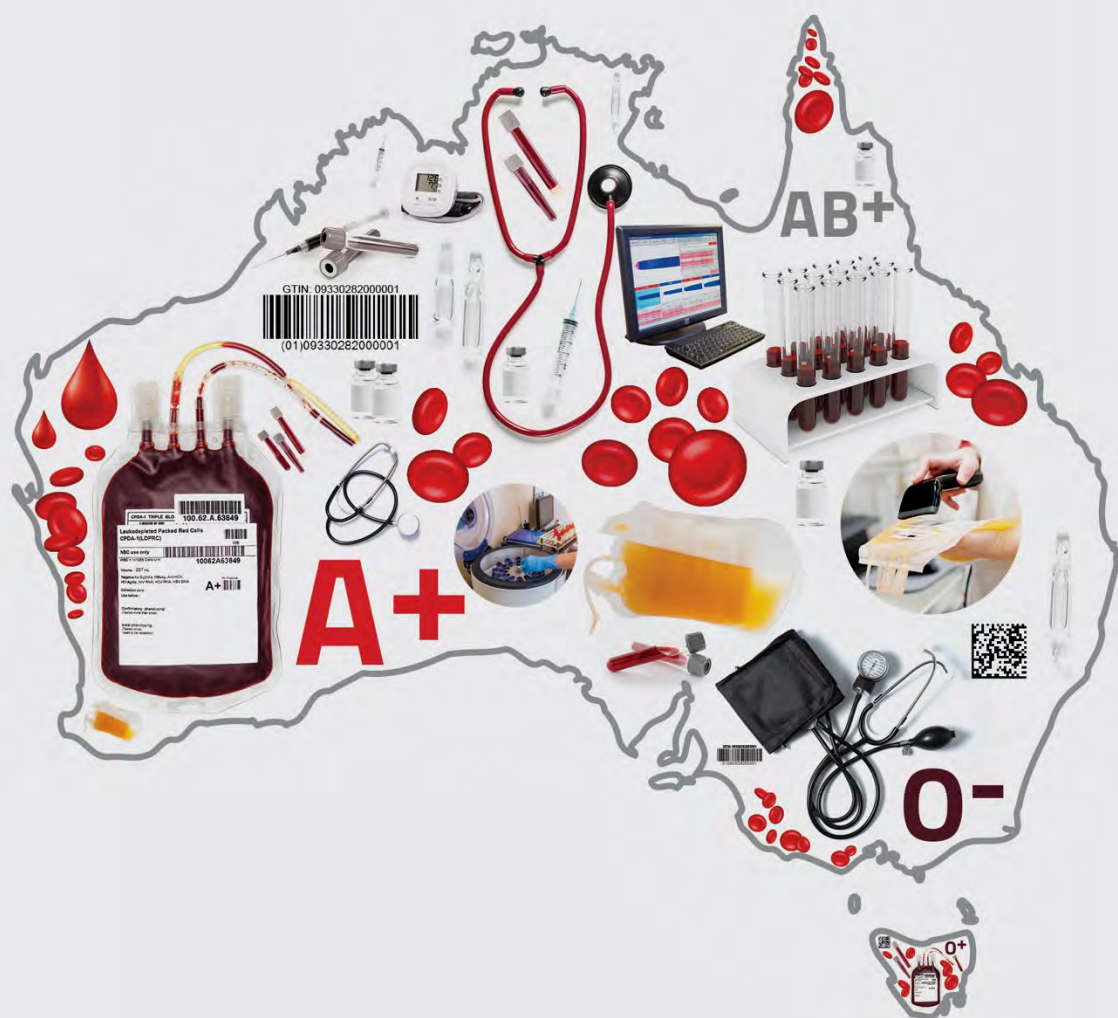


NATIONAL BLOOD AUTHORITY AUSTRALIA

ANNUAL REPORT 2020–2021





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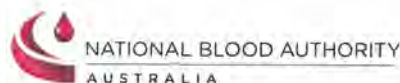
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LETTER OF TRANSMITTAL



The Hon Dr David Gillespie MP
Minister for Regional Health
Minister Assisting the Minister for Trade and Investment
Deputy Leader of the House
Parliament House
CANBERRA ACT 2600

Dear Minister

I am pleased to present the Annual Report of the National Blood Authority (NBA) and the NBA Board for the financial year 2020-21.

This report has been prepared in accordance with section 44 of the *National Blood Authority Act 2003* and section 46 of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

As the accountable authority of the NBA, I also present the 2020-2021 annual performance statements of the NBA as required under paragraph 39(1)(a) of the PGPA Act. In my opinion, the annual performance statements are based on properly maintained financial records, accurately reflect the performance of the entity, and comply with subsection 39(2) of the PGPA Act.

I certify that the requirements of the Department of Finance *Resource Management Guide 135: Annual reports for non-corporate Commonwealth entities*, have been met.

I certify that the NBA has prepared fraud risk assessments and a fraud control plan and has in place appropriate fraud prevention, detection, investigation and reporting mechanisms that meet the specific needs of the Agency. I also certify that the NBA has taken all reasonable measures to appropriately deal with fraud relating to the entity.

Yours sincerely

A handwritten signature in blue ink, appearing to read "John Cahill".

John Cahill
Chief Executive

12 October 2021

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1

NATIONAL BLOOD AUTHORITY AT A GLANCE

OUR VISION

Saving and improving Australian lives through a world-class blood supply.

OUR AUTHORITY

The National Blood Authority (NBA) was established by the *National Blood Authority Act 2003* (NBA Act) following the National Blood Agreement being signed by all Australian Health Ministers in 2002. As a statutory agency, the NBA has a range of corporate and compliance responsibilities under the NBA Act, the *Public Governance, Performance and Accountability Act 2013* (PGPA Act) and the *Public Service Act 1999*. It is also responsible for meeting ministerial, parliamentary and financial requirements.

OUR OUTCOME

The outcome of the NBA's work is access to a secure supply of safe and affordable blood products, including through national supply arrangements and coordination of best-practice standards within agreed funding policies under the national blood arrangements.

This outcome is approved by the Commonwealth Government and included in the Commonwealth Portfolio Budget Statements as the basis of funding appropriated to the NBA by Parliament.

OUR FUNCTIONS

The NBA manages and coordinates arrangements for the supply of blood, blood products and blood services on behalf of all Australian governments in accordance with the National Blood Agreement.

The primary policy objectives of the National Blood Agreement signed by Commonwealth, State and Territory governments are:

- ◆ to provide an adequate, safe, secure and affordable supply of blood products, blood-related products and blood-related services
- ◆ to promote the safe and high-quality management and use of blood products, blood-related products and blood-related services in Australia.

To achieve the policy objectives of the National Blood Agreement, the NBA:

- ◆ works with all Australian governments to determine the clinical requirements for blood and blood-related products and develops and manages an annual supply plan and budget
- ◆ negotiates and manages national contracts with suppliers of blood and blood-related products to obtain the products needed by patients
- ◆ assesses blood supply risk and develops associated contingency planning
- ◆ supports work to improve the way blood products are governed, managed and used, and develops and facilitates strategies and programs to improve the safety, quality and effectiveness of blood usage, particularly in the areas of national standards, criteria, guidelines and data capture and analysis
- ◆ collaborates with key stakeholders to provide expert advice to support government policy development, including the identification of emerging risks, developments, trends and opportunities
- ◆ manages the evaluation of proposals for blood sector improvements, including proposals for new products, technologies and system changes
- ◆ supports jurisdictional decision making under the National Blood Agreement.

OUR RESPONSIBLE MINISTERS AND PORTFOLIO

The NBA falls within the portfolio responsibilities of the Minister for Health. The NBA General Manager is the Chief Executive of the NBA and is a statutory officer reporting to the Commonwealth Minister for Health and the intergovernmental framework.

ACCOUNTABLE AUTHORITY

Details of the NBA’s accountable authority during the current report period of 2020–21 appear in Table 1.1 below.

Table 1.1 Details of accountable authority during the current report period (2020–21)

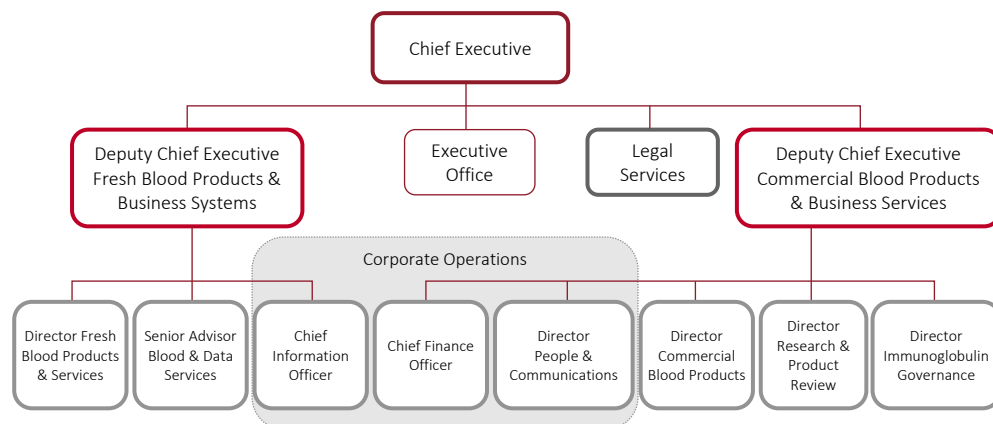
NAME	POSITION TITLE/POSITION HELD	DATE OF COMMENCEMENT	DATE OF CESSATION
Mr John Cahill	Chief Executive	October 2016	n/a

Mr John Cahill was re-appointed as Chief Executive for a four-year term commencing on 27 September 2020.

OUR STAFF AND ORGANISATIONAL STRUCTURE

As at 30 June 2021, the NBA had an average staffing level (ASL) of 56.45 employees. At this date, it also employed 27 contract staff. The organisational structure at 30 June 2021 is shown at Figure 1.1.

Figure 1.1 NBA organisation as at 30 June 2021



OUR EXECUTIVE MANAGEMENT TEAM

As at 30 June 2021, the NBA Executive Management team comprised the following senior executives:



Mr John Cahill

Chief Executive, National Blood Authority

Mr Cahill was appointed to the position of Chief Executive initially from a senior executive position in the Commonwealth Department of Health. He has wide-ranging policy, program and operational experience, including extensive work as a senior executive and Chief Executive with various government departments and agencies.

Before the NBA, Mr Cahill led and managed major programs and projects involving the delivery of challenging and complex services across Australia and internationally. This included the management and delivery of significant health services, infrastructure services, major procurement and the management of substantial contracts.

Since commencing with the NBA, Mr Cahill has worked closely with the Australian Red Cross Lifeblood (Lifeblood), commercial suppliers, partners and service providers, a broad range of committed stakeholders within governments and the community, including patients, patient groups, clinicians and specialist advisers – as well as with the passionate and professional staff of the NBA – to ensure the NBA provides strong leadership, management and support for Australia's world-class national blood arrangements.



Dr Anna Peatt

Deputy Chief Executive, Commercial Blood Products and Business Services

Dr Peatt joined the NBA in April 2021 as Deputy Chief Executive Commercial Blood Products and Business Services.

Dr Peatt has held various roles in Commonwealth and state governments' central and portfolio agencies in a range of areas including new policy development, operations and regulation. Anna most recently held the position of Chief Medicines and Poisons Officer in Victoria. Dr Peatt has a Doctor of Philosophy in Chemistry from Monash University.

At the NBA, Dr Peatt manages three operational teams that work together to ensure the national supply and management of commercial blood products. This includes stewardship of commercial blood products and service arrangements, research and development of new and emerging products and the utilisation of existing products, and the Immunoglobulin (Ig) Governance program that oversees improvements to the use and management of government-funded Ig.

Dr Peatt also has responsibility for a range of enabling corporate functions including finance, property, legal services, people and communications, which are key to the NBA delivering its vision.



Ms Elizabeth Quinn

Deputy Chief Executive, Fresh Blood Products and Business Systems

Ms Quinn joined the NBA in October 2018 as Deputy Chief Executive, Fresh Blood Products and Business Systems. She transferred to the NBA from the Attorney-General's Department and has a strong background of policy, program and operational management experience.

Ms Quinn joined the Australian Public Service in 1995 and her experience includes policy development and service delivery across a range of areas of government, including emergency management, legal assistance and international engagement. She has also served a term as Deputy Commissioner for the Department of Veterans' Affairs. Ms Quinn's academic profile includes a Bachelor of Business (Business Management) from the Royal Melbourne Institute of Technology.

At the NBA, Ms Quinn's responsibilities encompass fresh blood products and services and related issues, including the coordination of national supply planning processes across Australia. She has principal NBA executive responsibility for the contract with the Australian Red Cross Lifeblood (Lifeblood). She also has executive responsibility for the NBA's ICT and data management activities, as well as the coordination of the NBA's corporate risk management work. Ms Quinn is also the executive responsible for the implementation of the national Blood Management program, the national Patient Blood Management (PBM) program, the development of guidelines, the delivery of the National Haemovigilance Program and for the collaboration with the Australian Commission for Safety and Quality in Health Care in relation to the Blood Management Standard.

KEY EVENTS IN THE NBA'S HISTORY

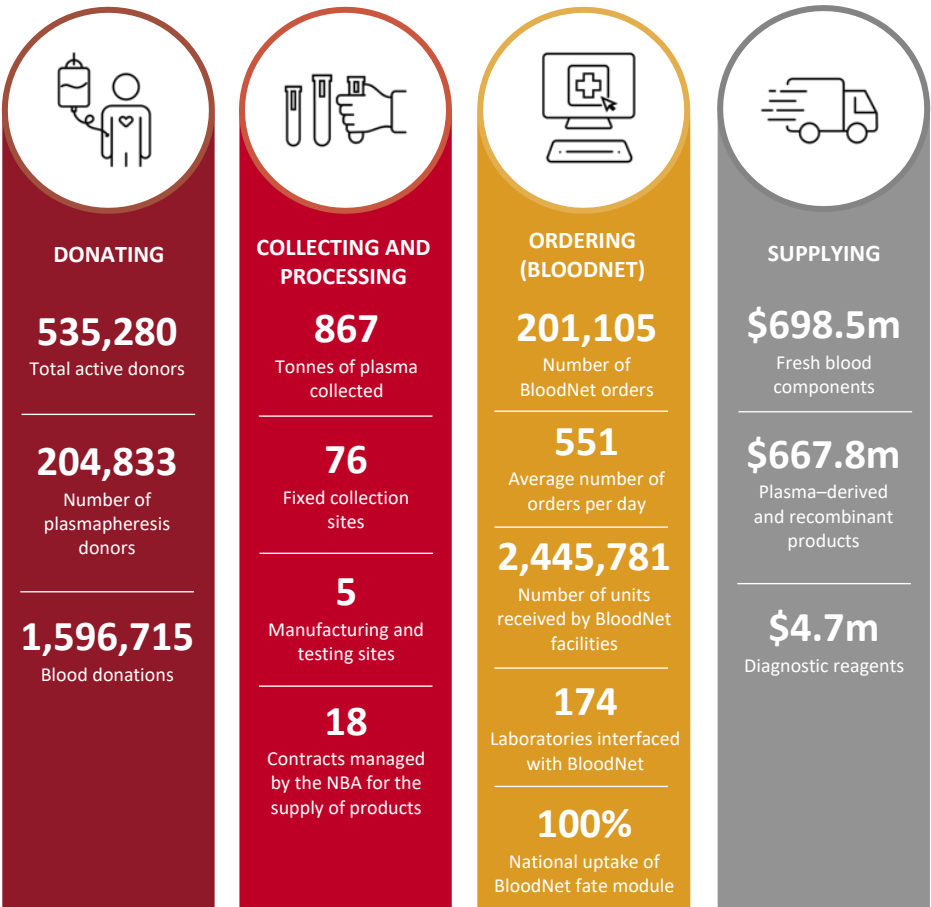
- 2003** • Established by the *National Blood Authority Act 2003* following the signing of the National Blood Agreement by all Commonwealth, state and territory health ministers in November 2002.
- 2003–04** • Commencement of national supply arrangements for imported intravenous immunoglobulin (IVIg) to ensure sufficiency of supply in all jurisdictions.
- 2004–05** • Commencement of an adequate supply of recombinant Factors VIII and IX to fully meet demand.
- 2005–06** • Executed a Deed of Agreement with the Australian Red Cross Society for the provision of fresh blood products and plasma for fractionation.
 - NBA won the Prime Minister's Silver Award for Excellence in Public Sector Management for procurement of recombinant (manufactured) products.
- 2006–07** • Approval of first edition of Criteria for the clinical use of intravenous immunoglobulin in Australia.
- 2007–08** • National Blood Supply Contingency Plan (NBSCP) implemented to provide governance for the management of blood shortages.
 - Launch of the redeveloped Australian Bleeding Disorders Registry (ABDR) to better support planning and clinical management of people with bleeding disorders.
- 2008–09** • Establishment of the Australian National Haemovigilance Program reporting on serious transfusion-related adverse events.
 - NBA was awarded the Australian Government Comcover Award for Excellence in Risk Management for the NBSCP.
- 2009–10** • New CSL Australian Fractionation Agreement came into effect.
 - NBA won a United Nations Public Service Award in the Advancing Knowledge Management in Government Category.

- 2010–11**
 - National rollout of BloodNet, an online blood ordering system, which allows health facilities to order blood and blood products quickly, securely and in a standardised way.
 - Release of the first module (Critical Bleeding/Massive Transfusion) of the Patient Blood Management (PBM) Guidelines.
- 2011–12**
 - Release of PBM Guidelines Module 2 Perioperative and Module 3 Medical.
 - Second edition of the Criteria for clinical use of Ig in Australia was published.
- 2012–13**
 - Release of PBM Guidelines Module 4 Critical Care.
- 2013–14**
 - National rollout of MyABDR.
 - Immunoglobulin governance program established.
- 2014–15**
 - Release of PBM Guidelines Module 5 Obstetrics and Maternity.
 - NBA won ACT iAwards in three categories for innovation surrounding the development of BloodNet interfaces with health provider laboratory information systems.
- 2015–16**
 - Release of PBM Guidelines Module 6 Neonatal and Paediatrics.
 - Release of National Haemophilia Guidelines developed with the Australian Haemophilia Centre Directors' Organisation.
 - First national blood sector research and development program grant round.
- 2016–17**
 - BloodSTAR online system launched to manage access to the supply of government-funded immunoglobulin products across Australia.
 - New Deed for Lifeblood services commenced 1 July 2016.
- 2017–18**
 - National Fractionation Agreement for Australia commenced 1 January 2018.
 - BloodSafe eLearning delivered more than 1 million courses and celebrated its 10th anniversary.

- 2018–19**
- National implementation of BloodSTAR completed.
 - Revised *Criteria for the clinical use of intravenous immunoglobulin in Australia* implemented and available on BloodSTAR.
- 2019–20**
- Implemented supply arrangements for of standard half-life and extended half-life recombinant Factor VIII and Factor IX products.
 - First Health Technology Assessment for Immunoglobulin.
 - The COVID-19 pandemic emerged with evolving impacts on the responsibilities and operations of the NBA.
 - The NBA received three prestigious awards, including the Prime Minister's Silver Award for Excellence in Public Sector Management.
- 2020–21**
- Hemlibra approved under the national supply arrangements to prevent or reduce the frequency of bleeding in severe or moderate haemophilia A patients.
 - Guideline issued for the prophylactic use of Rh D immunoglobulin in pregnancy care.
 - Immunoglobulin (Ig) access criteria modified to enable supply of intravenous Ig under the national blood arrangements for COVID-19 vaccine-induced immune thrombotic thrombocytopenia.
 - Lifeblood approved to increase domestic plasma collection by approximately 10 per cent annually to improve Australia's domestic supply of plasma-derived products.
 - New and additional contracts finalised for imported Ig products, increasing supply security and diversity.

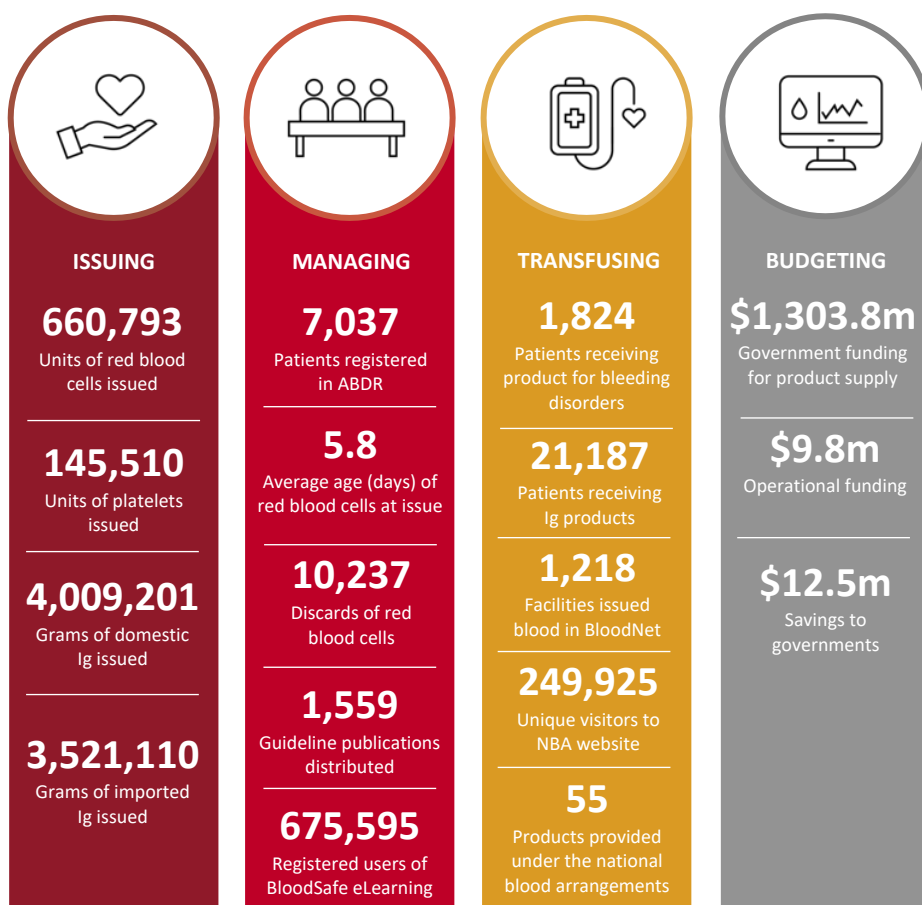
10 YEAR AT A GLANCE

SNAPSHOT OF THE BLOOD SECTOR IN 2020–21



KEY ACHIEVEMENTS

- ◆ Delivery of an uninterrupted supply that met clinical demand, with net savings from the annual supply plan and budget approved by governments of \$12.5 million.
- ◆ Close and effective partnership with suppliers of blood and blood products to manage national blood arrangements during COVID-19.
- ◆ No activation of the national Blood Supply Contingency Plan required.
- ◆ Governance arrangements for immunoglobulin that kept demand growth no greater than 7.4 per cent for the third consecutive year, compared with long-term annual growth of about 11 per cent.
- ◆ Managed approval by governments for Lifeblood to substantially increase the collection of domestic plasma for fractionation.
- ◆ Finalised procurement for a more secure and diverse supply of imported blood products.
- ◆ Enabled access to nationally funded immunoglobulin to treat COVID-19 vaccine-induced blood clotting.



KEY ACHIEVEMENTS

- ♦ Red blood cell wastage reduced to 1.6 per cent in 2020–21, from 1.9 per cent in 2019–20.
- ♦ Research and Development funding awarded to seven research projects administered by six Australian research institutions.
- ♦ Access enabled to four new imported immunoglobulin products.
- ♦ Hemlibra (emicizumab) introduced to the national blood arrangements to support improved quality of life for patients with haemophilia A.

CHIEF EXECUTIVE REVIEW



As I contemplate the achievements of the National Blood Authority (NBA) for 2020–21, a large part of Australia, including the Australian Capital Territory where the NBA is located, is in lockdown. Like most countries across the world, Australia is working hard to manage the impact of COVID-19 on our lives.

The COVID-19 pandemic has continued to challenge the NBA and our staff, as well as our suppliers, partners and stakeholders, in relation to the critical work required to ensure a safe, secure and affordable supply of blood, blood products and services. The most significant and dynamic challenges that have required more intensive management have been caused by both demand and supply issues – the recent high demand for red blood cells has not been seen in Australia for about seven years. At the same time, supply pressures have also increased due to intermittent reductions in blood donations to the Australian Red Cross (Lifeblood) through cancelled appointments, reduced appointment bookings and ‘no-shows’. This in turn is having an impact on plasma donations as plasma donors are being switched to whole blood donations to meet more immediate blood supply demands.

These issues are a direct consequence of COVID-19 and the various and sometimes unpredictable impacts of the fluctuating pandemic management arrangements. Similar challenges and experiences with blood arrangements are being witnessed in other countries, with some countries reporting blood shortages and consequential surgery disruptions. Australia is in a better position than most, with the effectiveness of our national blood arrangements continuing to demonstrate their importance and value. The NBA has worked closely with all Australian governments, Lifeblood, commercial suppliers of blood products, clinicians, patient groups and many other stakeholders to ensure there is no national blood supply shortage and that Australians continue to have access to the safe, secure and affordable supply of blood and blood products required to meet clinical demand.

Australian governments have assisted in managing the challenges of maintaining blood donations during the COVID-19 pandemic by declaring blood and plasma donation an essential reason for leaving home during periods covered by stay-at-home orders. These decisions, along with active information and awareness campaigns run by Lifeblood and ongoing messaging and education around effective patient blood management strategies, have helped to ensure that Australia has maintained necessary supplies of blood and blood-related products.

The NBA managed 18 contracts for the supply of blood and blood-related products during 2020–21. One of the most important of these is the Deed of Agreement for Lifeblood to collect and supply fresh blood and plasma. This year saw Lifeblood deliver over 1 million units of blood to hospitals and health care providers. In addition, during 2020–21, Australian governments agreed to a major program to increase plasma collection by about 10 per cent annually, from some 803 tonnes at the beginning of 2020–21 to almost 1,300 tonnes by the end of the current Deed in 2024–25. This is a genuinely significant national initiative that should improve Australia's self-sufficiency for plasma-derived products in an increasingly challenging global market.

COVID-19 also saw additional pressure placed on our suppliers of imported immunoglobulin (Ig) products resulting from reduced plasma collections overseas and challenges to logistics and supply chains. Two key strategies to mitigate supply risks have been to improve the opportunity to increase domestic supply arrangements through increased plasma collections as outlined above and to increase and diversify the range of products and suppliers for imported Ig. In December 2020, the NBA finalised a major procurement to replace expiring contracts for imported Ig. This increased the number of suppliers from two to four, thereby improving the overall security and sustainability of Ig supply arrangements for Australia, as well as achieving good value for money for governments.

Through a contract with CSL Behring valued at \$3.4 billion over nine years, the NBA continues to manage the manufacture and supply of domestic, fractionated blood plasma products. In 2020–21, the Australian National Audit Office (ANAO) completed an independent audit of the NBA's performance in procuring and managing this contract, which was tabled in Parliament on 3 June 2020. I am pleased to report that the audit found the NBA's strategic procurement planning and contract management has been largely effective. The audit also concluded that the NBA's benchmarking activities, modelling and forecasting formed a sound basis for demonstrating the contract's value for money and noted that the achievement of value for money reflects the NBA's strong, strategic procurement practices. This outcome is a great credit to the NBA staff involved in negotiating and managing commercial contracts for blood products and reflects the partnership between the NBA and CSL Behring, as well as the relationships with other blood supply partners.

The NBA continues to strive for better patient outcomes within the framework of the national blood arrangements. An example is the addition of Hemlibra (also known as emicizumab) to the national arrangements in November 2020, with a contract value of some \$321 million. Hemlibra is a prophylactic therapy available for severe and moderate haemophilia A that is supplied by Roche. It is easier and less intrusive to administer to patients, works better than current clotting factor products, reduces the incidence of bleeding events for patients and reduces the need to use additional blood products when patients have problems with inhibitory antibodies. The availability of this treatment under the national blood arrangements was welcomed by patients and patient groups, and will help improve the quality of life for adult and, especially, paediatric patients. The treatment is also less costly for governments than existing treatments.

One of the NBA's core tasks is to ensure that access to precious blood and blood-related products is appropriate. A flagship and award-winning NBA program to ensure the most appropriate use and management of Ig products, the National Immunoglobulin Governance Program, has been operating since 2014. At that time, the use of Ig products was growing by almost 12 per cent annually, both in Australia and in several other countries. An external evaluation of the program in 2020–21 reported that this growth has now been moderated to 7.3 per cent. This reduced level of demand will save some \$2.2 billion by 2030–31 compared with costs associated with the unmoderated growth in demand. Importantly, the evaluation also concluded that there have been no major changes in use observed in the ten most commonly treated medical conditions and no reduction in the doses administered. This indicates that since the program was implemented, more targeted access to Ig has been achieved rather than access to Ig being ceased for those who need it.

The value of the Ig Governance Program and associated engagement with external clinical specialists and expertise was also demonstrated when blood clotting issues arose with a COVID-19 vaccine. The NBA moved quickly to authorise clinical access under the national blood arrangements to intravenous Ig as a treatment for COVID-19 vaccine-induced immune thrombotic thrombocytopenia.

Structured professional research makes a valuable contribution towards the evidence base that informs the most appropriate use of blood products to improve the life of patients. In 2020–21, round five of the NBA's small niche research program opened to applications and projects focussed on Ig and patient blood management issues. Information on research grants is published on the NBA website. Seven projects were completed in 2020–21, resulting in six publications and five journal manuscripts being produced in draft.

The NBA has continued to build our data capture and analysis capabilities across all aspects of the supply chain, including through system and reporting enhancements to BloodNet and BloodSTAR. Enhancing data quality improves the overall efficiency and sustainability of the sector by providing a measurement for improvement. There is much more that needs to be done in the digital and data space in 2021–22 and beyond.

In May 2021, the NBA published the *Guideline for the prophylactic use of Rh D immunoglobulin in pregnancy care*. The guideline was developed by an expert group in consultation with jurisdictions and provides updated clinical guidance targeted at health care professionals involved in the management of pregnant Rh D negative women.

The BloodSAFE eLearning Australia (BEA) program continued to develop and provide relevant clinical education with funding of \$1.1 million provided from the NBA in 2020–21. BEA received 61,998 new user registrations in 2020–21 and by June 2021 had 675,595 learners registered who had completed 1,555,312 courses. This equates to more than 2.2 million hours of education, with courses provided without charge to participants and a suite of short videos and other resources being available to participants.

The NBA Board has remained a constant source of wisdom, guidance and advice on key issues during 2020–21, which was especially important for the NBA as the Board mostly met virtually during the limitations imposed by COVID-19. The Board was regularly updated and took a close interest in dealing with the challenges of COVID-19 on the work of the NBA and its staff. It has provided great support and advice on progress with implementing strategic and operational plans, and on key strategic issues that have informed the development of future programs and plans.

The NBA is successful in its mission because of our strong relationships with those working across the national blood sector. During the challenging times of 2020–21, the NBA has continued to meet virtually and share information with supplier partners and prospective suppliers, patient and clinical representative groups and individuals, professional bodies and many others. Many of our stakeholders make substantial contributions to the work of the NBA through sharing their time, expertise and professionalism. Without this investment, the work of the NBA would be diminished.

I would like to thank my executive management team for their ongoing support, professionalism, commitment and dedication. There has been a changing of the guard this year with the retirement of Michael Stone as one of only two NBA Deputy Chief Executives. Michael retired from the NBA and the Australian Public Service in late May 2021 having been with the NBA since its inception in 2003. Michael has made an enormous contribution to the work of the NBA and to blood sector issues more generally, both in Australia and in engaging with important international arrangements of which Australia is a part.

Michael has touched a lot of lives in the blood sector, and the establishment and success of the NBA over almost 20 years is due in no small part to Michael's efforts. In wishing Michael well with the next phase of his journey, we welcome Dr Anna Peatt as the Deputy Chief Executive, Commercial Blood Products and Business Services. Anna brings a new perspective to the NBA with her deep knowledge and experience across Commonwealth and state government policy development, operational management and regulation.

Finally, and most importantly, I want to conclude this review by recognising the staff of the NBA who continue to adapt to a constantly changing work and service delivery environment. In their professionalism, agility and commitment during COVID-19, the staff of the NBA have continued to ensure that we achieve our goal of delivering a safe, secure and affordable supply of blood, blood products and blood services to all Australians who need this. Thank you. It remains a pleasure to lead an organisation with such commitment and dedication to improving the lives of Australians.



John Cahill
Chief Executive

NBA BOARD AND REPORT

The Board is established under the NBA Act with functions that mainly involve consideration and advice to the NBA Chief Executive of blood sector issues and the performance of the NBA's functions. The Board is not a decision-making body and has no formal role in the governance or day-to-day management of the NBA.

The Board usually meets quarterly to consider, as appropriate, key issues facing Australia's blood sector and the NBA.

Board Members also engage with stakeholders to strengthen relationships, promote the role of the NBA and contribute generally to the work of the agency. Some Board Members also participate in other NBA committees to contribute to specific issues related to their expertise.

Board Members are appointed by the Australian Government Health Minister following consultation with states and territories.

The Board's functions are:

- ◆ to participate in consultation with the Minister about the appointment of the Chief Executive
- ◆ to give advice to the Chief Executive about the performance of the NBA's functions
- ◆ to liaise with governments, suppliers and others about matters relating to the NBA's functions
- ◆ such other functions (if any) as are specified in a written notice given by the Minister to the Chair.

BOARD MEMBERSHIP

- ◆ Dr Amanda Rischbieth – Chair
- ◆ Mr Geoffrey Bartle – Community Representative
- ◆ Professor Lyn Beazley AO – State and Territory Representative (Small Jurisdiction)
- ◆ Mr Paul Bedbrook – Financial Expert
- ◆ Professor Chris Brook PSM – State and Territory Representative (Large Jurisdiction)
- ◆ Ms Penny Shakespeare – Australian Government Representative
- ◆ Associate Professor Alison Street AO – Public Health Expert

Profiles of the Board members can be found in Appendix 1.

YEAR IN REVIEW

It was a busy and challenging year for the NBA and the national blood sector working to ensure the supply of blood and blood-related products was maintained through the uncertainties of the COVID-19 pandemic.

Firstly, on behalf of the Board, I wish to acknowledge the extraordinary work of all the NBA staff in successfully delivering the authority's program in 2020–21. I commend them for their professionalism and collegiality and their expertise, service and excellence.

The NBA Board met four times during 2020–21, usually through videoconference. The NBA Chief Executive and his staff provided regular advice and updates to the Board on inventory levels of blood and blood-related products and issues concerning the delivery of blood-related services.

The Board has been pleased to see that there has been no interruption to the national supply of blood and blood-related products during the pandemic. This reflects the hard work of NBA staff, together with its suppliers and partners, the openness and strength of the relationships between the parties and the robust NBA supply and contingency planning arrangements.

In particular, the Board noted that the NBA's very strong relationship with the Australian Red Cross Lifeblood (Lifeblood) and with numerous contracted commercial suppliers ensured Australians can continue to access blood and blood-related products as needed. During 2020–21, the Board fully supported the work of the NBA to facilitate the approval of governments for Lifeblood to progressively increase domestic plasma collection to improve Australia's self-sufficiency in the production and supply of plasma-derived products. At the same time, the NBA completed a significant procurement for the supply of imported products which has improved the diversity and security of supply arrangements for plasma-derived products in a very challenging global environment. The benefits of these initiatives will continue to materialise in coming years.

The Board was pleased that the Auditor-General completed a performance audit of arrangements for domestic fractionated blood plasma products. The audit concluded that the NBA has been largely effective at managing the manufacture and supply of domestic fractionated blood plasma products, with three recommendations made to improve process and reporting arrangements. The NBA will provide advice to the Board during 2021–22 on the implementation of these recommendations.

The Board has received several presentations and discussed the NBA's strategies to improve critical digital systems and infrastructure. Several blood sector systems are approaching end-of-life and the Board will support the modernisation of these systems and NBA IT infrastructure as well as the funding required to progress this critical development work.



NBA Board Members at 30 June 2021 (L to R) Mr Geoffrey Bartle, Ms Penny Shakespeare, Dr Amanda Rischbieth (Chair), Mr Paul Bedbrook, Professor Chris Brook PSM, Professor Lyn Beazley AO and Associate Professor Alison Street AO.

