



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



ANNUAL REPORT
2015–16

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Alternative format

This Annual Report is available electronically on the Organ and Tissue Authority's website at www.donatelifelife.gov.au/annual-reports.

Acknowledgments

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THANK YOU

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

ANNUAL REPORT
2015–16

STRUCTURE OF THE REPORT

This report has been prepared for the purposes of section 46 of the *Public Governance, Performance and Accountability Act 2013*, which requires that an annual report be given to the responsible Minister for presentation to the Parliament. It reflects the mandatory requirements for the content of annual reports as prescribed by the *Public Governance, Performance and Accountability Rule 2014* (PGPA Rule 2014).

Our annual report is a key accountability document to our Minister and a key source of information for our stakeholders and the Australian community. It provides details of the operations and performance of the Australian Organ and Tissue Donation and Transplantation Authority in 2015–16.

1 PART 1 OVERVIEW

P.01

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 outlines our committee and organisational structures.

2 PART 2 PERFORMANCE REPORTING

P.15

This section reports our outcomes and program framework. It includes our Annual Performance Statement for the 2015–16 financial year.

It also includes financial reporting on Budget estimates and actual expenses for 2015–16, as well as trend information about organ and tissue donation and transplantation.

This section includes a summary of:

- progress against the 2015–19 Strategic Plan objectives, strategies and actions
- activities undertaken by the DonatLife Network in each state and territory.

3

PART 3 MANAGEMENT AND ACCOUNTABILITY

P.79

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

4

PART 4 FINANCIAL STATEMENTS

P.93

This section presents the 2015–16 financial statements for the OTA.

Appendices

P. 153

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

The Hon Ken Wyatt AM, MP
Assistant Minister for Health
Parliament House
Canberra ACT 2600

Dear Minister

As the Chief Executive Officer (Acting) of the Australian Organ and Tissue Donation and Transplantation Authority (the OTA), I am very pleased to provide you with our Annual Report for the period 1 July 2015 to 30 June 2016 as required under subsection 63(1) of the *Public Service Act 1999*.

This report has been prepared for the purposes of section 46 of the *Public Governance, Performance and Accountability Act 2013*, which requires that an annual report be given to the responsible Minister for presentation to the Parliament. It reflects the mandatory requirements for the content of annual reports as prescribed by the *Public Governance, Performance and Accountability Rule 2014* (PGPA Rule 2014).

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's fraud control arrangements comply with Section 10 of the *Public Governance, Performance and Accountability Rule 2014* (for certification refer Part 3: Management and Accountability).

Yours sincerely



Ms Felicity McNeill PSM

Chief Executive Officer (Acting)

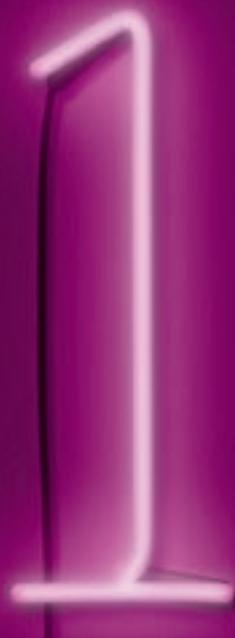
Australian Organ and Tissue Donation and Transplantation Authority

30 September 2016

CONTENTS

Structure of the report	ii
Letter of transmittal	iv
Part 1 Overview	1
About us	2
Chief Executive Officer's review	4
National Medical Director's report	8
Committee structure	10
Organisational structure	13
Part 2 Performance reporting	15
Our program	17
Entity resource statements and resources for outcomes	18
Financial performance departmental	20
Financial performance administered	21
2015–16 Annual Performance Statement	22
Trend information	26
Strategic Plan	40
Objective 1: Increase the number of potential organ and tissue donors	42
Objective 2: Improve organ and tissue donor conversion rates	45
Objective 3: Enhance systems to support organ and tissue donation and transplantation	50

DonateLife Network	59
New South Wales	62
Victoria	65
Queensland	66
South Australia	68
Western Australia	71
Tasmania	72
Northern Territory	74
Australian Capital Territory	76
Part 3 Management and accountability	79
—	
Corporate governance	81
People management	85
Workplace health and safety	88
Resource management	89
Part 4 Financial statements	93
—	
Appendices	153
—	
Appendix 1: Key stakeholders	154
Appendix 2: Abbreviations	156
Appendix 3: Glossary	158
Appendix 4: List of tables and figures	160
Appendix 5: List of requirements	162
Appendix 6: Alphabetical index	167



PART 1
Overview

ABOUT US

Our purpose

To save and improve the lives of more Australians through optimising every potential organ and tissue donation for transplantation.

Our mission

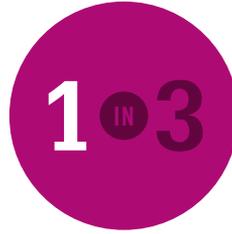
To deliver a nationally consistent world's best practice approach to organ and tissue donation for transplantation in Australia, in collaboration with the states and territories, clinicians and the Australian community.



One deceased organ and tissue donor is able to transform the lives of more than **10 people**



More than **1,400 Australians** are on transplant waiting lists in any one month



81% of Australians feel it is important to register a donation decision; **one in three** have registered their decision



Australians would **say yes to receiving a life-saving transplant**

It is possible for a single person to improve the lives of more than 10 people through organ and tissue donation

Transplantation is a well-established and effective treatment which 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 to members of the Australian community is wholly dependent on the preparedness of individuals and their families to consent to donation. Donated organs are a scarce resource that have the potential to dramatically improve the health and life of recipients. It is possible for a single person to improve the lives of more than 10 people through organ and tissue donation.

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 Australian Government aims to improve access to life-transforming transplants for Australians through a sustained increase in the donation of organs and tissues by implementing a nationally coordinated approach to organ and tissue donation.

The World Health Organization has made clear international commitments and statements about the obligations of governments to be more accountable and responsible for implementing safe, ethical and effective organ and tissue donation and transplantation systems at the national level. Several countries, including Australia, have responded by implementing strategies to increase organ and tissue donation.

The key reform elements of the world's best practice approach which have been adapted in Australia are:

- 1 An appropriate legal and ethical framework
- 2 A national coordinating body
- 3 Hospital-based clinical donation specialists
- 4 Specialist training for clinical staff in management of the deceased donation process and family donation conversations

- 5 Implementation of a clinical governance framework that supports quality assurance and audit of hospital clinical practice and governance of the donation process
- 6 Financial support to donor hospitals to ensure that costs related to donor management are not a barrier to donation
- 7 Media engagement and national community awareness and education
- 8 International cooperation to share best practice.

The Australian Organ and Tissue Donation and Transplantation Authority, known as the Organ and Tissue Authority (OTA), was established in 2009 to manage the implementation of the national reform program. Over that year, the DonateLife Network (DLN) was established to deliver consistent and quality organ and tissue donation services across Australia. The DLN is a national network of DonateLife Agencies and hospital-based medical and nursing specialists in organ and tissue donation.

There has been strong growth in transplantation and donation since the establishment of the OTA and the DLN. These achievements are a tribute to those working collaboratively to deliver the national reform program. Together, we are working to increase the availability of donor organs and tissues to ensure more Australians are able to benefit from transplantation.

CHIEF EXECUTIVE OFFICER'S REVIEW

In February 2016 Ms Yael Cass's five-year appointment as Chief Executive Officer (CEO) of the Organ and Tissue Authority concluded. During this time, Yael successfully led the national reform program. I was very fortunate to join the OTA as Acting CEO from February 2016 and I would personally like to acknowledge and thank Yael for her leadership and the considerable achievements made during this time.



In 2015 a record 1,239 lives were saved and transformed through the generosity of 435 deceased organ donors and their families. The 2015 results show that Australia's national reform program is delivering sustained and substantial growth in donation and transplantation activity.

Australia's national organ donation rate in 2015 was 18.3 donors per million population (dpmp), exceeding the 2015 national target of 18.2 dpmp agreed by all Australian Government Health Ministers. Significantly, Australia's organ donation rate of 18.3 dpmp represents a 61% increase over 2009 (11.4 dpmp).

These achievements are the result of the efforts of a wide range of individuals, from health care professionals to community groups and religious and cultural leaders. Most importantly, we need to thank those Australians who have made the generous decision for their loved one to become an organ and/or tissue donor.

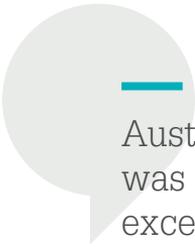
In early 2015–16, in consultation with the DonateLife Network (DLN) leadership team and state and territory health department representatives, we revised and updated our four-year Strategic Plan. The Strategic Plan identifies the objectives, strategies and actions for 2015–19 along with their accompanying performance and outcome measures. A summary of our key achievements against our strategic priorities for 2015–16 follows.

Phase 2 of the Clinical Practice Improvement Program

During 2015–16 the OTA and the DLN implemented the Clinical Practice Improvement Program (CPIP) Phase 2, including the DonateLife Collaborative (DLC). The DLC was established in the 26 Australian hospitals with the greatest capacity to increase donation outcomes.

The CPIP Phase 2 required all DLN hospital-based staff to commit to a series of key performance indicators (KPIs) for their activities in expanding the donor pool and increasing consent to donation. These KPIs – and their associated actions – were captured in individual Hospital Activity Plans to inform their use by the organ and tissue donation specialists.

As part of the DLC, all DLN staff from the target hospitals attended a series of workshops focused on increasing the number of donations after circulatory death.



Australia's national donation rate in 2015 was 18.3 donors per million population (dpmp), exceeding the 2015 national target of 18.2 dpmp agreed by all Australian Government Health Ministers.

Specialist education for health professionals having conversations with families

A major initiative in 2015–16 was the development of the Best Practice Model for Offering Organ and Tissue Donation in Australia. This model is based on the available international literature as well as the outcomes of an evaluation of a national pilot of models for requesting organ and tissue donation. A key finding of the pilot was that there was a significant association between completion of the Family Donation Conversation training and a higher consent rate.

The model was developed to outline the approach to be taken for all potential organ donors. This includes early referral to DonateLife, provision of specialist support to the family, team planning, a collaborative approach to requesting donation, and team debriefing to review practice.

A national vigilance and surveillance framework

The Australian Health Ministers Advisory Council supported the national vigilance and surveillance framework in December 2015, pending agreement of a process for implementation by the Hospitals Principal Committee (HPC). By the end of 2016 we will have finalised the implementation process, in collaboration with state and territory governments, for consideration by the HPC.

The Vigilance and Surveillance Expert Advisory Committee will be established as part of the implementation process to complement existing jurisdictional incident management systems. The investigation of serious adverse events and reactions relating to organ donation for transplantation remains the responsibility of the hospital and jurisdiction in which the incident occurs. However, the new Advisory Committee will provide for a national overview of adverse events to inform systems for mitigation and prevention, as well as links to international reporting systems.

A new, improved organ matching system

In 2015–16 we started working with the Australian Red Cross Blood Service to develop the Australian Organ Matching System that will replace the current system. Once developed, this new system will allow for optimal matching of transplant recipients by applying best practice algorithms to further maximise the equity, access and clinical outcomes for Australian transplant recipients.

Community awareness and education activities

During 2016 we developed a national awareness campaign to increase registrations on the Australian Organ Donor Register (AODR). A Campaign Steering Committee was established comprising representatives from the Departments of Health and Human Services, states and territories, community organisations, and donor families.

The aim of the campaign is to increase overall registrations on the AODR – the national register to record donation decisions – by raising awareness of how and where to register.

Review of the national reform program

Over the past year we worked with the Department of Health on the 'Review of the implementation of the national reform program agenda on organ and tissue donation and transplantation'. The review was announced by the then Assistant Minister for Health, the Hon Fiona Nash MP, in May 2015, and the final report was released on 2 February 2016.

The review found that the strategy for implementation of the Australian Government's national reform program is sound, while noting that there remains scope for continued improvement in donation rates going forward. The review endorsed the objectives, strategies and actions in the Organ and Tissue Donation for Transplantation in Australia Strategic Plan 2014–18, including the performance and outcome measures for monitoring and reporting progress.

The review made 24 recommendations for change and we will continue to work with the Department of Health on the consideration of the review outcomes.



During 2015–16 the OTA and the DLN implemented the Clinical Practice Improvement Program (CPIP) Phase 2, including the DonateLife Collaborative (DLC). The DLC was established in the 26 Australian hospitals with the greatest capacity to increase donation outcomes.

Outlook for 2016–17

I am pleased with the improvements in organ and tissue transplantation and donation outcomes in 2015. However, there is always more that can be done to build on, and sustain, this increase in organ and tissue donation to ensure that more Australians can benefit from transplantation. This is a collective responsibility of Commonwealth, state and territory governments, clinicians, professional bodies, eye and tissue banks, and the Australian community. We must work together to normalise clinical and community acceptance of organ and tissue donation to ensure that donors and their families are provided with every opportunity to donate.

Our key data sets and analyses continued to evolve in 2015–16. Further modelling of projected donation and transplantation outcomes and the impact on the health sector will inform future opportunities and challenges for the national reform program and our implementation of the review recommendations.

Our Strategic Plan will be reviewed and updated early in 2016–17 to ensure it remains current and reflects our strategic priorities.

For 2016–17 we will focus on:

- encouraging all Australians to register their donation decision on the AODR
- exploring the potential causes for the decrease in living organ donation rates and what can be done to address the issue
- supporting the development of the Australian Organ Matching System to enhance clinical outcomes for organ donation and transplantation
- refining national performance outcome reporting
- completing the implementation of the CPIP Phase 2 and the DonateLife Collaborative in partnership with state and territory governments and the DLN
- implementing the Best Practice Model for Offering Organ and Tissue Donation in Australia
- analysing the clinical and cost benefits of organ perfusion technology to extend the time for transplantation and potentially improve the transplant outcomes of otherwise marginal organs.

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 \$0.380 million operating deficit, compared to a \$0.529 million operating surplus in 2014–15.

Administered expenditure for 2015–16 was \$46.871 million towards the delivery of the national reform program.

Thank you

I acknowledge the dedicated and professional clinical and technical staff in the donation and transplantation sector, and the OTA staff who continue to embrace change and progress the national reform program to provide life-saving and life-changing organ and tissue transplants for those in need.

Finally, I acknowledge those Australians who became an organ and/or tissue donor during the year, along with their families who agreed to fulfil their loved one's donation decisions, without whom our successes would not be possible.

I am very pleased to present to you the OTA's 2015–16 Annual Report.

Ms Felicity McNeill PSM

Chief Executive Officer (Acting)

NATIONAL MEDICAL DIRECTOR'S REPORT

There is a growing acceptance of organ and tissue donation in the clinical and general community as we work to normalise donation as a routine part of end-of-life care in hospitals. We have worked hard to increase the organ and tissue donation rates in Australia which is having a downstream impact on retrieval and transplantation services. Increased collaboration within and between the donation and transplantation sectors is essential. This will ensure that donors and their families are provided with every opportunity to donate, and that all those who might benefit from transplantation are given the chance to be assessed for – and receive – a transplant.



We have continued to grow and mature as an organisation, working hard to promote donation and transplantation awareness and embed optimal organ and tissue donation practices within Australia. The record donation and transplantation outcomes achieved in 2015 demonstrate the strong level of commitment and dedication of all stakeholders involved in the national reform program.

Highlights

The highlights for 2015–16 focus on collaboration and, in particular, the strengthened relationship that has developed between the donation and

transplantation sectors. We partnered with the Transplantation Society of Australia and New Zealand (TSANZ) to host the second Combined Donation and Transplantation Forum in Sydney on 13 April 2016. This workshop provided an opportunity for donation and transplantation specialists to meet and exchange information on issues of mutual relevance. While many topics were addressed, one area of focus included how to modify systems and practices to make the best use of organs from the pool of extended criteria donors, which is an area for further growth.

Coming together in forums such as this enables the sectors to develop strategies and implementation plans together that will enhance opportunities for donation and transplantation. This is particularly important, as it is vital to have a mutual understanding of deceased donation potential, medical suitability determination, and recipient transplant unit practices if we are to optimise donation for transplantation outcomes.

We worked together with TSANZ and the National Health and Medical Research Council (NHMRC) to develop the *Clinical guidelines for organ transplantation from deceased donors* and the *Ethical guidelines for organ transplantation from deceased donors* which were released in April 2016. These have evolved considerably from previous guidelines and enable the assessment of the eligibility of an individual for transplantation, the suitability of donor organs for transplantation, and the ethical allocation of organs from deceased donors.

Within the donation sector a key goal is to embed best practice in all elements of deceased donation processes in hospitals. The DonateLife Collaborative (DLC) provides opportunities for intensive care and donation specialist staff to come together to share learnings and knowledge, which helps to accelerate practice improvement.

The DLC involves focused discussions on key topics relevant to optimising donation outcomes and rates. The first series of workshops on donation after circulatory death (DCD) were well received, and the next workshops (commencing in August 2016) will focus on implementing the Best Practice Model for Offering Organ and Tissue Donation in Australia. A series of visits between donation specialist teams from paired hospitals will begin in July 2016. The teams will participate in a day of activities aimed at enhancing Hospital Activity Plans and processes to embed best practices within hospitals.

New collaboration has begun through a Paediatric Special Interest Group involving donation specialists, paediatric intensivists and nurses from hospitals across Australia and New Zealand. This group was established to identify strategies to support organ and tissue donation in paediatric intensive care, and to enhance systems that support clinicians and families when paediatric donation is a possibility. The group met for the first time in May 2016.

This year we reviewed the *National protocol for donation after cardiac death* which was published in 2010 and needed updating to reflect current national and international practice. A key priority was to update the terminology relating to donation after circulatory death to make it more consistent with international standards and to be more clinically accurate. A working group comprising all DonateLife Network (DLN) State Medical Directors and representatives from the Australian and New Zealand Intensive Care Society (ANZICS), the TSANZ and the NHMRC's Australian Health Ethics Committee has supported this review. The working group will continue to support us in finalising and releasing the revised protocol in 2016–17.

Thank you

I would like to thank and acknowledge all the Australians and their families who make the generous decision to donate to help others. If we, as a community, want to have access to the life-saving and enhancing benefits of transplantation, then we must all strive to promote a willingness to donate. Too many people are faced with considering this for the first time in the circumstances of the death of a family member. Prior registration of willingness to donate, and communication with one's family about this choice, makes donation so much more likely and can be of great comfort to families in fulfilling the wishes of the person they love.

I would like to acknowledge the contribution and accomplishments of Ms Yael Cass during her time as CEO of the OTA. Her leadership was instrumental in developing and implementing a nationally consistent approach to organ and tissue donation and achieving record outcomes in 2015.

I would also like to acknowledge the commitment to donation and hard work of my colleagues in the DLN and in a number of professional associations. These include the TSANZ, ANZICS, the College of Intensive Care Medicine, the Australian College of Critical Care Nurses, the Australasian Transplant Coordinators Association, Transplant Nurses Association, the Eye Bank Association of Australia and New Zealand, and the Biotherapeutics Association of Australasia.

Helen Opdam

National Medical Director

COMMITTEE STRUCTURE

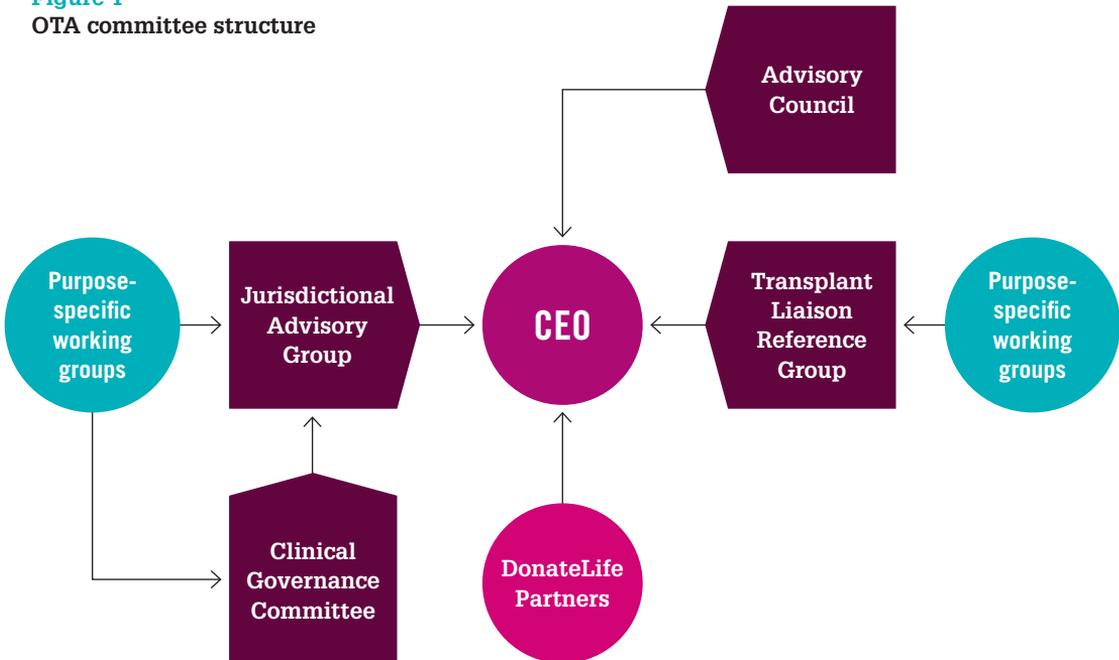
The OTA has a committee structure that gives key stakeholders the opportunity to participate in the decision-making processes that support the implementation of the national reform program.

This includes:

- committees focusing on program governance and advice, comprising the:
 - › Australian Organ and Tissue Donation and Transplantation Advisory Council
 - › Jurisdictional Advisory Group
- committees established by the CEO to provide sector-specific advice, comprising the:
 - › Clinical Governance Committee
 - › Transplant Liaison Reference Group
 - › DonateLife Partners
- purpose-specific working groups.

Figure 1 shows our committee structure.

Figure 1
OTA committee structure



Advisory Council

The Australian Organ and Tissue Donation and Transplantation Advisory Council (the Advisory Council) is our premier advisory body. The Advisory Council is 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 membership of the Advisory Council includes representation from a wide range of stakeholder and consumer groups. It also includes health professionals and clinical experts in the field of organ and tissue donation and transplantation.

At 30 June 2016 the Advisory Council members were:

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

Under the Act, the Advisory Council is required to meet four times a year. Due to the timing of membership appointments, the Advisory Council met twice as an interim expert advisory group.

A brief report on outcomes is published on the DonateLife website after each Advisory Council meeting.

Jurisdictional Advisory Group

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

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

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

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 National Medical Director and representatives from the:

- Australasian Transplant Coordinators Association
- Australian and New Zealand Intensive Care Society
- Australia and New Zealand Organ Donation Registry
- DonateLife Network
- Transplant Australia
- Transplant Nurses Association
- 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 2015–16 the following purpose-specific groups were active:

- Communications Reference Group
- Data and Audit Working Group
- Donor Family Support Implementation Group
- Education Coordinators Network
- Electronic Donor Record (EDR) Working Group
- Eye EDR User Group
- Eye and Tissue Advisory Committee
- Family Conversations Steering Group
- Referrals Working Group
- Vigilance and Surveillance Working Group.

DonateLife Partners

The main mechanism for engagement with the non-government sector is our DonateLife Partners Program. It comprises representatives from consumer groups, professional bodies involved in donation and transplantation, and other community bodies.

Under the DonateLife Partnership Agreement, there are three tiers of partnership:

- DonateLife Partners, consisting of non-government organisations in the organ and tissue donation or transplantation sectors
- DonateLife Corporate Partners, consisting of Australian businesses interested in promoting organ and tissue donation to their employees and customers
- DonateLife Community Partners, consisting of organisations outside the donation and transplantation sectors including sporting clubs, small businesses, foundations and schools.

The main purpose of the DonateLife Partnership Agreement is to ensure that members share and receive the necessary information to undertake a nationally consistent and coordinated approach to community education and communication about organ and tissue donation. At 30 June 2016 there were 83 partner organisations that were signatories to the agreement. The names of the DonateLife Partners are included in the list of key stakeholders at Appendix 1.

ORGANISATIONAL STRUCTURE

The OTA was established in January 2009 to work with states and territories, clinicians and the community to deliver the Australian Government's national reform program to improve access to life-transforming transplants for all Australians.

The OTA is an independent micro agency within the Australian Government Health portfolio.

We manage the implementation of the national reform program in partnership with the DonateLife Network, state and territory governments, the broad donation and transplantation clinical sectors, eye and tissue banks, and the Australian community. A list of key stakeholders with whom we work is provided at Appendix 1.

The identification, collection and management of key environment and activity data is an evolving process. In March 2016 we established a dedicated Analytics and Technology team to inform decision-making and guide continuous improvement in organ and tissue donation outcomes.

In 2015–16 our Senior Executive Group comprised:

- **Ms Yael Cass** (Chief Executive Officer until 4 February 2016)
- **Ms Felicity McNeill PSM** (Acting Chief Executive Officer from 5 February 2016)
- **Dr Helen Opdam** (National Medical Director)
- **Ms Judy Harrison** (Chief Financial Officer).

At 30 June 2016 the OTA employed 26.2 full-time equivalent staff. Our skilled, expert and dedicated people were integral to implementing the national reform program and achieving our outcomes and strategic priorities in 2015–16. Our organisational structure for 2015–16 is shown in Figure 2.



In March 2016 we established a dedicated Analytics and Technology team to inform decision-making and guide continuous improvement in organ and tissue donation outcomes.

Figure 2
OTA organisational structure

Felicity McNeill PSM Chief Executive Officer (Acting)		
Helen Opdam National Medical Director		Judy Harrison Chief Financial Officer
Analytics and Technology	Clinical Programs	Liaison and Reporting
Byron Arcia Carol George Laura Gladkis Mark McDonald (Director) Ben Meyer	Amanda Bell Harry Burkett Shari Jensen Eva Mehakovic (Director) Carla Van Weerdenburg	Jenny Bartley (Director) Joanne McMahon Tom Nelson
Projects	Social Marketing and Communications	Corporate Support and Compliance
Ashley Eccles (Director)	Sarah Beck Suzi Clark (Director) Alex Cleary Michelle Hamlin Cristina O'Brien	Jo Banchit Nitin Jani Tim Kreukniet Lisa Marro Chase Michaels Brian O'Rourke (Director)



OTA staff and family at the Gift of Life Walk 2016



PART 2

Performance reporting





My family and I are very grateful to my donor. I am looking forward to competing in soccer at the 2016 Transplant Games.

OUR PROGRAM

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

The twin objectives of the national reform program are to:

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

Outcome 1

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

Program 1.1

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

Table 1
Entity resource statement 2015–16

	(a)	(b)	(a–b)
	Actual available appropriation for 2015–16 \$	Payments made 2015–16 \$	Balance remaining 2015–16 \$
Ordinary annual services¹			
Departmental appropriation ²	10,513,364	7,741,845	2,771,519
Total	10,513,364	7,741,845	2,771,519
Administered expenses			
Outcome 1	46,872,000	36,131,120	
Payments to corporate entities ³	–	–	
Total	46,872,000	36,131,120	
Total ordinary annual services	A 57,385,364	43,872,965	
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 other services	B –	–	
Total available annual appropriation and payments	57,385,364	43,872,965	
Total resourcing and payments	A + B 57,385,364	43,872,965	
Total ordinary annual services	57,385,364	43,872,965	

Notes

- 1 Appropriation Act (No.1) 2015–16 and Appropriation Act (No.3) 2015–16. This may also include prior year departmental appropriation and section 74 Retained Revenue Receipts.
- 2 Includes an amount of \$0.255m in 2015–16 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*.

