



**Australian Government**

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

# ANNUAL REPORT

**2018-19**

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## Alternative format

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

## Acknowledgments

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This Annual Report provides details of the operations and performance of the Australian Organ and Tissue Donation and Transplantation Authority, more commonly known as the Organ and Tissue Authority (OTA), in 2018–19. It is a key accountability document to our Minister and a key source of information for our stakeholders and the general public.

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



## Why is organ and tissue donation important?

One organ and tissue donor can save and transform the lives of many people who may need a transplant because they suffer from inherited conditions, or due to illness, accidents and genetic abnormality.

For someone who is seriously ill, an organ or tissue transplant can mean the difference between life and death, being healthy or sick; between seeing or being blind, or between being active and never walking again. It enables people to resume an active role in their family, workplace and community.

With around 1,400 Australians on a waiting list for a transplant, and a further 11,000 people on dialysis, the generous act of organ donation has far-reaching effects, changing the lives of transplant recipients and their families.



## Thank you

Transplantation is only possible through the donation of organs and tissues.

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

## 2018 at a glance

1,782

Organ transplant recipients

554

Deceased organ donors

238

Living organ donors

1,394

Eye donors

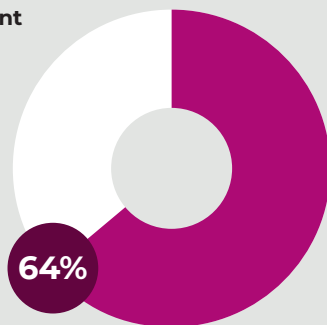
2,258

Corneal transplants

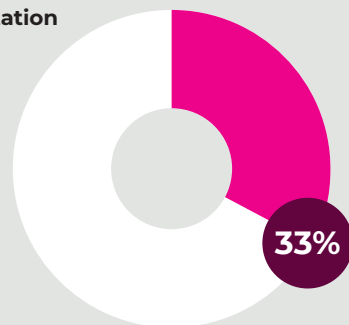
4,345

Tissue donations (living and deceased)

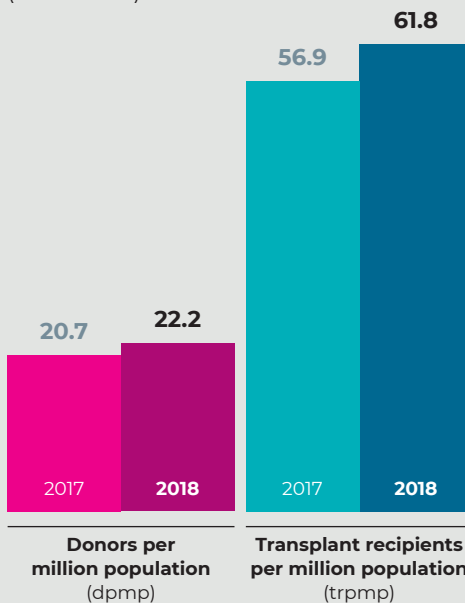
Consent  
rate



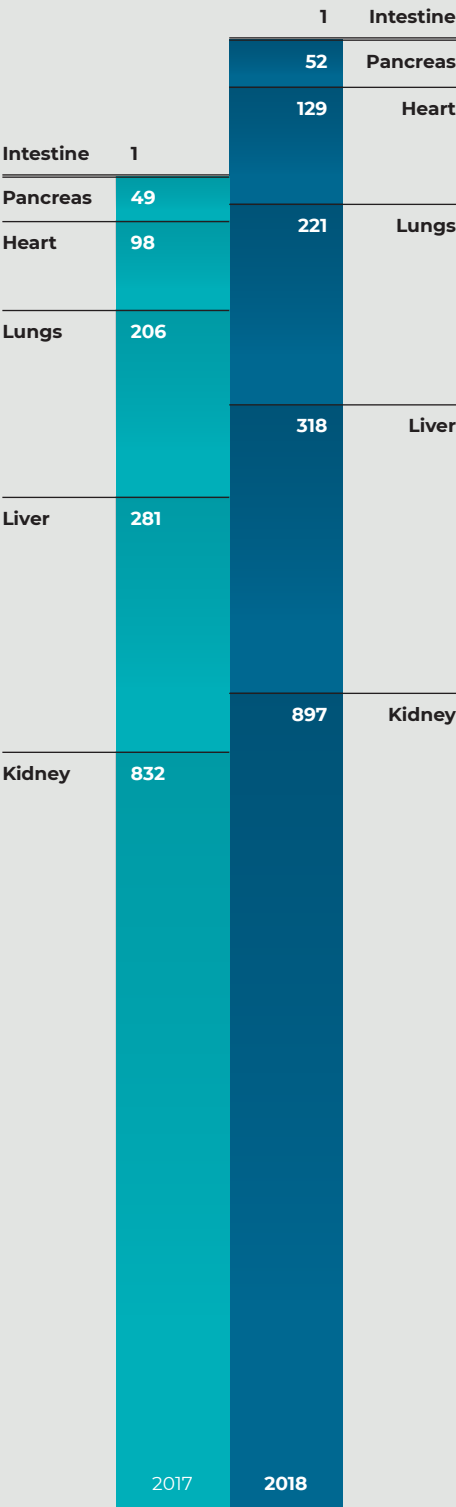
Registration  
rate



Deceased organ donation  
and transplantation rates  
(2017 & 2018)



Organ transplants from deceased donors (2017 & 2018)



The importance of registration and family discussion

93%

Families agreed to donation when their family member was registered on the AODR

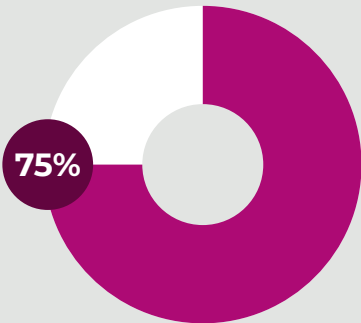
73%

Families agreed to donation when they knew their family member wanted to be a donor

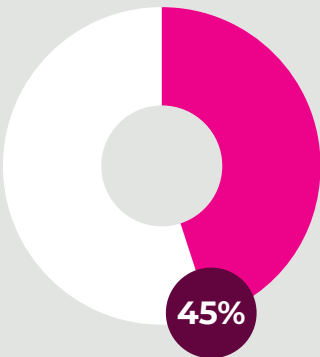
52%

Families agreed to donation when their family member was not registered and had not discussed donation

The importance of involving a donation specialist in the family donation conversation



Families agreed to donation when they were supported by a donation specialist



Families agreed to donation when there was no donation specialist involved

## Did you know?



One organ and tissue donor can **transform the lives of many people**.



Becoming an organ donor is extremely rare. **Only around 2%** of people who die in hospitals are able to become organ donors.



Organ donors **must die in hospital** where their body can be medically supported until their organs can be donated.



Around **1,400 Australians** are **wait-listed** for an organ transplant.



A further 11,000 people are on dialysis, many of whom may benefit from a **kidney transplant**.



Australia is a **world leader** in transplant outcomes.



Our donation rate has more than **doubled** over the last decade, but there is much more we can do.



Organ and tissue transplantation is a well-established and effective treatment that **saves lives**, restores health and improves quality of life.



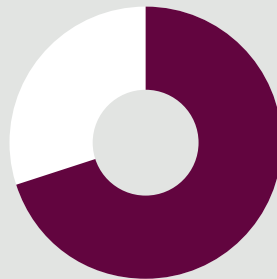
The availability of organ and tissue transplantation is wholly **dependent on individuals and their families** consenting to donation.



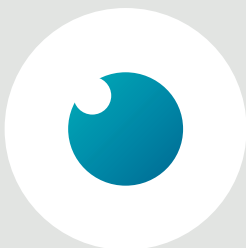
In Australia, more than **90% of families** say **yes** to donation when their loved one is a registered donor.



**One in three** Australians are registered donors even though the majority (69%) believe that registering is important.



If our national **consent rate reaches 70%**, Australia will be in the top 10 organ donation countries.



Many more people can become **eye and tissue donors**. Tissue donation doesn't require the person to die in hospital, and tissue can be stored for varying periods of time.



Registering at **[www.donatelife.gov.au](http://www.donatelife.gov.au)** takes less than a minute, and could one day save lives.



Australians need to make sure their **family knows they want to be a donor** because they will be asked to agree in the hospital.



The gift of organ and tissue donation gives recipients a **second chance** at life.



Since 2009, more than **11,000 Australians** have had their lives saved as a result of an organ transplant.



All major **religions support** organ and tissue donation.

# Letter of transmittal

The Hon Mark Coulton MP  
Minister for Regional Services, Decentralisation and Local Government  
Assistant Trade and Investment Minister  
Parliament House  
CANBERRA ACT 2600

Dear Minister

As the Chair of the Board of the Australian Organ and Tissue Donation and Transplantation Authority (the OTA), I am very pleased to provide you with the Annual Report for the period 1 July 2018 to 30 June 2019.

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

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

Yours sincerely



**Dr Mal Washer**

Chair  
Organ and Tissue Authority Board

18 September 2019



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## **Overview**

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## OTA Board Chair's report

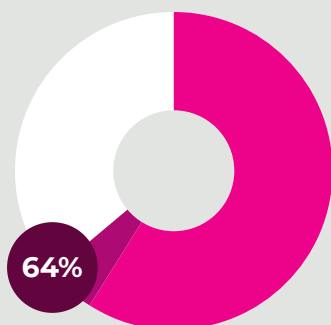


# 1,544

**Organ transplant recipients from deceased donors**

# 554

**Deceased organ donors**



**The national consent rate for organ donation increased from 59% in 2017 to 64% in 2018 – the highest rate Australia has ever seen**

**The Australian Government, through the Organ and Tissue Authority (OTA), has a strong and ongoing commitment to saving and improving the lives of more Australians by delivering a national program to increase organ and tissue donation and improve opportunities for transplantation.**

I am pleased to report that in 2018 a record number of people received an organ transplant, driven by more Australians saying 'yes' to organ donation. The lives of 1,544 Australians were saved through the generosity of 554 deceased organ donors and their families. There were a further 238 recipients of organs from living donors, including 40 recipients of kidneys donated through the Australian Paired Kidney Exchange Program.

In addition to the life-saving benefits of organ transplantation, eye and tissue donation changes the lives of thousands of Australians every year – from restoration of eyesight, to regained mobility, to recovery from a serious incident. In 2018 over 10,500 Australians benefited from eye and tissue donation.

The record 2018 outcomes marked a decade of reform under the Australian Government's national program. Significant progress has been made since the program started in 2009. The number of deceased organ donors has more than doubled and the number of transplant recipients has close to doubled. Over the 10 years, more than 11,000 Australians have received a second chance at life through organ transplantation.

### **Our strategic focus in 2018–19**

In Australia, the potential donor's family is always asked to agree to donation in the hospital. Without this consent, donation does not proceed. As a result, further increases to the rate of organ and tissue donation relies on more individuals and their families agreeing to donate.

An area of focus in 2018–19 was to increase our consent rate. As a result of the efforts of many, the national consent rate for donation increased from 59% in 2017 to 64% in 2018 – the highest rate Australia has ever seen.

Data clearly shows that more families agree to donate when they know their family member wanted to be a donor; and when families are well-informed and supported by a donation doctor or nurse specialist. This data informed our two key strategies to lift our national consent rate by increasing the number of people on the Australian Organ Donor Register (AODR) and by ensuring donation is discussed with families by donation specialists in our hospitals.

Firstly, we continued to improve clinical practice in hospitals to better identify potential donors and to increase the involvement of DonateLife donation specialist doctors and nurses in family donation conversations. At this intensely emotional time, families must receive the best possible support and information from staff who are skilled communicators, compassionate, and knowledgeable about the donation process. In 2018 nearly eight out of 10 families agreed to donate when they were supported by a donation specialist. To support the provision of high-quality care for families throughout the donation process, we continued to deliver education and training for health professionals supporting families in conversations about the opportunity for donation.

Our second strategy involved ongoing engagement with the community to promote awareness of organ and tissue donation. This included encouraging Australians to record their decision to be a donor on the AODR and to let their family and friends know that they are a registered donor. In 2018 nine out of 10 families agreed to donation when their family member was registered. Having the discussion with your family is important, as they will have the final say. We know that many families draw comfort from being able to honour the wishes of their loved one and from helping others.

Through a range of events and activities, we appealed to the Australian community to act on their support for donation by registering and letting family members know their wishes. We continued to promote online registration through [www.donatelife.gov.au](http://www.donatelife.gov.au), emphasising that the online form makes registration easy and takes less than a minute. We achieved a 12% increase in the number of new registrations in 2018.

## Strategic direction for 2019–20

While the 2018 results are encouraging, there are still insufficient donated organs to meet the needs of those who might benefit from a transplant. At the end of 2018, more than 1,400 Australians were on a waiting list for an organ transplant. These were people suffering end-stage organ failure who were likely to die without an organ transplant. With a further 11,000 people on dialysis, and increasing demand for tissue transplants, there are many more people who could benefit from transplantation. Clearly, we need to do more to have donation accepted as a routine part of end-of-life care in Australia.

Our main challenge is the rarity of donation. Only around 2% of people in Australia who die in hospitals have the opportunity to become a donor, as particular circumstances have to occur for a patient to be medically suitable to donate. Many more people can become eye and tissue donors as these can be donated following death in less restricted circumstances, including outside of hospital.

With donation possible in so few cases, and with so many people needing a transplant, it is important for every Australian to consider becoming a donor because through donation they can save or improve someone's life.

In 2019–20 we will continue our focus on increasing consent rates. Lifting the national consent rate from 64% to 70% would place Australia in the world's top 10 performing organ donation countries. The Board is confident that further growth in organ and tissue donation and transplantation is possible. It can be achieved with the continued delivery of clinical practice improvement, including the increased involvement of donation specialists in family donation conversations. The other main factor is converting public support for donation into registration and family discussion.

In particular, the Board will continue to review our efforts to increase donor registration and explore alternative registration channels. I am pleased the Board supports drivers licences being a channel for registration. Registration significantly increases consent rates – having a touchpoint with all Australians when they register or renew their drivers licence will make a significant impact on the number of people on the Australian Organ Donor Register. I look forward to progressing this in 2019–20.

The Board is aware that two major pieces of work currently being led by the Commonwealth Department of Health may have implications for the future role of the OTA. The National Policy Framework for the Eye and Tissue Sector is being developed as an outcome of the 2016 Review of the Australian Tissue Sector. The response to the 2018 Review of the Donation, Retrieval and Transplantation System is also progressing. Both of these projects are pending approval by Australian Health Ministers.

The Board looks forward to continuing to work with our key stakeholders in 2019–20 to sustain the growth in organ and tissue donation and ensure Australia's health system has the capacity and capability to optimise organ and tissue donation opportunities for transplantation.

### Financial performance 2018–19

We have a strong focus on budget management and ensuring that resources are appropriately allocated to optimise our performance.

The year ended with a departmental operating surplus of \$0.080 million net of unfunded depreciation and before the asset revaluation adjustment, compared to a \$0.041 million operating surplus in 2017–18.

Administered expenditure for 2018–19 was \$43.144 million towards the delivery of the national program.

### Acknowledgments

Increasing donation and transplantation requires close collaboration and cooperation with many stakeholders. We wish to acknowledge those who have contributed to the success of the national program in 2018–19.

To donate an organ or tissue for transplantation is an act of selfless generosity, and without this gift transplantation and its life-changing benefits would not be possible. So, first and foremost, the Board sincerely thanks every donor for their kindness, and every donor family for making such a generous decision during a very difficult time in their lives.

We also thank the individuals and organisations from the community who dedicate their time and expertise, often on a voluntary basis, to partner with the OTA. Together, we promote awareness of organ and tissue donation and encourage more Australians to register and talk about donation.

Donation and transplantation occur in hospitals, and the clinicians who make it happen deserve our recognition and gratitude. I want to thank them all: the dedicated and compassionate DonatLife hospital and agency staff; health professionals working in intensive care units (ICUs) and emergency departments (EDs); eye and tissue bank staff; and our transplant surgeons, physicians and coordinators.

Finally, we thank the OTA's CEO and staff whose professionalism and hard work have made a significant contribution to our success in 2018–19.

On behalf of the Board, I am very pleased to present the OTA's 2018–19 Annual Report.



**Dr Mal Washer**  
Chair, OTA Board



## Chief Executive Officer's review



**Looking back over the 10 years since the national program started, organ donation has more than doubled, saving almost twice the number of people through transplantation. These achievements are also a tribute to the dedicated donation and transplantation staff delivering the national program.**



**Donation is only possible through the generosity of donors and their families who save and transform the lives of others through the gift of donation. This act of generosity has a profound impact on the Australians who receive a transplant, as well as their families and friends.**

## **It is with pleasure that I provide an overview of our achievements and outcomes of the past year.**

The 2018–19 year was my first full year as the Chief Executive Officer (CEO) of this wonderful organisation. As I sit down to write this, I have been reflecting on the past 12 months. We have continued to see significant growth in organ and tissue donation and transplantation outcomes since the national program commenced, and our 2018 outcomes are results to be commended.

In January 2019 we announced Australia had recorded a major increase in life-saving and life-changing organ donations and transplants for 2018, following a record increase in the number of families agreeing to donation. It is great to see more Australians are saying 'yes' to donation. There is no greater gift than the gift of life.

Looking back over the 10 years since the national program started, organ donation has more than doubled, saving almost twice the number of people through transplantation. These achievements are a tribute to the dedicated donation and transplantation staff delivering the national program. This commitment and dedication demonstrated across both our clinical and community sectors makes the work we do possible.

### **Working to further enhance our national program**

In March 2019 we hosted the Donation and Transplantation Conference. Medical and nursing specialists heard international and Australian perspectives on best-practice organ and tissue donation and transplantation, and what can be expected in clinical and technological advances. A key part of the discussions was expanding boundaries in transplantation, and increasing the donor pool to include older and marginal donors, while ensuring patients have the best outcomes.

We continued to focus our attention on DonateLife hospital performance and data. The participation of a donation specialist in family donation conversations is a key hospital-level performance indicator under the Clinical Practice Improvement Program (CPIP). In 2018 we worked to enhance the reporting of clinical process metrics identified under the CPIP Phase 3, including referral of all patients with planned end of life in intensive care units and emergency departments. We will report the first year of data in 2019.

The DLN donation specialist staff are our key means to normalising organ and tissue donation as a routine part of end-of-life care in hospital. Their professional education has consistently been an important priority for the OTA. During 2018–19, through the DLN, we continued to deliver a national education program to health professionals, including intensive care specialists and nurses, to ensure they are trained to support families in making an informed decision about donation.

In 2018–19 we worked closely with the Transplantation Society of Australia and New Zealand (TSANZ) and the wider transplantation sector to enhance systems and policies to optimise the use of all available organs for transplantation. A highlight was successfully launching OrganMatch on 2 April. This is a state-of-the-art software system to facilitate the optimal matching of donor organs to transplant recipients and drive clinical best practice for wait-listing, organ offer, immunological matching and allocation. This has been a huge project for the OTA in collaboration with the Australian Red Cross Blood Service and it is fantastic that we have delivered the system.

This significant project is the result of a commitment by the Australian Government in 2015 to replace the ageing National Organ Matching System (NOMS). I would like to take this opportunity to thank and acknowledge the dedicated NOMS team which, for the past 20 years, has successfully serviced our donation and transplantation sector. A special acknowledgment goes to Professor Jeremy Chapman AC who was instrumental in establishing the first systems to assist in the management of donated organs for transplantation. This started with the National Kidney Matching System (NKMS) in 1989, followed by the replacement system, NOMS, in 1999. OrganMatch has been a successful and collaborative project, with special thanks to the significant work that has been undertaken and the valuable contribution from our clinical sector and subject matter experts.

I am pleased that we have put the processes in place to expand the Australian Paired Kidney Exchange (AKX) Program to include New Zealand in 2019. The AKX Program increases living donor kidney transplants by identifying matches 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. We have been working with the New Zealand Ministry of Health and clinicians from the AKX and New Zealand Paired Kidney Exchange Programs on a collaboration to include New Zealand pairs, creating the Australian and New Zealand Paired Kidney Exchange (ANZKX) Program. This will result in a larger combined pool of incompatible donor/recipient pairs from which compatible matches can be identified, and will increase live donor kidney transplants in both countries.

In 2018 I had the privilege of spending time in Barcelona, hosted by the Transplant Procurement Management and Donation and Transplantation Institute team. It was an incredibly valuable and insightful experience visiting two major hospitals and meeting their donation teams. I also spent time at the Catalan Transplant Organisation, their regional coordination centre. The Spanish system was established 30 years ago and leads the world in donation and transplantation rates. My visit reaffirmed how well Australia is doing in its first decade with a nationally coordinated program that is appropriate for our country and culture, and how valuable it is to engage with international colleagues and learn from their experience. Our national program continues to be informed by international best practice adapted to the Australian clinical setting. I also attended the Transplantation Society Congress in Madrid with our National Medical Director, Dr Helen Opdam. It was fantastic to hear how respected Australia is internationally, recognising how far we have come in a relatively short time, and acknowledging the significant work of Helen in Australia's clinical system and building our international reputation.

## Working with the community

Our community engagement focus aims to build on the high level of public support for organ and tissue donation, encouraging all Australians to register to be an organ and/or tissue donor, and to talk about it with their family. We know that one of the main reasons that families decline donation is because they simply do not know what their loved one wanted. Families that have talked about donation, and know if their loved one wants to be a donor, almost always say 'yes' to donation.

DonateLife Week, our national awareness week to promote organ and tissue donation, was another success, with activities across all of Australia. We partnered for a second year with the Australian Football League (AFL) and the Football Federation of Australia (FFA) to promote community awareness, registration and the importance of talking about donation. These partnerships provided a high audience reach for our key messages. In 2018 we also launched a partnership with Tonic Health Media to bring the organ and tissue donation message to millions of Australians through promotion in more than 1,650 GP clinic waiting rooms and 300 pharmacies across the country. We also provided GP information kits to 3,600 practices across Australia, with the potential to reach 16,000 GPs.

Looking at better ways to collaborate with the community sector, we established a Community Engagement Group with representatives from key stakeholder and community groups. The purpose of the group is to foster ongoing collaboration with members to inform our community engagement activities. It is essential to have community perspective on relevant issues, emerging trends, and opportunities. We had a very successful first meeting in February 2019 and I want to thank the members for their input into the DonateLife Week 2019 theme and their ongoing dedication to donation and transplantation. I look forward to working closely with the group over the following year.

## Thank you

I want to say a huge thank you to the dedicated staff of the OTA, including the OTA Board and my Executive Leadership Team for the support they have provided to me during the year.

I also want to acknowledge the amazing work of the DonateLife Network who work hand in hand with us to deliver our program. In particular, I would like to acknowledge Robyn Scott, Kylie Downes and Dr Bruce Powell who left the DonateLife Network leadership team in 2018–19 after a number of years of delivering the national program in their jurisdictions. Thank you for your commitment and significant contribution in increasing organ and tissue donation in Australia.

It is an honour to lead an agency which is widely respected and to work alongside colleagues of such experience and skill. It is your commitment that has delivered our results for 2018 and changed the lives of so many Australians.

Most importantly, these results are due to those Australians who have made the generous decision for themselves or their loved ones to become an organ and tissue donor. Donation is only possible through the generosity of donors and their families who save and transform the lives of others through the gift of donation. This act of generosity has a profound impact on the Australians who receive a transplant, as well as their families and friends.

## Looking forward

I am excited about 2019 with the opportunity it brings for the OTA to be a key contributor to implementing the National Policy Framework for the Eye and Tissue Sector and developing the next decade's strategy for the donation, retrieval and transplantation system in Australia. Our focus remains on normalising donation in Australia so more people in our community can benefit from a life-saving or transforming transplant. I am looking forward to the year ahead and the challenges and opportunities it may bring for the OTA.



**Lucinda Barry**  
Chief Executive Officer

# Organ and Tissue Authority

**The OTA was established in 2009 by the Australian Organ and Tissue Donation and Transplantation Authority Act 2008 to deliver the national program and improve opportunities for transplantation through increased organ and tissue donation.**

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

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

## Governance arrangements

In 2017 the OTA Board was established to consolidate and build on past achievements and to steer the national program forward.

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

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



**OTA Board members and the National Medical Director with international speakers at the 2019 Donation and Transplantation Conference (L–R):** Howard Nathan, United States; Dr Helen Opdam, National Medical Director; Margaret Kruger; Dr Marisa Herson; Dr Mal Washer, OTA Board Chair; Lucinda Barry, OTA CEO; Dr Chris Callaghan, United Kingdom; Oren Klemich, Dr Nick Cross, New Zealand (Absent: Professor Stephen Lynch AC and Professor Carol Pollock)

**Table 1** Details of the OTA Board during 2018–19

Name	Position held	Period as a member of the OTA Board	
		Date of commencement	Date of cessation
Dr Mal Washer	Chair	1 July 2017	N/A
Professor Carol Pollock	Deputy Chair	1 July 2017	N/A
Ms Lucinda Barry	OTA CEO/Member	17 September 2017	N/A
Dr Marisa Herson	Member	4 October 2017	N/A
Mr Oren Klemich	Member	4 October 2017	N/A
Ms Margaret Kruger	Member	4 October 2017	N/A
Professor Stephen Lynch AC	Member	4 October 2017	N/A

**Table 2** OTA Board meetings 2018–19

Meeting 1	18 September 2018
Meeting 2	11 December 2018
Specific-purpose meeting (teleconference)	15 February 2019
Meeting 3	2 April 2019
Meeting 4	25 June 2019

Biographies of our Board members are available at [www.donatelife.gov.au/about-us/who-we-are/our-board](http://www.donatelife.gov.au/about-us/who-we-are/our-board).

Under the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008*, the Board is required to meet at least four times a year. In 2018–19 the Board met five times (four face-to-face meetings and one teleconference) as shown in Table 2.

### OTA staff

In 2018–19 our Senior Executive Team comprised:

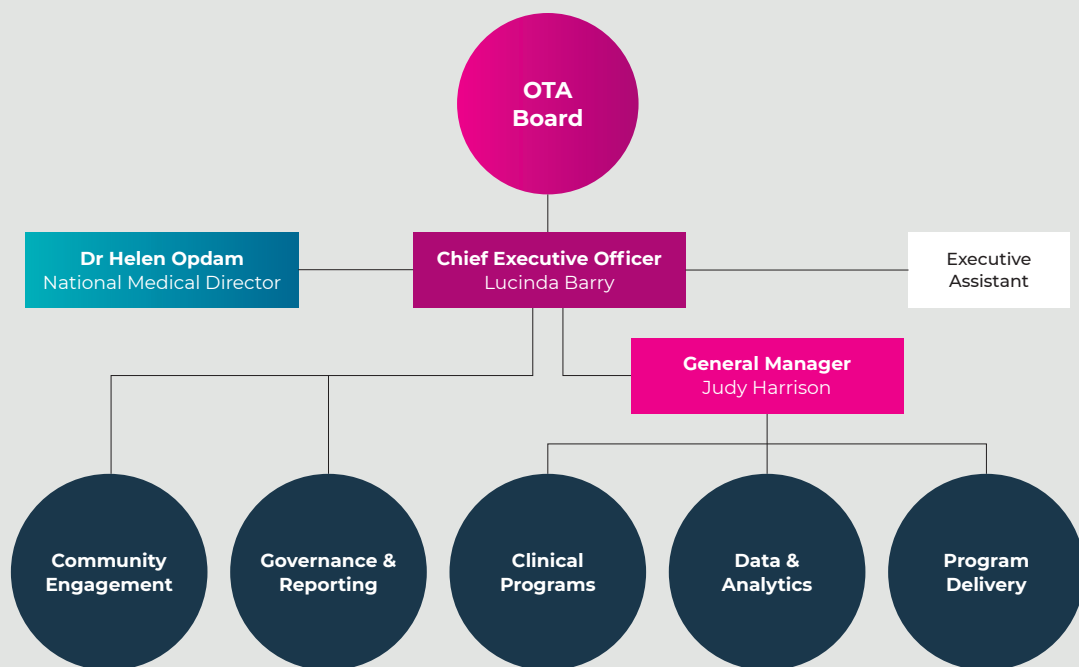
- ▶ Ms Lucinda Barry (Chief Executive Officer)
- ▶ Dr Helen Opdam (National Medical Director)
- ▶ Ms Judy Harrison (General Manager).

Biographies of our Executive Leadership Team are available at [www.donatelife.gov.au/about-us/who-we-are/our-executive](http://www.donatelife.gov.au/about-us/who-we-are/our-executive).

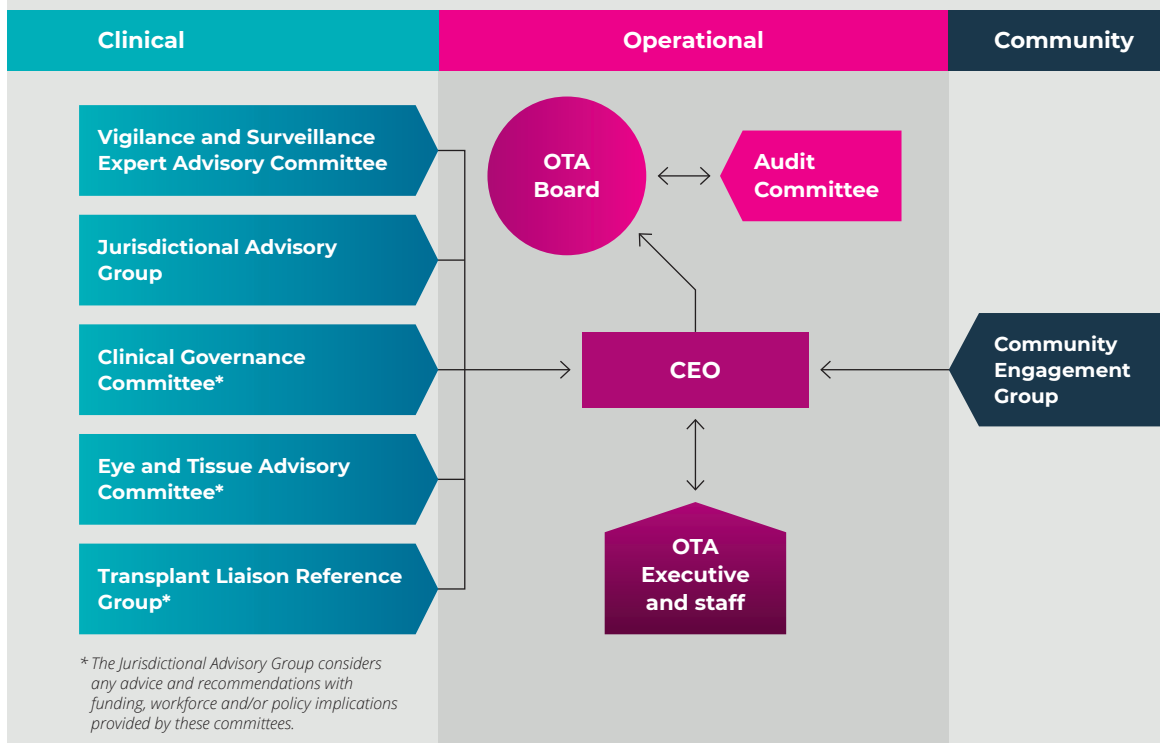
At 30 June 2019 the OTA employed 25.53 full-time equivalent employees across five business units. Our skilled, expert and dedicated people were integral to delivering our strategic priorities and achieving our outcomes in 2018–19.

Our organisational structure for 2018–19 is shown in Figure 1.

**Figure 1** OTA organisational structure 2018–19



**Figure 2** OTA committee structure 2018–19





## **Committee structure**

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

In June 2018 the OTA Board reviewed our committee structure and agreed on a revised structure for 2018–19. The new structure allowed for the establishment of a Community Engagement Group to foster ongoing collaboration with community organisations in order to inform community engagement as part of the national program.

Our Board agreed on further revision of the committee structure in April 2019 which gave all committees a degree of decision-making autonomy. However, all advice and recommendations that have state and territory funding, workforce and policy implications are referred to the Jurisdictional Advisory Group for consideration. All committees report to our CEO, who reports on meeting recommendations and advice to the Board.

The committee structure for 2018–19 is shown in Figure 2.

## **Audit Committee**

The Audit Committee provides independent advice to the OTA Board, assisting them to meet their duties and obligations regarding financial and performance reporting, risk oversight and management and systems of internal control. See Part 5 for more information.

## **Community Engagement Group**

The Community Engagement Group was established in 2019 to work collaboratively to inform communications and engagement activities undertaken as part of the national program. The group is chaired by OTA Board member, Mr Oren Klemich. Membership comprises the CEO and representatives from a broad range of community organisations working to promote awareness of organ and tissue donation, including target audience groups such as Indigenous, youth, and culturally and linguistically diverse people. The group gives us a community perspective on relevant issues, emerging trends, and opportunities.

## **Jurisdictional Advisory Group**

The Jurisdictional Advisory Group (JAG), chaired by our CEO, considers and makes recommendations about all aspects of the national program, including strategic priorities, clinical and data governance, and program planning for the DonateLife Network (DLN). The JAG works to ensure that the national program is consistent with state and territory legislation, policies and processes. This group comprises jurisdictional health department representatives and State Medical Directors. In November 2018, membership was expanded to include DonateLife Agency Managers and the OTA General Manager.

