coordinators, a family support coordinator, a clinical manager, an operations manager, administration staff and a communications adviser. DonateLife in Victoria also has a team of committed volunteers who help to promote and educate the community about the life-saving benefits of organ and tissue donation.



Liver recipient Johnny with wife Kylie and two children Sarcha and Finn.



DonateLife QLD

State Medical Director QLD Dr Phil Sargent FRACP FJFICM

Dr Sargent has overseen organ and tissue donation services within Queensland Health since July 2009. He is a paediatric intensive care specialist with over 20 years' experience and, most recently, was the Director of the Paediatric ICU at the Mater Children's Hospital in Brisbane, before moving to the SMD position.

Dr Sargent has played a strong role in training and developing junior medical staff. He has been an examiner for the College of Physicians and the College of Critical Care Medicine, a Course Director in the Advanced Paediatric Life Support program, an ADAPT presenter, and Director of the Advanced Paediatric Intensive Care Simulation Program. Dr Sargent was also a state representative to the ANZICS National Board and, subsequently, the paediatric representative to the board.

Key activities in 2010–11

At 30 June 2011 DonateLife QLD comprised 34 staff, including 22 clinical specialists of organ and tissue donation in 14 hospitals and 12 staff in the organ and tissue agency.

The Organ and Tissue Donation Service was established on 1 July 2010 under the direction of Queensland's Chief Health Officer, Dr Jeannette Young, and SMD, Dr Sargent. The Organ and Tissue Donation Service amalgamates DonateLife QLD, the Queensland Eye Bank, the Queensland Bone Bank, the Queensland Heart Valve Bank and the Queensland Skin Bank. With 38 dedicated, highly skilled staff, and a network of many more, the service is positioned to effectively deliver the national system in Queensland and provide best practice donation services to the community.

DonateLife QLD continued clinical education and awareness throughout the year, with over a thousand clinical education sessions held in the state in 2010–11. These sessions promoted awareness of organ and tissue donation within the clinical environment and were delivered by dedicated staff within the DonateLife QLD network. Nine specialist ADAPT courses, targeted at nursing, medical and other health workers involved in organ donation, were held to guarantee nationally consistent best practice in organ donation.

DonateLife QLD provided a range of outreach and community awareness activities, and Queenslanders were strong



The DonateLife team in Queensland.



1. Lachy 2. DonatLife Book of Life with two RAR Soldiers 3. Elizabeth

supporters of the DonatLife *Book of Life* that was launched in DonatLife Week in February 2011. In addition, there were almost 200 community engagements by DonatLife QLD staff, along with an additional 74 presentations delivered at schools across the state. These activities were integral to raising community awareness of the benefits and importance of donation for transplantation.

Queensland appointed a full-time DFS coordinator to establish the DFS Service within the state to provide specialist counselling and support to donors' loved ones. Over 200 donor families or individuals took up the opportunity to receive this support.

Queensland held its 20th Annual Service of Thanksgiving in May 2011. An important opportunity to publicly acknowledge and give thanks to organ and tissue donors and their families, this event provided a valuable reminder of the generous gift of life that donation for transplantation brings.

Queensland's tissue banking continued to see sustained growth, with over 2,000 tissue donations in 2010–11. The tissue program in Queensland provides life-enhancing and, in some cases, life-saving transplants for Australians.

The DCD program in Queensland continued to grow, with 16 donations in 2010–11. This important program enables Queenslanders who support donation to donate after their death in circumstances other than brain death.

Thanksgiving Service



Tina, Mary and Jessica at the Cycle of Giving event.

The annual 'Cycle of Giving' bike riding event was held on 26 February. Around 200 cyclists travelled in groups from the far northern suburbs of Brisbane to a cricket ground at the Prince Charles Hospital. Former transplant patients and their families and friends took part in the event, supported by DonatLife staff and cheered on by ocean sailor Jessica Watson.



Laidley Race Day (Left to Right) – Phillip Houlahan, Paul Verblakt with the DonatLife *Book of Life*, Janet Houlahan, Melody O'Brien, Yvonne Robertson-Higgins, Kenji Yoshida, Amy Taylor, John Bell, Ron Goltz.



DonateLife SA

State Medical Director SA Dr Sally Tideman BA MBBS FRACGP MPH FRACMA

Dr Tideman has expertise in health systems and health service reform. She brings to the SMD position 20 years of experience in medicine, rural and remote general practice, medical administration, management and leadership.

Implementation of a World's Best Practice in Organ and Tissue Donation for Transplantation in South Australia has enabled Dr Tideman to continue to pursue her commitment to system improvement, provision of quality health services to the community, and professional management of transition and change.

Dr Tideman is Chair of the South Australian State Committee of the Royal Australasian College of Medical Administrators. Her objective is to work with the organ and tissue donation sector nationally and with the South Australian organ and tissue donation team of multidisciplinary professionals to deliver the National Reform Agenda and to optimise the number of organs and tissue available for transplantation.

Key activities in 2010–11

At 30 June 2011 DonateLife SA comprised 22 staff, including 15 clinical specialists of organ and tissue donation in five hospitals and seven staff in the organ and tissue agency. Efforts continued throughout the reporting period to build a stable, flexible and committed staff.

Professional education and awareness continued to be a high priority for DonateLife SA and a range of educational programs were provided. For example, 178 organ and tissue donation clinical education sessions and 11 ADAPT courses were delivered to a range of clinical groups. The Advanced Course for Organ and Tissue Donor and Recipient Transplant Coordinators was developed and delivered as a one-week residential course during 15–20 May 2011.

DonateLife SA worked to increase the breadth and depth of community engagement and awareness through education. It delivered 26 community presentations to a range of community groups, including multicultural groups and collaborated with the Royal Institute of Australia.



DonateLife SA State Medical Director Dr Sally Tideman (far right), leading the Donate Lifers Sunday Mail City to Bay team in September 2010.



1. Linda who received a liver transplant, and her husband John
 2. Donor family members Rachel and Esma 3. Mrs Leesa Vlahos MP

This involved participating in a community Q&A event, web-streamed to a wider public audience, on 14 June on the topic, 'When are you Dead – Brain Death and Organ Donation'. DonatLife SA also engaged with eight major business and industry employers as part of the community education program.

The South Australian Eye and Tissue Network Development Project ran from January to April 2011. The project report was endorsed by South Australian Health and has provided a way forward within South Australia while informing the *Report on Options for More Effective Eye and Tissue Retrieval, Processing and Storage* for consideration by AHMAC in 2011–12.



Forty-one organ and tissue donor and transplant recipient coordinators gathered in Adelaide for the five-day Advanced Course in May 2011.

DonatLife Week SA



Adelaide Lord Mayor Stephen Yarwood at the 2011 Rose Planting Ceremony.

DonatLife Week 2011 began with the 11th annual Rose Planting Ceremony – donor families and recipients gathering in the Gift of Life Garden, Adelaide, to pay tribute to the year's organ donors.

'This ceremony is a time to remember the people who have held a special place in our lives,' said Dr Sally Tideman, State Medical Director for DonatLife in SA. This year the Memory rose was planted to honour the generosity of the state's donors.



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



DonateLife WA

State Medical Director WA Dr Kevin Yuen MBBS FACHPM

Dr Yuen graduated from the University of Western Australia in 1979 and, after his resident years, worked as a general practitioner with a keen interest in community palliative care and pain management.

Dr Yuen has held several positions during his career, including Medical Director of the Silver Chain Hospice Care Service and Medical Director of the Cancer Council Cottage Hospice. During this time he was also head of the Edith Cowan University postgraduate medical education program. In 2000 Dr Yuen became a Foundation Fellow of the Australian Chapter of Palliative Medicine and was appointed as a palliative care consultant at the Royal Perth Hospital soon afterwards.

Dr Yuen became Medical Director of DonateWest in early 2008 and was appointed as the Western Australian Donatelife SMD in August 2009. His overseas experience includes anaesthetics training in the United Kingdom and working with Médecins Sans Frontières in Cambodia.

Key activities in 2010–11

At 30 June 2011 Donatelife WA comprised 23 staff, including 12 clinical specialists of organ and tissue donation in eight hospitals and 11 staff in the organ and tissue agency.

A Western Australian Family Conversations Group was established to examine the method by which families were approached in the Intensive Care Units. To ensure a strategic approach was undertaken, an intensivist's survey was prepared, with a 96% response rate. The analysis was discussed with intensivists and the Donatelife team with the purpose of introducing systematic approaches in end-of-life discussions.

To assist in the development of professional education and awareness programs, an education officer position has been advertised with a view to commencing in the latter part of 2011.

Donatelife WA has responded to increased public enquiries, requests for information and promotional materials and is pursuing an expanded community outreach program. A Community Advisory Panel was established in 2010 for the purpose of ensuring community involvement and support in raising awareness of organ and tissue donation.



City to surf Lake Monger group.



1. Keith and Linda 2. Kevin Yuen, Michelle and Baby Emma, a liver recipient
3. Minister for Health Dr Kim Hames

To assist in addressing the needs of donor families, a Donor Family Support coordinator was appointed in March 2011 and established In-house counselling services and support groups. Satellite services have been provided to cater for increasing demand.

A review of sustainable tissue banking models in Western Australia was completed in collaboration with WA Health and the tissue banks. The report was presented to the State Health Executives Forum and endorsed. Support and funding is being sought to further develop a model and supporting infrastructure that reflects the desire to ensure a sustainable service model for WA.

A DCD pathway was re-introduced in Western Australia following a concerted team effort through the second half of 2010. Agency planning sessions reviewed the implementation program in each of the state's major tertiary adult hospitals. Each of the hospital-based teams engaged their respective hospital executives and personnel in their ICUs and operating theatres. A program of education for appropriate hospital staff was devised and delivered.

Donor Honour Board



On Sunday 10 April 2011, DonatLife WA honoured the people who have recently left behind the legacy of life by donating their organs and tissues for transplantation. Six hundred donor families and friends attended a ceremony where 69 names were placed on the Donor Honour Board as a lasting tribute to their final act of generosity and contribution to the community.



Minister for Health Dr Kim Hames, *Book of Life* contributors and DonatLife WA staff.



DonateLife TAS

State Medical Director TAS Dr Andrew Turner MBBS FRACP FCICM

Dr Turner has been Director of the Department of Critical Care Medicine at Royal Hobart Hospital since 2007, Honorary Treasurer of ANZICS 2002–10, Honorary Secretary of ANZICS 2010–present, Intensive Care Foundation Trustee/Director since 2005, and is a clinical lecturer at the University of Tasmania.

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

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

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

Key activities in 2010–11

At 30 June 2011 DonateLife TAS comprised 12 staff, including eight clinical specialists of organ and tissue donation in three hospitals and four staff in the organ and tissue agency. An agency staff member was tasked with a tissue donation portfolio.

Over 2010–11 DonateLife TAS and DonateLife VIC jointly undertook an organ donation (hybrid model) process mapping project. Subsequently, DonateLife TAS progressed the proposal to undertake the pre-theatre phase of organ donation currently provided by DonateLife VIC under a memorandum of understanding.

A report was commissioned to review and make recommendations relating to local practices and service delivery to ensure consistency with relevant Tasmanian legislation.

The DonateLife TAS team worked consistently at developing and presenting education sessions to a cross-section of health professionals throughout the state. ADAPT workshops were successfully facilitated by DonateLife TAS in the three



The DonateLife Point to Pinnacle foot race team supporting organ and tissue donation.



1. Michelle and Rob 2. Sarah 3. Clare 4. Nicole and Dr Andrew Turner (TAS SMD)

Area Health Services. Two DonateLife TAS hospital senior nurses participated in an organ donation familiarisation and mentoring program supported by DonateLife VIC, as well as the Organ Donor and Transplant Recipient Coordinators' Advanced Course in Adelaide.

DonateLife TAS hosted 17 events during DonateLife Week 2011. In addition, it was involved in a number of fun runs and participated in a range of other community events, such as AGFEST in May 2011.

With the appointment of a DFS coordinator from 1 July 2010, DonateLife TAS assumed responsibility for support provided to Tasmanian donor families. Support was previously provided by DonateLife VIC.

Significant progress has been made towards implementing DCD at the Royal Hobart Hospital early in 2012.

Thanksgiving Service



Service of Remembrance and Thanksgiving 2011.

Over 170 people attended the inaugural DonateLife Tasmania Service of Remembrance and Thanksgiving in Launceston on 21 May 2011.

The theme, Light, Hope and Love, echoed throughout the service in a dance movement, a candle exchange ceremony, string quartet music and choral arrangements. Readings from DonateLife team members, chaplains and compassionate stories from donor families and transplant recipients added a sense of quiet reflection to the service.



Royal Hobart Hospital cafeteria staff promoting organ and tissue donation.



DonateLife NT

State Medical Director NT
Associate Professor Dianne
Stephens OAM MBBS FANZCA
FCICM

Associate Professor Stephens graduated from the University of Melbourne in 1988 and completed her anaesthesia and intensive care training in Melbourne, moving to Darwin in 1998 as the first intensive care specialist in the Northern Territory. She has built a robust intensive care service at Royal Darwin Hospital, with a reputation for high-quality care and outcomes.

Associate Professor Stephens established LifeNet NT, the first organ donation agency in the Northern Territory, in 2001. She is a founding member of the Organ and Tissue Authority Advisory Council and has worked as the Northern Territory jurisdictional representative on successive national committees driving reform in the organ donation sector for over 10 years.

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

Key activities in 2010–11

At 30 June 2011 DonateLife NT comprised nine staff, including five clinical specialists of organ and tissue donation in two hospitals and four staff in the organ and tissue agency.

DonateLife NT ran two general and one medical ADAPT program and developed a family conversation guideline and resources for use by ICU specialists dealing with Indigenous families in the ICU. In addition, all DonateLife NT staff were provided with learning opportunities at interstate agencies or on courses to enhance and/or maintain their organ donation skill set. The routine of hospital presentations and case reviews with Western Australia continued.

DonateLife NT also developed resources for community education with Aboriginal and Torres Strait Islander peoples. The Northern Territory Indigenous Education Project aims to raise awareness of organ donation and transplantation to empower Indigenous Australians to make informed decisions. These resources will be piloted and rolled out in the community in 2011–12.



Volunteers at the 2010 Darwin Show.



1. Health Minister Kon Vatskalis 2. Territory Thunder AFL players supporting DonateLife NT 3. Rose, Deborah and Justine with the DonateLife *Book of Life* at Royal Darwin Hospital

DonateLife NT continued its program of community awareness activities, including Zaidee’s Rainbow Hairnet Day and regular presentations to hospital staff, and school and community groups.

As part of DonateLife NT’s program to support donor families, the Northern Territory Thanksgiving Service was held in June 2011 and attended by many donor and transplant families.

DonateLife NT worked closely with the Queensland Eye Bank in 2010–11 to establish an eye donation program in the Northern Territory. Implementation is expected to be complete in October 2011. Royal Darwin and Alice Springs hospitals will act as remote retrieval sites for the Queensland Eye Bank and set up a model that other sites can follow.

DonateLife Week 2011



As part of 2011 DonateLife Week, an organ donation awareness event was held at the wave pool at the Darwin Waterfront.

The wave pool was filled with pink inflatable pool rings displaying the DonateLife logo, and DonateLife staff handed out ‘Lifesaver’ icy poles and helium-filled balloons. The day was a great success with many families encouraged to discover, decide and discuss organ donation.



Awareness-raising event at the wave pool at the Darwin Waterfront.



ACT
Government
Health



DonateLife ACT

State Medical Director ACT
Associate Professor Imogen Mitchell BSc (Hons) MBBS FRCP FRACP FJFICM

Associate Professor Mitchell is Director of Intensive Care at Canberra Hospital and Associate Dean (Admissions) of the Australian National University's Medical School. She is also a senior lecturer at the Medical School and has been instrumental in developing a new curriculum, particularly a program called COMPASS that facilitates recognition of the deteriorating patient. Associate Professor Mitchell has been the SMD since 2009.

Dr Greg Hollis (Deputy SMD) is Director of the Canberra Hospital Emergency Department. Two senior staff specialists at Canberra Hospital – Dr Sam Scanlan and Dr Mark Oliver – support Associate Professor Mitchell in her role as SMD for the ACT.

Key activities in 2010–11

At 30 June 2011, DonateLife ACT comprised 11 staff, including five clinical specialists of organ and tissue donation in one hospital and six staff in the organ and tissue agency.

In July 2010 an initial governance structure for DonateLife ACT was developed and implemented. Subsequently, DonateLife ACT consolidated its service provision throughout 2010–11 and achieved consistently high donor identification and consent rates.

Policies and standard operating procedures were developed to improve service systems and quality of practice to respond to an increase in organ and tissue donation. Formal structures were established, such as regular staff meetings, case reviews with clinical privilege, management meetings and specific portfolio responsibility for organ and tissue donor coordinators.

DonateLife ACT undertook quality improvement projects which included: :

- ♥ proposed amendments to the *Transplant and Anatomy Act 1979* to allow non-medical staff to retrieve tissue donations





1. Greg Hollis and Julian Fitzgerald 2. ACT Chief Minister Katie Gallagher
3. Jeremy Hanson MLA 4. Senator Gary Humphries

♥ introduction of telephone requests seeking consent from the next of kin for donation of eye tissue.

DonateLife ACT developed and implemented a program of professional awareness and education throughout the five hospitals in the ACT. The main emphasis was on Canberra Hospital and Calvary Hospital as the main tertiary hospitals with the greatest potential for organ and tissue donation. The work at Calvary, John James and the National Capital Private hospitals focused more on promoting tissue donation.

A community awareness and education plan to implement the national communication strategy at the local level was developed, adopted and implemented in the ACT and a volunteer program was established.

