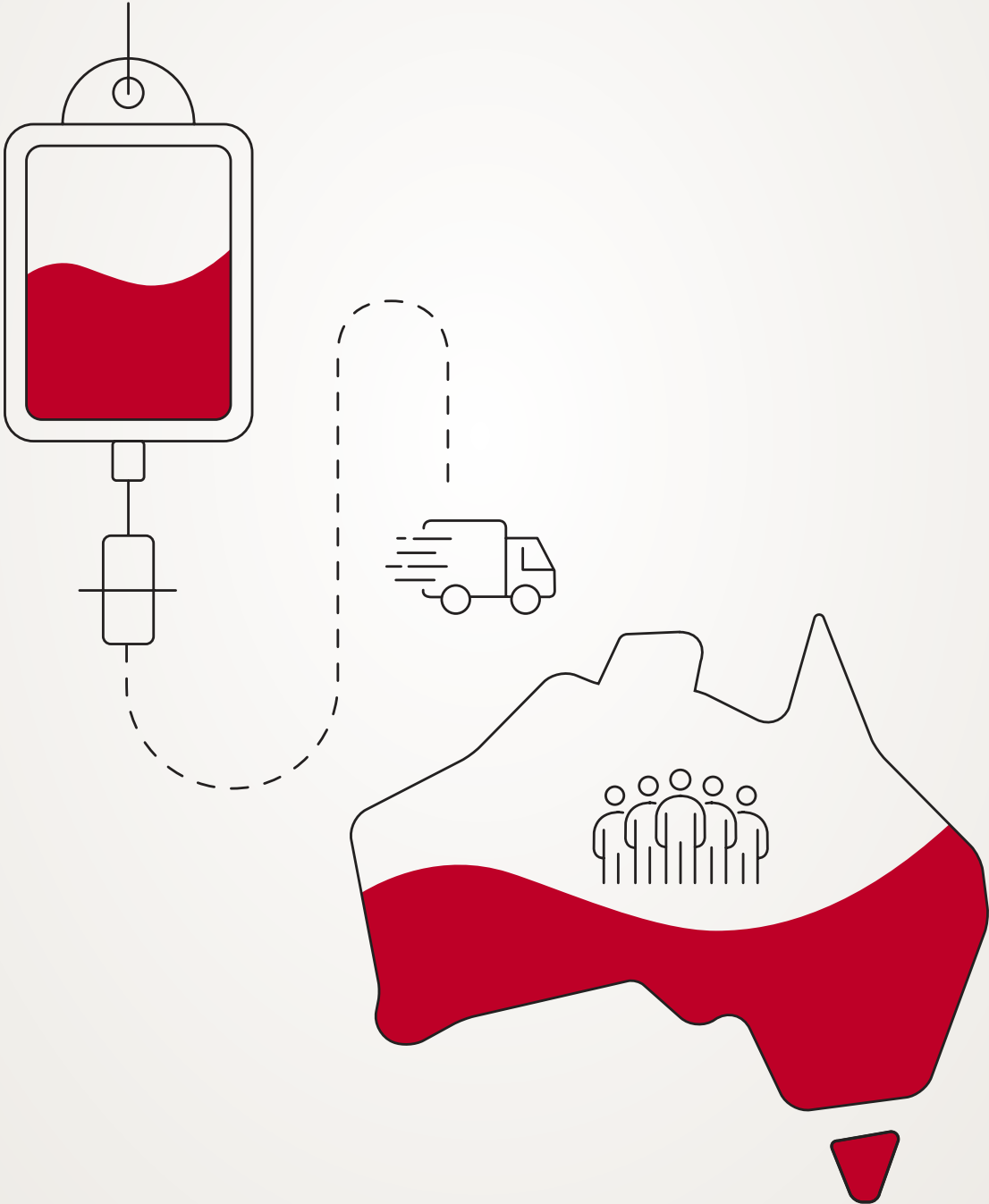


NATIONAL
BLOOD
AUTHORITY
AUSTRALIA

ANNUAL REPORT 2021–2022





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LETTER OF TRANSMITTAL



The Hon Mark Butler MP
Minister for Health and Aged Care
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 2021–22.

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

As the accountable authority of the NBA, I also present the 2021–2022 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.

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 have taken all reasonable measures to appropriately deal with fraud relating to the entity.

Yours sincerely

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

John Cahill
Chief Executive

23 September 2022

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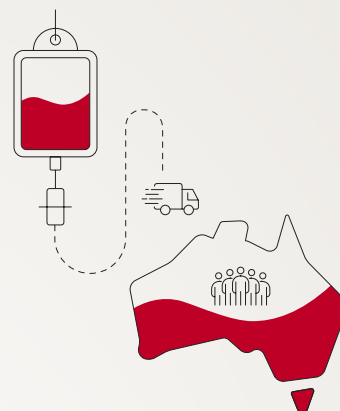
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PART 1

OVERVIEW



National Blood Authority at a glance

Chief Executive review

NBA Board and report

ANDREW'S STORY

I have severe haemophilia A with inhibitors.

As a child I had 30 per cent schooling attendance all the way to my final senior year. I spent a collective eight years as an inpatient of the children's hospital and the adult hospital where my haemophilia treatment centre is.

I have a long list of comorbidities due to my haemophilia. I've had both my ankles fused and my knee replaced twice, I've lost 50 per cent feeling in my left hand and I have chronic arthritis. From ages 5 to 20 I spent my time primarily in a wheelchair, in hospital and on high-dosage painkillers.

On average I was bleeding one or two times a week and having two to three doses of treatment to stop those bleeds, every week. That's about 200 to 400 doses a year. Out of those 52 bleeds I was having every year, 25 per cent required hospitalisation.

My veins were shot and the scars on my arms would raise suspicion that I was doing something different.

That all changed in 2016 when I started treatment with emicizumab [also known as Hemlibra], initially on a clinical trial. I get chills on the back of my neck just talking about it. Since then, I have had zero bleeds.

I've had one hospitalisation since that time and that was for some orthopaedic surgery so I could walk properly again.

I can't underestimate and you can't overstate how much this has changed my life. I have a wife, I now have a mortgage,



I go to work, I am a functioning member of society, I pay my taxes. I live my life not in pain and not on painkillers, and not having the unpredictability of not knowing what tomorrow is going to bring. I can now plan for 10, 20, 30 years into the future, not wondering if I am going to have a bleed that will take my life.

And most importantly in times like these, I am taking up less resources in the hospital, where every bed is so precious.

This has been so important for people like me and our haemophilia community as a whole.

Facilitated by the Haemophilia Foundation Australia

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 reporting 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 Australian 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 are:

- to provide an adequate, safe, secure and affordable supply of blood products, blood-related products and blood-related services in Australia
- to promote the safe, 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 commensurate contingency planning
- supports the work of all Australian governments in improving the way blood products are governed, managed and used, as well as developing and facilitating 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 and Aged Care. The NBA General Manager is the Chief Executive of the NBA and is a statutory officer reporting to the Commonwealth Minister for Health and Aged Care and the intergovernmental framework.

ACCOUNTABLE AUTHORITY

Details of the NBA’s accountable authority during the 2021–22 reporting period are in Table 1.1.

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

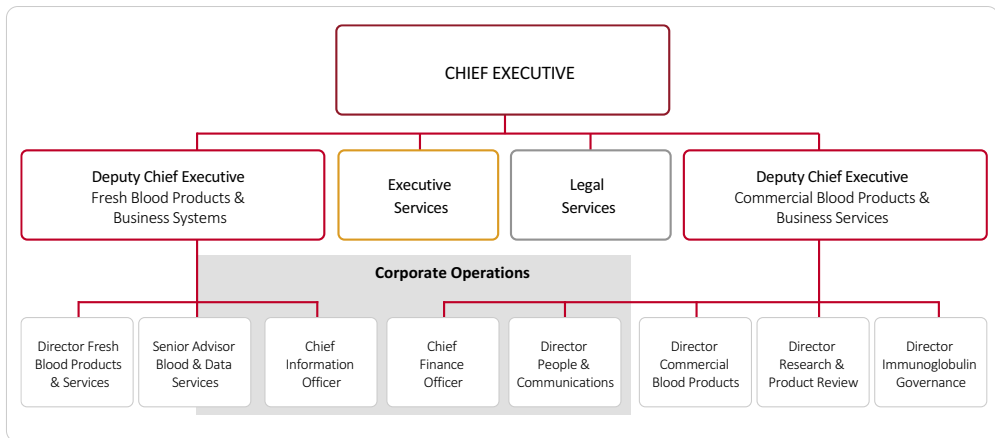
TABLE 1.1 Details of accountable authority during the current report period (2021–22)

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

OUR STAFF AND ORGANISATIONAL STRUCTURE

As at 30 June 2022 the NBA had an average staffing level of 59.99 employees. At this date, it also employed 26 contract staff. Our organisational structure at 30 June 2022 is shown in Figure 1.1.

FIGURE 1.1 NBA organisation as at 30 June 2022



OUR EXECUTIVE MANAGEMENT TEAM

As at 30 June 2022 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 in 2016. He previously held a senior executive position in the Commonwealth Department of Health and Aged Care. 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 procurements, and substantial contracts.

Since commencing with the NBA, Mr Cahill has worked closely with the Australian Red Cross Lifeblood, commercial suppliers, partners and service providers, and 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 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, reform implementation, operations and regulation. She 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 provides executive leadership for three operational teams that work together to contribute to securing the supply of commercial blood products. This includes stewardship of the supply of commercial blood products and services, research and development for emerging and existing products, and the Immunoglobulin (Ig) Governance Program.

Dr Peatt also has responsibility for a range of enabling 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 for services provided by the Australian Red Cross 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 and the national patient blood management program, the development of guidelines, the delivery of the National Haemovigilance Program and the collaboration with the Australian Commission on 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

Commenced national supply arrangements for imported intravenous immunoglobulin (IVIg) to ensure sufficiency of supply in all jurisdictions.

2004-05

Commenced 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.

Won the Prime Minister's Silver Award for Excellence in Public Sector Management for procurement of recombinant (manufactured) products

2006-07

Approved the first edition of the Criteria for the Clinical Use of Intravenous Immunoglobulin in Australia.

2007-08

Implemented the National Blood Supply Contingency Plan (NBSCP) to provide governance for the management of blood shortages.

Launched the redeveloped Australian Bleeding Disorders Registry (ABDR) to better support planning and clinical management of people with bleeding disorders.

2008-09

Established the Australian National Haemovigilance Program for reporting on serious transfusion-related adverse events.

Received the Australian Government Comcover Award for Excellence in Risk Management for the NBSCP.

2009-10

New CSL Australian Fractionation Agreement commenced.

Won a United Nations Public Service Award in the Advancing Knowledge Management in Government category.

2010–11

National rollout of the online blood ordering system BloodNet, allowing health facilities to order blood and blood products quickly, securely and in a standardised way.

Released the first module (Critical Bleeding/Massive Transfusion) of the Patient Blood Management (PBM) Guidelines.

2011–12

Released PBM Guidelines Module 2 Perioperative and Module 3 Medical.

Published the second edition of the Criteria for the Clinical Use of Intravenous Immunoglobulin in Australia.

2012–13

Released PBM Guidelines Module 4 Critical Care.

2013–14

National rollout of the MyABDR app.

Established the National Immunoglobulin Governance Program.

2014–15

Released PBM Guidelines Module 5 Obstetrics and Maternity.

Won ACT iAwards in three categories for innovation in the development of BloodNet interfaces with health provider laboratory information systems.

2015–16

Released PBM Guidelines Module 6 Neonatal and Paediatrics.

Released the National Haemophilia Guidelines, developed with the Australian Haemophilia Centre Directors' Organisation.

Conducted the first National Blood Sector Research and Development Program grant round.

2016–17

Launched the BloodSTAR online system to manage access to the supply of governmentfunded immunoglobulin products across Australia.

Commenced a new Deed of Agreement with the Red Cross Society for Lifeblood services.

2017–18

Commenced the National Fractionation Agreement for Australia with CSL Behring.

Celebrated the 10th anniversary of BloodSafe eLearning and the delivery of more than 1 million courses.

2018–19

Completed the national implementation of BloodSTAR.

Released revised Criteria for the Clinical Use of Intravenous Immunoglobulin in Australia.

2019–20

Implemented supply arrangements for standard half-life and extended half-life recombinant factor VIII and factor IX products.

First pilot Health Technology Assessment for immunoglobulin commenced.

Dealt with the COVID-19 pandemic and its evolving impacts on NBA responsibilities and operations.

Received 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.

Issued *Guideline for the prophylactic use of Rh D immunoglobulin in pregnancy care*.

Modified Ig access criteria to enable supply of intravenous Ig under the national blood arrangements for COVID-19 vaccine-induced immune thrombotic thrombocytopenia.

Improved Australia’s domestic supply of plasma-derived products by overseeing approval for Lifeblood to increase domestic plasma collection by approximately 10 per cent annually.

Increased the supply diversity of Ig products by securing new arrangements for additional Ig products.

2021–22

Negotiated an Output Based Funding Model with Lifeblood, delivering savings of \$160 million to governments.

Impact evaluation of the National Immunoglobulin Governance Program forecast savings to governments of \$2.2 billion over 11 years.

Completed ICT modernisation consisting of migration to Microsoft 365, rollout of new laptops and move to the cloud.

Conducted a major review of processes to optimise the way the annual National Supply Plan and Budget is developed.

Released the National Blood Research and Development Strategic Priorities 2022–27.

Final pilot health technology assessment for immunoglobulin completed.

YEAR AT A GLANCE

KEY ACHIEVEMENTS IN 2021–22

- ◆ Delivery of an uninterrupted supply of blood and blood products that met clinical demand with no activation of the National Blood Supply Contingency Plan required.

- ◆ Governance arrangements for immunoglobulin that kept demand growth at 6.9 per cent, lower than previous annual growth of about 11 per cent, for the fourth consecutive year.

- ◆ Red blood cell wastage reduced to 1.4 per cent in 2021–22, from 1.6 per cent in 2020–21.

- ◆ Continued close and effective partnerships with suppliers of blood and blood products to manage blood arrangements during COVID-19.

- ◆ Commencement of a property redevelopment program to modernise the NBA’s office workspace.

- ◆ Modernised the way NBA staff work through the roll out of Microsoft 365 cloud-based operating system.

- ◆ Implemented new three-year remuneration arrangements for non-Senior Executive Service staff.

- ◆ Introduced NBA’s first graduate entry program.

YEAR AT A GLANCE

SNAPSHOT OF THE BLOOD SECTOR IN 2021–22

DONATING

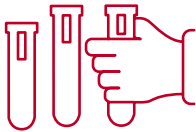


545,257 Total active donors

202,368 Number of plasmapheresis donors

1,563,598 Blood donations

COLLECTING AND PROCESSING



819 Tonnes of plasma collected

76 Fixed collection sites

5 Manufacturing and testing centres

18 Contracts managed by the NBA for the supply of products

ORDERING (BLOODNET)



205,517 Number of BloodNet orders

563 Average number of orders per day

2,521,824 Number of units received by BloodNet facilities

174 Laboratories interfaced with BloodNet

100% National uptake of BloodNet fate module

SUPPLYING



\$708.8m Fresh blood components

\$762.2m Plasma-derived and recombinant products

\$4.7m Diagnostic reagents

ISSUING



664,546 Units of red blood cells issued

140,883 Units of platelets issued

4,650,360 Grams of domestic Ig issued

3,400,653 Grams of imported Ig issued

MANAGING



7,397 Patients registered in ABDR

5.2 Average age (days) of red blood cells at issue

9,370 Discards of red blood cells

1,660 Guideline publications distributed

744,462 Registered users of BloodSafe eLearning

TRANSFUSING



1,750 Patients receiving products for bleeding disorders

23,127 Patients receiving Ig products

1,212 Facilities issued blood in BloodNet

268,447 Unique visitors to NBA website

55 Products provided under the national blood arrangements

BUDGETING



\$1,468.0m Government funding for product supply

\$9.8m Operational funding

\$25.9m Savings to governments

\$712.2m Funding returned to governments over the past nine years

CHIEF EXECUTIVE REVIEW



The vision of the National Blood Authority (NBA) is *Saving and improving Australian lives through a world-class blood supply*. This is far from being an abstract concept, as the patient stories presented in this annual report remind us. Every one of the Australians whose lives were saved or improved by the use of blood or blood-related products this year has a compelling story of their own. This is what makes our work such a privilege and our responsibility so great.

Thank you to Lyn, Bianca, Jackie and Andrew for taking the time and effort to share the transformative difference blood-related products have made to their lives. Their insights highlight the direct impact of the NBA and all those involved in the blood sector in Australia – donors, suppliers, healthcare providers, hospitals, researchers, governments and others.

The achievements of the NBA over the past year must again be viewed through the lens of COVID-19. In the first part of 2021–22 we experienced the first sustained lockdown in Canberra, where the NBA is based, requiring us to find different ways to operate effectively with minimal in-person contact over several months. We succeeded in developing a remote form of collaboration that enabled us to continue delivering our outcomes. We focused on open channels of communication, making sure everyone had the latest information and checking in with each other frequently. This was essential both for staff wellbeing and for our collective performance as a small agency accustomed to working closely together face to face. We used the opportunity to explore different ways of working, supported by new ICT infrastructure enabling increased efficiency of our operations that will continue in the years to come.

In 2022 we began our gradual return to the office, guided by a transition plan that prioritised staff safety. Throughout the year we monitored public health advice and adjusted advice to staff accordingly. We implemented contact tracing protocols to identify staff with high or moderate exposure to COVID-19 and managed those risks appropriately.

In the second half of 2021–22 the NBA commenced a property redevelopment program which will transform our office in Canberra into a modern space with greater connectivity. This environment will facilitate collaboration in a COVID-safe way, with improved ventilation and the ability to social distance while at work, and will provide a better and more productive workplace for our staff.

In 2021–22 the NBA prioritised providing better tools and support for staff. We rolled out the Microsoft 365 cloud-based operating system and issued new laptops to all staff, providing a consistent, secure and integrated system across the agency. Our new corporate ICT environment has facilitated a more mobile and flexible working environment and allowed us to communicate and collaborate more effectively.

I am pleased to see staff continuing to report positively about working in the NBA. The 2022 Australian Public Service employee census results show that NBA staff remain engaged with their work, despite a year of challenge and uncertainty, and continue to value their senior executive leaders and their supervisors.

The COVID-19 pandemic has affected the demand and supply of blood and plasma, both in Australia and globally. The challenges are not unique to Australia. There is clear evidence of similar experiences in many other countries, including the US, the UK, Canada and Germany. Also evident globally is a more active inventory dynamic for red blood cell products and commercial plasma-derived products. Pressures on supply chain logistics, as well as broader global demand and supply issues for immunoglobulin (Ig) products, require the NBA to continue to work extremely closely with suppliers and others to manage supply security for Australian patients. Australia is in a stronger position than many comparable countries. There has been no overall shortage of blood or blood-related products, and no circumstance warranting formal activation of the National Blood Supply Contingency Plan.

To manage the challenges that have emerged throughout the pandemic and increase supply security, the NBA has worked even more closely with Australian Red Cross Lifeblood (Lifeblood) and commercial suppliers to ensure clinical demand is being met. This work includes diversifying and increasing the number of contracts for imported products; more actively managing emerging pressures through closer engagement with Lifeblood, other suppliers, health providers and state and territory governments; and supporting measures to significantly increase the blood donor panel, including through a major advertising campaign.

In 2021–22 the NBA commissioned an external review to examine the process for developing the annual National Supply Plan and Budget (NSB&P) and to identify opportunities to strengthen the accuracy, timeliness and robustness of data and information to support NSB&P decision making. The NBA is now implementing the recommended improvements, which will provide Australian governments with better information on which to base decisions about national supply together with annual budgets now approaching \$1.6 billion.

The NBA continues to manage the growth in demand for plasma-derived products through clinical guidance and governance arrangements, ensuring the most appropriate clinical use and management of these precious and costly products for patients who genuinely need them. A recent review by PricewaterhouseCoopers found the NBA's National Immunoglobulin Governance Program is managing the appropriate use of Ig effectively and achieving potential savings to governments of some \$2.2 billion by 2030–31. In 2021–22 the NBA initiated a review of the National Subcutaneous Immunoglobulin (SCIg) Program with the intention of identifying ways to overcome barriers to uptake of the program and inform its future direction.

At times when the supply of blood and blood-related products is challenged, as it is by the impacts of COVID-19, effective use and management of blood products is vital to ensuring a sustainable supply. In 2021–22 the NBA undertook a range of activities to improve both patient blood management and blood product management. This included:

- developing and piloting educational and promotional materials that support the safe and efficient use of blood and blood products
- initiating the development of a blood tracking framework for the blood sector
- completing analysis of blood and blood product issue, transfer and discard patterns, and developing recommendations arising from this work.

A significant partnership for the NBA is our relationship with Lifeblood. Through a Deed of Agreement between the NBA (on behalf of all Australian governments) and the Australian Red Cross Society (represented by Lifeblood), Lifeblood collects, processes and supplies fresh blood products and services and plasma for fractionation.

In 2021–22 we saw a change in the leadership of Lifeblood, with Chief Executive Shelly Park leaving in February 2022 after almost six years at the helm. Shelly and I worked closely together over my term as Chief Executive of the NBA. During her time at Lifeblood, she oversaw the rebranding of the Australian Red Cross Blood Service to Lifeblood. She also led Lifeblood's transformation of its donor experience and initiated an ambitious and strategically vital program to ensure a secure and efficient supply of plasma. I am grateful that Shelly's and my periods as Chief Executives have overlapped so significantly and that our respective roles have been so productive.

I look forward to working with Adjunct Professor Stephen Cornelissen, who started recently as Lifeblood's new Chief Executive. Stephen has an extensive background in the public, not-for-profit and private sectors, with comprehensive experience in health and community-based services. I am confident we will continue the very constructive and successful relationship between the NBA and Lifeblood in achieving a safe, secure, sustainable and affordable supply of blood and blood products in Australia.

I thank the NBA Board for the wisdom, guidance and advice it again provided throughout 2021–22. The Board received regular updates and took a close interest in our response to the challenges we faced during the year. It strongly supported the implementation of our strategic and operational plans and provided valuable advice on key strategic issues informing the development of future programs and plans. This included significant input into developing the National Blood Research and Development Strategic Priorities 2022–27. The Board provided great support for the modernisation of the NBA's ICT systems and infrastructure. It is also a strong supporter of our new five-year ICT strategy, which includes funding and developing the next iteration of national blood sector systems.

Most importantly, I recognise the staff of the NBA, who adapted to a constantly changing work and service delivery environment with professionalism and good humour even while working through COVID-19 lockdowns. It is thanks to their professionalism, agility and commitment that we have continued to achieve our goal of delivering a safe, secure and affordable supply of blood, blood products and blood services.

Thank you all. It is a pleasure to lead an organisation with such dedication to improving the lives of Australians.

PROFESSOR CHRIS BROOK

The NBA experienced a profound loss when Professor Chris Brook PSM, a long-term member of the National Blood Authority Board, passed away on 4 May 2022.

Professor Brook was a highly valued member of the NBA Board. A jurisdictional member for two terms, 2003–2007 and 2011–2022, he served on the Board longer than any other member and was always an active and highly effective contributor, friend, colleague, mentor and holder of much ‘corporate memory’. His deep knowledge and experience were always valuable to Board deliberations. He was articulate and insightful, often provocative, always collaborative and constructive, and always motivated by the best interests of patients and the Australian blood sector.

A key driver and supporter of many blood sector reforms over more than two decades, Professor Brook contributed enormously on a wide range of policy and operational blood sector issues. As a member of the Blood Review Implementation Steering Committee, he guided the implementation of the recommendations of the Review of the Australian Blood Banking and Plasma Product Sector (the ‘Stephen Review’) and the drafting and negotiation of the National Blood Agreement and the *National Blood Authority Act 2003*.

Among his many other contributions, Professor Brook was a member of the working group which developed the arrangements for full national funding for access to recombinant clotting factor products for all haemophilia patients in Australia. He co-authored the *Towards better, safer blood transfusion* report for the Australian Council for Safety and Quality in Health Care – a catalyst for the highly successful national programs for patient blood management and haemovigilance and for the inclusion of a Blood Management Standard in the National Safety and Quality Health Service Standards.

We acknowledge and thank Professor Brook for his enormous contributions to public policy, operations and health management issues generally, and to the blood sector. He will be fondly remembered for these many contributions, as well as for his collegiality, bonhomie and dry wit. He will be missed.



John Cahill
Chief Executive

NBA BOARD AND REPORT

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

The Board usually meets quarterly to consider, as appropriate, key issues facing the 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 agency. Some Board Members also participate in other NBA committees to contribute on specific issues related to their expertise.

Board Members are appointed by the Commonwealth Health Minister following consultation with the states and territories. The Board's functions are:

- ◆ to consult with the Minister about the appointment of the Chief Executive
- ◆ to advise 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

As at 30 June 2022, the NBA Board membership comprised:

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

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

YEAR IN REVIEW

The NBA Board is pleased to report that, despite the impacts of the COVID-19 pandemic, there was no interruption to the national supply of blood and blood-related products during 2021–22.

This is a testament to the professionalism and dedication of all staff to deliver the NBA's core business, to ensure Australia's supply of blood, blood products and blood services remain safe, secure, sustainable and affordable. The NBA could not have succeeded without strong partnerships and collaboration with Australian Red Cross Lifeblood, with its commercial partners and suppliers, and with governments, clinicians, patients and experts.

The Board met three times during 2021–22 to consider issues regarding the blood sector and the work of the NBA. Board discussions included:

- ◆ blood inventory issues
- ◆ the impact evaluation of the National Ig Governance Program
- ◆ the future of blood sector systems
- ◆ issues and complex challenges faced by the Commercial Blood Products team
- ◆ the National Blood Sector Research and Development Program
- ◆ implementing the recommendations made by the Auditor-General in 2020–21.

Over the year, the NBA Chief Executive and his staff provided regular advice and updates to the Board regarding the impacts of the COVID-19 pandemic.

In particular, the Board received several presentations and discussed issues and pressures affecting blood inventory management, the complexity of contract and supply management across domestic and imported products, and the measures in place to monitor and manage these challenges.