Organisationally the Board also provided advice on key corporate streams of work to support the NBA to optimise its operations through its people, prioritising its goals and managing risks. This included input on:

- ◆ the 2021–22 Corporate and Business Plan, including future strategic priorities
- ◆ the NBA’s Business Continuity Plan and Framework
- ◆ employee health, safety and wellbeing management
- ◆ the response to the 2020 APS employee census.

The Board looks forward to working with the NBA and the national blood sector in 2021–22 to achieve good outcomes for patients and governments through the supply and management of blood and blood-related products.

I would like to acknowledge and thank my fellow Board members for their invaluable contributions on all matters considered throughout the year. The Board looks forward to working with the NBA to continue to add value to the important work of the NBA in the year ahead and in providing support and advice to the Chief Executive and the NBA team during these especially difficult times.

Amanda Rischbieth

Chair

National Blood Authority Board

NBA STATUTORY COMMITTEES

Four committees have been established by the NBA Chief Executive under section 38 of the *National Blood Authority Act 2003* (NBA Act) to provide advice and assist with the performance of the NBA's functions. These committees are for:



The National Immunoglobulin Governance Committee (NIGAC) provides clinical advice to enhance the National Immunoglobulin Governance Program. Members are appointed based on expertise and experience.

NIGAC met twice during 2020–21 and worked out of session to ensure patients continue to have appropriate access to immunoglobulin (Ig) to enable better health outcomes. NIGAC are supported by the specialist working groups for immunology, haematology, neurology and transplantation medicine. Significantly, NIGAC supported changes to the Criteria for the Clinical use of Immunoglobulin in Australia for vaccine-induced thrombotic thrombocytopenia associated with COVID-19 vaccinations and for the use of Ig to treat Kawasaki Disease and support solid organ transplantation. NIGAC has also provided expert advice to support NPS MedicineWise to develop and deliver resources to support clinicians in prescribing Ig through its role as the steering committee for the Value in Prescribing Initiative.



The Australian Bleeding Disorders Registry (ABDR) is used daily by clinicians to help manage the treatment of people with bleeding disorders and to understand more about the incidence and prevalence of bleeding disorders. The ABDR Steering Committee provides advice to the NBA on the governance and use of the ABDR.

The ABDR Steering Committee consists of representatives involved in the clinical management, advocacy and funding of treatment for people with bleeding disorders. The committee met twice in 2020–21 and provided advice on enhancements to the ABDR registry, product use and management for the treatment of bleeding disorders, and data access and analysis.



The Patient Blood Management Advisory Committee (PBMAC) was established in 2019 to provide advice and guidance to the NBA about implementing patient blood management in Australia, including developing an implementation strategy.

The PBMAC met once during 2020–21 to progress the following activities:

- ◆ Review and update the implementation strategy
- ◆ Review the single unit policy
- ◆ Engage with the International Foundation of Patient Blood Management (IFPBM) to deliver two videos



The NBA's National Haemovigilance Program is informed by the Haemovigilance Advisory Committee (HAC). This group provides advice and guidance to the NBA on adverse event reporting originating from health service organisations, on national transfusion safety priorities and on the development and implementation of the strategic framework.

HAC met twice during 2020–21 and several working groups also met to progress the following activities:

- ◆ Publication of the 2018–19 National Haemovigilance Report
- ◆ Acute transfusion reaction guidance
- ◆ Australian Haemovigilance Minimum Data Set
- ◆ Case studies
- ◆ Education forum

HAC is continuing work to:

- ◆ Finalise the 2019–20 National Haemovigilance Report
- ◆ Review the strategic framework and work plan
- ◆ Understand barriers to and incentives for haemovigilance in Australia



ACKNOWLEDGEMENTS

We acknowledge and thank the many stakeholders that provided us with valuable advice, guidance and support throughout this year.

We are grateful for the generous time and effort we again received from clinical experts, community and patient representatives and others, especially during the unprecedented demands and challenges imposed by the professional and personal impacts of COVID-19.

We also acknowledge the support we received from the many colleges, societies and individuals who contributed to the publications, resources and tools we produced during the year.

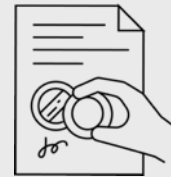
In addition, we thank all our advisors, collaborators and partners for their commitment and dedication which helped us to meet the objectives of the national blood arrangements. Some of those who provided advice on a variety of topics, including clinical issues and patient perspectives, information technology systems used by patients and clinicians, and on the governance of our organisation include the following:

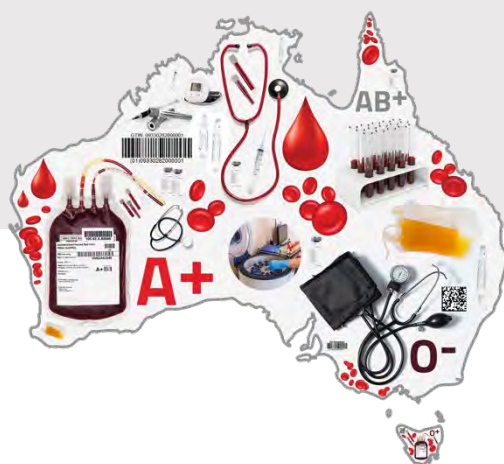
CLINICAL ISSUES AND PATIENT PERSPECTIVES

- ◆ Patient Blood Management Guidelines clinical/consumer reference groups and jurisdictions for the review and update of the Patient Blood Management Guidelines
- ◆ Expert Reference Group for the development of the *Guideline for the prophylactic use of Rh D immunoglobulin in pregnancy care*
- ◆ National Immunoglobulin Governance Advisory Committee and specialist working groups for immunology, haematology, neurology and transplantation medicine
- ◆ National Immunoglobulin Interest Group
- ◆ National Blood Sector Research and Development Program Expert Review Panel
- ◆ Patient Blood Management Advisory Committee and working groups
- ◆ Haemovigilance Advisory Committee and working groups
- ◆ Australian Haemophilia Centre Directors' Organisation
- ◆ Australian Bleeding Disorders Registry Steering Committee
- ◆ Australian Bleeding Disorders Registry Data Managers Group

GOVERNANCE

- ◆ National Blood Authority Audit and Risk Committee





PART TWO

OUR PLANNING FRAMEWORK

STRATEGY 1: PROVIDE A SAFE, SECURE AND AFFORDABLE SUPPLY OF BLOOD AND BLOOD-RELATED PRODUCTS AND SERVICES

STRATEGY 3: PROMOTE A BEST-PRACTICE MODEL OF MANAGEMENT AND USE OF BLOOD AND BLOOD-RELATED PRODUCTS AND SERVICES

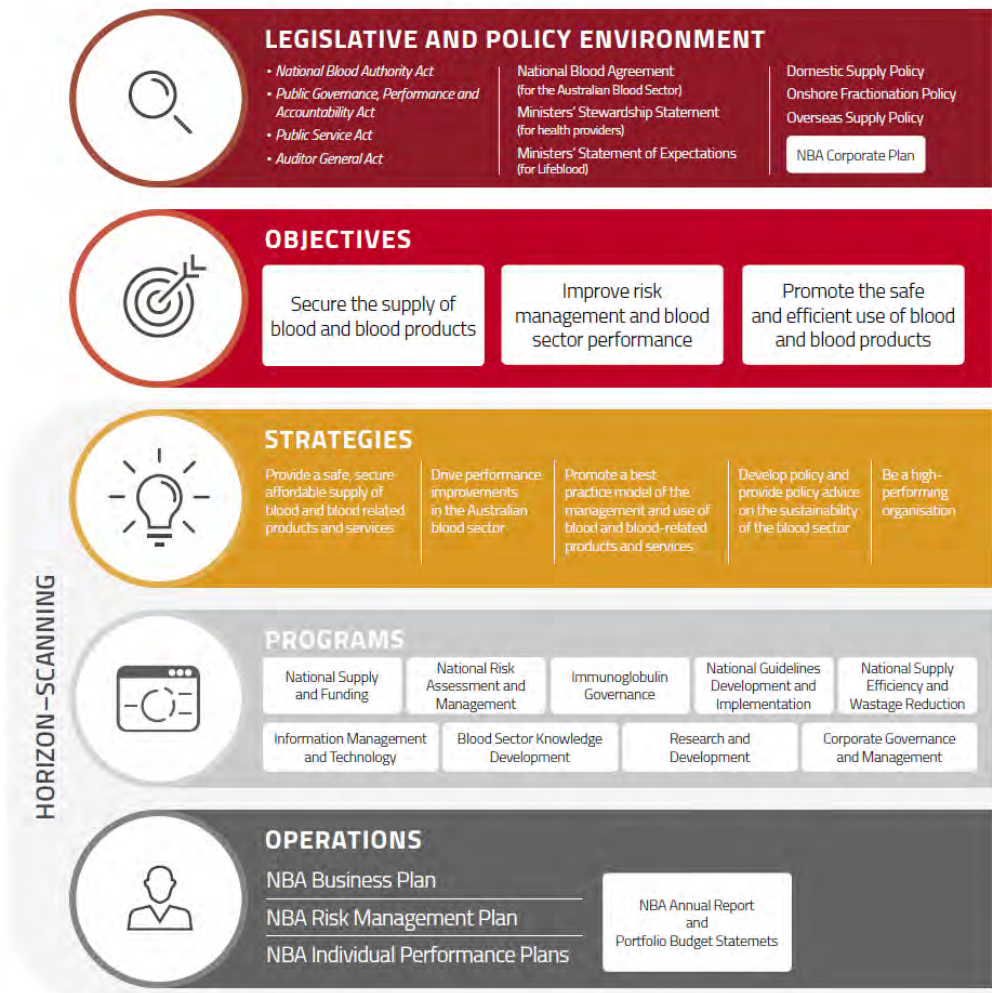
STRATEGY 4: DEVELOP POLICY AND PROVIDE POLICY ADVICE ON THE SUSTAINABILITY OF THE BLOOD SECTOR

STRATEGY 5: BE A HIGH-PERFORMING ORGANISATION

2

OUR PLANNING FRAMEWORK

The NBA pursued its vision through the three objectives, five strategies and nine programs, as summarised in the following planning framework.



ANNUAL PERFORMANCE REPORTING STATEMENT

In 2020–21, the National Blood Authority performance reporting format reflects the annual performance statement structure (Resource Management Guide No. 135 Annual Reports for non-corporate Commonwealth entities).

ACCOUNTABLE AUTHORITY STATEMENT

As the accountable authority of the National Blood Authority, I present the 2020–21 Annual Performance Statements of the National Blood Authority as required under paragraph 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). In my opinion, these annual performance statements are based on properly maintained records, accurately reflect the performance of the entity and comply with subsection 39(2) of the PGPA Act.



John Cahill
Chief Executive
National Blood Authority

INTRODUCTORY STATEMENT

The NBA manages and coordinates arrangements for the supply of blood, blood products and blood services on behalf of all Australian governments in accordance with the National Blood Agreement.

The primary policy objectives of the National Blood Agreement signed by Commonwealth, state and territory governments are:

- ◆ to provide an adequate, safe, secure and affordable supply of blood products, blood-related products and blood-related services
- ◆ to promote the safe and high-quality management and use of blood products, blood-related products and blood-related services in Australia.

As required under the *Public, Governance, Performance and Accountability Act 2013*, this part outlines the NBA's performance against planned performance criteria set out in the *National Blood Authority's Portfolio Budget Statement 2020–21* and the NBA's *Corporate Plan 2020–21*.

In accordance with paragraph 17(2)(b) of the *Public Governance, Performance and Accountability Rule 2014* (PGPA Rule), the National Blood Authority Audit and Risk Committee has reviewed the National Blood Authority's performance reporting as part of its functions and considers the reporting appropriate.

STRATEGY 1:

PROVIDE A SAFE, SECURE AND AFFORDABLE SUPPLY OF BLOOD AND BLOOD-RELATED PRODUCTS AND SERVICES

The NBA manages the national blood supply to ensure healthcare providers have sustainable, reliable and efficient access to blood and blood products needed for patient care. The NBA ensures blood supply security by working with all Australian governments to set and manage an annual supply plan and budget, and by negotiating and managing blood supply contracts and arrangements with domestic and overseas suppliers.

Performance against each of the key performance indicators is shown in Table 2.1 below, and shows the NBA was able to meet all 2020–21 key performance indicators.

PERFORMANCE

Table 2.1 Key performance indicators: Provide a safe, secure and affordable supply of blood and blood-related products and services

2020–21 INDICATOR	2020–21 RESULTS
Blood and blood-related products are available to meet clinical requirements.	Blood and blood products were available to meet clinical demand.
Collection and production yield for domestic immunoglobulin maximised.	Lifeblood met the targets for the collection of plasma for fractionation at 867 tonnes. CSL Behring produced 3,947.3 kgs of domestic immunoglobulin during 2020–21, a 20.2% increase on 2019–20.
Multiple contracts from diverse sources for relevant blood products are in place and managed.	In 2020–21, the NBA managed 18 blood and blood product supply contracts and arrangements. Four new imported Ig products became available on 1 January 2021.
Discards as a percentage of net issues of red blood cells less than 2.5%.	Discards as a percentage of net issues of red blood cells was 1.6%.
The supply outcome is within 5% of the National Supply Plan and Budget approved by governments.	Actual results were 12.5 million or 0.9% below the National Supply Plan and Budget. There were no contingency events during the reporting period that required the National Blood Supply Contingency Plan to be activated. Closely monitored the supply of blood and blood products in Australia and mitigated risk issues in response to COVID-19.
Appropriate access and use of Immunoglobulin (Ig), as indicated by clinical demand against approved access Criteria.	Ig issued increased by 7.4% over 2020–21, compared to the previous year.

Performance Criteria Source: 2020–21 Health Portfolio Budget Statements, p.308–309 NBA Corporate Plan 2020–21 to 2023–24, p.20, 22–23

RESPONDING TO COVID-19

Like all organisations the NBA needed to adapt to the challenges of COVID-19.

At the beginning of the pandemic, the NBA adapted rapidly and flexibly to the different pressures and challenges, including changing the way it worked and how it engaged with stakeholders. In 2020–21, staff remained agile and adaptable as the agency increasingly adopted a hybrid model of working, including home-based working arrangements when necessary. This was supported by digital functionality and modified enabling services to support effective remote operations.

As the pandemic evolved throughout 2020–21, the NBA continued to be flexible in its response to COVID-19. This included re-prioritising work program activities, as well as re-allocating and increasing resources where necessary to ensure it met its core obligations and dealt with new and emerging issues associated with the pandemic.

VACCINE SUPPORT

The NBA's agility was demonstrated when reports of adverse COVID-19 vaccine events emerged, with cases of vaccine-induced immune thrombotic thrombocytopenia (VITT). The NBA responded swiftly to the expert information and advice of clinicians to enable access to immunoglobulin (Ig) under the national blood arrangements to treat VITT.

SUPPLY AND DEMAND PRESSURES

During the pandemic period, the NBA worked even more closely with suppliers and partners to ensure the clinical demand for blood and blood-related products in Australia was met without interruption. There was no need to activate the National Blood Supply Contingency Plan during 2020–21 despite increased risks to supply chains and logistics arising from COVID-19.

In late 2020, the NBA completed procurement activity to replace expiring contracts for the supply of imported blood products. This increased supply security by increasing the number of supply contracts and the diversity of supply arrangements. The NBA also worked closely with Lifeblood to enable a substantial increase in the domestic collection of plasma which, over time, should put less reliance on the supply of imported plasma-derived products.

At times, the pandemic put a strain on the supply of national blood and blood products. The NBA actively managed the availability of blood and blood products to make sure patients were able to get the treatment they needed when they needed it.

In March 2021, an imported Ig product was temporarily unavailable. Using blood sector systems, the NBA was able to redirect patients to equivalent products so they could continue their treatment uninterrupted.

In late 2020–21, blood inventory pressures increased especially for red blood cells and platelets. This pressure arose from intermittent reductions in blood donations coinciding with an increase in demand for products. As Australian donors navigated COVID-19 lockdowns and restrictions, Lifeblood experienced an increase in cancelled appointments, a reduction in appointment bookings and reduced attendance for appointment bookings. This in turn impacted plasma donations as plasma donors were switched to whole blood donations to meet more immediate blood supply demands.

The situation remains highly dynamic due to the fluctuating effects of pandemic management arrangements and demands on the healthcare system generally. Lifeblood, other suppliers, health providers and the NBA have successfully managed these challenges to date and Australia has not experienced the blood shortages reported in some other countries. Navigating the challenges of COVID-19 has also sharpened the NBA on work that had already commenced to improve the National Blood Supply Contingency Plan. Further review and approval of an updated plan will be one of the NBA's priorities in 2021–22.

The NBA's Business Continuity Plan will also continue to be actively monitored and revised as the agency learns more from the experience of pandemic management on blood management issues and on the NBA organisationally.



KEY ACTIVITIES SUPPORTING THE DELIVERY OF STRATEGY 1

In 2020–21, the NBA undertook several key activities that contributed towards maintaining a safe, secure and affordable supply of blood and blood-related products and services. These included ongoing activities of our operational teams such as forecasting supply and demand through the National Supply Plan and Budget, as well as actively managing the performance of suppliers of blood products and blood-related products. New initiatives in 2020–21 included expanding our inventory of imported Ig products that were made available.

NATIONAL SUPPLY PLAN AND BUDGET

The National Supply Plan and Budget (NSP&B) is key to enabling the NBA to achieve security of supply.

Coordinating and monitoring the NSP&B includes developing a national estimate of product demand, including liaising with states and territories to refine the estimated demand for products. Importantly, it requires the ongoing collection and distribution of data on product issued, and reporting variations to jurisdictions on the approved supply plan. These ongoing activities enable the detection of supply issues and if products do become less available, they require the NBA to more intensively manage these products to meet clinical demand.

PERFORMANCE AGAINST THE 2020–21 NSP&B

Throughout 2020–21, products were supplied to meet clinical demand and supply risks were effectively managed. Table 2.2 shows the different blood products purchased by supplier from 2016–17 to 2020–21 including Hemlibra, CUVITRU and Octagam.

The approved budget for 2020–21, covering the supply and management of blood and blood products and services under contract, was \$1,357.10 million. This comprised \$700.06 million for fresh blood products and plasma collection and \$635.62 million for plasma-derived and recombinant products.

An additional \$21.42 million supported the appropriate use and management of blood, blood products and blood-related services, including for the publication of PBM Guidelines, maintaining the Australian Haemophilia Centre Directors' Organisation (AHCDO), administering the Australian Bleeding Disorders Registry (ABDR), funding BloodSafe eLearning, maintaining Blood Sector ICT Systems, as well as for immunoglobulin governance arrangements, the assessment and review of blood products and for the day-to-day operations of the NBA.

Table 2.2 Blood and blood products purchased by product category 2016–17 to 2020–21

SUPPLIER	PRODUCTS PURCHASED	2016–17 (\$M)	2017–18 (\$M)	2018–19 (\$M)	2019–20 (\$M)	2020–21 (\$M)
Australian Red Cross Lifeblood	Fresh Blood Products	582.40	620.69	667.94	651.50	698.46
CSL Behring (Australia) Pty Ltd	Domestic Plasma Products	266.35	273.64	263.02	269.56	302.73
	Imported Plasma and Recombinant Products	6.93	14.11	17.52	23.11	44.48
	Imported IVIg	75.25	88.86	116.91	134.42	155.93
	Diagnostic Reagent Products	3.30				
Takeda Pharmaceuticals Australia Pty Ltd (formerly Shire Australia Pty Limited)	Imported Plasma and Recombinant Products	31.45	34.25	39.11	37.09	18.70
	Imported IVIg					2.93
Roche Products Pty Ltd	Emicizumab (bi-functional monoclonal antibody)					25.74
Pfizer Australia Pty Ltd	Imported Plasma and Recombinant Products	56.89	49.43	37.56	36.60	13.58
Novo Nordisk Pharmaceuticals Pty Ltd	Imported Plasma and Recombinant Products	24.20	35.28	35.57	36.73	32.91
Sanofi-aventis Australia Pty Ltd	Imported Plasma and Recombinant Products		3.68	19.72	21.28	21.00
Octapharma Pty Ltd	Imported IVIg					2.98
Grifols Australia	Imported IVIg	36.30	44.72	38.70	44.87	46.80
	Diagnostic Reagent Products	0.33	0.37	0.38	0.36	0.40
Paragon Care Group Australia Pty Ltd (formerly Immulab Pty Ltd)	Diagnostic Reagent Products		3.44	3.00	2.98	3.04
Ortho-Clinical Diagnostics (Johnson & Johnson Medical Pty Ltd)	Diagnostic Reagent Products	0.44	0.71	0.79	0.81	0.71
Bio-Rad Laboratories Pty Ltd	Diagnostic Reagent Products	0.54	0.28	0.54	0.58	0.58
Total Purchases of Blood and Blood Products		1,084.38	1,169.46	1,240.77	1,259.89	1,370.98

FRESH BLOOD PRODUCTS

The fresh blood products supplied in 2020–21 are summarised at Appendix 2: *Fresh blood components supplied under contract by Lifeblood in 2020–21*. The four main products were:



red blood cells



platelets



clinical fresh frozen plasma



plasma for fractionation

The Deed of Agreement with governments that covers Lifeblood’s operations ensures Lifeblood is funded for all reasonable costs incurred in the collection, processing and supply of blood and services covered by the Deed. The net growth in fresh blood expenditure summarised in Table 2.3 largely reflects changes in the demand for some fresh blood products over time together with the effect of the agreed funding model that underpins the operations and sustainability of Lifeblood.

Table 2.3 Fresh blood expenditure since 2011–12

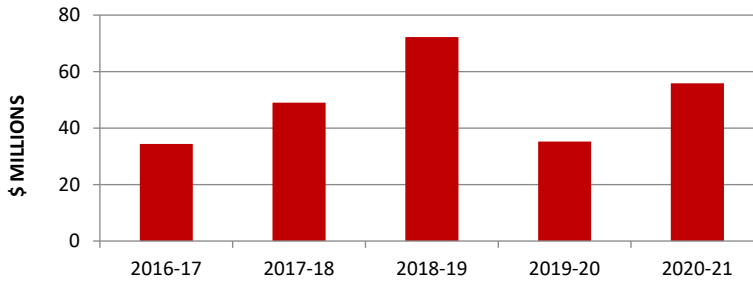
YEAR	AMOUNT (\$M)	GROWTH (%)
2011–12	526.3	6.0
2012–13	549.3	4.4
2013–14	583.1	6.2
2014–15	547.1	-6.2
2015–16	588.4	7.5
2016–17	582.4	-1.0
2017–18	620.7	6.6
2018–19	667.9	7.6
2019–20	651.5	-2.5
2020–21	698.5	7.2
Total	6,015.2	3.6% (average)

Key factors that influenced growth in 2020–21 include:

- significantly increased demand for red blood cells and platelets that appears to be related to the impacts of COVID-19 on health management arrangements
- annual price indexation of 1.95 per cent
- the collection of additional plasma for fractionation, from 803 tonnes to 867 tonnes.

The expenditure growth summarised in Table 2.3 has been absorbed within the annual budget funding approved by governments. Continuous improvements and efficiencies in Lifeblood's operations have enabled Lifeblood to return savings to governments against the annual approved budgets as highlighted in Figure 2.1. Consistent with this, Lifeblood will return \$55.8m to the NBA from the budget approved for 2020–21.

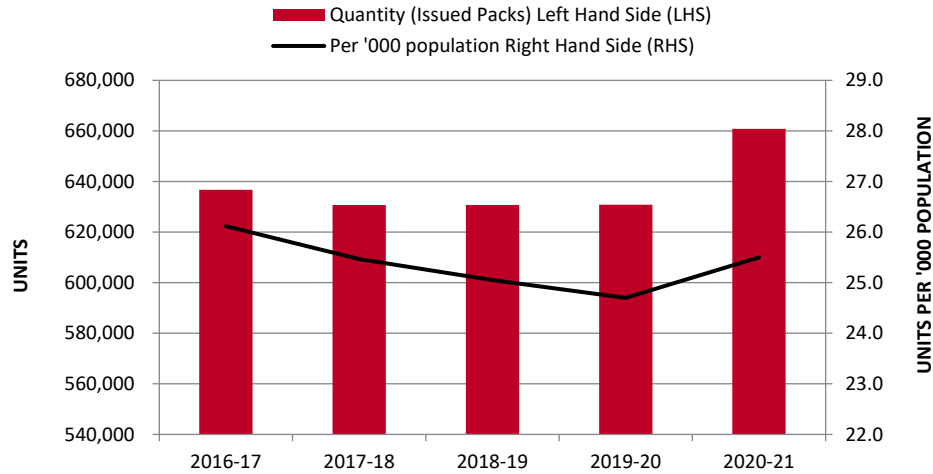
Figure 2.1 Returns to government 2016–17 to 2020–21



RED BLOOD CELLS

Red blood cells comprise approximately 19.4 per cent of total blood and blood product expenditure and are the second largest item of cost in fresh products after plasma for fractionation. Figure 2.2 illustrates an increase of 4.8 per cent in red blood cells issued compared with 2019–20, with a continuation of the decline in issues per 1,000 head of population nationally from 26.1 in 2016–17 to 25.5 in 2020–21. Until 2020–21, demand for red cells was declining, but 2020–21 has seen the highest demand in seven years. This increase appears to be driven by the fluctuating effects of COVID-19 pandemic management together with associated increases in the overall demand for healthcare, including obstetrics and demand increases for healthcare more generally.

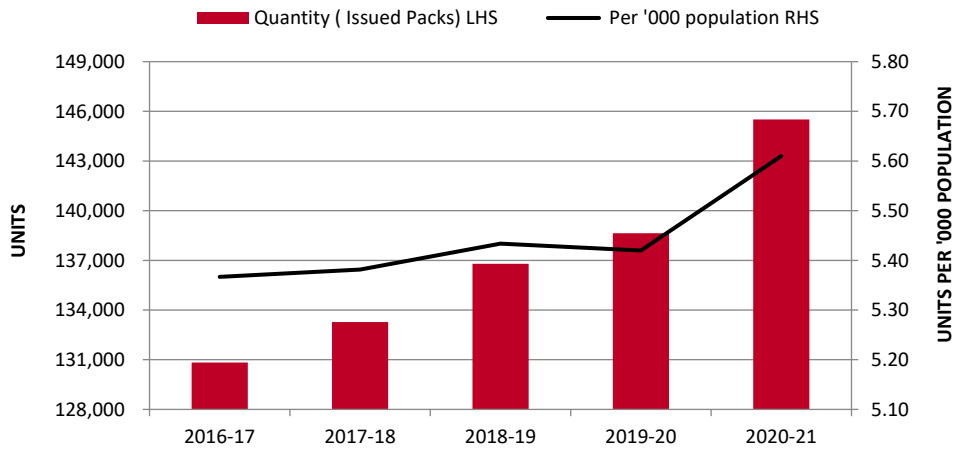
Figure 2.2 Red blood cells issued by Lifeblood 2016–17 to 2020–21 per '000 population



PLATELETS

Platelets comprise 4.3 per cent of total blood and blood product expenditure. Figure 2.3 illustrates a 5 per cent increase in platelets issued compared with 2019–20. Platelets are derived from both apheresis and whole blood collections. In 2020–21, platelets issued were 35.1 per cent apheresis (36 per cent in 2019–20) and 64.9 per cent whole blood pooled (64 per cent in 2019–20).

Figure 2.3 Platelets issued by Lifeblood 2016–17 to 2020–21 per '000 population

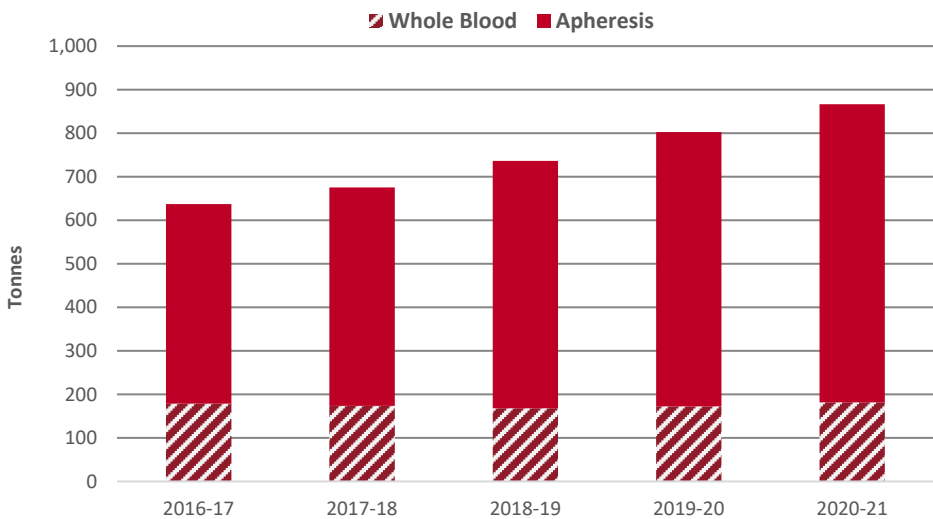


PLASMA FOR FRACTIONATION

Lifeblood collects plasma for fractionation to supply to CSL Behring (Australia) Pty Ltd for the manufacture of plasma-derived products. The growth of plasma collections during the last five years is shown in Figure 2.4. In 2020–21, Lifeblood supplied 866.5 tonnes of plasma for fractionation, against a target of 882.8 tonnes. This comprised 181.8 tonnes of plasma from whole blood and 684.7 tonnes of apheresis plasma. Plasma collections during 2020–21 were affected by the increased demand for red blood cells, which required Lifeblood to shift efforts to whole blood donations at various times during the year. The result was within the tolerance level of the target set by governments.

In 2016–17, the ratio of whole blood to apheresis plasma for fractionation was 28:72 and in 2020–21, 21:79.

Figure 2.4 Whole blood and apheresis plasma for fractionation 2016–17 to 2020–21



PLASMA AND RECOMBINANT PRODUCTS

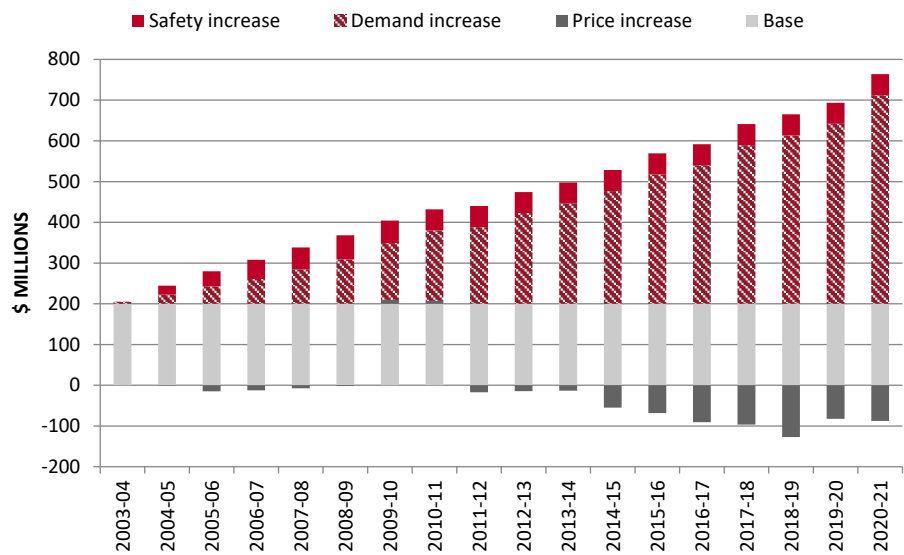
The cost of plasma-derived and recombinant blood products in 2020–21 was \$679.8 million, an increase of \$78.2 million, or 13 per cent, from 2019–20. A decline in the growth in demand for Immunoglobulin (Ig) resulted in lower expenditure of \$22.2 million compared with the approved annual supply plan and budget. However, this was offset by an increase in the cost of imported Ig, which resulted in an overall increase of \$37.3 million against the NSP&B. Lower demand for recombinant FVIII, plasma-derived factor VIII, FEIBA and rVIIa, as a result of the introduction of Hemlibra (emicizumab), saw an overall decrease of \$22.9 million for haemophilia A treatment products. The demand for C1 esterase inhibitor increased by 26.7 million IUs or \$22.1 million over the NSP&B.

In the 16 years to 2020–21, annual expenditure on plasma and recombinant products issued under the national blood arrangements has increased from \$200.2 million to \$676.1million. Key drivers of this increase are:

- ◆ \$551.8 million from increased demand
- ◆ \$51.8 million to fund recombinant clotting factor products (rFVIII and rFIX).

The combined effect of demand and price drivers on expenditure can be seen in Figure 2.5. Significant improvements in price have driven a large increase in savings that has reduced the impact of increases in demand.

Figure 2.5 Plasma-derived and overseas product expenditure: Cumulative increases on 2003–04 base year



ENABLING ACCESS TO HEMLIBRA

The introduction of Hemlibra (emicizumab) into Australia's national blood arrangements since 2 November 2020 has significantly improved the quality of life for some haemophilia patients. Hemlibra is supplied to the NBA by Roche as a prophylactic therapy for adult and paediatric patients with severe and moderate haemophilia A.

Haemophilia A is a genetic bleeding disorder where blood does not clot properly. Untreated, patients suffer life-threatening, severely disabling internal bleeding and/or recurrent joint damage. Patients can self-administer Hemlibra and have less frequent treatments than alternative products.

People with severe or moderate haemophilia A are usually treated with a clotting factor (FVIII) multiple times a week to reduce rates of bleeding or when a bleeding episode occurs. Conventional FVIII therapy can require frequent intravenous infusions and can also lead to the development of antibody responses (known as inhibitors) which impede the effectiveness of this treatment and subsequently require treatment with alternative, expensive bypassing agent products.

Hemlibra is a novel monoclonal antibody that mimics the action of FVIII to allow the normal clotting cascade to continue. Doses of Hemlibra are delivered subcutaneously, allowing patients to self-administer the treatment on a weekly, 2-weekly or 4-weekly basis depending on clinical need. This results in improved patient quality of life and a decrease in the risks associated with intravenous infusion.

The introduction of Hemlibra as an alternative to clotting factor therapy for haemophilia A has had an impact on clotting factor supply arrangements. Over 1 million milligrams of Hemlibra were distributed between November 2020 and June 2021. The supply contract negotiated by the NBA is expected to save governments \$78 million over five years.

The supply of Hemlibra through the national blood arrangements administered by the NBA will ensure patients and clinicians have holistic and consistent national access to therapies for haemophilia A. It is a good outcome for patients, being a better and less invasive therapy, and a good outcome for governments that involves lower costs.

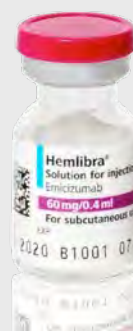
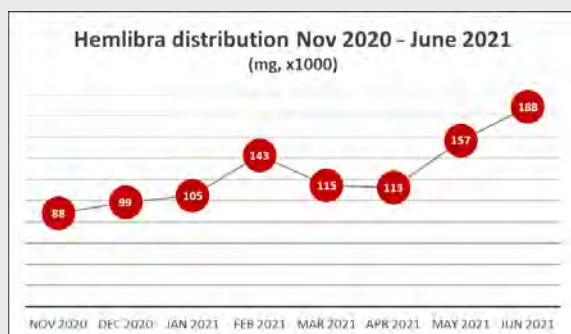


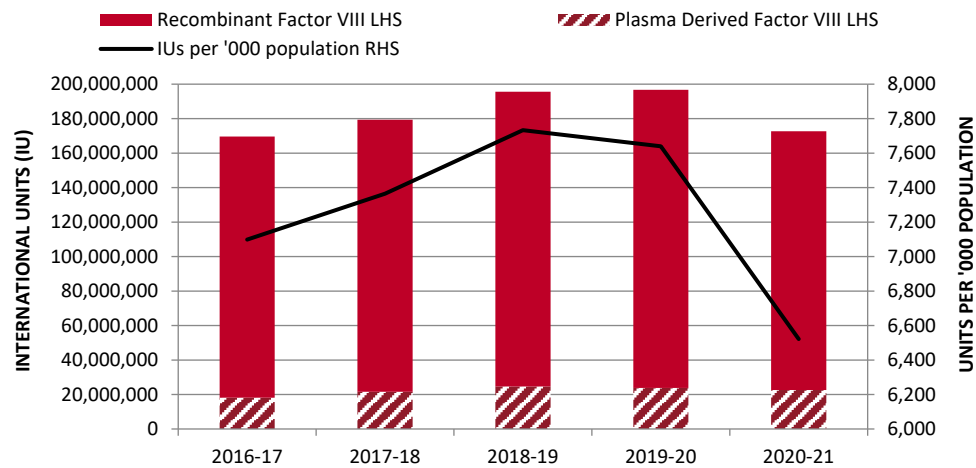
Photo credit: © 2021 F. Hoffmann-La Roche Ltd

<https://www.roche.com/products/product-details.htm?productId=4889d5d4-c688-4db5-8805-12a57b1c95a1>

38 CHANGING DEMAND FOR CLOTTING FACTORS

In 2020–21, clotting factors comprised 8.9 per cent of total blood and blood product expenditure. Figure 2.6 indicates that the demand for factor VIII products decreased by 13.5 per cent when compared with demand in 2019–20. The demand for recombinant factor VIII decreased by 13.2 per cent in 2020–21. Demand for plasma-derived factor VIII decreased by 15.7 per cent. These decreases are due to the introduction of Hemlibra (emicizumab) in November 2020. In the period from November 2020 to June 2021 1,006,500 mgs of Hemlibra were issued.