## **Clinical Governance Committee**

The Clinical Governance Committee is the peak clinical consultative committee for the DLN. It is chaired by the National Medical Director and comprises the CEO, State Medical Directors, clinical managers from each state and territory, and representatives of the eye and tissue sectors. The committee provides a forum for sharing experiences and new initiatives, and agrees on practices related to the implementation of the national program in DonateLife hospitals and opportunities for improving clinical practice.

## **Eye and Tissue Advisory Committee**

The Eye and Tissue Advisory Committee facilitates communication between the OTA and the eye, tissue and organ donation sectors. Together, they develop and implement programs to support the provision of eyes and tissues for all Australians in need. The committee is chaired by the OTA and the membership comprises representatives from all Australian eye and tissue banks, as well as the Australian Government's Health Technology Assessment Branch and the Therapeutic Goods Administration.

## Transplant Liaison Reference Group

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

- ▶ Australian and New Zealand Society of Nephrology (ANZSN)
- ▶ Transplantation Society of Australia and New Zealand (TSANZ)
- ▶ DonateLife Network
- ▶ Australian and New Zealand Intensive Care Society
- ▶ Australia and New Zealand Organ Donation Registry
- ▶ Australasian Transplant Coordinators Association
- ▶ Transplant Nurses Association
- ▶ Transplant Australia.

## Vigilance and Surveillance Expert Advisory Committee

The Vigilance and Surveillance Expert Advisory Committee, established in May 2017, monitors the performance of the Australian vigilance and surveillance system and provides advice on emerging risks identified in the organ and tissue donation and transplantation sectors. Membership comprises high-level technical specialists with relevant expertise from key clinical stakeholders, government, and professional organisations.

## Purpose-specific working groups

We have a number of purpose-specific working groups. In 2018–19 the following groups were active:

- ▶ Communications Reference Group
- ▶ Data and Audit Working Group
- ▶ Family Support Advisory Group
- ▶ Education Coordinators Network
- ▶ Electronic Donor Record Working Group.



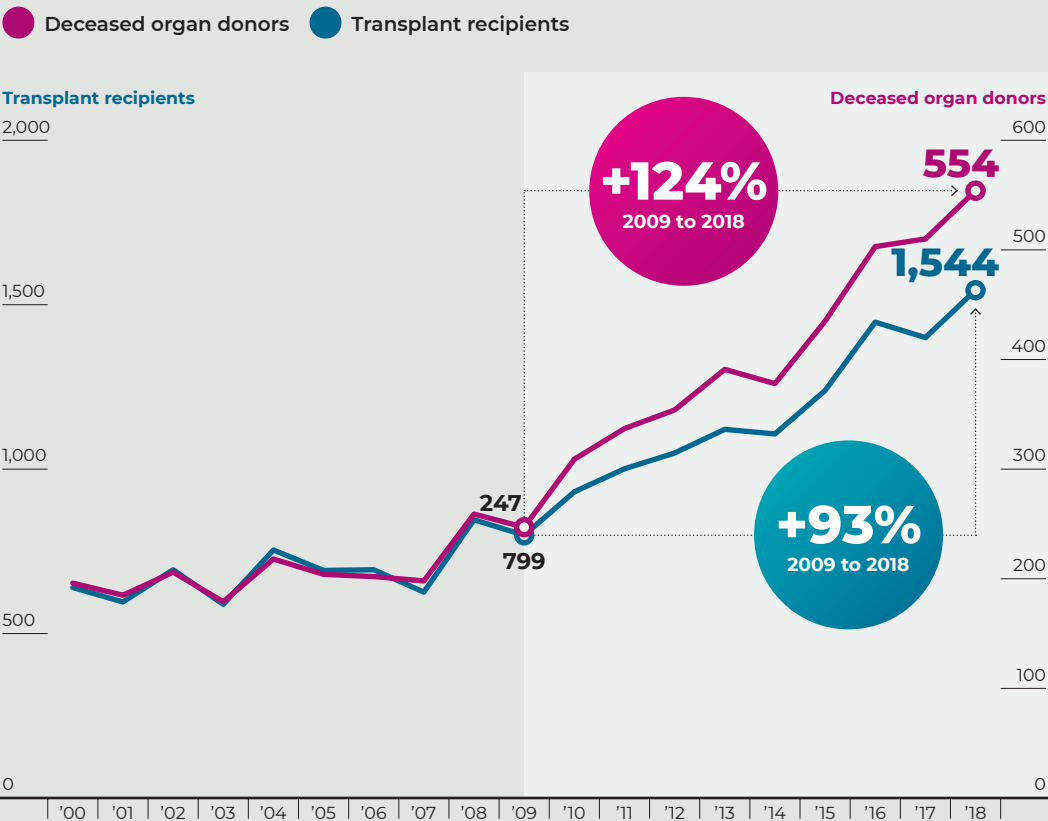
# A decade of growth

In the 10 years since the national program began in 2009, organ donation has more than doubled, saving nearly twice the number of people through transplantation. A total of 4,018 organ donors and their families have given over 11,000 Australians a second chance at life through transplantation.

Initiatives undertaken over the past decade to increase donation include:

- ▶ Establishment of the OTA and national governance structures
- ▶ Establishment of a national network of DonateLife agencies in each state and territory and hospital-based donation medical specialists and nurses. There are currently 98 hospitals in Australia delivering the program
- ▶ Development and implementation of a clinical governance framework for quality assurance of the donation process to support improvements in clinical practice in hospitals – the Clinical Practice Improvement Program
- ▶ Development of a suite of visual dashboards to present key donation metrics to the DonateLife Network and hospital staff, and state and territory health departments, to inform and drive best practice
- ▶ Development and delivery of a national professional education program, including specialist training on supporting grieving families in donation conversations so they can make an informed and enduring decision about donation

**Figure 3** Deceased organ donors and transplant recipients 2000–2018





**Inaugural OTA Advisory Council 2009 (L-R):** Dr Marisa Herson, Ms Rachael Martin, Professor Russell Strong AC, Ms Anne Cahill Lambert AM, Mr Sam Chisholm (Chair), Mr David Koch, Dr Amanda Rischbieth, Professor Don Chalmers, Associate Professor Dr Dianne Stephens OAM, Professor Geoff Dobb, Professor John Horvath AO, Professor Jeremy Chapman OAM. Absent: Dr David Boadle, Dr Anthony Cross

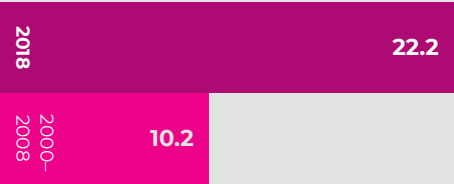
- ▶ Development and implementation of a new Australian organ matching system, known as OrganMatch, to facilitate optimal matching of donor organs to transplant recipients
- ▶ Continued support for the Australian Paired Kidney Exchange Program which facilitates living donor kidney transplants for donor-recipient pairs that are incompatible. In 2019 this program is being expanded to include New Zealand pairs and will be known as the Australian and New Zealand Paired Kidney Exchange Program
- ▶ Development and implementation of the National DonateLife Family Support Service which provides nationally consistent support that is respectful and responsive to the needs of each donor family
- ▶ Implementation of the national Donor Family Study to survey the experiences of donor families. The study provides insights and learnings to inform the ongoing development of family support services and national professional education
- ▶ Development and implementation of a simplified registration channel via the [donatelife.gov.au](https://donatelife.gov.au) website to facilitate registration on the Australian Organ Donor Register and increase consent rates
- ▶ Development of the Data Governance Framework which outlines the arrangements for the collective responsibility of managing data assets in the organ and tissue donation and transplantation sector. High-quality data informs decision-making and drives improvement in organ and tissue donation outcomes
- ▶ Ongoing development and implementation of the DonateLife Community Awareness and Education Program, which comprises DonateLife Week, community education and outreach, Community Awareness Grants, and partnerships with community organisations
- ▶ Establishment and management of a national vigilance and surveillance system to collect, review, analyse and report on serious adverse events and reactions at a national level
- ▶ Ongoing support for the TSANZ. This organisation develops clinical and ethical guidelines that provide guidance on the eligibility and assessment criteria for organ transplantation, and the allocation of deceased donor organs to wait-listed patients.

# National Medical Director's reflection



**The Clinical Governance Framework and Clinical Practice Improvement Program has continued to be a vehicle for driving clinical practice change and ensuring accountability in the donation sector.**

**Donors per million population (dpmp)**  
2000–2008 average and 2018



# Changes to clinical practice

**This year marked the anniversary of 10 years since the national program for organ and tissue donation in Australia began. Over this time there have been significant changes, enabling our donation system to move to a nationally coordinated world's best practice approach, as intended by the initial reform package. The success of the program is largely due to the commitment and national collaboration of so many stakeholders, of which I am privileged to be a part.**

Before the reform commenced in 2009, there were various efforts made by governments and dedicated clinicians across the country to increase the rate of donation. This led to a small increase but the lack of national cohesion and limited resources meant that donation continued to be consistently low. The national organ donation rate over 2000–2008 reached an annual average of 10.2 donors per million population (dpmp). The investment by the Australian Government in 2008 for the national reform program provided the resources to make the substantial changes needed to reach the 2018 national organ donation rate of 22.2 dpmp.

A key to the success of the national program has been the establishment of a national network of DonateLife Agencies and hospital-based medical and nursing donation specialists to operate as the DonateLife Network (DLN). This network has provided dedicated resources within hospitals and in DonateLife Agencies to facilitate donation activity and ensure that all potential donors are identified. The network also facilitates a best practice approach to offering families the opportunity to donate, provides support to families after the donation, and reports on donation metrics. It also provides professional education and community awareness programs.

The DLN has grown in expertise and has led the way for the significant clinical reform that has occurred in our hospitals, enabling more people to donate and more Australians to receive transplants. The establishment of the

donation specialist role has been integral to this reform through leading the embedding of best practices, being a source of information and advice for clinicians and other hospital staff, and supporting patients and their families.

In 2018–19 we extended our professional education program and focused on new ways to support donation specialists to continually enhance their skills and provide best-practice support to families at such a difficult time in their lives. For example, new small group training sessions are being conducted across the country to build on the Family Donation Conversation workshops and to expand the communication skills of donation specialists through regular scenario-based training sessions. I am looking forward to supporting the work of our education team and contributing clinicians to evolve our education program next year and provide even more opportunities for donation specialists to enhance their skills.

Essential to supporting change in hospitals has been the development of a Clinical Governance Framework and Clinical Practice Improvement Program (CPIP). The CPIP has continued to be a vehicle for driving clinical practice change and ensuring accountability in the donation sector. It has evolved over time with three different phases.

CPIP Phase 1 focused on guiding hospital teams to develop hospital plans around 12 components of best clinical practice in donation. CPIP Phase 2 incorporated group learning forums and paired donation team visits between like hospitals from different states and territories to exchange ideas and learn from each other. CPIP Phase 3, implemented in 2018–19, is focused on ensuring that all potential donors are identified through the routine referral of all intensive care unit and emergency department patients with planned end-of-life care to the DonateLife staff to advise on donation feasibility. It also embeds best practice for approaching families to offer donation.

The DonateLife Audit has been a key tool for providing information to guide best practice and has been extended to capture the key performance metrics of CPIP Phase 3. The OTA Data and Analytics team have evolved a range of useful reports and analyses enabling regular performance reporting and feedback at hospital, state/territory and national levels. This has facilitated an evidence-based approach to how and where to focus further attention and resources to optimise practice and outcomes.

We continued to focus our attention on DonateLife hospital performance and data. The participation of a donation specialist in family donation conversations is a key hospital-level performance indicator under the CPIP. In 2018 we worked to enhance the reporting of clinical process metrics identified under CPIP Phase 3, including referral of all patients with planned end of life in intensive care units and emergency departments. We will report the first year of data in 2019.

Over the past 10 years, the importance of the donation and transplantation sectors working together to maximise the access of Australians to transplantation has become increasingly apparent. Early on, donation and transplantation activity were largely dependent on improving donor identification and consent rates. In recent years, the importance of transplant unit and retrieval resourcing and capacity, along with optimal practices and systems to support the best use of all available organs for transplantation, has become more relevant.

The collaboration between the donation and transplantation sectors has grown through many initiatives. These include the development of clinical and ethical practice guidelines as well as professional education forums (including a combined two-day conference in March 2019). The collaborative development of a new organ allocation platform, OrganMatch, will provide important opportunities in the future to enhance allocation and decision-making.

Our donation and transplantation systems have matured over the past decade and will continue to evolve. However, our ongoing focus and priority will be to ensure best clinical practice and care of donors and their families, and a mutual goal of helping as many Australians as possible to access the benefits of transplantation.



**Dr Helen Opdam**  
National Medical Director

# 2



## **Performance reporting**

p. 17–40

**Our program**

**Organ and Tissue Authority Resource  
Statement 2018–19**

**Expenses for Outcome 1**

**Financial performance – departmental**

**Financial performance – administered**

**Annual Performance Statement**

**Trend information**



## Our program

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

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

1

### Outcome 1

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

1.1

### Program 1.1

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



Jessica,  
corneal  
recipient

# Organ and Tissue Authority Resource Statement 2018–19

The resource statement provides details of the funding sources the OTA drew on in 2018–19.

**Table 3** Entity resource statement 2018–19

		Actual available appropriation for 2018–19 (a)	Payments made 2018–19 (b)	Balance remaining 2018–19 (a)-(b)
<b>Ordinary annual services<sup>1</sup></b>				
Departmental appropriation <sup>2</sup>		7,951,609	5,823,812	2,127,797
<b>Total</b>		<b>7,951,609</b>	<b>5,823,812</b>	<b>2,127,797</b>
<b>Administered expenses</b>				
Outcome 1		43,148,000	34,866,319	
<b>Total</b>		<b>43,148,000</b>	<b>34,866,319</b>	
<b>Total ordinary annual services</b>	<b>A</b>	<b>51,099,609</b>	<b>40,690,131</b>	
<b>Total available annual appropriation and payments</b>		<b>51,099,609</b>	<b>40,690,131</b>	
<b>Total resourcing and payments</b>	<b>A</b>	<b>51,099,609</b>	<b>40,690,131</b>	
<b>Total net resourcing and payment for Organ and Tissue Authority</b>		<b>51,099,609</b>	<b>40,690,131</b>	

<sup>1</sup> Appropriation Act (No.1) 2018-19 and Appropriation Act (No.3) 2018–19. This may also include prior year departmental appropriation and section 74 retained revenue receipts.

<sup>2</sup> Includes an amount of \$0.249m in 2018-19 for the departmental capital budget. For accounting purposes this amount has been designated as 'contributions by owners'.



# Expenses for Outcome 1

**Table 4** Expenses for Outcome 1

<b>Outcome 1:</b> Improved access to organ and tissue transplants, including through a nationally coordinated and consistent approach and system.	<b>Budget* 2018-19 \$</b>	<b>Actual expenses 2018-19 \$</b>	<b>Variation 2018-19 \$</b>
	<b>(a)</b>	<b>(b)</b>	<b>(a-b)</b>
<b>Program 1.1: A Nationally Coordinated System for Organ and Tissue Donation for Transplantation</b>			
<b>Administered expenses</b>			
Ordinary annual services (Appropriation Act No. 1)	43,148,000	43,143,921	4,079
<b>Departmental expenses</b>			
Departmental appropriation <sup>1</sup>	5,461,000	5,381,397	79,603
Expenses not requiring appropriation in the budget year	515,000	665,392	(150,392)
<b>Total for Program 1.1</b>	<b>49,124,000</b>	<b>49,190,710</b>	<b>(66,710)</b>
<b>Total expenses for Outcome 1</b>	<b>49,124,000</b>	<b>49,190,710</b>	<b>(66,710)</b>

	<b>2017-18</b>	<b>2018-19</b>
<b>Average staffing level (number)</b>	24.60	22.19

\* Full year budget, including any subsequent adjustment made to the 2018-19 budget at Additional Estimates.

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

## Financial performance – departmental

### Operating result – departmental

The OTA's operating result for 2018–19 was a deficit of \$0.487 million, compared with the forecast loss of \$0.440 million for unfunded depreciation and amortisation expenses. On elimination of unfunded depreciation and amortisation and before the asset revaluation adjustment, the OTA recorded an operating surplus of \$0.080 million. The OTA's commitment to financial management is reflected in its financial performance and unqualified financial statements.

### Income – departmental

The OTA received \$5.461 million revenue from Government in 2018–19, compared to \$5.453 million in 2017–18. The increase reflects the change in wage cost indexation of 1.5%, offset by efficiency dividends and recurring Government saves.

### Expenses – departmental

The OTA's expenses for 2018–19 amounted to \$6.047 million, 1.8% higher than in 2017–18. Employee expenditure decreased, largely due to a decrease in staffing levels resulting from unanticipated staff movements during the year. This was offset by an increase in supplier expenses as a consequence of the relocation to our new office.

### Net asset position – departmental

Net assets decreased from 2017–18 to 2018–19, primarily driven by an increase in payables, largely resulting from the recognition of the incentive on the new office lease.

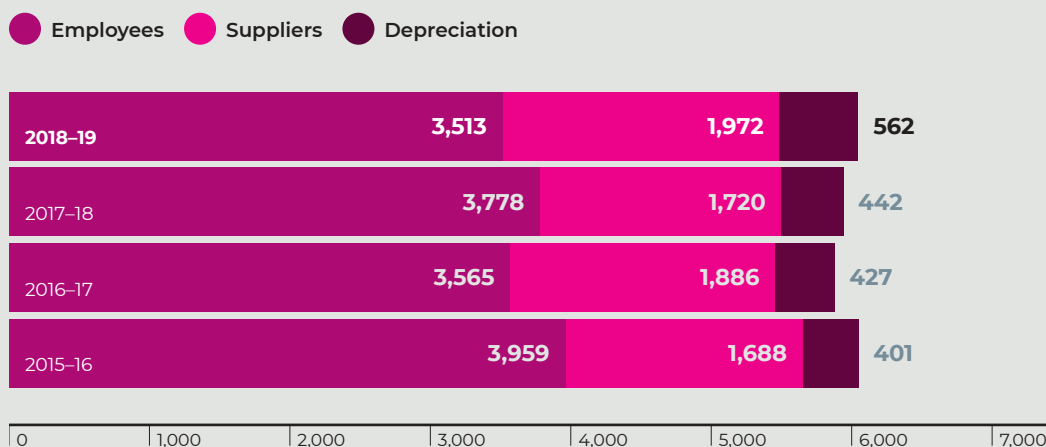
Total assets increased by \$0.166 million to \$3.627 million (2017–18 \$3.461 million), primarily reflecting the increase in the appropriation receivable balance at 30 June 2019.

Total liabilities increased by \$0.404 million to \$1.820 million (2017–18 \$1.416 million). The increase was due to the recognition of the incentive on the new lease and an increase in supplier payables resulting from the timing of receipt of services and an accompanying tax invoice.

### Capital budget

In 2018–19 the OTA received a capital budget of \$0.249 million. Capital expenditure during the year included the purchase of a new Electronic Data and Records Management System, a new DonateLife website and the office fitout.

**Figure 4** Operating expenses 2015–16 to 2018–19 (\$'000)



# Financial performance – administered

## Administered income

Administered income increased by \$1.032 million (2.5%) in 2018–19 resulting from a 1.5% indexation and additional \$0.400 million for the one-off budget measure, Increasing awareness of organ donation – partnerships.

## Administered expenses

For 2018–19, the OTA reported supplier expenses of \$2.106 million, primarily related to costs associated with:

- ▶ Electronic Donor Record licensing and support
- ▶ increasing community awareness and education through creative material production, public relations and merchandise
- ▶ delivery of the national professional education program including delivery of eLearning modules to our health professionals.

Grant expenses were \$41.038 million. Funding was provided by the OTA to:

- ▶ state and territory governments for dedicated organ and tissue donation medical specialists in hospitals and organ and tissue donation agencies as well as delivery of professional education
- ▶ public and private hospitals, contributing to the costs associated with organ donation activity based on actual and intended organ donors
- ▶ deliver the Australian organ matching system – OrganMatch
- ▶ transplant outcome registries
- ▶ partner with sporting and community organisations to promote family discussion, knowledge and registration of organ and tissue donation decisions.

## Administered assets

As at 30 June 2019, the OTA held total assets of \$0.653 million which is \$0.177 million lower than the previous year, resulting from a reduction in prepaid expenses.

## Administered liabilities

Total administered liabilities increased by \$0.154 million resulting from the balance of grants payable at 30 June 2019.

## Financial statements

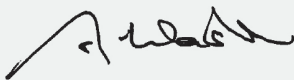
The OTA received an unqualified audit report from the Australian National Audit Office. The 2018–19 financial statements are presented in Part 6 and include the Independent Auditor's Report and Statement by the Accountable Authority and Chief Financial Officer.

# Annual Performance Statement

We, the OTA Board, as the accountable authority of the Organ and Tissue Authority (OTA), present the 2018–19 performance statement of the OTA, as required under section 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). In our opinion, this Annual Performance Statement accurately presents the OTA's performance and complies with subsection 39(2) of the PGPA Act.

The statement below reports our performance against the planned performance criteria set out in the 2018–19 Health Portfolio Budget Statements and our 2018–19 Corporate Plan.

Yours faithfully



**Dr Mal Washer**  
Chair, OTA Board  
9 July 2019

## Our purpose

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

## Our results

In 2018 Australia achieved a record number of organ transplant recipients as a result of more donors and their families agreeing to donate. The lives of 1,782 Australians were saved or improved through transplantation due to the generosity of 554 deceased and 238 living organ donors and their families. In addition, over 10,500 Australians benefited from eye and tissue donation.

## Quantitative measures

1–2

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

3

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

## Qualitative measures

1–4

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

5

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

## Analysis of our performance in 2018–19 against our purpose

## Quantitative measures

Performance criteria	Target 2018	2018 outcomes*	Result against performance criterion
<b>Increasing the capability and capacity within the health system to maximise donation and transplantation rates</b>			
<b>1</b> Deceased organ donors per million population (dpm)	25 dpm	22.2 dpm	<b>Not met</b> While the national donation rate target was not met, donation rates in three jurisdictions – Victoria, Tasmania and the Australian Capital Territory – exceeded our 2018 target.
<b>2</b> Rate of consent to organ donation	70%	64%	<b>Not met</b> While the national consent rate target was not met, consent rates in two jurisdictions – South Australia and the Australian Capital Territory – exceeded the target. There was a 5% increase in the national consent rate over 2017.

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

<b>3</b> Through community education and awareness, increase the number of registrations on the Australian Organ Donor Register (AODR)	10%	12%	<b>Met</b> In 2018 there were 203,783 new registrations on the AODR. This represents a 12% increase over 2017, exceeding our 2018 target.
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\* Quantitative performance data is reported on a calendar year basis to align with Australian and international donation and transplantation performance reporting

## Qualitative measures

Performance criteria	Result against performance criterion
<b>Increasing the capability and capacity within the health system to maximise donation and transplantation rates</b>	
<b>1</b> Implement Phase 3 of the Clinical Practice Improvement Program (CPIP) in all DonatLife hospitals. The program identifies elements of clinical strategic focus with associated key performance indicators that are integral to achieving best practice organ and tissue donation in intensive care units and emergency departments.	<b>Met</b> CPIP Phase 3 was developed in consultation with the DonatLife Network in 2017–18.  Under the 2018–2020 funding agreements, states and territories agreed to implement CPIP Phase 3 in all DonatLife hospitals. Implementation commenced in January 2018 and continued throughout 2018–19.
<b>2</b> Expand and enhance the performance measurement and reporting framework for the donation and transplantation sectors to inform nationally consistent evidence-based best practice.	<b>Met</b> The collection, analysis and reporting of data to monitor clinical practice change has continued as a key area of focus for the OTA in 2018–19.  As an ongoing process, we enhanced our suite of visual dashboards to present key donation metrics to DonatLife Network and hospital staff, and state and territory health departments.  The OTA dashboard reports were also enhanced to include clinical process metrics identified under CPIP Phase 3. Subsequent analysis informs the ongoing development of the program. We will report the first full year of data in 2019.

Performance criteria	Result against performance criterion
<b>Increasing the capability and capacity within the health system to maximise donation and transplantation rates</b>	
<p><b>3</b> Collaborate with states and territories to ensure the health system has the capacity and capability to support future growth and sustainability of donation and transplantation outcomes.</p>	<p><b>Met</b></p> <p>In April 2018 the Council of Australian Governments Health Council agreed that the Commonwealth Government undertake a review of the organ donation, retrieval and transplantation system in collaboration with states and territories.</p> <p>In 2018–19 we worked with the Commonwealth Department of Health and our jurisdictional health representatives to inform the review. This included the provision of data to demonstrate the complexities of the system and the pressures on the retrieval and transplantation sector resulting from significant growth in donation activity.</p> <p>The review will inform the development of a long-term strategy for the delivery of organ retrieval and transplantation services which will build on the Australian Government's national program for increasing organ donation.</p>
<p><b>4</b> Deliver, in partnership with the Australian Red Cross Blood Service, the Australian organ matching system, known as OrganMatch by 30 June 2019 to maximise equity of access and clinical outcomes for transplant recipients in Australia.</p>	<p><b>Met</b></p> <p>Throughout 2018–19 we continued to partner with the Australian Red Cross Blood Service, our state tissue typing laboratories and the transplantation sector to implement the new state-of-the-art national organ matching system – OrganMatch – to replace the ageing National Organ Matching System (NOMS).</p> <p>OrganMatch went live on 2 April 2019.</p>
<b>Raising community awareness and stakeholder engagement across Australia to promote organ and tissue donation</b>	
<p><b>5</b> Continue to educate the Australian community about the importance of registering on the Australian Organ Donor Register and sharing this decision with their family. This includes working with our national community, corporate and sporting partners to promote and normalise organ and tissue donation through their engagement with the community.</p>	<p><b>Met</b></p> <p>Throughout 2018–19 we undertook a range of community education and awareness-raising activities. Key initiatives included DonateLife Week, DonateLife Thank You Day, Community Awareness Grants, Jersey Day, and partnerships with the Australian Football League, Football Federation Australia and Tonic Health Media.</p> <p>We continued to provide factual information and promotional resources to partners across the donation and transplantation sectors and the broader community to foster informed discussion and decision-making about organ and tissue donation. These materials included activity reports, factsheets, and campaign supporter kits, videos and social media resources.</p>

## Analysis of our performance in 2018–19 against our purpose

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

Our major challenge is the rarity of organ donation. Only around 2% of deaths in hospital occur in a way that organ donation for transplantation is medically possible. In these cases, end-of-life care is provided to the patient in an intensive care unit or sometimes an emergency department. Maximising donation outcomes from this small donor pool requires optimal clinical practice in end-of-life care in hospital and a very high level of family and community awareness and support for donation.

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

In 2018 the lives of 1,544 Australians were saved or improved through transplantation due to the generosity of 554 deceased organ donors and their families. In addition, 238 Australians received an organ from a living donor and 10,500 Australians benefited from eye and tissue donation.

The record number of organ transplant recipients from deceased donation was largely the result of more donors and their families agreeing to donate. Our national consent rate in 2018 (quantitative performance criterion 2) was 64%, increasing from 59% in 2017. While our 2018 national consent rate was below our target of 70%, the increase over 2017 was encouraging. Also, two jurisdictions – the Australian Capital Territory and South Australia – achieved consent rates above the national target (75% and 73% respectively). This suggests there may be potential for other jurisdictions to improve their consent rate.

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

In 2018 the number of deceased organ donors translated into a national organ donation rate (quantitative performance criterion 1) of 22.2 donors per million population (dpmp), up from 20.7 dpmp in 2017.

While the national donation rate was below our 2018 target of 25 dpmp, there remains variation across states and territories. Three jurisdictions – the Australian Capital Territory, Victoria and Tasmania – exceeded the national target with donation rates of 32.4, 29.9 and 26.5 dpmp respectively.

The 2018 outcomes show that Australia's national program to increase organ and tissue donation for transplantation is continuing to deliver strong results. Since the program started in 2009, 4,018 organ donors and their families have given over 11,000 Australians a second chance at life through transplantation. During the past decade, we have more than doubled the number of deceased organ donors (124% increase) and improved the lives of nearly twice the number of people through transplantation (93% increase).

In 2018–19 we continued to focus on optimising the identification of potential donors and increasing consent to donation in the hospital setting through the implementation of the Clinical Practice Improvement Program (CPIP) Phase 3 in all DonateLife hospitals (qualitative performance criterion 1). The CPIP provides guidance to DonateLife Network clinical staff on achieving best practice organ and tissue donation in intensive care units and emergency departments when the rare opportunity for donation occurs.

The key performance indicators (KPIs) for each element of clinical strategic focus identified by the program were monitored and reported through jurisdictional and hospital dashboards produced by the OTA and six-monthly progress reports completed by all states and territories.

There is substantial variation in jurisdictional and hospital level progress against the KPIs. This will be an ongoing focus for the OTA and the DonateLife Network leadership team during 2019–20.

The collection, analysis and reporting of data to inform, assess and monitor clinical practice continues to be a key area of focus for us (qualitative performance criterion 2). In 2017–18 we developed a suite of visual dashboards to present key donation metrics to DonateLife Network and hospital staff, and state and territory health departments, to inform and drive clinical practice improvement. Throughout 2018–19 we evolved the dashboards to include clinical process metrics identified under CPIP Phase 3. We will report the first full year of data in 2019, and subsequent analysis will inform the ongoing development of the program.

In 2019–20 we will work with the states and territories and key stakeholders to implement the new national Data Governance Framework negotiated in 2018–19. This framework, underpinned by the Data Governance and Privacy Principles, provides agreement on the governance of data to ensure compliance with relevant state and territory legislation. The framework also creates a foundation for establishing a national de-identified dataset to further inform clinical practice improvement.

There has been steady growth in organ donation activity since the national program started in 2009. By 2017 it became apparent that this growth was placing significant pressure on downstream resources and workforce planning for organ retrieval and transplantation services provided by state and territory governments.

In April 2018 the Council of Australian Governments (COAG) Health Council considered the issue of pressure on downstream services from an increased organ donation rate. The council agreed to the Australian Government's proposal to undertake a review of the Australian organ donation, retrieval and transplantation system, in consultation with states and territories. The review aims to identify areas within our health system which could compromise the future growth and sustainability of organ donation and transplantation (qualitative performance criterion 3).

The Commonwealth Department of Health engaged Ernst & Young to undertake the first phase of the review. The review considered current systems, practices and processes across the entire system, with a key focus on the retrieval and transplantation services. This included equity of access for all Australians, wait-listing criteria, as well as organ offer, allocation and acceptance processes.

Phase 2 of the review will involve the development of a future national strategy for organ donation, retrieval and transplantation for agreement by all Australian Health Ministers. We will play an important role in informing the development of the strategy in 2019–20.

In 2018–19 the Commonwealth Department of Health also led the development of a national policy framework for the eye and tissue sector, in partnership with states and territories and the OTA. The framework responds to the key issues raised in the PricewaterhouseCoopers *Analysis of the Australian tissue sector* report, commissioned by the Australian Government and released in June 2017. The draft National Policy Framework for the Eye and Tissue Sector will be presented to the COAG Health Council for consideration later in 2019.

Transplantation practices can influence donation rates and so we work closely with the transplantation sector to ensure appropriate systems and policies are in place to optimally use the organs available for transplantation. In 2018–19 this work included the development of a new national system for organ allocation, known as OrganMatch (performance criterion 4). We continued our partnership with the Australian Red Cross Blood Service and collaborated with the transplantation sector to successfully deliver OrganMatch on 2 April 2019.

OrganMatch is providing the platform to drive clinical best practice for wait-listing, organ offer, immunological matching, and allocation. We will work closely with the sector to seek feedback on OrganMatch and continue our collaboration to optimise the functionality of the system through a staged roll out of key system enhancements.

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

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

In 2018–19 we continued to deliver the community awareness and education program, encouraging Australians to be a registered donor on the AODR and to tell their family and friends they want to be a donor. This included our two key annual events: DonateLife Week in August 2018 and DonateLife Thank You Day in November 2018. For these events we worked with our corporate, community and sporting partners to promote awareness and acceptance of organ and tissue donation through their engagement with the community.

Quantitative performance criterion 3 measures the success of our efforts to increase the number of registrations on the AODR. In 2018 there were 203,783 new registrations. This represents a 12% increase which is above our 2018 target of 10%.

Through the combined efforts of the clinical and community sectors, significant progress has been made since the national program started in 2009. Despite this progress, at any one time there are around 1,400 Australians on the organ transplant waiting list, with a further 11,000 patients on dialysis – many of whom might benefit from kidney transplantation. This comes at a significant cost to those needing a transplant, their families and communities, and the health care system. Clearly, there is still more that can be done.



## Trend information

**This trend information is based on quantitative performance data for 2018. This data is reported on a calendar year basis to align with Australian and international donation and transplantation performance reporting.**

In 2018 we built on the record high outcomes of 2017 and continued the trend of growth since the national program started in 2009. The lives of 1,782 Australians were saved and transformed through the generosity of 238 living organ donors and 554 deceased organ donors and their families.

**1,782** Organ transplant recipients

**554** Deceased organ donors

**238** Living organ donors

## Data analysis informs the national program

The collection, analysis and reporting of data to monitor, assess and inform the national program is a key area of focus for the OTA. Across the sector, data analysis informs our community engagement focus, development of family donation conversation training for hospital-based staff, medical suitability assessments, donation processes, organ allocation, and transplant practice.

