Australian Government

Australian Organ and Tissue Donation and Transplantation Authority

ANNUAL REPORT 2014–15

THANK YOU

Organ donation is a rare event: only around 1–2% of people who die in hospitals, die in the specific circumstances required to be a potential organ donor. We thank and acknowledge the generous Australians and their families who save and transform the lives of transplant recipients through organ and tissue donation. This act of generosity by donor families has a profound impact on the Australians who receive a transplant, as well as their families and friends.

Australian Government

Australian Organ and Tissue Donation and Transplantation Authority

ANNUAL REPORT 2014–15

STRUCTURE OF THE REPORT

This report is prepared in accordance with the *Requirements for Annual Reports* for Departments, Executive Agencies and Other Non-Corporate Commonwealth Entities, as issued by the Department of the Prime Minister and Cabinet and approved by the Joint Committee of Public Accounts and Audit under subsection 70(2) of the *Public Service Act 1999*. It provides details of our operations and our performance. We hope it is also a valuable source of information for the Australian organ and tissue donation and transplantation sectors and for the general community.

Overview

This section provides a summary of our activities and achievements, reported in the Chief Executive Officer's review and the National Medical Director's report. It also reports on our organisational structure and partnership arrangements.

Performance reporting

This section outlines our outcomes and programme framework and reports on our performance against the deliverables and key performance indicators detailed in the 2014–15 Health Portfolio Budget Statements. It also includes financial reporting on Budget estimates and actual expenses for 2014–15, as well as trend information about organ donation and transplantation and community awareness.

It then presents a summary of:

- progress made against the 2014–2018 Strategic Plan: objectives, strategies and actions
- activities undertaken by the DonateLife Network.

Management and accountability

This section summarises our corporate governance structure, people management, workplace health and safety, resource management and legislative reporting requirements.

Financial statements

This section includes the financial statements for the Organ and Tissue Authority in 2014–15.

Appendices

Provides a list of abbreviations, a glossary of terms used in the report, a list of tables and figures, a list of requirements for annual reports, and an alphabetical index.

LETTER OF TRANSMITTAL

Senator the Hon Fiona Nash
Minister for Rural Health
Parliament House
CANBERRA ACT 2600

Dear Minister

As required under subsection 70(2) of the *Public Service Act 1999*, I am pleased to provide you with the Annual Report of the Australian Organ and Tissue Donation and Transplantation Authority (the OTA) for the period 1 July 2014 to 30 June 2015, which reports on the performance and functions of the OTA for that period.

The report, for your presentation to Parliament, reflects the *Requirements for Annual Reports for Departments, Executive Agencies and Other Non-Corporate Commonwealth Entities*, as approved by the Joint Committee of Public Accounts and Audit.

The report also contains information required by other applicable legislation, including the *Public Governance, Performance and Accountability Act 2013*, the *Environment Protection and Biodiversity Conservation Act 1999*, the *Freedom of Information Act 1982*, and the *Work Health and Safety Act 2011*.

The OTA has prepared fraud risk assessments and fraud control plans, has in place appropriate fraud prevention, detection, investigation and reporting mechanisms that meet the specific needs of the OTA, and has taken all reasonable measures to appropriately deal with fraud. These fraud control arrangements comply with Section 10 of the *Public Governance, Performance and Accountability Rule 2014*.

Yours sincerely

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

30 September 2015

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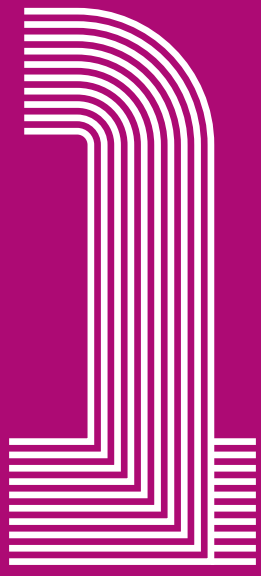


PART ONE
OVERVIEW

ABOUT US

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

At the forefront of our work are the families of deceased organ and tissue donors, transplant recipients and their families, and those Australians and their families waiting for a transplant. These Australians play a significant role in helping us to educate the broader community to understand the need and benefits of donation for transplantation.

OUR VISION

Our vision is to make Australia a world leader in organ and tissue donation for transplantation, and to work in partnership with state and territory governments to improve access by Australians to life-transforming transplants.

OUR MISSION

Our mission is to deliver a highly effective nationally consistent and coordinated organ and tissue donation system for transplantation with the support of Australian governments, the clinical profession and the community, and to increase the number of people from all parts of Australian society who consent to organ and tissue donation.

CHIEF EXECUTIVE OFFICER'S REVIEW

The Organ and Tissue Authority (OTA) was established in 2009 to manage the implementation of the national reform programme. Over that year, the DonateLife Network (DLN) – a national network of DonateLife Agencies and hospital-based medical and nursing specialists in organ and tissue donation – was established to provide a nationally coordinated approach to organ and tissue donation for transplantation. There has been strong growth in donation and transplant outcomes since the establishment of the OTA and the DLN.

In 2014 there were 378 deceased organ donors, 3% fewer than in 2013 when there were 391 deceased organ donors. In contrast, the number of transplant recipients remained comparable with 2013 with 1,117 recipients and the number of organs transplanted was 1% higher than in 2013. The 2014 organ donor outcome represents a 53% increase over 2009 (247) and, when compared to the historical annual average of 205 organ donors for 2000–2008, this represents an 84% increase. In addition, in 2014 there was a 31% increase in the number of tissue donations from deceased tissue donors compared to 2013, and a 50% increase in the number of notified tissue transplant recipients over the previous year (from 3,691 to 5,553 recipients).

These achievements are a tribute to those delivering the national reform programme. This includes health care professionals involved in donation and transplantation, and a wide range of community groups and religious and cultural leaders who have committed to work to raise awareness and promote organ and tissue donation for transplantation in the community. Most importantly, it includes those Australians who have made the generous decision for their loved ones to become an organ or tissue donor.

Despite improvements in donation and transplantation outcomes, there are still not enough donated organs to meet the current need and the future need which is anticipated to grow with the ageing of Australia's population and the increased incidence of chronic diseases. During the year there were approximately 1,600 Australians on transplant waiting lists in any month. Obviously, there is still much to do to continue to build on – and sustain – the increase in organ and tissue donation to make sure more Australians can benefit from transplantation.

> ***"...in 2014 there was a 31% increase in the number of tissue donations from deceased tissue donors compared to 2013, and a 50% increase in the number of notified tissue transplant recipients over the previous year"***

During 2014–15, in consultation with the OTA Advisory Council, the DLN leadership team, and state and territory health department representatives, we developed a four-year Strategic Plan for the OTA: the *Organ and tissue donation for transplantation in Australia 2014–2018 Strategic Plan*. The Strategic Plan identifies the objectives, strategies and actions for 2014–2018, as well as a range of performance and outcome measures against which progress is monitored and reported.

Each year, through the strategic planning process, key strategic priorities are identified for the DLN. I would like to provide a summary of our key achievements against these priorities for 2014–15.

Implementing Phase 2 of the Clinical Governance Framework

During 2014–15 the OTA and the Clinical Governance Committee reviewed the Clinical Practice Improvement Program (CPIP) outcomes. They evaluated the impact of the program using CPIP survey data, Hospital Activity Plans and other sources of performance measurement, including the DonateLife Audit.

> ***The Strategic Plan identifies the objectives, strategies and actions for 2014–2018, as well as a range of performance and outcome measures against which progress is monitored and reported***

Jurisdictions then worked together to identify key hospitals that would be involved in CPIP Phase 2, including the DonateLife Collaborative. Hospitals were grouped across jurisdictional borders according to their Australian and New Zealand Intensive Care Society classification: that is, tertiary, metropolitan, rural and regional, and paediatric. They were further grouped if they shared major trauma and transplantation services, and then finally grouped according to donation outcomes. At the 2015 DonateLife Forum, CPIP Phase 2 commenced when these groups of staff came together to work on ways of expanding the donor pool and increasing consent rates in their hospitals.

CPIP Phase 2 will involve a more intensive approach to the implementation of the Hospital Activity Plans. It will also involve closer scrutiny and management of areas of concern, with additional support for DLN staff from their interstate colleagues at paired hospitals. There will also be a focus on those hospitals with the greatest potential to increase deceased donation rates. Phase 2 will culminate with inter-hospital performance reviews undertaken by DLN, OTA and health department staff to further strengthen the delivery of organ and tissue donation specialist services in key DLN hospitals across Australia.

Developing a national vigilance and surveillance framework

The Australian Vigilance and Surveillance Framework for Organ Donation and Transplantation supports the OTA, and our partners and stakeholders, in developing, delivering and managing a national vigilance and surveillance system. This monitors incidents across the pathway from organ donation to transplantation and will provide a national system for reporting serious adverse events and reactions.

The framework was developed by our Vigilance and Surveillance Working Group which comprised jurisdictional representatives, leaders in the field of vigilance and surveillance, and experts from the organ donation and transplantation sectors.

Organ and Tissue Authority CEO Yael Cass at the DonateLife Network Forum in Melbourne

The national vigilance and surveillance system will complement existing jurisdictional incident management systems. The investigation of serious adverse events and reactions related to organ donation for transplantation remains the responsibility of the hospital and jurisdiction in which the incident occurs. However, the new national system will provide for a national overview of adverse events and reactions to inform systems for mitigation and prevention as well as links to international reporting systems.

Educating health professionals in family donation conversations

Our Strategic Plan recognises the need for ongoing development of our professional education resources to meet the needs of donation specialist staff and their clinical colleagues in the hospital environment. There are a number of activities identified in our Strategic Plan that focus on the delivery of specialist education to health professionals.

In 2014–15 we continued to deliver professional education in all Australian jurisdictions to support health professionals in conducting conversations with families about the opportunity for organ and tissue donation. We continued to evaluate the effectiveness of the Professional Education Package (PEP) training with clinical staff and donor families to monitor the take-up and effectiveness of training and to assess whether it supports families to make an enduring decision about donation.

We have made a significant impact on the provision of professional education and training for health professionals around Australia through the delivery of the PEP, which provides three units of training on conducting family donation conversations. Since March 2012 the Family Donation Conversation workshops in the PEP have been attended by more than 1,280 health professionals in Australia, and the package has been well supported by peak professional groups. In recognition of its importance, the College of Intensive Care Medicine of Australia and New Zealand has mandated attendance at the core Family Donation Conversation workshop as a compulsory training element of the intensive care trainee curriculum.

Conducting community awareness and education activities

Following consultation with the sector, DonateLife Week – the annual national community awareness campaign to encourage donation decisions and discussion – was moved from February to August, effective from 2015. The national theme for the fifth national DonateLife Week 2015 is, '*Have the chat that saves lives*', supported by the tagline, '*If you'd say yes to a life-saving transplant…have you said yes to becoming an organ and tissue donor?*'. This message aims to promote the concepts of shared responsibility, reciprocity and generosity. DonateLife Week 2015 will be led by a national media and public relations campaign, and supported by community events and activities to extend reach and impact.

Engagement with culturally and linguistically diverse communities remained a priority in 2014–15 through the continued implementation of the national 'DonateLife….the greatest gift' community education campaign. Training sessions on organ and tissue donation were undertaken with religious and cultural leaders to ensure there was informed community advocacy by recognised and authoritative local spokespeople. Media partnerships were also established with key religious and ethnic media outlets.

During the year we continued to work with the DonateLife Corporate Partners – ANZ, Bupa, Australia Post, Linfox and the Australian Automobile Association – to educate and inform their employee network about organ and tissue donation. Activity under this program includes:

- facilitating employee information sessions with DonateLife representatives
- including DonateLife materials in staff Health Safety Check packs
- promoting DonateLife resources through online channels, feature stories and information in internal employee communications (intranet and social media), and
- including the Australian Government's Leave for Living Organ Donors Programme into human resources policies.

In 2014–15 we welcomed a new organisation, Worldcare, to undertake a similar program of activity.

> ***"If you'd say yes to a life-saving transplant…have you said yes to becoming an organ and tissue donor?"***

Outlook for 2015–16

In the 2015 Federal Budget, the Australian Government announced a new measure: accelerating growth in organ and tissue donation for transplantation. This two-year measure consists of four key elements that will improve organ and tissue donation rates. We look forward to working with the DLN to deliver this measure by:

- improving systems to allow better matching of available organs to potential transplant recipients
- implementing the DonateLife Collaborative
- implementing online consent registration to increase the proportion of legal consent registrants on the Australian Organ Donor Register
- extending the Supporting Leave for Living Organ Donors Programme.

The strategies and actions outlined in our Strategic Plan will be reviewed and updated annually to ensure the plan remains current and reflects the strategic priorities for each future financial year.

For 2015–16 we will be focusing on:

- implementing Phase 2 of the DonateLife Clinical Practice Improvement Program, including the DonateLife Collaborative
- continuing to deliver specialist education to health professionals involved in conversations with families about the opportunity for donation
- developing the national vigilance and surveillance framework for organ donation and transplantation
- starting to develop the Australian Organ Matching System, and
- conducting community awareness and education activities on organ and tissue donation.

> ***"I would like to thank those Australians who became an organ or tissue donor during the year, along with their families who agreed to fulfil their donation decisions and the dedicated and professional staff of the DonateLife Network and the OTA"***

Financial performance

We have a strong focus on budget management and ensuring that resources are appropriately allocated to optimise our performance. The OTA's 2014–15 financial result remained strong. The year ended with a departmental $0.529 million operating surplus compared to a forecast break-even position net of unfunded depreciation and a $0.063 million deficit in 2013–14.

Administered expenditure for 2014–15 was $40.394 million towards the delivery of the national reform programme. Expenditure is expected to increase in 2015–16 in line with the additional Budget measure of 'accelerating growth in organ and tissue donation for transplantation'.

Thank you

I would like to thank those Australians who became an organ or tissue donor during the year, along with their families who agreed to fulfil their donation decisions and the dedicated and professional staff of the DonateLife Network and the OTA.

Dr Helen Opdam commenced as our National Medical Director from 1 July 2014. I would like to personally acknowledge her input throughout this year; Helen has worked closely with members of the DLN and was instrumental in the development of the Strategic Plan.

I am pleased to present the OTA's 2014–15 Annual Report.

Ms Yael Cass
Chief Executive Officer
Organ and Tissue Authority

NATIONAL MEDICAL DIRECTOR'S REPORT

Increasing organ and tissue donation for transplantation in Australia is a collective responsibility and requires a whole-of-government, hospital and community response. To optimise opportunities for Australians to receive a life-transforming transplant, we must work together to normalise clinical and community acceptance of organ and tissue donation to ensure that donors and their families are provided with every opportunity to donate.

I would like to thank the members of the Advisory Council and the Jurisdictional Advisory Group for their collaboration and input into the 2014–2018 Strategic Plan. I believe this critical piece of work will ensure that we continue to build on and sustain the increase in organ and tissue donation outcomes to ensure that more Australians are able to benefit from transplantation.

This has been my first year in the role of National Medical Director. I have enjoyed this year and am committed to achieving the objectives, and implementing the strategies and actions, outlined in our Strategic Plan.

In 2014–15 the OTA worked to develop Wave 2 of the Donor Family Study which will invite up to 1,500 families who made a donation decision in 2012 and 2013 to share their experiences – whether that was to support or decline donation. This development has included a review of the study methodology and survey instruments with stakeholders and submissions to Human Research Ethics Committees across Australia for ethics approval of the study. Results of this study will inform the OTA and the sector to ensure that families of deceased organ and tissue donors are provided with nationally coordinated and respectful support which is responsive to the needs of each family.

Ongoing awareness of developments in medical technologies for organ preservation and transplantation is integral to understanding and utilising the best options available to the Australian community. There are scientific developments and research on the horizon that will challenge current accepted clinical and ethical practice in donation and transplantation. We need to be prepared to address clinical and ethical issues that may arise in relation to any evolving technology and techniques in organ transplantation, and the ongoing transition from the innovation of research to established practice.

A potential area for growth is further expansion of medical suitability so that older and more marginal donors are identified and managed as potential donors and their organs matched and transplanted into suitable recipients who might benefit. It is of note that in 2014, 26% of donors were aged 60 years or older in Australia, compared with 54% in Spain. In 2014 the 70-and-over age group accounted for nearly one third of all donors in Spain (30%) compared to 6.9% of donors in Australia.

Expanding the donor pool in Australia requires close collaboration between the donation and transplantation sector, and community support for this approach. Significant work was undertaken towards this goal during 2014–15, as follows:

- The inaugural Donation and Transplantation Workshop preceded the DonateLife Forum in March 2015. For the first time, the workshop brought together key clinicians and stakeholders from the Australian organ and tissue donation and transplantation sectors to address some of the issues arising at the donation/transplantation interface. The day also provided a valuable opportunity to better understand the complexities of one another's sectors and to begin to address the issues being faced locally and nationally.
- A review of the Transplantation Society of Australia and New Zealand (TSANZ) *Organ transplantation from deceased donors: consensus statement on eligibility criteria and allocation protocols* is being undertaken through an arrangement between the TSANZ, the National Health and Medical Research Council and the OTA to produce a revised set of Ethical Guidelines for organ transplantation from deceased donors.
- These Ethical Guidelines will inform ethical practice for health professionals in relation to the development and implementation of eligibility criteria for entry onto organ transplant waiting lists. They will also provide donor suitability criteria for organ allocation for transplantation; and the organ allocation protocols for determining potential transplant recipients. The Ethical Guidelines will also inform the development of organ-specific Clinical Guidelines for Organ Transplantation from Deceased Donors which is being led by TSANZ in collaboration with the OTA.
- The 2015 Budget measure included funding for the development of the Australian Organ Matching System (AOMS), which will replace the current national organ matching system. This system will provide the platform for better matching of available organs to potential transplant recipients.

The AOMS will be developed to facilitate greater flexibility in responding to emerging clinical developments – for example, by offering more specific age matching of donors to recipients. The system will allow for optimal matching of donor organs to transplant recipients to further maximise equity of access and enhanced clinical outcomes for transplants in Australia.

During 2014–15 work started to expand the scope of the DonateLife Audit to include the identification of potential donation after circulatory death donors. It is anticipated that reporting on outcomes from the entire potential donor pool (donation after brain death and after circulatory death) will begin in February 2016. No country in the world currently reports on potential donation after circulatory death, so this will be an exciting development for Australia.

Thank you

I would like to thank and personally acknowledge all Australian families who consider and make a decision about organ or tissue donation at an incredibly difficult time.

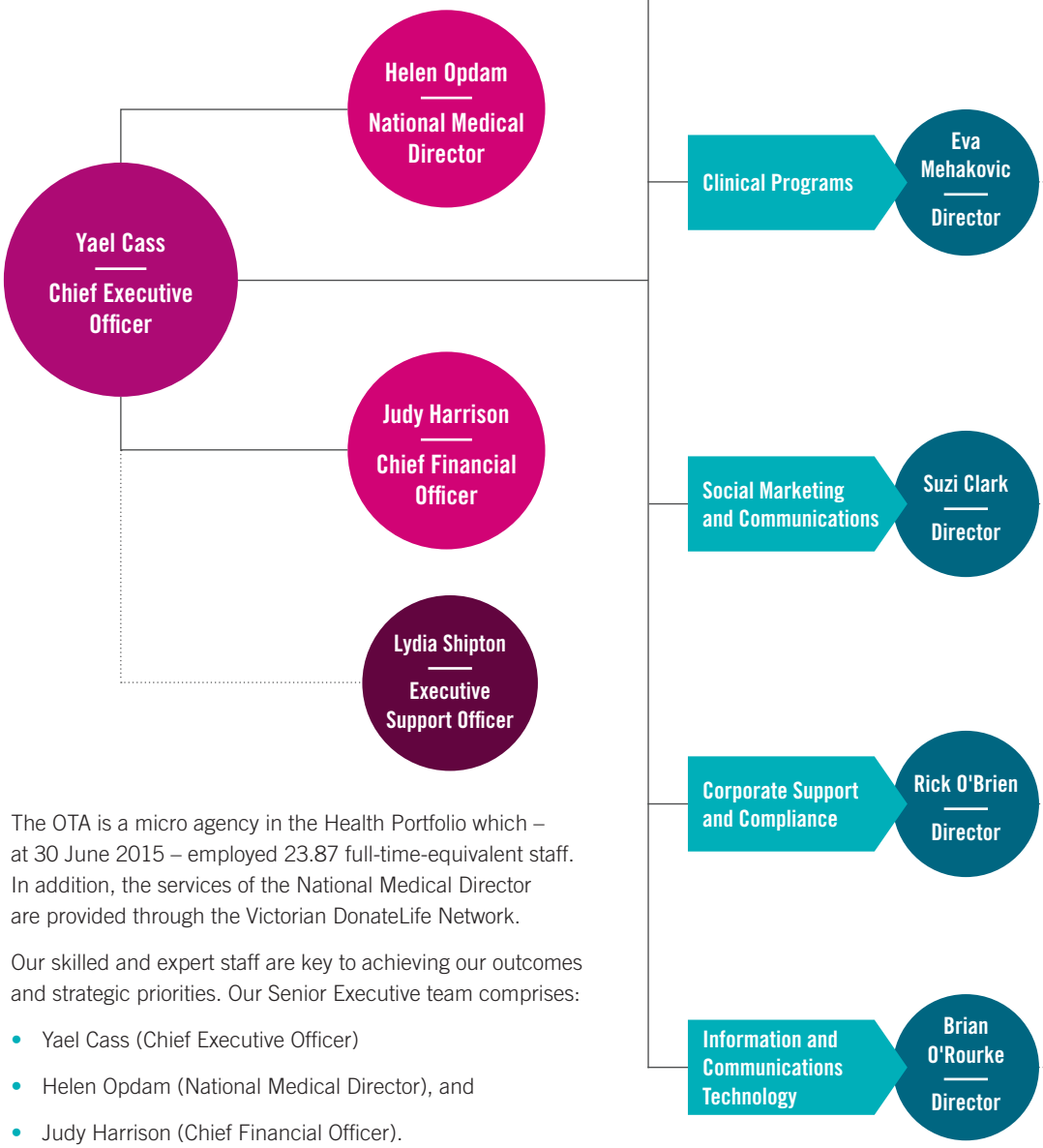
I would like to thank and acknowledge the support of my colleagues in professional organisations, such as the Australian and New Zealand Intensive Care Society, the College of Intensive Care Medicine of Australia and New Zealand, the Transplantation Society of Australia and New Zealand, the Australian College of Critical Care Nurses, the Australasian Transplant Coordinators Association and the Transplant Nurses Association.

I would also like to thank the staff of the DLN and the OTA, whose ongoing commitment and enthusiasm have been integral in the sector during 2014–15.

Dr Helen Opdam
National Medical Director
Organ and Tissue Authority

ORGANISATIONAL STRUCTURE

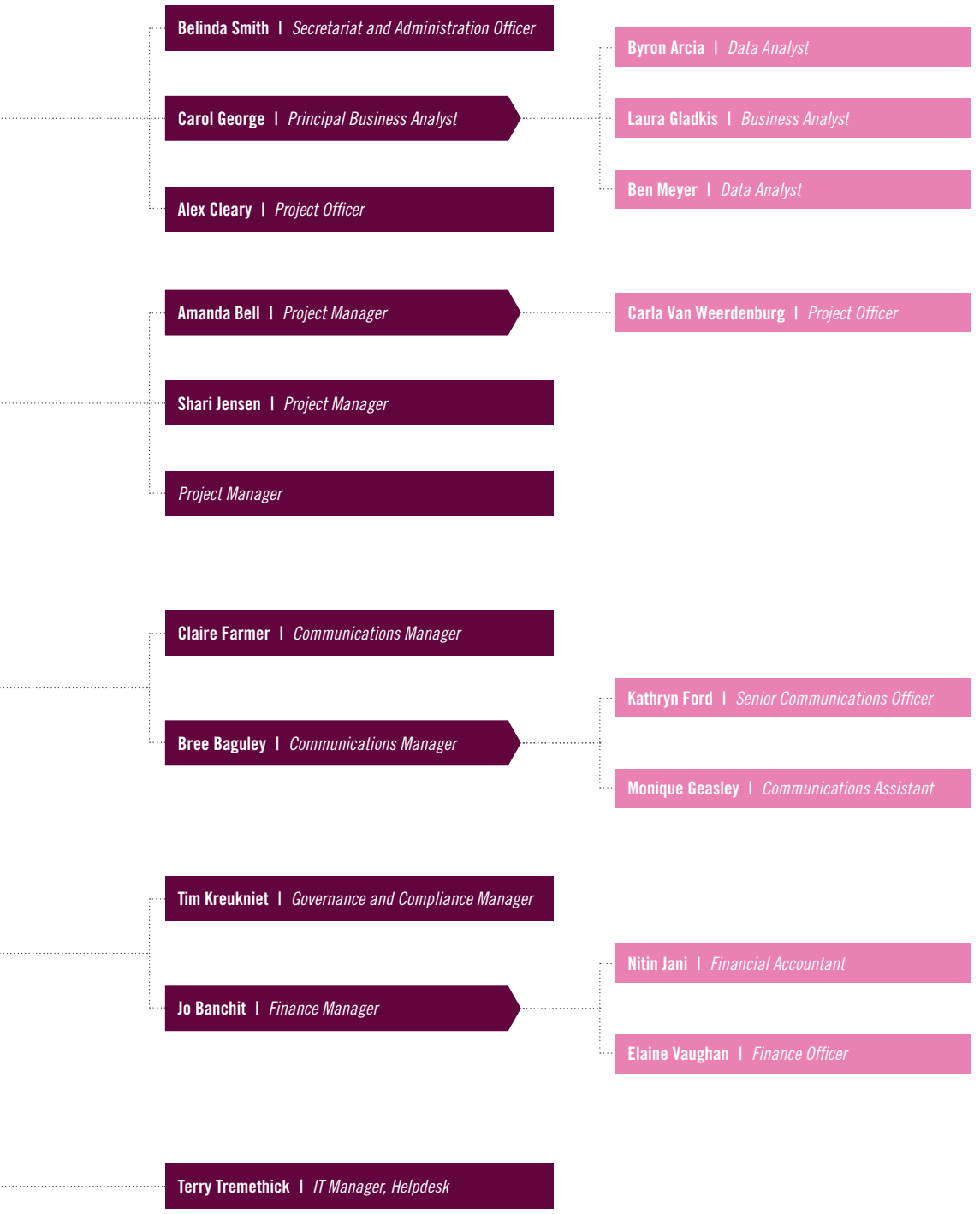
The OTA works collaboratively and professionally with states and territories, clinicians and the community sector to implement the national reform programme for organ and tissue donation for transplantation.



The OTA is a micro agency in the Health Portfolio which – at 30 June 2015 – employed 23.87 full-time-equivalent staff. In addition, the services of the National Medical Director are provided through the Victorian DonateLife Network.

Our skilled and expert staff are key to achieving our outcomes and strategic priorities. Our Senior Executive team comprises:

- Yael Cass (Chief Executive Officer)
- Helen Opdam (National Medical Director), and
- Judy Harrison (Chief Financial Officer).


Belinda Smith | Secretariat and Administration Officer
Carol George | Principal Business Analyst
Alex Cleary | Project Officer
Byron Arcia | Data Analyst
Laura Gladkis | Business Analyst
Ben Meyer | Data Analyst
Amanda Bell | Project Manager
Shari Jensen | Project Manager
Project Manager
Carla Van Weerdenburg | Project Officer
Claire Farmer | Communications Manager
Bree Baguley | Communications Manager
Kathryn Ford | Senior Communications Officer
Monique Geasley | Communications Assistant
Tim Kreukniet | Governance and Compliance Manager
Jo Banchit | Finance Manager
Nitin Jani | Financial Accountant
Elaine Vaughan | Finance Officer
Terry Tremethick | IT Manager, Helpdesk

COMMITTEE STRUCTURE

The OTA has the following committee structure:

- program governance and advice, comprising the:
  - Advisory Council
  - Jurisdictional Advisory Group
- committees established by the Chief Executive Officer to provide sector-specific advice, comprising the:
  - Clinical Governance Committee
  - DonateLife Partners
  - Transplant Liaison Reference Group, and
- purpose-specific working groups.

Our committee structure provides key stakeholders with the opportunity to participate in the decision-making processes that support the implementation of the national reform programme.

Advisory Council

Our premier advisory body is the Australian Organ and Tissue Donation and Transplantation Advisory Council (the Advisory Council). The Advisory Council is established under the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008* to advise the Chief Executive Office (CEO) about organ and tissue donation and transplantation matters.

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

We would like to acknowledge the substantial contribution made by Mr David Koch to the implementation of the national reform programme, David was a valued member of the OTA Advisory Council from 2009, and was Chair from 2013 until 2015.

At 30 June 2015 the Advisory Council members were:

- Professor Jeremy Chapman AC
- Professor Geoff Dobb
- Ms Francine Eades
- Dr Marisa Herson
- Professor John Horvath AO
- Ms Rachael Martin
- Mr David O'Leary
- Ms Francesca Rourke
- Mr Jon Seccull
- Mr Chris Thomas
- Dr Helen Watchirs OAM
- Ms Anne Wilson

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

Jurisdictional Advisory Group

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

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

Clinical Governance Committee

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

DonateLife Partners

The main mechanism for engagement with the non-government sector is the DonateLife Partners Committee. It comprises representatives from consumer groups as well as professional bodies involved in donation and transplantation.

The DonateLife Stakeholder Engagement Framework was updated in July 2014 to reflect the evolution of the national reform programme and stakeholder engagement with the national DonateLife Community Awareness and Education Program. All members are signatories to what was previously known as the DonateLife National Communications Framework and Charter. From 1 July 2014, these two documents were consolidated into the DonateLife Partnership Agreement, with three tiers of partnership:

- **DonateLife Partners**, consisting of non-government organisations in the organ and tissue donation or transplantation sectors
- **DonateLife Corporate Partners**, and
- **DonateLife Community Partners**.

The main purpose of the agreement is to ensure that members share and receive the necessary information to undertake a nationally consistent and coordinated approach to community education and communication about organ and tissue donation. At 30 June 2015 there were 82 partner organisations that were signatories to the agreement.

Transplant Liaison Reference Group

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

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

Purpose-specific working groups

We have a number of purpose-specific working groups, established by the CEO. In 2014–15 the nine purpose-specific groups that were active were the:

- Communications Reference Group
- Data and Audit Working Group
- Donor Family Support Implementation Group
- Education Coordinators Network
- Electronic Donor Record Working Group
- Eye and Tissue Advisory Committee
- Family Conversations Steering Group
- Organ Retrieval Working Group
- Vigilance and Surveillance Working Group.

PARTNERSHIPS AND COLLABORATION

Increasing organ and tissue donation for transplantation in Australia is a collective responsibility and requires a whole-of-government, hospital and community response.

At the forefront of our work are the families of deceased organ and tissue donors, transplant recipients and their families, and those Australians and their families waiting for a transplant. These Australians play a significant role in helping us to educate the broader community to understand the need and benefits of donation for transplantation.

To optimise opportunities for Australians to receive a life-transforming transplant, we must work together to normalise clinical and community acceptance of organ and tissue donation to ensure that donors and their families are provided with every opportunity to donate.

To achieve this, Commonwealth, state and territory governments, clinicians, professional bodies, eye and tissue banks, consumers and the community sector work in partnership to improve organ and tissue donation and transplantation outcomes in Australia.

Our partners also include faith and cultural organisations, media, corporate partners and community partners that support organ and tissue donation and transplantation within their communities.

The following are the key stakeholders with whom we work to implement the national reform programme, alongside our collective engagement with the Australian community.