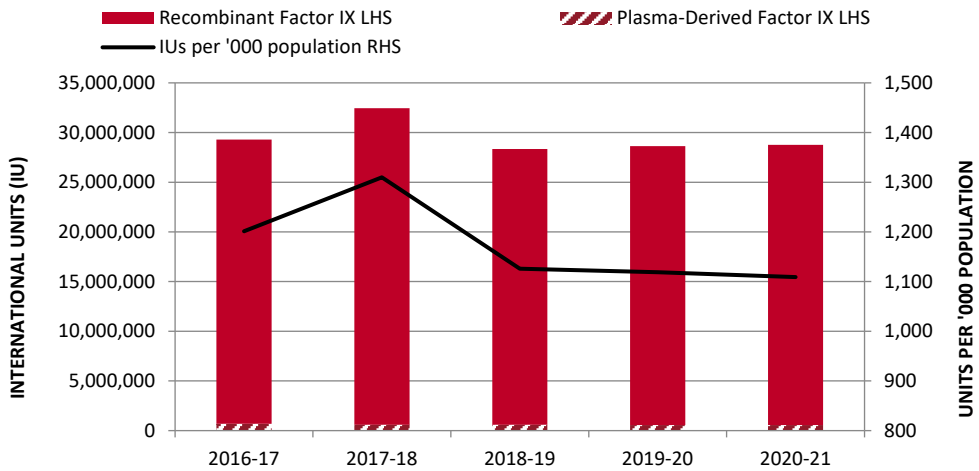
Figure 2.6 Factor VIII products issued 2016–17 to 2020–21 per '000 population



The demand for Factor IX products in 2020–21 increased by 0.5 per cent compared to 2019–20 (Figure 2.7). Plasma-derived Factor IX demand decreased by 2.5 per cent in 2020–21 due to a reduction in specific patient requirements. Demand for recombinant factor IX increased by 0.5 per cent in 2020–21.

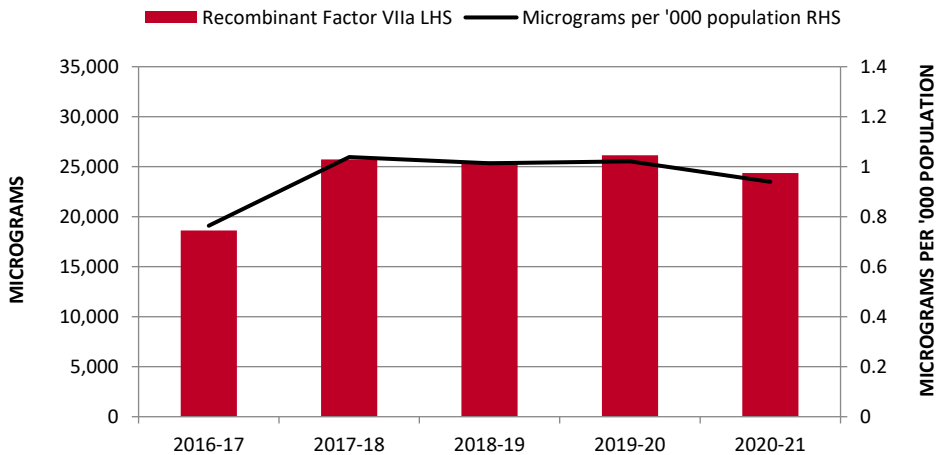
The introduction of the extended half-life recombinant factor IX clotting factor products during 2020–21 under the national supply arrangements contributed to the overall low year-to-year growth for these products.

Figure 2.7 Factor IX products issued 2016–17 to 2020–21 per '000 population



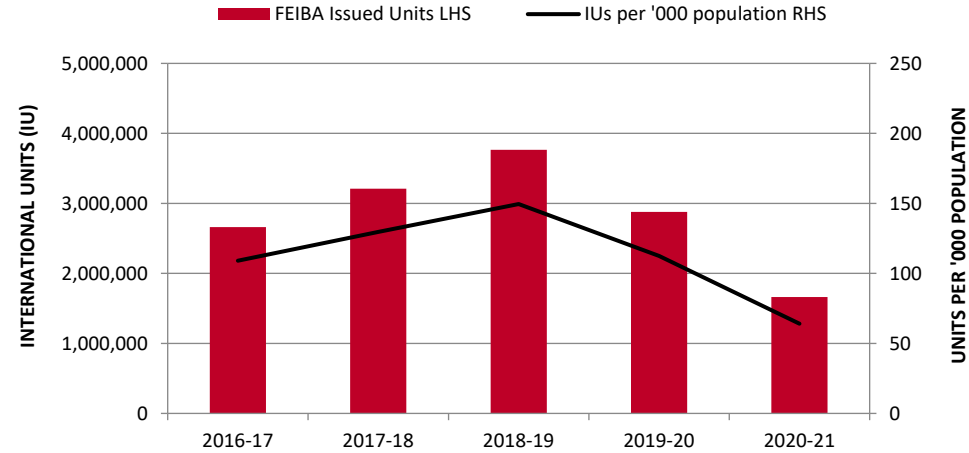
The 2020–21 level of demand for recombinant factor VIIa decreased by 6.8 per cent and Factor VIII Anti-Inhibitor (FEIBA) decreased by 42.3 per cent compared to 2019–20.

Figure 2.8 Factor VIIa products issued 2016–17 to 2020–21 per '000 population



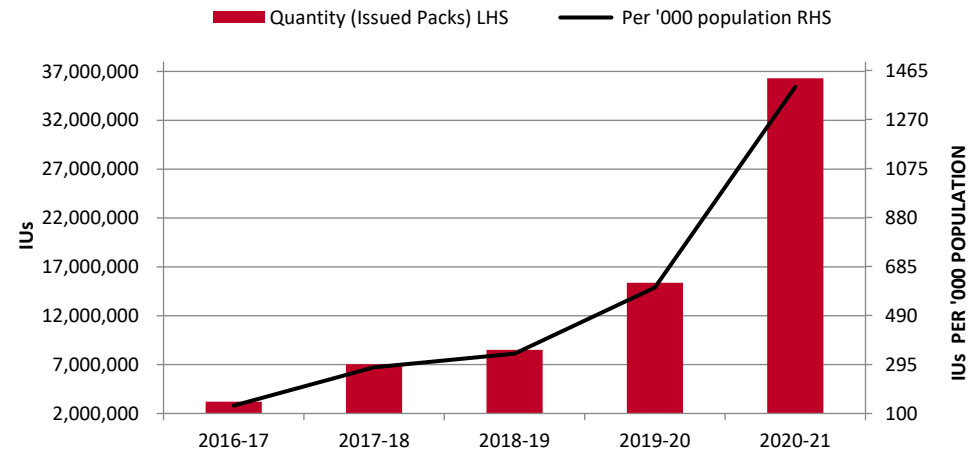
Demand for recombinant factor VIIa and FEIBA can change significantly from year to year as a result of the variable needs of a small number of patients. This variability has also been influenced by ongoing clinical trials of new products for haemophilia therapies. The introduction of Hemlibra (emicizumab) also contributed to the decline in growth as indicated in Figure 2.9 as patients required fewer or no bypass agents when being treated with this product.

Figure 2.9 FEIBA issued 2016–17 to 2020–21 per '000 population



As indicated in Figure 2.10, demand for C1 Esterase inhibitor increased significantly in 2020–21 as a result of the introduction of the subcutaneous products. The subcutaneous product allows patients to dose prophylactically at home and reduces the number of clinician visits. The introduction of subcutaneous C1 Esterase inhibitor also reduces the risks associated with intravenous infusion.

Figure 2.10 C1 Esterase Inhibitor issued 2016–17 to 2020–21 per '000 population



DEMAND FOR IMMUNOGLOBULIN (IG)

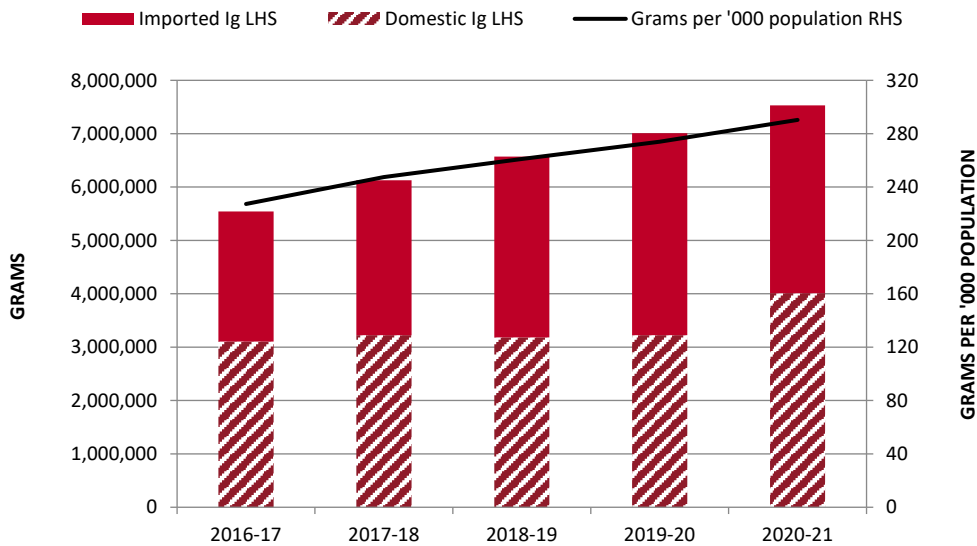
Demand for Ig was growing at an annual rate of around 11 per cent up to and including 2017–18. This growth in demand moderated and did not exceed 7.4 per cent in each of last three years. This is the lowest annual rate of increase since 2004–05 when Australia first secured an adequate national sufficiency of Ig supply through the importation of Ig by the NBA. Growth since 2016–17 is shown in Table 2.4 below.

Table 2.4 Immunoglobulin demand growth

2016–17	2017–18	2018–19	2019–20	2020–21
11.2%	10.6%	7.2%	6.7%	7.4%

In 2020–21, a total of 7.53 million grams of Ig was issued nationally at a cost of \$742 million (including the cost of plasma for fractionation). Of this amount, 53.2 per cent of Ig was produced in Australia and 46.8 per cent was imported. Figure 2.11 shows the annual growth of Ig issued each year and the proportion of imported and domestic product.

Figure 2.11 Immunoglobulin products issued 2016–17 to 2020–21 per '000 population



SECURING SUPPLY

In 2020–21, the NBA managed 18 contracts that ensured the effective and efficient supply of blood and blood products that met clinical needs. These contracts are summarised in Table 2.2 with further details of arrangements and performance outlined below.

LIFEBLOOD SERVICES

A Deed of Agreement (Deed) is in place between the NBA (representing all Australian governments) and the Australian Red Cross Society (Society). The collection, processing and supply of fresh blood products and services and plasma for fractionation under the Deed are performed by the Australian Red Cross Lifeblood (Lifeblood), which is formally a divisional entity of the Society.

The policy settings of governments support Lifeblood as the sole supplier of fresh blood products in Australia. The provision of fresh blood products under the Deed is an essential clinical service that saves and improves lives every day. This Deed is one of the most important and largest contracts managed by the NBA, and the NBA has a continuous program of interaction and reporting with Lifeblood to assure contract performance and accountability under the Deed.

The current Deed commenced on 1 July 2016 and continues for nine years. The Deed includes a cyclical three-year funding and services agreement. The current funding and services agreement continues to 30 June 2022 with funding based on an Output Based Funding Model (OBFM). Funding for Lifeblood in 2020–21 was \$698.5 million, an increase of \$47 million from 2019–20.

PERFORMANCE

The performance of Lifeblood is a key element in meeting blood sector objectives. Governments expect Lifeblood to deliver effective services and value for money. Governments outline their requirements of Lifeblood through the provisions of the Deed and through a Statement of Expectations. Lifeblood performance against selected indicators is outlined in Table 2.5.

Table 2.5 Lifeblood performance for key indicators 2020–21

DOMAIN	INDICATOR		2019–20 RESULT	2020–21 LIFEBLOOD TARGET	2020–21 RESULT
Donor management	New donors	Whole blood and apheresis (combined)	107,673	99,000	98,410
Supply chain management	Number of days within inventory bands		331	365	284
	Red cell yield (proportion of collections converted to supply)		92.3%	≥90%	92.9%
	Age of red cells at issue (days)		6.7	≤8	5.7
	Order fulfilment red cells		98.5%	≥95% ¹	98.0%
Quality and level of service	Health provider satisfaction with Lifeblood (mean score out of 10)		9.2	9.2	9.2
Finance	Main operating program financial result		\$31.7m	\$27.7m	\$61.0m ²

¹ Statement of Expectations 2019–20 to 2021–22 increased the target from ≥90% to ≥95%.

² Subject to final audit.

IMPLEMENTING IMPROVEMENTS TO CURRENT ARRANGEMENTS

Several initiatives were progressed under the Deed during 2020–21, including:

- implementation of specific governance arrangements to oversee the approval by governments for Lifeblood to substantially increase domestic plasma collection
- continued reporting by Lifeblood against the Statement of Expectations for 2019–20 to 2021–22, including specific Lifeblood key performance indicators
- continued adherence to the second Funding and Services Agreement covering the period 2019–20 to 2021–22
- continued adherence to the fourth cycle of the OBFM for the period 2019–20 to 2021–22.

LIFEBLOOD HIGHLIGHTS

2020–21 was another strong year for the Australian Red Cross Lifeblood (Lifeblood). The year saw Lifeblood deliver over 1 million units of blood to hospitals and healthcare providers to treat Australian patients, an increase of 5 per cent on the previous year.

Lifeblood's active donor panel increased to over 535,000 donors with an additional 98,410 new donors welcomed. During this period, more than 2.3 million donation appointments were scheduled and close to 1.6 million individual whole blood or plasma donations were made. This was a great outcome given the impacts the COVID-19 pandemic had on the health sector.

One significant COVID-19 impact on blood donor collections was the need for Lifeblood to intermittently stop the operations of donor mobile units. When lockdown restrictions eased, mobile units were able to resume some operations but with a reduced capacity to allow for additional space within the units to support a COVID-safe environment for donors and staff.

Lifeblood has been able to successfully maintain the operations of its network of donor centres and its processing centres throughout COVID-19. These centres have remained safe places for donors to visit and to continue to donate their precious blood and plasma. These continued operations are a great credit to the professionalism and commitment of Lifeblood staff as well as to the continued support of blood donors.

Lifeblood's operations during this period were affected by unusually high demand for red blood cells and platelets. Demand for red blood cells was the highest for about seven years and, at the same time, blood inventory pressures increased due to the intermittent effects of COVID-19 and pandemic management arrangements on blood donors and the community. To help support inventory pressures, governments reinforced blood donations as being an approved reason to leave home during lockdown periods and actively supported Lifeblood's messaging about the importance of donors continuing to make and keep donation appointments.

In September 2020, governments formally agreed to a Lifeblood proposal for a significant uplift in the domestic collection of plasma. As a result, Lifeblood will increase the collection of plasma in Australia by about 10 per cent annually. This will increase the plasma available for fractionation by CSL Behring from 803 tonnes per year at the beginning of 2020–21 to almost 1,300 tonnes by 2024–25. This increase in plasma collection will help to secure the supply of plasma and plasma-derived products for Australia in circumstances where there is a limited supply of plasma globally and a very high and increasing demand for plasma-derived products.

Lifeblood and the NBA will continue to work together with their very strong partnership to deliver the best outcomes possible for Australian patients.

GIFTING OF RETIRED DONOR MOBILE UNITS



In late 2020, the NBA supported the Australian Red Cross Lifeblood (Lifeblood) gifting two of its retired Donor Mobile Units (DMUs) to not-for-profit organisations in Queensland. These units are heavy combination-class trailers that were previously used in Lifeblood's mobile network before reaching the end of their service and having no material monetary value.

A more modern fleet of DMUs is continuing to support Lifeblood's mobile blood donation network, allowing more Australians to donate blood.

The organisations identified to receive the DMUs were the Queensland RSPCA and Brisbane's Queen Elizabeth II Jubilee Hospital.

The RSPCA planned to repurpose its DMU to serve as a mobile vet clinic. The Queen Elizabeth II Jubilee Hospital planned to use its DMU to allow for a temporary mobile solution to move its COVID-19 clinic out of the hospital.

Lifeblood is funded by all Australian governments and the NBA has a responsibility, on behalf of governments, to ensure the appropriate disposal of assets. The gifting of these retired assets was consistent with the requirements of the *Public Governance, Performance and Accountability (PGPA) Act 2013* and with relevant government policy objectives.

The gifting of the DMUs enables their continued use for worthwhile purposes and is a great outcome for all parties.



46 NATIONAL FRACTIONATION AGREEMENT

The National Fractionation Agreement for Australia (NaFAA) between the NBA and CSL Behring commenced on 1 January 2018 with a contract value of \$3.4 billion over nine years. This supply contract enables access to many of the plasma-derived products used in Australia through CSL Behring manufacturing these products from plasma collected by Lifeblood. In 2021, the Australian National Audit Office undertook a performance audit of how the NBA has been managing these arrangements.

PERFORMANCE

The 2020–21 performance by CSL Behring against the NaFAA key performance indicators (KPIs) is shown in Table 2.6. Sufficient supply of all products was maintained throughout the year.

Table 2.6 CSL Behring NaFAA performance 2020–21

DESCRIPTION OF PERFORMANCE MEASURE			RESULTS 2020–21				
			Q1	Q2	Q3	Q4	Annual
KPI1	Plasma stewardship		Achieved	Achieved	Achieved	Achieved	Achieved
KPI2	Production yield	IVIg	5.131 g/kg	5.134 g/kg	5.205 g/kg	5.078 g/kg	5.134 g/kg
		SCIg	4.986 g/kg	4.887 g/kg	5.131 g/kg	4.801 g/kg	4.957 g/kg
KPI3	Management of required inventory levels						
	Minimum starting plasma inventory		Not active in 2020–21				
	Products in CSL Behring (Australia) Pty Ltd inventory		100%	100%	100%	100%	100%
	Products in CSL Behring (Australia) Pty Ltd reserve		100%	100%	100%	100%	100%
KPI4	Fulfilment of orders						
	Orders by distributor (Lifeblood) and non-distributor		100%	100%	100%	98%	99%
KPI5	Shelf life of national reserve products		100%	100%	100%	100%	100%

Note: Values greater than 90 per cent are considered to be achieved.

PERFORMANCE IMPROVEMENT PROGRAM – CONTRACTING OF BLOOD SUPPLY PRODUCTS



In 2020–21, the Australian National Audit Office (ANAO) audited the NBA's performance in managing the manufacture and supply of domestic, fractionated blood plasma products through the major contract negotiated and managed by the NBA with CSL Behring.

Fractionation is a process that separates, purifies and concentrates different types of proteins found in blood plasma into therapeutic products used to treat a broad range of conditions. A reliable supply of these products is an integral part of Australia's medical system.

The National Fractionation Agreement for Australia (NaFAA) with CSL Behring commenced on 1 January 2018. It is the NBA's second largest contract, with a contract value of \$3.4 billion over nine years.

The audit found that the NBA's strategic procurement planning and contract management of the NaFAA has been largely effective. The audit also found the NBA's benchmarking activities, modelling and forecasting formed a sound basis for demonstrating the contract's value for money. Although CSL Behring is the only provider of fractionation services in Australia, the audit noted that the achievement of value for money reflects the NBA's strong, strategic procurement practices.

The Auditor-General made three recommendations to improve the NBA's future procurement and reporting processes. The recommendations relate to annual reporting of contract performance, risk management specific to the contract and updating internal policies.

The NBA will implement its responses to the audit recommendations during 2021–22. This will include consideration of the relevance of these responses to other commercial contract arrangements. As part of the NBA's continuous improvement activities, and in response to the audit, the NBA has started reviewing and updating relevant internal policies and processes.

The audit is published on the ANAO website: <https://www.anao.gov.au/work/performance-audit/management-the-manufacture-and-supply-domestic-fractionated-blood-plasma-products>

48 IMPORTED IMMUNOGLOBULIN PRODUCTS

The NBA maintains arrangements with a diverse set of suppliers to secure a range of immunoglobulin (Ig) products. Ig products imported from overseas complement the supply of domestic plasma-derived products supplied by CSL Behring under the NaFAA and ensure that the overall clinical demand for blood products in Australia is met.

In 2020–21, the NBA completed a procurement for imported Ig products to replace expiring contracts. The NBA negotiated new contracts with four suppliers which replaced two previous contracts. This improved the diversity and security of supply arrangements in a difficult global market and achieved good average price outcomes.

PERFORMANCE

The supply of Ig products from the combination of all four suppliers (CSL Behring, Grifols Australia, Takeda Pharmaceutical Company and Octapharma Pty Ltd) was sufficient to meet the clinical demand for these products in Australia in 2020–21.

A summary of the performance by two suppliers, against key indicators is summarised in Table 2.7. The supply of products under the new contracts with Takeda and Octapharma respectively were in transition during 2020–21 and performance for these two contracts is therefore not included in full year reporting in the Table.

Table 2.7 Supplier performance 2020–21: Imported immunoglobulin products

KPI	PERFORMANCE	CSL BEHRING (AUSTRALIA) PTY LTD	GRIFOLS AUSTRALIA PTY LTD
KPI1	In-country reserve	Achieved	Achieved
KPI2	Shelf life on products delivered	Achieved	Not achieved*
KPI3	Delivery performance	Achieved	Achieved
KPI4	Reporting accuracy and timeliness	Achieved	Achieved

* This contract deviation did not adversely impact overall supply during the year.

ACCESS TO IMPORTED IMMUNOGLOBULIN

In late 2020, the NBA finalised new contracts that improved the security and sustainability for the supply of immunoglobulin (Ig) products for Australia by entering into arrangements with two new suppliers and renewing arrangements for existing Ig products.

Increased global pressures on plasma demand and the ability to secure and deliver Ig products means that the addition of new Ig products from a more diverse range of suppliers will help underpin the continuing availability of products for patients.

Arrangements to continue the supply of existing imported products from Grifols (Gamunex and Flebogamma) and from CSL Behring (Privigen and Hizentra) have been secured for five years from January 2021, with contract extension options available. This ensures that clinicians can continue to treat patients with these products as required. In addition, the new products of Octagam from Octapharma and CUVITRU from Takeda became available under the new contract arrangements that took effect from 12 April 2021.

In summary, the imported Ig products now available under current national supply arrangements are as follows:

	PRODUCT NAME (SUPPLIER)
Imported Intravenous Immunoglobulin	Privigen (CSL Behring) Flebogamma (Grifols) Gamunex (Grifols) Octagam (Octapharma)
Imported Subcutaneous Immunoglobulin	Hizentra (CSL Behring) CUVITRU (Takeda)

The new supply arrangements also include provision for the supply of KIOVIG and HYQVIA products from Takeda. The implementation arrangements for these two products will be settled early in 2021–22.

These imported products sit alongside the two domestic products of Intragam and Evogam supplied by CSL Behring under the NaFAA and help to bolster Australia's national supply arrangements.

The increased number of Ig products available under these new arrangements requires the NBA to more closely monitor and more actively manage supply allocation arrangements. This will support the appropriate treatment of patients requiring Ig while at the same time maintain the security of supply, product volumes and optimise value for money for governments under the national blood arrangements.

IMPORTED PLASMA-DERIVED AND RECOMBINANT BLOOD PRODUCTS

The NBA contracts to import certain plasma-derived and recombinant blood products to augment domestic supply arrangements where these products are not manufactured in Australia or domestic production – is insufficient to meet clinical demand.

PERFORMANCE

The 2020–21 performance of suppliers of imported plasma and recombinant blood products against key indicators is summarised in Table 2.8. All suppliers met required performance levels. The supply of Hemlibra from Roche was in the transition phase for supply during 2020–21 and is therefore not included in the full year reporting in the table.

Table 2.8 Supplier performance 2020–21: Imported plasma and recombinant blood products

PERFORMANCE MEASURE	KPI 1	KPI 2	KPI 3	KPI 4
Supplier	In-country reserve product inventory	Shelf life on products delivered	Delivery performance	Reporting accuracy and timelines
Sanofi-aventis Australia Pty Ltd (Alprolix, Eloctate)	Achieved	Achieved	Achieved	Achieved
CSL Behring (Australia) Pty Ltd (Rhophylac, RiaSTAP, Fibrogammin, Berinert)	Achieved	Achieved	Achieved	Achieved
CSL Behring (Australia) Pty Ltd (Factor XI Concentrate)	Achieved	Achieved	Achieved	Achieved
Novo Nordisk Pharmaceuticals Pty Ltd (NovoSeven, Novo Thirteen)	Achieved	Achieved	Achieved	Achieved
Pfizer Australia Pty Ltd (Xyntha, BeneFIX)	Achieved	Achieved	Achieved	Achieved
Takeda Pharmaceuticals Australia Pty Ltd (FEIBA, Ceprotin)	Achieved	Achieved	Achieved	Achieved
Takeda Pharmaceuticals Australia Pty Ltd (Advate, Rixubis, Adynovate)	Achieved	Achieved	Achieved	Achieved

RED CELL DIAGNOSTIC REAGENT PRODUCTS

Red cell diagnostic reagents are used to determine blood typing and cross matching to ensure people needing a blood transfusion receive blood that is compatible. These arrangements make available over 100 red cell diagnostic products.

Expenditure on diagnostic reagent supply is capped at \$4.85 million per year. The NBA administers the cap for suppliers on behalf of jurisdictions. Four suppliers are engaged for this supply until 30 June 2021, namely Grifols Australia, Paragon Care Group Australia Pty Ltd, Ortho Clinical Diagnostics and Bio-Rad Laboratories Pty Ltd.

NATIONAL BLOOD SUPPLY CONTINGENCY PLAN

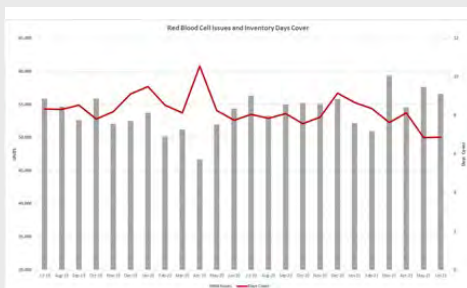
The National Blood Supply Contingency Plan (NBSCP) is the specific risk plan covering the potential interruption to the supply of blood and blood-related products within Australia. The NBSCP provides a detailed, documented approach to responding to nationally significant disruptions to Australia's blood supply. The plan is designed to promote a joined-up approach within the blood sector to managing blood supply disruptions.

RISK & CONTINGENCY PREPAREDNESS

The NBA has strengthened its organisational risk preparedness, in part by modernising a suite of specialist risk management plans that provide detailed coverage of specific risk areas. This includes the critical risk environment of the Australian blood sector generally, and ensuring the NBA has sufficient organisational capability and responsiveness to both maintain and re-establish functions in a suitable timeframe.

Managing the national blood arrangements during COVID-19 has been a highly dynamic journey. As the pandemic evolved, the demand for fresh blood by late 2020 was down while supply was up. This situation was reversed in the first half of 2021.

The overall demand for red blood cells increased by 4.8 per cent in 2020–21 compared to 2019–20 while the daily inventory level fell from 8.35 days at the beginning of 2019–20 to 6.88 days at 30 June 2021.



The pandemic has challenged national blood supplies because of stay-at-home orders, changes to people's movements and lifestyles, and other pandemic-related factors. This has led to many blood donors cancelling their regular donations or simply not attending appointments. To complicate this, demand for fresh blood is the highest for about seven years with fluctuating demand due to the intermittent resumption of delayed elective surgery, obstetrics, increases in the demand for

healthcare across Australia and other issues.

This scenario is also being seen in other countries, with some countries postponing elective surgery to manage blood shortages. While Australia has not experienced a blood shortage – and has remained above the activation levels of the NBSCP – Lifeblood needs existing donors to increase the frequency of their donations and new donors to come forward.

The NBA and its stakeholders continue to pursue several strategies to manage these challenges.

NATIONAL BLOOD SUPPLY CONTINGENCY PLAN (NBSCP)

The NBA is responsible for ensuring the adequate, safe, secure and affordable supply of blood, blood products and blood services. This requires the NBA to have contingency and risk mitigation measures in place to ensure the continuity of the blood supply, as well as operational preparedness through business continuity planning.

In 2019, the NBA reviewed the NBSCP, consulting extensively with suppliers and stakeholders. The review found that the NBSCP is a well-established contingency plan within the Australian blood sector but would benefit from both a structured testing and exercise program, as well as harnessing opportunities to integrate with other contingency planning arrangements in both Commonwealth and state and territory environments.

During 2020–21, the NBA worked with a consultant and a working group including representatives from all Commonwealth, state and territory jurisdictions to further develop the NBSCP, including for a testing and simulation program. Development of this program has been interrupted due to the need for relevant key stakeholders to prioritise the immediate risk issues associated with COVID-19 pandemic management.

The NBA will continue this work with jurisdictions to develop a plan of exercises for the simulation program to ensure the NBSCP provides the highest level of operational preparedness for a safe and secure blood supply for Australian patients.

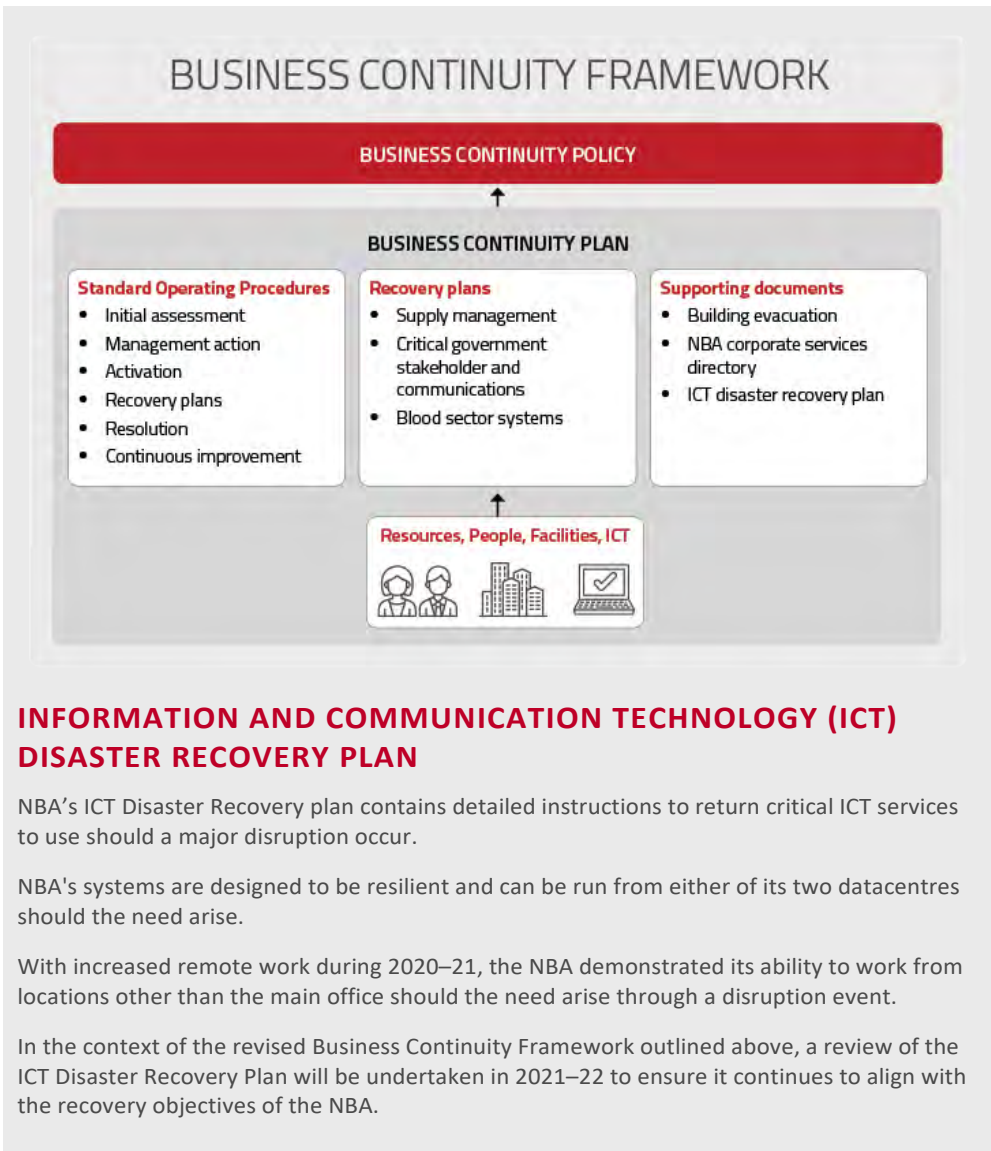
BUSINESS CONTINUITY FRAMEWORK

The NBA has also progressively improved its risk preparedness by updating its Business Continuity Framework. This suite of documents contains the planning to assess and recover from a partial or complete interruption to the NBA's normal business operations.

In May 2021, under the internal audit and risk program overseen by the NBA Audit and Risk Committee, an audit of the NBA's business continuity plan commenced. After a detailed examination of the documentation and processes in place to address a potential business disruption, the audit report concluded the NBA had in place a Business Continuity Framework that was:

- ◆ easy to follow
- ◆ a comprehensive suite of documentation
- ◆ aligned with better practice approaches.

The NBA will continue to ensure the highest standard of contingency and continuity measures is in place to ensure continuity of the supply of blood and blood-related products and services, as well as operational preparedness through business continuity planning to meet the requirements for the continuation of NBA services.



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STRATEGY 2:

DRIVE PERFORMANCE IMPROVEMENT IN THE AUSTRALIAN BLOOD SECTOR

In 2020–21, the NBA continued to pursue several program activities to drive improvements in the performance of the blood sector. The aim of this strategy is to support products that have finite availability being used in a way that has the greatest impact on patient outcomes. A summary of performance against key indicators for this strategy is provided in Table 2.9.

Table 2.9 Key performance indicators: Drive performance improvement in the Australian blood sector

2020–21 INDICATOR	2020–21 RESULT
Published performance reporting and benchmarking information available on the NBA website for the blood sector.	Monthly wastage published with jurisdictions. Annual performance scorecards provided as part of annual reporting.
Pilot and routine product utilisation reviews commenced.	Initial data analyses for two pilot product utilisation reviews occurred in 2020–21, for the currently funded products NovoSeven and Berinert, with the utilisation review of Berinert, assessing significantly increased use of this product, to be completed in 2021–22.
Performance data published each year for Ig and clotting factor usage.	Monthly Ig data for 2020–21 and the Annual ABDR Report outlining clotting factor usage are published on the NBA website.

Performance Criteria Source: 2020–21 Health Portfolio Budget Statements, p.308–309 and NBA Corporate Plan 2020–21 to 2023–24, p.24–25.

KEY ACTIVITIES SUPPORTING THE DELIVERY OF STRATEGY 2

The NBA undertook several activities to support these improvements across prescribers and suppliers of blood products to optimise appropriate use and reduce wastage. This included stewardship of the Ig Governance program, improvements in data collection and use, as well as improving key information technology systems used by clinicians and the NBA. In 2020–21, the first product utilisation review was commenced to assess products available through the national blood arrangements.

