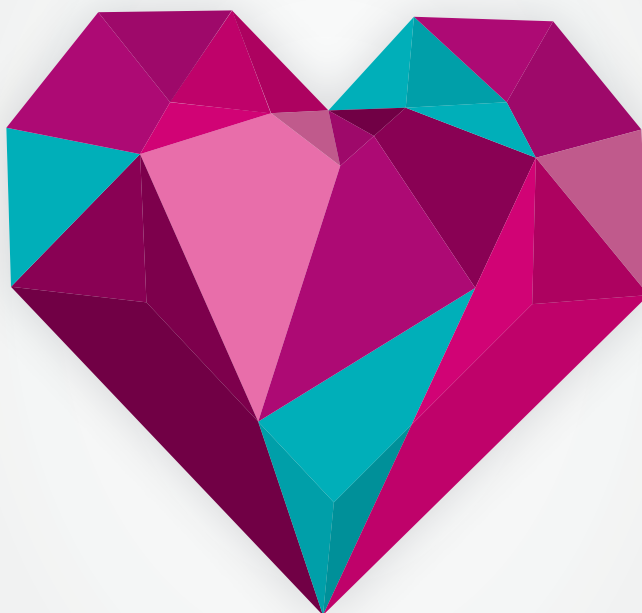




Australian Government

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



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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/annual-reports.

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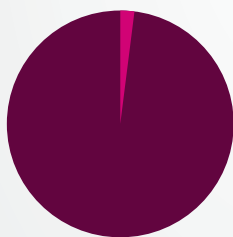
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Transplantation is a well-established and effective treatment that can save lives, restore health, improve quality of life, and offer significant cost benefits to the health system when compared with the ongoing cost of treatment for people requiring transplants.



The availability of transplantation as a treatment for members of the Australian community is wholly dependent on the preparedness of individuals and their families to consent to donation. It is possible for a single person to improve the lives of more than 10 people through organ and tissue donation.



Organ donation is a rare event: only around 1–2% of people who die in hospitals die in the specific circumstances required to be a potential organ donor.



THANK YOU

We thank and acknowledge the generous Australians and their families who save and transform the lives of transplant recipients through organ and tissue donation. This act of generosity by donor families has a profound impact on the Australians who receive a transplant, as well as their families and friends.

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This 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* (the PGPA Act) and associated rules.

This annual report provides details of the operations and performance of the Australian Organ and Tissue Donation and Transplantation Authority (also known as the Organ and Tissue Authority or OTA) in 2016–17. It is a key accountability document to our Minister and a key source of information to our stakeholders and the general public.

PART 1 – OVERVIEW

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

PART 2 – PERFORMANCE REPORTING

This section outlines our outcomes and program framework. It includes our Annual Performance Statement which reports on our performance measures as detailed in the 2016–17 Health Portfolio Budget Statements. It also includes financial reporting on Budget estimates and actual expenses for 2016–17, trend information about organ and tissue donation and transplantation, and a highlight report on the contribution of living donation to our outcomes.

PART 3 – COLLABORATING WITH OUR KEY STAKEHOLDERS

This section highlights the contribution of the DonatLife Network in each state and territory to the national reform program in 2016–17. It also highlights the work undertaken to engage and collaborate with our community stakeholders to increase consent rates by encouraging Australians to register their donation decision on the Australian Organ Donor Register and share their decision with their loved ones.

PART 4 – PROGRESS AGAINST OUR 2016–2020 STRATEGIC PLAN

This section provides a summary of progress made in 2016–17 against the 2016–2020 Strategic Plan objectives and strategies.

PART 5 – MANAGEMENT AND ACCOUNTABILITY

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

PART 6 – FINANCIAL STATEMENTS

This section presents the financial statements for the OTA in 2016–17.

PART 7 – APPENDICES

The appendices include a list of key stakeholders, a list of abbreviations, a glossary of terms used in the report, a list of tables and figures, a list of requirements for annual reports, and an alphabetical index.

LETTER OF TRANSMITTAL

Hon Ken Wyatt AM, MP
Minister for Aged Care
Minister for Indigenous Health
Parliament House
CANBERRA ACT 2600

Dear Minister

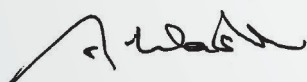
As the Chair of the Board of the Australian Organ and Tissue Donation and Transplantation Authority (the OTA), I am very pleased to provide you with the Annual Report for the period 1 July 2016 to 30 June 2017. This report describes our performance and functions as required under Section 46 of the Public Governance, Performance and Accountability Rule 2014.

The report, for your presentation to Parliament, fulfils the requirements outlined in the Resource Management Guide No. 135 Annual reports for non-corporate Commonwealth entities (May 2017) published by the Department of Finance.

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

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

Yours sincerely



Dr Mal Washer

Chair

Organ and Tissue Authority Board

18 September 2017

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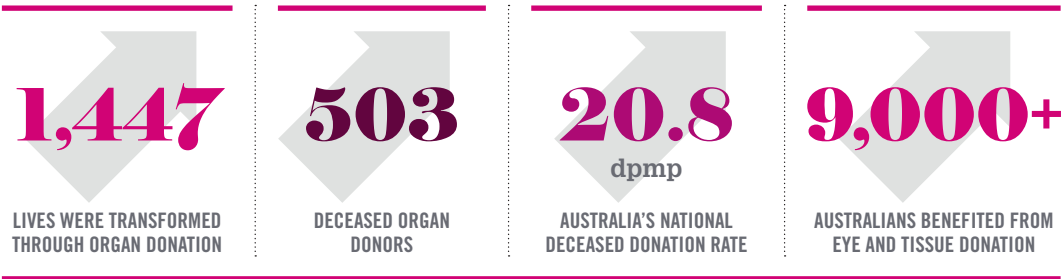
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CHIEF EXECUTIVE OFFICER'S REVIEW

Record donation and transplantation outcomes in 2016 were the result of donor families' generosity and strengthened collaboration between the Organ and Tissue Authority (OTA), our DonateLife donation and transplantation sectors, eye and tissue banks, and our community stakeholders.



In 2016, 1,447 lives were transformed through the generosity of 503 deceased organ donors and their families. This represents more than double the number of deceased donors since the national reform program started in 2009. There were a further 267 living organ donors, 44 of whom came through the Australian Paired Kidney Exchange program. In addition over 9,000 Australians benefited from eye and tissue donation. The 2016 results show that we are delivering sustained and substantial growth in donation and transplantation.



Ms Ann Smith | Chief Executive Officer (Acting)

In March 2017 Ms Felicity McNeill PSM concluded her appointment as Chief Executive Officer (acting) of the OTA. I would like to recognise Felicity's contribution and leadership during her time at the OTA.

Australia's national deceased donation rate in 2016 was 20.8 donors per million population (dpmp), exceeding the 2016 national target of 20.5 dpmp agreed by all Australian Government Health Ministers.

These results have been achieved thanks to the generosity of those Australians who made the decision for their loved one to become an organ or tissue donor, and those who made the decision to become a living organ donor.

The results are a tribute to the efforts of a wide range of individuals and organisations, from community groups and religious and cultural leaders to the health care professionals involved in the donation and transplantation sectors.

COMMUNITY AWARENESS AND STAKEHOLDER ENGAGEMENT

Engagement and collaboration with our community partners was a key priority during 2016–17.

Registration and knowledge of donation decisions has a profound influence on increasing consent rates in Australia and providing a degree of certainty and comfort for families. In 2016–17 we worked with our community partners to educate the Australian community about the need for family discussion and registration of organ and tissue donation decisions.

The highlight was DonateLife Week 2016 with a theme of ‘What are you waiting for? Join the Australian Organ Donor Register online today to save lives – donatelife.gov.au.’ Over 130 community events took place around Australia throughout the week, supported by a social media campaign to broaden the impact. Encouraging Australians to register their donation decision was also a focus of our other community awareness and education activities that were ongoing throughout the year.

In March 2017 the OTA arranged a Community Consultative Forum to explore the issue of donor families and transplant recipients having the option to connect when they wish to do so. The forum provided an opportunity for open discussion of different stakeholder experiences and perspectives around this issue. There was strong community engagement and the outcomes are helping to inform policy and practices for the future.

A one-day national DonateLife Forum was held in May 2017. The forum was attended by DonateLife Network staff, OTA staff, and eye and tissue sector personnel, as well as transplantation sector and community representatives. The forum theme was ‘Where to from here?’ and the format comprised a combination of invited speakers and abstract sessions. Dr Dale Gardiner, United Kingdom Deputy National Clinical Lead for Organ Donation for National Health Service Blood and Transplant, was the keynote speaker and shared many of the learnings and achievements that have occurred in the UK following a similar national reform process. Attendees left enthused and motivated to further their work in improving all aspects of donation practice in Australia.

OUTLOOK FOR 2017–18

On 16 April 2017 the Minister for Aged Care and Minister for Indigenous Health, Ken Wyatt AM, MP, released the Federal Government’s response to an independent review by Ernst & Young of the progress of the national reform program to increase Australia’s rate of organ and tissue donation. The Government accepted all of the recommendations of the Ernst & Young review.

The recommendations strongly supported the 2015 Budget Measure, Accelerating Growth in Organ and Tissue Donation for Transplantation, which included funding for the Australian organ matching system, OrganMatch. In partnership with the Australian Red Cross Blood Service, work has progressed on the development of OrganMatch, and implementation of the system is scheduled for 2018. This new system will replace the current National Organ Matching System and will facilitate optimal matching of donor organs to transplant recipients to further maximise equity of access and enhanced clinical outcomes for transplants in Australia.

The key recommendations of the Ernst & Young review supported a change to the governance arrangements for the OTA. The *Australian Organ and Tissue Donation and Transplantation Authority Amendment (New Governance Arrangements) Act 2016* (the Amendment Act) received Royal Assent on 30 November 2016. The Amendment Act, to come into effect from 1 July 2017, establishes a Board to govern the OTA and transfers to the Board the key policy and strategic functions currently vested in the CEO. A new CEO will also be appointed for the OTA.

My focus as Acting CEO has been to ensure that the OTA is well placed to engage the new governance arrangements to support and drive our connection with the community and the sector to increase organ and tissue donation and transplantation. The OTA will be the first non-corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013* to have this model of governance. The Commonwealth Department of Health is responsible for establishing the OTA Board and we have been working closely with the Department to ensure a successful transition to this new governance structure.



Organ and Tissue Authority staff during DonateLife Week

I am confident that the OTA is well positioned to transition to these new arrangements and we look forward to the Board's strategic direction and leadership ensuring continued growth in Australia's donation and transplantation outcomes.

FINANCIAL PERFORMANCE

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 \$0.154 million operating surplus net of unfunded depreciation and before the asset revaluation deficit/surplus, compared to a \$0.021 million operating surplus in 2015–16.

Administered expenditure for 2016–17 was \$43.765 million towards the delivery of the national reform program.

THANK YOU

Optimising potential donation opportunities requires close collaboration and cooperation with many stakeholders.

I feel very privileged to have been provided the opportunity to work in this sector. I would like to acknowledge the dedicated and professional clinical and technical staff, the DonateLife Network and the OTA staff who continue to embrace change and progress this program to provide life-saving and life-changing organ and tissue transplants for those in need.

Finally, and most importantly, I acknowledge those who became an organ and/or tissue donor during the year, along with their families, without whom transplantation and its life-changing benefits would not be possible.

I am very pleased to present to you the OTA's 2016–17 Annual Report.

Ms Ann Smith
Chief Executive Officer (acting)

30 June 2017

NATIONAL MEDICAL DIRECTOR'S REPORT

I would like to acknowledge the commitment and dedication of the clinicians in the donation and transplant sector who continually enhance their skills to ensure the provision of quality organ and tissue donation and transplantation services.

The record outcomes in 2016 could not have been achieved without the overwhelming generosity of donors and their families who agreed to their loved one becoming a donor. That said, I would like to focus my report this year on the learning undertaken by clinicians to ensure that they can better support donor families and optimise opportunities for organ and tissue donation.

HIGHLIGHTS

Clinical highlights for 2016–17 included continuation of the DonateLife Collaborative and the ongoing delivery of education to health professionals who support families in conversations about the opportunity for organ and tissue donation. Highlights also included the development of the Best Practice Guideline for Offering Organ and Tissue Donation in Australia (the Best Practice Guideline), and the 2017 Donation and Transplantation Workshop.

CLINICAL PRACTICE IMPROVEMENT PROGRAM PHASE 2 AND THE DONATELIFE COLLABORATIVE

During 2016–17 the OTA and the DonateLife Network continued to implement the Clinical Practice Improvement Program Phase 2, including the DonateLife Collaborative (DLC) in 26 Australian hospitals with the greatest capacity to increase donation outcomes. The aim of the DLC was to share learnings and ensure the adoption of best practice between hospitals with a view to broadening the donor pool and increasing consent rates.

DonateLife Network staff from the DLC hospitals attended a series of workshops on implementation of the Best Practice Guideline.



Helen Opdam | National Medical Director

In addition, DLC hospital teams visited their paired hospital/s to share learnings and ideas, inform best practice, and continue to support growth in donation outcomes.

FAMILY DONATION CONVERSATION TRAINED SPECIALISTS

The opportunity for organ and tissue donation comes at an intensely emotional time for families and can be challenging for all involved. Specific knowledge and skills are required to optimally support families and their decision-making at this time. It is critical that information is provided in a clear and sensitive manner that is appropriate to the needs of individuals.

The title of Family Donation Conversation Trained Specialist (FDCTS) is used to describe a clinician who has undergone specific training and education to best support and inform families in end-of-life decision-making related to organ and tissue donation. Training for this role is provided through the core Family Donation Conversation (cFDC) workshop.

The cFDC workshop is specifically targeted to senior health professionals who have a key role in communicating with potential donor families about the opportunity for donation.

The workshop provides clinicians with advanced communication skills to support grieving families when offering donation. It also helps to ensure families receive support and sufficient information to assist them in making a proactive and enduring donation decision that is the right one for their loved one and their family. This could be either to consent or decline donation but, most importantly, it represents a decision they would have made on an ordinary day, with full knowledge of the impact and meaning of donation for transplantation.

BEST PRACTICE GUIDELINE FOR OFFERING ORGAN AND TISSUE DONATION IN AUSTRALIA

The Best Practice Guideline has been developed to promote optimal care and communication with families when organ donation is a possibility. It is informed by published research and international best practice, and the Australian experience in the delivery and evaluation of the FDC training.

One of the underlying principles of this guideline is that the opportunity for donation is discussed with families of potential donors by staff who are skilled communicators, are knowledgeable about donation, and who have received specific training in this area. In practice, this means that an FDCTS should be involved early in the planning and should ideally actively participate (along with the treating team) in all family communications about donation – in particular, when donation is first raised with the family. The FDCTS supports families during their time of loss and grief, and supports them to reach a donation decision that is right for the patient and family – one that the family will be comfortable with for years to come.

Our focus will now shift to embedding the national implementation of the guideline into clinical practice. Many elements of the guideline have already been adopted since commencement of the FDC training in 2012. Further work is being undertaken to ensure that staff who are involved in FDCs have attended the core FDC workshop and to measure and provide feedback on the uptake of other key elements of the guideline.

2017 DONATION AND TRANSPLANTATION WORKSHOP

The inter-sector learning and collaboration evident at the 2017 Combined Donation and Transplantation Workshop was inspiring to see. The workshop was held on 10 May at the Brisbane Convention and Exhibition Centre and was co-hosted by the OTA and the Transplantation Society of Australia and New Zealand.

The theme of the workshop, 'Donor-related infection transmission and risk', aimed to advance our understanding of how we can ensure the best use of all available donor organs. This included those that have a higher-than-usual risk of infectious disease transmission, especially of blood-borne viruses (HIV and hepatitis B and C). New curative treatments for hepatitis C, and tests that vastly reduce the residual risk of infection transmission, make this area one for evolving practice and where there is potential to increase opportunities for life-saving donation and transplantation.

We were very fortunate to have Michael Ison, Associate Professor of Infectious Diseases and Organ Transplantation at the Northwestern University in the United States, as a keynote speaker to share his expertise and knowledge of US practice in this space.

I thank our donation specialists for their strong and ongoing professional commitment to improving all aspects of the donation process as we all work together to save and improve the lives of more Australians through optimising every potential organ and tissue donation opportunity.



Helen Opdam
National Medical Director

30 June 2017

ORGAN AND TISSUE AUTHORITY

On 2 July 2008 the Australian Government announced a national reform program to implement a world's best practice approach to organ and tissue donation for transplantation. This was endorsed by the Council of Australian Governments on 3 July 2008.

The OTA was established in 2009 to manage the implementation of the national reform program. We work with the DonateLife Network, state and territory governments, the broad donation and transplantation clinical sectors, eye and tissue banks, and community organisations to improve access to life-transforming transplants for all Australians. A list of key stakeholders with whom we work is provided at Appendix 1.

The OTA:

- » is an independent micro agency within the Australian Government Health portfolio, located in Canberra
- » was established by the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008*, which sets out the OTA's primary responsibilities and the functions of the CEO
- » is a non-corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013*.

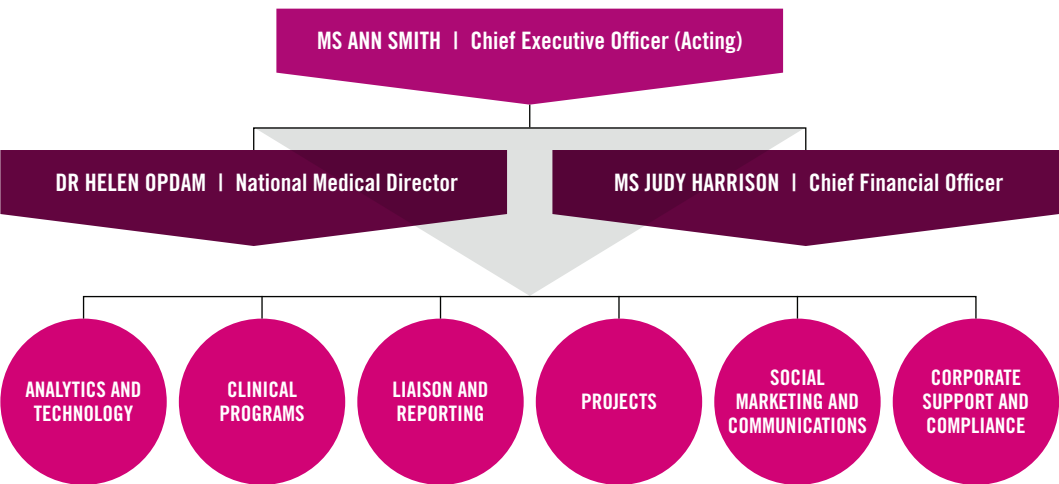


In 2016–17 our Senior Executive team comprised:

- » Ms Felicity McNeill PSM (Acting Chief Executive Officer from 14 February 2016 to March 2017)
- » Ms Ann Smith (Acting Chief Executive Officer from March 2017)
- » Dr Helen Opdam (National Medical Director)
- » Ms Judy Harrison (Chief Financial Officer).

At 30 June 2017 the OTA employed 27.4 full-time equivalent staff across six business units. Our skilled, expert and dedicated people were integral to implementing the national reform program and achieving our outcomes and strategic priorities in 2016–17. Our organisational structure for 2016–17 is shown in Figure 1.

FIGURE 1: OTA organisational structure



The OTA has a committee structure that gives key stakeholders the opportunity to participate in the decision-making processes that support the implementation of the national reform program.

The committee structure comprises:

- » committees focusing on program governance and advice, comprising the:
 - Australian Organ and Tissue Donation and Transplantation Advisory Council (from 1 July 2016 to 31 December 2016)
 - Jurisdictional Advisory Group
- » committees established by the CEO to provide sector-specific advice, comprising the:
 - Clinical Governance Committee
 - Transplant Liaison Reference Group
- » purpose-specific working groups.

ADVISORY COUNCIL

The Australian Organ and Tissue Donation and Transplantation Advisory Council (the Advisory Council) was established under the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008* (the Act) to advise the CEO on organ and tissue donation and transplantation matters. The Advisory Council's term ended in December 2016. The legislation that was passed in November 2016 established a new governance model for the OTA from 1 July 2017 and ended the term of the Advisory Council.

During the period of the Advisory Council's tenure, its members skilfully counselled the OTA's CEO on a range of diverse and sensitive issues. We acknowledge the contribution of the members and thank them for supporting the OTA in raising public awareness of organ and tissue donation and implementing best practice organ and tissue donation and transplantation processes throughout Australia.

JURISDICTIONAL ADVISORY GROUP

The peak governance committee for the DonateLife Network (DLN) in 2016–17 was the Jurisdictional Advisory Group (JAG). It comprises State Medical Directors and jurisdictional health department representatives.

This group, chaired by the OTA's CEO, considered and made recommendations about all aspects of the national reform program. This includes strategic priorities, clinical and data governance, and program planning for the DLN.

A brief report on outcomes was published on the DonateLife website after each JAG meeting.

From 1 July 2017 the JAG will provide advice and recommendations to the OTA Board for consideration.

CLINICAL GOVERNANCE COMMITTEE

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

TRANSPLANT LIAISON REFERENCE GROUP

The Transplant Liaison Reference Group provides advice to the CEO and facilitates engagement with the transplant sector on matters relevant to the national reform program. Membership comprises the CEO, the National Medical Director, a representative of consumer and community groups, and representatives from the:

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

PURPOSE-SPECIFIC WORKING GROUPS

We have a number of purpose-specific working groups, established by the CEO. In 2016–17 the following purpose-specific groups were active:

- » Communications Reference Group
- » Data and Audit Working Group
- » Donation after Circulatory Death Working Group
- » Family Support Advisory Group (previously known as Donor Family Support Implementation Group)
- » Education Coordinators Network
- » Electronic Donor Record Working Group
- » Eye Electronic Donor Record User Group
- » Eye and Tissue Advisory Committee
- » Family Conversations Steering Group
- » Referrals Working Group
- » Vigilance and Surveillance Working Group.



Dr Dale Gardiner answers questions from the audience at the 2017 DonatLife Forum

What are you waiting for?