Government

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

Professional associations

- Australian and New Zealand Intensive Care Society
- Australian College of Critical Care Nurses
- Australasian College for Emergency Medicine
- Australian Medical Students Association
- Australasian Transplant Coordinators Association
- Biotherapeutics Association of Australasia
- College of Intensive Care Medicine of Australia and New Zealand
- Eye Bank Association of Australia and New Zealand
- Transplant Nurses Association
- Transplantation Society of Australia and New Zealand

Eye and tissue banks

- ACT Bone Bank
- Australian Biotechnologies
- Barwon Health Bone Bank
- Cells and Tissue Therapies Western Australia
- Donor Tissue Bank of Victoria
- Hunter New England Bone Bank
- Lions Eye Bank WA
- Lions Eye Donation Service VIC
- NSW Bone Bank
- NSW Lions Eye Bank
- PlusLife (Perth Bone and Tissue Bank)
- Queensland Tissue Bank
- South Australian Eye Bank
- South Australian Tissue Bank
- Sydney Heart Valve Bank

Community

DONATELIFE PARTNERS

- Aussie Transplant Mates
- Coen Ashton Foundation
- David Hookes Foundation
- Eurobodalla Renal Support Group
- Gift of Life Inc (ACT)
- Heart and Lung Transplant Trust Victoria
- Kidney Health Australia
- Liver Kids Australia Inc
- Organ Donation and Transplant Foundation of WA
- Sammy D Foundation
- Students and Volunteers for Organ Donation
- Transplant Australia
- Transplant Cricket Australia
- Zaidee's Rainbow Foundation
- St John of God Healthcare

DONATELIFE CORPORATE PARTNERS

- ANZ
- Australian Automobile Association
- Australia Post
- BUPA
- Linfox
- Worldcare

DONATELIFE COMMUNITY PARTNERS

- AM Solutions Group
- Bathurst Rugby Club
- Bayside United Football Club
- Brisbane Hinterland 4WD
- Bronte Family Day Care
- Charlotte Mackay
- Council of Governors of Lions Australia
- Creighton's Funeral Service
- Dailey Family Funerals and Pink Lady Funerals
- David Tranter
- Don Williams

- Ethan 'Jimmy' Seccull Foundation
- Gentleman Player
- Guy Holmes
- Hinterland Celtic Rugby Union Football Club
- Kazar Slaven
- Mustang Building Services
- Quadski Around Australia
- Russell Brothers Funeral Directors
- University of Queensland Rugby Football Club
- St Edmunds Basketball Club
- The Ruth Barker Project
- YMCA Victoria

Donation and transplant outcome registries

- Australia and New Zealand Dialysis and Transplant Registry
- Australia and New Zealand Liver Transplant Registry
- Australia and New Zealand Organ Donation Registry
- Australian and New Zealand Cardiothoracic Transplant Registry
- Australian Corneal Graft Registry
- National Organ Matching Service

Other organisations

- Australian Red Cross Blood Service
- Donor Families Australia

International Organisations

- Canadian Blood Services
- Donation and Transplantation Institute, Spain
- Gift of Life Donor Program, USA
- Institute for Transplantation and Biomedicine, The Republic of Croatia
- Authority for Blood and Transplant Services, Portugal
- International Registry on Organ Donation and Transplantation, Spain
- National Health Service, UK
- National Transplant Organization (ONT), Spain
- Organ Donation New Zealand
- The Transplantation Society
- World Health Organisation

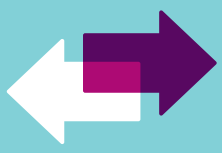
PART TWO
PERFORMANCE REPORTING

OUR PROGRAMME

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

The twin objectives of the national reform programme are to:

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



OUTCOME 1

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

PROGRAMME 1.1

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

We measure our success in achieving our outcomes in a number of ways. One of these measures is the reporting of our performance against the deliverables and the key performance indicators for programme 1.1 published in the Health Portfolio Budget Statements 2014–15 and Portfolio Additional Estimates Statements 2014–15.

TABLE 1 ENTITY RESOURCE STATEMENT 2014–15

		(a) Actual available appropriations for 2014–15 $	(b) Payments made 2014–15 $	(a-b) Balance remaining 2014–15 $
Ordinary annual services[1]				
Departmental appropriation[2]		10,214,850	6,939,713	3,275,137
Total		10,214,850	6,939,713	3,275,137
Administered expenses				
Outcome 1		40,394,000	29,489,865	
Payments to corporate entities[3]		–	–	
Total		**40,394,000**	**29,489,865**	
Total ordinary annual services	**A**	**50,608,850**	**36,429,578**	
Other services				
Administered expenses				
Specific payments to states, ACT, NT and local government				
Outcome 1		–	–	
Total		–	–	
New administered expenses				
Outcome 1				
Total		–	–	
Departmental non-operating				
Equity injections		649,000	259,000	390,000
Total		**649,000**	**259,000**	**390,000**
Administered non-operating				
Administered assets and liabilities payments to corporate entities non-operating		–	–	
Total		–	–	
Total other services	**B**	**649,000**	**259,000**	
Total resourcing and payments	**A+B**	**51,257,850**	**36,688,578**	
Total net resourcing and payment for Organ and Tissue Authority		**51,257,850**	**36,688,578**	

1 Appropriation Act (No.1) 2014–15 and Appropriation Act (No.3) 2014–15. This may also include prior year departmental appropriation and section 74 retained revenue receipts.

2 Includes an amount of $0.649m in 2014–15 for the Departmental capital budget. For accounting purposes this amount has been designated as 'contributions by owners'.

3 'Corporate entities' are corporate Commonwealth entities and Commonwealth companies as defined under the PGPA Act 2013.

TABLE 2 EXPENSES FOR OUTCOME 1

	(a)	(b)	(a-b)
Outcome 1: Improved access to organ and tissue transplants, including through a nationally coordinated and consistent approach and system.	**Budget* 2014–15 $**	**Actual expenses 2014–15 $**	**Variation 2014–15 $**
Programme 1.1: Coordination of organ and tissue donation and transplantation			
Administered expenses			
Ordinary annual services (annual appropriation bill 1)	40,394,000	40,393,885	115
Special accounts	–	–	–
Departmental expenses			
Departmental appropriation[1]	6,213,000	5,234,117	978,883
Expenses not requiring appropriation in the Budget year	421,000	519,735	(98,735)
Total for Programme 1.1	**47,028,000**	**46,147,736**	**880,264**
Total expenses for Outcome 1	**47,028,000**	**46,147,736**	**880,264**

	2013–14	**2014–15**
Average staffing level (number)	27.43	25.06

* Full year budget, including any subsequent adjustment made to the 2014–15 Budget at Additional Estimates.

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

DEPARTMENTAL

Financial performance

Departmental operating results

The overall result for 2014–15 was an operating surplus of $0.529 million, compared to an operating deficit of $0.063 million in 2013–14. After the elimination of unfunded depreciation, the OTA reported an operating surplus of $1.049 million. This increase in operating result from the previous year reflects the additional appropriation received for the merger between the OTA and the National Blood Authority which was not expensed, in addition to savings in employee expenses from staff movements.

We maintained a strong focus on financial management, resulting in an operating surplus of $0.529 million

Revenue

The OTA began 2014–15 with appropriation revenue of $5.793 million and received an additional $0.420 million during the Portfolio Additional Estimates Statements process which reflected additional funding for the merger.

Operating expenses

The OTA's total expenses in 2014–15 were $5.754 million, which was $0.220 million lower than that reported in 2013–14 ($5.974 million). The main factor contributing to the decrease in expenses is the movement of staff.

Expenditure is expected to decrease further in 2015–16 as our finance strategy aims to support the government's aims to achieve smaller government through efficiencies and effectiveness of government administration. While the OTA faced challenges in 2014–15, and will continue to do so in future years, the OTA's strong focus on financial management will ensure the delivery of key activities and the achievement of significant milestones.

A strong net asset position with a net asset increase of $1.467 million

Capital budget

The OTA commenced 2014–15 with a capital budget of $0.259 million. During the year, the capital budget increased by $0.390 million to $0.649 million, reflecting the capital expenditure associated with the implementation costs of the merger.

Net asset position

Overall, the OTA's 2014–15 net asset position of $3.128 million has increased in comparison with 2013–14 by $1.467 million. This increase is predominantly a result of an increase in departmental government receivables of $0.992 million and an increase in leasehold improvements of $0.125 million following the independent revaluation of assets.

ADMINISTERED

Financial performance

Administered expenses

The OTA's 2014–15 administered expenses were $40.394 million towards the delivery of the national reform programme, which was $0.716 million higher than that reported in 2013–14 ($39.678 million).

Our 2014–15 administered activities covered programs including:

- funding for state and territory governments for dedicated organ and tissue donation medical specialists in hospitals and organ and tissue donation agencies
- public and private hospitals as a contribution towards the costs associated with organ donation activity based on actual and intended organ donors, and the cost of transferring an intended donor from a regional hospital to a larger hospital solely for the purpose of donation
- transplant outcome registries
- organisations with projects or activities that provide guidance or contribute to improving awareness and engagement of the Australian community, the non-government sector, donor families and others involved in increasing organ and tissue donation
- increasing community awareness and education through creative material production, public relations, research and merchandise
- delivery of the national Professional Education Package across Australia, including Family Donation Conversation workshops that provide health professionals with advanced training and communication skills to support grieving families when raising the opportunity of donation, and
- Electronic Donor Record maintenance and support.

Expenditure is expected to increase in 2015–16 in line with the additional budget measure: 'Accelerating growth in organ and tissue donation for transplantation'.

Net asset position

At 30 June 2015, the OTA held total assets of $0.444 million, which is $0.177 million higher than the OTA's asset position at 30 June 2014.

At 30 June 2015, the OTA reported total liabilities of $11.148 million, a decrease of $0.766 million compared to 30 June 2014. The change in liability balances mainly relates to a reduction in grants payable.

OUR PROGRAMME

Deliverables

TABLE 3 QUALITATIVE DELIVERABLES

Qualitative deliverable	Result
Implement the second stage of the Organ and Tissue Donation Clinical Governance Framework	**Deliverable met**

- In 2014–15 each DonateLife Network (DLN) hospital developed a Hospital Activity Plan to implement the organ and tissue donation Clinical Governance Framework, including each element of the Clinical Practice Improvement Plan (CPIP).
- In July 2014 and January 2015 surveys were completed of all jurisdictions to measure progress in the implementation of the CPIP over time. Trend analysis was undertaken to compare key performance indicator (KPI) achievement in July – December 2014 against the baseline in July 2013. This analysis showed a 9.5% increase in the number of CPIP KPIs achieved over that time, from the baseline of 76.4% to 85.9% by December 2014.
- In 2015 the DLN leadership worked with us to develop and implement CPIP Phase 2. This included matching hospitals by performance, casemix and ANZIC classification to share demonstrated practice and strategies to continue to embed the CPIP into hospital clinical culture.
- All grouped DLN hospitals met in March 2015 to begin the work of CPIP Phase 2. They attended a two-day workshop focused on identifying hospital-based strategies to expand the donor pool and increase the donation consent rate in all DLN hospitals.

Qualitative deliverable	Result
Develop a national vigilance and surveillance framework in Australia for organ donation and transplantation	**Deliverable met**

- In 2014–15 we developed the Australian Vigilance and Surveillance Framework for Organ Donation for Transplantation.
- In 2014–15 this framework was provided to states and territories and key stakeholders for comment and endorsement.

Qualitative deliverable	Result
Deliver specialist education to health professionals involved in conversations with families about the opportunity for donation	**Deliverable met**

- In 2014–15 we continued to deliver specialist education through the Professional Education Package (PEP) and Family Donation Conversation (FDC) workshops.
- There were seven core FDC workshops that trained 183 health professionals, and nine practical FDC workshops that trained 67 health professionals throughout Australia.
- The Introductory Donation Awareness Training (IDAT) workshop was developed as the revised first unit of the PEP.
- The national evaluation of the pilot of models for requesting organ and tissue donation was completed in June 2015.

Qualitative deliverable	Result
Conduct community awareness and education activities on organ and tissue donation, in partnership with sector and community organisations	**Deliverable met**

- In 2014–15 we continued to lead and provide support across the sector on a range of community awareness and education activities. This work is focused on encouraging Australians to discuss their donation decisions with family members, and to decide and register their donation decisions on the Australian Organ Donor Register (AODR).
- We continued to engage with religious and cultural leaders and communities as part of the ongoing national 'DonateLife…the greatest gift' community education campaign.
- We continued to work with the DonateLife Corporate Partners – ANZ, Bupa, Australia Post, Linfox and the Australian Automobile Association – to educate and inform their employee networks about organ and tissue donation.
- We supported 22 organisations through Community Awareness Grants during the year. Eight projects focused on culturally and linguistically diverse communities to support decision making and discussion about organ and tissue donation. The remaining 14 projects include community awareness events and activities to support DonateLife Week 2015, or other targeted community-based events at other times of the year.
- We produced and distributed a range of nationally consistent, factual information products and promotional items. These included fact sheets, posters, postcards, videos, a Community Speakers Kit (comprising an information booklet and a PowerPoint presentation), the DonateLife/AODR brochure, and campaign kits to extend the reach and impact of the National Community Awareness and Education Program.

Key performance indicators

TABLE 4 QUANTITATIVE DELIVERABLES

Quantitative deliverable		
Rate of request by hospital staff to families for organ and tissue donation	**2014 target***	**100%**
	2014 actual	**98%**

- In 2014 the national donation after brain death (DBD)** request rate was 98%, a 2% increase over the 2013 rate.
- A national request rate of 100% is an aspirational target which we anticipate achieving within the next four years.
- Potential donation after circulatory death (DCD) have been excluded, as data from this donation pathway requires further validation.***

Quantitative deliverable		
Rate of family consent to organ and tissue donation	**2014 target***	**75%**
	2014 actual	**59%**

- In 2014 there was a slight decrease in the DBD** consent rate from 62% in 2013 to 59% in 2014.
- A national consent rate of 75% is an aspirational target which we anticipate achieving within the next four years.
- Data for donation after circulatory death has been excluded, as it requires further validation.***

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

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

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

ORGAN DONATION

Organ donation is a rare event: only around 1–2% of people who die in hospitals, die in the specific circumstances required to be a potential organ donor. One deceased organ donor and tissue donor is able to transform the lives of more than 10 people.

TREND INFORMATION

Organ donation and transplantation outcomes

In 2014 organ donation and transplantation outcomes were largely comparable with 2013. However, the long-term trend is one of growth since the DLN was established in 2009, with:

- a 53% increase in the number of deceased organ donors
- a 38% increase in the number of transplant recipients, and
- a 39% increase in the number or organs transplanted.

One in five of all transplant recipients since 2009 (1,204 of 5,244) have received a life-saving transplant because of the growth in donation outcomes since 2009.

The historical annual average donation outcome (2000–2008) was 205 deceased organ donors and 685 organ transplant recipients. The 2014 outcomes represent an 84% increase in deceased organ donors and a 63% increase the number of transplant recipients.

The national reform programme is delivering significant results to improve the lives of Australians, but we recognise that more needs to be done to achieve a continued increase in donation and transplantation outcomes.

TABLE 5 DECEASED ORGAN DONATION AND TRANSPLANTATION OUTCOMES 2009–2014

	2009	2010	2011	2012	2013	**2014**
Deceased organ donors	247	309	337	354	391	**378**
Australian resident population[1]	21,691,652	22,031,750	22,340,024	22,728,254	23,125,868	**23,490,736**
Organ donation rate (donors per million population)[2]	11.4	14.0	15.1	15.6	16.9	**16.1**
Transplant recipients	808	943	1,109	1,053	1,122	**1,117**
Organs transplanted[3]	856	993	1,057	1,110	1,177	**1,193**
Organ transplant rate (organs transplanted per million population)[4]	39.5	45.1	47.3	48.8	50.9	**50.8**

1 The Preliminary Australian Estimated Resident Population for 30 June of each year is based on results of the 2011 Census of Population and Housing statistics and was updated on 18 December 2014 by the Australian Bureau of Statistics. For any calendar year, the population count is based on the preliminary Estimated Resident Population at 30 June within the calendar year.

2 Organ donation rates are based on the Preliminary Australian Estimated Resident Population for 30 June of each year, which was updated on 18 December 2014.

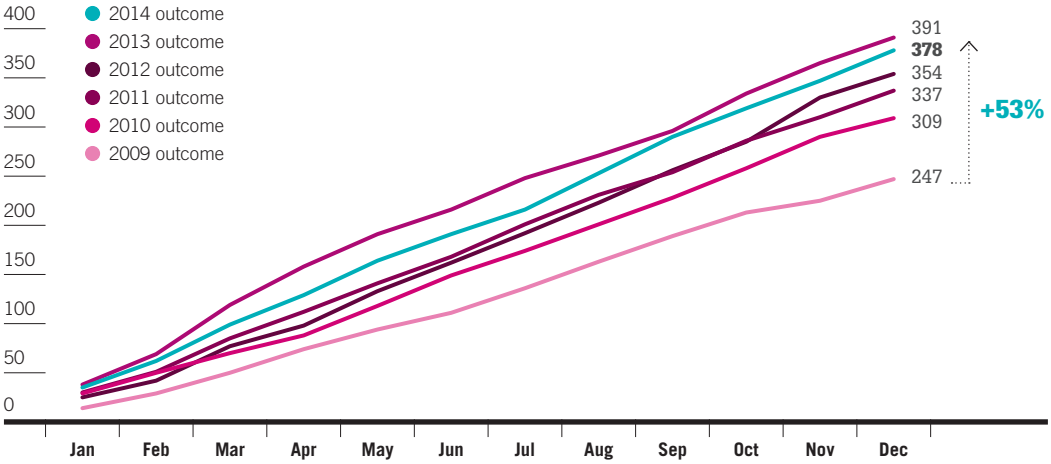
3 Organs transplanted from deceased donors include pancreatic islet transplants. Organs transplanted from living donors are excluded.

4 Organ transplant rates are based on the Preliminary Australian Estimated Resident Population for 30 June of each year, which was updated on 18 December 2014.

Deceased organ donors

In 2014 there were 378 organ donors who transformed the lives of 1,117 Australians. This represents a 3% decrease compared with 2013 (391 donors) and a 53% increase over 2009 (247 donors), the year the DLN was established.

FIGURE 1 DECEASED ORGAN DONORS 2009–2014



Deceased organ donation trend 2009–2014

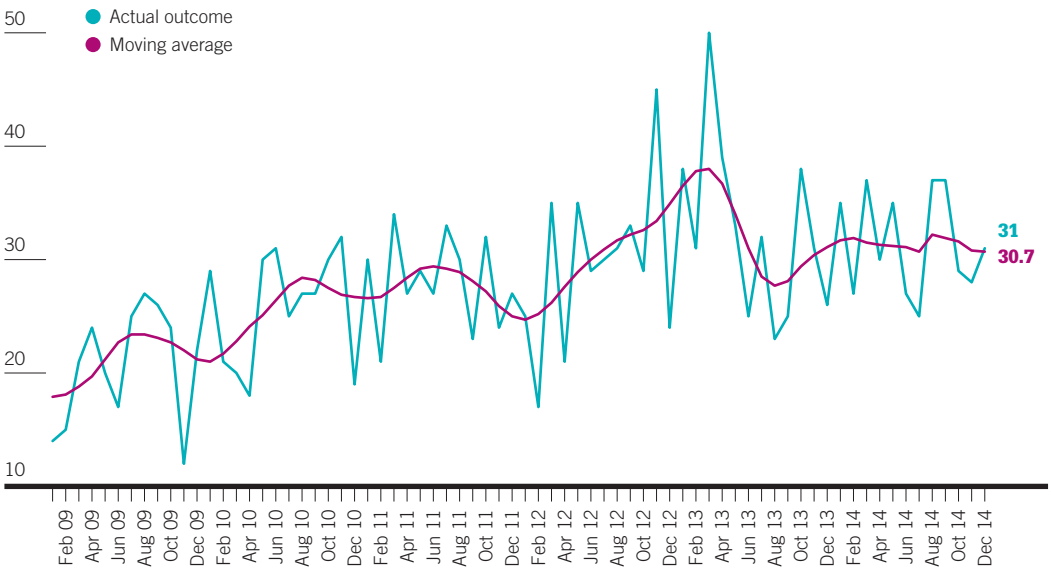
Australia's national reform programme, introduced in 2009, has achieved strong growth in organ and tissue donation rates, resulting in more Australian lives being saved and transformed through transplantation.

There has been monthly and annual variation in donation outcomes over the period 2009–2014. This variation is not unique to Australia: it is a feature of donation performance in all countries that have implemented national reform programs for organ donation.

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

The deceased organ donation trend has increased over time from fewer than 20 donors a month in January 2009 to over 30 donors a month by the end of 2014.

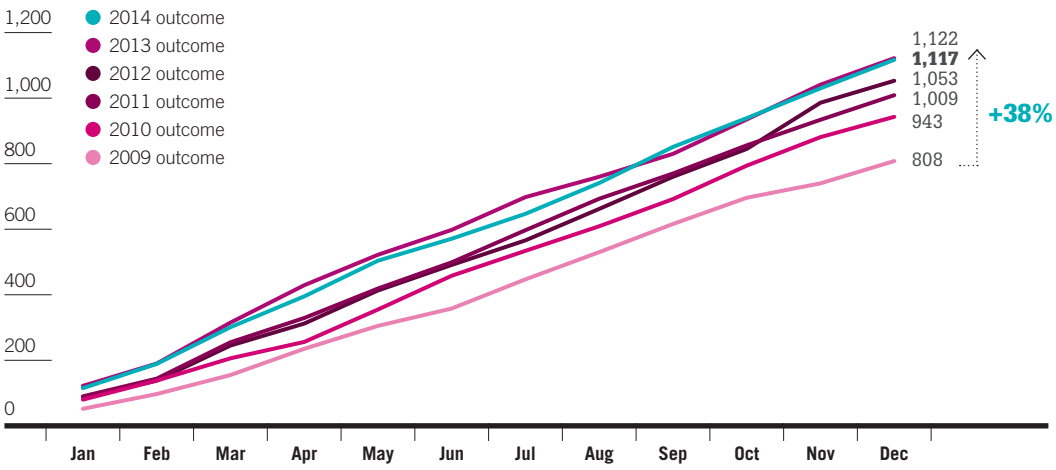
FIGURE 2 DECEASED ORGAN DONORS, MONTHLY ACTUAL OUTCOME AND TREND 2009–2014



Organ transplant recipients

In 2014 there were 1,117 organ transplant recipients. This result is comparable to the outcome achieved in 2013 (1,122 transplant recipients) and represents a 38% increase over 2009 (808 recipients), the year the DLN was established.

FIGURE 3 ORGAN TRANSPLANT RECIPIENTS 2009–2014



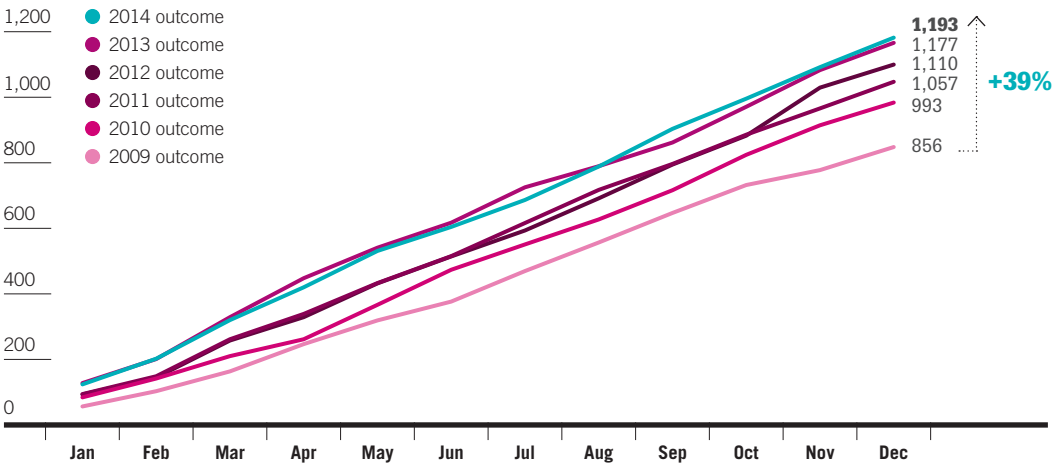
Organs transplanted

In 2014 there were 1,193 organs transplanted, the highest number of organs transplanted since national records began. This represents a 1% increase over 2013 (1,177 organs transplanted) and a 39% increase over 2009 (856 transplants), the year the DLN was established.

Organs transplanted continued

In 2014 more organs were transplanted despite the decline in the number of deceased donors. This outcome resulted from an increase in the organs per donor ratio: from 3.0 in 2013 to 3.2 in 2014. This increase in 2014 indicates that the Australian donation and transplant sectors appear to be primarily proceeding with younger and healthier donors. Throughout 2014–15 we explored with the transplant sector opportunities for increasing the donor pool by broadening the medical suitability criteria for donors.

FIGURE 4 ORGANS TRANSPLANTED 2009–2014



Organ donation and transplant rates

In 2014 Australia had a donors per million population rate (dpmp) of 16.1. This result represents a 4.7% decrease (0.8 dpmp) compared with the 2013 outcome of 16.9 dpmp, and a 41% increase over 2009 (11.4 dpmp), the year the DLN was established.

Donation performance was variable across jurisdictions and this had an impact on the 2014 donation outcomes. Donation rates varied from 28.6 dpmp in the Northern Territory to 12.6 dpmp in New South Wales.

Victoria, South Australia, Tasmania, the Northern Territory and the Australian Capital Territory maintained or exceeded their 2013 outcomes, proving that continued growth in donation is possible.

New South Wales, Queensland and Western Australia had lower donation outcomes than in 2013. Together, they accounted for a 7.7% decline in national dpmp in 2014, while Victoria, South Australia, Tasmania and the Australian Capital Territory jointly accounted for a 3.0% increase in the dpmp. This resulted in a net decrease of 4.7%.

We have also seen variations in performance between hospitals. Those hospitals with higher donation outcomes have generally made greater progress in ensuring appropriate systems are in place to support organ and tissue donation and transplantation.

Organ donation and transplant rates continued

This variability in jurisdictional and hospital outcomes is not unique to Australia. International comparators, such as Spain and Croatia, have shown that there can be significant variation in outcomes from year-to-year and between hospitals and regions, without affecting long-term growth in national outcomes.

The transplant rates comprise population-based ratios for transplant recipients and organs transplanted. In 2014 Australia achieved 47.6 transplant recipients per million population (trpmp) which is 2% lower than the 2013 outcome of 48.5 trpmp and 28% higher than in 2009 (37.2 trpmp). The 2014 organs transplanted per million population (otpmp) ratio was 50.8 otpmp, which is comparable to the 2013 outcome of 50.9 otpmp and represents a 29% increase over 2009 (39.5 otpmp).

FIGURE 5 ORGAN DONATION AND TRANSPLANT RATES 2009–2014

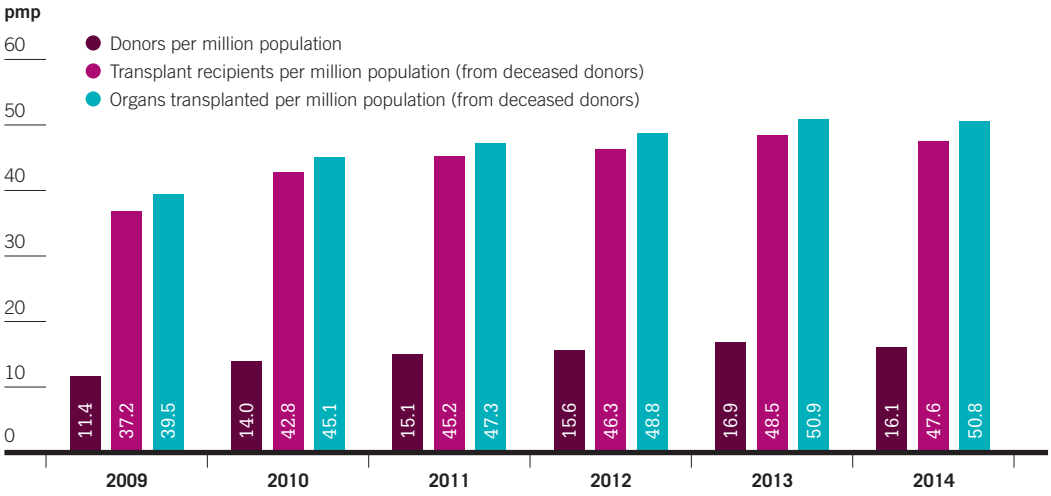


FIGURE 6 TRANSPLANT RECIPIENT OUTCOMES PER MILLION POPULATION FOR LIVING AND DECEASED DONORS 2009–2014

Organ donation and transplant rates continued

The 2014–2018 Strategic Plan identifies a series of performance measures, including the number of transplant recipients per million population from both living and deceased donors. Figure 6 presents this information and shows that there was a 28% increase in the number of transplant recipients from deceased donors per million population since the national reform programme commenced. For the same period there was a 25% decrease in the number of transplant recipients per million population from living donors.

The decline in living transplantation at the same time that deceased transplantation was increasing was the subject of an independent Commonwealth Department of Health review 'Factors contributing to the decline in living donations'. The Review found that 'while there was no conclusive explanation for the decline in rates of living organ donation in Australia, two key hypotheses emerged:

- there was a temporary 'spike' in rates of living donor transplants around 2008 (the year the national reform programme was announced) due to:
  - more widespread use of ABO-incompatible (ABOi) transplantation
  - overcoming resource limitations in some centres which cleared a backlog of patients
  - introduction of donor/transplant coordinators in some centres which increased capacity for living donor transplants; and
- an increased rate of deceased donation led to a decrease in the waiting list for a deceased donor kidney transplant, which 'took the pressure off' the need to go ahead with living donation, in the minds of some nephrologists, potential donors and recipients.'

Distribution of deceased organ donors by donation pathway

There are two pathways to deceased donation: donation after brain death (DBD), and donation after circulatory death (DCD).

DCD provides an additional opportunity for donation for those donors who have not – and will not – progress to DBD, which provides the potential for increasing the donor pool.

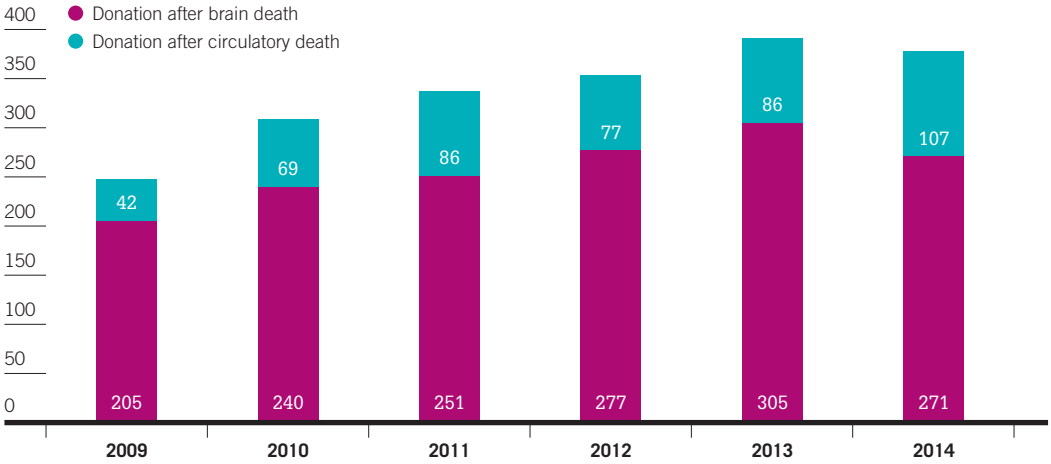
In 2014 the majority of organ donors (72%, or 271 donors) came from the DBD pathway. The remaining 28% (107 donors) came from the DCD pathway.

In 2014 there was an 11% decrease in donations from the DBD pathway and a 24% increase from the DCD pathway when compared to the 2013 outcomes.

Distribution of deceased organ donors by donation pathway continued

Over the five-year period since 2009, there have been 534 additional donors out of the 1,769 donors in total in that period. 60% of these additional donors came from the DBD pathway and 40% from the DCD pathway.

FIGURE 7 DISTRIBUTION OF DECEASED ORGAN DONORS BY DONATION PATHWAY 2009–2014



Organs transplanted from deceased donors

Kidneys are the predominant organ donated and transplanted. In 2014 there were 659 kidneys transplanted from deceased organ donors. This was 2% higher than the outcome in 2013 (645 kidneys), and 46% higher than in 2009 (452 kidneys), the year the DLN was established.

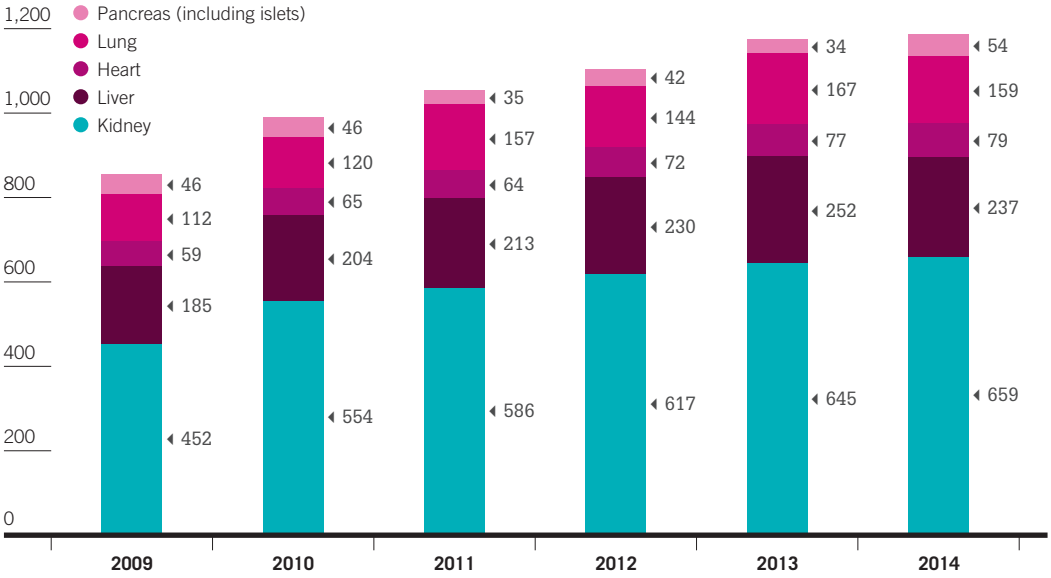
In addition:

- 79 hearts were transplanted, 3% higher than the outcome in 2013 (77) and 34% higher than in 2009 (59)
- 159 lungs were transplanted, 5% lower than the outcome in 2013 (167) and 42% higher than in 2009 (112)
- 237 livers were transplanted, 6% lower than the outcome in 2013 (252) and 28% higher than in 2009 (185).

The 2014 heart transplant count includes two hearts transplanted successfully from donors who donated after circulatory death. Prior to this, heart transplant units relied on donor hearts from brain-dead donors. This world-first procedure has the potential to increase the number of available hearts for transplantation and, consequently, the number of heart transplant recipients in the future.

In 2014 there were also four combined heart/lung transplants and one intestinal transplant. These transplants have not been represented graphically due to the relatively small numbers when compared with other types of organ transplants.