In 2018–19 we continued to enhance the suite of visual dashboards that present key donation metrics to the DonateLife Network and hospital staff, and state and territory health departments, to inform and drive best practice. In particular, we developed dashboards using traffic light indicators for each hospital on the key components of the Clinical Practice Improvement Program that contribute to improved family support and rates of consent. These dashboards help hospital administrators to identify processes that can be improved to achieve best-practice organ and tissue donation.

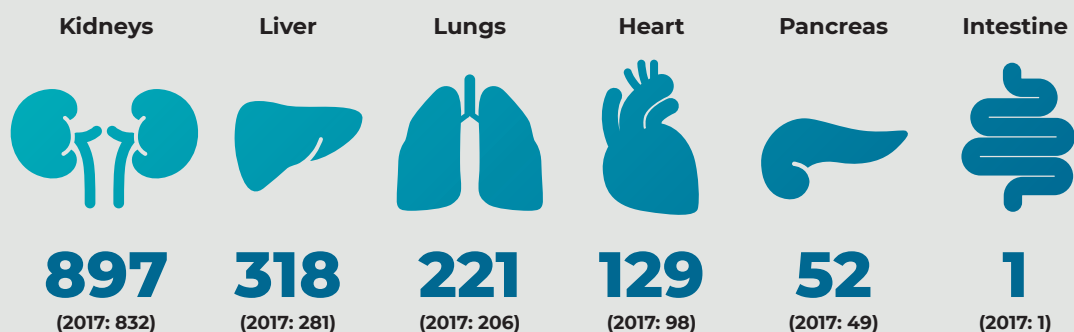
We also continued to extend our analytical capabilities, undertaking a range of epidemiological analyses and predictive modelling to identify factors that impact donation, and identify further opportunities to increase organ and tissue donation.

In 2018–19 we worked with data providers to enhance and promote the strategic use of key data collections for donation and transplantation. In collaboration with the states and territories, we developed a set of principles covering data governance, privacy, confidentiality and security that provide a basis for nationally-consistent data collection, management, reporting and sharing. The principles aim to ensure that personal health data is appropriately managed while facilitating the use of this data for critical analysis to inform further improvement in donation and transplantation practices. The principles received support in early 2019 from all state and territory health departments, the Australian and New Zealand Intensive Care Society, the Australian Red Cross Blood Service and transplant outcome registries.

The Data Governance and Privacy Principles underpin a sector-wide Data Governance Framework which includes the key datasets in the donation and transplant processes. A primary focus of the framework is the development of a de-identified end-to-end collection of data relating to organ and tissue donation and transplantation to enable critical analysis to improve clinical practice and outcomes.

We will continue to work with our partners to implement the components of this expanded data collection in 2019–20.

**Figure 5** Organ transplant procedures 2018



### Deceased organ donation and transplantation

When compared with 2017, Australia's 2018 outcomes represent:

- ▶ a 9% increase in the number of deceased organ donors (554 donors in 2018, compared with 510 in 2017)
- ▶ a 10% increase in the number of organ transplant recipients (1,544 recipients in 2018, compared with 1,400 in 2017).

This outcome was the highest number of deceased organ donors and recipients achieved so far in Australia.

In 2018 there were 1,618 organ transplant procedures. Kidneys were the predominant organ donated and transplanted.

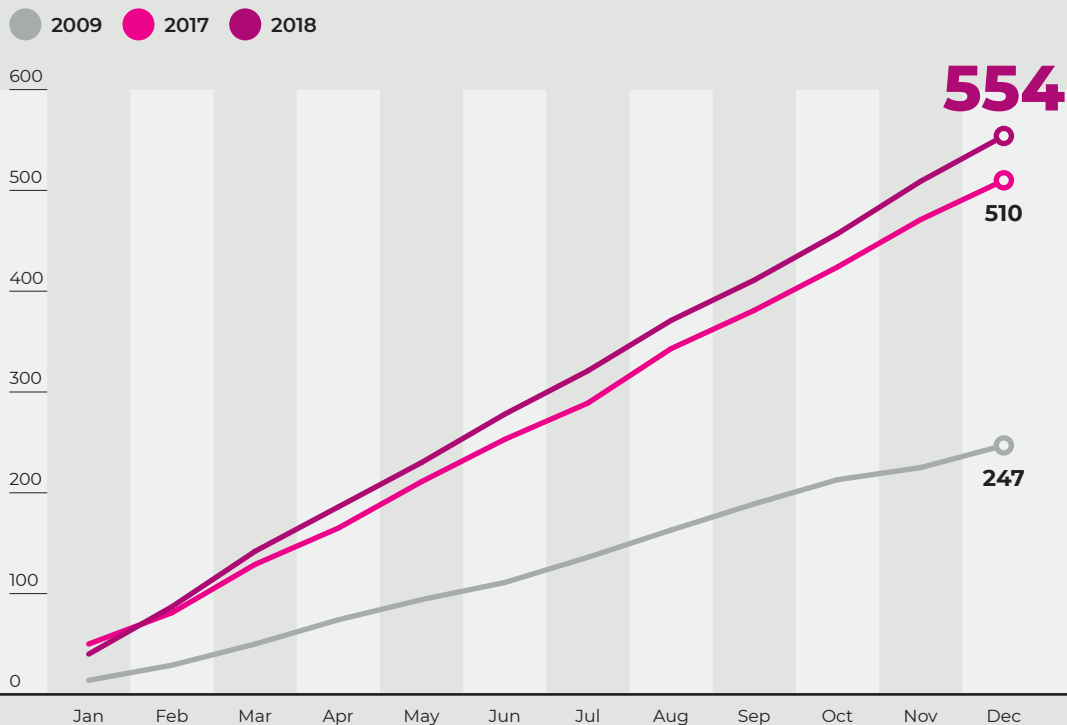
There has been considerable growth in deceased organ donation and transplantation since the national program started in 2009, despite some annual variation in outcomes.

Over the 10 years of the program (2009 to 2018), 4,018 deceased organ donors and their families have benefited 11,638 transplant recipients.

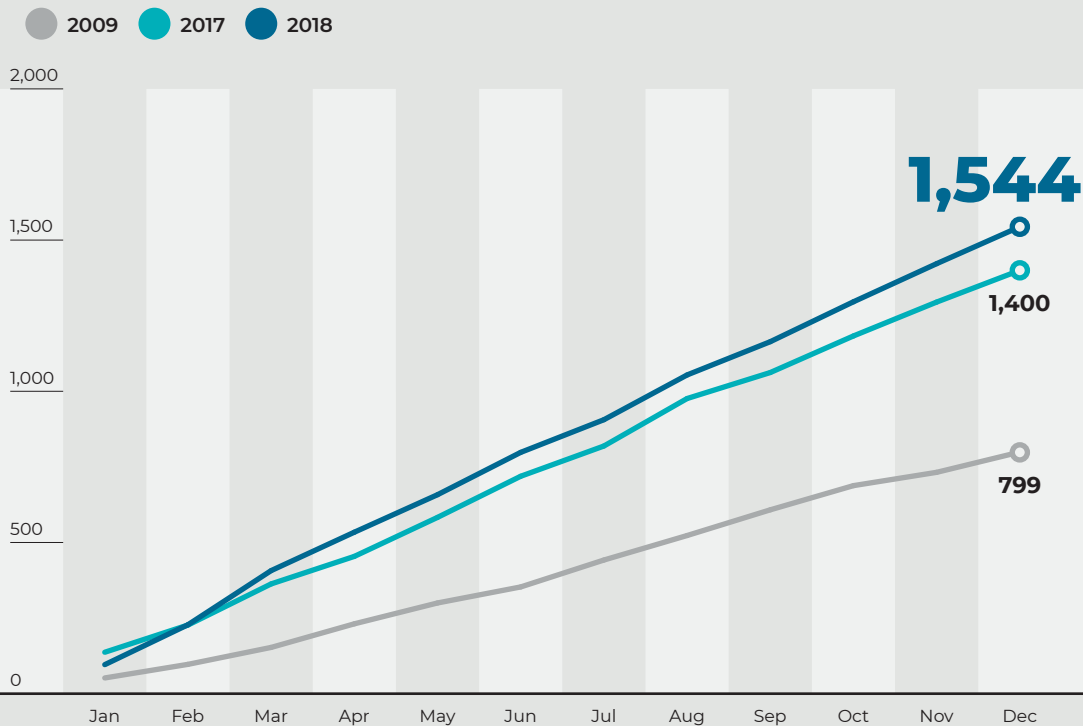
The number of deceased donors has more than doubled (124% increase) and the number of transplant recipients has almost doubled (93% increase).

Figures 6 and 7 summarise deceased organ donation and transplantation outcomes for 2009, 2017 and 2018.

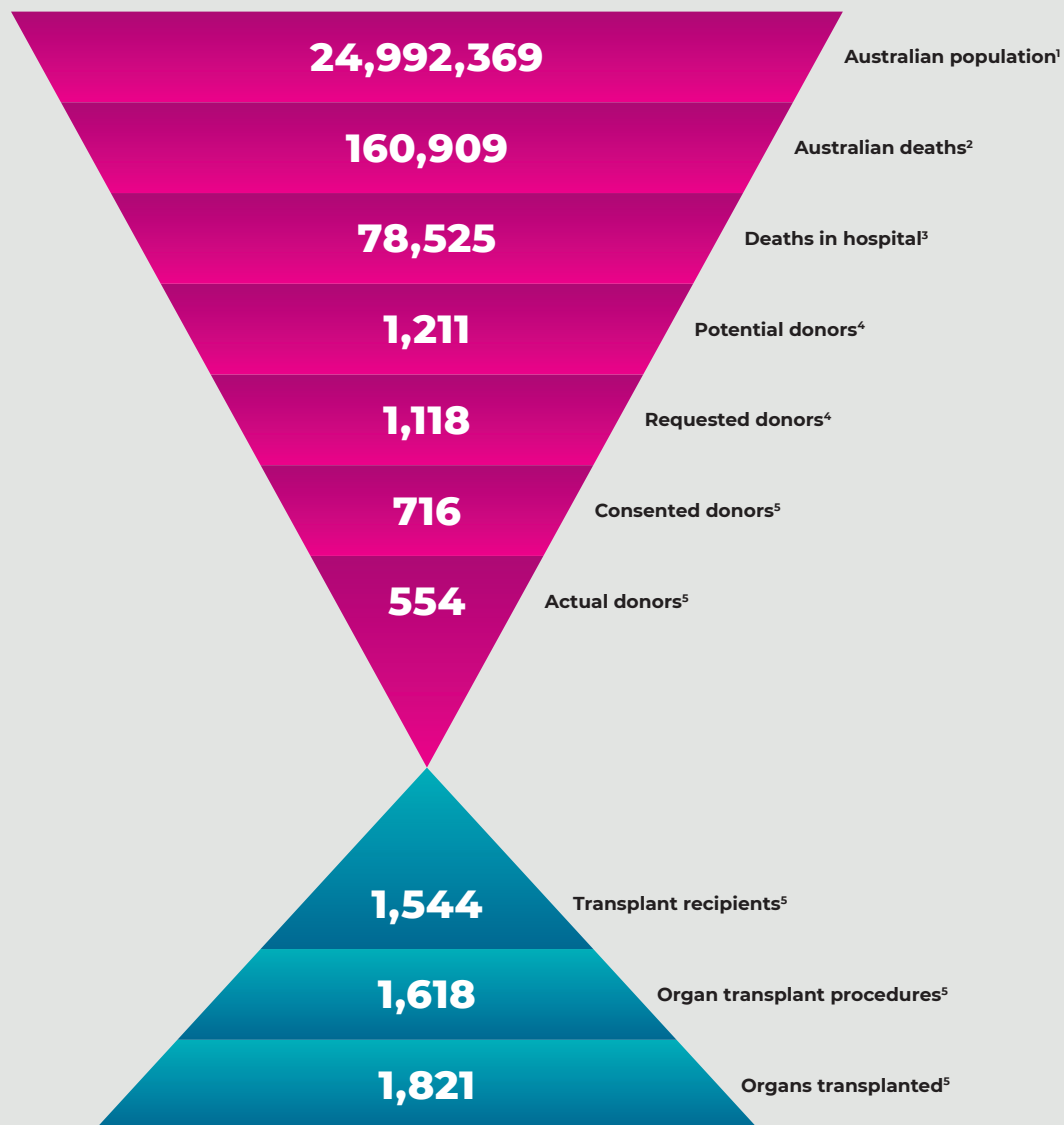
**Figure 6** Deceased organ donors 2009, 2017 and 2018



**Figure 7** Organ transplant recipients 2009, 2017 and 2018



**Figure 8** Potential organ donor population and transplantation outcomes 2018



- 1 Estimated Resident Population 30 June 2018, Australian Bureau of Statistics 3101.0 Australian Demographic Statistics (released 20 December 2018)
- 2 Australian Bureau of Statistics 3302.0 Deaths, Australia, 2017 (released 26 September 2018)
- 3 Australian Institute of Health and Welfare Australian Hospital Statistics 2016–17 (released 24 May 2018)
- 4 Estimated using DonateLife Audit Data (February 2019)
- 5 Deceased Organ Donation in Australia, Australia and New Zealand Organ Donation Registry, February 2019

Potential organ donor population and transplantation outcomes 2018

Only around 2% of people who die in hospital can become an organ donor, as particular circumstances must prevail for a patient to be medically suitable for organ donation.

By way of example (see Figure 8), of the reported 78,525 deaths that occurred in hospitals in Australia in 2018, there were 1,211 potential donors identified. Requests to families for donation were made in 1,118 cases, with 716 families consenting to donation. Of those, in 162 cases donation did not proceed for a variety of medical reasons.

The resulting 554 deceased organ donors saved and transformed the lives of 1,544 organ transplant recipients and their families.

While tissue donation is a more common occurrence than organ donation – mainly due to the broader clinical circumstances in which it can occur – these circumstances are also comparatively rare.

Deceased organ donation and transplantation rates

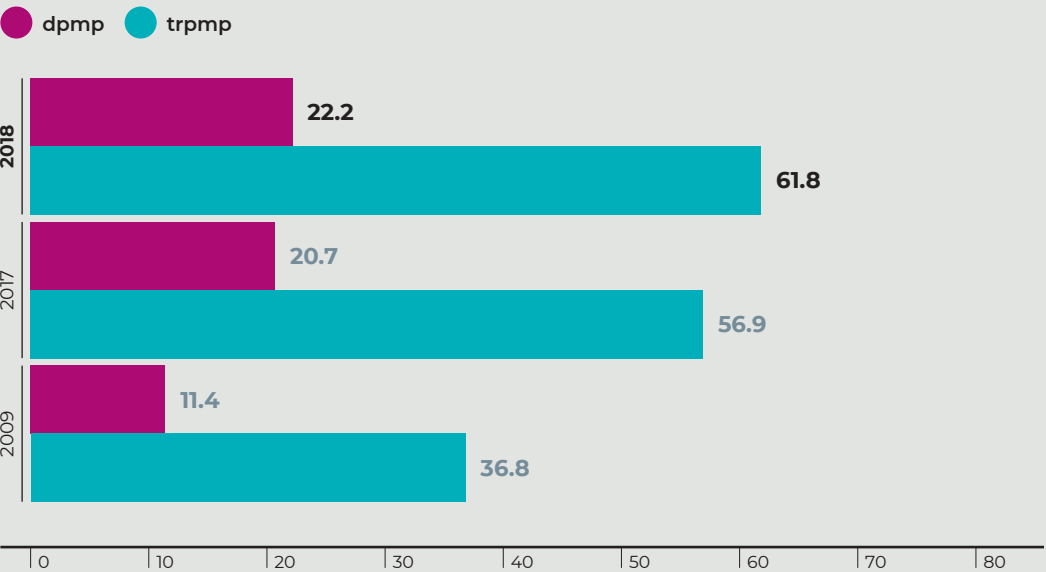
In 2018 the organ donation rate in Australia was 22.2 donors per million population (dpmp), a 7% increase compared with 2017 (20.7 dpmp).

The organ transplantation rate was 61.8 transplant recipients per million population (trpmp), a 9% increase compared with 2017 (56.9 trpmp).

In 2018 organ donation rates continued to vary across states and territories, ranging from 15.8 dpmp to 32.4 dpmp. The Australian Capital Territory, Tasmania and Victoria were national leaders in donation outcomes, achieving donation rates of 26 dpmp and above. This indicates there may be potential for other jurisdictions to improve their outcomes. New South Wales, Victoria, South Australia, the Northern Territory and the Australian Capital Territory achieved growth over their 2017 outcome.

This jurisdictional variation in organ donation rates was mirrored in the organ transplantation outcomes.

Figure 9 Organ transplantation and donation rates 2009, 2017 and 2018



**Figure 10 Organ donation rates by jurisdiction 2009, 2017 and 2018**



### Deceased organ donors by donation pathway

There are two pathways to deceased donation: donation after brain death (DBD), and donation after circulatory death (DCD). The DCD pathway provides an additional opportunity for donation for those donors who will not progress to DBD, which provides the potential for increasing the donor pool.

In 2018 the majority of deceased organ donors (72%, or 400 donors) came from the DBD pathway, with the remaining 28% (154 donors) from the DCD pathway. Compared with 2017, this outcome represents an 11% increase in donations realised from the DBD pathway and a 2% increase in donations from the DCD pathway.

### Transplantation outcomes from living organ donors

A living organ donor is someone who donates a kidney or partial liver to another person. This is usually a relative or close friend who has end-stage kidney or liver failure.

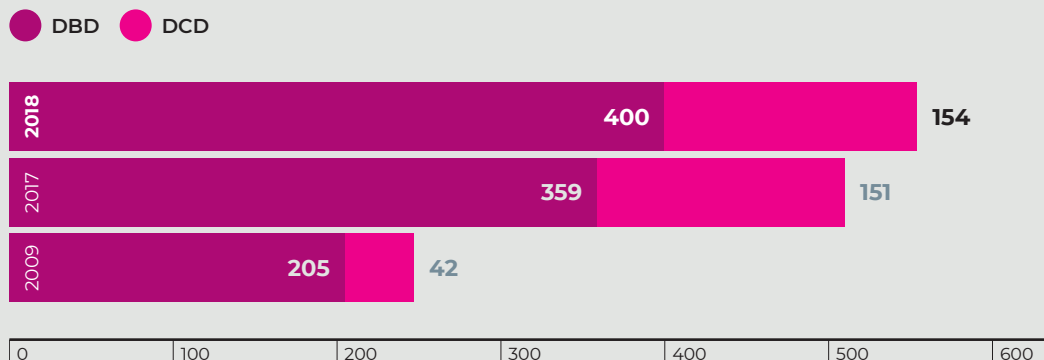
In 2018 transplant recipients benefited from 238 living donors, compared with 273 in 2017. This represents a 21% decrease in the number of living donors since 2010 (300).

The 2018 outcome included 40 transplants facilitated through the Australian Paired Kidney Exchange (AKX) Program.

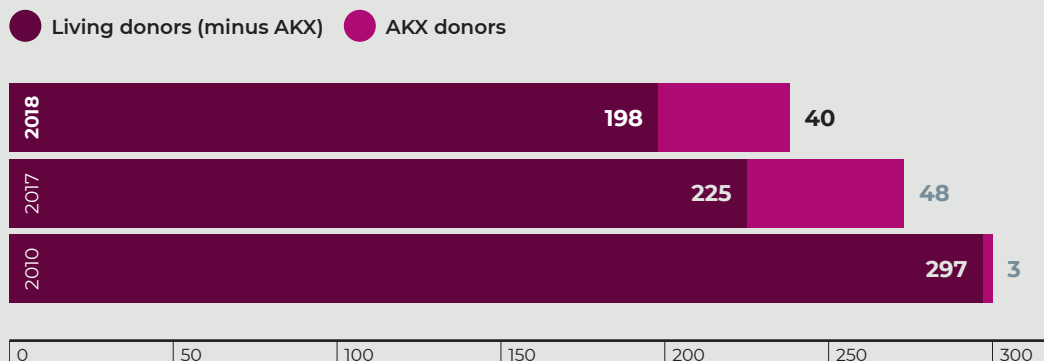
The AKX Program increases live donor kidney transplants by identifying matches for patients who are eligible for a kidney transplant and have a living donor who is willing to donate but is not a suitable match.

The AKX Program has resulted in 286 successful live kidney transplants over the past nine years.

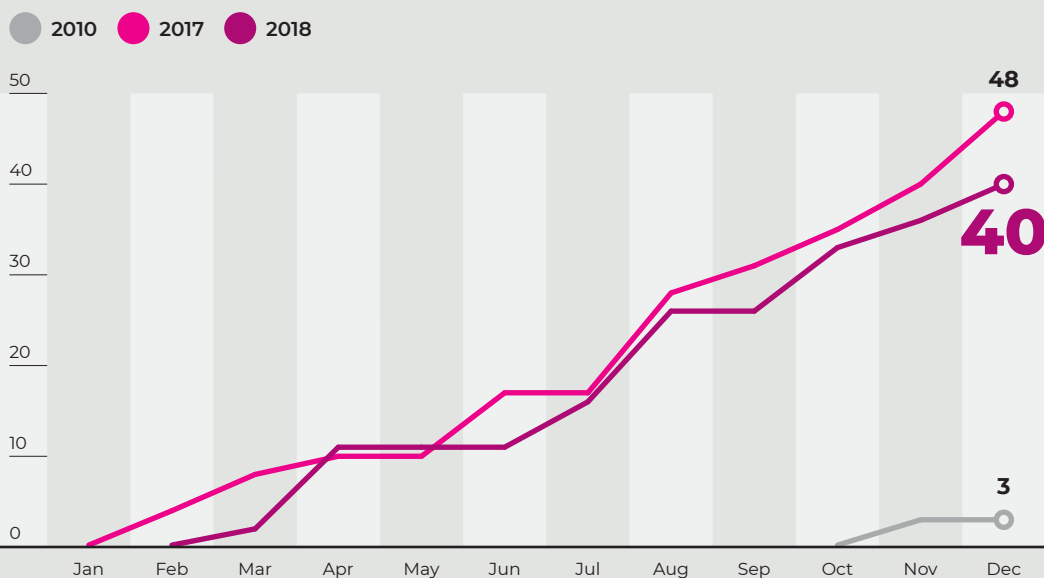
**Figure 11** Deceased organ donors by donation pathway 2009, 2017 and 2018



**Figure 12** Living donors 2010, 2017 and 2018



**Figure 13** Australian Paired Kidney Exchange donors 2010, 2017 and 2018



## Consent to donation

In Australia the family is asked to consent to donation for their loved one in the intensive care unit or emergency department.

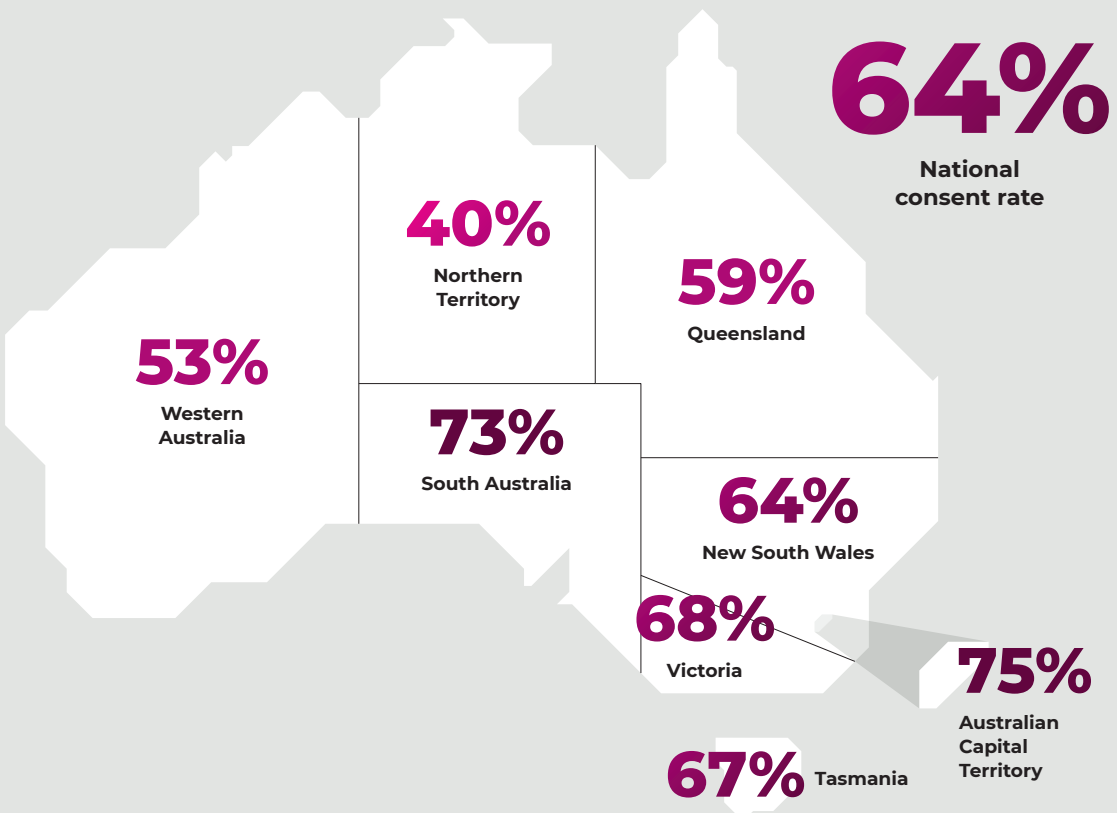
The record number of deceased organ and tissue donors in 2018 was largely the result of more families saying yes to donation. The national consent rate was 64%, the highest rate ever recorded, and up from 59% in 2017.

Consent rates vary in each state and territory. Two jurisdictions – the Australian Capital Territory and South Australia – achieved consent rates above our national target of 70%. Other jurisdictions, notably Tasmania and Victoria, came close to achieving the national target with 67% and 68% respectively. This suggests that there may be potential for further improvement.

Further increasing consent for donation is a key factor in sustaining the growth in donation. Two key factors are integral to increasing the consent rate:

- ▶ increasing the number of people on the Australian Organ Donor Register, and encouraging people to tell their family they want to be a donor (see Part 4, Objective 3)
- ▶ ensuring donation is always raised and discussed with families by donation specialists in our hospitals (see Part 4, Objective 2).

**Figure 14** State and territory consent rates 2018





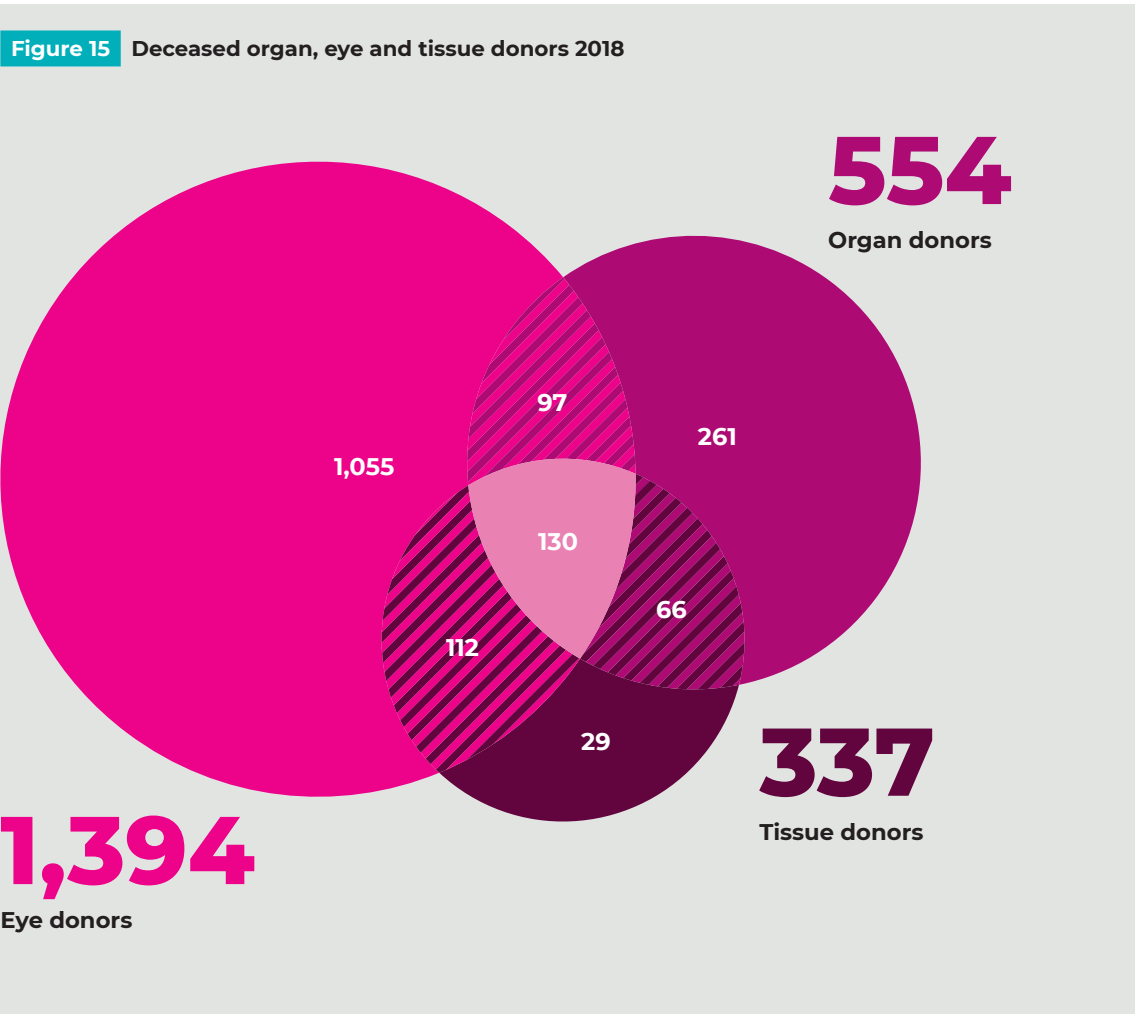
**Deceased donors**

Figure 15 shows the number of deceased donors in 2018 who donated organs, eyes and/or tissues.

There were 554 deceased donors in 2018. Of these:

- ▶ 261 donated organs only
- ▶ 97 donated organs and eyes
- ▶ 66 donated organs and tissues
- ▶ 130 donated organs, eyes and tissues.

More than half of all deceased organ donors in 2018 were also eye and/or tissue donors.



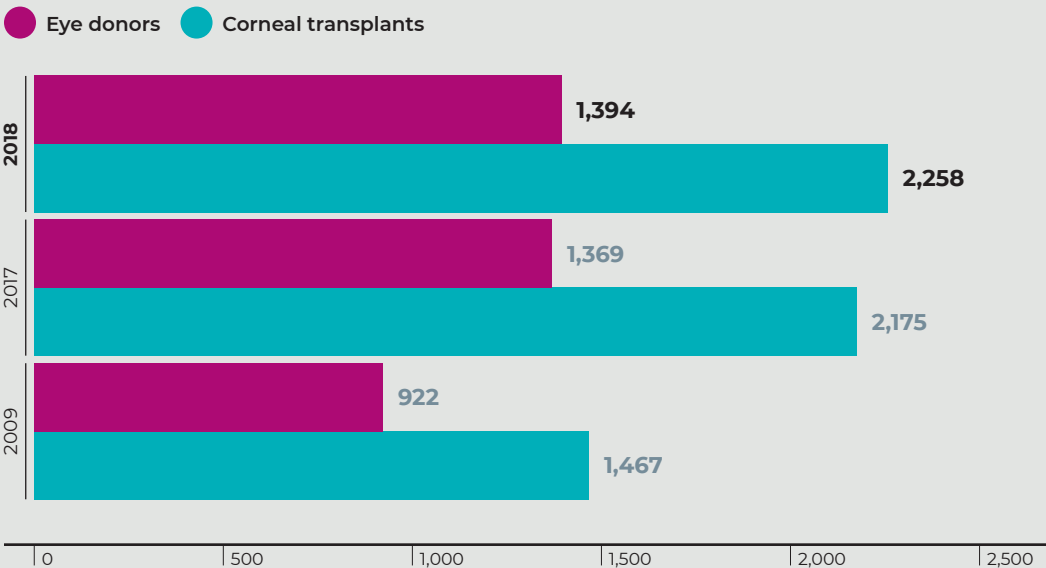
## Eye donation and corneal transplantation outcomes

In 2018 eye donation rates and, subsequently, corneal transplantation outcomes, continued to meet demand. Clinical experts anticipate the number of donors and corneal transplants to remain relatively constant.

There were 2,258 corneal transplants in 2018, made possible through the generosity of 1,394 eye donors and their families. This was a record number of corneal transplants, representing a 4% increase over 2017 (2,175) and a 54% increase since 2009 (1,467). Over 19,000 Australians have received a corneal transplant over the last 10 years (2009–2018).

The number of eye donors in 2018 was also a record, representing a 2% increase over the 2017 outcome of 1,369 donors and a 51% increase since 2009 (922).