Table 2
Expenses for Outcome 1

	(a)	(b)	(a-b)
Outcome 1: Improved access to organ and tissue transplants, including through a nationally coordinated and consistent approach and system	Budget ¹ 2015-16 \$	Actual expenses 2015-16 \$	Variation 2015-16 \$
Program 1.1: A Nationally Coordinated System for Organ and Tissue Donation for Transplantation			
Administered expenses			
Ordinary annual services (Appropriation Act No. 1)	46,872,000	46,870,683	1,317
Departmental expenses			
Departmental appropriation ²	5,598,000	5,647,044	(49,044)
Expenses not requiring appropriation in the budget year	358,000	400,882	(42,882)
Total for Program 1.1	52,828,000	52,918,609	(90,609)
Total expenses for Outcome 1	52,828,000	52,918,609	(90,609)
		2014-15	2015-16
Average staffing level (number)		25.06	26.53

Notes

- 1** Full year budget, including any subsequent adjustment made to the 2015-16 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

Departmental operating results

The overall result for 2015–16 was an operating deficit of \$0.380 million, compared to an operating surplus of \$0.529 million in 2014–15. After the elimination of unfunded depreciation, we reported an operating surplus of \$0.021 million.

Revenue

We began 2015–16 with revenue from government totalling \$5.671 million. During the year an amount of \$0.073 million was withheld. This related to the efficiencies gained from merging our corporate services areas with those of the National Blood Authority, and the Public Sector Superannuation Accumulation Plan administration fees. The result was revenue of \$5.598 million being received from government in 2015–16.

Operating expenses

Our total expenses in 2015–16 were \$6.048 million, which was \$0.294 million higher than that reported

in 2014–15 (\$5.754 million). Contributing factors to the increase in expenses were the movement in the 2015–16 bond rates (resulting in an increase to employee expenses) and an increase in supplier expenses, primarily relating to support costs for information and communication technology (ICT).

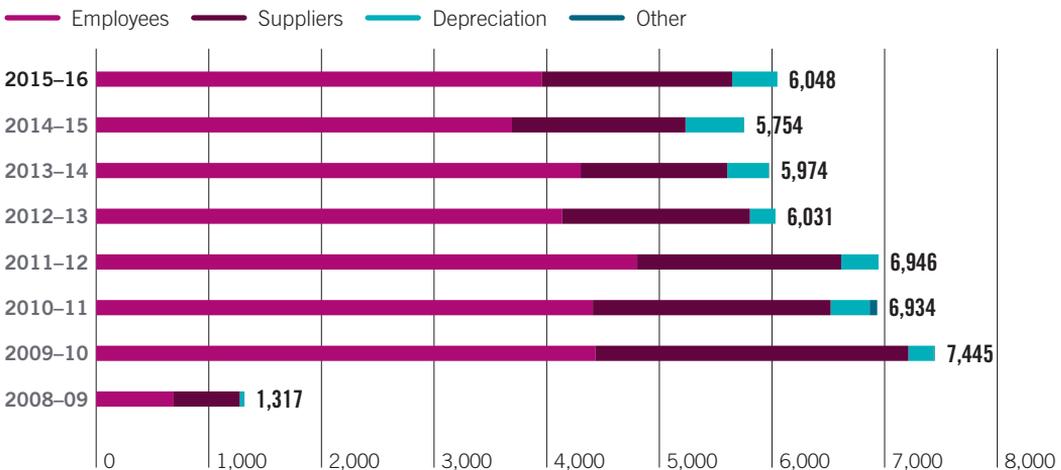
Capital budget

In 2015–16 we received a capital budget of \$0.255 million. Capital expenditure during the year included enhancements to the DonateLife Audit tool and the Electronic Donor Record (EDR) for the development of the eye and tissue module.

Net asset position

Overall, our 2015–16 net asset position of \$2.219 million has decreased in comparison with 2014–15 by \$0.909 million. This decrease is predominantly a result of the return of the quarantined 2014–15 operating and departmental capital appropriation.

Figure 3
Operating expenses 2008–09 to 2015–16 (\$ '000)



FINANCIAL PERFORMANCE ADMINISTERED

Administered expenses

Our 2015–16 administered expenses were \$46.871 million towards the delivery of the national reform program, \$6.477 million higher than in 2014–15 (\$40.394 million). The increase reflects the additional \$5.912 million for the 2015–16 budget measure, 'Accelerating growth in organ and tissue donation for transplantation'. The measure enhanced delivery of the national reform program through an efficient investment in systems and processes, and additional education to continue to remove clinical barriers to expanding the donor pool and increasing consent to donation.

Our 2015–16 administered expenses included:

- funding for state and territory governments for dedicated organ and tissue donation medical 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
- funding for transplant outcome registries
- funding for organisations with projects or activities that provide guidance or contribute to improving awareness and engagement of the Australian community, the non-government sector, donor families and others involved in increasing organ and tissue donation
- increasing community awareness and education through creative material production, public relations, research and merchandise
- delivery of the national Professional Education Package across Australia, including Family Donation Conversation workshops that provide health professionals with advanced training and communication skills to support grieving families when raising the opportunity of donation
- EDR maintenance and support.

Net asset position

At 30 June 2016 the OTA held total assets of \$0.341 million, which is \$0.103 million lower than our asset position at 30 June 2015. At 30 June 2016 we reported total liabilities of \$11.000 million, a decrease of \$0.148 million compared to 30 June 2015. The change in liability balances relates to a reduction in grants payable.

2015–16 ANNUAL PERFORMANCE STATEMENT

Introductory statement

This report is prepared in accordance with paragraph 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013*. It is the opinion of our CEO that this 2015–16 performance statement accurately presents the OTA's performance in 2015–16 and complies with subsection 39(2) of the PGPA Act.

Our purpose

To save and improve the lives of more Australians through optimising every potential organ and tissue donation for transplantation

Our results

In 2015, 435 deceased organ donors transformed the lives of 1,239 transplant recipients

Quantitative performance criterion	Target	2015 outcomes ¹	Result against performance criterion
Organ transplant recipients (from deceased donors) per million population (trpmp)	70 trpmp by 2018 	52.1 trpmp	On track to meet 2018 target
Deceased organ donors per million population (dpmp)	18.2 dpmp by 2015 25 dpmp by 2018 	18.3 dpmp	Met
Request rate Number of requests as a percentage of potential organ donors with brain death	100% 	97% PBS	Partially met
Consent rate Number of consents as a percentage of all requests of potential organ donors with brain death	75%  	62%	Partially met
Conversion rate Number of actual donors as a percentage of all potential organ donors with brain death	70% 	52%	Partially met

Criterion source

 Corporate Plan  PBS

Note

¹ Reporting is on a calendar year basis to align with Australian and international donation performance reporting.

Qualitative performance criterion	Result against performance criterion	
<p>1 Embed Phase 2 of the Clinical Practice Improvement Program (CPIP) under the Clinical Governance Framework in all Australian DonateLife hospitals</p>	<p>Met</p> <p>CPIP Phase 2 key performance indicators were embedded in all 78 DonateLife Network hospitals.</p> <p>The DonateLife Collaborative was established in the 26 hospitals with the greatest potential to increase donation.</p>	
<p>2 Increase education opportunities available to health professionals involved in conversations about organ and tissue donation</p>	<p>Met</p> <p>Nine core Family Donation Conversation (FDC) workshops were delivered with 256 attendees and 14 practical FDC workshops with 136 participants.</p> <p>The eye and tissue FDC workshop was delivered in October 2015 to the majority of the eye and tissue banks across Australia, as well as DonateLife Network staff involved in eye and tissue donation.</p>	
<p>3 Consult with states and territories and stakeholders to endorse the Australian Vigilance and Surveillance Framework for Organ Donation for Transplantation</p>	<p>Partially met</p> <p>The Australian Vigilance and Surveillance Framework for Organ Donation for Transplantation has been endorsed in-principle by the Australian Health Minister Advisory Council. An implementation plan has been developed to support national implementation of the framework for the Hospitals Principal Committee's consideration.</p>	
<p>4 Develop the Australian Organ Matching System (AOMS) to support optimal matching of organ recipients</p>	<p>Met</p> <p>The OTA partnered with the Australian Red Cross Blood Service for the procurement of a suitable vendor to develop and implement the Australian Organ Matching System to replace the current organ matching system.</p> <p>The system is scheduled to be delivered in January 2018.</p>	
<p>5 Conduct community awareness and education activities on organ and tissue donation, in partnership with sector and community organisations</p>	<p>Met</p> <p>There was continued engagement with faith and cultural leaders and the Australian community.</p> <p>DonateLife Week 2015 was successfully held over the week of 2–9 August 2015. This national event provided dedicated time to encourage family discussion and knowledge of organ and tissue donation decisions. The theme for DonateLife Week 2015 was 'Have the chat that saves lives' (#havethechat) with the supporting tag line 'If you'd say yes to a life-saving transplant, have you said yes to becoming an organ and tissue donor?'</p> <p>The inaugural DonateLife Thank You Day was held on 22 November 2015.</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.

However, there are fewer than 1,000 people dying in Australia each year who are currently suitable 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 manner whereby their organs could help those in need of a transplant.

Qualitative performance criteria 1–4 relate to increasing the capability and capacity within the health system to support the delivery of quality donation and transplantation services.

In 2015–16 we continued to focus on optimising the identification of all potential donors and the conversion of these to actual donors 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 about organ and tissue donation.

Qualitative performance criterion 5 relates to raising community awareness and stakeholder engagement across Australia to promote organ and tissue donation.

In 2015–16 we continued to work with the community to increase consent rates by building on the high level of support for donation and encouraging all Australians to register their donation decision on the Australian Organ Donor Register.

Despite the progress to date, 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 and transplant outcomes

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 subset 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 4), in 2015 the Australian population was 23,781,169¹. Of the estimated 153,600 deaths occurring², approximately 76,600 deaths occurred in hospitals³. Of those deaths in hospitals, 934 were in the specific circumstances where there was the potential for organ donation.

In Australia, families of potential deceased donors are asked to confirm the decision of their loved one. Requests to families for donation were made in around 905 cases⁴, with approximately 564 families consenting to donation⁵. In approximately 130 cases⁵ where family consent was given,

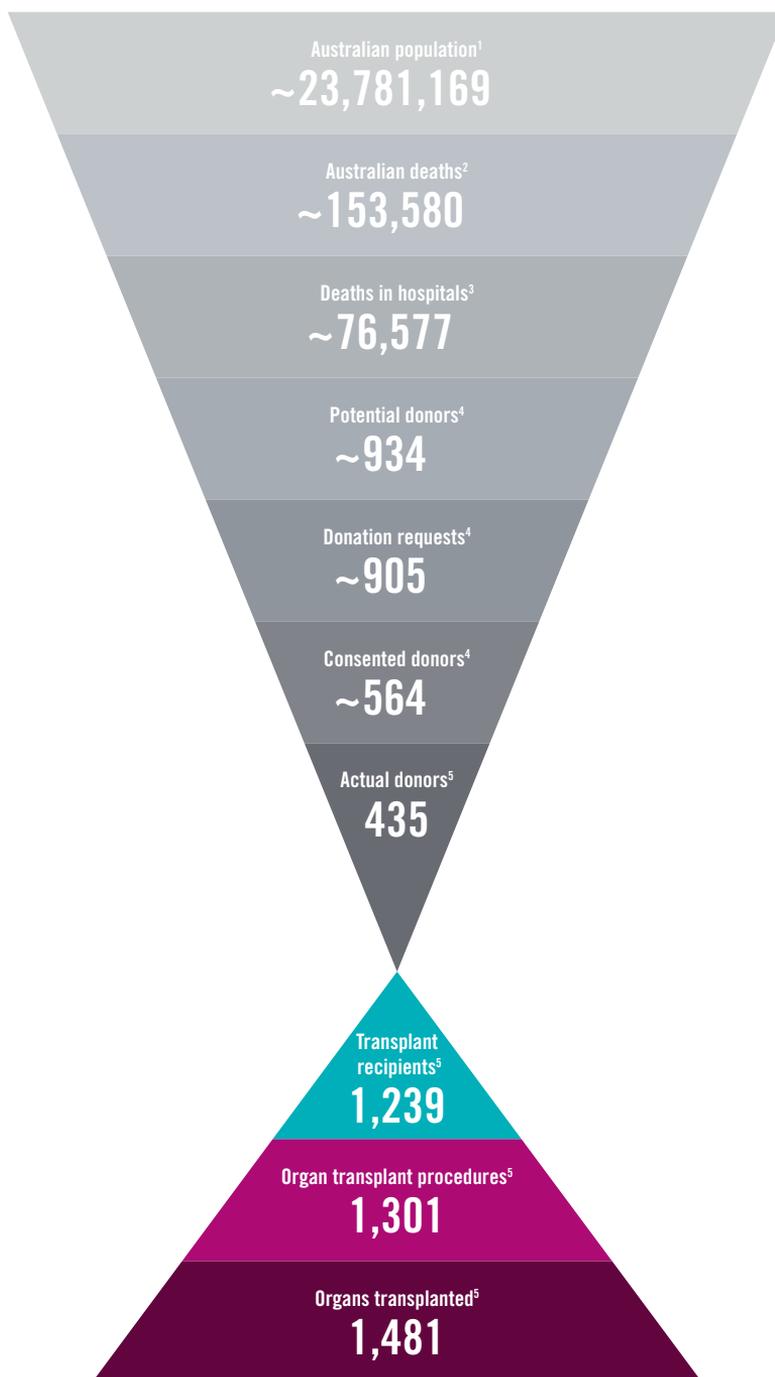
donation did not proceed for a variety of clinical reasons. The main reasons for families declining donation were that they believed their loved one did not want to donate or they did not like the idea of organ donation.

The resulting 435 deceased organ donors⁵ transformed the lives of 1,239 transplant recipients⁵, enabling 1,301 organ transplant procedures⁵ where 1,481 organs were transplanted⁵.

Many more people can become eye and tissue donors after their death. For transplantation to be successful, eye and tissue donation does not require the donor's death to have occurred under the same limited circumstances as organ donation. In addition, unlike organs, eyes and tissue can be stored for varying periods of time. Accordingly, there is a significantly higher number of eye and tissue donors than organ donors.

Figure 4

Australia's potential organ donor population and transplant outcomes 2015



1 Estimated Resident Population 30 June 2015, ABS 3101.0 Australian Demographic Statistics (released 17 December 2015)

2 ABS 3302.0 Deaths, Australia, 2014 (released 12 November 2015)

3 AIHW Australian Hospital Statistics 2014–15 (released March 2016)

4 Estimated using donation after brain death request and consent rates, 2015 DonateLife Audit

5 Deceased Organ Donation in Australia, Australia and New Zealand Organ Donation Registry (ANZOD), May 2016.

Deceased organ transplantation and donation outcomes

In 2015 a record 1,239 lives were saved and transformed through the generosity of 435 deceased organ donors and their families.

The 2015 outcomes show that Australia's national reform program is improving the lives of Australians through sustained and substantial growth in donation and transplantation activity.

When compared with 2014 figures, Australia's 2015 outcomes represent:

- a 12% increase in the number of transplant recipients (1,239 recipients in 2015, compared with 1,107 in 2014)
- a 15% increase in the number of deceased organ donors (435 donors in 2015, compared with 378 in 2014).

Despite some annual variation in outcomes, the longer term trend is one of growth. Figure 5 summarises deceased organ transplantation and donation outcomes for 2009, 2014 and 2015.

Figure 5
Deceased organ transplant recipients and donors 2009, 2014 and 2015

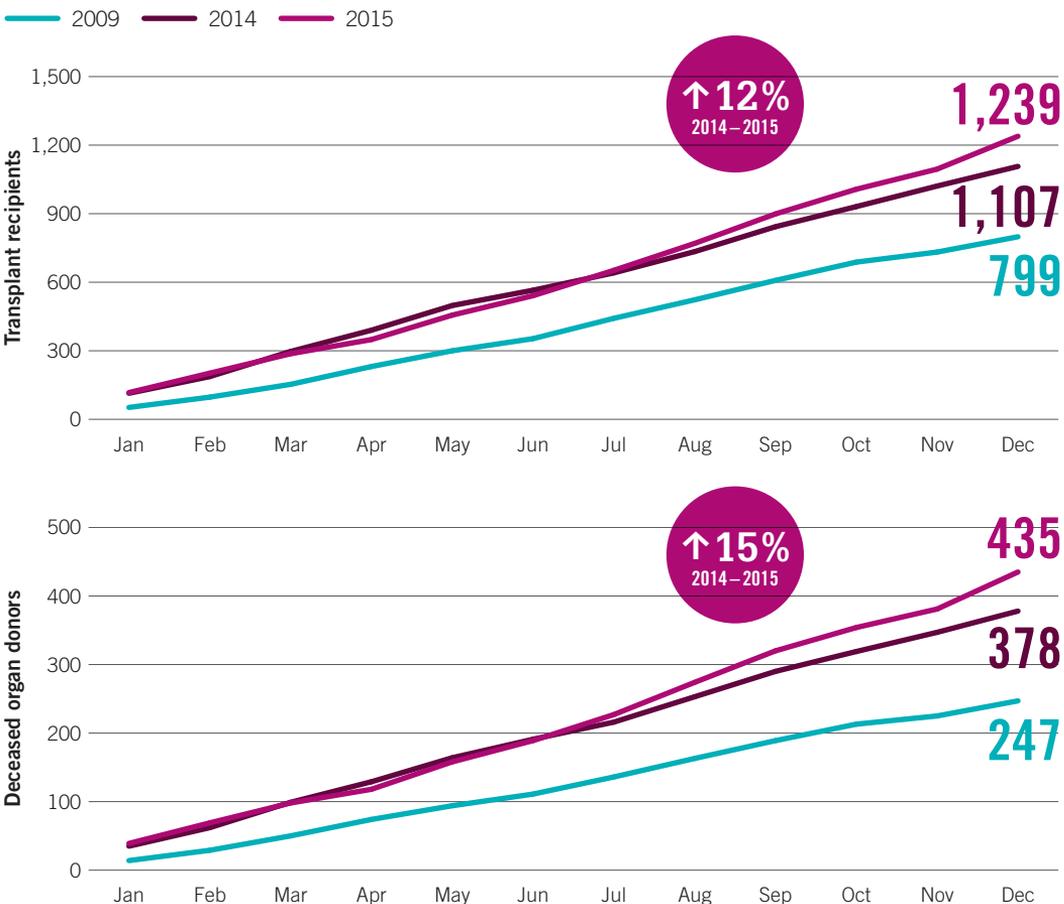


Table 3
Deceased organ transplantation and donation outcomes 2009–2015

	2009	2010	2011	2012	2013	2014	2015
Australian resident population ('000) ¹	21,692	22,032	22,340	22,728	23,117	23,464	23,781
Transplant recipients	799	931	1,001	1,049	1,121	1,107	1,239
Transplant recipient rate (recipients per million population) ²	36.8	42.3	44.8	46.2	48.5	47.2	52.1
Deceased organ donors	247	309	337	354	391	378	435
Organ donation rate (donors per million population) ³	11.4	14.0	15.1	15.6	16.9	16.1	18.3

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 17 December 2015 by the Australian Bureau of Statistics. For any calendar year, the population count is based on the preliminary Estimated Resident Population at 30 June within the calendar year.
- 2 Transplant recipient rates are based on the Preliminary Australian Estimated Resident Population for 30 June of each year, which was updated on 17 December 2015.
- 3 Organ donation rates are based on the Preliminary Australian Estimated Resident Population for 30 June of each year, which was updated on 17 December 2015.

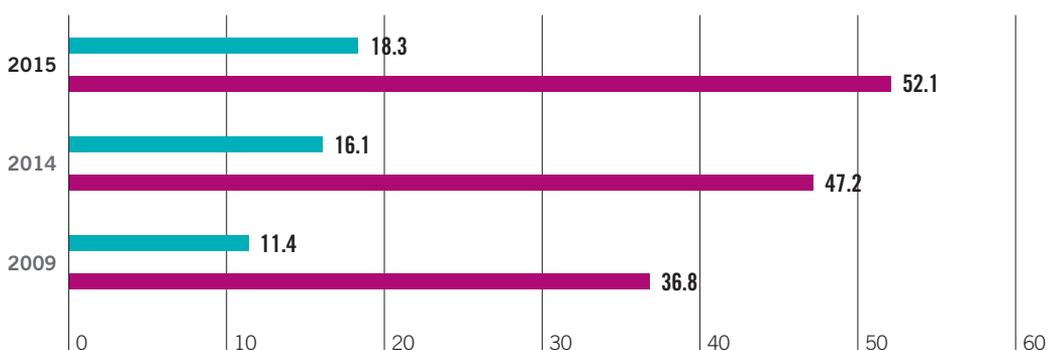
Deceased organ transplantation and donation rates

In 2015 the rate of Australia's transplant recipients per million population (trmpm) was 52.1 trmpm, representing a 10% increase over 2014 (47.2 trmpm).

The donor per million population (dpmp) rate for 2015 was 18.3 dpmp, 14% higher than the 2014 outcome (16.1 dpmp).

Figure 6
Organ transplantation and donation rates 2009, 2014 and 2015

— Donors per million population
 — Transplant recipients per million population



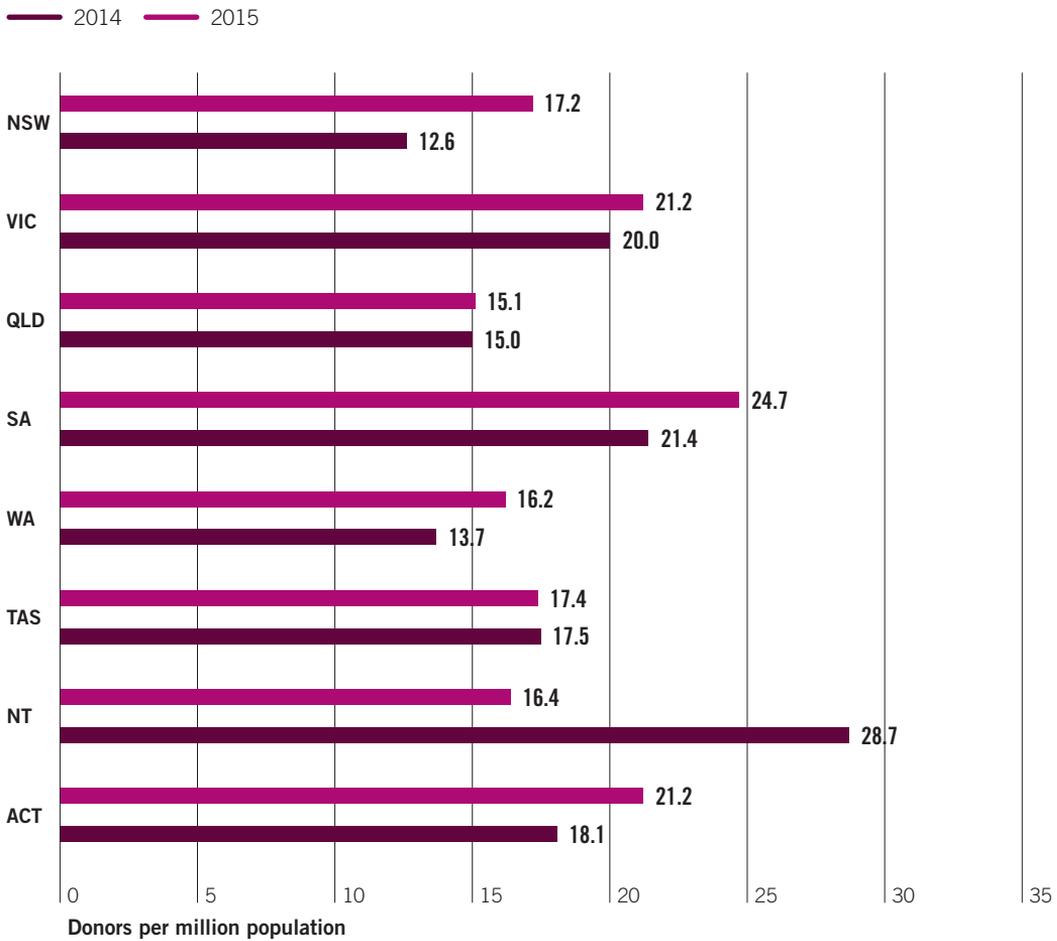
In 2015 donation rates continued to vary across states and territories, ranging from 15.1 dpmp to 24.7 dpmp. This jurisdictional variation in donation rates was mirrored in the transplantation outcomes.

New South Wales, Victoria, Queensland, South Australia, Western Australia and the Australian Capital Territory exceeded their 2014 outcomes for donation rates. NSW achieved particularly strong

growth in 2015, with the donation rate increasing from 12.6 dpmp in 2014 to 17.2 dpmp in 2015.

South Australia, Victoria and the Australian Capital Territory were national leaders in donation outcomes, achieving donation rates over 21 dpmp. This indicates there is considerable potential for other jurisdictions to improve their donation performance.

Figure 7
Organ donation rates by jurisdiction 2014 and 2015

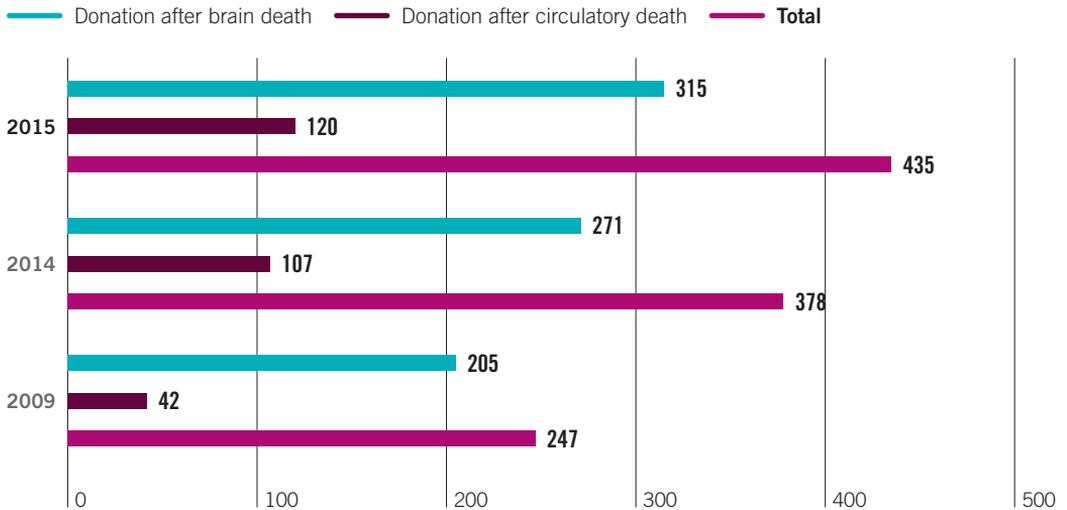


Deceased organ donors by donation pathway

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

In 2015 the majority of deceased organ donors (72% or 315 donors) came from the DBD pathway, with the remaining 28% (120) from the DCD pathway. Compared with 2014, this represents a 16% increase in donations realised from the DBD pathway and a 12% increase in donations from the DCD pathway.

Figure 8
Deceased organ donors by donation pathway 2009, 2014 and 2015



Organs transplanted from deceased donors

In 2015 there were 1,481 organs transplanted from deceased donors, a 12% increase over 2014 (1,327).

Kidneys are the predominant organ donated and transplanted. In 2015 there were 718 kidneys transplanted from deceased organ donors.

In addition:

- 95 hearts were transplanted, an increase of 14% over 2014
- 375 lungs were transplanted, an increase of 18%
- 247 livers were transplanted, an increase of 11%
- 45 pancreases were transplanted, an increase of 2%.

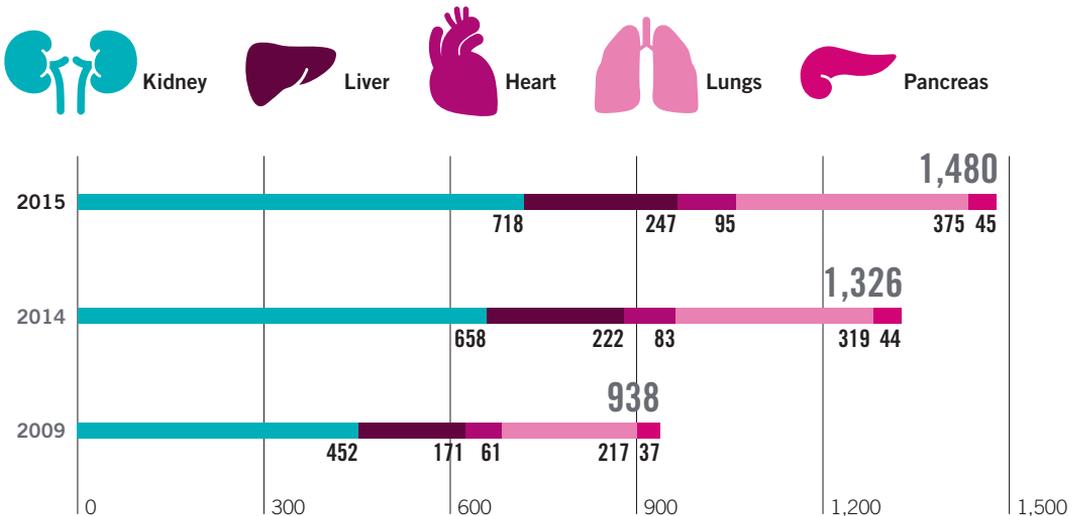
There was one intestinal transplant in 2014 and another in 2015. These transplants have not been represented graphically in Figure 9 due to the small number compared with other types of organs transplanted.