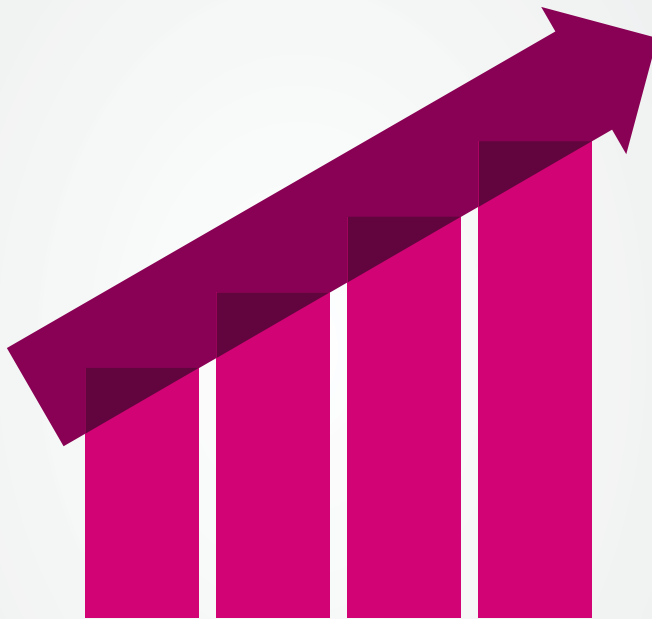
donatelifelife
Australia >



♥ 1.5k likes

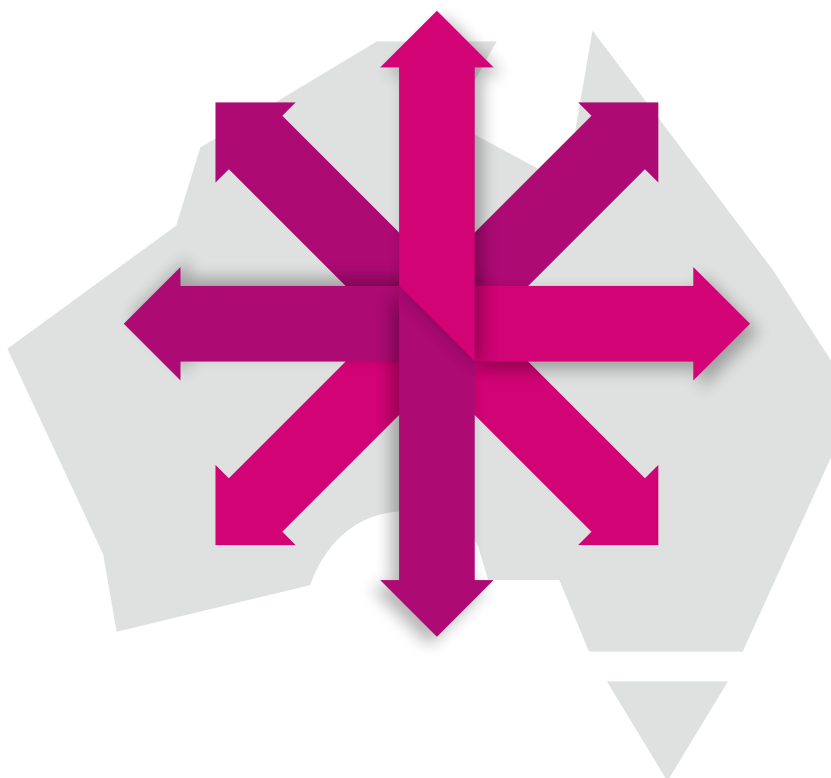
donatelifelife Join the Australian Organ Donor
Register online today to save lives.
donatelifelife.gov.au #endthewait





OUR PROGRAM

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



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

OUTCOME 1

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

PROGRAM 1.1

A nationally coordinated system for organ and tissue donation for transplantation

ENTITY RESOURCE STATEMENT 2016–17

TABLE 1: Entity Resource Statement 2016–17

	Actual available appropriation for 2016–17 \$	Payments made 2016–17 \$	Balance remaining 2016–17 \$
	(a)	(b)	(a–b)
Ordinary annual services¹			
Departmental appropriation ²	7,958,195	6,108,227	1,849,968
Total	7,958,195	6,108,227	1,849,968
Administered expenses			
Outcome 1	43,766,000	30,041,658	
Payments to corporate entities ³	–	–	
Total	43,766,000	30,041,658	
Total ordinary annual services	A 51,724,195	36,149,885	
Other services			
Administered expenses			
Specific payments to States, ACT, NT and local government			
Outcome 1	–	–	
Total	–	–	
New administered expenses			
Outcome 1	–	–	
Total	–	–	
Departmental non-operating			
Equity injections	–	–	–
Total	–	–	–
Administered non-operating			
Administered assets and liabilities	–	–	
Payments to corporate entities - non-operating	–	–	
Total	–	–	
Total ordinary annual services	B –	–	
Total available annual appropriation and payments	51,724,195	36,149,885	
Total resourcing and payments	A+B 51,724,195	36,149,885	
Total net resourcing and payment for Organ and Tissue Authority	51,724,195	36,149,885	

1 Appropriation Act (No.1) 2016-17 and Appropriation Act (No.3) 2016-17. This may also include prior year departmental appropriation and section 74 Retained Revenue Receipts.

2 Includes an amount of \$0.254m in 2016-17 for the Departmental Capital Budget. For accounting purposes this amount has been designated as 'contributions by owners'.

3 'Corporate entities' are corporate Commonwealth entities and Commonwealth companies as defined under the *Public Governance, Performance and Accountability Act 2013*.

EXPENSES FOR OUTCOME 1

TABLE 2: Expenses for Outcome 1

Outcome 1: Improved access to organ and tissue transplants, including through a nationally coordinated and consistent approach and system.	Budget ¹ 2016–17 \$	Actual expenses 2016–17 \$	Variation 2016–17 \$
	(a)	(b)	(a–b)

Program 1.1: A Nationally Coordinated System for Organ and Tissue Donation for Transplantation

Administered expenses

Ordinary annual services (Appropriation Act No. 1)	43,766,000	43,765,341	659
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Departmental expenses

Departmental appropriation ²	5,530,000	5,451,093	78,907
Expenses not requiring appropriation in the budget year	405,000	426,923	(21,923)

Total for Program 1.1	49,701,000	49,643,357	57,643
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Total expenses for Outcome 1	49,701,000	49,643,357	57,643
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	2015–16	2016–17
Average staffing level (number)	26.53	27.40

- 1 Full year budget, including any subsequent adjustment made to the 2016–17 budget at Additional Estimates.
- 2 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

The OTA achieved an operating surplus of \$0.154 million (before depreciation and amortisation and the asset revaluation deficit/surplus) in 2016–17 compared with a \$0.021 million operating surplus in 2015–16. The increased surplus can primarily be attributed to lower than anticipated employee expenditure resulting from unexpected staffing movements.

REVENUE

In 2016–17 the OTA received revenue from the Australian Government totalling \$5.530 million compared with \$5.598 million in 2015–16. The reduction in funding reflects the impact of the efficiencies gained from sharing corporate services of the OTA and the National Blood Authority.

EXPENSES

The OTA's expenses have decreased by \$0.170 million (3%) from \$6.048 million in 2015–16 to \$5.878 million in 2016–17. The decrease is primarily due to unanticipated staffing movements.

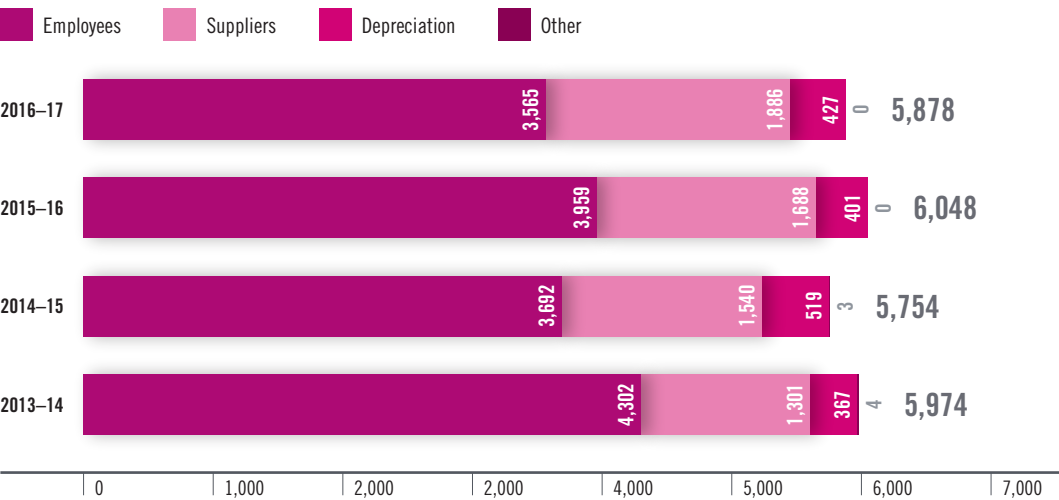
CAPITAL BUDGET

In 2016–17, the OTA received a capital budget of \$0.254 million. Capital expenditure during the year included enhancements to the Electronic Donor Record (EDR) for the development of the EDR eye module and enhancements to the DonateLife website.

NET ASSET POSITION

Overall, the OTA's 2016–17 net asset position of \$2.198 million has remained largely consistent with 2015–16 (\$2.219 million).

FIGURE 2: Operating expenses 2013–14 to 2016–17 (\$'000)



FINANCIAL PERFORMANCE – ADMINISTERED

ADMINISTERED INCOME

Administered income decreased by \$3.106 million (7%) in 2016–17. This decrease is a reflection of the additional funding received in 2015–16 for the budget measure 'Accelerating growth in organ and tissue donation for transplantation'.

ADMINISTERED EXPENSES

The OTA's 2016–17 administered expenses were \$43.765 million, which was \$3.106 million lower than that reported in 2015–16 (\$46.871 million). The decrease reflects the reduction in the expenditure items associated with the delivery of elements of the 2015–16 budget measure for OrganMatch and the DonateLife Collaborative, offset in part by funding for a national registration drive to promote increased family discussion, knowledge and registration of organ and tissue donation decisions.

Our 2016–17 administered expenses included:

- » funding for state and territory governments for dedicated organ and tissue donation clinical specialists in hospitals and organ and tissue donation agencies
- » funding for public and private hospitals as a contribution towards the costs associated with organ donation activity based on actual and intended organ donors, and the cost of transferring an intended donor from a regional hospital to a larger hospital solely for the purpose of donation
- » development of the Australian organ matching system – OrganMatch

- » funding for transplant outcome registries
- » partnerships with sporting and community organisations to promote family discussion, knowledge and registration of organ and tissue donation decisions
- » projects or activities that provide guidance or contribute to improving awareness and engagement of the Australian community, the non-government sector, donor families and others involved in increasing organ and tissue donation
- » increasing community awareness and education through creative material production, public relations, research and merchandise
- » delivery of the national Professional Education Package across Australia, including Family Donation Conversation workshops that provide health professionals with advanced training and communication skills to support grieving families when raising the opportunity of donation
- » Electronic Donor Record support.

NET ASSET POSITION

At 30 June 2017, the OTA held total assets of \$0.578 million, which is \$0.237 million higher than the OTA's asset position at 30 June 2016. At 30 June 2017, the OTA reported total liabilities of \$14.197 million, an increase of \$3.197 million compared to 30 June 2016. The change in liability balances relates to an increase in grants payable.

FINANCIAL STATEMENTS

The OTA received an unqualified audit report from the Australian National Audit Office for its 2016–17 financial statements.

The OTA's 2016–17 financial statements are in Part 6 of this report following the independent auditor's report and statement by the Accountable Authority and the Chief Financial Officer.



A bus promoting organ and tissue donation registration during DonateLife Week 2016



NT DonateLife staff at the 2017 DonateLife Forum

ANNUAL PERFORMANCE STATEMENT 2016–17

INTRODUCTORY STATEMENT

In accordance with paragraph 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013*, it is the opinion of our Board that this 2016–17 performance statement:

- i accurately presents the OTA's performance in 2016–17, and
- ii complies with subsection 39(2) of the Act.

OUR PURPOSE

To save and improve the lives of more Australians through optimising every potential organ and tissue donation for transplantation, through a nationally coordinated and consistent approach and system

OUR RESULTS

In 2016 a record 1,447 lives were transformed through the generosity of 503 deceased organ donors and their families

Performance criterion	Criterion source	Target	2016 outcomes ¹	Result against performance criterion
Quantitative performance criteria				
Organ transplant recipients (from deceased donors) per million population (trpmp)	Corporate Plan	70 trpmp by 2018	60 trpmp	Partially met
Deceased organ donors per million population (dpmp)	Corporate Plan	20.5 dpmp	20.8 dpmp	Met
Rate of request by hospital staff to families for organ and tissue donation	Portfolio Budget Statements	100%	91%	Partially met
Rate of family consent to organ and tissue donation	Portfolio Budget Statements	75%	60%	Partially met

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

Performance criterion	Criterion source	Result against performance criterion
Qualitative performance criteria		
Implementation of the Clinical Practice Improvement Program (CPIP) Phase 2 and the DonateLife Collaborative	Portfolio Budget Statements	<p>Met</p> <p>CPIP Phase 2 was implemented in all DonateLife Network (DLN) hospitals. A national set of key performance indicators was agreed, implemented and reported through individual Hospital Activity Plans, driving clinical practice improvement.</p> <p>DLN staff from participating hospitals attended cross-border workshops and participated in structured hospital visits that strengthened local organ and tissue donation practice through exposure to alternative systems and approaches within the national framework.</p>
Implementation of an eye module in the Electronic Donor Record (EDR)		<p>Partially met</p> <p>Clarification of business specification requirements and timeframes were negotiated during 2016–17. The vendor delivered the first stage of the application for testing in June 2017.</p> <p>Planning has commenced for the local process changes required to implement the EDR eye module and testing of this first stage.</p>
Participation of a FDC-trained donation specialist in the family conversation when organ and tissue donation is discussed as part of the Australian best practice request and consent model for organ and tissue donation		<p>Partially met</p> <p>In 2016 a FDC-trained donation specialist was present in 63% of all conversations with families where a decision regarding organ donation was made.</p> <p>The Best Practice Guideline for Offering Organ and Tissue Donation in Australia, to be implemented in 2017–18, recommends the involvement of a FDC-trained donation specialist in conversations with families offering organ and tissue donation.</p>
In partnership with sector and community organisations, conduct community awareness and education activities on organ and tissue donation, including an online Australian Organ Donor Register registration drive		<p>Met</p> <p>Throughout 2016–17 the OTA, in collaboration with the DonateLife Network and community groups, undertook a range of community education and awareness activities to promote organ and tissue donation.</p> <p>These activities included DonateLife Week 2016, the theme of which was, 'What are you waiting for? Join the Australian Organ Donor Register online today to save lives – donatelife.gov.au.</p> <p>The campaign achieved a 61% increase in new registrations in the month of July and a 78% increase in August 2016 compared to the previous year, with a total of 41,785 Australians joining the register during the campaign period.</p>

ANALYSIS OF PERFORMANCE AGAINST PURPOSE

Transplantation is an effective and well-established treatment for patients with end-stage organ failure that relies on the donation of organs and tissues.

Around 1,200 of the people who die in Australia each year are able to donate organs for transplantation. The major limiting factor is the circumstance of death, with only 1–2% of people who die in hospital dying in a way that allows their organs to help those in need of a transplant.

Record donation and transplantation outcomes were achieved in 2016. The donation rate was 20.8 donors per million population which exceeded our 2016 target of 20.5 dpmp.

In 2016 the national consent and request rate data collection was updated to include data for donation after circulatory death (DCD) for the first time. This change to the data collection means the 2016 donation request and consent rates are not comparable with previous years.

This change in data collection has resulted in what appears to be a decrease in request and consent rates. However, we are now collecting a more comprehensive metric for measuring and reporting outcomes for donation request and family consent to donation.

Request and consent rates for DCD donors are generally lower than those for donation after brain death (DBD) due to the particular challenges associated with this donation pathway. The inclusion of DCD donors invariably reduces the outcomes when compared with reporting on DBD alone.

Qualitative performance criteria 1 – 3 relate to increasing the capability and capacity within the health system to support the delivery of quality organ, eye and tissue donation and transplantation services.

In 2016–17 we continued to focus on optimising the identification of all potential donors and increasing consent to donation in the hospital setting. This was undertaken through the implementation of the CPIP Phase 2, including the DonateLife Collaborative, and the ongoing delivery of education to health professionals involved in conversations with families about organ and tissue donation. Work was well progressed on the development of the eye module in the Electronic Donor Record to facilitate more efficient capture and exchange of eye donation data.

Qualitative performance criterion 4 relates to raising community awareness and stakeholder engagement across Australia to promote organ and tissue donation and, in particular, to increase registrations on the Australian Organ Donor Register (AODR).

In 2016–17 we continued to deliver the community awareness and education program encouraging Australians to register their donation decision on the AODR and to discuss their donation decision with their family and close friends.

While there has been strong growth in organ and tissue donation and transplantation outcomes since the national reform program started in 2009, there is still much to do to continue to build on, and sustain, the increase in organ and tissue donation for transplantation.

TREND INFORMATION

AUSTRALIA'S POTENTIAL ORGAN DONOR POPULATION

Not everyone can be a deceased organ donor: particular circumstances must prevail in order for a patient to be medically suitable for donation. Deceased organ donation is only possible from a sub-set of end-of-life events that occur in intensive care units or hospital emergency departments. Most of these deaths are sudden, unexpected and unpredictable.

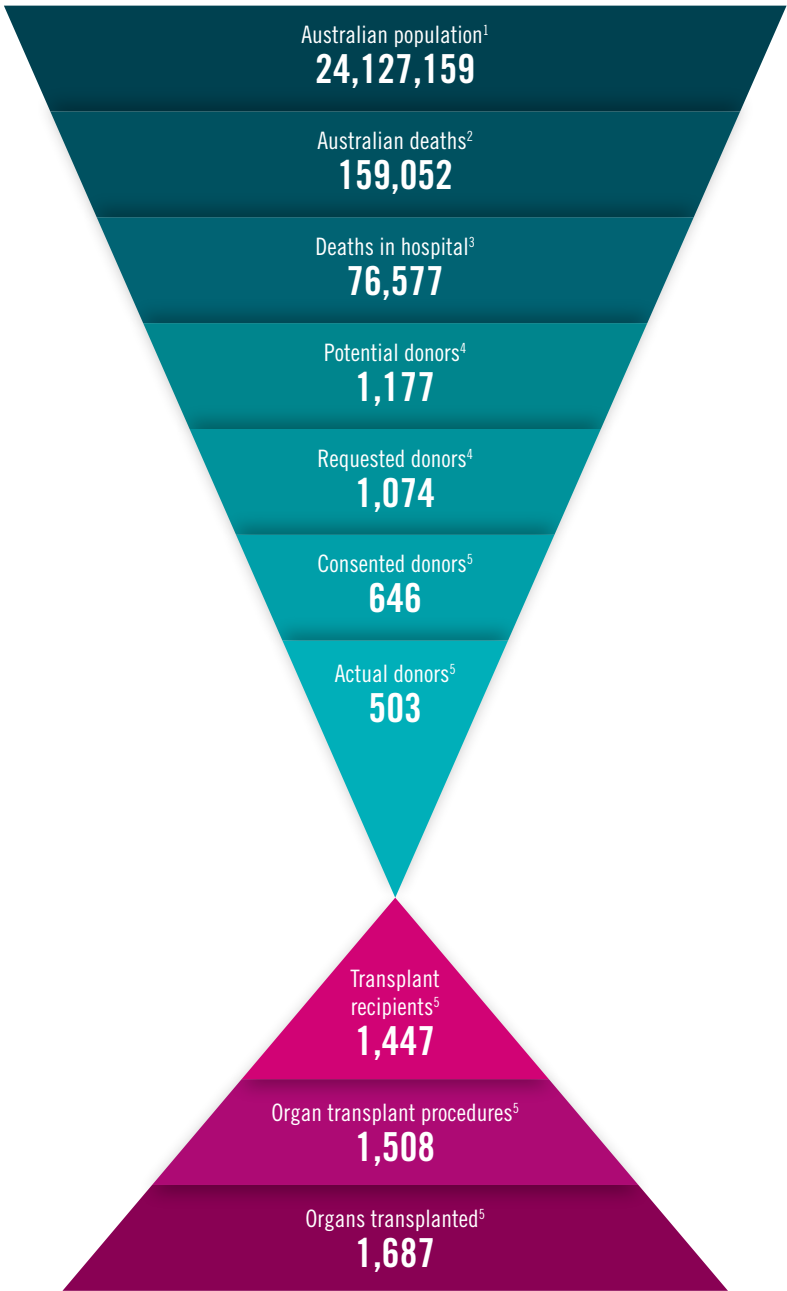
By way of example (see Figure 3), in 2016 the Australian population was 24,127,159. Of the 159,052 deaths occurring, 76,577 deaths occurred in hospitals. Of those deaths in hospitals, 1,177 occurred in the specific circumstances where there was the potential for organ and tissue donation.

In Australia, families of potential donors are asked to confirm the decision of their loved one. Requests to families for donation were made in 1,074 cases, with 646 consented donors (60%) proceeding to donation. The main reasons for families declining donation were that they believed their loved one did not want to donate, or they did not like the idea of organ donation. In 143 cases where family consent was given, donation did not proceed for a number of reasons, including the identification of a medical contraindication preventing organ transplantation.

The resulting 503 deceased organ donors transformed the lives of 1,447 transplant recipients, enabling 1,508 organ transplant procedures where 1,687 organs were transplanted.

Eye and tissue donation does not require the donor's death to have occurred under the same limited circumstances as organ donation. It is possible to store eyes and tissue for varying periods of time, so many more people become eye and tissue donors than become organ donors after their death.

FIGURE 3: Australia's potential organ donor population and transplant outcomes



Sources:

- 1 Estimated Resident Population 30 June 2016, Australian Bureau of Statistics 3101.0 Australian Demographic Statistics (released 15 December 2016)
- 2 Australian Bureau of Statistics 3302.0 Deaths, Australia, 2015 (released 28 September 2016)
- 3 Australian Institute of Health and Welfare Australian Hospital Statistics 2014–15 (released March 2016)
- 4 An estimate using DonateLife Audit Data (January 2017)
- 5 Deceased Organ Donation in Australia, Australia and New Zealand Organ Donation Registry, February 2017

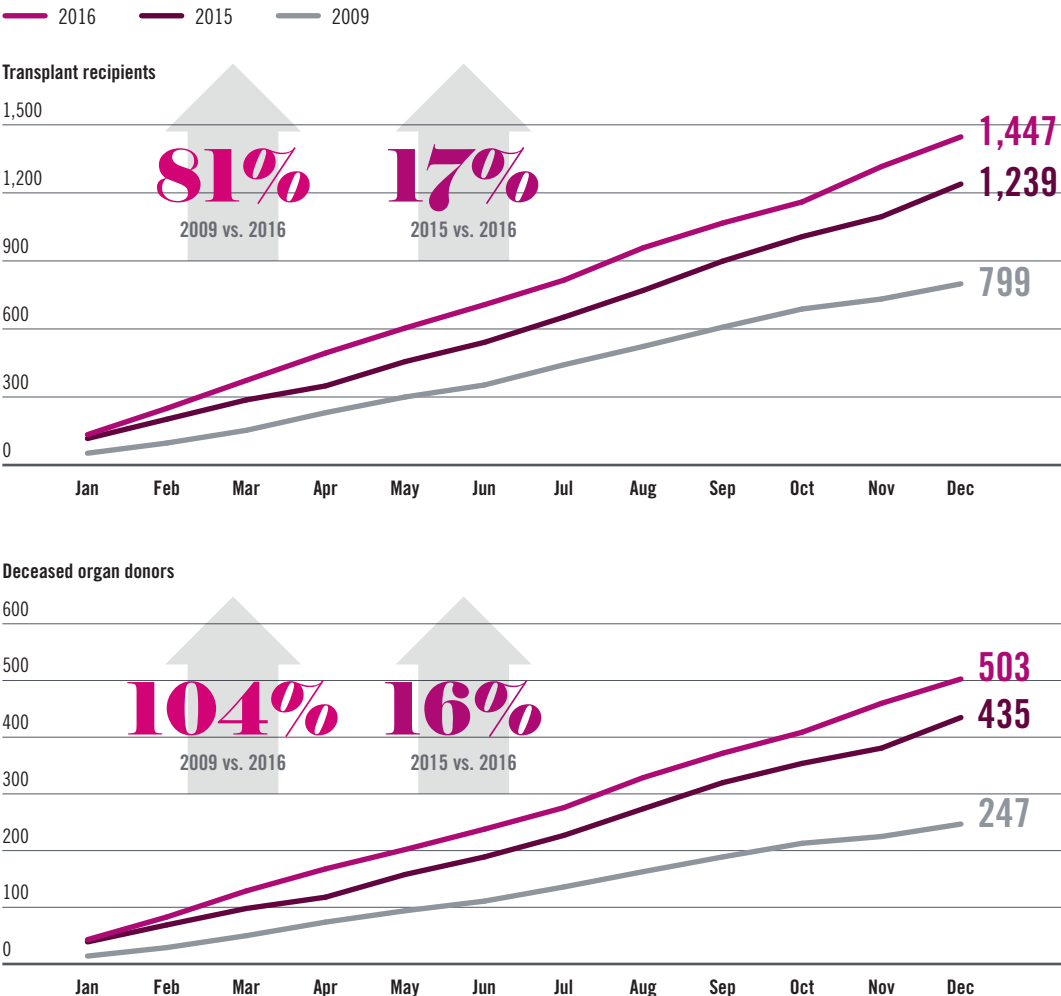
DECEASED ORGAN TRANSPLANTATION AND DONATION OUTCOMES

In 2016 a record 1,447 lives were saved and transformed through the generosity of 503 deceased organ donors and their families.