The ACT Bone Bank was integrated into DonateLife ACT and Organ Tissue Donation Services staff were trained in consenting for bone donation and the retrieval process. In addition, the Bone Bank Coordinator will receive training as an enucleator.

The implementation of the DCD Protocol helped to identify all potential DCD donors and provided the additional opportunity for individuals to consent to organ and tissue donation.

Thanksgiving Service



In a multi-faith Service of Thanksgiving at Old Parliament House on 14 May 2011, hundreds of people were joined by the Acting Chief Minister and Minister for Health, Katy Gallagher.

This year's theme was 'Two Threads of Life into One'. Pam Synfield, who is a transplant recipient and donor family member, designed the mosaic which was the centrepiece of this year's symbolic act. The mosaic was surrounded by hundreds of balloons that were then raised up in the air to celebrate the donors and their families, and the renewed life given to recipients from 1975 until today.



Photography: Anne Mc Laughlin

Woden Valley Women's Soccer Club supporting organ and tissue donation awareness.

Trend information

Donation and transplantation outcomes

Since the Authority's establishment in January 2009, and the establishment of the foundations for ongoing clinical practice reform in the organ and tissue sector, there has been a steady increase in donation and transplantation rates (see Table 6).

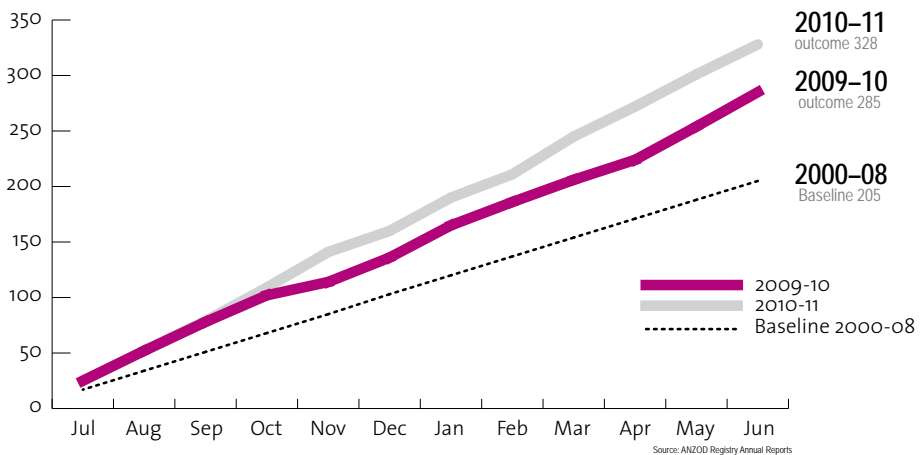
Table 6: Organ donation and transplantation outcomes, 2000 to July 2011

	Calendar year baseline average (2000–2008)	2009–10	2010–11
Deceased organ donors	205.0	285.0	328.0
Organ donation rate (donors per million population)	10.2	12.9	14.6
Transplant recipients	681.0	896.0	976.0
Organs transplanted	716.0	940.0	1,018.0
Organ transplant rate (organs transplanted per million population)	35.5	42.4	45.3

Organ donation rates

In 2010–11, 328 organ donors saved and improved the lives of 976 Australians. This was the highest rate since national records began. The increase was substantial: 60% on the baseline of 205 organ donors (the calendar year average for 2000–2008), and 15% on the 2009–10 outcome (285 organ donors) (see Figure 5).

Figure 5: Number of deceased organ donors, 2009–10 to 2010–11



Australia’s donor per million population rate lifted from 12.9 in 2009–10 to 14.6 in 2010–11 (an increase of 1.7), and was significantly higher than the baseline rate of 10.2 (see Figure 6).

Figure 6: Deceased solid organ donor rate, 2000–01 to 2010–11



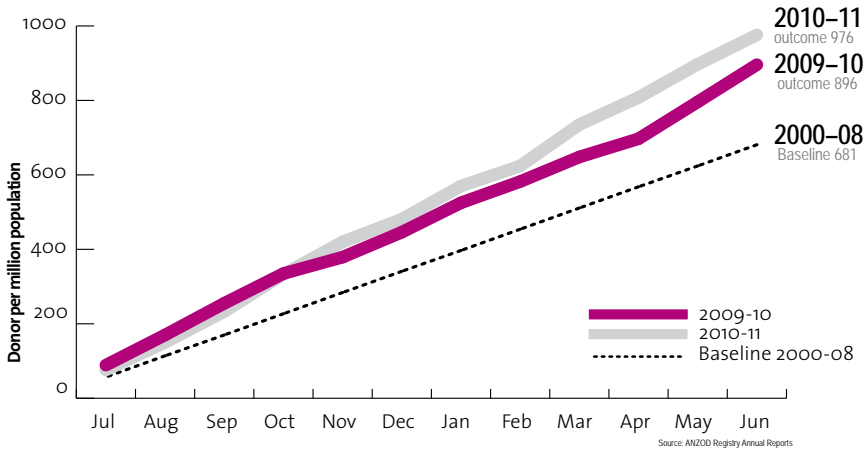
Results: International donation rate comparison

In the 2010 calendar year, the first full year of reform implementation, Australia saw an increase of 2.5 donors per million population over 2009. This improvement compares favourably with Spain’s increase of 2.4 donors per million population (Source: IRODat repository accessed July 2011) after the first full year of its national reforms (in 1991) and the United Kingdom’s increase of 0.3 donors per million population after the first full year of its national reforms (2009).

Results: Transplant recipients

In 2010–11 there were 976 transplant recipients from deceased solid organ donors. This result represents a 9% increase over the 2009–10 total of 896 recipients and is the highest transplantation number recorded in history. The 2010–11 outcome represents a 43% increase on the average annual baseline of 681 recipients (see Figure 7).

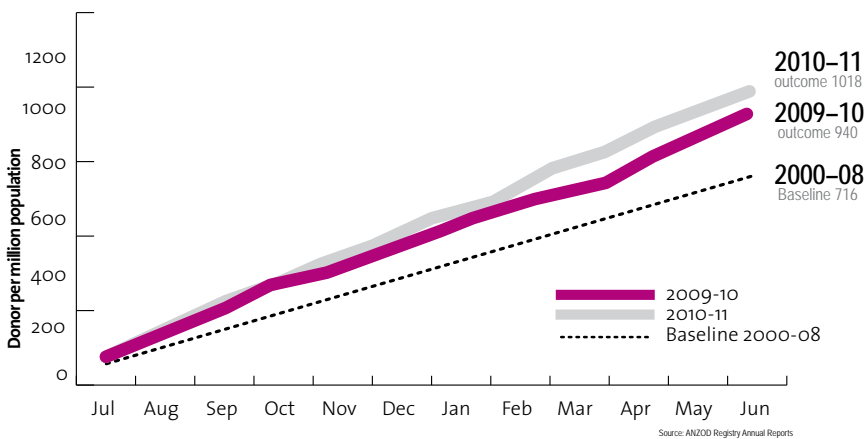
Figure 7: Number of transplant recipients, 2009–10 to 2010–11



Results: Organs transplanted

In 2010–11 a total of 1,018 organs were transplanted, benefiting 976 recipients. This result represents an 8% increase over the 2009–10 total of 940 organs transplanted. The 2010–11 outcome represents a 42% increase on the average annual baseline of 716 organs transplanted (see Figure 8).

Figure 8: Number of organs transplanted, 2009–10 to 2010–11



Results: Organ transplant rates

In 2010–11 Australia achieved an organ transplantation rate of 45.3 organs transplanted per million population. This represents a 7% increase on the 2009–10 rate of 42.4 and a 28% increase over the average annual baseline rate of 35.5 (see Figure 9).

Figure 9: Organs transplanted rate, 2000–01 to 2010–11



Waste not, want not

For me, the decision to donate dad's organs was obvious, but it was not easy. I always knew what my dad thought about an issue, even if I didn't want to know! Dad was a man of strong convictions and an incredible work ethic. He was funny, tough and incredibly clever.

I knew dad would want to donate his organs. He was very pragmatic, why waste what could be used? However, trying to discuss this decision with your family is incredibly hard. We were in various stages of shock, grief, anger and bewilderment. I think dad's strength of character was the deciding factor in helping us to make the decision to change another person's life for the better. Amongst the confusion I focused on the people that might have been waiting for years for an opportunity to live a healthy life.

Our family had spent three days in the intensive care unit of the hospital hoping

that dad would survive. To then switch our mindset to contemplating his death and organ donation was a significant shock. Like my father, I'm very pragmatic and practical. I knew it was the right thing to do. For other members of my family, processing this information was too much to comprehend. We talked and we fought, until finally the decision to donate was made.

The comfort we have, knowing that dad was able to help so many other people is very important. Dad was an optimist. We believe in looking for the good amongst the bad. Organ donation was our hope that dad's strength might provide a new beginning in life for an organ recipient.

Organ donation presents a very unique and sometimes overwhelming decision to families, but its potential to create powerful change makes it more than worthwhile.

Sarah



MICHAEL

Community awareness and attitudes

Research commissioned by the Department of Health and Ageing and the Authority has consistently indicated a high level of public support for organ donation, with the majority (91%) of Australians agreeing that organ and tissue donation has the potential to save and improve lives. Yet family consent to donation remains at less than 60%.

Increasing Australia’s family consent rate requires a sustained community awareness and education program that converts public support for donation into the actions that will enable more Australians to make informed donation decisions and discuss those decisions with family members. Families that do not know the donation wishes of the deceased are 50% less likely to consent to donation proceeding.

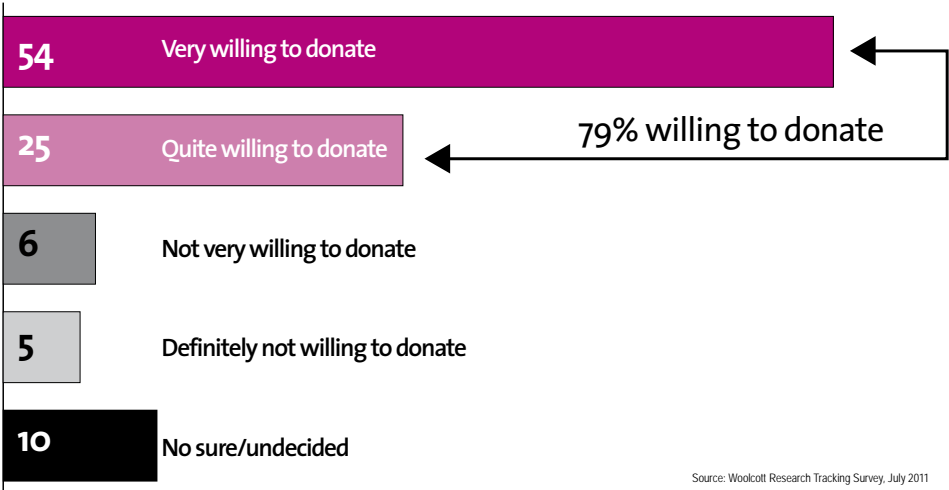
In 2010–11 we commissioned Woolcott Research to undertake four waves of tracking research to measure community awareness and attitudes about organ and

tissue donation. This research enabled us to measure the ongoing effectiveness of our National Community Awareness and Education program, including the DonatELife social marketing campaign, against May 2010 benchmark research results.

Research results showed sustained high levels of public support for organ and tissue donation in Australia, while at the same time highlighting ongoing disparity between people’s attitudes and how this translates into actual behaviour.

The majority of Australians consistently indicated a willingness to become organ and tissue donors in 2010–11: of those surveyed, 79% were willing to become organ donors and 76% were willing to become tissue donors (see Figures 10 and 11).

Figure 10: Willingness to become an organ donor, 2010–11



Source: Woolcott Research Tracking Survey, July 2011

The majority (82%) of Australians believe it is important to discuss their donation wishes with family members but there are prevailing barriers to this discussion. One in three Australians are unsure or uncomfortable about how to start the 'donation discussion' and 43% of Australians say they do not know or are unsure of family members' donation wishes.

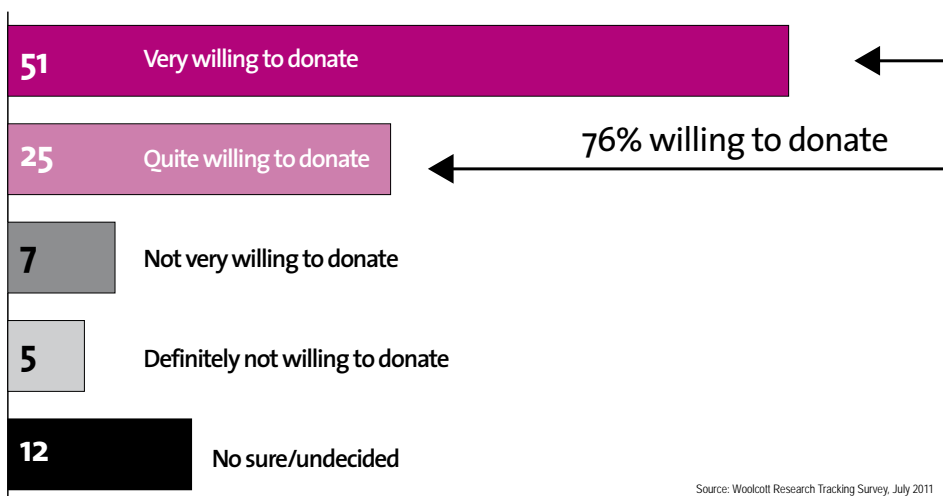
Where there are these barriers to family discussion, Australians believe that 'my family will know what to do', or 'it's better to leave it up to the family'. When aware of loved ones' donation wishes, the majority of Australians (90%) say that they would support those wishes.

Overcoming barriers to, and increasing memorable family discussion about, organ and tissue donation are critical to normalising the subject of organ and tissue donation as a subject for family conversation and as part of end-of-life care considerations.

The Woolcott tracking research to measure changes in awareness and behaviour was conducted in July 2010 and in January and March 2011.

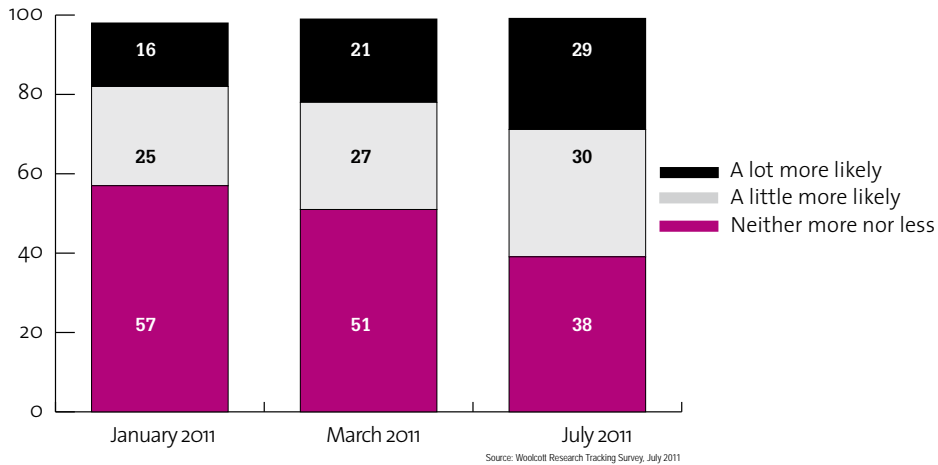
Results following Phase 2 of the DonateLife advertising campaign, showed a 12% increase in family discussion levels about donation wishes, climbing from the pre-campaign 48% to 60%. Australians were more likely to discuss donation wishes (59%) with family members and ask family members about their donation wishes (57%) after viewing the DonateLife television commercials (see Figure 12). A high 73% of 18–29 year olds were more likely to ask their family about their donation wishes as a result of the 'Know their wishes, OK?' television commercial launched in May 2011.

Figure 11: Willingness to become a tissue donor, 2010–11



Source: Woolcott Research Tracking Survey, July 2011

Figure 12: Likelihood of asking family their wishes after seeing DonateLife TV commercial, 2011



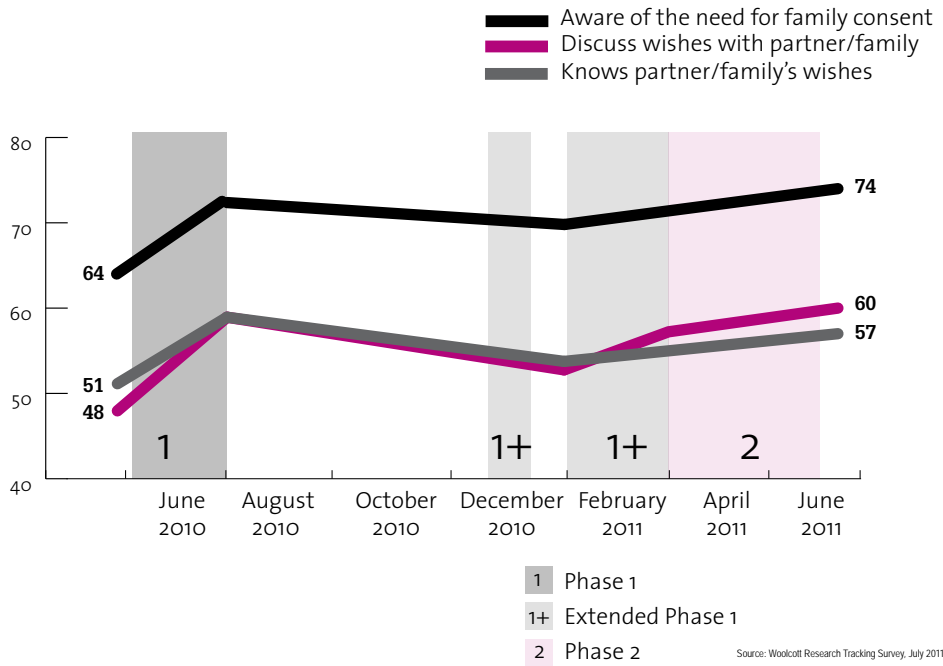
The increase in discussion levels, of which 81% were reported as memorable, translated into increased awareness of family members' donation wishes. By June 2011, awareness levels were at 57% compared to the pre-campaign result of 51%.