In 2014 the team at St Vincent's Hospital in Sydney performed the first successful heart transplants following DCD. Prior to this, heart transplants relied on donor hearts retrieved from DBD donors only. This world-first procedure has the potential to significantly increase the number of available hearts for transplantation and, consequently, the number of Australian heart transplant recipients.

The 2015 heart transplant outcome includes two hearts transplanted from donors who donated after circulatory death.

Figure 9

Organs transplanted from deceased donors 2009, 2014 and 2015



DonateLife Audit key performance indicators

The DonateLife Audit (DLA), implemented nationally in 2010, is a nationally consistent method of retrospectively auditing all deaths in DonateLife Network hospitals (covering more than 90% of all donation activity).

While the DLA collects data on potential donation after brain death and after circulatory death, previously it only reported on brain dead donors. Data for the full cohort of donors was reported for the first time in 2015–16.

Performance in terms of the three key performance indicators (KPIs) – request, consent and conversion rates – is measured against agreed national targets.

A summary of the three DBD KPIs for 2014 and 2015, and the agreed targets, is shown in Table 4.

Table 4
National targets and key performance indicators 2010, 2014 and 2015

	Target	2010	2014	2015
Request rate ¹	100%	92%	97%	97%
Consent rate ²	75%	54%	59%	62%
Conversion rate ³	70%	44%	52%	52%

Notes

- 1 Request rate = requests/potential donors (brain death only)
- 2 Consent rate = consents/requests (brain death only)
- 3 Conversion rate = actual donors/potential donors (brain death only)

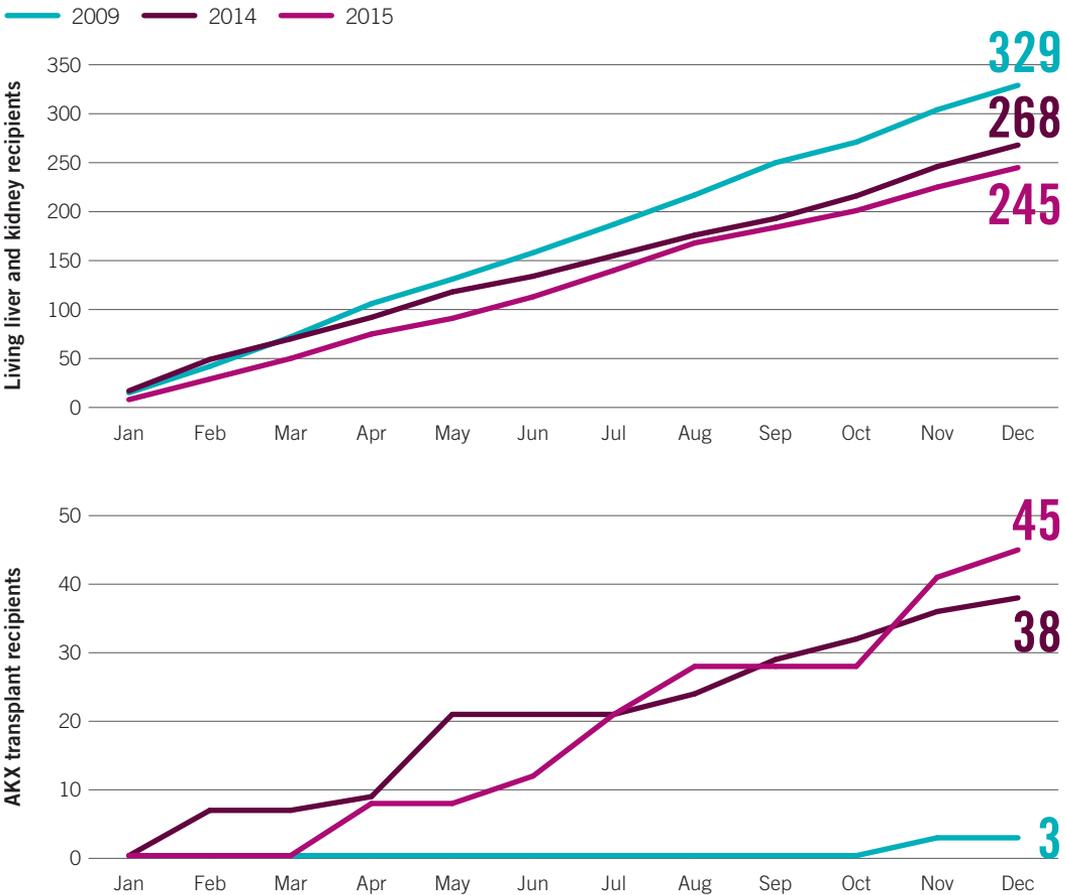
The data in the DonateLife Audit may adjust across periods as pending cases and adjustments to other cases are included subsequent to case review meetings. This accounted for the request rate in 2014 changing from 98% to 97% since it was first published in the 2014–15 Annual Report.

Transplantation outcomes from living organ donors

In contrast to the growth in the number of transplant recipients from deceased organ donors in 2015, transplant recipients from living donors decreased from 268 in 2014 to 245 in 2015. This decrease was moderated by the increase in

the number of transplant recipients through the Australian Paired Kidney Exchange (AKX) program: 45 transplant recipients in 2015 compared with 38 in 2014.

Figure 10
Transplant recipients from living organ donation 2009, 2014 and 2015



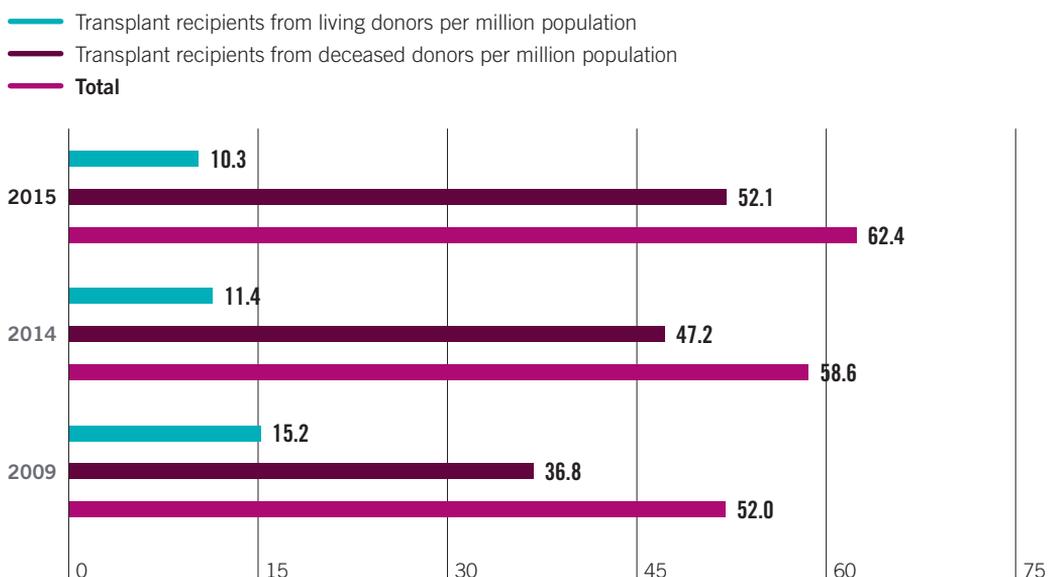
Transplantation outcomes from living and deceased organ donors

In 2015 the total transplant recipients per million population rate (trmpm) was 62.4 trmpm, a 6% increase over 2014 (58.6 trmpm). This rate is the sum of the transplant recipients per million population rate from deceased donors (52.1 trmpm) and living donors (10.3 trmpm).

While the rate of organ transplant recipients from deceased donors increased by 10% in 2015 compared with 2014 (47.2 trmpm), the 10% decrease in the rate of organ transplant recipients from living donors moderated the total outcome.

Figure 11

Transplant recipient outcomes per million population from living and deceased donors 2009, 2014 and 2015



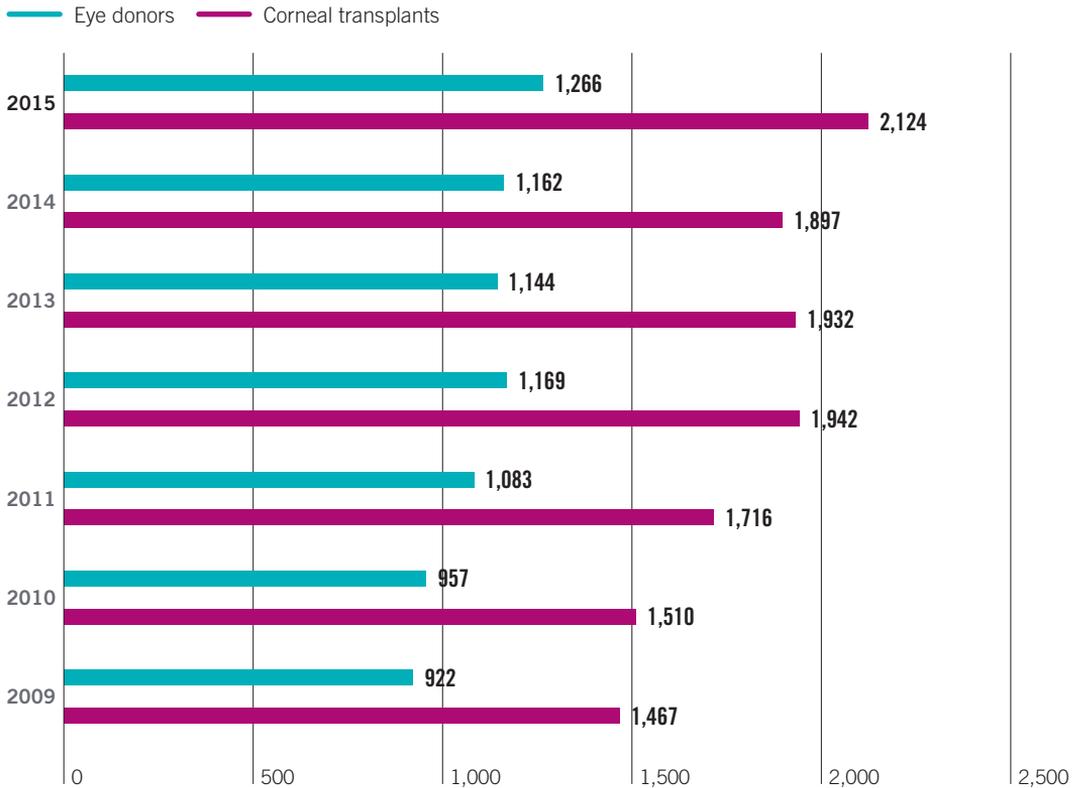
Corneal transplantation and eye donation outcomes

In 2015 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 the service capacity of the Australian health system coupled with an increase in demand for corneas.

There were 2,124 corneal transplants in 2015. This represents a 12% increase over the 2014 outcome of 1,897 corneal transplants. This was made possible through the generosity of 1,266 eye donors and their families. The number of eye donors in 2015 represents a 9% increase over the 2014 outcome of 1,162 donors.

Figure 12

Corneal transplants and eye donors 2009–2015



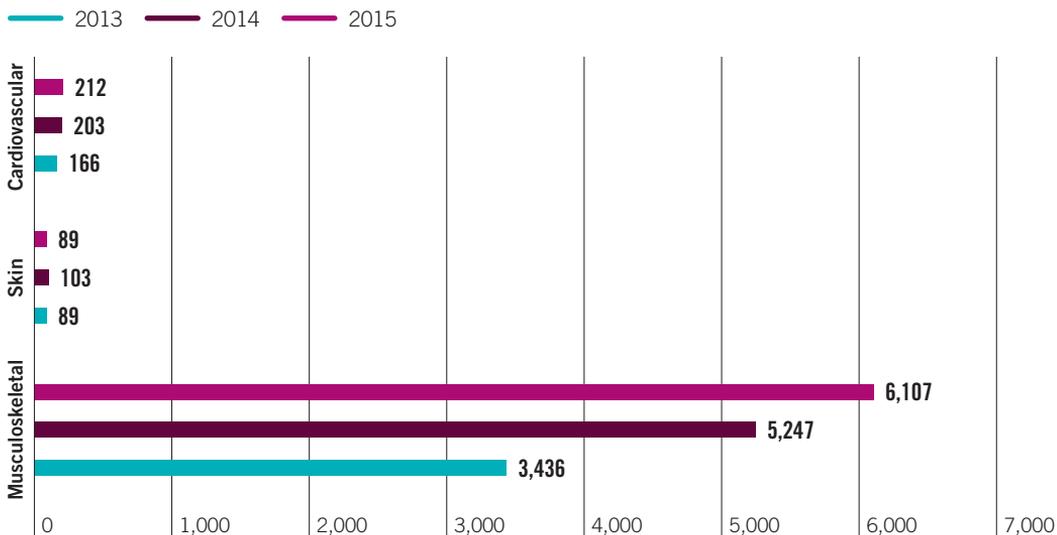
Tissue transplantation and donation outcomes

In 2015 there were 6,408 notified tissue transplant recipients, with some recipients receiving multiple grafts. These included 6,107 recipients of musculoskeletal tissue, 212 recipients of cardiovascular tissue and 89 recipients of skin tissue. This outcome represents a 15% increase over 2014 (5,553).

In 2015 there were 4,542 tissue donations. In contrast to organ and eye donation, the majority of tissue is donated by living donors. Of the total number of tissue donations, 87.5% (3,973) were from living donors.

The 364 deceased tissue donors gave 569 tissue donations. This outcome represents a 9% increase over 2014 (522).

Figure 13
Notified tissue transplant recipients 2013–2015



Notes

- 1 From September 2015, pancreas islets transplants and recipients are counted separately as tissue grafts transplanted and tissue transplant recipients. In addition to the 6,408 tissue transplant recipients in 2015, there were 13 recipients of pancreas islets
- 2 While the majority of tissue transplanted in Australia comes from Australian donors, tissue is imported in certain circumstances using the Therapeutic Goods Administration's special access scheme
- 3 For the purpose of national reporting, a tissue transplant recipient is counted as a transplantation event
- 4 The first year in which national tissue transplant recipient outcomes were reported for Australia was 2013.

Figure 14
Tissue donations from deceased donors 2012–2015

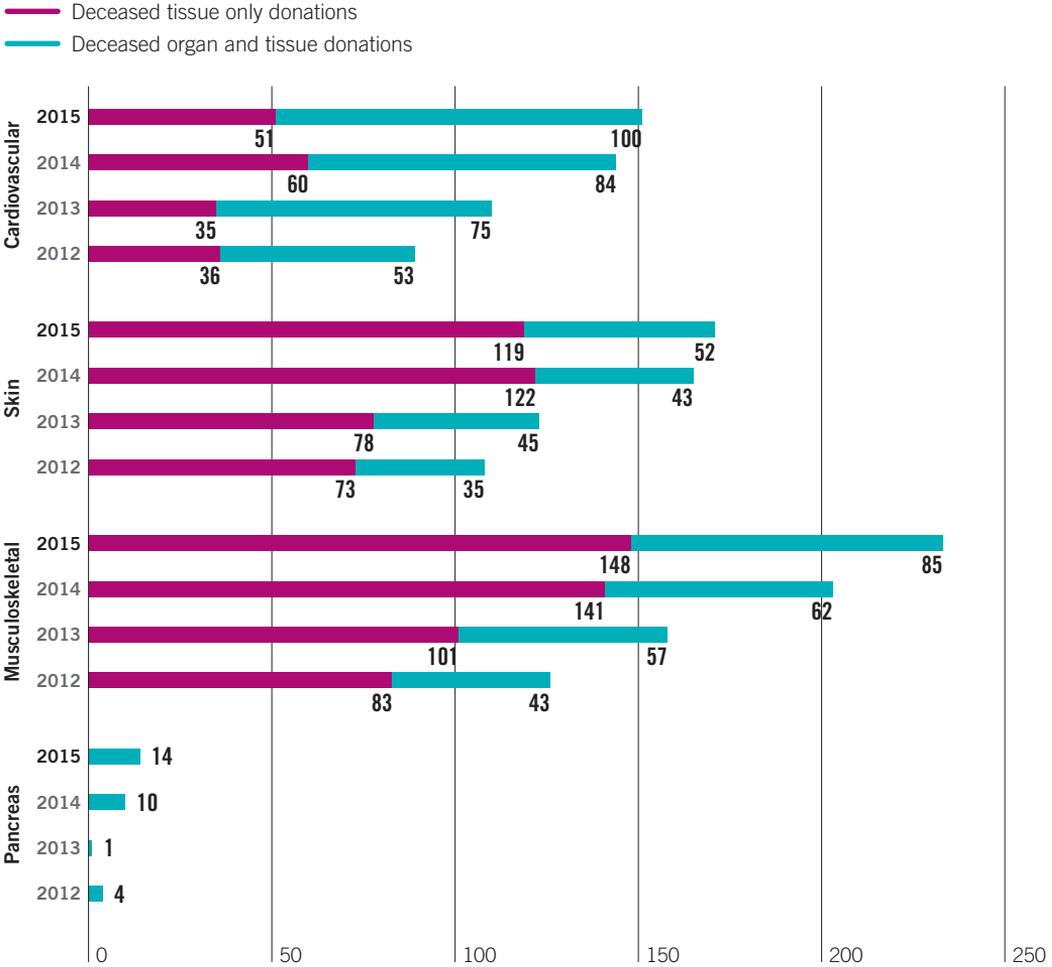


Notes

- 1 The first year in which national tissue donation outcomes were reported for Australia was 2012
- 2 Since September 2015, donations of pancreas islets have been counted as tissue donations from deceased solid organ and tissue donors, and applied retrospectively, accounting for changes in previously reported counts.

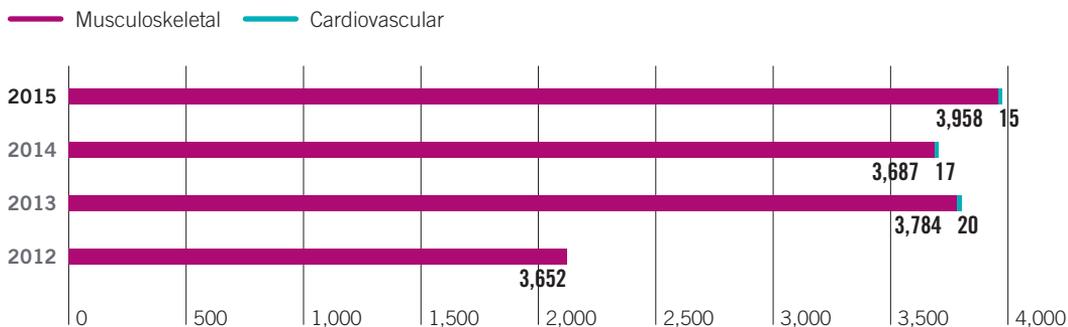
There was an increase in donations from deceased donors across all tissue types in 2015 compared with 2014, with musculoskeletal donations increasing by 14.8%, skin by 3.6%, cardiovascular by 4.9% and pancreas tissue donation by 40%.

Figure 15
Tissue donations from deceased donors by tissue type 2012–2015



In 2015 there were 3,928¹ living tissue donors who gave 3,973¹ tissue donations, mainly from patients undergoing joint replacement surgery. This outcome represents a 7% increase over 2014 (3,704).

Figure 16
Tissue donations from living donors 2012–2015



Notes

Updates to previously under-reported counts of musculoskeletal tissue donations in May 2015 account for changes in previously reported counts of living tissue donors and donations.

Sources

- Organ donation and transplantation data: ANZOD, May 2016
- DBD performance indicators: DonateLife Audit, May 2016
- Eye and tissue donation and transplantation data: ANZOD, May 2016.

STRATEGIC PLAN

The *Organ and tissue donation for transplantation in Australia strategic plan 2015–2019* (the 2015–2019 Strategic Plan) has been developed to ensure that organ and tissue donation is delivered on a collaborative basis throughout Australia. The aim is to increase organ donation outcomes to 25 donors per million population by 2018.

1

OBJECTIVE 1
Increase the number of potential organ and tissue donors

P.42

The 2015–2019 Strategic Plan set out the key objectives, strategies and actions to be undertaken over the four years of the plan to support our outcome: improved access to organ and tissue transplants through implementing a nationally coordinated and consistent approach and system.

The 2015–2019 Strategic Plan was developed in consultation with our stakeholders and identified our key performance measures. The following key objectives were identified:

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

This section reports on the deliverables against the objectives and strategies in the 2015–2019 Strategic Plan.

2

OBJECTIVE 2
Improve organ and tissue donor conversion rates

P.45

3

OBJECTIVE 3
Enhance systems to support organ and tissue donation and transplantation

P.50

Objectives	Strategies
<p>1 Increase the number of potential organ and tissue donors</p>	<p>1.1 Implement end-of-life prompts for donor identification and referral</p> <p>1.2 Provide professional education and training for clinicians</p> <p>1.3 Optimise the uptake of donation after circulatory death in hospitals</p> <p>1.4 Establish processes to optimise the transplantation of organs from extended criteria donors</p> <p>1.5 Support living organ donation</p>
<p>2 Improve organ and tissue donor conversion rates</p>	<p>2.1 Develop an Australian best practice request and consent model for organ and tissue donation for transplantation</p> <p>2.2 Increase the education of professionals involved in conversations about organ and tissue donation</p> <p>2.3 Continue to build public support and confidence in Australia's donation and transplantation system</p> <p>2.4 Support informed family discussion and registration of donation decisions within culturally and linguistically diverse and Aboriginal and Torres Strait Islander communities</p> <p>2.5 Optimise the physiological management of potential organ donors</p>
<p>3 Enhance systems to support organ and tissue donation and transplantation</p>	<p>3.1 Continue to develop the Electronic Donor Record</p> <p>3.2 Deliver a national vigilance and surveillance system for deceased organ donation and transplantation</p> <p>3.3 Support the delivery of ethical and clinical guidelines for organ transplantation from deceased donors</p> <p>3.4 Provide organ donation hospital support funding</p> <p>3.5 Continue to develop systems and processes to capture, analyse and report on donation and transplantation data and research</p> <p>3.6 Continue to support the ongoing development of the eye and tissue sector in collaboration with professional bodies</p> <p>3.7 Support the development of the Australian Organ Matching System to improve organ allocation and matching processes</p> <p>3.8 Continue to support the evolution of the DonatLife Network in response to changes in the requirements of the organ and tissue donation and transplantation service model</p> <p>3.9 Provide national donor family support services to ensure that donor families have access to quality bereavement care and support</p>

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

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

The nationally consistent clinical trigger protocol helps clinical staff identify potential organ and tissue donors in emergency departments (ED) and intensive care units (ICU).

In 2015–16 new clinical triggers were introduced to promote the identification of all potential organ and tissue donors. The new clinical triggers were developed based on feedback provided by DonateLife Network (DLN) staff. They will complement the existing GIVE clinical trigger and will also be available for use in general wards for the first time. The new clinical triggers are available to all jurisdictions for use in DLN hospitals.

Another initiative this year was the establishment of an OTA/DLN working group to develop a process for the routine referral of all potential organ donors. The draft *Early donor referral and suitability assessment guidelines* were submitted to the Clinical Governance Committee (CGC) for feedback in June 2016. Pending approval by the CGC, a national education strategy for the guidelines will be developed and implemented in 2016–17.

1.2 Provide professional education and training for clinicians

The Professional Education Package (PEP) is a modular, sequential learning package that provides education and training to health professionals on supporting families in conversations about organ and tissue donation. It is designed to provide health professionals with the knowledge and skills they need to sensitively support grieving families to make an informed, proactive and enduring decision about donation that is consistent with the donor's – and their own – values and beliefs.

In 2015–16 we continued to fund the delivery of the PEP in all jurisdictions, running nine core Family Donation Conversation (FDC) workshops that provided training to 256 health professionals. We also ran 14 practical FDC workshops that provided training to 136 health professionals throughout Australia. At the end of June 2016, a total of 44 core workshops had been held nationally, with 1,128 attendees since March 2012, and 58 practical FDC workshops have been held, with 553 attendees since August 2012.



Role play in an FDC workshop

The new Introductory Donation Awareness Training (IDAT) workshop began in October 2015. It provides introductory information about donation pathways, clinical processes, family reactions to grief and loss, and family communication needs. The IDAT is the key national education initiative to raise professional awareness about organ and tissue donation in the wider clinical community, including how to identify and refer potential organ and tissue donors.

The DonateLife Learning Site was launched in September 2015 and is the central repository for the OTA's e-learning programs. The site records the attendance of all participants in the core and practical workshops, enabling the OTA and DonateLife Agencies to manage attendance at FDC workshops.

1.3 Optimise the uptake of donation after circulatory death in hospitals

Donation after circulatory death (DCD) provides an alternative pathway to donation for those patients for whom donation after brain death (DBD) is not possible or likely. DCD provides a further opportunity for increasing the availability of organs and tissues for transplantation.

A working group was established in November 2015 to review the *National protocol for donation after cardiac death* (published in 2010). The working group includes all DonateLife State Medical Directors and representatives from the Australia and New Zealand Intensive Care Society, the Transplantation Society of Australia and New Zealand (TSANZ) and the National Health and Medical Research Council's Australian Health Ethics Committee.

A revised protocol has been drafted and will be further revised following targeted consultations later in 2016. The revised protocol is expected to be completed by early 2017.

Increased uptake of DCD has been encouraged through delivery of the IDAT workshop which provides training to a range of health professionals working in organ and tissue donation.

In addition, DCD was the first theme of the DonateLife Collaborative workshops. This provided a dedicated opportunity for donation specialists to review DCD practice and consider strategies to increase the uptake of donors via the DCD pathway.

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

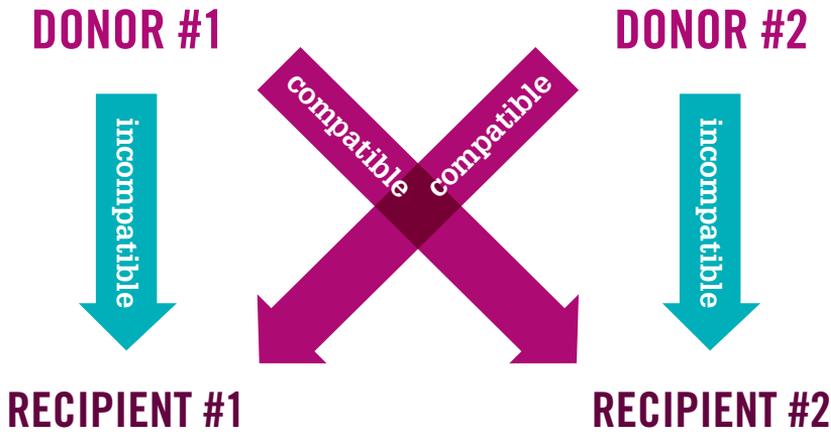
Standard criteria organs are those organs that have been medically assessed as providing the best overall outcomes for recipients based on donor and organ characteristics. These criteria have been broadened to include extended criteria organs. Extended criteria relate to the characteristics of the donor (particularly age) or the donor organ (such as longer ischaemic time).

Optimising the donor pool by expanding suitability criteria and matching extended criteria donors with extended criteria transplant recipients provides an important additional means for providing more Australians with access to life-transforming transplantation.