When compared with 2015 figures, Australia's 2016 outcomes represent:

- » a 17% increase in the number of transplant recipients (1,447 recipients in 2016, compared with 1,239 in 2015)
- » a 16% increase in the number of deceased organ donors (503 donors in 2016, compared with 435 in 2015).

FIGURE 4: Deceased organ transplant recipients and donors 2009, 2015 and 2016



There has been significant growth in deceased organ donation and transplantation outcomes since the national reform program started in 2009, the year the DonateLife Network was established. Table 3 summarises the deceased donation and transplantation outcomes for the period 2009–2016.

TABLE 3: Deceased organ transplantation and donation outcomes 2009–2016

	2009	2010	2011	2012	2013	2014	2015	2016
Australian resident population ('000) ¹	21,692	22,032	22,340	22,728	23,117	23,464	23,781	24,127
Transplant recipients	799	931	1,001	1,049	1,121	1,107	1,239	1,447
Transplant recipient rate (recipients per million population) ²	36.8	42.3	44.8	46.2	48.5	47.2	52.1	60
Deceased organ donors	247	309	337	354	391	378	435	503
Organ donation rate (donors per million population) ³	11.4	14	15.1	15.6	16.9	16.1	18.3	20.8

Notes:

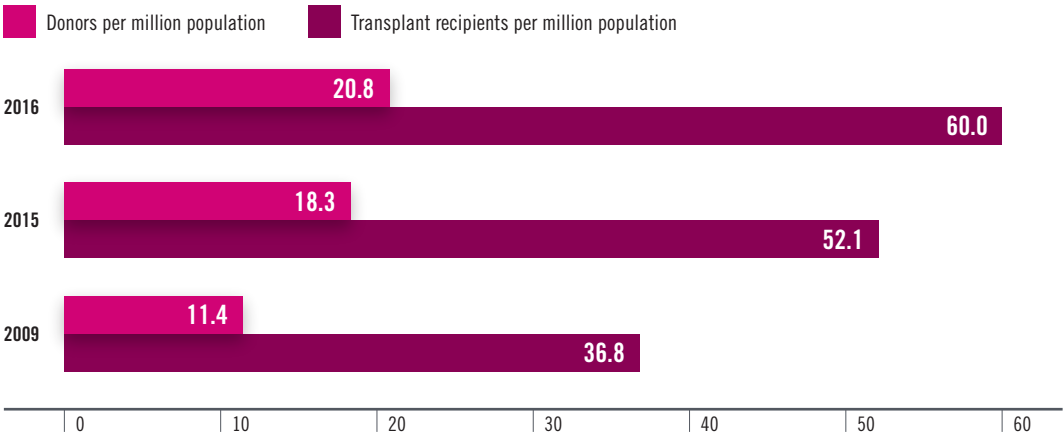
- 1 The Preliminary Australian Estimated Resident Population for 30 June of each year is based on results of the 2011 Census of Population and Housing statistics and was updated on 15 December 2016 by the Australian Bureau of Statistics. For any calendar year, the population count is based on the Preliminary Estimated Population at 30 June within the calendar year.
- 2 Transplant recipient rates are based on the Preliminary Australian Estimated Resident Population for 30 June of each year, which was updated on 15 December 2016.
- 3 Organ donation rates are based on the Preliminary Australian Estimated Resident Population for 30 June of each year, which was updated on 15 December 2016.

DECEASED ORGAN TRANSPLANTATION AND DONATION RATES

In 2016 the rate of Australia’s transplant recipients per million population (trmpm) was 60 trmpm, representing a 15% increase over 2015 (52.1 trmpm).

The deceased donor per million population (dmpm) rate for 2016 was 20.8 dmpm, 14% higher than the 2015 outcome (18.3 dmpm).

FIGURE 5: Organ transplantation and donation rates 2009, 2015 and 2016

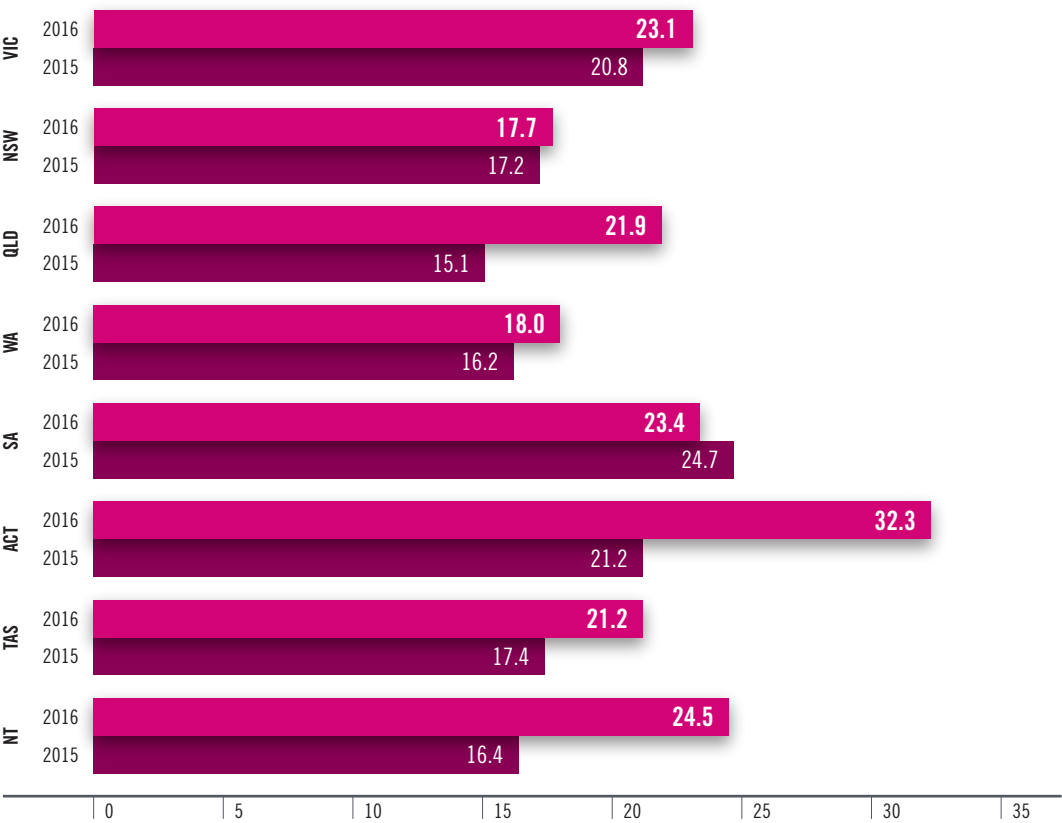


In 2016 donation rates continued to vary across states and territories, ranging from 17.7 dpmp to 32.3 dpmp, with virtually all jurisdictions achieving growth over 2015. This jurisdictional variation in donation rates was mirrored in the transplantation outcomes.

With the exception of South Australia, all states and territories exceeded their 2015 donation outcomes. Of the larger states, Queensland achieved particularly strong growth, with the donation rate increasing from 15.1 dpmp in 2015 to 21.9 dpmp in 2016.

The Australian Capital Territory, Northern Territory, South Australia and Victoria were national leaders in donation outcomes, achieving donation rates exceeding 23 dpmp.

FIGURE 6: Organ donation rates by jurisdiction 2015 and 2016

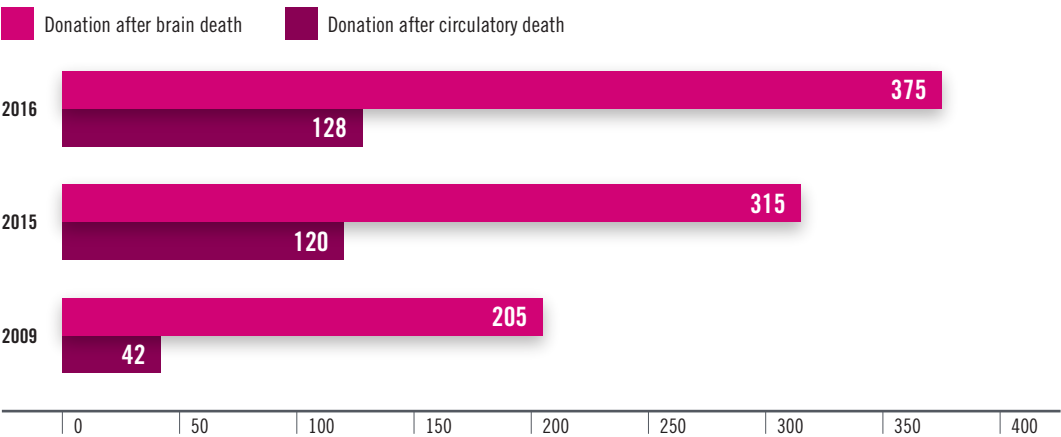


DECEASED ORGAN DONORS BY DONATION PATHWAY

There are two pathways to deceased donation: donation after brain death (DBD), and donation after circulatory death (DCD). Brain death results from severe damage causing cessation of all functions of the brain. Circulatory death is the irreversible cessation of circulation of blood in the body. The DCD pathway provides an additional opportunity for donation for those patients where consent for donation is granted but brain death does not occur.

In 2016 the majority of deceased organ donors (75% or 375 donors) came from the DBD pathway, with the remaining 25% (128) from the DCD pathway. Compared with 2015, this represents a 19% increase in donations realised from the DBD pathway and a 7% increase in donations from the DCD pathway.

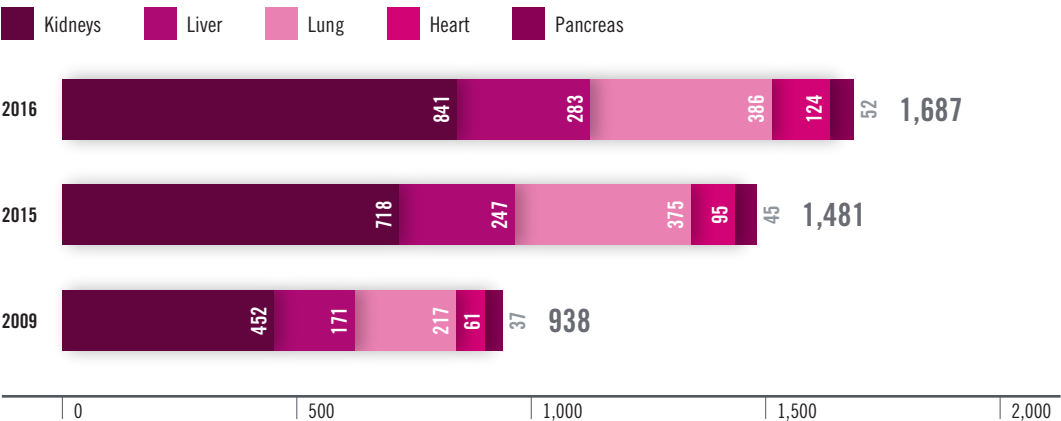
FIGURE 7: Distribution of deceased organ donors by donation pathway 2009, 2015 and 2016



ORGANS TRANSPLANTED FROM DECEASED DONORS

In 2016 there were 1,687 organs transplanted from deceased donors, a 14% increase over 2015 (1,481). The annual totals for 2016 and 2015 include one intestine transplanted that is not shown graphically.

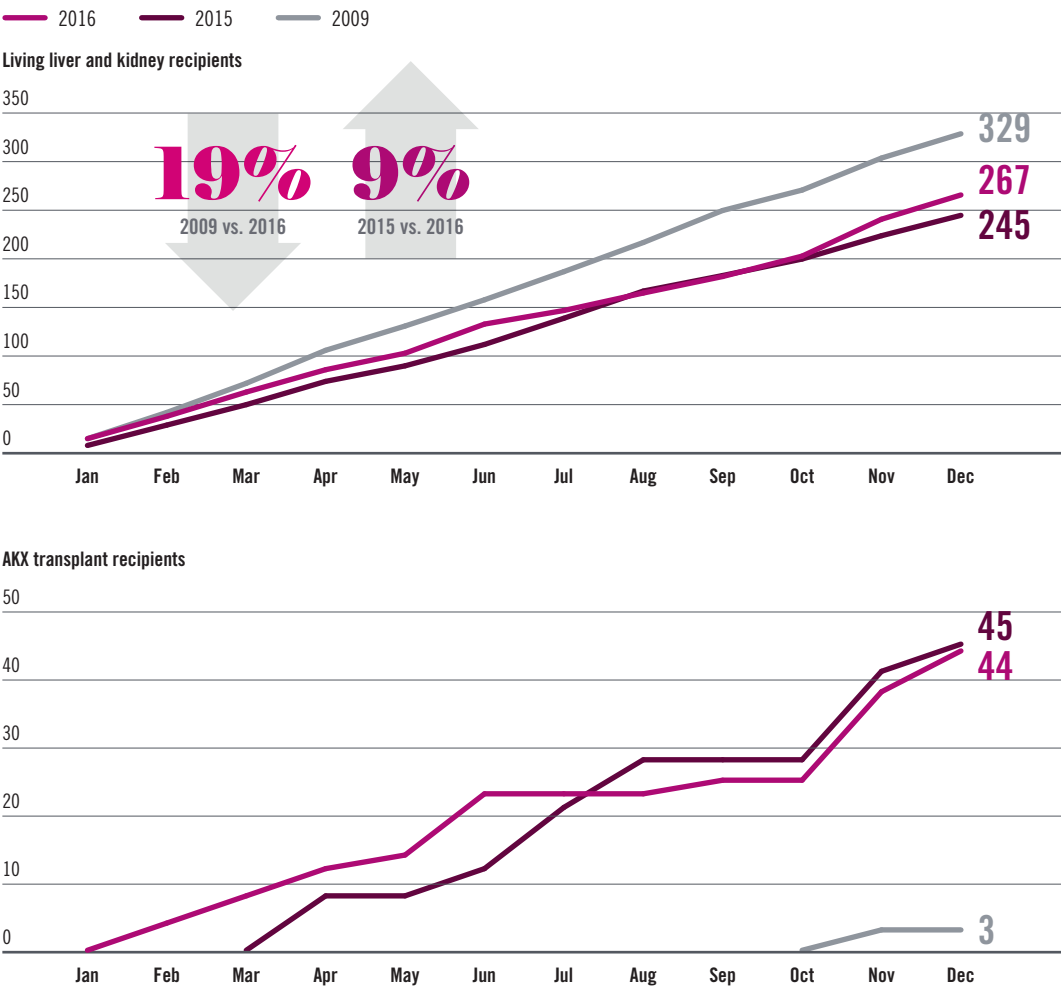
FIGURE 8: Organs transplanted from deceased donors 2009, 2015 and 2016



TRANSPLANTATION OUTCOMES FROM LIVING ORGAN DONORS

In addition to the growth in the number of transplant recipients from deceased organ donors in 2016, the number of transplant recipients from living donors also increased from 245 in 2015 to 267 in 2016. These transplants resulted from the generosity of 265 living kidney donors and two living partial liver donors. This included 44 transplants facilitated through the Australian Paired Kidney Exchange (AKX) program.

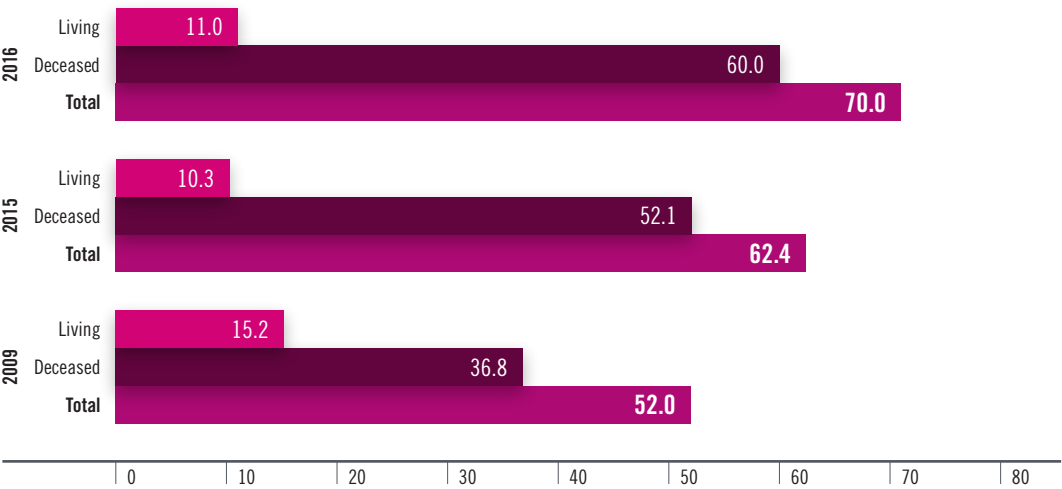
FIGURE 9: Transplant recipients from living organ donation 2009, 2015 and 2016



TRANSPLANTATION OUTCOMES FROM LIVING AND DECEASED ORGAN DONORS

In 2016 the total transplant recipients per million population rate (trpmp) was 71 trpmp, a 13.8% increase over 2015 (62.4 trpmp). This rate is the sum of the transplant recipients per million population rate from deceased donors (60 trpmp) and living donors (11 trpmp).

FIGURE 10: Transplant recipient outcomes per million population from living and deceased donors 2009, 2015 and 2016

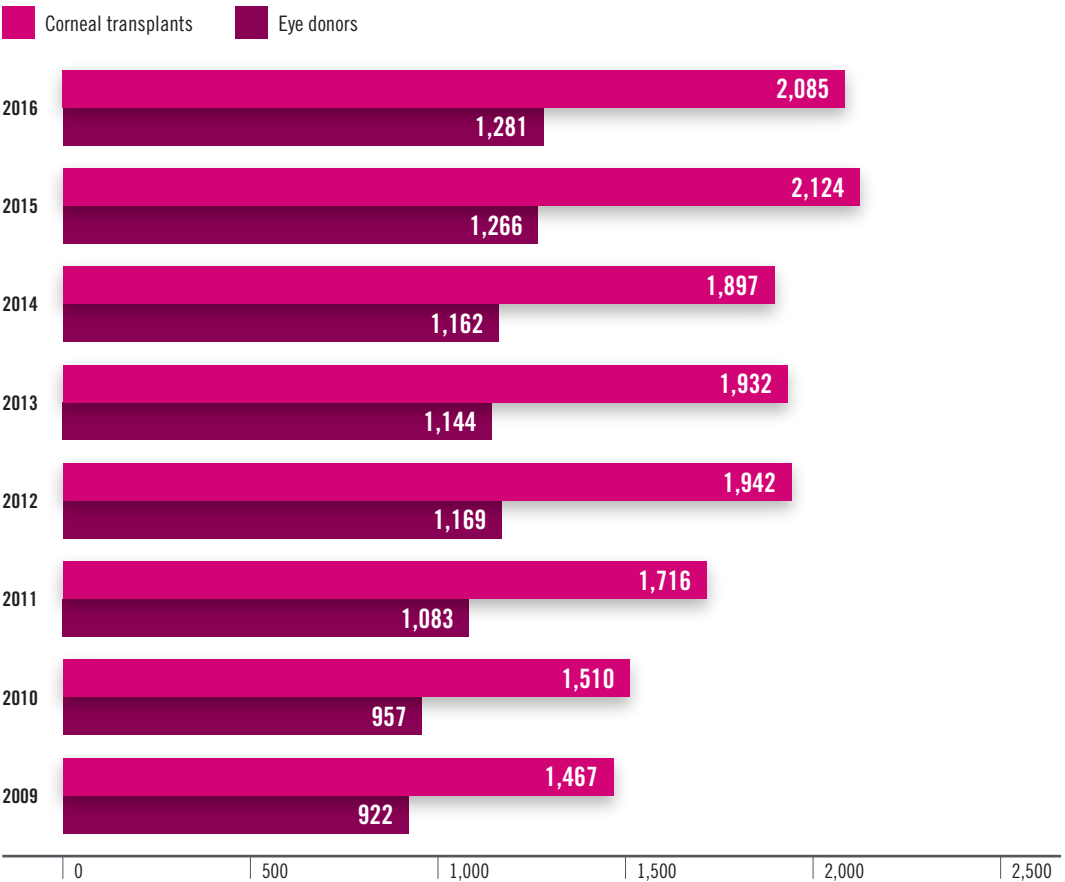


CORNEAL TRANSPLANTATION AND EYE DONATION OUTCOMES

In 2016 eye donation rates and, subsequently, corneal transplantation outcomes, continued to meet demand. The number of donors and corneal transplants is expected to remain relatively constant (unless there is an increase in demand for corneal transplants).

There were 2,085 corneal transplants in 2016, made possible through the generosity of 1,281 eye donors and their families. The number of eye donors in 2016 represents a 1% increase over the 2015 outcome of 1,266 donors.

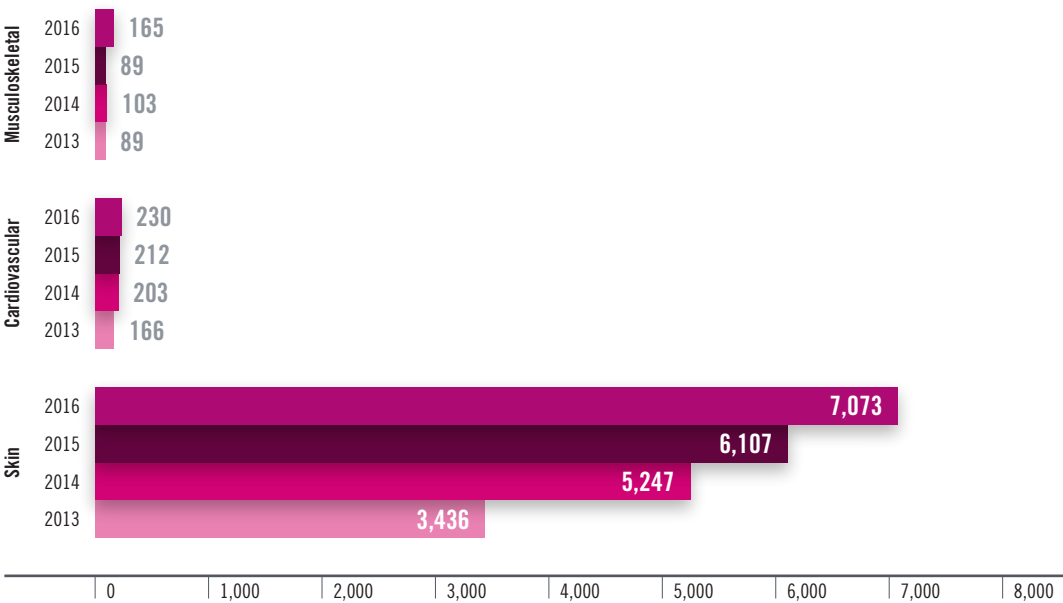
FIGURE 11: Corneal transplants and eye donors 2009–2016



TISSUE TRANSPLANTATION AND DONATION OUTCOMES

In 2016 there were 7,468 notified tissue transplant recipients, with some recipients receiving multiple grafts. These included 7,073 recipients of musculoskeletal tissue, 230 recipients of cardiovascular tissue and 165 recipients of skin tissue. This outcome represents a 17% increase over 2015 (6,241).

FIGURE 12: Notified tissue transplant recipients 2013–2016



In 2016 the 424 deceased tissue donors gave 650 tissue donations. This outcome represents a 14% increase over 2015 (569). In 2016, compared with 2015, there was a 26.9% increase in skin donations, a 7.8% increase in cardiovascular tissue donations, and a 15.5% increase in musculoskeletal tissue donations from deceased donors.