The July 2011 results also showed positive change in discussion and awareness among 18–29 year olds and males, who indicated the lowest levels of awareness and discussion in pre-campaign research. In 2010–11 family discussion levels increased by 15% for 18–29 year olds to 59%, and by 12% for males to 57%, indicating that the DonateLife campaign has had an impact across demographic groups.

Over the course of 2010–11 there was a 10% increase in Australians' knowledge that family consent is always sought before donation can proceed, from 64% to 74% between July 2010 and 2011. This is key to motivating Australians to ensure they discuss and know donation wishes with the people close to them.

The research findings (summarised in Figure 13) show the value of nationally consistent community awareness initiatives that enable Australians to make and register informed donation decisions, and the need for Australians to ask and know the donation wishes of the people close to them.

Figure 13: Impact of campaign advertising on awareness and behaviour, 2010–11



Notes

Phase 1 (23 May – 3 July 2010): television, magazines, print, online, cinema and out-of-home advertising

Extended Phase 1 (1 December 2010 – 1 January 2011): online advertising

Extended Phase 1 (30 January – 21 May 2011): television, print and online advertising

Phase 2 (22 May – 2 July 2011): television, print, online and out-of-home advertising

Statistics in this section on community awareness and attitudes were sourced from Eureka Strategic Research, Research Report on Organ and Tissue Donation, January 2008; Woolcott Research, Benchmark and Tracking of the Organ and Tissue Donation 'OK' Campaign, August 2010; and Woolcott Research, Tracking Survey, July 2010 – July 2011.

The best of the human spirit

Michael died when he was 32 and his organs helped six people with life saving transplants.

Michael was very healthy and active in the Surf Lifesaving movement and a member of the Palm Beach Surf Club since he left school. He loved to surf.

He enjoyed country music writing songs and he played in a band that was gaining recognition, winning a Tiara Country Music Award.

At the time of his death Michael was nominated for a Golden Guitar Award.

He made frequent visits to Tamworth and one night he crashed into a tree on his way to Tamworth to visit his girlfriend before giving a performance nearby.

We were told that with the head injuries he sustained he wasn't going to make it. We had discussed organ donation as a family and knew Michael wanted to be an organ donor.

Michael's loving and generous spirit spread with the generous legacy of organ donation helped save and transform the lives of six people.

Peter



Michael

Part 3

Management and accountability

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Corporate governance

Certification of Fraud Control Arrangements

I, Yael Cass, certify that I am satisfied that for 2010–11, the Australian Organ and Tissue Donation and Transplantation Authority has:

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



Ms Yael Cass

Chief Executive Officer
26 August 2011

The governance framework of the Australian Organ and Tissue Donation and Transplantation Authority (the Authority) provides the structure for informed decision-making, and efficient and effective program management, risk management and accountability.

The committee structure shown in Figure 3 provides effective governance across all areas of operation.

Audit Committee

The Audit Committee met five times and provided independent assurance and advice to the CEO on the Authority's risk, control and compliance framework and its external accountability responsibilities.

Additionally, the committee reviewed the Authority's financial statements and advised the CEO on their signing.

The internal audit function was outsourced in 2010–11. The committee reviewed the internal audit coverage through its annual work plan; and monitored the implementation of internal and external audit recommendations.

Fraud control

We implemented a fraud control plan that complies with the *Commonwealth Fraud Control Guidelines*. This included the preparation of fraud risk assessments and ensured that appropriate fraud prevention, detection, investigation and reporting procedures were in place.

We continued developing a comprehensive and systematic approach to managing risk. This included updating the risk management plan and register.

The Audit Committee reviewed the fraud control and risk assessment documentation.

External scrutiny

No issues or matters about the Authority were referred to, or raised with, the Commonwealth Ombudsman's Office in 2010–11.

There were no legal actions lodged against the Authority in 2010–11.

There were no reports into the operations of the Authority by the Auditor-General or a parliamentary committee in 2010–11.

Management of human resources

The Authority is committed to managing and developing its workforce to achieve its objectives. All new staff are provided with a copy of the Australian Public Service Values and Code of Conduct on commencement, and are made aware of their responsibilities under the *Public Service Act 1999*.

At 30 June 2011 we employed 33.5 full-time-equivalent staff. This compared with 33.6 full-time-equivalent staff at 30 June 2010. We experienced minimal staff turnover and have continued to employ an increasing number of staff on an ongoing basis. All staff are located in Canberra, ACT.

In August 2010 we put in place a new enterprise agreement that provided terms and conditions of employment for non-Senior Executive Service (SES) staff for the period up to 30 June 2011. We also began negotiations on a new enterprise agreement in accordance with the Australian Public Service Bargaining Framework which will cover the three years up to 30 June 2014.

Comprehensive terms and conditions of employment for SES staff are provided by individual determinations made under section 24(1) of the *Public Service Act 1999*.

In 2010–11 we revised our Performance Development System and placed a greater emphasis on linking performance to business outcomes. This process also requires staff to identify their individual learning and development needs, and encourages them to participate in appropriate training and development activities.

Table 7 provides details on staff numbers and aggregated information on salaries payable to staff under our enterprise agreement and determinations made under section 24(1) of the *Public Service Act 1999*. Table 8 shows the salary ranges for SES and Medical Officers while Table 9 provides salary data for 2010–11, noting the increments awarded under the August 2010 enterprise agreement. Table 10 lists the non-salary benefits available to staff.

Table 7: Staffing numbers, by classification, at 30 June 2011

Classification	Female				Male				TOTAL
	Ongoing		Non-ongoing		Ongoing		Non-ongoing		
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	
CEO	1								1
SES 1	2								2
MO6								0.6	0.6
EL2	2		1		2				5
EL1	3.9	0.6	1	0.8	3		1		10.3
APS6	7				1				8
APS5	1		1	0.8			1		3.8
APS4	1		1						2
APS3		0.8							0.8
APS2									
APS1									
TOTAL	17.9	1.4	4	1.6	6		2	0.6	33.5

Table 8: Senior Executive Service and Medical Officer annual salary ranges, 2010–11

Classification	Minimum \$	Maximum \$
SES 1	132,528	156,825
Medical Officer Class 6	178,508	276,100

Note: The CEO may approve salary rates outside these bands in accordance with Individual Flexibility Agreements or s.24(1) Determinations.

Table 9: Non-SES annual salary ranges, 2010–11

Classification	1 July 2010 \$	10 August 2010 \$
Executive Level 2	117,436	122,427
(EL2)	111,799	116,550
	108,186	112,784
	99,190	103,406
Executive Level 1	94,819	98,839
(EL1)	91,067	94,937
	86,755	90,442
	83,137	86,670
APS 6	76,323	79,567
	74,651	77,824
	70,934	73,949
	67,653	70,528
APS 5	64,728	67,479
	62,994	65,671
	61,326	63,932
APS 4	59,575	62,107
	57,935	60,397
	56,384	58,780
APS 3	55,162	57,506
	52,659	54,897
	51,175	53,350
	49,766	51,881

Note: The CEO may approve salary rates outside these bands in accordance with Individual Flexibility Agreements or s.24(1) Determinations.

Alex

Alex was just 19 years old when he died, as a result of complications with his Type 1 diabetes. He was living in Adelaide, having the time of his life, pursuing his dreams by studying to become an aeronautical engineer. His death was, for us, completely out of the blue. For someone who had been so alive and with so much living left to do, to be suddenly gone was, and still is, just impossible to believe.

Alex was a bright and outgoing person, with a huge sense of humour, who always saw the positives in every situation and was extremely loyal to his friends and family. Alex loved his sport, with a passion for basketball. The adrenalin fuelled way that he played on the court, was much like the way he lived his whole life.

Just two weeks before he died, while home from university for the holidays, Alex and his mum happened to hear a story about organ donation on the radio. When asked if he would want to donate his organs he replied, in true Alex fashion, 'Of course I would, but they wouldn't want my useless pancreas.'

This chance conversation meant that when the topic of organ donation was broached to us at the hospital, there was no decision for us to make. We could not

believe the complete sense of joy that overcame us when we received news of the successful transplantation of four of Alex's organs. Thinking of the four lives saved, and four families who would not have to lose someone they love brought great comfort to us at such a horrible time.

Hearing updates and receiving cards from the recipients of Alex's organs still brightens our days, and we are reminded that while Alex may be gone, the gifts he was able to give have truly made such a difference to other people's lives.



Table 10: Non-salary benefits, 2010–11

♥ Access to the Employee Assistance Program
♥ Purchased leave
♥ Maternity and adoption leave
♥ Parental leave
♥ Leave for personal compelling reasons and exceptional circumstances
♥ Access to paid leave at half pay
♥ Flextime (APS level staff only)
♥ Home-based work (including access to laptop computers, dial-in facilities and mobile telephones)
♥ Study assistance
♥ Support for professional and personal development
♥ Influenza vaccinations
♥ Access to negotiated discount registration/membership fees to join a fitness or health club
♥ Eyesight testing and reimbursement of prescribed eyewear costs specifically for use with screen-based equipment
♥ Recognition of travel time
♥ Annual close-down and early stand-down at Easter and Christmas Eve
♥ Financial assistance to access financial advice for staff 54 years and older
♥ Car parking (SES and EL2 staff only)
♥ Allowance in lieu of a motor vehicle (SES staff only)

In 2010–11 we implemented a performance pay policy but no payments were made during the year.

Assets management

We have been developing an asset management strategy that emphasises our whole-of-life asset management. We undertook a stocktake of fixed and intangible assets during the year which confirmed the location and condition of our assets and ensured they are carried at a value above the recoverable amount.

Purchasing

In 2010–11, with the exception of those instances reported in the Certificate of Compliance, we complied with the government’s purchasing policies as articulated in the *Commonwealth Procurement Guidelines*. Our procurement framework encourages staff to consider value for money, encourage competition, and use resources efficiently and ethically.

Consultants

During 2010–11 five new consultancy contracts were entered into involving total actual expenditure of \$60,044 (including GST).

This report contains information about actual expenditure on contracts for consultancies (see Table 11). Information on the value of contracts and consultancies is available on the AusTender website at www.tenders.gov.au.

Table 11: Consultancy services of \$10,000 or more let during 2010–11

Consultant name	Description	Contract price	Selection process (1)	Justification (2)
University of Canberra	Evaluation of the Organ and Tissue Donor and Transplant Recipient Coordinators' Advanced Course	\$11,000	Direct sourcing	(c)
Leonardo Consulting	Consultant to provide death audit functional specifications	\$35,666	Select tender	(b)
Total		\$46,666		

Notes

Contract price includes GST.

- Explanation of selection process terms drawn from the *Commonwealth Procurement Guidelines* (December 2008):

Open tender: A procurement procedure in which a request for tender is published inviting all businesses that satisfy the conditions for participation to submit tenders. Public tenders are generally sought from the Australian Government AusTender website.

Select tender: A procurement procedure in which the procuring agency selects which potential suppliers are invited to submit tenders (this includes tenders submitted through multi-use lists). This procurement process may only be used under certain defined circumstances.

Direct sourcing: A form of restricted tendering, available only under certain defined

circumstances, with a single potential supplier or suppliers being invited to bid because of their unique expertise and/or their special ability to supply the goods and/or services sought.

Panel: An arrangement under which a number of suppliers, initially selected through an open tender process, may each supply property or services to an agency as specified in the panel arrangements. Quotes are sought from suppliers that have pre-qualified on the agency panels to supply to the government. This category includes standing offers and supplier panels where the supply of goods and services may be provided for a pre-determined length of time, usually at a pre-arranged price.

- Justification for the decision to use a consultancy:
 - skills currently unavailable within agency
 - need for specialised or professional skills
 - need for independent research or assessment.

Australian National Audit Office access clauses

During 2010–11 all of our awarded contracts or deeds of standing offer contained standard clauses granting the Auditor-General access to contractors' premises.

Exempt contracts

The Authority has no contracts that are exempt from AusTender reporting.

Other mandatory information Occupational health and safety

We are committed to ensuring a safe and healthy work environment, and to providing return-to-work opportunities for staff who are ill and injured, consistent with legislative obligations under the *Occupational Health and Safety Act 1991* and the *Safety, Rehabilitation and Compensation Act 1988*.

In 2010–11 we developed Health and Safety Management Arrangements which will be finalised with staff and their representatives and adopted in 2011–12. These arrangements also provide for the establishment of occupational health and safety committees and the appointment of health and safety representatives.

During the year we made influenza vaccinations available to all staff at no charge, and encouraged staff to adopt healthy work and lifestyle practices. These initiatives can increase employee productivity and have a positive effect on work culture, as well as decrease stress and minimise the impact of illness and injury. We reported no accidents, dangerous occurrences or serious personal injury incidents during 2010–11.

Freedom of information

The Authority did not receive any freedom of information requests during the reporting period. Our statement under section 8(3) of the *Freedom of Information Act 1982* is in Appendix 2.

From 1 May 2011, in accordance with the Information Publication Scheme, we now publish all appropriate information related to freedom of information on our website.

Advertising and market research

A key component of the Australian Government's National Reform Agenda is a national advertising campaign.

In accordance with amendments to the *Commonwealth Electoral Act 1918*, the Authority is required to report on all payments over \$11,200 (including GST) to advertising agencies, market research organisations, polling organisations, media advertising organisations, and direct mail organisations. Table 12 shows all agencies and organisations we used in 2010–11 for these purposes.

Table 12: Advertising and market research agencies and organisations used during 2010–11

Agency/organisation	Service provided	Paid (\$)
Advertising agencies		
BCM	Creative services	858,935
Market research organisations		
Objective Digital	Research services	20,000
Ogilvy Public Relations Worldwide	Research services	283,424
Woolcott Research	Research services	537,455
Media advertising organisations		
UM Curious Minds for Surprising Results	Advertising	4,341,981
Direct mail organisations		
National Mailing and Marketing	Warehouse and distribution services	99,347

Note: Price paid includes GST.

During 2010–11 we conducted two phases of the DonateLife campaign: ‘DonateLife. Discuss it, today, OK?’ and ‘DonateLife. Know their wishes, OK?’. More information on our advertising campaigns is available at www.donatelife.gov.au and in the reports on Australian Government advertising prepared by the Department of Finance and Deregulation at www.finance.gov.au/advertising/index.html.

Ecologically sustainable development and environmental performance

Section 3A of the *Environment Protection and Biodiversity Conservation Act 1999* sets out the principles of ecologically sustainable development. Our main impact on the environment is that of energy consumption in our office space.

During our inaugural year, we introduced several measures to minimise our environmental impact and these measures were maintained during 2010–11. They are:

- ♥ shutting down desktop and laptop computers every evening and over weekends
- ♥ providing paper recycling bins for all staff and actively promoting use of the bins
- ♥ using recycled paper for printing
- ♥ installing power-savers and auto-switch-off features on equipment.

We continue to review our energy use in an effort to achieve further efficiencies.

Grant programs

The Authority provides five types of grant funding:

♥ State and territory funding

Funding to state and territory governments for dedicated organ and tissue donation medical specialists in hospitals and organ and tissue donation agencies.

♥ Registry funding

Funding to eligible donor registries within Australia.

♥ Organ Donation Hospital Support Funding

Funding to public and private hospitals to address additional staffing, bed and other infrastructure costs associated with organ donation.

♥ Community Awareness Grants

The Community Awareness Grants program helps organisations with projects or activities that contribute to improving awareness and engagement of the Australian community, the non-government sector, donor families and others involved in increasing organ and tissue donation.

♥ Other grants

One-off grants to organisations following successful unsolicited and solicited applications for funding outside of the Community Awareness Grants program.

Information on grants awarded between 1 July 2010 and 30 June 2011 is available at www.donatelife.gov.au.

Disability reporting mechanisms

Since 1994, Commonwealth departments and agencies have reported on their performance as policy adviser, purchaser, employer, regulator and provider under the Commonwealth Disability Strategy. In 2007–08 reporting on the employer role was transferred to the *Australian Public Service Commission's State of the Service Report* and the *APS Statistical Bulletin*. These reports are available at www.apsc.gov.au. From 2010–11, departments and agencies are no longer required to report on these functions.

The Commonwealth Disability Strategy has been overtaken by a new National Disability Strategy, which sets out a 10-year national policy framework for improving life for Australians with disability, their families and carers. A high-level report to track progress for people with disability at a national level will be produced by the Standing Council on Community, Housing and Disability Services to the Council of Australian Governments and will be available at www.fahcsia.gov.au. The Social Inclusion Measurement and Reporting Strategy agreed by the government in December 2009 will also include some reporting on disability matters in its regular *How Australia is Faring* report and, if appropriate, in strategic change indicators in agency annual reports. More detail on social inclusion matters can be found at www.socialinclusion.gov.au.

Part 4

Financial performance and financial statements

Financial performance and financial statements

Part 4 contains an analysis of the financial performance and the complete set of financial statements for the Australian Organ and Tissue Donation and Transplantation Authority.

FINANCIAL PERFORMANCE

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Financial Performance—Departmental

The Authority recorded an operating deficit for 2010-11

Operating result – Departmental

The Australian Organ and Tissue Donation and Transplantation Authority recorded a 2010-11 operating deficit of \$0.882million.

The 2011-12 Portfolio Budget Statements (PBS) reported a forecast 2010-11 operating deficit of \$1.000m representing the approved operating loss (excluding depreciation) reflecting the recognition in 2010-2011 of expenses associated with delays in establishment of the Authority's capacity and revision of planned implementation timeframes.