While extended criteria organs have been medically assessed as presenting a potential greater risk to the health of recipients than standard criteria organs, they nevertheless can offer a greater benefit to the recipient's health than continuing with standard medical therapy, such as dialysis. They may also be preferable to some recipients if the alternative is to not receiving a transplant at all.

Appropriate matching of donor organs with recipients will result in better use of a scarce resource and the optimal number of life years gained for recipients. The development of the Australian Organ Matching System (see Strategy 3.7) will allow for greater use of all organs, including extended criteria organs.

Guidelines have been published recently by the TSANZ (*Clinical guidelines for organ transplantation from deceased donors*) and the National Health and Medical Research Council (*Ethical guidelines for organ transplantation from deceased donors*) (see Strategy 3.3). These guidelines provide for broader consideration of extended criteria donors in line with international practice.



AKX program – a two-way exchange

1.5 Support living organ donation

The Australian Paired Kidney Exchange (AKX) program, hosted by the Prince of Wales Hospital in Sydney, is increasing live donor kidney transplants. This is being achieved by identifying matches for patients who are eligible for a kidney transplant and have a living donor who is willing but unable to donate because of an incompatible blood type or tissue type. A computer program searches a database of registered recipient/donor pairs for combinations where the donor in one pair can be matched to a recipient in another pair. This option is known as paired kidney exchange or paired kidney donation.

In November 2015 the AKX program reached a milestone of 150 kidney transplants. In the same month, this important live donor kidney program marked its fifth anniversary. Since its establishment in August 2010, the AKX program has become an integral part of live donor kidney transplant activity in Australia. At 30 June 2016 the program had facilitated 177 kidney transplants that were unlikely to have occurred in the absence of the program due to the highly sensitised nature of participants.

In 2015–16 we continued to work with the AKX program, the TSANZ's Renal Transplant Advisory Committee (RTAC), and the RTAC/AKX Clinical Oversight Committee. Together, we strengthened areas such as clinical oversight, review of quarterly matching processes, match run allocations, and other clinical components of the AKX program.

In contrast to the growth in the number of transplant recipients from deceased organ donors, 2015 data shows that transplant recipients from living donors is decreasing. This decrease has been moderated by the improvement in the outcomes of the AKX program.

We held a workshop in May 2016 to discuss the decrease in living donation rates in Australia with a view to understanding why this might be occurring, and what can be done to address the issue.

Key stakeholders involved in the workshop included renal physicians, Kidney Health Australia, the AKX program and the Commonwealth Department of Health. As a result of this workshop, we will be working with key stakeholders to raise awareness of living donation. We will also develop strategies that will focus clinical and community education on the benefits of, and support mechanisms for, living donation, and we will review existing guidelines to support living donation.

Objective 2: Improve organ and tissue donor conversion rates

2.1 Develop an Australian best practice request and consent model for organ and tissue donation for transplantation

In 2015–16 we considered the outcomes of the evaluation of the national pilot of models for requesting organ and tissue donation to develop a national best practice model. A key finding was that there was a significant association between completion of the FDC training and a higher consent rate. The presence of at least one FDC-trained professional in the family donation conversation was associated with a higher consent rate: 69.3% compared with 45.2% where no FDC-trained professional was present.

Having an FDC-trained professional lead the donation conversation was associated with higher consent rates, as follows:

- 74.5% when the leader was FDC-trained and not the treating clinical specialist
- 54.8% when the leader was FDC-trained and was the treating clinical specialist
- 45.2% when the leader was not FDC-trained and was the treating clinical specialist.

Consideration of evaluation findings and the available international literature and experience in this area informed the development of the Best Practice Model for Offering Organ and Tissue Donation in Australia. Consultation on this model has begun with the peak professional bodies. These include the Australian and New Zealand Intensive Care Society, the College of Intensive Care Medicine, the Australian College of Critical Care Nurses, and the Australian College of Emergency Medicine.

The model and the supporting guidance document will be finalised in early 2016–17.

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

In 2015–16 we began a review of the core and practical FDC workshops, with consideration given to:

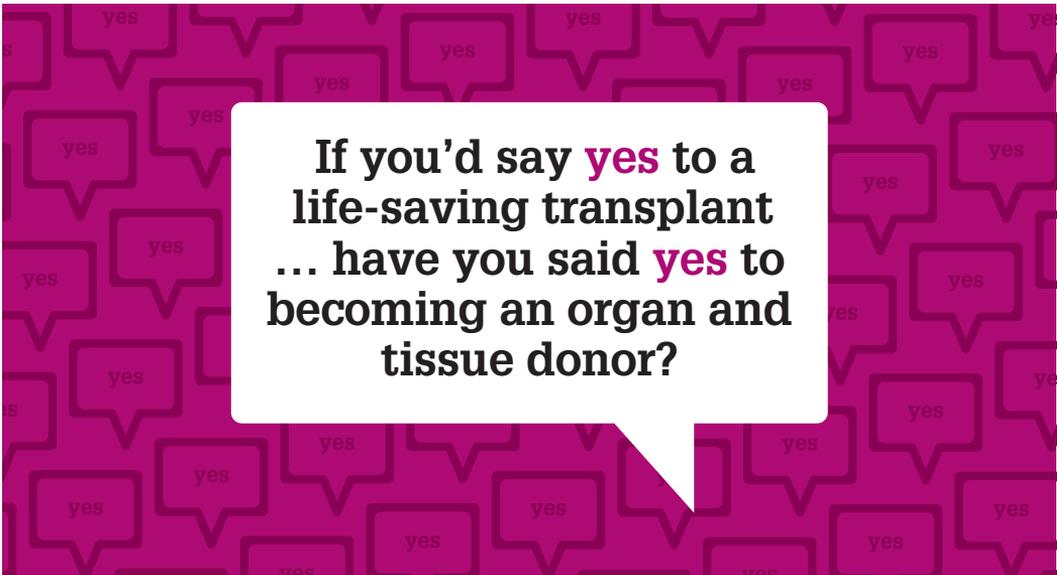
- developing new, advanced FDC modules on family communication associated with paediatrics
- incorporating culturally and linguistically diverse (CALD) communities and Indigenous Australians into the practical FDC workshop.

As an outcome of the review, delivery of the advanced FDC modules – as part of the practical FDC workshop – will start in 2016–17.

In November 2015 we started providing the FDC e-learning program to participants who have completed the core FDC workshop. The FDC e-learning program provides participants with revision modules to reinforce the key FDC training concepts and video vignettes to demonstrate a range of central elements in the Family Donation Conversation.

A Paediatric Special Interest Group was established this year to identify strategies to support paediatric organ and tissue donation and develop systems which support clinicians and families when donation is a possibility. The first meeting of this group was held on 19 May 2016, with further meetings scheduled in the second half of 2016. A paediatric-specific core FDC workshop is being organised for late 2016.

In October 2015 we delivered a customised FDC workshop targeting communication when telephoning families to offer eye and tissue donation. This process differs from organ donation, as tissue-only donation can proceed outside of the hospital setting within 24 hours of death. The tissue-only consent process involves families being telephoned at home by the tissue bank staff (or DLN staff in some jurisdictions) to discuss the opportunity of donation with the family.



The theme for DonateLife Week 2015

The workshop involved participants from the majority of the eye and tissue banks across Australia, as well as DLN staff involved in eye and tissue donation who are responsible for phoning families to discuss donation. Based on the workshop evaluations, the workshop will be modified as a practical skills workshop and will focus on talking to families and obtaining consent over the telephone for organs as well as eye and tissue.

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

DonateLife Week 2015

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 the Australian community.

During DonateLife Week 2015 (Sunday 2 to Sunday 9 August), Australians were asked to 'Have the chat that saves lives'. The campaign theme was supported by promoting the concepts of shared responsibility, reciprocity and generosity: 'If you'd say yes to receiving a life-saving transplant, have you said yes to becoming an organ and tissue donor?'.

DonateLife Week 2015 achieved positive outcomes in driving awareness through media, social media and event activities.

A total of 245 DonateLife Week events were registered with the OTA, of which 15 were conducted by Community Awareness Grant recipients. The remaining 230 events were conducted by the broader organ and tissue donation and transplantation sector.

DonateLife Week 2015 featured strongly across Australian print, broadcast and online media, achieving a cumulative audience reach of 39 million. News items focused on the positives that organ and tissue donation can provide to transplant recipients, as well as the comfort to donor families in their time of grief.

Social media was a key component of DonateLife Week 2015, focusing on content production and posting across DonateLife platforms (Facebook, Twitter, Twibbon and Instagram). DonateLife Week was supported by the #sayYESsavelives social media campaign which ran from 27 July 2015 to 16 August 2015. This campaign asked Australians to share their reasons for saying 'yes' to organ and tissue donation on Facebook, Twitter and Instagram.

To further encourage Australians to participate in DonateLife's #sayYESsavelives campaign, DonateLife photo booths were erected in each state and territory on various days during DonateLife Week. Participants were provided with a DonateLife printed copy of their photo strip on the spot, providing a fun and engaging way to participate.



DonateLife's #sayYESsavelives campaign



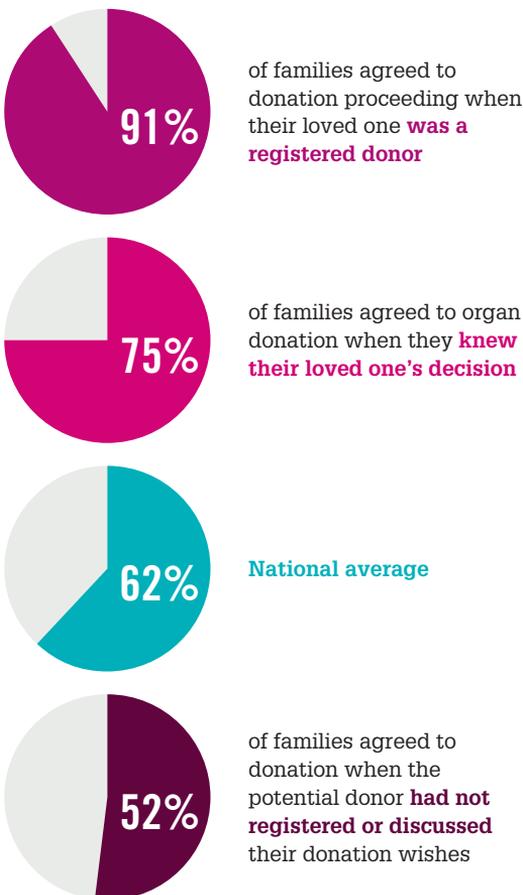
Calvary Hospital staff participating in the DonateLife's #sayYESsavelives campaign

National Donor Online Registration

In Australia the family is always asked to confirm the donation decision of the deceased before donation can proceed. Registration on the Australian Organ Donor Register (AODR) and family knowledge of donation decisions are key drivers for families agreeing to deceased organ donation. In 2015, families upheld a relative's registered donation decision in 91% of all cases, compared with just 52% of cases where the deceased was not a registered donor.

Figure 17
Consent rates

Registration and family knowledge of donation decision



Source: DonateLife Audit 2015

The 2015 Federal Budget measure, *Accelerating growth in organ and tissue donation for transplantation*, provided funding to the Department of Human Services (DHS) for the introduction of online registration on myGov through Medicare Services Online. This option for registration is in addition to the existing and ongoing methods of registration, including via the DHS website and printed forms.

The 2015 Federal Budget measure also provided funding to the OTA to conduct a national awareness campaign to increase registrations on the AODR. The aim of the campaign is to increase overall AODR registrations through raising awareness of how and where to register on the AODR – the only national register to record donation decisions.

2.4 Support informed family discussion and registration of donation decisions within culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander communities

Throughout 2015–16 the OTA and DonateLife Agencies implemented the National CALD Communications and Engagement Plan to facilitate access to culturally appropriate information to support informed decision-making, registration and discussion of donation decisions. We continued our high-level engagement with religious leaders and organisations, resource development and coordination of national ethnic media partners.

A number of activities were undertaken to support CALD communities to engage during DonateLife Week 2015. A *Myths and misconceptions* factsheet was developed and translated into nine languages (Arabic, Chinese Simplified, Chinese Traditional, Greek, Hindi, Italian, Punjabi, Turkish and Vietnamese) and provided to ethnic media partners.

At the state and territory level, DonateLife Agencies supported specific communities through training sessions for clergy, community outreach, resource distribution and promotional activities.

In June 2015 the OTA and DonateLife Agencies started a review of the national plan which will be finalised for implementation in 2016–17.



Deputy State Medical Director, Dr Sam Radford (back row, third from the left), with Melbourne Hindu community leaders

2.5 Optimise the physiological management of potential organ donors

Among other things, the Transplantation Society of Australia and New Zealand (TSANZ) Clinical Guidelines (see Strategy 3.3) provide guidance on the parameters for the suitability of organs for transplantation. This allows ICU specialists to optimise the physiological management of potential organ donors.

A review of the national DCD protocol is under way (see Strategy 1.3) and we are working with key stakeholders to scope options for the development of additional national clinical protocols for the management of DBD.

Objective 3: Enhance systems to support organ and tissue donation and transplantation

3.1 Continue to develop the Electronic Donor Record

The Electronic Donor Record (EDR) is an information system that allows for data entry management and sharing of crucial donor information to expedite and improve the safety and transparency of organ and tissue donation and referral processes in Australia.

A post-implementation review of the EDR organ module, undertaken in 2015, identified opportunities for improvement in meeting the clinical requirements of the donation and transplantation sectors. In response to review recommendations, we are currently pursuing upgrades to the existing EDR security and access model. We have facilitated the sharing of locally developed user guides between jurisdictions, and we have supported ongoing engagement between the donation and transplant sectors to further explore documentation improvements. We continued to hold bi-monthly meetings of the EDR Working Group to ensure the EDR meets clinical practice needs. Working Group members include DonateLife Agency Managers, EDR System Administrators, Australia and New Zealand Organ Donation Registry (ANZOD) representatives and transplant coordinators.

In 2015 we established an EDR Eye Module User Group to progress the Eye Module implementation. The group comprises an eye bank representative from each jurisdiction, several DonateLife EDR expert users, and OTA staff. We also held workshops with key stakeholders, identifying business requirements and system modifications for the application to align with Australian transplant practice. At the end of 2015–16 we were in the final stages of reviewing the list of required customisations. Development of the EDR Eye Module is expected to commence early in 2016–17 and it will be available for use in 2017, pending the outcome of privacy negotiations between the Commonwealth and the states and territories.

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

In December 2015 the Australian Health Ministers Advisory Council provided support for the national vigilance and surveillance framework, pending agreement of a process for implementation by the Hospitals Principal Committee (HPC). In consultation with states and territories, we will finalise the implementation process for the national vigilance and surveillance system for the consideration of the HPC in late 2016. We anticipate national rollout of the system and commencement of data collection in January 2017.

In 2015–16 the establishment of the Vigilance and Surveillance Expert Advisory Committee was confirmed as an implementation action for the Australian Vigilance and Surveillance Framework with a view to commencing adverse event monitoring and analysis of reported data in January 2017. This forum will provide advice on emerging risks identified in the organ donation and transplantation sectors and, where appropriate, provide recommendations for action.

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

We supported the development of the TSANZ Clinical Guidelines and the NHMRC Ethical Guidelines that were released in April 2016 at the TSANZ Annual Scientific Meeting.

We were members of the NHMRC Expert Advisory Group responsible for developing the Ethical Guidelines. These guidelines inform ethical practice in assessing the eligibility of an individual for transplantation, assessing the suitability of donor organs for transplantation, and allocating organs from deceased donors.



Launch of the NHMRC Ethical Guidelines and the TSANZ Clinical Guidelines (L-R): Prof Ian Olver AM, Chair of the Australian Health Ethics Committee; Ms Felicity McNeill PSM, CEO of the OTA; Prof Steve Chadban, President of TSANZ

We worked with the TSANZ on the development of the Clinical Guidelines that guide national clinical practice by specifying waiting list eligibility criteria, donor suitability criteria for organ allocation for transplantation, and the organ allocation protocols for determining transplant recipients.

We worked with both the TSANZ and the NHMRC to ensure both documents were aligned and complementary.

3.4 Provide organ donation hospital support funding

Organ Donation Hospital Support Funding is a donation-related activity-based funding program that assists with costs additional to those normally incurred in the care of critically ill patients. These costs include pathology and imaging, staffing time in the ED and ICU, call-back staff for the operating suite, and the cost of an ICU bed.

By 30 June 2016 all Organ Donation Hospital Support Funding variations with states and territories, hospitals and health services, and private hospitals had been executed for the 2016–18 period.

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

OTA Data Governance Framework

In 2016 we continued to develop the OTA Data Governance Framework which will provide the governance structure for the management of data and information within the OTA. This framework provides guidance on how we manage data assets throughout their lifecycle to ensure the consistent provision of trusted, high-quality data and analyses to inform decision-making and drive improvement in organ and tissue donation outcomes. The Data Governance Framework is informed by – and designed to ensure compliance with – relevant external legal, regulatory and governance environments.

DonateLife Audit

The DonateLife Audit (DLA) is a retrospective audit of all relevant deaths in DLN hospitals around Australia to measure and report on potential and actual donation activity.

Until 2016, DLA reports – detailing national, jurisdictional and hospital performance – comprised data analysis based on brain dead donors (DBD) only. In the second half of 2015, the scope of the DLA was expanded to report on donation after circulatory death (DCD) outcomes for the first time.

The enhanced data capture in this release enabled us to report DCD data for the first time in the January – December 2015 DLA report. The report incorporated DCD data for 2014, captured retrospectively, to enable potential donor case review and year-to-year analysis.

DLA data reports are produced for the DLN on a quarterly and annual basis. The reports detail national, jurisdictional and hospital performance in terms of potential and actual donation activity, as well as the three national KPIs: request rate, consent rate and conversion rate. State Medical Directors are responsible for providing feedback on the audit outcomes to their hospitals, including to hospital executives and clinicians. Hospital staff who use the data can evaluate their performance and identify key areas and strategies for improving organ donation outcomes in their hospital.

Donor Family Study

In 2015–16 ethics approval was granted to conduct Waves 2, 3 and 4 of the national Donor Family Study in all jurisdictions with the exception of the ACT (which granted approval for a pilot study of Wave 2). At the end of 2015–16, site governance approval processes for the study were under way.

Correspondence about the approved sites was sent to families, inviting them to participate in Wave 2 of the study by completing a survey questionnaire (via hard copy or online) or by volunteering to participate in a small number of face-to-face interviews. Families who consented to donation, and families who declined donation in 2012 and 2013, are being invited to provide feedback on their experiences before, during and after making a donation decision. This ongoing retrospective study informs the review and enhancement of services provided to families, and professional training on supporting families.

The Wave 2 study will be completed and reported in 2016–17, and the Wave 3 and 4 studies will commence, inviting families who made a donation decision in 2014 and 2015 to participate in the study.

Market research into community attitudes and awareness

In the 2015 Federal Budget, the Australian Government announced a new measure, 'Accelerating growth in organ and tissue donation for transplantation'. This two-year measure includes funding for the OTA to implement a national campaign to increase registrations on the Australian Organ Donor Register (AODR), and to support the new electronic AODR registration process to be introduced by the Department of Human Services in 2016.

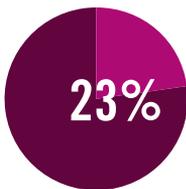
The National Donor Online Registration Campaign will be delivered in 2016–17 with the aim of increasing overall registration on the AODR.

A key to help increase Australia's donation rate is increasing the number of Australians who are registered on the AODR. DonateLife Audit data for 2015 clearly shows the influence of registration and family knowledge of donation decisions on donation consent rates. Compared to the national average family donation consent rate of 62%:

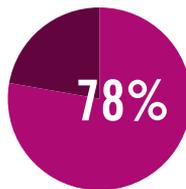
- 91% of families agree to donation when the donor has registered their decision to donate
- 75% of families agree to donation when they have prior knowledge of the donor's decision
- 52% of families agree to donation when the donor has not registered and the family does not know the donor's decision.

The OTA commissioned market research to provide a measurement of the general population's knowledge, attitudes and intended behaviours regarding organ and tissue donation, including on decision-making and registration of donation decisions. This research was undertaken by Woolcott Research in June 2015 and its findings contributed to the development of the national campaign.

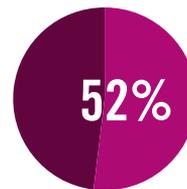
The research found that seven in 10 Australians are generally willing to donate organs and/or tissue, driven by the overall motivation of helping others and saving lives. Despite the high level of willingness, AODR statistics indicate that only a third of the Australian adult population (aged 16+) have registered a decision about organ and tissue donation.



of Australians know if their **partner or family have registered their donation decision**



Registering a decision to become an organ and tissue donor **is important** to the majority of Australians aged 18–29



of Australians are aware of the **Australian Organ Donor Register**

The survey found that people who have made a decision about donation are more likely to have discussed the subject with family members (80%), compared to the overall rate of family discussion of donation decisions at 60%.

The majority of respondents viewed registration as important (81%). However only 56% have made a donation decision, of whom 55% claimed to have registered their decision.

Of those who said they had not yet registered a donation decision, 70% indicated they did not know how to register and a further 18% were not sure. One in two people surveyed were aware of the AODR.

Among those registered on the AODR, the main prompts for registering were that they felt it was the right thing to do, so that there would be no doubt of their wishes, and wanting to help others.

Males were significantly less likely than females to be aware of the AODR (46% compared to 58%), as were 18–29 year olds (47%) compared to older age groups: 53% among 30–44 year olds, 54% among 45–64 year olds and 59% among those aged 65+ years.

The key barriers to donation identified were attitudes or beliefs that the patient may not really be dead at the time of donation, donation leaves the body mutilated and disfigured, and being too old or not healthy enough to donate.

For those who had made a decision about being willing to donate but had not yet registered this decision, the key reasons for not registering were not having made time to register or being unsure about how to register.

The research further indicated that people generally will not proactively seek out information about registering as an organ and tissue donor; rather, they require prompting.

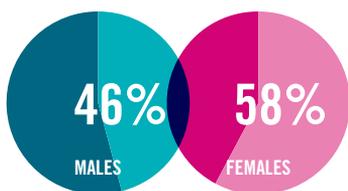
Outcome registries

Data related to organ donation and transplantation activity is essential in identifying opportunities to improve the care of donors, the donation and transplantation process, and recipient outcomes.

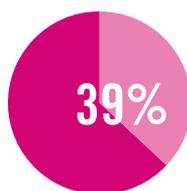
In 2015–16 we continued to fund the operation of the following national donation and transplantation outcome registries:

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

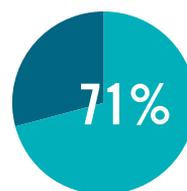
The Australia and New Zealand Organ Donation Registry (ANZOD) collates organ-specific health outcome data – provided by the transplant outcome registries – and publishes monthly reports on donation and transplantation outcomes and transplant waiting lists. We use this data to monitor national and jurisdictional performance and to inform the annual modelling of future growth in donation and transplantation activity.



46% of males are aware of the Australian Organ Donor Register compared to **58% of females**



39% of females say they **have registered** their donation decision



71% of males say they **have not registered** a decision

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

In 2015–16 we contracted PricewaterhouseCoopers to undertake the economic analysis of the Australian eye and tissue sector endorsed by the Australian Health Ministers Advisory Council (AHMAC). The final report was presented to the HPC in April 2016. The key recommendation was agreed: that an intergovernmental working group be established to provide advice to AHMAC and Health Ministers on a set of policy principles to underpin the eye and tissue sector.

In 2015–16 – with the assistance of the OTA – the Biotherapeutics Association of Australasia developed and supported the implementation of the first phase of the National Competency Matrix and Training Modules for Australian Tissue Banks. The content of the program aligns with the Eye Bank Association of Australia and New Zealand's National Competency Framework. It provides the opportunity for cooperation between the entities in developing the second phase of the work in 2016–17.

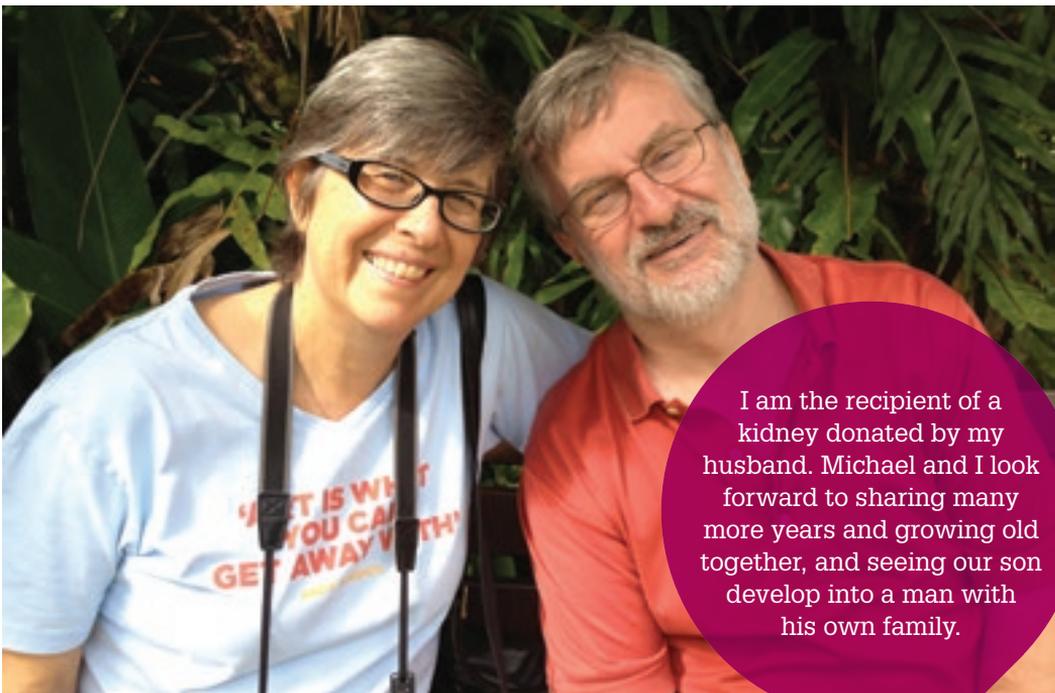
3.7 Support the development of the Australian Organ Matching System to improve organ allocation and matching processes

The development of the Australian Organ Matching System (AOMS) to replace the current National Organ Matching System (NOMS) is a key deliverable under the 2015 Budget measure, 'Accelerating growth in organ and tissue donation for transplantation'.

We provide funding to the Australian Red Cross Blood Service (the Blood Service) to manage the current system which facilitates the systematic allocation of organs for transplantation in Australia.

In 2015–16 we partnered with the Blood Service to procure a suitable vendor to develop and implement a replacement system, the AOMS, which will allow for optimal matching of transplant recipients. This will be achieved by applying best practice algorithms to further maximise equity and access as well as improving clinical outcomes for Australian transplant recipients.

The system is scheduled to be delivered in January 2018.



I am the recipient of a kidney donated by my husband. Michael and I look forward to sharing many more years and growing old together, and seeing our son develop into a man with his own family.

Gayle was the recipient of Michael's healthy left kidney in July 2014

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

State and territory funding agreements

The DonateLife Network (DLN) is a workforce established by the states and territories and funded by the OTA. Staff in the DLN work directly in selected public and private hospitals (those with the greatest demonstrated potential for organ and tissue donation) or in DonateLife Agencies in each state and territory.

The DLN is facilitated through the provision of funding agreements with health departments in each state and territory. Funding agreements are negotiated between the Commonwealth and jurisdictional health representatives every two years.

In accordance with the terms of the state and territory funding agreements, jurisdictions in 2015–16 continued to provide six-monthly progress reports and quarterly financial acquittals. We met with the states and territories quarterly through the Jurisdictional Advisory Group and on an individual basis every six months to discuss the implementation of the national reform program outlined in the progress reports.

Clinical Practice Improvement Program and DonateLife Collaborative

In 2015–16 we implemented the Clinical Practice Improvement Program (CPIP) Phase 2, which included the DonateLife Collaborative (DLC). All DLN hospital-based staff committed to a series of key performance indicators (KPIs) for their activities in expanding the donor pool and increasing consent to donation in hospitals. These KPIs – and their associated actions – were captured in individual Hospital Activity Plans to inform their use by the organ and tissue donation specialists in hospitals.