IMMUNOGLOBULIN GOVERNANCE PROGRAM

Through its National Immunoglobulin (Ig) Governance Program the NBA continued to drive improvements in relation to the access and use of Ig nationally. This program is especially important as Ig is used to treat a wide range of immune-related medical conditions.

The Ig Governance Program has continued to:

- ◆ deliver and promote the National Policy on Access to Government-funded Immunoglobulin Products in Australia (National Policy), which defines roles and responsibilities of all professionals involved in the prescription, management and use of Ig
- ◆ review the *Criteria for the Clinical Use of Immunoglobulin in Australia* (Criteria), which defines eligibility for access to Ig based on expert clinical assessment and advice – in 2020–21, seven specific components of the Criteria were reviewed, including one systems issue impacting multiple conditions
- ◆ oversee the digital Ig management system BloodSTAR (Blood System for Tracking Authorisations and Reviews), which facilitates clinical requests for patient access to Ig products.

An external evaluation of the impact of the Ig Governance Program was also completed during 2020–21. This concluded that the program has been effective in reducing the growth in demand for Ig without having a negative impact on patients. It is estimated that the program has saved governments almost \$90 million in potential product expenditure since 2018–19.

IMPACT OF THE IMMUNOGLOBULIN GOVERNANCE PROGRAM

The National Immunoglobulin (Ig) Governance Program is a flagship and award-winning NBA program. A baseline evaluation of the program during 2020–21 has found that it remains effective in helping to ensure that the right patients get the Ig products necessary to treat their conditions.

Ig products are used to treat around 21,000 people annually for medical conditions such as life-threatening autoimmune conditions, serious complications of organ transplantation, chronic genetic deficiencies and cancer. Ig has wide potential use globally, can improve and save people's lives, and is made from thousands of donations of pooled plasma. Not surprisingly, it is also expensive.

Until three years ago, the demand for Ig products in Australia and globally was growing at about 10–12 per cent annually. This preceded the NBA launching a world-first Ig Governance Program in 2014. The program is designed to ensure that access to and use of government-funded Ig products is safe, equitable, clinically appropriate and represents an efficient, effective and ethical expenditure of government funds.

Program evaluation

In 2021, an external evaluation of the program concluded that it was effective in reducing growth in demand for Ig. This effectiveness linked to the work of the program to:

- ◆ develop a **National Policy on Access to Government-funded Immunoglobulin Products in Australia**, which defines roles and responsibilities of all professionals involved in the prescription, management and use of Ig
- ◆ develop and continually review the **Criteria for the Clinical Use of Immunoglobulin in Australia**, which defines patient eligibility for the most appropriate access to Ig
- ◆ develop and implement the digital Ig management system **BloodSTAR** (Blood System for Tracking Authorisations and Reviews), which facilitates clinical requests for patient access to Ig products in line with the National Policy and the Criteria.

Prior to the introduction of the program, Ig usage per 1,000 population grew by 8 per cent annually. The evaluation showed that during the program's implementation phase (January 2014 to October 2019), this growth rate reduced to 7.3 per cent and reduced even further to 5.1 per cent after implementation.

	PRE-IMPLEMENTATION OF THE PROGRAM	IMPLEMENTATION OF THE PROGRAM	POST-IMPLEMENTATION OF THE PROGRAM
Period	Jul 2009–Dec 2013	Jan 2014–Oct 2019	Nov 2019–Dec 2020
Ig growth rate measured per 1,000 population	8%	7.3%	5.1%

The reduced growth in Ig demand, driven by the Ig governance arrangements, has delivered estimated savings of almost \$90 million in potential product expenditure since 2018–19 and will grow to an estimated \$2.2 billion by 2030–31¹. Since the program was implemented there have been no major changes in use observed in the 10 most commonly treated medical conditions, and no reduction in the doses administered. Indeed, average dose, age and weight of patients have increased slightly during the implementation and post-implementation stages.

¹ Ig costs from 2020–21 to 2030–31 were projected assuming an annual growth rate of 8.4 per cent as the base-case, which is the estimated annual growth rate from the last three quarters of data (Q4 2019–20 and Q1 and Q2 2020–21). The base-case scenario was compared to a scenario without the program and an annual Ig growth rate of 11 per cent. Forecast savings are based on a national weighted average price for the cost per gram of Ig (adopted in a recent HTA Review of \$94/gram).

DATA DEVELOPMENTS

A significant amount of data and information exists within the blood sector. In 2020–21, the NBA continued to build its data capture and analysis capabilities across all aspects of the supply chain, including through system and reporting enhancements to BloodNet and BloodSTAR. Enhancing data quality improves the overall efficiency and sustainability of the sector by providing a measurement for improvement.

During 2020–21, the NBA progressed the following activities:

- ◆ Continued the Data Improvement Program to:
 - implement common data standards across NBA systems
 - improve data accuracy, timeliness, consistency, availability, reliability and relevance through new system capabilities
 - develop a strategic view of how data can support strategic corporate and program objectives
 - implement new system capabilities for data reporting, analysis, analytics and visualisation (data warehouse, visualisation tools) to support strategic corporate and program objectives.
- ◆ Commenced a review of data tools with outcomes to be implemented in 2021–22.
- ◆ Developed a Data Strategy for the NBA for the next 3–5 years, with the outcomes of this to be published in 2021–22.
- ◆ Refined existing and implemented additional monthly and quarterly issue reports for stakeholders.
- ◆ Collected, analysed and distributed discard data from BloodNet to support the establishment of revised targets for discard rates.
- ◆ Continued to implement the National Blood Product Management Improvement Strategy 2018–22 (Improvement Strategy).
- ◆ Continued the review and development of the Ig Annual Report for 2018–19 from BloodSTAR and STARS.
- ◆ Provided BloodSTAR reporting to jurisdictions and monthly Ig data for NBA website publication.
- ◆ Responded to 72 data requests from internal and external stakeholders.
- ◆ For Haemovigilance:
 - supported the Haemovigilance Advisory Committee and associated working groups
 - developed and published the annual National Haemovigilance Report for 2018–19 with data collected by states and territories, including donor vigilance data collected from Lifeblood
 - undertook activities as part of the work plan to support implementation of the Strategic Framework for the National Haemovigilance Program
 - held working group meetings to continue to develop haemovigilance resources

- released the Recognition and Management of Acute Transfusion Reactions (ATR) Guidance for public consultation
- reviewed the Australian Haemovigilance Minimum Data Set (AHMDS) for haemovigilance reporting and received input from jurisdictions on the draft AHMDS, these comments will be reviewed and it is expected that the revised AHMDS will be published in 2021–22.
- ♦ For the Australian Bleeding Disorders Registry (ABDR):
 - completed the ABDR Annual Report for 2019–20
 - continued to develop the set of data standards as part of the data integrity process for the ABDR for review by AHCDO Executive and the Data Managers
 - provided the 2019–20 ABDR Benchmarking Report to AHCDO.

DIGITAL SYSTEMS & SUPPORT

The NBA operates a range of Information and Communications Technology (ICT) systems that directly enable the ordering of blood and blood products, the management of product authorisations, and the clinical management and treatment of patients with bleeding disorders. These national digital systems are underpinned by infrastructure that has been designed to minimise service interruptions and maximise system availability and performance.

ICT systems are also a key enabler of data collection and analysis to inform performance improvement, research, policy development, system reporting and governance controls. These systems enable the NBA to provide a safe, secure and affordable blood supply for all Australians.

Many of these bespoke digital systems have now been delivering services for several years and are approaching end-of-life. Planning work for the next generation of systems is therefore being advanced to ensure more modern, secure and effective technology is introduced to continue to support the blood sector in the most effective and efficient way.

BLOODNET & BLOODSTAR

BloodNET and BloodSTAR are critical to enable access to blood and blood products.

BloodNet is Australia's online blood and blood products ordering and inventory management system, providing Australian hospitals and laboratories with the ability to order blood and blood products. The NBA continued to support the BloodNet system and users of BloodNet throughout 2020–21.

BloodSTAR manages the authorisations to prescribe Ig products funded under the national blood arrangements in accordance with the *Criteria for the clinical use of immunoglobulin in Australia*.

The NBA continued to support BloodSTAR, with enhancements implemented in March 2020 to further enable variable dosing functionality to better support prescriptions of subcutaneous immunoglobulin.

BLOODNET–LABORATORY INFORMATION SYSTEM INTERFACE

BloodNet interfaces with several pathology Laboratory Information Systems (LIS) in Australian hospitals. This provides near real-time visibility of the national blood supply. The current status of this development work is summarised in the following narrative.

IMPLEMENTING NBA & PATHOLOGY SYSTEM INTERFACES

The NBA's BloodNet system is Australia's online blood ordering and inventory management system. It allows staff in health facilities across Australia to order blood and blood products in a standardised way quickly, easily and securely from Lifeblood.

BloodNet also has a mutually beneficial electronic interface that allows Laboratory Information Systems (LIS) in Australian health providers (AHPs) to connect directly to it. This provides near real-time visibility of the national blood supply.

Where an AHP's LIS is interfaced to BloodNet, it can deliver significant time savings through the automated exchange of data between local systems and BloodNet.

Further benefits can be realised by LIS vendors taking up the option to extend the integration to the NBA's BloodSTAR system. BloodSTAR is an online system used to manage access to nationally funded Ig products. Pathology Queensland has taken up this option and, as a result, has realised benefits by further reducing instances of data entry into multiple systems. Pathology Queensland's interface means Ig stock movement dispensing data only has to be entered once into its LIS, which then populates BloodNet and BloodSTAR automatically.

In 2020–21, Launceston General Hospital (Tas), PathWest (WA) and St Vincent's Hospital (NSW) went live with the BloodNet–LIS interface, which also allowed these sites to implement ISBT-128 barcoding capabilities.

The NBA encourages all pathology laboratories to harness the opportunity to achieve all benefits through the BloodNet and BloodSTAR interfaces. There are four LIS with a live interface into the BloodNet production environment and a further two with a BloodNet–LIS interface ready once the AHP is ready. There are six more LIS in various stages of interface development.

During 2020–21, the NBA continued working with LIS vendors that wanted to deploy capabilities for LIS integration with BloodNet. To enable this capability, vendors must undertake a certification process. Information on the certification process can be found at <https://www.blood.gov.au/vendor-certification-process> on the NBA's website.

There are clear benefits for all parties from implementing the interface for NBA and LIS systems, as indicated in the following diagram.

**90%**

reduction in the time taken to order, receipt and move stock of blood components and products.

**63%**

of fresh blood components by volume are used by public and private pathology services which are developing their LIS interface with BloodNet.

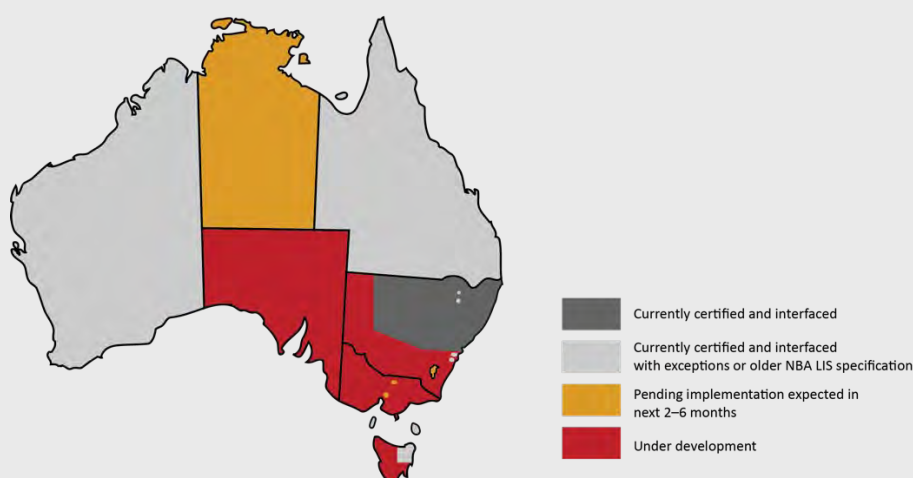
**37%**

of fresh blood components by volume are receipted by pathology laboratories electronically using BloodNet–LIS interfaces.

**25%**

of all BloodNet–LIS interfaced pathology laboratories electronically update their facility inventory level data in BloodNet automatically every 15 minutes.

Public Pathology BloodNet–LIS Interface Implementation Status – 30 June 2021



The adoption of the BloodNet–LIS interface by hospitals and pathology laboratories has demonstrable benefits including:

- ◆ increased accuracy through the reduction in transcription errors for the information provided to pathology laboratories and BloodNet, providing more reliable reporting and analytics
- ◆ improved NBA visibility of stock levels through near real-time inventory updates to BloodNet, supporting better inventory management that is reducing product wastage
- ◆ removing the need to double-enter data in both the LIS and BloodNet.

The NBA is continuing to work with LIS providers and public and private pathology laboratories, using their systems to improve real-time inventory management through system integration. More information about how to take advantage of this capability is available on the NBA's website at <https://www.blood.gov.au/bloodnet/lis-interfaces>.

AUSTRALIAN BLEEDING DISORDERS REGISTRY

The Australian Bleeding Disorders Registry (ABDR) is a registry for patients in Australia with bleeding disorders. It is used daily by clinicians in all Australian haemophilia treatment centres to assist in managing the treatment of people with bleeding disorders and to gain a better understanding of the incidence and prevalence of bleeding disorders. This information will also be used to understand demand for, and to facilitate ordering of, clotting factor product.

The ABDR and its function are augmented with both a web and mobile application known as MyABDR, which allows patients to record bleed events and treatments at any time.

The NBA has also developed and continues to support a version of the ABDR in conjunction with McMaster University in Canada. This version of the product is known as the Canadian Bleeding Disorders Registry (CBDR).

ABDR and MyABDR are under ongoing support by the NBA and there are plans underway to upgrade the capability in 2021–22.

EVALUATION OF NEW PRODUCTS AND UTILISATION REVIEWS

Applications for new blood and blood-related products that potential suppliers want included on the National Product Price List (NPPL) are received by the NBA for evaluation under Schedule 4 of the National Blood Agreement. A multi-criteria analysis (MCA) of applications that is managed by the NBA includes an assessment of safety, effectiveness, costs and other criteria to inform consideration by governments about whether access to a product should be funded under the national arrangements.

Evaluations are not exclusive to new products and may include existing products for an additional or new clinical indication. In 2020–21, the NBA began the MCA assessment of a human fibrinogen concentrate, RiaSTAP (manufactured by CSL Behring), for the treatment of acquired fibrinogen deficiency.

For products already listed on the NPPL, the NBA has started to undertake utilisation reviews to understand usage patterns. In 2020–21, the NBA completed initial data analyses for two pilot reviews, NovoSeven and Berinert.

Based on this, a deeper review of Berinert draws on new and existing data sources and will be finalised in 2021–22 to better understand factors influencing the rise in real world use of this product. Berinert is used to treat patients with Hereditary Angioedema (HAE). HAE is a rare genetic disease that causes swelling in subcutaneous tissues which can lead to severe pain, and if swelling occurs in the airways HAE can be life threatening.

NovoSeven is an activated recombinant coagulation factor VII (rFVIIa) used to treat and prevent bleeding in patients who have developed antibody inhibitors against factor VIII or IX. This may include people with haemophilia as well as those with Glanzmann's thrombasthenia.

STRATEGY 3:

PROMOTE A BEST-PRACTICE MODEL OF MANAGEMENT AND USE OF BLOOD AND BLOOD-RELATED PRODUCTS AND SERVICES

To help improve patient outcomes and the appropriate use of blood and blood-related products and services in 2020–21, the NBA implemented new programs (and continued to manage existing ones) that promote best-practice models of management and use of blood. It did this through publishing new guidelines, making education and training modules available to health professionals, and supporting research and development to promote best practice. Performance against key performance indicators is summarised in Table 2.10 below.

Table 2.10 Key performance indicators: Promote a best-practice model of management and use of blood and blood-related products and services

2020–21 INDICATORS	2020–21 RESULTS
Continued reduction in wastage from the 2019–20 result.	Discards as a percentage of net issues (DAPI) for red blood cells was 1.6% for 2020–21 compared to 1.9% in 2019–20. DAPI for platelets in 2020–21 was 10.1% down from 11.8% in 2019–20.
Increased number of clinical guidelines, clinical practice tools and resources developed and promoted for use in the sector.	The NBA released the <i>Guideline on the prophylactic use of Rh D Immunoglobulin in pregnancy care</i> .
Increased number of publications from NBA grants.	Publications from NBA grants increased by 6 from 2019–20.
Finalisation of the strategy for the programmed revision of selected medical conditions within the Clinical Criteria for the use of Ig in Australia.	While some progress was made, the strategy was not finalised in 2020–21. This work will continue to be progressed by the NBA in 2021–22.

Performance Criteria Source: 2020–21 Health Portfolio Budget Statements, p.308–309 and NBA Corporate Plan 2020–21 to 2023–24, p.26–27.

KEY ACTIVITIES SUPPORTING THE DELIVERY OF STRATEGY 3

UPDATING GUIDELINES

In 2020–21, the NBA continued to research and investigate different methodologies for updating clinical practice guidelines. Consultations with guideline-developing organisations nationally and internationally confirmed that the use of an online platform could streamline the development and publication of clinical practice guidelines. The NBA will consider adopting improved methodologies in 2021–22.

PATIENT BLOOD MANAGEMENT

The promotion of safe, high-quality management and use of blood and blood products is a primary objective of the National Blood Agreement. Patient blood management (PBM) improves patient outcomes by ensuring that the focus of the patient's medical and surgical management is on optimising and conserving the patient's own blood.

The National Patient Blood Management Implementation Strategy 2017–21 takes a patient-centred approach intended to optimise clinical outcomes and improve patient safety. The NBA has continued to implement the strategy and review current tools and resources. In 2020–21 the NBA continued to develop materials that promote the safe and efficient use of blood and blood products, informed by close engagement with clinicians. The NBA has maintained a focus on activities to support measures to improve blood management and appropriate use as reflected in the implementation strategy as well as through the National Blood Product Management Improvement Strategy 2018–22. This focus on PBM continued through the challenges to blood inventory levels presented by COVID-19 impacts.

The NBA has funded and managed the development of a series of evidence-based PBM guidelines. These guidelines reflect a systematic review of relevant scientific literature and clinical expert consensus and are intended to assist and guide healthcare professionals in making clinical decisions when managing patients.

The six PBM Guideline modules make up a substantial body of work that was completed in April 2016. Over 160,000 hard copies of the PBM Modules 1 to 6 were issued from 2011 to 2021. They have also been downloaded in over 60 countries.

The NBA has continued to review the guidelines during 2020–21. The NBA is considering a broader scope for the process of reviewing and updating the entire suite of modules rather than each module being updated fully in an isolated and iterative process. The objective of this consideration is to potentially adopt a methodology that will enable material to be updated more rapidly and transition arrangements to a 'living guideline' model.

The intended update of PBM Guidelines: Module 1 – Critical Bleeding/Massive Transfusion was paused during 2020–21 while other guideline projects were prioritised. Upon resumption, the development process was reviewed and amended to facilitate publication within a condensed timeframe. The project has now recommenced and will incorporate several processes from the preferred 'living guideline' model in a pilot project. While the review is underway, the original modules remain available to guide clinical practice.

The NBA has continued work to develop Standard Operating Procedures for more targeted updates in response to the emergence of practice-changing information.

In addition, the NBA continued to work with the Australian Commission on Safety and Quality in Health Care (ACSQHC) to develop resources for the implementation of the second edition of the National Safety and Quality Health Service (NSQHS) Standard for Blood Management.

Prior to 2020–21 the NBA has used a wide array of opportunities to promote improved inventory management and appropriate clinical use of blood and blood products. The emergence of COVID-19, however, has limited these opportunities and it has been necessary for the NBA to engage virtually and more remotely with the blood sector community on these issues. This has included representation, promotion and education where the more limited opportunities have arisen, including through a presentation at the online Blood Matters Scientist Summit August 2020.

GUIDELINE FOR THE PROPHYLACTIC USE OF RH D IMMUNOGLOBULIN IN MATERNITY CARE

In 2020–21, the NBA released an updated *Guideline on the prophylactic use of Rh D Immunoglobulin in pregnancy care*. This followed extensive development, review and consideration by experts and engagement with jurisdictions, as summarised in the following outline.

GUIDELINE FOR PROPHYLACTIC USE OF Rh D IMMUNOGLOBULIN IN PREGNANCY CARE

In May 2021, the NBA published the *Guideline on the prophylactic use of Rh D Immunoglobulin in pregnancy care*.

The guideline provides updated clinical guidance on the prophylactic use of Rh D immunoglobulin in Rh D negative pregnant women.

The development of the guideline was a joint project between the NBA and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). Representatives from RANZCOG were joined by other experts on a multi-disciplinary Expert Reference Group (ERG) to develop the guideline.

The guideline development was informed by a systematic review of literature, a consideration of national and international guidance and consensus among clinical experts.

After considering the evidence and international clinical practice, the ERG developed recommendations on routine and targeted antenatal immunoprophylaxis, and clarified the indications for sensitising events in the first trimester.

Electronic copies of the guideline can be downloaded from the NBA website at www.blood.gov.au/anti-d-0. A summary of the clinical guidance, adaptable care pathways and a technical report describing the evidence review process are also available on the website.

Prophylactic
use of Rh D
immunoglobulin
in pregnancy care
2021



The evidence base underpinning the guideline will be updated during 2021 to confirm the accuracy and relevance of the clinical guidance, and to capture any new studies published since the original searches were conducted in 2018. If any changes to the evidence base are identified, the NBA will collaborate with the ERG to determine the impact on the current guidance.

The NBA is planning activities to facilitate uptake and implementation of the guideline. Plans are already underway to develop a complementary educational resource under the BloodSafe eLearning program.

BLOODSAFE ELEARNING AUSTRALIA

BloodSafe eLearning Australia provides online education and training resources for health professionals in Australia to improve knowledge of patient blood management and clinical transfusion practice in order to improve patient outcomes.

BloodSafe eLearning Australia is funded by the NBA on behalf of all Australian governments.

BLOODSAFE ELEARNING AUSTRALIA

EDUCATION AND TRAINING

The first course of this education and training initiative for health care professionals, Clinical Transfusion Practice, was released in late 2007. The learning program has since expanded to 38 courses, one mobile device application and a range of other resources, with further courses in development. All courses are based on published guidelines, evidence-based practice and expert opinion. Since 1 July 2007, the total number of users has grown to over 1.5 million.

Some highlights from 2020–21 include:

Course updates

- ◆ Clinical Transfusion Practice: Refresher 2 EMR (an update to include Electronic Medical Records)

New Courses

- ◆ Five immunoglobulin courses

Courses under development

- ◆ Perioperative bleeding risk assessment
- ◆ Prophylactic use of Rh D Immunoglobulin in pregnancy care

The average number of course completions per month in 2020–21 was 13,690.

BloodSafe eLearning Australia (BEA) also has a series of 27 stand-alone videos available to view or download for later use. Most are under five minutes and suitable for education sessions.

"I am now equipped with the necessary skills to handle and administer blood to my future patients. I am more confident in administering blood now that I know what adverse effects may occur along with the associated signs and symptoms." Student Nurse, Queensland, February 2021.

NEW COURSES

To support health care professionals and achieve better patient outcomes, BEA delivered five new courses. The courses were developed with the NBA and clinical experts. They cover access to immunoglobulin products and how they should be managed, handled and used.

COURSE	RELEASE DATE
Immunoglobulin: Essentials	13 Jan 2021
Immunoglobulin: Governance and Access	13 Jan 2021
Immunoglobulin: Prescribing	29 Jun 2021
Immunoglobulin: Administration	9 Feb 2021
Immunoglobulin: Adverse Events	9 Feb 2021

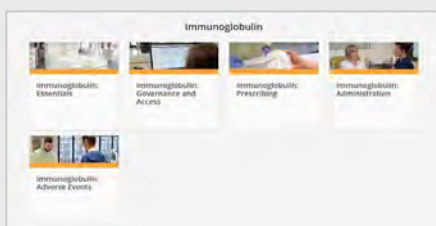
The courses are aimed at healthcare staff involved with the prescription, administration and reporting of immunoglobulin product use, including:

- ◆ specialists who prescribe immunoglobulin
- ◆ medical officers who are responsible for seeking authorisation for patient access to government-funded immunoglobulin
- ◆ laboratory and pharmacy staff who store and dispense immunoglobulin products
- ◆ nurses and midwives responsible for ordering immunoglobulin product from the laboratory or pharmacy and administering treatment to patients.

The courses have already been accessed by over 1,300 users.

To access the courses, go to

<https://learn.bloodsafelearning.org.au/categories#immunoglobulin-courses>



70 NATIONAL SAFETY AND QUALITY HEALTH SERVICE STANDARDS

The National Safety and Quality Health Service (NSQHS) Standards produced by the Australian Commission on Safety and Quality in Health Care (ACSQHC) are designed to protect the public from harm and improve the quality of healthcare. The standards describe the level of care that should be provided by health service organisations and the systems that are needed to deliver such care.

As part of the suite of standards, the NBA joined with the ACSQHC to develop the Blood Management Standard – Standard 7 to improve outcomes for patients by identifying risks and using strategies that optimise and conserve a patient's own blood, as well as ensuring that any blood and blood products that patients receive are safe and appropriate. The Blood Management Standard – Standard 7 covers all elements in the blood management and clinical transfusion process and includes the Patient Blood Management principles.

During 2020–21, the NBA continued to work with the ACSQHC and other stakeholders in the implementation of the second edition of the NSQHS Standards. The NBA is focussed on helping Australian health providers to meet the NSQHS Blood Management Standard requirements.

RESEARCH AND DEVELOPMENT

To support the development of best-practice models of management and use of blood and blood-related products and services, the NBA supports research to:

- ◆ enhance the sustainability and affordability of the national supply of blood products, including through increased efficiency and reduced blood product usage and wastage
- ◆ identify appropriate use and reduce inappropriate use of blood products
- ◆ maintain or enhance clinical outcomes for patients.

In 2020–21, the fifth round of NBA research grants were opened to applications and projects with successful grant applications being published on the NBA website.

Seven projects were completed in 2020–21, resulting in six publications and five draft journal manuscripts. Funded research makes a valuable contribution towards furthering the evidence base for the appropriate use of blood products to improve patients' lives.

NATIONAL BLOOD SECTOR RESEARCH AND DEVELOPMENT PROGRAM

The functions of the NBA specified in the *National Blood Authority Act 2003* include that the NBA will “carry out national blood arrangements relating to the facilitation and funding of research” (Section 8 (1)(h)).

The NBA National Blood Sector Research and Development Program is a small niche program that has funded 40 research projects costing close to \$6 million since its launch in 2015. The program has focussed on research priorities relating to patient blood management and the appropriate use of immunoglobulin (Ig). A review of these priorities was initiated by the NBA in 2020–21 to inform future research grants.

Research improves knowledge, information and evidence about blood products and their use, and helps inform good decisions about these matters for governments, patients, clinicians and others. Round 5 of the program opened in 2020–21 and resulted in the NBA funding seven research projects. One currently funded project is highlighted below.

Clinical trial of CIDP patients

Chronic inflammatory demyelinating polyneuropathy (CIDP) is a neurological disorder where patients suffer from fatigue, numbness, weakness and/or paralysis, especially in their legs and arms. Myelin is a protective fatty covering wrapped around nerve fibres, which allows nerve fibres to transmit signals very rapidly. CIDP causes inflammation of nerve roots and destruction of myelin. Some patients have a gradual progressive course of disease, while others have symptoms that stabilise and relapse. CIDP patients were dispensed 22.3 per cent of Ig in 2020–21.

Australia is joining the Netherlands and the United Kingdom in a randomised (double-blind placebo), controlled trial called OPTIC – *Intravenous immunoglobulin and intravenous methylprednisolone as Optional Induction Treatment in CIDP*. The Australian trial is led by Associate Professor Stephen Reddel of the University of Sydney. The research will compare the use of intravenous immunoglobulin (IVIg) alone with IVIg plus intravenous methylprednisolone (IVMP, a steroid) for those with CIDP.

The trial will test whether the addition of IVMP to initial IVIg for 18 weeks results in substantially more CIDP patients a) with functional improvements and b) in remission at one year. This research has the potential to improve patient treatment responses leading to increased and prolonged remission rates and reduced total Ig product use.

LIFEBLOOD RESEARCH AND DEVELOPMENT

Lifeblood and the NBA have a Research and Development Framework that was introduced on 1 July 2016. In 2020–21, Lifeblood received funding of approximately \$10 million under arrangements with the NBA for research and development in the following five strategic research areas:

- ◆ Donor behaviour
- ◆ Donor health and wellbeing
- ◆ Product development and storage
- ◆ Product safety
- ◆ Product use

Lifeblood's research and development business outcomes were on track with most of the research projects completed in 2020–21 being translated into changed business practices or learnings.

In 2020–21, research and development at Lifeblood remained focused on understanding what motivates current and future donors, the safety and quality of blood components, development of sensitive, specific and cost-effective testing capabilities, enhancement of knowledge of transfusable blood components and their interactions with patients, and improvement of practice. A strong emphasis is placed on translational research through close interaction between the research and development and operational arms of the business through all stages of a research project's life cycle.

STRATEGY 4:

DEVELOP POLICY AND PROVIDE POLICY ADVICE ON THE SUSTAINABILITY OF THE BLOOD SECTOR

The NBA continued to work with state and territory governments providing advice and guidance in developing strategies to ensure the sustainability of the blood sector so that issues relating to the supply and future demand requirements for blood and blood products are well managed.

A significant component of this advice and guidance during 2020–21 arose from the challenges to Australia's blood inventory levels arising from the fluctuating effects of COVID-19 pandemic management by states and territories, especially in the second half of 2020–21.

Table 2.11 shows NBA performance against key performance indicators.

Table 2.11 Key performance indicators: Development of policy and provision of policy advice on the sustainability of the blood sector

2020–21 INDICATORS	2020–21 RESULTS
Output Based Funding Model (OBFM) is in place.	The principles agreed for the fourth Lifeblood OBFM (2019–22) are implemented and used in the preparation of the National Supply Plan and Budget.
Effective policy advice is provided by the NBA to support policy decision making on the sustainability of the blood sector.	<p>The NBA continues to provide advice on the relationship between supply and demand for fresh and commercial products, as well as the cost of plasma for fractionation, and domestic and imported immunoglobulin (Ig) and other plasma-derived products, which relates to several key policy settings and is central to the NBA's management of the national blood supply on behalf of all Australian governments.</p> <p>The NBA also proactively searches for new and emerging trends through its horizon-scanning activities to support its policy advice to governments.</p> <p>During 2020–21, the NBA has provided advice and guidance to governments and others regarding blood inventory pressures arising from COVID-19 pandemic management.</p>
Outcomes of health technology assessment reviews are provided to the Jurisdictional Blood Committee and inform decision making in relation to national policy and access criteria.	In 2020–21, the Medical Services Advisory Committee reviewed the use of government-funded Ig treatment for three conditions.

Performance Criteria Source: 2020–21 Health Portfolio Budget Statements, p.308–309 NBA Corporate Plan 2020–21 to 2023–24, p.28.

KEY ACTIVITIES SUPPORTING THE DELIVERY OF STRATEGY 4

As indicated elsewhere in this report, the national demand for and supply of blood and blood products during 2020–21 has been highly dynamic and challenging. This has been due to the fluctuating impacts of COVID-19 pandemic management by governments, supply chain and logistics issues, global pressures, changes in the demand for healthcare, changes in the behaviour of communities and blood donors, and other matters.

This situation required close and active monitoring by the NBA and the provision of information, advice and guidance by the NBA to governments and others. This included information, briefings and advice to jurisdictions, to Health Ministers, the Australian Health Protection Principal Committee, the Private Hospitals Forum, Health Chief Executives, Chief Health Officers and others.

To maintain good information and intelligence, the NBA has continued its horizon scanning of international experience that may influence the management of blood and blood products in Australia. It has also engaged even more closely with suppliers to better understand their perspectives in a dynamic environment. This monitoring activity informs the provision of current analysis about new and emerging information concerning product use and technologies.

In 2020–21, the NBA supported a review by the Medical Service Advisory Committee (MSAC) of nationally funded Ig treatment for three conditions. This brought to five the total number of reviews completed in relation to access and use of Ig products.

Conditions reviewed in 2020–21 were multifocal motor neuropathy (MMN), secondary hypogammaglobulinemia unrelated to haematological malignancies or post-haemopoietic stem cell transplant (SHGG), and primary immunodeficiency disease with antibody deficiency (PID).

MSAC supported the continued government funding of Ig for these three conditions but recommended further review of MMN and PID in 12 months.

STRATEGY 5:

BE A HIGH-PERFORMING ORGANISATION

The NBA continued to develop capability across a broad range of business programs and activities. Table 2.12 shows that the NBA was able to achieve a good result against all performance indicators.

Not surprisingly, the particular challenges to organisational performance during 2020–21 arose from the effects of COVID-19 on the professional and personal lives of staff and the effect of lockdowns and other restrictions on the capacity of the NBA to undertake work in the usual way. This affected not only the NBA's day-to-day business operations and the way NBA staff were able to work with each other but also the way in which NBA staff were able to engage effectively with suppliers, stakeholders, partners and others in the blood sector community. The NBA and its staff have nevertheless demonstrated resilience, agility, adaptability and good humour in continuing to achieve effective implementation of the NBA work program at a high standard.

The NBA has continued to attract high-quality staff for the range of required disciplines across the agency although retaining staff has become more problematic. This in part is due to the limited capacity the NBA has available to offer recruits ongoing employment in the Australian Public Service and the consequential impact of a greater and disproportionate reliance on less secure contract employment in a competitive employment environment. The NBA will be continuing to seek an increase in its Average Staffing Level to help address this employment challenge.

The COVID-19 pandemic limited professional and personal development opportunities for staff, and made it harder to maintain strong internal and external relationships. The NBA knows this and everyone has worked hard to address and overcome these difficulties.

During 2020–21, the NBA embarked on a journey to modernise and improve our business processes to digitise and enhance performance, governance and compliance.

Table 2.12 Key performance indicators: The NBA is a high-performing organisation

2020–21 INDICATORS	2020–21 RESULTS
Continue to be an employer of choice with a staff retention rate of >80 per cent.	82.9%
Maintain a safe and healthy work environment with a reportable incident rate of <2 per cent.	0%
Ensure that 100% of all annual APS mandatory learning and development modules can be completed online by NBA staff.	100%

Performance Criteria Source: 2020–21 Health Portfolio Budget Statements, p.308–309, and NBA Corporate Plan 2020–21 to 2023–24, p.30.

KEY ACTIVITIES SUPPORTING THE DELIVERY OF STRATEGY 5

SUPPORTING OUR PEOPLE

In 2020–21, the NBA quickly adapted to hybrid and more flexible working arrangements to ensure staff could work and maintain high-performance engagement in a COVID-safe way.

Learning and development was facilitated through online learning and on-the-job training and support. The online system LearnHub supported the NBA's annual mandatory training program to ensure staff could still participate in a range of foundational training such as APS values, principles and integrity and fraud, security and work health and safety awareness. All staff had completed their mandatory training at the end of the annual performance cycle in September 2020.

The NBA's Business Committee agreed to the implementation strategy for the review of the NBA's enterprise agreement and pay determination arrangements, which are due to expire in January 2022. Consultation with staff will commence in early 2021–22.

The NBA received positive employee feedback in the APS employee census, which was conducted in May and June 2021. The NBA's employee engagement score was 76 per cent, above the APS rate of 73 per cent. A significant proportion of staff (80 per cent) reported they were satisfied with their job. The NBA also performed strongly on employee wellbeing with 81 per cent of staff reporting they were satisfied with the NBA's health and wellbeing policies and practices.

Staff indicated there were skills gaps within their work groups, with 43 per cent reporting a capability gap. The top four gaps were information and communications technology, written communication, leadership and data.

A key priority for 2021–22 is to develop a people strategy, which will outline actions to strengthen people capability within the NBA and align to the *APS Workforce Strategy 2025*.