The Board considered and provided input into developing the National Blood Research and Development Strategic Priorities 2022–27. These priorities are meaningful to the blood sector, creating a framework to promote efficiencies in research and development in Australia and deliver better patient and donor outcomes while ensuring value for money for the Australian community.

The Board has strongly supported the NBA's commitment to modernise its critical information and communications technology systems and infrastructure. A significant achievement was the migration of the corporate environment to a cloud-based, Microsoft 365 desktop solution. Pleasingly, other work undertaken over the year has vastly improved the critical digital systems and infrastructure and the NBA's cyber security posture.

The Board is also highly supportive of the ICT strategy that will guide the NBA's activities and investment over the next five years. The strategy includes investing in and securing long-term funding arrangements for the next iteration of the blood sector systems that are at or approaching end of life.

To ensure strong operational performance, the Board also provided advice on the NBA's corporate and organisational arrangements, priorities of its work program, and risk management. Advice provided by the Board included input on:

- the 2022–23 Corporate Plan and Business Plan, including future strategic priorities
- employee health, safety and wellbeing management
- the NBA average staffing level
- the response to the 2021 APS employee census.

The NBA continues to demonstrate its collaborative relationship with Lifeblood. As Board Chair, I would like to acknowledge the former Chief Executive Officer of Lifeblood Ms Shelly Park for her stewardship, her strong leadership and the significant contributions she has made to patients, blood donors, blood sector stakeholders, governments and the Australian community more broadly over her six-year tenure.

The Board welcomes Adjunct Professor Stephen Cornelissen, who commenced as Chief Executive Officer of Lifeblood in June 2022. The Board and I look forward to working with Professor Cornelissen and members of the Lifeblood Board to successfully deliver Australia's national blood arrangements.

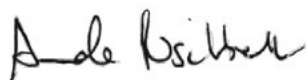
I thank all my fellow members of the Board for their ongoing support, advice and contributions on all matters considered throughout the year.

In early May 2022 we were deeply saddened by the loss of our highly valued Board colleague Professor Chris Brook PSM.

Professor Brook's involvement in and support for the blood sector preceded the establishment of the NBA. He was a member of the steering committee guiding the drafting and negotiation of the National Blood Agreement and the *National Blood Authority Act 2003*.

Professor Brook was a key driver and supporter of many blood sector reforms and contributed enormously to many issues affecting the blood sector.

Professor Brook served on the NBA Board longer than any other member. He brought much value personally and professionally to the work of the NBA and for all Australians with his wise counsel, pragmatic advice, and deep knowledge and experience of the blood and health sectors.



Amanda Rischbieth

Chair

National Blood Authority Board

ACKNOWLEDGEMENTS

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

We are grateful for the generous contributions of time and effort we again received from clinical experts, community and patient representatives and others, especially at a time of 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. Those who provided advice on a variety of topics, including clinical issues and patient perspectives, information technology systems used by patients and clinicians, and the governance of our organisation, include the following:

CLINICAL ISSUES AND PATIENT PERSPECTIVES

- ◆ Patient Blood Management Guidelines clinical and 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
- ◆ 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

BALANCING SUPPLY AND DEMAND IN A CHALLENGING ENVIRONMENT

The environment for the supply and demand of blood and blood products continued to be highly dynamic during 2021–22. This was caused by the fluctuating impacts of the COVID-19 pandemic both within Australia and internationally. The impacts of COVID-19 were compounded by Australia's cold and flu season and significant flooding from heavy rainfall in some locations. These events caused supply chain and logistics issues and changes in demand for health care and blood donor behaviour. Ultimately they resulted in pressure being placed on blood and blood product inventory levels. Despite these challenges, clinical demand was met in 2021–22 without interruption.

To ensure clinical demand was met, the NBA increased its engagement with suppliers and health providers. The NBA also more intensively monitored and forecast supply and demand across fresh blood and commercial blood products.

The National Blood Supply Contingency Plan exists to provide a safety net in case of a serious supply shortage. There was no need to activate this plan in 2021–22, despite the effects of COVID-19 on supply chains, logistics and donations.

FRESH BLOOD PRODUCTS

The NBA continued to work closely with Red Cross Lifeblood (Lifeblood) in 2021–22 to manage blood supply risks.

In addition to the health and isolation impacts of COVID-19, the cold and flu season, and significant flooding events in eastern Australia, challenges to the supply of fresh blood products emerged from changes in donor behaviour. We saw higher numbers of cancelled donor appointments, a reduction in appointment bookings, and reduced attendance at appointments. Lifeblood was required to periodically shift plasma donors to whole blood donations to ensure supply could meet demand. Similar impacts have been experienced by Lifeblood's international counterparts.

The NBA and Lifeblood increased engagement on these issues with state and territory health departments and Australian health providers (AHPs). This reinforced messaging on blood supply and inventory levels and greater awareness of the need to manage demand for fresh blood products, such as through monitoring increases in elective surgery.

On the supply side, the NBA supported increased media activity by Lifeblood and large-scale donor recruitment campaigns to raise awareness of the need for more blood donors.

Despite these challenges, overall national blood inventory levels remained above the formal activation level of the National Blood Supply Contingency Plan throughout the year.

COMMERCIAL BLOOD PRODUCTS

In 2021–22 the NBA was able to leverage its diverse arrangements with commercial suppliers to secure the supply of immunoglobulin products and enable continued patient treatment despite supply challenges caused by reduced plasma collection, logistics and supply chain issues.

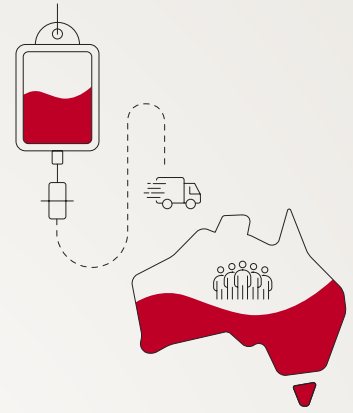
The NBA has access to a range of Ig products from multiple suppliers that are sourced domestically and globally. These arrangements have measures to support access for Australian patients including maintenance of reserves, minimum supply volumes and delivery performance measures. Our arrangements with international suppliers are important to enable Australia to access products in a global competitive market that is constrained by finite products and production limitations.

In 2021–22 the NBA engaged more closely with commercial suppliers to understand and monitor supply chain pressures to ensure Australia remained well placed to access products to meet clinical demand.

The NBA's efforts to understand supply pressures intensified in 2021–22. This included partnered forecasting, increasing the frequency of contract management meetings, and a greater focus on communications around logistical and production issues and, importantly, fluctuation in domestic and global plasma collection. This intensive engagement enabled the NBA to identify early opportunities to access the right volume across the range of available products to meet demand.

To enable patients to continue to receive appropriate treatment, the NBA more actively managed the allocation of Ig products for existing and new patients according to the availability of domestic and international products at various points throughout the year. This involved close collaboration with patient groups, clinical experts and advisors, and Lifeblood to ensure any changes in product allocations occurred with minimal impact and risk to patients. These adjusted allocations were delivered through BloodSTAR and supported by early and clear communication with clinicians, patient groups and AHPs

PART 2



ANNUAL PERFORMANCE

Annual Performance Statements

Strategy 1: Provide a safe, secure and affordable supply of blood and blood-related products and services

Strategy 2: Drive performance improvement in the Australian blood sector

Strategy 3: Promote a best practice model of the 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

BIANCA'S STORY

Nathan and I have two inquisitive, adventurous and mischievous children, our son aged 11 and daughter aged 8. Oliver was a miserable baby, suffering from reflux and food allergies, and often was unable to sleep for longer than an hour due to his severe pain. He was then a very unwell toddler, suffering regularly from viruses and recurrent ear and chest infections. Mya also suffered with reflux and food allergies but was a happier baby. She also suffered with recurrent illnesses, with many ear infections. Their childhood illnesses mirrored my own. I remember regular visits to my local GP, lots of antibiotics, lots of days off from school unwell and regular doses of ghastly cod liver oil in an attempt by Mum to keep me healthy!

In 2019 Oliver became very unwell with a skin infection. One school sore escalated into a large skin infection and it took seven weeks of antibiotics, antibiotic cream, steroid cream, oral steroids and antibiotic wash for his immune system to fight off this infection. This led to me demanding, for the third time in his life, a referral to the paediatrician for investigation of his immune system.

Our next step was a paediatric immunologist. Armed with Oliver's medical history, which included a typed document outlining every illness that he had suffered in the last 12 months, we travelled to Brisbane. Within 30 minutes of our appointment with the paediatric immunologist, she queried a family history of immune deficiency and suggested a referral for Oliver to the Children's Hospital for a case review. Genetic testing revealed that both my children and I have an NFKB2 gene variant that is the cause of our primary immunodeficiency (PI). In January 2020 we all received our PI diagnosis, and four months later, in the middle of the COVID-19 pandemic, we began subcutaneous immunoglobulin infusions (SCIg).



SCIg treatment has had a significant positive impact on our health. We are very excited to say the children have achieved an excellent level of health, both now tracking well for their height and weight. The children have gone from almost constant antibiotics to on average one course every six months. This is the first time in the children's lives they have had a break from constant illness and antibiotics. There has also been a positive impact academically for both children. Prior to treatment, the children were often unwell and missed many days of school, which was negatively impacting on their education.

We are so very grateful for the amazing immunology and allergy team at the Children's Hospital, who have provided the most excellent medical care for our children. We are so appreciative of every person who donates blood and would like to say thank you to all Australian blood donors! I am also so thankful to have found the Immune Deficiencies Foundation Australia (IDFA) and credit our regular involvement in their activities for helping me feel less isolated and alone in our medical journey.

Facilitated by Immune Deficiencies Foundation Australia

ANNUAL PERFORMANCE STATEMENTS

The performance reporting format for the National Blood Authority (NBA) for 2021–22 reflects the annual performance statement structure set out in the relevant Department of Finance guidelines (Resource Management Guide No. 135 *Annual reports for non-corporate Commonwealth entities*).

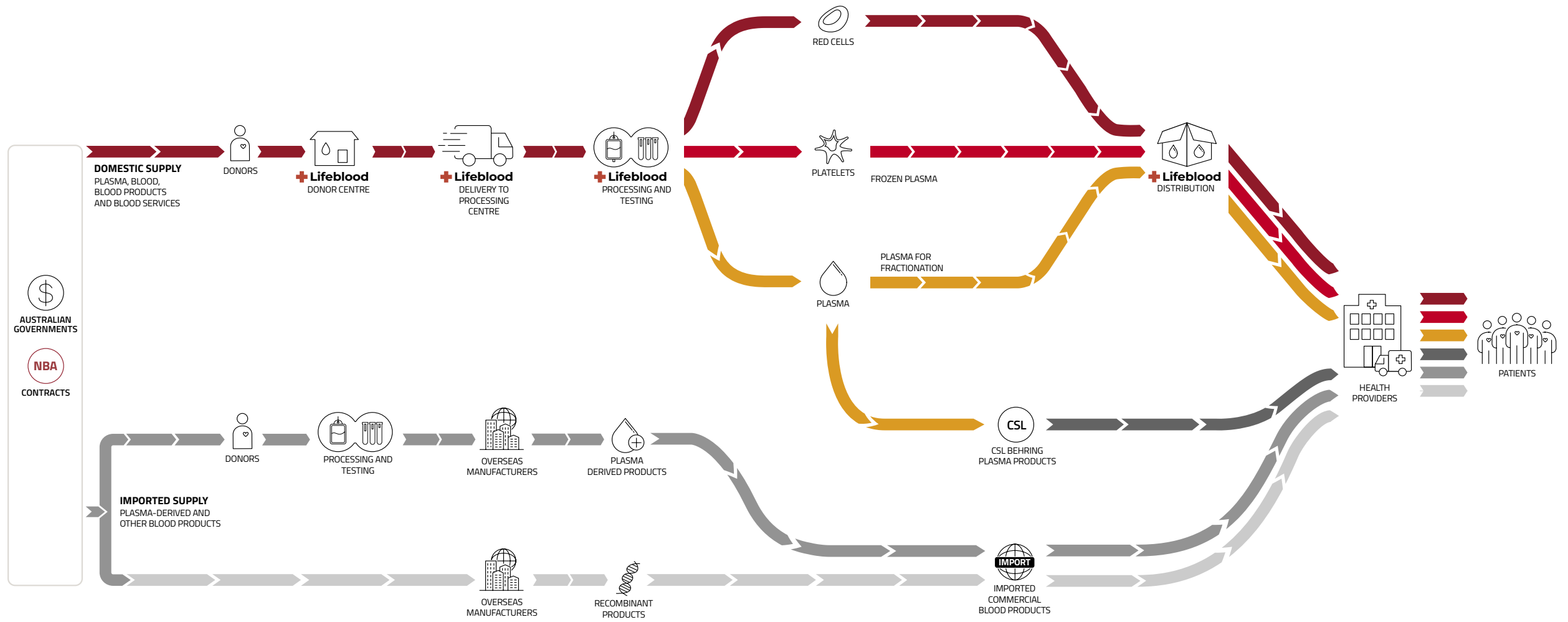
ACCOUNTABLE AUTHORITY STATEMENT

As the accountable authority of the National Blood Authority, I present the 2021–22 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.

A handwritten signature in black ink, appearing to read 'John Cahill', with a horizontal line underneath.

John Cahill
Chief Executive
National Blood Authority

THE JOURNEY OF BLOOD



INTRODUCTORY STATEMENT

As required under the PGPA Act, this part of the annual report outlines the NBA's actual performance results against the planned performance criteria set out in the Health Portfolio Budget Statements 2021–22 (PBS) and the NBA's Corporate Plan for 2021–22.

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.

PERFORMANCE FRAMEWORK

In pursuing its vision in 2021–22, the NBA worked to deliver against the outcome, program and performance measures outlined in the 2021–22 PBS. The NBA did this through the three objectives and five strategies articulated in our Corporate Plan 2021–22 to 2024–25.

PROGRAM

Program 1.1: National Blood Agreement Management

The NBA works to save and improve Australian lives through a world-class blood supply that is safe, secure, affordable and well-managed.

OBJECTIVES

- ◆ Secure the supply of blood and blood products
- ◆ Improve risk management and blood sector performance
- ◆ Promote the safe and efficient use of blood and blood products

STRATEGIES

1. Provide a safe, secure affordable supply of blood and blood-related products and services
2. Drive performance improvements in the Australian blood sector
3. Promote a best practice model of the management and use of blood and blood-related products and services
4. Develop policy and provide policy advice on the sustainability of the blood sector
5. Be a high-performing organisation

These strategies align with the performance measures in the PBS as shown in Table 2.1.

TABLE 2.1 Alignment of PBS performance measures with Corporate Plan strategies

PERFORMANCE MEASURES (PBS)	2021–22 TARGETS (PBS)	STRATEGIES (CORPORATE PLAN)
A safe, secure and affordable supply of blood and blood-related products for Australia	<p>Blood and blood-related products are available to meet clinical requirements.</p> <p>Events that activate the National Blood Supply Contingency Plan, if any, are managed effectively and efficiently by the NBA.</p> <p>Multiple contracts from diverse sources for relevant blood products are in place and managed to ensure security of supply.</p>	Strategy 1: Provide a safe, secure affordable supply of blood and blood-related products and services
The supply outcome is within 5% of the National Supply Plan & Budget approved by governments	<5% variation	Strategy 1: Provide a safe, secure affordable supply of blood and blood-related products and services
Appropriate access and use of immunoglobulin (Ig), as indicated by clinical demand against approved access criteria	<9% growth in Ig demand under approved criteria	Strategy 1: Provide a safe, secure affordable supply of blood and blood-related products and services
National performance reporting and benchmarking across the Australian blood sector	Publish performance reporting and benchmarking information on the NBA website for the blood sector community	Strategy 2: Drive performance improvements in the Australian blood sector
		Strategy 3: Promote a best practice model of the 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

SUMMARY OF OVERALL PERFORMANCE

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 the 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.

The NBA's performance results for 2021–22 are summarised in Table 2.2. The performance criteria in this table are the key performance indicators (KPIs) from the 2021–22 Corporate Plan. For KPIs that have associated performance targets in the 2021–22 PBS, the PBS target is also specified.

TABLE 2.2 Summary of results against performance criteria

STRATEGY 1: PROVIDE A SAFE, SECURE AND AFFORDABLE SUPPLY OF BLOOD AND BLOOD-RELATED PRODUCTS AND SERVICES	
Availability of blood and blood-related products meets clinical demand (PBS target: Blood and blood-related products are available to meet clinical requirements)	Met
Multiple contracts from diverse sources for relevant blood products are in place and well-managed (PBS target: Multiple contracts from diverse sources for relevant blood products are in place and managed to ensure security of supply)	Met
Appropriate access and use of Immunoglobulin (Ig), as indicated by clinical demand against approved access criteria (PBS target: <9% growth in Ig demand under approved criteria)	Met
Collection and production yield for domestic immunoglobulin is maximised	Met
Discards as a percentage of net issues of red blood cells are less than 2.5%	Met
Supply outcome is within 5% of the National Supply Plan and Budget approved by governments (PBS target: <5% variation)	Met
STRATEGY 2: DRIVE PERFORMANCE IMPROVEMENT IN THE AUSTRALIAN BLOOD SECTOR	
Publish performance reporting and benchmarking information on the NBA website for the blood sector community (PBS target: Publish performance reporting and benchmarking information on the NBA website for the blood sector community)	Met
Data is published each year for Ig and clotting factor usage	Partially met
Continue product utilisation reviews	Met
Support improvements for the use and management of Ig products	Met
STRATEGY 3: PROMOTE A BEST PRACTICE MODEL OF THE MANAGEMENT AND USE OF BLOOD AND BLOOD-RELATED PRODUCTS AND SERVICES	
Sustained improvements in the management and use of blood products through:	
◆ continued reduction in blood wastage	Met
◆ improved clinical guidelines, clinical practice tools and resources developed and promoted	Partially met
◆ increased publications linked to NBA grants	Met
◆ criteria for appropriate access and use of Ig in Australia responsive to good quality information, evidence and clinical advice	Met
STRATEGY 4: DEVELOP POLICY AND PROVIDE POLICY ADVICE ON THE SUSTAINABILITY OF THE BLOOD SECTOR	
New Output Based Funding Model in place	Met
Effective advice provided by the NBA to support policy decisions on the sustainability of the blood sector	Met
Health technology assessments are completed and inform modifications to Ig policy and access criteria as required	Met

STRATEGY 5: BE A HIGH-PERFORMING ORGANISATION

NSP&B agreed by governments	Met
New workplace arrangement for NBA staff in place	Met
Better work environment for NBA staff provided	Met
NBA remains an employer of choice with a staff engagement score of 75% or more	Met
A safe and healthy working environment is maintained with a reportable incident rate of less than 2%	Met
Staff completion of mandatory annual online learning and development modules by not less than 90% of staff	Partially met

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.

Ensuring an adequate, safe, secure, and affordable supply of blood and blood products requires the NBA to closely monitor and manage key issues, anticipate challenges and recognise and pursue opportunities. This includes issues relating to the clinical environment and its impact on the demand for blood and blood products, supply dynamics, the development of new products and services, the evolution of existing products and services, variability in product usage, the state of clinical knowledge and associated research and development.

TABLE 2.3 Key performance indicators: Provide a safe, secure and affordable supply of blood and blood-related products and services

SUMMARY OF RESULTS AGAINST 2021–22 KEY PERFORMANCE INDICATORS	
Availability of blood and blood-related products meets clinical demand	Met Blood and blood products were available to meet clinical demand. There were no events that activated the National Blood Supply Contingency Plan.
Multiple contracts from diverse sources for relevant blood products are in place and well-managed	Met In 2021–22 the NBA managed 18 blood and blood product supply contracts and arrangements.
Appropriate access and use of Immunoglobulin (Ig), as indicated by clinical demand against approved access criteria	Met In 2021–22 the rate of growth of Ig use was 6.9%.
Collection and production yield for domestic immunoglobulin is maximised	Met
Discards as a percentage of net issues of red blood cells are less than 2.5%	Met Discards as a percentage of net issues of red blood cells was 1.4%.

SUMMARY OF RESULTS AGAINST 2021–22 KEY PERFORMANCE INDICATORS

Supply outcome is within 5% of the National Supply Plan and Budget approved by governments

Met

Actual results were 1.7 per cent (\$25.9 million) 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.

The NBA continued to closely monitor the supply of blood and blood products to Australia and mitigated risk issues in response to COVID-19.

Performance criteria source: Health Portfolio Budget Statements 2021–22, pp. 311–312; NBA Corporate Plan 2021–22 to 2024–25, p. 22.

DELIVERY OF STRATEGY 1

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.

The NBA was able to meet all 2021–22 key performance indicators.

NATIONAL SUPPLY PLAN AND BUDGET

A key element of the NBA's role in ensuring security of supply is to develop, coordinate and monitor the annual National Supply Plan and Budget (NSP&B), including obtaining annual approval from Health Ministers.

This is achieved by:

- ◆ developing a national estimate of product demand for the year
- ◆ liaising with states and territories to refine the estimated demand for products
- ◆ collecting and distributing data on products issued and reporting to jurisdictions on variations to the approved supply plan
- ◆ intensively managing products to meet clinical demand if they are in short supply.

PERFORMANCE AGAINST THE 2021–22 NSP&B

Throughout 2021–22, products were supplied to meet clinical demand, and supply risks were effectively managed.

The approved budget for 2021–22, covering supply and management of blood and blood products and services under contract, was \$1,487.95 million. Of this, \$732.05 million was allocated for fresh blood products and plasma collection, and \$734.33 million for plasma-derived and recombinant products. A budget of \$21.58 million was provided for activities supporting the appropriate use and management of blood, blood products and blood-related services. This included:

- ◆ printing and distribution of Patient Blood Management Guidelines
- ◆ administering the Australian Bleeding Disorders Registry (ABDR)
- ◆ maintaining the Australian Haemophilia Centre Directors' Organisation (ACHDO)
- ◆ funding BloodSafe eLearning
- ◆ managing immunoglobulin (Ig) governance arrangements
- ◆ maintaining and enhancing blood sector ICT systems
- ◆ conducting assessment and review of blood products
- ◆ maintaining the day-to-day operations of the NBA.

Table 2.4 shows actual expenditure on blood and blood products from 2017–18 to 2021–22, by product type and by supplier.

TABLE 2.4 Blood and blood products purchased by product category 2017–18 to 2021–22

SUPPLIER	PRODUCTS PURCHASED	2017–18 (\$M)	2018–19 (\$M)	2019–20 (\$M)	2020–21 (\$M)	2021–22 (\$M)
Australian Red Cross Lifeblood	Fresh blood products	620.69	667.94	651.50	698.46	708.83
CSL Behring (Australia) Pty Ltd	Domestic plasma products	273.64	263.02	269.56	302.73	325.92
	Imported plasma and recombinant products	14.11	17.52	23.11	44.48	47.71
	Imported IVIg*	88.86	116.91	134.42	155.93	176.39
Takeda Pharmaceuticals Australia Pty Ltd (formerly Shire Australia Pty Limited)	Imported plasma and recombinant products	34.25	39.11	37.09	18.70	11.10
	Imported IVIg	0.00	0.00	0.00	2.93	3.30
Roche Products Pty Ltd	Emicizumab (bifunctional monoclonal antibody)	0.00	0.00	0.00	25.74	59.05
Pfizer Australia Pty Ltd	Imported plasma and recombinant products	49.43	37.56	36.60	13.58	10.27
Novo Nordisk Pharmaceuticals Pty Ltd	Imported plasma and recombinant products	35.28	35.57	36.73	32.91	28.37
Sanofi-Aventis Australia Pty Ltd	Imported plasma and recombinant products	3.68	19.72	21.28	21.00	22.67
Octapharma Pty Ltd	Imported IVIg	0.00	0.00	0.00	2.98	34.07
Grifols Australia	Imported IVIg	44.72	38.70	44.87	46.80	43.29
	Diagnostic reagent products	0.37	0.38	0.36	0.40	0.47
Paragon Care Group Australia Pty Ltd (formerly Immulab Pty Ltd)	Diagnostic reagent products	3.44	3.00	2.98	3.04	2.98
Ortho-Clinical Diagnostics (Johnson & Johnson Medical Pty Ltd)	Diagnostic reagent products	0.71	0.79	0.81	0.71	0.62
Bio-Rad Laboratories Pty Ltd	Diagnostic reagent products	0.28	0.54	0.58	0.58	0.66
Total purchases of blood and blood products		1,169.46	1,240.77	1,259.89	1,370.98	1,475.70

* IVIg = intravenous immunoglobulin.

CONTRACT MANAGEMENT TO SECURE SUPPLY

Effective contract management is essential to the NBA's success in securing supply of blood, blood-related products and blood-related services.

Contracts are developed in accordance with the Commonwealth Procurement Rules and are managed in accordance with best practice guidance for contract management, including the Department of Finance guideline on developing and managing contracts.

In 2021–22 the NBA managed 18 blood and blood product supply contracts and arrangements.

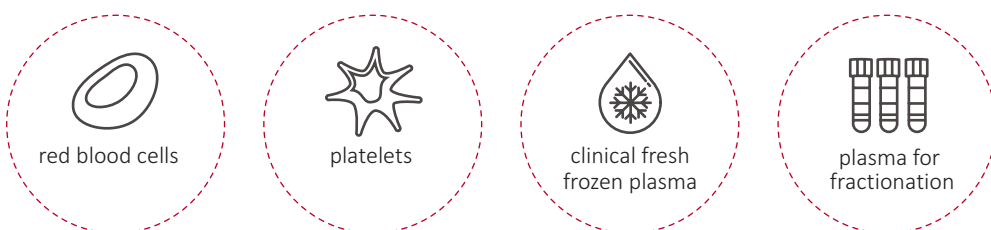
To secure the supply of fresh blood products nationally, the NBA manages a Deed of Agreement between the Australian Red Cross Society, represented by the Australian Red Cross Lifeblood, and the Commonwealth of Australia.