FIGURE 8 ORGANS TRANSPLANTED FROM DECEASED DONORS 2009–2014



Australia's potential organ donor population

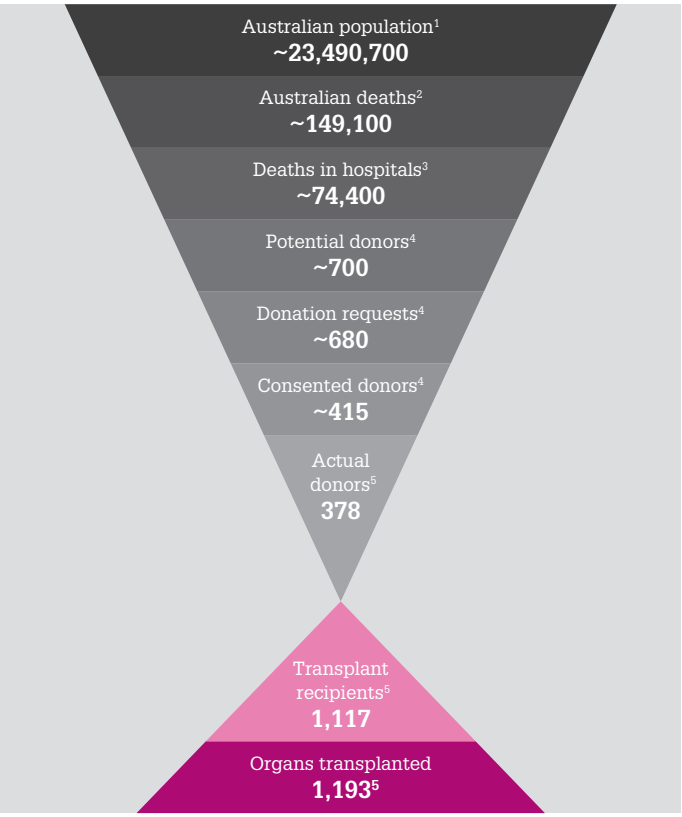
Not everyone can be an organ donor: particular circumstances must prevail in order for a patient to be medically suitable for donation. Deceased organ donation is only possible from a subset of end-of-life events that occur in Intensive Care Units or hospital Emergency Departments. Most of these rare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

To demonstrate this, in 2014 the Australian population was 23,490,700 and there were an estimated 149,100 deaths. Of these, approximately 74,400 occurred in hospitals, with 700 potential donors identified. This represents around 1% of hospital deaths.

Of the 700 potential donors identified, requests to families for donation were made in around 680 cases, with approximately 415 families consenting to donation. In just under 40 cases where family consent was given, donation did not proceed for a variety of clinical reasons.

The resulting 378 deceased organ donors enabled 1,193 organs to be transplanted, transforming the lives of 1,117 transplant recipients.

FIGURE 9 POTENTIAL ORGAN DONOR PYRAMID



Sources

1 Estimated resident population, ABS 3101.0 Australian Demographic Statistics, June 2014, released 18/12/2014

2 Estimated from ABS 3302.0 Deaths, Australia, 2013, released 6/11/2014

3 Estimated from Australian Institute of Health and Welfare Australian hospital statistics 2012–13, released 30/4/2014

4 Extrapolated from September 2014 DonateLife Audit Report, OTA

5 Australia and New Zealand Organ Donation Registry monthly report on Deceased Organ Donation in Australia, January 2015

DonateLife Audit key performance indicators

The DonateLife Audit (DLA) is a nationally consistent method of retrospectively auditing all deaths in DLN hospitals. The DLA enables the monitoring of donation potential, request, consent and conversion rates at the national, jurisdictional and hospital levels.

While the DLA collects data on potential donation after brain death and after circulatory death, to date it has only reported on brain dead donors.

Performance in terms of the three key performance indicators (KPIs) – request, consent and conversion rates – is measured against agreed national targets. A summary of the three DBD KPIs for 2010–2014 and the agreed targets is shown in Table 6.

TABLE 6 KEY PERFORMANCE INDICATOR RESULTS 2010–2014

National KPI targets	Target	2010	2011	2012	2013	2014
Request rate[1]	100%	92%	94%	92%	96%	**98%**
Consent rate[2]	75%	54%	59%	61%	62%	**59%**
Conversion rate[3]	70%	44%	49%	51%	54%	**52%**

Notes

The data in the DLA may adjust across periods, as pending cases and adjustments to other cases are included subsequent to case review meetings. Accordingly, this data may vary slightly from that previously published.

1 Request rate = requests/potential donors

2 Consent rate = consents/requests

3 Conversion rate = actual donors/potential donors (DBD only)

International deceased organ donation comparison

It is difficult to make direct comparisons between countries in terms of their progress in organ donation reform. This is because there are many differences between health care systems, population size, community attitudes and the relative starting points for national organ and tissue donation reform.

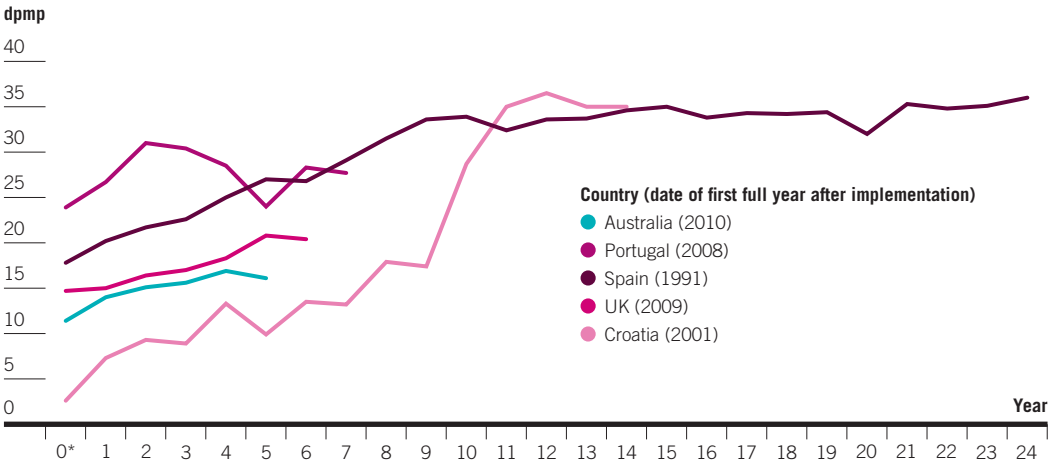
The key lesson to learn from countries with high donation outcomes is that reform of organ and tissue donation is an incremental process, and that it takes time to produce sustained change in outcomes as national systems are developed and hospital-based clinical practice is reformed.

Spain and Croatia, recognised world leaders in organ donation, have been working on their reform systems for 24 and 14 years respectively, and both took 10 years to embed their reform programs. Australia is into its sixth full year of implementing our national reform programme, after establishing the DLN in 2009.

The 41% increase in Australia's donation rate in the five years since 2009 is comparable to that achieved by Spain (52%) and the United Kingdom (41%) at the same stage of implementation, while Portugal though achieving growth of 27% by year three fell back to its original level by year five.

In terms of international ranking for donation rates, Australia has moved from 32nd place in 2009 to 19th place in 2013 in the World Health Organisation's Global Observatory on Donation and Transplantation ranking.

FIGURE 10 INTERNATIONAL DECEASED ORGAN DONOR RATE COMPARISON



*Implementation year

Source

Australia and New Zealand Organ Donation Registry, International Registry of Organ Donation and Transplantation, February 2015.

EYE AND TISSUE DONATION

More people die in a way that means that tissues can be donated. Tissues can be donated whether or not the person dies in a hospital: if they are medically suitable, tissues can be stored in tissue and eye banks for future use.

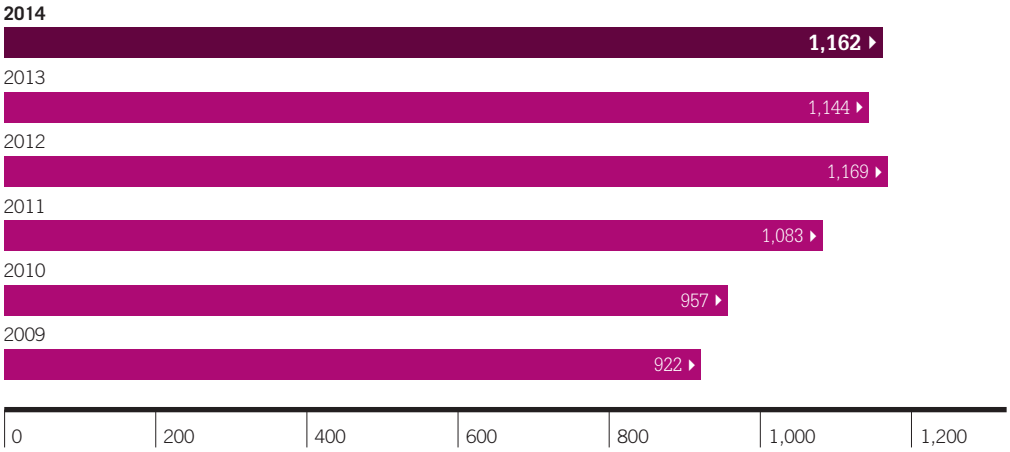
Eye and tissue donation and transplantation

Around 1% of people die in circumstances in hospital that enable organ donation, but many more people can become eye and tissue donors after their death. For transplantation to be successful, eye and tissue donation does not require the donor's death to have occurred under the same limited circumstances as organ donation. In addition, unlike organs, eye and tissue can be stored for varying periods of time.

Eye donation and transplantation

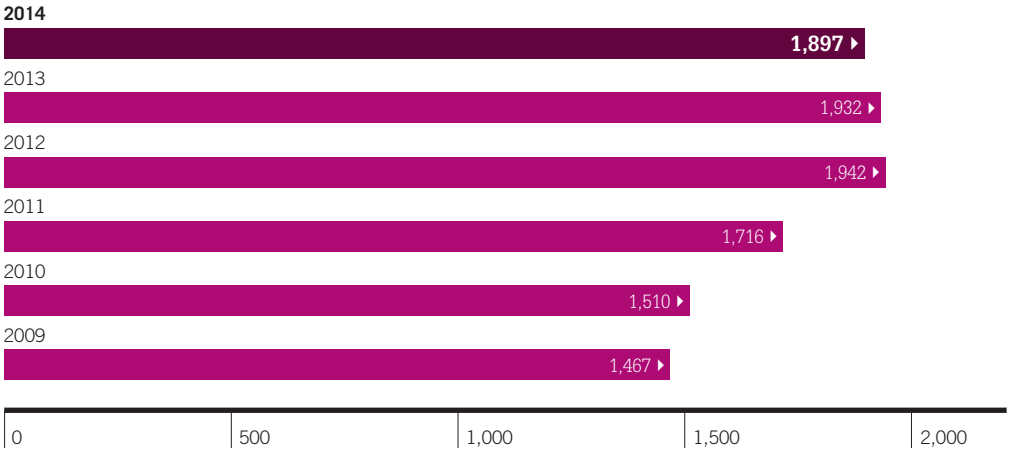
The 2014 outcome of 1,162 eye donors represents a 2% increase on the 2013 outcome of 1,144 eye donors, and a 26% increase in eye donations over 2009 (922 donors).

FIGURE 11 EYE DONORS 2009–2014



There were 1,897 corneal transplants in 2014. This represents a 2% decrease over the 2013 outcome of 1,932 corneal transplants, but a 29% increase in corneal transplants over 2009 (1,467 transplants).

FIGURE 12 CORNEAL TRANSPLANTS 2009–2014



Eye donation and transplantation continued

Eye donation rates and service activity of the eye banks met the service capacity of the Australian health system for corneal transplantation in 2012, 2013 and 2014. The number of donors and corneal transplants is expected to remain relatively constant (unless there is an increase in the service capacity of the Australian health system coupled with an increase in the rate of demand for corneas).

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

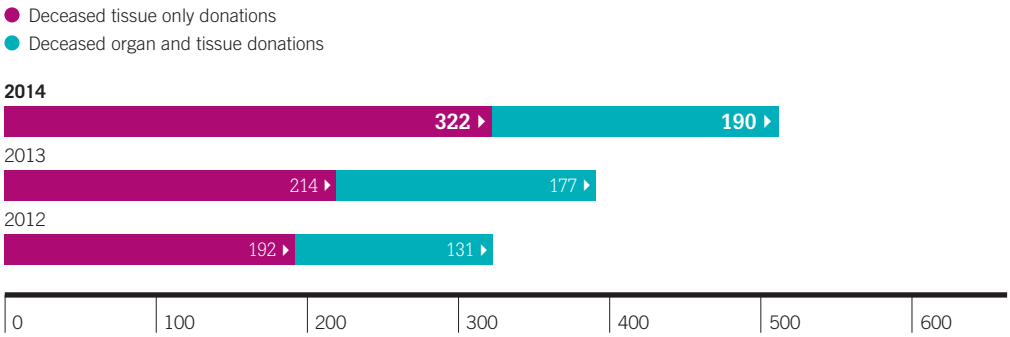
Tissue donation

In 2013 we commenced working with tissue banks and the Australia and New Zealand Organ Donation Registry (ANZOD) to expand the national tissue dataset to include data on notified tissue grafts transplanted and notified tissue transplant recipients. This enabled national reporting of the expanded tissue dataset to start in 2014.

Deceased tissue donation

In 2014 there were 331 deceased tissue donors who gave 512 tissue donations. This outcome represents a 31% increase over 2013 (391) and a 59% increase over 2012 (323), the first year in which national tissue donation outcomes were reported for Australia.

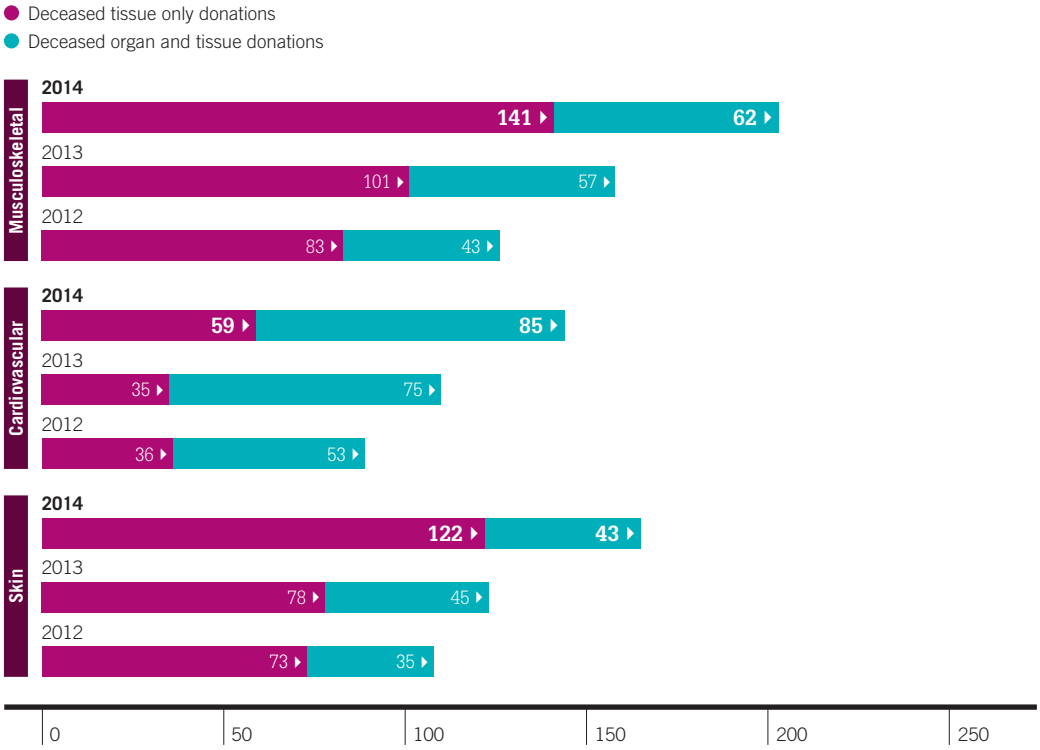
FIGURE 13 TISSUE DONATIONS FROM DECEASED DONORS 2012–2014



Deceased tissue donation continued

There was an increase in the number of musculoskeletal (203), skin (165) and cardiovascular (144) tissue donations in 2014. This compares to 158 musculoskeletal donations, 123 skin tissue donations, and 110 cardiovascular tissue donations in 2013.

FIGURE 14 TISSUE DONATIONS FROM DECEASED DONORS BY TISSUE TYPE 2012–2014



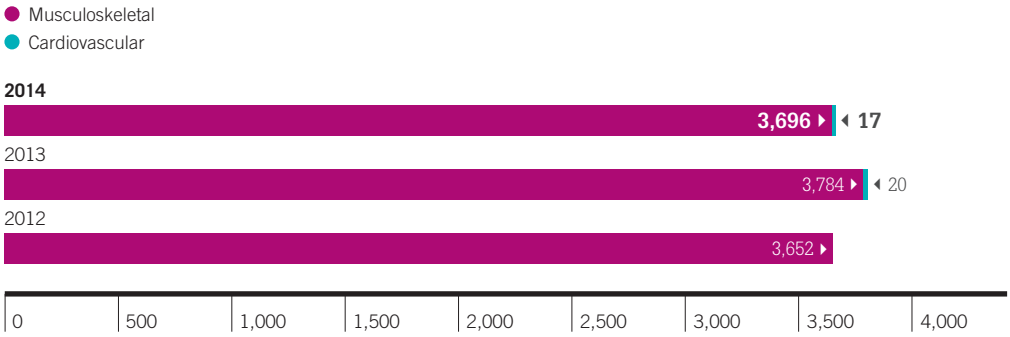
Living tissue donation

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

In 2014 there were 3,649 living tissue donors who gave 3,713 tissue donations, predominantly from patients undergoing joint replacement surgery.

This outcome represents a 2% decrease compared to 2013 (3,804), and a 2% increase compared to 2012 (3,652), the first year in which national tissue donation outcomes were reported for Australia.

FIGURE 15 TISSUE DONATIONS FROM LIVING DONORS 2012–2014

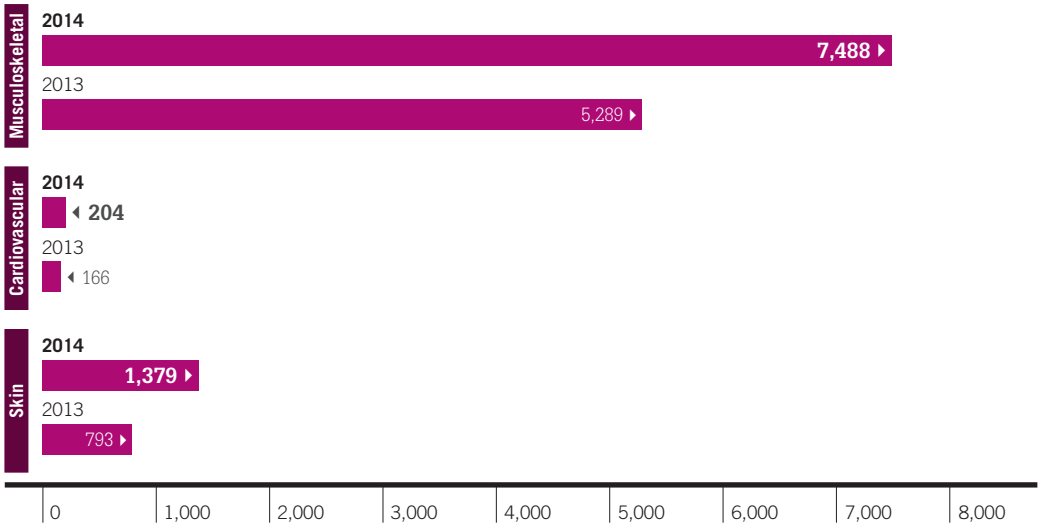


Tissue transplant outcomes 2014

In 2014 there were 9,071 notified tissue grafts transplanted. Of these, 7,488 were musculoskeletal tissue, 204 were cardiovascular tissue and 1,379 were skin tissue transplants.

This outcome represents a 45% increase compared to the 2013 outcome of 6,248 notified tissue grafts transplanted.

FIGURE 16 NOTIFIED TISSUE GRAFTS TRANSPLANTED 2013–2014

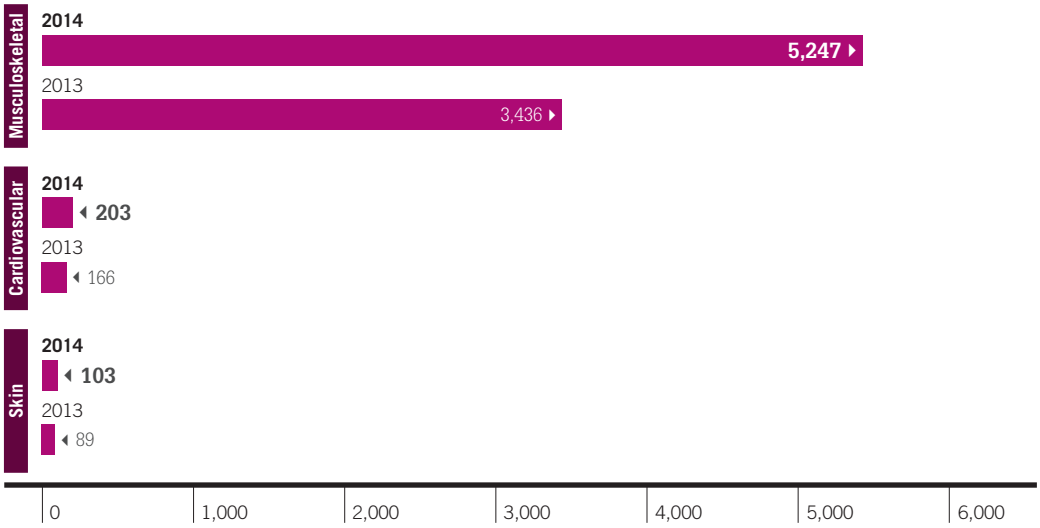


Tissue transplant outcomes 2014 continued

In the same period, there were 5,553 notified tissue transplant recipients, with some recipients receiving multiple grafts. These included 5,247 recipients of musculoskeletal tissue, 203 recipients of cardiovascular tissue and 103 recipients of skin tissue.

This outcome represents a 50% increase over the 2013 outcome of 3,691 notified tissue transplant recipients.

FIGURE 17 NOTIFIED TISSUE TRANSPLANT RECIPIENTS 2013–2014



Notes

While the majority of tissue transplanted in Australia comes from Australian donors, tissue is imported in certain circumstances using the Therapeutic Goods Administration's special access scheme.

For the purpose of national reporting, a tissue transplant recipient is counted as a transplantation event.

Sources

1 Organ donation and transplantation data: ANZOD Registry, May 2015

2 DBD performance indicators: DonateLife Audit, May 2015

3 International organ donation data: International Registry of Organ Donation and Transplantation, June 2015

4 Eye and Tissue donation and transplantation data: ANZOD Registry, May 2015

3 IN 4

Australians would say yes to receiving a life-saving transplant

COMMUNITY ATTITUDES

In June 2015 we commissioned Woolcott Research to undertake an annual community attitude survey to provide a point-in-time snapshot of community knowledge, behaviours and attitudes surrounding organ and tissue donation.

Community awareness and attitudes

In June 2015 we commissioned Woolcott Research to undertake an annual community attitude survey to provide a point-in-time snapshot of community knowledge, behaviours and attitudes surrounding organ and tissue donation.

This is the third consecutive annual survey conducted following the cessation of the national DonateLife advertising campaign. Past research identified that the advertising campaign effectively increased family discussion and knowledge levels about organ and tissue donation. While the survey is no longer used to measure the impact of national advertising, it is useful in informing the future direction of the national DonateLife Community Awareness and Education Program.

The June 2015 survey is the first to be undertaken without the national awareness week, DonateLife Week, taking place in the previous 12-month period. This is due to DonateLife Week being rescheduled from February to August, effective from 2015.

Organ and tissue donation is considered to be the ultimate act of generosity for 75% of Australians, with the chance to save lives being the greatest motivation for becoming an organ and tissue donor. The majority of Australians (85%) rate organ and tissue donation as important because one day they or a loved one might need a transplant.

Three in four Australians indicated that they would accept a life-saving transplant, and a higher proportion (84%) is willing for a family member to receive a transplant. The majority of respondents said they are willing to become an organ or tissue donor (69%), with older Australians aged 65 years+ (78%) and females (71%) identified as the most willing to donate. The key reasons for being unsure or unwilling to become a donor are:

- not liking the idea, or
- thinking their organs would not be medically suitable or too old to donate.

Many Australians are unaware that only around 1% of people die in hospital in the specific circumstances where organ donation is possible. On learning that organ donation is a rare event, 37% of people are more motivated to want to become an organ and tissue donor. The strongest motivator for people is that donation could save or transform someone's life (64%).

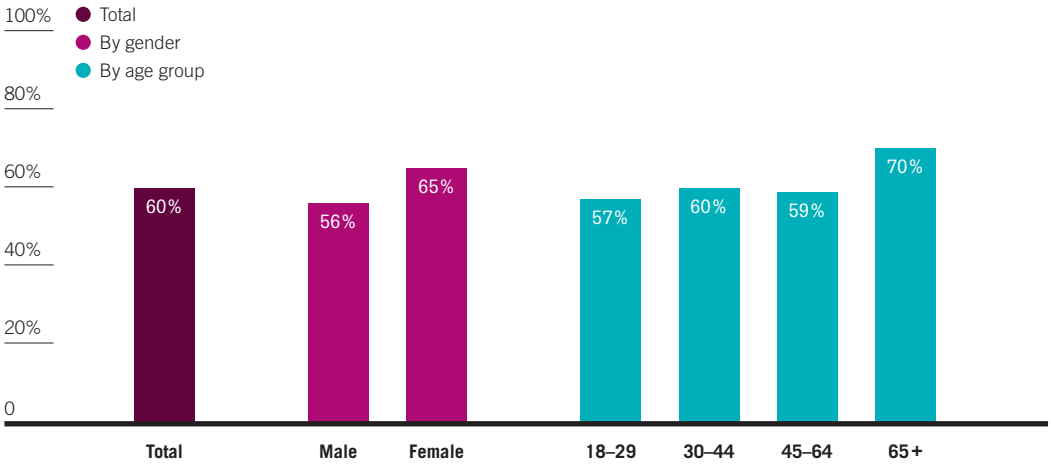
Family discussion levels about donation decisions remained high, with 60% of Australians having discussed organ and tissue donation with family members, and 40% reporting that they had had the discussion in the past 12 months. People who have made a decision about donation are more likely to have discussed the subject with family members (80%).

When looking at discussion rates across different demographics (see Figure 18), females are more likely to have discussed organ and tissue donation with family members (65% compared to 56% for males). Young adults aged 18–29 years remain the age group least likely to have discussed the subject with family members.

Despite the high level of willingness to donate, just 56% of those surveyed said they had made a decision about becoming an organ and tissue donor. Young people are least likely to have decided, with 48% of people aged 18–29 unsure or undecided about being an organ and tissue donor. Older Australians are most likely to have decided, with 63% of people aged 65 years and older having made a decision about becoming a donor.

Most people (65%) are aware that the next of kin will be asked to consent to donation proceeding when the donor has not registered a donation decision. When a donor has registered consent on the Australian Organ Donor Register there was divided opinion on whether the donation should proceed without next of kin agreement. Just over half of respondents (56%) believed that donation should proceed, 21% believed it should not proceed, and a further 23% were unsure.

FIGURE 18 RESPONDENTS WHO HAD DISCUSSED ORGAN AND TISSUE DONATION DECISIONS WITH THEIR PARTNER/FAMILY, AT JUNE 2015



Knowledge of family members' donation decisions is important to the majority of Australians (74%). However, only 36% felt confident that they knew what their family members' donation decision was. Among respondents who knew their family members' decision, almost all (93%) indicated a strong willingness to uphold their donation decision. Knowledge of family members' donation decisions is lower among young adults aged 18–29 (30%) and males (35%).

Prior knowledge of the deceased's donation decision is the most important factor for families in agreeing to donation going ahead. The research found that just 50% of people feel confident in making a decision about donation when they are unaware of their family member's donation decision. This finding reaffirms the continued need to educate Australians on the importance of family discussion and knowledge of donation decisions.

FIGURE 19 RESPONDENTS' KNOWLEDGE OF FAMILY MEMBERS' DONATION DECISIONS, AT JUNE 2015

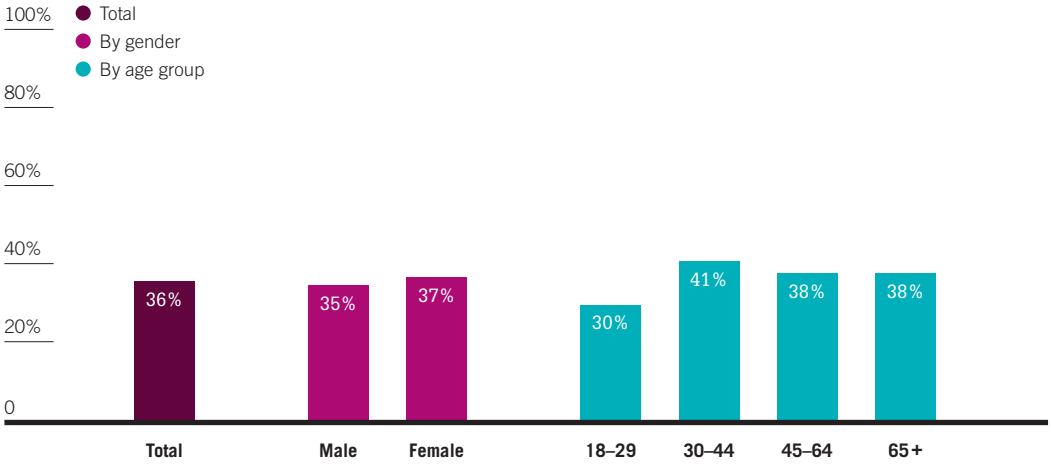


TABLE 7 BARRIERS TO DISCUSSION FOR RESPONDENTS WHO HAVE NOT DISCUSSED DONATION DECISIONS, AT JUNE 2015

Nett Agreement with each statement	Total %	Male %	Female %	18–29 %	30–44 %	45–64 %	65+ %
I would want my next of kin to be sure about my wishes	**74**	**68**	**81**	**70**	**64**	**80**	**87**
I know it's something that we need to discuss, but we never seem to think about it when we're together	**63**	**59**	**68**	**58**	**59**	**65**	**77**
It's too hard to get the family together to discuss our wishes	**49**	**49**	**50**	**43**	**48**	**52**	**60**
I just would not know how to start a discussion about this sort of thing with my family	**49**	**50**	**49**	**59**	**52**	**46**	**30**
My next of kin would not like to talk about my death	**48**	**48**	**48**	**49**	**49**	**48**	**43**
I have never thought about organ and tissue donation	**41**	**42**	**39**	**43**	**36**	**41**	**40**
It is better just to leave it up to them to decide what to do	**30**	**34**	**26**	**29**	**25**	**31**	**42**
There is no need to discuss this with my family/next of kin because they would know what I would want done	**25**	**31**	**19**	**22**	**21**	**29**	**31**
It is not necessary to discuss this sort of thing with next of kin	**22**	**24**	**19**	**19**	**22**	**24**	**23**

Given that 40% of Australians have not discussed organ and tissue donation with their partner or family, nationally consistent initiatives need to continue to increase family discussion and knowledge levels as part of normalising community acceptance about organ and tissue donation.

The four main barriers to family discussion were identified as:

- not thinking about it when the family is together
- finding it difficult to get the family together
- uncertain how to start the conversation, and
- believing their family would not want to talk about their death.

The 2015 survey highlights the need to continue community engagement on the subject of organ and tissue donation.

At the same time, there is a clear need to continue to educate the community about the need for, and importance of, family discussion, decision-making and registration of donation decisions.

Females and older Australians continue to be the most engaged in donation decisions and discussion, while young Australians (18–29 years) are the least likely to have made a decision about donation or know their loved ones' wishes. It is evident – and expected – that discussion levels will not remain as high as those achieved during the 2010–2012 advertising campaign, or during survey periods where DonateLife Week has occurred. However, the 2015 survey results indicate that the national DonateLife Community Awareness and Education Program continues to effectively maintain public engagement and support.