FIGURE 13: Tissue donation from deceased donors 2012–2016

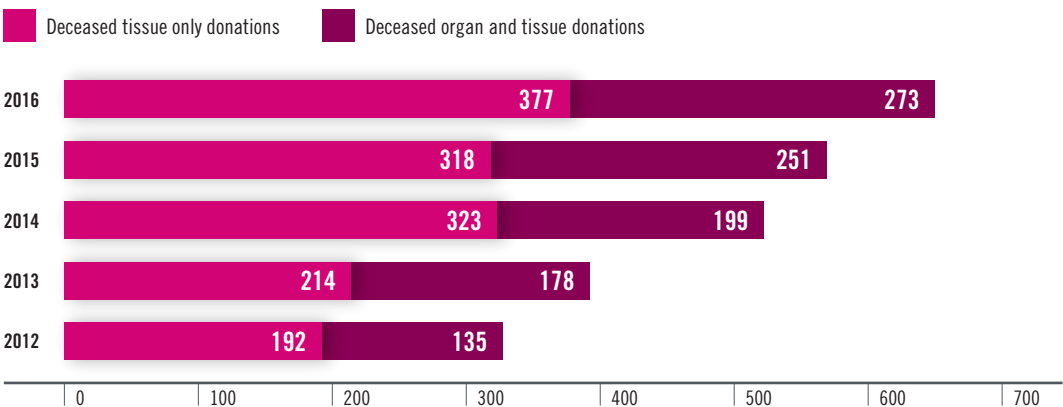


FIGURE 14: Tissue donations from deceased donors by tissue type 2012–2016

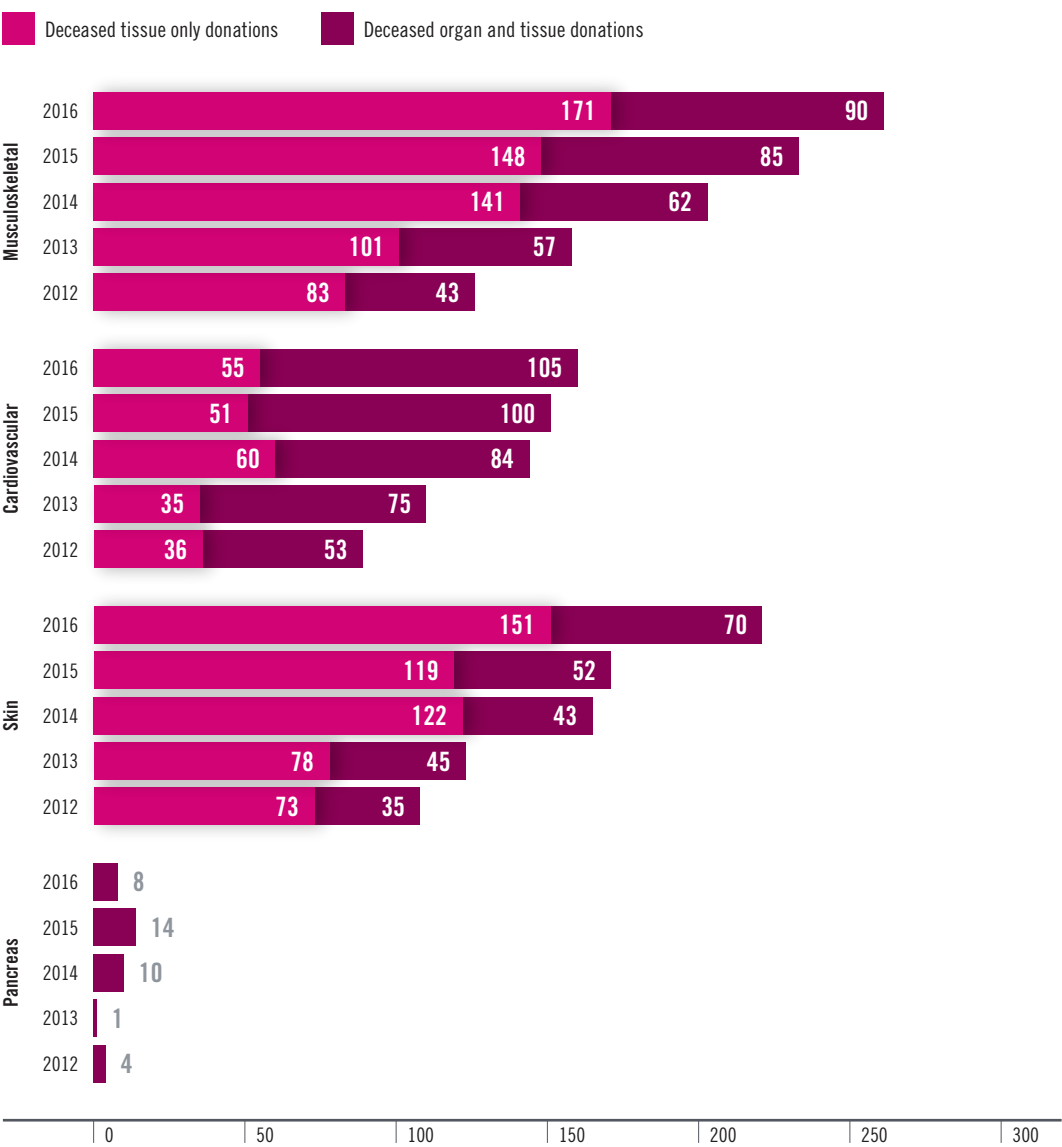
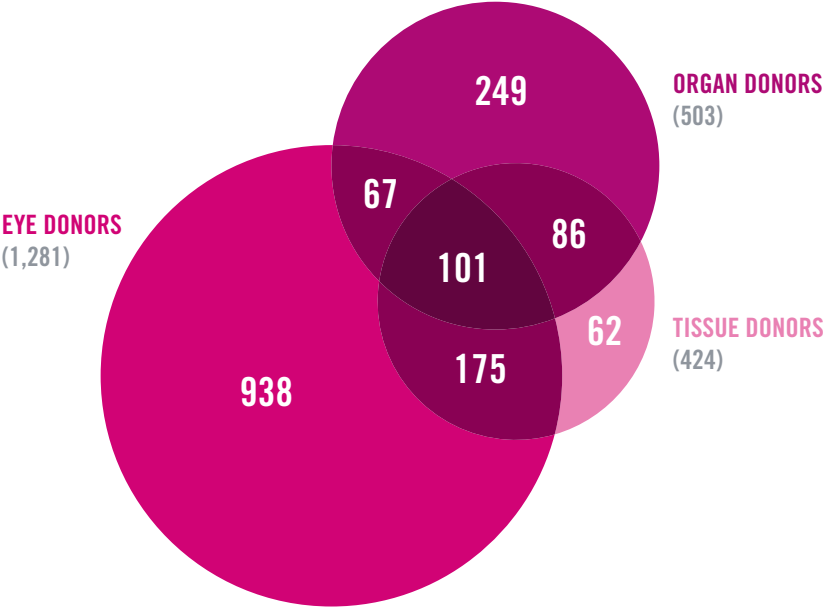


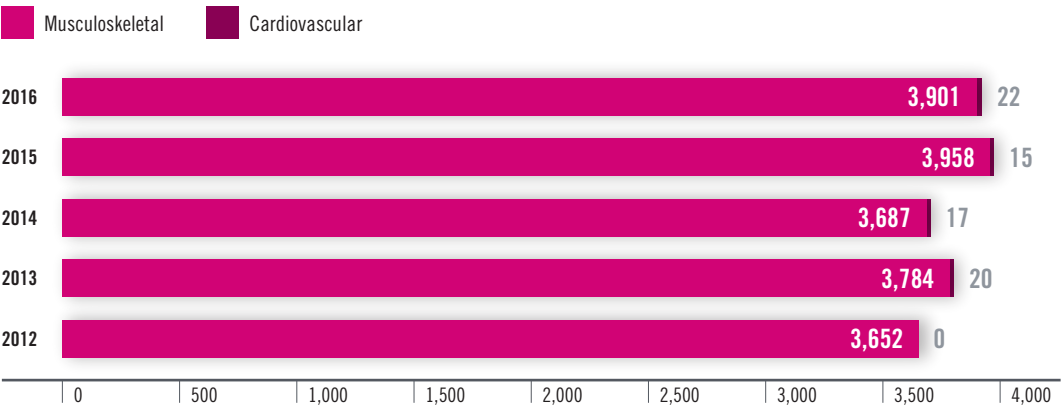
FIGURE 15: Deceased donor diagram



In 2016 more than half of deceased organ donors were also eye and/or tissue donors.

In contrast to organ and eye donation, the majority of tissue is donated by living donors, mainly patients undergoing joint replacement surgery. Of the 4,291 tissue donors in 2016, 3,867 (90%) were living tissue donors who generously made 3,923 tissue donations.

FIGURE 16: Tissue donations from living donors 2012–2016

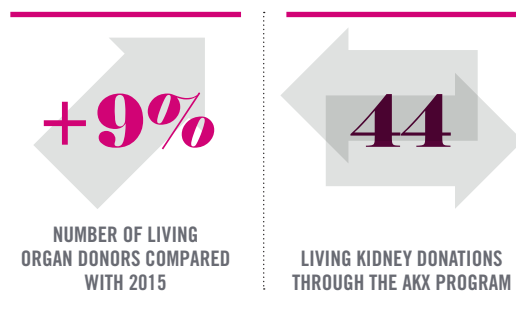


SOURCES

- » Organ donation and transplantation data: Australia and New Zealand Organ Donation Registry, May 2017
- » Donation request and consent: DonateLife Audit, May 2017
- » Eye and tissue donation and transplantation data: Australia and New Zealand Organ Donation Registry, May 2017

LIVING ORGAN DONATION

While most transplanted organs come from deceased donors, living donation offers an alternative to the transplantation of organs from a deceased donor. Living donation includes donation of tissues (bone marrow and femoral heads) as well as kidneys and partial livers.



There are predominately two types of living organ donation – directed and non-directed:

- » Directed organ donation is to a specified individual, either a relative or a friend.
- » Non-directed organ donation is to a non-specified individual.

In 2016 there were 267 living organ donors: 265 kidney donors and two liver donors. This represents a 9% increase in the number of living organ donors compared with 2015. The 265 living kidney donations included 44 donations through the Australian Paired Kidney Exchange (AKX) program.

The Australian Government has a strong commitment to increasing the rates of living organ donation in Australia, to help alleviate the suffering of people on organ transplant waiting lists. There are currently two Australian Government programs that support living organ donation: the AKX program and the Supporting Leave for Living Organ Donors program.

AUSTRALIAN KIDNEY EXCHANGE PROGRAM

The AKX program is a nationwide program that aims to increase live donor kidney transplants by identifying matches for patients who are eligible for a kidney transplant and who have a living donor who is willing but unable to donate because of an incompatible blood type or tissue type.

It is one of the OTA's most successful programs, having successfully facilitated 26 match runs with 209 kidney transplants since 2010. In 2016, 44 transplants were facilitated through the AKX program, accounting for 17% of all live donor kidney transplants in Australia.

Progress has continued on a number of activities, including the proposal to implement a hospital participation agreement with all participating Australian hospitals, and a review of the AKX User Manual, including information for patients and health professionals.

The inaugural National Clinical Director of this highly successful program, Professor Paolo Ferrari, has announced that he will be leaving this role to pursue an exciting new work opportunity in his native Switzerland. The incumbent AKX Program Coordinator, Claudia Woodroffe, also retired from her role on 30 June. We would like to take this opportunity to formally acknowledge and recognise the hard work and dedication of both Professor Ferrari and Ms Woodroffe over the last six years. They achieved excellent outcomes and ensured that the AKX program has become an integral part of kidney transplantation in Australia.



Professor Paolo Ferrari (outgoing AKX National Clinical Director) and Ms Claudia Woodroffe (outgoing AKX Program Coordinator)



Associate Professor Peter Hughes (incoming AKX National Clinical Director)

Associate Professor Peter Hughes has been appointed to the position of AKX National Clinical Director and, as a result, hosting of the AKX program will relocate from the Prince of Wales Hospital in Sydney to the Royal Melbourne Hospital. Dr Stella McGinn will continue in her capacity as Deputy Director of the program. We are working closely with the Royal Melbourne Hospital to enable the successful transition of the program.

We would also like to extend our sincere thanks to the South Metropolitan Area Health Service and Fremantle Hospital, and to the South Eastern Sydney Local Health District and the Prince of Wales Hospital, for their collaboration in hosting the program over the last six years.

SUPPORTING LEAVE FOR LIVING ORGAN DONORS PROGRAM

The Supporting Leave for Living Organ Donors Program is implemented by the Australian Government Department of Health. It designed to help support those people who wish to be a living donor but may be unable to do so due to income they would lose and the financial stress it would cause for themselves and their family. Since the start of the program on 1 July 2013, 454 Australians who have chosen to donate a kidney or part of their liver have registered with the program.

In the 2017–18 Budget, the Australian Government announced that the program would continue beyond 30 June 2017. In addition, it will be expanded to allow living organ donors to claim reimbursement for some out-of-pocket expenses incurred as a result of donation. Both employed and non-employed donors can apply for reimbursement of these expenses, which will enable those donors who are not in employment to now also be supported through the program. In recognising this important change, the program will be renamed the Supporting Living Organ Donors Program from 1 July 2017.





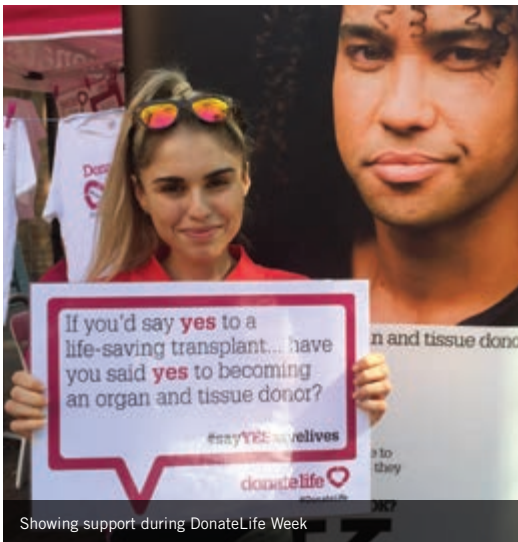
DonateLife stall at the Alice Springs Show – Nurse Nicole and Warren chatting about organ donation



Competitors of the Lorne Pier to Pub swim show off their support for organ and tissue donation



The Royal Hobart Hospital Clinical Team promoting "What are you waiting for?" During DonateLife Week 2016



Showing support during DonateLife Week



Local Sunshine Coast businesses get behind Jersey Day

DONATELIFE NETWORK

Increasing organ and tissue donation for transplantation in Australia is a shared responsibility. We work in collaboration with state and territory governments, the broader donation and transplant clinical sectors, eye and tissue banks, and community organisations to implement a nationally coordinated leading practice approach to organ and tissue donation.

The OTA manages the implementation of 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 DLN staff through funding agreements with the OTA. The roles and responsibilities are consistent with the model and approach of the national reform program in the public hospital sector (and, where mutually agreed, in the private hospital sector).

Donation specialists in the DonateLife Network are responsible for:

- » managing the organ and tissue donation process as part of end-of-life care
- » supporting donor families to make informed and enduring decisions about the opportunity for donation
- » supporting professional clinical education in managing the donation process
- » participating in clinical practice review and audit.

At 30 June 2017 the DLN comprised 248 OTA-funded staff (147.98 full-time equivalents). These fractionated roles were occupied by 172 doctors and nurses specialising in organ and tissue donation in 89 hospitals across Australia, and 76 staff in eight DonateLife Agencies across Australia.

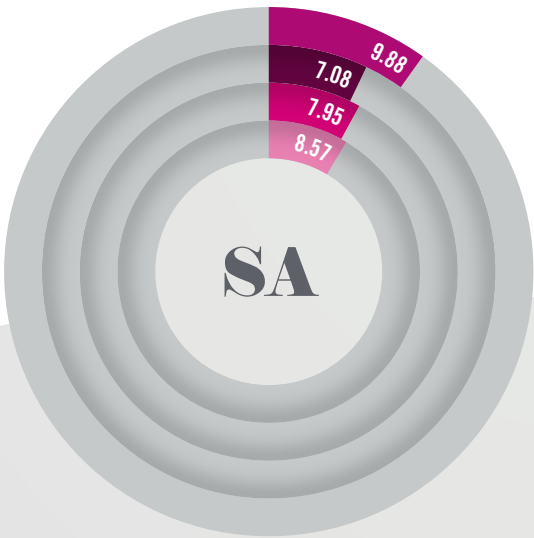
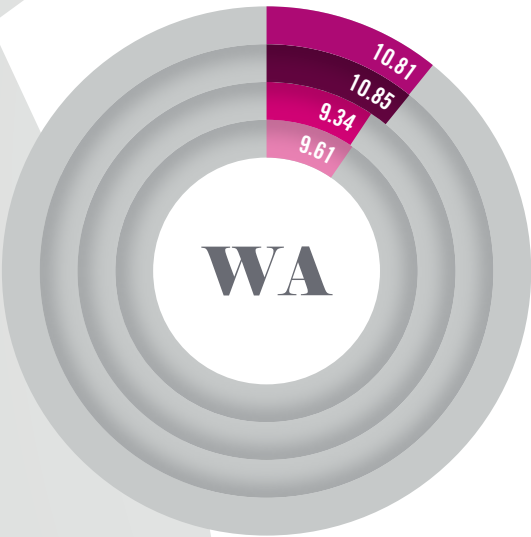
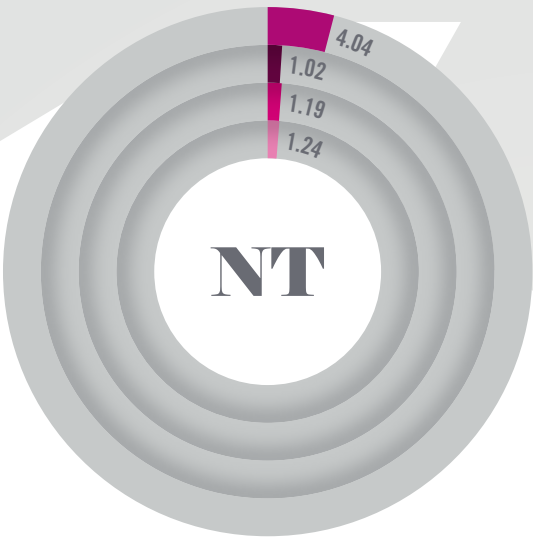
Figure 17 shows the contribution of each jurisdiction to the national reform program in 2016 within the context of population size and funding provided by the Australian Government.

A summary of 2016–17 highlights and achievements for each jurisdiction is provided in this section.

FIGURE 17: The DonateLife Network funding model for 2016–17 and outcomes for 2016

The Commonwealth Government provides funding in selected public and private hospitals, with 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.



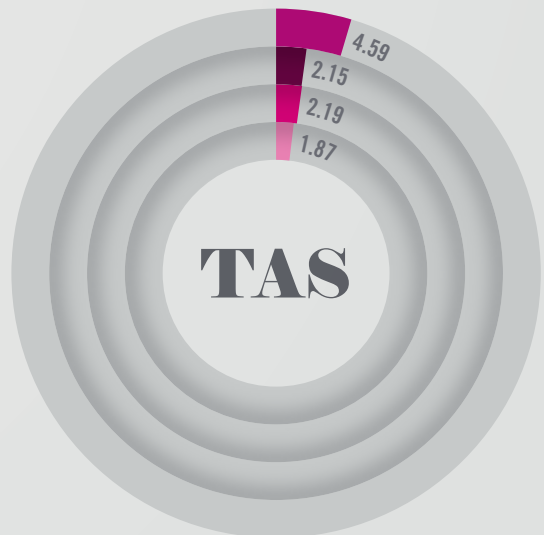
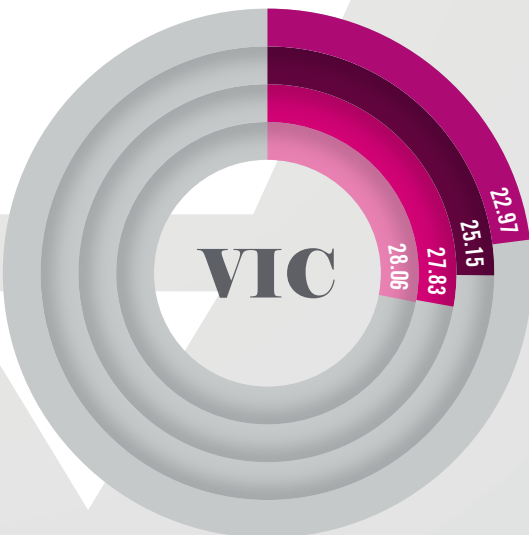
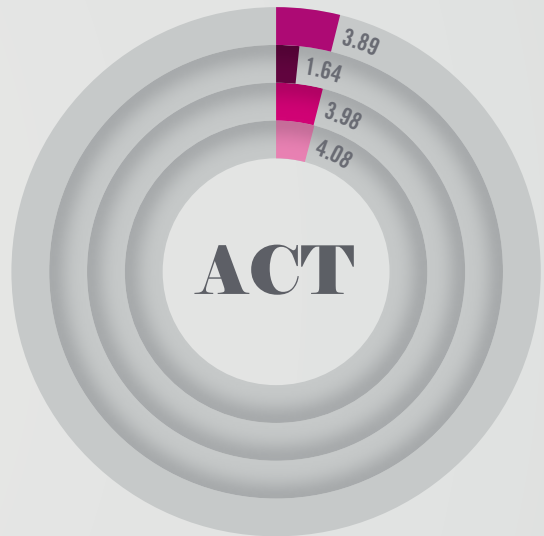
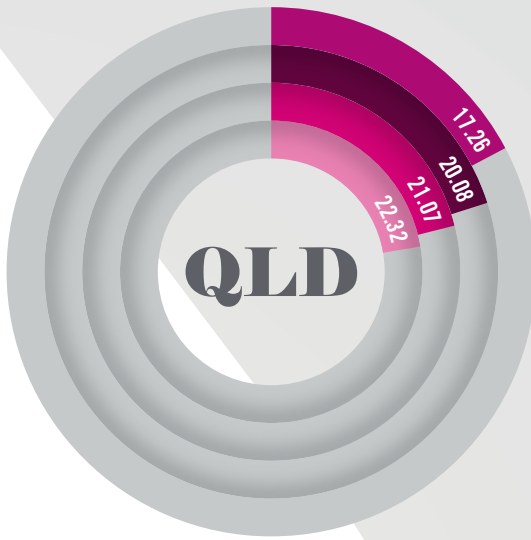
KEY

% OF FUNDING

% OF POPULATION

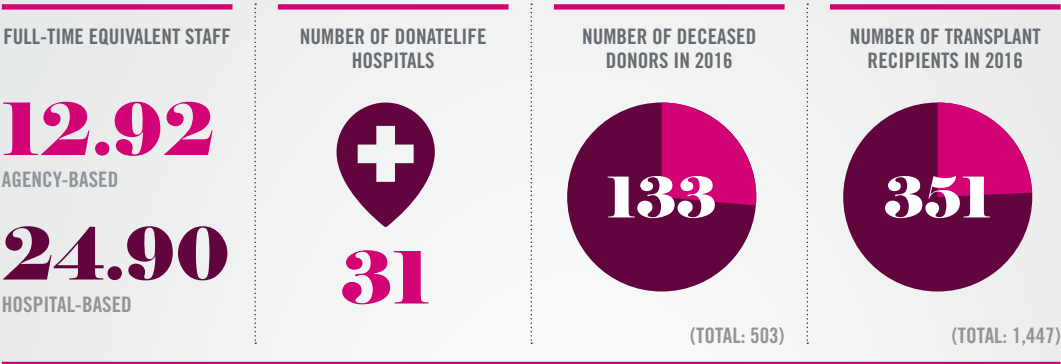
% OF DONORS

% OF TRANSPLANT RECIPIENTS



NEW SOUTH WALES

CO-STATE MEDICAL DIRECTORS	Associate Professor Michael O’Leary Dr Elena Cavazzoni
GENERAL MANAGER	Danielle Fisher
CLINICAL MANAGER	Juliana Celcer



Partnership with Wellington Aboriginal Corporation Health Service

During the year we forged a key partnership between the NSW Organ and Tissue Donation Service (OTDS) and the Wellington Aboriginal Corporation Health Service. The aim of this partnership was to drive awareness activities, develop networks and increase understanding in Aboriginal communities of the importance of organ and tissue donation for transplantation.