**Figure 16** Eye donors and corneal transplants 2009, 2017 and 2018



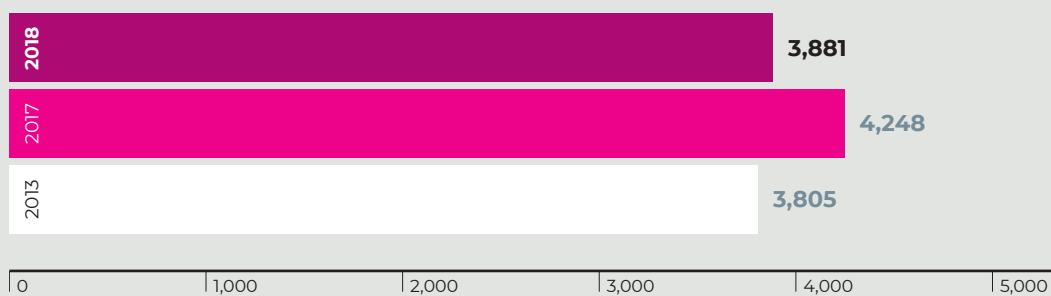
## Tissue donation and transplantation outcomes

In contrast to organ and eye donation, the majority of tissue is donated by living donors. Of the 4,147 tissue donors in 2018, 92% (3,810) were living donors, resulting in 3,881 tissue donations. This represents a 2% increase in the number of living tissue donations since 2013.

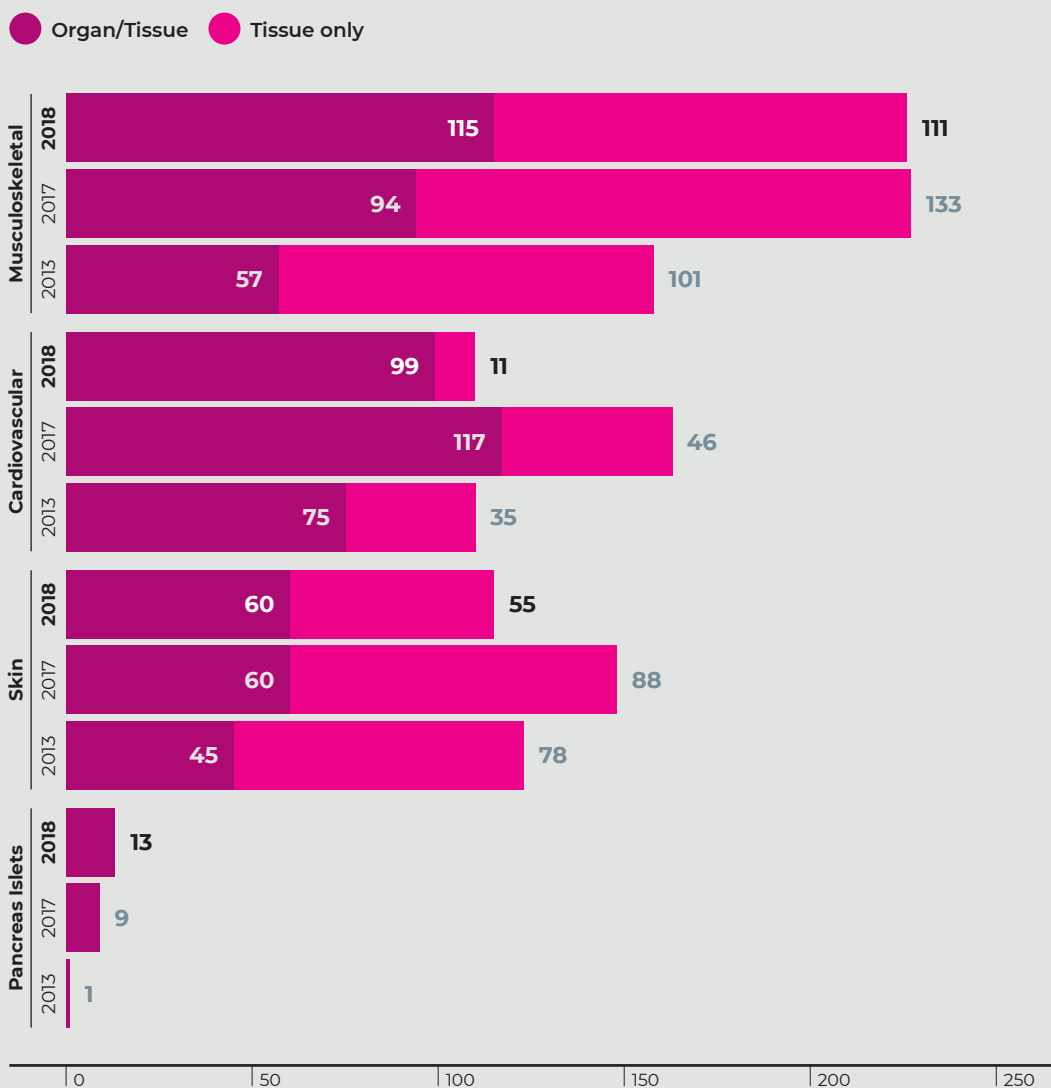
The 337 deceased tissue donors gave 464 tissue donations, including 226 musculoskeletal, 110 cardiovascular, 115 skin and 13 pancreas tissue donations. This outcome represents a 15% decrease compared with 2017 (547 donations) and an 18% increase since 2013 (392).

In 2018 there were 8,261 notified tissue transplant recipients, with some recipients receiving multiple grafts. These included 7,931 recipients of musculoskeletal tissue, 234 recipients of cardiovascular tissue, 83 recipients of skin tissue, and 13 recipients of pancreas islets. This outcome is a 10% increase over 2017 (7,479) and represents more than double the number of notified tissue transplant recipients since 2013 (3,692).

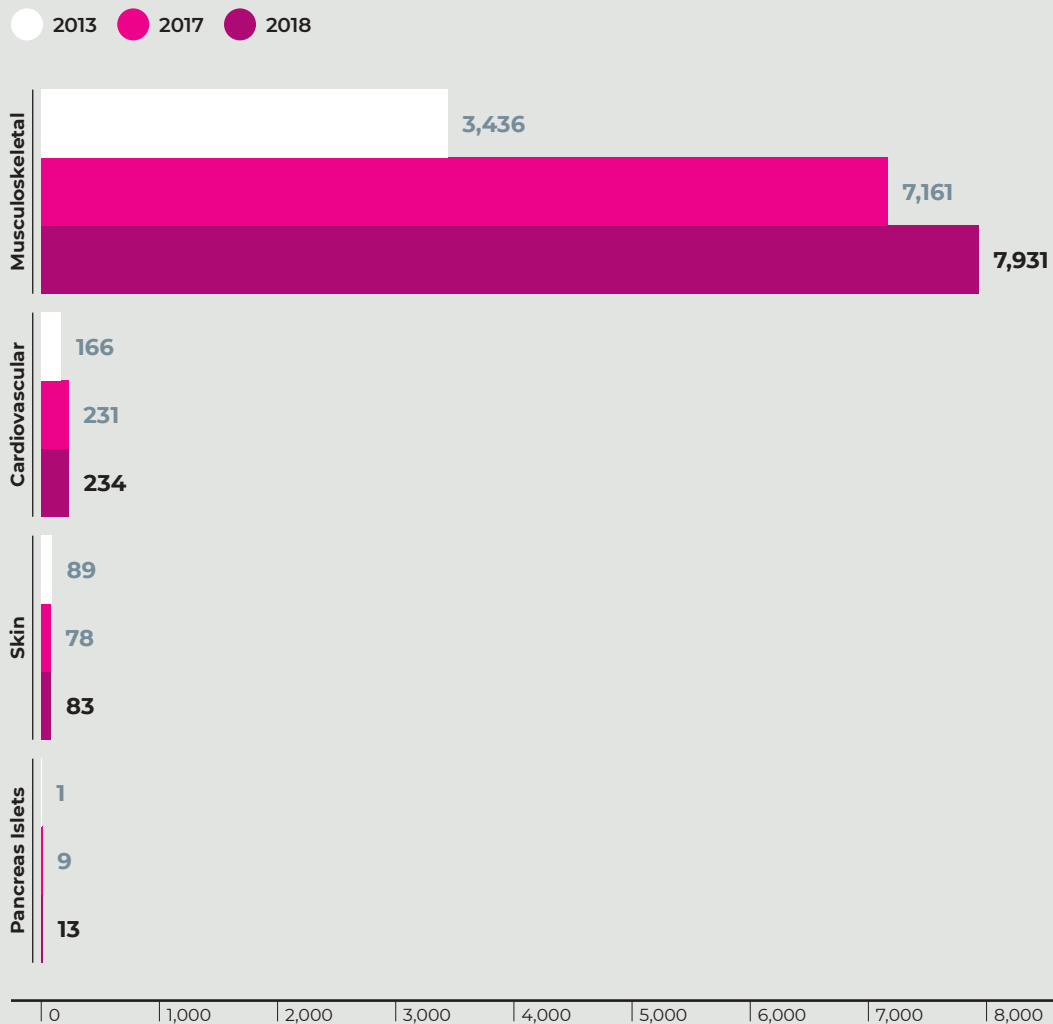
**Figure 17** Tissue donations from living donors 2013, 2017 and 2018



**Figure 18** Tissue donations from deceased donors 2013, 2017 and 2018



**Figure 19** Notified tissue transplant recipients 2013, 2017 and 2018



## Sources

- ▶ Organ donation and transplantation data: Australia and New Zealand Organ Donation Registry, May 2019
- ▶ Consent rates: DonateLife Audit, May 2019
- ▶ Eye and tissue donation and transplantation data: Australia and New Zealand Organ Donation Registry, May 2019



# 3



## **Collaborating with our stakeholders**

p. 41–68

**Working with the DonateLife Network**

**Working with the eye and tissue sector**

**Working with the community**

**Working with the organ retrieval and  
transplantation sector**

**The ability to save or improve more lives through the gift of organ and tissue donation requires a collaborative effort from the whole community. We must continue to work together to improve clinical and community acceptance of organ and tissue donation as a routine part of end-of-life care in hospitals. This will support the hospital practice of offering patients and their families the opportunity to donate.**

We work with a range of stakeholders to continue to improve the national program. We appreciate and understand that an inclusive and consultative approach is essential to maintain public confidence in the Australian donation and transplantation system and to achieve our purpose.

We work with four key stakeholder groups: the DonateLife Network, the eye and tissue sector, the transplantation sector and the community. A description of our engagement with each group in 2018–19 follows and a full list of the key stakeholders we work with is provided at Appendix 1.

## **Bringing the donation and transplantation sectors together to celebrate 10 years of the national program**

In March 2019, we hosted a major clinical conference *Connecting donation and transplantation: a decade of growth and collaboration* in Sydney. The conference brought together health professionals and celebrated the clinical achievements of the 10 years since the beginning of the national program and focused on collaboration between the donation and transplantation sectors. It was a highly successful event with over 370 delegates.

The program was developed by a program committee that included medical and nursing representatives from across the donation and transplantation sectors. Key topics on the program included the international and Australian perspectives of donation and transplantation looking at the past (2009), present (2019) and future (2029), clinical and technological advances, the expanding boundaries in transplantation, and strategies for driving clinical practice changes.



Invited speakers included a range of medical and nursing specialists across the donation and transplantation sectors, including intensivists, surgeons, coordinators and managers. There were three international speakers:

- ▶ Chris Callaghan, transplant surgeon and NHS Blood and Transplant national clinical lead for abdominal organ utilisation (United Kingdom)
- ▶ Howard Nathan, President and Chief Executive Officer of the Gift of Life Donor Program (United States)
- ▶ Nick Cross, National Director of the Kidney Transplant Service and nephrologist at Christchurch Hospital (New Zealand).

Breakout sessions were held across the program, enabling clinicians to share local initiatives, ideas and research, with presentations focused on improving practice and increasing donation and transplantation. To enable broader sharing, we partnered with the online journal, *Transplantation Direct*, to publish a special journal edition with abstracts of the conference. This edition is available at <https://journals.lww.com/transplantationdirect/toc/2019/04001>.

In the lead-up to the commencement of OrganMatch, the conference provided a valuable opportunity to demonstrate the new system to key users across the donation and transplantation sectors. The conference included an OrganMatch booth with demonstrations of the new organ allocation list and transplant waiting lists in OrganMatch and the clinical portal.

Evaluation of the conference was extremely positive, with attendees commenting on the high-quality program that included engaging and clinically relevant content by expert presenters.

We are considering options for the next conference which is likely to be in 2021. We will continue to offer the conference widely to both donation and transplantation professionals, and build on this collaboration for further enhancements to the whole system.





The 2019 Donation and Transplantation Conference in Sydney







# Working with the DonateLife Network

The OTA delivers the national program through leadership of, and collaboration with, members of the DonateLife Network (DLN). The network comprises State/Territory Medical Directors, DonateLife Agencies (one in each state and territory), and hospital-based doctors and nurses who specialise in organ and tissue donation.

State and territory governments employ staff to implement the clinical services model consistent with the national program through the DonateLife Network. The roles and responsibilities are consistent with the model and approach of the national program in the public hospital sector and, where mutually agreed, in the private hospital sector.

Donation specialists in the DLN:

- ▶ provide professional donation services and encourage best clinical practice to increase donation rates
- ▶ participate in clinical practice review and audit
- ▶ raise awareness about organ and tissue donation

- ▶ provide care and support to families throughout the donation process
- ▶ educate health professionals about the donation process.

At 30 June 2019 the DLN comprised 267 OTA-funded staff (152.6 full-time equivalents). These fractionated roles were occupied by 180 doctors and nurses specialising in organ and tissue donation in 98 hospitals across Australia, and 116 staff in eight DonateLife Agencies (one agency in each state and territory).

Figure 20 shows the contribution of each jurisdiction to the national program in 2018 within the context of population size and funding provided by the Australian Government.

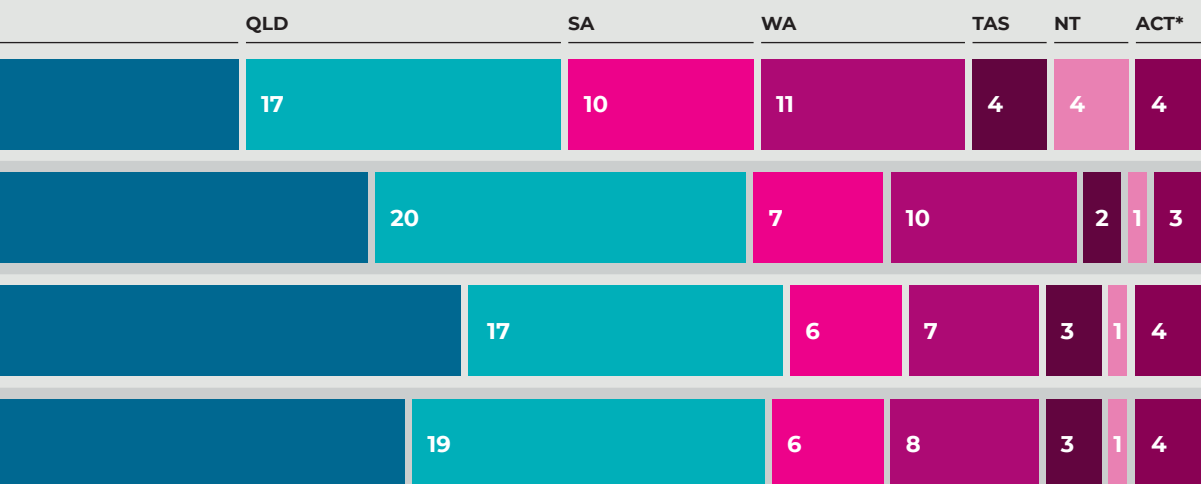
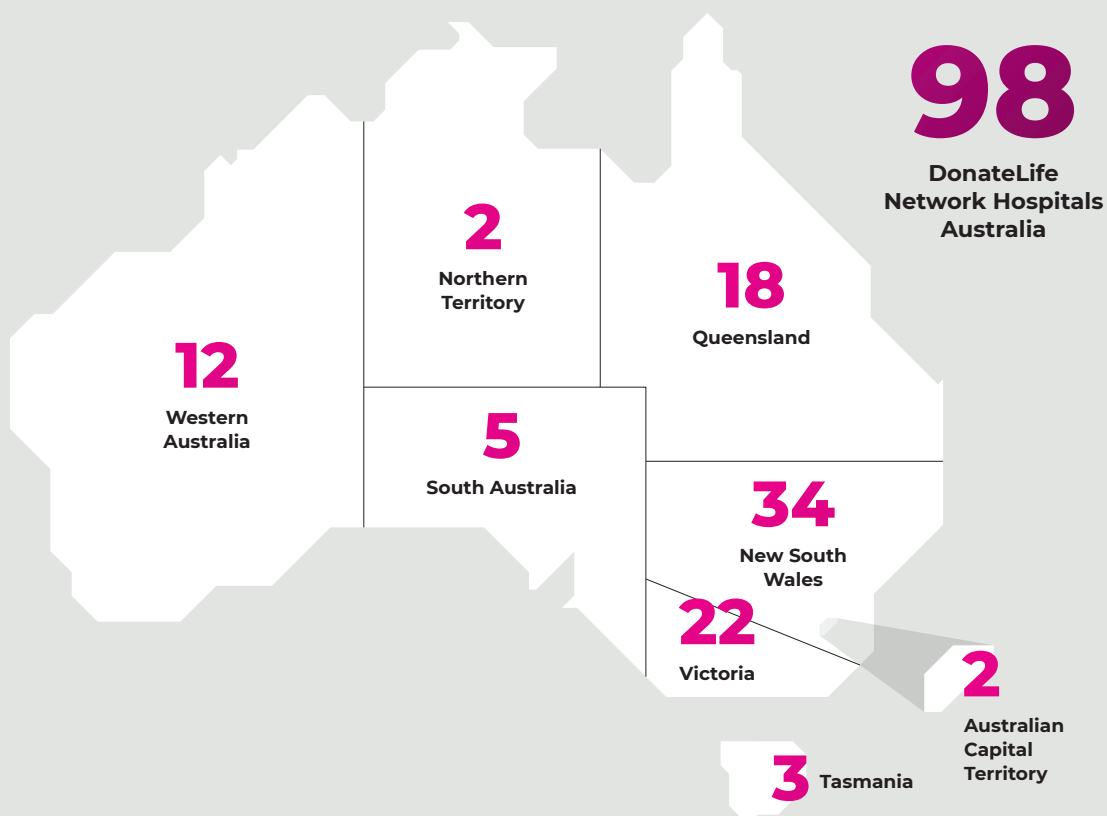
The following section outlines the key contributions of each state and territory to the delivery of the national program in 2018–19.

**Figure 20** The DonateLife Network funding model for 2018–19 and outcomes for 2018

The Commonwealth Government provides funding in selected public and private hospitals that have the greatest potential for organ and tissue donation, to employ trained, clinical specialists dedicated to organ donation. The 2008 funding model for state and territory funding agreements was based on population and a rurality factor. Since that date, the Budget allocation has been indexed by the Budget Wage Cost Index.

		NSW	VIC
<b>Funding (%)</b>		27	23
<b>Population (%)</b>		31	26
<b>Donors (%)</b>		27	34
<b>Recipients (%)</b>		25	35

**Figure 21** DonateLife Network hospitals



\*The Australian Capital Territory population includes the population of the NSW South Eastern Region.

## New South Wales

# 14.5

### Full-time equivalent staff

All agency staff, clinical and non-clinical

# 25.2

### Full-time equivalent staff

Hospital-based staff  
(includes doctors and nurses)

# 34

### Number of DonateLife hospitals

# 151

### Number of deceased donors 2018

# 388

### Number of transplant recipients (by state of donation) in 2018

#### State Medical Director

Associate Professor  
Michael O'Leary  
.....  
Dr Elena Cavazzoni

#### General Manager

Danielle Fisher

#### Director of Nursing and Clinical Services

Juliana Celcer

#### Clinical Manager

Nicola Seifert

### Volunteer program

The NSW Organ and Tissue Donation Service successfully launched its Volunteer Program in July 2018. Since the inaugural induction session there have been five training sessions in both regional and metropolitan areas, with 50 active volunteers inducted into the program. Trained DonateLife volunteers have since participated in a number of community awareness events, including BStreetsmart, National Rugby League matches, university orientation weeks and community talks.

### DonateLife Week 2018

During DonateLife Week 2018 donation staff at the Royal North Shore Hospital coordinated the Royal Registration Race, a competition between the hospital departments to increase the number of registrations on the Australian Organ Donor Register. Royal North Shore Hospital donation specialists donned magenta-coloured scrubs to generate further media attention and to encourage discussion about organ and tissue donation. A variety of educational and informative hospital and community information stalls were also hosted across local health districts, run by donation specialists and volunteers.

### NSW 7th Annual Clinical Symposium 2018

The NSW Organ and Tissue Donation Service held its 7th Annual Clinical Symposium in October 2018. *CORE business – back to the future* was the theme of the symposium, where specialists from across the sector shared their expertise and innovation in organ and tissue donation and transplantation. One of the segments incorporated an interactive medical suitability panel that included representatives from specialties such as virology, cardiology, hepatology, nephrology and tissue banking. The panel was presented with multiple case scenarios that stimulated interesting and lively discussion among the members and the audience.

## Victoria

# 15.0

### Full-time equivalent staff

All agency staff, clinical and non-clinical

# 21.8

### Full-time equivalent staff

Hospital-based staff  
(includes doctors and nurses)

# 22

### Number of DonatLife hospitals

# 193

### Number of deceased donors 2018

# 529

### Number of transplant recipients (by state of donation) in 2018

#### State Medical Director

Dr Rohit D'Costa

#### Deputy State Medical Director

Dr Sam Radford

#### Director of Nursing and Operations

Ms Robyn Scott  
(to 7 December 2019)

Leanne McEvoy (Acting  
from 8 December 2019)

#### Clinical Manager

Leanne McEvoy

Georgie Callaghan (Acting)

### Implementing routine referral

DonatLife Victoria continued to implement routine referral across the state. With most metropolitan hospitals fairly well progressed in their practice, routine referral is now expanding to Victorian regional centres. The results are clear, with 257 families agreeing to donation in 2018 (193 actual donors and 64 intended donors). June 2018 saw the busiest single month for a state on record, with 22 actual donors.

### Developing a new consent resource

DonatLife Victoria developed a series of video resources to assist staff with donor family conversations. The resources include a full mock donor family interview as well as a set of appendices that delve into more complex scenarios, such as explaining rapid retrieval or donation after circulatory death to a family. The resources are now being used nationally.

### Reaching new sectors of the community

Corporate partnerships with organisations such as Victoria Police helped to spread the word about organ and tissue donation in 2018–19. These partnerships saw a staggering increase in registrations which – combined with other media and community engagement activities – saw Victoria being the first state to record more than 50,000 new registrations in a calendar year.



15.0

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

11.7

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

18

**Number of DonateLife hospitals**

94

**Number of deceased donors 2018**

287

**Number of transplant recipients  
(by state of donation) in 2018**

<b>State Medical Director</b>	Dr Leo Nunnink
<b>Deputy State Medical Director</b>	Dr Angus Carter
<b>State Manager</b>	Tina Coco AO

**Focus on donation specialists**

After several years of increases, donation rates in Queensland slowed in the early months of 2019 compared to the same period in 2018. For reasons that are not yet clear, there was a 32% reduction in the number of possible donors in audited hospitals in quarter one of 2019. Despite a fall in the number of opportunities, DonateLife Queensland has maintained its focus on ensuring that donation can occur in every situation where it is possible. There has been a renewed focus on involving a donation specialist in every family donation conversation.

**Improving clinical practices**

A new model for assessment of medical suitability began a pilot phase on 1 May 2019. The new process establishes a set of exclusion criteria agreed with transplant physicians. In the absence of any obvious clinical exclusions, the consent process proceeds, followed by a detailed assessment of medical suitability. This improved system should increase donation opportunities by providing more detailed information to support clinicians identifying suitable recipients earlier in the allocation process.

**Engaging our Community Champions**

Since the inception of our Community Champions program in 2017, DonateLife Queensland has trained around 70 champions, helping to extend our reach into the community. Our champions help by manning stalls, speaking with media outlets and assisting with talks at schools, workplaces and various clubs. The assistance of our Community Champions contributed to a 20% increase in Australian Organ Donor Registration numbers in Queensland across 2018.



## South Australia

# 6.1

### Full-time equivalent staff

All agency staff, clinical and non-clinical

# 7.8

### Full-time equivalent staff

Hospital-based staff  
(includes doctors and nurses)

# 5

### Number of DonatLife hospitals

# 36

### Number of deceased donors 2018

# 95

### Number of transplant recipients (by state of donation) in 2018

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#### State Medical Director

Dr Stewart Moodie

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#### Nursing Service Director

Heylen Laver

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### Routine notification and bereavement follow-up

Throughout 2018–19 DonatLife South Australia and the Royal Adelaide Hospital ICU team collaborated to implement routine notification of planned end-of-life and deliver bereavement follow-up to relatives of patients who died in ICU. The project aims to determine the feasibility of bereavement follow-up as a means to achieve routine notification and to evaluate feedback on the quality of end-of-life care and the donation conversation experience. As a result of the project, the timely exploration of organ and tissue donation and the referral rate to DonatLife South Australia has increased and the service has been expanded to include the Royal Adelaide Hospital Emergency Department.

### Enhanced donor database

A review of the DonatLife South Australia Donor Database (known as ERIN) began in 2017 to assist the agency in recording the referral of potential donors, tracking follow-up with donor families, and collating data on referral activity and outcomes. The functionality of this database was updated in 2018 to collect information on routine notification of all patients at planned end-of-life. This has allowed the data collected to assist with the ICU and ED mortality review process and has provided a template for the bereavement follow-up of all families.

### Community awareness and young adult education

DonatLife South Australia actively participated in DonatLife Week 2018. Activities included an Adelaide Oval roof climb for donor family members and transplant recipients. There was also a reception to honour donor families and acknowledge the work of volunteers and staff at Government House, hosted by the South Australian Governor, Hieu Van Le. In addition, raising awareness among young adults was a key focus throughout 2018–19. DonatLife South Australia participated in the Royal Automobile Association's Street Smart High program attended by 8,000 senior high school students. We also participated in the Prevent Alcohol and Risk-related Trauma in Youth (P.A.R.T.Y) program delivered within metropolitan hospitals to approximately 800 secondary seniors.



**Above (clockwise from top-left):** Donation specialists at Royal North Shore Hospital promoting DonateLife Week 2018; Participants dressed as organs for the Mitchell Street Mile; Donor family member Sergeant John Lowe, with liver recipient Sergeant Jason Wallace, as part of the campaign with Victoria Police; Governor of SA, Hieu Van Le, addresses DonateLife guests at SA Government House; DonateLife ACT staff getting into the Jersey Day spirit; Salamanca Market in DonateLife Week 2018; Community Champions, Barb Alexander (donor sister) and Madison Annibale (heart recipient), helping out at the Jan Powers Markets in New Farm; Tree of Hope in Tasmania





**Above (clockwise from top-left):** DonateLife ACT staff member, Wendy Barber and her family participating in the Gift of Life – DonateLife Walk; Community Champion Lee-Ann Rice putting to good use DonateLife QLD's new market stall at the Dayboro Festival in Brisbane; Kidney recipient, Neel, with staff at St Vincent's hospital in Melbourne, celebrating DonateLife Week; Adelaide oval roof climb with donor families and recipients for DonateLife Week 2018; DonateLife WA staff conducting a peri-operative workshop; Two student volunteers at the DonateLife stall at Western Sydney University Orientation Week; Tiwi women at the DonateLife display at the Tiwi Islands Australian Football League grand final

## Western Australia

# 10.4

### Full-time equivalent staff

All agency staff, clinical and non-clinical

# 6.8

### Full-time equivalent staff

Hospital-based staff  
(includes doctors and nurses)

# 12

### Number of DonateLife hospitals

# 41

### Number of deceased donors 2018

# 128

### Number of transplant recipients (by state of donation) in 2018

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#### State Medical Director

Dr Bruce Powell  
(to 30 June 2019)

Dr Simon Towler  
(from May 2019)

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#### Clinical Nurse Manager

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Melissa Smith

### Hospital education

In May 2019 DonateLife Western Australia conducted a Perioperative Workshop in the state-of-the-art Education Centre at Perth Children's Hospital. This facility allowed us to give presentations, set up hands-on instrument and equipment workstations, and conduct theatre simulations in the one area. This workshop complements the ongoing Introductory Donation Awareness Training and Family Donation Conversation workshops offered throughout the year.

### Community education and awareness

DonateLife Western Australia held a display and registration stand at the Australian Student Medical Association Conference in 2018 where medical students debated opt-in versus opt-out registration systems. We also undertook promotional activities during DonateLife Week 2018, when the Hon Ken Wyatt AM MP launched the Tonic Health Media partnership at the Mount Hospital's pharmacy.

### Writing for Life

DonateLife Western Australia held its third Writing for Life micro-fiction competition for middle and senior school students across the state. Students were asked to write a short story about organ and tissue donation and/or transplantation. The Western Australian Health Minister, the Hon Roger Cook MLA, opened the competition during DonateLife Week 2018.

## Tasmania

# 3.4

### Full-time equivalent staff

All agency staff, clinical and non-clinical

# 4.8

### Full-time equivalent staff

Hospital-based staff  
(includes doctors and nurses)

# 3

### Number of DonatLife hospitals

# 14

### Number of deceased donors 2018

# 40

### Number of transplant recipients (by state of donation) in 2018

<b>State Medical Director</b>	Associate Professor Andrew Turner
<b>State Manager</b>	Susan Towns
<b>Clinical Manager</b>	Alexandra Goward (from February 2019)

### Tree of Hope

This year DonatLife Tasmania hosted the Tree of Hope, a project sponsored by Herd of Hope, a community organisation promoting organ and tissue donation. This program enjoyed the support of the Royal Hobart, Launceston General and North West Regional Hospitals. The Tree of Hope travelled around Australia and provided the opportunity for everyone in the community to pause and reflect on the generosity of organ and tissue donors and their families, and inspire others in the community to register as an organ and tissue donor. The tree has a growing collection of personally engraved leaves contributed by donor families in honour of their deceased loved ones who gave the ultimate gift of donation. DonatLife Tasmania invited their network of donor families and recipients to contribute by engraving a message for inclusion on the tree.

### Go Transit Metro buses promote awareness of donation

DonatLife Tasmania partnered with Metro Tasmania to host a state-wide community awareness campaign during DonatLife Week 2018. Buses travelled across the state for several months aiming to increase awareness of organ and tissue donation.

### Community awareness

In 2018–19 DonatLife Tasmania continued with strong growth in community awareness activity with events such as AGFEST which saw record donor registrations and patron engagement across the three-day event. DonatLife Tasmania took advantage of numerous other opportunities to promote awareness of organ and tissue donation, including health and wellbeing expos, state-wide university orientation week events and the Salamanca markets. We broadened our network of community and sector stakeholders, expanding the available case studies to support extensive media and promotional opportunities.

## Northern Territory

# 3.9

### Full-time equivalent staff

All agency staff, clinical and non-clinical

# 0.6

### Full-time equivalent staff

Hospital-based staff  
(includes doctors and nurses)

# 2

### Number of DonateLife hospitals

# 4

### Number of deceased donors 2018

# 10

### Number of transplant recipients (by state of donation) in 2018

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**State Medical Director**

Dr Sarah Jones

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**Program Manager**

Lee Wood

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### Community engagement

DonateLife Northern Territory (NT) engaged with many cultural groups, including Aboriginal Territorians and the Nepalese community. We were invited to set up a display at the Tiwi Islands Australian Rules grand final and to participate in a community consultation event at the Multicultural Council of the Northern Territory. Continued community engagement is planned for 2019–20.

### P.A.R.T.Y program

DonateLife NT is part of the Prevention of Alcohol and Risk-related Trauma in Youth (P.A.R.T.Y) program held fortnightly at the Royal Darwin Hospital. The program educates senior high school students about the dangers of alcohol and risk-taking behaviour. DonateLife NT conducts a mock donation conversation and provides donation information.

### Raising awareness

Raising awareness about donation in the Northern Territory is vital, with only 12% of Territorians registered on the Australian Organ Donor Register. DonateLife NT engaged with the general community at the Defence Community Expo, the Rockabilly Car Show, the Mitchell Street Mile, the Police, Fire and Emergency Services Open Day, as well as at events throughout DonateLife Week 2018.



## Australian Capital Territory

# 2.5

### Full-time equivalent staff

All agency staff, clinical and non-clinical

# 3.2

### Full-time equivalent staff

Hospital-based staff  
(includes doctors and nurses)

# 2

### Number of DonateLife hospitals

# 21

### Number of deceased donors 2018

# 67

### Number of transplant recipients (by state of donation) in 2018

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#### State Medical Director

Professor Frank Van Haren

---

#### Agency Manager

Nadia Burkolter

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### Tissue retrieval program

DonateLife Australian Capital Territory (ACT) has expanded its tissue donation program to include retrieval of all tissue types for transplantation. We continue to build our capability in this area. Several DonateLife ACT staff were trained to retrieve eye tissue, with ongoing support provided by the NSW Organ and Tissue Donation Service. Staff have sought other opportunities to enhance their skills and capabilities, with one staff member becoming a Certified Tissue Banking Specialist through the American Association of Tissue Banking.

### Gift of Life – DonateLife Walk

In February 2019 DonateLife ACT continued to support Gift of Life Incorporated with their annual Gift of Life – DonateLife Walk. This year's walk attracted approximately 5,000 participants, many of whom were high school students. The walk is the biggest of its kind in Australia and provides an invaluable opportunity to engage with the Canberra community on the importance of donation.

### Supporting staff involved in donation

Just as families are supported through the donation process, DonateLife ACT also recognises the need to support staff who connect with families at this difficult time. In 2018–19 DonateLife ACT made a concerted effort to maintain the mental and emotional wellbeing of our staff with the establishment of a more formal approach to mentoring new coordinators. Information was incorporated into the orientation manual and a half-day training session was tailored to staff needs. This was well-received by the participants.