To secure Australia's supply of plasma and recombinant products, the NBA managed 17 contracts with commercial suppliers in 2021–22, including:

- ◆ the National Fractionation Agreement for Australia (NaFAA) with CSL Behring (Australia) Pty Ltd (CSL Behring)
- ◆ contracts for the provision of imported Ig, imported recombinant factors VIIa, VIII, IX and XIII, and other imported plasma and recombinant products from commercial suppliers
- ◆ standing offer arrangements for red cell diagnostic reagent products.

FRESH BLOOD PRODUCTS

The fresh blood products supplied in 2021–22 are summarised in Appendix 3. The four main products were:



The Deed of Agreement 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 trend in fresh blood expenditure summarised in Table 2.5 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.

Key factors that influenced growth in 2021–22 include:

- increased demand for red blood cells that continues to be related to the impacts of COVID-19 on health management arrangements
- annual price indexation of 1.95 per cent.

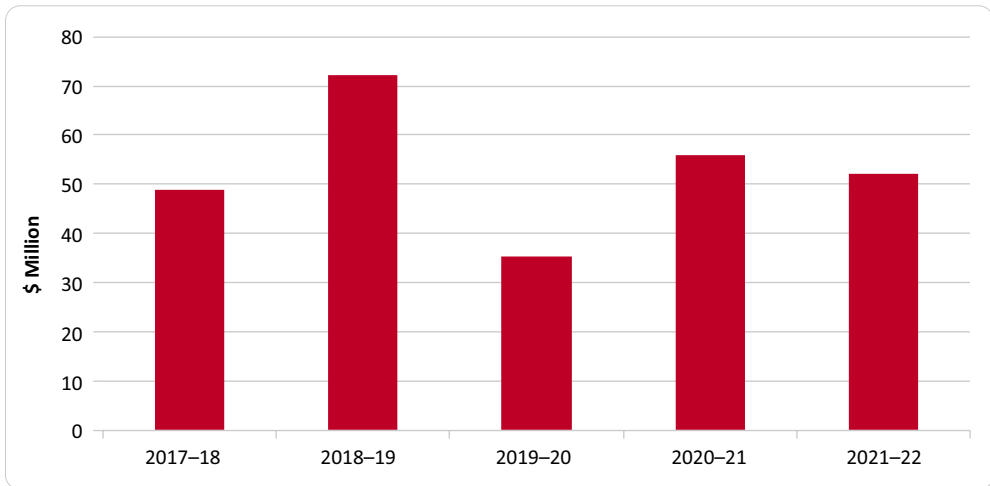
TABLE 2.5 Fresh blood expenditure since 2012–13

YEAR	AMOUNT (\$M)	GROWTH (%)
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
2021–22	708.8	1.5
Total	6,197.7	3.1

The expenditure growth summarised in Table 2.5 has been absorbed within the annual budget funding approved by governments. Continuous improvements and efficiencies in Lifeblood’s operations have enabled Lifeblood to return operating savings to governments. The cost of fresh blood products issued under NBA arrangements in 2021–22 totalled \$680.0 million, against a budget of \$732.0 million. The savings to governments in 2021–22 totalled \$52.1 million. The key reasons for this are:

- The collection of plasma for fractionation fell short of the 2021–22 target – 819.4 tonnes were supplied during the year, against a target of 971 tonnes. This shortfall is primarily due to the impacts of COVID-19, which resulted in Lifeblood needing to switch plasma donations to whole blood donations.
- Lifeblood returned an operating surplus of \$23.8 million to government, as highlighted in Figure 2.1. This was the result of continuous improvements and efficiencies in Lifeblood’s operations. The total surplus for 2021–22 was \$28.8 million. However, the NBA approved a proposal submitted by Lifeblood under the funding arrangements to retain \$5 million of the surplus to support various activities focused on growing the donor panel.

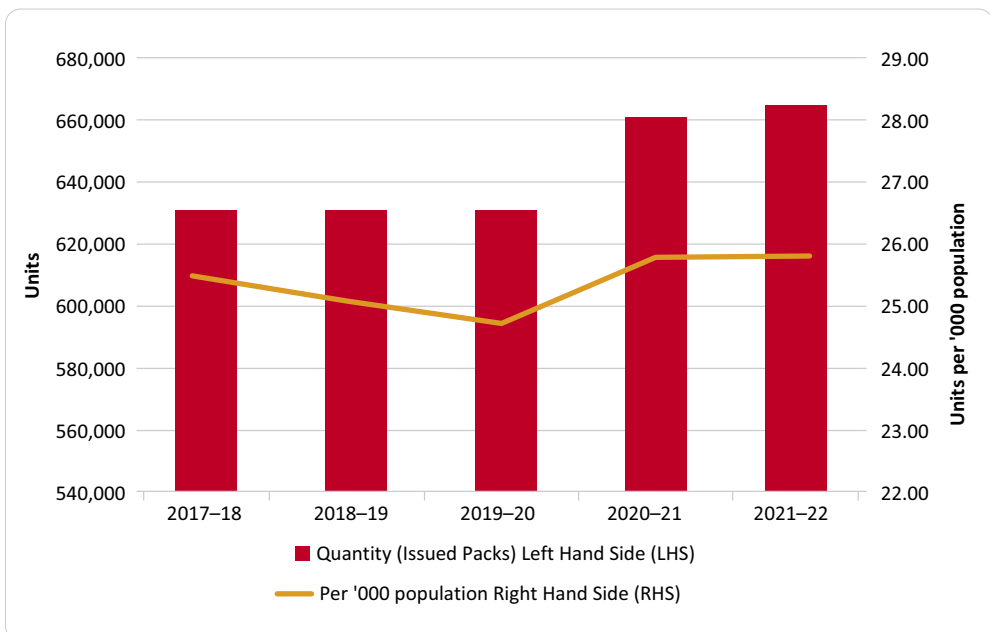
FIGURE 2.1 Savings to government for fresh blood products 2017–18 to 2021–22



RED BLOOD CELLS

Red blood cells comprise approximately 18.8 per cent of total blood and blood product expenditure and are the second largest item in the total cost of fresh products, after plasma for fractionation. Figure 2.2 illustrates an increase of 0.6 per cent in red blood cells issued compared with 2020–21. This increase appears to be driven by the ongoing effects of COVID-19 and associated increases in the overall demand for health care generally.

FIGURE 2.2 Red blood cells issued by Lifeblood 2017–18 to 2021–22 per '000 population

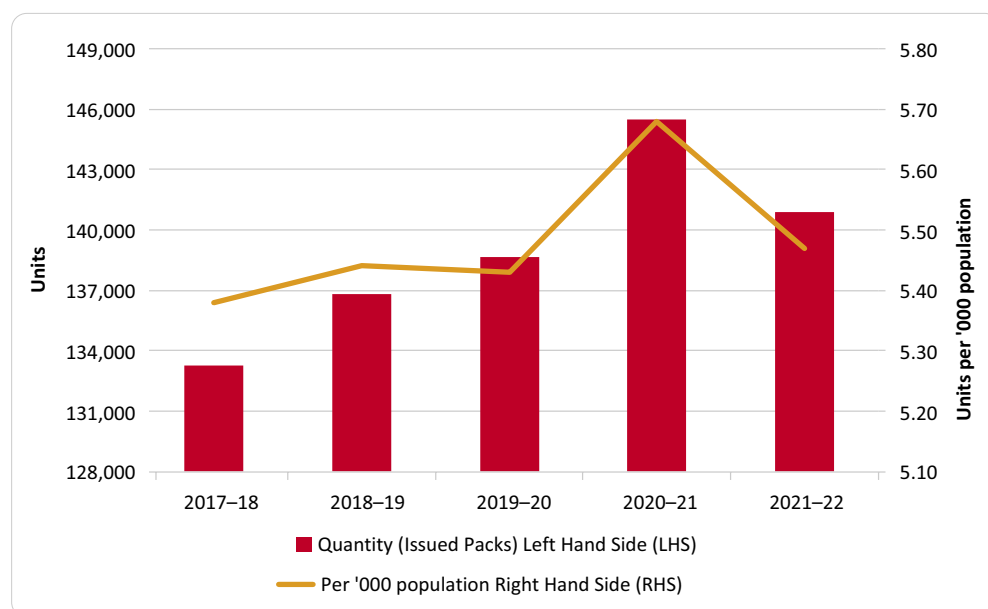


PLATELETS

Platelets make up 3.9 per cent of total blood and blood product expenditure. Figure 2.3 illustrates a 3.2 per cent decrease in platelets issued compared with 2020–21. Platelets are derived from both apheresis and whole blood collections. In 2021–22, platelets issued comprised 30.5 per cent from apheresis (35.1 per cent in 2020–21) and 69.5 per cent from whole blood (64.9 per cent in 2020–21).

In March 2021, with approval from the Therapeutic Goods Administration, Lifeblood implemented the supply of platelets with a seven-day shelf life to Australian health providers, replacing the previous five-day shelf life. Since this change was implemented, the national wastage rate of platelets has decreased by 2.3 per cent (9.9 per cent in March 2021 and 7.6 per cent in March 2022) and delivered a national wastage saving of \$2.1 million.

FIGURE 2.3 Platelets issued by Lifeblood 2017–18 to 2021–22 per '000 population



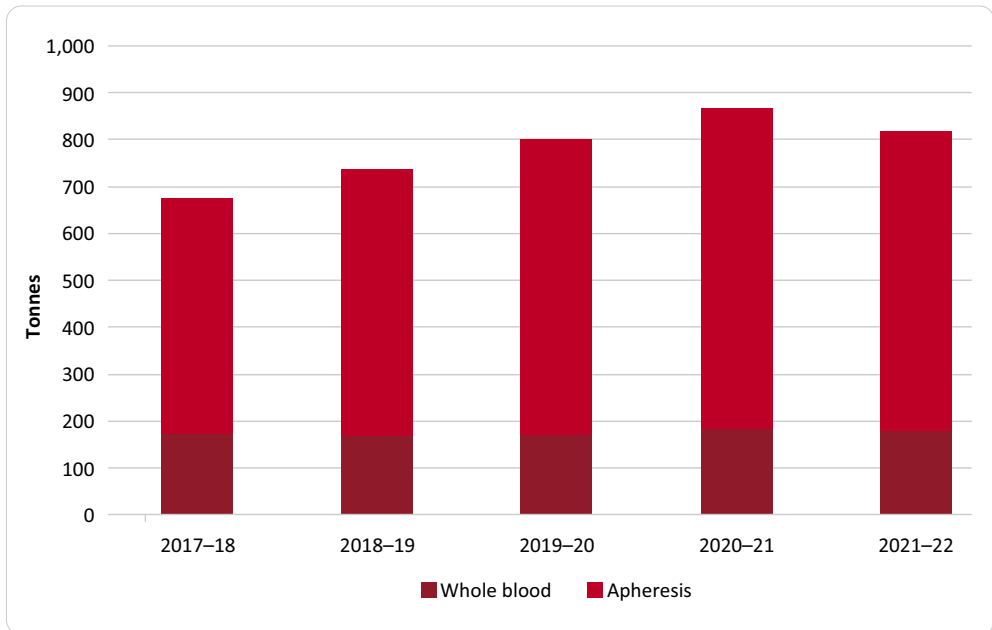
PLASMA FOR FRACTIONATION

Lifeblood collects plasma for fractionation to supply to CSL Behring for the manufacture of plasma-derived products. Plasma for fractionation is the largest item in the total cost of blood, representing 20.7 per cent of total expenditure on blood and blood products. The supply of plasma for fractionation for the last 5 years is shown in Figure 2.4.

In 2021–22, Lifeblood supplied 819.4 tonnes of plasma for fractionation, against a target of 971 tonnes. This comprised 180.1 tonnes of plasma from whole blood and 639.3 tonnes of plasma derived from apheresis. As was the case in 2020–21, plasma collections during 2021–22 were significantly affected by increased demand for red blood cells, which required Lifeblood to shift its efforts to whole blood donations at various times during the year.

The effect of this can be seen in the ratio of the supply of whole blood plasma to the supply of apheresis plasma for fractionation.

FIGURE 2.4 Whole blood plasma and apheresis plasma for fractionation 2017–18 to 2021–22



LIFEBLOOD SERVICES

A Deed of Agreement is in place between the NBA (representing all Australian governments) and the Australian Red Cross Society. The collection, processing and supply of fresh blood products and services and plasma for fractionation under the Deed are performed by Australian Red Cross Lifeblood (Lifeblood), which is a division of the Australian Red Cross 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 the largest contract managed by the NBA. Accordingly, the NBA has a continuous program of interaction and reporting with Lifeblood to ensure its performance and accountability under the Deed.

The Deed commenced on 1 July 2016 and continues for nine years, to 30 June 2025. It includes a cyclical three-year funding and services agreement. Funding is determined using an Output Based Funding Model (OBFM). Funding for Lifeblood in 2021–22 was \$708.83 million, an increase of \$10.37 million from 2020–21.

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. The requirements of Lifeblood are articulated in the provisions of the Deed and in a Statement of Expectations. Lifeblood's performance against selected indicators is shown in Table 2.6.

TABLE 2.6 Lifeblood performance for key indicators 2021–22

DOMAIN	INDICATOR		2020–21 RESULT	2021–22 LIFEBLOOD TARGET	2021–22 RESULT
Donor management	New donors	Whole blood and apheresis (combined)	98,410	100,000	93,530
Supply chain management	Number of days within inventory bands		248	365	278
	Red cell yield (proportion of collections converted to supply)		92.9%	≥90%	92.4%
	Age of red cells at issue (days)		5.7	≥8.0	5.1
	Order fulfilment red cells		98%	≥95%	95%
Quality and level of service	Health provider satisfaction with Lifeblood (mean score out of 10)		9.2	9.2	9.3
Finance	Main operating program financial result		\$61.2m surplus	\$20.2m	\$28.8m*

* Result unlikely to change but subject to audit clearance. Result excludes \$5 million retained by Lifeblood to support various activities.

IMPLEMENTING IMPROVEMENTS TO CURRENT ARRANGEMENTS

Initiatives progressed under the Deed during 2021–22 include:

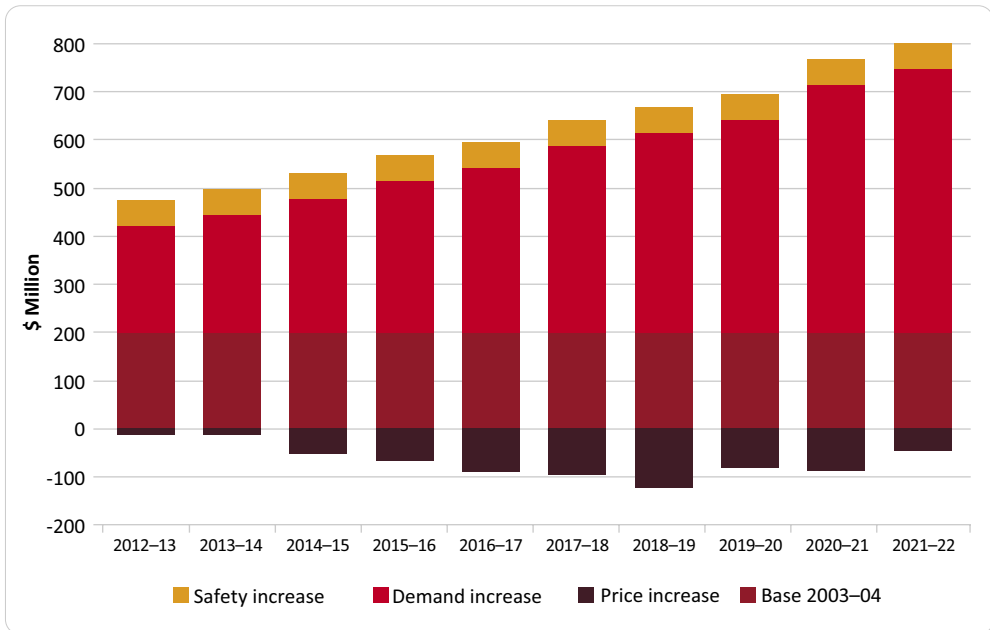
- continued reporting by Lifeblood against the Statement of Expectations for 2019–20 to 2021–22, including specific Lifeblood key performance indicators
- continued adherence to the second Funding and Services Agreement, covering the period 2019–20 to 2021–22
- continued adherence to the fourth cycle of the OBFM for the period 2019–20 to 2021–22.

PLASMA AND RECOMBINANT PRODUCTS

The cost of plasma-derived and recombinant blood products issued under NBA arrangements in 2021–22 totalled \$761.4 million, an increase of \$81.65 million (12 per cent) from 2020–21. The main reason for this increase was a 6.9 per cent increase in demand for Ig (\$66.6 million). This was only 0.8 per cent different from the NSP&B forecast.

The combined effect of demand and price drivers on expenditure can be seen in Figure 2.5.

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



NATIONAL FRACTIONATION AGREEMENT

The NBA is responsible for negotiating and managing the NaFAA with CSL Behring, which commenced on 1 January 2018 and will continue until 31 December 2026.

More than half of the plasma-derived products used in Australia are manufactured under the NaFAA by CSL Behring from plasma collected by Lifeblood. CSL Behring is the sole manufacturer of plasma-derived blood products in Australia.

Under the NaFAA in 2021–22:

- ◆ 819.4 tonnes of Australian plasma was pooled for fractionation
- ◆ expenditure on products totalled \$325.7 million.

PERFORMANCE

The performance of CSL Behring against the NaFAA KPIs in 2021–22 is shown in Table 2.7. Sufficient supply of all products was maintained across 2021–22 despite some deviations from performance targets. The causes of these deviations were largely beyond CSL Behring’s control.

TABLE 2.7 CSL Behring NaFAA performance 2021–22

DESCRIPTION OF PERFORMANCE MEASURE		TARGET	RESULTS			
		Target	Q1	Q2	Q3	Q4
KPI1	<i>Plasma stewardship – ability to minimise loss of plasma during the manufacturing process or through loss or expiry of product</i>					
		Target	Q1	Q2	Q3	Q4
	Starting plasma (Ig)	≤2,000kg	0kg	0kg	0kg	0kg
	Starting plasma (hyperimmune)	≤200kg	0kg	0kg	0kg	0kg
	Failed production batches (Ig)	0kg	0kg	0kg	0kg	0kg
	Failed production batches (hyperimmune)	0kg	0kg	0kg	417.834kg	0kg
	Low-yielding production batches (Ig)	0kg	45.349kg	0kg	107.707kg	0kg
	Loss or expiry of products (Ig)	0kg	14.257kg	0kg	0kg	6.826kg
	Loss or expiry of products (hyperimmune)	0kg	24.098kg	0kg	0kg	0kg
KPI2	<i>Production yield – average production yield for IVIg and SCIg*</i>					
		Target	Q1	Q2	Q3	Q4
	IVIg	>5.028g/kg	5.027g/kg	4.994g/kg	4.945g/kg	4.949g/kg
	SCIg	>4.707g/kg	4.766g/kg	4.957g/kg	4.452g/kg	4.422g/kg
KPI3	<i>Management of required inventory levels – the maintenance of agreed inventory levels to ensure the continuity of supply</i>					
		Target	Q1	Q2	Q3	Q4
	Minimum starting plasma inventory				Not active in 2021–22	
	Products in inventory	100%	Achieved ¹	Achieved	Achieved ¹	Not achieved ²
	Products in the national reserve	100%	Achieved	Achieved	Achieved	Achieved
KPI4	<i>Fulfilment of orders – the fulfilment of orders on time, as ordered and in accordance with contract requirements</i>					
		Target	Q1	Q2	Q3	Q4
	Orders by distributor (Lifeblood) and non-distributor	98%–100%	99% ¹	97% ¹	97% ¹	98%
KPI5	<i>Shelf life of national reserve products – the maintenance of minimum shelf life requirements for all products in the national reserve</i>					
		Target	Q1	Q2	Q3	Q4
		100%	Achieved	Achieved	Achieved	Achieved

Notes:

*IVIg = intravenous immunoglobulin; SCIg = subcutaneous immunoglobulin

¹Some contract deviation was required because of circumstances beyond the reasonable control of CSL Behring.

²This contract deviation did not adversely impact overall supply.

IMPORTED IMMUNOGLOBULIN PRODUCTS

The NBA maintains arrangements with a diverse set of suppliers to secure a range of 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.

There are now four contracts in place for the supply of imported Ig under the national blood arrangements. These contracts commenced progressively from 1 January 2021 and will continue for up to five years, with extension options available. These supply arrangements are summarised in Table 2.8. The suppliers are CSL Behring, Grifols Australia Pty Ltd (Grifols), Takeda Pharmaceutical Company (Takeda) and Octapharma Pty Ltd (Octapharma). In 2021–22 the NBA expended a total of \$257.0 million under these contracts.

PERFORMANCE

The performance of imported Ig suppliers against the contractual KPIs for 2021–22 is shown in Table 2.8. Sufficient supply of products was maintained to meet demand during the year, and supply was not adversely affected by deviations in KPIs.

TABLE 2.8 Supplier performance 2021–22: imported immunoglobulin products

KPI	PERFORMANCE	CSL BEHRING (AUSTRALIA) PTY LTD	GRIFOLS AUSTRALIA PTY LTD	OCTAPHARMA PTY LTD	TAKEDA PHARMACEUTICALS AUSTRALIA PTY LTD
KPI1	In-country reserve	Achieved	Achieved	Achieved	Achieved
KPI2	Shelf life on products delivered	Achieved	Achieved	Achieved	Achieved
KPI3	Delivery performance	Achieved	Achieved	Achieved	Achieved
KPI4	Reporting accuracy and timeliness	Achieved	Achieved	Achieved	Achieved

IMPORTED PLASMA-DERIVED AND RECOMBINANT BLOOD PRODUCTS

The NBA has contracts (referred to as the IPRP Deeds) with suppliers for the importation of certain plasma-derived and recombinant blood products to augment domestic supply where these products are not manufactured in Australia or domestic production cannot meet demand.

In 2021–22 the NBA managed IPRP Deeds with the following companies:

- ◆ CSL Behring (Australia) Pty Limited
- ◆ Novo Nordisk Pharmaceuticals Pty Limited
- ◆ Pfizer Australia Pty Limited
- ◆ Sanofi-Aventis Australia Pty Limited
- ◆ Takeda Pharmaceuticals Australia Pty Limited
- ◆ Roche Products Pty Limited.

Expenditure under these contracts in 2021–22 totalled \$179.2 million.

PERFORMANCE

The performance of suppliers under the IPRP Deeds in 2021–22 for each performance measure is summarised in Table 2.9. All suppliers satisfactorily met the required performance levels, and sufficient supply of products was maintained to meet demand during the year.

TABLE 2.9 Supplier performance 2021–22: imported plasma and recombinant products

PERFORMANCE MEASURE	KPI1	KPI2	KPI3	KPI4
SUPPLIER	IN-COUNTRY RESERVE PRODUCT INVENTORY	SHELF LIFE ON PRODUCTS DELIVERED	DELIVERY PERFORMANCE	REPORTING ACCURACY AND TIMELINESS
Sanofi-Aventis Australia Pty Ltd (Alprolix, Elocbate)	Achieved	Achieved	Achieved	Achieved
Roche Products Pty Ltd (Hemlibra)	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	Not 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

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

IMMUNOGLOBULIN SUPPLY AND DEMAND

Demand for Ig was growing at an annual rate of around 11 per cent up to and including 2017–18. This growth in demand slowed to 6.9 per cent in 2021–22, compared with 7.4 per cent in 2020–21. The growth rates since 2018–19 have been the lowest annual rates of increase since 2004–05, when Australia first secured supply sufficiency through the importation of Ig by the NBA.

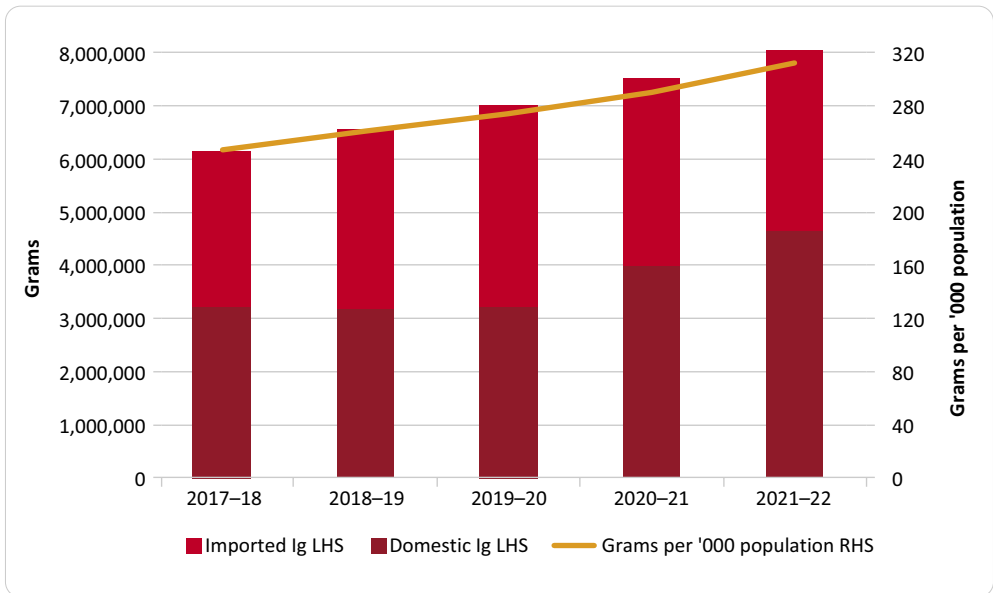
The NaFAA with CSL Behring to manufacture and supply domestic fractionated blood products delivered savings in 2021–22 of \$14.6 million. Growth in demand since 2017–18 is shown in Table 2.10.

TABLE 2.10 Immunoglobulin demand growth

2017–18	2018–19	2019–20	2020–21	2021–22
10.6%	7.2%	6.7%	7.4%	6.9%

In 2021–22 a total of 8.05 million grams of Ig was issued nationally at a cost of \$810.4 million (including the cost of plasma for fractionation). This equates to 54.6 per cent of total blood and blood product issues in Australia. Of this amount, 57.8 per cent was Ig produced in Australia and 42.2 per cent was imported. Figure 2.6 shows the annual growth in volume of Ig issued each year and the proportions of imported and domestic Ig.