Life Giving Stories wins an Australian Multicultural Marketing Award

Life Giving Stories was an innovative, artistic social marketing and multimedia campaign that addressed the importance of organ and tissue donation within multicultural groups. It was the outcome of a strategic partnership between the NSW OTDS and the NSW Multicultural Health Communication Service. The campaign involved the production of a unique and inspiring storytelling stage event which brought together donor families and transplant recipients to recount their personal stories.

VICTORIA

STATE MEDICAL DIRECTOR

Dr Rohit D'Costa

DEPUTY STATE MEDICAL DIRECTOR

Dr Sam Radford

DIRECTOR OF NURSING/OPERATIONS MANAGER

Robyn Scott

CLINICAL MANAGER

Leanne McEvoy

FULL-TIME EQUIVALENT STAFF

11.04

AGENCY-BASED

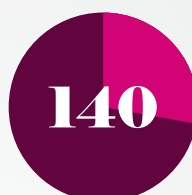
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HOSPITAL-BASED

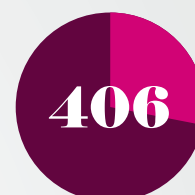
NUMBER OF DONATELIFE HOSPITALS

19

NUMBER OF DECEASED DONORS IN 2016



NUMBER OF TRANSPLANT RECIPIENTS IN 2016



Delivering our service

DonateLife VIC successfully expanded the hospital-based Donation Specialist Nursing Coordinator model to include the six health services with the greatest organ and tissue donation potential. This process involved recruitment, education and mentoring of additional Donation Specialist Nursing Coordinators, providing not only optimal coverage for donation activity but also embedding expert staff within hospitals to help influence culture and practice.

A focus on education

During the year we appointed two Clinical Development Coordinators to further develop the training of new staff members and help upskill donation specialist staff. The Clinical Development Coordinators coordinated well-attended network meetings on consent, collaborative requesting and self-care, as well as a session on innovations in donation and transplantation.

Community initiatives

Community and media activities continued to grow, with more volunteers engaged and a greater push on registration messaging. The yearly growth rate in new registrations almost doubled between 2015 and 2016, with almost 40,000 new Victorian registrations on the Australian Organ Donor Register.



QUEENSLAND

STATE MEDICAL DIRECTOR

Dr Leo Nunnink

DEPUTY STATE MEDICAL DIRECTOR

Dr Gordon Laurie (until February 2017) | Dr Angus Carter

STATE MANAGER

Tina Coco AO

FULL-TIME EQUIVALENT STAFF

14.39

AGENCY-BASED

12.29

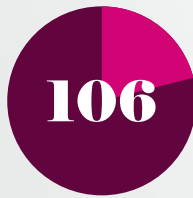
HOSPITAL-BASED

NUMBER OF DONATELIFE
HOSPITALS



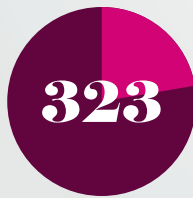
16

NUMBER OF DECEASED
DONORS IN 2016



(TOTAL: 503)

NUMBER OF TRANSPLANT
RECIPIENTS IN 2016



(TOTAL: 1,447)

Strategic planning results in improved outcomes

Implementation of the strategic plan to improve organ donation in Queensland, developed collaboratively between DonateLife QLD and the Queensland Department of Health, led to a significant increase in donor numbers. In 2016 there were 106 donors in QLD, a 47% improvement on 2015, when there were 72 donors.

Improving organ donation practice

The Best practice processes to optimise organ donation for transplantation guideline was introduced into DonateLife hospitals in Queensland during the year. This guideline incorporates a trained requester model and criteria for the routine referral of potential donors to the DonateLife Agency. Key performance indicators and targets were developed to monitor the actions being undertaken in relation to the strategic plan and the guideline.

Recognising the State Manager's contribution

Tina Coco was awarded an Order of Australia (AO) in the General Division in this year's Australia Day Honours. This was for 'distinguished service to community health as a leader of, and advocate for, organ and tissue donation and transplantation coordination organisations at the state, national and international level'.



A local resident signs up on the Australian Organ Donor Register at the Hervey Bay Seafood Festival



Rugby League great Shane Webcke with recipient family member Mary Long at the Cycle of Giving

SOUTH AUSTRALIA

STATE MEDICAL DIRECTOR

Dr Stewart Moodie

NURSING SERVICE DIRECTOR

Heylen Laver

FULL-TIME EQUIVALENT STAFF

5.71

AGENCY-BASED

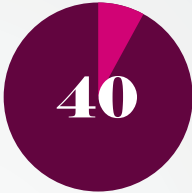
8.87

HOSPITAL-BASED

NUMBER OF DONATELIFE HOSPITALS



NUMBER OF DECEASED DONORS IN 2016



(TOTAL: 503)

NUMBER OF TRANSPLANT RECIPIENTS IN 2016



(TOTAL: 1,447)

Bereavement follow-up

During the year we established a bereavement follow-up service in intensive care units. This has enabled DonateLife SA staff to better understand what factors have supported distressed families during their loved one's final hospitalisation. The quality of care around end of life is recognised to have an impact on the donation decision.

Increasing donation opportunities

Developing pathways for rural hospitals and embedding specialist staff in emergency departments and paediatric intensive care units has enabled organ and tissue donation to be offered at more locations in South Australia. Identifying donation opportunities outside of metropolitan ICUs is an essential part of increasing donation rates.

Increasing donation conversation workshop attendance

The majority of SA intensive care specialists have now attended the core Family Donation Conversation workshop and our goal is to have 80% trained by 2018. Completion of the course by relevant staff is central to ensuring families make an informed decision about donation.



RAA Street Smart, 5-6 April 2017



International Volunteer Day Parade, 5 December 2016.
DonateLife SA staff and volunteers

WESTERN AUSTRALIA

STATE MEDICAL DIRECTOR

Dr Bruce Powell

CLINICAL NURSE MANAGER

Melissa Smith

FULL-TIME EQUIVALENT STAFF

8.82

AGENCY-BASED

7.08

HOSPITAL-BASED

NUMBER OF DONATELIFE HOSPITALS

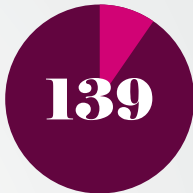


NUMBER OF DECEASED DONORS IN 2016



(TOTAL: 503)

NUMBER OF TRANSPLANT RECIPIENTS IN 2016



(TOTAL: 1,447)

Service expanded

During the year the DonateLife WA Donor Family Support Coordinator participated in Advanced Care Planning workshops conducted by Palliative Care WA in metropolitan and regional centres of the state. This complements the work being undertaken by DonateLife WA to embed consideration of organ and tissue donation as a routine part of end-of-life care.

New hospital increases donations

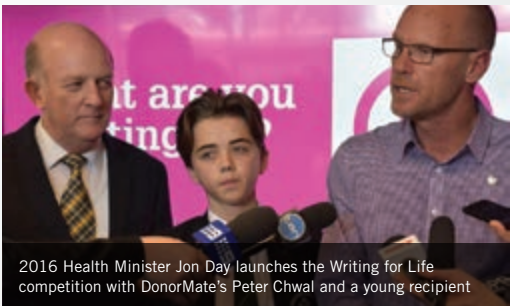
St John of God Midland Public and Private Hospital opened in November 2015 as Perth's newest hospital. The DonateLife WA team met with various stakeholders and conducted education sessions throughout the hospital. To date there have been three organ donors and two tissue donors at the hospital, which is a testament to the engagement between the hospital's team and the team at DonateLife WA.

Education and collaboration

Two perioperative workshops on organ and tissue donation were successfully conducted in 2016–17 at the St John of God Midland Hospital and the Sir Charles Gairdner Hospital. The evaluations indicated that the professional needs of the participants were met.



Musicians 'Bird & Boy' entertain the audience at the 2016 Honour Ceremony



2016 Health Minister Jon Day launches the Writing for Life competition with DonorMate's Peter Chwal and a young recipient



City of Perth Council House lights up for DonateLife Week 2016

FULL-TIME EQUIVALENT STAFF

2.3

AGENCY-BASED

4.43

HOSPITAL-BASED

NUMBER OF DONATELIFE HOSPITALS



NUMBER OF DECEASED DONORS IN 2016



(TOTAL: 503)

NUMBER OF TRANSPLANT RECIPIENTS IN 2016



(TOTAL: 1,447)

An independent organ and tissue donation service

In 2016 DonateLife TAS began the delivery of organ and tissue donation services as an independent jurisdiction. This was a significant achievement following the 2009 implementation of the national reform program in Tasmania. The success of this transition to independence was due to the dedicated work of DonateLife TAS staff and their commitment to developing the clinical skills and capability to provide the full range of organ and tissue donation services.

Improving organ donation practice

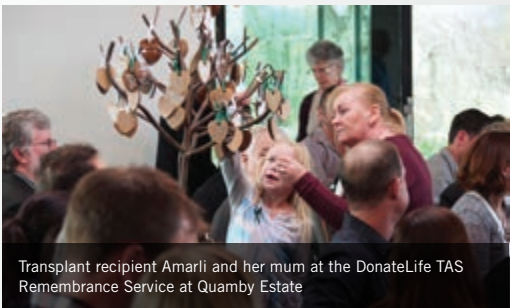
Preparing for the transition to independent provision of donation services gave us the opportunity to review and establish clinical structures and processes to support ongoing improvement in donation practice. This has ensured organ donation services are an integrated and embedded part of end-of-life care in Tasmanian hospitals.

Developing new relationships

To complement the transition to independent provision of donation services, there has been a focus on developing relationships with the transplantation sector to strengthen and support the safety and quality of donation practice in Tasmania.



Staff at the Priceline Pharmacy in Ulverstone serving up a good dose of DonateLife Week 2016 to shoppers



Transplant recipient Amarli and her mum at the DonateLife TAS Remembrance Service at Quamby Estate



The Royal Hobart Hospital clinical team promoting DonateLife Week 2016

NORTHERN TERRITORY

STATE MEDICAL DIRECTOR

Dr Sarah Jones

PROGRAM MANAGER

Lee Wood

FULL-TIME EQUIVALENT STAFF

5.72

AGENCY-BASED

1.21

HOSPITAL-BASED

NUMBER OF DONATELIFE HOSPITALS



NUMBER OF DECEASED DONORS IN 2016



(TOTAL: 503)

NUMBER OF TRANSPLANT RECIPIENTS IN 2016



(TOTAL: 1,447)

Community education

Education and awareness-raising continued to be a priority for DonateLife NT this year. We participated in the NT Show Circuit, held displays at conferences, and undertook promotional activities through a variety of media and forums. DonateLife NT was a major sponsor of the Top End Gran Fondo, a high-profile local cycling event with over 500 participants.

Indigenous education

DonateLife NT began its Indigenous education program this year with a presentation to the Top End Health Aboriginal Cultural Advisory Group. We also presented to Danila Dilba Aboriginal Health Service, attended the men's health promotion night at the

Titjikala community, and visited Bathurst Island with a local Indigenous kidney recipient, to undertake education activities. The participation of local Indigenous transplant recipients in our Indigenous education activities has been a key to our success in this area.

Donor family and recipient support

In November 2016 a Thank You Day event was held at Lake Alexander in Darwin. Many local donor families attended, as did a number of prominent local dignitaries. To further commemorate donors and their families, Service of Remembrance ceremonies were held at the George Brown Darwin Botanic Gardens and the Alice Springs Olive Pink Garden.



Outdoor broadcast during DonateLife Week at the Royal Darwin Hospital with Top End Aboriginal Bush Broadcasting Association



DonateLife Week soccer launch event

AUSTRALIAN CAPITAL TERRITORY

STATE MEDICAL DIRECTOR

Professor Frank Van Haren

AGENCY MANAGER

Kylie Downes

A workshop for theatre staff

During the year DonateLife ACT developed a workshop that provides operating theatre staff with an overview of the donation process up to, and including, organ retrieval. The workshop, consisting of four two-hour sessions, was first run in October 2016, and then again in June 2017. The feedback has been overwhelmingly positive. We would like to acknowledge DonateLife VIC for sharing their theatre workshop information and also Dr Deb Verran for assisting with the first workshops.

Increasing multicultural donation awareness

DonateLife ACT has been working to strengthen the ACT's multicultural donation awareness through a number of initiatives. We presented at the Australian Sangha Association's (Buddhist Monks) National Conference in February 2017 and held a stall the Canberra Multicultural Festival. We also attended the Reconciliation Action Plan Expo at the Aboriginal and Torres Strait Islander Cultural Centre in May 2017. This event was attended by over 150 local community members who gained knowledge about organ and tissue donation.

Expanding the tissue donation service

We have been working towards the expansion of our eye and tissue donation service in 2017–18, with plans to include musculoskeletal tissue donation. This will be undertaken with the assistance of the NSW Bone Bank, Australian Biotechnologies, Queensland Tissue Banks, and the Donor Tissue Bank of Victoria. Key DonateLife ACT staff will undertake 'train the trainer' education to prepare for the implementation of musculoskeletal tissue donation, as well as to support ongoing training needs as the service expands over time.



DonateLife ACT staff at the Reconciliation Action Plan Expo at the Aboriginal and Torres Strait Islander Cultural Centre



The DonateLife ACT team at Canberra Miss Muddy

FULL-TIME EQUIVALENT STAFF

2.5

AGENCY-BASED

3.16

HOSPITAL-BASED

NUMBER OF DONATELIFE HOSPITALS



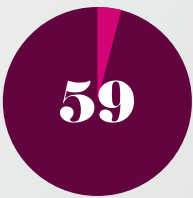
2

NUMBER OF DECEASED DONORS IN 2016



(TOTAL: 503)

NUMBER OF TRANSPLANT RECIPIENTS IN 2016



(TOTAL: 1,447)

COMMUNITY STAKEHOLDERS

Increasing the number of people who donate their organs and tissues is a challenge for the whole Australian community. The community, health care workers and clinicians involved in end-of-life care must recognise that without donation there can be no transplantation. Unless individuals and their families consent to donation, and clinicians act to facilitate donation at every possible opportunity, transplant rates cannot improve.

We work to engage and collaborate with all of our community stakeholders to build our capacity and capability to optimise every donation opportunity to save and transform lives through transplantation. The OTA and our key stakeholders are working to increase consent rates by encouraging all families to discover, decide and discuss (see Figure 19).

Over 2016–17 we engaged with our community stakeholders through a number of activities under the national community awareness and education program. These activities included:

- » DonateLife Week
- » DonateLife Thank You Day
- » Community Awareness Grants
- » school education resources
- » media and public relations
- » community education and outreach
- » social media
- » printed and online public information.

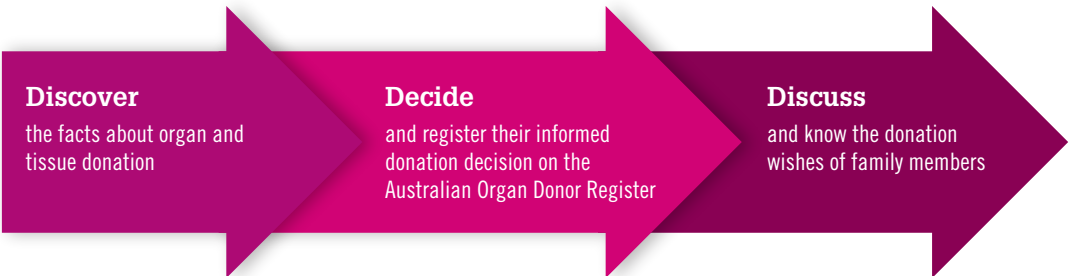
In partnership with our stakeholders, we also facilitated a number of events and forums to promote organ and tissue donation in the community sector. Input from our community stakeholders remains a vital element of how we work in this critical sector.

A list of our community stakeholders is included in Appendix 1.

DONATELIFE WEEK 2016

DonateLife Week is Australia’s annual national awareness week to promote organ and tissue donation. It is led by the OTA, in partnership with DonateLife Agencies in every state and territory, and with participation from the broader organ and tissue donation and transplantation sector and other key stakeholders. The theme for DonateLife Week 2016 was, ‘What are you waiting for? Join the Australian Organ Donor Register online today to save lives – donatelife.gov.au.

FIGURE 18: Encouraging consent to donation

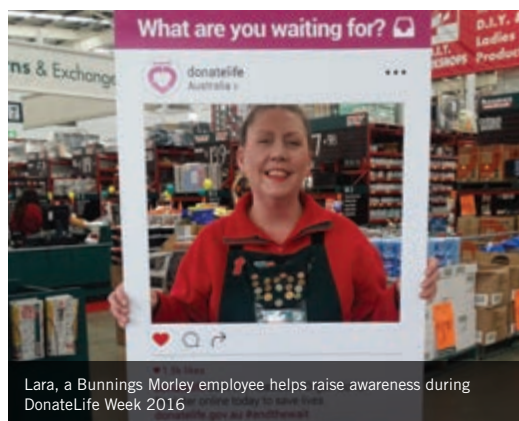




Year 12 students at Immanuel College promoting organ and tissue donation as part of their school curriculum



North Ballarat Roosters mascots leading the charge to promote registering as an organ and tissue donor



Lara, a Bunnings Morley employee helps raise awareness during Donatelife Week 2016

The campaign achieved a 61% increase in new registrations in July 2016 and a 78% increase in August 2016 compared to the previous year, with a total of 41,785 Australians joining the Australian Organ Donor Register (AODR) during the campaign period.

The campaign was supported by a suite of printed, video and online materials. This included the 'Faces of Donatelife Week' which featured Australians waiting for a transplant, organ and tissue transplant recipients, living donors, and families of deceased organ and tissue donors, as well as ordinary Australians who had joined the AODR.

The #endthwait social media campaign was a key component of Donatelife Week 2016. This campaign highlighted that while Australians wait for things every day, there are some people waiting for a transplant that will one day transform their lives.

DONATELIFE THANK YOU DAY 2016

Donatelife Thank You Day is a national day to honour all living and deceased organ and tissue donors and their families, and to acknowledge their generosity, which saves and transforms the lives of others. Held for the first time in 2015, Thank You Day 2016 retained the focus on inviting the broader Australian community to join in thanking those who generously agree to organ and tissue donation. This was achieved through targeted media coverage and social media engagement supported by community events.

Donatelife Thank You Day 2016 was supported and promoted through the Donatelife Network, professional peak bodies, and community partners.

As part of the campaign, we produced a video featuring transplant recipients, living donors and donor families. In addition, Australians were invited to create and share on social media a 'thank you' message to all living and deceased organ and tissue donors, and their families, for their generosity which saves and transforms the lives of others.

DONATELIFE FORUM

The 2017 DonateLife Forum was held on 11 May at the Brisbane Convention and Exhibition Centre, with a theme of 'Where to from here?' The forum attracted over 300 delegates from the organ and tissue donation and transplantation sectors, the intensive care community, community organisations, donor family members, transplant recipients and OTA staff. The event enabled these delegates to come together to share experiences and ideas on how to better implement and further embed the national reform program into clinical and community practice.

Invitations to participate in the forum were extended to community members this year for the first time. The previously named DonateLife Network Forum was renamed the DonateLife Forum to reflect this more inclusive approach and the forum program included presentations relevant to both the clinical and community sectors.

The positive collaboration demonstrated on the day was impressive. It provided a platform for our future efforts to consolidate and build on our significant past achievements, and to drive the reform program forward.

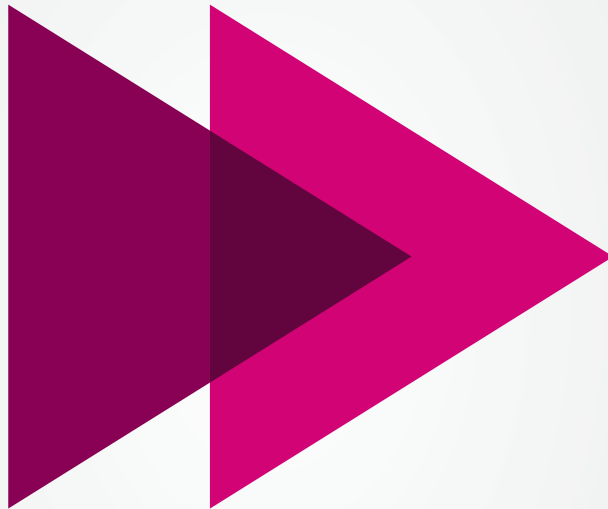
COMMUNITY CONSULTATIVE FORUM

A Community Consultative Forum on contact between donor families and transplant recipients was held on 17 March 2017. It provided an opportunity for sharing and open discussion about different Australian stakeholder experiences, perspectives and insights into the complex issue of direct contact between donor families and recipients. It was also an opportunity to improve knowledge of this issue, and promote awareness and understanding of the diversity of public opinions among different stakeholder groups.

Participants at the forum included donor families, transplant recipients, peak bodies, governments and the DonateLife Network. The forum provided an opportunity for all participants to share their different perspectives and views on identity disclosure, communication, and contact between families and recipients.



Dr Helen Opdam (National Medical Director), Dr Dale Gardiner (United Kingdom Deputy National Clinical Lead for Organ Donation), and Dr Sarah Jones (NT State Medical Director) at the DonateLife forum



The *Organ and tissue donation for transplantation in Australia strategic plan 2016–2020* was developed in consultation with stakeholders to ensure that organ and tissue donation continued to be delivered on a collaborative and consistent basis throughout Australia with a shared goal of achieving our national target of 25 donors per million population by 2018.

The work of the OTA and the DonatLife Network was managed according to this Strategic Plan which sets out the key objectives, strategies and actions to be undertaken over the four years from 2016–17 to 2019–20 to support our purpose. This purpose is to save and improve the lives of more Australians through optimising every potential organ and tissue donation for transplantation.

The key objectives identified were to:

- » increase the number of potential organ and tissue donors
- » improve organ and tissue donation consent rates
- » enhance systems to support organ and tissue donation and transplantation.

The Strategic Plan identified the key performance measures against which progress was monitored and reported.

This section reports on the deliverables against the objectives and strategies in the 2016–2020 Strategic Plan.

OBJECTIVE 1
INCREASE THE NUMBER OF POTENTIAL ORGAN AND TISSUE DONORS

While there are many circumstances in which donation is not possible, there is good reason to believe that the number of Australians who could be considered as potential donors when they die – that is, the potential donor pool – could be expanded.

STRATEGIES

Objective 1: Increase the number of potential organ and tissue donors	
1.1	Embed organ and tissue donation as a routine part of end-of-life care
1.2	Increase the uptake of Donation after Circulatory Death (DCD)
1.3	Increase Donation after Brain Death (DBD)
1.4	Increase the transplantation of organs from an expanded donor pool
1.5	Increase living organ and tissue donation
Objective 2: Improve organ and tissue donor conversion rates	
2.1	Increase community acceptance of organ and tissue donation
2.2	Increase family consent to donation
2.3	Provide support for the families of potential organ and tissue donors
2.4	Optimise the function and condition of donor organs and tissues prior to retrieval
Objective 3: Enhance systems to support organ and tissue donation and transplantation	
3.1	Improve utilisation of retrieved organs and tissue
3.2	Enhance the safety of organ and tissue donation and transplantation
3.3	Improve the efficiency of organ and tissue donation and transplantation

1.1

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

In 2016–17 considerable work was undertaken in our hospitals to embed organ and tissue donation as a routine part of end-of-life care.

There was comprehensive consultation with the DonateLife Network and state and territory health department representatives during the year, and recognition of the disparity in practice related to routine referral and suitability assessment across Australia. As a result, it was agreed that all jurisdictions would develop local processes for routine referral for a cohort of patients in intensive care units (ICUs) undergoing end-of-life care.

Exploration of relevant referral data elements – with a view to agreeing a national minimum dataset and a reporting process – will be undertaken in 2017–18.

Phase 2 of the Clinical Practice Improvement Program (CPIP) – which included the DonateLife Collaborative – was finalised in 2016–17. CPIP Phase 2 comprised an enhanced set of nationally agreed key performance indicators, against which hospital practice and progress is monitored and reported.

The DonateLife Collaborative supported the application of best-practice models for donor identification and consenting practice in 26 DonateLife hospitals identified as having the greatest potential to expand their pool of potential donors and increase consent to donation. Staff in these selected hospitals took part in a series of themed workshops and inter-hospital cross-border visits between peer-matched hospitals.