## Working with the eye and tissue sector

**The eye and tissue sector comprises eye and tissue banks across Australia. These banks collect tissue from deceased and living donors, process and store these tissues and then distribute them to clinicians for transplantation and other surgical uses.**

All eye banks and deceased donor tissue banks are supported by DonateLife Network staff who play an important role in seeking family consent for deceased organ and tissue donation in hospital.

Throughout 2018–19 we worked with the eye and tissue sector, largely through the Eye and Tissue Advisory Committee, to address both strategic and operational issues.

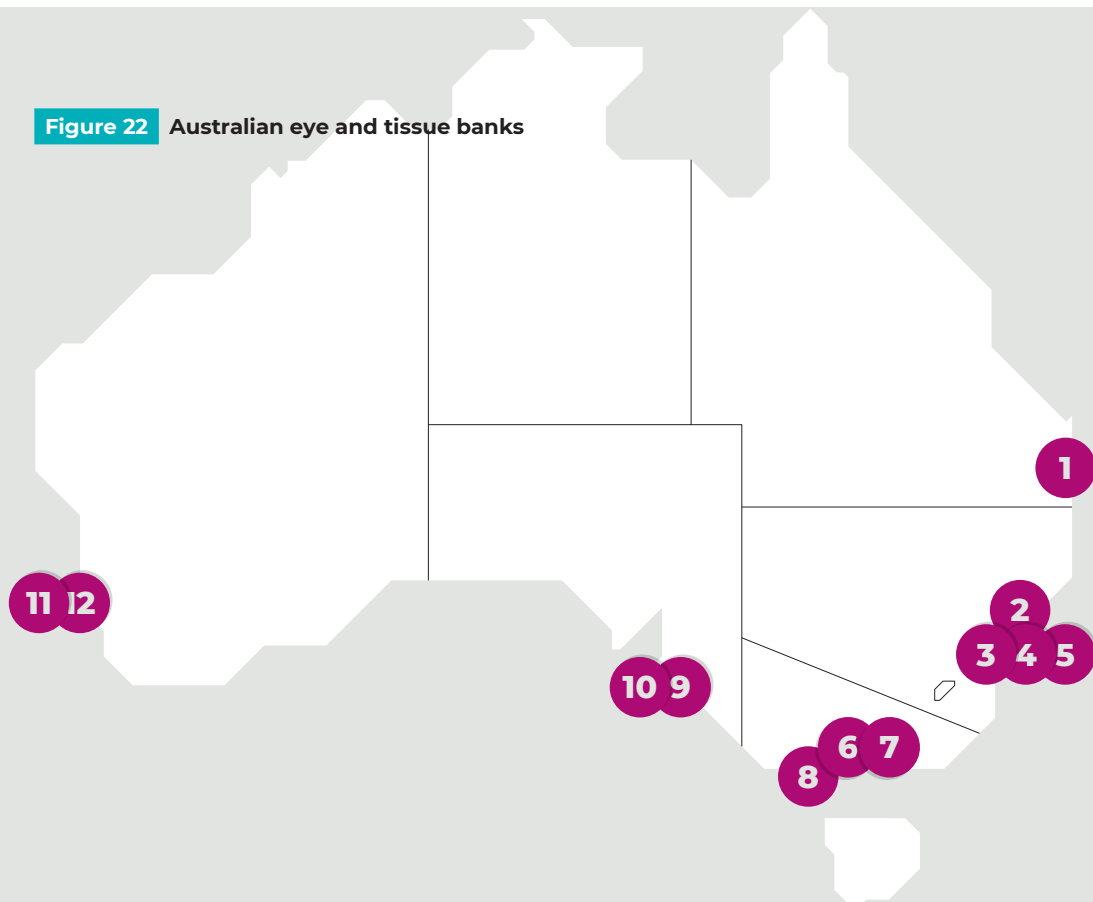
A number of issues were raised in the *Analysis of the Australian tissue sector* report prepared by PricewaterhouseCoopers and publicly released in June 2017. To address the issues raised, the Commonwealth Department of Health led the development of a national policy framework for the Australian eye and tissue sector. The department worked in close partnership with the states and territories and the OTA. The draft framework was presented at the February 2019 Australian Health Ministers Advisory Council meeting and all states and territories provided their in-principle support. The framework will be presented for endorsement by the COAG Health Council in the second half of 2019. Implementation of the framework will inform the future direction for the eye and tissue sector.

In 2018–19 we worked with the eye and tissue sector, together with the Australia New Zealand Organ Donation Registry, to enhance national eye and tissue donation and transplantation reporting. Since January 2019 an expanded eye and tissue dataset has been reported on a monthly basis rather than quarterly. In the first half of 2019, we also began to further enhance this reporting framework to continually expand and improve activity data to support planning within the sector.

We worked across the eye and tissue and organ donation sectors to develop a draft Donor Risk Assessment Interview tool, a medical-social questionnaire to be used uniformly across all organ, eye and tissue donations. This questionnaire, known as AUS DRAI, will replace the current medical-social donor history questionnaire that is completed with a potential donor's next of kin to identify any risk factors that may impact on the success of eye, tissue and/or organ donation and transplantation. It is anticipated that the AUS DRAI – supported by guidance documents and user training – will be implemented in May 2020.

We also supported Australian eye banks to validate the Electronic Donor Record Eye Module which was implemented in 2017–18 to provide a paper-free, end-to-end eye banking system.

**Figure 22 Australian eye and tissue banks**



			Eye tissue	Musculoskeletal tissue	Cardiovascular tissue	Skin	Amnion	Femoral heads (living donation)
<b>Brisbane</b>	1	Queensland Tissue Bank	●	●	●	●		●
<b>Newcastle</b>	2	Hunter New England Bone Bank						●
<b>Sydney</b>	3	Lions NSW Eye and Bone Bank	●	●		●	●	
	4	Sydney Heart Valve Bank			●			
	5	Australian Tissue Donation Network						●
<b>Melbourne</b>	6	Lions Eye Donation Service Victoria	●					
	7	Donor Tissue Bank of Victoria		●	●	●		●
<b>Geelong</b>	8	Barwon Health Bone Bank						●
<b>Adelaide</b>	9	South Australian Eye Bank	●					
	10	South Australian Tissue Bank						●
<b>Perth</b>	11	Lions Eye Bank WA	●					
	12	Perth Bone and Tissue Bank Inc (PlusLife)		●				●

The ACT provides retrieved musculoskeletal, skin and eye tissue to NSW for processing and distribution.

Australian Biotechnologies process and distribute all NSW and ACT deceased musculoskeletal and femoral head tissue.

## Working with the community

**The community is an essential partner in helping to increase organ and tissue donation and transplantation in Australia. Our stakeholder and community groups deliver local activities to communities at the grassroots level.**

At the forefront of our work are the generous Australians and their families who save and transform the lives of transplant recipients through the gift of donation. This act of generosity has a profound impact on the Australians who receive a transplant, as well as their families and friends. In addition, we work with a range of faith and cultural organisations, media, corporate, sporting and community partners to raise community awareness of organ and tissue donation.

Key to increasing the number of donors is improving consent rates. This can be achieved by increasing the number of people registered to be an organ and tissue donor, and prompting discussions about donation so families are aware of an individual's decision to be a donor.

In 2018 donation proceeded in 93% of cases when the potential donor had registered as an organ donor, dropping to 52% when the patient was not registered. In addition to registration, a family knowing their loved one wants to be a donor makes a major difference when families are faced with the situation of being asked to agree to donation. In 2018, consent for donation was given in 70% of cases when the family had prior knowledge of their loved one's wishes.

Further increasing donation requires a high level of community awareness. Our two key annual national events to promote community awareness of organ and tissue donation are DonateLife Week and DonateLife Thank You Day.

### DonateLife Week 2018

DonateLife Week is our national community awareness campaign held each year to promote organ and tissue donation in Australia. Led by the OTA in partnership with DonateLife Agencies in each state and territory, the week is supported by Commonwealth, state and territory government departments, community organisations, community grant recipients, donor families, transplant recipients and the general public.

The theme for DonateLife Week – held from Sunday 29 July to Sunday 5 August in 2018 – built on the previous years' themes of 'Make it count' and 'What are you waiting for?'

Australians were encouraged to register to be an organ and tissue donor and have a conversation about it with their family and friends. The campaign focused on raising awareness through social media as well as traditional media, and was supported by over 160 community events.

DonateLife Week 2018 was also supported through national sporting partnerships. Our CEO, Lucinda Barry, and Travis Auld, AFL General Manager, launched a partnership on 26 July at Etihad Stadium. They were joined by the captain of the Melbourne Football Club, AFL players and the Medical Director of DonateLife Victoria, Dr Rohit D'Costa. The football stars were joined by young football fans who had received a transplant. The DonateLife Week round included signage on the grass, goal umpires waving magenta flags, and DonateLife branding on the AFL Record magazine.

We were also supported by a partnership with the Football Federation Australia (FFA). FFA's support extended to match day activities and a 19-week digital campaign, including promotion of the organ and tissue donation message on social media channels.









We also launched a partnership with Tonic Health Media to bring the organ and tissue donation message to millions of Australians through promotion in more than 1,650 GP clinic waiting rooms and 300 pharmacies across the country.

To support the DonateLife Week campaign, we produced a suite of print and digital material, including supporter kits, posters and social media tiles. The materials profiled people waiting for a transplant, organ and tissue transplant recipients, living donors, donor families and people who have registered their donation wishes. We also launched the new DonateLife website with information about donation and transplantation, and a clear call to action to register as a donor.

DonateLife Week 2018 featured strongly across Australian print, broadcast and online media, achieving 5,590 broadcast mentions (including syndicated media stories) using key DonateLife search terms. More than three million Australians were engaged through social media, and the DonateLife website had over 140,000 visitors. More than 44,000 Australians joined the Australian Organ Donor Register during the campaign period (1 July – 31 August 2018).

### **DonateLife Thank You Day 2018**

DonateLife Thank You Day is a national day to honour all living and deceased organ and tissue donors and their families. Held on Sunday 18 November 2018, the media and social media campaign provided an opportunity for the community to reflect on the importance of organ and tissue donation by simply saying 'thank you'.

For this event we published communication resources that included a supporter kit and a video of key messages from the transplant community expressing their thanks to donors and their families.

### **Other community awareness activities**

In addition to the national events, a number of community awareness activities were run or supported by the OTA and the DonateLife Network in 2018. These included:

- ▶ Community Awareness Grants
- ▶ other community education and outreach activities, such as the Transplant Games and the documentary, Dying to live
- ▶ partnerships with the AFL and the FFA, as well as using Tonic Health Media to promote our messages in GP clinics and pharmacies
- ▶ national and local media
- ▶ social media
- ▶ printed and online information.

### **Community Engagement Group**

In 2018–19 we established a Community Engagement Group, with representatives from our key stakeholder and community groups. The purpose of the group is to foster ongoing two-way communication with members to inform our community engagement activities. The aim is to work collaboratively to inform our communications and provide a community perspective on relevant issues, emerging trends and opportunities.

# Working with the organ retrieval and transplantation sector

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

Collaboration across the whole system is critical and necessary to continue Australia's growth in organ donation and transplantation outcomes. Our strong relationship with the transplantation sector continued in 2018–19 and included close collaboration with the key professional organisations that represent the Australian organ transplantation sector.

The OTA's Transplant Liaison Reference Group (TLRG) is the key group that facilitates collaboration between the donation and transplantation sectors. It includes representatives from the Transplantation Society of Australia and New Zealand (TSANZ) and their Advisory Committees, the Transplant Nurses Association, the DonateLife Network, the Australasian Transplant Coordinators Association, Transplant Australia, and the Australian and New Zealand Intensive Care Society. The TLRG meets three times a year to discuss common areas of interest and discuss strategies to continually drive improvements in the donation and transplantation system.

We continued to provide funding support to TSANZ for key projects which in 2018–19 included:

- ▶ updating the TSANZ *Clinical guidelines for organ transplantation from deceased donors* to include evidence-based guidance on donor assessment for the risk of infectious disease transmission
- ▶ developing best-practice guidelines for eligibility and allocation of paediatric donor organs
- ▶ establishing a working group to conduct a national review of paediatric kidney transplantation

- ▶ considering an immunosuppressant protocol tailored to the needs of Aboriginal and Torres Strait Islander kidney transplant recipients.

In June 2019 TSANZ, with our support, began new projects to review organ allocation systems and perfusion requirements in Australia. These projects are being conducted to review current arrangements with a view to optimising transplantation outcomes for patients while ensuring fairness and equity. Specific work is being undertaken through targeted working groups and consultative workshops led by subject matter experts in renal allocation, non-renal allocation and perfusion technology.

The TSANZ review of renal and non-renal allocation processes will be further supported by the technology available in the OrganMatch system, which enables simulation and rapid updates to the allocation process as determined through these projects. The reporting functionality and clinician portal delivered in OrganMatch will also provide significantly enhanced transparency and accountability of practice in the offer, allocation and acceptance process through security-controlled functionality for viewing and reporting by clinicians.

In 2018–19 the Commonwealth Department of Health, with COAG Health Council agreement, commissioned a review of the Australian organ donation, retrieval and transplantation system. This followed increasing concerns that the growth in donation activity was placing significant pressure on retrieval and transplantation services provided by state and territory governments.

We worked with transplant and donation clinicians, as well as state and territory government representatives, to inform the review and provide information on current processes and practices across the system. This involved documenting eight elements of the system: the initial assessment and wait-listing management of potential recipients, deceased donation, organ allocation, offering, acceptance, retrieval, transplantation and post-transplantation.

The findings from the review will inform the development of a future national strategy for organ donation, retrieval and transplantation.



## Improving access to and outcomes of kidney transplantation for Aboriginal and Torres State Islander People in Australia

In 2018 the Australian Government commissioned the Transplantation Society of Australia and New Zealand (TSANZ) to undertake a comprehensive review into the hurdles, service gaps and practical challenges faced by Aboriginal and Torres Strait Islander patients receiving treatment for kidney disease. In March 2019 Minister Ken Wyatt AM MP released the *Improving access to and outcomes of kidney transplantation for Aboriginal and Torres Strait Islander people in Australia – performance report* and announced Australian Government funding of \$2.3 million to drive improvements identified in the report.

As a result, the TSANZ is leading priority actions to:

- ▶ establish a National Indigenous Kidney Transplantation Taskforce to consult with, and advocate for, Aboriginal and Torres Strait Islander patients
- ▶ enhance data collection and reporting processes on pre- and post-transplantation outcomes
- ▶ establish an Indigenous reference group in every transplant unit to pilot initiatives to improve patient equity and access, and to evaluate cultural bias interventions.

We congratulate the TSANZ on this review. We will continue to support the TSANZ in future work to address challenges experienced by Aboriginal and Torres Strait Islander patients and to enable increased access to kidney transplantation for these patients.

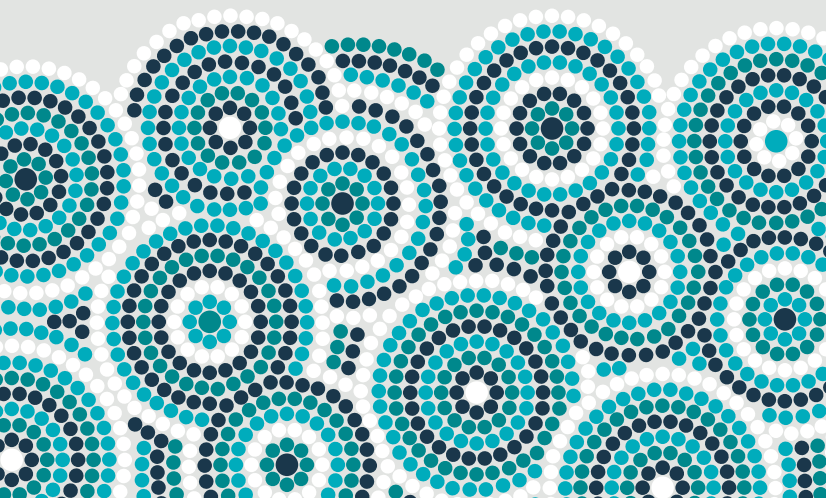


### Mr Robert Larbalestier AO

Congratulations to Rob Larbalestier who was named an Officer of the Order of Australia (AO) in the Queen's Birthday Honours in June 2019. Mr Larbalestier pioneered the Western Australian Heart and Lung Transplant Service in 1994 and is on the Board of the WA Heart and Lung Transplant Foundation as well as the West Australian Donation Advisory Committee. He is also a very valued member of the OTA's Transplant Liaison Reference Group (TLRG).

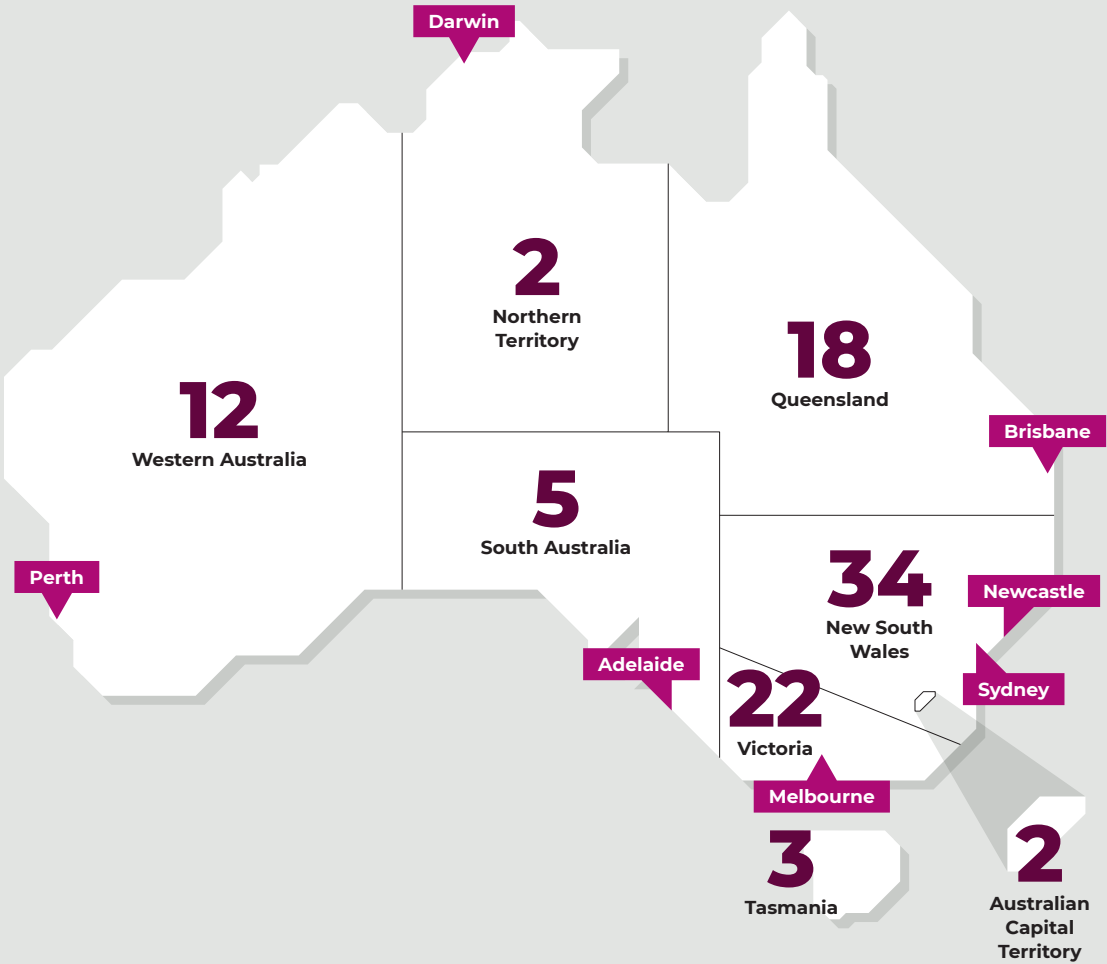
He received the honour for distinguished service to medicine, particularly to cardiothoracic surgery and transplantation, and to professional medical societies.

We are privileged to work with Mr Larbalestier on the TLRG, and we know his contributions have had a great impact on many people who have been touched by donation and transplantation in Australia.



**Figure 23** Australian donation, retrieval and transplantation units (June 2019)

**98** DonateLife Network Hospitals   **R** Retrieval unit   **T** Transplant unit



	Kidney		Liver		Pancreas		Heart		Lungs		Intestines	
Perth												
Fiona Stanley Hospital	R	T	R	T	R	T	R	T	R	T	R	T
Perth Children's Hospital	R	T	R	T	R	T	R	T	R	T	R	T
Sir Charles Gairdner Hospital	R	T	R	T	R	T	R	T	R	T	R	T

	Kidney	Liver	Pancreas	Heart	Lungs	Intestines
<b>Darwin</b>						
Royal Darwin Hospital	R T	R T	R T	R T	R T	R T
<b>Brisbane</b>						
Queensland Children's Hospital	R T	R T	R T	R T	R T	R T
Princess Alexandra Hospital	R T	R T	R T	R T	R T	R T
The Prince Charles Hospital QLD	R T	R T	R T	R T	R T	R T
<b>Newcastle</b>						
John Hunter Hospital	R T	R T	R T	R T	R T	R T
<b>Sydney</b>						
Children's Hospital at Westmead	R T	R T	R T	R T	R T	R T
Prince of Wales Hospital	R T	R T	R T	R T	R T	R T
Royal Prince Alfred Hospital	R T	R T	R T	R T	R T	R T
Royal North Shore Hospital	R T	R T	R T	R T	R T	R T
St Vincent's Hospital Sydney	R T	R T	R T	R T	R T	R T
Sydney Children's Hospital	R T	R T	R T	R T	R T	R T
Westmead Hospital	R T	R T	R T	R T	R T	R T
<b>Melbourne</b>						
Alfred Hospital	R T	R T	R T	R T	R T	R T
Austin Health	R T	R T	R T	R T	R T	R T
Monash Medical Centre	R T	R T	R T	R T	R T	R T
Royal Children's Hospital Melbourne	R T	R T	R T	R T	R T	R T
Royal Melbourne Hospital	R T	R T	R T	R T	R T	R T
St Vincent's Hospital Melbourne	R T	R T	R T	R T	R T	R T
<b>Adelaide</b>						
Flinders Medical Centre	R T	R T	R T	R T	R T	R T
Royal Adelaide Hospital	R T	R T	R T	R T	R T	R T
Women and Children's Hospital	R T	R T	R T	R T	R T	R T



Callum,  
heart recipient





**Progress against our 2018–2022  
Strategic Plan**

p. 69–86

**Objective 1**  
Optimise donation opportunities

**Objective 2**  
Provide specialist support for families  
involved in the donation process

**Objective 3**  
Increase registration and family discussion  
contributing to higher consent rates

**Objective 4**  
Enhance systems to support donation and  
transplantation

# Progress against our 2018–2022 Strategic Plan

**The 2018–19 Strategic Plan: *Progressing Australian organ and tissue donation and transplantation to 2022* was developed in consultation with the DonateLife Network leadership team and state and territory health department representatives. Throughout 2018–19 this plan supported a collaborative and consistent approach to the delivery of organ and tissue donation services across Australia.**

The work of the OTA and the DonateLife Network was managed according to this strategic plan which set out the key objectives, strategies and actions to

be undertaken over the four years from 2018–19 to 2021–22 to support our purpose. This purpose is to save and improve the lives of more Australians through optimising potential organ and tissue donation for transplantation.

The four key objectives identified were to:

- ▶ optimise donation opportunities
- ▶ provide specialist support for families involved in the donation process
- ▶ increase registration and family discussion contributing to higher consent rates
- ▶ enhance systems to support donation and transplantation.

For each objective, a number of related strategies were identified, as shown in Table 5.

**Table 5 Objectives and strategies 2018–19 to 2021–22**

Objective 1: Optimise donation opportunities	
Strategies	1.1 Optimise donation opportunities
	1.2 Ensure that donation processes occur according to best practice
	1.3 Increase the transplantation of organs from an expanded donor pool
	1.4 Increase opportunities for living kidney donation through the Australian Paired Kidney Exchange Program
Objective 2: Provide specialist support for families involved in the donation process	
Strategies	2.1 Provide high-quality care for families throughout the donation experience
	2.2 Acknowledge the generosity and gift of donation
Objective 3: Increase registration and family discussion contributing to higher consent rates	
Strategies	3.1 Increase community acceptance of donation
	3.2 Increase registration on the Australian Organ Donor Register
	3.3 Increase family discussion and knowledge of donation decisions
Objective 4: Enhance systems to support donation and transplantation	
Strategies	4.1 Use data to inform clinical best practice for donation and transplantation
	4.2 Improve utilisation of retrieved organs
	4.3 Enhance the safety of organ donation and transplantation
	4.4 Improve the efficiency of donation and transplantation

**Table 6** Key areas of strategic focus 2018–19

1	Continue to evolve the clinical practice improvement program to ensure best donation practice. This includes enhancing the national education strategy to advance the capacity and capability of donation specialists and other clinical staff
2	Enhance the performance reporting framework for the donation and transplantation sector to inform best practice
3	Collaborate with states and territories to enhance the capacity and capability of the health system to support future growth and sustainability of donation and transplantation outcomes
4	Implement OrganMatch in partnership with the Australian Red Cross Blood Service
5	Increase community awareness and support for donation and provide more opportunities for online registration on the Australian Organ Donor Register through third-party platforms and partnerships

The strategic plan also identified five key areas of focus for 2018–19, as shown in Table 6.

The strategic plan identified the key performance measures against which progress was monitored and reported in 2018–19. Our performance against these measures is reported in the Annual Performance Statement (see Part 2).

The following section reports on the deliverables against the objectives and strategies in the 2018–19 Strategic Plan.

# Objective 1: Optimise donation opportunities

**Transplantation is an effective and well-established treatment that can significantly benefit Australians facing illness, disability or premature death.**

However, the demand for transplantation in Australia continues to exceed the supply of organs and some tissues. The wait for a transplant can extend to years for some types of organs and comes at a significant cost to those needing a transplant, their family and community, and the health system. It is for this reason that continued sustained growth in organ and tissue donation is required.

## 1.1 Embed organ and tissue donation as a routine part of end-of-life care

The potential for organ and tissue donation should be considered for all patients at the end of their life with planned care in intensive care units (ICUs) and emergency departments (EDs). These patients should be referred to donation specialists to assess the potential suitability for organ and tissue donation.

The Clinical Practice Improvement Program (CPIP) is a key initiative under the national program. It identifies the elements integral to achieving best-practice donation in ICUs and EDs. Since its implementation in 2014, the CPIP has continued to evolve.

CPIP Phase 3 identifies key performance indicators (KPIs) against which the performance of individual hospitals is monitored and reported.

### Strategic focus

**Continue to evolve the clinical practice improvement program to ensure best donation practice. This includes enhancing the national education strategy to advance the capacity and capability of donation specialists and other clinical staff**

In 2018–19 all jurisdictions agreed to implement CPIP Phase 3 in DonateLife hospitals. This phase includes routine referral of patients in the ICU or ED with planned end-of-life care to the DonateLife Agency or the DonateLife hospital team as a key

performance metric. The DonateLife Audit was extended to capture routine referral data at each DonateLife hospital, including details on whether a patient was referred to the DonateLife Agency or a local donation specialist and reasons why this may not have occurred. This data has been incorporated in national, state and hospital level reports which are disseminated through the DonateLife Network to maximise the referral of all patients with the potential for organ and tissue donation.

We continued to fund the delivery of the Introductory Donation Awareness Training (IDAT) workshop nationally in 2018–19. This workshop plays an important role in educating a range of hospital-based health professionals about the best-practice donation model, including how to refer patients in the ICU or ED with planned end-of-life care. We are currently reviewing the content of the workshop to make sure it stays current and that we are meeting the changing needs of the sector.

To complement the IDAT workshop we commenced development of two new online modules in 2018–19. The first module focuses on educating staff on the routine referral of patients at planned end-of-life to the relevant DonateLife Agency or hospital donation specialist team. The second module explores the importance of eye and tissue donation and provides information on the processes involved. Both modules will be completed in 2019–20 and made widely available to hospital staff across Australia.

## 1.2 Ensure that donation processes occur according to best practice

All patients should receive excellent end-of-life care that meets their needs. This care, delivered with a focus on patient dignity and comfort, should be provided to all potential organ and tissue donors, while their care is simultaneously managed to optimise donation and transplantation outcomes. Collaboration is essential between treating staff providing end-of-life care and donation specialist staff managing the donor assessment and donation coordination process. This collaboration is necessary to obtain the best outcome for the patient, their family and possible recipients.

We continued to work with the DonateLife Network (DLN) to promote a positive donation culture within hospitals which is critical to the delivery of best-practice organ and tissue donation services. This included the ongoing delivery of CPIP Phase 3 and provision of data dashboards on the CPIP KPIs at both jurisdictional and hospital levels. This data is provided to hospital teams and senior executives, showing valuable information on donation performance and potential barriers to donation.

In 2018–19 we developed a National Competency Framework for DonateLife staff coordinating the donation process in Australia to ensure nationally consistent practice. The framework describes the skills and knowledge required to coordinate the donation process and provides guidance on requirements for training and assessment activities. The framework was approved by all states and territories and is being implemented by DonateLife Agencies as guidance for recruitment, education and training, and assessment of competency.

#### Strategic focus

**Continue to evolve the clinical practice improvement program to ensure best donation practice. This includes enhancing the national education strategy to advance the capacity and capability of donation specialists and other clinical staff**

Throughout 2018–19 we continued to develop resources and education programs to optimise all aspects of potential organ and tissue donation. This included redesigning and updating the DonateLife Learning Site as an easy one-stop shop for documents, guidelines and resources to support our DLN staff to continually learn and keep up-to-date with the ever-changing donation and transplantation space. Redesign of the site included the creation of a new online orientation program that provides an overview of the national program and DLN role expectations. Completion of this orientation program is a KPI under CPIP Phase 3 and works as an introduction for new staff or a refresher for existing staff.

The revised site includes a new DonateLife podcast series which has been developed to explore multiple aspects of the donation and transplantation space through interviews with a

variety of professionals. The main purpose of the podcast series is to inform staff about best-practice donation processes as well as provide different viewpoints and experiences of people who have worked in the area. The podcast series will continue to be expanded during 2019–20.

We also provided support for the College of Intensive Care Medicine of Australia and New Zealand to review their Brain Death and Organ Donation eLearning course. This course is compulsory for all college intensive care trained doctors and is also completed by DLN staff and others as a prerequisite for attendance at the core Family Donation Conversation (FDC) workshop.

We worked closely with the DLN and the tissue and transplantation sectors to develop national guidelines on the physical assessment of potential donors based on the available international and Australian evidence. The guidelines are designed to set a nationally consistent minimum standard for physical assessments and are expected to be finalised in September 2019.

We worked with the eye, tissue and organ donation sectors to develop a draft Donor Risk Assessment Interview questionnaire, known as the AUS DRAI. This questionnaire will replace the current medical-social donor history questionnaire that is completed with a potential donor's next of kin to identify any risk factors that may impact the success of donation and transplantation. The AUS DRAI – supported by guidance documentation and user training – is scheduled for implementation in mid-2020.

In 2018–19 specific education on tissue donation was provided through the IDAT workshop in all states and territories. This training includes discussion of eye and tissue donation and associated processes. To complement this workshop, we started developing a new online learning module. This module will provide information on what is involved during the eye and tissue donation process for DLN and hospital-based staff. We expect to finalise and release this module in early 2019–20.

### 1.3 Increase the transplantation of organs from an expanded donor pool

Throughout 2018–19 we continued to collaborate and engage with the transplantation sector to optimise donation and transplantation processes and outcomes.

The Transplant Liaison Reference Group (TLRG), established in 2012, continued to provide advice on matters at the interface between the donation and transplantation sectors, and to provide a platform for us to collaborate with the transplantation sector on key initiatives. This group is increasingly a critical link between the sectors.

In March 2019 we hosted a clinical conference, *Connecting donation and transplantation: a decade of growth and collaboration*. The conference was well supported by nursing and medical staff from the organ and tissue donation and transplantation sectors as well as international guest speakers. Some of the presentation topics were around increasing donation and transplantation rates through the use of organs from an expanded donor pool. The ability to discuss and debate these topics in this forum was invaluable, with many new networks forged.

We continued to support the Transplantation Society of Australia and New Zealand (TSANZ) to explore ways to optimise transplantation outcomes for patients and ensure fairness and equity. In 2018–19 we provided support for TSANZ to establish two working groups with the specific task of reviewing the allocation principles and practices within Australian for renal and non-renal organs. Outcomes from these working groups are expected by 30 June 2020 and will inform future actions in this area.

#### Strategic focus

**Enhance the performance reporting framework for the donation and transplantation sector to inform best practice**

We undertook a range of analysis and reporting activities in 2018–19 related to the use of donors from the expanded donor pool, including the production of reports stratified by donor age. We also developed an annual supplementary DonateLife Audit report which highlights the use of donors with co-morbidities, such as heart disease and hepatitis. In addition, we began collecting data from transplant units in order to facilitate analysis of transplant activity resulting from these donors.

### 1.4 Increase opportunities for living kidney donation through the Australian Paired Kidney Exchange Program

During 2018–19 we continued to support the Australian Paired Kidney Exchange (AKX) Program, based at the Royal Melbourne Hospital. This program aims to increase living donor kidney transplants by identifying matches for patients who are eligible for a kidney transplant and have a living donor who is willing to donate but is not a suitable match.