In addition, the DLC was implemented in the 26 hospitals across Australia that have demonstrated the greatest potential to increase donation. In 2015 all DLN staff from these hospitals attended a series of workshops on increasing DCD at the hospital level.



DonateLife Collaborative DCD Workshop, Brisbane, June 2015

In 2016–17 these workshops will continue addressing consent and referral practices at the hospital level, and all DLC hospitals will be audited against their Hospital Activity Plans through a hospital exchange visit program that will also be attended by the DLN executive in the relevant jurisdiction.

Independent Hospital Pricing Authority funding

The Independent Hospital Pricing Authority (IHPA) included the issue of ‘posthumous organ procurement’ in its Consultation Paper on the Pricing Framework for Australian Public Hospitals 2016–17.

In March this year, the IHPA released their intended price for posthumous organ donation activity for the National Efficient Price in 2016–17. Based on the data provided by the jurisdictions, the IHPA is proposing to increase the price weights for transplant activity, including organ retrieval services, by approximately 2%.

We will continue to work with the IHPA and the jurisdictions to ensure these services are accurately costed in data collections and fully recognised in future years.



The 2016 Combined Donation and Transplantation Forum

Organ perfusion technologies

Organ perfusion technology involves the continuous pumping of a solution through an organ at a controlled rate to preserve organ function. The use of organ perfusion technology may increase the number and condition of organs available for transplantation.

In February 2016 we requested the regular review of organ perfusion technologies by the Health Policy Advisory Committee on Technology (HealthPACT). The HPC noted this request and agreed HealthPACT would await the outcomes of a project being undertaken by NSW on the benefits of organ perfusion technologies and would do further work, if needed, based on the NSW findings. HPC agreed that HealthPACT would establish a standing item for the regular review of organ perfusion technology, given the evolving nature of this area.

Combined Donation and Transplantation Forum

At the Combined Donation and Transplantation Forum, held in Sydney on 13 April 2016, 76 delegates participated in a productive and collaborative exchange of ideas. This was the

second donation/transplantation forum, and feedback indicates it was a very worthwhile and successful day. There were a number of presentations covering a range of topics, including assessing medical suitability and organ quality, risk and responsibility, and machine perfusion.

The forum resulted in a number of outcomes, including:

- the OTA working with transplantation colleagues to progress a one-day workshop on the implementation of machine perfusion in Australia
- the development of resources and guidelines to outline the current evidence in order to provide guidance to the donation sector on the acceptability of organs for transplantation
- the annual review and update of the clinical guidelines by TSANZ Advisory Committees to maintain currency with advances in clinical practice.

The forum will become a regular event on the OTA and TSANZ calendars.

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

In 2015–16 we worked with the Donor Family Support Implementation Group to review the National DonateLife Family Support Service Guidelines that describe the minimum national standard of support that is offered to donor families in Australia. The guidelines were revised to describe how this support is provided and managed by the DonateLife specialist staff in the hospital setting, as well as the support services and resources that are provided to families and managed by the Donor Family Support Coordinator after donation.

We also consulted with the Donor Family Support Implementation Group, the Transplant Liaison Reference Group, and the Clinical Governance Committee to develop a dedicated 'thank you' card to support transplant recipients who choose to write to their donor family.

The 'thank you' cards are being piloted for 12 months and were provided to DonateLife Agencies in November 2015 for distribution to transplant units. The Donor Family Support Coordinators will monitor implementation and uptake of the generic 'thank you' card to determine whether

there has been an increase in correspondence since the card was introduced and if the availability of the card was beneficial to transplant recipients.

On 22 November 2015 we introduced the first national day to publicly acknowledge all deceased and living organ and tissue donors and their families who agreed to donation. DonateLife Thank You Day provided an opportunity for all Australians to honour and thank those who saved and transformed the lives of others through organ and tissue donation.

We led a national media and social media campaign in partnership with the DLN, supported by events organised by Donor Families Australia and Transplant Australia. As part of the campaign, we produced a 90-second video featuring transplant recipients, living donors and donor families.

DonateLife Thank You Day 2015 was supported and promoted through the DLN, professional peak bodies, and community partners. The event attracted strong media coverage, achieving an audience reach of 5.9 million, with an editorial equivalency of \$2.5 million. The total audience reach through the DonateLife Facebook page was almost 2 million people, with the highest reach of 550,000 people on the actual day.

DonateLife Thank You Day will continue in 2016 and will be held on Sunday 20 November.



Sand sculpture at Bondi Beach for DonateLife Thank You Day 2015



A double-lung transplant has given me a chance at a better life and a promising future with precious family and friends. Whether it's walking the dog, keeping fit or working hard to achieve my career goals—things I was unable to do prior to my transplant—my donor is always close to my heart.



A liver transplant means that I can now see my daughter Iva grow up

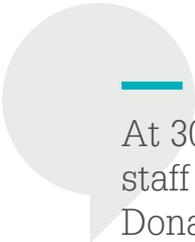
DONATELIFE NETWORK

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

State and territory governments, through funding agreements with the OTA, employ the DonateLife Network (DLN) staff in accordance with an organ and tissue donation service model 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.

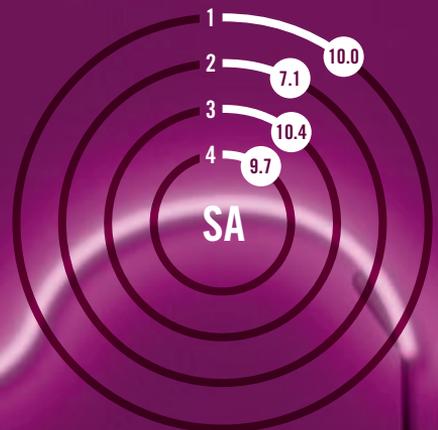
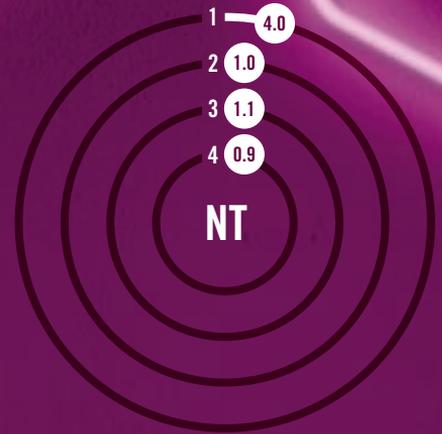
At 30 June 2016, 285 DLN staff were employed in 151.21 full-time equivalents of Australian Government-funded positions in 78 hospitals and eight DonateLife Agencies across Australia.

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



At 30 June 2016, 285 DonateLife Network staff were employed in 78 hospitals and eight DonateLife Agencies across Australia.

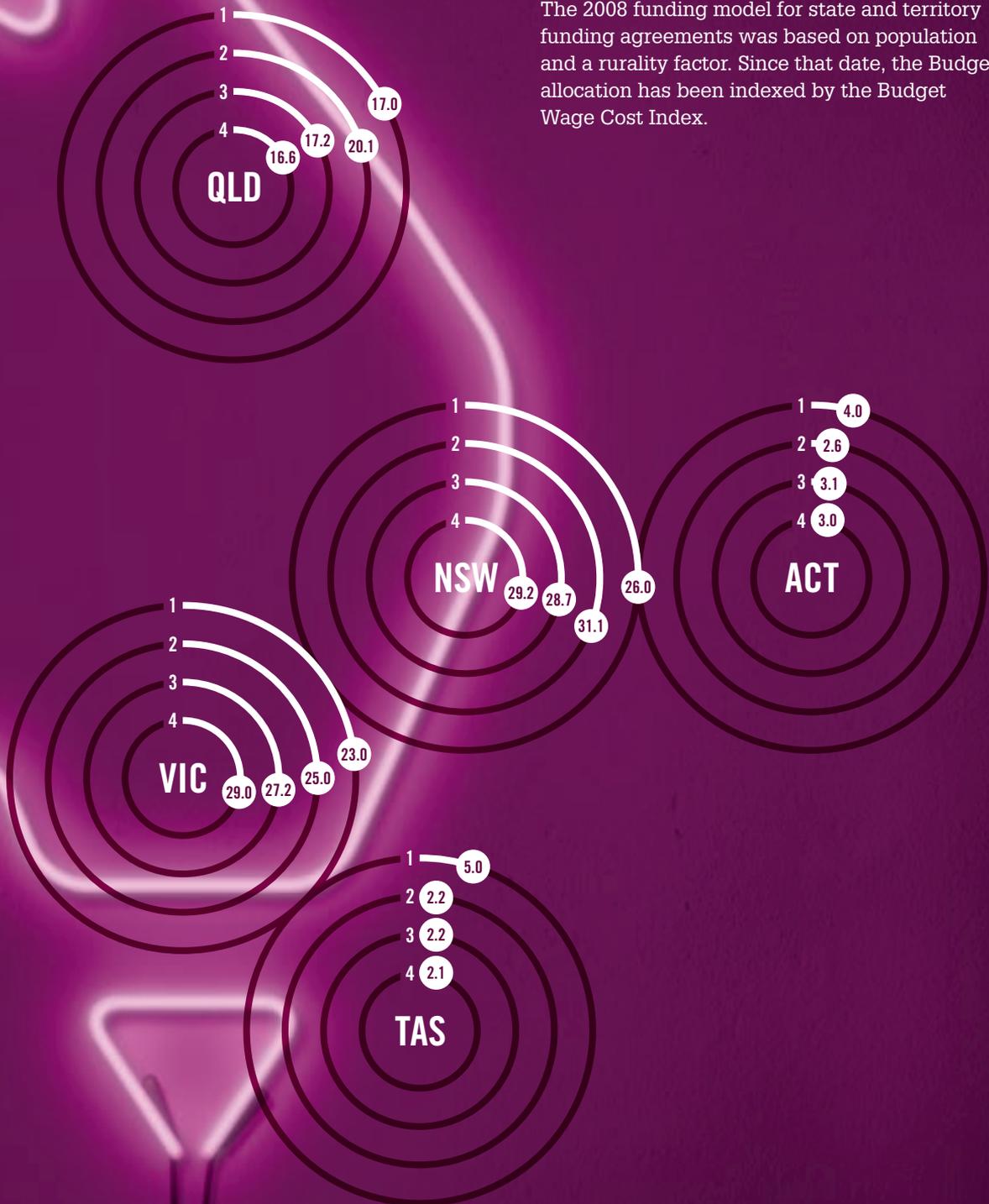
- 1 % OF FUNDING
- 2 % OF POPULATION
- 3 % OF TRANSPLANT RECIPIENTS
- 4 % OF DONORS



Our DonateLife Network funding model and outcomes for 2015-16

The Commonwealth provides funding in selected public and private hospitals with the greatest demonstrated 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.



New South Wales

In 2015 there were 355 organ transplant recipients who benefited from the generosity of a record 127 NSW-based deceased organ donors and their families. The donation rate was 17.2 donors per million population, an increase of 4.6 dpmp over 2014.

A new bi-monthly DonateLife Network meeting was established in 2015 with the remit to drive clinical practice priorities. The year started with an exercise to identify skills and opportunities for leadership in organ and tissue donation at the local health district and hospital level. Later meetings featured early potential donor identification, diagnosis of brain death, increasing rates of donation after circulatory death, and ensuring best practice in family consenting. A daily activity teleconference was established for network staff to report possible donation opportunities early. A regular medical suitability group teleconference was initiated bi-monthly to review all referrals to the NSW Organ and Tissue Donation Service. In September 2015, the DonateLife Network Symposium focused on the donation pathway from referral to transplant.

In late 2016 Dr Dani Goh, Donation Specialist Medical at Westmead Hospital, organised a weekend Family Donation Conversation Workshop in recognition of the need to increase the number of intensivists trained in the donor family conversation. Staff from seven hospitals attended the weekend, which was fully subscribed.

The NSW Organ and Tissue Donation Service partnered with the NSW Multicultural Health Communication Service to produce Life Giving Stories, a performance event that brought together five storytellers from culturally and linguistically diverse backgrounds to share how they have been affected by organ and tissue donation through oral recount and photos.

The Multicultural Health Communication Service delivered bilingual community talks in languages that included Arabic, Chinese, Filipino, Vietnamese and Italian. Bilingual workers engaged with

communities at events such as Chinese New Year, Vietnamese New Year, Multicultural Eid Festival and Sydney's Fiesta Kultura.

A 'human library' was hosted by the South West Sydney Local Health District at Bankstown Arts Centre, where local community leaders borrowed 'books' to gain a lived experience and insight into some of the issues related to both living and deceased organ and tissue donation. The session included a workshop to discuss ways to engage the broader local community.

In November 2015 four NSW staff attended the Advanced International Training Course in Transplant Procurement Management in Barcelona, Spain, receiving a diploma of accomplishment issued by the University of Barcelona.

Staff of the Lions New South Wales Eye Bank (Raj Devasahayam, Pierre Georges, Christopher Hodge, Jane Tregggen, Simon Cooper, Con Petsoglou, Gerard Sutton and Meidong Zhu) published the Bank's three-year study of the impact on the corneal transplant waiting list of the implementation of organ culture storage of donor corneas. The results of the study were published in *Cell and Tissue Banking, International Journal for Banking, Engineering and Transplantation of Cells and Tissues Incorporating Advances in Tissue Banking*. The use of organ culture led to an increase in the corneal utilisation rate and a significant decrease in the recipient waiting list time.

While the NSW Organ and Tissue Donation Service has made pleasing progress in 2015–16, the service continues to strive to meet increasing targets for organ donation and the significant challenge to increase NSW consent rates.



- 1 Staff training through a donation after circulatory death simulation at the Wagga Wagga Base Hospital
- 2 Promoting organ and tissue donation at the Vietnamese Lunar New Year Festival
- 3 Staff members at a NSW Organ and Tissue Donation Service Network Meeting
- 4 Oliver and Rosemary Zammit presenting at the Life Giving Stories event in August 2015



- 1 The DonateLife Tram promoted organ and tissue awareness on Melbourne's streets for two months during July and August 2015
- 2 The Alfred Donation Specialist Nursing Coordinator team was nominated for the Alfred Nurses' League Team Awards for Excellence in Patient-Centred Care
- 3 Guests attended the 25th anniversary of the Victorian Service of Remembrance, commemorating the gift of organ and tissue donation
- 4 Members from DonateLife VIC, transplant teams, a donor family and recipients at the launch of the 2015 Victorian donation outcomes

Victoria

In 2015 DonateLife VIC recorded its highest ever donation results, providing more opportunities for life-saving transplants for Australians on the waiting list. The generosity of 126 Victorian organ donors and their families resulted in 337 Australians receiving a life-transforming transplant. Victoria's donors per million population (dpmp) rate reached 21.2 dpmp, placing DonateLife VIC on track to meet their target of 25 dpmp by 2018. This represents a 63% increase in the number of organ transplant recipients and a 94% increase in the number of Victorian organ donors since 2009.

Off the back of the introduction of the successful donation after circulatory death (DCD) program last year, at Ballarat Base Hospital, DonateLife VIC was able to roll out similar training and support for all Victorian regional hospitals. As a result, there are now a number of examples of successful DCD cases coming from regional centres. DonateLife VIC also facilitated additional theatre nurse workshops in metropolitan and regional locations, as well as extra Family Donation Conversation workshops. These were filled to capacity, reaching an additional 200+ people.

Work continued towards implementing the collaborative request model for all Family Donation Conversations. DonateLife VIC is committed to the ongoing education of staff and the development of resources to ensure that a trained requestor participates in all donation conversations with families.

The 2015–16 financial year saw the bedding-down of increased communications resourcing, resulting in a broader program of community awareness activities. This was supported by the development of a more structured volunteer program which significantly added to the number of active and trained volunteers.

DonateLife Week 2015 was a highlight: it featured many major events across the state, with significant media coverage contributing to higher rates of registration and awareness in the community. Major activities – including a branded Melbourne tram, the national DonateLife Week launch at The Alfred Hospital, and a city-based outdoor photographic exhibition – contributed to increased awareness of organ and tissue donation.

DonateLife VIC's culturally and linguistically diverse program continued to provide training to religious and cultural leaders. They also established a major multicultural events program and developed a training program for hospital-based interpreters.

There were a number of significant individual and team achievements during the year. DonateLife VIC was represented at professional and scientific meetings internationally, including the Global Leadership Forum in Del Mar, California, in May 2016, with international experts in donation from around the world. A Donation Specialist Nursing Coordinator from the Austin Hospital gave a presentation on routine referral and normalising donation conversations at the International Society for Organ Donation Procurement meeting in Seoul, South Korea. The Alfred Hospital Donation Specialist Nursing Coordinator team was nominated for The Alfred Nurses' League Team Awards for Excellence in Patient-Centred Care. DonateLife VIC celebrated all of these achievements, along with the successful OTA Community Grant application for Ballarat Health Services.

The 2015–16 financial year proved to be a successful one for DonateLife VIC as they continued to grow the sector, improve clinical practice and build awareness of organ and tissue donation in the community. Looking to next year, they acknowledge the need to continue to improve their approach to support growth in organ and tissue donation for transplantation.

Queensland

In 2015 there were 213 Australians who benefited from the generosity of 72 Queensland donors and their families. This represents a donation rate of 15.1 donors per million population. While these outcomes were only marginally higher than 2014, DonateLife QLD has increasingly become embedded in the intensive care units (ICUs) around the state.

A new initiative directed towards increasing donation commenced in 2015; this is a daily state-wide phone-in for potential donation opportunities. Additionally, there has been substantial work towards creating a best practice guideline for organ donation consent. This required an extensive consultation process that included the DonateLife Network, the state's ICU directors, and hospital and health service executives. With the support of Queensland's Chief Health Officer, the guideline will be implemented early in 2016–17.

Considered restructuring of the DonateLife QLD workforce was undertaken in 2015–16 with a view to providing a platform for future growth in transplant and donation outcomes. Medical and nursing donation specialist positions have been fractionated within the larger hospitals, affording the opportunity to provide DonateLife positions into smaller metropolitan hospitals.

Community engagement continues to be an area of significant activity. DonateLife QLD hosted 10 Remembrance Services state-wide. Worthy of special mention is the Brisbane service, which celebrated its 25th anniversary.

During the year, a formal process was developed to train volunteers in raising donation awareness in the community. The inaugural workshop – held at the Princess Alexandra Hospital – was attended by over 30 recipients and donor families.

Other activities included the OTA Community Awareness Grants. These were awarded to the Queensland Men's Shed (which held an expo in Brisbane), the Townsville Intercultural Centre, and the Kurbingui Sporting Association (which held a forum attended by Aboriginal and Torres Strait

Islander donor and recipient families and the community).

The inaugural 'Writing for life' competition was launched for 12–18 year olds in 2015, and will be expanded in 2016. This project has been taken up by other states as a way of introducing the topic of organ and tissue donation into schools. It is being partnered in Queensland by the Brisbane Writers' Festival.

There were several significant staff achievements in Queensland during 2015–16. All staff consultants of the ICU at the Princess Alexandra Hospital completed the Family Donation Conversation Workshop. Also, within this unit, there has been a developing culture of research into how to further organ and tissue donation. This was realised during the year by Dr Nunnink and Dr Cook with their publication in *Critical care and resuscitation*.

Within the DonateLife Agency, two Donation Specialist Coordinators – who were recipients of the Janette Hall Scholarship – attended the Transplant Procurement Management course in Barcelona, Spain. The State Manager also achieved a Masters in Donation of Organs, Tissues and Cells for Transplantation through the University of Barcelona.

For DonateLife QLD, 2015–16 continued to prove the benefits of team commitment, hard work, a considered approach to increasing capacity and capability, and the implementation of effective strategies.



- 1 The DonateLife QLD team
- 2 Processing bone tissue at the Queensland Tissue Bank
- 3 DonateLife QLD promoting organ and tissue donation at the Immanuel Lutheran College
- 4 Orientation and induction for DonateLife QLD Community Champions

South Australia

In 2015 DonateLife SA continued to deliver an increased rate of transplantation and donation, with 129 organ transplant recipients benefiting from the generosity of 42 deceased organ donors and their families. South Australia achieved a donation rate of 24.7 donors per million of population (dpmp) which puts them on track to reach the target of 25 dpmp by 2018.

The focus for 2015–16 was to further embed organ and tissue donation best practice within the hospitals – specifically, the intensive care units and emergency departments. Creating hospital-based medical on-call rosters and hospital-based donor debriefs enabled local processes to be fine-tuned to optimise all donation opportunities. Creating a hospital-based newsletter and having Donation

Specialist Nurse Coordinator staff in the morning bedside meeting and morning huddle enabled DonateLife SA to increase its presence at the clinical level, where donation occurs. Further liaison with the emergency department and neurosurgical unit will ensure that all families of patients who have the potential to donate are routinely offered donation as part of end-of-life care.



1 DonateLife SA's Erin Heffernan speaks with students at the Royal Automobile Association's Street Smart High

2 Double lung transplant recipient Flynn O'Malley speaks of his experiences at the DonateLife SA Service of Remembrance 2016

DonateLife SA launched DonateLife Week 2015 with a celebration of 50 years since Australia's first successful living donor kidney transplant at the Queen Elizabeth Hospital. DonateLife SA staffed information stands at the Royal Adelaide Show, the National Aborigines and Islanders Day Observance Committee (NAIDOC) Family Fun Day, the Gawler Show and O' Week events at three universities. For the first time, DonateLife SA was part of the main arena program for thousands of senior secondary students at the Royal Automobile Association's Street Smart High event. They also joined the Prevent Alcohol and Risk Related Trauma in Youth program at the Royal Adelaide Hospital.

Several DonateLife SA staff took advantage of professional development opportunities in 2015–16. Donation Specialist Nurse Coordinator and Grief and Bereavement Lead, Ms Lesley Sheffield, was awarded the Janette Hall Scholarship to commence a Diploma in Counselling through the Australian

Institute of Professional Counselling. CALD Project Officer, Ms Leann Bonner, successfully obtained a scholarship through Multicultural SA to complete a Certificate IV in Leadership and Management. Ms Bonner was also selected as a member on the State Aboriginal Women's Gathering Working Reference Group for the next two years, with DonateLife SA actively supporting her leadership journey. In addition, Ms Merridy Baylis was selected to work on the DonateLife Collaborative with the OTA.

DonateLife SA is continuing to improve the donation process within SA hospitals by building relationships with intensive care units, encouraging early referral of donors by intensivists, and adopting the Family Donation Conversation approach for all donor family conversations. DonateLife SA is also continuing to work with the community to promote organ and tissue donation and encourage South Australians to register their donation decision and share their donation decision with family and friends.



3 DonateLife SA Donation Specialist Nursing Coordinator, Luke Datson and renal surgeon, Dr Santosh Olakkangil

4 DonateLife SA team



- 1 DonateLife WA Donation Consultants and Clinical Nurse Consultants thank families for their generosity
- 2 Actors rehearse 'The Accidental Donor'
- 3 Our efficient and willing DonateLife WA volunteers
- 4 DonateLife WA hospital-based staff

Western Australia

DonateLife WA is focused on recognising and realising the organ and tissue donation decisions of West Australians, offering increased opportunities for Australians to receive life-changing transplants. In 2015 there were 125 transplant recipients who benefited from the generosity of 42 deceased organ donors and their families from WA. This represents a donation rate of 16.2 donors per million population.

Optimisation of donation opportunities included expansion of the state's donation capacity and capability with the addition of the Fiona Stanley Hospital and the Armadale Health Service to the DonateLife Network.

In 2015 WA reported increased referrals from intensive care units (ICUs) and emergency departments with conversion demonstrated by the increase in the number of organ transplant recipients and organ donors.

Progressed referral rates for eye and tissue donation resulted in retrieval rates comparable to the previous year. The Lions Eye Bank of Western Australia was consistent in meeting demand, with tissue available at all times for emergency grafts.

DonateLife WA's team of hospital-based nurses, Clinical Nurse Consultants, and agency-based Donor Coordinators were orientated to all health services with organ and tissue donation capability, and are now able to participate in donor referrals and staff education. This enables timely management of referrals, assisting families with the end-of-life care of their loved one and supporting donation via all available pathways.

A Peri-operative Nurses' Workshop, attended by 40 staff from seven hospitals, provided information on donation processes, hands-on experience, and sessions on retrieval practices led by WA retrieval surgeons. The workshop provided staff with the knowledge and resources to develop and implement donation protocols at their own sites.

During DonateLife Week 2015, in August, a range of activities were undertaken to promote organ and tissue donation. These activities included the Minister for Transport launching a campaign to promote organ and tissue donation, and the Mayor of Cambridge announcing that the annual donor family ceremony would be hosted at City Beach.

The first national DonateLife Thank You Day, initiated by the OTA, was held on 22 November 2015. DonateLife WA linked this largely media and social media initiative with the Organ Donation and Transplant Foundation's 'Star Night', where a star was dedicated to honour all WA organ and tissue donors. The strategy worked well and a donor family's story featured widely in mainstream print and electronic media.

On 6 March 2016 the annual Honour Ceremony was held at the City Beach site for the first time. More than 600 donor families and friends attended.

This year the Armadale Kelmscott Memorial Hospital's ICU won a nomination for the HESTA Nursing Award for team excellence. The nomination recognised the collaboration between DonateLife WA and the Armadale Health Service to realise opportunities for organ and tissue donation.

Donation is a routine part of end-of-life care in WA and DonateLife WA continues to work with hospital colleagues to recognise – and action – donation opportunities and to realise transplantation outcomes for the community.

Tasmania

In 2015 DonateLife TAS continued its consistent organ donation and transplantation activity, with 27 organ transplant recipients benefiting from the generosity of nine organ donors and their families. This represents a donation rate of 17.4 donors per million population.

Throughout 2015–16 Donatelife TAS continued to focus on expanding the service delivery model in Tasmania and achieved a record number of referrals to the agency. This involved intensive clinical practice training and activity to ensure the smooth transition of Donatelife TAS to an independent organ and tissue donation agency from 1 July 2016.

To complement these changes, there was a strong focus on building networks and professional collaboration with the transplant sector directly, through membership of organ-specific subcommittees of the Victorian and Tasmanian Transplant Committee. This representation will strengthen and support ongoing practice and quality improvement.

In 2015–16 the Donatelife TAS Communications Plan focused on consolidating and strengthening the state-wide transplant recipient and donor family networks to promote organ and tissue donation through feature stories about donor and recipient case studies. The Service of Remembrance in May 2016 achieved record attendance from the donor family and transplant recipient network.

During Donatelife Week 2015 the agency achieved record state-wide media engagement, with 23 interviews resulting in print, radio and TV outcomes. There were 34 registered Donatelife Week events to promote awareness of organ and tissue donation, with strong community and business support. The television commercial, 'Have you said yes?', involving six transplant recipients from Hobart, was released during Donatelife Week and achieved national free-to-air television exposure.

Further exposure was achieved with media coverage of the inaugural national Donatelife Thank You Day in November 2015, and the release of the record 2015 national organ and tissue donation and transplantation outcomes in January 2016.

In addition, Donatelife TAS actively presented and exhibited at health forums and conferences, educational health promotion expos and festivals, and a range of other community events.

Two Donatelife TAS staff were awarded the Janette Hall Scholarship in 2015–16. Ms Kim Lecuyer attended the 16th Victor Chang Cardiac Research Institute Symposium in Sydney in October 2015; and Ms Jane Wells will undertake the Transplant Procurement Management course in Barcelona, Spain, in 2016.

From 1 July 2016 Donatelife TAS will realise its strategic goal to deliver organ and tissue donation services as an independent agency. This will be a significant achievement following the implementation of the national reform program in Tasmania in 2009. The dedication of Donatelife TAS staff, and the advancement of clinical skills and capability, have ensured organ and tissue donation services are an integrated and embedded part of end-of-life care in Tasmanian hospitals. The progress to date provides a platform for driving change and working collaboratively to implement continuous practice improvement.