3

GOVERNANCE ARRANGEMENTS

NATIONAL BLOOD SECTOR GOVERNANCE

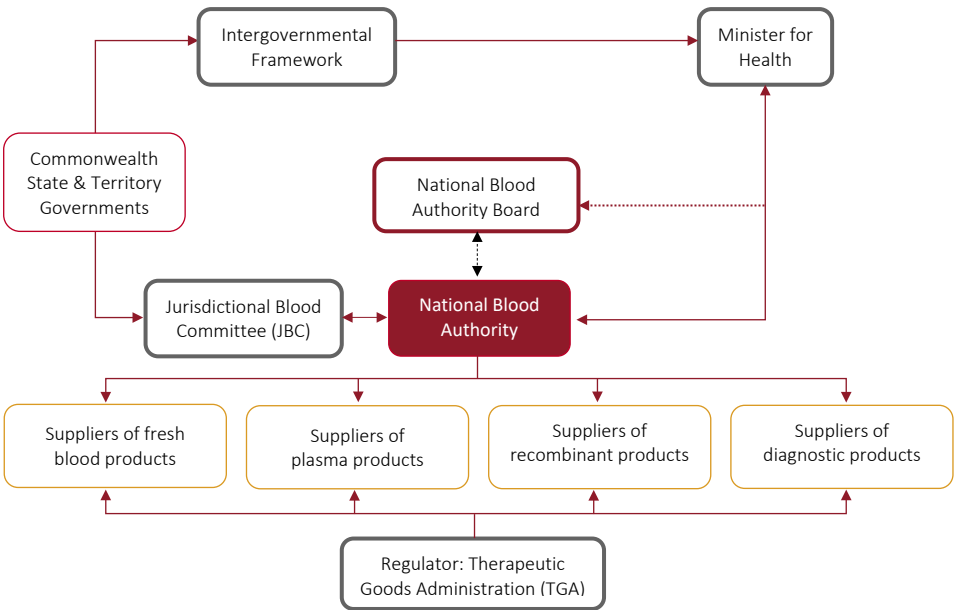
The NBA is established under the *National Blood Authority Act 2003*. It is a statutory body and portfolio agency of the Commonwealth Department of Health. Funding for the national blood arrangements is jointly provided by all Australian governments, with the Commonwealth Government providing 63 per cent of funding and states and territories 37 per cent.

The National Blood Agreement between all governments in 2002 outlines the policy framework for the national blood arrangements. The agreement outlines the:

- ♦ nationally agreed objectives of governments for the blood sector
- ♦ governance arrangements for the sector
- ♦ administrative arrangements for the management of the national blood supply
- ♦ financial arrangements for the national blood supply.

The governance framework for the Australian blood sector in 2020–21 is described in Figure 3.1. A review of intergovernmental structures and relationships initiated by the National Cabinet (the Conran Review) was completed in October 2020. Further information about this review is available from the website of the [Department of the Prime Minister and Cabinet \(pmc.gov.au\)](https://www.pmc.gov.au)

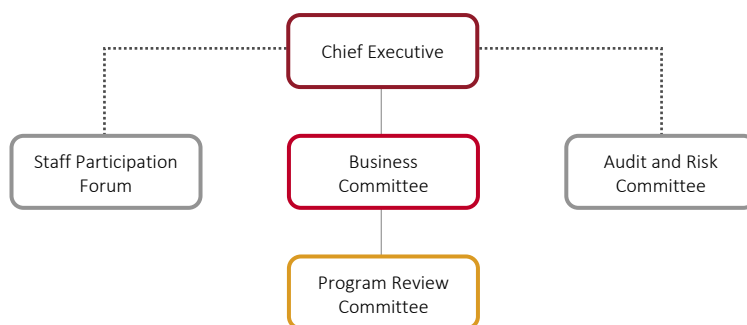
Figure 3.1 Blood sector governance



NBA CORPORATE GOVERNANCE

Four committees assist the NBA Chief Executive with the corporate governance and administration of the agency as described in Figure 3.2:

Figure 3.2 NBA governance



NBA BUSINESS COMMITTEE

The NBA Business Committee is the primary governance committee for the NBA. It provides strategic oversight and direction for the management and administration of the NBA and its business and finance activities.

The functions of the Business Committee are to:

- ◆ support and advise the Chief Executive
- ◆ provide strategic leadership, guidance and direction in relation to all business activities and processes, and in relation to people management, ICT issues and financial and information management
- ◆ review NBA business plans and activities, and monitor progress regularly against key milestones and deliverables
- ◆ consider NBA investment priorities and review them on a regular basis
- ◆ oversee relevant sub-committees and project boards.

The committee comprises the Chief Executive, Deputy Chief Executives, Chief Finance Officer, Chief Information Officer and Director, People and Communications. The committee is chaired by the Chief Executive and supported by the Executive Office. Other staff may be required to attend meetings for relevant agenda items.

AUDIT AND RISK COMMITTEE

The Audit and Risk Committee (ARC) provides independent advice and assurance to the Chief Executive on strategies to enhance the organisation's governance control and risk management framework, assist with planning and conducting the NBA's internal audit program, and support financial and legislative compliance. The committee met six times in 2020–21.

The ARC comprises independent members with relevant expertise appointed by the NBA Chief Executive. The ARC membership in 2020–21 was as follows:

- ◆ Mrs Roslyn Jackson (Chair)
- ◆ Mr Paul Bedbrook (NBA Board member)
- ◆ Mr Greg Fraser

Short biographies for each member, their attendance at committee meetings and information about their remuneration can be found in Appendix 1: Committee and Board Member Profiles.

The ARC Charter is approved by the NBA Chief Executive and is regularly reviewed in conjunction with the ARC. The ARC undertakes an annual process of performance self-assessment. The charter can be found on the NBA website at <https://www.blood.gov.au/committees-and-working-groups>.

The NBA Chief Executive, Deputy Chief Executives and Chief Financial Officer maintain an active engagement with the ARC and attend ARC meetings. This provides relevant organisational input and context to help the ARC's deliberations, and enhances the direct benefit of advice provided by the ARC.

Representatives from the Australian National Audit Office (ANAO) and the NBA's internal auditors (currently RSM (Australia)) also attend meetings and contribute to agenda items and discussion as required.

The ARC Charter describes four primary areas of focus. In 2020–21, matters considered by the ARC included:

- ◆ financial reporting –
 - NBA consideration of the implications of revised accounting standards
 - engagement with NBA management and ANAO in relation to the annual financial statements audit, including formal clearance of annual financial statements
- ◆ performance reporting –
 - NBA Corporate Plan, Business Plan and Operational Scorecard
 - NBA annual performance KPIs and reporting
- ◆ systems of risk oversight and management –
 - NBA strategic risk management and business continuity framework

- NBA fraud control framework
- Comcover benchmark reporting
- National Managed Fund investment framework and performance
- ♦ systems of internal control –
 - annual internal audit work plan, reports and implementation of recommendations, including internal audits in relation to:
 - business continuity plan framework review
 - fraud control processes review.

INTERNAL AUDIT AND RISK

The NBA's internal audit and risk program is guided by the ARC and is a key element of risk assessment and management. The ARC reviews the risk register on an annual basis as a key input in developing the NBA's internal audit program.

RSM (Australia) conducted a range of internal audits and reviews in line with the work program developed in conjunction with the ARC. The 2020–21 work program encompassed audits of the NBA's:

- ♦ business continuity plan framework
- ♦ fraud control processes.

The ARC continued to monitor the implementation of internal audit report recommendations through regular status reports.

EXTERNAL AUDIT

In 2020–21, the Australian National Audit Office (ANAO) undertook an independent performance audit titled *Management of the Manufacture and Supply of Domestic Fractionated Blood Plasma Products*. The audit report was tabled in Parliament on 3 June 2020.

The Auditor-General made three recommendations to improve the NBA's future procurement and reporting processes. The recommendations relate to annual reporting of contract performance, risk management specific to the contract and updating internal policies.

The NBA will implement its responses to the audit recommendations during 2021–22. The ARC has considered and discussed the audit findings and will monitor implementation of the recommendations.

The audit is published on the ANAO website:

<https://www.anao.gov.au/work/performance-audit/management-the-manufacture-and-supply-domestic-fractionated-blood-plasma-products>

PROGRAM REVIEW COMMITTEE

The NBA Program Review Committee systematically reviews the implementation and delivery of individual program commitments, and assesses the priorities, progress and outlook for program work. It meets in a regular cycle to enable the work of each of the NBA's ten major programs to be reviewed and discussed twice a year.

The committee is chaired by the Chief Executive and comprises all of the NBA senior management group, supported by the executive office. Staff from the program area under review also attend relevant meetings.

STAFF PARTICIPATION FORUM

The Staff Participation Forum is established under the NBA Enterprise Agreement to provide a formal mechanism for NBA management to consult directly with employee representatives about significant issues relating to employment matters. The forum comprises NBA staff representatives, NBA management representatives and a work health and safety representative.

EXTERNAL SCRUTINY

There have been no judicial decisions, decisions of administrative tribunals or decisions of the Australian Information Commissioner in 2020–21 that have had, or may have, a significant impact on the NBA's operations. There were no legal actions lodged against the NBA in 2020–21.

As reported elsewhere in this report, the Australian National Audit Office (ANAO) completed an independent performance audit in 2020–21 titled *Management of the Manufacture and Supply of Domestic Fractionated Blood Plasma Products*, which was tabled in Parliament on 3 June 2020.

The Auditor-General made three recommendations to improve the NBA's future procurement and reporting processes that related to annual reporting of contract performance, risk management specific to the contract and updating internal policies.

There were no capability reviews released during 2020–21.

FRAUD CONTROL

Consistent with the *Public Governance, Performance and Accountability Rule 2014* (section 10), the NBA conducts fraud risk assessments regularly and when there is a substantial change in the structure, functions or activities of the organisation.

Under the current fraud control plan, the NBA continually monitors accountability and control frameworks to meet the specific needs of the agency and ensure that it complies with the *Public Governance, Performance and Accountability Rule 2014*.

No instances of fraud were detected during the reporting year.

Certification of fraud control arrangements

I, John Cahill, certify that the National Blood Authority has:

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

John Cahill
Chief Executive
National Blood Authority

OUR PEOPLE

During 2020–21, the NBA continued its commitment to managing and developing its employees to meet organisational objectives. Further information on the NBA's effectiveness in managing and developing employees can be found in Part 2 – Annual Performance Statements.

OUR VALUES

The NBA strongly supports the Australian Public Service (APS) values, employment principles and code of conduct. This underpins what is expected of all staff in terms of behaviour and conduct. NBA staff understand their responsibilities as Australian public servants and representatives of the NBA and the Australian Government.

As part of the NBA's induction program, new employees are required to complete mandatory e-learning on APS values and principles along with a suite of induction e-learning programs. In line with the NBA performance cycle, employees must complete an annual mandatory training program.

In 2020–21, the NBA updated its *Procedures for managing breaches of the Code of Conduct and for determining sanctions* to ensure contemporary arrangements are in place to support investigations where a breach of the code of conduct occurs.

STAFF MANAGEMENT

The NBA was required to manage its APS staffing level during 2020–21 within an Average Staffing Level Cap of 57 staff. The total number of APS staff employed in the NBA as at 30 June 2021 was 63 staff by headcount or 56.45 full-time equivalent staff. The following tables provide a breakdown of NBA staff numbers by classification, gender, indigenous representation, location and employment type for the current 2020–21 report period and for the previous report period of 2019–20.

Table 3.1 All ongoing employees 2020–21

	MALE			FEMALE			INDETERMINATE			TOTAL
	FULL TIME	PART TIME	TOTAL MALE	FULL TIME	PART TIME	TOTAL FEMALE	FULL TIME	PART TIME	TOTAL INDET	
NSW	-	-	-	-	1	1	-	-	-	1
Qld	-	-	-	-	1	1	-	-	-	1
ACT	15	-	15	38	7	45	-	-	-	60
Total	15	1	15	38	9	47	-	-	-	62

Table 3.2 All non-ongoing employees 2020–21

	MALE			FEMALE			INDETERMINATE			TOTAL
	FULL TIME	PART TIME	TOTAL MALE	FULL TIME	PART TIME	TOTAL FEMALE	FULL TIME	PART TIME	TOTAL INDET	
ACT	-	-	-	-	1	1	-	-	-	1
Total	-	-	-	-	1	1	-	-	-	1

Table 3.3 All ongoing employees 2019–20

	MALE			FEMALE			INDETERMINATE			TOTAL
	FULL TIME	PART TIME	TOTAL MALE	FULL TIME	PART TIME	TOTAL FEMALE	FULL TIME	PART TIME	TOTAL INDET	
NSW	-	-	-	-	1	1	-	-	-	1
Qld	-	-	-	-	1	1	-	-	-	1
ACT	15	-	15	32	7	39	-	-	-	54
Total	15	-	15	32	9	41	-	-	-	56

Table 3.4 All non-ongoing employees 2019–20

	MALE			FEMALE			INDETERMINATE			TOTAL
	FULL TIME	PART TIME	TOTAL MALE	FULL TIME	PART TIME	TOTAL FEMALE	FULL TIME	PART TIME	TOTAL INDET	
ACT	1	-	1	2	2	4	-	-	-	5
Total	1	-	1	2	2	4	-	-	-	5

Table 3.5 Australian Public Service Act ongoing employees 2020–21

	MALE			FEMALE			INDETERMINATE			TOTAL
	FULL TIME	PART TIME	TOTAL MALE	FULL TIME	PART TIME	TOTAL FEMALE	FULL TIME	PART TIME	TOTAL INDET	
SES 1	-	-	-	2	-	2	-	-	-	2
EL 2	3	-	3	5	-	5	-	-	-	8
EL 1	8	-	8	10	5	15	-	-	-	23
APS 6	3	-	3	11	2	13	-	-	-	16
APS 5	1	-	1	5	2	7	-	-	-	8
APS 4	-	-	-	5	-	5	-	-	-	5
Total	15	-	15	38	9	47	-	-	-	62

Table 3.6 Australian Public Service Act non-ongoing employees 2020–21

	MALE			FEMALE			INDETERMINATE			TOTAL
	FULL TIME	PART TIME	TOTAL MALE	FULL TIME	PART TIME	TOTAL FEMALE	FULL TIME	PART TIME	TOTAL INDET	
EL 1	-	-	-	-	1	1	-	-	-	1
Total	-	-	-	-	1	1	-	-	-	1

Table 3.7 Australian Public Service Act ongoing employees 2019–20

	MALE			FEMALE			INDETERMINATE			TOTAL
	FULL TIME	PART TIME	TOTAL MALE	FULL TIME	PART TIME	TOTAL FEMALE	FULL TIME	PART TIME	TOTAL INDET	
SES 1	1	-	1	1	-	1	-	-	-	2
EL 2	5	-	5	4	-	4	-	-	-	9
EL 1	5	-	5	12	3	15	-	-	-	20
APS 6	2	-	2	10	3	13	-	-	-	15
APS 5	1	-	1	3	3	6	-	-	-	7
APS 4	-	-	-	2	-	2	-	-	-	2
Total	14	-	14	32	9	41	-	-	-	55

Table 3.8 Australian Public Service Act non-ongoing employees 2019–20

	MALE			FEMALE			INDETERMINATE			TOTAL
	FULL TIME	PART TIME	TOTAL MALE	FULL TIME	PART TIME	TOTAL FEMALE	FULL TIME	PART TIME	TOTAL INDET	
EL 1	1	-	1	-	2	2	-	-	-	3
APS 4	-	-	-	2	-	2	-	-	-	2
Total	1	-	1	2	2	4	-	-	-	5

Table 3.9 Australian Public Service Act employees by employment status 2020–21

	ONGOING			NON-ONGOING			TOTAL
	FULL TIME	PART TIME	TOTAL ONGOING	FULL TIME	PART TIME	TOTAL NON-ONGOING	
SES 1	2	-	2	-	-	-	2
EL 2	8	-	8	-	-	-	8
EL 1	18	5	23	-	1	1	24
APS 6	14	2	16	-	-	-	16
APS 5	6	2	8	-	-	-	8
APS 4	5	-	5	-	-	-	5
Total	53	9	62	-	1	1	63

Table 3.10 Australian Public Service Act employees by employment status 2019–20

	ONGOING			NON-ONGOING			TOTAL
	FULL TIME	PART TIME	TOTAL ONGOING	FULL TIME	PART TIME	TOTAL NON-ONGOING	
SES 1	2	-	2	-	-	-	2
EL 2	9	-	9	-	-	-	9
EL 1	17	3	20	1	2	3	23
APS 6	12	3	15	-	-	-	15
APS 5	4	3	7	-	-	-	7
APS 4	2	-	2	2	-	2	4
Total	46	9	55	3	2	5	60

Table 3.11 Australian Public Service Act employment type by location 2020–21

	ONGOING	NON-ONGOING	TOTAL
NSW	1	-	1
Qld	1	-	1
ACT	60	1	61
Total	62	1	63

Table 3.12 Australian Public Service Act employment type by location 2019–20

	ONGOING	NON-ONGOING	TOTAL
NSW	1	-	1
Qld	1	-	1
ACT	53	5	58
Total	55	5	60

Table 3.13 Australian Public Service Act Indigenous employment 2020–21

	TOTAL
Ongoing	1
Non-Ongoing	-
Total	1

Table 3.14 Australian Public Service Act Indigenous employment 2019–20

	TOTAL
Ongoing	-
Non-Ongoing	-
Total	-

EMPLOYMENT ARRANGEMENTS

Terms and conditions of employment for non-SES employees are covered by the *National Blood Authority Enterprise Agreement 2015–18*, with further wage increases provided between 2019 and 2021 under the *National Blood Authority Determination 2019/01*. Individual flexibility arrangements are implemented with non-SES employees for additional entitlements to meet the genuine needs of the NBA and the respective employees.

Terms and conditions of employment for SES employees are implemented through individual determinations made by the Chief Executive under subsection 24(1) of the *Public Service Act 1999*.

Table 3.15 Australian Public Service Act employment arrangements 2020–21

	SES	NON-SES	TOTAL
National Blood Authority Enterprise Agreement 2015–18 and National Blood Authority 2019/01 Determination	-	61	61
Public Service Act 1999 Section 24(1) Determinations	2	-	2
Individual Flexibility Arrangements	-	12	12
Total	2	73	75

REMUNERATION AND BENEFITS

Table 3.16 Australian Public Service Act employment by classification and NBA salary range 2020–21

	MINIMUM SALARY	MAXIMUM SALARY
SES 1	\$226,422	\$226,422
EL 2	\$123,301	\$138,918
EL 1	\$103,755	\$117,841
APS 6	\$84,063	\$94,835
APS 5	\$76,203	\$78,272
APS 4	\$70,061	\$74,030
APS 3	\$61,837	\$68,545
APS 2	\$53,511	\$58,392
APS 1	\$45,768	\$51,419

Table 3.17 Executive remuneration 2020–21¹

		SHORT-TERM BENEFITS			POST-EMPLOYMENT BENEFITS	OTHER LONG-TERM BENEFITS			
NAME	POSITION TITLE	BASE SALARY	BONUSES	OTHER BENEFITS AND ALLOWANCES	SUPERANNUATION CONTRIBUTIONS	LONG SERVICE LEAVE	OTHER LONG-TERM BENEFITS	TERMINATION BENEFITS	TOTAL REMUNERATION
John Cahill	Chief Executive	\$360,591	-	-	\$34,068	\$5,527	-	-	\$400,186
Michael Stone	Deputy Chief Executive	\$193,677	-	\$17,252	\$30,754	\$21,623	-	-	\$263,306
Elizabeth Quinn	Deputy Chief Executive	\$210,514	-	-	\$42,017	\$5,566	-	-	\$258,097
Anna Peatt	Deputy Chief Executive	\$56,652	-	-	\$10,464	\$928	-	-	\$68,044

¹ Mr Stone retired during 2020–21 with Dr Peatt commencing as his replacement.

Table 3.18 Remuneration for NBA Senior Executive Service (SES) staff 2020–21²

		SHORT-TERM BENEFITS			POST-EMPLOYMENT BENEFITS	OTHER LONG-TERM BENEFITS		TERMINATION BENEFITS	TOTAL REMUNERATION
TOTAL REMUNERATION BANDS	NUMBER OF SENIOR EXECUTIVES	AVERAGE BASE SALARY	AVERAGE BONUSES	AVERAGE OTHER BENEFITS AND ALLOWANCES	AVERAGE SUPERANNUATION CONTRIBUTIONS	AVERAGE LONG SERVICE LEAVE	AVERAGE OTHER LONG-TERM BENEFITS	AVERAGE TERMINATION BENEFITS	AVERAGE TOTAL REMUNERATION
\$0 – \$220,000	1	\$56,652	-	-	\$10,464	\$928	-	-	\$68,044
\$220,001 – \$245,000	-	-	-	-	-	-	-	-	-
\$245,001 – \$270,000	2	\$202,095	-	\$8,626	\$36,385	\$13,594	-	-	\$260,700

² SES numbers reflect the retirement of Mr Stone and the commencement of Dr Peatt.

PERFORMANCE PAY

Performance pay was not a component of any remuneration for NBA staff during 2020–21.

NON-SALARY BENEFITS

NBA staff were provided with a range of non-salary benefits during 2020–21, including:

- ◆ access to purchase additional annual leave
- ◆ airport lounge memberships (for senior executives)
- ◆ car parking (for EL2 staff and senior executives)
- ◆ Christmas close-down period
- ◆ breastfeeding facilities
- ◆ Employee Assistance Program
- ◆ eyesight testing and glasses reimbursement
- ◆ financial assistance and/or paid leave for professional development
- ◆ flexible working arrangements
- ◆ health and wellbeing program enabling staff to be reimbursed for health and wellbeing activities
- ◆ influenza vaccinations for staff and their immediate family members
- ◆ laptop computers, peripherals, internet access and mobile phones
- ◆ professional development, mentoring and counselling
- ◆ professional memberships
- ◆ recognition and retention payments
- ◆ reimbursement of reasonable expenses associated with performance of duties
- ◆ reimbursement for financial advice associated with a voluntary redundancy
- ◆ relocation assistance (for senior executives)
- ◆ salary packaging.

PROFESSIONAL AND PERSONAL DEVELOPMENT

Employee development in the APS is an important contributor to a productive, progressive, innovative and engaged workforce. The NBA recognises the importance of ensuring that staff members continue to develop their skills. This is facilitated through sourced internal training, eLearning programs and external training and development opportunities such as studies assistance, stakeholder engagement and participation in conferences.

The NBA has an eLearning management system, Learnhub, to support ongoing professional and personal development for staff. Learnhub has strengthened staff and NBA capabilities, building on existing staff skills and satisfying annual mandatory training requirements.

The NBA runs a series of Knowledge Management Forums to provide information sessions for staff on a range of topics about NBA business and operations.

WORK HEALTH AND SAFETY

Workplace health and safety matters are standing agenda items that are routinely discussed at a variety of organisational meetings. This includes regular reports to the senior management group, the NBA Business Committee, the NBA Board and the Staff Participation Forum.

There were no reportable incidents lodged with Comcare during 2020–21 and no investigations were conducted by Comcare during this reporting period.

NBA initiatives to maintain its ongoing commitment to a healthy, safe and secure workplace during 2020–21 included:

- ◆ responses to COVID-19 issues, including regular messaging and guidance to and discussions with staff; COVID signage and other visual aids and reminders; adoption of COVID-safe practices for work spaces, meetings and travel; hybrid working arrangements with attendance rostering and working from home arrangements; technology support for remote working; and provision of hand sanitisers throughout the NBA office
- ◆ ergonomic workstation assessments
- ◆ access to the Employee Assistance Program
- ◆ expansion of ICT remote working capabilities enabling staff to work remotely
- ◆ sit-stand desks
- ◆ implementation and ongoing management of the work health and safety governance framework.



FINANCIAL MANAGEMENT

FINANCIAL STATEMENTS

4

FINANCIAL MANAGEMENT

FUNDING

The functions of the NBA are prescribed in the *National Blood Authority Act 2003* with policy and administrative contained within the National Blood Agreement signed by all governments in 2002. As a material statutory agency, the NBA has a range of corporate and compliance responsibilities under the *National Blood Authority Act 2003*, the *Public Governance, Performance and Accountability Act 2013* (PGPA Act) and the *Australian Public Service Act 1999*, along with a responsibility to meet ministerial, parliamentary and financial reporting requirements.

Under the National Blood Agreement between the Commonwealth of Australia and all states and territories, 63 per cent of NBA funding is provided by the Commonwealth and the remaining 37 per cent by the state and territory governments. The funding covers both the national blood supply and the operations of the NBA.

For budgeting and accounting purposes, the NBA's financial transactions are classified as either departmental or administered revenues or expenses as follows:

- ◆ Departmental revenues and expenses: assets, liabilities, revenues and expenses controlled by the NBA for its operations.
- ◆ Administered revenues and expenses: activities and expenses controlled or incurred by the NBA on behalf of governments, mainly for procuring requested products and services.

The NBA's agency resource statement and total resources for outcome tables are given in Appendix 4. Table 4.1 summarises the NBA's high-level funding and expenditure for 2020–21.

Table 4.1 High-level summary: Departmental and administered funding and expenditure 2020–21

	FUNDING (\$M)	EXPENDITURE (\$M)
Departmental – NBA Operations	10.752	11.227
Administered – National Blood and Blood Products supply	1,306.420	1,368.313

SPECIAL ACCOUNTS

The NBA operates its financial arrangements through two special accounts, the National Blood Account and the National Managed Fund (Blood and Blood Products) Special Account 2017.

Special accounts are held in the Consolidated Revenue Fund and are used for setting aside and recording amounts to be used for specified purposes. Funds received from the Commonwealth, state and territory governments are held in the special accounts and used as required.

Funding for the supply of blood and blood products and the operation of the NBA is included in the National Blood Account, established under section 40 of the *National Blood Authority Act 2003*. All balances in the National Managed Fund (Blood and Blood Products) Special Account are classified as administered funds.

The National Managed Fund Blood and Blood Products Special Account 2017 was established under section 78 of the *Public Governance, Performance and Accountability Act 2013* to accumulate funds required to meet potential product liability claims against Lifeblood. Contributions to the account have been made by all governments and Lifeblood. In addition, interest is received on special account balances.

FINANCIAL PERFORMANCE

This section provides a summary of the NBA's financial performance for 2020–21. Details of departmental and administered results are shown in the audited financial statements and this summary should be read in conjunction with those statements.

AUDIT REPORT

The NBA received an unqualified audit report for 2020–21.

DEPARTMENTAL FINANCES

The NBA's departmental finances cover the NBA's operations.

96 **OPERATING RESULT**

The NBA's income statement reports a 2020–21 operating loss of \$0.475 million, compared with an operating loss of \$0.154 million in 2019–20.

Table 4.2 Key financial performance 2016–17 to 2020–21

REVENUE & EXPENSES	2016–17 (\$M)	2017–18 (\$M)	2018–19 (\$M)	2019–20 (\$M)	2020–21 (\$M)
Contributions from the Australian Government	5.636	5.590	5.682	5.681	5.510
Contributions from states and territories, and other revenue	4.376	4.087	4.469	4.769	5.242
Total revenue	10.012	9.677	10.151	10.450	10.752
Employee expenses	6.744	6.637	7.438	7.689	7.605
Supplier expenses	2.350	4.698	2.909	1.855	2.433
Other expenses	0.521	0.394	0.481	1.219	1.189
Total expenses	9.615	11.729	10.828	10.763	11.227
Operating result	0.397	(2.052)	(0.677)	(0.154)	(0.475)

REVENUE

Total departmental revenue received in 2020–21 amounted to \$10.752 million: \$5.510 million in funding from the Commonwealth Government; \$5.242 million in contributions received from the states and territories, and other revenue; and \$0.066 million for resources received free of charge. This represents an increase of \$0.302 million (2.89 per cent) on revenue received in 2019–20. Other revenue mostly relates to adjustments arising from the entitlements of staff transferring from other agencies.

EXPENSES

The NBA's expenses for 2020–21 amounted to \$11.227 million. This represents an increase of \$0.464 million (4.3 per cent) on total expenses from 2019–20.

BALANCE SHEET

Details of the NBA's assets and liabilities are presented in the audited financial statements in this report.

FINANCIAL ASSETS

The NBA held cash and cash equivalents of \$8.053 million at 30 June 2021. This included funds received from all jurisdictions and transferred to the Official Public Account held by the Department of Finance until required for expenditure. The balance of trade and other receivables was \$1.444 million at 30 June 2021.

NON-FINANCIAL ASSETS

There was no significant change in the carrying amount of non-financial assets during the financial year.

PAYABLES

There was no significant change in the carrying amount of payables during the financial year.

PROVISIONS

Employee provisions, which cover annual and long-service leave entitlements, decreased by \$0.392 million to \$2.350 million.

ADMINISTERED FINANCES

The NBA's administered funding includes contributions from the Commonwealth and all state and territory governments for the supply of blood and blood products. Each year, Health Ministers approve an annual National Supply Plan and Budget (NSP&B) that is formulated by the NBA from estimates provided by individual states and territories of the expected products required to meet clinical demand within their respective jurisdiction.

In 2020–21, the NBA returned \$48.93 million (compared with \$73.10 million in 2019–20) to all governments for the 2019–20 end-of-year reconciliation as part of the National Blood Agreement.

REVENUE

Total revenue for 2020–21 is summarised in Table 4.3. Total revenue increased by \$91.994 million (a 7.58 per cent increase, up from the 0.54 per cent increase the prior year) for 2020–21.

Table 4.3 Summarised administered revenue 2016–17 to 2020–21

ADMINISTERED REVENUE	2016–17 (\$M)	2017–18 (\$M)	2018–19 (\$M)	2019–20 (\$M)	2020–21 (\$M)
Funding for supply of blood and blood products	1,046.325	1,153.302	1,203.591	1,211.007	1,303.983
Other revenue	3.834	5.446	4.330	3.419	2.437
Total administered revenue	1,050.159	1,158.748	1,207.921	1,214.426	1,306.420

98 EXPENSES

Total administered expenses for 2020–21, including grants and rendering of goods and services, are summarised in Table 4.4. Administered expenses for 2020–21 increased 16.19 per cent over those for 2019–20.

In accordance with the Output Based Funding Model with Lifeblood, \$31.60 million was returned by Lifeblood to the NBA in 2020–21 compared with \$69.80 million in 2019–20.

Table 4.4 Summarised administered expenses 2016–17 to 2020–21

ADMINISTERED REVENUE	2016–17 (\$M)	2017–18 (\$M)	2018–19 (\$M)	2019–20 (\$M)	2020–21 (\$M)
Rendering of goods and services – external entities	1,061.265	1,163.196	1,193.734	1,174.839	1,365.007
Grants to the private sector – non-profit organisation	0.401	0.599	0.738	0.745	0.582
Other	1.169	1.275	1.600	2.058	2.724
Total administered expenses	1,062.835	1,165.070	1,196.072	1,177.642	1,368.313

ADMINISTERED ASSETS AND LIABILITIES

Administered assets comprise the following:

- Funds held in the Official Public Account.
- Investments made in relation to the National Managed Fund.
- Goods and Services Tax receipts from the Australian Taxation Office and payments to suppliers for products.
- Blood and blood product inventory held for distribution, including the national reserve of blood products.
- A prepayment to Lifeblood as part of the Output Based Funding Model.

During 2020–21 net administered assets decreased by \$59.915 million.

Administered liabilities comprise payables to suppliers.

ASSETS MANAGEMENT

The NBA has developed an asset replacement strategy to ensure that it has adequate funding for the replacement of assets as these come to the end of their useful life.

PURCHASING

The NBA's procurement activities were undertaken in accordance with the *Public Governance, Performance and Accountability Act 2013*, *Commonwealth Procurement Rules* and best-practice guidance when undertaking procurements. The NBA applies these requirements through internal financial and procurement policies.

The NBA has developed business processes to ensure that the knowledge and best practices developed within the agency for key purchasing activities are captured and made available to new staff and that relevant procedures and processes are documented and followed.

Over recent years several internal audit programs have tested these processes to ensure that they meet government policy and better practice. The audit findings have been consistently favourable in relation to complying with mandatory processes. The NBA has implemented recommended opportunities.

As reported elsewhere in this report, in 2020–21 the Australian National Audit Office (ANAO) completed an independent performance audit titled *Management of the Manufacture and Supply of Domestic Fractionated Blood Plasma Products*, which was tabled in Parliament on 3 June 2020.

The audit reviewed the procurement and management of the current contract with CSL Behring, which is a contract valued at \$3.4 billion over nine years. The audit concluded that the NBA had conducted largely appropriate strategic procurement and planning that included enterprise level risk management processes, and that the procurement process largely supported the achievement of value for money. There were three areas of improvement recommended by the ANAO to ensure full compliance with the Commonwealth Procurement Rules in the future. These were not material to achieving value for money in procuring or managing the current contract.

The NBA's key business processes are constantly reviewed and refined as part of the expectation the NBA itself has to continuously improve the management of its core business functions. Implementation of the ANAO recommendations will be picked up as part of these improvement processes.

The Chief Executive did not issue any exemptions from the required publication of any contract or standing offer in the purchasing and disposal gazette.

Information on all NBA contracts awarded with a value of \$10,000 (incl. GST) or more is available on AusTender at www.tenders.gov.au.

There were no contracts of \$100,000 or more (incl. GST) let in 2020–21 that did not provide for the Auditor-General's access to the contractor's premises.

CONSULTANCY AND NON-CONSULTANCY CONTRACTS

Annual reports contain information about actual expenditure on reportable consultancy and non-consultancy contracts. Information on the overall value of these contracts is available on the [AusTender Homepage: AusTender \(tenders.gov.au\)](https://www.tenders.gov.au).

The NBA selects consultants using panel arrangements or by making an open approach to market. Decisions to engage consultants during 2020–21 were made in accordance with the PGPA Act and related provisions including the Commonwealth Procurement Rules, and relevant internal policies and procedures.

As summarised in Table 4.5, five new reportable consultancy contracts were entered into during 2020–21 involving total actual expenditure of \$253,598. In addition, four ongoing reportable consultancy contracts were active during the period, involving total actual expenditure of \$174,505.

Table 4.5 Expenditure on reportable consultancy contracts 2020–21

	NUMBER	EXPENDITURE \$ (GST INCL.)
New contracts entered into during the reporting period	5	\$253,598
Ongoing contracts entered into during the previous reporting period	4	\$174,505
Total	9	\$428,103

Table 4.6 shows organisations receiving a share of reportable consultancy contract expenditure in 2020–21.

Table 4.6 Organisations receiving a share of reportable consultancy contract expenditure 2020–21

NAME OF ORGANISATION	EXPENDITURE \$ (GST INCL.)
Gartner Australasia Pty Ltd (69 003 708 601)	\$125,730
Deloitte Touche Tohmatsu (74 490 121 060)	\$105,754
Aurec Pty Ltd (60 103 121 464)	\$56,896
PricewaterhouseCoopers Consulting (Australia) Pty Ltd (20 607 773 295)	\$55,045
Group 10 Consulting Pty Ltd (36 163 479 883)	\$27,225
Closed Loop Design Pty Ltd (59 142 272 464)	\$26,159

Note: a share of reportable consultancy contract expenditure refers to contracts that are the top five highest expenditure or greater than 5% of the total consultancy expenditure.

Table 4.7 shows total expenditure on all reportable non-consultancy contracts in 2020–21.

Table 4.7 Expenditure on reportable non-consultancy contracts 2020–21

	NUMBER	EXPENDITURE \$ (GST INCL.)
New contracts entered into during the reporting period	34	\$635,907,250
Ongoing contracts entered into during the previous reporting period	15	\$841,192,947
Total	49	\$1,477,100,197

Table 4.8 shows organisations receiving a share of reportable non-consultancy contract expenditure in 2020–21.

Table 4.8 Organisations receiving a share of reportable non-consultancy contract 2020–21

NAME OF ORGANISATION	EXPENDITURE \$ (GST INCL.)
Australian Red Cross Blood Service (50 169 561 394)	\$769,945,550
CSL Behring (Australia) Pty Ltd (48 160 734 761)	\$550,208,445
Grifols Australia Pty Ltd (35 050 104 875)	\$52,445,883
Novo Nordisk Pharmaceuticals Pty Ltd (40 002 879 996)	\$38,910,440
Sanofi-Aventis Australia Pty Ltd (31 008 558 807)	\$23,082,125

Note: a share of reportable non-consultancy contract expenditure refers to contracts that are the top five highest expenditure or greater than 5% of the total non-consultancy expenditure.