1.2

Increase the uptake of Donation after Circulatory Death (DCD)

We continued to work with the DonateLife Network to increase the uptake of donation after circulatory death (DCD) to expand the potential donor pool, and in 2016 there was a 7% increase in donations from this pathway. There were a number of initiatives undertaken in 2016–17 to support the uptake of DCD. These included the ongoing review of the

National Protocol for Donation after Cardiac Death (published in 2010), and a plenary session on DCD and related donation practice at the 2017 DonateLife Forum. There was also additional content on conversations around DCD added to the revised core Family Donation Conversation workshop.

1.3

Increase Donation after Brain Death (DBD)

In Australia, end-of-life care practices should always consider the potential for donation after brain death (DBD), particularly in circumstances where individuals have stated their wish to donate organs and tissues after death. Development of a national protocol for DBD began in 2016–17 and should be completed in 2017–18.

1.4

Increase the transplantation of organs from an expanded donor pool

Ongoing engagement in 2016 between the general community and the donation and transplantation sectors saw an increase in the transplant of organs from an expanded donor pool, for example, older donors and donors with a higher risk of disease transmission.

In 2016–17 we partnered with the Australian Red Cross Blood Service to begin developing OrganMatch – a new national organ matching system. This system will allow for optimal matching of donor organs to transplant recipients, including better age matching between donors and recipients, to further maximise equity of access and enhanced outcomes for Australian transplant recipients.

1.5

Increase living organ and tissue donation

The majority of organ transplants in Australia are possible because of deceased organ donation. However, patients may also receive organs from living donors.

Information about achievements in increasing living organ and tissue donation over 2016–17 is highlighted in section 2.

OBJECTIVE 2

IMPROVE ORGAN AND TISSUE DONOR CONVERSION RATES

This objective focuses on increasing the consent to donation through a raft of initiatives to engage both clinical and general communities.

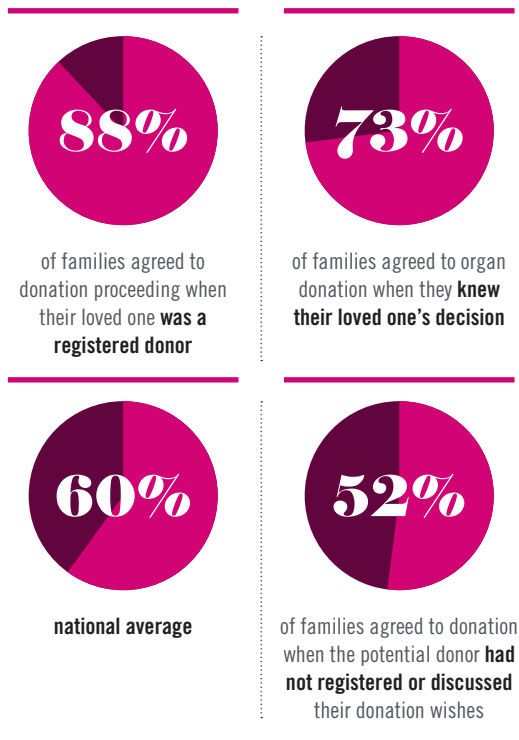
Data from 2016 shows that donation proceeded in 88% of cases when the potential donor had registered their decision to donate, and in 73% of cases when the potential donor's family knew of their donation decision. The national average consent rate was 60%.

Further, when the potential donor had neither registered their donation decision nor discussed their wishes with family members, donation only proceeded in 52% of cases.

There is also evidence that the way in which the option of donation is presented to a grieving family can have a critical impact on the outcome. To improve consent rates, the family must be given the best possible support and information when faced with the offer and consideration of donation.

FIGURE 19: Organ donation consent rates

Registration and family knowledge of donation decision



2.1

Increase community acceptance of organ and tissue donation

Throughout 2016–17 the OTA, in collaboration with the DonateLife Network and community groups, undertook a range of community education and awareness activities encouraging families to:

- » **DISCOVER** the facts about organ and tissue donation
- » **DECIDE** and register their donation decision on the Australian Organ Donor Register
- » **DISCUSS** and know the donation decisions of family members.

The 2015 Federal Budget measure, 'Accelerating growth in organ and tissue donation for transplantation', provided funding to the OTA to conduct a national awareness campaign. This is being implemented in two phases, beginning as part of DonateLife Week 2016 (31 July – 7 August).

The theme for DonateLife Week 2016 was 'What are you waiting for? Join the Australian Organ Donor Register online today to save lives – donatelife.gov.au. The campaign achieved a 61% increase in new registrations in July 2016 and a 78% increase in August 2016 compared to the previous year. A total of 41,785 Australians joined the register during the campaign period.

Information on further engagement with the community sector is highlighted in section 3.

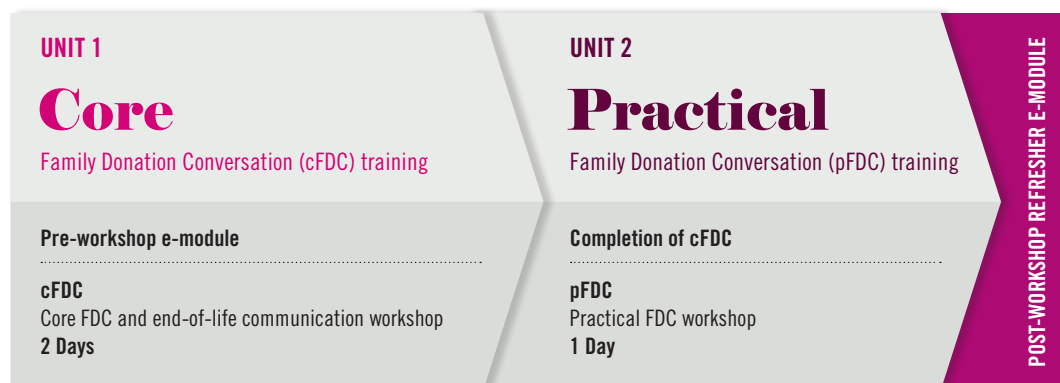
2.2

Increase family consent to donation

In 2016–17 the Best Practice Guideline for Offering Organ and Tissue Donation in Australia (the guideline) was finalised and endorsed by the relevant peak professional bodies. These included the Australian and New Zealand Intensive Care Society, the College of Intensive Care Medicine, and the Australian College of Emergency Medicine.

This guideline, to be implemented in 2017–18, outlines the preferred approach to be taken for all potentially suitable organ donors. Integral to the guideline is the principle that donation is discussed with families of potential donors by staff who are skilled communicators, knowledgeable about donation and who have received specific training in this area. Families are supported to make the

FIGURE 20: Family Donation Conversation training



decision that is right for them, regardless of whether it is to donate or decline donation, and is a decision they remain comfortable with in years to come.

The Professional Education Package (PEP) provides education and training to health professionals about supporting families in conversations about the opportunity for organ and tissue donation. In 2016–17 we continued to fund the delivery of the PEP in all jurisdictions, running 11 core and 13 practical Family Donation Conversation (FDC) workshops that provided training to over 400 health professionals. The core FDC workshop was revised and updated over 2016–17 and a review of the practical FDC will be undertaken in 2017–18.

2.3

Provide support for the families of potential organ and tissue donors

In 2016–17 we continued to provide funding for Donor Family Support Coordinators in DonateLife Agencies in every state and territory for counselling services, ongoing support and a suite of resources to support donor families.

A Community Consultative Forum was held on 17 March 2017. This provided an opportunity for sharing information and open discussion about different Australian stakeholder experiences, perspectives and insights into the complex issue of direct contact between donor families and recipients. Participants at the forum included

donor families, transplant recipients, peak bodies, governments and the DonateLife Network (DLN). It is expected that a report on the outcomes of the forum will be considered by the incoming OTA Board and the DLN in early 2017–18.

Community acknowledgment of the generosity and gift of donation is an important way to recognise the social contribution made by the donors and their families. Services of Remembrance in each state and territory continued to be held in 2016–17. These services provide an opportunity for all those touched by organ and tissue donation to meet with others whose lives have also been changed by this experience.

DonateLife Thank You Day – a national day to acknowledge living and deceased organ and tissue donors and their families – was held in November 2016. DonateLife Thank You Day was supported and promoted through the DLN, professional peak bodies and community partners.

2.4

Optimise the function and condition of donor organs and tissues prior to retrieval

A review of the National Protocol for Donation after Cardiac Death continued in 2016–17 (see Strategy 1.2). We also continued to work with key stakeholders to scope options for the development of additional national clinical protocols for the management of donation after brain death.

OBJECTIVE 3

ENHANCE SYSTEMS TO SUPPORT ORGAN AND TISSUE DONATION AND TRANSPLANTATION

Any system requires constant quality review and improvement to ensure greater clarity about what is expected and available and to ensure that the process works more smoothly.

3.1

Improve utilisation of retrieved organs and tissue

There is continuing research into new techniques and technologies for the preservation of retrieved organs and utilisation of tissue for transplantation. In 2016–17 the Transplantation Society of Australia and New Zealand convened a workshop to discuss the role of machine perfusion in the preservation of deceased donor organs in Australia.

There were a number of initiatives in 2016–17 to provide ongoing guidance on organ and tissue donor and recipient eligibility and allocation. Among these, we have started working with the National Health and Medical Research Council (NHMRC) and the Department of Health to review the ethical guidelines for organ and tissue donation and transplantation from living and deceased donors.



3.2

Enhance the safety of organ and tissue donation and transplantation

The Australian Vigilance and Surveillance Framework for Organ Donation for Transplantation was completed in 2016. We are now working towards a nationally integrated Vigilance and Surveillance System, with the aim of improving the safety of people receiving donor organs in Australia. The Vigilance and Surveillance Expert Advisory Committee will be established in 2017–18 as a critical component of this framework.

3.3

Improve the efficiency of organ and tissue donation and transplantation

The DonateLife Network (DLN) provides organ and tissue donation services across Australia. As donation activity increases, the model needs to continually adapt and change. A number of initiatives have supported the provision of donation services across Australia over 2016–17. These include the provision of funding to employ DLN staff and to assist with costs additional to those normally incurred in the care of critically ill patients. Another initiative is the development of the Electronic Donor Record eye module.

Throughout 2016–17 we developed a range of new reports, dashboards and publicly accessible fact sheets to enhance the understanding of organ and tissue donation and transplantation, and to inform clinical practice improvement at the hospital level.

As donation activity increases, there is a flow-on effect which increases the demand for downstream retrieval and transplantation services. This has workforce and resourcing implications for state and territory governments. In 2016–17 we continued to work with jurisdictions and the donation and transplantation sectors to address retrieval and transplantation capacity and resourcing requirements arising from the increase in organ and tissue donation rates.



CORPORATE GOVERNANCE

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

The cornerstone of the Commonwealth Resource Management Framework is the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). The Organ and Tissue Authority (OTA) is a non-corporate Commonwealth entity under the PGPA Act.

Our annual report is a key element of the Commonwealth performance framework established under the PGPA Act.

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 consciously manage our risks by integrating risk management principles into all critical management processes.

EXECUTIVE COMMITTEE

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

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

The *Australian Organ and Tissue Donation and Transplantation Authority Amendment (New Governance Arrangements) Act 2016* establishes a Board to govern the OTA from 1 July 2017. It transfers to the Board the key policy and strategic functions in the Act currently vested in the CEO.

The Board will be the Accountable Authority of the OTA for the purposes of the PGPA Act and, as such, will lead the OTA in its governance, reporting and accountability requirements.

AUDIT COMMITTEE

The Audit Committee provides independent assurance to the CEO on the OTA's financial and performance reporting responsibilities, risk oversight and management, and system 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 the Deputy Chair, Ms Glenys Roper (the independent external member) and Mr Tim Kreukniet (internal member). Representatives from the Australian National Audit Office and our internal auditors are invited to attend each meeting.

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

INTERNAL AUDIT ARRANGEMENTS

Under the oversight of the Audit Committee, the OTA's internal audit responsibilities are performed by PricewaterhouseCoopers (PwC). In addition to the agreed work under the 2016–17 Strategic Internal Audit Plan, the contract with PwC includes the provision of ad-hoc advice to our management on a range of issues. PwC is committed to promoting and improving our corporate governance by conducting audits and investigations and by making recommendations.

In 2016–17 PwC conducted the following projects:

- » Business Continuity Planning
- » Enterprise Risk Management Framework Review and Risk Appetite Development.

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

FRAUD CONTROL

Fraud against the Commonwealth is a serious matter for all Australian Government entities and for the community. Not only is it a criminal offence, fraud also reduces the funds available for delivering programs. It can also undermine the integrity of the public's confidence in government and can place public safety at risk. The Australian community rightly expects that entities and officials acknowledge and fulfil their responsibilities as stewards of public funds and make every effort to protect public resources.

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

Fundamental to our fraud control are rigorous risk assessments conducted as part of our overall business risk approach. Following risk assessment, the fraud control plan identifies our approach to prevention, detection, reporting and investigation measures. It also addresses the application of appropriate actions to remedy the harm from fraud, recovery of the proceeds of fraudulent activity, fraud awareness training, and external scrutiny of – and accountability for – fraud control activities.

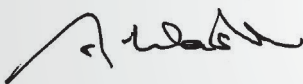
Our fraud control plan complies with the Commonwealth Fraud Control Policy and aligns with Resource Management Guide No. 201 – *Preventing, detecting and dealing with fraud*.

During 2016–17 there were no fraud allegations investigated by the OTA.

I, Mal Washer, based on resolution of the OTA Board, certify that we are satisfied that for 2016–17, 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 OTA
- » taken all reasonable measures to appropriately deal with fraud relating to the OTA.

Yours sincerely



Dr Mal Washer
Chair, OTA Board

4 July 2017

RISK MANAGEMENT

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

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 life-saving organ and tissue transplants and enabling better health outcomes for all Australians.

We recognise that the foundation of our risk management framework is a positive risk culture. Our staff, led by its Executive Group, will continue to develop this culture through open, 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. To ensure that we are working within these levels, and that the defined levels continue to be appropriate, we undertake a continual reporting and monitoring process. This process informs us where additional mitigation strategies/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 reporting to the Audit Committee on changes to our identified top 10 risks
- » reporting to the Executive on the risk register by the CFO, including how risk levels align with our risk appetite and tolerance statements
- » reviewing project/program-specific risk assessment plans on a needs basis, with reporting to the CFO.

More frequent reporting will be 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.



Participants at the 2017 DonateLife forum

EXTERNAL SCRUTINY

We value transparency and accountability and we welcome scrutiny from a number of important institutions.

During 2016–17 there were:

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

On 16 April 2017 the Minister for Aged Care and Minister for Indigenous Health, Ken Wyatt, released the Federal Government's response to the Ernst & Young independent review of the national reform program's progress in increasing Australia's rate of organ and tissue donation. The Government accepted all of the recommendations of the Ernst & Young review, with the key recommendations relating to new governance arrangements coming into effect from 1 July 2017.

The Australian Organ and Tissue Donation and Transplantation Authority Amendment (New Governance Arrangements) Act 2016 (the Amendment Act) received Royal Assent on 30 November 2016. The Amendment Act establishes a Board to govern the OTA and transfers to the Board the key policy and strategic functions currently vested in the CEO.

OTHER SCRUTINY

The OTA was not required to appear before the Senate Community Affairs Legislation Committee (Senate Estimates) in 2016–17.

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 organ and tissue donation and transplantation sector.

PEOPLE MANAGEMENT

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

We are strongly committed to promoting and maintaining the standard of behaviour outlined in the Australian Public Service (APS) Values and APS Code of Conduct, as set out in the *Public Service Act 1999*. The APS Values and Code of Conduct are an integral part of our human resources framework, and form part of the foundation of all human resources policies and procedures.

Terms and conditions of employment for Senior Executive Service (SES) staff are provided by individual determinations made under section 24(1) of the *Public Service Act 1999*. All terms and conditions of employment for non-SES staff are provided for in the *OTA Enterprise Agreement 2016–2019*, which took effect from 16 February 2016.

At 30 June 2017 we employed 27.40 full-time-equivalent staff. Table 4 provides a breakdown of these figures by classification, gender, full-time and part-time status, and ongoing and non-ongoing employment. The majority of our staff are located in Canberra, with one officer in Melbourne and one in Newcastle. No staff members identified as being Indigenous.

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

During 2016–17 we continually reviewed our staffing profile and looked for productivity improvements when positions became vacant. Before finalising any ongoing staffing arrangements, we assessed the classification level against the new work level standards issued by the Australian Public Service Commission.

Table 5 shows the notional salary bands for SES staff, while Table 6 provides the salary ranges for each non-SES classification. Table 7 lists the non-salary benefits available to staff.

The final payments were made under the performance pay policy in 2015–16, so there are no reportable payments in 2016–17.

TABLE 4: Staffing numbers at 30 June 2017

Classification	Female				Male				Total
	Ongoing		Non-ongoing		Ongoing		Non-ongoing		
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	
CEO	1								1
SES 1	1								1
Senior Public Affairs Officer Grade 2	1								1
Executive Level 2	2			0.2	2	0.8			5
Executive Level 1	5	1.7	1	0.8	1		0.9		10.4
APS6	2		3		2				7
APS5			2						2
APS4									0
APS3									0
Total	13	1.7	6	1	5	0.8	0.9		27.40

TABLE 5: Senior Executive Service salary bands 2016–17*

Classification	Minimum (\$)	Maximum (\$)
SES 1	168,545	208,080

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

TABLE 6: Non-SES salary ranges 2016–17

Classification	Minimum (\$)	Maximum (\$)
Senior Public Affairs Officer Grade 2	139,127	144,752
Executive Level 2	117,560	139,184
Executive Level 1	98,533	112,379
APS 6	80,182	90,458
APS 5	72,682	76,715
APS 4	66,825	70,608
APS 3	58,982	65,377

Note:

A total of seven staff were covered by individual flexibility arrangements entitling them to remuneration in addition to that provided under the enterprise agreement. Given the small number of staff involved, details of the actual classification levels and payments made have not been provided. The quantum of all amounts payable was \$63,566 per year.

TABLE 7: Non-salary benefits 2016–17

Access to an Employee Assistance Program

Influenza vaccinations

Time off for blood donations

Flexible working arrangements, including time off in lieu, where appropriate, and recognition of travel time

Cultural or religious holidays substitution scheme

Annual Christmas closedown

Home-based working arrangements

Eyesight testing and reimbursement of prescribed eyewear costs

Reimbursement of costs associated with obtaining financial advice for staff undertaking voluntary retrenchment

Reimbursement of costs associated with damage to clothing or personal effects

Reimbursement of tropical/temperate travel clothing costs if required

Support for professional and personal development

Access to leave accruals at half pay

Rotational car parking

Allowance in lieu of a motor vehicle (SES staff only)

WORKPLACE HEALTH AND SAFETY

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

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

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

We also use a number of early intervention strategies to minimise any potential work health and safety risks. In 2016–17 these strategies included:

- » preventative and specialist workstation assessments
- » access to influenza vaccinations in April 2017 at no charge to staff
- » access to a free and confidential employee assistance counselling services program.

As part of our Health and Safety Management Arrangements, workplace health and safety matters are discussed as a standing program item at the periodic meetings of the Workplace Consultative Committee. This enables management and staff to work together to effectively manage workplace health and safety risks and hazards.

There were no workplace accidents, dangerous occurrences, serious personal injury incidents, or investigations undertaken during 2016–17.

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 within 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 to ensure the efficient, effective, economical and ethical use of Commonwealth resources in a way that is consistent with the policies of the Australian Government.

ASSETS MANAGEMENT

Our asset management strategy allows the OTA 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 2016–17 we continued to develop and enhance the Electronic Donor Register (EDR), the EDR Eye Module, and the DonateLife Audit Tool. We also conducted an independent asset revaluation on property, plant and equipment.

Further information on the value, acquisition and disposal of assets in 2016–17 can be found in Part 6: Financial statements.

PURCHASING

Our purchasing policies and practices complied with the Commonwealth Procurement Rules, with the exception of instances reported in the 2016–17 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

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

No contracts entered into in 2016–17 included a variation to the standard terms and conditions, allowing Australian National Audit Office access.

EXEMPT CONTRACTS

During 2016–17 the OTA 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 enterprise 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.

We encourage the participation of small business through exclusively using the Department of Finance's Commonwealth Contract Suite (except where placing Official Orders under panel arrangements) for procurements under \$200,000. These contract templates streamline the procurement processes for small business, in particular, by reducing process costs, removing repetition and ambiguity, simplifying liability, insurance and indemnity requirements, and creating consistency.

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

In support of on-time payment performance, 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 card, if and where appropriate.

GRANT PROGRAMS

The OTA provides funding through grants, including:

- » 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 transplant outcome registries within Australia
- » government funding for the delivery of the Australian Organ Matching System (now known as OrganMatch)

- » Community Awareness Grants for organisations conducting projects or activities that improve awareness and engagement of the Australian community, the non-government sector, donor families and others involved in increasing organ and tissue donation
- » funding to organisations with projects or activities that provide guidance or contribute to improving awareness, education and engagement of the Australian community, the non-government sector, donor families and others involved in organ and tissue donation
- » one-off ad-hoc grants to organisations following successful unsolicited and solicited applications for funding outside of the Community Awareness Grants Program
- » grants offered through partnerships with sporting and community organisations to support delivery of the National Online Donor Registration campaign.

Information about grants we awarded during 2016–17 is available on our website at www.donatelife.gov.au/accountability-and-reporting.

ECOLOGICALLY SUSTAINABLE DEVELOPMENT AND ENVIRONMENTAL PERFORMANCE

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

In 2016–17 we continued our commitment to ecologically sustainable development by ensuring that 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 MECHANISMS

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 first of these progress reports was presented to the Council of Australian Governments in December 2015 and can be found at www.dss.gov.au.

FREEDOM OF INFORMATION

As an agency that is subject to Part II of the *Freedom of Information Act 1982* (the FOI Act), we are required to publish information to the public as part of the Information Publication Scheme. All information we have published in accordance with these requirements can be found at www.donatelife.gov.au/freedom-information-0.

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:

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

During 2016–17 one new consultancy contract was entered into, involving total expenditure of \$200,200 (GST inclusive).

This report contains information about actual expenditure on contracts for consultancies entered into during 2016–17. Information about the value of these contracts and consultancies is available on the AusTender website at www.tenders.gov.au.

We did not undertake any advertising campaign activity in 2016–17.

TABLE 8: Comparison of expenditure on consultancy services during 2014–15, 2015–16 and 2016–17

2014–15	2015–16	2016–17
\$75,685	\$203,999	\$228,769

TABLE 9: Advertising and market research agencies and organisations used during 2016–17

Agency/organisation	Service provided	Paid \$
Market research organisations		
The Social Research Centre	Research services	\$79,627
Direct mail organisations		
National Mailing and Marketing	Warehouse and distribution services	\$82,500

Notes:

Price paid includes GST

We did not undertake any advertising campaign activity in 2016–17.



FINANCIAL STATEMENTS

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INDEPENDENT AUDITOR'S REPORT



INDEPENDENT AUDITOR'S REPORT

To the Minister for Aged Care and Indigenous Health

Opinion

In my opinion, the financial statements of the Australian Organ and Tissue Donation and Transplantation Authority for the year ended 30 June 2017:

- (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 Australian Organ and Tissue Donation and Transplantation Authority as at 30 June 2017 and its financial performance and cash flows for the year then ended.

The financial statements of the Australian Organ and Tissue Donation and Transplantation Authority which I have audited, comprise the following statements as at 30 June 2017 and for the year then ended:

- Statement by the Accountable Authority and Chief Finance 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 Australian Organ and Tissue Donation and Transplantation Authority 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* to the extent that they are not in conflict with the *Auditor-General Act 1997* (the Code). 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 Australian Organ and Tissue Donation and Transplantation Authority, the Australian Organ and Tissue Donation and Transplantation Authority Board (the OTA Board) is responsible under the *Public Governance, Performance and Accountability Act 2013* for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards – Reduced Disclosure Requirements and the rules made under that Act. The OTA Board is also responsible for such internal control as the OTA Board determines is necessary to enable the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the OTA Board is responsible for assessing the Australian Organ and Tissue Donation and Transplantation Authority's ability to continue as a going concern, taking into account whether the entity's operations will cease as a result of an administrative restructure or for any other reason. The OTA Board is also responsible for disclosing matters related to going concern as applicable and using the going concern basis of accounting unless the assessment indicates that it is not appropriate.