- 1 DonateLife TAS staff at the 2015 Service of Remembrance
- 2 The launch of DonateLife Week 2015 at Government House, Hobart
- 3 DonateLife TAS nursing staff at Salamanca Market in Hobart
- 4 Promoting donor registration at AGFEST

Northern Territory

In 2015 there were 14 Australians who received a life-changing transplant as a result of four NT organ donors and their families generously giving the gift of life. This represents a donation rate of 16.4 donors per million population. While the 2015 referral rate for DonateLife NT was consistent when compared to previous years, the actual donation rate was slightly lower than in 2013 and 2014. DonateLife NT continues to strive to improve donation rates by increasing clinical expertise and undertaking community education activities.

DonateLife NT undertook a variety of workshops to give health professionals a greater understanding of organ and tissue donation as well as specialist skills to support families in conversations about death and donation. These included a Family Donation Conversation practical workshop in Darwin, in August 2015, and later that month there were Introductory Donation Awareness Training workshops in Darwin and Alice Springs.

DonateLife NT continued to implement the Clinical Practice Improvement Program, and all clinical staff attended the DonateLife Collaborative Theme 1 workshop focusing on issues relating to donation after circulatory death.

In August 2015 DonateLife Week was launched at the very popular Mindil Beach markets in Darwin with a prominent display and a photo booth that

attracted plenty of attention. DonateLife NT had a branded car for the week and also held displays at Rosebery Middle School and Alice Springs Plaza.

General community education and awareness-raising activities were a focus for DonateLife NT throughout the year. They participated in the NT Show Circuit and at other key local events, including the Chronic Diseases Network Conference, the 20th Medical Education and Training Forum in Darwin, and the CRANaplus Conference in Alice Springs. DonateLife NT was a major sponsor of the NT City2Surf running event, held in June 2016, which enabled the promotion of organ and tissue donation through signage and displays at the race finish. In addition, organ donation register leaflets were placed in the race packs for the event.



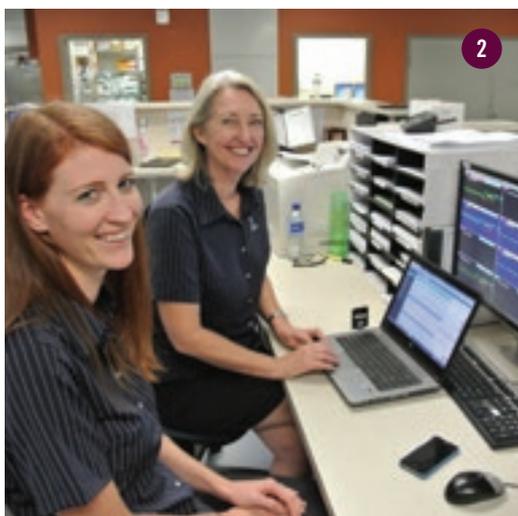
1 DonateLife NT staff, Danielle McGuire and Jennifer Mahoney, at the Darwin Show

The annual Services of Remembrance were held in Alice Springs (in May 2016) and Darwin (in June 2016). These services are an important fixture in the calendar, when DonateLife NT remembers – and gives thanks to – the special individuals who have become organ donors, and their families. At the Alice Springs service, a local transplant recipient shared a beautiful painting she had recently completed about kidney failure, dialysis and transplantation.

Through funding provided by the Janette Hall Scholarship, in October 2015 the Donatelife NT Clinical Nurse Manager, Ms Kelly Anstey, attended a workshop in Philadelphia, USA, which

focused on developing advanced skills and knowledge in challenging circumstances. In December 2015, Community Education Nurse, Ms Andrea James, gave a presentation to the Closing the Gap Indigenous Health Conference in Cairns on ‘Learning and teaching together – respecting culture and recognising the importance of Indigenous consultation’.

The 2015–16 financial year was a busy and productive one, with many professional and community education activities undertaken. In the coming year, Donatelife NT will continue to raise awareness of organ and tissue donation and strive to improve donation rates in the NT.



2 Donatelife NT staff in the Darwin Hospital ICU

3 Preparing for a day of education on Tiwi Island (L–R): Evelyn Portaminni, Victor Punguatji (renal recipient) and Andrea James (Community Education Nurse)

4 Members of the Donatelife NT team

Australian Capital Territory

Donation and transplantation rates in the ACT remained strong in 2015, with 39 organ transplant recipients benefiting from the generosity of 13 deceased organ donors and their families. The ACT achieved a donation rate of 21.2 donors per million population (dpmp), exceeding the national outcome of 18.3 dpmp.

DonateLife ACT continues to embed robust processes and practices that ensure all end-of-life decisions are referred to the Donation Specialist Nurse Coordinators, and they have worked to strengthen partnerships with the territory's major hospitals. They continue to offer a strong tissue donation service, primarily through eye tissue donation, and they have begun initiatives to become a multi-tissue donation service.

The medical, nursing and allied health care of a potential donor is emotionally demanding. In recognition of this, DonateLife ACT developed and implemented debriefing sessions aimed at providing emotional support and increasing the ability of staff members to manage the death of patients and the circumstances around their death. The debriefing sessions are run by a qualified clinical psychologist with extensive experience in the field of organ donation.

DonateLife ACT took advantage of Canberra's cultural diversity and staffed a successful and busy information stall at the National Multicultural Festival 2016. At this event, they engaged with culturally and linguistically diverse (CALD) groups, provided information, and gave people the opportunity to sign up to the Australian Organ Donor Register.

DonateLife ACT also engaged with local universities and secured a regular guest lecture on organ and tissue donation to nursing and paramedic staff and medical students. Engagement with the Australian National Defence College, along with other local colleges and high schools, provided the opportunity

to talk with teenagers and young adults within the local community about the importance of making organ donation decisions and registering this decision.

The annual ACT Service of Remembrance and Thanksgiving was again a success and appreciated by all who attended. Donor and recipient families generously shared their moving and uplifting stories with those who attended. It was a touching and humbling service highlighting why organ and tissue donation is so important.

Early in 2016, two DonateLife ACT Donation Specialist Coordinators and the ACT Health Mortuary Technician travelled to Nevada to spend some weeks with the Nevada Donor Network and to participate in their International Donation Education Program. This resulted in these staff members becoming trained musculoskeletal, heart valve, and skin tissue retrievalists. This new skill set will enable the rollout of the full tissue program in the ACT, resulting in a comprehensive and integrated organ and tissue donation service.

DonateLife ACT has been successful in its initiative to receive early end-of-life referrals from critical care and ward areas in hospitals across the ACT and to embed organ and tissue donation as a routine element of end-of-life care. DonateLife ACT continues to engage with the hospitals in the territory to strengthen the positive trend of growth in organ and tissue donation.



- 1 Jersey Day 2015 – Calvary Hospital staff with support from the Canberra Raiders
- 2 DonateLife Week 2015 – Calvary Hospital showing their appreciation for the work of the DonateLife ACT team
- 3 One of the donated quilts given to each donor family in the ACT
- 4 DonateLife ACT team – at a case review/agency meeting



Receiving the gift of a kidney transplant has really improved my life. It has freed me from years of dialysis and being away from my country. I can spend more quality time with my wife and family. Now that I am well I want to spend time sharing health information with others.





PART 3

Management and accountability



CORPORATE GOVERNANCE

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

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

Our annual report is a key element of the enhanced Commonwealth reporting performance framework established under the PGPA Act. This Act sees a shift in the approach by government, enabling agencies to operate with greater independence, permitting gains in efficiencies and a reduction in unnecessary red tape. This change is coupled with a strong risk management and performance framework.

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

Executive Group

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

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

Audit Committee

The Audit Committee provides independent assurance to the CEO on the OTA's financial and performance reporting responsibilities, risk oversight and management, and 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 Hoefler. Members include the Deputy Chair, Ms Glenys Roper (the independent external member), and Mr Tim Kreukniet, who took the place of Mr Rick O'Brien as the OTA's internal member from March 2016. Representatives from the Australian National Audit Office and our internal auditors are invited to attend each meeting.

A standard agenda item for 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.



Audit Committee members (L–R): Mr Peter Hoefler, Ms Glenys Roper and Mr Tim Kreukniet

Internal audit arrangements

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

In accordance with the 2015–16 Strategic Internal Audit Plan, PwC conducted the following internal audits:

- Segregation of Duties Review
- Shared Services Considerations Review.

In addition to the agreed work under the 2015–16 Strategic Internal Audit Plan, the contract with PwC includes the provision of ad-hoc advice to our management on a range of issues. The Audit Committee continued to monitor the implementation of internal audit report recommendations through regular status reports presented by PwC.

Fraud control

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

We regularly evaluate the effectiveness of our fraud control strategies. We maintain a fraud control plan that complies with the Commonwealth Fraud Control Policy and aligns with *Resource Management Guide No. 201 – Preventing, detecting and dealing with fraud*.

During 2015–16 there were no fraud allegations investigated by the OTA.

I, Felicity McNeill, certify that I am satisfied that for 2015–16, 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



Ms Felicity McNeill PSM
Chief Executive Officer (Acting)

15 September 2016

Risk management

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

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

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

External scrutiny

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

During 2015–16 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.

Review of the implementation of the national reform program

The final report from the independent *Review of the implementation of the national reform agenda on organ and tissue donation and transplantation* was released on 2 February 2016.

The review found that the strategy for implementation of the Australian Government's national reform program is sound, though there is room for continued improvement in donation rates going forward. The review supported the strategies and actions outlined in the 2014–2018 Strategic Plan and the implementation of the 2015 Budget measure.

We look forward to continuing to work with our key stakeholders to develop an implementation strategy that responds to the review recommendations. These stakeholders include the Department of Health, all government jurisdictions, the DonateLife Network, donor families and recipients, and community organisations.

Other parliamentary scrutiny

In 2015–16 the OTA appeared before the Senate Community Affairs Legislation Committee (Senate Estimates), as follows:

- Supplementary Budget Estimates – 21 October 2015
- Additional Budget Estimates – 12 February 2016.

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.



I received a kidney from my sister Alison. My transplant has given me my health, my career, my son, my life.

PEOPLE MANAGEMENT

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

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. In 2015–16 we reviewed our human resources policies relating to Code of Conduct and Conflict of Interest following changes to the *Public Service Act 1999*.

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 2016 we employed 26.2 full-time-equivalent staff. Table 5 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 derive productivity benefits through our ongoing service level agreement with the Department of Health. This includes the delivery of payroll services and a range of corporate support activities.

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

During 2015–16 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 6 shows the notional salary bands for SES staff, while Table 7 provides the salary ranges for each non-SES classification. Table 8 lists the non-salary benefits available to staff.

In 2015–16 a total of nine staff at the SES and non-SES levels received a combined total of \$257,541.28 in performance pay. The payments related to the previous financial year and a partial payment for 2015–16 reflecting cessation of these arrangements.

Given the small number of staff involved, details of the actual classification levels and payments made for each level have not been provided.

Table 5
Staffing numbers at 30 June 2016

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	1	0.8		0.4	4.4
Executive Level 1	4	0.8	1		3				8.8
APS6	3		1		2		1		7
APS5	1				1		1		3
APS4									0
APS3									0
Total	13	0.8	2	0.2	7	0.8	2	0.4	26.2

Table 6
Senior Executive Service salary bands 2015–16*

Classification	Minimum \$	Maximum \$
SES 1	147,661	189,850

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

Table 7
Non-SES salary ranges 2015–16

Classification	Minimum \$	Maximum \$
Senior Public Affairs Officer Grade 2	136,400	141,914
Executive Level 2	115,255	136,455
Executive Level 1	96,601	110,175
APS 6	78,609	88,684
APS 5	71,257	75,211
APS 4	65,515	69,223
APS 3	57,826	64,095

Note

A total of nine 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 \$79,166 per year.

Table 8
Non-salary benefits 2015–16

Access to an Employee Assistance Program

Influenza vaccinations

Time off for blood donations

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

Cultural or religious holidays substitution scheme

Annual Christmas closedown

Home-based working arrangements

Eyesight testing and reimbursement of prescribed eyewear costs

Reimbursement of costs associated with obtaining financial advice for staff aged 54 and older

Reimbursement of costs associated with damage to clothing or personal effects

Reimbursement of tropical/temperate travel clothing costs if required

Support for professional and personal development

Access to leave accruals at half pay

Car parking

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 2015–16 these strategies included:

- preventative and specialist workstation assessments
- access to influenza vaccinations in May 2016 at no charge to staff
- access to a free and confidential employee assistance counselling services program.

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

Before each meeting of the committee, Health and Safety Representatives undertake an inspection of our work premises in order to identify any potential workplace hazards. There were no workplace accidents, dangerous occurrences, serious personal injury incidents, or investigations undertaken during 2015–16.

RESOURCE MANAGEMENT

The PGPA Act commenced on 1 July 2014. This Act is the cornerstone of the Commonwealth's new resource management framework which governs how the Commonwealth uses and manages public resources. The OTA is a non-corporate Commonwealth entity and, as such, is subject to the requirements of the PGPA Act.

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

We are a micro agency committed to delivering best practice outcomes in organ and tissue donation and transplantation within this 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 through the annual Compliance Report process. This self-assessment mechanism helps us to identify areas of concern and improve work practices to ensure the efficient, effective, economical and ethical use of Commonwealth resources in a way that is consistent with the policies of the Australian Government.

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

Compliance with Finance Law

Under Section 19 of the PGPA Act, the OTA has had no instances of significant non-compliance with the finance law.

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 2015–16 we continued to develop and enhance the Electronic Donor Register and DonatLife Audit tool, and we conducted an independent asset revaluation on property, plant and equipment.

Further information on the value, acquisition and disposal of assets in 2015–16 can be found in Part 4: Financial statements.

Purchasing

Our purchasing policies and practices complied with the Commonwealth Procurement Rules, with the exception of instances reported in the 2015–16 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 2015–16 included a variation to the standard terms and conditions, allowing Australian National Audit Office access.

Exempt contracts

During 2015–16 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 have been published on AusTender.

Procurement initiatives to support small business

We support small business participation in the Commonwealth 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.

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 five types of funding through grants, as follows:

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

Information on grants awarded by the OTA during the period 1 July 2015 to 30 June 2016 is available on our website at www.donatelife.gov.au/accountability-and-reporting.

Ecologically sustainable development and environmental performance

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

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

Disability reporting mechanisms

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

The Commonwealth Disability Strategy has been overtaken by the National Disability Strategy 2010–2020. This strategy 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 will track progress against each of the six outcome areas of the strategy and present 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

Agencies subject to the *Freedom of Information Act 1982* (the FOI Act) are required to publish information to the public as part of the Information Publication Scheme. This requirement is in

Part II of the FOI Act and has replaced the former requirement to publish a Section 8 statement in an annual report.

All information published in accordance with these requirements can be found at 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:

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

During 2015–16 four new consultancy contracts were entered into, involving total actual expenditure of \$28,750 (including GST). One significant consultancy contract from 2014–15 continued into 2015–16.

This report contains information about actual expenditure on contracts for consultancies entered into during 2015–16. Information about the value of these contracts and consultancies is available on the AusTender website at www.tenders.gov.au.

For the period 2015–16, we did not undertake any advertising campaign activity.

Table 9
Comparison of expenditure on consultancy services during 2013–14, 2014–15 and 2015–16

2013–14	2014–15	2015–16
\$74,964	\$75,685	\$203,999

Table 10
Advertising and market research agencies and organisations used during 2015–16

Agency/organisation	Service provided	Paid \$
Market research organisations		
Woolcott Research	Research services	\$92,460
Direct mail organisations		
National Mailing and Marketing	Warehouse and distribution services	\$33,000

Note: Price paid includes GST





PART 4

Financial statements

FINANCIAL STATEMENTS CONTENTS

Independent Auditor's Report	95	Notes to the financial statements	115
Certification		1 Departmental financial performance	
Statement by the Accountable Authority and Chief Financial Officer	97	1.1 Expenses	116
		1.2 Own-source revenue and gains	119
Primary financial statement		2 Income and expenses administered on behalf of Government	
Statement of comprehensive income	98	2.1 Administered – expenses	120
Statement of financial position	100	3 Departmental financial position	
Statement of changes in equity	102	3.1 Financial assets	121
Cash flow statement	105	3.2 Non-financial assets	123
Administered schedule of comprehensive income	107	3.3 Payables	127
Administered schedule of assets and liabilities	109	4 Assets and liabilities administered on behalf of Government	
Administered reconciliation schedule	111	4.1 Administered – financial assets	128
Administered cash flow statement	112	4.2 Administered – non-financial assets	129
		4.3 Administered – payables	130
Overview	113	5 Funding	
		5.1 Appropriations	131
		5.2 Net cash appropriation arrangements	134
		5.3 Cash flow reconciliation	135
		6 People and relationships	
		6.1 Employee provisions	137
		6.2 Senior management personnel remuneration	138
		7 Managing uncertainties	
		7.1 Contingent assets and liabilities	139
		7.2 Financial instruments	141
		7.3 Administered financial instruments	144
		7.4 Fair value measurement	147
		8 Other information	
		8.1 Reporting of outcomes	150

INDEPENDENT AUDITOR'S REPORT



INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Aged Care

I have audited the accompanying annual financial statements of the Australian Organ and Tissue Donation and Transplantation Authority for the year ended 30 June 2016, which comprise:

- Statement by the Accountable Authority and Chief Financial Officer;
- Statement of comprehensive income;
- Statement of financial position;
- Statement of changes in equity;
- Cash flow statement;
- Administered schedule of comprehensive income;
- Administered schedule of assets and liabilities;
- Administered reconciliation schedule;
- Administered cash flow statement; and
- Notes to the Financial Statements.

Opinion

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

- (a) comply with Australian Accounting Standards and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
- (b) present fairly the financial position of the Australian Organ and Tissue Donation and Transplantation Authority as at 30 June 2016 and its financial performance and cash flows for the year then ended.

Accountable Authority's Responsibility for the Financial Statements

The Chief Executive Officer of the Australian Organ and Tissue Donation and Transplantation Authority is responsible under the *Public Governance, Performance and Accountability Act 2013* for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards and the rules made under that Act and is also responsible for such internal control as the Chief Executive Officer 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.

Auditor's Responsibility

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

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Accountable Authority of the entity, as well as evaluating the overall presentation of the financial statements.

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

Independence

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

Australian National Audit Office



Ron Wah
Audit Principal

Delegate of the Auditor-General

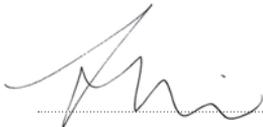
Canberra
16 September 2016

STATEMENT BY THE ACCOUNTABLE AUTHORITY AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2016 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.

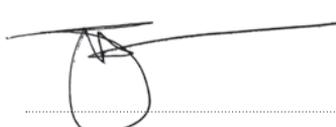
Signed



Felicity McNeill PSM
Accountable Authority

15 September 2016

Signed



Judy Harrison
Chief Financial Officer

15 September 2016

Statement of comprehensive income

for the period ended 30 June 2016

	Notes	2016 \$	2015 \$	Original budget \$
Net cost of services				
Expenses				
Employee benefits	1.1A	3,959,351	3,692,363	4,382,000
Suppliers	1.1B	1,687,693	1,539,683	1,364,000
Depreciation and amortisation	3.2A	400,882	519,734	358,000
Write-down and impairment of assets	1.1C	–	2,071	–
Total expenses		6,047,926	5,753,851	6,104,000
Own-source income				
Other revenue				
Remuneration of auditors	1.2A	70,000	70,000	75,000
Total own-source revenue		70,000	70,000	75,000
Gains				
Gains from sale of assets		–	–	–
Total gains		–	–	–
Total own-source income		70,000	70,000	75,000
Net cost of services		(5,977,926)	(5,683,851)	(6,029,000)
Revenue from Government		5,598,000	6,213,000	5,671,000
Surplus/(Deficit) on continuing operations		(379,926)	529,149	(358,000)
Other comprehensive income				
Items not subject to subsequent reclassification to net cost of services				
Changes in asset revaluation surplus		26,235	288,527	–
Total other comprehensive income		26,235	288,527	–
Total comprehensive income/(loss)		(353,691)	817,676	(358,000)

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

Budget variances commentary

Statement of comprehensive income

Employee benefits

Employee benefits estimates were prepared prior to the final Government decision (2015 MYEFO) not to proceed with the merger of the National Blood Authority (NBA) and the OTA, and to proceed with the merger of corporate services. As a result, anticipated recruitments were not undertaken, and expenditure on corporate staffing was lower than budgeted.

Suppliers

As a consequence of the above, this variance reflects increased use of consultants on delivery of key business projects and unbudgeted ICT expenditure on resources in preparation for the merger of corporate services.

Depreciation and amortisation

Expenses were higher than anticipated as a result of unbudgeted amortisation of the DonateLife website upgrade project.

Revenue from Government

Variance reflects the formal reduction under section 51 of the *Public Governance, Performance and accountability Act 2013* of the MYEFO decision to merge the corporate services of the OTA and the NBA.

Statement of financial position

as at 30 June 2016

	Notes	2016 \$	2015 \$	Original budget \$
Assets				
Financial assets				
Cash and cash equivalents	3.1A	90,691	54,493	53,000
Trade and other receivables	3.1B	2,203,546	3,248,279	2,275,000
Total financial assets		2,294,237	3,302,772	2,328,000
Non-financial assets				
Buildings	3.2A	340,000	424,500	552,000
Property, plant and equipment	3.2A	144,630	115,269	188,000
Computer software	3.2A	1,128,884	1,058,849	951,000
Other non-financial assets	3.2B	44,151	61,686	–
Total non-financial assets		1,657,665	1,660,304	1,691,000
Total assets		3,951,902	4,963,076	4,019,000
Liabilities				
Payables				
Suppliers	3.3A	127,648	195,064	44,000
Other payables	3.3B	523,637	627,700	1,139,000
Total payables		651,285	822,764	1,183,000
Provisions				
Employee provisions	6.1A	1,081,320	1,012,324	1,049,000
Total provisions		1,081,320	1,012,324	1,049,000
Total liabilities		1,732,605	1,835,088	2,232,000
Net assets		2,219,297	3,127,988	1,787,000
Equity				
Contributed equity		2,414,000	2,549,000	2,804,000
Asset revaluation reserves		677,931	651,696	363,000
Accumulated deficit		(872,634)	(72,708)	(1,380,000)
Total equity		2,219,297	3,127,988	1,787,000

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 unanticipated receipt of funds on 30 June 2016, which increased the cash balance above the budget, which reflected the agreed operational working capital balance.

Buildings

Variance reflects budgeted office fit out costs not realised due to the Government decision 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

Variance represents a timing difference of expenditure on the Electronic Donor Record Eye module and funding provided to the provider for unbudgeted Australian customisations of the module. Further development of the detailed work plan and timeline accelerated the original payment schedule and identified further modifications required to meet business requirements.

Other non-financial assets

Variance reflects the unbudgeted prepayments made for rent and software licencing.

Payables and other payables

Variance represents, as above, the budget reflecting the payables for the employee benefits and office fitout expenditure 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 2016

Notes	2016 \$	2015 \$	Original budget \$
Contributed equity			
Opening balance			
Balance carried forward from previous period	2,549,000	1,900,000	2,549,000
Capital balance	2,549,000	1,900,000	2,549,000
Transaction with owners			
Contributions by owners			
Departmental capital budget	255,000	649,000	255,000
Other contributions by owners	(390,000)	–	–
Total transactions with owners	(135,000)	649,000	255,000
Closing balance as at 30 June	2,414,000	2,549,000	2,804,000
Retained earnings			
Opening balance			
Balance carried forward from previous period	(72,708)	(601,857)	(1,022,000)
Capital balance	(72,708)	(601,857)	(1,022,000)
Comprehensive income			
Surplus/(deficit) for the period	(379,926)	529,149	(358,000)
Other comprehensive income	(420,000)	–	–
Total comprehensive income	(799,926)	529,149	(358,000)
Closing balance as at 30 June	(872,634)	(72,708)	(1,380,000)
Asset revaluation reserve			
Opening balance			
Balance carried forward from previous period	651,696	363,169	363,000
Capital balance	651,696	363,169	363,000
Comprehensive income			
Other comprehensive income	26,235	288,527	–
Total comprehensive income	26,235	288,527	–
Closing balance as at 30 June	677,931	651,696	363,000

Notes	2016 \$	2015 \$	Original budget \$
Total equity			
Opening balance			
Balance carried forward from previous period	3,127,988	1,661,312	1,890,000
Capital balance	3,127,988	1,661,312	1,890,000
Comprehensive income			
Surplus/(deficit) for the period	(379,926)	529,149	(358,000)
Other comprehensive income	(393,765)	288,527	–
Total comprehensive income	(773,691)	817,676	(358,000)
Transaction with owners			
Contributions by owners			
Departmental capital budget	255,000	649,000	255,000
Other contributions by owners	(390,000)	–	–
Total transactions with owners	(135,000)	649,000	255,000
Closing balance as at 30 June	2,219,297	3,127,988	1,787,000

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 (DCB) are recognised directly in contributed equity in that year.

Restructuring of administrative arrangements

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

Other distributions to owners

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

Budget variances commentary

Statement of changes in equity

Contributed equity

Departmental capital budget variance reflects the budgeted office fit out costs not realised due to the Government decision not to proceed with the complete merger of the NBA and the OTA.

Variance also reflects the accounting treatment of the 2014–15 operating and departmental capital appropriation withheld in 2015–16 as a result of a formal reduction 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 2014–15 asset revaluation to leasehold improvements not known at the time the budget was prepared.

Accumulated deficit

Variance reflects the unbudgeted 2014–15 operating surplus resulting from additional appropriation funded but not utilised associated with the merger of the OTA and the NBA.

Cash flow statement

for the period ended 30 June 2016

	Notes	2016 \$	2015 \$	Original budget \$
Operating activities				
Cash received				
Appropriations		7,523,044	6,682,531	5,671,000
Net GST received		165,154	162,175	203,000
Other		1,147,073	909,032	–
Total cash received		8,835,271	7,753,738	5,874,000
Cash used				
Employees		(5,477,285)	(5,044,197)	(4,382,000)
Suppliers		(1,875,017)	(1,629,538)	(1,289,000)
Cash transferred to OPA		(1,312,228)	(1,071,207)	(203,000)
Total cash used		(8,664,530)	(7,744,942)	(5,874,000)
Net cash from operating activities	5.3A	170,741	8,796	–
Investing activities				
Cash received				
Proceeds from sales of property, plant and equipment		–	–	–
Total cash received		–	–	–
Cash used				
Purchase of property, plant and equipment		(72,003)	(55,528)	(255,000)
Purchase of computer software		(317,540)	(210,450)	–
Total cash used		(389,543)	(265,978)	(255,000)
Net cash (used by) investing activities		(389,543)	(265,978)	(255,000)
Financing activities				
Cash received				
Contributed equity		255,000	259,000	255,000
Total cash received		255,000	259,000	255,000
Net cash from financing activities		255,000	259,000	255,000
Net increase in cash held		36,199	1,818	–
Cash and cash equivalents at the beginning of the reporting period		54,493	52,675	–
Cash and cash equivalents at the end of the reporting period		90,691	54,493	–

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 transfer to the Official Public Account of Section 74 PGPA Act receipts. Higher than budgeted drawdown of appropriation revenue to fund prior year liabilities, offset in part by unbudgeted payments for employees contributed to the net cash received variance.

Investing activities

Variance reflects the cash impact of the timing difference of expenditure on the Electronic Donor Record Eye module and unbudgeted funding for Australian customisations of the module.

Administered schedule of comprehensive income

for the period ended 30 June 2016

	Notes	2016 \$	2015 \$	Original budget \$
Net cost of services				
Expenses				
Suppliers	2.1A	1,561,930	1,666,313	5,345,000
Grants	2.1B	45,308,753	38,727,572	41,527,000
Total expenses		46,870,683	40,393,885	46,872,000
Income				
Revenue				
Non-taxation revenue				
Other		–	–	–
Total non-taxation revenue		–	–	–
Total revenue		–	–	–
Net (cost of)/contribution by services		(46,870,683)	(40,393,885)	(46,872,000)
Surplus/(Deficit)		(46,870,683)	(40,393,885)	(46,872,000)
Other comprehensive income				
Items not subject to subsequent reclassification to net cost of services				
Changes in asset revaluation surplus		–	–	–
Total comprehensive loss		(46,870,683)	(40,393,885)	(46,872,000)

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

Budget variances commentary

Schedule of comprehensive income

Suppliers

Suppliers expense variance is due to the timing of the commencement of the national Australian donor online registration campaign previously scheduled for 2015–16 anticipated to occur in 2016–17.