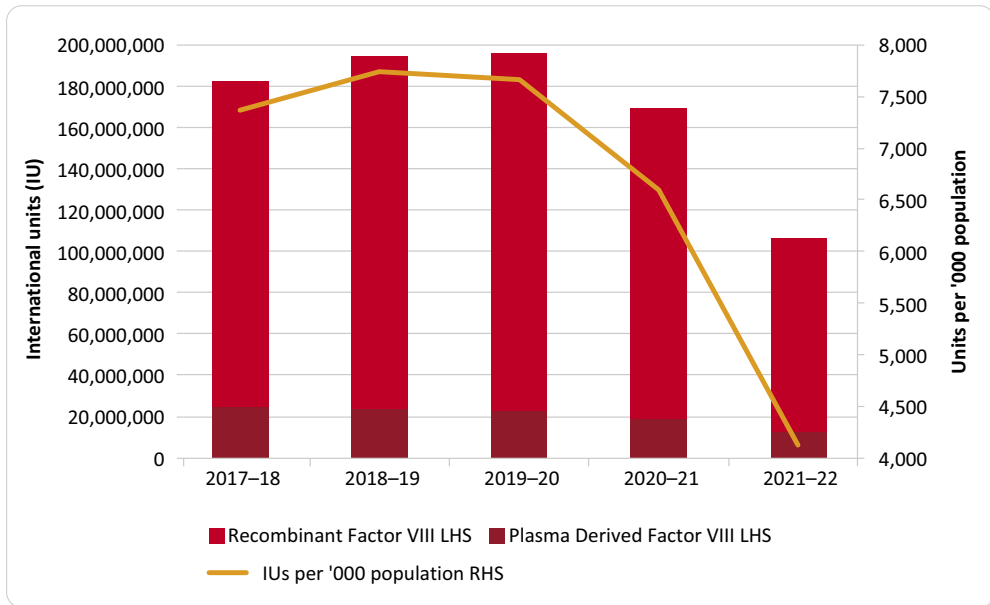
FIGURE 2.6 Immunoglobulin products issued 2017–18 to 2021–22 per '000 population



CLOTTING FACTORS SUPPLY AND DEMAND

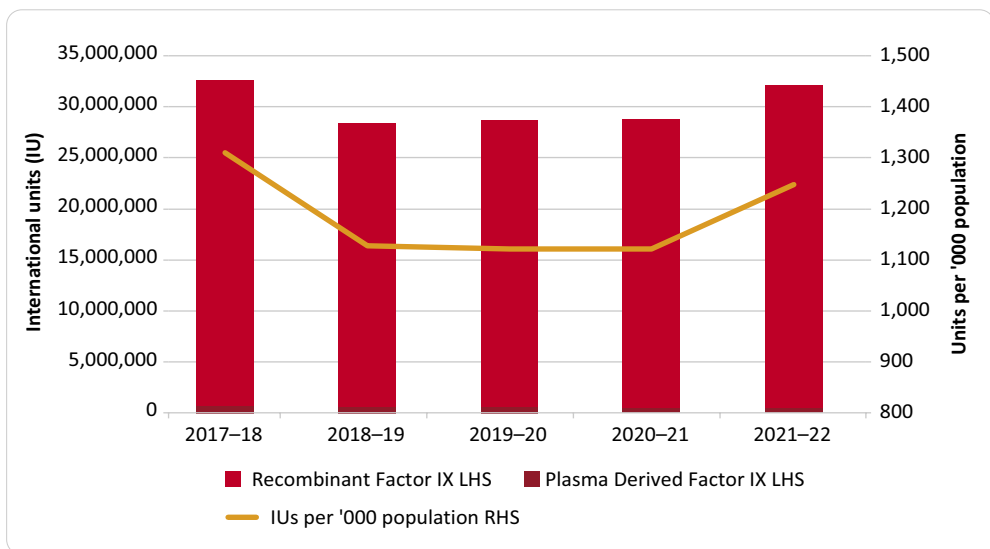
In 2021–22, clotting factors made up 7.1 per cent of total blood and blood product expenditure. As shown in Figure 2.7, the demand for factor VIII products decreased by 37.2 per cent in 2021–22 compared with demand in 2020–21. The demand for recombinant factor VIII decreased by 37.3 per cent and the demand for plasma-derived factor VIII decreased by 36.6 per cent due to the continued effect of the introduction of emicizumab (Hemlibra).

FIGURE 2.7 Factor VIII products issued 2017–18 to 2021–22 per '000 population



The demand for factor IX products increased by 11.8 per cent in 2021–22 compared with 2020–21 (Figure 2.8). Plasma-derived factor IX demand increased by 2.7 per cent, due to specific patient requirements, and demand for recombinant factor IX increased by 11.9 per cent. The establishment of ongoing access to extended half-life recombinant factor IX clotting factor products under the national supply arrangements and the resumption of surgeries after COVID-19 both contributed to the variability of year-to-year growth in demand for these products.

FIGURE 2.8 Factor IX products issued 2017–18 to 2021–22 per '000 population



Demand for recombinant factor VIIa decreased by 13.8 per cent (Figure 2.9) and demand for factor VIII anti-inhibitor (FEIBA) decreased by 51.8 per cent (Figure 2.10) compared with 2020–21 demand. These decreases were due to the continued effect of the introduction of emicizumab. Factor VIIa and FEIBA are used to treat inhibitor development in patients with severe and moderate haemophilia A. Emicizumab treats factor VIII deficiency and reduces the development of inhibitors.

FIGURE 2.9 Factor VIIa products issued 2017–18 to 2021–22 per '000 population

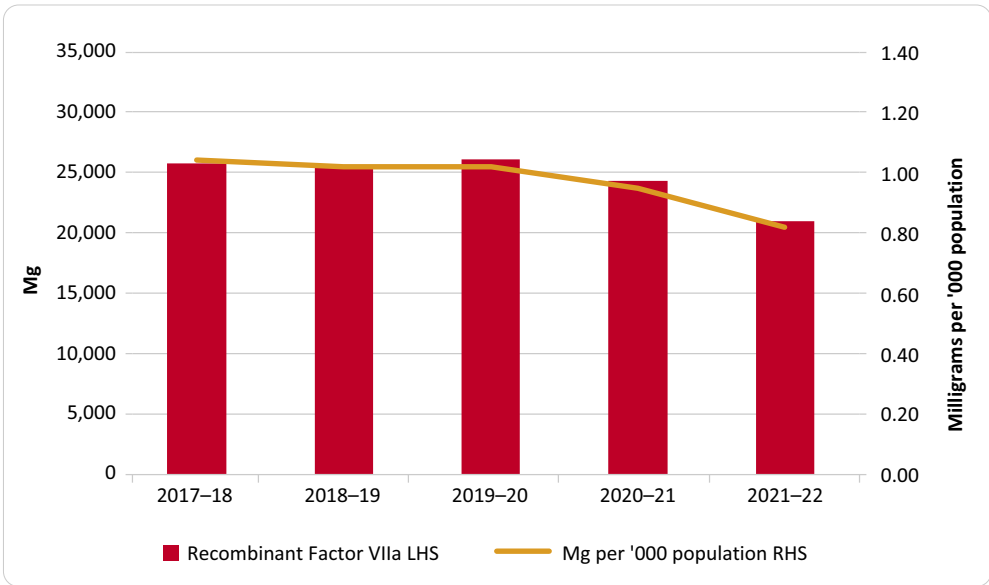
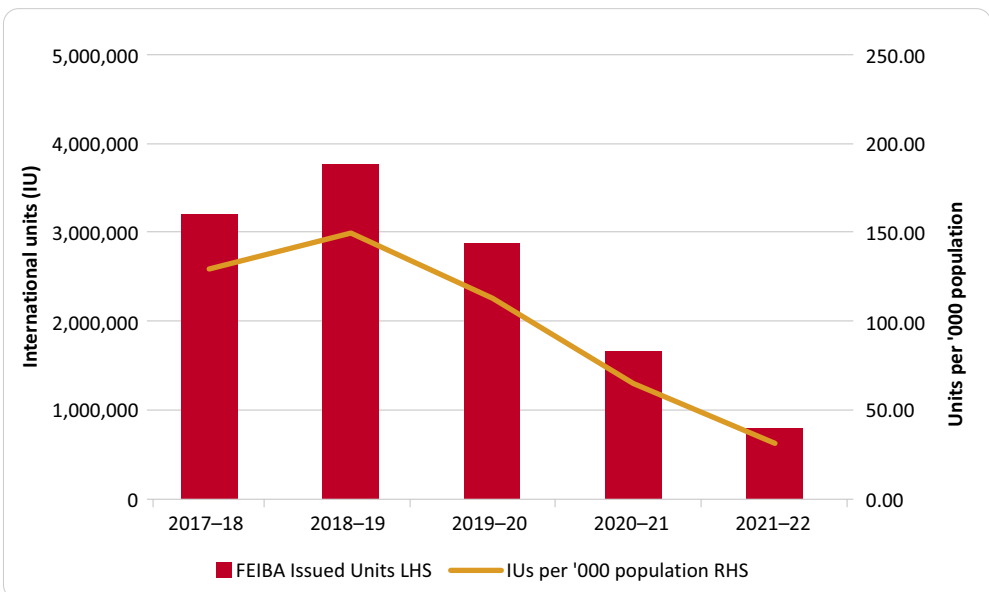
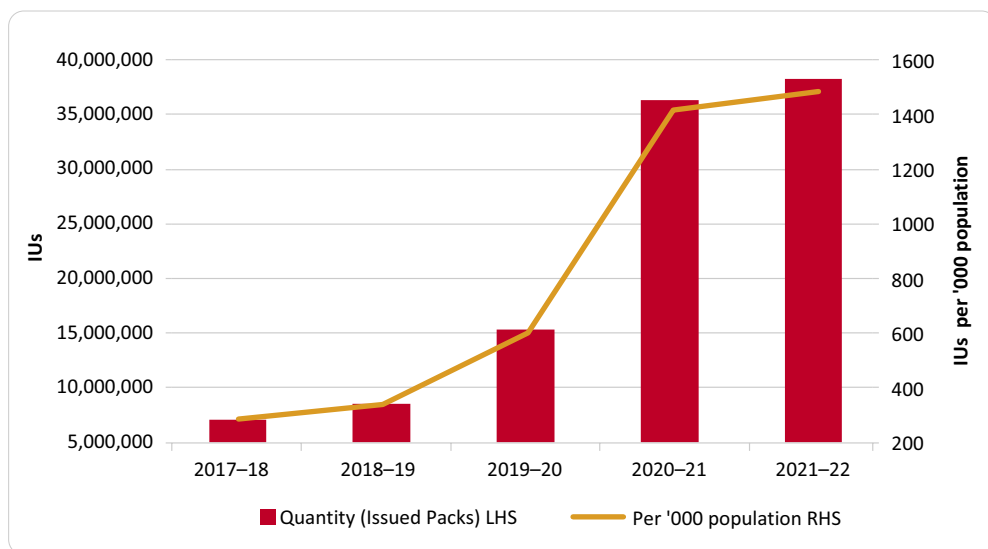


FIGURE 2.10 FEIBA issued 2017–18 to 2021–22 per '000 population



As shown in Figure 2.11, demand for C1 esterase inhibitor increased by 5.3 per cent during 2021–22 after an increase of 136.2 per cent in 2020–21. A few changes are thought to have contributed to this increase, including production of an alternative product ceasing and the addition of a subcutaneous form of C1 esterase to the national blood arrangements. The subcutaneous product is indicated for prophylactic use, which may reduce the frequency of acute attacks of hereditary angioedema and allow patients to self-administer in a home setting.

FIGURE 2.11 C1 esterase inhibitor issued 2017–18 to 2021–22 per '000 population



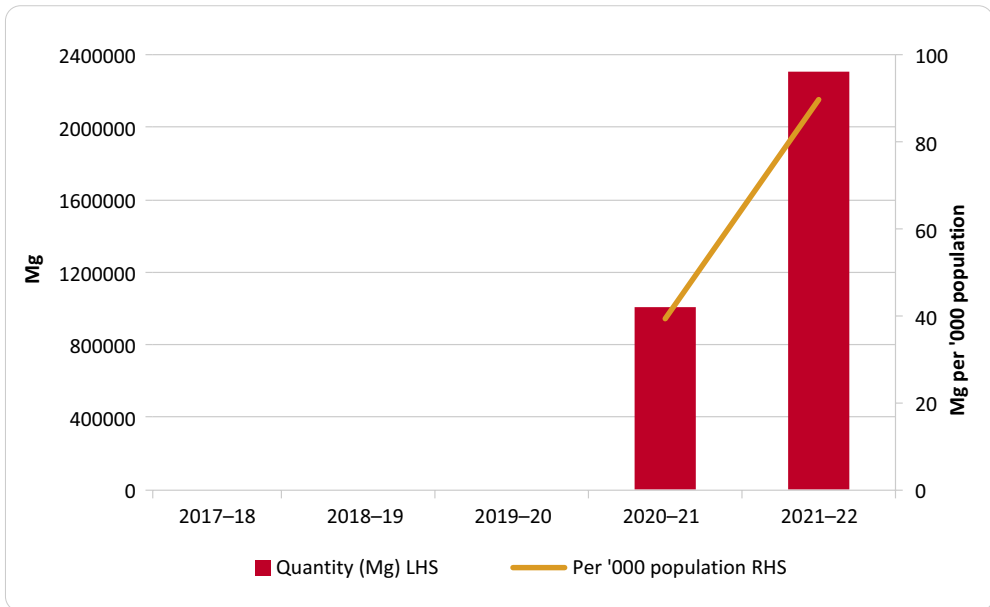
EMICIZUMAB

Added to the national supply arrangements in 2020–21, emicizumab (Hemlibra) is a monoclonal product used to treat factor VIII deficiency. It is used for prophylaxis therapy for adult and paediatric patients with severe and moderate haemophilia A.

Previously people with severe or moderate haemophilia A were treated with factor VIII multiple times a week to reduce rates of bleeding (prophylaxis), or when they had bleeding (treatment on demand). Conventional factor VIII therapy may lead to the development of antibody responses (known as inhibitors) which inhibit its effectiveness. Patients affected by this may subsequently require treatment with supplemental bypassing agent products.

Emicizumab has been included under the national blood arrangements to prevent or reduce the frequency of bleeding in severe or moderate haemophilia A patients without inhibitors, and in haemophilia A patients with inhibitors. Demand for factor VIII product has decreased by 45.6 per cent since 2019–20, which was the last full financial year before the introduction of emicizumab.

FIGURE 2.12 Emicizumab issued since introduction in 2020–21 per '000 population



RED CELL DIAGNOSTIC REAGENT PRODUCTS

Red cell diagnostic reagents are used in laboratory testing processes to establish the blood group of human red cells; detect red cell antibodies; and control, standardise and validate routine immunohaematology tests.

The NBA established a standing offer arrangement with 4 suppliers for the period 1 July 2016 to 30 June 2019. The NBA has extended these arrangements to 30 June 2023 with the following suppliers:

- ◆ Bio-RAD Laboratories Pty Ltd
- ◆ Grifols Australia
- ◆ Immulab Pty Ltd
- ◆ Ortho-Clinical Diagnostics (Johnson & Johnson Medical Pty Ltd).

The standing offer lists more than 100 red cell diagnostic products, which are used in laboratory tests such as blood typing and cross matching. These tests ensure that when a person needs a blood transfusion, they receive blood that is compatible with their own.

Expenditure on diagnostic reagent supply is capped at \$4.85 million per year. The NBA administers the cap for suppliers on behalf of jurisdictions.

NATIONAL BLOOD SUPPLY CONTINGENCY PLAN

The NBA is responsible for ensuring the adequate, safe, secure and affordable supply of blood, blood products and blood services. To facilitate this, the NBA has 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 National Blood Supply Contingency Plan (NBSCP), consulting extensively with suppliers and stakeholders. The review found that the NBSCP is well established within the Australian blood sector but would benefit from a structured testing and exercise program, as well as closer integration with other contingency planning arrangements at both the Commonwealth and state and territory levels.

During 2020–21 the NBA worked with a consultant and a working group of representatives from jurisdictions to further develop the NBSCP, including planning a testing and simulation program. The NBA did not progress development of this program in 2021–22, as key stakeholders needed to prioritise the immediate risks 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 a suite of documents to cover planning for assessing and recovering from an interruption to the NBA's normal business operations.

The NBA will continue to maintain contingency and continuity measures of the highest standard to ensure:

- ◆ continuity of supply of blood and blood-related products and services
- ◆ business operational preparedness to meet the requirements for the continuation of NBA services.

INFORMATION AND COMMUNICATIONS TECHNOLOGY DISASTER RECOVERY PLAN

The NBA's ICT Disaster Recovery Plan contains detailed instructions to return critical ICT services to use should a major disruption occur.

The NBA's systems are designed to be resilient and can be run from either of the organisation's two data centres if necessary. In 2021–22 the NBA continued to demonstrate its ability to work from locations other than the main office as the need arose, as has been required throughout the COVID-19 pandemic.

The NBA commenced a review of the ICT Disaster Recovery Plan to ensure it continues to align with the recovery objectives of the organisation.

STRATEGY 2:

DRIVE PERFORMANCE IMPROVEMENT IN THE AUSTRALIAN BLOOD SECTOR

In 2021–22 the NBA continued to pursue activities to drive performance improvement in the Australian blood sector. The aim of this strategy is to support the appropriate use of products that have finite availability in a way that has the greatest positive impact on patient outcomes. A summary of performance against key indicators for this strategy is provided in Table 2.11.

TABLE 2.11 Key performance indicators: Drive performance improvement in the Australian blood sector

SUMMARY OF RESULTS AGAINST 2021–22 KEY PERFORMANCE INDICATORS	
Publish performance reporting and benchmarking information on the NBA website for the blood sector community	Met Monthly wastage data was published with jurisdictions. Annual performance scorecards were provided as part of annual reporting.
Data is published each year for Ig and clotting factor usage	Partially met Monthly immunoglobulin (Ig) data for 2021–22 and the 2020–21 Australian Bleeding Disorders Registry Annual Report outlining clotting factor usage are published on the NBA website.
Continue product utilisation reviews	Met The preliminary utilisation and terms of reference for the Berinert review were shared with jurisdictions in December 2021.
Support improvements for the use and management of Ig products	Met Continuous improvement in access to and use of Ig nationally continued under the NBA's Ig Governance Program. Enhancements to BloodSTAR were developed to further streamline access to Ig. A review of the National Subcutaneous Immunoglobulin (SCIg) Program commenced.

Performance criteria source: Health Portfolio Budget Statements 2021–22, pp. 311–312; NBA Corporate Plan 2021–22 to 2024–25, p. 24.

DELIVERY OF STRATEGY 2

In 2021–22 the NBA delivered activities to support improvements across prescribers and suppliers of blood products to optimise appropriate use and reduce wastage. This included stewardship of the Immunoglobulin (Ig) Governance Program, improvements in data collection and use, and improving key information technology systems used by clinicians and the NBA.

GOVERNANCE OF ACCESS TO AND USE OF IMMUNOGLOBULIN

Access to Ig in Australia is managed through national governance arrangements through the Ig Governance Program. The Ig Governance Program drives improvements in relation to appropriate access to and use of Ig nationally. Ig is used to treat a wide range of immune-related medical conditions and is a finite resource. For these reasons it is essential to prioritise its use for patients who need it most.

In 2021–22 the Ig Governance Program continued to:

- ◆ implement and promote the National Policy: Access to Government-funded Immunoglobulin Products in Australia, which defines the role and responsibilities of all professionals involved in the prescription, management and use of Ig
- ◆ oversee the digital Ig management system BloodSTAR (Blood System for Tracking Authorisations and Reviews), which facilitates clinical requests for patient access to Ig products
- ◆ monitor and improve access to Ig, including by reviewing and refining the Criteria for the Clinical Use of Immunoglobulin in Australia (Criteria), which define eligibility for access to Ig based on expert clinical assessment and advice
- ◆ advise and support clinical staff by reporting on Ig usage and responding to enquiries relating to access to Ig.

Working towards further improvements, the Ig Governance Program also:

- ◆ assisted in the development of enhancements to BloodSTAR to further streamline access to Ig by making the system easier for clinicians to use
- ◆ began a review of the National Subcutaneous Immunoglobulin (SCIg) Program with the aim of identifying options to overcome current barriers to program uptake and inform the future direction of the program. HealthConsult has been engaged to undertake the review, with outcomes expected in early 2023.

As in some other countries, the demand for Ig in Australia has grown significantly each year, with over 21,000 people accessing treatment annually. Ig is also a high-cost and precious product that is dependent on increasing plasma donations. For over 10 years, the demand for Ig was growing at almost 11 per cent annually, peaking at 12.4 per cent in 2015–16.

As reported in the NBA's 2020–21 Annual Report, PricewaterhouseCoopers completed an evaluation of the impact of the Ig Governance Program in May 2021, which showed:

- ◆ Since the implementation of the Ig Governance Program, the rate of growth in Ig usage had decreased from almost 11 per cent annually to 7.3 per cent. The rate of growth in 2021–22 was 6.9 per cent, consistent with this trend.
- ◆ There is a correlation between key components of the Ig Governance Program and decreasing use of Ig, most notably following the introduction of version 3 of the Criteria (2018) and BloodSTAR.

- ◆ The reduced growth in Ig demand translates to an estimated \$90 million saving in Ig product expenditure between 2018–19 and 2020–21. It is predicted that this trend will continue, with savings expected to grow to an estimated \$2.2 billion over the decade to 2030–31.
- ◆ No major changes were observed in the use of Ig for the 10 most treated medical conditions, and there had been no reduction in the doses administered. This indicates that the reduced rate of growth in Ig usage has been achieved through more targeted access to Ig, not through ceasing or limiting access to Ig for patients who need it.

In 2021–22 the Ig Governance team progressed the recommendations from the report. The NBA will continue to explore further opportunities to support the efficient, effective, ethical and most appropriate use of this precious resource and enable continued patient access to Ig therapy under national funding arrangements.

NATIONAL HAEMOVIGILANCE PROGRAM

Haemovigilance is a set of surveillance procedures covering the entire blood transfusion chain, from the donation and processing of blood and its components to their provision and transfusion to patients, to patient follow-up. It includes monitoring, reporting, investigating and analysing adverse events related to the donation, processing and transfusion of blood, as well as development and implementation of recommendations to prevent the occurrence or recurrence of adverse events.

The NBA's National Haemovigilance Program is informed by the Haemovigilance Advisory Committee (HAC). This group provides advice to the NBA on adverse event reporting originating from health services and on national transfusion safety priorities. More information on the HAC is provided under 'Statutory committees' in Part 3 of this report.

HAEMOVIGILANCE ONLINE WEBINARS

In collaboration with the International Haemovigilance Network, the International Society of Blood Transfusion (ISBT) and the Australian and New Zealand Society of Blood Transfusion, the NBA has organised, in conjunction with a working group of the HAC, a series of webinars in which scientists, haematologists, transfusion nurses, regulatory authorities and consumers come together to discuss safety and quality through data, the care and wellbeing of donors, and improving consumer engagement. These webinars, 'Haemovigilance in Australia and Beyond', are being held in August and September 2022. Selected well-known experts have been invited to share their insights across national and international haemovigilance experiences to inform improvements in patient outcomes.

PILOTING PRODUCT REVIEWS

Applications for new blood and blood-related products that 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. The NBA manages an initial multi-criteria analysis of these applications as necessary, to inform consideration by governments about whether access to a product should be funded under the national arrangements. This analysis includes an assessment of safety, effectiveness and costs, and may be followed by a more comprehensive assessment by the Medical Services Advisory Committee in the Commonwealth Department of Health and Aged Care.

Evaluations are not exclusive to new products. The NBA may evaluate existing products for additional or new clinical indications. For products already listed on the NPPL, the NBA has started to undertake utilisation reviews to understand usage patterns.

The NBA commenced pilot reviews of two existing products in 2020–21. In 2021–22, preliminary utilisation analysis commissioned by the NBA was completed for pilot reviews of Berinert (C1 esterase inhibitor concentrate), and NovoSeven (eptacog alfa). A third pilot review of Hemlibra (emicizumab) is underway.

Berinert is a product used to treat people 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, can be life threatening. NovoSeven and Hemlibra are products to treat people with haemophilia.

The preliminary utilisation analysis and terms of reference for the comprehensive Berinert review were shared with jurisdictions in December 2021. Based on findings from the preliminary analysis, the NBA has developed a review framework to understand the usage levels of Berinert. The consultants engaged for this review, Abt Associates, began work on the full Berinert utilisation review in June 2022. The project is expected to run for about six months.

The pilot reviews of Berinert, NovoSeven and Hemlibra will inform the process for future reviews.

PERFORMANCE IMPROVEMENTS THROUGH INFORMATION MANAGEMENT AND TECHNOLOGY

The NBA operates and supports a suite of national blood sector systems – ICT systems that enable the provision of a safe, secure and affordable blood supply for all Australians. These include BloodNet, BloodSTAR, BloodPortal, the Australian Bleeding Disorders Registry (ABDR) and the MyABDR app.

These systems 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. They are also a key enabler of data collection and analysis to inform performance improvement, research, policy development, system reporting and governance controls.

In 2021–22 the NBA began refreshing its ICT strategy and roadmap for 2022–2026. This includes planning for new iterations of blood sector systems to better support the blood sector and adapt to rapidly growing demand.

BLOOD SECTOR SYSTEM UPGRADES

In 2021–22 the NBA implemented three blood sector system enhancement and maintenance releases. These upgrades delivered a variety of enhancements including improvements to:

- ◆ authorisation display and messaging
- ◆ issue notes recorded in BloodNet and with Lifeblood
- ◆ the display of declined doses
- ◆ security and privacy features
- ◆ functionality of user accounts in BloodPortal.

All of these upgrades have improved the user experience of the systems.

The NBA implemented a major system upgrade to the Australian Bleeding Disorders Registry (ABDR), the first in many years. The upgrade included key interface improvements, enhancements to the MyABDR mobile app, and security improvements. The project team worked with key stakeholders to ensure the implementation had no negative impact on clinical operations. The upgraded system and app were well received by clinicians and patients.