Total appropriation revenue decreased by \$0.200 million for 2010-11

Revenue – Departmental

During 2010-11, total appropriation revenue for the Authority decreased by \$0.200 million from \$6.192 million in 2009-10 to \$5.992 million.

The Authority recorded other gains of \$0.061m

Total expenses decreased by \$0.511 million for 2010-11

Expenses – Departmental

Operating expenses decreased by \$0.511 million during 2010-11 to \$6.934 million (2009-10: \$7.445 million).

This result is consistent with the decrease in revenue as outlined above, resulting from a reduction in the use of consultants and contractors.

Net assets decreased by \$0.882 million in 2010-11

Assets and liabilities – Departmental

The net asset position of the Authority has reduced from 2009-10 to 2010-11. This is attributable to the operating deficit in 2010-11.

Total assets have reduced by \$0.378 million to \$3.942 million (2009-10: \$4.320 million). The reduction reflects the movement in appropriation receivable.

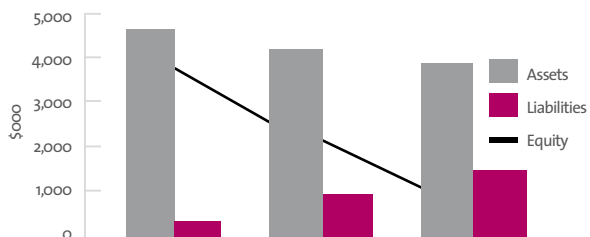
Total liabilities have increased by \$0.504 million to \$1.599 million (2009-10: \$1.095 million). This is primarily a consequence of the transfer of staff and the associated increase in employee provisions.

The net asset position

Sustainability

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

Figure 17: Net asset position, 2008-09, 2009-10 and 2010-11.



Financial Performance—Administered

Total administered expenses increased by \$6.447 million

Administered Expenses

For 2010-11 the Authority's reported grant expenses of \$37,622 million, an increase of \$8,177 million from the previous year, resulting from funding provided by the Authority to:

- ♥ State and territory governments for dedicated organ and tissue donation medical specialists in hospitals and Organ and Tissue Donation Agencies.
- ♥ Registry funding to eligible donor registries within Australia.
- ♥ Organ Donation Hospital Support Funding to public and private hospitals to address additional staffing, bed and other infrastructure costs associated with organ donation.
- ♥ Community Awareness Grants assists organisations with projects or activities that contribute to improving awareness and engagement of the Australian community, the non-government sector, donor families and others involved in increasing organ and tissue donation.

Supplier expenses were \$7,113 million primarily related to costs associated with:

- ♥ the national advertising campaign, which comprised television, outdoor, online, magazines, creative material production, public relations, research, merchandise and printed information material components and was supported by community awareness activities including public presentations, displays and promotion.

Total administered assets decreased by \$0.488 million

Assets – Administered

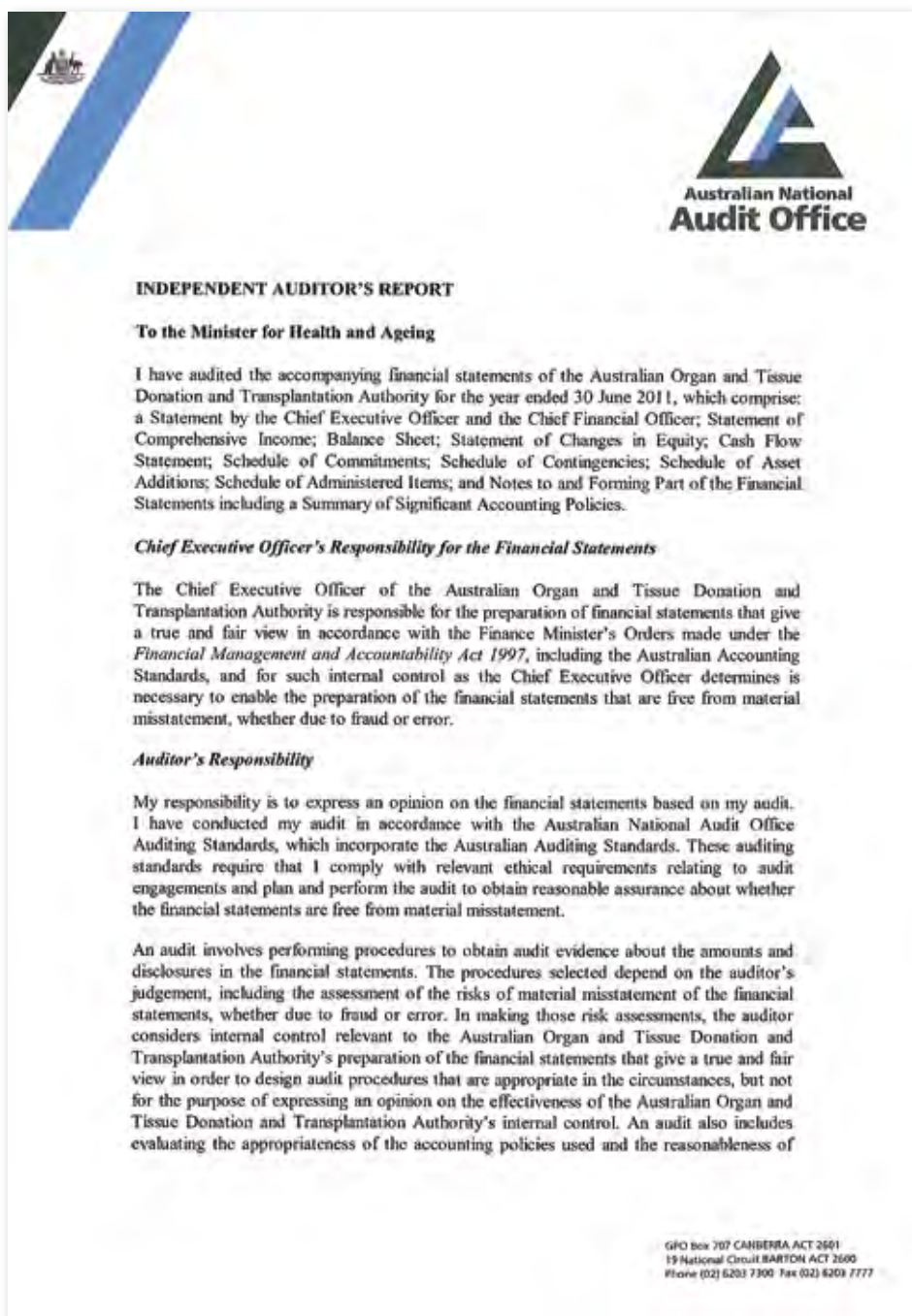
Total administered assets decreased by \$0.488 million to \$0.450 million (\$0.938 million in 2009-10).

Total administered liabilities increased by \$5.103 million

Liabilities – Administered

Total administered liabilities increased by \$5,103 million to \$14,436 million (\$9,333 million in 2009-10). This is primarily attributable to an increase in the level of grants payable to State and Territory governments as at 30 June 2011.

Independent Auditor's Report



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

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

Independence

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

Opinion

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

- (a) have been prepared in accordance with the Finance Minister's Orders made under the *Financial Management and Accountability Act 1997*, including the Australian Accounting Standards; and
- (b) give a true and fair view of the matters required by the Finance Minister's Orders including the Australian Organ and Tissue Donation and Transplantation Authority's financial position as at 30 June 2011 and of its financial performance and cash flows for the year then ended.

Australian National Audit Office

S. Buchanan

Serena Buchanan
Audit Principal


Delegate of the Auditor-General

Canberra
13 September 2011

AUSTRALIAN ORGAN AND TISSUE DONATION AND TRANSPLANTATION AUTHORITY

STATEMENT BY THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2011 are based on properly maintained financial records and give a true and fair view of the matters required by the Finance Minister's Orders made under the *Financial Management and Accountability Act 1997*, as amended.

Signed 

Yael Cass
Chief Executive Officer
13 September 2011

Signed 

Judy Harrison
Chief Financial Officer
13 September 2011

Australian Organ and Tissue Donation and Transplantation Authority

STATEMENT OF COMPREHENSIVE INCOME

for the period ended 30 June 2011

	Notes	2011 \$	2010 \$
EXPENSES			
Employee benefits	3A	4,409,736	4,434,100
Supplier expenses	3B	2,110,698	2,776,564
Depreciation and amortisation	3C	347,090	226,395
Finance costs	3D	-	1,029
Write-down and impairment of assets	3E	66,169	6,781
Total expenses		6,933,693	7,444,869
LESS:			
OWN-SOURCE INCOME			
Own-source revenue			
Interest	4A	573	-
Total own-source revenue		573	-
Gains			
Sale of assets	4B	-	-
Other	4C	60,000	98,485
Total gains		60,000	98,485
Total own-source income		60,573	98,485
Net cost of services		6,873,120	7,346,384
Revenue from Government	4D	5,991,591	6,192,000
Deficit attributable to the Australian Government		(881,529)	(1,154,384)
OTHER COMPREHENSIVE INCOME			
Changes in asset revaluation reserves		-	60,841
Total comprehensive income		-	60,841
Total comprehensive income loss attributable to the Australian Government		(881,529)	(1,093,543)

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

Financial statements

Australian Organ and Tissue Donation and Transplantation Authority

BALANCE SHEET

as at 30 June 2011

	Notes	2011 \$	2010 \$
ASSETS			
Financial assets			
Cash and cash equivalents	5A	31,957	108,008
Trade and other receivables	5B	3,132,530	3,504,680
Total financial assets		3,164,487	3,612,688
Non-financial assets			
Land and buildings	6A	449,451	221,773
Property, plant and equipment	6B,C	297,038	428,010
Intangibles	6D,E	30,925	57,132
Total non-financial assets		777,414	706,915
Total assets		3,941,901	4,319,603
LIABILITIES			
Payables			
Suppliers	7A	203,609	88,218
Other	7B	457,583	471,241
Total payables		661,192	559,459
Provisions			
Employee provisions	8A	937,778	501,472
Other	8B	-	34,212
Total provisions		937,778	535,684
Total liabilities		1,598,970	1,095,143
Net assets		2,342,931	3,224,460
EQUITY			
Parent entity interest			
Contributed equity		1,900,000	1,900,000
Reserves		-	60,841
Retained surplus		442,931	1,263,619
Total parent entity interest		2,342,931	3,224,460
Total equity		2,342,931	3,224,460

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

STATEMENT OF CHANGES IN EQUITY
for the period ended 30 June 2011

	Retained earnings		Asset revaluation reserves		Contributed equity		Total equity	
	2011	2010	2011	2010	2011	2010	2011	2010
	\$	\$	\$	\$	\$	\$	\$	\$
Opening balance as at 1 July	1,263,619	2,418,003	60,841	-	1,900,000	1,900,000	3,224,460	4,318,003
Balance carried forward from previous period	1,263,619	2,418,003	60,841	-	1,900,000	1,900,000	3,224,460	4,318,003
Adjusted opening balance								
Comprehensive income								
Other comprehensive income - changes in asset revaluation reserve	60,841	-	(60,841)	60,841	-	-	-	60,841
Deficit for the period	(881,529)	(1,154,384)	-	-	-	-	(881,529)	(1,154,384)
Total comprehensive income	(820,688)	(1,154,384)	(60,841)	60,841	-	-	(881,529)	(1,093,543)
of which:								
Attributable to the Australian Government	(820,688)	(1,154,384)	(60,841)	60,841	-	-	(881,529)	(1,093,543)
Contribution by owners								
Equity injection - Appropriation	-	-	-	-	-	-	-	-
Sub-total transactions with owners								
Closing Balance as at 30 June	442,931	1,263,619	-	60,841	1,900,000	1,900,000	2,342,931	3,224,460
Closing balance attributable to the Australian Government	442,931	1,263,619	-	60,841	1,900,000	1,900,000	2,342,931	3,224,460

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

Financial statements

Australian Organ and Tissue Donation and Transplantation Authority

CASH FLOW STATEMENT

for the period ended 30 June 2011

	Notes	2011 \$	2010 \$
OPERATING ACTIVITIES			
Cash received			
Appropriations		6,773,157	7,816,829
Net GST received		-	36,300
Interest		573	-
Other		377,803	357,044
Total cash received		7,151,533	8,210,173
Cash used			
Employees		4,489,474	4,320,038
Suppliers		2,063,475	2,560,115
Net GST paid		279	-
Section 31 receipts transferred to OPA		602,113	715,229
Other		64,978	67,578
Total cash used		7,220,319	7,662,960
Net cash flows from or (used by) operating activities	9	(68,786)	547,213
INVESTING ACTIVITIES			
Cash received			
Proceeds from sales of property, plant and equipment		25,000	-
Total cash received		25,000	-
Cash used			
Purchase of property, plant & equipment		488,046	455,267
Purchase of intangibles		32,265	72,747
Total cash used		520,311	528,014
Net cash flows from investing activities		(495,311)	(528,014)
FINANCING ACTIVITIES			
Cash received			
Appropriations - contributed equity		488,046	-
Total cash received		488,046	-
Cash used			
Other		-	-
Total cash used		-	-
Net cash flows from or (used by) financing activities		488,046	-
Net increase (decrease) in cash held		(76,051)	19,199
Cash and cash equivalents at the beginning of the reporting period		108,008	88,809
Cash and cash equivalents at the end of the reporting period	5A	31,957	108,008

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

Australian Organ and Tissue Donation and Transplantation Authority

SCHEDULE OF COMMITMENTS

as at 30 June 2011

	2011	2010
	\$	\$
BY TYPE		
Commitments receivable		
GST recoverable on commitments	261,844	65,859
Total commitments receivable	<u>261,844</u>	<u>65,859</u>
Commitments payable		
Other commitments		
Operating leases ¹	1,492,272	302,694
Other	1,388,012	355,894
Total commitments payable	<u>2,880,284</u>	<u>658,588</u>
Net commitments by type	<u>2,618,440</u>	<u>592,729</u>
BY MATURITY		
Commitments receivable		
One year or less	104,785	45,123
From one to five years	157,059	20,736
Over five years	-	-
Total commitments receivable	<u>261,844</u>	<u>65,859</u>
Commitments payable		
Operating lease commitments		
One year or less	314,163	284,694
From one to five years	1,178,109	18,000
Over five years	-	-
Total operating lease commitments	<u>1,492,272</u>	<u>302,694</u>
Other commitments		
One year or less	838,468	166,539
From one to five years	549,543	189,355
Over five years	-	-
Total other commitments	<u>1,388,011</u>	<u>355,894</u>
Net commitments by maturity	<u>2,618,440</u>	<u>592,729</u>

NB: Commitments are GST inclusive where relevant.

¹ Operating leases included are effectively non-cancellable and comprise:

Leases for office accommodation.

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

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

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

Australian Organ and Tissue Donation and Transplantation Authority

SCHEDULE OF CONTINGENCIES

as at 30 June 2011

	2011 \$	2010 \$
Contingent assets		
Guarantees	-	-
Indemnities	-	-
Claims for damages or costs	-	-
Total contingent assets	<u>-</u>	<u>-</u>
Contingent liabilities		
Guarantees	-	-
Indemnities	-	-
Claims for damages or costs	-	-
Total contingent liabilities	<u>-</u>	<u>-</u>
Net contingent assets (liabilities)	<u>-</u>	<u>-</u>

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

Australian Organ and Tissue Donation and Transplantation Authority

SCHEDULE OF ASSET ADDITIONS

for the period ended 30 June 2011

The following non-financial non-current assets were added in 2010-11:

	Buildings	Other property, plant & equipment	Intangibles	Total
	\$	\$	\$	\$
Additions funded in the current year				
By purchase - appropriation ordinary annual services				
Departmental capital budget	-	-	-	-
Ordinary operating costs	-	-	-	-
Assets recognised - other	54,924	-	-	54,924
By purchase - appropriation other services				
Equity injections	418,182	69,864	-	488,046
Total additions funded in the current year	473,106	69,864	-	542,970
Additions recognised in 2010-11 - to be funded in future years				
Make-good	-	-	-	-
Other	-	-	-	-
Total future years/unfunded additions	-	-	-	-
Total additions	473,106	69,864	-	542,970

The following non-financial non-current assets were added in 2009-10:

	Buildings	Other property, plant & equipment	Intangibles	Total
	\$	\$	\$	\$
Additions funded in the current year				
By purchase - appropriation ordinary annual services				
Departmental capital budget	100,166	387,366	72,746	560,278
Ordinary operating costs	-	-	-	-
Assets recognised - other	-	50,985	-	50,985
Total additions funded in the current year	100,166	438,351	72,746	611,263
Additions recognised in 2009-10 - to be funded in future years				
Make-good	33,183	-	-	33,183
Total future years/unfunded additions	33,183	-	-	33,183
Total additions	133,349	438,351	72,746	644,446

Australian Organ and Tissue Donation and Transplantation Authority

SCHEDULE OF ADMINISTERED ITEMS

	Notes	2011 \$	2010 \$
Income administered on behalf of Government <i>for the period ended 30 June 2011</i>	14A	-	-
Total income administered on behalf of Government		<u>-</u>	<u>-</u>
Expenses administered on behalf of Government <i>for the period ended 30 June 2011</i>			
Supplier expenses	15A	7,112,883	8,842,167
Grants	15B	37,621,913	29,444,932
Total expenses administered on behalf of Government		<u>44,734,796</u>	<u>38,287,099</u>

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

Australian Organ and Tissue Donation and Transplantation Authority

SCHEDULE OF ADMINISTERED ITEMS

	Notes	2011 \$	2010 \$
Assets administered on behalf of Government			
<i>as at 30 June 2011</i>			
Financial assets			
Cash and cash equivalents	16A	28,587	143,715
Trade and other receivables	16B	421,609	794,696
Total financial assets		<u>450,196</u>	<u>938,411</u>
Total assets administered on behalf of Government		<u>450,196</u>	<u>938,411</u>
Liabilities administered on behalf of Government			
<i>as at 30 June 2011</i>			
Payables			
Suppliers	17A	2,208,252	555,522
Grants	17B	12,227,894	8,777,066
Total payables		<u>14,436,146</u>	<u>9,332,588</u>
Total liabilities administered on behalf of Government		<u>14,436,146</u>	<u>9,332,588</u>

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

Financial statements

Australian Organ and Tissue Donation and Transplantation Authority

SCHEDULE OF ADMINISTERED ITEMS

	Notes	2011 \$	2010 \$
Administered Cash Flows			
<i>for the period ended 30 June 2011</i>			
OPERATING ACTIVITIES			
Cash received			
Net GST received		373,088	-
Other		283,867	26,210
Total cash received		<u>656,955</u>	<u>26,210</u>
Cash used			
Net GST paid		-	794,696
Grant payments		34,171,085	28,048,336
Suppliers		5,460,154	8,554,531
Total cash used		<u>39,631,239</u>	<u>37,397,563</u>
Net cash flows used by operating activities		<u>(38,974,284)</u>	<u>(37,371,353)</u>
Net decrease in cash held		<u>(38,974,284)</u>	<u>(37,371,353)</u>
FINANCING ACTIVITIES			
Cash received			
GST appropriation		841,318	1,185,095
Total cash received		<u>841,318</u>	<u>1,185,095</u>
Cash used			
Return of GST appropriations to the Official Public Account		1,432,581	426,365
Total cash used		<u>1,432,581</u>	<u>426,365</u>
Net cash flows from (used by) financing activities		<u>(591,263)</u>	<u>758,730</u>
Net decrease in cash held		<u>(39,565,547)</u>	<u>(36,612,623)</u>
Cash and cash equivalents at the beginning of the reporting period		143,715	1,925,702
Cash from Official Public Account for:			
Appropriations		39,734,286	34,856,846
		<u>39,878,001</u>	<u>36,782,548</u>
Cash to Official Public Account for:			
Appropriations		283,867	26,210
		<u>283,867</u>	<u>26,210</u>
Cash and cash equivalents at the end of the reporting period	16A	<u>28,587</u>	<u>143,715</u>
This schedule should be read in conjunction with the accompanying notes.			