GPO Box 707 CANBERRA ACT 2601
19 National Circuit BARTON ACT
Phone (02) 6203 7300 Fax (02) 6203 7777

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 those charged with governance 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

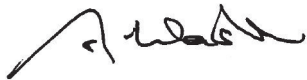
Canberra
18 September 2017

STATEMENT BY THE ACCOUNTABLE AUTHORITY AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2017 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

15 September 2017

Signed



Judy Harrison
Chief Financial Officer

15 September 2017

Statement of comprehensive income

for the period ended 30 June 2017

	Notes	2017 \$	2016 \$	Original Budget \$
NET COST OF SERVICES				
Expenses				
Employee benefits	1.1A	3,565,511	3,959,351	4,312,000
Suppliers	1.1B	1,885,582	1,687,693	1,288,000
Depreciation and amortisation	3.2A	426,923	400,882	335,000
Total expenses		5,878,016	6,047,926	5,935,000
Own-source income				
Own-source revenue				
Resources received free of charge	1.2A	75,000	70,000	70,000
Total own-source revenue		75,000	70,000	70,000
Total own-source income		75,000	70,000	70,000
Net cost of services		(5,803,016)	(5,977,926)	(5,865,000)
Revenue from Government	1.2B	5,530,000	5,598,000	5,530,000
Deficit		(273,016)	(379,926)	(335,000)
OTHER COMPREHENSIVE INCOME				
Items not subject to subsequent reclassification to net cost of services				
Changes in asset revaluation surplus/(deficit)		(2,746)	26,235	–
Total other comprehensive income/(loss)		(2,746)	26,235	–
Total comprehensive loss		(275,762)	(353,691)	(335,000)

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

Budget variances commentary

Statement of comprehensive income

EMPLOYEE BENEFITS

Employee benefits variance relates primarily to lower than budgeted staffing levels resulting from significant staff movements during the year. The variance also reflects higher than anticipated usage of accrued leave.

SUPPLIERS

The reduction in staffing levels resulted in an increased use of contractors for delivery of key business projects and unbudgeted recruitment costs. The variance also reflects a delay in the realisation of efficiencies from the merger of corporate services, budgeted to occur from 1 July 2016.

DEPRECIATION AND AMORTISATION

The variance reflects increased amortisation expense resulting from unbudgeted enhancements to software.

Statement of financial position

as at 30 June 2017

	Notes	2017 \$	2016 \$	Original Budget \$
ASSETS				
Financial assets				
Cash and cash equivalents	3.1A	112,443	90,691	55,000
Trade and other receivables	3.1B	1,787,605	2,203,546	3,248,000
Total financial assets		1,900,048	2,294,237	3,303,000
Non-financial assets				
Buildings	3.2A	217,400	340,000	383,000
Property, plant and equipment	3.2A	116,027	144,630	168,000
Computer software	3.2A	1,137,691	1,128,884	863,000
Other non-financial assets	3.2B	46,577	44,151	62,000
Total non-financial assets		1,517,695	1,657,665	1,476,000
Total assets		3,417,743	3,951,902	4,779,000
LIABILITIES				
Payables				
Suppliers	3.3A	186,898	127,648	126,000
Other payables	3.3B	188,404	523,637	697,000
Total payables		375,302	651,285	823,000
Provisions				
Employee provisions	6.1A	844,906	1,081,320	1,068,000
Total provisions		844,906	1,081,320	1,068,000
Total liabilities		1,220,208	1,732,605	1,891,000
Net assets		2,197,535	2,219,297	2,888,000
EQUITY				
Contributed equity		2,668,000	2,414,000	3,058,000
Asset revaluation reserve		675,185	677,931	651,000
Accumulated deficit		(1,145,650)	(872,634)	(821,000)
Total equity		2,197,535	2,219,297	2,888,000

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

Budget variances commentary

Statement of financial position

CASH AND CASH EQUIVALENTS

Variance is due to the drawdown of additional cash for payments due in the first week of July, which increased the cash balance above the budgeted operational working capital balance.

TRADE AND OTHER RECEIVABLES

Reflects the impact of the formal reduction in accordance with section 51 of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act) associated with the 2015 Government decision not to merge the National Blood Authority (NBA) and the OTA, but realise efficiencies through merging of corporate services.

BUILDINGS

Variance reflects budgeted office fit out costs not realised due to the Government decision in 2015–16 not to proceed with the complete merger of the NBA and the OTA.

PROPERTY, PLANT AND EQUIPMENT

Variance reflects budgeted costs not realised due to the Government decision not to proceed with the merger of the NBA and the OTA.

COMPUTER SOFTWARE

Computer software variance relates to the unbudgeted costs associated with the implementation of the Electronic Donor Record Eye module.

PAYABLES AND OTHER PAYABLES

Variance relates primarily to the budgeted payables for the employee benefits and office fitout not realised as a consequence of the Government decision not to proceed with the complete merger of the NBA and the OTA.

Statement of changes in equity

for the period ended 30 June 2017

	Notes	2017 \$	2016 \$	Original Budget \$
CONTRIBUTED EQUITY				
Opening balance				
Balance carried forward from previous period		2,414,000	2,549,000	2,804,000
Adjusted opening balance		2,414,000	2,549,000	2,804,000
Transaction with owners				
Contributions by owners				
Departmental capital budget		254,000	255,000	254,000
Other contributions by owners		–	(390,000)	–
Total transactions with owners		254,000	(135,000)	254,000
Closing balance as at 30 June		2,668,000	2,414,000	3,058,000
RETAINED EARNINGS				
Opening balance				
Balance carried forward from previous period		(872,634)	(72,708)	(486,000)
Adjusted opening balance		(872,634)	(72,708)	(486,000)
Comprehensive income				
Deficit		(273,016)	(379,926)	(335,000)
Other comprehensive income		–	(420,000)	–
Total comprehensive income		(273,016)	(799,926)	(335,000)
Closing balance as at 30 June		(1,145,650)	(872,634)	(821,000)
EQUITY				
Opening balance				
Balance carried forward from previous period		677,931	651,696	651,000
Adjusted opening balance		677,931	651,696	651,000
Comprehensive income				
Other comprehensive income		(2,746)	26,235	–
Total comprehensive income		(2,746)	26,235	–
Closing balance as at 30 June		675,185	677,931	651,000

Statement of changes in equity (cont.)

for the period ended 30 June 2017

	Notes	2017 \$	2016 \$	Original Budget \$
TOTAL EQUITY				
Opening balance				
Balance carried forward from previous period		2,219,297	3,127,988	2,969,000
Adjusted opening balance		2,219,297	3,127,988	2,969,000
Comprehensive income				
Deficit for the period		(273,016)	(379,926)	(335,000)
Other comprehensive loss		(2,746)	(393,765)	–
Total comprehensive loss		(275,762)	(773,691)	(335,000)
TRANSACTION WITH OWNERS				
Contributions by owners				
Departmental capital budget		254,000	255,000	254,000
Other contributions by owners		–	(390,000)	–
Total transactions with owners		254,000	(135,000)	254,000
Closing balance as at 30 June		2,197,535	2,219,297	2,888,000

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

CONTRIBUTED EQUITY

Variance reflects the formal reduction of the departmental capital appropriation under section 51 of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), following the Government decision to no longer proceed with the merger of the OTA and the NBA.

ASSET REVALUATION RESERVE

Variance reflects the unbudgeted impact of the asset revaluation which was not known at the time the budget was prepared.

ACCUMULATED DEFICIT

Variance reflects the formal reduction of the appropriation under section 51 of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), following the Government decision to no longer proceed with the merger of the OTA and the NBA associated with the decision of the 2015–16 budget, offset by the lower than budgeted operating deficit.

Cash flow statement

for the period ended 30 June 2017

	Notes	2017 \$	2016 \$	Original Budget \$
OPERATING ACTIVITIES				
Cash received				
Appropriations		5,875,979	7,523,044	5,577,000
Net GST received		148,563	165,154	203,000
Other		137,114	1,147,073	–
Total cash received		6,161,656	8,835,271	5,780,000
Cash used				
Employees		(3,926,026)	(5,477,285)	(4,312,000)
Suppliers		(1,894,928)	(1,875,017)	(1,265,000)
Section 74 receipts transferred to OPA		(137,114)	(1,147,074)	(203,000)
Other		(148,563)	(165,154)	–
Total cash used		(6,106,631)	(8,664,530)	(5,780,000)
Net cash from operating activities		55,025	170,741	–
INVESTING ACTIVITIES				
Cash used				
Purchase of property, plant and equipment		(22,746)	(72,003)	(254,000)
Purchase of intangibles		(264,527)	(317,540)	–
Total cash used		(287,273)	(389,543)	(254,000)
Net cash from/(used by) investing activities		(287,273)	(389,543)	(254,000)
FINANCING ACTIVITIES				
Cash received				
Contributed equity		254,000	255,000	254,000
Total cash received		254,000	255,000	254,000
Net cash from financing activities		254,000	255,000	254,000
Net increase/(decrease) in cash held		21,752	36,199	–
Cash and cash equivalents at the beginning of the reporting period		90,691	54,493	55,000
Cash and cash equivalents at the end of the reporting period	3.1A	112,443	90,691	55,000

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

Budget variances commentary

Cash flow statement

OPERATING ACTIVITIES

Variance reflects unbudgeted receipts and transfers to the Official Public Account of Section 74 PGPA Act receipts. Higher than budgeted drawdown of appropriation revenue to fund prior year liabilities, offset by the associated payment of the unbudgeted payments for employees.

INVESTING ACTIVITIES

Variance reflects the cash impact of the timing difference of expenditure on the Electronic Donor Record Eye module and payments associated with the DonateLife website.

Administered schedule of comprehensive income

for the period ended 30 June 2017

	Notes	2017 \$	2016 \$	Original Budget \$
NET COST OF SERVICES				
Expenses				
Suppliers	2.1A	2,071,567	1,561,930	5,640,000
Grants	2.1B	41,693,774	45,308,753	38,126,000
Total expenses		43,765,341	46,870,683	43,766,000
Net cost of services		(43,765,341)	(46,870,683)	(43,766,000)
Deficit		(43,765,341)	(46,870,683)	(43,766,000)
Total comprehensive loss		(43,765,341)	(46,870,683)	(43,766,000)

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

Budget variances commentary
Schedule of comprehensive income

SUPPLIERS AND GRANTS

Suppliers and grants variance reflects expenditure previously anticipated to be funded as a supplier expense, funded through grants.

Administered schedule of assets and liabilities

as at 30 June 2017

	Notes	2017 \$	2016 \$	Original Budget \$
ASSETS				
Financial assets				
Cash and cash equivalents	4.1A	90,400	80,000	80,000
Trade and other receivables	4.1B	337,598	119,351	231,000
Total financial assets		427,998	199,351	311,000
Non-financial assets				
Other non-financial assets	4.2A	150,066	141,574	133,000
Total non-financial assets		150,066	141,574	133,000
Total assets administered on behalf of Government		578,064	340,925	444,000
LIABILITIES				
Payables				
Suppliers	4.3A	108,686	145,959	180,000
Grants	4.3B	14,088,726	10,854,141	10,968,000
Total payables		14,197,412	11,000,100	11,148,000
Total liabilities administered on behalf of Government		14,197,412	11,000,100	11,148,000
Net liabilities		(13,619,348)	(10,659,175)	(10,704,000)

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

Budget variances commentary

Schedule of assets and liabilities

TRADE AND OTHER RECEIVABLES

Variance relates to unbudgeted Jurisdictional recoveries associated with the DonatLife collaborative.

OTHER NON-FINANCIAL ASSETS

Other non-financial assets relates to prepayments associated with the Electronic Donor Record software licence not budgeted for.

SUPPLIER AND GRANTS PAYABLES

Variance is due to the timing of supplier and grant payments at 30 June 2017. Settlement is usually made within 30 days of the receipt of goods or services and an accompanying tax invoice or according to the terms and conditions of each grant.

Administered reconciliation schedule

as at 30 June 2017

	2017 \$	2016 \$
Opening assets less liabilities as at 1 July	(10,659,176)	(10,703,730)
Net cost of services		
Expenses		
Payments to entities other than corporate Commonwealth entities	(43,765,341)	(46,870,683)
Transfers (to)/from the Australian Government		
Appropriation transfers from Official Public Account		
Net GST appropriations	24,632	(119,901)
Annual appropriations		
Payments to entities other than corporate Commonwealth entities	41,167,991	48,472,718
Appropriation transfers to OPA		
Transfers to OPA	(387,454)	(1,437,580)
Closing assets less liabilities as at 30 June	(13,619,348)	(10,659,176)

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 2017

	Notes	2017 \$	2016 \$
OPERATING ACTIVITIES			
Cash received			
Net GST received		575,402	1,273,004
Other		387,454	1,437,580
Total cash received		962,856	2,710,584
Cash used			
Suppliers		(2,329,064)	(1,764,050)
Grants		(39,428,560)	(47,861,814)
Total cash used		(41,757,624)	(49,625,864)
Net cash used by operating activities		(40,794,768)	(46,915,280)
Cash from Official Public Account			
Appropriations		41,167,991	48,472,719
GST appropriation		600,033	1,153,104
Total cash from Official Public Account		41,768,024	49,625,823
Cash to Official Public Account			
Appropriations		(387,454)	(1,437,580)
Return of GST appropriations to the Official Public Account		(575,402)	(1,273,004)
Total cash to Official Public Account		(962,856)	(2,710,584)
Cash and cash equivalents at the beginning of the reporting period		80,000	80,041
Cash and cash equivalents at the end of the reporting period	4.1A	90,400	80,000

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

OVERVIEW

OBJECTIVES OF THE ORGAN AND TISSUE AUTHORITY

The Organ and Tissue Authority (OTA) is an Australian Government controlled entity. It is a not-for profit statutory authority established by the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008* (OTA Act). The OTA is a non-corporate Commonwealth Entity under the *Public Governance, Performance and Accountability Act 2013*.

The Australian Organ and Tissue Donation and Transplantation Authority Amendment (New Governance Arrangements) Act 2016 (the OTA Amendment Act 2016) established the Australian Organ and Tissue and Transplantation Authority Board (the Board), transferring governance functions and responsibilities from the Chief Executive Officer (CEO) to the Board. The Amendment Act 2016 comes into effect on 1 July 2017 and under section 31(1) of the Act Dr Malcolm Washer was appointed as Chair of the OTA Board with his appointment also taking effect from 1 July 2017.

The Board reports directly to the responsible Commonwealth Minister, and is the Accountable Authority under the *Public Governance, Performance and Accountability Act 2013*.

The Australian Government, through OTA, aims to deliver a highly effective nationally consistent organ and tissue donation system for transplantation in collaboration with the states and territories, the Donatelife Network clinicians and the community sector, to save and improve more lives through optimising every potential organ and tissue donation for transplantation.

The OTA is structured to meet one outcome: Improved access to organ and tissue transplants, including through a nationally coordinated and consistent approach and system.

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 and notes have been prepared in accordance with:

- ♥ *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015* (FRR) for reporting periods ending on or after 1 July 2015; and
- ♥ Australian Accounting Standards and Interpretations – Reduced Disclosure Requirements issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

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

NEW ACCOUNTING STANDARDS

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

- ♥ AASB124 *Related Party Disclosures* (operative from 1 July 2016). The disclosure specifies that financial statements include disclosures of related parties to the OTA and associated transactions, including commitments.

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

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 were no subsequent events that had the potential to significantly affect the ongoing structure and financial activities of the OTA.

NOTES TO THE FINANCIAL STATEMENTS

NOTE

01

P. 93

Departmental financial performance

This section analyses the financial performance of the OTA for the year ended 2017.

NOTE

02

P. 97

Income and expenses administered on behalf of Government

This section analyses the activities that the OTA does not control but administers on behalf of the Government. Unless otherwise noted, the accounting policies adopted are consistent with those applied for departmental reporting.

NOTE

03

P. 98

Departmental financial position

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

NOTE

04

P. 103

Assets and liabilities administered on behalf of Government

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

NOTE

05

P. 106

Funding

This section identifies the OTA's funding structure.

NOTE

06

P. 109

People and relationships

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

NOTE

07

P. 112

Managing uncertainties

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

Note 1.1

Expenses

	2017 \$	2016 \$
1.1A: EMPLOYEE BENEFITS		
Wages and salaries	2,762,009	3,026,292
Superannuation:		
Defined benefits plans	228,455	289,211
Defined contribution plans	235,539	261,367
Leave and other entitlements	313,935	341,600
Separation and redundancies	5,667	17,290
Other employee expenses	19,906	23,591
Total employee benefits	3,565,511	3,959,351

ACCOUNTING POLICY

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

Note 1.1
Expenses (cont.)

	2017 \$	2016 \$
1.1B: SUPPLIERS		
Goods and services supplied or rendered		
Contractors and consultants	258,339	254,767
Equipment and software	403,847	467,921
Facilities	87,013	81,003
Staff recruitment and training	72,697	47,983
Travel	194,711	211,570
Office supplies and stationery	6,505	11,803
Printing and publishing	53,696	49,497
Resources received free of charge	75,000	70,000
Shared services memorandum of understanding	202,300	110,618
Other	120,449	39,173
Total goods and services supplied or rendered	1,474,557	1,344,334
Goods supplied	12,408	11,489
Services rendered	1,462,149	1,332,845
Total goods and services supplied or rendered	1,474,557	1,344,334
Other suppliers		
Operating lease rentals	377,269	306,741
Workers compensation expenses	33,756	36,618
Total other suppliers	411,025	343,359
Total suppliers	1,885,582	1,687,693

Leasing commitments

The OTA in its capacity as lessee has entered into a non-cancellable operating lease for 221 London Circuit, Canberra ACT.

Lease payments are subject to annual increases in accordance with lease agreements. The period of office accommodation was renewed for an additional three years and may be renewed for a second option of up to three years at the OTA's discretion. The OTA provided an indemnity to the lessors of the authority's leased premises in relation to all actions, claims, demands, losses, damages, costs and expenses for which the lessor shall, may or does become liable. These can arise from the negligent use by the lessee of water, gas, electricity, lighting, overflow or leakage of water and other services and facilities. The indemnity releases the lessor from all claims and demands of any kind and from all liability which may arise in respect of any death of, or injury to, any person, and any accident or damage to property of whatever kind except to the extent that the lessor's negligence contributed to the death, injury, loss or damage.

	2017 \$	2016 \$
Commitments for minimum lease payments in relation to non-cancellable operating leases are payable as follows:		
Within 1 year	379,313	333,819
Between 1 to 5 years	292,411	670,710
Total operating lease commitments	671,724	1,004,529

ACCOUNTING POLICY

Operating lease payments were expensed on a straight-line basis for the period in which it was representative of the pattern of benefits derived from the leased asset.

Note 1.2

Own-source revenue and gains

OWN-SOURCE REVENUE	2017 \$	2016 \$
1.2A: RESOURCES RECEIVED FREE OF CHARGE		
Resources received free of charge	75,000	70,000
Total other revenue	75,000	70,000

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

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

REVENUE FROM GOVERNMENT	2017 \$	2016 \$
1.2B: REVENUE FROM GOVERNMENT		
Appropriations		
Departmental appropriations	5,530,000	5,598,000
Total revenue from Government	5,530,000	5,598,000

ACCOUNTING POLICY

Revenue from Government

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

Note 2.1

Administered – expenses

	2017 \$	2016 \$
2.1A: SUPPLIERS		
Goods and services supplied or rendered		
Contractors	173,359	359,540
Consultants	201,006	10,903
Public relations and research	459,436	351,313
Travel	174,797	183,023
Software licence and maintenance	426,634	365,468
Other	636,335	291,683
Total goods and services supplied or rendered	2,071,567	1,561,930
Services rendered	2,071,567	1,561,930
Total goods and services supplied or rendered	2,071,567	1,561,930
NOTE 2.1B: GRANTS		
Public sector		
State and Territory Governments	34,963,535	34,376,813
Private sector		
Not-for-profit organisations	6,730,239	10,931,940
Total grants	41,693,774	45,308,753

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

	2017 \$	2016 \$
3.1A: CASH AND CASH EQUIVALENTS		
Cash on hand or on deposit	112,443	90,691
Total cash and cash equivalents	112,443	90,691
3.1B: TRADE AND OTHER RECEIVABLES		
Goods and services receivables		
Other	31,295	379,326
Total goods and services receivables	31,295	379,326
Appropriations receivables		
Appropriation receivable	1,737,526	1,797,828
Total appropriations receivables	1,737,526	1,797,828
Other receivables		
GST receivable from the Australian Taxation Office	18,784	26,392
Total other receivables	18,784	26,392
Total trade and other receivables (gross)	1,787,605	2,203,546
Total trade and other receivables (net)	1,787,605	2,203,546

Credit terms for goods and services were within 30 days (2016: 30 days).

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 purchased \$	Total \$
As at 1 July 2016				
Gross book value	340,000	144,630	1,929,630	2,414,260
Accumulated depreciation, amortisation and impairment	–	–	(800,746)	(800,746)
Total as at 1 July 2016	340,000	144,630	1,128,884	1,613,514
Additions				
Purchase	–	22,746	264,527	287,273
Revaluations and impairments recognised in other comprehensive income	1,036	(3,782)	–	(2,746)
Depreciation and amortisation	(123,636)	(47,567)	(255,720)	(426,923)
Total as at 30 June 2017	217,400	116,027	1,137,691	1,471,118
Total as at 30 June 2017 represented by				
Gross book value	217,400	116,345	2,194,157	2,527,902
Accumulated depreciation, amortisation and impairment	–	(318)	(1,056,466)	(1,056,784)
Total as at 30 June 2017	217,400	116,027	1,137,691	1,471,118

\$217,400 of total buildings (leasehold improvements) (2016: \$340,000) refers to the office fitout at 221 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. No property, plant and equipment or intangibles are 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 2017, an independent valuer, Australian Valuation Solutions (AVS), conducted the revaluations.

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

There are no contractual commitments for the acquisition of property, plant, equipment. A contractual commitment existed for the development and implementation of software.

	2017 \$	2016 \$
Commitments for the acquisition of intangible assets are payable as follows:		
Within 1 year	59,200	–
Total intangible asset commitments	59,200	–

ACCOUNTING POLICY		
<p>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.</p> <p>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.</p> <p>Asset recognition threshold</p> <p>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).</p> <p>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.</p> <p>Revaluations</p> <p>Following initial recognition at cost, buildings and 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.</p> <p>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 is restated to the revalued amount.</p> <p>Depreciation</p> <p>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.</p> <p>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.</p> <p>Depreciation rates applying to each class of depreciable asset are based on the following useful lives:</p>		
	2017	2016
Buildings	Lease term	Lease term
Property, plant and equipment	3 to 5 years	3 to 5 years

ACCOUNTING POLICY

Impairment

All assets were assessed for impairment at 30 June 2017. 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 (2015-16: 1 to 5 years).

All software assets were assessed for indications of impairment as at 30 June 2017.

	2017 \$	2016 \$
3.2B: OTHER NON-FINANCIAL ASSETS		
Prepayments	46,577	44,151
Total other non-financial assets	46,577	44,151

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

Note 3.3 Payables

	2017 \$	2016 \$
3.3A: SUPPLIERS		
Trade creditors and accruals	186,898	127,648
Total suppliers	186,898	127,648

Settlement was usually made within 30 days.