PROCUREMENT INITIATIVES TO SUPPORT SMALL BUSINESS

The NBA 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: www.finance.gov.au/procurement/statistics-on-commonwealth-purchasing-contracts.

The NBA 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 website at Treasury.gov.au.

The NBA has procurement practices in place which support SMEs. This includes but is not limited to electronic systems or other processes used to facilitate on-time payment performance. This includes the use of credit cards as a payment mechanism for low-value procurements.

FINANCIAL STATEMENTS



INDEPENDENT AUDITOR'S REPORT

To the Minister of Health and Aged Care

Opinion

In my opinion, the financial statements of the National Blood Authority ('the Entity') for the year ended 30 June 2021:

- (a) comply with Australian Accounting Standards – Reduced Disclosure Requirements and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
- (b) present fairly the financial position of the Entity as at 30 June 2021 and its financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following as at 30 June 2021 and for the year then ended:

- Statement by the Accountable Authority and Chief Financial Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement;
- Administered Schedule of Comprehensive Income;
- Administered Schedule of Assets and Liabilities;
- Administered Reconciliation Schedule;
- Administered Cash Flow Statement; and
- Notes to and forming part of the financial statements, comprising a summary of significant accounting policies and other explanatory information.

Basis for opinion

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

Accountable Authority's responsibility for the financial statements

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

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

Australian National Audit Office



Mark Vial
Acting Executive Director
Delegate of the Auditor-General
Canberra
2 September 2021

NATIONAL BLOOD AUTHORITY
FINANCIAL STATEMENTS
for the year ended 30 June 2021

STATEMENT BY THE ACCOUNTABLE AUTHORITY AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2021 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 National Blood Authority will be able to pay its debts as and when they fall due.



Signed

John Cahill
Accountable Authority

2 September 2021



Signed

Tom Wilkinson
Chief Financial Officer

2 September 2021

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

Certification

Primary financial statements

- 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

Overview

Notes to the financial statements

- 1. Departmental Financial Performance**
 - 1.1 Expenses
 - 1.2 Own-Source Revenue and Gains
- 2. Income and Expenses Administered on Behalf of Government**
 - 2.1 Administered - Expenses
 - 2.2 Administered - Income
- 3. Departmental Financial Position**
 - 3.1 Financial Assets
 - 3.2 Non-Financial Assets
 - 3.3 Payables
 - 3.4 Interest Bearing Liabilities
 - 3.5 Other Provisions
- 4. Assets and Liabilities Administered on Behalf of Government**
 - 4.1 Administered - Financial Assets
 - 4.2 Administered - Non-Financial Assets
 - 4.3 Administered - Payables
- 5. Funding**
 - 5.1 Appropriations
 - 5.2 Special Accounts
- 6. People and Relationships**
 - 6.1 Employee Provisions
 - 6.2 Key Management Personnel Remuneration
 - 6.3 Related Party Disclosures
- 7. Managing Uncertainties**
 - 7.1 Contingent Assets and Liabilities
 - 7.2 Departmental - Financial Instruments
 - 7.3 Administered - Financial Instruments
 - 7.4 Fair Value Measurement
 - 7.5 Administered - Fair Value Measurement
- 8. Other Information**
 - 8.1 Aggregate Assets and Liabilities
 - 8.2 Budgetary Reports and Explanations of Major Variances

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

NATIONAL BLOOD AUTHORITY
STATEMENT OF COMPREHENSIVE INCOME
for the year ended 30 June 2021

	Notes	2021 \$'000	2020 \$'000
NET COST OF SERVICES			
Expenses			
Employee benefits	1.1A	7,605	7,689
Suppliers	1.1B	2,433	1,855
Depreciation and amortisation	3.2A	1,178	1,152
Finance costs		11	20
Write-down and impairment of other assets		-	47
Total expenses		11,227	10,763
Own-Source Income			
Own-source revenue			
Revenue from contracts with customers	1.2A	4,688	4,269
Other revenue	1.2B	487	434
Total own-source revenue		5,175	4,703
Gains			
Resources received free of charge - remuneration of auditors		66	66
Gains from asset sales		1	-
Total gains		67	66
Total own-source income		5,242	4,769
Net cost of services		(5,985)	(5,994)
Revenue from government	1.2C	5,510	5,681
Deficit		(475)	(313)
OTHER COMPREHENSIVE INCOME			
Items not subject to subsequent reclassification to net cost of services			
Changes in asset revaluation surplus		-	159
Total other comprehensive income		-	159
Total comprehensive loss		(475)	(154)

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

NATIONAL BLOOD AUTHORITY
STATEMENT OF FINANCIAL POSITION

as at 30 June 2021

		2021	2020
	Notes	\$'000	\$'000
ASSETS			
Financial assets			
Cash and cash equivalents	3.1A	8,053	8,821
Trade and other receivables	3.1B	1,444	1,502
Total financial assets		9,497	10,323
Non-financial assets			
Buildings	3.2A	955	1,629
Leasehold improvements	3.2A	813	490
Plant and equipment	3.2A	751	570
Computer software	3.2A	163	112
Other non-financial assets		260	184
Total non-financial assets		2,942	2,985
Total assets		12,439	13,308
LIABILITIES			
Payables			
Suppliers	3.3A	133	129
Other payables	3.3B	159	128
Deferred revenue	3.3C	302	309
Total payables		594	566
Interest bearing liabilities			
Leases	3.4A	935	1,609
Total interest bearing liabilities		935	1,609
Provisions			
Employee provisions	6.1A	2,350	2,742
Other provisions	3.5A	172	173
Total provisions		2,522	2,915
Total liabilities		4,051	5,090
Net assets		8,388	8,218
EQUITY			
Contributed equity		6,444	5,799
Reserves		619	619
Retained surplus		1,325	1,800
Total equity		8,388	8,218

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

NATIONAL BLOOD AUTHORITY
STATEMENT OF CHANGES IN EQUITY
for the year ended 30 June 2021

	Retained Earnings		Asset revaluation reserve		Contributed equity/capital		Total equity	
	2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000
Opening balance	1,800	1,995	619	460	5,799	5,182	8,218	7,637
Balance carried forward from previous period								
Adjustment for initial application of AASB 15	-	(301)	-	-	-	-	-	(301)
Adjustment for initial application of AASB 16	-	419	-	-	-	-	-	419
Opening balance	1,800	2,113	619	460	5,799	5,182	8,218	7,755
Comprehensive Income								
Revaluation adjustment	-	-	-	159	-	-	-	159
Deficit for the period	(475)	(313)	-	-	-	-	(475)	(313)
Total comprehensive income attributable to Australian Government	(475)	(313)	-	159	-	-	(475)	(154)
Transactions with owners								
<i>Contributions by owners</i>								
Departmental capital budget	-	-	-	-	645	617	645	617
Total transactions with owners	-	-	-	-	645	617	645	617
Closing balance as at 30 June attributable to Australian Government	1,325	1,800	619	619	6,444	5,799	8,388	8,218

Accounting Policy:

Equity injection

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

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

NATIONAL BLOOD AUTHORITY
CASH FLOW STATEMENT

for the year ended 30 June 2021

	Notes	2021 \$'000	2020 \$'000
OPERATING ACTIVITIES			
Cash received			
Appropriations		5,510	5,681
Sale of goods and rendering of services		5,024	4,675
Net GST received		254	319
Total cash received		10,788	10,675
Cash used			
Employees		7,720	7,288
Suppliers		2,893	2,797
Interest payments on lease liabilities		14	21
Total cash used		10,627	10,105
Net cash from operating activities		161	570
INVESTING ACTIVITIES			
Cash used			
Purchase of property, plant and equipment		918	222
Purchase of intangibles		141	7
Total cash used		1,059	229
Net cash used by investing activities		(1,059)	(229)
FINANCING ACTIVITIES			
Cash received			
Contributed equity - departmental capital budget		932	506
Total cash received		932	506
Cash used			
Principal repayment of lease liabilities		802	703
Total cash used		802	703
Net cash from/(used by) financing activities		130	(197)
Net (decrease)/increase in cash held		(768)	143
Cash and cash equivalents at the beginning of the reporting period		8,821	8,678
Cash and cash equivalents at the end of the reporting period	3.1A	8,053	8,821

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

NATIONAL BLOOD AUTHORITY ADMINISTERED SCHEDULE OF COMPREHENSIVE INCOME <i>for the year ended 30 June 2021</i>			
	Notes	2021 \$'000	2020 \$'000
NET COST OF SERVICES			
Expenses			
Employee benefits	2.1A	824	772
Suppliers	2.1B	1,365,007	1,174,839
Grants - non-profit organisations	2.1C	582	745
Depreciation and amortisation	4.2B	1,900	1,286
Total expenses		1,368,313	1,177,642
Income			
Revenue			
Non-taxation revenue			
Revenue from contracts with customers	2.2A	1,303,983	1,211,007
Interest income		2,360	3,419
Other revenue		77	-
Total non-taxation revenue		1,306,420	1,214,426
Total revenue		1,306,420	1,214,426
Total income		1,306,420	1,214,426
Net contribution by services		(61,893)	36,784
(Deficit)/Surplus		(61,893)	36,784
OTHER COMPREHENSIVE INCOME			
Items not subject to subsequent reclassification to net cost of services			
Changes in asset revaluation surplus		-	(2)
Total comprehensive (loss)/income		(61,893)	36,782

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

NATIONAL BLOOD AUTHORITY			
ADMINISTERED SCHEDULE OF ASSETS AND LIABILITIES			
as at 30 June 2021			
	Notes	2021 \$'000	2020 \$'000
ASSETS			
Financial assets			
Cash and cash equivalents	4.1A	138,696	193,100
Trade and other receivables	4.1B	25,430	45,092
Other investments	4.1C	137,700	133,800
Total financial assets		301,826	371,992
Non-financial assets			
Plant and equipment	4.2A	22	7
Intangibles	4.2A	5,194	5,939
Inventories	4.2B	96,334	113,529
Prepayments	4.2C	60,439	58,407
Total non-financial assets		161,989	177,882
Total assets administered on behalf of Government		463,815	549,874
LIABILITIES			
Payables			
Suppliers	4.3A	20,937	55,178
Deferred revenue	4.3B	112,572	104,475
Total payables		133,509	159,653
Total liabilities administered on behalf of Government		133,509	159,653
Net assets		330,306	390,221

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

NATIONAL BLOOD AUTHORITY
ADMINISTERED RECONCILIATION SCHEDULE
as at 30 June 2021

	2021 \$'000	2020 \$'000
Opening administered assets less administered liabilities as at 1 July 2020	390,221	452,364
Net (cost of) / contribution by services		
Income	1,306,420	1,214,426
Expenses		
Payments to entities other than corporate Commonwealth entities	(1,368,313)	(1,177,642)
Adjustment on initial application of AASB 15	-	(102 555)
Other comprehensive income		
Revaluations transferred to reserves	-	(2)
Transfers (to) / from the Australian Government:		
Appropriation transfers from Official Public Account:		
Annual appropriations	1,978	3,630
Closing assets less liabilities as at 30 June 2021	330,306	390,221

Accounting Policy

Administered cash transfers to and from the Official Public Account

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

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

NATIONAL BLOOD AUTHORITY
ADMINISTERED CASH FLOW STATEMENT
for the year ended 30 June 2021

	Notes	2021 \$'000	2020 \$'000
OPERATING ACTIVITIES			
Cash received			
Revenue from contracts with customers		1,332,105	1,195,998
Interest		3,022	3,831
Net GST received		137,461	117,639
Total cash received		1,472,589	1,317,468
Cash used			
Employees		824	772
Grants		582	745
Suppliers		1,522,494	1,289,489
Total cash used		1,523,900	1,291,006
Net cash (used by)/ from operating activities		(51,311)	26,462
INVESTING ACTIVITIES			
Cash received			
Maturity of investments		53,000	70,000
Total cash received		53,000	70,000
Cash used			
Purchase of property, plant & equipment and intangibles		1,171	1,327
Acquisition of investments		56,900	74,000
Total cash used		58,071	75,327
Net cash (used by) investing activities		(5,071)	(5,327)
Net (decrease)/increase in cash held		(56,382)	21,135
Cash and cash equivalents at the beginning of the reporting period		193,100	168,335
Cash from the Official Public Account			
Appropriations		1,978	3,630
Total cash from the Official Public Account		1,978	3,630
Cash to the Official Public Account			
Special accounts		(1,978)	(3,630)
Total cash to the Official Public Account		(1,978)	(3,630)
Cash and cash equivalents at the end of the reporting period	4.1A	138,696	193,100

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

NATIONAL BLOOD AUTHORITY OVERVIEW NOTE

for the year ended 30 June 2021

Objectives of the National Blood Authority

The National Blood Authority (NBA) is an Australian Government controlled entity. It is a not-for-profit entity. The NBA was established on 1 July 2003 with the primary objectives of securing the supply of blood and blood products, improving risk management and blood sector performance, and promoting the safe and efficient use of blood and blood products.

The NBA manages the supply of blood and blood products on behalf of the Commonwealth and all state and territory governments, with the Commonwealth contributing 63 percent of funding, and State and Territory governments providing 37 percent.

The NBA is structured to meet the following outcome:

Outcome 1: Access to a secure supply of safe and affordable blood products, including through national supply arrangements and coordination of best practice standards within agreed funding policies under the national blood arrangements.

NBA activities contributing to Outcome 1 are classified as either departmental or administered. Departmental activities involve the use of assets, liabilities, income and expenses controlled or incurred by the NBA in its own right. Administered activities involve the management or oversight by the NBA, on behalf of the governments, of items controlled or incurred by the governments.

The NBA conducts the following administered activities on behalf of the governments: management and coordination of Australia's blood supply in accordance with the National Blood Agreement agreed by the Australian Government and the governments of the States and Territories.

The NBA operates under a special account – the National Blood Account. Revenues and expenses associated with the funding and supply of blood and blood products, as well as the operations of the NBA, are recorded in this special account. The NBA also manages the NMF Blood and Blood Products Special Account which is intended to meet potential blood and blood product liability claims against the Australian Red Cross Lifeblood (Lifeblood). This special account commenced on 1 April 2017 and replaced the National Managed Fund (Blood and Blood Products) Special Account which was terminated on 31 March 2017.

The continued existence of the NBA in its present form, and with its present programs, is dependent on Government policy, the enabling legislation *National Blood Authority Act 2003*, and on continuing funding by Parliament and contributions from States and Territories for the NBA's administration and programs. Details of planned activities for the year can be found in the Portfolio Budget Statements for 2020-21 which have been tabled in Parliament.

The Basis of Preparation

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

The financial statements have been prepared in accordance with:

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

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets and liabilities 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 are rounded to the nearest thousand dollars unless otherwise specified.

New Australian Accounting Standards

All new / revised / amending standards and/or interpretations that were issued prior to the signing of these statements by the Accountable Authority and Chief Financial Officer and applicable to the current reporting period were adopted by the NBA.

All other new / revised / amending standards and/or interpretations adopted by the NBA did not have a material effect on these financial statements and are not expected to have a material impact on the NBA's future financial statements.

Taxation

The NBA is exempt from all forms of taxation except Fringe Benefits Tax (FBT) and the Goods and Services Tax (GST). Revenues, expenses, liabilities and assets are recognised net of GST except:

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

Reporting of Administered Activities

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

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

Events after the Reporting Period***Departmental***

There were no events occurring after 30 June 2021 with the potential to significantly affect the ongoing structure and financial activities of the NBA.

Administered

There were no events occurring after 30 June 2021 with the potential to significantly affect the ongoing structure and financial activities of the NBA.

NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 2021

Departmental Financial Performance

This section analyses the departmental financial performance of the National Blood Authority for the year ended 2021.

1.1 Expenses

	2021	2020
	\$'000	\$'000
1.1A: Employee benefits		
Wages and salaries	5,062	4,825
Superannuation:		
Defined contribution plans	532	481
Defined benefit plans	461	530
Leave and other entitlements	1,268	1,454
Separation and redundancies	108	253
Other employee benefits	174	146
Total employee benefits	7,605	7,689

Accounting Policy

Accounting policy for employee related expenses are contained in the people and relationships section.

1.1B: Suppliers

Goods and services supplied or rendered

Consultants	133	4
Contractors	795	493
Travel	12	195
Legal	251	52
IT services	692	551
Other	456	545
Total goods and services supplied or rendered	2,339	1,839

Goods supplied

Goods supplied	159	148
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Services rendered

Services rendered	2,180	1,691
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Total goods and services supplied or rendered

Total goods and services supplied or rendered	2,339	1,839
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Other suppliers

Workers compensation expenses	24	26
Operating lease rentals	70	(10)

Total other suppliers

Total other suppliers	94	16
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Total suppliers

Total suppliers	2,433	1,855
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NBA has no short-term lease commitments as at 30 June 2021.

The above lease disclosures should be read in conjunction with the accompanying notes 3.2 and 3.4A.

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

NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 2021

1.2 Own-Source Revenue and Gains

	2021	2020
	\$'000	\$'000

Income

1.2A: Revenue from contracts with customers

Rendering of services	4,688	4,269
Total revenue from contracts with customers	4,688	4,269

Disaggregation of revenue from contracts with customers

Revenue under AASB15 is derived from the rendering of services for customers. NBA has decided to categorise revenue according to the type of customer. This enables NBA stakeholders to understand the nature, amount, timing and uncertainty of revenue which pertains to NBA.

Type of customer:

Australian Government entities (related parties)	1,063	565
State and Territory Governments	3,625	3,704
	4,688	4,269

Accounting Policy

The following is a description of principal activities from which NBA generates its revenue:

1. Australian Government entities (related parties) - Organ and Tissue Authority (OTA)

Nature - NBA signed a Shared Services Agreement with OTA on 4 February 2016. As per the agreement, NBA offers a variety of services like HR, IT and Finance Services to the OTA on a cost recovery basis. The agreement meets the criteria of a "contract" as per *paragraph 9* of AASB15.

Timing - NBA issues an invoice to the OTA at the end of each quarter for the services it has provided to the OTA in that quarter.

Incoming receipts - are classified as s.74 receipts.

Payment terms - the receivable for the rendering of services has 30 day payment terms.

2. State and Territory Governments

Nature - NBA receives 37% of its funding for the National Supply Plan and Budget from the States and Territories, as per the National Blood Agreement. The National Blood Agreement's primary policy objectives and the NBA's role is to provide an adequate, safe, secure and affordable supply of blood products, blood related products and blood related services in Australia and to promote safe, high quality management and use of blood products, blood related products and blood related services in Australia.

The agreement meets the criteria of a "contract" as per *paragraph 9* of AASB15.

Timing - the agreement is an enforceable contract with specific performance obligations and once the obligations are met an invoice is issued and revenue recognised.

Payment terms - the receivable for the rendering of services has 30 day payment terms.

The transaction price is the total amount of consideration to which the NBA expects to be entitled in exchange for transferring promised goods or services to a customer. The consideration promised in a contract with a customer may include fixed amounts, variable amounts, or both. The practical expedient in AASB15.121 is not applied in NBA's financial statements.

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

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

NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 2021

	2021	2020
	\$'000	\$'000
1.2B: Other Revenue		
Other revenue	487	434
Total other revenue	487	434

Accounting Policy
Other Revenue
Revenue received from leave liabilities and car parking cost recovery.

1.2C: Revenue from Government

Appropriations		
Departmental appropriations	5,510	5,681
Total revenue from Government	5,510	5,681

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 NBA 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. Funding received or receivable from non-corporate Commonwealth entities (appropriated to the non-corporate Commonwealth entity as a corporate Commonwealth entity payment item for payment to the NBA) is recognised as revenue from Government by the corporate Commonwealth entity unless the funding is in the nature of an equity injection or a loan.

NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 2021

Income and Expenses Administered on Behalf of Government

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

2.1 Administered Expenses

	2021 \$'000	2020 \$'000
2.1A: Employee benefits		
Wages and salaries	636	511
Superannuation		
Defined contribution plans	57	46
Defined benefit plans	63	71
Leave and other entitlements	67	130
Other employee benefits	1	14
Total employee benefits¹	824	772

1. These salaries relate to a taskforce established to implement a program of work to improve the governance and management of immunoglobulin products funded and supplied under the National Blood Agreement.

2.1B: Suppliers

Goods and services supplied or rendered

Purchases of blood and blood products	1,357,651	1,168,402
Consultants	1,487	2,090
Contractors	4,747	3,628
Travel	0	53
IT services	193	231
Other	929	435
Total goods and services supplied or rendered	1,365,007	1,174,839
Goods supplied	1,357,711	1,168,461
Services rendered	7,296	6,378
Total goods and services supplied or rendered	1,365,007	1,174,839

Accounting Policy:

Suppliers

Under the Deed of Agreement with the Australian Red Cross Lifeblood (ARCL or Lifeblood), surpluses greater than \$5 million in any particular year are offset against expenses in the following year. In 2020-21, \$31.6m (2019-20: \$69.8m) was returned by the Lifeblood which related to the 2019-20 financial year. This return reduced the supplier expenses in the current year.

	2021 \$'000	2020 \$'000
2.1C: Grants		
Private sector		
Not-for-profit organisations	582	745
Total grants	582	745

Accounting Policy:

Grants

The NBA administers grants on behalf of Governments. Grant liabilities are recognised to the extent that (i) the services required to be performed by the grantee have been performed, or (ii) the grant eligibility criteria have been satisfied, but payments due have not been made. 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.

Research and Development

Under the National Blood Agreement, the National Blood Authority (NBA) is 'to facilitate and fund appropriate research'. The NBA has received approval from funding governments to run six grant rounds under the National Blood Sector Research and Development Program. The program funds research in immunoglobulin and patient blood management. Applicants were advised of funding selections for the fifth round in early 2021, and the sixth round will open in 2022. Expenditure to date for projects funded under the first five grant rounds is included in this year's financial statements.

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

NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 2021

2.2 Administered - Income

	2021 \$'000	2020 \$'000
Revenue		
Non-Taxation Revenue		
2.2A: Revenue from contracts with customers		
Rendering of services	1,303,983	1,211,007
Total revenue from contracts with customers	1,303,983	1,211,007
Disaggregation of revenue from contracts with customers		
Revenue under AASB15 is derived all from the rendering of services for customers. NBA has categorised revenue according to the type of customer. This enables NBA stakeholders to understand the nature, amount, timing and uncertainty of revenue which pertains to NBA.		
Type of customer:		
Commonwealth Government	820,728	759,479
State and Territory Governments	483,042	451,303
External entities	213	225
	1,303,983	1,211,007

Accounting Policy

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

The following is a description of principal activities from which NBA generates its revenue:

1. State & Territory Contributions

Nature - the NBA receives 37% of its administered funding for the National Supply Plan and Budget from the States and Territories, as per the National Blood Agreement. The National Blood Agreement's primary policy objectives and the NBA's role is to provide an adequate, safe, secure and affordable supply of blood products, blood related products and blood related services in Australia and to promote safe, high quality management and use of blood products, blood related products and blood related services in Australia. The agreement meets the criteria of a "contract" as per *paragraph 9* of AASB15.

Timing - the contract is enforceable with specific performance obligations and once the obligations are met an invoice is issued and revenue recognised.

Payment terms - the receivable for the rendering of services has 30 day payment terms.

2. McMaster University

Nature - revenue is derived from a contract with McMaster University (Canada), for the supply of a bleeding disorders registry and associated services. The revenue from this contract is received and recognised on a quarterly basis, after the required services have been delivered.

Timing - the contract is enforceable with specific performance obligations and once the obligations are met an invoice is issued and revenue recognised.

Payment terms - the receivable for the rendering of services has 30 day payment terms.

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

NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 2021

Departmental Financial Position

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

3.1 Financial Assets

	2021	2020
	\$'000	\$'000

3.1A: Cash and cash equivalents

Cash in special accounts - held in the OPA	8,022	8,651
Cash in special accounts - on hand or on deposit	31	170
Total cash and cash equivalents	8,053	8,821

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; and
- cash in special accounts.

3.1B: Trade and other receivables

Goods and services receivables

Goods and services	392	247
Total goods and services receivables	392	247

Appropriations receivables

Appropriation receivable	947	1,234
Total appropriations receivables	947	1,234

Other receivables

Statutory receivables - GST receivable	105	21
Total other receivables	105	21

Total trade and other receivables (gross)	1,444	1,502
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Total trade and other receivables (net)	1,444	1,502
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Credit terms for goods and services were within 30 days (2019-20: 30 days).

Accounting Policy

Financial assets

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

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

NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 2021

3.2. Non-Financial Assets

3.2A: Reconciliation of the Opening and Closing Balances of Property, Plant and Equipment, Intangibles, Leasehold Improvements and Right of Use Asset

	Buildings - Right of Use Asset \$'000	Leasehold Improvements \$'000	Other plant and equipment \$'000	Intangibles - Computer Software ¹ \$'000	Total \$'000
As at 1 July 2020					
Gross book value	2,303	968	1,238	3,768	8,277
Accumulated depreciation, amortisation and impairment	(674)	(478)	(668)	(3,656)	(5,476)
Total as at 1 July 2020	1,629	490	570	112	2,801
Additions					
Purchase	-	510	408	141	1,059
Internally developed	-	-	-	-	-
Right-of-use assets	-	-	-	-	-
Revaluations and impairments recognised in other comprehensive income	-	-	-	-	-
Revaluations and impairments recognised in other comprehensive income for right-of-use assets	-	-	-	-	-
Revaluations recognised in net cost of services	-	-	-	-	-
Impairments recognised in net cost of services	-	-	-	-	-
Impairments on right-of-use assets recognised in net cost of services	-	-	-	-	-
Depreciation and amortisation	-	(187)	(227)	(90)	(504)
Depreciation on right-of-use assets	(674)	-	-	-	(674)
Other movements	-	-	-	-	-
Total as at 30 June 2021	955	813	751	163	2,682
Net book value as of 30 June 2021 represented by:					
Gross book value	2,303	1,478	1,646	3,909	9,336
Accumulated depreciation, amortisation & impairment	(1,348)	(665)	(895)	(3,746)	(6,654)
	955	813	751	163	2,682

1. The carrying amount of computer software included \$162,604 purchased software and \$ nil internally generated software.

Revaluations of non-financial assets

All revaluations are conducted in accordance with the revaluation policy stated on the next page.

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

NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 2021

Accounting Policy:

Acquisition of Assets

Assets are recorded at cost on acquisition. 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.

Property, Plant and Equipment

Asset Recognition Threshold

Purchases of property, plant and equipment are recognised initially at cost in the statement of financial position, except for purchases costing less than the thresholds listed below for each class of asset, 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).

Asset class	Recognition Threshold
Property, plant and equipment	\$2,000
Purchased software	\$5,000
Leasehold improvements	\$10,000
Internally developed software	\$50,000

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

Lease Right of Use (ROU) Assets

Leased ROU assets are capitalised at the commencement date of the lease and comprise of the initial lease liability amount, initial direct costs incurred when entering into the lease less any lease incentives received. These assets are accounted for by Commonwealth lessees as separate asset classes to corresponding assets owned outright, but included in the same column as where the corresponding underlying assets would be presented if they were owned.

Following initial application, an impairment review is undertaken for any right of use lease asset that shows indicators of impairment and an impairment loss is recognised against any right of use lease asset that is impaired. Lease ROU assets continue to be measured at cost after initial recognition in Commonwealth agency, GGS and Whole of Government financial statements.

Revaluations

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

Asset class	Fair value measured at
Leasehold improvements	Depreciated replacement cost
Property, plant & equipment	Market selling price

Following initial recognition at cost, property, plant and equipment (excluding ROU assets) are carried at fair value less subsequent accumulated depreciation and accumulated impairment losses. Valuations are conducted every three years. If there is a material difference between the carrying amount and assets' carrying amount then a valuation will be conducted. The most recent independent valuation was conducted by Jones Lang Lasalle on 31 March 2020.

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve except to the extent that it reverses a previous revaluation decrement of the same asset class that is previously recognised in the surplus/deficit. Revaluation decrements for a class of assets are recognised directly in the surplus/deficit except to the extent that they reverse a previous revaluation increment for that class.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

Depreciation

Depreciable property, plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to the NBA 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:

Asset class	2021	2020
Property, plant and equipment	3 to 7 years	3 to 7 years
Leasehold improvements	Lease term	Lease term

Impairment

All assets were assessed for impairment at 30 June 2021. 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 NBA were deprived of the asset, its value in use is taken to be its depreciated replacement cost.

Derecognition

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

Intangibles

The NBA's intangibles comprise internally developed software and purchased software for internal use. These assets are carried at cost less accumulated amortisation and accumulated impairment losses.

Software is amortised on a straight-line basis over its anticipated useful life. The useful lives of the NBA's software are:

Type	2021	2020
Purchased software	3 years	3 years
Internally developed software	5 years	5 years

All software assets were assessed for indications of impairment at 30 June 2021.

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

NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 2021

	2021 \$'000	2020 \$'000
3.3 Payables		
3.3A: Suppliers		
Trade creditors and accruals	133	129
Total suppliers	133	129
3.3B: Other payables		
Salaries and wages	138	110
Superannuation	21	18
Operating lease rentals and incentive	-	-
Total other payables	159	128
3.3C: Deferred revenue		
Deferred revenue	302	309
Total deferred revenue	302	309
3.4 Interest Bearing Liabilities		
3.4A: Leases		
Lease liabilities:		
Buildings	935	1,609
Total leases	935	1,609

Total cash outflow for leases for the year ended 30 June 2021 was \$689,774 (2019-20 \$592,636).

3.4B: Maturity analysis - contractual undiscounted cash flows

Within 1 year	715	619
Between 1 to 5 years	225	848
More than 5 years	-	-
Total leases	940	1,467

The NBA in its capacity as lessee has two (2019-20: 2) agreements for the leasing of premises at 243 Northbourne Avenue Lyneham.

Accounting Policy:

Leases

For all new contracts entered into, the NBA considers whether the contract is, or contains a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'. Once it has been determined that a contract is, or contains a lease, the lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease, if that rate is readily determinable, or the department's incremental borrowing rate.

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification to the lease. When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset or profit and loss depending on the nature of the reassessment or modification.

3.5 Other Provisions

3.5A: Other provisions

	Provision for restoration \$'000	Total \$'000
As at 1 July 2020	173	173
Amounts used - unwinding of discount	(1)	(1)
Total as at 30 June 2021	172	172

The entity currently has two (2019-20: 2) agreements for the leasing of premises which have provisions requiring the entity to restore the premises to their original condition at the conclusion of the lease. The entity has made a provision to reflect the present value of this obligation.

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

NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 2021

Assets and Liabilities Administered on Behalf of the Government

This section analyses assets used to conduct operations and the operating liabilities incurred as a result NBA does not control but administers on behalf of the Government. Unless otherwise noted, the accounting policies adopted are consistent with those applied for departmental reporting.

4.1 Administered - Financial Assets

	2021 \$'000	2020 \$'000
4.1A: Cash and cash equivalents		
Cash in special accounts - held in the OPA	138,444	192,849
Cash in special accounts - on hand or on deposit	252	251
Total cash and cash equivalents	138,696	193,100
4.1B: Trade and other receivables		
Goods and services receivables	24,247	43,228
Total goods and services receivables	24,247	43,228
Other receivables		
Interest	774	1,437
Statutory receivables - GST receivable	409	427
Total other receivables	1,183	1,864
Total trade and other receivables (gross)	25,430	45,092
Less impairment loss allowance	-	-
Total trade and other receivables (net)	25,430	45,092

Credit terms for goods and services were within 30 days (2019-20: 30 days).

Accounting Policy:

Financial assets

Trade receivables and other receivables that are held for the purpose of collecting the contractual cash flows, where the cash flows are solely payments of principal and interest, that are not provided at below-market interest rates, are subsequently measured at amortised cost using the effective interest method adjusted for any loss allowance. The NBA's trade and other receivables do not have a significant financing component. Hence the NBA uses the simplified approach for trade receivables and other receivables as per AASB 9 Financial Instruments. Under this model the NBA will recognise a loss allowance equivalent to the receivables' lifetime expected credit loss (ECL) as a provision in the Statement of Financial Position and as an expense in the Statement of Comprehensive Income, once there is an indication that there is a possibility of a credit loss from default events. No ECL was recognised in 2020-21.

4.1C: Other investments

Deposits ¹	137,700	133,800
Total other investments	137,700	133,800
Other investments expected to be recovered		
No more than 12 months	76,800	53,000
More than 12 months	60,900	80,800
Total other investments	137,700	133,800

1. Monies invested in term deposits with various approved institutions under Section 58 of the *Public Governance, Performance and Accountability Act 2013*, for the purpose of receiving passive investment income.

Accounting Policy:

National managed fund

The national managed fund was established to manage the liability risks of the Australian Red Cross Society in relation to the provision of blood and blood products. The NBA manages this fund on behalf of Australian Governments. To facilitate the transfer of the fund to the NBA, a special account under Section 78 of the *Public Governance, Performance and Accountability Act 2013* was established, and this fund was transferred to the NBA for reporting.

The fund came into effect on 1 July 2000 and to date no claims have been made against it. The balance of the fund as at 30 June 2021 is \$138,345,000 (30 June 2020: \$135,322,183), and is a combination of cash (\$252,000), investments (\$137,700,000) and the balance of the special account (\$393,000).

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

NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 2021

4.2 Administered - Non-Financial Assets

4.2A: Reconciliation of the opening and closing balances of property, plant and equipment and intangibles

	Plant and equipment \$'000	Computer Software ¹ \$'000	Total \$'000
As at 1 July 2020			
Gross book value	120	10,843	10,963
Accumulated depreciation, amortisation and impairment	(113)	(4,904)	(5,017)
Total as at 1 July 2020	7	5,939	5,946
Additions			
Purchase	28	77	105
Internally developed	-	1,066	1,066
Revaluations and impairments recognised in other comprehensive income	-	-	-
Depreciation and amortisation	(13)	(1,887)	(1,900)
Disposals			
Other	-	-	-
Total as at 30 June 2021	22	5,194	5,216
Net book value as at 30 June 2021 represented by:			
Gross book value	148	11,986	12,134
Accumulated depreciation, amortisation & impairment	(126)	(6,791)	(6,917)
	22	5,194	5,216

1. The carrying amount of computer software included \$54,359 purchased software and \$5,140,532 internally generated software.

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

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

Revaluations of non-financial assets

All revaluations are concluded in accordance with the revaluation policy stated at Note 3.2.

The NBA did not undertake a revaluation of property, plant and equipment during 2020-21. In 2019-20 a revaluation increment for property, plant and equipment of \$1,770.49 was credited to the asset revaluation surplus by asset class and included in the equity section of the statement of financial position.

	2021 \$'000	2020 \$'000
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4.2B: Inventories

National reserve inventory held for distribution	52,329	55,667
Other inventory held for distribution	44,005	57,862
Total Inventories	96,334	113,529

During 2020-21, \$432,217 of inventory held for distribution related to a net write-off of damaged and expired stock and was recognised as an expense (2019-20: \$600,478). No items of inventory were recognised at fair value less cost to sell. All inventory is expected to be distributed in the next 12 months.

Accounting Policy:

Inventories

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

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

- raw materials and stores – purchase cost on a first-in-first-out basis, with the exception of plasma products which are based on a weighted average; and
- finished goods and work-in-progress – cost of direct materials and labour plus attributable costs that can be allocated on a reasonable basis.

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

4.2C: Prepayments

Prepayments	60,439	58,407
Total Prepayments	60,439	58,407

Accounting Policy:

Prepayments

Prepayments include the July invoice paid in advance to The Australian Red Cross Blood Service for the supply of blood and blood products and services.

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

NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
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4.3 Administered - Payables		
	2021	2020
	\$'000	\$'000
4.3A: Suppliers		
Trade creditors and accruals	20,937	55,178
Total suppliers	20,937	55,178
Suppliers expected to be settled		
No more than 12 months	20,937	55,178
More than 12 months	-	-
Total suppliers	20,937	55,178
Settlement was usually made within 30 days.		
4.3B: Deferred revenue		
Deferred revenue	112,572	104,475
Total deferred revenue	112,572	104,475

NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
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Funding

This section identifies NBA's funding structure.