Australian Organ and Tissue Donation and Transplantation Authority

SCHEDULE OF ADMINISTERED ITEMS

	2011	2010
	\$	\$
Administered Commitments		
<i>as at 30 June 2011</i>		
BY TYPE		
Commitments receivable		
GST recoverable on commitments	206,560	95,784
Total commitments receivable	<u>206,560</u>	<u>95,784</u>
Other commitments payable		
Other	40,317,954	50,520,972
Total other commitments payable	<u>40,317,954</u>	<u>50,520,972</u>
Net commitments by type	<u>40,111,394</u>	<u>50,425,188</u>
BY MATURITY		
Other commitments receivable		
One year or less	200,560	90,584
From one to five years	6,000	5,200
Over five years	-	-
Total other commitments	<u>206,560</u>	<u>95,784</u>
Other commitments payable		
One year or less	38,264,274	22,451,464
From one to five years	2,053,680	28,069,508
Over five years	-	-
Total other commitments	<u>40,317,954</u>	<u>50,520,972</u>
Net commitments by maturity	<u>40,111,394</u>	<u>50,425,188</u>
NB: Commitments are GST inclusive where relevant.		
Other commitments payable relate primarily to grant funding agreements held with State and Territory Governments and private sector not for profit organisations.		
This schedule should be read in conjunction with the accompanying notes.		

Australian Organ and Tissue Donation and Transplantation Authority

SCHEDULE OF ADMINISTERED ITEMS

	2011	2010
	\$	\$
Administered Contingencies		
<i>as at 30 June 2011</i>		
Contingent assets		
Guarantees	-	-
Indemnities	-	-
Claims for damages or costs	-	-
Total contingent assets	<u>-</u>	<u>-</u>
Contingent liabilities		
Guarantees	-	-
Indemnities	-	-
Claims for damages or costs	-	-
Total contingent liabilities	<u>-</u>	<u>-</u>
Net contingent assets (liabilities)	<u>-</u>	<u>-</u>

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

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

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Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

The Australian Government, through the Authority, aims to create a world's best practice approach to organ and tissue donation for transplantation, and lead a co-ordinated approach to organ and tissue donation nationally. An enhanced national approach will improve access to life-saving and life-transforming transplants, through increased availability of suitable organs and tissues. The Authority aims to increase the capability and capacity of the organ and tissue donation sector, and to create a greater understanding of, and personal commitment to, donation among the public. This will lead to a long-term increase in organ and tissue donation and transplantation rates. The Authority is structured to meet one outcome.

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

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

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

The Authority's activities that contribute towards this outcome are classified as either departmental or administered. Departmental activities involve the use of assets, liabilities, income and expenses controlled or incurred by the Authority in its own right. Administered activities involve the management or oversight by the Authority on behalf of the Government, of items controlled or incurred by the Government.

1.2 Basis of preparation of the Financial Report

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

The financial statements and notes have been prepared in accordance with:

- ♥ Finance Minister's Orders (or FMOs) for reporting periods ending on or after 1 July 2010
- ♥ Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

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

The financial statements are presented in Australian dollars and values are rounded to the nearest dollar unless otherwise specified.

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Unless an alternative treatment is specifically required by an accounting standard or the FMOs, assets and liabilities are recognised in the balance sheet when and only when it is probable that future economic benefits will flow to the entity or a future sacrifice of economic benefits will be required and the amounts of the assets or liabilities can be reliably measured. However, assets and liabilities arising under Agreements Equally Proportionately Unperformed are not recognised unless required by an accounting standard. Liabilities and assets that are unrecognised are reported in the schedule of commitments and the schedule of contingencies.

Unless alternative treatment is specifically required by an accounting standard, income and expenses are recognised in the statement of comprehensive income when and only when the flow, consumption or loss of economic benefits has occurred and can be reliably measured.

Administered revenues, expenses, assets and liabilities and cash flows reported in the Schedule of Administered Items and related notes are accounted for on the same basis and using the same policies as for departmental items, except where otherwise stated at Note 1.20.

Comparative figures have been adjusted where required to conform to changes in presentation of the financial statements.

1.3 Significant Accounting Judgements and Estimates

No accounting judgements or estimates have been identified that have a significant impact on the amounts recorded in the financial statements or that have a significant risk of causing a material adjustment to carrying amounts of assets and liabilities within the next accounting period.

1.4 Changes in Australian Accounting Standards

Adoption of New Australian Accounting Standard Requirements

No accounting standard has been adopted earlier than the application date as stated in the standard.

Other new standards, amendments to standards and interpretations that were issued prior to the sign off date and are applicable to the current reporting period did not have a financial impact, and are not expected to have a future financial impact on the entity.

Other new standards, amendments to standards and interpretations that were issued prior to the sign off date and are applicable to the future reporting period are not expected to have a financial impact on the entity.

1.5 Revenue

Revenue from Government

Amounts appropriated for departmental appropriations for the year (adjusted for any formal additions and reductions) are recognised as revenue when the Authority gains control of the appropriation, except for certain amounts that relate to activities that are reciprocal in nature, in which case revenue is recognised only when it has been earned.

Appropriations receivable are recognised at their nominal amounts.

Resources Received Free of Charge

Resources received free of charge are recognised as revenue when, and only when, a fair value can be reliably determined and the services would have been purchased if they had not been donated. Use of those resources is recognised as an expense.

Resources received free of charge are recorded as either revenue or gains depending on their nature, that is, whether they have been generated in the ordinary course of the activities of the Authority.

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Other Types of Revenue

Revenue from the sale of goods is recognised when:

- ♥ the risks and rewards of ownership have been transferred to the buyer
- ♥ the seller retains no managerial involvement nor effective control over the goods
- ♥ the revenue and transaction costs incurred can be reliably measured
- ♥ it is probable that the economic benefits associated with the transaction will flow to the entity.

Receivables for goods and services, which have 30 day terms, are recognised at the nominal amounts due less any impairment allowance account. Collectability of debts is reviewed at balance date. Allowances are made when collectability of the debt is no longer probable.

Interest revenue is recognised using the effective interest method as set out in AASB 139 Financial Instruments: Recognition and Measurement.

1.6 Gains

Other Resources Received Free of Charge

Resources received free of charge are recognised as gains when, and only when, a fair value can be reliably determined and the services would have been purchased if they had not been donated. Use of those resources is recognised as an expense (Refer to Note 4C).

Contributions of assets at no cost of acquisition or for nominal consideration are recognised as gains at their fair value when the asset qualifies for recognition, unless received from another Government agency or authority as a consequence of a restructuring of administrative arrangements.

Resources received free of charge are recorded as either revenue or gains depending on their nature.

Sale of Assets

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

1.7 Transactions with the Government as Owner

Equity Injections

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

Restructuring of Administrative Arrangements

Net assets received from or relinquished to another Australian Government agency or authority under a restructuring of administrative arrangements are adjusted at their book value directly against contributed equity.

Other Distributions to Owners

The FMOs require that distributions to owners be debited to contributed equity unless it is in the nature of a dividend.

1.8 Employee Benefits

Liabilities for services rendered by employees are recognised at the reporting date to the extent that they have not been settled.

Liabilities for 'short-term employee benefits' (as defined in AASB 119 Employee Benefits) and termination benefits due within twelve months of the end of reporting period are measured at their nominal amounts.

The nominal amount is calculated with regard to the rates expected to be paid on settlement of the liability.

All other employee benefit liabilities are measured at the present value of the estimated future cash outflows to be made in respect of services provided by employees up to the reporting date.

Leave

The liability for employee benefits includes provision for annual leave and long service leave. No provision has been made for sick leave as all sick leave is non-vesting and the average sick leave taken in future years by employees of the Authority is estimated to be less than the annual entitlement for sick leave.

The leave liabilities are calculated on the basis of employees' remuneration at the estimated salary rates that applied at the time the leave is taken, including the Authority's employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.

The liability for long service leave has been determined by the Australian Government shorthand method.

Separation and Redundancy

Provision is made for separation and redundancy benefit payments. The Authority 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. The Authority does not currently have a provision for separation and redundancy benefit payments.

Superannuation

Staff of the Authority are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS) or the PSS accumulation plan (PSSap).

The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap is a defined contribution scheme.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported by the Department of Finance and Deregulation as an administered item.

The Authority makes employer contributions to the employee superannuation scheme at rates determined by an actuary to be sufficient to meet the current cost to the Government of the superannuation entitlements of the Authority's employees. The Authority 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 final fortnight of the year.

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

1.9 Leases

A distinction is made between finance leases and operating leases. Finance leases effectively transfer from the lessor to the lessee substantially all the risks and rewards incidental to ownership of leased non-current assets. An operating lease is a lease that is not a finance lease. In operating leases, the lessor effectively retains substantially all such risks and benefits.

The Authority does not hold any finance leases.

Operating lease payments are expensed on a straight-line basis which is representative of the pattern of benefits derived from the leased assets.

Lease incentives taking the form of 'free' leasehold improvements and rent free periods are recognised as liabilities. These liabilities are reduced on a straight-line basis by allocating lease payments between rental expense and reduction of the lease incentive liability.

Where the Authority has a contractual obligation to undertake remedial work upon vacating leased properties, the estimated cost of that work is recognised as a liability. An equal value asset is created at the same time and amortised over the life of the lease of the underlying leasehold property.

1.10 Borrowing Costs

All borrowing costs are expensed as incurred.

1.11 Cash

Cash and cash equivalents includes cash on hand, notes and coins held and any deposits in bank accounts with an original maturity of 3 months or less that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value. Cash is recognised at its nominal amount.

1.12 Financial Assets

The Authority classifies its financial assets in the following categories:

♥ loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition. The Authority only holds loans and receivables.

Financial assets are recognised and derecognised upon 'trade date'.

Effective Interest Method

The effective interest method is a method of calculating the amortised cost of a financial asset and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, or, where appropriate, a shorter period.

Income is recognised on an effective interest rate basis except for financial assets that are recognised at fair value through profit or loss.

Loans and Receivables

Trade receivables, loans and other receivables that have fixed or determinable payments that are not quoted in an active market are classified as 'loans and receivables'. Loans and receivables are measured at amortised cost using the effective interest method less impairment. Interest is recognised by applying the effective interest rate.

Impairment of Financial Assets

Financial assets are assessed for impairment at each balance date.

- ♥ *financial assets held at amortised cost* - if there is objective evidence that an impairment loss has been incurred for loans and receivables or held to maturity investments held at amortised cost, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the asset's original effective interest rate. The carrying amount is reduced by way of an allowance account. The loss is recognised in the statement of comprehensive income.
- ♥ *available-for-sale financial assets* - if there is objective evidence that an impairment loss on an available-for-sale financial asset has been incurred, the amount of the difference between its cost, less principal repayments and amortisation, and its current fair value, less any impairment loss previously recognised in expenses, is transferred from equity to the statement of comprehensive income.

1.13 Financial Liabilities

Financial liabilities are classified as either financial liabilities 'at fair value through profit or loss' or other financial liabilities. The Authority does not hold any financial liabilities at 'fair value through profit and loss'. Financial liabilities are recognised and derecognised upon 'trade date'.

Other Financial Liabilities

Other financial liabilities, including borrowings, are initially measured at fair value, net of transaction costs.

Other financial liabilities are subsequently measured at amortised cost using the effective interest method, with interest expense recognised on an effective yield basis.

The effective interest method is a method of calculating the amortised cost of a financial liability and of allocating interest expense over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash payments through the expected life of the financial liability, or, where appropriate, a shorter period.

Supplier and Other Payables

Supplier and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

1.14 Contingent Liabilities and Contingent Assets

Contingent Liabilities and Contingent Assets are not recognised in the Balance Sheet but are reported in the relevant schedules and notes. They may arise from uncertainty as to the existence of a liability or asset or represent an asset or liability in respect of which the amount cannot be reliably measured. Contingent assets are disclosed when settlement is probable but not virtually certain and contingent liabilities are disclosed when settlement is greater than remote.

At 30 June 2011, the Authority had no contingent assets or liabilities to report.

1.15 Acquisition of Assets

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken. Financial assets are initially measured at their fair value plus transaction costs where appropriate.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and income at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor agency's accounts immediately prior to the restructuring.

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

1.16 Property, Plant and Equipment

Asset Recognition Threshold

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

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located. This is particularly relevant to 'makegood' provisions in property leases taken up by the Authority where there exists an obligation to restore the property to its original condition. These costs are included in the value of the Authority's leasehold improvements with a corresponding provision for the 'makegood' recognised.

Revaluations

Leasehold improvement, plant and equipment are carried at fair value, being revalued with sufficient frequency such that the carrying amount of each asset class is not materially different at reporting date from its fair value. An independent valuation of leasehold improvements was carried out by Property Concept & Management on 20 May 2011.

Fair values for each class of asset are determined as shown below:

Asset Class	Fair value measured at
Leasehold improvements	Depreciated replacement cost
Property, plant and equipment	Market selling price
Furniture and fittings	Market selling price

Following initial recognition at cost, property plant and equipment are carried at fair value less subsequent accumulated depreciation and accumulated impairment losses. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets do not differ materially from the assets' fair values as at the reporting date. The regularity of independent valuations depends upon the volatility of movements in market values for the relevant assets.

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve except to the extent that it reverses a previous revaluation decrement of the same asset class that was previously recognised through operating result. Revaluation decrements for a class of assets are recognised directly through operating result 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 Authority using, in all cases, the straight-line method of depreciation. Leasehold improvements are depreciated over the lesser of the estimated useful life of the improvements or the unexpired period of the lease.

Depreciation rates (useful lives), residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current, or current and future reporting periods, as appropriate.

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Depreciation rates applying to each class of depreciable asset are based on the following useful lives:

	2011	2010
Leasehold improvements	Lease term	Lease term
Property, plant and equipment	3 to 5 years	3 to 5 years

Impairment

All assets are assessed for impairment at 30 June 2011. 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 Authority were deprived of the asset, its value in use is taken to be its depreciated replacement cost.

Derecognition

An item of property, plant and equipment is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal.

1.17 Intangibles

The Authority's intangibles comprise software for internal use. 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 Authority's software are 1 to 3 years (2009-10: 1 to 3 years).

All software assets were assessed for indications of impairment as at 30 June 2011. None were found to be impaired.

1.18 Inventories

Inventories held for sale are valued at the lower of cost and net realisable value.

Inventories held for distribution are valued at cost, adjusted for any loss of service potential.

Costs incurred in bringing each item of inventory to its present location and condition are assigned as follows:

- ♥ raw materials and stores – purchase cost on a first-in-first-out basis
- ♥ finished goods and work-in-progress – cost of direct materials and labour plus attributable costs that can be allocated on a reasonable basis.

Inventories acquired at no cost or nominal consideration are initially measured at current replacement cost at the date of acquisition.

1.19 Taxation

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

Revenues, expenses and assets are recognised net of GST:

- ♥ except where the amount of GST incurred is not recoverable from the Australian Taxation Office
- ♥ except for receivables and payables.

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

1.20 Reporting of Administered Activities

Administered revenues, expenses, assets, liabilities and cash flows are disclosed in the schedule of administered items and related notes.

Except where otherwise stated below, administered items are accounted for on the same basis and using the same policies as for departmental items, including the application of Australian Accounting Standards.

Comparative Figures

Comparative figures have been adjusted where required to conform to changes in presentation of the financial statements.