Grants

Grants expense variance relates to the timing of funding provided to Australian Red Cross Blood Service for the development of the Australian Organ Matching System. Further development of the project timeline and associated contracts resulted in expenditure budgeted to occur in 2016–17 being brought forward to 2015–16.

Administered schedule of assets and liabilities

as at 30 June 2016

	Notes	2016 \$	2015 \$	Original budget \$
Assets				
Financial assets				
Cash and cash equivalents	4.1A	80,000	80,041	80,000
Trade and other receivables	4.1B	119,351	230,388	187,000
Total financial assets		199,351	310,429	267,000
Non-financial assets				
Other non-financial assets	4.2A	141,574	133,560	–
Total non-financial assets		141,574	133,560	–
Total assets administered on behalf of Government		340,925	443,989	267,000
Liabilities				
Payables				
Suppliers	4.3A	145,959	179,695	272,000
Grants	4.3B	10,854,141	10,968,024	11,641,000
Total payables		11,000,100	11,147,719	11,913,000
Total liabilities administered on behalf of Government		11,000,100	11,147,719	11,913,000
Net liabilities		(10,659,175)	(10,703,730)	(11,646,000)

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 the net GST receivable from the ATO for June 2016 being lower than budgeted and is due to the timing of payments.

Other non-financial assets

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

Supplier and grants payables

Variance is due to the timing of supplier and grant payments at 30 June 2016. 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. Payments budgeted to have occurred in early 2016–17 were made during June 2016.

Administered reconciliation schedule

as at 30 June 2016

	2016 \$	2015 \$
Opening assets less liabilities as at 1 July	(10,703,730)	(11,646,070)
Net (cost of)/contribution by services		
Income	–	–
Expenses		
Payments to entities other than corporate Commonwealth entities	(46,870,683)	(40,393,885)
Transfers (to)/from the Australian Government		
Appropriation transfers from Official Public Account		
Net GST Appropriations	(119,901)	81,253
Annual appropriations		
Payments to entities other than corporate Commonwealth entities	48,472,719	41,268,816
Payments to corporate Commonwealth entities	–	–
Appropriation transfers to Official Public Account		
Transfers to Official Public Account	(1,437,580)	(13,844)
Closing assets less liabilities as at 30 June	(10,659,175)	(10,703,730)

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 OTA on behalf of the Government and reported as such in the administered cash flow statement and in the administered reconciliation schedule.

Administered cash flow statement

for the period ended 30 June 2016

	Notes	2016 \$	2015 \$
Operating activities			
Cash received			
Net GST received		1,273,004	577,647
Other		1,437,580	13,844
Total cash received		2,710,584	591,491
Cash used			
Suppliers		(1,764,050)	(2,082,117)
Grants		(47,861,814)	(39,845,558)
Total cash used		(49,625,864)	(41,927,675)
Net cash used by operating activities	5.3B	(46,915,280)	(41,336,184)
Cash and cash equivalents at the beginning of the reporting period		80,041	80,000
Cash from Official Public Account			
Appropriations		48,472,719	41,268,816
GST appropriation		1,153,104	658,900
Total cash from Official Public Account		49,625,823	41,927,716
Cash to Official Public Account			
Appropriations		(1,437,580)	(13,844)
Return of GST appropriations to the Official Public Account		(1,273,004)	(577,647)
Total cash to Official Public Account		(2,710,584)	(591,491)
Cash and cash equivalents at the end of the reporting period	4.1A	80,000	80,041

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*. The OTA is a non-corporate Commonwealth Entity 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 continued existence of the OTA in its present form and with its present programs is dependent on Government policy and on continuing funding by Parliament for the OTA's administration and programs.

The OTA activities contributing toward these outcomes are classified as either departmental or administered. Departmental activities involve the use of assets, liabilities, income and expenses controlled or incurred by the OTA in its own right. Administered activities involve the management or oversight by the entity, on behalf of the Government, of items controlled or incurred by the Government.

The OTA conducts administered activities on behalf of the Government to achieve a sustained increase in transplantation outcomes for all Australians.

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 issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

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

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

Taxation

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

New accounting standards

Adoption of new Australian Accounting Standard requirements

The following standard has been adopted earlier than the application date as stated in the standard.

Standard	Nature of change in accounting policy, transitional provisions, and adjustment to financial statements
<i>AASB 2015-7 Amendments to Australian Accounting Standards – Fair Value Disclosures of Not-for-profit Public Sector Entities</i>	The amendment provides relief from certain disclosures required by AASB 13 – <i>Fair Value Measurement</i> for fair value measurements categorised within level 3 of the fair value hierarchy. These disclosures include qualitative information about significant unobservable inputs, total gains and losses attributable to unrealised gains or loss relating to the asset at the end of the reporting period and narrative descriptions of the sensitivity to changes in unobservable inputs. These disclosures are not included in Note 7.4.
<i>AASB 2015-6 Amendments to Australian Accounting Standards - Extending Related Party Disclosures to Not-for-profit Public Sector Entities</i>	The amendments extend the scope of AASB 124 Related Party Disclosures to include application by not-for-profit public sector entities. Implementation guidance is included to assist application of the Standard by not-for-profit public sector entities, including: identification of key management personnel; identification of related party transactions; and disclosure of key management personnel compensation.

There are no other new/revised/amending standards and/or interpretations that were issued prior to the signing of the statements by the Accountable Authority and Chief Financial Officer, and are applicable to the current reporting period that have a material effect or are expected to have a future material effect, on the OTA's financial statements.

Future Australian Accounting Standard requirements

The following new, revised and amending standards and interpretations were issued by the AASB prior to the signing of the statement by the Accountable Authority and Chief Financial Officer, for which the OTA is still assessing the potential impact on the financial statements.

Standard	Nature of impending change/s in accounting policy and likely impact on initial application
<i>AASB 16 Leases</i>	AASB 16 introduces a single lessee model, which requires a lessee to recognise on Statements of financial positions assets and liabilities for leases with terms of more than 12 months unless the underlying asset is of low value.

All other new standards, revised standards, interpretations and amended standards that were issued by the Australian Accounting Standards Board prior to the signing of the statement by the Accountable Authority and Chief Financial Officer, and are applicable to future reporting periods are not expected to have a future material impact on the OTA's financial statements.

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.

Breach of Section 83 of the Constitution

Section 83 of the Constitution provides that the Commonwealth cannot spend money without an appropriation. Spending money without an appropriation is a breach of section 83 of the Constitution. During 2016 the OTA had no breaches of section 83 of the Constitution (2015: nil).

NOTES TO THE FINANCIAL STATEMENTS

1

P. 116

Departmental
financial performance

5

P. 131

Funding

2

P. 120

Income and expenses
administered on behalf of
Government

6

P. 137

People and
relationships

3

P. 121

Departmental
financial position

7

P. 139

Managing uncertainties

4

P. 128

Assets and liabilities
administered on behalf of the
Government

8

P. 150

Other information

Note 1.1

Expenses

	2016 \$	2015 \$
1.1A: Employee benefits		
Wages and salaries	3,026,292	3,013,555
Superannuation:		
Defined benefits plans	289,211	117,310
Defined contribution plans	261,367	270,590
Leave and other entitlements	341,600	273,875
Separation and redundancies	17,290	–
Other employee expenses	23,591	17,033
Total employee benefits	<u>3,959,351</u>	<u>3,692,363</u>

Accounting policy

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

	2016 \$	2015 \$
1.1B: Suppliers		
Goods and services supplied or rendered		
Consultants	174,551	75,805
Contractors	80,216	157,069
Equipment and software	467,921	404,467
Facilities	81,003	86,346
Staff recruitment and training	47,983	41,944
Travel	211,570	163,236
Office supplies and stationery	11,803	12,808
Printing and publishing	49,497	45,591
Resources received free of charge	70,000	70,000
Other	149,790	136,338
Total goods and services supplied or rendered	1,344,334	1,193,604
Goods supplied	11,489	23,036
Services rendered	1,332,845	1,170,568
Total goods and services supplied or rendered	1,344,334	1,193,604
Goods and services supplied or rendered		
Operating lease rentals in connection with		
Minimum lease payments	306,741	297,282
Workers compensation expenses	36,618	48,797
Total other suppliers	343,359	346,079
Total suppliers	1,687,693	1,539,683

Note 1.1: Expenses
continued

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 the lease agreement. 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.

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

Within 1 year	367,201	382,061
Between 1 to 5 years	737,781	1,123,410
Total operating lease commitments	1,104,982	1,505,471

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. Leasing commitments are GST inclusive.

	2016	2015
	\$	\$
Impairment of property, plant and equipment	-	2,071
Total write-down and impairment of assets	-	2,071

Note 1.2

Own-source revenue and gains

Own-source revenue

	2016 \$	2015 \$
1.2A: Other revenue		
Resources received free of charge		
Remuneration of auditors	70,000	70,000
Total other revenue	70,000	70,000

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

Accounting policy

Resources received free of charge

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

Revenue from Government

	2016 \$	2015 \$
1.2B: Revenue from Government		
Appropriations		
Departmental appropriations	5,598,000	6,213,000
Total revenue from Government	5,598,000	6,213,000

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

	2016 \$	2015 \$
2.1A: Suppliers		
Goods and services supplied or rendered		
Contractors	359,540	267,683
Consultants	10,903	–
Public relations and research	351,313	381,084
Travel	183,023	194,747
Software licence and maintenance	365,468	191,200
Other	291,683	631,599
Total goods and services supplied or rendered	1,561,930	1,666,313
Goods supplied	–	–
Services rendered	1,561,930	1,666,313
Total goods and services supplied or rendered	1,561,930	1,666,313
Note 2.1B: Grants		
Public sector		
State and Territory Governments	34,376,813	33,899,096
Private sector		
Non-profit organisations	10,931,940	4,828,476
Total grants	45,308,753	38,727,572

Accounting policy

The OTA administers a number of grant and subsidy schemes on behalf of the Government. Grant and subsidy 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

	2016 \$	2015 \$
3.1A: Cash and cash equivalents		
Cash on hand or on deposit	<u>90,691</u>	<u>54,493</u>
Total cash and cash equivalents	<u><u>90,691</u></u>	<u><u>54,493</u></u>

Accounting policy

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

- ♥ cash on hand;
- ♥ demand deposits in bank accounts with an original maturity of 3 months or less that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value.

Note 3.1: Financial assets
continued

	2016 \$	2015 \$
3.1B: Trade and other receivables		
Goods and services receivables		
Goods and services	379,326	265
Total goods and services receivables	379,326	265
Appropriations receivables		
Appropriation receivables	1,797,828	3,220,644
Total appropriations receivables	1,797,828	3,220,644
Other receivables		
GST receivable from the Australian Taxation Office	26,392	27,370
Total other receivables	26,392	27,370
Total trade and other receivables (gross)	2,203,546	3,248,279
Less impairment allowance	–	–
Total trade and other receivables (net)	2,203,546	3,248,279
Trade and other receivables (net) expected to be recovered		
No more than 12 months	2,203,546	3,248,279
More than 12 months	–	–
Total trade and other receivables (net)	2,203,546	3,248,279
Trade and other receivables (gross) are aged as follows		
Not overdue	2,203,546	3,248,279
Overdue by:		
0 to 30 days	–	–
31 to 60 days	–	–
61 to 90 days	–	–
More than 90 days	–	–
Total trade and other receivables (gross)	2,203,546	3,248,279

Credit terms for goods and services were within 30 days (2015: 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 computer software for 2016

	Buildings \$	Property, plant and equipment \$	Computer software \$	Total \$
As at 1 July 2015				
Gross book value	424,500	115,269	1,609,890	2,149,659
Accumulated depreciation, amortisation and impairment	–	–	(551,041)	(551,041)
Total as at 1 July 2015	424,500	115,269	1,058,849	1,598,618
Additions				
By purchase	–	72,003	317,540	389,543
Revaluations and impairments recognised in other comprehensive income	28,700	(4,665)	2,200	26,235
Depreciation and amortisation	(113,200)	(37,977)	(249,705)	(400,882)
Disposals:	–	–	–	–
Total as at 30 June 2016	340,000	144,630	1,128,884	1,613,514
Total as at 30 June 2016 represented by				
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 30 June 2016	340,000	144,630	1,128,884	1,613,514

\$340,000 of total buildings (leasehold improvements) (2015:\$424,500) 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. The OTA is transitioning Information and Communications Technology platform providers in September 2016, as a consequence there will be disposals of property, plant and equipment within the next 12 months.

No indicators of impairment were found for computer software. No computer software is expected to be sold or disposed of within the next 12 months.

Revaluations of non-financial assets

All revaluations were conducted in accordance with the revaluation policy state at Note 3.2A. During June 2016, an independent valuer, Australian Valuation Solutions, 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 and intangible assets.

Note 3.2: Non-financial assets
continued

Reconciliation of the opening and closing balances of property, plant and equipment and computer software for 2015

	Buildings \$	Property, plant and equipment \$	Computer software \$	Total \$
As at 1 July 2014				
Gross book value	470,000	217,819	1,399,440	2,087,259
Accumulated depreciation and impairment	(170,909)	(86,819)	(263,613)	(521,341)
Total as at 1 July 2014	299,091	131,000	1,135,827	1,565,918
Additions				
By purchase	–	55,528	210,450	265,978
Revaluations and impairments recognised in other comprehensive income	296,318	(7,791)	–	288,527
Depreciation and amortisation	(170,909)	(61,397)	(287,428)	(519,734)
Disposals	–	(2,071)	–	(2,071)
Total as at 30 June 2015	424,500	115,269	1,058,849	1,598,618
Net book value as of 30 June 2015 represented by:				
Gross book value	424,500	115,269	1,609,890	2,149,659
Accumulated depreciation and impairment	–	–	(551,041)	(551,041)
Total as at 30 June 2015	424,500	115,269	1,058,849	1,598,618

Accounting policy

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

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

Asset recognition threshold

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

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

Revaluations

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

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

Depreciation

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

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

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

	2016	2015
Buildings (leasehold improvements)	Lease term	Lease term
Plant and Equipment	3 to 5 years	3 to 5 years

Impairment

All assets were assessed for impairment at 30 June 2016. 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 buildings, property, plant and equipment is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal.

Computer software

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 (2014–15: 1 to 5 years).

All software assets were assessed for indications of impairment as at 30 June 2016.

Note 3.2: Non-financial assets
continued

	2016 \$	2015 \$
3.2B: Other non-financial assets		
Other non-financial assets		
Prepayments	44,151	61,686
Total other non-financial assets	44,151	61,686
Other non-financial assets expected to be recovered		
No more than 12 months	44,151	46,686
More than 12 months	–	15,000
Total other non-financial assets	44,151	61,686

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

Note 3.3

Payables

	2016 \$	2015 \$
3.3A: Suppliers		
Trade creditors and accruals	127,648	195,064
Total suppliers	127,648	195,064
Suppliers expected to be settled		
No more than 12 months	127,648	195,064
More than 12 months	–	–
Total suppliers	127,648	195,064
Settlement was usually made within 30 days		
3.3B: Other payables		
Salaries and wages	13,270	257,997
Superannuation	1,892	26,711
Separations and redundancies	27,200	212,738
Lease incentive	–	47,088
Other	481,275	83,166
Total other payables	523,637	627,700
Other payables expected to be settled		
No more than 12 months	523,637	627,700
More than 12 months	–	–
Total other payables	523,637	627,700

Note 4.1

Administered – financial assets

	2016 \$	2015 \$
4.1A: Cash and cash equivalents		
Cash on hand or on deposit	80,000	80,041
Total cash and cash equivalents	80,000	80,041
4.1B: Trade and other receivables		
Goods and services receivables	–	11,825
Total goods and services receivables	–	11,825
Other receivables		
GST receivable from the Australian Taxation Office	119,351	218,563
Total other receivables	119,351	218,563
Total trade and other receivables (gross)	119,351	230,388
Less: impairment allowance	–	–
Total trade and other receivables (net)	119,351	230,388
Trade and other receivables (net) expected to be recovered		
No more than 12 months	119,351	230,388
More than 12 months	–	–
Total trade and other receivables (net)	119,351	230,388
Trade and other receivables (gross) aged as follows		
Not overdue	119,351	218,563
Overdue by:		
0 to 30 days	–	11,825
30 to 60 days	–	–
61 to 90 days	–	–
More than 90 days	–	–
Total trade and other receivables (gross)	119,351	230,388

Credit terms for goods and services were within 30 days (2015: 30 days).

Note 4.2

Administered – non-financial assets

	2016 \$	2015 \$
4.2A: Other non-financial assets		
Prepayments	141,574	133,560
Total other non-financial assets	141,574	133,560
Other non-financial assets expected to be recovered		
No more than 12 months	141,574	133,560
More than 12 months	–	–
Total other non-financial assets	141,574	133,560

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

Note 4.3

Administered – payables

	2016 \$	2015 \$
4.3A: Suppliers		
Trade creditors and accruals	<u>145,959</u>	<u>179,695</u>
Total suppliers	<u><u>145,959</u></u>	<u><u>179,695</u></u>
Suppliers expected to be settled		
No more than 12 months	<u>145,959</u>	<u>179,695</u>
More than 12 months	<u>–</u>	<u>–</u>
Total suppliers	<u><u>145,959</u></u>	<u><u>179,695</u></u>
Settlement was usually made within 30 days		
4.3B: Grants		
State and Territory Governments	<u>9,517,640</u>	<u>10,826,571</u>
Non-profit organisations	<u>1,336,501</u>	<u>141,453</u>
Total grants	<u><u>10,854,141</u></u>	<u><u>10,968,024</u></u>
Grants expected to be settled		
No more than 12 months	<u>10,854,141</u>	<u>10,968,024</u>
Total grants	<u><u>10,854,141</u></u>	<u><u>10,968,024</u></u>

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

Appropriations

5.1A: Annual appropriations ('Recoverable GST exclusive')

Annual Appropriations for 2016

	2016 Appropriations					Appropriation applied in 2016 (current and prior years) \$	Variance ² \$
	Appropriation Act	PGPA Act	Advance to the Finance Minister	Section 75 Transfers	Section 74 Receipts		
	Annual appropriation ¹ \$	\$	\$	\$	\$	\$	\$
Departmental							
Ordinary annual services	5,671,000	-	-	1,147,074	6,818,074	7,321,692	(503,618)
Capital budget ³	255,000	-	-	-	255,000	255,000	-
Total departmental	5,926,000	-	-	1,147,074	7,073,074	7,576,692	(503,618)
Administered							
Ordinary annual services							
Administered items	46,872,000	-	-	1,437,580	48,309,580	48,472,760	(163,180)
Other services							
State, ACT, NT and Local government	-	-	-	-	-	-	-
New administered outcomes	-	-	-	-	-	-	-
Administered assets and liabilities	-	-	-	-	-	-	-
Total administered	46,872,000	-	-	1,437,580	48,309,580	48,472,760	(163,180)

1 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 *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

2 The 2015-16 Departmental and Administered variances reflects payment of prior year liabilities.

3 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.

Note 5.1: Appropriations
continued

Annual Appropriations for 2015

	2015 Appropriations				Appropriation applied in 2015 (current and prior years)	Variance ²
	Appropriation Act	PGPA Act	Section 75 Transfers	Section 74 Receipts		
Annual appropriation ¹	Advance to the Finance Minister	Section 75 Transfers	Section 74 Receipts	Total appropriation		
\$	\$	\$	\$	\$	\$	\$
Departmental						
Ordinary annual services	6,213,000	–	1,071,207	7,284,207	6,680,713	862,494
Capital budget ³	259,000	–	–	259,000	259,000	–
Other services						
Equity injections	390,000	–	–	390,000	–	390,000
Total departmental	6,862,000	–	1,071,207	7,933,207	6,939,713	1,252,494
Administered						
Ordinary annual services						
Administered items	40,394,000	–	13,844	40,407,844	41,268,776	(860,932)
Other services						
State, ACT, NT and Local government	–	–	–	–	–	–
New administered outcomes	–	–	–	–	–	–
Administered assets and liabilities	–	–	–	–	–	–
Total administered	40,394,000	–	13,844	40,407,844	41,268,776	(860,932)

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

2 2014–15 Departmental variances are primarily a consequence of the quarantined operating and departmental capital appropriation which was withheld in 2015–16 as a result of a formal reduction in accordance with 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 National Blood Authority, as previously announced in the 2014 Budget. The 2014–15 Administered variance reflects payment of prior year liabilities.

3 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.

5.1B: Unspent annual appropriations (‘recoverable GST exclusive’)

	2016 \$	2015 \$
Departmental		
Appropriation Act (No.1) 2014–15	–	2,465,137
Appropriation Act (No.3) 2014–15	420,000	420,000
Appropriation Act (No.3) Capital Budget (DCB) 2014–15	390,000	390,000
Appropriation Act (No.1) 2015–16	1,961,519	–
Total departmental¹	2,771,519	3,275,137
Administered		
Appropriation Act (No.1) 2014–15	116	10,984,176
Appropriation Act (No.1) 2015–16	10,820,880	–
Total administered	10,820,996	10,984,176

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

Note 5.2

Net cash appropriation arrangements

	2016 \$	2015 \$
Total comprehensive income/(loss) less depreciation/amortisation expenses previously funded through revenue appropriations	47,191	1,337,410
Plus: depreciation/amortisation expenses previously funded through revenue appropriation	<u>(400,882)</u>	<u>(519,734)</u>
Total comprehensive income /(loss) – as per the Statement of comprehensive income	<u>(353,691)</u>	<u>817,676</u>
Total comprehensive income /(loss) – as per the Statement of comprehensive income	<u>(353,691)</u>	<u>817,676</u>

Note 5.3

Cash flow reconciliation

5.3A: Cash flow reconciliation

Reconciliation of cash and cash equivalents as per Statement of financial position and Cash flow statement

	2016 \$	2015 \$
Cash and cash equivalents as per		
Cash flow statement	90,691	54,493
Statement of financial position	90,691	54,493
Discrepancy	-	-
Reconciliation of net cost of services to net cash from / (used by) operating activities		
Net cost of services	(5,977,926)	(5,683,851)
Revenue from Government	5,598,000	6,213,000
Adjustments for non-cash items		
Depreciation/amortisation	400,882	519,734
Gain or loss on disposal of assets	-	2,071
Movements in assets and liabilities		
Assets		
(Increase)/ decrease in net receivables	234,733	(610,764)
(Increase)/ decrease in prepayments	17,535	(34,067)
Liabilities		
Increase/ (decrease) in employee provisions	68,996	(36,892)
Increase/ (decrease) in supplier payables	(67,416)	98,368
Increase/ (decrease) in other payables	(104,063)	(458,803)
Net cash from (used by) operating activities	170,741	8,796

Note 5.3: Cash flow reconciliation
continued

5.3B: Administered – cash flow reconciliation

Reconciliation of cash and cash equivalents as per Administered schedule of assets and liabilities to Administered cash flow statement

	2016 \$	2015 \$
Cash and cash equivalents as per		
Administered cash flow statement	80,000	80,041
Administered schedule of assets and liabilities	<u>80,000</u>	<u>80,041</u>
Discrepancy	<u>–</u>	<u>–</u>
Reconciliation of net cost of services to net cash from operating activities		
Net cost of services	(46,870,683)	(40,393,885)
Movements in assets and liabilities		
Assets		
(Increase)/ decrease in net receivables	111,037	(43,139)
(Increase)/ decrease in in prepayments	(8,014)	(133,560)
Liabilities		
Increase/ (decrease) in supplier payables	(33,736)	(92,961)
Increase/ (decrease) in other payables	<u>(113,884)</u>	<u>(672,639)</u>
Net cash from / (used by) operating activities	<u>(46,915,280)</u>	<u>(41,336,184)</u>

Note 6.1

Employee provisions

	2016 \$	2015 \$
6.1A: Employee provisions		
Leave	1,081,320	1,012,324
Total employee provisions	1,081,320	1,012,324
Employee provisions expected to be settled		
No more than 12 months	851,005	849,800
More than 12 months	230,315	162,524
Total employee provisions	1,081,320	1,012,324

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

Senior management personnel remuneration

	2016 \$	2015 \$
Short-term employee benefits:		
Salary	464,618	444,117
Performance bonuses	38,912	23,870
Motor vehicle and other allowances	25,554	25,899
Total short-term employee benefits	529,084	493,886
Post-employment benefits:		
Superannuation	76,585	79,517
Total post-employment benefits	76,585	79,517
Other long-term benefits:		
Annual leave	60,711	33,052
Long service leave	47,127	10,523
Total other long-term benefits	107,838	43,575
Total senior executive remuneration expenses	713,507	616,978

The total number of senior management personnel that are included in the above table are 3 (2015: 2).

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.

Note 7.1: Contingent assets and liabilities
continued

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.

Financial instruments

	2016 \$	2015 \$
7.2A: Categories of financial instruments		
Financial assets		
Loans and receivables		
Cash and cash equivalents	90,691	54,493
Trade and other receivables	379,326	265
Total loans and receivables	470,017	54,758
Total financial assets	470,017	54,758
Financial liabilities		
Financial liabilities measured at amortised cost		
Trade creditors	127,648	195,064
Other payables	481,275	130,254
Total financial liabilities measured at amortised cost	608,923	325,318
Total financial liabilities	608,923	325,318

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).

Note 7.2: Financial instruments
continued

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 2016 and 30 June 2015.

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 2016 and 30 June 2015.

7.2D: Credit risk

The OTA is exposed to minimal credit risk as loans and receivables are cash and trade receivables. The maximum exposure to credit risk is the risk that arises from potential default of a debtor. The amount is equal to the total amount of trade receivables (2016: \$379,326 and 2015: \$265).

The OTA has assessed the risk of default on payment and has allocated \$0 in 2016 (2015: \$0) to an impairment allowance account.

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

The OTA holds no collateral to mitigate against credit risk.

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

	Not past due nor impaired	Not past due nor impaired	Past due or impaired	Past due or impaired
	2016	2015	2016	2015
	\$	\$	\$	\$
Cash and cash equivalents	90,691	54,493	–	–
Other receivables	379,326	265	–	–
Total	470,017	54,758	–	–

7.2E: Liquidity risk

Liquidity risk is the risk that the OTA will not be able to meet its obligations as they fall due. The OTA's financial liabilities are payables including supplier payables and employee related payables.

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

Maturities for non-derivative financial liabilities in 2016

	within 1 year \$	1 to 2 years \$	Total \$
Other liabilities			
Trade creditors	127,648	–	127,648
Other payables	481,275	–	481,275
Total	608,923	–	608,923

Maturities for non-derivative financial liabilities in 2015

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

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

7.2F Market Risk

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

Currency risk

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

Interest rate risk

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

Note 7.3

Administered financial instruments

	2016 \$	2015 \$
7.3A: Categories of financial instruments		
Financial assets		
Loans and receivables		
Cash and cash equivalents	80,000	80,041
Other receivables	–	11,825
Total loans and receivables	80,000	91,866
Total financial assets	80,000	91,866
Financial liabilities		
Financial liabilities measured at amortised cost		
Trade creditors	145,959	179,695
Grants payable	10,854,141	10,968,024
Total financial liabilities measured at amortised cost	11,000,100	11,147,719
Total financial liabilities	11,000,100	11,147,719

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 2016 and 30 June 2015.

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 2016 and 30 June 2015.

7.3D: Credit risk

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

The OTA holds no collateral to mitigate against credit risk.

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

	2016 \$	2015 \$
Financial assets		
Loans and receivables		
Cash and cash equivalents	80,000	80,041
Other receivables	–	11,825
Total	80,000	91,866
Financial liabilities		
At amortised cost		
Trade creditors	145,959	179,695
Grants payable	10,854,141	10,968,024
Total	11,000,100	11,147,719

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

	Not past due nor impaired 2016 \$	Not past due nor impaired 2015 \$	Past due or impaired 2016 \$	Past due or impaired 2015 \$
Loans and receivables				
Other receivables	–	–	–	11,825
Total	–	–	–	11,825

Note 7.3: Administered Financial instruments
continued

7.3E: Liquidity risk

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

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

The following tables illustrate the maturities for financial liabilities.