5.1 Appropriations

5.1A: Annual appropriations (recoverable GST exclusive)

Annual Appropriations for 2021

	Annual Appropriation \$'000	Adjustments to appropriation ¹ \$'000	Total Appropriation \$'000	Appropriation applied in 2021 (current and prior years) \$'000	Variance \$'000
DEPARTMENTAL					
Ordinary annual services	5,510	487	5,997	5,510	487
Capital Budget ²	645	-	645	932	(287)
Total departmental	6,155	487	6,642	6,442	200
ADMINISTERED					
Ordinary annual services					
Administered items	1,978	-	1,978	1,978	-
Total administered	1,978	-	1,978	1,978	-

1. Adjustments to appropriation comprises Section 74 receipts.

2. Departmental and administered capital budgets are appropriated through Appropriation Acts (No. 1,3,5). They form part of ordinary annual services, and are not separately identified in the Appropriation Acts.

Annual Appropriations for 2020

	Annual Appropriation \$'000	Adjustments to appropriation ¹ \$'000	Total appropriation \$'000	Appropriation applied in 2020 (current and prior years) \$'000	Variance \$'000
DEPARTMENTAL					
Ordinary annual services	5,681	434	6,115	5,681	434
Capital Budget ²	617	-	617	506	111
Total departmental	6,298	434	6,732	6,187	545
ADMINISTERED					
Ordinary annual services					
Administered items	3,630	-	3,630	3,630	-
Total administered	3,630	-	3,630	3,630	-

1. Adjustments to appropriation comprises Section 74 receipts.

2. Departmental and administered capital budgets are appropriated through Appropriation Acts (No. 1,3,5). They form part of ordinary annual services, and are not separately identified in the Appropriation Acts.

5.1B: Unspent annual appropriations (recoverable GST exclusive)

	2021 \$'000	2020 \$'000
DEPARTMENTAL		
Cash	31	170
Appropriation Act (No.1) 2018-19	-	617
Appropriation Act (No.1) 2019-20	302	617
Appropriation Act (No.1) 2020-21	645	-
Total	978	1,404

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

NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
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5.2 Special Accounts

	The National Blood Account ¹		NMF Blood and Blood Products Special Account 2017 ²	
	2021 \$'000	2020 \$'000	2021 \$'000	2020 \$'000
Balance brought forward from previous period	200,399	175,343	1,271	1,440
Increases				
Appropriation credited to special account	8,420	9,817	-	-
Departmental				
Other receipts - State and territory contributions	5,024	4,673	-	-
Other receipts - external parties	-	-	-	-
Total departmental increases	5,024	4,673	-	-
Administered				
Realised investments	-	-	53,000	70,000
Other receipts - Commonwealth contributions	820,729	759,479	-	-
Other receipts - State and territory contributions	511,163	436,294	-	-
Other receipts - external parties	213	225	3,022	3,831
Total administered increases	1,332,105	1,195,998	56,022	73,831
Total increases	1,345,549	1,210,488	56,022	73,831
Available for payments	1,545,948	1,385,831	57,293	75,271
Decreases:				
Departmental				
Payments made to employees	7,721	7,288	-	-
Payments made to suppliers	4,514	3,450	-	-
Total departmental decreases	12,235	10,738	-	-
Administered				
Payments made to employees	824	772	-	-
Payments made to suppliers	1,386,786	1,173,922	-	-
Investments made from the special account (PGPA Act section 58)	-	-	56,900	74,000
Total administered decreases	1,387,610	1,174,694	56,900	74,000
Total decreases	1,399,845	1,185,432	56,900	74,000
Total balance carried forward to the next period	146,103	200,399	393	1,271
Balance represented by:				
Cash held in entity bank accounts	31	170	-	-
Cash held in the Official Public Account	146,072	200,229	393	1,271
Total balance carried forward to the next period	146,103	200,399	393	1,271

1. Appropriation: Public Governance, Performance and Accountability Act 2013 section 80

Establishing Instrument: National Blood Authority Act 2003

Purpose: The National Blood Authority was established on 1 July 2003 with the principal role of managing the national blood arrangements, ensuring sufficient supply and to provide a new focus on the safety and quality of blood and blood products. Blood and blood products are funded from a special account established under the *National Blood Authority Act 2003*, section 40. The NBA's activities contributing to its outcome are classified as either departmental or administered. Departmental activities involve the use of assets, liabilities, revenues and expenses controlled by the agency in its own right. Administered activities are managed or oversighted by the NBA on behalf of the Government.

2. Appropriation: Public Governance, Performance and Accountability Act 2013 section 78

Establishing Instrument: Public Governance, Performance and Accountability Act 2013 section 78

Purpose: For the receipt of monies and payment of all expenditure related to the management of blood and blood products liability claims against the Australian Red Cross Society (ARCS) in relation to the activities undertaken by the operating division of the ARCS known as the Australian Red Cross Lifeblood (previously Australian Red Cross Blood Service).

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

NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
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People and Relationships

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

6.1 Employee Provisions

	2021	2020
	\$'000	\$'000
6.1A: Employee provisions		
Leave	2,350	2,596
Separations and redundancies	-	146
Total employee provisions	2,350	2,742

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 benefits 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 NBA's employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.

The liability for long service leave has been determined by using the shorthand method. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

Separation and redundancy

Provision is made for separation and redundancy benefit payments. The entity recognises a provision for termination when it has developed a detailed formal plan for the terminations and has informed those employees they will be terminated.

Superannuation

The entity'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. The PSSap is a defined contribution scheme.

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

The entity 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 Government. The entity accounts for the contributions as if they were contributions to defined contribution plans.

The liability for superannuation recognised as at 30 June 2021 represents outstanding contributions.

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

NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 2021

6.2 Key Management Personnel Remuneration

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including any directors (executive or otherwise) of that entity.

The NBA has determined the key management personnel to be the Chief Executive, Deputy Chief Executive - Commercial Blood Products and Business Services and Deputy Chief Executive - Fresh Blood Products and Business Systems. Key management personnel remuneration is reported in the table below:

	2021	2020
	\$	\$
Short-term employee benefits	838,686	783,042
Post-employment benefits	117,302	113,497
Other long-term benefits	33,643	15,908
Total key management personnel compensation expenses	989,631	912,447

The total number of key management personnel that are included in the above table are 4 (2019-20: 3).

6.3 Related Party Disclosures

Related party relationships

The NBA is an Australian Government controlled entity. Related parties to the NBA are key management personnel including the Portfolio Minister, Chief Executive, Deputy Chief Executive - Commercial Blood Products and Business Services and Deputy Chief Executive - Fresh Blood Products and Business Systems, and other Australian Government entities.

Transactions with related parties

Given the breadth of government activities, related parties may transact with the government sector in the same capacity as ordinary citizens. Such transactions include the payment or refund of taxes, receipt of a Medicare rebate or higher education loans in general government departments. These transactions have not been separately disclosed in this note.

Giving consideration to relationships with related entities, and that transactions entered into during the reporting period by the NBA, it has been determined that there are no related party transactions to be separately disclosed (2019-20: nil).

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

NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
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Managing uncertainties

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

7.1 Contingent Assets and Liabilities

7.1A: Departmental - Contingent Assets and Liabilities

Quantifiable contingencies

There were no quantifiable contingent assets or liabilities in this reporting period.

Unquantifiable contingencies

There were no unquantifiable contingent assets or liabilities in this reporting period.

Accounting Policy:

Contingent liabilities and contingent assets

Contingent liabilities and contingent assets are not recognised in the Statement of Financial Position but are reported in the notes. They may arise from uncertainty as to the existence of a liability or asset or represent an asset or liability in respect of which the amount cannot be reliably measured.

Contingent assets are disclosed when settlement is probable but not virtually certain and contingent liabilities are disclosed when settlement is greater than remote.

7.1B: Administered - Contingent Assets and Liabilities

	2021	2020
	\$'000	\$'000
Contingent liabilities		
Indemnities	123,723	132,207
Total contingent liabilities	123,723	132,207
Net administered contingent liabilities	123,723	132,207

Quantifiable administered contingencies

The above table contains \$123,723,276 of contingent liabilities disclosed in respect to the Deed of Indemnity between the Australian Red Cross Society (ARCS) and the NBA (2019-20: \$132,207,000). The Deed indemnifies the ARCS in relation to funding arrangements for the Sydney Processing Centre (SPC) and the Melbourne Processing Centre (MPC). The NBA indemnifies the ARCS in respect of the ARCS's liability to meet a funded obligation relating to the SPC or MPC if contracted payments become due and payable after the date when the ARCS does not have sufficient SPC or MPC funding.

Unquantifiable administered contingencies

At 30 June 2021, the NBA had three unquantifiable contingencies (2019-20: 3) disclosed below:

Unquantifiable Contingent Assets

- 1 The NBA has a Deed of Agreement with the ARCS for the supply of products. Under the Output Based Funding Model (OBFM) principles the Australian Red Cross Lifeblood (Lifeblood) may apply to retain up to the first \$5,000,000 of surplus in any given year. Any surplus, less than \$5,000,000 retained if applicable, will be refunded to the NBA.

Unquantifiable contingent liabilities

- 2 The NBA under the National Blood Agreement prepares an annual National Supply Plan & Budget (NSP&B) for products. States & Territories and the Commonwealth make payments to the NBA based on this plan. Any surplus or shortfall is paid or recovered in the following year.

- 3 Under certain conditions Australian Governments jointly provide indemnity for Lifeblood through a cost sharing arrangement for claims, both current and potential, regarding personal injury and damage suffered by a recipient of certain blood products. The Australian Government's share of any liability is limited to sixty three per cent of any agreed net cost.

The Deed of Agreement between the ARCS and the NBA in relation to the operation of Lifeblood includes certain indemnities and a limit of liability in favour of the ARCS. These cover a defined set of potential business, product and employee risks and liabilities arising from the operations of Lifeblood. Certain indemnities for specific risk events operate within the term of the Deed of Agreement, are capped and must meet specified pre-conditions. Other indemnities and the limitation of liability only operate in the event of the expiry and non renewal, or the earlier termination of the Deed of Agreement relating to the operation of the ARCS or the cessation of funding for the principal sites, and only within a certain scope. All indemnities are also subject to appropriate limitations and conditions including mitigation, contributory fault, and the process of handling relevant claims.

In the event of the contingent liability disclosed in the quantifiable administered contingencies occurring, the Commonwealth, or its nominee, would be assigned ownership of Lifeblood MPC building.

It was not possible to estimate the amounts of any eventual payments that may be required in relation to these claims. These were not included in the above table.

Accounting Policy:

Indemnities

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

NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 2021

7.2 Departmental - Financial Instruments

7.2A: Categories of Financial Instruments

	2021 \$'000	2020 \$'000
Financial Assets		
Financial assets at amortised cost		
Cash and cash equivalents	8,053	8,821
Trade and other receivables	1,444	1,502
Total financial assets at amortised cost	9,497	10,323
Financial Liabilities		
Financial liabilities measured at amortised cost		
Trade and other creditors	133	129
Total financial liabilities measured at amortised cost	133	129

Accounting Policy:

Financial assets

The entity classifies its financial assets in the following categories:

- financial assets at fair value through profit or loss;
- financial assets at fair value through other comprehensive income; and
- financial assets measured at amortised cost.

The classification depends on both the entity's business model for managing the financial assets and contractual cash flow characteristics at the time of initial recognition. Financial assets are recognised when the entity becomes a party to the contract and, as a consequence, has a legal right to receive or a legal obligation to pay cash and derecognised when the contractual rights to the cash flows from the financial asset expire or are transferred upon trade date.

Financial assets at amortised cost

Financial assets included in this category need to meet two criteria:

- the financial asset is held in order to collect the contractual cash flows; and
- the cash flows are solely payments of principal and interest (SPPI) on the principal outstanding amount.

Amortised cost is determined using the effective interest method.

7.3 Administered - Financial Instruments

7.3A: Categories of Financial Instruments

	2021 \$'000	2020 \$'000
Financial Assets		
Financial assets at amortised cost		
Deposits	137,700	133,800
Cash and cash equivalents	138,696	193,100
Trade and other receivables	25,430	45,092
Total financial assets	301,826	371,992
Financial Liabilities		
Financial liabilities at amortised cost		
Trade and other creditors	20,937	55,178
Total financial liabilities at amortised cost	20,937	55,178
7.3B: Net Gains or Losses on Financial Assets		
Financial assets at amortised cost		
Interest revenue	2,360	3,419
Net gain on financial assets at amortised cost	2,360	3,419

Accounting Policy:

Financial assets

The entity classifies its financial assets in the following categories:

- financial assets at fair value through profit or loss;
- financial assets at fair value through other comprehensive income; and
- financial assets measured at amortised cost.

The classification depends on both the entity's business model for managing the financial assets and contractual cash flow characteristics at the time of initial recognition. Financial assets are recognised when the entity becomes a party to the contract and, as a consequence, has a legal right to receive or a legal obligation to pay cash and derecognised when the contractual rights to the cash flows from the financial asset expire or are transferred upon trade date.

Financial assets at amortised cost

Financial assets included in this category need to meet two criteria:

- the financial asset is held in order to collect the contractual cash flows; and
- the cash flows are solely payments of principal and interest (SPPI) on the principal outstanding amount.

Amortised cost is determined using the effective interest method.

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

NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
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7.4 Departmental - Fair Value Measurement

Fair value measurements at the end of the reporting period

	2021	2020
	\$'000	\$'000
Non-financial assets		
Leasehold improvements	813	490
Plant and equipment	751	570

7.5 Administered - Fair Value Measurement

Fair value measurements at the end of the reporting period

	2021	2020
	\$'000	\$'000
Non-financial assets		
Plant and equipment	22	7

Accounting Policy:

Fair value measurement

An annual assessment is undertaken to determine whether the carrying amount of the assets is materially different from the fair value. Comprehensive valuations are carried out at least once every three years in compliance with AASB 13 Fair Value Measurement requirements. On 31 March 2020 an independent valuer conducted revaluations of leasehold improvements and property, plant and equipment.

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 account 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 above statement should be read in conjunction with the accompanying notes

NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
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Other Information

8.1 Current/non-current distinction for assets and liabilities

8.1A: Departmental - Current/non-current distinction for assets and liabilities

	2021	2020
	\$'000	\$'000
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	8,053	8,821
Trade and other receivables	1,444	1,502
Total no more than 12 months	9,497	10,323
More than 12 months		
Buildings	955	1,629
Leasehold improvements	813	490
Plant and equipment	751	570
Computer software	163	112
Other non-financial assets	260	184
Total more than 12 months	2,942	2,985
Total assets	12,439	13,308
Liabilities expected to be settled in:		
No more than 12 months		
Suppliers	133	129
Other Payables	159	274
Deferred Revenue	302	309
Total no more than 12 months	594	712
More than 12 months		
Leases	935	1,609
Employee Provisions	2,350	2,596
Other Provision	172	173
Total no more than 12 months	3,457	4,378
Total liabilities	4,051	5,090

8.1B: Administered - Current/non-current distinction for assets and liabilities

	2021	2020
	\$'000	\$'000
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	138,696	193,100
Trade and other receivables	25,430	45,092
Other investments	76,800	53,000
Other non-financial assets	60,439	58,407
Total no more than 12 months	301,365	349,599
More than 12 months		
Plant and equipment	22	7
Other intangibles	5,194	5,939
Inventories	96,334	113,529
Other investments	60,900	80,800
Total More than 12 months	162,450	200,274
Total assets	463,815	549,873
Liabilities expected to be settled in:		
No more than 12 months		
Suppliers	20,937	55,178
Total no more than 12 months		
More than 12 months		
Deferred Revenue	112,572	104,475
Total more than 12 months	112,572	104,475
Total liabilities	133,509	159,653

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

NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

for the year ended 30 June 2021

8.2: BUDGETARY REPORTS AND EXPLANATIONS OF MAJOR VARIANCES

The following tables provide a comparison of the original budget as presented in the 2020-21 Portfolio Budget Statements (PBS) to the 2020-21 final outcome as presented in accordance with Australian Accounting Standards for the NBA. The Budget is not audited.

8.2A: Departmental Budgetary Reports

Statement of Comprehensive Income for the NBA for the year ended 30 June 2021	2021 Actual \$'000	2021 Budget \$'000	2021 Variance \$'000
NET COST OF SERVICES			
Expenses			
Employee benefits	7,605	6,639	966
Suppliers	2,433	2,157	276
Depreciation and amortisation	1,178	1,147	31
Interest on RoU	-	21	(21)
Finance costs	11	7	4
Total expenses	11,227	9,971	1,256
Own-source income			
Own-source revenue			
Revenue from contracts with customers	4,688	3,625	1,063
Other revenue	487	250	237
Total own-source revenue	5,175	3,875	1,300
Gains			
Resources received free of charge - remuneration of auditors	66	66	-
Gains from asset sales	1	-	1
Total gains	67	66	1
Total own-source income	5,242	3,941	1,301
Net (cost of)/contribution by services	(5,985)	(6,030)	45
Revenue from government	5,510	5,510	-
Surplus/(Deficit) before income tax on continuing operations	(475)	(520)	45
Income tax expense			
Surplus/(Deficit) after income tax on continuing operations	(475)	(520)	45
OTHER COMPREHENSIVE INCOME			
Items not subject to subsequent reclassification to net cost of services			
Changes in asset revaluation surplus	-	-	-
Total other comprehensive income	-	-	-
Total comprehensive income/(loss)	(475)	(520)	45

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

NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 2021

STATEMENT OF FINANCIAL POSITION as at 30 June 2021	2021 Actual \$'000	2021 Budget \$'000	2021 Variance \$'000
ASSETS			
Financial assets			
Cash and cash equivalents	8,053	8,827	(774)
Trade and other receivables	1,444	1,503	(59)
Total financial assets	9,497	10,330	(833)
Non-financial assets			
Buildings	955	1,841	(886)
Leasehold improvements	813	-	813
Plant and equipment	751	636	115
Computer software	163	312	(149)
Other non-financial assets	260	184	76
Total non-financial assets	2,942	2,973	(31)
Total assets	12,439	13,303	(864)
LIABILITIES			
Payables			
Suppliers	133	129	4
Other payables	159	584	(425)
Deferred revenue	302	-	302
Total payables	594	713	(119)
Interest bearing liabilities			
Leases	935	1,471	(536)
Total interest bearing liabilities	935	1,471	(536)
Provisions			
Employee provisions	2,350	2,596	(246)
Other provisions	172	180	(8)
Total provisions	2,522	2,776	(254)
Total liabilities	4,051	4,960	(909)
Net assets	8,388	8,343	45
EQUITY			
Contributed equity	6,444	6,444	-
Reserves	619	619	-
Retained surplus/(Accumulated deficit)	1,325	1,280	45
Total equity	8,388	8,343	45

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

NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 2021

Statement of Changes in Equity for the NBA
for the year ended 30 June 2021

	Retained Earnings			Asset revaluation reserve			Contributed equity/capital			Total equity		
	2021 Actual \$'000	2021 Budget \$'000	2021 Variance \$'000	2021 Actual \$'000	2021 Budget \$'000	2021 Variance \$'000	2021 Actual \$'000	2021 Budget \$'000	2021 Variance \$'000	2021 Actual \$'000	2021 Budget \$'000	2021 Variance \$'000
Opening balance												
Balance carried forward from previous period	1,800	1,800	-	619	619	-	5,799	5,799	-	8,218	8,218	-
Adjusted opening balance	1,800	1,800	-	619	619	-	5,799	5,799	-	8,218	8,218	-
Comprehensive income												
Surplus / (Deficit) for the period	(475)	(520)	45	-	-	-	-	-	-	(475)	(520)	45
Total comprehensive income attributable to Australian Government	(475)	(520)	45	-	-	-	-	-	-	(475)	(520)	45
Transactions with owners												
<i>Contributions by owners</i>												
Departmental capital budget	-	-	-	-	-	-	645	645	-	645	645	-
Total transactions with owners	-	-	-	-	-	-	645	645	-	645	645	-
Closing balance as at 30 June 2020 attributable to Australian Government	1,325	1,280	45	619	619	-	6,444	6,444	-	8,388	8,343	45

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

NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

for the year ended 30 June 2021

Cash Flow Statement for the NBA for the year ended 30 June 2021	2021 Actual \$'000	2021 Budget \$'000	2021 Variance \$'000
OPERATING ACTIVITIES			
Cash received			
Appropriations	5,510	5,510	-
Sale of goods and rendering of services	5,024	3,875	1,149
Net GST received	254	-	254
Total cash received	10,788	9,385	1,403
Cash used			
Employees	7,720	6,639	1,081
Suppliers	2,893	2,091	802
Interest payments on lease liabilities	14	21	(7)
Total cash used	10,627	8,751	1,876
Net cash from/(used by) operating activities	161	634	(473)
INVESTING ACTIVITIES			
Cash used			
Purchase of property, plant and equipment	918	645	273
Purchase of intangibles	141	-	141
Total cash used	1,059	645	414
Net cash from/(used by) investing activities	(1,059)	(645)	(414)
FINANCING ACTIVITIES			
Cash received			
Contributed Equity - departmental capital budget	932	645	287
Total cash received	932	645	287
Cash used			
Principal repayment of lease liabilities	802	627	175
Total cash used	802	627	175
Net cash from/(used by) financing activities	130	18	112
Net increase/(decrease) in cash held	(768)	7	(775)
Cash and cash equivalents at the beginning of the reporting period	8,821	8,820	1
Cash and cash equivalents at the end of the reporting period	8,053	8,827	(774)

3.1A

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

NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 2021

8.2B: Departmental Major Budget Variances for 2021

Explanations of major variances	Affected line items (and statement)
Statement of Comprehensive Income	
Employee benefits	
This variance arises from three factors:	<i>Employee Benefits (Statement of Comprehensive Income)</i>
- Higher average staffing levels through out the financial year;	<i>(Statement of Financial Position)</i>
- The budget does not include amounts that were cost recovered for leave expenses; and	<i>(Cash Flow Statement)</i>
- Valuation and adjustment of employee benefits.	
Suppliers	
The variance relates to higher than budgeted contractor expenses and the budget not including expenses that were cost recovered.	<i>Suppliers (Statement of Comprehensive Income)</i> <i>(Cash Flow Statement)</i>
Own-source revenue	
The budget does not include cost recovery revenue for leave liabilities.	<i>Own-source revenue (Statement of Comprehensive Income),</i> <i>Sale of goods and rendering of services (Cash Flow Statement)</i>
Statement of Financial Position	
Cash and cash equivalents	
This variance relates to unspent capital appropriations from prior years as part of the departmental capital budget.	<i>Cash and cash equivalents (Statement of Financial Position) (Cash Flow Statement)</i>
Buildings and Lease improvements	
The Budget does not split out leasehold improvements from buildings. The variance in buildings is offset by the variance in leasehold improvements.	<i>Non-financial assets (Statement of Financial Position)</i>
Computer software	
This variance is as a result of a delay in developing or purchasing software.	<i>Non-financial assets (Statement of Financial Position)</i>
Other payables and Deferred Revenue	
The budget for deferred revenue was included in other payables.	<i>Payables (Statement of Financial Position)</i>
Interest bearing liabilities	
The budget amount was incorrectly overstated in the adaptation of AASB 16.	<i>Interest bearing liabilities (Statement of Financial Position)</i>
Cash Flow Statement	
Purchase of property, plant and equipment	
The increase capital expenditure was due to the start of a new lease fitout.	<i>Purchase of property, plant and equipment</i> <i>(Cash Flow Statement)</i>
Principal repayment of lease liabilities	
The budget amount was incorrectly understated in the adaptation of AASB 16.	<i>Principal repayment of lease liabilities (Cash Flow Statement)</i>

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

NATIONAL BLOOD AUTHORITY			
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS			
<i>for the year ended 30 June 2021</i>			
8.2C: Administered Budgetary Reports			
Administered Schedule of Comprehensive Income for the NBA for the period ended 30 June 2021	2021 Actual \$'000	2021 Budget \$'000	2021 Variance \$'000
NET COST OF SERVICES			
Expenses			
Employee benefits	824	-	824
Suppliers	1,365,007	1,347,081	17,926
Grants - non-profit organisations	582	-	582
Depreciation and amortisation	1,900	400	1,500
Total expenses	1,368,313	1,347,481	20,832
Income			
Revenue			
Non-taxation revenue			
Other sources of non-taxation revenues	1,306,343	1,355,527	(49,184)
Other revenue	77	-	77
Total non-taxation revenue	1,306,420	1,355,527	(49,107)
Total revenue	1,306,420	1,355,527	(49,107)
Total income	1,306,420	1,355,527	(49,107)
Net (cost of)/contribution by services	(61,893)	8,046	(69,939)
Surplus/(Deficit)	(61,893)	8,046	(69,939)
OTHER COMPREHENSIVE INCOME			
Items not subject to subsequent reclassification to net cost of services			
Changes in asset revaluation surplus	-	-	-
Total comprehensive income/(loss)	(61,893)	8,046	(69,939)

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

NATIONAL BLOOD AUTHORITY			
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS			
for the year ended 30 June 2021			
Administered Schedule of Assets and Liabilities for the NBA as at 30 June 2021	2021 Actual \$'000	2021 Budget \$'000	2021 Variance \$'000
ASSETS			
Financial assets			
Cash and cash equivalents	138,696	199,378	(60,682)
Trade and other receivables	25,430	45,092	(19,662)
Other investments	137,700	137,946	(246)
Total financial assets	301,826	382,416	(80,590)
Non-financial assets			
Plant and equipment	22	7	15
Other intangibles	5,194	5,249	(55)
Inventories	96,334	113,529	(17,195)
Prepayments	60,439	58,697	1,742
Total non-financial assets	161,989	177,482	(15,493)
Total assets administered on behalf of Government	463,815	559,898	(96,084)
LIABILITIES			
Payables			
Suppliers	20,937	55,178	(34,241)
Deferred revenue	112,572	104,475	8,097
Total payables	133,509	159,653	(26,144)
Total liabilities administered on behalf of Government	133,509	159,653	(26,144)
Net assets/(liabilities)	330,306	400,245	(69,940)

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

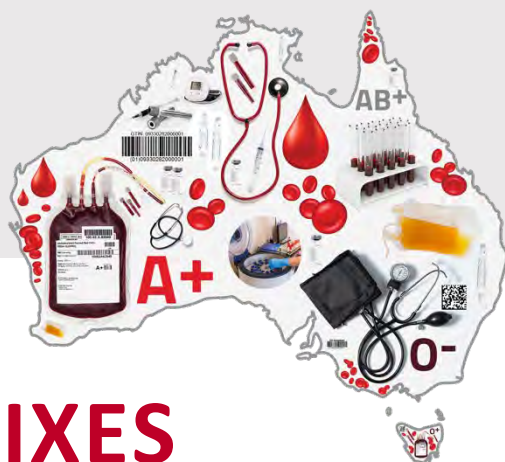
NATIONAL BLOOD AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 2021

8.2D: Administered Major Budget Variances for 2021

Explanations of major variances	Affected line items (and statement)
Administered Schedule of Comprehensive Income	
<u>Suppliers</u> This minor variance relates to the Australian Red Cross Lifeblood Output Based Funding Model.	<i>Suppliers (Administered Schedule of Comprehensive Income), Deficit/Surplus (Administered Schedule of Comprehensive Income)</i>
<u>Other sources of non-taxation revenues</u> The variance predominantly relates to the return of \$48.9m to the Commonwealth, and State and Territory Governments for the 2019-20 end of year reconciliation as part of the National Blood Agreement.	<i>Other sources of non-taxation revenues (Administered Schedule of Comprehensive Income), Deficit/Surplus (Administered Schedule of Comprehensive Income)</i>
Administered Schedule of Assets and Liabilities	
<u>Cash and cash equivalents</u> This variance predominantly relates to the return of \$48.9m to the Commonwealth, and State and Territory Governments for the 2019-20 end of year reconciliation as part of the National Blood Agreement.	<i>Cash and cash equivalents, (Administered Schedule of Assets and Liabilities)</i>
<u>Trade and other receivables</u> This variance is as a result of timing of payments at year end.	<i>Trade and other receivables (Administered Schedule of Assets and Liabilities)</i>
<u>Inventories</u> This variance is primarily as a result of lower quantity of plasma units on-hand at year end.	<i>Inventories (Administered Schedule of Assets and Liabilities), Suppliers (Administered Schedule of Comprehensive Income)</i>
<u>Suppliers</u> This variance is as a result of timing of payments at year end.	<i>Suppliers (Administered Schedule of Assets and Liabilities)</i>

END OF FINANCIAL STATEMENTS

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



PART FIVE

APPENDIXES

APPENDIX 1: COMMITTEE AND BOARD MEMBER PROFILES

APPENDIX 2: FRESH BLOOD COMPONENTS SUPPLIED UNDER CONTRACT BY LIFELOOD IN 2020–21

APPENDIX 3: PLASMA AND RECOMBINANT PRODUCTS SUPPLIED UNDER CONTRACT IN 2020–21

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APPENDIX 1.

COMMITTEE AND BOARD MEMBER PROFILES

NBA BOARD MEMBERS

DR AMANDA RISCHBIETH – CHAIR

Dr Amanda Rischbieth has over 30 years of experience in health and academia including CEO and non-executive directorship roles across health care delivery, clinical (critical care), public health, research, ethics and corporate governance. She is a Fellow of the Australian Institute of Company Directors, an Adjunct Associate Professor at the University of Adelaide, a Governor's Leadership Foundation Fellow and a former Telstra Business Women's Awards Finalist.

Following her twelve-month Harvard Advanced Leadership Fellowship in 2017, Dr Rischbieth was invited back as a Visiting Scientist to join Harvard's Culture of Health project, which is a partnership between Harvard T. H. Chan School of Public Health and Harvard Business School. Her previous directorships include the Australian Organ and Tissue Authority, the National Heart Foundation of Australia SA, Australian College of Critical Care Nurses (National President), South Australian Public Health Council, Urban Renewal Authority and the South Australian Motor Sport Board (V8 Supercars Adelaide 500). She is a current Non-Executive Director of Camp Quality.

Dr Rischbieth has received various awards and recognition for her business and community contributions. In 2018, she joined a humanitarian project team in Sri Lanka fitting prosthetic hands to over 240 landmine and other victims.

Dr Rischbieth was appointed Chair of the NBA Board in March 2019.

MR GEOFFREY BARTLE – COMMUNITY REPRESENTATIVE

Mr Bartle has over thirty years of experience at an executive and strategic level in technology-enabled business transformation and the design and implementation of business solutions. Prior to retirement, he was a management consultant and had a proven track record of delivering genuine business benefits for his clients in Western Australia and the Northern Territory.

His consulting roles included strategy, governance, business architecture, benefits management, organisational transformation, procurement, change management, business and system analysis, strategic business cases, program design, business process improvement, business continuity and disaster recovery, and the design of technology enabled solutions to optimise business outcomes.

Mr Bartle's industry experience included human services, disability services, health, police, education, superannuation, government services, insurance, small business, sustainability and Green IT, mining, taxation, racing and wagering, social welfare, public housing and smartcards. This was delivered in government, university and private sector environments.

Mr Bartle has also had extensive experience in a diverse range of Senior Executive Service roles in the public sector in Australia and New Zealand including national administration of large legislative, compliance, business and client service programs. The roles undertaken by Mr Bartle during his career have equipped him with sound business acumen and an unusual breadth of knowledge and experience that he drew upon to deliver high-calibre consulting services. His pragmatic approach to problem solving, together with his skills in engaging with clients and stakeholders at all levels of an organisation, and his broad exposure to a variety of proprietary and industry methodologies and processes, enabled him to take on a range of challenging engagements.

He understands that a holistic and consumer-centric approach across the entire healthcare continuum is essential. He holds several other community representative roles including:

- ◆ National Blood Authority – Haemovigilance Advisory Committee
- ◆ NPS MedicineWise – Consumer Advocate
- ◆ WA Primary Health Alliance – Chair, Metropolitan Community Advisory Council
- ◆ WA Department of Health – Cardiovascular Health Network Executive Advisory Group

Mr Bartle was appointed to the NBA Board as the community representative in October 2017.

PROFESSOR LYN BEAZLEY AO – STATE AND TERRITORY REPRESENTATIVE (SMALL JURISDICTION)

After graduating from Oxford and Edinburgh Universities, Professor Lyn Beazley built an internationally renowned research team in neuroscience that focused on recovery from brain damage, with much of her investigations undertaken as Winthrop Professor at the University of Western Australia. Currently Professor Beazley is Adjunct Professor of Science at Murdoch University.

Professor Beazley was the Chief Scientist of Western Australia from 2006–13, advising the WA government on science, innovation and technology. Professor Beazley currently chairs several boards including the National Collaborative Research Infrastructure Strategy facility, the Terrestrial Ecosystems Research Network, the Northwest Shelf Flatback Turtle Conservation Program and the Royal Perth Hospital Research Foundation. She also serves on other boards including the Royal Institution of Australia and the council of the Australian Academy of Science. Professor Beazley was a Trustee of the Western Australian Museum from 1999–2006 and currently is Patron of the Friends of the Museum, along with many other educational, environmental, social and health-related organisations. She is Vice Patron of both the Royal Society of Western Australia and the Perron Institute for Neurological and Translational Science.

In 2009, Professor Beazley was awarded Officer of the Order of Australia. In that year she was elected a Fellow of the Australian Academy of Technological Sciences and Engineering and in 2019 became a Fellow of the Australian Academy of Science. In 2011, Professor Beazley was inducted into the inaugural Western Australian Women's Hall of Fame and was elected a Fellow of the Australian College of Educators and a Companion of Engineers Australia. In 2015, she was inducted into the Western Australian Science Hall of Fame and was announced as the 2015 WA Australian of the Year.

Professor Beazley works to promote science, technology, engineering and mathematics to the community, especially to young people, as well as striving to advance gender equity by bringing financial knowledge to women, especially those experiencing violence and/or financial abuse.

Professor Beazley was re-appointed to the Board in November 2020.

MR PAUL BEDBROOK – FINANCIAL EXPERT

Mr Paul Bedbrook has had a connection with blood issues via his personal involvement with haemophilia for three decades. He is the father of two adult sons with haemophilia. For much of this time, Mr Bedbrook has been involved with the Haemophilia Foundation NSW (HFNSW) and the Haemophilia Foundation Australia (HFA). Mr Bedbrook is a past President of HFNSW and past Treasurer of HFA. He brings his personal experiences with blood issues to the Board as well as feedback from a community of individuals who rely on the blood and plasma products distributed to Australia's health services under the auspices of the NBA.

Professionally, Mr Bedbrook has had over thirty years of experience in financial services. His current roles include Chair of Zurich Financial Services Australia Ltd, Independent Non-Executive Director of Credit Union Australia (CUA) Ltd and Independent Chair of ASX-listed Elanor Investors Group.

Mr Bedbrook was a senior executive for over twenty years with the Dutch global banking, insurance and investment group ING. His early career was as an Investment Analyst and Investment Portfolio Manager at ING, and between 1987 and 1995, he was the General Manager Investments and Chief Investment Officer for the Mercantile Mutual (ING) Group in Sydney. In the decade to 2010, Mr Bedbrook was, in turn, President and CEO of INGDIRECT Canada, CEO and Director of ING Australia and Regional CEO of ING Asia Pacific, based in Hong Kong.

Mr Bedbrook has been a member of the NBA Board since May 2011 and was appointed to his current Board role as financial expert in August 2013. Mr Bedbrook is also a member of the NBA Audit and Risk Committee.

Mr Bedbrook was re-appointed to the Board in November 2020.

PROFESSOR CHRIS BROOK PSM – STATE AND TERRITORY REPRESENTATIVE (LARGE JURISDICTION)

Professor Chris Brook was a senior executive in the Victorian Department of Health for thirty years, fulfilling both professional (Chief Medical Officer and Director, Public Health) and management roles (Regional Director, Director Acute Health, Director Rural Health and Aged Care, and Executive Director Wellbeing, Integrated Care and Ageing).

Professor Brook has been part of blood and blood policy since 1988 and a national champion of blood arrangements since the 1990s, including the several transformations in that time. He is especially proud of how treatment for people with haemophilia has significantly transformed in his time.

Professor Brook was re-appointed to the Board in November 2020.

MS PENNY SHAKESPEARE – AUSTRALIAN GOVERNMENT REPRESENTATIVE

Penny Shakespeare is Deputy Secretary of the Health Resourcing Group in the Commonwealth Department of Health. This includes responsibility for the Technology Assessment and Access Division, Medical Benefits Division, Provider Benefits Integrity and Digital Health Division and the Health Workforce Division.