Administered Cash Transfers to and from the Official Public Account

Revenue collected by the Authority for use by the Government rather than the Authority is administered revenue. Collections are transferred to the Official Public Account maintained by the Department of Finance and Deregulation. Conversely, cash is drawn from the OPA to make payments under Parliamentary appropriation on behalf of Government. These transfers to and from the OPA are adjustments to the administered cash held by the Authority on behalf of the Government and reported as such in the statement of cash flows in the schedule of administered items and in the administered reconciliation table in Note 18: Administered Reconciliation Table. The schedule of administered items largely reflects the Government's transactions, through the Authority, with parties outside the Government.

Revenue

All administered revenues are revenues relating to the course of ordinary activities performed by the Authority on behalf of the Australian Government.

Loans and Receivables

Where loans and receivables are not subject to concessional treatment, they are carried at amortised cost using the effective interest method. Gains and losses due to impairment, derecognition and amortisation are recognised through profit and loss.

Grants

The Authority administers a number of grant schemes on behalf of the Government. Grant liabilities are recognised to the extent that (i) the services required to be performed by the grantee have been performed or (ii) the grant eligibility criteria have been satisfied, but payments due have not been made. A commitment is recorded when the Government enters into an agreement to make these grants but services have not been performed or criteria satisfied.

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 2 EVENTS AFTER THE BALANCE SHEET DATE

There were no events occurring after the Balance Sheet date.

Financial statements

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 3: EXPENSES

	2011 \$	2010 \$
Note 3A: Employee benefits		
Wages and salaries	3,505,151	3,436,444
Superannuation:		
Defined benefit plans	536,911	509,322
Leave and other entitlements	313,604	445,720
Separation and redundancies	38,958	-
Other employee benefits	15,112	42,614
Total employee benefits	<u>4,409,736</u>	<u>4,434,100</u>
Note 3B: Suppliers		
Goods and Services		
Advertising and marketing	71,383	123,842
Consultants	44,699	193,092
Contractors	256,985	559,434
Equipment and software	655,920	470,827
Facilities	102,326	48,947
Staff recruitment	111,868	256,238
Travel	195,607	430,167
Other	332,610	371,272
Total goods and services	<u>1,771,398</u>	<u>2,453,819</u>
Goods and services are made up of:		
Provision of goods - external parties	31,091	149,544
Provision of services - related entities	147,277	48,555
Provision of services - external parties	1,593,030	2,255,720
Total goods and services	<u>1,771,398</u>	<u>2,453,819</u>
Other supplier expenses:		
Operating lease rentals:		
Minimum lease payments	293,748	290,451
Workers compensation premiums	45,552	32,294
Total other supplier expenses	<u>339,300</u>	<u>322,745</u>
Total supplier expenses	<u>2,110,698</u>	<u>2,776,564</u>

The Authority received incentives in the form of rent free periods on entering the operating lease for 221 London Circuit.

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

	2011	2010
	\$	\$
Note 3C: Depreciation and amortisation		
Depreciation:		
Leasehold Improvements	120,047	61,892
Property, plant & equipment	<u>200,836</u>	<u>143,343</u>
Total depreciation	<u>320,883</u>	<u>205,235</u>
Amortisation:		
Intangibles:		
Computer software	<u>26,207</u>	21,160
Total amortisation	<u>26,207</u>	<u>21,160</u>
Total depreciation and amortisation	<u>347,090</u>	<u>226,395</u>
Note 3D: Finance costs		
Unwinding of discount	-	1,029
Total finance costs	<u>-</u>	<u>1,029</u>
Note 3E: Write-down and impairment of assets		
Asset write-downs and impairments from:		
Impairment of property, plant and equipment	<u>66,169</u>	6,781
Total write-down and impairment of assets	<u>66,169</u>	<u>6,781</u>

The Authority conducts an annual review of assets for impairment in accordance with the principles of Australian Accounting Standards *AASB 136 Impairment of Assets* and *AASB 139 Financial Instruments: Recognition and Measurement* to ensure the Authority does not carry assets at a value above their recoverable amount. Disclosure in Note 6 represents adjustments to asset carrying amounts where indications of impairment were identified.

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 4: INCOME

	2011	2010
	\$	\$
REVENUE		
Note 4A: Interest		
Other	<u>573</u>	-
Total interest	<u><u>573</u></u>	<u><u>-</u></u>
GAINS		
Note 4B: Sale of assets		
Property, plant and equipment		
Proceeds from sale	25,000	-
Carrying value of assets sold	(25,000)	-
Net gain from sale of assets	<u>-</u>	<u>-</u>
Note 4C: Other Gains		
Assets taken up at stock take	-	50,985
Resources received free of charge	60,000	47,500
Total other gains	<u>60,000</u>	<u>98,485</u>

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

REVENUE FROM GOVERNMENT

Note 4D: Revenue from Government

Appropriations:		
Departmental appropriation	<u>5,991,591</u>	6,192,000
Total revenue from Government	<u>5,991,591</u>	<u>6,192,000</u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 5: FINANCIAL ASSETS

	2011	2010
	\$	\$
Note 5A: Cash and cash equivalents		
Cash on hand or on deposit	31,957	108,008
Total cash and cash equivalents	<u>31,957</u>	<u>108,008</u>
Note 5B: Trade and other receivables		
Appropriations receivable:		
for existing programs	2,765,540	3,433,039
Total appropriations receivable	<u>2,765,540</u>	<u>3,433,039</u>
Other receivables:		
GST receivable from the Australian Taxation Office	45,756	45,477
Other	321,234	26,164
Total other receivables	<u>366,990</u>	<u>71,641</u>
Total trade and other receivables (gross)	<u>3,132,530</u>	<u>3,504,680</u>
Less impairment allowance account:		
Other	-	-
Total impairment allowance account	<u>-</u>	<u>-</u>
Total trade and other receivables (net)	<u>3,132,530</u>	<u>3,504,680</u>
Receivables are expected to be recovered in:		
No more than 12 months	3,132,530	3,504,680
More than 12 months	-	-
Total trade and other receivables (net)	<u>3,132,530</u>	<u>3,504,680</u>
Receivables are aged as follows:		
Not overdue	3,132,530	3,504,680
Overdue by:		
0 to 30 days	-	-
31 to 60 days	-	-
61 to 90 days	-	-
More than 90 days	-	-
Total receivables (gross)	<u>3,132,530</u>	<u>3,504,680</u>

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 6: NON-FINANCIAL ASSETS

	2011	2010
	\$	\$
Note 6A: Land and buildings		
Leasehold improvements		
Fair value	473,106	221,773
Accumulated depreciation	(23,655)	-
Total leasehold improvements	<u>449,451</u>	<u>221,773</u>
Total land and buildings	<u>449,451</u>	<u>221,773</u>

All revaluations are independent and are conducted in accordance with the revaluation policy stated in Note 1.16. On 20th May 2011 an independent valuer conducted a valuation.

No indicators of impairment were found for land and buildings.

Note 6B: Property, plant and equipment

Property, plant and equipment:		
Fair value	644,413	574,548
Accumulated depreciation	(347,375)	(146,538)
Total property, plant and equipment	<u>297,038</u>	<u>428,010</u>

All revaluations are independent and are conducted in accordance with the revaluation policy stated in Note 1.16.

No indicators of impairment were found for property, plant and equipment.

No property, plant or equipment is expected to be sold or disposed of within the next 12 months.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 6C: Reconciliation of the opening and closing balances of property, plant and equipment (2010-11)

Item	Buildings \$	Other Property, Plant and Equipment \$	TOTAL \$
As at 1 July 2010			
Gross book value	221,773	574,548	796,321
Accumulated depreciation/amortisation and impairment	-	(146,538)	(146,538)
Net book value 1 July 2010	221,773	428,010	649,783
Additions*	473,106	69,864	542,970
Revaluations and impairments recognised in other comprehensive income	(66,169)	-	(66,169)
Impairments recognised in the operating result	-	-	-
Depreciation	(120,047)	(200,836)	(320,883)
Other movements	-	-	-
Recognition of makegood	-	-	-
Write back of makegood	(34,212)	-	(34,212)
Other	-	-	-
Disposals:			
Other disposals	(25,000)	-	(25,000)
Net book value 30 June 2011	449,451	297,038	746,489
Net book value as of 30 June 2011 represented by:			
Gross book value	473,106	644,413	1,117,519
Accumulated depreciation/amortisation and impairment	(23,655)	(347,375)	(371,030)
	449,451	297,038	746,489

* Disaggregated additions information is disclosed in the Schedule of Asset Additions

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Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 6C: Reconciliation of the opening and closing balances of property, plant and equipment (2009-10)

Item	Buildings \$	Other Property, Plant and Equipment \$	TOTAL \$
Gross book value	89,584	146,933	236,517
Accumulated depreciation/amortisation and impairment	(109)	(7,151)	(7,260)
Net book value 1 July 2009	89,475	139,782	229,257
Additions *	133,349	438,352	571,701
Revaluations and impairments recognised in other comprehensive income	60,841	-	60,841
Impairments recognised in the operating result	-	(6,781)	(6,781)
Depreciation expense	(61,892)	(143,343)	(205,235)
Net book value 30 June 2010	221,773	428,010	649,783
Net book value as of 30 June 2010 represented by			
Gross book value	221,773	574,548	796,321
Accumulated depreciation/amortisation and impairment	-	(146,538)	(146,538)
	221,773	428,010	649,783

* Disaggregated additions information is disclosed in the Schedule of Asset Additions.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 6D: Intangible Assets

	2011	2010
	\$	\$
Computer software:		
Purchased	113,334	113,334
Accumulated amortisation	(82,409)	(56,202)
Total computer software	<u>30,925</u>	<u>57,132</u>
Total intangibles	<u>30,925</u>	<u>57,132</u>

No indicators of impairment were found for intangible assets.
No intangibles are expected to be sold or disposed of within the next 12 months.

Note 6E: Reconciliation of the opening and closing balances of intangibles (2010-11)

Item	Computer software purchased	Total
	\$	\$
As at 1 July 2010		
Gross book value	113,334	113,334
Accumulated depreciation/amortisation	(56,202)	(56,202)
Net book value 1 July 2010	<u>57,132</u>	<u>57,132</u>
Additions *	-	-
Amortisation	(26,207)	(26,207)
Net book value 30 June 2011	<u>30,925</u>	<u>30,925</u>
Net book value as of 30 June 2011 represented by:		
Gross book value	113,334	113,334
Accumulated depreciation/amortisation and impairment	(82,409)	(82,409)
	<u>30,925</u>	<u>30,925</u>

* Disaggregated additions information is disclosed in the Schedule of Asset Additions

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 6E: Reconciliation of the opening and closing balances of intangibles (2009-10)

Item	Computer software purchased \$	Total \$
As at 1 July 2009		
Gross book value	40,587	40,587
Accumulated depreciation/amortisation	(35,041)	(35,041)
Net book value 1 July 2009	5,546	5,546
Additions *	72,746	72,746
Amortisation	(21,160)	(21,160)
Net book value 30 June 2010	57,132	57,132
Net book value as of 30 June 2010 represented by		
Gross book value	113,334	113,334
Accumulated depreciation/amortisation and impairment	(56,202)	(56,202)
	<u>57,132</u>	<u>57,132</u>

* Disaggregated additions information is disclosed in the Schedule of Asset Additions

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 7: PAYABLES

	2011	2010
	\$	\$
Note 7A: Suppliers		
Trade Creditors and accruals	<u>203,609</u>	<u>88,218</u>
Total supplier payables	<u><u>203,609</u></u>	<u><u>88,218</u></u>
Supplier payables expected to be settled in the next 12 months		
Related entities	<u>9,452</u>	<u>2,728</u>
External parties	<u>194,157</u>	<u>85,490</u>
Total supplier payables	<u><u>203,609</u></u>	<u><u>88,218</u></u>
Settlement is usually made within 30 days.		
Note 7B: Other Payables		
Salaries and wages	<u>170,515</u>	<u>64,947</u>
Superannuation	<u>14,975</u>	<u>9,653</u>
Other	<u>272,093</u>	<u>396,641</u>
Total other payables	<u><u>457,583</u></u>	<u><u>471,241</u></u>
Other payables are expected to be settled in:		
No more than 12 months	<u>414,915</u>	<u>471,241</u>
More than 12 months	<u>42,668</u>	<u>-</u>
Total other payables	<u><u>457,583</u></u>	<u><u>471,241</u></u>

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 8: PROVISIONS

	2011	2010
	\$	\$
Note 8A: Employee Provisions		
Leave	<u>937,778</u>	<u>501,472</u>
Total employee provisions	<u><u>937,778</u></u>	<u><u>501,472</u></u>
Employee provisions are expected to be settled in:		
No more than 12 months	<u>794,558</u>	<u>347,454</u>
More than 12 months	<u>143,220</u>	<u>154,018</u>
Total employee provisions	<u><u>937,778</u></u>	<u><u>501,472</u></u>
Note 8B: Other Provisions		
Provision for restoration	<u>-</u>	<u>34,212</u>
Total other provisions	<u><u>-</u></u>	<u><u>34,212</u></u>
Other provisions are expected to be settled in:		
No more than 12 months	<u>-</u>	<u>34,212</u>
More than 12 months	<u>-</u>	<u>-</u>
Total other provisions	<u><u>-</u></u>	<u><u>34,212</u></u>
	Provision for restoration	Total
	\$	\$
Carrying amount 1 July 2010	<u>34,212</u>	<u>34,212</u>
Additional provisions made	<u>-</u>	<u>-</u>
Amounts used	<u>-</u>	<u>-</u>
Amounts reversed	<u>(34,212)</u>	<u>(34,212)</u>
Closing Balance as at 30 June 2011	<u><u>-</u></u>	<u><u>-</u></u>

The Authority currently has one agreement for the leasing of premises which contains no obligation to restore the premises to their original condition. During the 2010-11 financial year, the Authority moved premises and was relinquished of the restoration obligations.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 9: CASH FLOW RECONCILIATION

	2011	2010
	\$	\$
Reconciliation of cash and cash equivalents as per Balance sheet to Cash Flow Statement		
<i>Report cash and cash equivalents as per:</i>		
Cash flow statement	31,957	108,008
Balance sheet	31,957	108,008
Difference	<u>-</u>	<u>-</u>
Reconciliation of net cost of services to net cash from operating activities:		
Net cost of services	6,873,120	7,346,384
Add revenue from Government	5,991,591	6,192,000
Adjustment for non-cash items		
Gain on acquisition of assets	(54,925)	(50,985)
Depreciation/amortisation	347,090	226,395
Net loss on disposal of non-financial assets	100,381	6,781
Changes in assets/liabilities		
(Increase)/ decrease in net receivables	(115,896)	928,688
Increase/ (decrease) in employee provisions	436,307	376,561
Increase/ (decrease) in supplier payables	147,656	(71,338)
Increase/ (decrease) in other payables	(13,658)	284,466
Increase/ (decrease) in other provisions	(34,212)	1,029
Net cash from or (used by) operating activities	<u>(68,786)</u>	<u>547,213</u>

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 10: CONTINGENT LIABILITIES AND ASSETS

Quantifiable Contingencies

The Authority had no quantifiable contingencies at reporting date.

Unquantifiable Contingencies

The Authority provided an indemnity to the lessors of the Authority'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.

Remote Contingencies

The Authority had no remote contingencies at reporting date.

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 11: SENIOR EXECUTIVE REMUNERATION

Note 11A: Senior Executive Remuneration Expense for the Reporting Period

	2011	2010
	\$	\$
Short-term employee benefits:		
Salary	599,507	545,879
Annual leave accrued	10,207	12,818
Performance bonuses	32,787	-
Other ¹	189,928	161,945
Total Short-term employee benefits	<u>832,429</u>	<u>720,642</u>
Post-employment benefits:		
Superannuation accrued	90,140	60,798
Total post-employment benefits	<u>90,140</u>	<u>60,798</u>
Other long-term benefits:		
Long service leave	6,732	-
Total other long-term benefits	<u>6,732</u>	<u>-</u>
Termination benefits	-	-
Total	<u>929,301</u>	<u>781,440</u>

Notes:

1. Other includes motor vehicle allowances and other allowances.
2. Note 11A was prepared on an accrual basis (so the performance bonus expenses disclosed above differ from the cash 'Bonus paid' in Note 11B).
3. Note 11A excludes acting arrangements and part-year service where remuneration expensed was less than \$150,000.

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 11B: Average Annual Remuneration Packages and Bonus Paid for Substantive Senior Executives as at the end of the Reporting Period

Fixed Elements and Bonus Paid ¹	As at 30 June 2011				As at 30 June 2010			
	Fixed elements				Fixed elements			
	Senior Executives	Salary	Allowances	Total	Senior Executives	Salary	Allowances	Total
	No.	\$	\$	\$	No.	\$	\$	\$
Total remuneration (including part-time arrangements):								
\$150,000 to \$179,999	1	145,000	22,000	167,000	2	144,876	22,000	166,876
\$180,000 to \$209,999	1	164,751	22,000	186,751				
\$240,000 to \$269,999	1	179,531	89,550	269,081	1	179,531	89,550	269,081
\$270,000 to \$299,999	1	227,320	48,662	275,982	1	218,360	80,340	298,700
Total	4				4			

Notes:

1. This table reports on substantive senior executives who are employed by the entity as at the end of the reporting period. Fixed elements are based on the employment agreement of each individual - each row represents an average annualised figure (based on headcount) for the individuals in that remuneration package band (i.e. the 'Total' column).

2. Represents average actual bonuses paid during the reporting period. The 'Bonus paid' is excluded from the 'Total' calculation, (for the purpose of determining remuneration package bands). The 'Bonus paid' within a particular band may vary between financial years due to factors such as individuals commencing with or leaving the entity during the financial year.