There were 238 living donors in 2018 – all kidney donors. These included 40 living kidney donors through the AKX Program, resulting in 286 Australians receiving a kidney transplant since the program began in 2010.

In April 2019 we supported the AKX Program to hold the *AKX – expanding the possibilities* workshop. This workshop was attended by clinicians involved in the AKX Program, with the day centering around updating clinicians on the success of the program and its future directions. The workshop was a valuable opportunity for attendees to provide feedback on the program.

Significant progress was made in 2018–19 to prepare for the beginning of the Australian and New Zealand Paired Kidney Exchange (ANZKX) Program – a collaboration between the AKX Program and the New Zealand Paired Kidney Exchange Program. This collaboration will result in a larger combined pool of incompatible donor/recipient pairs from which compatible matches can be identified. The outcome will be increased live donor kidney transplants in both countries.

The first ANZKX match is expected to occur in the last quarter of 2019. In preparation, we have worked closely with the New Zealand Ministry of Health, the relevant Australian Government departments responsible for border policy and operations, and transport companies. We want to ensure all the necessary regulatory and logistical requirements are met and the transportation of kidneys between the two countries is successful.

## Objective 2: Provide specialist support for families involved in the donation process

**A donation conversation with families usually occurs at a difficult time in people's lives. Families are offered specialist support during and after donation. Acknowledgment of the family's generosity and gift of donation is an important way to recognise the contribution made by donors and their families.**

### 2.1 Provide high-quality care for families throughout the donation experience

An important element of high-quality end-of-life care is offering the opportunity for donation to families in a way that is consistent with the *Best practice guideline for offering organ and tissue donation in Australia* (the Best Practice Guideline). This guideline outlines the preferred approach for providing support to families of potential donors. This approach includes the involvement of a Family Donation Conversation (FDC) trained doctor or nurse in every family donation conversation to support the family and provide them with information in a sensitive and respectful manner.

## Impact of donation specialists on consent rates

Consideration of organ and tissue donation comes at an intensely emotional time for families. Specific knowledge is required to support families and their decision-making at this time, and it is critical that information is provided in a clear and sensitive manner that is appropriate to their needs. Supporting families during their time of loss and grief is an important part of the provision of care.

Specialist communication training is provided to health professionals and donation specialists so that they can support families to make an informed donation decision that is right for them. This training takes the form of a two-day core Family Donation Conversation workshop.

In Australia, families consent to donation in more than seven out of 10 cases when they are supported by a donation specialist. This drops to around four out of 10 cases when there is no donation specialist involved.

A priority in 2019–20 is the enhancement of the Family Donation Conversation workshop to ensure it continues to build the capacity and expertise of health professionals to provide best-practice care and support throughout the donation process.

**Figure 24** Family donation conversations







Deyaan,  
organ donor

The FDC training (core and practical) is available to all health professionals who may be involved in donation conversations and, in particular, ICU and ED doctors, donation specialists and nurses. It is mandatory for all ICU trainee doctors.

#### Strategic focus

**Continue to evolve the clinical practice improvement program to ensure best donation practice. This includes enhancing the national education strategy to advance the capacity and capability of donation specialists and other clinical staff**

We continued to fund the delivery of core and practical FDC workshops in all states and territories, running 13 core and 15 practical FDC workshops which trained over 450 health professionals in 2018–19. Workshop attendees are provided with tools and techniques to support families to make an informed choice about donation.

We have created a variety of different educational resources to complement the Best Practice Guideline and the concepts explored in the FDC workshops. These resources are targeted to donation specialists and delivered as part of a package on our updated DonateLife Learning Site. This package includes short videos, templates and guidance on how to discuss key donation topics with families. The new DonateLife podcast series also includes episodes on approaches taken to implement the Best Practice Guideline, as well as the collaborative approach between treating clinicians and DonateLife donation specialists to conduct family donation conversations.

In 2018–19 we developed and began delivery of small group training sessions for DonateLife donation specialists. This training builds on the current FDC workshops to expand skills and focus on key elements of the family donation conversation. The training includes a variety of scenarios and has been developed in a way that the DonateLife education staff across Australia can continue to deliver sessions regularly to meet the needs of their network.

National, state and hospital-level reporting of the elements of the Best Practice Guideline continued throughout 2018–19. These elements include routine referral, checking patient registration status, and ensuring the family is provided with the opportunity to discuss organ donation with appropriately skilled specialist staff.

In 2018–19 the OTA and the DonateLife Network continued to deliver the National DonateLife Family Support Service. This includes support provided by DonateLife specialist staff during the decision-making process in the hospital and support provided to families by the Donor Family Support Coordinators after donation.

We worked to ensure that our services and resources are meeting the current needs of donor families. This involved embedding nationally consistent support services as a normal part of end-of-life and after-donation care. We also continued to work closely with our DonateLife colleagues to ensure that donor families could readily access a number of support services and resources to assist them during their time of loss. Current support services include:

- ▶ offering ongoing contact with donor families after donation
- ▶ providing or referring counselling services
- ▶ facilitating the exchange of anonymous correspondence between the donor families and transplant recipients
- ▶ hosting annual services of remembrance for donor families and recipients to attend.

Donor families are encouraged to contribute to the ongoing development of donation services to meet their needs through participation in the Donor Family Study. This is a series of national studies of family experiences of organ and tissue donation conducted by Proof Research Pty Ltd for the OTA.

We published the results of Wave 3 of the Donor Family Study on our website at [www.donatelife.gov.au/resources/donor-families/national-donor-family-study](http://www.donatelife.gov.au/resources/donor-families/national-donor-family-study) in June 2019. This study collected information on family donation experiences in 2014 and 2015, including 257 family members who consented to donation and 33 family members who declined donation (a significant increase from Wave 1 and Wave 2 studies). The results from the Wave 3 study are broadly consistent with the findings of the

previous studies, and continue to bring to light the importance of having a prior conversation about donation with loved ones, noting that this information made the decision for families to consent to donation easier.

The Wave 3 results have been incorporated into the review of the IDAT workshop and will be updated in the FDC workshops. Opportunities are being explored to further disseminate the results, such as through a podcast episode. These activities will help to ensure that family perspectives inform professional practice.

Wave 4 of the study is currently under way and will collect information from families who made a donation decision in 2016 and 2017. We expect the Wave 4 study to be finalised before the end of 2019 when we will begin planning for the Wave 5 study.

## **2.2 Acknowledge the generosity and gift of donation**

Donation is only possible through the generosity of donors and their families. Acknowledgment of the generosity and gift of organ and tissue donation is an important way to recognise their contribution.

DonateLife Thank You Day was held on Sunday 18 November 2018. It is a national day to acknowledge the generosity of donors and their families by saying ‘thank you’. The Thank You Day event is driven by the media and social media, with Australians being encouraged to take part by creating and sharing a thank you message on social media.

Annual DonateLife Services of Remembrance are held in each state and territory in recognition of all those who have been involved with organ and tissue donation. These services provide an opportunity for acknowledgment of donors and their families.

## Objective 3: Increase registration and family discussion contributing to higher consent rates

**This objective focuses on increasing consent to donation through a number of initiatives to engage both the general community and clinicians.**

### 3.1 Increase community acceptance of organ and tissue donation

Access to the life-saving and life-enhancing benefits of transplantation depends on community willingness to donate and public confidence in the donation process.

#### Strategic focus

**Increase community awareness and support for donation and provide more opportunities for online registration on the Australian Organ Donor Register through third party platforms and partnerships**

Throughout 2018–19, in addition to national events such as DonateLife Week and Thank You Day (see Part 3), a number of community awareness

activities were run or supported by the OTA and the DonateLife Network.

Friday 31 August 2018 marked the fourth annual Jersey Day, a national community-led initiative organised by the Nathan Gremmo Community Fund. This event was dedicated to spreading the message of the benefits of organ and tissue donation and encouraging more Australians to register to be an organ and tissue donor. Jersey Day is inspired by Nathan Gremmo who was tragically lost in an accident in May 2015. Nathan's family agreed to him becoming a donor. In memory of Nathan, Jersey Day is held to encourage Australians to wear their team jersey to school or work, discuss organ and tissue donation, and register to donate.

In 2018–19 we provided Community Awareness Grants across 20 organisations to run targeted activities to increase awareness of organ and tissue donation. The grants provide an important opportunity for partnering with community organisations that are well-placed to introduce and promote donation within their networks and communities.

## Honouring Deyaan Udani on Saffron Day

Saffron Day is a day to honour the life of little Deyaan Udani, a bright seven-year-old boy with an infectious smile, who tragically passed away in 2016. Deyaan's parents' decision to donate his organs meant the lives of four people were saved as a result of this incredible gift.

When Sydney-based Deeyan Udani was on a holiday in Mumbai, India, with his family, he was rushed to hospital complaining about a severe headache. He underwent surgery but, sadly, the doctors were unable to save him.

Deeyan became India's youngest ever multiple organ donor. His parents, Rupesh and Mili Udani, are now sharing their son's journey. They decided to honor their son by creating Saffron Day – an annual day held in November that raises awareness of organ donation within the Indian and other multicultural communities in Australia.

The first Saffron Day was held on Friday 9 November 2018. It was officially launched by Sydney Shrimad Rajchandra Mission Australia at West Pennant Hills Valley Community Centre and was attended by 125 people who promoted their individual Saffron Day photos on social media.

Saffron was Deyaan's favourite colour, and signifies courage and strength – two key attributes exhibited by donor families. Saffron Day is celebrated via a social media campaign where people wear Saffron Day merchandise at their workplace and in their communities, as well as at an annual launch event to raise awareness and discuss the facts about organ donation.

A Facebook and Twitter page was created for Saffron Day in 2018, reaching approximately 100,000 people across Australia as well as the UK, USA, Singapore, Hong Kong and India. Saffron Day received a Community Awareness Grant in 2018 in order to run the campaign and will hold their second Saffron Day in November 2019.



## Gift of Life Garden

On Sunday 25 November 2018, the Gift of Life Garden was opened at the National Arboretum in Canberra. The garden was an initiative of Gift of Life Incorporated, a Canberra-based community volunteer organisation that promotes organ and tissue donation.

The garden recognises those affected by organ and tissue donation and transplantation, reflecting on the process of organ donation where the loss of one life can mean a new chance for another. It comprises winding paths, a mixture of plants, rock features, cascading water, viewing portals and a nook with an inspiring symbolic sculpture, *Confluence*. The garden was created not only for organ donors and recipients, and their families, but for the many visitors to the National Arboretum each year, giving them the opportunity to contemplate the importance of donation and consider registering as a donor.

The garden was officially opened by Ms Tara Cheyne MLA, on behalf of the ACT Government, and the Hon Ken Wyatt AM MP, on behalf of the Australian Government.

**Image:** A sculpture – *Confluence* – sits in the centre of the Gift of Life Garden.



To view the list of the 20 successful Community Awareness Grant recipients visit our website at [www.donatelife.gov.au/sites/default/files/CAGs%202018.pdf](http://www.donatelife.gov.au/sites/default/files/CAGs%202018.pdf).

Eight of the grants awarded were planned activities to engage with Aboriginal and Torres Strait Islander and multicultural communities. These activities used culturally appropriate approaches to promote the importance of family discussion and registration of donation wishes. One of these projects involved creating a series of videos aimed at Aboriginal and Torres Strait Islander communities to promote organ donation. The project was developed in close collaboration with Aboriginal and Torres Strait Islander participants.

The Dying to live documentary screened in cinemas in Australia in the second half of 2018. The film, produced by Aquarius Productions, explores the complex world of organ and tissue transplantation, sharing stories of real people, including a donor family and Australians waiting for a life-saving transplant. It calls on people to register as a donor on the Australian Organ Donor Register and talk with family members and friends about it. We provided advice on the film, reviewed relevant aspects to ensure accuracy, and facilitated access to talent and experts.

Working closely with the Donatelife Network and our community stakeholders, we also facilitated a number of events to promote organ and tissue donation in the community sector, for example, the Gift of Life Walk, the Australian Transplant Games, Saffron Day and the Gift of Life Garden.

# Impact of registration and family discussion on consent rates

When a person dies in a situation where they can become a donor, the possibility of donation is always raised with their family who need to make the decision about donation.

Specialist donation hospital staff check the Australian Organ Donor Register (AODR) to find out whether the person had registered to be a donor, and share this information with the family.

Registration and knowing their loved one wanted to be a donor make a major difference when families are faced with making a decision about donation.

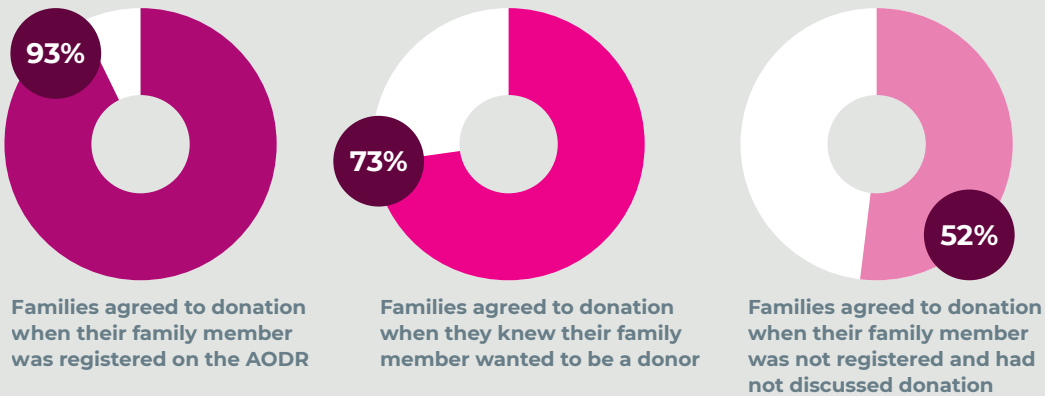
In 2018, more than nine out of 10 families agreed to donation when their loved one had registered to donate on the AODR. This dropped

to seven out of 10 when the family knew what their loved one wanted and five out of 10 when their loved one had neither registered nor discussed their wishes with family members.

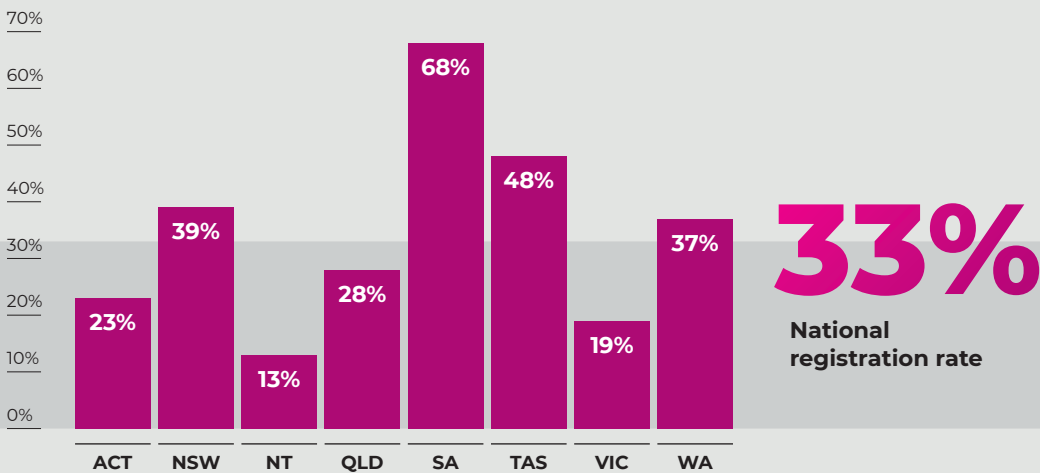
While the majority of Australians support organ and tissue donation, at December 2018 only one in three had recorded their decision to be a donor on the AODR. Registration rates for each state and territory are provided in Figure 26.

The ongoing priority in 2019–20 is to increase registration and encourage family discussion. This includes embedding the simplified online form onto national platforms to increase access by Australians when in an online environment.

**Figure 25** Registration and family discussion



**Figure 26** State and territory registration rates 2018



### 3.2 Increase registration on the Australian Organ Donor Register

Data shows that two factors – joining the AODR and letting family members know you want to be a donor – are associated with higher rates of consent. However, although the majority of Australians support donation, only one in three Australians have registered to donate.

#### Strategic focus

**Increase community awareness and support for donation and provide more opportunities for online registration on the Australian Organ Donor Register through third party platforms and partnerships**

A key focus of our community awareness activities in 2018–19 was to encourage Australians to register on the AODR. These activities included national events such as DonateLife Week, other community education and outreach activities, national and local media, social media, and printed and online information.

We also benefited from our partnerships with the AFL, FFA and Tonic Health Media. These partnerships were used in different ways to further increase awareness of organ and tissue donation, and to encourage Australians to register as donors.

We continued to work with government and community stakeholders to leverage our streamlined registration channel and encourage registration via third party platforms. This included monitoring and reporting registrations to measure the success of each partnership and engagement, and analysing the data to look for opportunities to improve our targeting and engagement.

Our annual competitive Community Awareness Grant round was successfully undertaken with a focus on encouraging registration.

### 3.3 Increase family discussion and knowledge of donation decisions

#### Strategic focus

**Increase community awareness and support for donation and provide more opportunities for online registration on the Australian Organ Donor Register through third party platforms and partnerships**

Consideration of organ and tissue donation comes at an intensely emotional time for families. When families are faced with the situation of being asked to agree to donation, it makes a big difference if the potential donor is registered on the AODR, and if their family knows they wanted to be a donor.

A key element of messaging for events such as DonateLife Week is to not only encourage Australians to register to be an organ and tissue donor but to also tell their family and friends they want to be a donor.

We manage five social media pages – Facebook, Twitter, Instagram, YouTube and LinkedIn. The aim of the national DonateLife social media pages is to engage target audiences on the topic of donation and enable them to connect with accurate and timely information. Our followers on social media are engaged and supportive, and they comment on – and share – our posts regularly. The high engagement on our social media channels encourages discussion with family and friends on the topic of organ and tissue donation.

# Objective 4: Enhance systems to support donation and transplantation

Several key initiatives were undertaken in 2018–19 to enhance donation and transplantation systems and processes.

## 4.1 Use data to inform clinical best practice for donation and transplantation

Further work was undertaken to enhance the performance measurement and reporting framework through the development of performance dashboards. These visual dashboards present key donation metrics to DonateLife Network and hospital staff, and state and territory health departments, to inform and drive best practice.

### Strategic focus

**Enhance the performance reporting framework for the donation and transplantation sector to inform best practice**

An essential part of improving donation and transplantation processes is the collection, analysis and application of data. In collaboration with state and territory health representatives and key sector data custodians, an overarching Data Governance Framework has been developed. This framework provides agreement on the governance of data to ensure compliance with relevant state and territory legislation.

The framework also creates a foundation for establishing a national de-identified dataset spanning the donation and transplantation sector, including wait-listing, registration, organ donation, organ matching and allocation, and transplantation data. This data will be used to further inform the national program.

Analysis of current organ donation potential in each state and territory and likely growth trajectories informed the review of the Australian donation, retrieval and transplantation system. The modelling work undertaken in 2018–19 informed the decision by the Australian Health Ministers Advisory Council to retain 25 dpmp as the national donation target for 2019.

## 4.2 Improve utilisation of retrieved organs

Australia continues to develop improved allocation and matching systems and processes, as well as clinical guidance and standards, to maximise the utility and function of donated organs. In addition, there have been medical advances that improve organ function following retrieval, such as preservation fluids and machine technologies.

In 2018–19 we worked in partnership with clinical stakeholders to improve the utilisation of retrieved organs. These projects are described below.

### OrganMatch

#### Strategic focus

**Implement OrganMatch in partnership with the Australian Red Cross Blood Service**

In April 2019 the OTA, in collaboration with the Australian Red Cross Blood Service, successfully delivered a bespoke organ matching system to replace the ageing National Organ Matching System (NOMS). The new system, known as OrganMatch, uses state-of-the-art technology that will improve reporting on wait-listing as well as the organ offer, allocation and acceptance process for transplantation. OrganMatch will support all existing programs, including the deceased organ donor program, living donor kidney transplants, and the Australian and New Zealand Paired Kidney Exchange Program.

OrganMatch has the capability to be more adaptive and responsive to the changing needs of the donation and transplantation sector. The governance structure for OrganMatch will provide a robust process for the changes recommended by the clinical sector to occur, ensuring adequate consultation, collaboration and communication.

In 2019–20 the OrganMatch project team will deliver a staged rollout of two key system enhancements – the OrganMatch Clinical Portal and the OrganMatch Simulation Module.





**Above:** The OrganMatch team demonstrated the application at the conference *Connecting donation and transplantation: a decade of growth and collaboration*

### **Revision of the Transplantation Society of Australia and New Zealand clinical guidelines**

The Transplantation Society of Australia and New Zealand (TSANZ) *Clinical guidelines for organ transplantation from deceased donors* continue to be an important guide for the donation and transplantation sector, with ongoing review to ensure currency of clinical practice.

In 2018–19 we provided funding to support TSANZ in reviewing and updating the infectious disease assessment recommendations in Chapter 2, *Organ donor eligibility*. The updated guideline was published in June 2019 and can be accessed at [www.tsanz.com.au/organallocationguidelines/index.asp](http://www.tsanz.com.au/organallocationguidelines/index.asp).

In June 2019 we provided funding to support TSANZ to further maintain the currency of the guidelines through development of a standardised process for periodic review of the guidelines and focused work to review two identified priority areas:

- ▶ donor assessment for risk of malignancy transmission
- ▶ recipient consenting processes.

### **New techniques and technologies**

We continued to support research into new techniques and technologies for the preservation and utilisation of retrieved organs, such as machine perfusion.

Machine perfusion has the ability to overcome challenges that Australia faces, such as geographical distance, and allows for organs to be tested and/or preconditioned before transplantation. This is likely to lead to fewer organs being declined or discarded due to distance and poor quality.

We provided support for TSANZ to establish a working group with the specific task of exploring machine perfusion in the Australian setting with consideration of the benefits and challenges. Advice from the working group is expected by 30 June 2020 and will inform future actions in this area.



### Professor Jeremy Chapman AC

In May 2019 we celebrated the prestigious career of Professor Chapman as he announced his retirement from his clinical position. He changed the lives of thousands through his work in organ donation and transplantation in Australia and internationally.

Professor Chapman began his career and involvement with organ donation in Westmead Hospital over 30 years ago and was drawn to kidney transplantation as a means to save and change lives. Foremost a renal physician and transplant surgeon, Professor Chapman went on to become a Board member of the Western Sydney Local Health District and Westmead Medical Research Foundation, Chairman of the Australian Bone Marrow Donor Registry, and Advisory Member of the WHO Expert Advisory Panel on Human Cell Tissue and Organ Transplantation, among other prominent roles. He chaired the National Clinical Taskforce on Organ and Tissue Donation which informed the national reform program.

He is an outstanding leader and mentor, and throughout his career showed great dedication to the field and, importantly, to his patients. Professor Chapman was awarded the Medal of the Order of Australia in 2003 for establishing the Australian Bone Marrow Donor Registry. He was then appointed as a Companion of the Order of Australia for eminent service to medicine and for his work in organ donation and transplantation in 2015.

We have no doubt that the organ donation and transplantation sectors worldwide would be the poorer if not for the efforts of Professor Chapman.

We are very grateful that Professor Chapman will continue to chair the OTA's Vigilance and Surveillance Expert Advisory Committee.

## 4.3 Enhance the safety of organ donation and transplantation

The Vigilance and Surveillance Expert Advisory Committee (VSEAC) has completed its first year as the committee responsible for monitoring and reporting on the performance of the Australian vigilance and surveillance system.

This year has seen the continued evolution of the review process by the VSEAC to ensure robust analysis of submitted adverse notifications. This retrospective review of adverse occurrences continues to work in parallel with the clinical incident management systems of each jurisdiction which remain responsible for the clinical management and investigation of the incident. The number of adverse occurrence notifications made to the VSEAC continues to increase each year. This shows a greater commitment by the donation and transplantation sector to transparency and shared learnings in a national context to help improve the safety of donation and transplantation.

The VSEAC is currently finalising the inaugural *Australian vigilance and surveillance in organ donation for transplantation annual report* for publication in early 2019–20.

To further enhance shared learnings in the donation and transplantation sector, the VSEAC has agreed to develop a tiered feedback process depending on the severity of the adverse occurrence. Those deemed low impact will be included in the annual report and any moderate to high impact adverse occurrences will be included in a quarterly communique sent to the donation and transplantation sector. Rare and unlikely occasions where an adverse occurrence requires urgent notification will be communicated immediately to the donation and transplantation sector through a pre-determined communication pathway. We will be working with the VSEAC in early 2019–20 to confirm these processes.

#### 4.4 Improve the efficiency of donation and transplantation

The DonateLife Network provides organ and tissue donation services across Australia. As donation activity increases, the system needs to continually adapt and change to ensure the best possible donation and transplantation outcomes.

##### Reviewing the entire system

###### Strategic focus

**Collaborate with states and territories to enhance the capacity and capability of the health system to support future growth and sustainability of donation and transplantation outcomes**

In April 2018 Australian Health Ministers agreed to the Commonwealth Government's proposal to undertake a review of the organ donation, retrieval and transplantation system, in collaboration with the states and territories. The aim of the review is to identify areas within our health system which could compromise future growth and sustainability of donation and transplantation. This review followed increasing evidence that the growth in organ donation activity was placing significant pressure on the demand for downstream services, including retrieval, tissue typing and transplantation services.

The Commonwealth Department of Health engaged Ernst & Young to undertake the Review of the Australian organ donation, retrieval and transplantation system, which began in May 2018. The review comprised an extensive consultation process with over 230 key stakeholders who included Australian Government and jurisdictional government officials, training colleges and peak bodies, clinicians, transplant recipients and donor families.

In 2018–19 we worked closely with the Department of Health and Ernst & Young to inform the review and provide data to demonstrate the complexities of the system and highlight the pressures experienced by the sector. We also worked with key stakeholders to document elements of the end-to-end system. The elements comprise initial assessment and wait-listing management of potential recipients, deceased donation, organ allocation, offering and acceptance, retrieval, transplantation and post-transplantation.



##### Professor Lindsay Grayson AM

In June 2019 Professor Grayson received a Member of the Order of Australia (AM) for significant service to medicine in the field of infectious diseases. His work as President of the Australasian Society for Infectious Diseases and Chair of the Interscience Conference on Antimicrobial Agents and Chemotherapy Program Committee for the American Society for Microbiology has had a great impact on organ and tissue donation. He is currently Director of the Department of Infectious Diseases and Microbiology at Austin Health Victoria, and he brings this expertise to our Vigilance and Surveillance Expert Advisory Committee.

We are privileged to work with Professor Grayson and value his expertise in the analysis of serious adverse events that are reported through the national vigilance and surveillance system.

In 2019–20 we will continue to work with the Department of Health to inform the next phase of the review. This will involve the development of a future national strategy for organ donation, retrieval and transplantation. The strategy and a plan for the future will be considered by Australian Health Ministers once finalised.

## Establishing and assessing outcomes against key performance indicators

### Strategic focus

**Enhance the performance reporting framework for the donation and transplantation sector to inform best practice**

Nationally and internationally, there are different methods by which clinical practice and performance at an individual hospital level are assessed. In the Australian setting, the implementation of the Clinical Practice Improvement Program (CPIP) Phase 3 at the hospital level is imperative in driving and influencing cultural change. Hospital outcomes against the key performance indicators (KPIs) are drawn from de-identified data provided by DonateLife hospitals.

DonateLife Agencies and hospitals are given feedback on their performance against the CPIP Phase 3 KPIs through the distribution of dashboards and quarterly reports. The reports capture the key metrics for donation and transplantation activity within a state or territory. We discuss these dashboards during six-monthly progress report meetings with the DonateLife Networks and relevant state and territory health departments.

We continue to provide funding under state and territory agreements for the delivery of nationally consistent organ and tissue donation services in each jurisdiction, which includes staff in the DonateLife Agency and hospital-based donation specialists. Under new two-year funding agreements, which started on 1 July 2018, the states and territories agreed to implement CPIP Phase 3 in all DonateLife hospitals.

The outcomes of the Ernst & Young review and projected growth in donation and transplantation will inform future resource requirements for donation, retrieval and transplantation services.

## Improving outcomes in the eye and tissue sector

In June 2017 the Commonwealth Department of Health released a PricewaterhouseCoopers (PwC) report, *Analysis of the Australian eye and tissue sector*, which had been commissioned by Australian Health Ministers. The report found that the Australian eye and tissue sector is diverse and undergoing rapid change in some areas. In the accompanying government response, Health Ministers accepted the recommendation of the report that there is a need for a national policy framework for the sector to ensure the continued availability of eyes and tissues for those Australians who need them.

To address the key issues raised in the report, the Commonwealth Department of Health:

- ▶ established a Jurisdictional Eye and Tissue Steering Committee, comprising senior health officials from all states and territories and OTA staff, to oversee the project
- ▶ engaged the National Health and Medical Research Council to develop ethical guidelines for living and deceased eye and tissue donation for transplantation.

Throughout 2018–19 we worked collaboratively with Commonwealth, state and territory governments to develop the draft National Policy Framework for the Eye and Tissue Sector.

As a member of the National Health and Medical Research Council's Organ and Tissue Working Group, in 2018–19 we contributed to the development of the *Interim ethical position on key issues relating to the Australian eye and tissue sector*. This ethical position will inform the final draft of the National Policy Framework for the Eye and Tissue Sector.

The framework will be presented to Australian Health Ministers for consideration later in 2019.



## **Management and accountability**

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**Corporate governance**

**People management**

**Workplace health and safety**

**Resource management**





# Corporate governance

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

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

## Executive Group

The Organ and Tissue Authority (OTA) is a non-corporate Commonwealth entity with a Board comprising a Chair, Deputy Chair, the Chief Executive Officer (CEO) and four other members. The Australian Organ and Tissue Donation and Transplantation Board (the Board) is the accountable authority under the Commonwealth *Public Governance, Performance and Accountability Act 2013* (the PGPA Act). The Board is responsible for the overall governance of the OTA in delivering the Australian Government's national program to improve organ and tissue donation and transplantation outcomes in Australia.

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

- ▶ to ensure the proper, efficient and effective performance of the Authority's functions
- ▶ to determine objectives, strategies and policies to be followed by the Authority

- ▶ such other functions as are conferred on the Board by this Act or any other law
- ▶ such other functions (if any) as are determined in an instrument made under subsection (2) and given by the Minister to the Chair
- ▶ to do anything incidental or conducive to the performance of any of the above functions.

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

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

## Audit Committee

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

Our Audit Committee is established in compliance with Section 45 of the PGPA Act, and is chaired by an independent member, Mr Peter Hoefer. Members include Ms Gayle Ginnane, as the independent external member, and Mr Tim Kreukniet as the internal member. Representatives from the Australian National Audit Office and our internal auditors are invited to attend each meeting.

Ms Glenys Roper resigned from the Audit Committee in 2018 following a nine-year tenure. Ms Roper's contribution has been invaluable and will be missed. We thank Glenys for her work with us and wish her all the best for the future.

A continuing agenda item for 2018–19 was program risk presentations by our senior staff. These presentations provided the Audit Committee with an assurance that adequate controls and risk mitigation strategies were in place.



## Internal audit arrangements

Our internal audit responsibilities are performed by PricewaterhouseCoopers (PwC), with oversight by the Audit Committee. PwC is committed to promoting and improving our corporate governance by conducting audits and investigations and by making recommendations through the endorsed 2018–19 Strategic Internal Audit Plan. The contract with PwC includes the provision of ad hoc advice to management on a range of issues.

PwC conducted the Organ Donation Hospital Support Funding Review in 2018–19.

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

## Fraud control

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

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

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

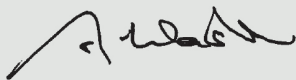
Our Fraud Control Plan complies with the Commonwealth Fraud Control Policy and aligns with *Resource Management Guide No. 201 – Preventing, detecting and dealing with fraud*.

There were no fraud instances investigated by the OTA during 2018–19.

I, Mal Washer, based on resolution of the Organ and Tissue Authority Board, certify that we are satisfied that for 2018–19, the Australian Organ and Tissue Donation and Transplantation Authority has:

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

Yours faithfully



**Dr Mal Washer**  
Chair, OTA Board  
00 September 2019

## Risk management

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

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

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

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

Formal monitoring and reporting structures include:

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

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

## External scrutiny

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

During 2018–19 there were:

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

## Other scrutiny

We were not required to appear before the Senate Community Affairs Legislation Committee (Senate Estimates) in 2018–19.

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

# People management

## During 2018–19 we continued our commitment to managing and developing our employees to meet organisational objectives.

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

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

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

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

## Employee profile

Terms and conditions of employment for Senior Executive Service (SES) employees are provided by individual determinations made under section 24(1) of the Public Service Act. All terms and conditions of employment for non-SES employees are provided in the OTA Enterprise Agreement 2016–2019, which took effect from 16 February 2016. In January 2019 a determination was made under subsection 24(1) of the Public Service Act to provide employees with increases to their existing salary ranges and their allowances. They are eligible for these increases under the terms of the Enterprise Agreement.

At 30 June 2019 the OTA employed 25.53 full-time equivalent staff. Tables 8 to 17 provide a breakdown of these figures by classification, gender, full-time and part-time status, ongoing and non-ongoing employment, salary ranges, location and employment arrangements. In 2017–18 and 2018–19 there were:

- ▶ no non-ongoing employees
- ▶ no employees identified as being Indigenous
- ▶ no performance payments.