INTERFACE WITH LABORATORY INFORMATION SYSTEMS

The NBA's BloodNet system has an electronic interface that allows laboratory information systems (LIS) in Australian hospitals to connect directly to it. This provides near real-time visibility of the national blood supply to hospital pathology teams and delivers significant time savings through the automated exchange of data.

In 2021–22 the NBA continued to develop this interface with health provider systems, working with Northern Territory Health, ACT Health and Sydney South West Pathology. This work is ongoing and is likely to be completed in 2022–23.

The NBA continues to work with LIS vendors interested in having their products integrated with BloodNet. To enable this capability, the NBA works with vendors to complete a certification process. No new LIS vendors were certified in 2021–22, but several certifications are in progress and are expected to be finalised during 2022–23.

DATA SERVICES

A substantial amount of data and information exists in the blood sector. In 2021–22 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, including by providing measurements for improvement.

During 2021–22 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
- ◆ Continued to provide monthly and quarterly reporting both internally and externally as business-as-usual activities
- ◆ Finalised the review of data tools and started planning to implement the outcomes from 2022–23. This included recruiting an additional non-ongoing staff member for 13 months for the role of Data Lead on the project, working with the IT Project Manager and the Data Services team
- ◆ Developed a draft Data Strategy for the NBA for the next three to five years, to be published in 2022–23
- ◆ Continued to refine existing monthly and quarterly reports for stakeholders and implemented additional reporting
- ◆ Collected, analysed and distributed discard data from BloodNet to support the establishment of revised targets for discard rates
- ◆ Drafted the National Report on the Issue and Use of Immunoglobulin: Annual Report for 2018–19 from BloodSTAR and the Supply Tracking Analysis Recording System (STARS) database
- ◆ Provided BloodSTAR reporting to jurisdictions and monthly Ig data for publication on the NBA website
- ◆ Responded to 76 data requests from internal and external stakeholders
- ◆ Published the ABDR Annual Report for 2019–20 and provided the 2019–20 ABDR Benchmarking Report to the Australian Haemophilia Centre Directors' Organisation
- ◆ Reviewed the format and structure of the ABDR Annual Report for 2020–21 and provided a draft to the ABDR Steering Committee for review
- ◆ Continued to refine the set of data standards as part of the data integrity process for the ABDR.

BLOOD OPERATIONS CENTRE

The NBA's Blood Operations Centre (BOC) is the front line of the NBA, providing 24/7 support to the Australian blood sector.

The small team supports over 40,000 system users in hospitals, allied medical facilities and specialist haemophilia centres nationally to access fresh blood and other blood products. About one in three Australians will need blood or blood products in their lifetime.

The NBA has established several systems to support the seamless supply of blood and blood products. These include BloodNet, which allows facilities across Australia to order blood and blood products quickly and securely through Lifeblood. BloodSTAR allows access to government-funded immunoglobulin (Ig) products in accordance with approved criteria for clinical use.

There are 5,000 to 6,000 logins a day to these systems. The BOC helps users to navigate the system, resets passwords, trains new users and helps users understand what is needed to get authorisation for access to government-funded Ig products.

The BOC also provides regular NBA news and alerts to users, such as updating users on any potential issues with blood product supply, and makes sure the systems are regularly and accurately monitoring national inventory levels and facilitating the ordering of important and lifesaving products through Lifeblood.

Significantly, the BOC supports users to navigate systems in urgent situations, including after hours when immediate access to blood products is needed to support patients with life-threatening conditions. This may include, for example, facilitating urgent dispatch of additional fresh blood from Lifeblood to a hospital to support trauma patients, who often require multiple transfusions of various fresh blood products. Another example is where Ig is urgently needed to treat a newborn baby diagnosed with alloimmune thrombocytopenia or haemorrhage.

The BOC also supports the operation of the Australian Bleeding Disorders Registry (ABDR) and the MyABDR patient app and website. The

ABDR records information about the health status of Australians with bleeding disorders. This information is used to assist in managing the treatment of people with bleeding disorders as well as to gain a better understanding of the incidence and prevalence of bleeding disorders. Through the MyABDR app, patients can choose to provide their information to the ABDR and update information on their treatment and condition. The BOC supports patients and practitioners to access and navigate these systems and upload relevant patient information.

For the NBA, the BOC provides critical information and perspectives on the user experience of both health providers and patients, which supports upgrades and changes to our systems, procedures and policies.

This small team in the NBA is a vital link between the NBA, suppliers of blood and blood-related products, health providers and patients, and supports the NBA vision to save and improve lives through a world-class blood supply.

Through my work in the BOC, I help to ensure there is an adequate supply of blood and blood products across Australia and see the impact on people of the work of the NBA – Pablo, BOC Support Officer.

Through my work in the BOC, I provide valued feedback to other areas in the NBA to ensure that systems can be improved and patients can get the treatment they need – Seoti, BOC Support Officer.



STRATEGY 3:

PROMOTE A BEST PRACTICE MODEL OF THE 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, the NBA implements programs that promote best practice models of the management and use of blood. It does this through publishing guidelines, making education and training modules available to health professionals, and supporting research and development to promote best practice. Performance against the key performance indicators for this strategy is summarised in Table 2.12.

TABLE 2.12 Key performance indicators: Promote a best practice model of the management and use of blood and blood-related products and services

SUMMARY OF RESULTS AGAINST 2021–22 KEY PERFORMANCE INDICATORS	
Sustained improvements in the management and use of blood products through:	
<ul style="list-style-type: none"> continued reduction in blood wastage 	<p>Met</p> <p>Discards as a percentage of net issues (DAPI) for red blood cells was 1.4% for 2021–22, compared with 1.6% in 2020–21. DAPI for platelets in 2021–22 was 7.8%, down from 10.1% in 2020–21.</p>
<ul style="list-style-type: none"> improved clinical guidelines, clinical practice tools and resources developed and promoted 	<p>Partially met</p> <p>The NBA progressed the review of the <i>Guideline on the prophylactic use of Rh D immunoglobulin in pregnancy care</i> and Patient Blood Management Module 1 Critical Bleeding/Massive Transfusion Guideline for publication in 2022–23.</p>
<ul style="list-style-type: none"> increased publications linked to NBA grants 	<p>Met</p> <p>There were 7 publications from the 3 completed NBA grants for the 2021–22 reporting period. There is one publication from these completed grants currently under peer review.</p> <p>This is up from 6 publications in 2020–21.</p>
<ul style="list-style-type: none"> criteria for appropriate access and use of Ig in Australia responsive to good quality information, evidence and clinical advice. 	<p>Met</p> <p>The process for making changes to the Criteria for the Clinical Use of Immunoglobulin in Australia was refined to enable timelier updating.</p> <p>New NPS Medicinewise resources were published and promoted.</p>

Performance criteria source: NBA Corporate Plan 2021–22 to 2024–25, p. 26.

DELIVERY OF STRATEGY 3

In 2021–22 the NBA promoted best practice models of the management and use of blood by:

- ◆ developing a range of resources directed to improving patient blood management (PBM)
- ◆ updating guidelines
- ◆ delivering education and training through BloodSafe eLearning Australia
- ◆ collaborating with the Australian Commission on Safety and Quality in Health Care (ACSQHC) on the National Safety and Quality Health Service (NSQHS) standards
- ◆ implementing blood product management, including Group O negative red blood cell management
- ◆ improving the process for developing the supply plan and budget
- ◆ delivering the National Immunoglobulin (Ig) Governance Program, including refining the Criteria for the Clinical Use of Immunoglobulin in Australia (Criteria) and supporting the development of Ig knowledge resources
- ◆ delivering the National Blood Sector Research and Development Program.

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. PBM improves patient outcomes by ensuring that a focus of the patient’s medical and surgical management is on optimising and conserving the patient’s own blood.

In 2021–22 the NBA continued to develop materials that promote the safe and efficient use of blood and blood products, informed by close engagement with clinicians. Activities directed to improving PBM included:

- ◆ The Patient Blood Management Advisory Committee (PBMAC) met in May 2022.
- ◆ The PBMAC agreed that the National Patient Blood Management Implementation Strategy 2017–21 be rolled over until 2024 while the NBA engages with the PBMAC on the activities to be undertaken in a new strategy. The PBMAC also agreed to developing a communications strategy for PBM.
- ◆ The NBA engaged the International Foundation for Patient Blood Management (IFPBM) to produce two high-quality animated videos to support PBM education, promotion and implementation and the Patient Blood Management Guidelines (PBM Guidelines) in Australia. The videos were reviewed by the PBMAC in 2021–22 and a few amendments were requested. The videos are expected to be released in 2022–23.

- ◆ The NBA also engaged the IFPBM to:
 - conduct a pilot (limited trial) of an audit and audit tool on PBM in tertiary hospitals in Western Australia to identify current implementation gaps. The audit tool and accompanying report of the pilot audit will be provided to the NBA for promulgation to other parties
 - conduct a pilot (limited trial) for the development of PBM resources following a short survey to evaluate clinicians’ preferences regarding a hand-held printed manual or an electronic app to help them at the bedside to better apply current best practice.

- ◆ The NBA engaged with a working group to review the single unit transfusion guide. The working group developed:
 - the Single Unit Transfusion Flow Chart, a decision-support tool designed to assist clinicians with appropriate prescribing of red blood cells. The International Society of Blood Transfusion defines single unit transfusion as ‘a standard dosing scheme [for a non-bleeding patient] of one unit of red blood cells, followed by an assessment of the patient’s signs and symptoms to determine whether additional units are indicated’. The flow chart is currently out for public consultation and will be published on the NBA website when finalised
 - two single unit transfusion fact sheets to assist health service organisations and clinicians and NSQHS standards assessors to implement and assess a single unit transfusion policy that meets the NSQHS Standard for Blood Management. These are currently out for jurisdictional consultation and will be published on the ACSQHC website when finalised.

This focus on PBM continued through the challenges to blood inventory levels presented by COVID-19 impacts.

The number of PBM Guidelines downloaded in 2021–22 was 34,469, down from 41,026 in 2020–21. The number of PBM tools downloaded in 2021–22 was 11,381, down from 15,843 in 2020–21.

UPDATING GUIDELINES

The NBA has funded and managed the development of a series of evidence-based PBM Guidelines. These guidelines were developed by clinical experts and are based on the results of a systematic review of relevant literature. The guidelines are intended to assist health professionals to apply PBM when caring for people with or at risk of experiencing a bleeding event.

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

During 2021–22 the NBA continued to review the currency of the guidelines. Rather than updating each module in an isolated and iterative process, the NBA has taken a broader approach to reviewing and updating the guidelines, by considering the entire suite of modules. The objective of this is to potentially adopt a methodology that will enable more rapid updating of the guideline recommendations and to transition to a ‘living guideline’ model. As part of this process improvement opportunity, the NBA has purchased a licence to the MAGIC authoring and publication platform (MAGICapp) for guidelines and evidence summaries.

In May 2021 the NBA published the *Guideline for the prophylactic use of Rh D immunoglobulin in pregnancy care*. At the time of publication, the evidence used in the guideline was over two years old. The NBA reviewed the more recent evidence base during 2021 and as a result some minor changes to the evidence base were identified. The NBA collaborated with an expert reference group to determine the impact on the guidance, and some minor amendments were made to the guideline as a result. The guideline is now being updated in MAGICapp and the updated version will be released early in 2022–23. The NBA has also developed an implementation plan for activities to promote and facilitate uptake of the guideline. Development of a complementary educational resource as part of the BloodSafe eLearning program is underway.

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 in 2021–22, the development process was reviewed and amended to facilitate publication within a condensed timeframe. The project is now well underway and will incorporate several processes from the preferred ‘living guideline’ model in a pilot project using MAGICapp.

While the review of guidelines 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.

AWARDS SPONSORED BY THE NATIONAL BLOOD AUTHORITY IN 2021

The Blood conference is the annual scientific meeting of the Haematology Society of Australia and New Zealand, the Australian and New Zealand Society of Blood Transfusion and Thrombosis (ANZSBT) and the Haemostasis Society of Australia and New Zealand.

Each year, the ANZSBT Council awards prizes sponsored by the NBA for outstanding presentations to the Blood conference. In 2021 the NBA sponsored the following awards:

- ◆ The best oral or poster abstract with a transfusion focus by a young investigator
- ◆ The best poster or oral presentation on haemovigilance
- ◆ The best poster or oral presentation on patient blood management.



Dr Lauren Waters,
Young Investigator Award

The recipient of the Young Investigator Award was Dr Lauren Waters, for her research 'Calcium is a key mediator of the phenotypic changes in cryopreserved platelets'.

Dr Waters is a Postdoctoral Research Fellow at Australian Red Cross Lifeblood.

The study demonstrates that calcium plays a crucial role in mediating cryopreservation-induced changes to frozen platelets. The addition of the calcium chelator BAPTA-AM prior to cryopreservation reduces these alterations, improving platelet recovery and quality.



Ms Shannon Morgan,
Best Poster/Oral
Presentation on
Haemovigilance Award

The recipient of the Best Poster/ Oral Presentation on Haemovigilance Award was Ms Shannon Morgan for her poster 'Sustained reduction in Wrong Blood in Tube (WBIT) incidents at Townsville

University Hospital (TUH)', with co-author Natalie Shiells. Ms Shiells commenced this body of work in 2018 after identifying an opportunity for improvement and continued to support Ms Morgan in its implementation. Ms Morgan is Clinical Nurse Consultant Haemovigilance Officer at Townsville Hospital Health Service, Queensland Health.

The research aimed to achieve a sustained reduction in WBIT incidents at TUH using the positive patient identification (PPID) functionality in the integrated electronic medical record (ieMR) to reduce the risk of delayed treatment, adverse transfusion outcomes and unnecessary specimen recollection. By using an organisation-wide approach to monitoring through a PPID / positive accession identification (PAID) dashboard, managing and reviewing WBIT discrepancies, the opportunity for error has been reduced. A reduction in WBIT incidents will return valuable time to frontline clinicians and pathology staff, reduce the financial impact of specimen recollection, and improve the patient's overall healthcare journey and safety.



Dr Allison Mo, Patient Blood Management Award

The recipient of the Patient Blood Management Award was Dr Allison Mo for her research 'Changing red blood cell (RBC) and platelet transfusion in myelodysplastic syndromes (MDS):

A 15-year Australian population data-linkage study'. Dr Mo is a clinical and laboratory haematologist at Monash Health. The study aimed to characterise the transfusion needs of MDS patients and explore transfusion-related outcomes. It highlights the high

transfusion burden on MDS patients, and related adverse cardiac and bleeding outcomes. RBC transfusion requirements reduced over time but platelet transfusions increased; this may be related to changing MDS-related therapies or clinician practices. These data will help in the design of future MDS transfusion trials, which should include quality-of-life and health economics outcomes, given the burden of transfusion on elderly patients.

More information about the 2021 award recipients and previous recipients can be found on the NBA website at www.blood.gov.au/nba-funds-annual-blood-conference-awards.

BLOODSAFE ELEARNING AUSTRALIA

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

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

The first course of this education and training initiative for healthcare professionals, Clinical Transfusion Practice, was released in late 2007. The 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.

Highlights from 2021–22 include:

- ◆ There were 60,373 new users during the year. Since 2007 the total number of users has grown to over 1.753 million.
- ◆ Participants completed 2.6 million BloodSafe eLearning hours of learning.
- ◆ The Preoperative Bleeding Risk Assessment course was finalised and released on 19 October 2021.
- ◆ An Rh D Ig course was developed and is due for release in early 2022–23.

BloodSafe eLearning also has a series of standalone videos available to view or download for later use. Most are under five minutes and suitable for education sessions.

To access the courses, go to <https://learn.bloodsafelearning.org.au>.

NATIONAL SAFETY AND QUALITY HEALTH SERVICE STANDARDS

The NSQHS standards, produced by the ACSQHC, are designed to protect the public from harm and improve the quality of health care. 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 and ensuring that any blood and blood products that patients receive are safe and appropriate. The Blood Management Standard covers all elements in the blood management and clinical transfusion process and includes the PBM principles.

During 2021–22 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 focused on helping Australian health providers to meet the NSQHS Blood Management Standard requirements.

BLOOD PRODUCT MANAGEMENT

The NBA has maintained a focus on activities to support measures to improve blood management and appropriate use, as articulated in the National Patient Blood Management Implementation Strategy 2017–24 and the National Blood Product Management Improvement Strategy 2018–24. This focus continued through the challenges to blood inventory levels presented by COVID-19 impacts.

In 2021–22 the NBA continued to implement the National Blood Product Management Improvement Strategy by:

- ◆ continuing to progress the national transition to the updated blood product barcodes ISBT 128 DataMatrix and GS1 DataMatrix as part of an update to the *Barcode specifications for blood and blood products funded under the national blood arrangements* (Barcoding Specification) so that the barcoding policy requirements are embedded in supply contracts and implemented by all suppliers by an agreed date
- ◆ initiating the development of a blood tracking framework for the blood sector that will build on the Barcoding Specification
- ◆ completing analysis of red blood cell issues, transfers and discard patterns across Australia for 2017–21, including separate analysis for each jurisdiction
- ◆ engaging with Lifeblood to develop a range of questions for jurisdictions to understand the drivers of red blood cell demand
- ◆ analysing 2017–21 data on non-fresh blood product issues and discards to develop discard target recommendations for the fresh blood components
- ◆ meeting with two jurisdictions to develop discard target recommendations for the fresh blood components
- ◆ creating two posters on general group O RhD negative red blood cell management and emergency group O red blood cell issue. The posters are available for download on the NBA website at www.blood.gov.au/national-standard.

GROUP O NEGATIVE RED BLOOD CELL MANAGEMENT

The NBA formed an O RhD negative red blood cell expert working group. The working group developed a draft joint national statement for the emergency use of group O red blood cells. The working group membership includes representation from small and large jurisdictions, independent experts who have implemented a program in their hospital or jurisdiction, and key organisations:

- ◆ National Blood Transfusion Committee (Australian Red Cross Lifeblood)
- ◆ Australian and New Zealand Society of Blood Transfusion
- ◆ National Pathology Accreditation Advisory Council
- ◆ Australian College of Rural and Remote Medicine
- ◆ Australian College of Emergency Medicine.

The draft statement has been provided to key stakeholders and the organisations represented on the working group for comments prior to publishing in 2022–23.

The working group has also commenced the development of accompanying guidance for the management of red blood cells, including inventory management.

PROCESS IMPROVEMENT FOR DEVELOPING THE SUPPLY PLAN AND BUDGET

Since 2003 the NBA has successfully maintained an annual supply of blood and blood products within a 5 per cent variance from the National Supply Plan and Budget (NSP&B). This has been achieved by ongoing identification of new data sources that can help us to identify current use trends, research and analysis to understand likely future use, and ongoing engagement with jurisdictions and suppliers on product needs and availability.

Over time, additional products have been added to the arrangements, which has resulted in a complex dataset and forecasting model that is a challenge to sustain. To address this, the NBA engaged Bevington Group to review the NSP&B processes and identify opportunities to strengthen, streamline and simplify them.

The review made several key findings and recommendations that the NBA is implementing in 2022–23. As an outcome, the NBA will ensure that its process is more robust and streamlined, allowing more time to analyse and understand trends, and less time managing underlying data, resulting in:

- ◆ better quality and more timely insights and reporting
- ◆ more reliable budget recommendations
- ◆ a process that enables performance to be sustained into the future.

The improvements are to be implemented in two phases. Those in Phase 1 are tactical improvement opportunities, mainly relating to people, processes and tools, that may be implemented in a relatively short timeframe.

Phase 2 builds on this by implementing technology-based improvements that relate to a fit-for-purpose planning solution. The focus of this phase is to implement a fit-for-purpose planning solution that could include automated data inputs and integrated ‘real-time’ data feeds from the source, supplemented with provider ‘self-serve’ uploads.

These foundational improvements will then enable the NBA to optimise its technology investment in future phases.

The NBA has commenced implementing the Phase 1 changes to its processes for establishing and monitoring the NSP&B. These will be in place for 2022–23 monthly reporting and the development of the 2023–24 NSP&B.

NATIONAL IMMUNOGLOBULIN GOVERNANCE PROGRAM

Through its National Immunoglobulin (Ig) Governance Program, the NBA continued to drive improvements in the use of Ig nationally. (For more on this program, see ‘Governance of access to and use of immunoglobulin’ under Strategy 2.)

A network of committees and interest groups provide advice to inform the work of the Ig Governance Program.

The main NBA committee for this work is the National Immunoglobulin Governance Advisory Committee (NIGAC). Four immunoglobulin specialist working groups (SWGs) provide expert advice and comment to the NBA in the areas of haematology, immunology, neurology and transplantation.

NIGAC is a key body assisting the Ig Governance team in its implementation of the National Immunoglobulin Governance Program Performance Improvement Strategy. Amongst other things, the NIGAC and SWGs provide expert evidence-based advice in the NBA's continuous review of the Criteria.

CRITERIA FOR IMMUNOGLOBULIN USE

In 2021–22 the NBA continued to evolve the Criteria. We also reviewed the process for making changes to the Criteria to allow more timely updates.

The NBA has been active in reviewing and evolving the Criteria based on publications, reviews, and clinical expert advice from the SWGs. Each SWG now has a work plan, developed in 2021–22, that supports the review of the Criteria. The work plans provide a mechanism for focusing activities of the SWGs going forward. They were developed considering priorities identified by the NBA and the SWGs and taking into account the findings of recent Medical Service Advisory Committee reviews of nationally funded Ig treatment for certain conditions.

In 2021–22 the SWGs reviewed Ig use and evidence for:

- ◆ solid organ transplantation
- ◆ Guillain-Barré Syndrome
- ◆ chronic inflammatory demyelinating polyneuropathy (CIDP)
- ◆ vaccine-induced immune thrombotic thrombocytopenia (VITT)
- ◆ vaccine-associated myocarditis and pericarditis
- ◆ allogenic haematopoietic stem cell transplantation
- ◆ acquired hypogammaglobulinaemia
- ◆ heparin-induced thrombocytopenia
- ◆ haemolytic disease of the newborn
- ◆ primary immunodeficiency disease – common variable immunodeficiency
- ◆ secondary hypogammaglobulinaemia – chronic disseminated enterovirus infection.

The process for making changes to the Criteria has been refined to enable the NBA to update the Criteria in a timelier manner. The refined process for amending the Criteria takes account of the need to access the right expert advice based on the type of proposed change and its impact. The process recognises the pre-eminence of timely expert clinical guidance and advice being received by the NBA from NIGAC and the SWGs. It also recognises that Criteria changes have a spectrum of impact, with some being relatively minor (such as editorial changes) and others more significant (such as potentially adding new conditions that could increase usage and costs) and therefore requiring deeper consideration.

IMMUNOGLOBULIN KNOWLEDGE RESOURCES

In 2021–22 the NBA continued to harness opportunities for increasing knowledge of Ig use and management. This included continuing to provide governance and advice to support both NPS Medicinewise and AusPIPS in their development of resources for clinicians, dispensers and consumers.

The NPS Medicinewise Value in Prescribing (ViP) Program developed resources about Ig use to support clinicians, dispensers and consumers. Fourteen clinical and consumer resources have been published. NIGAC provided expert advice as the steering committee for the ViP initiative.

The ViP clinical resources are organised under immunological, neurological and haematological conditions. In addition to clinical and governance advice, they provide tools to guide conversations with patients. The consumer resources provide information on important aspects of Ig treatment such as switching Ig products, stopping or reducing Ig treatment, and what to consider when moving from paediatric to adult care.

AusPIPS recently released a consumer information brochure explaining the uses of Ig replacement therapy and providing tips for new and existing patients receiving treatment. The NBA has promoted this resource through its communication channels.

RESEARCH AND DEVELOPMENT

To support the development of best practice models of the 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.

The NBA's National Blood Sector Research and Development Program was established in 2015 as a nationally coordinated effort to address evidence gaps in the blood sector. It is a relatively small, niche program that helps support the appropriate use of blood and blood products. It has funded 40 research projects to date, totalling almost \$6 million.

In 2021–22 the NBA reviewed and updated its research priorities for this program to focus on areas where research is most needed and where funding will be most effectively directed. The NBA engaged Allen + Clarke consultants to review and update the National Blood Research and Development Strategic Priorities. The Research and Development Strategic Priorities are a resource to help the sector deliver better patient and donor outcomes while ensuring value for money for the Australian community. This project has finished, and the final report is available on the NBA website.

The updated priorities will be used to provide focus and scope for Round 6 of the National Blood Sector Research and Development Program, which is expected to open for applications later in 2022.

The NBA continues to support and facilitate research projects in Ig use and patient blood management funded through earlier rounds of the program.

Grantees provide regular status updates on their projects to the NBA so that they can track their progress against agreed outcomes. In response to the COVID-19 pandemic, the NBA has supported grantees experiencing COVID-19 related delays by making variations to their completion dates when needed.

Despite the ongoing impacts of COVID-19, three research projects were successfully completed in the reporting period. These completed projects resulted in seven publications, with another publication currently under review.

NATIONAL BLOOD SECTOR RESEARCH AND DEVELOPMENT PROGRAM

Research is valuable to the whole blood sector as it improves evidence about blood products and helps inform good decisions by governments, patients and clinicians. The National Blood Sector Research and Development Program has focused on research relating to patient blood management (PBM) and the appropriate use of immunoglobulin (Ig). The following example of a PBM-funded project from Round 5 of the program highlights these benefits.

TRANSFUSION PRACTICE IN INTENSIVE CARE UNITS

The International Point Prevalence Study of Intensive Care Unit Transfusion Practices (iNPUT) is investigating transfusion practice in intensive care units (ICUs) across Australia and overseas.

ICU patients often develop life-threatening blood disorders such as anaemia, thrombocytopenia (low platelet count) and coagulopathy. Although transfusions of blood products can be lifesaving, they can lead to infections and multi-organ failure.

Decisions to transfuse patients are informed by the evidence-based Patient Blood Management Guidelines (PBM Guidelines) for practice in Australia. However, the existence of some evidence gaps in these guidelines means that different ICUs have been taking different approaches to transfusion practices.

Associate Professor Zoe McQuilten of Monash University is leading the study in Australia, collecting data from approximately 47 Australian ICUs.

InPUT Study

International Point Prevalence Study of Intensive Care Unit Transfusion Practices



> 800 patients
(> 2900 worldwide)

Which ICU patients receive blood products, which blood components are used (and why), and what are the outcomes?