Variable Elements:

With the exception of performance bonuses, variable elements are not included in the 'Fixed Elements and Bonus Paid' table above. The following variable elements are available as part of senior executives' remuneration package:

- (a) Performance bonuses:
 - ☐ most senior executive officers participate in a performance bonus scheme that is assessed annually based on the individual's performance against their contributions to the outcomes of the Authority. Performance bonuses are assessed and paid after the completion of the financial year.
- (b) On average senior executives are entitled to the following leave entitlements:
 - ☐ annual leave: entitled to 20 days (2010: 20 days) each year worked (pro-rata for part-time SES)
 - ☐ personal leave: entitled to 18 days (2010: 18 days) or part-time equivalent; and
 - ☐ service leave: in accordance with *Long Service Leave (Commonwealth Employees) Act 1976*.
- (c) Senior executives are members of the following superannuation funds:
 - ☐ under the *Superannuation Legislation Amendment (Choice of Funds) Act 2004*, senior executives of the Authority are able to become a member of any complying superannuation fund however the majority of senior executives are members of the Commonwealth Superannuation Scheme (CSS) or the Public Sector Superannuation Scheme (PSS).
- (d) Variable allowances
 - ☐ car parking;
 - ☐ fringe benefits tax (FBT).

Note 11C: Other Highly Paid Staff

During the reporting period, there were no other employees whose salary plus performance bonus were \$150,000 or more (2010: Nil).

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 12: REMUNERATION OF AUDITORS

Financial statement audit services are provided free of charge to the Authority.

The fair value of services provided was:

	2011	2010
	\$	\$
	60,000	47,500
	<u>60,000</u>	<u>47,500</u>

No other services were provided by the Auditor-General.

Financial statements

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 13: FINANCIAL INSTRUMENTS

	2011	2010
	\$	\$
Note 13A: Categories of financial instruments		
Financial Assets		
Loans and receivables		
Cash and cash equivalents	31,957	108,008
Other receivables	321,234	26,164
Total	<u>353,191</u>	<u>134,172</u>
Carrying amount of financial assets	<u>353,191</u>	<u>134,172</u>
Financial Liabilities		
At amortised cost:		
Trade creditors	203,609	88,218
Other payables	272,093	396,641
Total	<u>475,702</u>	<u>484,859</u>
Carrying amount of financial liabilities	<u>475,702</u>	<u>484,859</u>
Note 13B: Net Income and Expense from Financial Assets		
Loans and receivables		
Interest revenue	573	-
Net gain from loans and receivables	<u>573</u>	<u>-</u>
Net gain from financial assets	<u>-</u>	<u>-</u>

Note 13C: Net income and expense from financial liabilities

There is no interest expense from financial liabilities not at fair value through profit or loss in the years ending 30 June 2010 and 30 June 2011.

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 13D: Credit Risk

The Authority is exposed to minimal credit risk as loans and receivables are cash and trade receivables. The maximum exposure to credit risk is the risk that arises from potential default of a debtor. The amount is equal to the total amount of trade receivables.

The Authority manages its credit risk by undertaking background and credit checks prior to allowing a debtor relationship. In addition, the Authority has policies and procedures that guide employees as to debt recovery techniques that are to be applied.

The Authority holds no collateral to mitigate against credit risk.

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

	Not past due nor impaired 2011 \$	Not past due nor impaired 2010 \$	Past due or impaired 2011 \$	Past due or impaired 2010 \$
Loans and receivables				
Cash and cash equivalents	31,957	108,008	-	-
Other receivables	321,234	26,164	-	-
Total	353,191	134,172	-	-

Note 13E: Liquidity Risk

The Authority's financial liabilities are payables including supplier payables and employee related payables. The exposure to liquidity risk is based on the notion that the Authority will encounter difficulty in meeting its obligations associated with its financial liabilities.

This is highly unlikely as the Authority is appropriated funding from the Australian Government and the Authority manages its budgeted funds to ensure it has adequate funds to meet payments as they fall due. In addition, the Authority has policies and procedures in place to ensure timely payment is made when due.

Maturities for non-derivative financial liabilities 2011

	within 1 year \$	1 to 2 years \$	Total \$
Other liabilities			
Trade creditors	203,609	-	203,609
Other payables	272,093	-	272,093
Total	475,702	-	475,702

Maturities for non-derivative financial liabilities 2010

	within 1 year \$	1 to 2 years \$	Total \$
Other liabilities			
Trade creditors	88,218	-	88,218
Other payables	396,641	-	396,641
Total	484,859	-	484,859

The Authority has no derivative financial liabilities in the years ending 30 June 2010 and 30 June 2011.

Financial statements

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 14: INCOME ADMINISTERED ON BEHALF OF GOVERNMENT

	2011	2010
	\$	\$
REVENUE		
Note 14: Revenue		
Other	-	-
Total Revenue	-	-

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 15: EXPENSES ADMINISTERED ON BEHALF OF GOVERNMENT

	2011	2010
	\$	\$
EXPENSES		
Note 15A: Suppliers		
Goods and services		
Advertising and marketing	5,915,441	7,498,892
Contractors	492,329	184,710
Consultants	13,300	231,631
Equipment and software	-	121,058
Travel	242,821	225,777
Other	448,992	580,099
Total goods and services	<u>7,112,883</u>	<u>8,842,167</u>
Goods and services are made up of:		
Provision of goods – related entities	-	214,434
Rendering of services – related entities	4,345	-
Rendering of services – external parties	7,108,538	8,627,733
Total goods and services	<u>7,112,883</u>	<u>8,842,167</u>
Total supplier expenses	<u>7,112,883</u>	<u>8,842,167</u>
Note 15B: Grants		
Public sector:		
State and Territory Governments	33,183,187	26,271,352
Private sector:		
Non-profit organisations	4,438,726	3,173,580
Total grants	<u>37,621,913</u>	<u>29,444,932</u>

Financial statements

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 16: ASSETS ADMINISTERED ON BEHALF OF GOVERNMENT

	2011	2010
	\$	\$
FINANCIAL ASSETS		
Note 16A: Cash and Cash Equivalents		
Cash on hand or on deposit	28,587	143,715
Total cash and cash equivalents	<u>28,587</u>	<u>143,715</u>
Note 16B: Trade and Other Receivables		
Other receivables:		
GST receivable from the Australian Taxation Office	421,609	794,696
Total trade and other receivables (gross)	<u>421,609</u>	<u>794,696</u>
Total trade and other receivables (net)	<u>421,609</u>	<u>794,696</u>
Receivables are expected to be recovered in:		
No more than 12 months	421,609	794,696
Total trade and other receivables (net)	<u>421,609</u>	<u>794,696</u>
Receivables were aged as follows:		
Not overdue	421,609	794,696
Overdue by:		
Less than 30 days	-	-
30 to 60 days	-	-
61 to 90 days	-	-
More than 90 days	-	-
Total receivables (net)	<u>421,609</u>	<u>794,696</u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 17: LIABILITIES ADMINISTERED ON BEHALF OF GOVERNMENT

	2011	2010
	\$	\$
PAYABLES		
Note 17A: Suppliers		
Trade creditors and accruals	<u>2,208,252</u>	<u>555,522</u>
Total suppliers	<u><u>2,208,252</u></u>	<u><u>555,522</u></u>
Supplier payables expected to be settled in the next 12 months		
Related entities	-	-
External parties	<u>2,208,252</u>	<u>555,522</u>
Total supplier payables	<u><u>2,208,252</u></u>	<u><u>555,522</u></u>
All creditors are entities that were not part of the Australian Government. Settlement is usually made according to the terms and conditions of each grant or contract. This is usually within 30 days of performance or eligibility.		
Note 17B: Grants		
Public sector:		
State and Territory Governments	<u>11,411,922</u>	8,364,101
Private sector:		
Non-profit organisations	<u>815,972</u>	<u>412,965</u>
Total grants	<u><u>12,227,894</u></u>	<u><u>8,777,066</u></u>
Total grants are expected to be settled in:		
No more than 12 months	<u>12,227,894</u>	<u>8,777,066</u>
Total grants	<u><u>12,227,894</u></u>	<u><u>8,777,066</u></u>

Financial statements

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 18: ADMINISTERED RECONCILIATION TABLE

	2011 \$	2010 \$
Opening administered assets less administered liabilities as at 1 July	(8,394,177)	(5,722,654)
Plus: Administered income	-	-
Less: Administered expenses	(44,734,796)	(38,287,099)
Appropriation transfers from OPA:		
Annual appropriations for administered expenses	44,450,929	38,260,889
Administered assets and liabilities appropriations	(5,591,773)	(2,671,523)
Transfers to OPA:	283,867	26,210
Closing administered assets less administered liabilities as at 30 June	<u>(13,985,950)</u>	<u>(8,394,177)</u>

NOTE 19: ADMINISTERED CONTINGENT LIABILITIES AND ASSETS

Quantifiable Contingencies

The Authority had no quantifiable contingencies at reporting date.

Unquantifiable Contingencies

The Authority had no unquantifiable contingencies at reporting date.

Remote Contingencies

The Authority had no remote contingencies at reporting date.

Financial statements

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 20: ADMINISTERED FINANCIAL INSTRUMENTS

	2011	2010
	\$	\$
Note 20A: Categories of financial instruments		
Financial Assets		
Loans and receivables		
Cash and cash equivalents	28,587	143,715
Other receivables	-	-
Total	<u>28,587</u>	<u>143,715</u>
Carrying amount of financial assets	<u>28,587</u>	<u>143,715</u>
Financial Liabilities		
At amortised cost:		
Trade creditors	2,208,252	555,522
Grants payable	12,227,894	8,777,066
Total	<u>14,436,146</u>	<u>9,332,588</u>
Carrying amount of financial liabilities	<u>14,436,146</u>	<u>9,332,588</u>

Note 20B: Net income and expense from financial assets

There is no interest income from financial assets not at fair value through profit or loss in the years ending 30 June 2010 and 30 June 2011.

Note 20C: Net income and expense from financial liabilities

There is no interest income from financial liabilities not at fair value through profit or loss in the years ending 30 June 2010 and 30 June 2011.

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 20D: Credit Risk

The administered activities of the Authority were not exposed to a high level of credit risk as the majority of financial assets are cash.

The Authority holds no collateral to mitigate against credit risk.

The following table illustrates the Authority's gross exposure to credit risk, excluding any collateral or credit enhancements:

	2011	2010
	\$	\$
Financial assets		
Loans and receivables		
Other receivables	-	-
Total	-	-
Financial liabilities		
At amortised cost		
Trade creditors	2,208,252	555,522
Grants payable	12,227,894	8,777,066
Total	14,436,146	9,332,588

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 20E: Liquidity Risk

The Authority's administered financial liabilities are payables to government funded entities and suppliers. The exposure to liquidity risk is based on the notion that the Authority will encounter difficulty in meeting its obligations associated with its financial liabilities.

This is highly unlikely as the Authority is appropriated funding from the Australian Government and the Authority manages its budgeted funds to ensure it has adequate funds to meet payments as they fall due. In addition, the Authority has policies and procedures in place to ensure timely payment is made when due.

The following tables illustrate the maturities for financial liabilities.

Maturities for non-derivative financial liabilities 2011

	within 1 year	1 to 2 years	Total
	\$	\$	\$
Other liabilities			
Trade creditors	2,208,252	-	2,208,252
Grants payable	12,227,894	-	12,227,894
Total	14,436,146	-	14,436,146

Maturities for non-derivative financial liabilities 2010

	within 1 year	1 to 2 years	Total
	\$	\$	\$
Other liabilities			
Trade creditors	555,522	-	555,522
Grants payable	8,777,066	-	8,777,066
Total	9,332,588	-	9,332,588

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

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 21: APPROPRIATIONS

Table A: Annual Appropriations (Recoverable GST exclusive)

	2011 Appropriations					Appropriation applied in 2011 (current and prior years)	Variance (b)
	Appropriation Act	FMA Act	Section 30	Section 31 (GST excl.)	Section 32		
	Annual appropriation	Appropriation reduced (a)	Section 30	Section 31 (GST excl.)	Section 32	Total appropriation	
	\$	\$	\$	\$	\$	\$	\$
DEPARTMENTAL							
Ordinary annual services	5,992,000	(409)	64,978	337,825	-	6,394,394	6,649,898 (255,504)
Other services	-	-	-	-	-	-	488,046 (488,046)
Equity							
Total departmental	5,992,000	(409)	64,978	337,825	-	6,394,394	7,137,944 (743,550)
ADMINISTERED							
Ordinary annual services	44,753,000	(18,204)	283,867	-	-	45,018,663	40,133,281 4,885,382
Administered items							
Payments to CAC Act bodies	-	-	-	-	-	-	-
Other services							
State, ACT, NT and Local government	-	-	-	-	-	-	-
New administered outcomes	-	-	-	-	-	-	-
Administered assets and liabilities	-	-	-	-	-	-	-
Payments to CAC Act bodies	-	-	-	-	-	-	-
Total administered	44,753,000	(18,204)	283,867	-	-	45,018,663	40,133,281 4,885,382

Notes:

(a) On 30 June 2011, the Finance Minister determined a reduction in departmental and administered appropriations following a request by the Minister for Health and Ageing. The amount of the departmental reduction determined under Subsection 10(2) of Appropriation Act (No.1) 2010-2011 was \$409. The amount of (\$18,204) represents the total reduction effective in 2011-2012.

(b) The variance of (\$255,504) for departmental annual services reflects the cash appropriation required to fund the Authority's Finance Minister approved operating loss. The equity variance of (\$488,046) predominantly reflects the purchase of assets from prior year equity funding for costs associated with the Authority's relocation to new premises in April 2011. The administered ordinary annual services items variance of \$4,885,382 relates to the difference in 2009-2010 and 2010-2011 section 11 amounts.

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

	2010 Appropriations				Appropriation applied in 2010 (current and prior years)	Variance (b)
	Appropriation Act	FMA Act	Section 31 (GST excl.)	Total appropriation		
	Annual appropriation reduced (a)	Section 30	Section 31 (GST excl.)	Section 32		
	\$	\$	\$	\$	\$	\$
DEPARTMENTAL						
Ordinary annual services	6,363,000	(171,000)	67,578	289,446	6,549,044	7,371,867 (822,823)
Other services	-	-	-	-	-	-
Equity	-	-	-	-	-	-
Total departmental	6,363,000	(171,000)	67,578	289,446	6,549,044	7,371,867 (822,823)
ADMINISTERED						
Ordinary annual services						
Administered items	40,743,000	(3,805,901)	26,210	-	38,313,309	36,715,044 1,598,265
Payments to CAC Act bodies	-	-	-	-	-	-
Other services						
State, ACT, NT and Local government	-	-	-	-	-	-
New administered outcomes	-	-	-	-	-	-
Administered assets and liabilities	-	-	-	-	-	-
Payments to CAC Act bodies	-	-	-	-	-	-
Total administered	40,743,000	(3,805,901)	26,210	-	38,313,309	36,715,044 1,598,265

Notes:

(a) On 30 May 2010, the Finance Minister determined a reduction in departmental and administered appropriations following a request by the Minister for Health and Ageing. The amount of the departmental reduction determined under Subsection 14(1) Appropriation Act (No.3) of 2009–2010 was \$171,000. The amount of \$3,805,901 represents the total effective reduction in 2010–2011.

(b) The variance of (\$822,823) for departmental annual services reflects the cash appropriation required to fund the Authority's Finance Minister approved operating loss. The administered ordinary annual services items variance of \$1,598,265 relates to the difference in 2008–2009 and 2009–2010 section 11 amounts.

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Table B: Unspent Departmental Annual Appropriations (Recoverable GST exclusive)

Authority	2011	2010
	\$	\$
2004–2005 Act 2 Non Operating Equity	1,223,015	1,711,061
2009–2011 Act 1 Operating	-	1,829,986
2010–2011 Act 1 Operating	1,574,482	-
Total	2,797,497	3,541,047

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Table C: Reduction in Administered Items (Recoverable GST exclusive)

2011	Amount required ³ - by Appropriation Act	Amount required ³ - as represented by:	Total amount required ³	Total amount appropriated ⁴	Total reduction ⁵
Ordinary Annual Services	Act (No. 1)	Spent	Retention		
Outcome 1	40,947,000.00	3,787,795.79	30,581,379.06	14,153,416.73	44,734,795.79
Other Services					18,204.21

Notes:

1. Numbers in this section of the table must be disclosed to the cent.
2. Administered items for 2010-11 were reduced to these amounts when these financial statements were tabled in Parliament as part of the Authority's 2010-11 annual report. This reduction is effective in 2011-12, but the amounts are reflected in Table A in the 2010-11 financial statements in the column Appropriations reduced as they are adjustments to 2010-11 appropriations.
3. Amount required as per Appropriation Act (Act 1 s.11; Act 2 s.12).
4. Total amount appropriated in 2010-11.
5. Total reduction effective in 2011-12.

2010	Amount required ³ - by Appropriation Act	Amount required ³ - as represented by:	Total amount required ³	Total amount appropriated ⁴	Total reduction ⁵
Ordinary Annual Services	Act (No. 1)	Spent	Retention		
Outcome 1	37,510,000.00	777,099.20	29,134,192.00	9,152,907.20	38,287,099.20
					42,093,000.00
					3,805,900.80

Notes:

1. Numbers in this section of the table must be disclosed to the cent.
2. Administered items for 2009-10 were reduced to these amounts when these financial statements were tabled in Parliament as part of the Authority's 2009-10 annual report. This reduction is effective in 2010-11, but the amounts are reflected in Table A in the column 'Appropriations reduced' as they are adjustments to 2009-10 appropriations.
3. Amount required as per Appropriation Act (Act 1 s.11; Act 2 s.12).
4. Total amount appropriated in 2010-11.
5. Total reduction effective in 2011-12.