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

**Table 7** Information about remuneration for key management personnel

Name	Position title	Short-term benefits	Post-employment benefits	Other long-term benefits	Total remuneration
		Base salary	Superannuation contributions	Long service leave	
Lucinda Barry	Chief Executive Officer	275,936	44,511	7,444	327,891
Malcolm Washer	OTA Board Chair	75,835	7,204	–	83,039
Carol Pollock	OTA Board Deputy Chair	25,255	2,399	–	27,654
Stephen Lynch	OTA Board Member	25,255	2,399	–	27,654
Oren Klemich	OTA Board Member	25,255	2,399	–	27,654
Marisa Herson	OTA Board Member	25,255	3,123	–	28,378
Margaret Kruger	OTA Board Member	25,255	2,399	–	27,654

**Table 8** All ongoing employees current report period (2018–19)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total indeterminate	
ACT	–	–	–	1.00	–	1.00	–	–	–	1.00
<b>Total</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>1.00</b>	<b>–</b>	<b>1.00</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>1.00</b>

**Table 9** All ongoing employees previous report period (2017–18)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total indeterminate	
ACT	–	–	–	1.00	–	1.00	–	–	–	1.00
<b>Total</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>1.00</b>	<b>–</b>	<b>1.00</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>1.00</b>

**Table 10** Australian Public Service Act ongoing employees current report period (2018–19)

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

**Table 11** Australian Public Service Act ongoing employees previous report period (2017–18)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total indeterminate	
SES 1	–	–	–	1.00	–	1.00	–	–	–	1.00
EL 2	2.00	0.57	2.57	2.30	0.20	2.50	–	–	–	5.07
EL 1	3.00	–	3.00	7.67	1.53	9.20	–	–	–	12.20
APS 6	1.00	–	1.00	–	–	–	–	–	–	1.00
Other	–	–	–	–	–	1.00	–	–	–	1.00
<b>Total</b>	<b>6.00</b>	<b>0.57</b>	<b>6.57</b>	<b>11.97</b>	<b>1.73</b>	<b>13.70</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>20.27</b>

**Table 12** Australian Public Service Act non-ongoing employees current report period (2018–19)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total indeterminate	
EL 1	–	–	–	1.00	–	1.00	–	–	–	1.00
APS 6	–	–	–	1.00	–	1.00	–	–	–	1.00
APS 5	1.00	–	1.00	–	–	–	–	–	–	1.00
<b>Total</b>	<b>1.00</b>	<b>–</b>	<b>1.00</b>	<b>2.00</b>	<b>–</b>	<b>2.00</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>3.00</b>

**Table 13** Australian Public Service Act non-ongoing employees previous report period (2017–18)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total indeterminate	
EL 2	–	–	–	–	0.11	0.11	–	–	–	0.11
EL 1	1.00	–	1.00	1.00	–	1.00	–	–	–	2.00
APS 6	–	–	–	1.62	–	1.62	–	–	–	1.62
APS 5	–	–	–	1.00	–	1.00	–	–	–	1.00
<b>Total</b>	<b>1.00</b>	<b>–</b>	<b>1.00</b>	<b>3.62</b>	<b>0.11</b>	<b>3.73</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>4.73</b>

**Table 14** Australian Public Service Act employees by full time and part time status current report period (2018–19)

	Ongoing			Non-ongoing			Total
	Full-time	Part-time	Total ongoing	Full-time	Part-time	Total non-ongoing	
SES 1	1.00	–	1.00	–	–	–	1.00
EL 2	4.80	0.75	5.55	–	–	–	5.55
EL 1	9.20	1.63	10.83	1.00	–	1.00	11.83
APS 6	3.00	–	3.00	1.00	–	1.00	4.00
APS 5	1.15	–	1.15	1.00	–	1.00	2.15
<b>Total</b>	<b>19.15</b>	<b>2.38</b>	<b>21.53</b>	<b>3.00</b>	<b>–</b>	<b>3.00</b>	<b>24.53</b>



**Table 15** Australian Public Service Act employees by full time and part time status previous report period (2017–18)

	Ongoing			Non-ongoing			Total
	Full-time	Part-time	Total ongoing	Full-time	Part-time	Total non-ongoing	
SES 1	1.00	–	1.00	–	–	–	1.00
EL 2	4.30	0.77	5.07	–	0.11	0.11	5.18
EL 1	10.67	1.53	12.20	–	2.00	2.00	14.20
APS 6	1.00	–	1.00	1.62	–	1.62	2.62
APS 5	–	–	–	1.00	–	1.00	1.00
Other	1.00	–	1.00	–	–	–	1.00
<b>Total</b>	<b>17.97</b>	<b>2.30</b>	<b>20.27</b>	<b>2.62</b>	<b>2.11</b>	<b>4.73</b>	<b>25.00</b>

**Table 16** Australian Public Service Act employment type by location current report period (2018–19)

	Ongoing	Non-Ongoing	Total
NSW	1.00	–	1.00
Vic	0.75	–	0.75
ACT	19.78	3.00	22.78
<b>Total</b>	<b>21.53</b>	<b>3.00</b>	<b>24.53</b>

**Table 17** Australian Public Service Act employment type by location previous report period (2017–18)

	Ongoing	Non-Ongoing	Total
NSW	1.00	–	1.00
Vic	0.57	–	0.57
ACT	18.70	4.73	23.43
<b>Total</b>	<b>20.27</b>	<b>4.73</b>	<b>25.00</b>

**Table 18 Australian Public Service Act employment arrangements current report period (2018–19)**

	SES	Non-SES	Total
Enterprise agreement	–	23.53	23.53
Individual flexibility arrangements	–	8.00	8.00
Determinations under subsection 24(1) of the <i>Public Service Act 1999</i>	1.00	–	1.00
Statutory authority	–	1.00	1.00
<b>Total</b>	<b>1.00</b>	<b>24.53</b>	<b>25.53</b>

**Note:** Staff on individual flexibility arrangements are also included in the Enterprise Agreement total.

**Table 19 Australian Public Service Act employment salary ranges by classification level (minimum/maximum) current report period (2018–19)**

	Minimum salary	Maximum salary
SES 1	\$171,916	\$216,486
EL 2	\$119,911	\$144,806
EL 1	\$100,504	\$119,919
APS 6	\$81,785	\$94,112
APS 5	\$74,136	\$79,814
APS 4	\$68,161	\$73,460
APS 3	\$60,162	\$68,018
APS 2	\$52,060	\$57,947
APS 1	\$44,544	\$51,026
Other	\$141,910	\$150,600

## Non-salary benefits

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

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

## Performance management

All employees participate in our Performance and Development Agreement cycle.

This seeks to:

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

## Professional and personal development

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

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

# Workplace health and safety

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

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

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

There were no claims for injury in 2018–19 and no return-to-work programs conducted.

There were no reportable incidents lodged with Comcare during 2018–19.

## **Health and wellbeing**

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

- ▶ the promotion of health and wellbeing by encouraging health initiatives, including access to sit-to-stand workstations and a computer-installed rest-and-stretch program
- ▶ the provision of influenza vaccinations to all employees at no charge
- ▶ access to a free and confidential Employee Assistance Program
- ▶ the continued availability of workstation assessments for all new starters, as well as assessments for existing employees who felt it necessary for their wellbeing
- ▶ the provision of information and communication technology remote working capabilities for employees, enabling them to work from outside the office on an ad hoc basis.

# Resource management

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

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

There were no significant non-compliance issues in 2018–19 that required reporting to the Minister.

## **Asset management**

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

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

During 2018–19 we continued to develop the DonateLife website, purchased a new electronic records management system, and completed an office fit out at the new office premises. We also conducted an independent asset revaluation on property, plant and equipment.

Further information on the value, acquisition and disposal of assets in 2018–19 can be found in Part 6.

## **Purchasing**

In 2018–19 our purchasing policies and practices complied with the Commonwealth Procurement Rules, with the exception of instances reported in the 2018–19 PGPA Act Compliance Report.

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

## **Australian National Audit Office access clauses**

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

We did not enter into any contracts in 2018–19 that included a variation to the standard terms and conditions allowing such access.

## **Exempt contracts**

During 2018–19 we did not enter into any contracts with a value of \$10,000 or more including goods and services tax (GST), or any standing offers that were exempt from being published on AusTender.

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

## **Procurement initiatives to support small business**

We support small business participation in the Australian Government procurement market. Small and medium enterprises and small enterprise participation statistics are available on the Department of Finance's website at [www.finance.gov.au/procurement/statistics-on-commonwealth-purchasing-contracts](http://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 Contracting Suite (except where placing Official Orders under panel arrangements) for low-risk procurements valued

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

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

## Grant programs

Funding is provided through grant programs across the clinical and community sectors. Funding provided through grants in 2018–19 included:

- ▶ funding to state and territory governments and local area health districts for dedicated organ and tissue donation clinical specialists in hospitals and organ and tissue donation agencies
- ▶ public and private hospital support funding to remove cost barriers to organ and tissue donation
- ▶ funding to support transplantation outcome registries
- ▶ funding for the delivery of the Australian organ matching system – OrganMatch
- ▶ grants offered through partnerships with health, sporting and community organisations to support delivery of the National Online Donor Registration campaign
- ▶ Community Awareness Grants for organisations conducting projects or activities that improve the awareness and engagement of the Australian community, the non-government sector, donor families and others involved in increasing organ and tissue donation
- ▶ ad hoc grants to organisations following successful unsolicited and solicited applications for funding outside the Community Awareness Grants program.

Information about 2018–19 awarded grants is available on GrantConnect at [www.grants.gov.au](http://www.grants.gov.au).

## Ecologically sustainable and environmental performance

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

In 2018–19 we continued our commitment to ecologically sustainable development by ensuring we effectively delivered corporate strategic priorities while minimising environmental impact. This included a considered approach to planning, implementing and monitoring our environmental performance in accordance with current legislation, whole-of-government requirements and environmental best practice.

## Disability reporting

The National Disability Strategy 2010–2020 sets out a 10-year national policy framework to improve the lives of people with disability, promote participation, and create a more inclusive society. A high-level, two-yearly report tracks progress against each of the six outcome areas of the strategy and presents a picture of how people with disability are faring. The most recent of these progress reports to the Council of Australian Governments is available at [www.dss.gov.au/disability-and-carers-supporting-people-with-disability-resources-supporting-people-with-disability/progress-report-to-the-council-of-australian-governments-2016](http://www.dss.gov.au/disability-and-carers-supporting-people-with-disability-resources-supporting-people-with-disability/progress-report-to-the-council-of-australian-governments-2016).

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

## Freedom of information

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



Consultants

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

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


During 2018–19 one new consultancy contract was entered into involving total actual expenditure of \$0.006 million. In addition, two ongoing consultancy contracts were active during the period, involving total actual expenditure of \$0.069 million (see Table 20).

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

During 2018–19 we did not conduct any advertising campaigns.

**Table 20** Number and expenditure on consultants current report period (2018–19)

	Total
No. of new contracts entered into during the period	1
Total actual expenditure during the period on new contracts (inc. GST)	6,648
No. of ongoing contracts engaging consultants that were entered into during a previous period	2
Total actual expenditure during the period on ongoing contracts (inc. GST)	68,856



Saanvi,  
liver recipient



## **Financial statements**

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**Independent Auditor's Report**

**Certification**

**Primary financial statement**

**Overview**

**Notes to the financial statements**



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# Independent Auditor's Report



## INDEPENDENT AUDITOR'S REPORT

### To the Minister for Regional Services, Decentralisation and Local Government

#### Opinion

In my opinion, the financial statements of the Australian Organ and Tissue Donation and Transplantation Authority ('the Entity') for the year ended 30 June 2019:

- (a) comply with Australian Accounting Standards – Reduced Disclosure Requirements and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
- (b) present fairly the financial position of the Entity as at 30 June 2019 and its financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following statements as at 30 June 2019 and for the year then ended:

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

#### Basis for opinion

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

#### Accountable Authority's responsibility for the financial statements

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

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

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

#### **Auditor's responsibilities for the audit of the financial statements**

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

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

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

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

Australian National Audit Office



Ron Wah  
Audit Principal

Delegate of the Auditor-General

Canberra  
18 September 2019

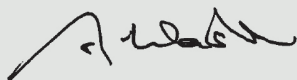


## Statement by the Accountable Authority and Chief Financial Officer

In our opinion, the attached financial statements for the year ended 30 June 2019 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



**Dr Mal Washer**

On behalf of the OTA Board  
Accountable Authority  
18 September 2019

Signed



**Ms Judy Harrison**

Chief Financial Officer

18 September 2019

## Statement of comprehensive income for the period ended 30 June 2019

	Notes	2019 (\$)	2018 (\$)	Original budget (\$)
<b>Net cost of services</b>				
<b>Expenses</b>				
Employee benefits	1.1A	3,512,510	3,777,742	3,706,000
Suppliers	1.1B	1,971,887	1,719,913	1,830,000
Depreciation and amortisation	3.2A	562,392	442,383	440,000
<b>Total expenses</b>		<b>6,046,789</b>	5,940,038	5,976,000
<b>Own-source income</b>				
<b>Own-source revenue</b>				
Resources received free of charge	1.2A	103,000	86,000	75,000
<b>Total own-source revenue</b>		<b>103,000</b>	86,000	75,000
<b>Total own-source income</b>		<b>103,000</b>	86,000	75,000
<b>Net cost of services</b>		<b>(5,943,789)</b>	(5,854,038)	(5,901,000)
Revenue from Government	1.2B	5,461,000	5,453,000	5,461,000
<b>Deficit</b>		<b>(482,789)</b>	(401,038)	(440,000)
<b>Other comprehensive income</b>				
<b>Items not subject to subsequent reclassification to net cost of services</b>				
Changes in asset revaluation deficit		(3,855)	(3,046)	-
<b>Total other comprehensive loss</b>		<b>(3,855)</b>	(3,046)	-
<b>Total comprehensive loss</b>		<b>(486,644)</b>	(404,084)	(440,000)

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

## **Budget variances commentary**

### **Statement of comprehensive income**

#### **Employee benefits**

Decrease in employee benefits compared with budget relates primarily to lower than budgeted staffing levels resulting from unanticipated staff movements during the year.

#### **Suppliers**

Increase in supplier expenses compared with budget is a consequence of the timing of the relocation to the new office and corresponding new lease commencement date and payout of the previous lease agreement.

#### **Depreciation and amortisation**

The variance against the original budget reflects increased amortisation expense on enhancements to software and new DonateLife website as well as the amortisation on the fitout incentive not budgeted.

## Statement of financial position as at 30 June 2019

	Notes	2019 (\$)	2018 (\$)	Original budget (\$)
<b>Assets</b>				
<b>Financial assets</b>				
Cash and cash equivalents	3.1A	94,059	71,282	112,000
Trade and other receivables	3.1B	2,136,781	1,967,589	1,788,000
<b>Total financial assets</b>		<b>2,230,840</b>	2,038,871	1,900,000
<b>Non-financial assets</b>				
Buildings	3.2A	314,232	96,900	146,000
Property, plant and equipment	3.2A	88,133	86,130	134,000
Computer software	3.2A	905,415	1,127,262	915,000
Other non-financial assets	3.2B	88,459	111,520	47,000
<b>Total non-financial assets</b>		<b>1,396,239</b>	1,421,812	1,242,000
<b>Total assets</b>		<b>3,627,079</b>	3,460,683	3,142,000
<b>Liabilities</b>				
<b>Payables</b>				
Suppliers	3.3A	352,792	197,284	187,000
Other payables	3.3B	445,398	116,909	188,000
<b>Total payables</b>		<b>798,190</b>	314,193	375,000
<b>Provisions</b>				
Employee provisions	6.1A	1,022,082	1,102,039	845,000
<b>Total provisions</b>		<b>1,022,082</b>	1,102,039	845,000
<b>Total liabilities</b>		<b>1,820,272</b>	1,416,232	1,220,000
<b>Net assets</b>		<b>1,806,807</b>	2,044,451	1,922,000
<b>Equity</b>				
Contributed equity		3,168,000	2,919,000	3,168,000
Asset revaluation reserve		668,284	672,139	675,000
Accumulated deficit		(2,029,477)	(1,546,688)	(1,921,000)
<b>Total equity</b>		<b>1,806,807</b>	2,044,451	1,922,000

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

## **Budget variances commentary**

### **Statement of financial position**

#### **Cash and cash equivalents**

Lower than forecast cash and cash equivalents balance reflects timing of invoice payments at 30 June 2019.

#### **Trade and other receivables**

Variance in trade and other receivables compared to budget relates to a higher appropriation receivable balance at 30 June 2019 and reflects the increase in current year liabilities.

#### **Buildings**

Variance reflects the timing of the new fitout and consequential valuation of existing fitout.

#### **Property, plant and equipment**

Lower than forecast property, plant and equipment reflects re-prioritising of capital budget to the new office fitout.

#### **Payables and other payables**

Variance in supplier payables is due to the timing of receipt of services and an accompanying tax invoice. Increase in other payables relates to the lease incentive received at the new office not budgeted for.

#### **Employee provisions**

The variances in employee provision reflects changes in bond rates and staff movements during the year.

## Statement of changes in equity for the period ended 30 June 2019

	Notes	2019 (\$)	2018 (\$)	Original budget (\$)
<b>Contributed equity</b>				
<b>Opening balance</b>				
Balance carried forward from previous period		2,919,000	2,668,000	2,919,000
<b>Adjusted opening balance</b>		<b>2,919,000</b>	2,668,000	2,919,000
<b>Transactions with owners</b>				
<b>Contributions by owners</b>				
Departmental capital budget		249,000	251,000	249,000
<b>Total transactions with owners</b>		<b>249,000</b>	251,000	249,000
<b>Closing balance as at 30 June</b>		<b>3,168,000</b>	2,919,000	3,168,000
<b>Retained earnings</b>				
<b>Opening balance</b>				
Balance carried forward from previous period		(1,546,688)	(1,145,650)	(1,481,000)
<b>Adjusted opening balance</b>		<b>(1,546,688)</b>	(1,145,650)	(1,481,000)
<b>Comprehensive income</b>				
Deficit for the period		(482,789)	(401,038)	(440,000)
<b>Total comprehensive income</b>		<b>(482,789)</b>	(401,038)	(440,000)
<b>Closing balance as at 30 June</b>		<b>(2,029,477)</b>	(1,546,688)	(1,921,000)
<b>Asset revaluation reserve</b>				
<b>Opening balance</b>				
Balance carried forward from previous period		672,139	675,185	675,000
<b>Adjusted opening balance</b>		<b>672,139</b>	675,185	675,000
<b>Comprehensive income</b>				
Other comprehensive income		(3,855)	(3,046)	-
<b>Total comprehensive income</b>		<b>(3,855)</b>	(3,046)	-
<b>Closing balance as at 30 June</b>		<b>668,284</b>	672,139	675,000



	Notes	2019 (\$)	2018 (\$)	Original budget (\$)
<b>Total equity</b>				
<b>Opening balance</b>				
Balance carried forward from previous period		2,044,451	2,197,535	2,113,000
<b>Adjusted opening balance</b>		<b>2,044,451</b>	2,197,535	2,113,000
<b>Comprehensive income</b>				
Deficit for the period		(482,789)	(401,038)	(440,000)
Other comprehensive income		(3,855)	(3,046)	–
<b>Total comprehensive income</b>		<b>(486,644)</b>	(404,084)	(440,000)
<b>Transactions with owners</b>				
<b>Contributions by owners</b>				
Departmental capital budget		249,000	251,000	249,000
<b>Total transactions with owners</b>		<b>249,000</b>	251,000	249,000
<b>Closing balance as at 30 June</b>		<b>1,806,807</b>	2,044,451	1,922,000

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

#### Accounting policy

##### Equity injections

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

## Budget variances commentary

### Statement of changes in equity

#### Asset revaluation reserve

The movements in the reserves relates to the movement in asset values associated with the asset revaluation exercise completed in 2019.

#### Accumulated deficit

Variance reflects the higher than budgeted operating deficit due to the increased depreciation and amortisation expense not budgeted for.

## Cash flow statement for the period ended 30 June 2019

	Notes	2019 (\$)	2018 (\$)	Original budget (\$)
<b>Operating activities</b>				
<b>Cash received</b>				
Appropriations		5,597,589	5,579,431	5,461,000
Net GST received		181,745	163,945	203,000
Section 74 receipts		151,118	62,425	–
<b>Total cash received</b>		<b>5,930,452</b>	5,805,801	5,664,000
<b>Cash used</b>				
Employees		(3,674,681)	(3,731,388)	(3,706,000)
Suppliers		(1,866,550)	(1,855,601)	(1,755,000)
Section 74 receipts transferred to OPA		(151,118)	(62,425)	–
Other		(181,745)	(163,945)	(203,000)
<b>Total cash used</b>		<b>(5,874,094)</b>	(5,813,359)	(5,664,000)
<b>Net cash from/(used by) operating activities</b>		<b>56,358</b>	(7,558)	–
<b>Investing activities</b>				
<b>Cash used</b>				
Purchase of property, plant and equipment		(126,382)	(22,415)	(249,000)
Purchase of computer software		(156,199)	(262,188)	–
<b>Total cash used</b>		<b>(282,581)</b>	(284,603)	(249,000)
<b>Net cash used by investing activities</b>		<b>(282,581)</b>	(284,603)	(249,000)
<b>Financing activities</b>				
<b>Cash received</b>				
Contributed equity		249,000	251,000	249,000
<b>Total cash received</b>		<b>249,000</b>	251,000	249,000
<b>Net cash from financing activities</b>		<b>249,000</b>	251,000	249,000
<b>Net increase/(decrease) in cash held</b>		<b>22,777</b>	(41,161)	–
Cash and cash equivalents at the beginning of the reporting period		71,282	112,443	112,000
<b>Cash and cash equivalents at the end of the reporting period</b>	3.1A	<b>94,059</b>	71,282	112,000

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

## **Budget variances commentary**

### **Cash flow statement**

#### **Operating activities**

Variance is caused by an increase in appropriations drawdown due to the timing of prior year liability payments.

#### **Investing activities**

Variance reflects the cash impact of the timing difference of expenditure and payments associated with the Electronic Records Management System.

## Administered schedule of comprehensive income for the period ended 30 June 2019

	Notes	2019 (\$)	2018 (\$)	Original budget (\$)
<b>Net cost of services</b>				
<b>Expenses</b>				
Suppliers	2.1A	2,106,119	2,317,884	2,642,000
Grants	2.1B	41,037,802	39,797,366	40,506,000
<b>Total expenses</b>		<b>43,143,921</b>	42,115,250	43,148,000
<b>Net cost of services</b>		<b>(43,143,921)</b>	(42,115,250)	(43,148,000)
<b>Deficit</b>		<b>(43,143,921)</b>	(42,115,250)	(43,148,000)
<b>Total comprehensive loss</b>		<b>(43,143,921)</b>	(42,115,250)	(43,148,000)

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

## Budget variances commentary

### Schedule of comprehensive income

#### Suppliers and grants

Underspends in supplier expenses were achieved in 2019 following reduced use of external public relation providers, reduction in legal fees and Australian Organ Donor Register support costs. Savings in budgeted supplier costs were reallocated to provide funding for additional requirements under the Australian Red Cross Blood Service funding agreement for OrganMatch.

## Administered schedule of assets and liabilities as at 30 June 2019

	Notes	2019 (\$)	2018 (\$)	Original budget (\$)
<b>Assets</b>				
<b>Financial assets</b>				
Cash and cash equivalents	4.1A	88,851	88,851	90,000
Trade and other receivables	4.1B	563,801	533,043	338,000
<b>Total financial assets</b>		<b>652,652</b>	621,894	428,000
<b>Non-financial assets</b>				
Other non-financial assets	4.2A	-	207,675	150,000
<b>Total non-financial assets</b>		<b>-</b>	207,675	150,000
<b>Total assets administered on behalf of Government</b>		<b>652,652</b>	829,569	578,000
<b>Liabilities</b>				
<b>Payables</b>				
Suppliers	4.3A	250,788	194,171	108,000
Grants	4.3B	8,447,952	8,350,642	14,089,000
<b>Total payables</b>		<b>8,698,740</b>	8,544,813	14,197,000
<b>Total liabilities administered on behalf of Government</b>		<b>8,698,740</b>	8,544,813	14,197,000
<b>Net liabilities</b>		<b>(8,046,088)</b>	(7,715,244)	(13,619,000)

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



## **Budget variances commentary**

### **Schedule of assets and liabilities**

#### **Trade and other receivables**

Variance to budget relates to unforecast grant receivable balance and higher than forecast GST receivable from the Australian Taxation Office.

#### **Other non-financial assets**

Variance to budget relates to timing of payments made for Electronic Donor Record software licencing.

#### **Supplier and grants payables**

Variances in supplier and grant payables is a reflection of the timing of payments made to key suppliers and grant recipients at 30 June 2019.

## Administered reconciliation schedule

	2019 (\$)	2018 (\$)
<b>Opening assets less liabilities as at 1 July</b>	<b>(7,715,244)</b>	(13,619,348)
<b>Net cost of services</b>		
<b>Expenses</b>		
Payments to entities other than corporate Commonwealth entities	<b>(43,143,921)</b>	(42,115,250)
<b>Transfers (to)/from the Australian Government</b>		
<b>Appropriation transfers from Official Public Account</b>		
Net GST appropriations	<b>(101,764)</b>	227,563
<b>Annual appropriations</b>		
Payments to entities other than corporate Commonwealth entities	<b>43,128,005</b>	47,911,545
<b>Appropriation transfers to OPA</b>		
Transfers to OPA	<b>(213,164)</b>	(119,754)
<b>Closing assets less liabilities as at 30 June</b>	<b>(8,046,088)</b>	(7,715,244)

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

### Accounting policy

#### Administered cash transfers to and from the Official Public Account

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

## Administered cash flow statement for the period ended 30 June 2019

	Notes	2019 (\$)	2018 (\$)
<b>Operating activities</b>			
<b>Cash received</b>			
Net GST received		886,236	768,871
Section 74 receipts		213,164	119,754
<b>Total cash received</b>		<b>1,099,400</b>	888,625
<b>Cash used</b>			
Suppliers		(1,894,208)	(2,519,009)
Grants		(42,018,269)	(46,390,519)
<b>Total cash used</b>		<b>(43,912,477)</b>	(48,909,528)
<b>Net cash used by operating activities</b>		<b>(42,813,077)</b>	(48,020,903)
<b>Cash from Official Public Account</b>			
Appropriations		43,128,005	47,911,545
GST appropriation		782,796	996,434
<b>Total cash from Official Public Account</b>		<b>43,910,801</b>	48,907,979
<b>Cash to Official Public Account</b>			
Appropriations		(213,164)	(119,754)
Return of GST appropriations to the Official Public Account		(884,560)	(768,871)
<b>Total cash to Official Public Account</b>		<b>(1,097,724)</b>	(888,625)
Cash and cash equivalents at the beginning of the reporting period		88,851	90,400
<b>Cash and cash equivalents at the end of the reporting period</b>	4.1A	<b>88,851</b>	88,851

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

# Overview

## The basis of preparation

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

The financial statements have been prepared in accordance with:

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

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

## New accounting standards

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

## Taxation

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

## Reporting of administered activities

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

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

## Events after the reporting period

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

## Notes to the financial statements

1

### **Financial performance** p.125

This section analyses the financial performance of the OTA for the year ended 2019.

2

### **Income and expenses administered on behalf of Government** p.128

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

3

### **Financial position** p.129

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

4

### **Assets and liabilities administered on behalf of the Government** p.134

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

5

### **Appropriations** p.137

This section identifies the OTA's funding structure.

6

### **People and relationships** p.140

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

7

### **Managing uncertainties** p.143

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

8

### **Other information** p.150

Aggregate assets and liabilities.

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

## Note 1.1

### Expenses

	2019 (\$)	2018 (\$)
<b>1.1A Employee benefits</b>		
Wages and salaries	2,730,034	2,794,391
Superannuation:		
Defined benefits plans	250,481	321,733
Defined contribution plans	213,886	215,100
Leave and other entitlements	305,452	430,841
Other employee expenses	12,657	15,677
<b>Total employee benefits</b>	<b>3,512,510</b>	<b>3,777,742</b>

#### Accounting policy

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

	2019 (\$)	2018 (\$)
<b>1.1B Suppliers</b>		
<b>Goods and services supplied or rendered</b>		
Contractors and consultants	246,767	230,403
Equipment and software	476,887	384,233
Facilities	125,317	91,290
Staff recruitment and training	54,011	45,465
Travel	151,108	149,233
Office supplies and stationery	7,478	4,649
Printing and publishing	27,212	24,300
Resources received free of charge	103,000	86,000
Shared services MoU	252,126	252,610
Other	60,002	30,137
<b>Total goods and services supplied or rendered</b>	<b>1,503,908</b>	<b>1,298,320</b>
Goods supplied	44,862	4,649
Services rendered	1,459,046	1,293,671
<b>Total goods and services supplied or rendered</b>	<b>1,503,908</b>	<b>1,298,320</b>
<b>Other suppliers</b>		
Operating lease rentals	437,215	383,752
Workers compensation expenses	30,764	37,841
<b>Total other suppliers</b>	<b>467,979</b>	<b>421,593</b>
<b>Total suppliers</b>	<b>1,971,887</b>	<b>1,719,913</b>

## Note 1.1 / Expenses (cont.)

### Leasing commitments

The OTA in its capacity as lessee has entered into a new five-year non-cancellable operating lease at Childers Street, Canberra ACT, from 1 December 2018. Lease payments are subject to annual increases in accordance with lease agreements. The OTA no longer holds a lease for its London Circuit, Canberra ACT accommodation which was included in comparative figures.

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.

Commitments for minimum lease payments including GST in relation to non-cancellable operating leases are payable as follows:

	2019 (\$)	2018 (\$)
Within 1 year	309,764	323,931
Between 1 to 5 years	1,175,932	–
Total operating lease commitments	1,485,696	323,931

### Accounting policy

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



## Note 1.2

### Own-source revenue and gains

#### Own-source revenue

	2019 (\$)	2018 (\$)
<b>1.2A Resources received free of charge</b>		
Resources received free of charge	103,000	86,000
<b>Total other revenue</b>	<b>103,000</b>	<b>86,000</b>

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

#### Accounting policy

##### Resources received free of charge

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

#### Revenue from Government

	2019 (\$)	2018 (\$)
<b>1.2B Revenue from Government</b>		
<b>Appropriations</b>		
Departmental appropriations	5,461,000	5,453,000
<b>Total revenue from Government</b>	<b>5,461,000</b>	<b>5,453,000</b>

#### Accounting policy

##### Revenue from Government

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

## Note 2.1

### Administered – expenses

	2019 (\$)	2018 (\$)
<b>2.1A Suppliers</b>		
<b>Goods and services supplied or rendered</b>		
Board fees	221,621	189,151
Contractors	326,951	196,403
Consultants	–	98,843
Public relations and research	197,665	339,850
Travel	147,745	135,481
Software licence and maintenance	587,754	601,604
Other	624,383	756,552
<b>Total cash from Official Public Account</b>	<b>2,106,119</b>	<b>2,317,884</b>
Services rendered	2,106,119	2,317,884
<b>Total goods and services supplied or rendered</b>	<b>2,106,119</b>	<b>2,317,884</b>
<b>2.1B Grants</b>		
<b>Public sector</b>		
State and Territory Governments	35,280,530	32,999,608
<b>Private sector</b>		
Not-for-profit organisations	5,757,272	6,797,758
<b>Total grants</b>	<b>41,037,802</b>	<b>39,797,366</b>

#### Accounting policy

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

## Note 3.1

### Financial assets

	2019 (\$)	2018 (\$)
<b>3.1A Cash and cash equivalents</b>		
Cash on hand or on deposit	94,059	71,282
<b>Total cash and cash equivalents</b>	<b>94,059</b>	<b>71,282</b>
<b>3.1B Trade and other receivables</b>		
<b>Goods and services receivables</b>		
Other	64,296	108,274
<b>Total goods and services receivables</b>	<b>64,296</b>	<b>108,274</b>
<b>Appropriations receivables</b>		
Appropriation receivable	2,033,738	1,837,464
<b>Total appropriations receivables</b>	<b>2,033,738</b>	<b>1,837,464</b>
<b>Other receivables</b>		
GST receivable from the Australian Taxation Office	38,747	21,851
<b>Total other receivables</b>	<b>38,747</b>	<b>21,851</b>
<b>Total trade and other receivables (gross)</b>	<b>2,136,781</b>	<b>1,967,589</b>
<b>Total trade and other receivables (net)</b>	<b>2,136,781</b>	<b>1,967,589</b>

No indicators of impairment were found for trade and other receivables in 2019 (2018: nil).

Credit terms for goods and services were within 30 days (2018: 30 days).