Measures:

- Type & amount of product
- Transfusion triggers
- Laboratory results
- APACHE score
- 28-day outcomes

33 ICU sites
across Australia &
New Zealand



Blood Synergy

iNPUT captures data on all adult patients (18+ years) admitted to ICU at participating sites over the 1 week study period

International collaborators are doing the same in their countries. All adult patients admitted to participating ICUs will be included in the study. They will be monitored for one week, with follow-up at 28 days to see how they are recovering.

This study is designed to provide a comprehensive understanding of current ICU transfusion practice, inform the PBM Guidelines, and identify areas for practice improvement so that healthcare professionals can improve patient outcomes and save lives.

STRATEGY 4:

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

The NBA works with state and territory governments on 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 summary of performance against key indicators for this strategy is provided in Table 2.13.

TABLE 2.13 Key performance indicators: Develop policy and provide policy advice on the sustainability of the blood sector

SUMMARY OF RESULTS AGAINST 2021–22 KEY PERFORMANCE INDICATORS	
New Output Based Funding Model in place	Met A new OBFM for 2022–23 to 2024–25 was agreed with Lifeblood for implementation from 1 July 2022.
Effective advice provided by the NBA to support policy decisions on the sustainability of the blood sector	Met The NBA continues to provide advice on the relationship between supply and demand for fresh and commercial products. This is central to the NBA’s management of the national blood supply on behalf of all Australian governments. The NBA proactively searches for new and emerging trends through its horizon-scanning activities to support its policy advice to governments. During 2021–22 the NBA provided advice and guidance to governments and others regarding blood inventory pressures arising from COVID-19 pandemic management.
Health technology assessments are completed and inform modifications to Ig policy and access criteria as required	Met Health technology assessments were completed and their recommendations incorporated into work streams for prioritisation and action.

Performance criteria source: NBA Corporate Plan 2021–22 to 2024–25, p. 27.

DELIVERY OF STRATEGY 4

In 2021–22 the NBA continued to provide advice and guidance on strategies to ensure the sustainability of the blood sector by balancing the available supply of blood and blood products with current and forecast future demand.

As indicated elsewhere in this report, the national demand for and supply of blood and blood products was highly dynamic and challenging in 2021–22. This was due to the fluctuating impacts of COVID-19 pandemic management by governments, supply chain and logistics issues, global pressures, changes in the demand for health care, changes in the behaviour of communities and blood donors, and other factors.

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, 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 continued its horizon scanning of international experience that may influence the management of blood and blood products in Australia. It 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 issues relating to product use and technologies.

RENEWAL OF LIFEblood FUNDING ARRANGEMENTS

The NBA and Lifeblood agreed to a new three-year Output Based Funding Model (OBFM) that commenced on 1 July 2022 and will continue until the end of the current Deed of Agreement on 30 June 2025. The key changes from the previous OBFM are:

- ◆ The annual indexation rate increases from 1.95% to 2.22% to account for actual cost increases to Lifeblood.
- ◆ Lifeblood will no longer have the option to retain up to \$5 million from surplus funds at the end of each financial year.
- ◆ The OBFM Risk Reserve will also no longer be retained by Lifeblood.

The new OBFM provides significant improvements for governments and estimated savings of \$163.89 million over three years. The outcomes of the negotiations were incorporated into the National Products Price List and the National Supply Plan and Budget for 2022–23.

HEALTH TECHNOLOGIES REVIEW

The NBA supports Health Technology Assessment (HTA) reviews of selected conditions that use Ig as a treatment. In 2021–22 a review of Ig for chronic inflammatory demyelinating polyneuropathy (CIDP) was finalised. This review is available on the Medical Services Advisory Committee (MSAC) website (1564 – Review of Immunoglobulin use for Chronic Inflammatory Demyelinating Polyneuropathy).

The recently developed specialist working group (SWG) work plans (2021–2024) have incorporated recommendations made by MSAC in its HTA reviews relating to the Criteria for the Clinical Use of Immunoglobulin in Australia. SWG work plans were endorsed by the National Immunoglobulin Governance Committee in December 2021. Activities under these work plans have commenced.

POLICY ADVICE TO GOVERNMENT

The NBA provides advice to governments on the relationship between supply and demand for fresh and commercial products, the cost of plasma for fractionation, and the cost of domestic and imported Ig and other plasma-derived products. These factors relate to several key policy settings and are central to the NBA's management of the national blood supply on behalf of all Australian governments.

The NBA also proactively searches for new and emerging trends through its horizon-scanning activities to support its policy advice to governments.

During 2021–22 the NBA provided advice to governments regarding blood inventory pressures and supply challenges arising from the continuing effects of COVID-19 pandemic management.

STRATEGY 5:

BE A HIGH-PERFORMING ORGANISATION

The NBA maintains and develops organisational capabilities and processes that enable us to perform at a high level.

A summary of performance against key indicators for this strategy is provided in Table 2.14.

TABLE 2.14 Key performance indicators: Be a high-performing organisation

SUMMARY OF RESULTS AGAINST 2021–22 KEY PERFORMANCE INDICATORS	
NSP&B agreed by governments	Met National Supply Plan and Budget 2022–23 approved by all Australian Health Ministers following review and endorsement by the Jurisdictional Blood Committee
New workplace arrangement for NBA staff in place	Met New wages determination commenced 17 January 2022
Better work environment for NBA staff provided	Met Safe work arrangements provided during COVID-19, including flexible working arrangements Microsoft 365 implementation
NBA remains an employer of choice with a staff engagement score of 75% or more	Met 2022 engagement score of 75%
A safe and healthy working environment is maintained with a reportable incident rate of less than 2%	Met 2021–22 incident rate of 1.45% (1 notifiable incident / 69 headcount as at 30 June 2022)
Staff completion of mandatory annual online learning and development modules by not less than 90% of staff	Partially met 89% of staff completed mandatory training

Performance criteria source: NBA Corporate Plan 2021–22 to 2024–25, p. 30.

DELIVERY OF STRATEGY 5

The NBA continued to develop capability across a broad range of business programs and activities and was able to achieve a good result against all performance indicators in 2021–22. We did so by:

- ◆ developing the National Supply Plan and Budget (NSP&B) for 2022–23 and securing agreement to it from all states and territories
- ◆ supporting our people through a challenging time as the COVID-19 pandemic continued
- ◆ upgrading our ICT systems and security
- ◆ improving the work environment for our staff.

NATIONAL SUPPLY PLAN AND BUDGET AGREED BY GOVERNMENTS

The NBA successfully developed and secured agreement from all Health Ministers for the 2022–23 NSP&B. The NSP&B is key to enabling the NBA to achieve security of supply. Its development each year involves forecasting supply and demand based on data trends and market analysis, and liaising with each state and territory government to inform accurate estimates and understand variations in the operating environment. More discussion of the NSP&B can be found under Strategy 1.

SUPPORTING OUR PEOPLE

The NBA was able to continue to deliver on its key business outcomes through more than two months of lockdown in the ACT in late 2021 and through continuing peaks of community COVID-19 transmission. Key to the NBA's success was ongoing communication from the Chief Executive and the Chair of the Board, who provided regular updates and support and clear advice to staff on strategies and actions to ensure the NBA operated in a COVID-safe way. See 'Working in lockdown and beyond' in this report for further information.

STAFF ENGAGEMENT

Despite a demanding year, the results of the 2022 APS employee census show that staff remained generally positive about the NBA's performance and operations. The NBA met its KPI of an employee engagement score of 75 per cent, with 88 per cent of employees participating in the census. Satisfaction with leadership was high: 70 per cent and 78 per cent of staff respectively rated the Senior Executive Service and their supervisors positively. Ratings for change management improved. Communication in the NBA continue to be rated positively, with the NBA's communication index sitting at 69 per cent. The NBA performed better than the APS average in enabling innovation and supporting employee wellbeing.

In 2021–22 the NBA ran a series of staff workshops to unpack the 2021 census results, with a focus on strategies for maintaining and building high performance in the NBA. Generally, the workshops confirmed that the NBA is on the right track and that the priority is to focus on continuous improvement in areas such as provision of tools and resources, internal communication, and leadership and management.

The NBA will use the 2022 APS employee census result to prioritise ongoing strategies.

REMUNERATION ARRANGEMENTS

The NBA revised its remuneration arrangements in 2021–22, replacing the previous *Public Service Act 1999* determination with a new one. The NBA held extensive consultations with staff around the option of renegotiating our enterprise agreement or providing wage increases through a new determination. Staff overwhelming (93% of those who responded to the sentiment survey) supported putting in place a new determination. The determination commenced on 17 January 2022, with staff receiving a 1.9% increase from 19 January 2022.

RECRUITMENT

The NBA is active in attracting the skills, experience and talent required to deliver our business. Like many other APS agencies, we found 2021–22 a challenging year for recruiting staff. Navigating the competitive labour market has required us to use different approaches, including instituting temporary employment and mobility registers, sourcing APS staff and external staff through recruitment agencies, and using APS networks and communities of practice. Changes were also made to our job descriptions, and we increased our advertising through social media.

As a small agency, it is difficult for the NBA to establish the range of entry-level programs that are often used in larger agencies. In 2021–22 the NBA tapped into the graduate program run by our portfolio agency, the Department of Health and Aged Care, providing placement opportunities in the NBA for graduates participating in the program. See ‘Focus on graduate recruitment’ in this report for further information.

The NBA is continuing to explore other opportunities, including internships and APS-wide programs, to build capability across the agency.

PROFESSIONAL DEVELOPMENT

The NBA is committed to building and retaining the skills, experience and talent required to deliver our business.

Despite the limiting effect of the pandemic on professional development, the NBA has continued to facilitate online training and on-the-job training, including induction and annual mandatory training. In 2021–22 we implemented three-stage writing training for all staff to support and enhance the NBA’s guidance and advice role. Where possible we have run these courses face to face, to assist with building staff cohesion and engagement. This has been supplemented with virtual delivery where necessary.

The proportion of staff completing annual mandatory training requirements was just short of the 90 per cent target. This was due to turnover of staff and technical challenges with some eLearning modules. We are currently reviewing our approach to mandatory training to ensure staff and contractors remain across the key requirements for working in the NBA.

INFORMATION MANAGEMENT AND TECHNOLOGY

ICT MODERNISATION

In 2021–22 the NBA’s ICT team completed the first phase of the agency’s corporate modernisation project by delivering a secure and collaborative desktop computing system and infrastructure that significantly upgrades our digital continuity capabilities. This involved migrating the entire corporate environment to the cloud-based operating system Microsoft 365 (M365) in May 2022 and, in parallel with the M365 rollout, issuing laptops to all staff.

The successful rollout of laptops enables NBA staff to work securely within the NBA digital environment in any physical location. This strengthens the NBA’s performance across all strategies by facilitating better working from home and hybrid work arrangements.

SECURITY

The NBA continued to monitor and enhance the protective security and cyber resilience of its ICT systems and infrastructure in 2021–22. We continued to improve the agency’s security posture, with a new Security Plan delivered in 2021–22 that maps out the improvements we hope to achieve in 2022–23.

The NBA also continued to implement the Australian Signals Directorate recommended Essential 8 controls as part of our ongoing active management of cyber security.

BLOOD SECTOR KNOWLEDGE DEVELOPMENT

A wide range of work contributed to blood sector knowledge development across the NBA in 2021–22. This includes:

- ◆ attending (or virtually attending) relevant domestic and international meetings and conferences to maintain and share current information and knowledge of domestic and global blood sector issues
- ◆ staff visits to blood product manufacturing facilities and distribution centres to support an understanding of the blood and blood products supply chain
- ◆ monitoring and reporting on international issues and trends relevant to the management of blood arrangements in Australia.

During 2021–22 the NBA continued to release regular summary reports on international trends that may influence management of blood and blood products in Australia. These reports are published on our website under ‘Monitoring international trends for the blood sector’ and are also sent directly to selected internal and external stakeholders.

FOCUS ON GRADUATE RECRUITMENT

The NBA emphasises learning and development for existing staff, enabling us to grow our own capability and skills within the agency. In 2021–22 we extended this ‘grow our own’ approach to focus on entry-level recruitment in a challenging labour market.

Having determined to invest in creating an entry-level program at the NBA, we partnered with the Department of Health and Aged Care to host two graduates for the first time. Our first graduate, Corey Lillington, joined us as part of the department’s 2021 graduate program. The experience was a great success, and Corey now works in our Commercial Blood Products team. We are pleased to have also hosted our second graduate, Angela Salcedo, in the 2022 program.

Angela and Corey have provided the following reflections on their graduate experience with the NBA.

ANGELA SALCEDO – HEALTH GRADUATE PROGRAM 2022



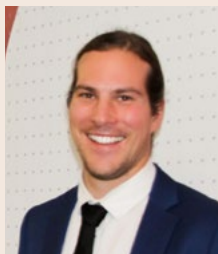
For the second rotation, the NBA was listed as a preference for a unique secondment opportunity within a smaller agency – highly sought after within the Graduate Program.

I was successfully matched to the Immunoglobulin (Ig) Governance team in the NBA. After meeting my team, agency staff and executives, I felt incredibly valued, nurtured and welcomed. The Commercial Blood Products team also took me under their wing and provided me with support throughout my experience so far.

I was given a long-term project for chronic inflammatory demyelinating polyneuropathy (CIDP). This involved the planning and implementation of a workshop comprising the best neurologists in Australia, to develop strategies to improve CIDP diagnosis and reduce inappropriate Ig usage in Australia. This work allows me to see the stages of policy development and change whilst learning important APS skills like procurement and stakeholder engagement. In this rotation, I’ve had the exciting opportunity to travel interstate to the Strategic Blood Forum Conference in Sydney – an opportunity a graduate doesn’t usually get exposed to.

I am incredibly thankful to my team and fellow staff who have made my experience a positive one so far and looking forward to more great opportunities in the future.

**COREY LILLINGTON – NBA
EMPLOYEE, HEALTH GRADUATE
PROGRAM 2021**



I had a burning curiosity about what it would be like to work at one of these smaller agencies. With a medical science background, I also have a passion for

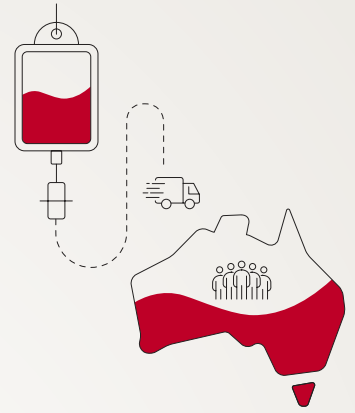
science and a continuing desire to develop my understanding of the medical world. When the National Blood Authority appeared as an option for my third rotation, I picked up the phone and began speaking to the listed contacts. I was impressed by their involvement with the stakeholders on the ground and the work to keep the blood sector operating smoothly.

Starting my rotation during lockdown wasn't easy but I felt very supported by my supervisor, my development at the forefront of her thinking. My grad

projects included reforming a committee whose governing documents required updating as well as the secretariat for that committee, addressing a recommendation from the Australian National Audit Office and, my personal favourite, reforming the process for scientists to gain access to plasma material for research so they could progress Australia's understanding of the medical field!

When it came to the end of my rotation, I chose to stay at the National Blood Authority because I felt I was making a real impact in improving the lives of Australians, I loved my team and our constant banter, and I could see how enthusiastic my new supervisor was to develop me further into a senior contract management officer with real skills. My development in data analysis has placed me at the forefront of supply planning for all immunoglobulin products, and my findings make a real impact on the decisions made by the NBA to ensure a continuing supply of life-saving products for the Australian public, which I take pride in.

PART 3



MANAGEMENT AND ACCOUNTABILITY

Corporate governance

External scrutiny

Fraud control

Our people

LYN'S STORY



I am happily married with two daughters and three beautiful grandchildren. Being a grandma has become my favourite role now. I have been a nurse/midwife

throughout my working life, commencing as a community midwife in 2001. This was a position I greatly enjoyed, and I struggled with the need to retire due to ill health in 2008.

I was diagnosed with a primary immune deficiency in 2000 following a previously tough year with pertussis (whooping cough) but my actual diagnosis came in 2019 with combined immune deficiency. I had experienced ill health for several years before my diagnosis, but it wasn't until I was slow to recover from pertussis that investigations commenced and eventually provided a preliminary diagnosis of hypogammaglobulinaemia.

Learning to live with an immunodeficiency (which was recently compounded by a pandemic) has been a challenging time. I spent many years as a hospital frequent flyer, requiring admission 4–6 times annually with severe chest infections or pneumonia. I needed to stay for 10–14 days, then took some time to recover at home. This was a difficult time for me personally and for our family.

I needed to retire from working and acquired many comorbidities due to both impacts of infections and the treatment for those infections. I now manage those comorbidities with medication and lifestyle changes and many medical reviews.

Fortunately, I have a good medical team of many specialists supporting me and helping me to live my best life possible.

I commenced Intragam (intravenous immunoglobulins) in 2000 at three-monthly intervals, which was quickly increased to six weekly, then four weekly, then three weekly and eventually weekly by 2015. Throughout this period, I also required long-term antibiotics. I then started to gradually reduce my hospital admissions and manage most infections at home. I self-advocated for SCIG (subcutaneous immunoglobulins), which I happily commenced in 2021.

Since weekly Hizentra (SCIG) commenced I have had no unplanned hospital admissions, have incredible freedom to travel and no longer require weekly hospital day admissions. I needed a PICC line for 12 years to assist with intravenous infusions, which was no longer required, affording more freedoms such as swimming. I'm now able to enjoy life and family, especially my grandchildren, and we are planning to travel to some of those 'bucket list' destinations soon. I even managed some of the summer period last year without antibiotics, which was a positive step forward for me. I've also enrolled to start studying again.

My family and I will always remain incredibly grateful to those who take the time to donate blood or plasma and to all those working to produce these life-giving immunoglobulins. You contribute to the life and wellbeing of many people with varied conditions, including those of us with immune deficiencies. And we appreciate you all, remembering your gift and time, especially as we regularly infuse. Thank YOU!

Facilitated by Immune Deficiencies Foundation Australia

CORPORATE GOVERNANCE

NATIONAL BLOOD SECTOR GOVERNANCE ARRANGEMENTS

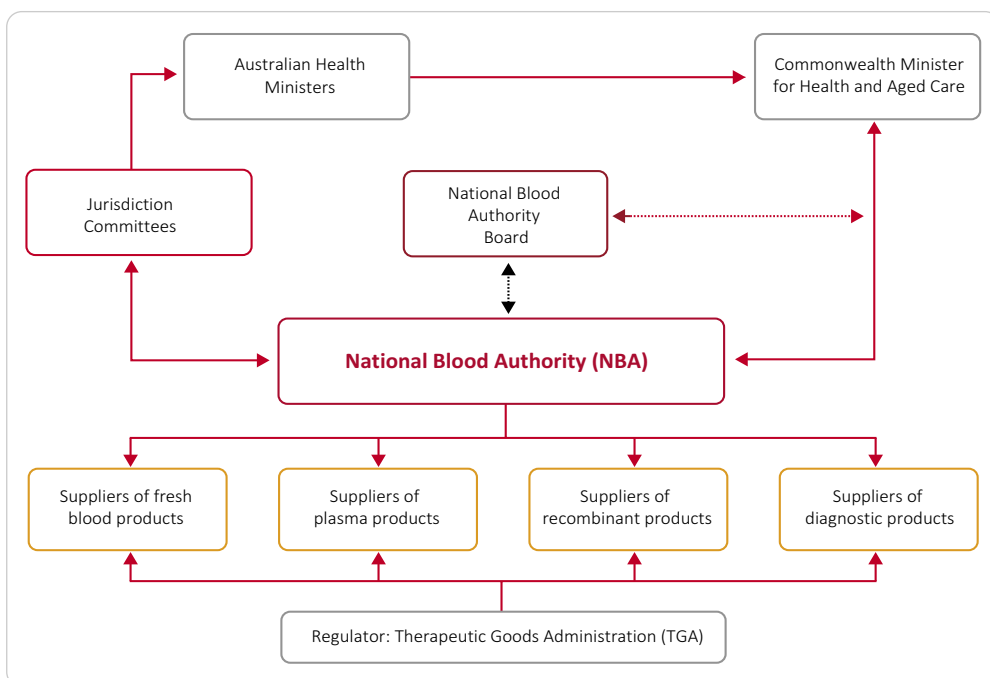
The NBA is established under the *National Blood Authority Act 2003*. It is a statutory body and portfolio agency of the Commonwealth Department of Health and Aged Care. Funding for the national blood arrangements is jointly provided by all Australian governments, with the Commonwealth Government providing 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 key governing bodies in the Australian blood sector and their roles and relationships are identified in Figure 3.1.

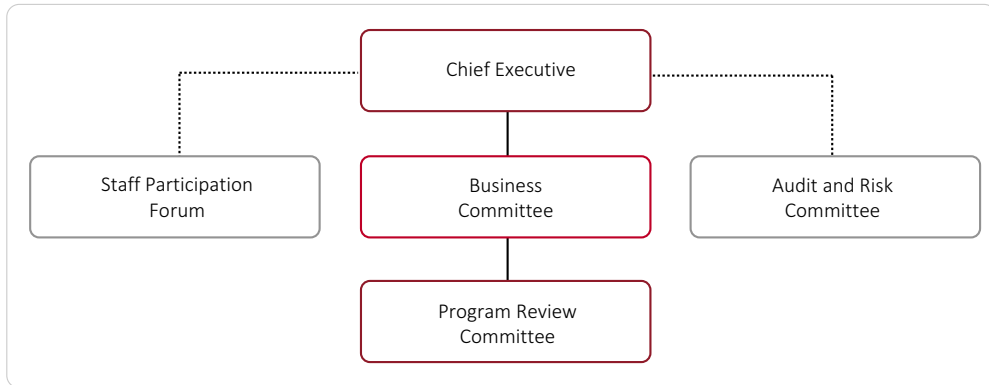
FIGURE 3.1 Blood sector governance



NBA GOVERNANCE ARRANGEMENTS

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 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 NBA 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 five times in 2021–22.

The ARC comprises independent members with relevant expertise appointed by the NBA Chief Executive. The ARC members in 2021–22 were:

- ◆ 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.

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 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 2021–22, matters considered by the ARC included:

- ◆ financial reporting
 - engagement with NBA management and the 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 the goods ordering and receipting verification process.

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 2021–22 work program encompassed audits of the NBA's goods ordering and receipting verification process.

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

PROGRAM REVIEW COMMITTEE

The NBA Program Review Committee focuses on the implementation and delivery of the 10 major NBA work areas to ensure strong performance and accountability and provides guidance and direction on issues and the forward work program.

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

STAFF PARTICIPATION FORUM

The Staff Participation Forum (SPF) is established under the NBA Enterprise Agreement as 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.

The SPF met twice during the 2021–22 financial year with a focus on COVID-19 and implementing a new workplace arrangement.

STATUTORY COMMITTEES

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

The terms of reference, membership details and section 38 instruments for these committees are available on the NBA website. Their roles and functions are as follows.

NATIONAL IMMUNOGLOBULIN GOVERNANCE COMMITTEE

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

The NIGAC met three times in 2021–22 and held an additional one-off special meeting in March 2022 to provide advice about patient impact relating to the allocation of commercial blood products.

The NIGAC is chaired by Emeritus Professor Robert Moulds. Its members represent medical specialisations, consumer advocacy, epidemiology, health economics, nursing, large and small jurisdictions, Australian Red Cross Lifeblood and the NBA.

The NIGAC is supported by the specialist working groups for immunology, haematology, neurology and transplantation medicine.

AUSTRALIAN BLEEDING DISORDERS REGISTRY STEERING COMMITTEE

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. It consists of representatives involved in the clinical management, advocacy, and funding of treatment for people with bleeding disorders.

The committee met three times in 2021–22 and provided advice on system enhancements to the ABDR; ABDR Steering Committee governance; product use and management for the treatment of bleeding disorders; and data access and analysis.

In June 2022 Dr Chris Barnes was appointed as the new Chair of the ABDR Steering Committee, taking over from Dr Simon McCrae. We thank Dr McCrae for his expertise and guidance provided to the committee and the NBA over the past four years, particularly his work on the alignment of the ABDR with the Canadian Bleeding Disorders Registry (CBDR), the review of data standards and finalising the privacy consent process.

The NBA welcomes Dr Barnes as the new chair. Dr Barnes has been a member of the ABDR Steering Committee, providing valuable advice and direction since October 2009. He has many years of experience as a researcher and in treating patients with bleeding disorders and is currently the Director of the Haemophilia Treatment Centre at the Royal Children's Hospital Melbourne.

PATIENT BLOOD MANAGEMENT ADVISORY COMMITTEE

The Patient Blood Management Advisory Committee (PBMAC) provides advice and guidance to the NBA about implementing patient blood management in Australia, including developing a new National Patient Blood Management Implementation Strategy.

The PBMAC was established in 2019, replacing the previous Patient Blood Management Steering Committee. Its members have expertise and knowledge in the health sector, blood management, education, quality and safety, and consumer issues.

The PBMAC is chaired by Dr Lilon Bandler, Associate Professor and Principal Research Fellow for the Leaders in Indigenous Medical Education (LIME) Network. Professor Bandler has been involved in medical education across the healthcare sector since 1985. She has worked in general practice for many years and currently provides regular GP services (including telehealth) to rural and remote western New South Wales. She is a member of the Macquarie University Humanities and Social Sciences Human Research Ethics Committee.

The PBMAC met once during 2021–22 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 and a bedside manual audit tool.

HAEMOVIGILANCE ADVISORY COMMITTEE

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.

The HAC is chaired by Associate Professor Alison Street AO, a member of the NBA Board. Its members have expertise and knowledge in the health sector, blood management, quality and safety, and consumer issues.

The HAC met twice during 2021–22 and several working groups also met to progress the following projects:

- ◆ 2019–20 National Haemovigilance Report
- ◆ Acute transfusion reaction guidance
- ◆ Australian Haemovigilance Minimum Data Set
- ◆ Haemovigilance in Australia and Beyond webinars to be hosted by the International Society of Blood Transfusion in August and September 2022
- ◆ Consultancy to define barriers to and incentives for haemovigilance in Australia.