STRATEGIC PLAN

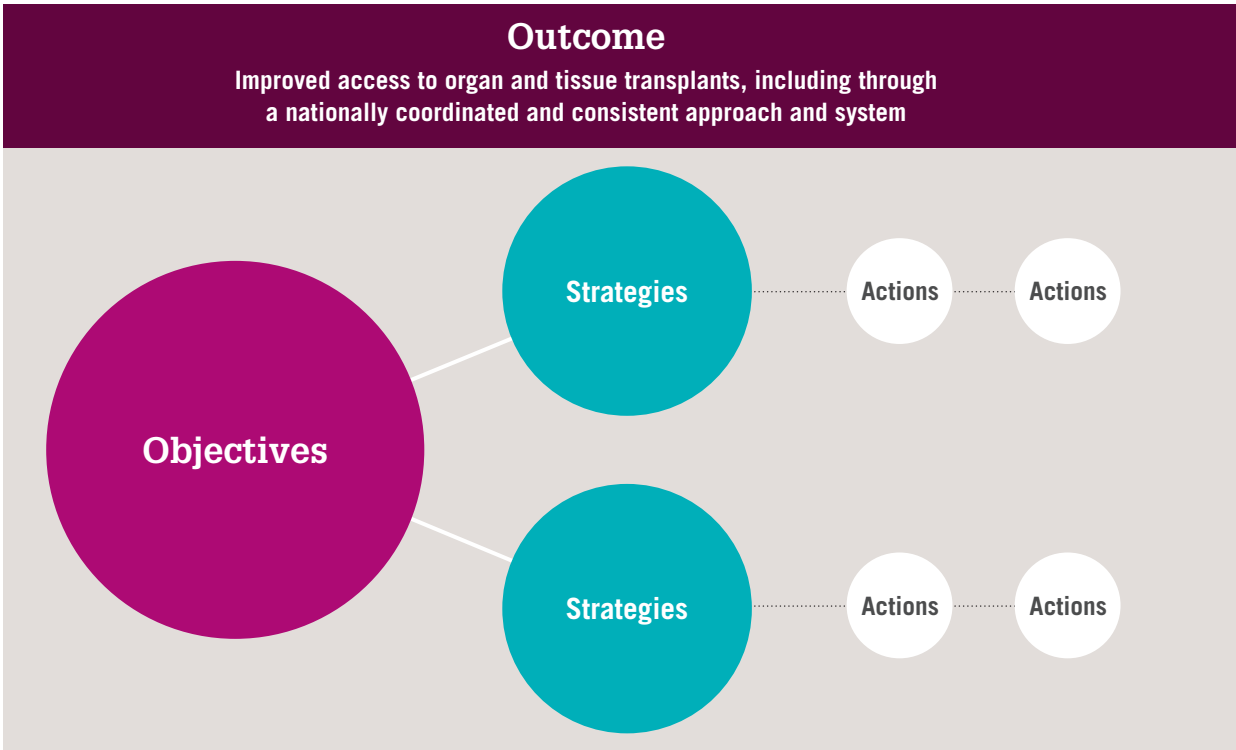
The *Organ and tissue donation for transplantation in Australia 2014–2018 Strategic Plan* has been developed to ensure that organ and tissue donation is delivered on a collaborative basis throughout Australia with a view to increasing organ donation outcomes to 25 donors per million population (dpmp) by 2018.

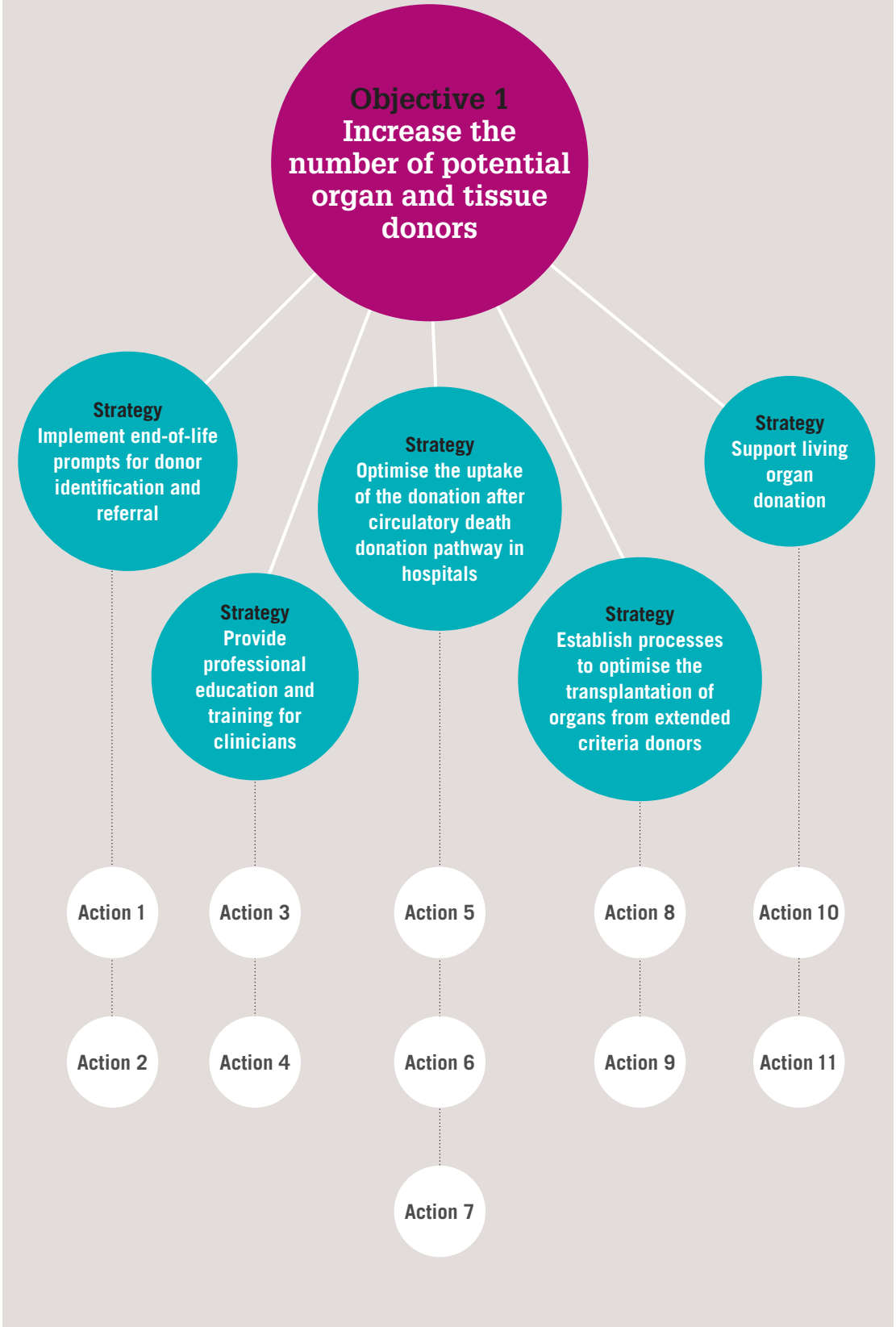
The Strategic Plan sets out the key objectives, strategies and actions that will be undertaken over the next four years to support our outcome of improved access to organ and tissue transplants, including through a nationally coordinated and consistent approach and system. The plan was developed in consultation with our stakeholders and identifies our key performance measures.

The following key objectives are identified:

1. **Increase the number of potential organ and tissue donors**
2. **Improve organ and tissue donor conversion rates**
3. **Enhance systems to support organ and tissue donation and transplantation.**

This section reports on the deliverables against the objectives, strategies and actions in the 2014–2018 Strategic Plan.




Objective 1
Increase the number of potential organ and tissue donors
Strategy
Implement end-of-life prompts for donor identification and referral
Strategy
Provide professional education and training for clinicians
Strategy
Optimise the uptake of the donation after circulatory death donation pathway in hospitals
Strategy
Establish processes to optimise the transplantation of organs from extended criteria donors
Strategy
Support living organ donation
Action 1
Action 2
Action 3
Action 4
Action 5
Action 6
Action 7
Action 8
Action 9
Action 10
Action 11

Objective 1: Increase the number of potential organ and tissue donors

Implement end-of-life prompts for donor identification and referral

ACTION 1

Review, enhance and promote clinical triggers to identify all potential organ and tissue donors in Emergency Departments and Intensive Care Units

In 2010, the GIVE Clinical Trigger was adopted nationally to provide a consistent approach and criteria for identifying potential organ and tissue donors in all public and private hospital emergency departments and Intensive Care Units. It was endorsed by the Australian and New Zealand Intensive Care Society, the Australasian College of Emergency Medicine, Australian College of Critical Care Nurses (ACCCN), and the College of Intensive Care Medicine of Australia and New Zealand (CICM).

The GIVE Clinical Trigger was evaluated for its effectiveness in the identification of potential donors in 2014, including investigating whether there was a need for a specific clinical trigger for general ward areas. The evaluation demonstrated that the GIVE trigger could be improved to better identify potential donation after circulatory death (DCD) and tissue donors. We have begun working with the DonateLife Network and other specialists in 2015 to develop a revised set of clinical triggers to enhance and promote identification and referral of all potential organ and tissue donors.

ACTION 2

Explore options and agree on an approach for comprehensive referral to the DonateLife Agency of all potential organ donors

In late 2014 a working group was established to identify and develop an agreed process for the referral and management of all organ donation referrals to DonateLife Agencies. The group comprised experts from across the DonateLife Network.

Firstly, a national definition of a 'referral' was agreed by the Clinical Governance Committee and then all jurisdictions contributed information on data elements and the systems used to collect them. A wide range of data elements and processes were identified and the working group set about identifying a key dataset and a process of data collection that uses the Electronic Donor Record. Once complete, this proposal will be submitted for endorsement by the Jurisdictional Advisory Group before being implemented across the DonateLife Network. It will provide a nationally consistent process for identification of the pool of possible donors as part of identifying suitable potential donors.

Provide professional education and training for clinicians

ACTION 3

Raise professional awareness and knowledge of donation pathways and clinical processes through the Introductory Donation Awareness Training workshop

In 2014–15 the Introductory Donation Awareness Training (IDAT) workshop was developed as the first unit of the Professional Education Package (PEP). It is aligned with the Family Donation Conversation (FDC) training (see Objective 2 for details on the PEP and FDC training) and provides introductory organ and tissue donation training, including donation pathways, clinical processes and family communication.

ACTION 4

Support peak bodies in promotion of professional guidance and training for brain death determination

In 2014–15 we supported CICM in the development of the Brain Death and Organ Donation e-learning course – one of the mandatory training components for intensive care trainees in Australia and New Zealand. We have now included this e-learning course as a prerequisite for trainees before attending the core FDC workshop. We have also provided access to the course to non-trainee participants to encourage broader clinical awareness and understanding of donor identification, diagnosis of brain death, donor management, and the donation process.

Participants at DonateLife Network Forum in Melbourne

Optimise the uptake of the donation after circulatory death donation pathway in hospitals

ACTION 5

Refine and apply an appropriate definition and DonateLife Audit system application for more accurate capture and reporting of donation after circulatory death data

During 2014–15 work started on expanding the scope of the DonateLife Audit to include the identification of potential donation after circulatory death (DCD) donors. It is anticipated that reporting on outcomes from the entire donor pool (donation after brain death (DBD) and DCD) will begin in February 2016. No country in the world currently reports on potential donation after circulatory death, so this will be an exciting development for Australia.

ACTION 6

Review the National Protocol for DCD and identify opportunities for increasing the uptake and consistency of DCD practice in the donation and transplantation sectors

The rates of donation after circulatory death are continuing to grow in Australia since the implementation of DCD protocols across all states and territories in 2010. In 2014, 28% of all donations were achieved through DCD.

The *National Protocol for Donation after Cardiac Death* (now referred to as donation after circulatory death) was implemented across Australia in 2010 and outlines the ethical process that respects the rights of the patient and ensures clinical consistency, effectiveness and safety for both donors and recipients. It was agreed that the protocol would be reviewed five years after its initial publication.

The review of the national DCD protocol in 2015 will be undertaken in consultation with the donation and transplantation sectors, relevant professional bodies (including ANZICS, CICM and TSANZ) and key stakeholders.

ACTION 7

Increase the focus of DCD in national PEP education initiatives

The revised core FDC workshop was introduced in September 2014. This followed a consultative review led by the OTA to consolidate training and provide health professionals with skills for end-of-life communication, including family conversations about poor prognosis, death and donation. A key component of this review was to increase the workshop's focus on discussing death and, in particular, to provide further guidance for participants on communicating with families when DCD is a possibility. New DCD content was included in the workshop with the advice of the medical intensive care trainers and the ANZICS Death and Organ Donation Committee.

The new IDAT workshop has been developed to describe both donation pathways, including information on the clinical considerations associated with both DBD and DCD. In comparison to the previous general ADAPT workshop, the IDAT workshop includes a new DCD section and a new workshop activity that discusses the important aspects of DCD for families and staff. It is designed to increase knowledge and comfort with DCD processes and discussions.

Establish processes to optimise the transplantation of organs from extended criteria donors

ACTION 8

Engage with the community and the donation and transplantation sectors, the National Health and Medical Research Council and the Transplantation Society of Australia and New Zealand to gain support and consensus for optimised acceptance of extended criteria donors

In March 2015 representatives from the Australian transplantation and donation sectors came together at the first DonateLife Network and Transplantation Workshop to discuss donation and transplantation challenges and innovation to further increase organ and tissue donation and ultimately successful transplantation rates.

It remains a joint challenge of both sectors to foster and fund innovation in clinical practice, and to understand and respond to variation in practice and outcomes.

The National Health and Medical Research Council (NHMRC) Ethical Guidelines for Transplantation from Deceased Donors are being developed under a partnership arrangement we have with the NHMRC and TSANZ. These ethical guidelines will address issues relating to eligibility criteria for entry onto organ transplant waiting lists, donor suitability criteria for organ allocation for transplantation, and the organ allocation protocols for determining transplant recipients. Complementary Clinical Guidelines for Organ Transplantation from Deceased Donors are being developed under our partnership arrangement with the TSANZ and will be informed by the ethical guidelines.

ACTION 9

Promote awareness of changes and technological advancements that optimise the availability and quality of organs for transplantation with consideration of health technology assessment processes

In 2014 the world's first heart transplants using donor hearts retrieved after circulatory death was performed at Sydney's St Vincent's Hospital. The DCD transplants were carried out following research undertaken by the Victor Chang Cardiac Research Institute and St Vincent's Hospital. These organisations have jointly developed an organ preservation solution which, when combined with the ex vivo Organ Care System (Transmedics™, a portable console to house, resuscitate and transport donor hearts) has made this milestone achievable.

The Organ Care System affords transplant surgeons greater versatility with regard to both organ preservation and resuscitation. It enabled the St Vincent's Transplant Unit to conduct several heart transplants in 2014 through more long-distance organ retrievals and retrieval of hearts after circulatory death that were previously regarded as unsuitable for transplantation.

Support living organ donation

ACTION 10

Continue to implement the Australian Paired Kidney Exchange programme

The Australian Paired Kidney Exchange (AKX) programme increases live donor kidney transplants. It does this by identifying matches for patients who are eligible for a kidney transplant, and who have a living donor who is willing but unable to donate to them because of an incompatible blood type or tissue type.

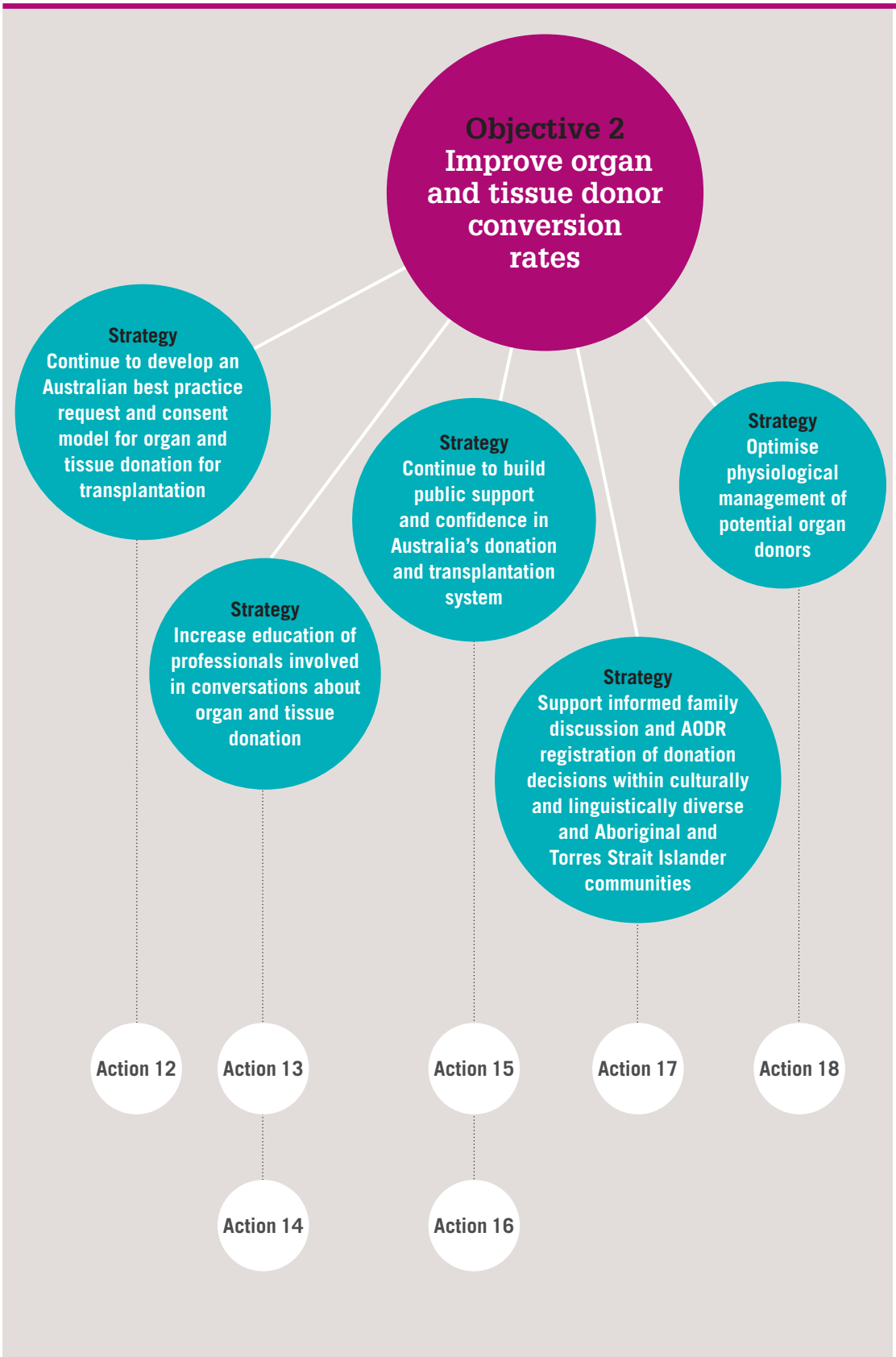
The AKX programme started in August 2010 and at 30 June 2015 there had been 267 individual pairs included in 19 match cycles, resulting in 121 successful kidney transplants. This included the first six-way non-directed altruistic donor chain, with all surgeries being conducted on the same day. These transplants were unlikely to have occurred in the absence of the AKX programme due to the highly sensitised nature of participants.

ACTION 11

Work with the Department of Health to understand the relationship and impact of living kidney donation on deceased organ donation and on strategies to provide for living donor leave

The 2015 Budget measure included the provision of further funding to support living organ donors with an extension to the 2013 pilot scheme: the Supporting Leave for Living Organ Donors Programme.

This programme, administered by the Department of Health, will continue efforts to reduce the financial stress that can be experienced by people who take leave from work to undergo organ donation surgery. The initial pilot for this scheme was to end on 30 June 2015 but this measure provides continued funding for two years to support paid leave for living donors. From 1 July 2015, the programme will provide reimbursement for up to nine weeks of leave at the national minimum wage, extending the support provided from the current six weeks leave.


Objective 2
Improve organ and tissue donor conversion rates
Strategy
Continue to develop an Australian best practice request and consent model for organ and tissue donation for transplantation
Strategy
Increase education of professionals involved in conversations about organ and tissue donation
Strategy
Continue to build public support and confidence in Australia's donation and transplantation system
Strategy
Support informed family discussion and AODR registration of donation decisions within culturally and linguistically diverse and Aboriginal and Torres Strait Islander communities
Strategy
Optimise physiological management of potential organ donors
Action 12
Action 13
Action 14
Action 15
Action 16
Action 17
Action 18

Objective 2: Improve organ and tissue donor conversion rates

Continue to develop an Australian best practice request and consent model for organ and tissue donation for transplantation

ACTION 12

Complete the national evaluation of the pilot request and consent models for offering organ and tissue donation in hospitals across Australia

The national evaluation of the pilot of models for requesting organ and tissue donation was completed in June 2015. This research project was undertaken on our behalf by the Australian Institute of Primary Care & Ageing at La Trobe University. The aims of the project were to assess the impact of request models; the effectiveness of the FDC training; and the training's impact on the way health professionals manage conversations with families when discussing organ and tissue donation.

Data was collected in 15 hospitals across Australia for over 170 family donation conversations which provided in-depth detail on the processes followed in each case and many aspects of each family donation conversation. Key findings from the final analysis indicate that the majority of family donation conversations evaluated reflected that there was a higher consent rate when an FDC-trained requestor was present in the family donation conversation. Evaluation findings will be considered by the DonateLife clinical leadership in 2015–16 to inform the development of a national best practice model for offering organ and tissue donation in Australia.

Increase education of professionals involved in conversations about organ and tissue donation

ACTION 13

Develop advanced Family Donation Conversation modules on faith and cultural perceptions and requirements

During 2014–15 we continued to provide education in all jurisdictions through the core and practical FDC workshops of the Professional Education Package (PEP). The PEP provides education and training to health professionals to equip them with specialist skills to support and communicate sensitively with grieving families when discussing death and raising the possibility of organ and tissue donation. The education model adopted and implemented through the PEP is a modular, sequential learning model which comprises the following units of training:

- **Introductory Donation Awareness Training:** Introductory information about donation pathways, clinical processes, family reactions to grief and loss, and family communication needs.
- **Unit 1 – Core Family Donation Conversation workshop:** focuses on detailed information about grief and family reactions to catastrophic news, and provision of skills for communicating with families to explain death and donation to support informed decision-making.
- **Unit 2 – Practical Family Donation Conversation workshop:** focuses on practical skills training to build on the core FDC workshop with opportunity to practice challenging scenarios in targeted role plays.
- **Unit 3 – Advanced Family Donation Conversation workshop:** provides an advanced level of FDC training offered annually to focus on new and emerging content and specific areas of interest in the sector.
- **FDC Elearning program:** provides material to support the FDC training to reinforce key learnings and allow for ongoing skills practice.

There were seven core FDC workshops that provided training to 183 health professionals, and nine practical FDC workshops that trained 67 health professionals throughout Australia. A revised version of the core FDC workshop was introduced in September 2014 following a consultative review by the DonateLife clinical leadership: CICM, ANZICS and ACCCN.

At the end of June 2015, a total of 35 core FDC workshops have been held, training 872 health professionals since March 2012, and 44 practical FDC workshops have trained 417 professionals since August 2012.

During the year we worked to develop a new e-learning program to complement the FDC workshops and to support participants with additional training subsequent to the workshops. The FDC e-learning program will be completed in early 2015–16.

We also started working on developing advanced FDC (aFDC) workshops to provide experienced clinical and donation specialists with increased knowledge and skills on specific topics of interest in the donation sector. Two priority topics have been agreed for an aFDC workshop to be developed to focus on paediatrics, including communication associated with paediatric donors and communication with children as part of the donor's family. A second aFDC workshop will focus on communication with families from culturally and linguistically diverse communities, including Aboriginal and Torres Strait Islander People.

ACTION 14

Develop communications training on phoning families for consent for eye and tissue donation

In 2014–15 we began working on a customised FDC workshop targeting communication when telephoning families to offer eye and tissue donation. This new eye and tissue FDC (etFDC) workshop is being designed to suit the specific needs of staff and families in the consent process for eye and tissue donation.

This process differs from organ donation, as tissue-only donation can proceed outside of the hospital setting within 24 hours of death. The tissue-only consent process involves families being telephoned at home by the tissue banking staff to discuss the opportunity of donation with the family. The first etFDC will be held in October 2015.

Continue to build public support and confidence in Australia's donation and transplantation system

ACTION 15

Implement the national communications plan to increase family discussion and knowledge of the Australian Organ Donor Register registered donation decisions

The National Community Awareness and Education Program aims to ensure a nationally consistent, evidence-based approach to communications about organ and tissue donation for transplantation to increase family discussion and knowledge of donation decisions and registration on the Australian Organ Donor Register (AODR). Throughout 2014–15 we continued to lead and provide support to the sector and the Australian community through community education and outreach, media and public relations, social media, Community Awareness Grants and the DonateLife website.

From 1 July 2014 we introduced a new stakeholder engagement framework, with three tiers of partnership: DonateLife Partners, consisting of non-government organisations in the organ and tissue donation or transplantation sectors, DonateLife Corporate Partners, and DonateLife Community Partners. This new framework updated the previous National Communications Framework and Charter to accommodate the evolution of the DonateLife Partnership program. The main purpose of the new framework is to help us best ensure that partner organisations share and receive the necessary information to undertake a nationally consistent and coordinated approach to community education and communication about organ and tissue donation, including the use of the AODR.

ACTION 16

Continue to work with the Department of Health and the Department of Human Services to improve AODR online registration processes

We continued to work with the Department of Health and the Department of Human Services during the year to improve the online registration processes for the AODR. The 2015 Budget measure includes funding to the Department of Human Services to introduce electronic consent as part of the online AODR registration process.

We also received funding to implement a national online donor registration campaign. We will continue to work with the Departments of Health and Human Services and other key stakeholders in 2015–16 on this issue, including the implementation of the registration campaign.

Support informed family discussion and AODR registration of donation decisions within culturally and linguistically diverse and Aboriginal and Torres Strait Islander communities

ACTION 17

Implement the national culturally and linguistically diverse community education and engagement plan. Engage an Indigenous Australian communications partner organisation to develop a national Indigenous Australian community education and engagement plan to improve access to culturally appropriate information about organ and tissue donation

A total of 22 organisations received funding in 2014–15 through Community Awareness Grants to conduct community-based events or activities. Eight grants were provided to organisations to undertake projects directly targeting culturally and linguistically diverse communities nationally. A further 14 were awarded to organisations to undertake general community awareness activities, including activities during DonateLife Week 2015.

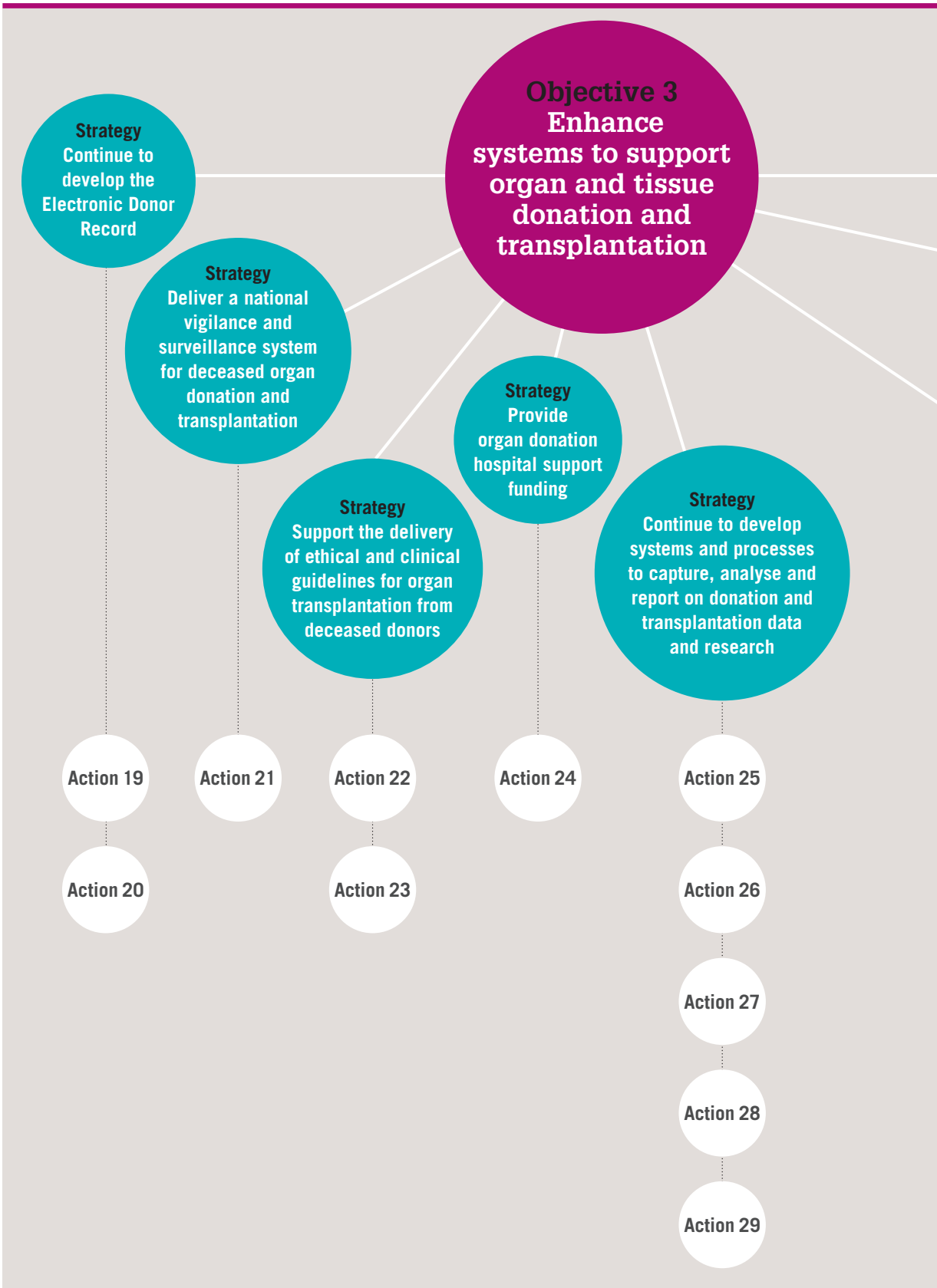
In collaboration with the DonateLife Network, we continued to engage with key religious leaders and communities as part of the national 'DonateLife… the greatest gift' campaign. The campaign aims to facilitate access to culturally appropriate information about organ and tissue donation to support informed family discussion and decision making.

Optimise physiological management of potential organ donors

ACTION 18

Develop national clinical protocols to optimise the management of potential donors, with an initial focus on the management of brain dead donors

In 2014–15 we started developing a national protocol to optimise the physiological management of potential DBD donors and to promote consistency of practice to optimise organ retrieval. The protocol will provide a clinical pathway for potential DBD donors and guidelines for potential DBD donor management based on current clinical practice, which aims to reduce variation and support consistency of practice across Australia.


Objective 3
Enhance systems to support organ and tissue donation and transplantation
Strategy
Continue to develop the Electronic Donor Record
Strategy
Deliver a national vigilance and surveillance system for deceased organ donation and transplantation
Strategy
Support the delivery of ethical and clinical guidelines for organ transplantation from deceased donors
Strategy
Provide organ donation hospital support funding
Strategy
Continue to develop systems and processes to capture, analyse and report on donation and transplantation data and research
Action 19
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Action 29


Strategy
Maintain the OTA as an agency of excellence
Strategy
Support the development of an Australian Organ Matching System to improve organ allocation and matching processes
Strategy
Provide national donor family support services to ensure that donor families have access to quality bereavement care and support
Strategy
Continue to support the ongoing development of the eye and tissue sector in collaboration with professional bodies
Strategy
Continue to support the evolution of the DonateLife Network in response to changes in the requirements of the organ and tissue donation and transplantation service model
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Objective 3: Enhance systems to support organ and tissue donation and transplantation

Continue to develop the Electronic Donor Record

ACTION 19

Undertake a post-implementation evaluation of the Electronic Donor Record organ module

The Electronic Donor Record (EDR) is a national web-based information system supporting the management and sharing of crucial donor information required for organ and tissue referral and donation processes in Australia. It was launched on 31 March 2014.

It was agreed that a review of the EDR would be undertaken within 18 months of implementation. In March 2015 PricewaterhouseCoopers were engaged to undertake this review. Data was collected through the collection and evaluation of electronic surveys sent out to all DonateLife Network and transplant unit contacts recorded with the EDR. Further information was also collected through face-to-face meetings in each state and territory and through telephone interviews. The data collection phase concluded in June 2015 with the delivery of a draft report, and the final report is due at the end of July 2015.

The draft report found that the implementation of the EDR had been very effective and that significant progress had been made towards achieving the desired clinical outcomes.

ACTION 20

Scope the feasibility of implementing eye and tissue banking modules

Subsequent to the successful implementation of the EDR, the Eye Bank Association of Australia and New Zealand approached us to request that the EDR be extended to include eye banking. The benefits that were identified fell into a series of key groupings:

- the standardisation of practice would introduce a capacity for collaboration and coordination of national eye banking services
- this would lead to improvements to processes and systems, and greater regulatory compliance
- streamlining of the process would bring about shorter waiting times for families, and inventory management would be simplified.

A final report recommending the implementation of the EDR Eye Module was considered and endorsed by the Jurisdictional Advisory Group in February 2015. The existing contract with Transplant Connect was varied in June 2015 to incorporate the development and implementation of an EDR Eye Module.

Deliver a national vigilance and surveillance system for deceased organ donation and transplantation

ACTION 21

Develop a national vigilance and surveillance framework that complements existing jurisdictional incident reporting and investigation systems for the chain of donation through to transplantation

The Australian Vigilance and Surveillance Framework for Organ Donation and Transplantation supports the OTA, and our partners and stakeholders, in the development, delivery and management of a national vigilance and surveillance system for organ donation for transplantation. This will be the central point for the reporting of serious adverse events and reactions.

The framework was developed by our Vigilance and Surveillance Working Group with membership that includes jurisdictional representatives, leaders in the field of vigilance and surveillance, and experts from the organ donation and transplantation sectors. The national vigilance and surveillance system will include data that complements the data reported to existing jurisdictional incident management systems. Investigation of serious adverse events and reactions related to organ donation for transplantation remains the responsibility of the hospital and jurisdiction in which the incident occurs.