Since joining the department in 2006, Ms Shakespeare has held several senior leadership positions, as First Assistant Secretary of the Technology Assessment and Access Division, and the Health Workforce Division.

Prior to joining the department, Ms Shakespeare was an industrial relations lawyer in the Department of Employment and Workplace Relations, and was in regulatory policy roles, including as head of the ACT Office of Industrial Relations.

Ms Shakespeare has a Bachelor of Laws, a Master of International Law and is admitted as a barrister and solicitor. She was appointed to the NBA Board in August 2018.

ASSOCIATE PROFESSOR ALISON STREET AO – PUBLIC HEALTH EXPERT

Professor Alison Street graduated in 1971 from Monash University with first class honours in medicine.

After completing postgraduate training in clinical and laboratory haematology in Melbourne and Sydney, Professor Street spent three years in clinical research in Boston. Professor Street returned to Melbourne to work with Monash University and Alfred Health in 1984, where she retired from the positions of Head of Laboratory Haematology and Haemostasis-Thrombosis (including Haemophilia) in 2012.

Professor Street's main professional interests were in haemostasis-thrombosis, transfusion medicine and teaching. During her tenure at Alfred Health, Professor Street was Chief Examiner in haematology for the Royal College of Pathologists of Australasia from 2001–06 and President of the Haematology Society of Australia and New Zealand from 1996–98.

Professor Street was a Board member with the World Federation of Hemophilia from 2002–12 (Vice President Medical from 2008–12) and a Board member of Lifeblood from 1998–2004.

Professor Street's other appointments are:

- ◆ Clinical Adjunct Associate Professor in the Department of Immunology and Pathology, Monash University
- ◆ Chair of the NBA Haemovigilance Advisory Committee
- ◆ Member of the Steering Committee for the Asia-Pacific Haemophilia Working Group

Professor Street received the Award of Officer in the Order of Australia in 2006 for services to haematology and the community of people with congenital bleeding disorders. She is also an honorary life member of the Haematology Society of Australia and New Zealand, Australian Society of Thrombosis and Haemostasis, and the Australian and New Zealand Society of Blood Transfusion.

Professor Street was re-appointed to the NBA Board in March 2019.

AUDIT AND RISK COMMITTEE

MS ROSLYN JACKSON – CHAIR

Ms Jackson was appointed as the chair of the Audit and Risk Committee (ARC) in September 2019 following the resignation of Mr Ken Barker from the committee. Ms Jackson has been a member of the committee since September 2017.

Ms Jackson brings more than 30 years of experience as a chartered accountant working in both public practice and in government accounting. Over her career, Ms Jackson has specialised in the Australian Government Financial Framework.

Ms Jackson has also been a non-executive director of several not-for-profit companies, primarily in the health sector and is currently Deputy Chair of Capital Health Network (the ACT's primary health network) and Director of the Australian Nursing and Midwifery Accreditation Council.

Ms Jackson attended all six ARC meetings during 2020–21 and was remunerated \$14,300.

MR GREG FRASER

Mr Fraser is a Fellow of the Australian Institute of Company Directors and the Governance Institute of Australia.

Mr Fraser is former Chief Executive of the ACT Department of Health and Community Care, and has extensive involvement in intergovernmental initiatives and forums. He has consulted to public, private and not-for-profit bodies for 25 years and is an expert in public and not-for-profit governance and risk management.

Mr Fraser has served on several corporate, public sector and not-for-profit boards and audit and risk committees. He is currently a member of the Board of Dementia and Dementia Australia and sits on its Audit and Risk Committee. He is a member of the Board of Marymead and a member of the National Blood Authority's Audit and Risk Committee (ARC).

Mr Fraser attended all six ARC meetings during 2020–21 and was remunerated \$7,257.

MR PAUL BEDBROOK (NBA BOARD MEMBER & FINANCE EXPERT)

In addition to his deep and personal knowledge and involvement in blood issues, as well as his membership of the NBA Board, professionally Mr Bedbrook has had over thirty years of experience in financial services. His current roles include Chair of Zurich Financial Services Australia Ltd, Independent Non-Executive Director of Credit Union Australia (CUA) Ltd and Independent Chair of ASX-listed Elanor Investors Group.

Mr Bedbrook was a senior executive for over twenty years with the Dutch global banking, insurance and investment group ING. His early career was as an Investment Analyst and Investment Portfolio Manager at ING, and between 1987 and 1995, he was the General Manager Investments and Chief Investment Officer for the Mercantile Mutual (ING) Group in Sydney. In the decade to 2010, Mr Bedbrook was, in turn, President and CEO of INGDIRECT Canada, CEO and Director of ING Australia and Regional CEO of ING Asia Pacific, based in Hong Kong.

Mr Bedbrook attended all six ARC meetings during 2020–21 and was remunerated \$8,612.

APPENDIX 2.

FRESH BLOOD COMPONENTS SUPPLIED UNDER CONTRACT BY LIFEBLOOD IN 2020–21

Table 5.1 Fresh blood components supplied under contract by Lifeblood 2020–21

PRODUCT TYPE	NAME	PRESENTATION	JBC PRICE
Red blood cells	Whole blood (WB) red cells leucodepleted	>200ml ¹	\$377.36
	WB paediatric red cells leucodepleted (set of 4)	25-100ml ¹	\$436.75
	WB washed red cells leucodepleted	>130ml ¹	\$425.72
Platelets	WB platelet pool leucodepleted	>160ml ¹	\$253.39
	Apheresis platelet leucodepleted	100-400ml ¹	\$618.13
	Paediatric apheresis platelet leucodepleted (set of 3)	40-60ml ¹	\$927.27
Clinical fresh frozen plasma (FFP)	WB clinical FFP	295ml+/-10% ¹	\$154.54
	WB paediatric clinical FFP (set of 4)	60-80ml ¹	\$181.56
	Apheresis clinical FFP	295ml +/-10% ¹	\$238.28
Cryoprecipitate	WB cryoprecipitate	30-40ml ¹	\$167.33
	Apheresis cryoprecipitate	54-66ml ¹	\$328.55
Cryo-depleted plasma	WB cryo-depleted plasma	215-265ml ¹	\$151.56
	Apheresis cryo-depleted plasma	495-605ml ¹	\$394.60
Other products	Autologous donation	NA	\$377.36
	Therapeutic Vensections for WB for Discard	NA	\$568.18
	Serum eye drops	Single Collection	\$848.76
Plasma for Fractionation	Plasma for Fractionation ²	Presentation size NA, but costed per kg	\$330.74

¹The presentation volume for a typical unit content is specified in the [Australian Red Cross Lifeblood Blood Component Information, 2020](#).

²Plasma for Fractionation is supplied to CSL Behring (Australia) Pty Ltd for manufacturing plasma-derived products.

APPENDIX 3.

PLASMA AND RECOMBINANT PRODUCTS SUPPLIED UNDER CONTRACT IN 2020–21

Table 5.2 Plasma and recombinant products supplied under contract 2020–21

PRODUCT TYPE	NAME	PRESENTATION	SUPPLIER	PRICE
Albumin (plasma derived – domestic)	Albumex	20% 10ml	CSL Behring (Australia) Pty Ltd	\$16.05 ¹
		20% 100ml		\$70.01 ¹
		4% 50ml		\$16.05 ¹
		4% 500ml		\$70.01 ¹
Factor VIIa (recombinant – imported)	NovoSeven	1mg	Novo Nordisk Pharmaceuticals Pty Ltd	\$1,351.1 ¹
		2mg		\$2,702.22
		5mg		\$6,755.55
		8mg		\$10,808.80
Factor VIII Anti-Inhibitor (plasma derived – imported)	FEIBA	500 IU	Shire Australia Pty Limited	\$1,200.00
		1000 IU		\$2,400.00
		2500 IU		\$6,000.00
Factor VIII (plasma derived – domestic)	Biostate	250 IU	CSL Behring (Australia) Pty Ltd	\$225.84 ¹
		500 IU		\$451.68 ¹
		1000 IU		\$903.36 ¹
Factor VIII (recombinant – imported)	Advate	250 IU	Shire Australia Pty Limited	*
		500 IU		*
		1000 IU		*
		1500 IU		*
		2000 IU		*
Factor VIII (recombinant – imported)	Eloctate	250 IU	Sanofi-aventis Australia Pty Ltd	*
		500 IU		*
		1000 IU		*
		2000 IU		*
		3000 IU		*
Factor IX (recombinant – imported)	Alprolix	250 IU	Sanofi-aventis Australia Pty Ltd	*

PRODUCT TYPE	NAME	PRESENTATION	SUPPLIER	PRICE
		500 IU		*
		1000 IU		*
		2000 IU		*
		3000 IU		*
Factor VIII (recombinant – imported)	Xyntha	250 IU	Pfizer Australia Pty Ltd	*
		500 IU		*
		1000 IU		*
		2000 IU		*
		3000 IU		*
Factor IX (plasma derived – domestic)	MonoFIX	1000 IU	CSL Behring (Australia) Pty Ltd	\$903.36 ¹
Factor IX (recombinant – imported)	BeneFIX	250 IU	Pfizer Australia Pty Ltd	*
		500 IU		*
		1000 IU		*
		2000 IU		*
		3000 IU		*
Factor VIII (recombinant – imported)	Adynovate	250 IU	Shire Australia Pty Limited	*
		500 IU		*
		1000 IU		*
		2000 IU		*
Factor IX (recombinant – imported)	Rixubis	250 IU	Shire Australia Pty Limited	\$196.50
		500 IU		\$393.00
		1000 IU		\$786.00
		2000 IU		\$1,572.00
		3000 IU		\$2,358.00
Emicizumab (bi-functional monoclonal antibody)	Hemlibra	30mg/1ml		*
		60mg/0.4ml		*
		105mg/0.7ml		*
		150mg/1ml		*
Factor XI (plasma derived – imported)	Factor XI	1 IU	CSL Behring (Australia) Pty Ltd	\$13.11
Factor XIII (plasma derived – imported)	Fibrogammin	250 IU	CSL Behring (Australia) Pty Ltd	\$202.26
		1250 IU		\$1,014.79
Factor XIII (recombinant – imported)	NovoThirteen	2500 IU	Novo Nordisk Pharmaceuticals Pty Ltd	\$30,000.00

PRODUCT TYPE	NAME	PRESENTATION	SUPPLIER	PRICE
Human prothrombin complex (plasma derived – domestic)	Prothrombinex	500 IU	CSL Behring (Australia) Pty Ltd	\$287.96 ¹
Fibrinogen Concentrate (plasma derived – imported)	RiaSTAP	1g	CSL Behring (Australia) Pty Ltd	\$817.58
Human C1 esterase inhibitor concentrate (plasma derived – imported)	Berinert	500 IU - IV	CSL Behring (Australia) Pty Ltd	\$961.53
		1500 IU - IV		\$2,884.57
		2000 IU - SC		\$2,080.79
		3000 IU - IV		\$3,121.18
Protein C concentrate (plasma derived – imported)	Ceprotrin	500 IU	Shire Australia Pty Limited	\$1,075.00
		1000 IU		\$2,150.00
Antithrombin III concentrate (plasma derived – domestic)	Thrombotrol VF	1000 IU	CSL Behring (Australia) Pty Ltd	\$1,456.67 ¹
Intravenous IVIg (plasma derived – domestic)	Intragam 10	2.5g/25ml	CSL Behring (Australia) Pty Ltd	\$142.86 ¹
		10g/100ml		\$571.43 ¹
		20g/200ml		\$1,142.87 ¹
SCIg (plasma derived – domestic)	Evogam	16% 0.8g/5ml	CSL Behring (Australia) Pty Ltd	\$45.71 ¹
		15% 3.2g/20ml		\$182.86 ¹
IVIg (plasma derived – imported)	Flebogamma DIF	5% 0.5g/10ml	Grifols Australia Pty Ltd	\$22.50 ²
		5% 2.5g/50ml		\$112.50 ²
		5% 5g/100ml		\$225.00 ²
		5% 10g/200ml		\$450.00 ²
		5% 20g/400ml		\$900.00 ²
		10% 5g/50ml		\$225.00 ²
		10% 10g/100ml		\$450.00 ²
		10% 20g/200ml		\$900.00 ²
IVIg (plasma derived – imported)	Flebogamma DIF	5% 0.5g/10ml	Grifols Australia Pty Ltd	*3
		5% 2.5g/50ml		*3
		5% 5g/100ml		*3
		5% 10g/200ml		*3
		5% 20g/400ml		*3
		10% 5g/50ml		*3
		10% 10g/100ml		*3
		10% 20g/200ml		*3
IVIg (plasma derived – imported)	Gamunex	10% 5g/50ml	Grifols Australia Pty Ltd	*

PRODUCT TYPE	NAME	PRESENTATION	SUPPLIER	PRICE
		10% 10g/100ml		*
		10% 20g/200ml		*
IVIg (plasma derived – imported)	Privigen	5g/50ml	CSL Behring (Australia) Pty Ltd	\$225.00 ²
		10g/100ml		\$450.00 ²
		20g/200ml		\$900.00 ²
		40g/400ml		\$1,800.00 ²
IVIg (plasma derived – imported)	Privigen	5g/50ml	CSL Behring (Australia) Pty Ltd	* ³
		10g/100ml		* ³
		20g/200ml		* ³
		40g/400ml		* ³
SCIg (plasma derived – imported)	Hizentra	1g/5ml	CSL Behring (Australia) Pty Ltd	\$60.93 ²
		2g/10ml		\$121.85 ²
		4g/20ml		\$243.71 ²
		10g/50ml		\$609.27 ²
SCIg (plasma derived – imported)	Hizentra	1g/5ml	CSL Behring (Australia) Pty Ltd	* ³
		2g/10ml		* ³
		4g/20ml		* ³
		10g/50ml		* ³
Normal Ig Nlg (plasma derived – domestic)	Normal Ig VF	2ml (0.32gm)	CSL Behring (Australia) Pty Ltd	\$32.77 ¹
		5ml (0.80gm)		\$53.72 ¹
CMV Ig (plasma derived – domestic)	CMV Ig	1.5 million units	CSL Behring (Australia) Pty Ltd	\$1,245.58 ¹
Hepatitis B Ig (plasma derived – domestic)	Hepatitis B Ig	100 IU (2ml)	CSL Behring (Australia) Pty Ltd	\$45.43 ¹
		400 IU (5ml)		\$104.24 ¹
Rh (D) Ig (plasma derived – imported)	Rhophylac	1500 IU	CSL Behring (Australia) Pty Ltd	\$427.83
Rh (D) Ig - VF (plasma derived – domestic)	Rh (D) Ig	250 IU	CSL Behring (Australia) Pty Ltd	\$30.84 ¹
		625 IU		\$77.07 ¹
Tetanus Ig (plasma derived – domestic)	Tetanus Ig VF	250 IU	CSL Behring (Australia) Pty Ltd	\$45.01 ¹
		4000 IU		\$720.02 ¹
Zoster Ig (plasma derived – domestic)	Zoster Ig VF	200 IU	CSL Behring (Australia) Pty Ltd	\$285.48*

* Prices are confidential and cannot be disclosed.

*³ Prices are confidential from 1 January 2021 under new contract arrangements.

¹ The price does not include the starting plasma provided to CSL Behring (Australia) Pty Ltd by Australian Red Cross Lifeblood.

² The price is from 1 July 2020 to 31 December 2020.

APPENDIX 4.

MANDATORY REPORTING

WORK HEALTH AND SAFETY

Information on work health and safety is included in Part 3 of this Annual Report.

ADVERTISING AND MARKET RESEARCH

Section 311A of the *Commonwealth Electoral Act 1918* requires particulars of all amounts greater than \$13,800 paid during a financial year to advertising agencies, market research organisations, polling organisations, direct mail organisations and media advertising organisations. The NBA made no payments of this kind in 2020–21. The NBA did not conduct any advertising campaigns in 2020–21.

ECOLOGICALLY SUSTAINABLE DEVELOPMENT AND ENVIRONMENTAL PERFORMANCE

The NBA continued to pursue activities that support the ecologically sustainable principles outlined in Section 3A of the *Environment Protection and Biodiversity Conservation Act 1999*. During 2020–21 this included:

- ◆ continued use of audio and video conferencing and online collaboration in preference to face-to-face meetings requiring interstate or international travel
- ◆ recycling into three streams of waste – co-mingled material, paper and printer cartridges
- ◆ encouraging staff to recycle and re-use existing stationery before ordering new supplies
- ◆ maintaining paper-use reduction initiatives such as defaulting printer settings to print double-sided and in black and white, and using 100 per cent recycled paper
- ◆ running the air conditioning systems on timers and occupancy sensors to ensure operation only during business hours when the immediate area is occupied
- ◆ participating in Earth Hour – the office was fully compliant and all staff were encouraged to participate
- ◆ ensuring that through purchasing activities further improvements were made within blood product supply contracts
- ◆ having electronic document and records management system in place.

Table 5.3 provides information on the NBA's environmental performance. The NBA continues to look at ways to further reduce its impact on the environment.

Table 5.3 NBA environmental performance

THEME	PERFORMANCE MEASURE	INDICATOR(S)	2019–20	2020–21
Energy efficiency	Total consumption of energy	Amount of electricity consumed (kWh)	170,498 kWh	166,284 kWh
		Amount of gas consumed (MJ)	0 MJ	0 MJ
		Amount of other fuels consumed (\$/kWh/MJ/L)	0	0
		Air travel distances (km)	378,325 kms	11,471 kms
	Total consumption of green energy	Amount of green energy purchased/consumed (\$/kWh)	0 kWh	0 kWh
	Greenhouse gas emissions	Amount of greenhouse gases produced (tonnes)	0 tonnes	0 tonnes
	Relative energy uses	Amount of green energy purchased divided by the amount of electricity consumed	0%	0%
		Amount of total energy consumed (kWh) per employee	2,005 kWh	1,868 kWh
Waste	Total waste production	Amount of waste produced (tonnes)	8.87 tonnes	3.91 tonnes
	Un-recyclable waste production	Amount of waste going to landfills (tonnes)	1.68 tonnes	1.29 tonnes
	Recyclable waste production (excluding office paper)	Amount of waste going to recycling facilities (tonnes)	1.13 tonnes	0.24 tonnes
	Paper waste production	Amount of waste paper going to recycling facilities (tonnes)	6.058 tonnes	2.380 tonnes
		Amount of paper sourced from recyclable sources (tonnes)	1.305 tonnes	1.152 tonnes
		Percentage of paper sourced from recyclable sources (per cent)	99.5%	99.8%
	Use of renewable/recyclable products	Amount of products sourced from renewable/recyclable sources (tonnes)	1.290 tonnes	1.114 tonnes
	Relative waste production	Amount of total waste (tonnes) per employee	0.10 tonnes	0.04 tonnes
Water	Total consumption of water	Amount of water consumed (L)	482,505 L	465,592 L
	Grey water/rainwater capture and use	Grey Water not applicable to NBA tenancies	na	na
	Relative consumption/use of water	Amount of total water use (L) per employee	5,673 L	5,209 L

GRANT PROGRAMS

Information on grants awarded by the NBA during 2020–21 is available at:
www.blood.gov.au/governmental-compliance.

DISABILITY REPORTING

Disability reporting is included in the annual State of the Service Report and the APS Statistical Bulletin. These reports are available on the Australian Public Service Commission's website at www.apsc.gov.au.

INFORMATION PUBLICATION SCHEME STATEMENT

Entities subject to the *Freedom of Information Act 1982* (FOI Act) are required to publish information to the public as part of the Information Publication Scheme (IPS). 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. Each agency must display on its website a plan showing what information it publishes in accordance with the IPS requirements.

A copy of the NBA IPS Plan and associated published documents can be located at:
<http://www.blood.gov.au/ips>.

ERRATA

Nil.

AGENCY RESOURCE STATEMENTS

The agency resource statement provides details of the sources of funding for the NBA in 2020–21 together with information about special accounts balances to be carried over to 2021–22.

Table 5.4 Agency resource statement

	ACTUAL AVAILABLE APPROPRIATION FOR 2020–21 \$'000	PAYMENTS MADE 2020–21 \$'000	BALANCE 2020–21 \$'000
	(a)	(b)	(a) - (b)
Ordinary annual services ¹			
Departmental appropriation ²	7,389	6,442	947
Total	7,389	6,442	947
Administered expenses			
Outcome 1 ³	1,978	1,978	
Total	1,978	1,978	
Total ordinary annual services	9,367	8,420	
Special accounts ⁴			
Opening balance	201,670		
Appropriation receipts ⁵	8,420		
Non-appropriation receipts to special accounts	1,393,151		
Payments made		1,456,745	
Total special accounts	1,603,241	1,456,745	146,496
Total resourcing and payments	1,603,241	1,456,745	

¹ Appropriation Act (No. 1) 2020–21 and Appropriation Act (No. 3) 2020–21. This may also include Prior Year departmental appropriation and section 74 relevant agency receipts.

² Includes an amount of \$0.645 million in 2020–21 for the Departmental Capital Budget. For accounting purposes this amount has been designated as 'contributions by owners'.

³ Includes an amount of \$nil in 2020–21 for the Administered Capital Budget.

⁴ Does not include 'Special Public Money' held in accounts like Other Trust Monies account (OTM). Services for other Government and Non-agency Bodies accounts (SOG), or Services for Other Entities and Trust Monies Special accounts (SOETM).

⁵ Appropriation receipts from National Blood Authority annual appropriations for 2020–21 included above.

Table 5.5 provides details of the total funding for each Outcome approved by government for the NBA. In 2020–21, the NBA operated under a single Outcome.

Table 5.5 Agency expenses by outcome

OUTCOME 1: AUSTRALIA'S BLOOD SUPPLY IS SECURE AND WELL MANAGED	BUDGET*	ACTUAL	VARIATION
	2020–21	EXPENSES	2020–21
	\$'000	2020–21	\$'000
	(a)	(b)	(a) - (b)
Programme 1.1:			
National Blood Agreement management			
Administered expenses			
Ordinary annual services (Appropriation Bill No. 1)	1,978	1,978	-
Special accounts	1,347,481	1,387,610	-40,129
Departmental expenses			
Departmental appropriation ¹	6,155	6,442	-287
Special accounts	8,758	12,235	-3,477
s74 retained revenue receipts	250	487	-237
Expenses not requiring appropriation in the Budget year	1,213	570	643
Total for Programme 1.1	1,365,835	1,409,322	-43,487
Total expenses for Outcome 1	1,365,835	1,409,322	-43,487
		2019–20	2020–21
Average staffing level (number)		55	56

*Full year budget, including any subsequent adjustment made to the 2020–21 Budget at Additional Estimates.

¹ Departmental Appropriation combines Ordinary annual services (Appropriation Act No. 1) and Revenue from independent sources.

APPENDIX 5.

LIST OF REQUIREMENTS

Outlined in this section is the information provided in accordance with the Department of Finance's Resource Management Guide No. 135 Annual reports for non-corporate Commonwealth entities as at May 2021.

PGPA RULE REFERENCE	PART OF REPORT	DESCRIPTION	REQUIREMENT
17AD(g)	Letter of transmittal		
17AI	Front pages	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
17AD(h)	Aids to access		
17AJ(a)	Front pages	Table of contents.	Mandatory
17AJ(b)	Index	Alphabetical index.	Mandatory
17AJ(c)	Appendix 6	Glossary of abbreviations and acronyms.	Mandatory
17AJ(d)	Appendix 5	List of requirements.	Mandatory
17AJ(e)	Front pages	Details of contact officer.	Mandatory
17AJ(f)	Front pages	Entity's website address.	Mandatory
17AJ(g)	Front pages	Electronic address of report.	Mandatory
17AD(a)	Review by accountable authority		
17AD(a)	Part 1	A review by the accountable authority of the entity.	Mandatory
17AD(b)	Overview of the entity		
17AE(1)(a)(i)	Part 1	A description of the role and functions of the entity.	Mandatory
17AE(1)(a)(ii)	Part 1	A description of the organisational structure of the entity.	Mandatory
17AE(1)(a)(iii)	Part 1	A description of the outcomes and programmes administered by the entity.	Mandatory
17AE(1)(a)(iv)	Part 1	A description of the purposes of the entity as included in corporate plan.	Mandatory
17AE(1)(aa)(i)	Part 1	Name of the accountable authority or each member of the accountable authority.	Mandatory
17AE(1)(aa)(ii)	Part 1	Position title of the accountable authority or each member of the accountable authority.	Mandatory
17AE(1)(aa)(iii)	Part 1	Period as the accountable authority or member of the accountable authority within the reporting period.	Mandatory

PGPA RULE REFERENCE	PART OF REPORT	DESCRIPTION	REQUIREMENT
17AE(1)(b)	N/A	An outline of the structure of the portfolio of the entity.	Portfolio departments - mandatory
17AE(2)	N/A	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
17AD(c)	Report on the Performance of the entity		
	Annual performance Statements		
17AD(c)(i); 16F	Part 2	Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule.	Mandatory
17AD(c)(ii)	Report on Financial Performance		
17AF(1)(a)	Part 4	A discussion and analysis of the entity's financial performance.	Mandatory
17AF(1)(b)	Part 4	A table summarising the total resources and total payments of the entity.	Mandatory
17AF(2)	Part 4	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
17AD(d)	Management and Accountability		
	Corporate Governance		
17AG(2)(a)	Part 3	Information on compliance with section 10 (fraud systems).	Mandatory
17AG(2)(b)(i)	Part 3	A certification by accountable authority that fraud risk assessments and fraud control plans have been prepared.	Mandatory
17AG(2)(b)(ii)	Part 3	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
17AG(2)(b)(iii)	Part 3	A certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud relating to the entity.	Mandatory
17AG(2)(c)	Part 3	An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance.	Mandatory

PGPA RULE REFERENCE	PART OF REPORT	DESCRIPTION	REQUIREMENT
17AG(2)(d) – (e)	N/A	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
Audit Committee			
17AG(2A)(a)	Part 3	A direct electronic address of the charter determining the functions of the entity's audit committee.	Mandatory
17AG(2A)(b)	Part 3	The name of each member of the entity's audit committee.	Mandatory
17AG(2A)(c)	Appendix 1	The qualifications, knowledge, skills or experience of each member of the entity's audit committee.	Mandatory
17AG(2A)(d)	Appendix 1	Information about the attendance of each member of the entity's audit committee at committee meetings.	Mandatory
17AG(2A)(e)	Appendix 1	The remuneration of each member of the entity's audit committee.	Mandatory
External Scrutiny			
17AG(3)	Part 3	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny.	Mandatory
17AG(3)(a)	Part 3	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
17AG(3)(b)	Part 3	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
17AG(3)(c)	Part 3	Information on any capability reviews on the entity that were released during the period.	If applicable, Mandatory
Management of Human Resources			
17AG(4)(a)	Part 3	An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives.	Mandatory
17AG(4)(aa)	Part 3	Statistics on the entity's employees on an ongoing and non-ongoing basis, including the following: (a) Statistics on full-time employees (b) Statistics on part-time employees (c) Statistics on gender (d) Statistics on staff location	Mandatory
17AG(4)(b)	Part 3	Statistics on the entity's APS employees on an ongoing and non-ongoing basis; including the following: <input type="checkbox"/> Statistics on staffing classification level <input type="checkbox"/> Statistics on full-time employees <input type="checkbox"/> Statistics on part-time employees <input type="checkbox"/> Statistics on gender <input type="checkbox"/> Statistics on staff location <input type="checkbox"/> Statistics on employees who identify as Indigenous	Mandatory

PGPA RULE REFERENCE	PART OF REPORT	DESCRIPTION	REQUIREMENT
17AG(4)(c)	Part 3	Information on any enterprise agreements, individual flexibility arrangements, Australian workplace agreements, common law contracts and determinations under subsection 24(1) of the Public Service Act 1999.	Mandatory
17AG(4)(c)(i)	Part 3	Information on the number of SES and non-SES employees covered by agreements etc identified in paragraph 17AG(4)(c).	Mandatory
17AG(4)(c)(ii)	Part 3	The salary ranges available for APS employees by classification level.	Mandatory
17AG(4)(c)(iii)	Part 3	A description of non-salary benefits provided to employees.	Mandatory
17AG(4)(d)(i)	N/A	Information on the number of employees at each classification level who received performance pay.	If applicable, Mandatory
17AG(4)(d)(ii)	N/A	Information on aggregate amounts of performance pay at each classification level.	If applicable, Mandatory
17AG(4)(d)(iii)	N/A	Information on the average amount of performance payment, and range of such payments, at each classification level.	If applicable, Mandatory
17AG(4)(d)(iv)	N/A	Information on aggregate amount of performance payments.	If applicable, Mandatory
	Assets Management		
17AG(5)	Part 4	An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities.	If applicable, Mandatory
	Purchasing		
17AG(6)	Part 4	An assessment of entity performance against the Commonwealth Procurement Rules.	Mandatory
	Reportable consultancy contracts		
17AG(7)(a)	Part 4	A summary statement detailing the number of new reportable consultancy contracts entered into during the period; the total actual expenditure on all such contracts (inclusive of GST); the number of ongoing reportable consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST).	Mandatory
17AG(7)(b)	Part 4	A statement that "During [reporting period], [specified number] new reportable consultancy contracts were entered into involving total actual expenditure of \$[specified million]. In addition, [specified number] ongoing reportable consultancy contracts were active during the period, involving total actual expenditure of \$[specified million]".	Mandatory
17AG(7)(c)	Part 4	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

PGPA RULE REFERENCE	PART OF REPORT	DESCRIPTION	REQUIREMENT
17AG(7)(d)	Part 4	A statement that “Annual reports contain information about actual expenditure on reportable consultancy contracts. Information on the value of reportable consultancy contracts is available on the AusTender website.”	Mandatory
	Reportable non-consultancy contracts		
17AG(7A)(a)	Part 4	A summary statement detailing the number of new reportable non-consultancy contracts entered into during the period; the total actual expenditure on such contracts (inclusive of GST); the number of ongoing reportable non-consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST).	Mandatory
17AG(7A)(b)	Part 4	A statement that “Annual reports contain information about actual expenditure on reportable non-consultancy contracts. Information on the value of reportable non-consultancy contracts is available on the AusTender website.”	Mandatory
17AD(daa)	Additional information about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts		
17AGA	Part 4	Additional information, in accordance with section 17AGA, about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts.	Mandatory
	Australian National Audit Office Access Clauses		
17AG(8)	N/A	If an entity entered into a contract with a value of more than \$100 000 (inclusive of GST) and the contract did not provide the Auditor-General with access to the contractor’s premises, the report must include the name of the contractor, purpose and value of the contract, and the reason why a clause allowing access was not included in the contract.	If applicable, Mandatory
	Exempt contracts		
17AG(9)	Part 4	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
	Small business		
17AG(10)(a)	Part 4	A statement that “[Name of entity] supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance’s website.”	Mandatory

PGPA RULE REFERENCE	PART OF REPORT	DESCRIPTION	REQUIREMENT
17AG(10)(b)	Part 4	An outline of the ways in which the procurement practices of the entity support small and medium enterprises.	Mandatory
17AG(10)(c)	Part 4	If the entity is considered by the Department administered by the Finance Minister as material in nature—a statement that “[Name of entity] recognises the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury’s website.”	If applicable, Mandatory
	Financial Statements		
17AD(e)	Part 4	Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.	Mandatory
	Executive Remuneration		
17AD(da)	Part 3	Information about executive remuneration in accordance with Subdivision C of Division 3A of Part 2-3 of the Rule.	Mandatory
17AD(f)	Other Mandatory Information		
17AH(1)(a)(i)	Part 4	If the entity conducted advertising campaigns, a statement that “During [reporting period], the [name of entity] conducted the following advertising campaigns: [name of advertising campaigns undertaken]. Further information on those advertising campaigns is available at [address of entity’s website] and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance’s website.”	If applicable, Mandatory
17AH(1)(a)(ii)	Part 5	If the entity did not conduct advertising campaigns, a statement to that effect.	If applicable, Mandatory
17AH(1)(b)	Part 5	A statement that “Information on grants awarded by [name of entity] during [reporting period] is available at [address of entity’s website].”	If applicable, Mandatory
17AH(1)(c)	Part 5	Outline of mechanisms of disability reporting, including reference to website for further information.	Mandatory
17AH(1)(d)	Part 5	Website reference to where the entity’s Information Publication Scheme statement pursuant to Part II of FOI Act can be found.	Mandatory
17AH(1)(e)	Part 5	Correction of material errors in previous annual report.	If applicable, Mandatory
17AH(2)	Appendix 4, Part 5	Information required by other legislation.	Mandatory

APPENDIX 6.

ACRONYMS AND ABBREVIATIONS

ABDR	Australian Bleeding Disorders Registry
ACSQHC	Australian Commission on Safety and Quality in Health Care
ACT	Australian Capital Territory
AHCDC	Association of Hemophilia Clinic Directors of Canada
AHCDO	Australian Haemophilia Centre Directors' Organisation
ANAO	Australian National Audit Office
ANMAC	Australian Nursing and Midwifery Accreditation Council
ANZSBT	Australian and New Zealand Society of Blood Transfusion
Anti-D	Rh D Immunoglobulin
APS	Australian Public Service
ARC	Audit and Risk Committee
ASCI	Australasian Society of Clinical Immunology and Allergy
ASX	Australian Stock Exchange
BloodNET	BloodNET – Australia's online blood ordering and inventory management system
BloodSafe eLearning	transfusion practice and patient blood management education online system
BloodSTAR	BloodSTAR – blood system for tracking authorisations and reviews
BCP	Business Continuity Plan
BEA	BloodSafe eLearning Australia
CHN	Capital Health Network
CIDP	Chronic inflammatory demyelinating polyneuropathy
COAG	Council of Australian Governments
CSL Behring	CSL Behring (Australia) Pty Ltd
CUA	Credit Union Australia
DAPI	discards as a percentage of net issues
EA	Enterprise Agreement
EAP	Employee Assistance Program
EHL	extended half-life
ERG	expert reference group
FEIBA	factor VIII anti-inhibitor
FFP/FP	fresh frozen plasma/frozen plasma
FIX	factor nine
FOI Act	Freedom of Information Act
FVIII	factor eight
GIN	Guidelines International Network

GST	Goods and services tax
HAA	Annual scientific meeting of the HAA: Haematology Society of Australia and New Zealand (HSANZ), the Australian & New Zealand Society of Blood Transfusion (ANZSBT) and the Australasian Society of Thrombosis and Haemostasis (ASTH, now Blood)
HAC	Haemophilia Advisory Committee
HFA	Haemophilia Foundation Australia
HFNSW	Haemophilia Foundation New South Wales
HTA	Health Technology Assessment
ICT	Information Communications Technology
Ig	immunoglobulin
IPAA	Institute of Public Administration Australia
IPS	Information Publication Scheme
ISTH	International Society on Thrombosis and Haemostasis
IU	international units
IVIg	intravenous immunoglobulin
JBC	Jurisdictional Blood Committee
KM	knowledge management
KPI	key performance indicator
kWh	kilowatt hour
Lifeblood	Australian Red Cross Lifeblood
LIS	Laboratory Information System
MSAC	Medical Services Advisory Committee
MyABDR	MyABDR is a secure app for smartphones and websites for people with bleeding disorders or parents/caregivers to record home treatments and bleeds
NaFAA	National Fractionation Agreement for Australia
NBA	National Blood Authority
NBSCP	National Blood Supply Contingency Plan
NFRC	National Federation Reform Council
NICE	National Immunohaematology Continuing Education
NIGAC	National Immunoglobulin Governance Advisory Committee
NMF	National Managed Fund
NPL	National Product List
NSP&B	National Supply Plan and Budget
NSQHS	National Safety and Quality Health Service
OBFM	Output Based Funding Model
PBM	patient blood management
PBMAC	Patient Blood Management Advisory Committee
PGPA Act	Public Governance, Performance and Accountability Act
PGPA Rule	Public Governance, Performance and Accountability Rule
PwC	Pricewaterhouse Coopers Consulting (Australia) Pty Ltd

Red Cross	Australian Red Cross Society
R&D	research and development
rFIX	recombinant factor nine
rFVIII	recombinant factor eight
RMA	Rural Medicine Australia
RMG	resource management guide
SCIg	subcutaneous immunoglobulin
SES	Senior Executive Service
SME	small and medium enterprises
SOP	standard operating procedure
SPF	staff participation forum
SWG	specialist working group
ViP	Value in Prescribing
WFH	World Federation of Hemophilia
WHS	work health and safety

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