EXTERNAL SCRUTINY

There were no judicial decisions, decisions of administrative tribunals or decisions of the Australian Information Commissioner in 2021–22 that had, or may have had, a significant impact on the NBA's operations.

There were no legal actions lodged against the NBA in 2021–22.

There were no reports on operations of the NBA by the Auditor-General, a parliamentary committee or the Commonwealth Ombudsman in 2021–22.

There were no capability reviews of the NBA released during 2021–22.

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

At 30 June 2022 the NBA had 68 staff employed under the *Public Service Act 1999* (PS Act). The NBA's average staffing level for 2021–22 was 59.99. The APS workforce was complemented by 26 contract staff, the majority of whom worked in the Information Technology Services team supporting blood sector systems and corporate ICT.

Most staff work out of the NBA's office in Canberra, with 3 staff outposted in Queensland, New South Wales and Victoria. Seventy-two per cent of APS staff are female. Sixteen per cent of APS staff work part time and 97 per cent of staff are ongoing APS employees. Almost 60 per cent of APS staff are at the AP6–EL1 level. In the 2022 APS employee census, 2 per cent of staff identified as Australian Aboriginal and/or Torres Strait Islander person, 17 per cent as having been born outside Australia, 11 per cent as having an ongoing disability and 10 per cent as LGBTIQA*. Further information on the NBA workforce is in Appendix 2.

As a small agency, the NBA provides an environment that empowers staff to take direct responsibility for delivering in a challenging and ever-changing sector. The NBA promotes an environment of diversity, agility, resilience, enthusiasm and leadership, with a strong work ethic.

During 2021–22 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 supports the Australian Public Service (APS) values, employment principles and code of conduct. All staff are expected to conduct themselves in line with these standards. NBA staff understand their responsibilities as Australian public servants and representatives of the NBA and the Australian Government.

The NBA's induction program requires new employees to complete mandatory eLearning on APS values and principles in addition to a suite of induction eLearning programs.

EMPLOYMENT ARRANGEMENTS

The 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 2022 and 2024 under the *National Blood Authority Determination 2022/1*. Individual flexibility arrangements are implemented with non-SES employees for additional entitlements to meet the genuine needs of the NBA and individual 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 PS Act.

TABLE 3.1 Australian Public Service Act employment arrangements 2021–22

	SES	NON-SES	TOTAL
National Blood Authority Enterprise Agreement 2015–18 and National Blood Authority 2022/01 Determination	0	66	66
<i>Public Service Act 1991</i> 24(1) determinations	2	0	2
Individual flexibility arrangements	0	13	13
TOTAL	2	79	81

REMUNERATION AND BENEFITS

TABLE 3.2 Australian Public Service Act employment by classification and NBA salary range 2021–22

	MINIMUM SALARY (\$)	MAXIMUM SALARY (\$)
SES 1	226,442	226,442
EL 2	128,157	144,389
EL 1	107,841	122,482
APS 6	87,374	98,569
APS 5	79,204	83,596
APS 4	72,820	76,945
APS 3	64,272	71,244
APS 2	55,618	60,692
APS 1	47,571	53,443

TABLE 3.3 Executive remuneration 2021–22

NAME	POSITION TITLE	SHORT-TERM BENEFITS			POST-EMPLOYMENT BENEFITS	OTHER LONG-TERM BENEFITS		TERMINATION BENEFITS	TOTAL REMUNERATION
		BASE SALARY	BONUSES	OTHER BENEFITS AND ALLOWANCES	SUPERANNUATION CONTRIBUTIONS	LONG SERVICE LEAVE	OTHER LONG-TERM BENEFITS		
John Cahill	Chief Executive	\$356,341	-	-	\$34,068	\$5,527	-	-	\$395,936
Elizabeth Quinn	Deputy Chief Executive	\$228,330	-	-	\$42,061	\$5,911	-	-	\$276,301
Anna Peatt	Deputy Chief Executive	\$243,686	-	-	\$42,389	\$5,605	-	-	\$291,679

TABLE 3.4 Remuneration for NBA Senior Executive Service (SES) staff 2021-22

TOTAL REMUNERATION BANDS	NUMBER OF SENIOR EXECUTIVES	SHORT-TERM BENEFITS			POST-EMPLOYMENT BENEFITS	OTHER LONG-TERM BENEFITS		TERMINATION BENEFITS	TOTAL REMUNERATION
		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	-	-	-	-	-	-	-	-	-
\$220,001-\$245,000	-	-	-	-	-	-	-	-	-
\$245,001-\$270,000	-	-	-	-	-	-	-	-	-
\$275,001-\$295,000	2	\$236,008	-	-	\$42,225	\$5,758	-	-	\$283,990

PERFORMANCE PAY

Performance pay was not a component of any remuneration for NBA staff during 2021–22.

NON-SALARY BENEFITS

NBA staff were provided with a range of non-salary benefits during 2021–22, including:

- ◆ access to purchase additional annual leave
- ◆ airport lounge membership
- ◆ car parking (for EL 2 staff and senior executives)
- ◆ Christmas close-down period
- ◆ breastfeeding facilities
- ◆ Employee Assistance Program
- ◆ 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
- ◆ rapid antigen tests (for COVID-19)
- ◆ influenza vaccinations for staff and their immediate family members
- ◆ laptop computers, peripherals, internet access and mobile phones
- ◆ professional development, mentoring and counselling
- ◆ professional memberships
- ◆ reimbursement of reasonable expenses associated with performance of duties
- ◆ reimbursement for financial advice associated with a voluntary redundancy
- ◆ 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. We facilitate this through sourced internal training, eLearning programs, external training, and development opportunities such as studies assistance, stakeholder engagement and participation in conferences.

The NBA's eLearning management system, Learnhub, supports 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 challenges arising from COVID-19 have placed unavoidable limitations on learning and development. In 2022, face-to-face training delivery was reintroduced where possible and in line with government health advice.

WORKING IN LOCKDOWN AND BEYOND

NBA staff spent much of the year working from home or in various hybrid office/remote arrangements as lockdowns and COVID-19 precautions continued. For the second year running, this meant finding ways to operate effectively with reduced in-person contact. For a small agency where most people normally work in the same building, it has been a challenge to reimagine how we work together remotely to deliver our outcomes.

Throughout the year, staff relied on frequent and clear communication about the changing situation and its impact on working arrangements. The Chief Executive sent regular messages updating us on executive decisions and management arrangements, and messages of support reflecting on achievements. The Chair of the NBA Board also sent regular messages of support to all staff.

PROVIDING COVID-SAFE CONDITIONS

A detailed COVIDSafe Plan, supported by a detailed risk assessment, outlined the NBA's approach to all aspects of controlling workplace exposure and risks. This was regularly updated to reflect changing advice from public health authorities. Rapid antigen tests were made available to staff and their immediate family members to assist in reducing the risk of COVID-19 exposure in the workplace. A checklist was provided to senior management to support them in making COVID-safe decisions that made sense for their teams.

As we came out of lockdown and began the gradual return to a 'new normality', the focus moved to returning staff to the office safely and managing staff moving back and forth between the office and remote work arrangements. We implemented the NBA's three-stage COVIDSafe Workplace Transition Plan – maintain, attain, sustain – supporting a measured and cautious return to the office, with a focus on balancing individual requirements and business imperatives. The agency collectively responded positively to each phase.

Several responses to the 2022 Australian Public Service census question about what the agency does well highlighted the NBA's effectiveness in managing the effects of the pandemic, with comments such as:

The agency is very understanding of pressures on staff outside of work (family commitments, health, covid) and encouraging a supportive environment.

Working arrangements during the pandemic have been managed well and staff have been supported with flexible working arrangements.

SUPPORTING MENTAL HEALTH AND MORALE

Throughout lockdown, hybrid working arrangements and return to the office, the mental health of staff has been a key consideration. Resources for mental health and wellbeing were provided, including access to the Employee Assistance Program.

While staff morale has remained generally positive, there has inevitably been some impact on social cohesion. To provide more opportunities for social engagement, the NBA Social Club was re-established in 2021–22 and is devising a range of virtual social events.

The NBA continuously reviews its approach to hybrid working arrangements, with a particular focus on increasing social cohesion and building strong relationships in this environment. For example, we continue to look for opportunities to run all-staff training and Chief Executive meetings in person in a COVID-safe way.

The reduction of in-person contact is particularly relevant for new staff, as starting a new job remote from colleagues has made it more difficult to establish new working relationships. In response to the challenge of inducting and welcoming new staff during a pandemic, the People and Communications team focused on improving remote induction programs and onboarding to remote working arrangements. We continue to explore options to improve the experience for new starters.

IMPROVING REMOTE AND IN-OFFICE WORK ENVIRONMENTS

In the second half of 2021–22 the NBA rolled out new ICT arrangements. Staff moved from remote work through a relatively slow remote connection using their own device to working on new NBA laptops with Microsoft 365 functionality. This enabled quicker and more effective video meetings and collaboration. Many staff have provided appreciative feedback about the rollout, citing the ease of communicating with colleagues as a significant change.

The gradual return to the office has coincided with a redesign and refit of the NBA's office premises. The upgraded workspaces will support more agile and collaborative work practices, enabled through improved technology. The refit will also strengthen our COVID-safe arrangements, including through improved space and ventilation.



WORK HEALTH AND SAFETY

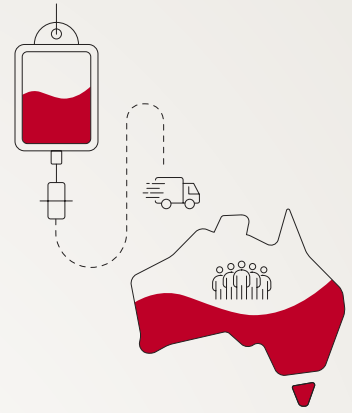
Workplace health and safety matters are standing agenda items that are routinely discussed at various organisational meetings. This includes regular reporting to the senior management group, the NBA Business Committee, the NBA Board and the Staff Participation Forum.

One notifiable incident was lodged with Comcare in April 2022. This related to suspected COVID-19 transmission. The NBA subsequently strengthened its advice to staff and its COVID-safe plan.

NBA initiatives to maintain its ongoing commitment to a healthy, safe and secure workplace during 2021–22 included:

- responses to COVID-19 issues, including regular messaging and guidance to and discussions with staff; COVID-19 signage and other visual aids and reminders; adoption of COVID-safe practices for workspaces, meetings and travel; hybrid working arrangements with attendance rostering and working from home arrangements; provision of rapid antigen tests for staff and their families; and provision of hand sanitiser throughout the NBA office
- expansion of ICT remote working capabilities and technology support for remote working, including the rollout of Microsoft 365 and provision of laptops
- ergonomic workstation assessments
- access to the Employee Assistance Program
- provision of sit-stand desks
- implementation and ongoing management of the work health and safety governance framework.

PART 4



FINANCIAL MANAGEMENT

Financial arrangements

Financial performance

Assets management

Purchasing

Financial statements

JACKIE'S STORY

I have common variable immune deficiency (CVID) and was diagnosed in late 2006 – having my first IVIg infusion in October, with ongoing supply approved in March 2007. CVID is a primary immune deficiency, which is an inborn error of immunity.

I started to get sick all of the time from the age of 23 in the early 1990s. I started to pick up lots of viruses and odd infections in that they seemed rather random, with bacteria that didn't impact on anyone else I knew – ears, lungs, skin and so many others. The infections became worse, targeting my lungs more and more. After 16 years, pathology showed that the bacteria in my lungs was only susceptible to IV antibiotics, and my GP at that time was forced to refer me into the hospital system.

Once the referral went through, 10 days later I was sitting in front of the consultant whose actions saved my life.

It turned out that I had the classic symptoms of someone with undiagnosed primary immune deficiency, specifically CVID.

As a result of going undiagnosed for 16 years, I had also developed congenital terminal lung disease due to severe scarring from repeated and severe infections. Like other people with primary immune deficiency, my dysregulated immune system had resulted in other autoimmune diseases and now, in 2022, I have had numerous other diagnoses which have been triggered by my flawed immune system. My team of doctors continue to run regular blood tests and other diagnostic tests to monitor and watch for further developing health problems. While some people with primary immune deficiency don't have other associated chronic diseases, many do and struggle with daily life like myself, even though it's wonderful to be alive and have quality of life again.



After 16 years of very poor health, my life ended up consisting of crawling in and out of bed and coughing up pus, in a drug haze.

After several months of infusions, IVIg dramatically improved my health and quality of life and I could start to live a somewhat normal life again, I then met and married my now husband in 2011.

I was on IVIg at the end every 21 days until December 2017, when I was given the opportunity to try SCIG weekly. I wasn't sure at first but it was easier than I expected. Three weeks later I woke up and didn't feel like rubbish anymore, as my body no longer struggled with such high and low swings of my Ig trough levels.

I know that I would be dead without Ig infusions and also without blood donors, who amaze me with their generosity. While I lost 16 years of my life to infections as a result of CVID, I now make sure that I live a life worthy of all that is invested in me via Australia's health system and I'm eternally grateful.

Facilitated by AusPIPS Inc.

FINANCIAL ARRANGEMENTS

FUNDING

The functions of the NBA are prescribed in the *National Blood Authority Act 2003*, with policy and administrative provisions contained in 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 5. Table 4.1 summarises the NBA's high-level funding and expenditure for 2021–22.

TABLE 4.1 High-level summary: departmental and administered funding and expenditure 2021–22

	FUNDING (\$M)	EXPENDITURE (\$M)
Departmental – NBA Operations	10.544	11.259
Administered – National Blood and Blood Products Supply	1,470.655	1,399.495

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 PGPA Act 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 2021–22. Details of departmental and administered results are shown in the audited financial statements. This summary should be read in conjunction with those statements.

AUDIT REPORT

The NBA received an unqualified audit report for 2021–22.

DEPARTMENTAL FINANCES

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

OPERATING RESULT

The NBA's income statement reports a 2021–22 operating loss of \$0.715 million, compared with an operating loss of \$0.475 million in 2020–21.

TABLE 4.2 Key financial performance 2017–18 to 2021–22

REVENUE AND EXPENSES	2017–18 (\$M)	2018–19 (\$M)	2019–20 (\$M)	2020–21 (\$M)	2021–22 (\$M)
Contributions from the Australian Government	5.590	5.682	5.681	5.510	5.513
Contributions from states and territories, and other revenue	4.087	4.469	4.769	5.242	5.031
Total revenue	9.677	10.151	10.450	10.752	10.544
Employee expenses	6.637	7.438	7.689	7.605	7.683
Supplier expenses	4.698	2.909	1.855	2.433	2.003
Other expenses	0.394	0.481	1.219	1.189	1.573
Total expenses	11.729	10.828	10.763	11.227	11.259
Operating result	(2.052)	(0.677)	(0.154)	(0.475)	(0.715)

REVENUE

Total departmental revenue received in 2021–22 amounted to \$10.544 million: \$5.513 million in funding from the Commonwealth Government; and \$5.031 million in contributions received from the states and territories and other revenue. This represents a decrease of \$0.208 million (1.93 per cent) on revenue received in 2020–21. Other revenue mostly relates to adjustments arising from the entitlements of staff transferring from other agencies.

EXPENSES

The NBA's expenses for 2021–22 amounted to \$11.259 million. This represents an increase of \$0.032 million (0.29 per cent) on total expenses from 2020–21.

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 \$6.990 million at 30 June 2022. 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 \$1.847 million at 30 June 2022.

NON-FINANCIAL ASSETS

The NBA had non-financial assets of \$7.063 million at 30 June 2022. The carrying amount of non-financial assets increased during the financial year due to the right of use asset for a new/extended property lease, as well as fit-out works.

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 \$0.453 million to \$1.897 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 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 2021–22 the NBA returned \$13.33 million (compared with \$48.93 million in 2020–21) to all governments for the 2020–21 end-of-year reconciliation as part of the National Blood Agreement.

REVENUE

Total revenue for 2021–22 is summarised in Table 4.3. Total revenue increased by \$164.245 million (a 12.57 per cent increase, up from the 7.58 per cent increase the prior year) for 2021–22.

TABLE 4.3 Summarised administered revenue 2017–18 to 2021–22

ADMINISTERED REVENUE	2017–18 (\$M)	2018–19 (\$M)	2019–20 (\$M)	2020–21 (\$M)	2021–22 (\$M)
Funding for supply of blood and blood products	1,153.302	1,203.591	1,211.007	1,303.983	1,468.979
Other revenue	5.446	4.330	3.419	2.437	1.686
Total administered revenue	1,158.748	1,207.921	1,214.426	1,306.420	1,470.665

EXPENSES

Total administered expenses for 2021–22, including grants and rendering of goods and services, are summarised in Table 4.4. Administered expenses for 2021–22 increased by 2.28 per cent from 2020–21.

In accordance with the Output Based Funding Model, Lifeblood returned \$61.21 million to the NBA in 2021–22, compared with \$31.61 million in 2020–21.

TABLE 4.4 Summarised administered expenses 2017–18 to 2021–22

ADMINISTERED REVENUE	2017–18 (\$M)	2018–19 (\$M)	2019–20 (\$M)	2020–21 (\$M)	2021–22 (\$M)
Rendering of goods and services – external entities	1,163.196	1,193.734	1,174.839	1,365.007	1,396.321
Grants to the private sector – non-profit organisation	0.599	0.738	0.745	0.582	0.372
Other	1.275	1.600	2.058	2.724	2.802
Total administered expenses	1,165.070	1,196.072	1,177.642	1,368.313	1,399.495

ADMINISTERED ASSETS AND LIABILITIES

The NBA's administered assets comprise:

- ◆ 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 2021–22, net administered assets increased by \$71.512 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 they come to the end of their useful life.

PURCHASING

The NBA's procurement activities were undertaken in accordance with the PGPA Act, the 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 in 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 comply with government policy and better practice. The audit findings have been consistently favourable in relation to complying with mandatory processes. The NBA has implemented recommended improvements.

The NBA's key business processes are constantly reviewed and refined as part of the NBA's expectation of itself that it will continuously improve the management of its core business functions.

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 2021–22 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 AusTender at www.tenders.gov.au.

The NBA selects consultants using panel arrangements or by making an open approach to market. Decisions to engage consultants during 2021–22 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, four new reportable consultancy contracts were entered into during 2021–22 involving total actual expenditure of \$579,300. In addition, 6 ongoing reportable consultancy contracts were active during the period, involving total actual expenditure of \$602,458.

TABLE 4.5 Expenditure on reportable consultancy contracts 2021–22

	NUMBER	EXPENDITURE \$ (GST INCL.)
New contracts entered into during the reporting period	4	579,300
Ongoing contracts entered into during the previous reporting period	6	602,458
Total	10	1,181,758

Table 4.6 shows organisations receiving a share of reportable consultancy contract expenditure in 2021–22.

TABLE 4.6 Organisations receiving a share of reportable consultancy contract expenditure 2021–22

NAME OF ORGANISATION	EXPENDITURE \$ (GST INCL.)
Bevington (12 080 534 005)	263,246
Health Technology Analysts Pty Limited (13 099 239 442)	246,813
International Foundation for Patient Blood Management	207,377
Gartner Australasia Pty Ltd (69 003 708 601)	160,400
Deloitte Touche Tohmatsu (74 490 121 060)	96,140
Oobe Pty Ltd (48 123 977 846)	79,258
Aurec Pty Ltd (60 103 121 464)	59,555

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 2021–22.

TABLE 4.7 Expenditure on reportable non-consultancy contracts 2021–22

	NUMBER	EXPENDITURE \$ (GST INCL.)
New contracts entered into during the reporting period	29	8,350,215
Ongoing contracts entered into during the previous reporting period	39	1,548,414,487
Total	67	1,556,764,701

Table 4.8 shows organisations receiving a share of reportable non-consultancy contract expenditure in 2021–22.

TABLE 4.8 Organisations receiving a share of reportable non-consultancy contract expenditure 2021–22

NAME OF ORGANISATION	EXPENDITURE \$ (GST INCL.)
Australian Red Cross LifeBlood (50 169 561 394)	705,323,530
CSL Behring (Australia) Pty Ltd (48 160 734 761)	606,140,878
Roche Products Pty Ltd (70 000 132 865)	63,485,892
Grifols Australia Pty Ltd (35 050 104 875)	44,918,573
Octapharma Australia Pty Ltd (23 109 574 692)	34,874,263

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 enterprise (SME) and small enterprise participation statistics are available on the Department of Finance website at 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 www.treasury.gov.au.

The NBA has procurement practices in place that support SMEs. These include electronic systems or other processes used to facilitate on-time payment performance, such as the use of credit cards as a payment mechanism for low-value procurements.

FINANCIAL STATEMENTS



INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Aged Care

Opinion

In my opinion, the financial statements of the National Blood Authority (the Entity) for the year ended 30 June 2022:

- (a) comply with Australian Accounting Standards – Simplified Disclosures 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 2022 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 2022 and for the year then ended:

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

Basis for opinion

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Entity in accordance with the relevant ethical requirements for financial statement audits conducted by the Auditor-General and his delegates. These include the relevant independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (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 Officer 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 – Simplified Disclosures and the rules made under the Act. The Chief Executive Officer is also responsible for such internal control as the Chief Executive Officer 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 Officer 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 Officer 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



Sally Bond

Executive Director

Delegate of the Auditor-General

Canberra

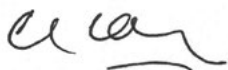
6 September 2022

NATIONAL BLOOD AUTHORITY
FINANCIAL STATEMENTS
for the year ended 30 June 2022

STATEMENT BY THE ACCOUNTABLE AUTHORITY AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2022 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

6 September 2022



Signed

Tom Wilkinson
Chief Financial Officer

6 September 2022

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

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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 2022

	Notes	2022 \$'000	2021 \$'000
NET COST OF SERVICES			
Expenses			
Employee benefits	1.1A	7,683	7,605
Suppliers	1.1B	2,003	2,433
Depreciation and amortisation	3.2A	1,541	1,178
Finance costs	1.1C	8	11
Losses from asset sales		24	-
Total expenses		11,259	11,227
Own-Source Income			
Own-source revenue			
Revenue from contracts with customers	1.2A	4,710	4,688
Other revenue	1.2B	321	553
Total own-source revenue		5,031	5,241
Gains			
Gains from asset sales		-	1
Total gains		-	1
Total own-source income		5,031	5,242
Net cost of services		(6,228)	(5,985)
Revenue from government	1.2C	5,513	5,510
Deficit		(715)	(475)
OTHER COMPREHENSIVE INCOME			
Items not subject to subsequent reclassification to net cost of services			
Changes in asset revaluation surplus		-	-
Total comprehensive loss		(715)	(475)

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

NATIONAL BLOOD AUTHORITY
STATEMENT OF FINANCIAL POSITION
as at 30 June 2022

		2022	2021
	Notes	\$'000	\$'000
ASSETS			
Financial assets			
Cash and cash equivalents	3.1A	6,990	8,053
Trade and other receivables	3.1B	1,847	1,444
Total financial assets		8,837	9,497
Non-financial assets			
Buildings	3.2A	4,837	955
Leasehold improvements	3.2A	1,454	813
Plant and equipment	3.2A	521	751
Computer software	3.2A	61	163
Other non-financial assets		190	260
Total non-financial assets		7,063	2,942
Total assets		15,900	12,439
LIABILITIES			
Payables			
Suppliers	3.3A	111	133
Other payables	3.3B	307	159
Deferred revenue	3.3C	301	302
Total payables		719	594
Interest bearing liabilities			
Leases	3.4A	4,966	935
Total interest bearing liabilities		4,966	935
Provisions			
Employee provisions	6.1A	1,897	2,350
Other provisions	3.5A	-	172
Total provisions		1,897	2,522
Total liabilities		7,582	4,051
Net assets		8,318	8,388
EQUITY			
Contributed equity		7,089	6,444
Reserves		619	619
Retained surplus		610	1,325
Total equity		8,318	8,388

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 2022

	Retained Earnings		Asset revaluation reserve		Contributed equity/capital		Total equity	
	2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000
Opening balance								
Balance carried forward from previous period	1,325	1,800	619	619	6,444	5,799	8,388	8,218
Opening balance	1,325	1,800	619	619	6,444	5,799	8,388	8,218
Comprehensive Income								
Revaluation adjustment	-	-	-	-	-	-	-	-
Deficit for the period	(715)	(475)	-	-	-	-	(715)	(475)
Total comprehensive income attributable to Australian Government	(715)	(475)	-	-	-	-	(715)	(475)
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 attributable to Australian Government	610	1,325	619	619	7,089	6,444	8,318	8,388

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 2022

	2022	2021
Notes	\$'000	\$'000
OPERATING ACTIVITIES		
Cash received		
Appropriations	5,513	5,510
Sale of goods and rendering of services	4,943	5,024
Net GST received	344	254
Total cash received	10,800	10,788
Cash used		
Employees	7,534	7,720
Suppliers	2,755	2,893
Interest payments on lease liabilities	9	14
Total cash used	10,298	10,627
Net cash from operating activities	502	161
INVESTING ACTIVITIES		
Cash used		
Purchase of property, plant and equipment	886	918
Purchase of intangibles	-	141
Total cash used	886	1,059
Net cash used by investing activities	(886)	(1,059)
FINANCING ACTIVITIES		
Cash received		
Contributed equity - departmental capital budget	253	932
Total cash received	253	932
Cash used		
Principal repayment of lease liabilities	932	802
Total cash used	932	802
Net cash from/(used by) financing activities	(679)	130
Net (decrease)/increase in cash held	(1,063)	(768)
Cash and cash equivalents at the beginning of the reporting period	8,053	8,821
Cash and cash equivalents at the end of the reporting period	6,990	8,053

3.1A

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

NATIONAL BLOOD AUTHORITY
ADMINISTERED SCHEDULE OF COMPEHENSIVE INCOME
for the year ended 30 June 2022

	Notes	2022 \$'000	2021 \$'000
NET COST OF SERVICES			
Expenses			
Employee benefits	2.1A	870	824
Suppliers	2.1B	1,396,321	1,365,007
Grants - non-profit organisations	2.1C	372	582
Depreciation and amortisation	4.2A	1,932	1,900
Total expenses		1,399,495	1,368,313
Income			
Revenue			
Non-taxation revenue			
Revenue from contracts with customers	2.2A	1,468,979	1,303,983
Interest income		1,686	2,360
Other revenue		-	77
Total non-taxation revenue		1,470,665	1,306,420
Total revenue		1,470,665	1,306,420
Total income		1,470,665	1,306,420
Net contribution by services		71,170	(61,893)
(Deficit)/Surplus		71,170	(61,893)
OTHER COMPREHENSIVE INCOME			
Items not subject to subsequent reclassification to net cost of services			
Changes in asset revaluation surplus		-	
Total comprehensive (loss)/income		71,170	(61,893)

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 2022

	Notes	2022 \$'000	2021 \$'000
ASSETS			
Financial assets			
Cash and cash equivalents	4.1A	182,647	138,696
Trade and other receivables	4.1B	47,830	25,430
Other investments	4.1C	138,973	137,700
Total financial assets		369,450	301,826
Non-financial assets			
Plant and equipment	4.2A	10	22
Intangibles	4.2A	4,502	5,195
Inventories	4.2B	115,177	96,334
Prepayments	4.2C	60,359	60,439
Total non-financial assets		180,048	161,989
Total assets administered on behalf of Government		549,498	463,815
LIABILITIES			
Payables			
Suppliers	4.3A	22,009	20,937
Deferred revenue	4.3B	125,671	112,572
Total payables		147,680	133,509
Total liabilities administered on behalf of Government		147,680	133,509
Net assets		401,818	330,306

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

NATIONAL BLOOD AUTHORITY
ADMINISTERED RECONCILIATION SCHEDULE
as at 30 June 2022

	2022	2021
	\$'000	\$'000
Opening administered assets less administered liabilities as at 1 July 2021	330,306	390,221
Net (cost of) / contribution by services		
Income	1,470,665	1,306,420
Expenses		
Payments to entities other than corporate Commonwealth entities	(1,399,495)	(1,368,313)
Other comprehensive income		
Revaluations transferred to reserves	-	-
Transfers (to) / from the Australian Government:		
Appropriation transfers from Official Public Account:		
Annual appropriations	343	1,978
Closing assets less liabilities as at 30 June 2022	401,818	330,306

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 2022

	Notes	2022 \$'000	2021 \$'000
OPERATING ACTIVITIES			
Cash received			
Revenue from contracts with customers		1,467,670	1,332,105
Interest		1,833	3,022
Net GST received		133,262	137,461
Total cash received		1,602,765	1,472,589
Cash used			
Employees		870	824
Grants		372	582
Suppliers		1,555,413	1,522,494
Total cash used		1,556,655	1,523,900
Net cash (used by)/ from operating activities		46,110	(51,311)
INVESTING ACTIVITIES			
Cash received			
Maturity of investments		67,132	53,000
Total cash received		67,132	53,000
Cash used			
Purchase of property, plant & equipment and intangibles		1,227	1,171
Acquisition of investments		68,405	56,900
Total cash used		69,632	58,071
Net cash (used by) investing activities		(2,500)	(5,071)
Net (decrease)/increase in cash held		43,610	(56,382)
Cash and cash equivalents at the beginning of the reporting period		138,696	193,100
Cash from the Official Public Account			
Appropriations		343	1,978
Total cash from the Official Public Account		343	1,978
Cash to the Official Public Account			
Special accounts ¹		(343)	(1,978)
Total cash to the Official Public Account		(343)	(1,978)
Cash and cash equivalents at the end of the reporting period	4.1A	182,649	138,696

1. cash transfers to the OPA from special accounts are still treated as cash available to NBA and therefore included as cash and cash equivalents at the end of the reporting period.