Support the delivery of ethical and clinical guidelines for organ transplantation from deceased donors

ACTION 22

Contribute to the development of the ethical guidelines through representation on the National Health and Medical Research Council Expert Advisory Group

The key to the success of this activity is the development of strong relationships between the donation and transplantation sectors. We continue to strengthen our relationship with the Transplantation Society of Australia and New Zealand (TSANZ) and the Australasian Transplant Coordinators Association. We maintain nationally consistent, safe, equitable and transparent protocols for the management of transplantation waiting lists and the allocation of donated organs across Australia.

A review of the TSANZ *Organ Transplantation from Deceased Donors: Consensus Statement on Eligibility Criteria and Allocation Protocols* is being undertaken through an arrangement we have with the TSANZ and the NHMRC to develop the ethical guidelines for organ transplantation from deceased donors (Ethical Guidelines).

The ethical guidelines will inform ethical practice for health professionals in relation to the development and implementation of eligibility criteria for entry onto organ transplant waiting lists; donor suitability criteria for organ allocation for transplantation; and the organ allocation protocols for determining transplant recipients.

ACTION 23

Assist the transplantation sector in the development of organ-specific clinical guidelines

The ethical guidelines will also inform the development of organ-specific *Clinical Guidelines for Organ Transplantation from Deceased Donors* which is being led by the TSANZ in collaboration with the OTA.

These clinical guidelines will guide national clinical practice specific to each organ type by specifying the eligibility criteria for entry onto organ transplant waiting lists; donor suitability criteria for organ allocation for transplantation; and the organ allocation protocols for determining transplant recipients.

Provide organ donation hospital support funding

ACTION 24

Administer funding agreements with states and territories, hospital and health services, and private hospitals

The Organ Donation Hospital Support Funding model provides a contribution towards the costs associated with organ donation activity. This is based on actual and intended organ donors, and the cost of transferring an intended donor from a regional hospital to a larger hospital solely for the purpose of donation, using data as reported by the Australia and New Zealand Organ Donor Registry.

In 2014–15 there were 82 hospitals that received funding for 376 actual donors, 117 intended donors and two regional transfers. This occurred through agreements that are in place with each state and territory health department (except in Queensland where separate agreements were in place with each hospital and health service) as well as private hospitals in the ACT and Queensland.

Continue to develop systems and processes to capture, analyse and report on donation and transplantation data and research

ACTION 25

Develop the OTA Data Governance Framework

Our Data Governance Framework sets the principles to guide data governance and management. It also implements structures to support people to manage the data in accordance with the principles, and defines ways to resolve issues and conflicts relating to the management of our data assets.

Integral to our Data Governance Framework is the Data Governance Committee. This committee oversees the effective and efficient use of our data assets and is responsible for developing major data strategies and policies, endorsing the data-related components of projects, and ensuring compliance with our data governance principles and standards. We expect the OTA Data Governance Framework to be implemented in the second half of 2015, following consideration by the Jurisdictional Advisory Group.

ACTION 26

Continue to develop the DonateLife Audit tool and processes to enable the reporting of donation after circulatory death donation activity

The DonateLife Audit (DLA) is a nationally consistent method of retrospectively auditing all deaths in DonateLife Network hospitals in the context of organ donation. All states and territories provide data to a nationally agreed minimum dataset. DonateLife Audit data is reported on a quarterly and annual basis and the reports to date comprise data analysis based on donation after brain death (DBD) only.

Further work is being undertaken to expand the scope of the DLA to include the identification of potential donation after circulatory death (DCD) donors. It is anticipated that reporting on outcomes from the entire donor pool (DBD and DCD) will begin in February 2016. No country in the world currently reports on potential donation after circulatory death.

ACTION 27

Continue to develop performance monitoring and measuring systems in accordance with the OTA Performance Reporting Framework

Performance against the national and jurisdictional indicative organ donation targets for each year is monitored and reported on a monthly basis. Monthly reports on organ donation and transplantation outcomes are reported to federal and state governments and the DonateLife Network through the Jurisdictional Advisory Group (JAG), the Clinical Governance Committee (CGC) and the OTA Advisory Council.

They complement the quarterly data reports from the DonateLife Audit, which show detailed hospital level performance and are provided to the JAG, CGC and the Advisory Council for review against the three headline key performance indicators of request, consent and conversion rates. This information is used at hospital, jurisdictional and national levels to inform change management and clinical practice improvement.

In addition, we publicly release annual performance reports which provide data on organ and tissue donation and transplantation outcomes.

ACTION 28

Conduct and report on Wave 1 of the national Donor Family Study (2010 and 2011) seeking feedback from families on their donation experience

In September 2014 we released Wave 1 of the national Donor Family Study. This involved interviewing 186 family members who had made a donation decision in 2010 and 2011, and seeking feedback on their experience before, during and after donation. This ongoing retrospective study informs the review and enhancement of services provided to families, and professional training on supporting families.

Wave 1 of the study found that the majority of families feel well supported by hospital and DonateLife staff as they navigate the process of death and donation, and that donation gave them some comfort at a time of tragedy in their lives. Almost all (98%) of donor family members agreed that discussions about donation were handled sensitively and with compassion, while 85% felt the contact they had with donation agency staff was at the right level.

The positive impact of organ and tissue donation is a significant motivating factor for families that choose to donate: 81% saw donation as a chance for something positive to come out of a tragedy and 80% said their family member would have wanted to help others. A total of 94% of donor family members reported that donation provided them with comfort in their loss.

In 2014 we worked to develop Wave 2 of the Donor Family Study. This phase will invite up to 1,500 families who made a donation decision in 2012 and 2013 to share their experiences, whether that is through supporting donation or declining donation. This development has included a review of the study methodology and survey instruments with stakeholders, and submissions to Human Research Ethics Committees across Australia for ethical approval of the study.

ACTION 29

Conduct market research into Indigenous Australian community attitudes and awareness levels

During 2014–15 we commissioned an annual market research survey to measure general community knowledge, behaviours and attitudes surrounding organ and tissue donation. Market research into Indigenous Australian community attitudes and awareness levels was not conducted in this period as intended, as this first requires the engagement of an Indigenous partner organisation to work with us in developing the scope of the research. During 2014–15 we met with potential Indigenous organisation partners and will continue this work in the year ahead with a view to developing a research framework that will inform the broader Indigenous community engagement project.

Continue to support the ongoing development of the eye and tissue sector in collaboration with professional bodies

ACTION 30

Support the development and implementation of eye and tissue sector specific training and education programs

In 2011 the Australian Health Ministers Council, through the then Clinical, Technical and Ethical Committee, tasked our CEO with developing options for more effective eye and tissue retrieval, processing and storage. The subsequent report was developed in collaboration with the eye and tissue sector and outlined a three-stage approach to eye and tissue sector reform.

Stage One identified the development of sector-specific education and training, and we engaged with the eye and tissue sector to develop these programs. In 2014–15 both the Eye Bank Association of Australia and New Zealand (EBAANZ) and the Biotherapeutics Association of Australasia (BAA) were supported to develop and implement these programs. EBAANZ piloted the National Competency and Training Framework for the Eye Banks of Australia and New Zealand, while BAA endorsed *National Competency Matrix and Training Modules for the Australian Tissue Banks*. In addition, eye and tissue sector staff were engaged in the 2015 DonateLife Forum in March 2015, identifying ways to expand the donor pool and increase consent rates. Throughout 2015 sector representatives have been working to identify the next steps in the implementation of the sector education program.

ACTION 31

Implement nationally agreed eye and tissue definitions to support the consistent reporting of performance data and enhanced retrieval, processing and storage systems

This year saw the finalisation of a standard set of Australian eye and tissue sector definitions based on the International Society of Blood Transfusion (ISBT) 128, the internationally accepted tissue descriptors. ISBT 128 is a global standard for terminology, coding, labeling and information transfer for medical products of human origin, and is widely used worldwide. This work is consistent with the *63rd World Health Assembly Resolution on Human organ and tissue transplantation WHA63.22*. Through this resolution, member states are encouraged 'to implement globally consistent coding systems for human cells, tissues and organs as such in order to facilitate national and international traceability of human tissue for transplantation'. The work was the realization of another of the recommendations of the *Report on options for more effective eye and tissue retrieval, processing and storage*. This work will also support the implementation of the EDR Eye Module, where consistency of terminology and processes is required in order for the web-based system to be developed.

ACTION 32

Commence a review of the eye and tissue sector to inform the development of more effective, efficient, and sustainable working models across the sector

Thousands of high-quality and safe eye and tissue allografts are transplanted every year in Australia. However, there needs to be more clarity about the current and future capability of this sector to thrive and secure the best possible service provision and health outcomes for Australians. Further to the recommendations in the *Report on options for more effective eye and tissue retrieval, processing and storage*, in September 2014 the Australian Health Ministers Advisory Council agreed that an independent economic analysis should be undertaken of the operational capacity of the Australian eye and tissue banking sector

In 2014–15 an Eye and Tissue Economic Analysis Working Group was formed, and in June 2015 PricewaterhouseCoopers were engaged to undertake an independent review. As part of the review, input will be sought from across the eye and tissue sector, including users of eye and tissue allografts. The report is due to be presented to the Australian Health Ministers Advisory Council by the end of 2015.

Support the development of an Australian Organ Matching System to improve organ allocation and matching processes

ACTION 33

Fund and support the Australian Red Cross Blood Service to undertake a scoping review of options for the provision of an Australian Organ Matching System

We provide funding to the Australian Red Cross Blood Service for the provision of a National Organ Matching Service (NOMS) which facilitates the systematic allocation of solid donor organs for transplantation in Australia.

This occurs through the development, management and maintenance of the NOMS computer system, supporting and enabling the organ donation and transplantation sectors to perform their functions.

In response to requests from the transplantation sector and the provider, funding was provided to the Australian Red Cross Blood Service to conduct an Australian Organ Matching System (AOMS) review to identify a future state NOMS replacement.

The AOMS review was undertaken by DWS Consultants and was completed in May 2015. The outcomes will inform the implementation of the 2015 Budget measure for the development of the AOMS, to replace the current organ matching system.

Continue to support the evolution of the DonateLife Network in response to changes in the requirements of the organ and tissue donation and transplantation service model

ACTION 34

Monitor jurisdictional progress in implementing the national reform programme in accordance with the current funding agreements

Clinical reform is an integral component of the national reform programme to improve the clinical practice of organ and tissue donation at the hospital level by resourcing donation specialists to identify potential donors and maximise consent rates. During 2014–15 DLN staff continued to undertake FDC training and to support clinical reform through the implementation of the EDR and the CPIP.

In accordance with the terms of the funding agreements, jurisdictions continued to report on progress biannually and to provide quarterly financial acquittals. We met with the states and territories quarterly through the JAG and on an individual basis every six months to discuss the implementation of the national reform programme reported in the progress reports.

ACTION 35

Continue to implement and develop the Clinical Governance Framework and the Clinical Practice Improvement Program

Hospital Activity Plans were developed in every DLN hospital in 2014–15. These plans were regularly reviewed and used by DLN staff to guide their work in implementing the national reform programme in their hospital. They were also used to support discussions regarding hospital performance with hospital executive teams and as part of annual performance reviews for the donation specialist staff.

In January 2015, DLN hospitals in all jurisdictions used the CPIP survey tool to report for the third time on implementation of the CPIP for the six-month reporting period July–December 2014. The survey revealed that there had been a 2.7% increase in achievement of KPIs by the DLN for the period July–December 2014 compared to the previous six months. The majority of hospitals (74%) reported an improvement in their achievement of the KPIs compared to the July 2013 baseline.

Several areas were identified that require further work, and this information was used by the Clinical Governance Committee in planning for the provision of specific support to the hospital-based staff in these areas. The survey tool also identified issues worthy of a national focus at forums such as the 2015 DonateLife Forum. At the forum, hospital staff were paired with staff from hospitals with similar demographic and performance profiles. Work was then done to identify the next steps that can be taken by DLN staff in implementing CPIP Phase 2 in their hospital, including sharing experiences and ideas about how to address areas of particular difficulty.

ACTION 36

Evaluate the Clinical Governance Framework and the Clinical Practice Improvement Program to inform the development and implementation of Phase 2 of the program

During 2014–15 the Clinical Governance Committee used CPIP survey data, Hospital Activity Plans and the DonateLife Audit to evaluate the CPIP and to develop CPIP Phase 2.

Jurisdictions then worked together to identify key hospitals that would be involved in CPIP Phase 2. Hospitals were grouped across jurisdictional borders according to their ANZICS classification: that is, tertiary, metropolitan, rural and regional, and paediatric. They were further grouped if they shared major trauma and transplantation services, and then finally grouped according to donation outcomes.

CPIP Phase 2 will involve a more intensive approach to the implementation of Hospital Activity Plans, closer scrutiny and management of areas of concern, and additional support provided to DLN staff from their interstate colleagues at paired hospitals. The KPIs for some of the elements of the CPIP will be revised and refined in light of the evaluation that took place throughout early 2015, and DLN staff will work to develop appropriate strategies to meet these requirements.

The DonateLife Collaborative will focus on a cohort of hospitals with the greatest potential to increase donation outcomes. It will support those hospitals to address key issues, such as DCD, request and consent, donor management, and extended criteria donors. It will culminate with inter-hospital performance audits undertaken by DLN, OTA and health department staff to further strengthen the delivery of organ and tissue donation specialist services in key DLN hospitals across Australia.

ACTION 37

Deliver the 2015 DonateLife Network Forum

The 2015 DonateLife Network Forum was held in Melbourne on 24 and 25 March 2015. The 265 forum delegates comprised DLN staff, representatives from the eye and tissue donation sectors, members of key professional societies, OTA Advisory Council members, and federal, state and territory health department representatives. The program comprised a mixture of plenary and concurrent sessions to foster the sharing of experiences and networking between DonateLife Network staff, as the forum was primarily focused on supporting the clinical donation staff in hospitals. Concurrent sessions operated as workshop-style sessions to look at ways to expand the donor pool and increase family consent to donation. These sessions facilitated open discussion among hospital staff to address barriers to donation.

Outcomes of the forum have informed the development of the CPIP Phase 2, which aims to build cross-border hospital team peer relationships. This will strengthen local organ donation practice through exposure to alternative systems and approaches within a national framework, which will be implemented from 1 July 2015.

Provide national donor family support services to ensure that donor families have access to quality bereavement care and support

ACTION 38

Review and update the *National Donor Family Support Services Guidelines*

We worked with the Donor Family Support Implementation Group to review the *National Donor Family Support Service (NDFSS) Guidelines*, which outline the minimum national standard of support offered to donor families by each DonateLife Agency through the Donor Family Support Coordinator. To ensure a nationally consistent support service, each component of the NDFSS is outlined in the guidelines. This includes the provision of follow-up support initially by telephone; the provision of support resources and counselling services; the organisation of remembrance services; and the coordination of correspondence between transplant recipients and donor families.

The revised NDFSS Guidelines were agreed in November 2014: small changes were made to clarify counselling referral processes; to include guidance for supporting donor families who choose to be involved in media and other communication activities; and to confirm the relevance of research to inform and improve the NDFSS.

ACTION 39

Consider opportunities for national recognition of donors and their families

We consulted with the Transplant Liaison Reference Group in August 2014 on the *Correspondence guidelines – transplant recipients* and agreed that a dedicated 'thank you' card would be developed as a way to support transplant recipients who choose to write to their donor family. Designs for the card were agreed following broad consultation with the reference group, the Donor Family Support Implementation Group and the Clinical Governance Committee. We then printed cards so they would be ready for transplant units to start using them from July 2015. We will work with the Transplant Nurses' Association to pilot the promotion of the 'thank you' cards for 12 months to determine whether recipients choose to use the cards and whether it has an impact on the level of correspondence to donor families.

Maintain the OTA as an agency of excellence

ACTION 40

Foster a team of enthusiastic and dynamic people with relevant skills and expertise

Wherever possible, we seek to use the skills and abilities of staff from different teams to work together to achieve our program objectives. All major projects undertaken by the OTA are developed and managed with input from clinical experts and subject matter experts from across the DLN and Commonwealth, State and Territory Health Departments to ensure we draw upon relevant expertise.

We continually look to develop the skill sets of our staff, and in 2014–15 a concentrated effort was made with our Executive Level management group. These staff attended a series of events as part of the Australian Public Service Commission's Executive Level Leadership Network. In addition, nominated staff participated in a Middle Management Development Program designed to build managerial and leadership capability.

ACTION 41

Align organisational structure and processes to support the OTA's business objectives

As a micro agency, we can be sufficiently flexible with our staffing structure to deploy staff as needs arise. At 30 June 2015 our staffing structure comprised five teams focusing on key deliverables of the national reform programme.

DONATE LIFE NETWORK

The OTA manages the implementation of the national reform programme through leadership of, and collaboration with, State and Territory Medical Directors, DonateLife Agencies (one in each state and territory) and hospital medical and nurse specialists in organ and tissue donation. These people and organisations comprise the DonateLife Network.

State and territory governments, through funding agreements with the OTA, employ the DonateLife Network staff in accordance with an organ and tissue donation service model consistent with the model and approach of the national reform programme, in the public hospital sector and, where mutually agreed, in the private hospital sector.

As at 30 June 2015 268 DonateLife staff were employed in 146.02 full-time equivalents of Australian Government-funded positions in 78 hospitals and eight DonateLife Agencies across Australia.

ACTIVITIES IN THE STATES AND TERRITORIES

This section reports on the key activities undertaken by the DonateLife Network at a jurisdictional level.

Clockwise from top left: DonateLife ACT staff, Tasmania AGFEST, Northern Territory Barunga Festival, South Australia Rose Planting ceremony

NSW Organ and Tissue Donation Service

STATE MEDICAL DIRECTORS NEW SOUTH WALES (NSW)

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

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

Optimising organ and tissue donation is a priority for NSW Health. The *Increasing organ donation in NSW: 2012 government plan* sets out the approach for NSW which complements the national reform programme approach to organ and tissue donation for transplantation.

The Chief Health Officer, Dr Kerry Chant, has convened an Implementation Advisory Group to support the work of the NSW Organ and Tissue Donation Service (OTDS), local health districts and Specialty Health Networks. The NSW focus has been on ensuring the early identification of all possible organ donors, and on maximising consent rates to donation.

Early donor identification requires a pro-donation culture in Emergency Departments and Intensive Care Units. In 2014–15 the NSW OTDS worked with donation specialist medical staff to enhance leadership skills to build a hospital-wide pro-donation culture. In 2015 the OTDS implemented a revised model of half-day meetings of the NSW Network as a strategy to drive clinical improvement. The first meeting, in March, focused on leadership. The second meeting, in May, welcomed an international guest – Dr Xavier Guasch from Valencia, Spain – who spoke on controversies in the identification and diagnosis of brain death.

Increasing identification of possible donation after circulatory death (DCD) donors is a priority in NSW, and the Network Forum in September 2014 principally focused on DCD donation. Dr Rohit D'Costa and Ms Kelly Rogerson from DonateLife Victoria shared with us their experience in maximising DCD potential in Victoria. A DCD training and simulation exercise is being conducted across network hospitals from June 2015.

NSW data demonstrates better consent outcomes when requestors have undertaken the Family Donation Conversation (FDC) training. In response, NSW has set as a target that 100% of all conversations in network hospitals will be conducted by FDC-trained requestors.

In collaboration with the OTDS, the NSW Transplant Advisory Committee has developed new methods to ensure consistency and reliability in medical suitability decisions. A tiered process of decision making is in place, with a limited group of transplantation experts at the senior tier. Decisions are reviewed monthly by the Transplant Advisory Committee and then the senior specialists hold a peer review meeting bi-monthly to develop consistency in practice.

NSW continues to perform well in the tissue donation sector, with a 30% increase in the supply of musculoskeletal tissue, and clinical demand for corneal tissue is being met.

Associate Professor Michael O'Leary

Dr Elena Cavazzoni

DonateLife Victoria

STATE MEDICAL DIRECTORS VICTORIA (VIC)

Dr Helen Opdam MBBS FRACP FCICM State Medical Director

Dr Rohit D'Costa FRACP FCICM Deputy State Medical Director

DonateLife Victoria implemented significant changes to its service delivery model in 2014–15 aimed at strengthening capability and capacity within our network. A key element was a partial decentralisation of coordination staffing. Donation Specialist Nursing Coordinators were appointed in the four largest tertiary hospitals to provide on-site expert and timely advice to clinical staff in these high-activity hospitals, as well as the best possible care and support to donors and their families.

The DCD pathway accounted for 40% of all deceased organ donations in Victoria in 2014. One of our key aims has been to ensure that DCD is able to be pursued not just in Melbourne hospitals but in sites across the state. Ballarat Base Hospital was the first regional centre to offer DCD and other hospitals in the state have now followed. Simulated DCD exercises have been undertaken in these hospitals to provide staff with the confidence and experience to prepare them for a potential donation. Ultimately, our focus is on increasing the opportunity for donation to occur via either the DCD or the DBD pathway to support the wishes of patients and their families.

Working with our multicultural communities continues to be a focus in the network. Engagement with religious and cultural leaders has led to a number of opportunities to increase community engagement and support by our nursing and medical donation specialists. A wonderful example of a partnership between the Organ and Tissue Authority and the local community, Project Hayat, aims to educate Muslim women in Victoria about organ and tissue donation. Dynamic community champions are encouraging people to discover the facts, make a decision and register on the Australian Organ Donor Register, while increasing family discussion and knowledge of donation decisions.

Professional collaboration with our transplant and hospital-based colleagues continues to hold an important focus for us. Regular meetings with the lung, heart, liver and renal transplant sub-committees of the Victorian and Tasmanian Transplant Advisory Committee help to build shared understanding and have led to service and quality improvement initiatives. A donor surgeons sub-committee is to be formed in the coming year to discuss matters relevant to the retrieval process.

Community engagement is of vital importance to us. A highlight in 2014 was undoubtedly the Australian Transplant Games which were held in Melbourne, with the OTA being a major sponsor. Held at the Melbourne Sports and Aquatic Centre from 26 September to 4 October 2014, the Games brought together 1,500 people affected by donation and transplantation – all with the common goal of celebrating life. There were 21 different sporting events, a whole range of cultural activities and a complete junior program. Donatelife Network staff and volunteers were actively involved throughout the games, as they have been in numerous events during the year. In fact, our staff and network of volunteers reached out to more than 250,000 Victorians at regularly scheduled events and sessions over the year.

Dr Helen Opdam

Dr Rohit D'Costa

DonateLife Queensland

STATE MEDICAL DIRECTOR QUEENSLAND (QLD)

Dr Leo Nunnink MBBS FACEM FCICM MHServMgt

The 2014–15 year has been one of transition in Queensland. The year marked the first in which the Australian Government funding agreement was signed with Metro South Health rather than the state government. Service Level Agreements were drafted and signed with all relevant health services.

There has been an increase in the number of medical donation specialists, from six to 15, as we transition from full-time to fractionally employed donation specialist medical staff. The long-standing staff have continued as members of the expanded network, to maintain continuity of expertise, while the new staff have been inducted into the network through the Queensland Network meeting and the national DonateLife Forum.

The DonateLife Audit has been extended to include Redcliffe and Logan Hospitals, and a Nursing Donation Specialist has commenced at the new Lady Cilento Children's Hospital. A funding agreement was signed with Ipswich Hospital for a Nursing Donation Specialist position.

DonateLife Queensland has developed an in-house intranet site to stimulate hospital development and improve communication between hospital donation staff and our agency. The site is called 'ESKY' and can only be accessed through the Queensland Health intranet site by DonateLife Queensland staff. In addition to the main site, there is a sub-site for each hospital, which contains detailed information on any announcements, meetings, calendar events and various documents, including training and education material.

Tissue bank reform has progressed with a proposed design developed for an expanded co-located Queensland Tissue Bank. A business case for building works has been submitted. IT system redesign has also progressed with the involvement of an external consultancy.

DonateLife Queensland has developed relationships with the Health Equity and Access Unit and the Cultural Diversity Coordinator with a view to developing a strategic plan in the culturally and linguistically diverse community and increasing our presence.

During the year tragedies such as the Ravenshoe Café explosion have created significant media opportunities to highlight tissue donation. As well, the death of a young Queensland footballer and a proactive donor family have resulted in additional opportunities to raise awareness in the rugby league community.

In May 2015 DonateLife Queensland, in partnership with the Brisbane Writers Festival, launched the Writing for Life Young Writers Micro Fiction Competition. Students were asked to promote the important social justice issue of organ and tissue donation and were encouraged to think critically and write creatively.

Dr Leo Nunnink

From top (L–R): DonateLife SA staff and volunteer at the University of Adelaide's O'Week event, Sydney City to Surf Fun Run, Gift of Life actors at Centre for Aboriginal Studies at Curtin University in Western Australia, DonateLife Vic Service of Remembrance

From top (L–R): Staff from DonateLife ACT and Calvary Hospital Emergency Department, Lung transplant recipient Carly Staite – Queensland Write For Life entrant, DonateLife NT State Medical Director with Gift of Life actor at Royal Darwin Hospital, DonateLife TAS staff at Service of Remembrance

DonateLife South Australia

STATE MEDICAL DIRECTORS SOUTH AUSTRALIA (SA)

Dr Sally Tideman BA MBBS FRACGP MPH FRACMA
1 July 2014 – 2 April 2015

Dr Stewart Moodie MB ChB FRCA FCICM MBioethics

The DonateLife South Australia Network has had a challenging but productive year with further development of our high-performing team and the pending appointment of a new State Medical Director following the resignation of Dr Sally Tideman. The appointment of a Nursing Service Director with a Donation Specialist Nursing Coordinator skill set has enabled a review and new ways of working.

The change and transition program – Change Conversations – and staff professional development and leadership programs continued internationally during the year. Donation Specialist Nursing Coordinator, Alison Hodak, was awarded a Premier's Nursing Scholarship which enabled her to explore systems in the United States of America and Europe. The OTA supported Emily Pumpa's attendance at the iTransplant Annual Conference held in Los Angeles as well as a study tour of British Columbia Transplant in Vancouver and One Legacy in Los Angeles. DonateLife South Australia supported Philippa Jones' attendance at the 8th Congress 2015: International Paediatric Transplantation, in San Francisco. There she achieved a successful abstract submission for a poster presentation, *Promoting the unthinkable: increasing organ donation awareness in paediatric hospitals – an SA experience*. We also continue to support staff representation on state and national organisations.

DonateLife South Australia also supported six conference sessions at the Australian and New Zealand College of Anaesthetists Annual Scientific Meeting in Adelaide. We successfully developed and implemented a DCD simulation program and, in conjunction with South Australia Health, continued education for Designated Officers and work on six clinical research projects. We hosted two Clinical Champions who completed projects on Clinical Champion Engagement and Paediatric Bereavement Resources.

DonateLife South Australia has embedded organ and tissue donation as a core element of the Planning Ahead initiative, including collaboration on a Scinamation – a short animated video presenting a complex scientific topic in an engaging and easy-to-understand format. Staff and volunteers were involved in the Royal Automobile Association of South Australia's Street Smart High for secondary students and the Royal Adelaide Show (with support for the woodcutting event) and continued to engage with the Port Lincoln/Eyre Peninsula region.

Indigenous/CALD engagement included six education sessions, four major events, a presentation at the 2014 World Indigenous Health Conference in Cairns and ongoing collaboration with DonateLife Northern Territory. DonateLife South Australia continues to host the annual Rose Planting Ceremony and Service of Remembrance for donor families and transplant recipients. Our staff also supported successful OTA Community Awareness Grant recipients: Adelaide Sri Lanka Buddhist Vihara Inc and the Healthfirst Network.

Dr Sally Tideman

Dr Stewart Moodie

DonateLife Western Australia

STATE MEDICAL DIRECTOR WESTERN AUSTRALIA (WA)

Dr Bruce Powell MBBS MRCP FRCA FAN ZCA

DonateLife Western Australia continued to focus on clinical practice improvement and community awareness activities during 2014–15. Strategic partnerships were made or strengthened with key stakeholders, including the Western Australia Department of Transport and the town of Cambridge.

The Western Australia Department of Transport was once the means of registering for donation in WA. We proposed to them that the close association between us be reconnected. Beginning in DonateLife Week 2015, the department's website will promote registration, and will signal their support for organ and tissue donation, through links to information and the AODR.

New sunset timing for the annual Honour Board ceremony at Lake Monger in March 2015 was deemed a success, with about 650 donor family members and friends attending the ceremony. In November 2014 we began discussions with the town of Cambridge – host to the Honour Board and ceremony at Lake Monger – about moving the location of the service to the City Beach Foreshore Redevelopment, also part of the town of Cambridge. The commissioning of a new memorial at City Beach was suggested, and these proposals were agreed in June 2015.

The Community Advisory Council convened on seven occasions during 2014–15 and, where necessary, broke up into smaller groups to work on special projects. In particular, the question of the memorial was a crucial one and the group proved very helpful in offering advice and feedback.

Community engagement activities among schools, corporate organisations and social groups amounted to 41 expos and presentations.

'Gift of life' is a play primarily designed to educate Aboriginal people about organ donation and healthy living. The play toured in September 2014 around parts of the south-west of Western Australia as well as Perth and the north-west, from Geraldton to Broome. The purpose of the tour was twofold: to access Aboriginal people in urban and regional settings, and to initiate or strengthen relationships with medical facilities. These objectives were identified in the state-wide Organ Donation Project, which aims to widen retrieval possibilities beyond Perth's metropolitan hospitals. There were 976 people who saw performances of the play, and audience feedback was overwhelmingly in favour of the play's messages.

Several good culturally and linguistically diverse contacts were also made during the year, with at least one multicultural group hosting a presentation for DonateLife Week 2015, to be held in August 2015.

Dr Bruce Powell

DonateLife Tasmania

STATE MEDICAL DIRECTOR TASMANIA (TAS)

Dr Andrew Turner MBBS FRACP FCICM

DonateLife Tasmania has continued to focus on its strategic pathway and growing its services and capabilities for the future. This has involved establishing clinical structures, a learning culture and an environment to continue to grow the clinical capability which supports the delivery of donation services. There has been an intensive focus on maximising clinical opportunities to drive change and to work collaboratively within our hospitals to continue to implement the Clinical Governance Framework. In addition, hospital teams have demonstrated their ongoing activity which has translated into measurable improvements in key performance indicators.

Further consolidation of the implementation of the national reform programme in Tasmania was reflected in sustained donation outcomes in 2014.

The Electronic Donor Record (EDR) continues to provide a seamless and positive electronic platform for donation in the Tasmanian jurisdiction. One of our staff joined the Australian DonateLife Network group to attend the iTransplant EDR User Conference in the US, a great opportunity which enabled Australia to contribute positively to EDR best practice.

DonateLife Tasmania has successfully delivered some key community awareness events which have contributed to – and enhanced – our network involvement and engagement. There has been valuable and consistent work to deliver clinical and community awareness, education and training throughout all clinical networks to various community groups and at events across the state.

DonateLife Tasmania has responded to increasing demand for community engagement from organisations, service clubs, community services, and educational colleges. We have supported the Tasmanian Kidney Health Forum and various health conferences, presentations at college health festivals, the Australian Organ Donor Register office staff and the University of Tasmania O Week market day stalls.

There has been increasing media engagement, with WIN TV featuring stories on donor and recipient case studies, and the Tasmanian Health Minister discussing the national and jurisdictional 2014 performance outcomes with the media.

DonateLife Tasmania is supporting the local implementation of the TAS CALD plan via liaison with, and presentations to, the Migrant Resource Centre in Hobart. The Tasmanian Donor Family Support Program was enhanced by the Service of Remembrance, held in the south of the state at Glen Albyn Estate in May 2015. Their moving service acknowledged the generous gift of donation from living and deceased organ and tissue donors.

Dr Andrew Turner

DonateLife Northern Territory

STATE MEDICAL DIRECTOR NORTHERN TERRITORY (NT)

Associate Professor Dianne Stephens OAM MBBS FANZCA FCICM

DonateLife Northern Territory continued to focus on clinical practice improvement and community awareness activities during 2014–15 to achieve a sustained increase in the rates of organ and tissue donation.

With a changeover of staff there has been an emphasis on building clinical expertise within the DonateLife agency. The Electronic Donor Record has been successfully embedded into practice and its use has improved the quality and efficiency of organ offers. All donation specialist nurse coordinators have incorporated the Family Donation Conversation workshop principles into their practice, with local intensivists clinically engaged and participating in the planning and delivery of the donation conversation.

We continued to work towards expanding our service to include an eye donation program at Royal Darwin and Alice Springs hospitals, with a view to commencement by July 2016.

In May 2015 the College of Intensive Care Medicine held its annual scientific meeting in Darwin. The DonateLife Northern Territory exhibition booth provided excellent exposure for organ and tissue donation among opinion leaders in the Intensive Care Medicine community.

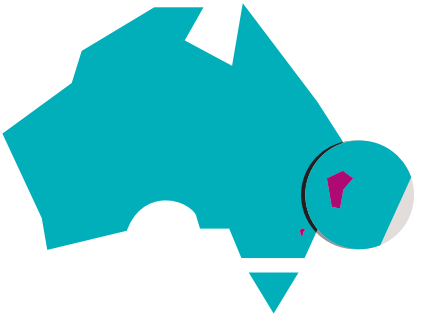
Highlights of our Indigenous education program included further touring of the Artback NT message theatre play, 'Gift of life', combined with a Q&A session by DonateLife Northern Territory staff. This play resonates strongly within the community, presenting a cultural context to Indigenous health practice. A performance in the public entrance to Royal Darwin Hospital was well attended by patients, visitors, Indigenous health workers and medical teams. It was a highly praised performance at the 13th National Rural Health Conference, and was also well received in Yirrkala, a well-known Indigenous community in Arnhem Land.