#### Accounting policy

##### Financial assets

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

## Note 3.2

### Non-financial assets

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

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

	Buildings (\$)	Property, plant and equipment (\$)	Computer software (\$)	Total (\$)
<b>As at 1 July 2018</b>				
Gross book value	96,900	86,130	2,456,345	2,639,375
Accumulated depreciation, amortisation and impairment	–	–	(1,329,083)	(1,329,083)
<b>Total as at 1 July 2018</b>	<b>96,900</b>	<b>86,130</b>	<b>1,127,262</b>	<b>1,310,292</b>
Additions				
Purchase	69,728	56,654	156,199	282,581
Other – fitout	281,155	–	–	281,155
Revaluations and impairments recognised in other comprehensive income	–	(3,856)	–	(3,856)
Depreciation and amortisation	(133,551)	(50,795)	(378,046)	(562,392)
<b>Total as at 30 June 2019</b>	<b>314,232</b>	<b>88,133</b>	<b>905,415</b>	<b>1,307,780</b>
<b>Total as at 30 June 2019 represented by</b>				
Gross book value	314,232	88,133	2,612,544	3,014,909
Accumulated depreciation, amortisation and impairment	–	–	(1,707,129)	(1,707,129)
<b>Total as at 30 June 2019 represented by</b>	<b>314,232</b>	<b>88,133</b>	<b>905,415</b>	<b>1,307,780</b>

\$314,232 of total buildings (leasehold improvements) refers to the office fitout at Childers Street, Canberra ACT. \$96,900 of total buildings (leasehold improvements) in 2018 refers to the office fitout at London Circuit, Canberra ACT. No indicators of impairment were found for buildings. No buildings are expected to be sold or disposed of within the next 12 months.

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

#### Revaluations of non-financial assets

All revaluations were conducted in accordance with the revaluation policy stated at Note 3.2A. At 30 June 2019, an independent valuer, Jones Lang LaSalle Public Sector Valuations (JLL), conducted a full revaluation.

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

There are no contractual commitments for the acquisition of property, plant and equipment.  
There are no contractual commitments for the acquisition of intangible assets as at 30 June 2019.

In 2018 a contractual commitment existed for the development and implementation of software.

Commitments for the acquisition of intangible assets are payable as follows:

	2019 (\$)	2018 (\$)
Within 1 year	-	79,722
Total intangible asset commitments	-	79,722

### Accounting policy

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

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

### Asset recognition threshold

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

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

### Revaluations

Following initial recognition at cost, property, plant and equipment are 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.

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

## Note 3.2 / Non-financial assets (cont.)

### Accounting policy

#### Depreciation

Depreciable property plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to the OTA using, in all cases, the straight-line method of depreciation.

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

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

	2019	2018
Buildings	<b>Lease term</b>	Lease term
Plant and Equipment	<b>3 to 5 years</b>	3 to 5 years

#### Impairment

All assets were assessed for impairment at 30 June 2019. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

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

#### Derecognition

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

#### Intangibles

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

Software is amortised on a straight-line basis over its anticipated useful life. The useful lives of the OTA's software are 1 to 5 years (2017–18: 1 to 5 years).

All software assets were assessed for indications of impairment as at 30 June 2019.

	2019 (\$)	2018 (\$)
<b>3.2B Other non-financial assets</b>		
Prepayments	<b>88,459</b>	111,520
<b>Total other non-financial assets</b>	<b>88,459</b>	111,520

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

## Note 3.3

### Payables

	2019 (\$)	2018 (\$)
<b>3.3A Suppliers</b>		
Trade creditors and accruals	352,792	197,284
<b>Total suppliers</b>	<b>352,792</b>	<b>197,284</b>
Settlement was usually made within 30 days.		
<b>3.3B Other payables</b>		
Salaries and wages	23,512	31,110
Superannuation	4,017	4,149
Lease incentive	303,564	-
Other	114,305	81,650
<b>Total other payables</b>	<b>445,398</b>	<b>116,909</b>



## Note 4.1

### Administered – financial assets

	2019 (\$)	2018 (\$)
<b>4.1A Cash and cash equivalents</b>		
Cash on hand or on deposit	88,851	88,851
<b>Total cash and cash equivalents</b>	<b>88,851</b>	<b>88,851</b>
<b>4.1B Trade and other receivables</b>		
Goods and services receivables	305,436	212,135
<b>Total goods and services receivables</b>	<b>305,436</b>	<b>212,135</b>
<b>Other receivables</b>		
GST receivable from the Australian Taxation Office	258,365	320,908
<b>Total other receivables</b>	<b>258,365</b>	<b>320,908</b>
<b>Total trade and other receivables (gross)</b>	<b>563,801</b>	<b>533,043</b>
<b>Total trade and other receivables (net)</b>	<b>563,801</b>	<b>533,043</b>

No indicators of impairment were found for trade and other receivables in 2019 (2018: nil).

Credit terms for goods and services were within 30 days (2018: 30 days).

**Note 4.2**  
**Administered – non-financial assets**

	2019 (\$)	2018 (\$)
<b>4.2A Other non-financial assets</b>		
Prepayments	-	207,675
<b>Total other non-financial assets</b>	-	207,675

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

## Note 4.3

### Administered – payables

	2019 (\$)	2018 (\$)
<b>4.3A Suppliers</b>		
Trade creditors and accruals	250,788	194,171
<b>Total suppliers</b>	<b>250,788</b>	<b>194,171</b>

Settlement was usually made within 30 days.

<b>4.3B Grants</b>		
State and Territory Governments	6,991,014	5,890,156
Non-profit organisations	1,456,938	2,460,486
<b>Total grants</b>	<b>8,447,952</b>	<b>8,350,642</b>

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

## Note 5.1

### Appropriations

	2019 (\$)	2018 (\$)
<b>5.1A Annual Appropriations ('recoverable GST exclusive')</b>		
<b>Departmental</b>		
<b>Ordinary annual services</b>		
Annual appropriation	<b>5,461,000</b>	5,453,000
Receipts retained under PGPA Act – Section 74	<b>151,118</b>	62,425
Total appropriation	<b>5,612,118</b>	5,515,425
Appropriation applied (current and prior years)	<b>5,393,067</b>	5,456,648
<b>Variance</b>	<b>219,051</b>	58,777
<b>Capital Budget</b>		
Annual departmental capital budget <sup>1</sup>	<b>249,000</b>	251,000
Payments for non-financial assets <sup>2</sup>	<b>249,000</b>	251,000
<b>Variance</b>	<b>-</b>	-
<b>Administered</b>		
<b>Ordinary annual services</b>		
Annual appropriation	<b>43,148,000</b>	42,116,000
Receipts retained under PGPA Act – Section 74	<b>213,164</b>	119,754
Total appropriation	<b>43,361,164</b>	42,235,754
Appropriation applied (current and prior years)	<b>43,128,005</b>	47,913,094
<b>Variance<sup>3</sup></b>	<b>233,159</b>	(5,677,340)

- 1 Departmental capital budgets are appropriated through Appropriation Acts (No. 1, 3, 5). They form part of ordinary annual services, and are not separately identified in the Appropriation Acts.
- 2 Payments made on non-financial assets include purchases of assets and expenditure on assets which have been capitalised.
- 3 The 2019 Administered variance reflects movement in grant and supplier payables. The 2018 Administered variance reflects payment of prior year liabilities and timing of grant and supplier payments made prior to 30 June 2018.

## Note 5.1 / Appropriations (cont.)

	2019 (\$)	2018 (\$)
<b>5.1B Unspent annual appropriations ('recoverable GST exclusive')</b>		
<b>Departmental</b>		
Appropriation Act (No.1) 2016-17	-	30,838
Appropriation Act (No.1) 2017-18	-	1,806,626
Appropriation Act (No.1) 2018-19	<b>2,033,738</b>	-
Cash at bank	<b>94,059</b>	71,282
<b>Total departmental</b>	<b>2,127,797</b>	1,908,746
<b>Administered</b>		
Appropriation Act (No.1) 2016-17	<b>1,030</b>	1,030
Appropriation Act (No.1) 2017-18	<b>1,000</b>	8,049,522
Appropriation Act (No.1) 2018-19	<b>8,281,681</b>	-
Cash at bank	<b>88,851</b>	88,851
<b>Total administered</b>	<b>8,372,562</b>	8,139,403

## Note 5.2

### Net cash appropriation arrangements

	2019 (\$)	2018 (\$)
<b>Total comprehensive income less depreciation/amortisation expenses previously funded through revenue appropriations</b>	<b>75,748</b>	38,299
Plus: depreciation/amortisation expenses previously funded through revenue appropriation	<b>(562,392)</b>	(442,383)
<b>Total comprehensive loss – as per the Statement of comprehensive income</b>	<b>(486,644)</b>	(404,084)
<b>Total comprehensive loss – as per the Statement of comprehensive income</b>	<b>(486,644)</b>	(404,084)

## Note 6.1

### Employee provisions

	2019 (\$)	2018 (\$)
<b>6.1A Employee provisions</b>		
Leave	1,022,082	1,102,039
<b>Total employee provisions</b>	<b>1,022,082</b>	<b>1,102,039</b>

#### Accounting policy

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

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

#### Leave

The liability for employee benefits includes provision for annual leave and long service leave.

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

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

#### Separation and redundancy

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

#### Superannuation

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

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

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

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

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



## Note 6.2

### Key management personnel remuneration

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

	2019 (\$)	2018 (\$)
Short-term employee benefits	478,045	1,043,063
Post-employment benefits	64,435	96,193
Other long-term employee benefits	7,444	48,794
<b>Total key management personnel remuneration expenses<sup>1</sup></b>	<b>549,924</b>	<b>1,188,050</b>

The total number of key management personnel that are included in the above table are 7 (2018: 10).

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

## Note 6.3

### Related Party Disclosures

#### Related party relationships

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

#### Transactions with related parties

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

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

# Note 7.1

## Contingent assets and liabilities

### 7.1A Contingent asset and liabilities

#### Quantifiable contingencies

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

#### Unquantifiable contingencies

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

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

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#### Accounting policy

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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.

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### 7.1B Administered contingent liabilities and assets

#### Quantifiable administered contingencies

The OTA had no quantifiable contingencies at reporting date.

#### Unquantifiable administered contingencies

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

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#### Accounting policy

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#### Indemnities and/or guarantees

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

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## Note 7.2

### Financial instruments

	2019 (\$)	2018 (\$)
<b>7.2A Categories of financial instruments</b>		
<b>Financial assets under AASB 139</b>		
<b>Loans and receivables</b>		
Cash and cash equivalents		71,282
Trade and other receivables		108,274
<b>Total loans and receivables</b>		179,556
<b>Total financial assets</b>		179,556

#### Financial assets under AASB 9

##### Financial assets at amortised cost

Cash and cash equivalents	94,059
Trade and other receivables	64,296
<b>Total financial assets at amortised cost</b>	<b>158,355</b>

#### Financial liabilities

##### Financial liabilities measured at amortised cost

Trade creditors	352,792	197,284
Other payables	-	-
<b>Total financial liabilities measured at amortised cost</b>	<b>352,792</b>	197,284
<b>Total financial liabilities</b>	<b>352,792</b>	197,284

#### Classification of financial assets on the date of initial application of AASB 9

Financial assets class	Note	AASB 139 original classification	AASB 9 new classification	AASB 139 carrying amount at 1 July 2018	AASB 9 carrying amount at 1 July 2018
Cash and cash equivalents	3.1A	Loans and receivables	Amortised cost	71,282	71,282
Trade and other receivables	3.1B	Loans and receivables	Amortised cost	108,274	108,274
<b>Total financial assets</b>				<b>179,556</b>	<b>179,556</b>

## Reconciliation of carrying amounts of financial assets on the date of initial application of AASB 9

	AASB 139 carrying amount at 30 June 2018	Reclassification	Remeasurement	AASB 9 carrying amount at 1 July 2018
<b>Financial assets at amortised cost</b>				
<b>Loans and receivables</b>				
Cash and cash equivalents	71,282	–	–	71,282
Trade and other receivables	108,274	–	–	108,274
<b>Total amortised cost</b>	<b>179,556</b>	<b>–</b>	<b>–</b>	<b>179,556</b>

The OTA has no reclassification or remeasurement of the carrying amount of financial assets based on measurement on AASB 139 at 30 June 2018 and the carrying amount of financial assets on the date of initial application of AASB 9 at 1 July 2018.

### Accounting policy

#### Financial assets

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

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

Comparatives have not been restated on initial application.

#### Financial assets at amortised cost

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

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

Amortised cost is determined using the effective interest method.

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**Accounting policy**

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**Effective interest method**

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

**Impairment of financial assets**

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

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

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

**Financial liabilities**

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

**Financial liabilities at amortised cost**

Other financial liabilities include supplier and other payables, which are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

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**7.2B Net gains or losses on financial assets**

There is no interest income and expense from financial assets not at fair value through profit or loss in the years ending 30 June 2019 and 30 June 2018.

**7.2C Net income and expense from financial liabilities**

There is no interest income and expense from financial liabilities not at fair value through profit or loss in the years ending 30 June 2019 and 30 June 2018.

## Note 7.3

### Administered financial instruments

	2019 (\$)	2018 (\$)
<b>7.3A Categories of financial instruments</b>		
<b>Financial assets under AASB 139</b>		
<b>Loans and receivables</b>		
Cash and cash equivalents		88,851
Other receivables		212,135
<b>Total loans and receivables</b>		300,986
<b>Total financial assets</b>		300,986

#### Financial assets under AASB 9

##### Financial assets under amortised cost

Cash and cash equivalents	88,851
Other receivables	305,436
<b>Total financial assets at amortised cost</b>	<b>394,287</b>

#### Financial liabilities

##### Financial liabilities measured at amortised cost

Trade creditors	250,788	194,171
Grants payable	8,447,952	8,350,642
<b>Total financial liabilities measured at amortised cost</b>	<b>8,698,740</b>	8,544,813
<b>Total financial liabilities</b>	<b>8,698,740</b>	8,544,813

#### Classification of financial assets on the date of initial application of AASB 9

Financial assets class	Note	AASB 139 original classification	AASB 9 new classification	AASB 139 carrying amount at 1 July 2018	AASB 9 carrying amount at 1 July 2018
Cash and cash equivalents	4.1A	Loans and receivables	Amortised cost	88,851	88,851
Other receivables	4.1B	Loans and receivables	Amortised cost	212,135	212,135
<b>Total financial assets</b>				<b>300,986</b>	<b>300,986</b>

**Reconciliation of carrying amounts of financial assets on the date of initial application of AASB 9**

	AASB 139 carrying amount at 30 June 2018	Reclassification	Remeasurement	AASB 9 carrying amount at 1 July 2018
<b>Financial assets at amortised cost</b>				
<b>Loans and receivables</b>				
Cash and cash equivalents	88,851	–	–	88,851
Other receivables	212,135	–	–	212,135
<b>Total amortised cost</b>	<b>300,986</b>	<b>–</b>	<b>–</b>	<b>300,986</b>

The OTA has no reclassification or remeasurement of the carrying amount of financial assets based on measurement on AASB 139 at 30 June 2018 and the carrying amount of financial assets on the date of initial application of AASB 9 at 1 July 2018.

**7.3B Net gains or losses on financial assets**

There is no interest income or expense from financial assets not at fair value through profit or loss in the years ending 30 June 2019 and 30 June 2018.

**7.3C Net gains or losses on financial liabilities**

There is no interest income or expense from financial liabilities not at fair value through profit or loss in the years ending 30 June 2019 and 30 June 2018.



## Note 7.4

### Fair value measurements

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

#### Accounting policy

The OTA engaged the services of an independent valuer to conduct a detailed external valuation of all non-financial assets at 30 June 2019 and has relied upon those outcomes to establish carrying amounts. An annual assessment is undertaken to determine whether the carrying amount of the assets is materially different from the fair value. Comprehensive valuations carried out at least once every three years. The independent valuer has provided written assurance to the OTA that the models developed are in compliance with AASB 13.

#### 7.4A Fair value measurements

	Fair value measurements at the end of the reporting period	
	2019 (\$)	2018 (\$)
<b>Non-financial assets</b>		
Buildings <sup>1</sup>	314,232	96,900
Property, plant and equipment <sup>1</sup>	88,133	86,130
<b>Total non-financial assets</b>	<b>402,365</b>	183,030

1 No non-financial assets were measured at fair value on a non-recurring basis as at 30 June 2019 (2018: Nil).

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

## Note 8.1

### Aggregate assets and liabilities

	2019 (\$)	2018 (\$)
<b>8.1A Departmental – Aggregate assets and liabilities</b>		
<b>Assets expected to be recovered in</b>		
No more than 12 months	2,303,421	2,150,391
More than 12 months	1,323,658	1,310,292
<b>Total assets</b>	<b>3,627,079</b>	<b>3,460,683</b>
<b>Liabilities expected to be settled in</b>		
No more than 12 months	894,405	592,487
More than 12 months	925,867	823,745
<b>Total liabilities</b>	<b>1,820,272</b>	<b>1,416,232</b>

#### 8.1B Administered – Aggregate assets and liabilities

<b>Assets expected to be recovered in:</b>		
No more than 12 months	652,652	829,569
More than 12 months	-	-
<b>Total assets</b>	<b>652,652</b>	<b>829,569</b>
<b>Liabilities expected to be settled in</b>		
No more than 12 months	8,698,740	8,544,813
More than 12 months	-	-
<b>Total liabilities</b>	<b>8,698,740</b>	<b>8,544,813</b>



## **Appendices**

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**Appendix 1: Key stakeholders**

**Appendix 2: Abbreviations**

**Appendix 3: Glossary**

**Appendix 4: List of requirements**

**Appendix 5: Alphabetical index**



# Appendix 1

## Key stakeholders

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

### Government

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

### Professional associations

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

- Eye Bank Association of Australia and New Zealand
- The Pharmacy Guild of Australia
- The Royal Australian College of General Practitioners
- Transplant Nurses Association
- Transplantation Society of Australia and New Zealand

### Eye and tissue banks

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

### Community

- Aussie Transplant Mates
- Council of Governors of Lions Australia
- David Hookes Foundation
- Donor Families Australia
- Donor Mate
- Eurobodalla Renal Support Group
- Ethan 'Jimmy' Seccull Foundation
- Gift of Life Inc
- Gift of Life Foundation

- Heart and Lung Transplant Trust
- Herd of Hope
- James Ackerman Family Trust Fund
- Kidney Health Australia
- Liver Kids Australia Inc
- Lucky Stars Australia Transplant Cricket Inc
- Organ Donation and Transplant Foundation of WA
- Saffron Day
- Sammy D Foundation
- Students and Volunteers for Organ Donation
- The Nathan Gremmo Community Fund Inc
- The Sweetest Gift (NSW)
- Transplant Australia
- Zaidee's Rainbow Foundation

### **Donation and transplantation outcome registries**

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

### **Other organisations**

- Australian Football League
- Australian Red Cross Blood Service
- Football Federation Australia
- National Rugby League
- ShareLife
- Tonic Health Media
- Transplant Connect

### **International organisations**

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

## Appendix 2

### Abbreviations

<b>AC</b>	Companion of the Order of Australia	<b>OTA</b>	Australian Organ and Tissue Donation and Transplantation Authority/Organ and Tissue Authority
<b>ACT</b>	Australian Capital Territory		
<b>AFL</b>	Australian Football League	<b>P.A.R.T.Y</b>	Prevention of Alcohol and Risk-related Trauma in Youth program
<b>AKX</b>	Australian Paired Kidney Exchange Program	<b>PwC</b>	PricewaterhouseCoopers
<b>AM</b>	Member of the Order of Australia	<b>QLD</b>	Queensland
<b>ANZICS</b>	Australian and New Zealand Intensive Care Society	<b>SA</b>	South Australia
<b>ANZKX</b>	Australian and New Zealand Paired Kidney Exchange Program	<b>SES</b>	Senior Executive Service
<b>AO</b>	Officer of the Order of Australia	<b>TAS</b>	Tasmania
<b>AODR</b>	Australian Organ Donor Register	<b>TLRG</b>	Transplant Liaison Reference Group
<b>APS</b>	Australian Public Service	<b>trpmp</b>	transplant recipients per million population
<b>CEO</b>	Chief Executive Officer	<b>TSANZ</b>	Transplantation Society of Australia and New Zealand
<b>CGC</b>	Clinical Governance Committee	<b>VSEAC</b>	Vigilance and Surveillance Expert Advisory Committee
<b>COAG</b>	Council of Australian Governments	<b>VIC</b>	Victoria
<b>CPIP</b>	Clinical Practice Improvement Program	<b>WA</b>	Western Australia
<b>DBD</b>	donation after brain death		
<b>DCD</b>	donation after circulatory death		
<b>DLN</b>	DonateLife Network		
<b>dpmp</b>	donors per million population		
<b>ED</b>	emergency department		
<b>FDC</b>	family donation conversation		
<b>FFA</b>	Football Federation Australia		
<b>GST</b>	goods and services tax		
<b>ICU</b>	intensive care unit		
<b>IDAT</b>	Introductory Donation Awareness Training		
<b>JAG</b>	Jurisdictional Advisory Group		
<b>KPI</b>	key performance indicator		
<b>MP</b>	Member of Parliament		
<b>NOMS</b>	National Organ Matching System		
<b>NSW</b>	New South Wales		
<b>NT</b>	Northern Territory		

## Appendix 3

### Glossary

<b>Audit Committee</b>	A committee established in accordance with Section 17 of the PGPA Rule to provide independent advice and assurance to the OTA Board, as the accountable authority, particularly in relation to risk control, compliance frameworks, and external accountabilities.
<b>Australian Organ and Tissue Donation and Transplantation Authority (OTA)</b>	A statutory body established under the <i>Australian Organ and Tissue Donation and Transplantation Authority Act 2008</i> to deliver the national program. Also known as the Organ and Tissue Authority (OTA).
<b>Australian and New Zealand Paired Kidney Exchange (ANZKX) Program</b>	A kidney paired donation program between Australia and New Zealand. It aims to increase living donor kidney transplants for patients who are eligible for a kidney transplant and have a living donor who is willing but unable to donate because of an incompatible blood type or tissue type. Incompatible pairs are enrolled in the program and are matched against other incompatible pairs.
<b>Best practice guideline for offering organ and tissue donation in Australia</b>	A guideline developed to outline the preferred approach when speaking with families about organ donation. The guideline includes the goals of family communication, staff roles and responsibilities, timing and elements of the family donation conversation, training requirements and review of practice.
<b>Clinical guidelines for organ transplantation from deceased donors</b>	Guidelines developed by the Transplantation Society of Australia and New Zealand that inform eligibility and assessment criteria for organ transplantation, and protocols for the allocation of deceased donor organs to wait-listed patients.
<b>Clinical Practice Improvement Program (CPIP) Phase 3</b>	A program that comprises seven elements of clinical strategic focus with associated reportable key performance indicators (KPIs). These KPIs are key to achieving best-practice organ and tissue donation in the intensive care and emergency department environment. The CPIP Phase 3 elements are implemented in all DonateLife hospitals and are fundamental to the work of hospital donation specialists and the DonateLife Agencies.
<b>Consent rate</b>	The number of consents as a percentage of all requests made to potential deceased donor families.
<b>DonateLife</b>	The Australian Government brand for all initiatives undertaken as part of the national program to increase organ and tissue donation for transplantation.
<b>DonateLife Agencies</b>	Agencies responsible for delivering the national program in their respective state or territory. They employ specialist staff in organ and tissue donation coordination, professional education, donor family support, communications, and data and audit roles.
<b>DonateLife Audit</b>	A nationally consistent retrospective audit to collect data about hospital deaths in the context of organ donation.
<b>DonateLife Network</b>	The national network of state-based organ and tissue donation agencies and hospital-based staff focused on increasing organ and tissue donation.
<b>DonateLife Thank You Day</b>	A national day to acknowledge organ and tissue donors and families who agreed to donation
<b>DonateLife Week</b>	A national awareness week promoting organ and tissue donation

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



## Appendix 4

### List of requirements

PGPA Rule Reference	Description	Requirement	Page
<b>17AD(g)</b>	<b>Letter of transmittal</b>		
17AI	A copy of the letter of transmittal signed and dated by accountable authority on date final text approved, with statement that the report has been prepared in accordance with section 46 of the Act and any enabling legislation that specifies additional requirements in relation to the annual report.	Mandatory	vi
<b>17AD(h)</b>	<b>Aids to access</b>		
17AJ(a)	Table of contents.	Mandatory	vii–viii
17AJ(b)	Alphabetical index.	Mandatory	162–165
17AJ(c)	Glossary of abbreviations and acronyms.	Mandatory	154
17AJ(d)	List of requirements.	Mandatory	157–161
17AJ(e)	Details of contact officer.	Mandatory	IFC
17AJ(f)	Entity's website address.	Mandatory	IFC, BC
17AJ(g)	Electronic address of report.	Mandatory	IFC
<b>17AD(a)</b>	<b>Review by accountable authority</b>		
17AD(a)	A review by the accountable authority of the entity.	Mandatory	2–4
<b>17AD(b)</b>	<b>Overview of the entity</b>		
17AE(1)(a)(i)	A description of the role and functions of the entity.	Mandatory	8
17AE(1)(a)(ii)	A description of the organisational structure of the entity.	Mandatory	9–10
17AE(1)(a)(iii)	A description of the outcomes and programmes administered by the entity.	Mandatory	18
17AE(1)(a)(iv)	A description of the purposes of the entity as included in corporate plan.	Mandatory	24
17AE(1)(aa)(i)	Name of the accountable authority or each member of the accountable authority.	Mandatory	8–9
17AE(1)(aa)(ii)	Position title of the accountable authority or each member of the accountable authority.	Mandatory	9
17AE(1)(aa)(iii)	Period as the accountable authority or member of the accountable authority within the reporting period.	Mandatory	9
17AE(1)(b)	An outline of the structure of the portfolio of the entity.	Portfolio departments – mandatory	N/A
17AE(2)	Where the outcomes and programs administered by the entity differ from any Portfolio Budget Statement, Portfolio Additional Estimates Statement or other portfolio estimates statement that was prepared for the entity for the period, include details of variation and reasons for change.	If applicable, mandatory	N/A

PGPA Rule Reference	Description	Requirement	Page
<b>17AD(c)</b>	<b>Report on the Performance of the entity</b>		
	<b>Annual performance Statements</b>		
17AD(c)(i); 16F	Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule.	Mandatory	24–28
<b>17AD(c)(ii)</b>	<b>Report on Financial Performance</b>		
17AF(1)(a)	A discussion and analysis of the entity's financial performance.	Mandatory	4, 22–23
17AF(1)(b)	A table summarising the total resources and total payments of the entity.	Mandatory	20–21
17AF(2)	If there may be significant changes in the financial results during or after the previous or current reporting period, information on those changes, including: the cause of any operating loss of the entity; how the entity has responded to the loss and the actions that have been taken in relation to the loss; and any matter or circumstances that it can reasonably be anticipated will have a significant impact on the entity's future operation or financial results.	If applicable, mandatory	N/A
<b>17AD(d)</b>	<b>Management and Accountability</b>		
	<b>Corporate Governance</b>		
17AG(2)(a)	Information on compliance with section 10 (fraud systems)	Mandatory	89
17AG(2)(b)(i)	A certification by accountable authority that fraud risk assessments and fraud control plans have been prepared.	Mandatory	89
17AG(2)(b)(ii)	A certification by accountable authority that appropriate mechanisms for preventing, detecting incidents of, investigating or otherwise dealing with, and recording or reporting fraud that meet the specific needs of the entity are in place.	Mandatory	89
17AG(2)(b)(iii)	A certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud relating to the entity.	Mandatory	89
17AG(2)(c)	An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance.	Mandatory	88–90
17AG(2)(d) – (e)	A statement of significant issues reported to Minister under paragraph 19(1)(e) of the Act that relates to non compliance with Finance law and action taken to remedy non compliance.	If applicable, mandatory	N/A
	<b>External Scrutiny</b>		
17AG(3)	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny.	Mandatory	90
17AG(3)(a)	Information on judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner that may have a significant effect on the operations of the entity.	If applicable, mandatory	N/A

PGPA Rule Reference	Description	Requirement	Page
17AG(3)(b)	Information on any reports on operations of the entity by the Auditor General (other than report under section 43 of the Act), a Parliamentary Committee, or the Commonwealth Ombudsman.	If applicable, mandatory	N/A
17AG(3)(c)	Information on any capability reviews on the entity that were released during the period.	If applicable, mandatory	N/A
<b>Management of Human Resources</b>			
17AG(4)(a)	An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives.	Mandatory	91–97
17AG(4)(aa)	Statistics on the entity's employees on an ongoing and non ongoing basis, including the following: (a) statistics on full time employees; (b) statistics on part time employees; (c) statistics on gender; (d) statistics on staff location.	Mandatory	92–95
17AG(4)(b)	Statistics on the entity's APS employees on an ongoing and non ongoing basis; including the following: — Statistics on staffing classification level; — Statistics on full time employees; — Statistics on part time employees; — Statistics on gender; — Statistics on staff location; — Statistics on employees who identify as Indigenous.	Mandatory	91–95
17AG(4)(c)	Information on any enterprise agreements, individual flexibility arrangements, Australian workplace agreements, common law contracts and determinations under subsection 24(1) of the <i>Public Service Act 1999</i> .	Mandatory	91, 96
17AG(4)(c)(i)	Information on the number of SES and non SES employees covered by agreements etc identified in paragraph 17AG(4)(c).	Mandatory	96
17AG(4)(c)(ii)	The salary ranges available for APS employees by classification level.	Mandatory	96
17AG(4)(c)(iii)	A description of non salary benefits provided to employees.	Mandatory	97
17AG(4)(d)(i)	Information on the number of employees at each classification level who received performance pay.	If applicable, mandatory	N/A
17AG(4)(d)(ii)	Information on aggregate amounts of performance pay at each classification level.	If applicable, mandatory	N/A
17AG(4)(d)(iii)	Information on the average amount of performance payment, and range of such payments, at each classification level.	If applicable, mandatory	N/A
17AG(4)(d)(iv)	Information on aggregate amount of performance payments.	If applicable, mandatory	N/A

PGPA Rule Reference	Description	Requirement	Page
<b>Assets Management</b>			
17AG(5)	An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities.	If applicable, mandatory	99
<b>Purchasing</b>			
17AG(6)	An assessment of entity performance against the <i>Commonwealth Procurement Rules</i> .	Mandatory	99
<b>Consultants</b>			
17AG(7)(a)	A summary statement detailing the number of new contracts engaging consultants entered into during the period; the total actual expenditure on all new consultancy contracts entered into during the period (inclusive of GST); the number of ongoing consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting year on the ongoing consultancy contracts (inclusive of GST).	Mandatory	101
17AG(7)(b)	A statement that <i>"During [reporting period], [specified number] new consultancy contracts were entered into involving total actual expenditure of \$[specified million]. In addition, [specified number] ongoing consultancy contracts were active during the period, involving total actual expenditure of \$[specified million]"</i> .	Mandatory	101
17AG(7)(c)	A summary of the policies and procedures for selecting and engaging consultants and the main categories of purposes for which consultants were selected and engaged.	Mandatory	101
17AG(7)(d)	A statement that <i>"Annual reports contain information about actual expenditure on contracts for consultancies. Information on the value of contracts and consultancies is available on the AusTender website."</i>	Mandatory	101
<b>Australian National Audit Office Access Clauses</b>			
17AG(8)	If an entity entered into a contract with a value of more than \$100 000 (inclusive of GST) and the contract did not provide the Auditor General with access to the contractor's premises, the report must include the name of the contractor, purpose and value of the contract, and the reason why a clause allowing access was not included in the contract.	If applicable, mandatory	99
<b>Exempt contracts</b>			
17AG(9)	If an entity entered into a contract or there is a standing offer with a value greater than \$10 000 (inclusive of GST) which has been exempted from being published in AusTender because it would disclose exempt matters under the FOI Act, the annual report must include a statement that the contract or standing offer has been exempted, and the value of the contract or standing offer, to the extent that doing so does not disclose the exempt matters.	If applicable, mandatory	99

PGPA Rule Reference	Description	Requirement	Page
<b>Small business</b>			
17AG(10)(a)	A statement that “[Name of entity] supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance’s website.”	Mandatory	99
17AG(10)(b)	An outline of the ways in which the procurement practices of the entity support small and medium enterprises.	Mandatory	99
17AG(10)(c)	If the entity is considered by the Department administered by the Finance Minister as material in nature—a statement that “[Name of entity] recognises the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury’s website.”	If applicable, mandatory	100
<b>Financial Statements</b>			
17AD(e)	Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.	Mandatory	103–150
<b>Executive Remuneration</b>			
17AD(da)	Information about executive remuneration in accordance with Subdivision C of Division 3A of Part 2–3 of the Rule.	Mandatory	Not detailed in the annual report. Data provided to Department of Finance.
<b>17AD(f) Other Mandatory Information</b>			
17AH(1)(a)(i)	If the entity conducted advertising campaigns, a statement that “During [reporting period], the [name of entity] conducted the following advertising campaigns: [name of advertising campaigns undertaken]. Further information on those advertising campaigns is available at [address of entity’s website] and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance’s website.”	If applicable, mandatory	N/A
17AH(1)(a)(ii)	If the entity did not conduct advertising campaigns, a statement to that effect.	If applicable, mandatory	101
17AH(1)(b)	A statement that “Information on grants awarded by [name of entity] during [reporting period] is available at [address of entity’s website].”	If applicable, mandatory	100
17AH(1)(c)	Outline of mechanisms of disability reporting, including reference to website for further information.	Mandatory	100
17AH(1)(d)	Website reference to where the entity’s Information Publication Scheme statement pursuant to Part II of FOI Act can be found.	Mandatory	100
17AH(1)(e)	Correction of material errors in previous annual report	If applicable, mandatory	N/A
17AH(2)	Information required by other legislation	Mandatory	98, 100

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ANZKX, *see Australian and New Zealand Paired Kidney Exchange Program*

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