Maturities for non-derivative financial liabilities in 2016

	within 1 year \$	1 to 2 years \$	Total \$
Other liabilities			
Trade creditors	145,959	–	145,959
Grants payable	10,854,141	–	10,854,141
Total	11,000,100	–	11,000,100

Maturities for non-derivative financial liabilities in 2015

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

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

7.2F Market Risk

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

Currency risk

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

Interest rate risk

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

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.

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

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

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

Level 3: Unobservable inputs for the asset or liability.

Accounting policy

The OTA engaged the services of the Australian Valuation Solutions to conduct a detailed external valuation of all non-financial assets at 30 June 2016 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. Australian Valuation Solutions has provided written assurance to the OTA that the models developed are in compliance with AASB 13.

The methods utilised to determine and substantiate the unobservable inputs are derived and evaluated as follows:

Physical depreciation and obsolescence – Assets that do not transact with enough frequency or transparency to develop objective opinions of value from observable market evidence have been measured utilising the depreciated replacement cost approach. Under the depreciated replacement cost approach the estimated cost to replace the asset is calculated and then adjusted to take into physical depreciation and obsolescence. Physical depreciation and obsolescence has been determined based on professional judgement regarding physical, economic and external obsolescence factors relevant to the asset under consideration. For all leasehold improvement assets, the consumed economic benefit / asset obsolescence deduction is determined based on the term of the associated lease.

The OTA's policy is to recognise transfers into and transfers out of fair value hierarchy levels at the end of the reporting period.

7.4A: Fair value measurements, valuation techniques and inputs used

		Fair value measurements at the end of the reporting period		For levels 2 and 3 fair value measurements	
		2016	2015	Valuation technique(s) and inputs used	
		\$	\$		
				Category	
				(level 1, 2 or 3 ^a)	
Non-financial assets²					
Buildings ¹		340,000	424,500	Level 3	Depreciated replacement cost (DRC): The amount a market participant would be prepared to pay to acquire or construct a substitute asset of comparable utility, adjusted for physical depreciation and obsolescence. Inputs: Current costs per square metre of floor area relevant to the location of the asset. Physical depreciation and obsolescence has been determined based on the term of the associated lease.
Property, plant and equipment ¹		108,380	58,169	Level 2	Market approach: This approach seeks to estimate the fair value of an asset with reference to recent market transactions involving identical or comparable assets. Inputs: Prices and other relevant information generated by market transactions involving plant and equipment assets were considered.
Property, plant and equipment ¹		32,500	4,800	Level 3	Market approach: This approach seeks to estimate the fair value of an asset with reference to market transactions involving assets with varying degrees of comparability. Inputs: Professional judgment and available information generated by market transactions involving plant and equipment assets were considered.
Property, plant and equipment ¹		3,750	52,300	Level 3	Depreciated replacement cost (DRC): The amount a market participant would be prepared to pay to acquire or construct a substitute asset of comparable utility, adjusted for physical depreciation and obsolescence. Inputs: Current prices for substitute assets. Physical depreciation and obsolescence has been determined based on professional judgment regarding physical, economic and external obsolescence factors relevant to the assets under construction.
Total non-financial assets		484,630	539,769		

1 No non-financial assets were measured at fair value on a non-recurring basis as at 30 June 2016 (2015: Nil).

2 OTA's assets are held for operational purposes and not held for the purposes of deriving a profit. The current use of all non-financial assets is considered the highest and best use.

3 There were no transfers between levels during the period.

4 The remaining assets and liabilities reported by the OTA are not measured at fair value in the Statement of financial position.

7.4B: Reconciliation for recurring level 3 fair value measurements

	Non-financial assets					
	Buildings		Property, plant and equipment			Total
	2016	2015	2016	2015	2016	2015
	\$	\$	\$	\$	\$	\$
As at 1 July	424,500	299,091	57,100	-	481,600	299,091
Total gains/(losses) recognised in net cost of services ¹	(113,200)	(170,909)	(13,643)	3,194	(126,843)	(167,715)
Total gains/(losses) recognised in other comprehensive income ²	28,700	296,318	(7,207)	(6,422)	21,493	289,896
Purchases	-	-	-	55,528	-	55,528
Transfers into Level 3 ³	-	-	-	4,800	-	4,800
Total as at 30 June	340,000	424,500	36,250	57,100	376,250	481,600

¹ These gains/(losses) are presented in the Statement of comprehensive income under depreciation and amortisation and write down and impairment of assets.

² These gains/(losses) are presented in the Statement of comprehensive income under Other changes in asset revaluation reserves.

³ There have been no transfers of assets into level 3 during the year. A change to the valuation technique was applied to specified computer equipment resulting in a change from a depreciated replacement cost to market approach.

⁴ There have been no transfers of assets out of level 3 during the year.

Note 8.1

Reporting of outcomes

Outcome 1	
2016	2015
\$	\$

Expenses

Employee benefits	3,959,351	3,692,363
Suppliers	1,687,693	1,539,683
Depreciation and amortisation	400,882	519,734
Write down and impairment of assets	–	2,071
Total expenses	6,047,926	5,753,851

Own-source income

Other	70,000	70,000
Total own-source income	70,000	70,000

Expenses

Suppliers	1,561,930	1,666,313
Grants	45,308,753	38,727,572
Total expenses	46,870,683	40,393,885

Net cost/(contribution) of outcome delivery

52,848,609	46,077,736
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Assets

Cash and cash equivalents	90,691	54,493
Trade and other receivables	2,203,546	3,248,279
Buildings	340,000	424,500
Property, plant and equipment	144,630	115,269
Computer software	1,128,884	1,058,849
Other non financial assets	44,151	61,686
Total assets	3,951,902	4,963,076

	Outcome 1	
	2016	2015
	\$	\$
Liabilities		
Suppliers	127,648	195,064
Other payables	523,637	627,700
Employee provisions	1,081,320	1,012,324
Total liabilities	1,732,605	1,835,088
Assets		
Cash and cash equivalents	80,000	80,041
Trade and other receivables	119,351	230,388
Other non-financial assets	141,574	133,560
Total assets	340,925	443,989
Liabilities		
Suppliers	145,959	179,695
Grants payables	10,854,141	10,968,024
Total liabilities	11,000,100	11,147,719

- 1** Outcome 1 is described in the overview. Net costs shown include intra-government costs that were eliminated in calculating the actual Budget Outcome. Refer to Outcome 1 Resourcing Table on page 18 of this Annual Report.





Appendices

APPENDIX 1

KEY STAKEHOLDERS

The following are the key stakeholders with whom the Organ and Tissue Authority works to implement the national reform program, together 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
- Barwon Health Bone Bank
- Cells and Tissue Therapies Western Australia
- Donor Tissue Bank of Victoria
- Hunter New England Bone Bank
- Lions Eye Bank WA
- Lions Eye Donation Service VIC
- NSW Bone Bank
- NSW Lions Eye Bank
- PlusLife (Perth Bone and Tissue Bank)
- Queensland Tissue Bank
- South Australian Eye Bank
- South Australian Tissue Bank
- Sydney Heart Valve Bank

Community

DonateLife Partners

- Aussie Transplant Mates
- Coen Ashton Foundation
- David Hookes Foundation
- Eurobodalla Renal Support Group
- Gift of Life Inc (ACT)
- Heart and Lung Transplant Trust Victoria
- Kidney Health Australia

- Liver Kids Australia Inc
- Organ Donation and Transplant Foundation of WA
- Sammy D Foundation
- St John of God Healthcare
- Students and Volunteers for Organ Donation
- Transplant Australia
- Transplant Cricket Australia
- Zaidee's Rainbow Foundation

DonateLife Corporate Partners

- Australian Automobile Association
- BUPA
- Linfox
- Worldcare

DonateLife Community Partners

- AM Solutions Group
- Bathurst Rugby Club
- Bayside United Football Club
- Brisbane Hinterland 4WD
- Bronte Family Day Care
- Charlotte Mackay
- Council of Governors of Lions Australia
- Creighton's Funeral Service
- Dailey Family Funerals and Pink Lady Funerals
- David Tranter
- Don Williams
- Ethan 'Jimmy' Seccull Foundation
- Gremmo Community Fund
- Guy Holmes
- Hinterland Celtic Rugby Union Football Club
- James Ackerman Family Trust Fund
- Kazar Slaven
- Mustang Building Services
- No Limits Ute Club
- Quadski Around Australia
- Russell Brothers Funeral Directors
- St Edmunds Basketball Club
- The Ruth Barker Project
- University of Queensland Rugby Football Club
- YMCA Victoria

Donation and transplant outcome registries

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

Other organisations

- Australian Red Cross Blood Service
- Donor Families Australia
- National Organ Matching Service

International organisations

- 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, UK
- National Transplant Organization, Spain
- Organ Donation New Zealand
- The Transplantation Society
- World Health Organization

APPENDIX 2

ABBREVIATIONS

ACT	Australian Capital Territory
AHMAC	Australian Health Ministers Advisory Council
AKX	Australian Paired Kidney Exchange program
ANZICS	Australian and New Zealand Intensive Care Society
ANZOD	Australia and New Zealand Organ Donation Registry
AODR	Australian Organ Donor Register
AOMS	Australian Organ Matching System
APS	Australian Public Service
CALD	culturally and linguistically diverse
CEO	Chief Executive Officer
CGC	Clinical Governance Committee
CPIP	Clinical Practice Improvement Program
DBD	donation after brain death
DCD	donation after circulatory death
DHS	Department of Human Services
DLA	DonateLife Audit
DLC	DonateLife Collaborative
DLN	DonateLife Network
dpmp	deceased donors per million population
ED	emergency department
EDR	Electronic Donor Record
FDC	Family Donation Conversation
HealthPACT	Health Policy Advisory Committee on Technology
HPC	Hospitals Principal Committee
ICT	information and communications technology
ICU	intensive care unit

IDAT	Introductory Donation Awareness Training
IHPA	Independent Hospital Pricing Authority
JAG	Jurisdictional Advisory Group
KPI	key performance indicator
NHMRC	National Health and Medical Research Council
NOMS	National Organ Matching Service
NSW	New South Wales
NT	Northern Territory
OTA	Australian Organ and Tissue Donation and Transplantation Authority/ Organ and Tissue Authority
PGPA Act	Public Governance, Performance and Accountability Act 2013
PEP	Professional Education Package
PSM	Public Service Medal
PwC	PricewaterhouseCoopers
QLD	Queensland
RTAC	Renal Transplant Advisory Committee
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	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'
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.
Clinical protocols	Protocols to guide national clinical practice by specifying the eligibility criteria for entry onto organ transplant waiting lists, donor suitability criteria for organ allocation for transplantation, and the organ allocation protocols for determining transplant recipients
Consent rate	The number of consents as a percentage of all requests of potential brain death donors
Conversion rate	The number of brain death donors as a percentage of all potential brain death donors
DonateLife	The Australian Government program brand for the national reform program, including brand name and identity for the DonateLife Network and the national DonateLife Community Awareness and Education Program
DonateLife Agencies	Organ and tissue donation agencies that are responsible for implementing the national reform 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 death has been determined on the basis of permanent cessation of brain function
Donation after circulatory death	Organ donation after death has been determined on the basis of the permanent cessation of circulation of blood in the body
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
GIVE clinical trigger	A tool used in Australian hospitals to support clinical staff to identify potential organ donors
Hospital-based staff	Specialist hospital staff, including hospital medical directors and hospital senior nurses, funded by the Australian Government to facilitate organ and tissue donation and to educate and support the hospital staff involved
Introductory Donation Awareness Training	A workshop-based program that provides multidisciplinary introductory awareness training for professionals involved in organ and tissue donation, including clinical processes and family communication
Jurisdictional Advisory Group	Representatives of all jurisdictional health departments ensuring that the efforts of the DonateLife staff reflect state, territory and Australian Government policies and processes, and that legislative and funding implications are well understood by relevant departments
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 brain death 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 TABLES AND FIGURES

List of tables

Table 1	Entity resource statement 2015–16	18
Table 2	Expenses for Outcome 1	19
Table 3	Deceased organ transplantation and donation outcomes 2009–2015	29
Table 4	National targets and key performance indicators 2010, 2014 and 2015	33
Table 5	Staffing numbers at 30 June 2016	86
Table 6	Senior Executive Service salary bands 2015–16	86
Table 7	Non-SES salary ranges 2015–16	86
Table 8	Non-salary benefits 2015–16	87
Table 9	Comparison of expenditure on consultancy services during 2013–14, 2014–15 and 2015–16	91
Table 10	Advertising and market research agencies and organisations used during 2015–16	91

List of figures

Figure 1	OTA committee structure	10
Figure 2	OTA organisational structure	14
Figure 3	Operating expenses 2008–09 to 2015–16	20
Figure 4	Australia's potential organ donor population and transplant outcomes 2015	27
Figure 5	Deceased organ transplant recipients and donors 2009, 2014 and 2015	28
Figure 6	Organ transplantation and donation rates 2009, 2014 and 2015	29
Figure 7	Organ donation rates by jurisdiction 2014 and 2015	30
Figure 8	Deceased organ donors by donation pathway 2009, 2014 and 2015	31
Figure 9	Organs transplanted from deceased donors 2009, 2014 and 2015	32
Figure 10	Transplant recipients from living organ donation 2009, 2014 and 2015	34
Figure 11	Transplant recipient outcomes per million population from living and deceased donors 2009, 2014 and 2015	35
Figure 12	Corneal transplants and eye donors 2009–2015	36
Figure 13	Notified tissue transplant recipients 2013–2015	37
Figure 14	Tissue donations from deceased donors 2012–2015	37
Figure 15	Tissue donations from deceased donors by tissue type 2012–2015	38
Figure 16	Tissue donations from living donors 2012–2015	39
Figure 17	Consent rates	48

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	167–169
17AJ(c)	Glossary of abbreviations and acronyms	Mandatory	156–157
17AJ(d)	List of requirements	Mandatory	162–166
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	4–7
17AD(b)	Overview of the entity		
17AE(1)(a)(i)	A description of the role and functions of the entity	Mandatory	2–3
17AE(1)(a)(ii)	A description of the organisational structure of the entity	Mandatory	13–14
17AE(1)(a)(iii)	A description of the outcomes and programs administered by the entity	Mandatory	17
17AE(1)(a)(iv)	A description of the purposes of the entity as included in the corporate plan	Mandatory	2, 22
17AE(1)(b)	An outline of the structure of the portfolio of the entity	Portfolio departments mandatory	N/A
17AE(2)	Where the outcomes and programs administered by the entity differ from any Portfolio Budget Statement, Portfolio Additional Estimates Statement or other portfolio estimates statement that was prepared for the entity for the period, include details of variation and reasons for change	If applicable, Mandatory	N/A

PGPA Rule Reference	Description	Requirement	Page
17AD(c)	Report on the performance of the entity		
	<i>Annual performance statements</i>		
17AD(c)(i); 16F	Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule	Mandatory	22–24
17AD(c)(ii)	Report on Financial Performance		
17AF(1)(a)	A discussion and analysis of the entity's financial performance	Mandatory	7, 20–21
17AF(1)(b)	A table summarising the total resources and total payments of the entity	Mandatory	18–19
17AF(2)	If there may be significant changes in the financial results during or after the previous or current reporting period, information on those changes, including: the cause of any operating loss of the entity; how the entity has responded to the loss and the actions that have been taken in relation to the loss; and any matter or circumstances that it can reasonably be anticipated will have a significant impact on the entity's future operation or financial results	If applicable, Mandatory	N/A
17AD(d)	Management and accountability		
	<i>Corporate governance</i>		
17AG(2)(a)	Information on compliance with section 10 (fraud systems)	Mandatory	82
17AG(2)(b)(i)	A certification by accountable authority that fraud risk assessments and fraud control plans have been prepared	Mandatory	83
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	83
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	83
17AG(2)(c)	An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance	Mandatory	81–84
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	89
	<i>External scrutiny</i>		
17AG(3)	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny	Mandatory	83
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 of the entity that were released during the period	If applicable, Mandatory	84

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	85–88
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	85–87
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	85
17AG(4)(c)(i)	Information on the number of SES and non-SES employees covered by agreements etc identified in paragraph 17AD(4)(c)	Mandatory	85
17AG(4)(c)(ii)	The salary ranges available for APS employees by classification level	Mandatory	86
17AG(4)(c)(iii)	A description of non-salary benefits provided to employees	Mandatory	87
17AG(4)(d)(i)	Information on the number of employees at each classification level who received performance pay	If applicable, Mandatory	85–86
17AG(4)(d)(ii)	Information on aggregate amounts of performance pay at each classification level	If applicable, Mandatory	85
17AG(4)(d)(iii)	Information on the average amount of performance payment, and range of such payments, at each classification level	If applicable, Mandatory	85
17AG(4)(d)(iv)	Information on aggregate amount of performance payments	If applicable, Mandatory	85
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	89
Purchasing			
17AG(6)	An assessment of entity performance against the <i>Commonwealth Procurement Rules</i>	Mandatory	89
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	91

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	91
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	91
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	91
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 annual 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	90
Exempt contracts			
Exempt contracts	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	90
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	90
17AG(10)(b)	An outline of the ways in which the procurement practices of the entity support small and medium enterprises	Mandatory	90
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	N/A

PGPA Rule Reference	Description	Requirement	Page
Financial statements			
17AD(e)	Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act	Mandatory	94–151
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	91
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	90
17AH(1)(c)	Outline of mechanisms of disability reporting, including reference to website for further information	Mandatory	91
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	91
17AH(1)(e)	Correction of material errors in previous annual report	If applicable, mandatory	N/A
17AH(2)	Information required by other legislation	Mandatory	88, 90

APPENDIX 6

ALPHABETICAL INDEX

A

Advertising and market research, 91, 160

Advisory Council, 5, 10–11, 23, 50, 54, 156, 158

AHMAC, *see Australian Health Ministers Advisory Council*

AKX, *see Australian Paired Kidney Exchange*

Annual Performance Statement, ii, v, 22, 163

ANZICS, *see Australian and New Zealand Intensive Care Society*

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

AODR, *see Australian Organ Donor Register*

AOMS, *see Australian Organ Matching System*

asset management, 88, 164

Audit Committee, 81–83, 158

Australasian Transplant Coordinators Association, 9, 12, 154

Australia and New Zealand Organ Donation Registry, 12, 27, 39, 50, 53, 155–156

Australian and New Zealand Intensive Care Society, 9, 12, 45, 154, 156

Australian College of Critical Care Nurses, 9, 45, 154

Australian Health Ministers Advisory Council, 5, 50, 54, 156

Australian National Audit Office, 81, 90, 119, 165

Australian Organ and Tissue Donation and Transplantation Authority Act 2008, 11, 81, 113, 158

Australian Organ Donor Register, 6–7, 24, 48, 52–53, 76, 156

Australian Organ Matching System, 6–7, 21, 23, 41, 43, 54, 108, 156

Australian Paired Kidney Exchange, 34, 44, 156, 158

Australian Red Cross Blood Service, 6, 54, 108, 155

B

Best Practice Model for Offering Organ and Tissue Donation in Australia, 5, 7, 9, 45

Biotherapeutics Association of Australasia, 9, 54, 154

C

CEO, *see Chief Executive Officer*

Chief Executive Officer, ii, iv–v, 4, 7, 9–14, 22, 51, 81, 83, 86, 156–158

CGC, *see Clinical Governance Committee*

Clinical Governance Committee, 10, 11, 42, 57, 156

Clinical guidelines for organ transplantation from deceased donors, 8, 41, 43, 50, 158

Clinical Practice Improvement Program, 4, 7, 23–24, 55, 74, 156

clinical trigger, 42, 159

College of Intensive Care Medicine of Australia and New Zealand, 154

committee structure, v, 10, 161

Communications Reference Group, 12

Community attitudes and awareness, 52

community awareness and education, 3, 6, 21, 23, 158

Community Awareness Grants, 66, 90

consultants, 66, 70–71, 91, 99, 117, 120, 164–165

contracts, 90–91, 108, 164–165

corneal transplants, 35–36, 161

Council of Australian Governments, 3, 17, 91

CPIP, *see Clinical Practice Improvement Program*

D

Data and Audit Working Group, 12

Data Governance Framework, 51

DBD, *see donation after brain death*

DCD, *see donation after circulatory death*

Department of Health, 6, 44, 85, 154

Department of Human Services, 48, 154, 156

disability reporting, 91, 166

DLA, *see DonateLife Audit*

DLN, *see DonateLife Network*

DonateLife Agencies, 3, 43, 46, 48, 55, 57, 59, 158

DonateLife Audit, 20, 27, 33, 39, 48, 51–52, 89, 156, 158

DonateLife Collaborative, 4, 7, 9, 23–24, 43, 55, 69, 74, 156, 159

DonateLife Network, ii, vi, 3–4, 7, 9, 11–13, 23, 33, 41–42, 45–46, 51, 55, 57, 59, 61–62, 66, 71, 84, 113, 156, 158–159

DonateLife Partners, 10, 12, 154

DonateLife Thank You Day, 23, 57, 71–72, 159

DonateLife Week, 23, 46–48, 65, 69, 71–74, 77, 159

Donation and Transplantation Forum, 8, 56

donor families, 6, 21, 41, 46, 57, 66, 71, 84, 90, 155

Donor Family Study, 52, 159

Donor Family Support Implementation Group, 12, 57

donation after brain death, 27, 31–33, 39, 43, 49, 51, 156, 159

donation after circulatory death, 9, 31–32, 41, 43, 49, 51, 55, 62–63, 65, 74, 156, 159

donation pathway, 31, 43, 62, 161

E

EDR, *see Electronic Donor Record*

EDR eye module, 50

EDR organ module, 50

Education Coordinators Network, 12

Electronic Donor Record, 12, 20–21, 41, 50, 101, 106, 110, 156, 159

entity resource statement, v, 18, 160

Environment Protection and Biodiversity Conservation Act 1999, iv, 90

Ethical guidelines for organ transplantation from deceased donors, 8, 43, 159

Executive Group, 13, 81, 83

exempt contracts, 90, 165

extended criteria organs, 43

external scrutiny, 83, 163

Eye and Tissue Advisory Committee, 12

eye and tissue donation, 23, 26, 39, 45–46, 71

eye and tissue sector, 41, 54

Eye Bank Association of Australia and New Zealand, 9, 154

eye bank, 50, 62, 71, 154

eye donation, 35–36, 154

F

Family Conversations Steering Group, 12

Family Donation Conversation, 5, 21, 23, 42–43, 45, 62, 65–66, 69, 74, 156, 159

Family Donation Conversation workshop, 21, 62, 65–66, 159

FDC, *see Family Donation Conversation*

financial performance, v, 7, 20–21, 94, 115, 163

fraud control, iv, 81–83, 163

freedom of information, 91

Freedom of Information Act 1982, iv, 91

G

governance, 3, 11, 19, 51–52, 81–82, 89, 163

grant programs, 90

H

Hospital Activity Plans, 4, 9, 55

Hospitals Principal Committee, 5, 23, 50, 54, 56, 156

HPC, *see Hospitals Principal Committee*

I

IDAT, *see Introductory Donation Awareness Training*

Independent Hospital Pricing Authority, 55, 157

Introductory Donation Awareness Training, 43, 74, 157, 159

internal audit, 81–82

J

JAG, *see Jurisdictional Advisory Group*

Jurisdictional Advisory Group, 10–11, 55, 157, 159

K

key performance indicators, 4, 23, 33, 55, 160

L

living organ donation, 7, 34, 41, 44, 161

N

National CALD Communications and Engagement Plan, 48

National Disability Strategy, 91

National DonateLife Family Support Service Guidelines, 57

national donor online registration, 48, 52

National Health and Medical Research Council, 8–9, 43, 50–51, 154, 157

National Medical Director, ii, v, 8–9, 11–14, 81

National Organ Matching Service, 54, 155, 157

National protocol for donation after cardiac death, 9, 43

national reform program, 3–4, 6–8, 10–13, 17, 21, 28, 55, 59, 72, 84, 154, 158

national target, 4–5, 33, 160

NHMRC, *see National Health and Medical Research Council*

NOMS, *see National Organ Matching Service*

O

organ and tissue donation, ii, iv–v, 1–13, 17, 19, 21–24, 37–38, 40–43, 45–48, 50–52, 54–55, 57, 59, 61–69, 71–72, 74–76, 81, 83–84, 89–90, 157–159, IBC

organ donation, i, 4–5, 7, 21, 23, 26–27, 29–30, 34, 39–41, 44–45, 48, 50–51, 53, 55, 61–62, 65–66, 71–72, 74, 76, 155, 158–159, 161

Organ Donation Hospital Support Funding, 41, 51, 159

organ donors, 5, 22, 26, 28, 41–42, 49, 65, 71–72, 74–75, 159

organ perfusion, 7, 56

organisational structure, ii, v, 13–14, 161–162

organs transplanted, 27, 32, 161

outcome registries, 21, 53, 90, 155

P

Paediatric Special Interest Group, 9, 45

people management, iii, vi, 81, 85

PEP, *see Professional Education Package*

PGPA Act, *see Public Governance, Performance and Accountability Act 2013*

Portfolio Budget Statements, 159

PricewaterhouseCoopers, 54, 82, 157

Professional Education Package, 21, 42, 81–83, 89, 131–132, 157, 159

Public Governance, Performance and Accountability Act 2013, ii, iv, 18–19, 22, 81, 97, 99, 104, 106, 113, 131–133, 157

Public Governance, Performance and Accountability Rule 2014, ii, iv

Public Service Act 1999, iv, 85, 164

purchasing, 89–90, 164

procurement, 23, 55, 62, 65–66, 72, 89–91, 164–165

PwC, *see PricewaterhouseCoopers*

R

risk management, 81, 83, 158

referral, 5, 12, 41–42, 50, 55, 62, 65, 69, 71–72, 74

S

Service of Remembrance, 64, 68, 72–73, 76

small business, 12, 90, 165

SMD, *see State Medical Director*

State and territory funding, 55, 61

St Vincent's Hospital, 32

staffing, 19, 51, 85–86, 99, 159–160, 164

stakeholders, ii–iii, vi, 8, 10, 12–13, 23, 40, 44, 49–50, 84, 154

standard criteria organ, 43

State Medical Director, 9, 11, 43, 49, 51, 157, 159

Strategic Plan, ii, v, 4, 6–7, 40, 84

strategic priorities, 4, 7, 11, 13

strategies, ii, 3–4, 6, 8–9, 40–41, 43–45, 51, 66, 81–82, 84–85, 88, 90

T

Therapeutic Goods Administration, 37, 154

tissue donation, 37–39, 76, 158, 161

tissue donors, 26, 39

tissue transplant, 7, 17, 19, 36–37, 40, 113, 161

Transplant Liaison Reference Group, 10, 12, 57

Transplant Nurses Association, 9, 12, 154

transplant recipients, i, 6, 22, 26, 28–29, 32, 34–37, 43–44, 46, 51, 54, 57, 60, 62, 65, 68, 71–72, 76, 157–159, 161,

Transplantation Society of Australia and New Zealand, 8–9, 12, 43–44, 49–51, 56, 157

trend information, ii, v, 26

TSANZ, *see Transplantation Society of Australia and New Zealand*

V

vigilance and surveillance, 5, 12, 23, 41, 50

W

Woolcott Research, 52, 91

Work Health and Safety Act 2011, iv, 88

working group, 9–10, 12, 42–43, 50, 54

workplace health and safety, iii, vi, 88

Y

Yael Cass, 4, 9, 13





Accomplished Australian photographer **Andrew Chapman**'s life was saved when he received a liver transplant at the Austin Hospital in 2011. Andrew combined his perspective as a transplant recipient with his decades of experience as a photojournalist to showcase the powerful stories of families and medical professionals touched by organ and tissue donation through photography, resulting in the Giving Life exhibition.

Given rare behind-the-scenes access, the special series captured the intense emotions of families and health care professionals involved in supporting a loved one's decision to help others after death. The exhibition also honed in on people who received news of an organ or tissue match, and were on a journey towards the life-changing transformation as a recipient.