DonateLife Northern Territory was a co-sponsor of the 30th anniversary Barunga Festival, and we held a community stall to share information about organ donation with influential Indigenous leaders and their families. The Indigenous education work is beginning to be reflected in successful family conversations and informed decision making.

Sadly, we lost one of our Indigenous organ donation champions, Jeannie Herbert Nungarrayi, who died in late 2014. Jeannie made a significant contribution to the development of our Indigenous education resources and she provided the DonateLife team with wise cultural advice. She was a strong advocate of organ donation within her community, something her family was very proud of.

Associate Professor Dianne Stephens

DonateLife Australian Capital Territory



STATE MEDICAL DIRECTOR AUSTRALIAN CAPITAL TERRITORY (ACT)

Associate Professor Frank Van Haren MD PhD EDIC FCICM PGDipEcho

Organ donation rates in the ACT continued to increase substantially in 2014–15, delivering more opportunities for Canberrans and Australians from other states who need life-transforming transplants.

Although some of this increase may be explained by the natural variation in numbers over time in a small jurisdiction, sustained improvements in referral rates from Emergency Departments as well from Intensive Care Units (ICUs) are thought to contribute to the increased number of organ and tissue donations in the ACT. The ACT Health-wide Standard Operating Procedure, *Admission to ICU for the consideration of organ donation*, was introduced in 2014 and helped to streamline the admission to ICU for all potential organ donors from the Emergency Department. Having DonateLife team members participate in the ICU handover has also resulted in a better team approach and referral rate. Finally, organ and tissue donation has become an integral part of end-of-life care and discussion in the ICU, resulting in an almost 100% referral rate of ICU patients who meet the 'E' of the GIVE trigger at Canberra Hospital.

However, there is still work to be done. Calvary Healthcare became a DonateLife Network hospital in July 2014, and two medical positions were approved and recruited. Working within the CPIP model, guidelines, procedures and education sessions are being rolled out to optimise referrals and to prevent any missed opportunities from Calvary Healthcare.

Tissue donation is another high priority for DonateLife ACT. Expansion of our tissue donation services is now well under way and will include cadaveric bone, heart valves and skin in the future. A number of our Donation Specialist Nursing Coordinators have been trained as enucleators to further facilitate eye tissue donation.

A number of research activities in the field of organ donation have been initiated in the ACT and are ongoing. One project involves the development of a survey targeted at doctors working in intensive care in Australia and New Zealand. Its purpose is to investigate attitudes and perceptions of organ donation after circulatory death, as well as practice of end-of-life comfort therapy in these patients. In another research project, current practice of deceased organ donor physical assessment in Australia is being reviewed. The results of this study are expected to be helpful for the development of national guidelines, which would promote greater safety and consistency of practice in this area of organ donation. Finally, one of our team members has entered into a PhD program with a DonateLife-related research topic.

We continue to have strong consumer and community engagement at all levels of our agency. Our regular Consumer and Community Advisory Committee meetings provide a useful forum for constructive interaction between our agency and the wider community. Community membership on our Clinical Advisory Committee also ensures essential community input in all matters of DonateLife governance.

The 2015 Service of Remembrance and Thanksgiving was again a moving and uplifting tribute to all donors, their families, transplant recipients, friends and health care workers.

Associate Professor Frank Van Haren

PART THREE
MANAGEMENT AND ACCOUNTABILITY

CORPORATE GOVERNANCE

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

The OTA is established by the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008* which sets out our primary responsibilities and the functions of the Chief Executive Officer (CEO). The OTA is a non-corporate Commonwealth entity under the Public Governance, Performance and Accountability Act 2013 (the PGPA Act).

The PGPA Act sees a shift in the approach by government, enabling agencies to operate with greater independence, permitting gains in efficiencies and reduction in unnecessary red tape. This change is coupled with a strong risk management and performance framework.

We are well positioned to manage our resources, risks and performance in accordance with the new framework. Fundamental to this is our strong and efficient governance structure which provides a high level of transparency and accountability over our objectives and performance. We also ensure that we consciously manage our risks with the integration of risk management principles into all critical management processes.

Executive Committee

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

This Executive Committee provides guidance and leadership on our overall direction and responsibilities. The Executive Committee provides advice to the CEO on governance matters, including financial and operational issues, risk and security management, fraud control, strategic information, technology matters, and people management.

Audit Committee

The Audit Committee provides independent assurance to the CEO on the OTA's financial and performance reporting responsibilities, risk oversight and management, and our system of internal control.

The committee is established in compliance with section 45 of the PGPA Act, and is chaired by an independent member, Mr Peter Hoefer. Members include the Deputy Chair, Ms Glenys Roper (independent external member), and Mr Rick O'Brien (internal OTA Director). Representatives from the Australian National Audit Office and the OTA's internal auditors are invited to attend each meeting.

A standard agenda item of our 2014–15 Audit Committee meetings was regular program risk presentations by senior OTA staff. These presentations provided the Audit Committee with an assurance that adequate controls and risk mitigation strategies were in place.

Internal audit arrangements

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

In accordance with the 2014–15 Strategic Internal Audit Plan, PwC conducted internal audits on our:

- protective security policy framework
- financial due diligence.

In addition to the agreed work under the 2014–15 Strategic Internal Audit Plan, the contract with PwC includes the provision of ad-hoc advice to our management team on a range of issues. These issues range from the development of new programs, systems and processes, and implementation reviews, to further strengthening our existing risk management and fraud control frameworks.

During 2014–15, PwC conducted additional activity in relation to the Electronic Donor Record Post-Implementation Review.

The Audit Committee continued to monitor the implementation of internal audit report recommendations through regular status reports presented by PwC.

Fraud control

We have taken all reasonable measures to prevent, detect and deal with fraud, as required by PGPA Rule 10.

We regularly evaluate the effectiveness of our fraud control strategies. We also maintain a fraud control plan that complies with the Commonwealth Fraud Control Policy and which takes into account Resource Management Guide No. 201 – Preventing, Detecting and Dealing with Fraud.

During 2014–15 there were no fraud allegations investigated by the OTA.

I, **Yael Cass**, certify that I am satisfied that for 2014–15, the Australian Organ and Tissue Donation and Transplantation Authority has:

- prepared appropriate fraud risk assessments and a fraud control plan that complies with the section 10 of the Public Governance, Performance and Accountability Rule 2014
- appropriate fraud prevention, detection, investigation and reporting mechanisms in place that meet the specific needs of the OTA
- taken all reasonable measures to appropriately deal with fraud relating to the OTA.

Yours sincerely

Ms Yael Cass
Chief Executive Officer

30 September 2015

Risk management

The OTA has established – and maintains – appropriate systems of risk oversight, management and internal control in accordance with PGPA Act requirements, including compliance with the Commonwealth Risk Management Policy.

Our Executive Committee routinely considers ongoing or emerging risks and continually reviews our Enterprise Risk Register, updating it to reflect operational improvements and changes. Further assessment is undertaken on a quarterly basis to determine our top 10 risks, identify whether they represent a change to the risk environment, and consider possible actions to mitigate them. These risks are then reported at each meeting of the Audit Committee.

Our strong understanding of the risk environment in which we operate enables us to plan, to respond appropriately to new challenges and opportunities, and to make well informed decisions in achieving our objectives.

External scrutiny

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

During 2014–15 there were:

- no judicial decisions, decisions of administrative tribunals, or decisions by the Australian Information Commissioner, that have had, or may have, a significant impact on the operations of the OTA
- no reports on the operations of the OTA by a parliamentary committee or the Commonwealth Ombudsman, and
- no legal actions lodged against the OTA.

In 2014–15 the Australian National Audit Office conducted an audit on *Promoting organ and tissue donation*. This audit assessed the effectiveness of the OTA's administration of community awareness, professional education and donor family support activities intended to increase organ and tissue donation.

The Australian National Audit Office made three recommendations aimed at:

- improving stakeholder engagement
- reviewing the OTA's grants administration, and
- improving donor family support services.

The final report was tabled in parliament in April 2015.

Other parliamentary scrutiny

In 2014–15 the OTA appeared before the following parliamentary committees:

- Senate Community Affairs Legislation Committee (Senate Estimates)
  - Supplementary Budget Estimates on 2 October 2014
  - Additional Budget Estimates on 25 February 2015, and
  - Budget Estimates on 2 June 2015
- Senate Select Committee on Health on 2 October 2014.

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

PEOPLE MANAGEMENT

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

The OTA is strongly committed to promoting and maintaining the standard of behaviour outlined in the Australian Public Service (APS) Values and Code of Conduct, as set out in the *Public Service Act 1999*. The APS Values and Code of Conduct are an integral part of our human resources framework, and are part of the foundation of all human resources policies and procedures. In 2014–15 we reviewed our human resources policies relating to Code of Conduct and Conflict of Interest following changes to the *Public Service Act 1999*.

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

The OTA is a member of the APS Ethics Contact Officer Network. This network plays a key role in supporting the ongoing work of the Ethics Advisory Service, with this work being communicated to our staff and referenced in various human resources policies and procedures.

Our staff continued to participate in a range of development programs throughout the year. This included several staff being involved in the Department of Health's Middle Management Development Program, which aims to build middle managers' managerial and leadership capability. The program is based around face-to-face workshops but it also includes self-awareness tools, leadership engagement and a coaching component.

TABLE 8 OUR VALUES

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

Terms and conditions of employment for Senior Executive Service (SES) staff are provided by individual determinations made under section 24(1) of the *Public Service Act 1999*. All terms and conditions of employment for non-SES staff are provided for in the OTA enterprise agreement 2011–2014, which nominally expired on 30 June 2015. In 2014–15 the OTA began negotiations with its staff for a new Enterprise Agreement, which is yet to be finalised.

At 30 June 2015 we employed 23.87 full-time-equivalent staff, a reduction from 26.2 at 30 June 2014. Table 9 provides a breakdown of these figures by classification, gender, full-time and part-time status, and ongoing/non-ongoing employment. All staff are located in Canberra with the exception of one officer in Melbourne and one in Newcastle. One staff member identified as being Indigenous.

We derive productivity benefits through our ongoing service level agreement with the Department of Health. This includes the delivery of payroll services and a range of corporate support activities.

We can also access the department's various panel arrangements, including the provision of recruitment services and a comprehensive Employee Assistance Program.

During 2014–15 we continually reviewed our staffing profile, and looked for productivity improvements when positions became vacant. We achieved this by assessing the classification level against the new work level standards issued by the Australian Public Service Commission, before ongoing staffing arrangements were finalised.

Table 10 shows the notional salary bands for SES staff, while Table 11 provides the salary ranges for each non-SES classification. Table 12 lists the non-salary benefits available to staff.

In 2014–15 a total of seven staff at the SES and non-SES levels received a combined total of $123,865.75 in performance pay, with payments relating to assessments made for 2013–14. Given the small number of staff involved, details of the actual classification levels and payments made for each level are not provided.

TABLE 9 STAFFING NUMBERS AT 30 JUNE 2015

	Female				Male				
	Ongoing		Non-ongoing		Ongoing		Non-ongoing		
Classification	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	**Total**
CEO	1								**1**
SES 1	1								**1**
Senior Public Affairs Officer Grade 2	1								**1**
Executive Level 2	2				2			0.4	**4.4**
Executive Level 1	2	1.67			2				**5.67**
APS6	4				2				**6**
APS5	2				1				**3**
APS4			1						**1**
APS3		0.8							**0.8**
Total	13	2.47	1	0	7	0	0	0.4	**23.87**

TABLE 10 SENIOR EXECUTIVE SERVICE SALARY BANDS AT 30 JUNE 2015*

Classification	Minimum ($)	Maximum ($)
SES 1	147,661	189,850

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

TABLE 11 NON-SES SALARY RANGES AT 30 JUNE 2015

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

Note

A total of four staff are covered by individual flexibility arrangements entitling them to remuneration in addition to that provided under the enterprise agreement. Given the small number of staff involved, details of the actual classification levels and payments made are not provided. The quantum of all amounts payable is $47,708 pa

TABLE 12 NON-SALARY BENEFITS 2014–15

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

WORKPLACE HEALTH AND SAFETY

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

In exercising a commitment to ensuring the health and wellbeing of our employees, and consistent with the legislative requirements of the *Work Health and Safety Act 2011*, we aim to:

- prevent accidents and ill health caused by adverse working conditions
- locate employees in an environment that maximises health, safety and wellbeing
- conduct regular hazard inspections and encourage the reporting of any incidents or hazards
- arrange training and information for workers about workplace health and safety issues
- promote health and wellbeing.

We also adopted a number of early intervention strategies to minimise any potential workplace health and safety risks. These included:

- preventative and specialist workstation assessments
- access to influenza vaccinations in March 2015 at no charge to staff
- access to a free and confidential employee assistance counselling services program.

As part of our Health and Safety Management Arrangements, workplace health and safety matters are discussed as a standing program item at the quarterly meetings of the Workplace Consultative Committee. This enables management and staff to work together to effectively manage workplace health and safety risks and hazards. Before each meeting of the committee, Health and Safety Representatives undertake an inspection of our work premises in order to identify any potential workplace hazards.

There were no workplace accidents, dangerous occurrences, serious personal injury incidents, or investigations undertaken during 2014–15.

RESOURCE MANAGEMENT FRAMEWORK

The *Public Governance, Performance and Accountability Act 2013* (PGPA Act) commenced on 1 July 2014. This act is the cornerstone of the Australian Government's new resource management framework which governs how government agencies use and manage public resources. The OTA is a non-corporate Commonwealth entity and, as such, is subject to the requirements of the PGPA Act.

The PGPA Act is the first stage in a reform agenda that has built on the strengths of the previous framework. It provides Commonwealth entities with greater flexibility in their business processes and systems, with an associated reduction in red tape requirements. Central to the change is a focus on improving the quality of performance reporting and improved accountability, supported by strong governance and a risk-based approach to management.

The OTA is a micro agency committed to delivering best practice outcomes in organ and tissue donation and transplantation within this resource management framework.

The OTA and our staff have a number of duties within the PGPA Act, and we have built strong processes and systems to meet these requirements. We are committed to ensuring compliance through the annual Compliance Report process. This self-assessment mechanism helps us to identify areas of concern and improve work practices to ensure the efficient, effective, economical and ethical use of Australian Government resources in a way that is consistent with government policies.

We have embraced the reformed resource management approach and, in accordance with the enhanced performance framework, we will demonstrate our plans and performance against these plans through our Corporate Plan and annual performance report.

Assets management

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

- a capital management plan that sets out information about our proposed capital expenditure
- a detailed policy on the management of assets
- an asset register, subject to an annual stocktake of fixed and intangible assets.

This stocktake helps to confirm the location and identify the condition of assets, along with reducing surplus and underperforming assets.

At 30 June 2015 there was a 2% increase in non-financial assets compared to the previous year, resulting from the independent revaluation of leasehold improvements.

Further information on the value, acquisition and disposal of assets in 2014–15 can be found in Part 4: Financial statements.

Purchasing

Our purchasing policies and practices complied with the Commonwealth Procurement Rules, with the exception of instances reported in the 2014–15 PGPA Act Compliance Report. Our procurement framework continues to support efficient, effective, economical and ethical procurement outcomes by encouraging competition, value for money, transparency and accountability.

Australian National Audit Office access clauses

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

No contracts entered into in 2014–15 included a variation to the standard terms and conditions, allowing Australian National Audit Office access.

Exempt contracts

During 2014–15 we did not enter into any contracts (with a value of $10,000 or more including GST, or any standing offers) that were exempt from being published on AusTender.

In accordance with the reporting requirements of the Commonwealth Procurement Rules, details of all contracts with a value of $10,000 or more have been published on AusTender at www.tenders.gov.au.

Procurement initiatives to support small business

We support small business participation in the Australian Government procurement market. Participation statistics for small and medium enterprises and small enterprises are available on the Department of Finance website at www.finance.gov.au/procurement/statistics-on-commonwealth-purchasing-contracts/.

We encourage the participation of small business through exclusively using the Department of Finance's Commonwealth Contract Suite (except where placing Official Orders under panel arrangements) for procurements under $200,000. These contract templates streamline the procurement processes for small business, in particular, by:

- reducing process costs
- removing repetition and ambiguity
- simplifying liability, insurance and indemnity requirements, and
- creating consistency.

We recognise the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government payments to small business are available on the Treasury website at www.treasury.gov.au.

We support on-time payment, and our small but dedicated finance team ensures the majority of invoices submitted are paid within a week of acceptance. We also facilitate payment by card where appropriate.

Grant programs

We provide five types of funding through grants:

- state and territory government funding for staff in organ and tissue donation agencies, and organ and tissue donation specialists working in hospitals across Australia
- public and private hospital support funding to remove cost barriers to organ and tissue donation
- funding to support transplant outcome registries within Australia
- Community Awareness Grants for organisations conducting projects or activities that improve awareness and engagement of the Australian community, the non-government sector, donor families and others involved in increasing organ and tissue donation, and
- one-off ad-hoc grants to organisations following successful unsolicited applications for funding outside of the Community Awareness Grants program.

Information on grants we awarded between 1 July 2014 and 30 June 2015 is available on our website at www.donatelife.gov.au/accountability-and-reporting.

Ecologically sustainable development and environmental performance

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

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

Disability reporting mechanisms

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

The Commonwealth Disability Strategy has been overtaken by a new National Disability Strategy 2010–2020 sets out a ten-year national policy framework to improve the lives of people with disability, promote participation and create a more inclusive society. A high-level, two-yearly report will track progress against each of the six outcome areas of the strategy and present a picture of how people with disability are faring. More information on the strategy is available at www.dss.gov.au.

Freedom of information

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

All information published in accordance with these requirements can be found at http://www.donatelife.gov.au/freedom-information-0.

Consultants

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

a skills currently unavailable within the agency

b need for specialised or professional skills

c need for independent research or assessment.

During 2014–15 four new consultancy contracts were entered into involving total actual expenditure of $75,805 (including GST). There were no consultancy contracts carried forward from 2013–14.

This report contains information about actual expenditure on contracts for consultancies entered into during 2014–15. Information about the value of these contracts and consultancies is available on the AusTender website at www.tenders.gov.au.

TABLE 13 COMPARISON OF EXPENDITURE ON CONSULTANCY SERVICES DURING 2012–13, 2013–14 AND 2014–15

2012–13	2013–14	2014–15
$103,030	$74,964	$75,805

TABLE 14 ADVERTISING AND MARKET RESEARCH AGENCIES AND ORGANISATIONS USED DURING 2014–15

Agency/organisation	Service provided	Paid ($)
Market research organisations		
Woolcott Research	Research services	$98,301.50
Direct mail organisations		
National Mailing and Marketing	Warehouse and distribution services	$33,000.00

Note: Price paid includes GST

For the period 2014–15 no advertising campaign activity was undertaken by the OTA.

PART FOUR
FINANCIAL STATEMENTS

PART 4
FINANCIAL STATEMENTS

INDEPENDENT AUDITOR'S REPORT

Australian National Audit Office

INDEPENDENT AUDITOR'S REPORT

To the Minister for Health

I have audited the accompanying annual financial statements of the Australian Organ and Tissue Donation and Transplantation Authority for the year ended 30 June 2015, which comprise:

- Statement by the Accountable Authority and Chief Financial Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement;
- Schedule of Commitments;
- Administered Schedule of Comprehensive Income;
- Administered Schedule of Assets and Liabilities;
- Administered Reconciliation Schedule;
- Administered Cash Flow Statement;
- Schedule of Administered Commitments; and
- Notes comprising a Summary of Significant Accounting Policies and other explanatory information.

Accountable Authority's Responsibility for the Financial Statements

The Chief Executive Officer of the Australian Organ and Tissue Donation and Transplantation Authority is responsible under the Public Governance, Performance and Accountability Act 2013 for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards and the rules made under that Act. The Chief Executive Officer is also responsible for such internal control as is necessary to enable the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial

Independent Auditor's Report continued

statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Accountable Authority of the entity, 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.

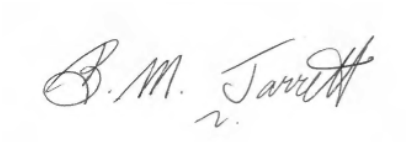
Opinion

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

(a) comply with Australian Accounting Standards and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and

(b) present fairly the financial position of the Australian Organ and Tissue Donation and Transplantation Authority as at 30 June 2015 and its financial performance and cash flows for the year then ended.

Australian National Audit Office



Brandon Jarrett

Executive Director

Delegate of the Auditor-General

Canberra

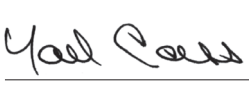
23 September 2015

STATEMENT BY THE ACCOUNTABLE AUTHORITY AND THE CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2015 comply with subsection 42(2) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

In our opinion, at the date of this statement, there are reasonable grounds to believe that the non-corporate Commonwealth entity will be able to pay its debts as and when they fall due.

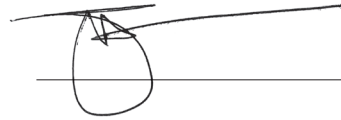
Signed



Yael Cass
Accountable Authority

23 September 2015

Signed



Judy Harrison
Chief Financial Officer

23 September 2015

Statement of comprehensive income

for the period ended 30 June 2015

	Notes	2015 $	2014 $
Net cost of services			
Expenses			
Employee benefits	4A	**3,692,363**	4,302,031
Suppliers	4B	**1,539,683**	1,300,742
Depreciation and amortisation	4C	**519,734**	366,927
Write-down and impairment of assets	4D	**2,071**	4,658
Total expenses		**5,753,851**	5,974,358
Own-source income			
Own-source revenue			
Other revenue	5A	**70,000**	70,000
Total own-source revenue		**70,000**	70,000
Gains			
Gains from sale of assets		**–**	–
Total gains		**–**	–
Total own-source income		**70,000**	70,000
Net cost of services		**(5,683,851)**	(5,904,358)
Revenue from Government	5B	**6,213,000**	5,841,000
Surplus/(Deficit) attributable to the Australian Government		**529,149**	(63,358)
Other comprehensive income			
Items not subject to subsequent reclassification to net cost of services			
Changes in asset revaluation reserves		**288,527**	–
Total comprehensive income		**288,527**	–
Total comprehensive income (loss) attributable to the Australian Government		**817,676**	(63,358)

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

Statement of financial position

as at 30 June 2015

	Notes	2015 $	2014 $
Assets			
Financial assets			
Cash and cash equivalents	7A	**54,493**	52,675
Trade and other receivables	7B	**3,248,279**	2,247,515
Total financial assets		**3,302,772**	2,300,190
Non-financial assets			
Land and buildings	8A,C	**424,500**	299,091
Property, plant and equipment	8B,C	**115,269**	131,000
Intangibles	8D,E	**1,058,849**	1,135,827
Other non-financial assets	8F	**61,686**	27,619
Total non-financial assets		**1,660,304**	1,593,537
Total assets		**4,963,076**	3,893,727
Liabilities			
Payables			
Suppliers	9A	**195,064**	96,696
Other payables	9B	**627,700**	1,086,503
Total payables		**822,764**	1,183,199
Provisions			
Employee provisions	10	**1,012,324**	1,049,216
Total provisions		**1,012,324**	1,049,216
Total liabilities		**1,835,088**	2,232,415
Net assets		**3,127,988**	1,661,312
Equity			
Contributed equity		**2,549,000**	1,900,000
Asset revaluation reserves		**651,696**	363,169
Accumulated deficit		**(72,708)**	(601,857)
Total equity		**3,127,988**	1,661,312

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

Statement of changes in equity

for the period ended 30 June 2015

	Retained earnings		Asset revaluation surplus		Contributed equity		Total equity	
	2015 $	2014 $	**2015 $**	2014 $	**2015 $**	2014 $	**2015 $**	2014 $
Opening balance								
Balance carried forward from previous period	**(601,857)**	(538,499)	**363,169**	363,169	**1,900,000**	1,900,000	**1,661,312**	1,724,670
Adjusted opening balance	**(601,857)**	(538,499)	**363,169**	363,169	**1,900,000**	1,900,000	**1,661,312**	1,724,670
Comprehensive income								
Surplus/(deficit) for the period	**529,149**	(63,358)	**–**	–	**–**	–	**529,149**	(63,358)
Other comprehensive income	**–**	–	**288,527**	–	**–**	–	**288,527**	–
Total comprehensive income	**529,149**	(63,358)	**288,527**	–	**–**	–	**817,676**	(63,358)
Transaction with owners								
Contributions by owners								
Equity injection - Appropriation	**–**	–	**–**	–	**–**	–	**–**	–
Departmental capital budget	**–**	–	**–**	–	**649,000**	–	**649,000**	–
Total transactions with owners	**–**	–	**–**	–	**649,000**	–	**649,000**	–
Closing balance as at 30 June	**(72,708)**	(601,857)	**651,696**	363,169	**2,549,000**	1,900,000	**3,127,988**	1,661,312

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

Cash flow statement

for the period ended 30 June 2015

	Notes	2015 $	2014 $
Operating activities			
Cash received			
Appropriations		**6,682,531**	6,257,816
Net GST received		**162,175**	164,568
Other		**909,032**	924,715
Total cash received		**7,753,738**	7,347,099
Cash used			
Employees		**(5,044,197)**	(4,594,187)
Suppliers		**(1,629,538)**	(1,513,446)
Cash transferred to OPA		**(1,071,207)**	(1,089,283)
Total cash used		**(7,744,942)**	(7,196,916)
Net cash from/(used by) operating activities	11	**8,796**	150,183
Investing activities			
Cash received			
Proceeds from sales of property, plant and equipment		**–**	–
Total cash received		**–**	–
Cash used			
Purchase of property, plant and equipment		**(55,528)**	(10,506)
Purchase of intangibles		**(210,450)**	(164,827)
Total cash used		**(265,978)**	(175,333)
Net cash from/(used by) investing activities		**(265,978)**	(175,333)
Financing activities			
Cash received			
Contributed equity		**259,000**	–
Total cash received		**259,000**	–
Net cash from/ (used by) financing activities		**259,000**	–
Net increase/(decrease) in cash held		**1,818**	(25,150)
Cash and cash equivalents at the beginning of the reporting period		**52,675**	77,825
Cash and cash equivalents at the end of the reporting period	7A	**54,493**	52,675

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

Schedule of commitments

as at 30 June 2015

	2015 $	2014 $
By type[1]		
Commitments receivable		
GST recoverable on commitments	**189,248**	113,364
Total commitments receivable	**189,248**	113,364
Commitments payable		
Capital commitments		
Computer software	**(140,300)**	–
Total capital commitments	**(140,300)**	–
Other commitments		
Operating leases[2]	**(1,505,471)**	(549,785)
Other	**(576,258)**	(697,217)
Total other commitments	**(2,081,729)**	(1,247,002)
Total commitments payable	**(2,222,029)**	(1,247,002)
Net commitments by type	**(2,032,781)**	(1,133,638)
By maturity		
Commitments receivable		
One year or less	**85,390**	71,849
From one to five years	**103,860**	41,515
Total commitments receivable	**189,248**	113,364
Commitments payable		
Capital commitments		
One year or less	**(140,300)**	–
Total capital commitments	**(140,300)**	–
Operating lease commitments		
One year or less	**(382,061)**	(314,163)
From one to five years	**(1,123,410)**	(235,622)
Total operating lease commitments	**(1,505,471)**	(549,785)
Other commitments		
One year or less	**(557,213)**	(476,171)
From one to five years	**(19,045)**	(221,046)
Total other commitments	**(576,258)**	(697,217)
Net commitments by maturity	**(2,032,781)**	(1,133,638)

Note

1 Commitments are GST inclusive where relevant

2 Operating leases included are effectively non-cancellable

Leases for office accommodation

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

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

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

Administered schedule of comprehensive income

for the period ended 30 June 2015

	Notes	2015 $	2014 $
Net cost of services			
Expenses			
Suppliers	16A	**1,666,313**	2,062,983
Grants	16B	**38,727,572**	37,615,353
Total expenses		**40,393,885**	39,678,336
Income			
Revenue			
Non-taxation revenue			
Other	17	**–**	–
Total non-taxation revenue		**–**	–
Total revenue		**–**	–
Net (cost of)/contribution by services		**(40,393,885)**	(39,678,336)
Deficit before income tax on continuing operations		**(40,393,885)**	(39,678,336)
Other comprehensive income			
Items not subject to subsequent reclassification to net cost of services			
Changes in asset revaluation surplus		**–**	–
Total other comprehensive income before income tax		**–**	–
Total other comprehensive income after income tax		**–**	
Total comprehensive income (loss) attributable to the Australian Government		**(40,393,885)**	(39,678,336)

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

Administered schedule of assets and liabilities

as at 30 June 2015

	Notes	2015 $	2014 $
Assets			
Financial assets			
Cash and cash equivalents	18A	**80,041**	80,000
Trade and other receivables	18B	**230,388**	187,249
Total financial assets		**310,429**	267,249
Non-financial assets			
Other non-financial assets	19A	**133,560**	–
Total non-financial assets		**133,560**	–
Total assets administered on behalf of Government		**443,989**	267,249
Liabilities			
Payables			
Suppliers	20A	**179,695**	272,656
Grants	20B	**10,968,024**	11,640,663
Total payables		**11,147,719**	11,913,319
Total liabilities administered on behalf of Government		**11,147,719**	11,913,319
Net liabilities		**(10,703,730)**	(11,646,070)

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

Administered reconciliation schedule

	2015 $	2014 $
Opening assets less liabilities as at 1 July	**(11,646,070)**	(10,916,586)
Net (cost of)/contribution by services		
Income	**–**	–
Expenses		
Payments to entities other than corporate Commonwealth entities	**(40,393,885)**	(39,678,336)
Transfers (to)/from the Australian Government		
Appropriation transfers from Official Public Account		
Annual appropriations		
Payments to entities other than corporate Commonwealth entities	**41,268,816**	39,204,116
Payments to corporate Commonwealth entities	**–**	–
Administered assets and liabilities appropriations	**81,253**	(26,898)
Appropriation transfers to OPA		
Transfers to OPA	**(13,844)**	(228,366)
Closing assets less liabilities as at 30 June	**(10,703,730)**	(11,646,070)

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

Administered cash flow statement

for the period ended 30 June 2015

	Notes	2015 $	2014 $
Operating activities			
Cash received			
Net GST received		**577,647**	450,073
Other		**13,844**	228,366
Total cash received		**591,491**	678,439
Cash used			
Suppliers		**(2,082,117)**	(2,530,768)
Grants		**(39,845,558)**	(37,096,524)
Total cash used		**(41,927,675)**	(39,627,291)
Net cash used by operating activities	21	**(41,336,184)**	(38,948,852)
Cash and cash equivalents at the beginning of the reporting period		**80,000**	80,000
Cash from Official Public Account			
Appropriations		**41,268,816**	39,204,116
GST appropriation		**658,900**	423,175
Total cash from Official Public Account		**41,927,716**	39,627,291
Cash to Official Public Account			
Appropriations		**(13,844)**	(228,366)
Return of GST appropriations to the Official Public Account		**(577,647)**	(450,073)
Total cash to Official Public Account		**(591,491)**	(678,439)
Cash and cash equivalents at the end of the reporting period	18A	**80,041**	80,000

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

Schedule of administered commitments

as at 30 June 2015

	2015 $	2014 $
By type[1]		
Commitments receivable		
Net GST recoverable on commitments	**368,758**	576,988
Total commitments receivable	**368,758**	576,988
Other commitments payable		
Other[2]	**(33,308,107)**	(69,660,578)
Total other commitments payable	**(33,308,107)**	(69,660,578)
Net commitments by type	**(32,939,349)**	(69,083,590)
By maturity		
Commitments receivable		
Within 1 year	**357,459**	362,273
Between 1 to 5 year	**11,299**	214,715
More than 5 year	**–**	–
Total other commitments	**368,758**	576,988
Other commitments payable		
Within 1 year	**(33,072,956)**	(39,504,672)
Between 1 to 5 year	**(235,151)**	(30,155,906)
More than 5 year	**–**	–
Total other commitments	**(33,308,107)**	(69,660,578)
Net commitments by maturity	**(32,939,349)**	(69,083,590)

Note

1 Commitments are GST inclusive where relevant.

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

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

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

NO1 Note 1 Summary of significant accounting policies

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

The Australian Government, through OTA, aims to achieve a sustained increase in organ and tissue donation rates by implementing a nationally coordinated, world's best practice approach to organ and tissue donation for transplantation.

The twin objectives of the national reform programme are to increase the capability and capacity within the health system to maximise donation rates, and to raise community awareness and stakeholder engagement across Australia to promote organ and tissue donation.

The OTA, together with the DonateLife Network, and broader stakeholders, will continue to focus on optimising the identification of all potential donors and the conversion of these potential to actual donors, while also ensuring that the appropriate national systems are in place to support this work agenda.

The OTA will continue to work with the Australian community to build on the high level of support for donation; to encourage all Australians to register their donation decision on the Australian Organ Donor Register; and most importantly to discuss their donation decision with family members.

In the 2014–15 Budget, the Government announced the merger of the functions of the OTA and the National Blood Authority (NBA) to create a new independent agency from 1 July 2015. Implementation is progressing in the context of a whole-of-Government approach with other entity mergers to ensure new arrangements are effectively implemented.

The OTA's activities that contribute towards this outcome are classified as either departmental or administered. Departmental activities involve the use of assets, liabilities, income and expenses controlled or incurred by the OTA in its own right.