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 22: SPECIAL ACCOUNT

	2011	2010
	\$	\$
The Services for Other Entities and Trust Monies (Departmental)		
(Abolished as at 12th October 2010 per determination 2010/13)		
<p>Legal Authority: <i>Financial Management and Accountability Act 1997</i>; section 20 Appropriation: <i>Financial Management and Accountability Act 1997</i>; section 20 Purpose: for the receipt and expenditure of monies temporarily held on trust or otherwise for the benefit of a person other than the Commonwealth.</p>		
Balance carried from previous period	-	-
Other receipts	-	-
Total Increase	<u>-</u>	<u>-</u>
Payments made	-	-
Total Decrease	<u>-</u>	<u>-</u>
Total balance carried to next period	<u><u>-</u></u>	<u><u>-</u></u>

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 23: REPORTING OF OUTCOMES

The Australian Organ and Tissue Donation and Transplantation Authority reports on only one outcome. All of the Authority's departmental and administered revenue, expenses, assets and liabilities are allocated to Outcome 1 in the tables below.

Note 23A: Net Cost of Outcome Delivery

	Outcome 1		Total	
	2011	2010	2011	2010
	\$	\$	\$	\$
EXPENSES				
Administered	44,734,796	38,287,099	44,734,796	38,287,099
Departmental	6,933,693	7,444,869	6,933,693	7,444,869
Total	51,668,489	45,731,968	51,668,489	45,731,968
Other own-source income				
Administered	-	-	-	-
Departmental	60,000	98,485	60,000	98,485
Total	60,000	98,485	60,000	98,485
Net cost of outcome delivery	51,608,489	45,633,483	51,608,489	45,633,483

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 23B: Major Classes of Departmental Income, Expenses, Assets and Liabilities by Outcome

	Outcome 1		Total	
	2011	2010	2011	2010
	\$	\$	\$	\$
Departmental Expenses				
Employee expenses	4,409,736	4,434,100	4,409,736	4,434,100
Supplier expenses	2,110,698	2,776,564	2,110,698	2,776,564
Depreciation and amortisation	347,090	226,395	347,090	226,395
Finance costs	-	1,029	-	1,029
Write down and impairment of assets	66,169	6,781	66,169	6,781
Total	6,933,693	7,444,869	6,933,693	7,444,869
Departmental Income				
Income from government	5,991,591	6,192,000	5,991,591	6,192,000
Interest	573	-	573	-
Total	5,992,164	6,192,000	5,992,164	6,192,000
Departmental Assets				
Cash and cash equivalents	31,957	108,008	31,957	108,008
Trade and other receivables	3,132,530	3,504,680	3,132,530	3,504,680
Land and buildings	449,451	221,773	449,451	221,773
Property, plant and equipment	297,038	428,010	297,038	428,010
Intangibles	30,925	57,132	30,925	57,132
Total	3,941,901	4,319,603	3,941,901	4,319,603
Departmental Liabilities				
Suppliers	203,609	88,218	203,609	88,218
Other payables	457,583	471,241	457,583	471,241
Employee provisions	937,778	501,472	937,778	501,472
Other provisions	-	34,212	-	34,212
Total	1,598,970	1,095,143	1,598,970	1,095,143

Financial statements

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 23C: Major Classes of Administered Income, Expenses, Assets and Liabilities by Outcomes

	Outcome 1		Total	
	2011	2010	2011	2010
	\$	\$	\$	\$
Administered Expenses				
Supplier expenses	7,112,883	8,842,167	7,112,883	8,842,167
Grants	37,621,913	29,444,932	37,621,913	29,444,932
Total	44,734,796	38,287,099	44,734,796	38,287,099
Administered Assets				
Cash and cash equivalents	28,587	143,715	28,587	143,715
Trade and other receivables	421,609	794,696	421,609	794,696
Total	450,196	938,411	450,196	938,411
Administered Liabilities				
Suppliers	2,208,252	555,522	2,208,252	555,522
Grants payables	12,227,894	8,777,066	12,227,894	8,777,066
Total	14,436,146	9,332,588	14,436,146	9,332,588

Australian Organ and Tissue Donation and Transplantation Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NOTE 24: COMPENSATION AND DEBT RELIEF

	2011 \$	2010 \$
DEPARTMENTAL		
No 'Act of Grace' expenses were incurred during the reporting period (2010: Nil).	-	-
No waivers of amounts owing to the Commonwealth were made pursuant to Section 34(1) of the <i>Financial Management and Accountability Act 1997</i> (2010: No waivers)	-	-
No expenses were incurred during the reporting period under the Scheme for Compensation for Detriment caused by Defective Administration (2010: Nil).	-	-
No ex-gratia payments were provided for during the reporting period. (2010: Nil).	-	-
No payments were made under s73 of the <i>Public Service Act 1999</i> during the reporting period. (2010: No payments made)	-	-

	2011 \$	2010 \$
ADMINISTERED		
No 'Act of Grace' expenses were incurred during the reporting period (2010: Nil).	-	-
No waivers of amounts owing to the Commonwealth were made pursuant to Section 34(1) of the <i>Financial Management and Accountability Act 1997</i> (2010: No waivers)	-	-
No expenses were incurred during the reporting period under the Scheme for Compensation for Detriment caused by Defective Administration (2010: Nil).	-	-
No ex-gratia payments were provided for during the reporting period. (2010: Nil).	-	-
No payments were made under s73 of the <i>Public Service Act 1999</i> during the reporting period. (2010: No payments made)	-	-

Appendices

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Appendix 1: DonateLife National Communications Framework and Charter

A National Communications Framework and Charter provide the foundation for the organ and tissue donation and transplantation sectors to adopt a nationally consistent approach to community awareness and education. A collective voice, with all parties involved in the sector speaking in a coordinated, clear and consistent way, is central to improving Australia's performance in organ and tissue donation.

Under the framework and charter, the Australian Organ and Tissue Donation and Transplantation Authority is committed to provide to signatories:

- ♥ a suite of factual, evidence-based information materials and resources to support awareness activities
- ♥ the national DonateLife brand to unite the sector to be used alongside existing organisation brands
- ♥ a dedicated website
- ♥ campaign kits and resources.

Charter signatories commit to:

- ♥ use agreed key messages and provide clear, factual, consistent and relevant information about organ and tissue donation
- ♥ promote the facts to enable people to make an informed decision in relation to organ and tissue donation
- ♥ conduct public awareness events based around the DonateLife nationally consistent message and framework
- ♥ distribute and promote DonateLife information and promotional resources to the community
- ♥ continue to use their own branding in conjunction with the DonateLife brand as part of all communications activities and materials.

The National Communications Framework and Charter are published on our website at www.donatelife.gov.au.



Charter signatories at 30 June 2011

At 30 June 2011 there were 50 signatories to the National Communications Charter.

ACT Bone Bank

ACT Health

AusBiotech

Australasian College for Emergency
Medicine

Australasian Tissue and
Biotherapeutics Forum

Australasian Transplant Coordinators
Association

Australian and New Zealand Intensive
Care Society

Australian Biotechnologies

Australian Government Department of
Health and Ageing

Australian Red Cross Blood Service

Barwon Bone Bank

Cell and Tissue Therapies Western
Australia

Council of Governors of Lions Australia

David Hookes Foundation

Department of Health, South Australia

Department of Health, Western
Australia

Department of Health & Families,
Northern Territory

Department of Health and Human
Services, Tasmania

Department of Human Services,
Victoria

DonateLife ACT

DonateLife NSW

DonateLife NT

DonateLife QLD

DonateLife SA

DonateLife TAS

DonateLife VIC

DonateLife WA

Donor Tissue Bank of Victoria

Eurobodalla Renal Support Group

Eye Bank Association of Australia and
New Zealand

Eye Bank of South Australia

Gift of Life Inc

Hunter New England Bone Bank

Kidney Health Australia

Lions Eye Bank WA

Lions Eye Donation Service

Medicare Australia

NSW Bone Bank

NSW Health

Perth Bone and Tissue Bank

Organ and Tissue Donation and
Transplantation Authority

Organ Donation and Transplant
Foundation of WA

Queensland Health

Sammy D Foundation

South Australian Tissue Bank

St John of God Healthcare

Sydney Heart Valve Bank

Transplant Australia

Transplant Society of Australia and
New Zealand

Zaidee's Rainbow Foundation

Appendix 2: Freedom of information statement

Section 8(3) of the *Freedom of Information Act 1982* (the FOI Act) requires each Australian Government agency to publish detailed information about the way it is organised, its powers, the kinds of decisions it makes and the documents it holds. Agencies also have to publish information about how members of the public can obtain access to these documents and any arrangements for public involvement in the work of the agency.

This report includes information about the organisation and major functions of the Authority. The following statement supplements general information provided to meet the requirements of section 8 of the FOI Act.

Functions and decision-making powers

In 2010–11 Ministers and Authority staff exercised decision-making powers under the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008* (the 2008 Act). As an Australian Government agency, Authority staff also exercise functions and powers under a number of other Acts, including the *Financial Management and Accountability Act 1997* and the *Public Service Act 1999*.

Categories of documents

Category	Description
Program documents	The Authority holds documents relating to contracts and tendering processes; dealings with Australian Government and state and territory Ministers, committees and other government agencies and the performance of its functions under the <i>Australian Organ and Tissue Donation and Transplantation Authority Act 2008</i> .
Working files	The Authority holds working files including correspondence, analysis and advice by staff, documents received from third parties, and drafts of these and other documents.
Internal administration records	The Authority holds personnel records, organisational and staffing records, financial and expenditure records, and internal operating documentation such as office procedures, instructions and indexes.

A number of documents are publicly available either on our website or by request.

Freedom of information procedures and contact

A request for access to documents under the FOI Act must be in writing. To enable a prompt response, and to help us meet our obligations under the Act, applicants should provide as much information as possible about the documents they are seeking. A telephone number or an email address should also be included in case our officers need any clarification.

Enquiries regarding submission of a formal request under the FOI Act should be directed to our Freedom of Information Officer, telephone (02) 6198 9800.

Requests should be posted to:

FOI Officer
Organ and Tissue Authority
PO Box 295
CIVIC SQUARE ACT 2608

In accordance with the *Electronic Transactions Act 1999*, freedom of information requests may be emailed to foi@donatelife.gov.au.

If we have any difficulty identifying an Authority document, an officer will contact the applicant to try and resolve the problem. In consultation with the applicant, documents will be made available either by mail to the address specified by the applicant or at our office.

The CEO is an authorised decision-maker under the FOI Act and may refuse, defer or grant access to documents.

Facilities for access

Physical access to documents can be arranged on request at our Canberra office. Enquiries should be directed to our freedom of information email address: foi@donatelife.gov.au.

Arrangements for outside participation

The Authority has a broad stakeholder group that includes Commonwealth, state and territory departments and agencies, government and non-government institutions and advisory bodies, community organisations, and other organisations and individuals.

We provide opportunities for stakeholder groups to participate in our activities through:

- ♥ representation on the Advisory Council and the various committees, and
- ♥ ongoing liaison with major stakeholders.

We also consult with a range of other expert bodies and interested parties in relation to specific projects.

Freedom of information statistics

In 2010–11 the Authority received no freedom of information requests.

Abbreviations

AC	Companion of the Order of Australia
ADAPT	Australasian Donor Awareness Program
AKX	Australian Paired Kidney Exchange
AM	Member of the Order of Australia
ANZICS	Australian New Zealand Intensive Care Society
AO	Officer of the Order of Australia
APS	Australian Public Service
CEO	Chief Executive Officer
DCD	Donation after Cardiac Death
DFS	Donor Family Support
GIVE	Glasgow Coma Scale ≤ 5 ; intubated; ventilated; end-of-life care
GST	goods and services tax
ICUs	intensive care units
NHMRC	National Health and Medical Research Council
OAM	Medal of the Order of Australia
PBS	Portfolio Budget Statements
PSM	Public Service Medal
SES	Senior Executive Service
SMDs	state medical directors
TSANZ	Transplantation Society of Australia and New Zealand



**Any day is a good day
to talk about organ
and tissue donation.**



A child's donation

My eight-year-old daughter Georgia fought a hard battle for nearly two years with a brain stem tumour. Georgia was given a six to 12 month survival prognosis. This tumour attacks children usually between the ages of five and nine years of age.

The day we all never wanted came, and Georgia passed away in January. The thing about Georgia was she was still functioning as a normal child. Playing football, going to school and doing everything a normal child would do. That was our true miracle. Most children end up in wheelchairs—unable to talk, eat, walk and eventually go blind. We were so lucky.

The tumour was removed. Most of the tumour was sent to St Jude's in Memphis

USA while some went to the research centre at Princess Margaret Hospital hospital.

We were so positive about donation. When we received the results back from the tumour, I went through a very negative patch for a few months.

Thankfully I have come through this and now believe that this was the best thing we could have done. I want to say to others in the same situation, donate tissue if you cannot donate organs. A cure for disease will only be found if you can do this.

Good luck to everyone embarking on this difficult life journey.

God bless
Maggie—Angel Georgia's mum



Forever night.

Glossary

Advisory Council	The Authority's foremost governing body established under the <i>Australian Organ and Tissue Donation and Transplantation Authority Act 2008</i> to advise the CEO about organ or tissue donation and transplantation matters
Audit Committee	Committee established by the Authority's CEO in accordance with section 46 of the <i>Financial Management and Accountability Act 1997</i> to provide independent assurance and assistance to meet the Authority's responsibilities under the Act, particularly in relation to risk control, compliance frameworks and external accountabilities
Australasian Donor Awareness Program	Workshop-based program that provides health professionals with continuing education on organ and tissue donation, including education on clinical issues and family communication
Australian Organ and Tissue Donation and Transplantation Authority	Statutory body established under the Organ and Tissue Donation and Transplantation Authority Act 2008 to implement the National Reform Agenda
Australian Paired Kidney Exchange program	Program to increase live donor kidney transplants by identifying biologically incompatible donor–recipient pairs and matching an incompatible donor–recipient pair with a second incompatible donor–recipient pair
Clinical trigger protocol	National protocol to help clinical staff identify potential deceased organ donors
Consensus Statement on Eligibility Criteria and Allocation Protocols	Consensus statement on organ transplant waiting lists and organ allocation protocols for transplantation
Consent rate	Number of consents as a proportion of the number of requests in potential donors
Conversion rate	Number of brain dead organ donors as a proportion of the number of potential donors with confirmed or probable brain death
DonatLife	Commonwealth program brand for the National Reform Agenda including brand name and identity for the DonatLife Network and national DonatLife Community Awareness and Education program
DonatLife ambassadors	High-profile individuals appointed by the Authority to support the national campaign
Donation after Brain Death	Refers to organ donation occurring after brain death has been determined and before cessation of circulation
Donation after Cardiac Death	Organ donation after death has been determined to have occurred, on the basis of the absence of circulation (and of other vital signs)
DonatLife Book of Life	Collection of life-saving and life-changing stories from people touched by organ and tissue donation, launched during DonatLife Week 2011
DonatLife campaign	Community awareness campaign to achieve and sustain increased levels of family discussion about donation wishes, knowledge of family members' donation wishes, and awareness of the role of family consent
DonatLife Network	National network of organ and tissue donation agencies, hospital-based staff and the Authority focused on increasing organ and tissue donation

DonateLife Network Annual Forum	Annual event to provide the DonateLife Network with the opportunity to come together to network, share experiences and contribute to the future implementation of the National Reform Agenda
DonateLife Week	National awareness week on organ and tissue donation (formerly named Australian Organ Donor Awareness Week)
Electronic donor record	National electronic record for offering organs for transplantation to streamline organ offering processes
Family Conversation Workshop	Workshop-based training that provides health professionals with skills to conduct and sensitively manage discussions with families about sudden death and consent for donation
Hospital-based staff	Specialist hospital staff, including hospital medical directors and hospital senior nurses, funded by the Commonwealth to facilitate organ and tissue donation and to educate and support hospital staff involved
Janette Hall Professional Training and Development Scholarship Program	Scholarship program that provides opportunities for health professionals working in the donation and transplant sector to attend professional training and education, both in Australia and overseas
Jurisdictional Working Group	Representatives of all jurisdictional health departments ensure efforts of the DonateLife staff reflect state, territory and Australian Government policies and processes, and legislative and funding implications are well understood by relevant departments
Memorandum of understanding	A written but non-contractual agreement between two or more agencies or other parties to take a certain course of action
National Communications Charter and Framework	Framework and principles of the nationally consistent approach to communications
National Hospital Death Audit	Nationally consistent method of managing a retrospective audit to collect data about hospital deaths in the context of organ donation
National Donor Family Support Service Framework	Framework outlining the National Donor Family Support Service, the national standard of support offered to donor families in Australia which aims to deliver a consistent and high standard of care
National Reform Agenda	The nine measures that describe the key strategies of the Australian Government's 2008 World's Best Practice Approach to Organ and Tissue Donation for Transplantation
Organ and tissue donation agencies	Organ and tissue donation agencies are responsible for implementing the National Reform Agenda in their respective state or territory and employ specialist staff in organ and tissue donation coordination, professional education, Donor Family Support, communications, and data and audit roles
Organ Donation Hospital Support Funding	Commonwealth funding provided to individual hospitals for additional staffing, bed and other infrastructure costs associated with organ donation to ensure costs are not a barrier to hospitals for organ donation to proceed
Portfolio Budget Statements	Statements prepared by portfolios to explain the Budget appropriations in terms of outcomes and programs
Request rate	The number of donation requests as a proportion of the number of potential donors
State medical directors	Leaders of the organ and tissue donation sector in each jurisdiction driving clinical practice change to increase organ and tissue donation rates