3.3B: OTHER PAYABLES		
Salaries and wages	29,873	13,270
Superannuation	3,947	1,892
Separations and redundancies	–	27,200
Other	154,584	481,275
Total other payables	188,404	523,637

Note 4.1

Administered – financial assets

	2017 \$	2016 \$
4.1A: CASH AND CASH EQUIVALENTS		
Cash on hand or on deposit	90,400	80,000
Total cash and cash equivalents	90,400	80,000
4.1B: TRADE AND OTHER RECEIVABLES		
Goods and services receivables		
Total goods and services receivables	91,055	–
Total goods and services receivables	91,055	–
Other receivables		
GST receivable from the Australian Taxation Office	246,543	119,351
Total other receivables	246,543	119,351
Total trade and other receivables (gross)	337,598	119,351
Total trade and other receivables (net)	337,598	119,351

Credit terms for goods and services were within 30 days (2016: 30 days).

Note 4.2

Administered – non-financial assets

	2017 \$	2016 \$
4.2A: OTHER NON-FINANCIAL ASSETS		
Prepayments	150,066	141,574
Total other non-financial assets	150,066	141,574

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

Note 4.3

Administered – payables

	2017 \$	2016 \$
4.3A: SUPPLIERS		
Trade creditors and accruals	108,686	145,959
Total suppliers	108,686	145,959

Settlement was usually made within 30 days

4.3B: GRANTS		
State and Territory Governments	10,310,766	9,517,640
Not-for-profit organisations	3,777,960	1,336,501
Total grants	14,088,726	10,854,141

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

Note 5.1

Appropriations

	2017 \$	2016 \$
5.1A ANNUAL APPROPRIATIONS ('RECOVERABLE GST EXCLUSIVE')		
Ordinary annual services		
Annual appropriation ¹	5,530,000	5,671,000
Receipts retained under PGPA Act – Section 74	137,114	1,147,074
Total appropriation	5,667,114	6,818,074
Appropriation applied (current and prior years)	5,705,664	7,321,692
Variance	(38,550)	(503,618)

Capital Budget

Annual departmental capital budget ²	254,000	255,000
Payments for non-financial assets ³	254,000	255,000
Variance	–	–

Ordinary annual services

Annual appropriation	43,766,000	46,872,000
Receipts retained under PGPA Act – Section 74	387,454	1,437,580
Total appropriation	44,153,454	48,309,580
Appropriation applied (current and prior years)	41,157,592	48,472,760
Variance⁴	2,995,862	(163,180)

- 1 In 2016, a departmental appropriation amount of \$73,000 relating to the efficiencies gained from merging corporate services of the OTA and National Blood Authority and the Public Sector Superannuation Accumulation Plan (PSSAP) administration fees, has been withheld as a result of a formal reduction in accordance with section 51 of the PGPA Act.
- 2 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.
- 3 Payments made on non-financial assets include purchases of assets and expenditure on assets which have been capitalised.
- 4 Administered variance in 2017 reflects increase in grants payable balance as at 30 June 2017.

	2017 \$	2016 \$
5.1B: UNSPENT ANNUAL APPROPRIATIONS ('RECOVERABLE GST EXCLUSIVE')		
Departmental		
Appropriation Act (No.3) 2014–15	–	420,000
Appropriation Act (No.3) Capital Budget 2014–15	–	390,000
Appropriation Act (No.1) 2015–16	–	1,870,828
Appropriation Act (No.1) 2016–17	1,737,525	–
Cash at bank	112,443	90,691
Total departmental¹	1,849,968	2,771,519

Administered

Appropriation Act (No.1) 2014–15	–	116
Appropriation Act (No.1) 2015–16	2,000	10,740,880
Appropriation Act (No.1) 2016–17	13,724,342	–
Cash at bank	90,400	80,000
Total administered	13,816,742	10,820,996

¹ 2014-15 Departmental operating and capital appropriation amounts are withheld under section 51 of PGPA Act.

Note 5.2

Net cash appropriation arrangements

	2017 \$	2016 \$
Total comprehensive income less depreciation/amortisation expenses previously funded through revenue appropriations	151,161	47,191
Plus: depreciation/amortisation expenses previously funded through revenue appropriation	(426,923)	(400,882)
Total comprehensive loss – as per the Statement of comprehensive income	(275,762)	(353,691)
Total comprehensive loss – as per the Statement of comprehensive income	(275,762)	(353,691)

Note 6.1

Employee provisions

	2017 \$	2016 \$
6.1A: EMPLOYEE PROVISIONS		
Leave	844,906	1,081,320
Total employee provisions	844,906	1,081,320

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.

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 Chief Executive Officer, National Medical Director and Chief Financial Officer. Key management personnel remuneration is reported in the table below:

	2017 \$
Short-term employee benefits	866,307
Post-employment benefits	79,186
Other long-term employee benefits	52,198
Total key management personnel remuneration expenses¹	997,691

The total number of key management personnel that are included in the above table are 4.

- 1** The above key management personnel remuneration excludes the remuneration and other benefits of the Portfolio 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 portfolio Minister and Executive, and other Australian Government entities.

Transactions with related parties:

There were no transactions with related parties that occurred during the financial year that were considered material or significant.

Note 7.1
Contingent assets and liabilities

7.1A: CONTINGENT ASSETS AND LIABILITIES

Quantifiable contingencies

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

Unquantifiable contingencies

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

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

ACCOUNTING POLICY

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

7.1B ADMINISTERED CONTINGENT LIABILITIES AND ASSETS

Quantifiable administered contingencies

The OTA had no quantifiable contingencies at reporting date.

Unquantifiable administered contingencies

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

ACCOUNTING POLICY

Indemnities and/or guarantees

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

Note 7.2

Financial instruments

	2017 \$	2016 \$
7.2A: CATEGORIES OF FINANCIAL INSTRUMENTS		
Financial assets		
Loans and receivables		
Cash and cash equivalents	112,443	90,691
Trade and other receivables	31,295	379,326
Total loans and receivables	143,738	470,017
Total financial assets	143,738	470,017
Financial liabilities		
Financial liabilities measured at amortised cost		
Trade creditors	186,898	127,648
Other payables	154,584	481,275
Total financial liabilities measured at amortised cost	341,482	608,923
Total financial liabilities	341,482	608,923

ACCOUNTING POLICY

Financial assets

The OTA classifies its financial assets as loans and receivables.

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

Impairment of financial assets

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

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

Financial liabilities

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

Other financial liabilities

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).

Financial instruments (cont.)

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 2017 and 30 June 2016.

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 2017 and 30 June 2016.

Note 7.3

Administered financial instruments

	2017 \$	2016 \$
7.3A: CATEGORIES OF FINANCIAL INSTRUMENTS		
Financial assets		
Loans and receivables		
Cash and cash equivalents	90,400	80,000
Other receivables	91,055	—
Total loans and receivables	181,455	80,000
Total financial assets	181,455	80,000
Financial liabilities		
Financial liabilities measured at amortised cost		
Trade creditors	108,686	145,959
Grants payable	14,088,726	10,854,141
Total financial liabilities measured at amortised cost	14,197,412	11,000,100
Total financial liabilities	14,197,412	11,000,100

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 2017 and 30 June 2016.

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 2017 and 30 June 2016.

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 the AVS to conduct a detailed external valuation of all non-financial assets at 30 June 2017 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. AVS 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	
	2017 \$	2016 \$
Non-financial assets		
Leasehold improvements ¹	217,400	340,000
Property, plant and equipment ¹	116,027	144,630
Total non-financial assets	333,427	484,630

1 No non-financial assets were measured at fair value on a non-recurring basis as at 30 June 2017 (2016: Nil).
The remaining assets and liabilities reported by the OTA are not measured at fair value in the Statement of financial position.



APPENDIX 1

KEY STAKEHOLDERS

The following are key stakeholders with whom the Organ and Tissue Authority works to implement the national reform program along with our collective engagement with the Australian community.

GOVERNMENT

- » ACT Health
- » Australian Health Ethics Committee
- » Australian Government Department of Health (including the Therapeutic Goods Administration)
- » Australian Government Department of Human Services
- » 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
- » SA Department for Health and Ageing

PROFESSIONAL ASSOCIATIONS

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

EYE AND TISSUE BANKS

- » ACT Bone Bank
- » Australian Biotechnologies
- » 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 VIC
- » NSW Bone Bank
- » NSW Lions Eye Bank
- » PlusLife (Perth Bone and Tissue Bank)
- » Queensland Tissue Bank
- » South Australian Eye Bank
- » South Australian Tissue Bank
- » Sydney Heart Valve Bank

COMMUNITY

- » AM Solutions Group
- » Aussie Transplant Mates
- » Bathurst Rugby Club
- » Bayside United Football Club
- » Brisbane Hinterland 4WD
- » Bronte Family Day Care
- » Charlotte Mackay
- » Coen Ashton Foundation
- » Council of Governors of Lions Australia
- » Creighton's Funeral Service
- » Cystic Fibrosis Geelong
- » Dailey Family Funerals and Pink Lady Funerals
- » David Clune and Grace Trepels

- » David Hookes Foundation
- » David Tranter
- » Digital360
- » Don Williams
- » Donor Families Australia
- » Ethan 'Jimmy' Seccull Foundation
- » Eurobodalla Renal Support Group
- » Gift of Life Inc
- » Gremmo Community Fund Inc
- » Guy Holmes
- » Healthdirect Australia
- » Heart and Lung Transplant Trust Victoria
- » Hinterland Celtic Rugby Union Football Club
- » James Ackerman Family Trust Fund
- » Kazar Slaven
- » Kidney Health Australia
- » Liver Kids Australia Inc
- » 'Lucky Stars Australia' Transplant Cricket Inc
- » Mustang Building Services
- » No Limits Ute Club
- » OneLife WA
- » Organ Donation and Transplant Foundation of WA
- » Quadski Around Australia
- » Rapid Finance
- » Russell Brothers Funeral Directors
- » Sammy D Foundation
- » ShareLife
- » St Edmunds Basketball Club
- » St John of God Healthcare
- » Students and Volunteers for Organ Donation
- » Synergy Acquisitions Pty Ltd
- » Transplant Australia
- » University of Queensland Rugby Football Club
- » Worldcare
- » YMCA Victoria
- » Zaidee's Rainbow Foundation

DONATION AND TRANSPLANT OUTCOME REGISTRIES

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

OTHER ORGANISATIONS

- » Australian Red Cross Blood Service

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
- » National Health Service Blood and Transplant, UK
- » National Transplant Organization, Spain
- » Organ Donation New Zealand
- » The Transplantation Society
- » Trillium Gift of Life Network, Canada
- » World Health Organization

APPENDIX 2

ABBREVIATIONS

ACT	Australian Capital Territory
AKX	Australian Paired Kidney Exchange Program
AODR	Australian Organ Donor Register
APS	Australian Public Service
CEO	Chief Executive Officer
cFDC	core Family Donation Conversation
CFO	Chief Financial Officer
CPIP	Clinical Practice Improvement Program
DBD	donation after brain death
DCD	donation after circulatory death
DLC	DonateLife Collaborative
DLN	DonateLife Network
dpmp	deceased donors per million population
ED	emergency department
EDR	Electronic Donor Record
FDC	Family Donation Conversation
FDCTS	Family Donation Conversation Trained Specialist
GST	goods and services tax
ICT	information and communications technology
ICU	intensive care unit
JAG	Jurisdictional Advisory Group
KPI	key performance indicator
NHMRC	National Health and Medical Research Council
NSW	New South Wales
NT	Northern Territory
OTA	Australian Organ and Tissue Donation and Transplantation Authority/ Organ and Tissue Authority
PBS	Portfolio Budget Statements
PGPA Act	Public Governance, Performance and Accountability Act 2013
PEP	Professional Education Package
PSM	Public Service Medal
PwC	PricewaterhouseCoopers
QLD	Queensland
SA	South Australia
SES	Senior Executive Service
SMD	State Medical Director
TAS	Tasmania
trpmp	transplant recipients per million population
TSANZ	Transplantation Society of Australia and New Zealand
VIC	Victoria
WA	Western Australia

APPENDIX 3

GLOSSARY

Advisory Council	Until 31 December 2016, the OTA's foremost advisory body established under the <i>Australian Organ and Tissue Donation and Transplantation Authority Act 2008</i> to advise the CEO about organ or tissue donation and transplantation matters
Audit Committee	A committee established by the OTA's CEO in accordance with Section 17 of the PGPA Rule to provide independent advice and assurance to the entity's accountable authority, particularly in relation to risk control, compliance frameworks, and external accountabilities
Australian Organ and Tissue Donation and Transplantation Authority	A statutory body established under the <i>Australian Organ and Tissue Donation and Transplantation Authority Act 2008</i> to implement the national reform program. Also known as the Organ and Tissue Authority (OTA)
Australian Paired Kidney Exchange Program	A kidney paired donation program that aims to increase living donor kidney transplants for patients who are eligible for a kidney transplant and have a living donor who is willing but unable to donate because of an incompatible blood type or tissue type. Incompatible 'pairs' enroll in the program and are potentially matched against other incompatible 'pairs'
Best Practice Guideline for Offering Organ and Tissue Donation in Australia	A guideline developed to outline the preferred approach to be taken for all potentially suitable organ donors, including goals of family communication, staff roles and responsibilities, timing and elements of the Family Donation Conversation, training requirements and review of practice
Clinical Guidelines for Organ Transplantation from Deceased Donors	Guidelines that inform eligibility and assessment criteria for organ transplantation, and protocols for the allocation of deceased donor organs to wait-listed patients
Clinical Practice Improvement Program Phase 2	A program that comprises 12 elements within the domains of clinical effectiveness, workforce, risk management and consumer participation and satisfaction. These guidelines are implemented in all DonateLife Network hospitals to improve clinical practice in organ and tissue donation
Consent rate	The number of consents as a percentage of all requests of potential deceased donor families
DonateLife	The Australian Government program brand for the national reform program, including the brand name and identity for the DonateLife Network and the national DonateLife Community Awareness and Education Program
DonateLife Agencies	Organ and tissue donation agencies that are responsible for implementing the national reform program in their respective state or territory. They employ specialist staff in organ and tissue donation coordination, professional education, Donor Family Support, communications, and data and audit roles
DonateLife Audit	A nationally consistent retrospective audit to collect data about hospital deaths in the context of organ donation
DonateLife Collaborative	A cross-border collaborative quality improvement program to increase the identification of potential donors and increase consent to donation in the 26 Australian hospitals identified as having the greatest potential to increase donation
DonateLife Network	The national network of organ and tissue donation agencies and hospital-based staff focused on increasing organ and tissue donation
DonateLife Thank You Day	A national day to acknowledge organ and tissue donors and families that agreed to donation

DonateLife Week	A national awareness week promoting organ and tissue donation
Donation after brain death	Organ donation after a person's death has been determined on the basis of permanent cessation of brain function
Donation after circulatory death	Organ donation after a person's death has been determined on the basis of the permanent cessation of circulation of blood in the body
Donor Family Study	A retrospective study that is conducted every second year to seek feedback on the donation process from families who are asked to make a donation decision
Electronic Donor Record	A national electronic web-based IT system for managing the donation process and offering organs for transplantation
Ethical Guidelines for Organ Transplantation from Deceased Donors	Guidelines that inform ethical practice for health professionals in relation to eligibility criteria for entry onto organ transplant waiting lists, donor suitability criteria for organ allocation for transplantation, and the organ allocation protocols for determining transplant recipients
Family Donation Conversation workshop	Workshop-based training that provides health professionals with the knowledge and skills to communicate with families about death and donation, and to support families to make an informed donation decision
Hospital-based staff	Specialist hospital staff, including hospital medical directors and hospital senior nurses, funded by the Australian Government to facilitate organ and tissue donation and to educate and support the hospital staff involved
Jurisdictional Advisory Group	Representatives of all jurisdictional health departments ensuring that the efforts of the DonateLife staff reflect state, territory and Australian Government policies and processes, and that legislative and funding implications are well understood by relevant departments
Organ and Tissue Authority Board	From 1 July 2017, the accountable authority under the <i>Public Governance, Performance and Accountability Act 2013</i> and the decision-making body for the OTA
Organ Donation Hospital Support Funding	Australian Government funding provided to individual hospitals for additional staffing, bed and other infrastructure costs associated with organ donation to ensure costs are not a barrier to hospitals for organ donation to proceed
Portfolio Budget Statements	Statements prepared by portfolios to explain the Budget appropriations in terms of Outcomes and Programs
Professional Education Package	A modular program providing specialist training for conducting family conversations about death and the opportunity for organ and tissue donation
Request rate	The number of requests as a percentage of all potential deceased donors
State Medical Directors	Leaders of the organ and tissue donation sector in each jurisdiction who drive clinical practice change to increase organ and tissue donation rates

APPENDIX 4

LIST OF FIGURES AND TABLES

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APPENDIX 5

LIST OF REQUIREMENTS

PGPA Rule Reference	Description	Requirement	Page
17AD(g)	Letter of transmittal		
17AI	A copy of the letter of transmittal signed and dated by accountable authority on date final text approved, with statement that the report has been prepared in accordance with section 46 of the Act and any enabling legislation that specifies additional requirements in relation to the annual report.	Mandatory	iv
17AD(h)	Aids to access		
17AJ(a)	Table of contents	Mandatory	v–vi
17AJ(b)	Alphabetical index	Mandatory	129–131
17AJ(c)	Glossary of abbreviations and acronyms	Mandatory	120
17AJ(d)	List of requirements	Mandatory	124–128
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
17AD(a)	Review by accountable authority		
17AD(a)	A review by the accountable authority of the entity	Mandatory	2–4
17AD(b)	Overview of the entity		
17AE(1)(a)(i)	A description of the role and functions of the entity	Mandatory	7
17AE(1)(a)(ii)	A description of the organisational structure of the entity	Mandatory	7
17AE(1)(a)(iii)	A description of the outcomes and programmes administered by the entity	Mandatory	12
17AE(1)(a)(iv)	A description of the purposes of the entity as included in corporate plan	Mandatory	18
17AE(1)(b)	An outline of the structure of the portfolio of the entity	Portfolio departments mandatory	N/A
17AE(2)	Where the outcomes and programs administered by the entity differ from any Portfolio Budget Statement, Portfolio Additional Estimates Statement or other portfolio estimates statement that was prepared for the entity for the period, include details of variation and reasons for change.	If applicable, Mandatory	N/A
17AD(c)	Report on the Performance of the entity		
	Annual Performance Statements		
17AD(c)(i); 16F	Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule	Mandatory	18–20

PGPA Rule Reference	Description	Requirement	Page
17AD(c)(ii)	<i>Report on Financial Performance</i>		
17AF(1)(a)	A discussion and analysis of the entity's financial performance	Mandatory	4, 15–16
17AF(1)(b)	A table summarising the total resources and total payments of the entity	Mandatory	13–14
17AF(2)	If there may be significant changes in the financial results during or after the previous or current reporting period, information on those changes, including: the cause of any operating loss of the entity; how the entity has responded to the loss and the actions that have been taken in relation to the loss; and any matter or circumstances that it can reasonably be anticipated will have a significant impact on the entity's future operation or financial results.	If applicable, Mandatory.	N/A
17AD(d)	<i>Management and Accountability</i>		
	<i>Corporate Governance</i>		
17AG(2)(a)	Information on compliance with section 10 (fraud systems)	Mandatory	59
17AG(2)(b)(i)	A certification by accountable authority that fraud risk assessments and fraud control plans have been prepared	Mandatory	59
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	59
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	59
17AG(2)(c)	An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance	Mandatory	58–61
17AG(2)(d) – (e)	A statement of significant issues reported to Minister under paragraph 19(1)(e) of the Act that relates to non compliance with Finance law and action taken to remedy non compliance	If applicable, Mandatory	66
	<i>External Scrutiny</i>		
17AG(3)	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny	Mandatory	61
17AG(3)(a)	Information on judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner that may have a significant effect on the operations of the entity	If applicable, Mandatory	N/A
17AG(3)(b)	Information on any reports on operations of the entity by the Auditor General (other than report under section 43 of the Act), a Parliamentary Committee, or the Commonwealth Ombudsman	If applicable, Mandatory	N/A
17AG(3)(c)	Information on any capability reviews on the entity that were released during the period	If applicable, Mandatory	N/A

PGPA Rule Reference	Description	Requirement	Page
Management of Human Resources			
17AG(4)(a)	An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives	Mandatory	62
17AG(4)(b)	Statistics on the entity's APS employees on an ongoing and non ongoing basis; including the following: <ul style="list-style-type: none"> ✖ 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	62–63
17AG(4)(c)	Information on any enterprise agreements, individual flexibility arrangements, Australian workplace agreements, common law contracts and determinations under subsection 24(1) of the <i>Public Service Act 1999</i>	Mandatory	63
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	62–63
17AG(4)(c)(ii)	The salary ranges available for APS employees by classification level	Mandatory	63
17AG(4)(c)(iii)	A description of non salary benefits provided to employees	Mandatory	64
17AG(4)(d)(i)	Information on the number of employees at each classification level who received performance pay.	If applicable, Mandatory	62
17AG(4)(d)(ii)	Information on aggregate amounts of performance pay at each classification level	If applicable, Mandatory	N/A
17AG(4)(d)(iii)	Information on the average amount of performance payment, and range of such payments, at each classification level	If applicable, Mandatory	N/A
17AG(4)(d)(iv)	Information on aggregate amount of performance payments	If applicable, Mandatory	N/A
Assets Management			
17AG(5)	An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities	If applicable, mandatory	66
Purchasing			
17AG(6)	An assessment of entity performance against the <i>Commonwealth Procurement Rules</i>	Mandatory	66
Consultants			
17AG(7)(a)	A summary statement detailing the number of new contracts engaging consultants entered into during the period; the total actual expenditure on all new consultancy contracts entered into during the period (inclusive of GST); the number of ongoing consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting year on the ongoing consultancy contracts (inclusive of GST).	Mandatory	68

PGPA Rule Reference	Description	Requirement	Page
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	68
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	68
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	68
Australian National Audit Office Access Clauses			
17AG(8)	If an entity entered into a contract with a value of more than \$100 000 (inclusive of GST) and the contract did not provide the Auditor-General with access to the contractor’s premises, the report must include the name of the contractor, purpose and value of the contract, and the reason why a clause allowing access was not included in the contract.	If applicable, Mandatory	66
Exempt contracts			
17AG(9)	If an entity entered into a contract or there is a standing offer with a value greater than \$10 000 (inclusive of GST) which has been exempted from being published in AusTender because it would disclose exempt matters under the FOI Act, the annual report must include a statement that the contract or standing offer has been exempted, and the value of the contract or standing offer, to the extent that doing so does not disclose the exempt matters.	If applicable, Mandatory	66
Small business			
17AG(10)(a)	A statement that <i>“[Name of entity] supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance’s website.”</i>	Mandatory	67
17AG(10)(b)	An outline of the ways in which the procurement practices of the entity support small and medium enterprises	Mandatory	67
17AG(10)(c)	If the entity is considered by the Department administered by the Finance Minister as material in nature—a statement that <i>“[Name of entity] recognises the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury’s website.”</i>	If applicable, Mandatory	67
Financial Statements			
17AD(e)	Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.	Mandatory	70–116

PGPA Rule Reference	Description	Requirement	Page
17AD(f)	Other Mandatory Information		
17AH(1)(a)(i)	If the entity conducted advertising campaigns, a statement that <i>“During [reporting period], the [name of entity] conducted the following advertising campaigns: [name of advertising campaigns undertaken]. Further information on those advertising campaigns is available at [address of entity’s website] and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance’s website.”</i>	If applicable, Mandatory	N/A
17AH(1)(a)(ii)	If the entity did not conduct advertising campaigns, a statement to that effect.	If applicable, Mandatory	68
17AH(1)(b)	A statement that <i>“[Information on grants awarded to [name of entity] during [reporting period] is available at [address of entity’s website].”</i>	If applicable, Mandatory	67
17AH(1)(c)	Outline of mechanisms of disability reporting, including reference to website for further information	Mandatory	68
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	68
17AH(1)(e)	Correction of material errors in previous annual report	If applicable, mandatory	N/A
17AH(2)	Information required by other legislation	Mandatory	65, 67

APPENDIX 6

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ANZOD, *see Australia and New Zealand Organ Donation Registry*

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