Administered activities involve the management or oversight by the OTA, on behalf of the Government, of items controlled or incurred by the Government.

The OTA conducts the following administered activities on behalf of the Government:

- payments to suppliers and grants issued to not-for-profit, state and territory governments, private hospitals and hospital health services for the delivery of a highly effective national organ and tissue donation system.

1.2 Basis of preparation of the financial statements

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

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

- Financial Reporting Rule (FRR) for reporting periods ending on or after 1 July 2014; and
- Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

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

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

Unless an alternative treatment is specifically required by an accounting standard, or the FRR assets and liabilities are recognised in the Statement of financial position when and only when

Notes to and forming part of the financial statements

it is probable that future economic benefits will flow to the entity or a future sacrifice of economic benefits will be required and the amounts of the assets or liabilities can be reliably measured. However, assets and liabilities arising under executory contracts are not recognised unless required by an accounting standard. Liabilities and assets that are unrecognised are reported in the Schedule of commitments or Note 12 - Contingent asset and liabilities.

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

Administered revenues, expenses, assets and liabilities and cash flows reported in the administered schedules and related notes are accounted for on the same basis and using the same policies as for departmental items, except where otherwise stated at Note 1.19.

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

1.3 Significant accounting judgements and estimates

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

1.4 New Australian Accounting Standards

Adoption of New Australian Accounting Standard Requirements

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

The following standard was issued prior to the signing of the statement by the accountable authority and chief financial officer, was applicable to the current reporting period and had a material effect on the agency's financial statements:

- AASB 1055 Budgetary Reporting (March 2013) (operative from 1 July 2014). The disclosure specified the financial statements to include the budgeted figures from the Portfolio Budget Statements (PBS) to be disclosed with material variances against actuals explained. This disclosure will provide users with information relevant to assessing performance of an entity, including accountability for resources entrusted to it. The budgetary information and explanation of significant variances are disclosed in Note 27.

All other new/revised/amending standards and/or interpretations that were issued prior to the sign-off date and are applicable to future reporting periods are not expected to have a future material impact on the OTA's financial statements.

Future Australian Accounting Standard Requirements

No new standards, revised standards, interpretations and amending standards that were issued by the Australian Accounting Standards Board prior to the sign-off date, are expected to have a material impact on the OTA's financial statements.

1.5 Revenue

Resources received free of charge

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

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

Revenue from Government

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

1.6 GAINS

Sale of assets

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

1.7 Transactions with the Australian Government as owner

Equity injections

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

Other distributions to owners

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

1.8 Employee benefits

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

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

Other long-term employee benefit liabilities are measured as net total of the present value of the defined benefit obligation at the end of the reporting period minus the fair value at the end of the reporting period of plan assets (if any) out of which the obligations are to be settled directly.

Leave

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

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

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

Separation and redundancy

Provision is made for separation and redundancy benefit payments. The OTA recognises a provision for termination when it has developed a detailed formal plan for the terminations and has informed those employees affected that it will carry out the terminations.

Superannuation

Under the *Superannuation Legislation Amendment (Choice of Superannuation Funds) Act 2004*, staff of the OTA are able to become a member of any complying superannuation fund. A complying superannuation fund is one that meets the requirements under the *Income Tax Assessment Act 1997* and the *Superannuation Industry (Supervision) Act 1993*.

The majority of staff of the OTA are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS) or the PSS accumulation Plan (PSSap).

Notes to and forming part of the financial statements continued

The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap and other compliant superannuation funds are defined contribution schemes.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported in the Department of Finance's administered schedules and notes.

The OTA makes employer contributions to the employees' superannuation scheme at rates determined by an actuary to be sufficient to meet the current cost to the Government. The OTA accounts for the contributions as if they were contributions to defined contribution plans.

The liability for superannuation recognised as at 30 June represents outstanding contributions for the number of days between the last pay period in the financial year and 30 June.

1.9 Leases

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

The OTA does not hold any finance leases.

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

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

1.10 Fair value measurement

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

1.11 Cash

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

1.12 Financial assets

The OTA classifies its financial assets in the following category:

- loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition. Financial assets are recognised and derecognised upon 'trade date'.

Loans and receivables

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

Impairment of financial assets

Financial assets are assessed for impairment at the end of each reporting period.

Financial assets held at amortised cost - if there is objective evidence that an impairment loss has been incurred for loans and receivables, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the asset's original effective interest rate. The carrying amount is reduced by way of an allowance account. The loss is recognised in the Statement of comprehensive income.

1.13 Financial liabilities

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

Other financial liabilities

Other financial liabilities, including borrowings, are initially measured at fair value, net of transaction costs. These financial liabilities are subsequently measured at amortised cost using the effective interest method, with interest expense recognised on an effective yield basis.

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

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

1.14 Contingent assets and contingent liabilities

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

At 30 June 2015, the OTA had no contingent assets or liabilities to report.

1.15 Acquisition of assets

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

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

1.16 Property, plant and equipment

Asset recognition threshold

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

Revaluations

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

An independent valuation of leasehold improvements and property, plant and equipment was carried out by the Australian Valuation Solutions (AVS) on 30 June 2015. The AVS reviewed the fair values of each class of assets as at 30 June 2015.

Notes to and forming part of the financial statements continued

Revaluation adjustments were made on a class basis. Any revaluation increment was credited to equity under the heading of asset revaluation reserve except to the extent that it reversed a previous revaluation decrement of the same asset class that was previously recognised in the surplus/deficit. Revaluation decrements for a class of assets were recognised directly in the surplus/deficit except to the extent that they reversed a previous revaluation increment for that class. Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

Depreciation

Depreciable property plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to the OTA using, in all cases, the straight-line method of depreciation. Leasehold improvements are depreciated over the lesser of the estimated useful life of the improvements or the unexpired period of the lease.

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

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

	2015	2014
Leasehold Improvements	**Lease term**	Lease term
Property, Plant and Equipment	**3 to 5 years**	3 to 5 years

Impairment

All assets were assessed for impairment at 30 June 2015. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

The recoverable amount of an asset is the higher of its fair value less costs to sell and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if the OTA were deprived of the asset, its value in use is taken to be its depreciated replacement cost.

Derecognition

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

1.17 Intangibles

The OTA's intangibles comprise purchased software. These assets are carried at cost less accumulated amortisation and accumulated impairment losses.

Software is amortised on a straight-line basis over its anticipated useful life. The useful lives of the OTA's software are 1 to 5 years (2013–14: 1 to 5 years).

All software assets were assessed for indications of impairment as at 30 June 2015.

1.18 Taxation

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

Revenues, expenses, assets and liabilities are recognised net of GST:

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

1.19 Reporting of administered activities

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

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

Administered cash transfers to and from the Official Public Account

Revenue collected by the OTA for use by the Government rather than the OTA is administered revenue. Collections are transferred to the Official Public Account (OPA) maintained by the Department of Finance. Conversely, cash is drawn from the OPA to make payments under Parliamentary appropriation on behalf of Government. These transfers to and from the OPA are adjustments to administered cash held by the agency on behalf of the Government and are reported as such in the Administered cash flow statement and in the Administered reconciliation schedule.

Revenue

All administered revenues are revenues relating to the course of ordinary activities performed by the OTA on behalf of the Australian Government. As such, administered appropriations are not revenues of the individual entity that oversees distribution or expenditure of the funds as directed.

Loans and receivables

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

Grants

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

Notes to and forming part of the financial statements continued

NO2

Note 2
Events after the reporting period

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

NO3

Note 3
Net cash appropriation arrangements

	2015 $	2014 $
Total comprehensive income/(loss) less depreciation/amortisation expenses previously funded through revenue appropriations[1]	**1,048,883**	303,569
Plus: depreciation/amortisation expenses previously funded through revenue appropriation	**(519,734)**	(366,927)
Total comprehensive income/(loss) – as per the Statement of comprehensive income	**529,149**	(63,358)

1 From 2010-11, the Government introduced net cash appropriation arrangements, where revenue appropriations for depreciation/amortisation expenses ceased. Entities now receive a separate capital budget provided through equity appropriations. Capital budgets are to be appropriated in the period when cash payment for capital expenditure is required.

N04 Note 4 Expenses

	2015 $	2014 $
Note 4A Employee benefits		
Wages and salaries	**3,013,555**	3,177,288
Superannuation:		
Defined benefits plans	**117,310**	237,387
Defined contribution plans	**270,590**	309,669
Leave and other entitlements	**273,875**	303,463
Separation and redundancies	**–**	263,743
Other employee expenses	**17,033**	10,481
Total employee benefits	**3,692,363**	4,302,031

Notes to and forming part of the financial statements continued

	2015 $	2014 $
Note 4B Suppliers		
Goods and services supplied or rendered		
Consultants	**75,805**	13,265
Contractors	**157,069**	63,889
Equipment and software	**404,467**	435,423
Facilities	**86,346**	75,822
Staff recruitment and training	**41,944**	29,977
Travel	**163,236**	110,324
Office supplies and stationery	**12,808**	12,892
Printing and publishing	**45,591**	37,120
Resources received free of charge	**70,000**	70,000
Other	**136,338**	124,661
Total goods and services supplied or rendered	**1,193,604**	973,373
Goods supplied in connection with		
Related parties	**–**	–
External parties	**23,036**	18,014
Total goods supplied	**23,036**	18,014
Services rendered in connection with		
Related parties	**249,979**	178,658
External parties	**920,589**	776,701
Total services rendered	**1,170,568**	955,359
Total goods and services supplied or rendered	**1,193,604**	973,373
Other suppliers		
Operating lease rentals in connection with		
External parties		
Minimum lease payments	**297,282**	278,478
Workers compensation expenses	**48,797**	48,891
Total other suppliers	**346,079**	327,369
Total suppliers	**1,539,683**	1,300,742

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

	2015 $	2014 $
Note 4C Depreciation and amortisation		
Depreciation		
Leasehold improvements	**170,909**	170,909
Property, plant and equipment	**61,397**	97,218
Total depreciation	**232,306**	268,127
Amortisation		
Intangibles	**287,428**	98,800
Total amortisation	**287,428**	98,800
Total depreciation and amortisation	**519,734**	366,927
Note 4D Write-down and impairment of assets		
Write-down of property, plant and equipment	**2,071**	4,658
Total write-down and impairment of assets	**2,071**	4,658

Notes to and forming part of the financial statements continued

NOS

Note 5
Own-source income

	2015 $	2014 $
Own-source income		
Note 5A Other revenue		
Resources received free of charge		
Remuneration of auditors	**70,000**	70,000
Total other revenue	**70,000**	70,000

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

Revenue from Government		
Note 5B Revenue from Government		
Appropriations		
Departmental appropriations	**6,213,000**	5,841,000
Total revenue from Government	**6,213,000**	5,841,000

NO6

Note 6
Fair value measurements

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

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

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

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

Level 3: Unobservable inputs for the asset or liability.

Note 6A Fair value measurements, valuation techniques and inputs used

	Fair value measurements at the end of the reporting period			For levels 2 and 3 fair value measurements			
	2015 ($)	2014 ($)	Category (level 1, 2 or 3[4])	Valuation technique(s)[2]	Inputs used	Range (weighted average)	Sensitivity of the fair value measurement to changes in unobservable inputs
Non-financial assets[3]							
Leasehold improvements	**424,500**	299,091	Level 3	Depreciated replacement cost (DRC)	Replacement cost new (price per square metre)		
					Consumed economic benefit / obsolescence of asset	12.5% per annum	A significant increase (decrease) in this consumed economic benefit / obsolescence of the asset would result in a significantly lower (higher) fair value measurement
Property, plant and equipment	**58,169**	131,000	Level 2	Market approach	Adjusted market transactions		
Property, plant and equipment	**4,800**	–	Level 3	Market approach	Adjusted market transactions	(15.0%) – 10.0%	A significantly higher (lower) market transaction may result in a significantly higher (lower) fair value measurement
Property, plant and equipment	**52,300**	–	Level 3	Depreciated replacement cost (DRC)	Replacement cost new		
					Consumed economic benefit / obsolescence of asset	20.0% – 33.3% (21.0%) per annum	A significant increase (decrease) in this consumed economic benefit / obsolescence of the asset would result in a significantly lower (higher) fair value measurement
Total non-financial assets	**539,769**	430,091					
Total fair value measurements of assets in the statement of financial position	**539,769**	430,091					

1 The OTA did not measure any non-financial assets at fair value on a non- recurring basis as at 30 June 2015.

2 There has been a change to the valuation approach for an asset in the property, plant and equipment class. In this instance sufficient observable inputs from market transactions of similar assets were not identified this financial year, which required additional unobservable inputs (professional judgement) to determine the fair value measurement.

3 **Fair value measurements – highest & best use differs from current use for non-financial assets (NFAs)**
OTA's assets are held for operational purposes and not held for the purposes of deriving a profit. The current use of all NFAs is considered the highest and best use.

4 **Recurring and non-recurring Level 3 fair value measurements - valuation processes**
OTA tests the procedures of the valuation model as an asset materiality review at lease once every 12 months (with a formal revaluation undertaken once every three years). If a particular asset class experiences significant and volatile changes in fair value (i.e.. where indicators suggest that the value of the class has changed materially since the previous reporting period), that class is subject to specific valuation in the reporting period, where practicable, regardless of the timing of the last specific valuation. OTA engaged Australian Valuation Solutions (AVS) to undertake a revaluation and confirm that the models developed comply with AASB 13.

Significant Level 3 inputs utilised by OTA are derived and evaluated as follows:

Property, plant and equipment – adjusted market transactions

The significant unobservable inputs used in the fair value measurement of PPE assets relates to the market demand and values judgement to determine the fair value measurement of these assets. A significant increase (decrease) in this input would result in a significantly higher (lower) fair value measurement.

Leasehold improvements, Property, plant and equipment – consumed economic benefit / obsolescence of asset

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

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

Notes to and forming part of the financial statements continued

Note 6B Reconciliation for recurring level 3 fair value measurements

Recurring level 3 fair value measurements – reconciliation for assets

	Non-financial assets					
	Leasehold improvements		Property, plant and equipment			
	2015 $	2014 $	**2015 $**	2014 $	**Total 2015 $**	Total 2014 $
As at 1 July	**299,091**	470,000	**–**	–	**299,091**	470,000
Accumulated depreciation / valuation adjustment	**125,409**	(170,909)	**(3,228)**	–	**122,181**	(170,909)
Purchases	**–**	–	**55,528**	–	**55,528**	–
Transfers into Level 3[1]	**–**	–	**4,800**	–	**4,800**	–
Transfers out of Level 3[2]	**–**	–	**–**	–	**–**	–
Total as at 30 June	**424,500**	299,091	**57,100**	–	**481,600**	299,091

1 There have been transfers of PPE assets fair value measurements in level 3 during the year due to the market valuation technique requiring the use of significant professional judgement classified as unobservable inputs.

2 There have been no transfers out of level 3 during the year.

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

NOTE 7

Note 7
Financial assets

	2015 $	2014 $
Note 7A Cash and cash equivalents		
Cash on hand or on deposit	**54,493**	52,675
Total cash and cash equivalents	**54,493**	52,675
Note 7B Trade and other receivables		
Goods and services receivables in connection with		
External parties	**265**	321
Total goods and services receivables	**265**	321
Appropriations receivables		
Existing programs	**3,220,644**	2,228,968
Total appropriations receivables	**3,220,644**	2,228,968
Other receivables		
GST receivable from the Australian Taxation Office	**27,370**	18,226
Total other receivables	**27,370**	18,226
Total trade and other receivables (gross)	**3,248,279**	2,247,515
Less impairment allowance		
Other receivables	**–**	–
Total impairment allowance	**–**	–
Total trade and other receivables (net)	**3,248,279**	2,247,515
Trade and other receivables (net) expected to be recovered		
No more than 12 months	**3,248,279**	2,247,515
More than 12 months	**–**	–
Total trade and other receivables (net)	**3,248,279**	2,247,515
Trade and other receivables (net) expected to be recovered		
Not overdue	**3,248,279**	2,247,515
Overdue by:		
0 to 30 days	**–**	–
31 to 60 days	**–**	–
61 to 90 days	**–**	–
More than 90 days	**–**	–
Total trade and other receivables (gross)	**3,248,279**	2,247,515

Credit terms for goods and services were within 30 days (2014: 30 days).

Notes to and forming part of the financial statements continued

NO8

Note 8
Non-financial assets

	2015 $	2014 $
Note 8A Land and buildings		
Leasehold improvements		
Fair value	**424,500**	470,000
Accumulated depreciation	**–**	(170,909)
Total leasehold improvements	**424,500**	299,091
Total land and buildings	**424,500**	299,091

$424,500 (2014: $299,091) of total leasehold improvements refers to the office fitout at 221 London Circuit, Canberra ACT.

No indicators of impairment were found for land and buildings.

No land or buildings are expected to be sold or disposed of within the next 12 months.

Note 8B Property, Plant and Equipment		
Property, plant and equipment		
Fair value	**115,269**	217,819
Accumulated depreciation	**–**	(86,819)
Total property, plant and equipment	**115,269**	131,000

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

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

Revaluations of non-financial assets

All revaluations are independent and are conducted in accordance with the revaluation policy stated at Note 1.16. On 30 June 2015, an independent valuer conducted the revaluations.

A revaluation increment of $296,318 for leasehold improvements (2014: nil) and revaluation decrement of ($7,791) for property, plant and equipment (2014: nil) were credited to the asset revaluation surplus by asset class and included in the equity section of the Statement of financial position; no increment/decrement were expensed (2014: nil).

Note 8C Reconciliation of the opening and closing balances of property, plant and equipment for 2015	Leasehold improvements $	Other property, plant and equipment $	Total $
As at 1 July 2014			
Gross book value	470,000	217,819	**687,819**
Accumulated depreciation and impairment	(170,909)	(86,819)	**(257,728)**
Net book value 1 July 2014	**299,091**	**131,000**	**430,091**
Additions:			
By purchase	–	55,528	**55,528**
Revaluations and impairments recognised in other comprehensive income	296,318	(7,791)	**288,527**
Depreciation	(170,909)	(61,397)	**(232,306)**
Disposals	–	(2,071)	**(2,071)**
Net book value 30 June 2015	**424,500**	**115,269**	**539,769**
Net book value as of 30 June 2015 represented by			
Gross book value	424,500	115,269	**539,769**
Accumulated depreciation and impairment	–	–	**–**
Net book value 30 June 2015	**424,500**	**115,269**	**539,769**

Notes to and forming part of the financial statements continued

Note 8C Reconciliation of the opening and closing balances of property, plant and equipment for 2014

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

	2015 $	2014 $

Note 8D Intangibles

Computer software

Purchased	**1,399,440**	1,268,640
Work in progress	**210,450**	130,800
Accumulated amortisation	**(551,041)**	(263,613)
Total computer software	**1,058,849**	1,135,827
Total intangibles	**1,058,849**	1,135,827

No indicators of impairment were found for intangible assets.

No intangibles are expected to be sold or disposed of within the next 12 months.

Notes to and forming part of the financial statements continued

Note 8E Reconciliation of the opening and closing balances of intangibles for 2015	**Computer software purchased $**	**Total $**
As at 1 July 2014		
Gross book value	1,399,440	**1,399,440**
Accumulated amortisation	(263,613)	**(263,613)**
Net book value 1 July 2014	**1,135,827**	**1,135,827**
Additions:		
By purchase or internally developed	210,450	**210,450**
Amortisation	(287,428)	**(287,428)**
Net book value 30 June 2015	**1,058,849**	**1,058,849**
Net book value as of 30 June 2015 represented by:		
Gross book value	1,609,890	**1,609,890**
Accumulated amortisation and impairment	(551,041)	**(551,041)**
Net book value 30 June 2015	**1,058,849**	**1,058,849**

Note 8E Reconciliation of the opening and closing balances of intangibles for 2014	**Computer software purchased $**	**Total $**
As at 1 July 2013		
Gross book value	1,234,613	1,234,613
Accumulated amortisation	(164,813)	(164,813)
Net book value 1 July 2013	**1,069,800**	**1,069,800**
Additions:		
By purchase or internally developed	164,827	164,827
Amortisation	(98,800)	(98,800)
Net book value 30 June 2014	**1,135,827**	**1,135,827**
Net book value as of 30 June 2014 represented by:		
Gross book value	1,399,440	1,399,440
Accumulated amortisation and impairment	(263,613)	(263,613)
Net book value 30 June 2014	**1,135,827**	**1,135,827**

	2015 $	2014 $
Note 8F Other non-financial assets		
Prepayments	**61,686**	27,619
Total other non-financial assets	**61,686**	27,619
Other non-financial assets expected to be recovered		
No more than 12 months	**46,686**	27,619
More than 12 months	**15,000**	–
Total other non-financial assets	**61,686**	27,619

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

Notes to and forming part of the financial statements continued

NO9

Note 9
Payables

	2015 $	2014 $
Note 9A Suppliers		
Trade creditors and accruals	**195,064**	96,696
Total suppliers	**195,064**	96,696
Suppliers expected to be settled		
No more than 12 months	**195,064**	96,696
More than 12 months	**–**	–
Total suppliers	**195,064**	96,696
Suppliers in connection with		
Related parties	**33,843**	6,620
External parties	**161,221**	90,076
Total suppliers	**195,064**	96,696

Settlement was usually made within 30 days.

Note 9B Other Payables		
Wages and salaries	**257,997**	436,224
Superannuation	**26,711**	61,063
Separations and redundancies	**212,738**	253,849
Lease incentive	**47,088**	101,077
Other	**83,166**	234,290
Total other payables	**627,700**	1,086,503
Other payables expected to be settled		
No more than 12 months	**627,700**	794,689
More than 12 months	**–**	291,814
Total other payables	**627,700**	1,086,503

N10

Note 10
Provisions

	2015 $	2014 $
Note 10 Employee provisions		
Leave	**1,012,324**	1,049,216
Total employee provisions	**1,012,324**	1,049,216
Employee provisions expected to be settled		
No more than 12 months	**849,800**	901,317
More than 12 months	**162,524**	147,899
Total employee provisions	**1,012,324**	1,049,216

Notes to and forming part of the financial statements continued

N11

Note 11
Cash flow reconciliation

	2015 $	2014 $
Reconciliation of cash and cash equivalents as per Statement of financial position to Cash flow statement		
Cash and cash equivalents as per		
Cash flow statement	**54,493**	52,675
Statement of financial position	**54,493**	52,675
Discrepancy	**–**	–
Reconciliation of net cost of services to net cash from operating activities		
Net cost of services	**(5,683,851)**	(5,904,358)
Revenue from Government	**6,213,000**	5,841,000
Adjustments for non-cash items		
Depreciation/amortisation	**519,734**	366,927
Gain or loss on disposal of assets	**2,071**	4,658
Movements in assets and liabilities		
Assets		
(Increase)/ decrease in net receivables	**(610,764)**	(627,122)
(Increase)/ decrease in prepayments	**(34,067)**	1,595
Liabilities		
Increase/ (decrease) in employee provisions	**(36,892)**	(95,886)
Increase/ (decrease) in supplier payables	**98,368**	(23,607)
Increase/ (decrease) in other payables	**(458,803)**	586,976
Net cash from (used by) operating activities	**8,796**	150,183

N12 Note 12 Contingent assets and liabilities

Quantifiable contingencies

The OTA had no quantifiable contingencies as at the reporting date.

Unquantifiable contingencies

The OTA provided an indemnity in relation to the purchase of an ICT system in relation to all actions, claims, demands, losses, damages, costs and expenses for which the contractor shall, may or does become liable. The indemnity releases the contractor from any liability arising from the contract in excess of the contractors required insurance levels.

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

Significant remote contingencies

The OTA had no significant remote contingencies as at the reporting date (2014: Nil).

Notes to and forming part of the financial statements continued

N13

Note 13
Senior management personnel remuneration

	2015 $	2014 $
Short-term employee benefits:		
Salary	**444,117**	757,968
Performance bonuses	**23,870**	53,393
Motor vehicle and other allowances	**25,899**	45,669
Total short-term employee benefits	**493,886**	857,030
Post-employment benefits:		
Superannuation	**79,517**	141,446
Total post-employment benefits	**79,517**	141,446
Other long-term benefits:		
Annual leave	**33,052**	60,618
Long service leave	**10,523**	26,253
Total other long-term benefits	**43,575**	86,871
Total senior executive remuneration expenses	**616,978**	1,085,347

The total number of senior management personnel that are included in the above table are 2 (2014: 4).

N14

Note 14
Financial instruments

	2015 $	2014 $
Note 14A Categories of financial instruments		
Financial assets		
Loans and receivables		
Cash and cash equivalents	**54,493**	52,675
Trade and other receivables	**265**	321
Total loans and receivables	**54,758**	52,996
Total financial assets	**54,758**	52,996
Financial liabilities		
Financial liabilities measured at amortised cost		
Trade creditors	**195,064**	96,696
Other payables	**130,254**	335,367
Total financial liabilities measured at amortised cost	**325,318**	432,063
Total financial liabilities	**325,318**	432,063

Note 14B Net gains or losses on financial assets

There is no interest income and expense from financial assets not at fair value through profit or loss in the years ending 30 June 2015 and 30 June 2014.

Note 14C Net income and expense from financial liabilities

There is no interest income and expense from financial liabilities not at fair value through profit or loss in the years ending 30 June 2015 and 30 June 2014.

Notes to and forming part of the financial statements continued

Note 14D Credit risk

The OTA is exposed to minimal credit risk as loans and receivables are cash and trade receivables. The maximum exposure to credit risk is the risk that arises from potential default of a debtor. The amount is equal to the total amount of trade receivables (2015: $265 and 2014: $321).

The OTA had assessed the risk of default on payment and had allocated $0 in 2015 (2014: $0) to an impairment allowance account.

The OTA manages its credit risk by undertaking background and credit checks prior to allowing a debtor relationship. In addition, the OTA has policies and procedures that guide employees as to debt recovery techniques that are to be applied.

The OTA holds no collateral to mitigate against credit risk.

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

	Not past due nor impaired 2015 $	Not past due nor impaired 2014 $	**Past due or impaired 2015 $**	Past due or impaired 2014 $
Cash and cash equivalents	**54,493**	52,675	**–**	–
Other receivables	**265**	321	**–**	–
Total	**54,758**	52,996	**–**	–

Note 14E Liquidity risk

The OTA's financial liabilities are payables including supplier payables and employee related payables. The exposure to liquidity risk is based on the notion that the OTA will encounter difficulty in meeting its obligations associated with it's financial liabilities.

This is highly unlikely as the OTA is appropriated funding from the Australian Government and the OTA manages its budgeted funds to ensure it has adequate funds to meet payments as they fall due. In addition, the OTA has policies and procedures in place to ensure timely payment is made when due and has no past experience of default.

Maturities for non-derivative financial liabilities in 2015

	within 1 year $	1 to 2 years $	Total $
Other liabilities			
Trade creditors	**195,064**	**–**	**195,064**
Other payables	**130,254**	**–**	**130,254**
Total	**325,318**	**–**	**325,318**

Maturities for non-derivative financial liabilities in 2014

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

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

Note 14F Market Risk

The OTA's financial instruments are of a nature that does not expose the OTA to certain market risks.

Currency risk

Currency risk refers to the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. The OTA is not exposed to foreign exchange currency risk.

Interest rate risk

Interest rate risk refers to the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The OTA is not exposed to interest rate risk and has no interest bearing items on the Statement of financial position.

Notes to and forming part of the financial statements continued

N15

Note 15
Financial assets reconciliation

	Notes	2015 $	2014 $
Financial assets			
Total financial assets as per Statement of financial position		**3,302,772**	2,300,190
Less: non-financial instruments components			
Appropriation receivable	**7B**	**(3,220,644)**	(2,228,968)
GST receivable from the Australian Taxation Office	**7B**	**(27,370)**	(18,226)
Total non-financial instruments		**(3,248,014)**	(2,247,194)
Total financial assets as per financial instruments note		**54,758**	52,996

N16

Note 16
Administered – expenses

	2015 $	2014 $
Note 16A Suppliers		
Goods and services supplied or rendered		
Contractors	**267,683**	560,095
Consultants	**–**	54,884
Public relations and research	**381,084**	379,972
Travel	**194,747**	184,100
Software licence and maintenance	**191,200**	405,701
Other	**631,599**	478,231
Total goods and services supplied or rendered	**1,666,313**	2,062,983
Goods supplied in connection with		
Related parties	**–**	–
External parties	**–**	–
Total goods supplied	**–**	–
Services rendered in connection with		
Related parties	**7,699**	61,170
External parties	**1,658,614**	2,001,813
Total services rendered	**1,666,313**	2,062,983
Total goods and services supplied or rendered	**1,666,313**	2,062,983
Note 16B Grants		
Public sector		
State and Territory Governments	**33,899,096**	33,001,516
Private sector		
Non-profit organisations	**4,828,476**	4,613,837
Total grants	**38,727,572**	37,615,353

Notes to and forming part of the financial statements continued

N17

Note 17
Administered – income

	2015 $	2014 $
Note 17 Revenue		
Other	–	–
Total revenue	–	–

N18

Note 18 Administered – financial assets

	2015 $	2014 $
Note 18A Cash and cash equivalents		
Cash on hand or on deposit	**80,041**	80,000
Total cash and cash equivalents	**80,041**	80,000
Note 18B Trade and other receivables		
Other receivables:		
Related parties	**218,563**	184,830
External parties	**11,825**	2,419
Total other receivables	**230,388**	187,249
Total trade and other receivables (gross)	**230,388**	187,249
Less: impairment allowance	**–**	–
Total trade and other receivables (net)	**230,388**	187,249
Trade and other receivables (net) expected to be recovered		
No more than 12 months	**230,388**	187,249
More than 12 months	**–**	–
Total trade and other receivables (net)	**230,388**	187,249
Trade and other receivables (gross) aged as follows		
Not overdue	**218,563**	187,249
Overdue by:		
0 to 30 days	**11,825**	–
30 to 60 days	**–**	–
61 to 90 days	**–**	–
More than 90 days	**–**	–
Total trade and other receivables (gross)	**230,388**	187,249

Notes to and forming part of the financial statements continued

N19

Note 19
Administered – non-financial assets

	2015 $	2014 $
Note 19A Other non-financial assets		
Prepayments	**133,560**	–
Total other non-financial assets	**133,560**	–
Other non-financial assets expected to be recovered		
No more than 12 months	**133,560**	–
More than 12 months	**–**	–
Total other non-financial assets	**133,560**	–

N20

Note 20
Administered – payables

	2015 $	2014 $
Note 20A Suppliers		
Trade creditors and accruals	**179,695**	272,656
Total suppliers	**179,695**	272,656
Suppliers expected to be settled		
No more than 12 months	**179,695**	272,656
More than 12 months	**–**	–
Total suppliers	**179,695**	272,656
Suppliers in connection with		
Related parties	**1,035**	–
External parties	**178,660**	272,656
Total suppliers	**179,695**	272,656

Settlement was usually made within 30 days

Note 20B Grants		
Public sector		
State and Territory Governments	**10,826,571**	10,978,897
Private sector		
Non-profit organisations	**141,453**	661,766
Total grants	**10,968,024**	11,640,663
Grants expected to be settled		
No more than 12 months	**10,968,024**	11,640,663
Total grants	**10,968,024**	11,640,663

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

Notes to and forming part of the financial statements continued

N21

Note 21
Administered – cash flow reconciliation

	2015 $	2014 $
Reconciliation of cash and cash equivalents as per administered schedule of assets and liabilities to administered cash flow statement		
Cash and cash equivalents as per:		
Schedule of administered cash flows	**80,041**	80,000
Schedule of administered assets and liabilities	**80,041**	80,000
Discrepancy	**–**	–
Reconciliation of net cost of services to net cash from operating activities:		
Net cost of services	**(40,393,885)**	(39,678,336)
Movements in assets and liabilities		
Assets		
(Increase)/decrease in net receivables	**(43,139)**	(14,173)
(Increase)/decrease in in prepayments	**(133,560)**	–
Liabilities		
Increase/(decrease) in supplier payables	**(92,961)**	66,110
Increase/(decrease) in other payables	**(672,639)**	677,547
Net cash/(used by) operating activities	**(41,336,184)**	(38,948,852)

N22

Note 22
Administered – contingent liabilities and assets

Quantifiable administered contingencies

The OTA had no quantifiable contingencies at reporting date.

Unquantifiable administered contingencies

The OTA provided an indemnity in relation to the provision of ICT services in relation to all actions, claims, demands, losses, damages, costs and expenses for which the contractor shall, may or does become liable. The indemnity releases the contractor from any liability arising from the contract in excess of the contractors required insurance levels.

Significant remote administered contingencies

The OTA had no significant remote contingencies at reporting date.

Notes to and forming part of the financial statements continued

N23

Note 23
Administered – financial instruments

	2015 $	2014 $
Note 23A Categories of financial instruments		
Financial assets		
Loans and receivables:		
Cash and cash equivalents	**80,041**	80,000
Other receivables	**11,825**	2,419
Total loans and receivables	**91,866**	82,419
Total financial assets	**91,866**	82,419
Financial liabilities		
Financial liabilities measured at amortised cost		
Trade creditors	**179,695**	272,656
Grants payable	**10,968,024**	11,640,663
Total financial liabilities measured at amortised cost	**11,147,719**	11,913,319
Total financial liabilities	**11,147,719**	11,913,319

Note 23B Net gains or losses on financial assets

There is no interest income or expense from financial assets not at fair value through profit or loss in the years ending 30 June 2015 and 30 June 2014.

Note 23C Net gains or losses on financial liabilities

There is no interest income or expense from financial liabilities not at fair value through profit or loss in the years ending 30 June 2015 and 30 June 2014.

Note 23D Credit risk

The administered activities of the OTA were not exposed to a high level of credit risk as the majority of financial assets are cash.

The OTA holds no collateral to mitigate against credit risk.

The following table illustrates the OTA's gross exposure to credit risk, excluding any collateral or credit enhancements:

	2015 $	2014 $
Financial assets		
Loans and receivables		
Cash and cash equivalents	**80,041**	80,000
Other receivables	**11,825**	2,419
Total	**91,866**	82,419
Financial liabilities		
At amortised cost		
Trade creditors	**179,695**	272,656
Grants payable	**10,968,024**	11,640,663
Total	**11,147,719**	11,913,319

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

	Not past due nor impaired 2015 $	Not past due nor impaired 2014 $	**Past due or impaired 2015 $**	Past due or impaired 2014 $
Loans and receivables				
Other receivables	**–**	2,419	**11,825**	–
Total	**–**	2,419	**11,825**	–

Notes to and forming part of the financial statements continued

Note 23E Liquidity risk

The OTA's administered financial liabilities are primarily grants payable to state and territory governments and not-for-profit entities and suppliers. The exposure to liquidity risk is based on the notion that the OTA will encounter difficulty in meeting it's obligations associated with it's financial liabilities.

This is highly unlikely as the OTA is appropriated funding from the Australian Government and the OTA manages it's budgeted funds to ensure it has adequate funds to meet payments as they fall due. In addition, the OTA has policies and procedures in place to ensure timely payment is made when due.

The following tables illustrate the maturities for financial liabilities.

Maturities for non-derivative financial liabilities in 2015

	within 1 year $	1 to 2 years $	Total $
Other liabilities			
Trade creditors	**179,695**	**–**	**179,695**
Grants payable	**10,968,024**	**–**	**10,968,024**
Total	**11,147,719**	**–**	**11,147,719**

Maturities for non-derivative financial liabilities in 2014

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

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

N24

Note 24
Administered – financial assets reconciliation

	Notes	2015 $	2014 $
Financial assets			
Total financial assets as per schedule of administered assets and liabilities		**443,989**	267,249
Less: non-financial instrument components			
GST receivable from Australian Taxation Office	18B	**(218,563)**	(184,830)
Total non-financial instrument components		**(218,563)**	(184,830)
Total financial assets as per financial instruments note		**91,866**	82,419

N25

Note 25
Annual Appropriations

Note 25A Annual appropriations ('Recoverable GST exclusive')

Annual Appropriations for 2015

	2015 Appropriations							
	Appropriation Act		PGPA Act					
	Annual appropriation $	AFM $	Section 75 $	Section 74 $	Total appropriation $	Appropriation applied in 2015 (current and prior years) $	Variance[2] $	Section 51 determinations $
Departmental								
Ordinary annual services	6,213,000	–	–	1,071,207	**7,284,207**	**6,680,713**	**862,494**	–
Other services								
Equity	649,000	–	–	–	**649,000**	**259,000**	**390,000**	–
Total departmental	**6,862,000**	**–**	**–**	**1,071,207**	**7,933,207**	**6,939,713**	**1,252,494**	**–**
Administered								
Ordinary annual services								
Administered items	40,394,000	–	–	13,844	**40,407,844**	**41,268,776**	**(860,932)**	–
Payments to corporate Commonwealth entities	–	–	–	–	**–**	**–**	**–**	–
Other services								
State, ACT, NT and Local government	–	–	–	–	**–**	**–**	**–**	–
New administered outcomes	–	–	–	–	**–**	**–**	**–**	–
Administered assets and liabilities	–	–	–	–	**–**	**–**	**–**	–
Payments to corporate Commonwealth entities	–	–	–	–	**–**	**–**	**–**	–
Total administered	**40,394,000**	**–**	**–**	**13,844**	**40,407,844**	**41,268,776**	**(860,932)**	**–**

Notes

1 In 2014–15, there was no adjustment that met the recognition criteria of a formal addition or reduction in revenue (in accordance with FRR Part 6 Div 3) but at law the appropriations had not been amended before the end of the reporting period.

2 In 2014–15, the Departmental variances are primarily a consequence of the quarantined 2014–15 operating and departmental capital appropriation. The 2014–15 Administered variance reflects payment of prior year liabilities.

Annual Appropriations for 2014

	2014 Appropriations							
	Appropriation Act			FMA Act				
	Annual appropriation[1] $	Appropriation reduced[2] $	AFM $	Section 30 $	Section 31 $	Total appropriation $	Appropriation applied in 2014 (current and prior years $	Variance[4] $
Departmental								
Ordinary annual services	5,846,000	–	–	–	1,089,283	6,935,283	6,287,966	647,317
Other services								
Equity	–	–	–	–		–	–	–
Total departmental	**5,846,000**	**–**	**–**	**–**	**1,089,283**	**6,935,283**	**6,287,966**	**647,317**
Administered								
Ordinary annual services								
Administered items	39,680,000	(1,664)	–	228,366		39,906,702	39,204,116	702,587
Payments to CAC Act bodies	–	–	–	–		–	–	–
Other services								
State, ACT, NT and Local government	–	–	–	–		–	–	–
New administered outcomes	–	–	–	–		–	–	–
Administered assets and liabilities	–	–	–	–		–	–	–
Payments to CAC Act bodies	–	–	–	–		–	–	–
Total administered	**39,680,000**	**(1,664)**	**–**	**228,366**		**39,906,702**	**39,204,116**	**702,587**

Notes

1 In 2013–14, there were no appropriations that had been quarantined

2 Appropriations reduced under Appropriation Acts (Nos.1,3) 2013–14: sections 10, 11,12 and 15 and under Appropriation Acts (Nos.2,4 & 6) 2013–14: sections 12, 13, 14 and 17. Departmental appropriations do not lapse at financial year end. However, the responsible minister may decide that part or all of a departmental appropriation is not required and request the Finance Minister to reduce that appropriation. The reduction in the appropriation is effected by the Finance Minister's determination and is disallowable by Parliament. In 2013–14, there was no reduction in departmental and non-operating departmental appropriations.

   As with departmental appropriations, the responsible Minister may decide that part or all of an administered appropriation is not required and request the Finance Minister reduce that appropriation. For administered appropriation reduced under section 11 of Appropriation Acts (1,3&5) 2013–14 and section 12 of Appropriation Acts (Nos. 2,4&6) 2013–14, the appropriation is taken to be reduced to the required amount once the annual report is tabled in Parliament. All administered appropriations may be adjusted by the Finance Minister's determination, which is disallowable by Parliament.

3 In 2013–14, there was no adjustment that met the recognition criteria of a formal addition or reduction in revenue (in accordance with FMO Div 101) but at law the appropriations had not been amended before the end of the reporting period.

4 The departmental annual variance includes an amount of $5,000 which will be reduced in 2014–15 as the Instrument to Reduce Appropriations (No. 1 of 2014–15) becomes effective.

Note 25B Departmental and administered capital budgets ('Recoverable GST exclusive')

	2015 Capital budget appropriations			Capital budget appropriations applied in 2015 (current and prior years)			
	Appropriation Act	PGPA Act					
	Annual capital budget $	Section 75 $	Total capital budget appropriations $	Payments for non-financial assets[2] $	Payments for other purposes $	Total payments $	Variance[3] $
Departmental							
Ordinary annual services – Departmental capital budget[1]	649,000	–	649,000	259,000	–	259,000	390,000
Administered							
Ordinary annual services – Administered capital budget[1]	–	–	–	–	–	–	–

Notes

1 Departmental and administered capital budgets are appropriated through Appropriation Acts (No. 1, 3, 5). They form part of ordinary annual services, and are not separately identified in the Appropriation Acts. For more information on ordinary annual services appropriations, please see Note 25A: Annual appropriations.

2 Payments made on non-financial assets include purchases of assets

3 The Departmental capital budget variance in 2014–15 of $390,000 relates to the Departmental capital budget appropriated for the merger between the OTA and the National Blood Authority, this amount has been quarantined.

4 The OTA had no allocation of Departmental Capital Budget in 2013–14.

Note 25C Unspent annual appropriations ('recoverable GST exclusive')

	2015 $	2014 $
Departmental		
Appropriation Act (No.1) 2013–14	**–**	2,286,643
Appropriation Act (No.1) 2014–15	**2,465,137**	–
Appropriation Act (No.3) 2014–15	**420,000**	–
Appropriation Act (No.3) Capital Budget (DCB) 2014–15	**390,000**	–
Total departmental	**3,275,137**	2,286,643
Administered		
Appropriation Act (No.1) 2012–13	**–**	3,000
Appropriation Act (No.1) 2013–14	**–**	11,843,771
Appropriation Act (No.1) 2014–15	**10,984,176**	–
Total administered	**10,984,176**	11,846,771

Notes to and forming part of the financial statements continued

N26

Note 26
Reporting of outcomes

The OTA reports on only one outcome. All of the OTA's departmental and administered revenue, expenses, assets and liabilities are allocated to Outcome 1 in the tables below.

Note 26A Net cost of outcome delivery

	Outcome 1		Total	
	2015 $	2014 $	**2015 $**	2014 $
Departmental				
Expenses	**5,753,851**	5,974,358	**5,753,851**	5,974,358
Gain from disposal of assets	**–**	–	**–**	–
Own-source income	**70,000**	70,000	**70,000**	70,000
Administered				
Expenses	**40,393,885**	39,678,336	**40,393,885**	39,678,336
Own-source income	**–**	–	**–**	–
Net cost of outcome delivery	**46,077,736**	45,582,694	**46,077,736**	45,582,694

Note 26B Major classes of departmental income, expenses, assets and liabilities by outcome

	Outcome 1		Total	
	2015 $	2014 $	**2015 $**	2014 $
Departmental expenses				
Employee expenses	**3,692,363**	4,302,031	**3,692,363**	4,302,031
Supplier expenses	**1,539,683**	1,300,742	**1,539,683**	1,300,742
Depreciation and amortisation	**519,734**	366,927	**519,734**	366,927
Finance costs	**–**	–	**–**	–
Write down and impairment of assets	**2,071**	4,658	**2,071**	4,658
Total	**5,753,851**	5,974,358	**5,753,851**	5,974,358
Departmental income				
Income from Government	**6,213,000**	5,841,000	**6,213,000**	5,841,000
Gain from disposal of assets	**–**	–	**–**	–
Other	**70,000**	70,000	**70,000**	70,000
Interest	**–**	–	**–**	–
Total	**6,283,000**	5,911,000	**6,283,000**	5,911,000
Departmental assets				
Cash and cash equivalents	**54,493**	52,675	**54,493**	52,675
Trade and other receivables	**3,248,279**	2,247,515	**3,248,279**	2,247,515
Land and buildings	**424,500**	299,091	**424,500**	299,091
Property, plant and equipment	**115,269**	131,000	**115,269**	131,000
Intangibles	**1,058,849**	1,135,827	**1,058,849**	1,135,827
Other non financial assets	**61,686**	27,619	**61,686**	27,619
Total	**4,963,076**	3,893,727	**4,963,076**	3,893,727
Departmental liabilities				
Suppliers	**195,064**	96,696	**195,064**	96,696
Other payables	**627,700**	1,086,503	**627,700**	1,086,503
Employee provisions	**1,012,324**	1,049,216	**1,012,324**	1,049,216
Other provisions	**–**	–	**–**	–
Total	**1,835,088**	2,232,415	**1,835,088**	2,232,415

Notes to and forming part of the financial statements continued

Note 26C Major classes of administered income, expenses, assets and liabilities by outcome

	Outcome 1		Total	
	2015 $	2014 $	**2015 $**	2014 $
Administered expenses				
Supplier expenses	**1,666,313**	2,062,983	**1,666,313**	2,062,983
Grants	**38,727,572**	37,615,353	**38,727,572**	37,615,353
Total	**40,393,885**	39,678,336	**40,393,885**	39,678,336
Administered assets				
Cash and cash equivalents	**80,041**	80,000	**80,041**	80,000
Trade and other receivables	**230,388**	187,249	**230,388**	187,249
Total	**310,429**	267,249	**310,429**	267,249
Administered liabilities				
Suppliers	**179,695**	272,656	**179,695**	272,656
Grants payables	**10,968,024**	11,640,663	**10,968,024**	11,640,663
Total	**11,147,719**	11,913,319	**11,147,719**	11,913,319

N27

Note 27
Budgetary reports and explanations of major variances

The following tables provide a comparison of the original budget as presented in the 2014–15 Portfolio Budget Statements (PBS) to the 2014–15 final outcome as presented in accordance with Australian Accounting Standards for the entity. The Budget is not audited.

Note 27A Departmental budgetary reports

Statement of comprehensive income
for the period ended 30 June 2015

	Actual	Budget estimate	
	2015 $	Original[1] 2015 $	Variance[2] 2015 $
Net cost of services			
Expenses			
Employee benefits	**3,692,363**	**4,112,000**	(419,637)
Suppliers	**1,539,683**	**1,756,000**	(216,317)
Depreciation and amortisation	**519,734**	**421,000**	98,734
Write-down and impairment of assets	**2,071**	**–**	2,071
Total expenses	**5,753,851**	**6,289,000**	(535,149)
Own-source income			
Own-source revenue			
Other revenue	**70,000**	**75,000**	(5,000)
Total own-source revenue	**70,000**	**75,000**	(5,000)
Total own-source income	**70,000**	**75,000**	(5,000)
Net cost of services	**(5,683,851)**	**(6,214,000)**	530,149
Revenue from Government	**6,213,000**	**5,793,000**	420,000
Surplus/(Deficit) attributable to the Australian Government	**529,149**	**(421,000)**	950,149
Other comprehensive income			
Items not subject to subsequent reclassification to net cost of services			
Changes in asset revaluation reserves	**288,527**	**–**	288,527
Total comprehensive income	**288,527**	**–**	288,527
Total comprehensive income (loss) attributable to the Australian Government	**817,676**	**(421,000)**	1,238,676

1 The OTA's original budgeted financial statement that was first presented to parliament in respect of the reporting period.

2 Between the actual and original budgeted amounts for 2015. Explanations of major variances are provided further below.

Notes to and forming part of the financial statements continued

Statement of financial position
for the period ended 30 June 2015

	Actual	Budget estimate	
	2015 $	**Original[1] 2015 $**	Variance[2] 2015 $
Assets			
Financial assets			
Cash and cash equivalents	**54,493**	**78,000**	(23,507)
Trade and other receivables	**3,248,279**	**1,621,000**	1,627,279
Total financial assets	**3,302,772**	**1,699,000**	1,603,772
Non-financial assets			
Land and buildings	**424,500**	**261,000**	163,500
Property, plant and equipment	**115,269**	**177,000**	(61,731)
Intangibles	**1,058,849**	**693,000**	365,849
Other non-financial assets	**61,686**	**29,000**	32,686
Total non-financial assets	**1,660,304**	**1,160,000**	500,304
Total assets	**4,963,076**	**2,859,000**	2,104,076
Liabilities			
Payables			
Suppliers	**195,064**	**54,000**	141,064
Other payables	**627,700**	**566,000**	61,700
Total payables	**822,764**	**620,000**	202,764
Provisions			
Employee provisions	**1,012,324**	**1,145,000**	(132,676)
Other provisions	**–**	**–**	–
Total provisions	**1,012,324**	**1,145,000**	(132,676)
Total liabilities	**1,835,088**	**1,765,000**	70,088
Net assets	**3,127,988**	**1,094,000**	2,033,988
Equity			
Contributed equity	**2,549,000**	**2,159,000**	390,000
Asset revaluation reserves	**651,696**	**363,000**	288,696
Accumulated deficit	**(72,708)**	**(1,428,000)**	1,355,292
Total equity	**3,127,988**	**1,094,000**	2,033,988

1 The OTA's original budgeted financial statement that was first presented to parliament in respect of the reporting period.

2 Between the actual and original budgeted amounts for 2015. Explanations of major variances are provided further below.

Statement of changes in equity

for the period ended 30 June 2015

	Retained earnings			Asset revaluation surplus			Contributed equity			Total equity		
	Actual	Budget estimate		Actual	Budget estimate		Actual	Budget estimate		Actual	Budget estimate	
	2015 $	**Original[1] 2015 $**	Variance[2] 2015 $	**2015 $**	**Original[1] 2015 $**	Variance[2] 2015 $	**2015 $**	**Original[1] 2015 $**	Variance[2] 2015 $	**2015 $**	**Original[1] 2015 $**	Variance[2] 2015 $
Opening balance												
Balance carried forward from previous period	**(601,857)**	**(1,007,000)**	405,143	**363,169**	**363,000**	169	**1,900,000**	**1,900,000**	–	**1,661,312**	**1,256,000**	(405,312)
Adjusted opening balance	**(601,857)**	**(1,007,000)**	405,143	**363,169**	**363,000**	169	**1,900,000**	**1,900,000**	–	**1,661,312**	**1,256,000**	(405,312)
Comprehensive income												
Surplus/(deficit) for the period	**529,149**	**(421,000)**	950,149	**–**	**–**	–	**–**	**–**	–	**529,149**	**(421,000)**	950,149
Other comprehensive income			–	**288,527**	**–**	288,527	**–**	**–**	–	**288,527**	**–**	288,527
Total comprehensive income	**529,149**	**(421,000)**	950,149	**288,527**	**–**	–	**–**	**–**	–	**817,676**	**(421,000)**	950,149
Transaction with owners												
Contributions by owners												
Equity injection – Appropriation	**–**	**–**	–	**–**	**–**	–	**–**	**–**	–	**–**	**–**	–
Departmental capital budget	**–**	**–**	–	**–**	**–**	–	**649,000**	**259,000**	390,000	**649,000**	**259,000**	390,000
Restructuring	**–**	**–**	–	**–**	**–**	–	**–**	**–**	–	**–**	**–**	–
Total transactions with owners	**–**	**–**	–	**–**	**–**	–	**649,000**	**259,000**	390,000	**649,000**	**259,000**	390,000
Closing balance as at 30 June	**(72,708)**	**(1,428,000)**	1,355,292	**651,696**	**363,000**	288,696	**2,549,000**	**2,159,000**	390,000	**3,127,988**	**1,094,000**	2,033,988
Closing balance attributable to Australian Government	**(72,708)**	**(1,428,000)**	1,355,292	**651,696**	**363,000**	288,696	**2,549,000**	**2,159,000**	390,000	**3,127,988**	**1,094,000**	2,033,988

1 The OTA's original budgeted financial statement that was first presented to parliament in respect of the reporting period.

2 Between the actual and original budgeted amounts for 2015. Explanations of major variances are provided further below.

Notes to and forming part of the financial statements continued

Cash flow statement
for the period ended 30 June 2015

	Actual	Budget estimate	
	2015 $	Original[1] 2015 $	Variance[2] 2015 $
Operating activities			
Cash received			
Appropriations	**6,682,531**	**5,793,000**	889,531
Net GST received	**162,175**	**203,000**	(40,825)
Other	**909,032**	**–**	909,032
Total cash received	**7,753,738**	**5,996,000**	1,757,738
Cash used			
Employees	**(5,044,197)**	**(4,112,000)**	(932,197)
Suppliers	**(1,629,538)**	**(1,681,000)**	51,462
Net GST paid	**–**	**(203,000)**	203,000
Cash transferred to OPA	**(1,071,207)**	**–**	(1,071,207)
Total cash used	**(7,744,942)**	**(5,996,000)**	(1,748,942)
Net cash from/(used by) operating activities	**8,796**	**–**	8,796
Investing activities			
Cash received			
Proceeds from sales of property, plant and equipment	**–**	**–**	–
Total cash received	**–**	**–**	–
Cash used			
Purchase of property, plant and equipment	**(55,528)**	**(259,000)**	203,472
Purchase of intangibles	**(210,450)**	**–**	(210,450)
Total cash used	**(265,978)**	**(259,000)**	(6,978)
Net cash from/(used by) investing activities	**(265,978)**	**(259,000)**	(6,978)
Financing activities			
Cash received			
Contributed equity	**259,000**	**259,000**	–
Total cash received	**259,000**	**259,000**	–
Net cash from financing activities	**259,000**	**259,000**	–
Net increase/(decrease) in cash held	**1,818**	**–**	1,818
Cash and cash equivalents at the beginning of the reporting period	**52,675**	**78,000**	(25,325)
Cash and cash equivalents at the end of the reporting period	**54,493**	**78,000**	(23,507)

1 The OTA's original budgeted financial statement that was first presented to parliament in respect of the reporting period.

2 Between the actual and original budgeted amounts for 2015. Explanations of major variances are provided further below.

Note 27B Departmental major budget variances for 2015

Explanations of major variances	Affected line items (and statement)
Employees	
Employee expenses and employee provision variance relates primarily to the lower than budgeted levels of staff due to unanticipated staff movements during 2014–15. Cash flow operating – other cash received and used – reflects unbudgeted section 74 receipts relating to PAYG.	*Employee benefits expense (Statement of comprehensive income), Appropriation receivables (Statement of financial position), Employee provisions (Statement of financial position, Equity (Statement of changes in equity, Statement of financial position), Operating cash received and cash used (Statement of cash flow).*
Suppliers and payables	
Supplier expenses variance relates primarily to savings against the forecasted ICT operating and travel expenditure. Variance in payables reflects timing of contractor payments at 30 June 2015.	*Supplier expense (Statement of comprehensive income), Appropriation receivables (Statement of financial position), Supplier payables (Statement of financial position), Equity (Statement of changes in equity, Statement of financial position), Operating cash received and cash used (Statement of cash flow).*
Revenue from Government	
Revenue from Government variance relates to additional appropriation received in 2014–15 Portfolio Additional Estimates Statements associated with the merger of the OTA and NBA ($439,000).	*Revenue from Government (Statement of comprehensive income, Appropriation receivables (Statement of financial position).*
Non-financial assets	
Variance in property, land and buildings reflects the asset revaluation at 30 June 2015. Intangibles variance relates to the purchase of additional ICT applications; with a corresponding increase in amortisation expense.	*Non-financial assets (Statement of financial position), Depreciation and amortisation (Statement of comprehensive income).*
Equity	
Variance in equity relates to the variances identified above, additional Departmental capital appropriation received in 2014–15 Portfolio Additional Estimates Statements associated with the merger of the OTA and NBA ($390,000) and an asset revaluation adjustment taken up at 30 June 2015, which was not budgeted for.	*Equity (Statement of changes in equity, Statement of financial position), Employee benefits expense (Statement of comprehensive income), Supplier expense (Statement of comprehensive income), Non-financial assets (Statement of financial position), Operating cash received and cash used (Statement of cash flow).*

Notes to and forming part of the financial statements continued

Note 27C Administered budgetary reports

Administered schedule of comprehensive income
for the period ended 30 June 2015

	Actual	Budget estimate	
	2015 $	**Original[1] 2015 $**	Variance[2] 2015 $
Net cost of services			
Expenses			
Suppliers	**1,666,313**	**2,830,000**	(1,163,687)
Grants	**38,727,572**	**37,564,000**	1,163,572
Total expenses	**40,393,885**	**40,394,000**	(115)
Income			
Revenue			
Non-taxation revenue			
Other	**–**	**–**	–
Total non-taxation revenue	**–**	**–**	
Total revenue	**–**	**–**	–
Net (cost of)/contribution by services	**(40,393,885)**	**(40,394,000)**	115
Deficit before income tax on continuing operations	**(40,393,885)**	**(40,394,000)**	115
Other comprehensive income			
Changes in asset revaluation surplus	**–**	**–**	–
Total other comprehensive income before income tax	**–**	**–**	–
Total comprehensive loss	**(40,393,885)**	**(40,394,000)**	115

1 The OTA's original budgeted financial statement that was first presented to parliament in respect of the reporting period.

2 Between the actual and original budgeted amounts for 2015. Explanations of major variances are provided further below.

Administered schedule of assets and liabilities

for the period ended 30 June 2015

	Actual	Budget estimate	
	2015 $	Original[1] 2015 $	Variance[2] 2015 $
Assets			
Financial assets			
Cash and cash equivalents	**80,041**	**80,000**	41
Trade and other receivables	**230,388**	**173,000**	57,388
Total financial assets	**310,429**	**253,000**	57,429
Total assets administered on behalf of Government	**443,989**	**253,000**	190,989
Liabilities			
Payables			
Suppliers and other payables	**179,695**	**352,000**	(172,305)
Grants	**10,968,024**	**10,964,000**	4,024
Total payables	**11,147,719**	**11,316,000**	(168,281)
Total liabilities administered on behalf of Government	**11,147,719**	**11,316,000**	(168,281)
Net liabilities	**(10,703,730)**	**(11,063,000)**	359,270

1 The OTA's original budgeted financial statement that was first presented to parliament in respect of the reporting period.

2 Between the actual and original budgeted amounts for 2015. Explanations of major variances are provided further below.

Notes to and forming part of the financial statements continued

Note 27D Administered major budget variances for 2015

Explanations of major variances	Affected line items (and statement)
Expenses	
Variance in suppliers and grants expense is due to recognition of grant expenses intially budgeted as suppliers.	*Supplier and grants expense (Administered schedule of comprehensive income)*
Supplier and grant payables	
Variance is due to timing of grant and supplier payments at 30 June 2015.	*Supplier and grants payables (Administered schedule of financial position)*

APPENDICES

APPENDIX 1 ABBREVIATIONS

ACT	Australian Capital Territory
AKX	Australian Paired Kidney Exchange Programme
ANZICS	Australian and New Zealand Intensive Care Society
ANZOD	Australia and New Zealand Organ Donation Registry
AODR	Australian Organ Donor Register
AOMS	Australian Organ Matching System
APS	Australian Public Service
CALD	culturally and linguistically diverse
CEO	Chief Executive Officer
CGC	Clinical Governance Committee
CGF	Clinical Governance Framework
CICM	College of Intensive Care Medicine of Australia and New Zealand
CPIP	Clinical Practice Improvement Program
DBD	donation after brain death
DCD	donation after circulatory death
DLA	DonateLife Audit
DLN	DonateLife Network
dpmp	deceased donors per million population
EDR	Electronic Donor Record
FDC	Family Donation Conversation
GST	goods and services tax
ICU	Intensive Care Unit
IDAT	Introductory Donation Awareness Training
JAG	Jurisdictional Advisory Group
KPI	key performance indicator
NDFSS	National Donor Family Support Service
NHMRC	National Health and Medical Research Council
NOMS	National Organ Matching Service
NSW	New South Wales
NT	Northern Territory
OTA	Organ and Tissue Authority
OTDS	Organ and Tissue Donation Service
otpmp	organs transplanted per million population (from deceased organ donors)
PGPA Act	Public Governance, Performance and Accountability Act 2013
PEP	Professional Education Package
PwC	PricewaterhouseCoopers
QLD	Queensland
SA	South Australia
SES	Senior Executive Service
SMD	State Medical Director
TAS	Tasmania
trpmp	transplant recipients per million population
TSANZ	Transplantation Society of Australia and New Zealand
VIC	Victoria
WA	Western Australia

APPENDIX 2
GLOSSARY

Advisory Council	The OTA's foremost advisory body established under the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008* to advise the CEO about organ or tissue donation and transplantation matters
Audit Committee	Committee established by the OTA's CEO in accordance with Section 17 of the PGPA Rule to provide independent advice and assurance to the entity's accountable authority, particularly in relation to risk control, compliance frameworks and external accountabilities
Australasian Donor Awareness Program	Workshop-based program that provides health professionals with continuing education on organ and tissue donation, including education on clinical issues and family communication (being replaced by the Introductory Donation Awareness Training workshop)
Australian Organ and Tissue Donation and Transplantation Authority	Statutory body established under the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008* to implement the national reform programme. Also known as the Organ and Tissue Authority
Australian Paired Kidney Exchange Programme	A kidney paired donation programme that aims to increase living donor kidney transplants for patients who are eligible for a kidney transplant and have a living donor who is willing but unable to donate because of an incompatible blood type or tissue type. Incompatible 'pairs' enrol in the programme and are potentially matched against other incompatible 'pairs'
Clinical Practice Improvement Program	Comprises 12 elements within the domains of clinical effectiveness, workforce, risk management and consumer participation and satisfaction that are implemented in all DLN hospitals to improve clinical practice in organ and tissue donation
Clinical protocols	Protocols to guide national clinical practice by specifying the eligibility criteria for entry onto organ transplant waiting lists; donor suitability criteria for organ allocation for transplantation; and the organ allocation protocols for determining transplant recipients
Consensus Statement on Eligibility Criteria and Allocation Protocols	A consensus statement on organ transplant waiting lists and organ allocation protocols for transplantation (currently under review – see 'Ethical guidelines', and 'Clinical protocols')
Consent rate	Number of consents as a proportion of the number of requests made of potential donors
Conversion rate	Number of brain-dead organ donors as a proportion of the number of potential donors with confirmed or probable brain death
DonateLife	Australian Government program brand for the national reform programme, including brand name and identity for the DonateLife Network and the national DonateLife Community Awareness and Education Program
DonateLife agencies	Organ and tissue donation agencies that are responsible for implementing the national reform programme in their respective state or territory. They employ specialist staff in organ and tissue donation coordination, professional education, Donor Family Support, communications, and data and audit roles
DonateLife Audit	Nationally consistent method of managing a retrospective audit to collect data about hospital deaths in the context of organ donation
DonateLife Clinical Governance Framework	Provides support and guidance to DLN staff who provide quality organ and tissue donation services within the Australian health system

'DonateLife… the greatest gift' campaign	Community education and engagement campaign to facilitate access to culturally appropriate and in-language resources for culturally and linguistically diverse communities
DonateLife Network	National network of organ and tissue donation agencies, hospital-based staff and the OTA, focused on increasing organ and tissue donation
DonateLife Week	National awareness week promoting organ and tissue donation
Donation after brain death	Organ donation after death has been determined on the basis of permanent cessation of brain function
Donation after circulatory death	Organ donation after death has been determined on the basis of the permanent cessation of circulation of blood in the body of the person
Donor Family Study	A retrospective study that is conducted every second year to seek feedback on the donation process from families who are asked to make a donation decision
Electronic Donor Record	National electronic web-based IT system for offering organs for transplantation to streamline organ offering processes
Ethical guidelines	Guidelines for ethical practice in relation to organ transplantation from deceased donors (specific to the ethics of the organ transplantation process)
Family Donation Conversation workshop	Workshop-based training that provides health professionals with the knowledge and skills to communicate with families about death and donation, and to support families to make an informed donation decision
Femoral head	The ball part of the hip joint
GIVE	The GIVE clinical trigger is a tool used in Australian hospitals to support clinical staff to identify potential organ donors.
Hospital-based staff	Specialist hospital staff, including hospital medical directors and hospital senior nurses, funded by the Australian Government to facilitate organ and tissue donation and to educate and support the hospital staff involved
Introductory Donation Awareness Training	Workshop-based program that provides multidisciplinary introductory awareness training for professionals involved in organ and tissue donation, including clinical processes and family communication
Jurisdictional Advisory Group	Representatives of all jurisdictional health departments ensuring that the efforts of the DonateLife staff reflect state, territory and Australian Government policies and processes, and that legislative and funding implications are well understood by relevant departments
Living tissue donor	Someone who donates tissue while they are still alive
National Communications Charter and Framework	Framework and principles of the nationally consistent approach to communications
Organ Donation Hospital Support Funding	Australian Government funding provided to individual hospitals for additional staffing, bed and other infrastructure costs associated with organ donation to ensure costs are not a barrier to hospitals for organ donation to proceed
Portfolio Budget Statements	Statements prepared by portfolios to explain the Budget appropriations in terms of Outcomes and Programs
Professional Education Package	Modularised program providing specialist training for conducting family conversations about death and the opportunity for organ and tissue donation
Request rate	Number of requests as a proportion of the number of potential donors
State Medical Directors	Leaders of the organ and tissue donation sector in each jurisdiction who drive clinical practice change to increase organ and tissue donation rates

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APPENDIX 4 LIST OF REQUIREMENTS

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	Internet home page address and internet address for report	Mandatory	IBC
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	Outlook for following year	Suggested	6–7
	Significant issues and developments – portfolio	Portfolio departments – suggested	N/A
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	Where outcome and programme structures differ from Portfolio Budget Statements/Portfolio Additional Estimates Statements or other portfolio statements accompanying any other additional appropriation bills (other portfolio statements), details of variation and reasons for change	Mandatory	N/A
	Portfolio structure	Portfolio departments – mandatory	N/A
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	Actual performance in relation to deliverables and key performance indicators set out in Portfolio Budget Statements/Portfolio Additional Estimates Statements or other portfolio statements	Mandatory	23–24
	Where performance targets differ from the Portfolio Budget Statements/Portfolio Additional Estimates Statements, details of both former and new targets, and reasons for the change	Mandatory	N/A
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Part of report	Description	Requirement	Page
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	Performance pay	Mandatory	82
Assets management	Assessment of effectiveness of assets management	If applicable, mandatory	85
Purchasing	Assessment of purchasing against core policies and principles	Mandatory	86
Consultants	The annual report must include a summary statement detailing the number of new consultancy services contracts let during the year; the total actual expenditure on all new consultancy contracts let during the year (inclusive of GST); the number of ongoing consultancy contracts that were active in the reporting year; and the total actual expenditure in the reporting year on the ongoing consultancy contracts (inclusive of GST). The annual report must include a statement noting that information on contracts and consultancies is available through the AusTender website	Mandatory	88
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ENQUIRIES

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

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