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

NATIONAL BLOOD AUTHORITY OVERVIEW NOTE

for the year ended 30 June 2022

Objectives of the National Blood Authority

The National Blood Authority (NBA) is a non-corporate Commonwealth entity and the address of its registered office is 243 Northbourne Avenue, Lyneham, ACT 2602.

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 2021-22 which have been tabled in Parliament.

The Basis of Preparation

The financial statements 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 – including simplified disclosures for Tier 2 Entities under AASB 1060 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.

Standard/ Interpretation	Nature of change in accounting policy, transitional provisions, and adjustment to financial statements
AASB 1060 General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities	AASB 1060 applies to annual reporting periods beginning on or after 1 July 2021 and replaces the reduced disclosure requirements (RDR) framework. The application of AASB 1060 involves some reduction in disclosure compared to the RDR with no impact on the reported financial position, financial performance and cash flows of the entity.

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.

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

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 2022 with the potential to significantly affect the ongoing structure and financial activities of the NBA.

Administered

There were no events occurring after 30 June 2022 with the potential to significantly affect the ongoing structure and financial activities of the NBA.

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

Departmental Financial Performance

This section analyses the departmental financial performance of the National Blood Authority for the year ended 2022.

1.1 Expenses

	2022	2021
	\$'000	\$'000
1.1A: Employee benefits		
Wages and salaries	5,364	5,062
Superannuation:		
Defined contribution plans	637	532
Defined benefit plans	403	461
Leave and other entitlements	1,021	1,268
Separation and redundancies	139	108
Other employee benefits	119	174
Total employee benefits	7,683	7,605

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	200	133
Contractors	494	795
Travel	17	12
Legal	409	251
IT services	506	692
Other	295	456
Total goods and services supplied or rendered	1,921	2,339

Goods supplied	96	159
Services rendered	1,825	2,180
Total goods and services supplied or rendered	1,921	2,339

Other suppliers

Workers compensation expenses	23	24
Operating lease rentals	59	70
Total other suppliers	82	94
Total suppliers	2,003	2,433

NBA has no short-term lease commitments as at 30 June 2022.

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

1.1C: Finance Costs

Interest on lease liabilities	8	11
Total finance costs	8	11

All borrowing costs are expensed as incurred

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 2022

1.2 Own-Source Revenue and Gains

	2022	2021
	\$'000	\$'000

Income

1.2A: Revenue from contracts with customers

Rendering of services	4,710	4,688
Total revenue from contracts with customers	4,710	4,688

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)	1,104	1,063
State and Territory Governments	3,606	3,625
	4,710	4,688

Accounting Policy

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

1. Australian Government entities (related parties)

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 2022

	2022	2021
	\$'000	\$'000
1.2B: Other Revenue		
Resources received free of charge		
Remuneration of auditors - Audit Fees	66	66
Other revenue - Misc	255	487
Total other revenue	321	553

Accounting Policy

Resources Received Free of Charge

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

Other Revenue

1.2C: Revenue from Government

Appropriations		
Departmental appropriations	5,513	5,510
Total revenue from Government	5,513	5,510

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.

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

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

	2022	2021
	\$'000	\$'000
2.1A: Employee benefits		
Wages and salaries	590	636
Superannuation		
Defined contribution plans	30	57
Defined benefit plans	74	63
Leave and other entitlements	175	67
Other employee benefits	1	1
Total employee benefits	870	824

Accounting Policy:

Employee Benefits

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

1. These salaries relate to programs of work funded under the National Blood Agreement through the National Supply Plan and Budget

2.1B: Suppliers

Goods and services supplied or rendered

Purchases of blood and blood products	1,389,257	1,357,651
Consultants	2,050	1,487
Contractors	3,933	4,747
Travel	-	-
IT services	95	193
Other	986	929
Total goods and services supplied or rendered	1,396,321	1,365,007
Goods supplied	1,389,326	1,357,711
Services rendered	6,995	7,296
Total goods and services supplied or rendered	1,396,321	1,365,007

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 2021-22, \$61.2m (2020-21: \$31.6m) was returned by the Lifeblood which related to the 2020-21 financial year. This return reduced the supplier expenses in the current year.

	2022	2021
	\$'000	\$'000

2.1C: Grants

Private sector

Not-for-profit organisations	372	582
Total grants	372	582

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. Expenditure to date for projects funded under the first five grant rounds is included in this year's financial statements. Applications for the sixth round will open in the 2022-23 financial year.

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

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2.2 Administered - Income		
	2022	2021
	\$'000	\$'000
Revenue		
Non-Taxation Revenue		
2.2A: Revenue from contracts with customers		
Rendering of services	1,468,979	1,303,983
Total revenue from contracts with customers	1,468,979	1,303,983
Disaggregation of revenue from contracts with customers		
Revenue under AASB15 is all derived 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	919,888	820,728
State and Territory Governments	548,093	483,042
External entities	998	213
	1,468,979	1,303,983

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

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

	2022	2021
	\$'000	\$'000

3.1A: Cash and cash equivalents

Cash in special accounts - held in the OPA	6,000	8,022
Cash in special accounts - on hand or on deposit	990	31
Total cash and cash equivalents	6,990	8,053

Accounting Policy

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

- a) cash on hand;
- b) 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
- c) cash in special accounts

3.1B: Trade and other receivables

Goods and services receivables

Goods and services	410	392
Total goods and services receivables	410	392

Appropriations receivables

Appropriation receivable	1,339	947
Total appropriations receivables	1,339	947

Other receivables

Statutory receivables - GST receivable	98	105
Loans	-	-
Interest	-	-
Dividends	-	-
Cash held by outsiders	-	-
Other	-	-
Total other receivables	98	105
Total trade and other receivables (gross)	1,847	1,444
Total trade and other receivables (net)	1,847	1,444

Credit terms for goods and services were within 30 days (2020-21: 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
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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 \$'000	Total \$'000
As at 1 July 2021					
Gross book value	2,303	1,478	1,646	3,909	9,336
Accumulated depreciation, amortisation and impairment	(1,348)	(665)	(895)	(3,746)	(6,654)
Total as at 1 July 2021	955	813	751	163	2,682
Additions					
Purchase or internally developed	-	824	62	-	886
Right-of-use assets	5,572	-	-	-	5,572
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	-	(183)	(292)	(102)	(577)
Depreciation on right-of-use assets	(964)	-	-	-	(964)
Other movements	(726)	-	-	-	(726)
Total as at 30 June 2022	4,837	1,454	521	61	6,873
Net book value as of 30 June 2022 represented by:					
Gross book value	7,149	2,302	1,708	3,909	15,794
Accumulated depreciation, amortisation & impairment	(2,312)	(848)	(1,187)	(3,848)	(8,921)
	4,837	1,454	521	61	6,873

No indicators of impairment were found for leasehold improvements, property, plant and equipment or intangibles.
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
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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	2022	2021
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 2022. 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	2022	2021
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 2022.

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

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	2022	2021
	\$'000	\$'000
3.3 Payables		
3.3A: Suppliers		
Trade creditors and accruals	111	133
Total suppliers	111	133
3.3B: Other payables		
Salaries and wages	280	138
Superannuation	27	21
Other	-	-
Total other payables	307	159
3.3C: Deferred revenue		
Deferred revenue	301	302
Total deferred revenue	301	302

3.4 Interest Bearing Liabilities

3.4A: Leases

Lease liabilities:		
Buildings	4,966	935
Total leases	4,966	935

Total cash outflow for leases for the year ended 30 June 2022 was \$847,028 (2020-21 \$689,774).

3.4B: Maturity analysis - contractual undiscounted cash flows

Within 1 year	931	715
Between 1 to 5 years	4,064	225
More than 5 years	-	-
Total leases	4,995	940

The NBA in its capacity as lessee has two (2020-21: 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 of Finance 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 2021	172	172
Derecognition of Provision for Restoration	(172)	(172)
Total as at 30 June 2022	-	-

The NBA has re-negotiated the requirement for a makegood of their leased premises at 243 Northbourne Avenue, Lyneham, ACT-2602 with the landlord and have therefore reversed the provision raised in previous periods as there is no obligation to make good.

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

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

	2022 \$'000	2021 \$'000
4.1A: Cash and cash equivalents		
Cash in special accounts - held in the OPA	182,355	138,444
Cash in special accounts - on hand or on deposit	292	252
Total cash and cash equivalents	182,647	138,696

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

4.1B: Trade and other receivables

Goods and services receivables	46,802	24,247
Total goods and services receivables	46,802	24,247
Other receivables		
Interest	627	774
Statutory receivables - GST receivable	401	409
Total other receivables	1,028	1,183
Total trade and other receivables (gross)	47,830	25,430
Less impairment loss allowance	-	-
Total trade and other receivables (net)	47,830	25,430

Credit terms for goods and services were within 30 days (2020-21: 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 2021-22.

4.1C: Other investments

Deposits ¹	138,973	137,700
Total other investments	138,973	137,700
Other investments expected to be recovered		
No more than 12 months	67,132	76,800
More than 12 months	71,841	60,900
Total other investments	138,973	137,700

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 2022 is \$140,435,000 (30 June 2021: \$138,345,000), and is a combination of cash (\$292,000), investments (\$138,973,000) and the balance of the special account (\$1,170,000).

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

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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 \$'000	Total \$'000
As at 1 July 2021			
Gross book value	148	11,986	12,134
Accumulated depreciation, amortisation and impairment	(126)	(6,791)	(6,917)
Total as at 1 July 2021	22	5,195	5,217
Additions			
Purchase or internally developed	-	1,227	1,227
Revaluations and impairments recognised in other comprehensive income	-	-	-
Depreciation and amortisation	(12)	(1,920)	(1,932)
Disposals			
Other	-	-	-
Total as at 30 June 2022	10	4,502	4,512
Net book value as at 30 June 2022 represented by:			
Gross book value	148	13,213	13,361
Accumulated depreciation, amortisation & impairment	(138)	(8,711)	(8,849)
	10	4,502	4,512

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

Revaluations of non-financial assets and intangible assets

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

The NBA did not undertake a revaluation of property, plant and equipment during 2021-22. 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.

	2022 \$'000	2021 \$'000
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4.2B: Inventories

National reserve inventory held for distribution	51,128	52,329
Other inventory held for distribution	64,049	44,005
Total Inventories	115,177	96,334

During 2021-22, \$331,183 of inventory held for distribution related to a net write-off of damaged and expired stock and was recognised as an expense (2020-21: \$432,217). 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:

- a) 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
- b) finished goods and work-in-progress – cost of direct materials and labour plus attributable costs that can be allocated on a reasonable basis.

4.2C: Prepayments

Prepayments	60,359	60,439
Total Prepayments	60,359	60,439

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

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4.3 Administered - Payables		
	2022	2021
	\$'000	\$'000
4.3A: Suppliers		
Trade creditors and accruals	22,009	20,937
Total suppliers	22,009	20,937
Suppliers expected to be settled		
No more than 12 months	22,009	20,937
More than 12 months	-	-
Total suppliers	22,009	20,937
Settlement was usually made within 30 days.		
4.3B: Deferred revenue		
Deferred revenue	125,671	112,572
Total deferred revenue	125,671	112,572

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

Funding

This section identifies NBA's funding structure.

5.1 Appropriations

5.1A: Annual appropriations (recoverable GST exclusive)

Annual Appropriations for 2022

	Annual Appropriation \$'000	Adjustments to appropriation ¹ \$'000	Total Appropriation \$'000	Appropriation applied in 2022 (current and prior years) \$'000	Variance \$'000
DEPARTMENTAL					
Ordinary annual services	5,513	255	5,768	5,513	255
Capital Budget ²	645	-	645	253	392
Total departmental	6,158	255	6,413	5,766	647
ADMINISTERED					
Ordinary annual services Administered items	343	-	343	343	-
Total administered	343	-	343	343	-

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. The NBA did not have an administered capital budget in 2022.

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.

5.1B: Unspent annual appropriations (recoverable GST exclusive)

	2022 \$'000	2021 \$'000
DEPARTMENTAL		
Cash	990	31
Appropriation Act (No.1) 2019-2020	-	302
Appropriation Act (No.1) 2020-2021	268	645
Supply Bill (No. 1) 2020-21	377	-
Appropriation Act (No.1) 2021-2022	691	-
Total	2,326	978

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

NATIONAL BLOOD AUTHORITY
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5.2 Special Accounts

	The National Blood Account ¹		NMF Blood and Blood Products Special Account 2017 ²	
	2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000
Balance brought forward from previous period	146,103	200,399	393	1,271
Increases				
Appropriation credited to special account	6,109	8,420	-	-
Departmental				
Other receipts - State and territory contributions	4,943	5,024	-	-
Other receipts - external parties	-	-	-	-
Total departmental increases	4,943	5,024	-	-
Administered				
Realised investments	-	-	67,132	53,000
Other receipts - Commonwealth contributions	919,889	820,729	-	-
Other receipts - State and territory contributions	546,785	511,163	-	-
Other receipts - external parties	996	213	1,833	3,022
Total administered increases	1,467,670	1,332,105	68,966	56,022
Total increases	1,478,722	1,345,549	68,966	56,022
Available for payments	1,624,825	1,545,948	69,359	57,293
Decreases:				
Departmental				
Payments made to employees	7,534	7,721	-	-
Payments made to suppliers	4,238	4,514	-	-
Total departmental decreases	11,772	12,235	-	-
Administered				
Payments made to employees	870	824	-	-
Payments made to suppliers	1,424,007	1,386,786	-	-
Investments made from the special account (PGPA Act section 58)	-	-	68,405	56,900
Total administered decreases	1,424,877	1,387,610	68,405	56,900
Total decreases	1,436,649	1,399,845	68,405	56,900
Total balance carried forward to the next period	188,176	146,103	953	393
Balance represented by:				
Cash held in entity bank accounts	990	31	-	-
Cash held in the Official Public Account	187,186	146,072	1,170	393
Total balance carried forward to the next period	188,176	146,103	1,170	393

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

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

	2022	2021
	\$'000	\$'000

6.1A: Employee provisions

Leave	1,897	2,350
Total employee provisions	1,897	2,350

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 affected that it will carry out the terminations.

Termination Benefits

No provision for termination benefits was recognised by the NBA as at 30 June 2022.

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 2022 represents outstanding contributions.

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

NATIONAL BLOOD AUTHORITY
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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:

	2022	2021
	\$	\$
Short-term employee benefits	828,357	838,686
Post-employment benefits	118,518	117,302
Other long-term benefits	17,042	33,643
Total key management personnel compensation expenses	963,917	989,631

The total number of key management personnel that are included in the above table are 3 (2020-21: 4).

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 (2020-21: nil).

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

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 assets and liabilities are not recognised in the Statement of Financial Position but are reported in the notes in line with the requirements of the accounting standards. 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 there is a potential loss that may occur in future depending on the outcome of a specific event and the possibility of settlement is greater than remote.

7.1B: Administered - Contingent Assets and Liabilities

	2022 \$'000	2021 \$'000
Contingent liabilities		
Indemnities	103,640	123,723
Total contingent liabilities	103,640	123,723
Net administered contingent liabilities	103,640	123,723

Quantifiable administered contingencies

The above table contains \$103,639,750 of contingent liabilities disclosed in respect to the Deed of Indemnity between the Australian Red Cross Society (ARCS) and the NBA (2020-21: \$123,723,276). 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 2022, the NBA had three unquantifiable contingencies (2020-21: 3) disclosed below:

Unquantifiable Contingent Assets

- 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

- 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.
- 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.

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 2022

7.2 Departmental - Financial Instruments

7.2A: Categories of Financial Instruments

	2022	2021
	\$'000	\$'000
Financial Assets		
Financial assets at amortised cost		
Cash and cash equivalents	6,990	8,053
Trade and other receivables	1,847	1,444
Total financial assets at amortised cost	8,837	9,497
Financial Liabilities		
Financial liabilities measured at amortised cost		
Trade and other creditors	111	133
Total financial liabilities measured at amortised cost	111	133

Accounting Policy:

Financial assets

The entity classifies its financial assets in the following categories:

- a) financial assets at fair value through profit or loss;
- b) financial assets at fair value through other comprehensive income; and
- c) 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:

1. the financial asset is held in order to collect the contractual cash flows; and
 2. the cash flows are solely payments of principal and interest (SPPI) on the principal outstanding amount.
- Amortised cost is determined using the effective interest method.

7.3 Administered - Financial Instruments

7.3A: Categories of Financial Instruments

	2022	2021
	\$'000	\$'000
Financial Assets		
Financial assets at amortised cost		
Deposits	138,973	137,700
Cash and cash equivalents	182,647	138,696
Trade and other receivables	47,830	25,430
Total financial assets	369,450	301,826
Financial Liabilities		
Financial liabilities at amortised cost		
Trade and other creditors	22,009	20,937
Total financial liabilities at amortised cost	22,009	20,937

7.3B: Net Gains or Losses on Financial Assets

Financial assets at amortised cost

Interest revenue	1,686	2,360
Net gain on financial assets at amortised cost	1,686	2,360

Accounting Policy:

Financial assets

The entity classifies its financial assets in the following categories:

- a) financial assets at fair value through profit or loss;
- b) financial assets at fair value through other comprehensive income; and
- c) 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:

1. the financial asset is held in order to collect the contractual cash flows; and
 2. the cash flows are solely payments of principal and interest (SPPI) on the principal outstanding amount.
- Amortised cost is determined using the effective interest method.

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 2022

7.4 Departmental - Fair Value Measurement

Fair value measurements at the end of the reporting period		
	2022	2021
	\$'000	\$'000
Non-financial assets		
Leaschold improvements	1,454	813
Plant and equipment	521	751

7.5 Administered - Fair Value Measurement

Fair value measurements at the end of the reporting period		
	2022	2021
	\$'000	\$'000
Non-financial assets		
Plant and equipment	10	22

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

Other Information

8.1 Current/non-current distinction for assets and liabilities

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

	2022	2021
	\$'000	\$'000
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	6,990	8,053
Trade and other receivables	1,847	1,444
Total no more than 12 months	8,837	9,497
More than 12 months		
Buildings	4,837	955
Leasehold improvements	1,454	813
Plant and equipment	521	751
Computer software	61	163
Other non-financial assets	190	260
Total more than 12 months	7,063	2,942
Total assets	15,900	12,439
Liabilities expected to be settled in:		
No more than 12 months		
Suppliers	111	133
Other Payables	307	159
Deferred Revenue	301	302
Total no more than 12 months	719	594
More than 12 months		
Leases	4,966	935
Employee Provisions	1,897	2,350
Other Provision	-	172
Total no more than 12 months	6,863	3,457
Total liabilities	7,582	4,051

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

	2022	2021
	\$'000	\$'000
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	182,647	138,696
Trade and other receivables	47,830	25,430
Other investments	67,132	76,800
Other non-financial assets	60,359	60,439
Total no more than 12 months	357,970	301,365
More than 12 months		
Plant and equipment	10	22
Other intangibles	4,502	5,194
Inventories	115,177	96,334
Other investments	71,841	60,900
Total More than 12 months	191,530	162,450
Total assets	549,500	463,815
Liabilities expected to be settled in:		
No more than 12 months		
Suppliers	22,009	20,937
Total no more than 12 months		
More than 12 months		
Deferred Revenue	125,671	112,572
Total more than 12 months	125,671	112,572
Total liabilities	147,680	133,509

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

8.2: BUDGETARY REPORTS AND EXPLANATIONS OF MAJOR VARIANCES

The following tables provide a comparison of the original budget as presented in the 2021-22 Portfolio Budget Statements (PBS) to the 2021-22 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 2022	2022 Actual \$'000	2022 Budget \$'000	2022 Variance \$'000
NET COST OF SERVICES			
Expenses			
Employee benefits	7,683	6,712	971
Suppliers	2,003	2,019	(16)
Depreciation and amortisation	1,541	1,265	276
Interest on RoU	-	10	(10)
Finance costs	8	7	1
Losses from asset sales	24	-	24
Total expenses	11,259	10,013	1,246
Own-source income			
Own-source revenue			
Revenue from contracts with customers	4,710	3,628	1,082
Other revenue	321	250	71
Total own-source revenue	5,031	3,878	1,153
Gains			
Resources received free of charge - remuneration of auditors	-	66	(66)
Gains from asset sales	-	-	-
Total gains	-	66	(66)
Total own-source income	5,031	3,944	1,087
Net (cost of)/contribution by services	(6,228)	(6,069)	(159)
Revenue from government	5,513	5,513	-
Surplus/(Deficit) before income tax on continuing operations	(715)	(556)	(159)
Income tax expense			
Surplus/(Deficit) after income tax on continuing operations	(715)	(556)	(159)
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)	(715)	(556)	(159)

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 2022

STATEMENT OF FINANCIAL POSITION as at 30 June 2022	2022 Actual \$'000	2022 Budget \$'000	2022 Variance \$'000
ASSETS			
Financial assets			
Cash and cash equivalents	6,990	8,690	(1,700)
Trade and other receivables	1,847	1,503	344
Total financial assets	8,837	10,193	(1,355)
Non-financial assets			
Buildings	4,837	451	4,386
Leasehold improvements	1,454	-	1,454
Plant and equipment	521	641	(120)
Computer software	61	521	(460)
Other non-financial assets	190	184	6
Total non-financial assets	7,063	1,797	5,266
Total assets	15,900	11,990	3,911
LIABILITIES			
Payables			
Suppliers	111	129	(18)
Other payables	307	584	(277)
Deferred revenue	301	-	301
Total payables	719	713	6
Interest bearing liabilities			
Leases	4,966	225	4,741
Total interest bearing liabilities	4,966	225	4,741
Provisions			
Employee provisions	1,897	2,596	(699)
Other provisions	-	187	(187)
Total provisions	1,897	2,783	(886)
Total liabilities	7,582	3,721	3,862
Net assets	8,318	8,269	49
EQUITY			
Contributed equity	7,089	7,089	-
Reserves	619	619	-
Retained surplus/(Accumulated deficit)	610	561	49
Total equity	8,318	8,269	49

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 2022

Statement of Changes in Equity for the NBA for the year ended 30 June 2022	Retained Earnings			Asset revaluation reserve			Contributed equity/capital			Total equity		
	2022 Actual	2022 Budget	2022 Variance	2022 Actual	2022 Budget	2022 Variance	2022 Actual	2022 Budget	2022 Variance	2022 Actual	2022 Budget	2022 Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Opening balance												
Balance carried forward from previous period	1,325	1,213	112	619	619	-	6,444	6,444	-	8,388	8,276	112
Adjusted opening balance	1,325	1,213	112	619	619	-	6,444	6,444	-	8,388	8,276	112
Comprehensive income												
Surplus / (Deficit) for the period	(715)	(652)	(63)	-	-	-	-	-	-	(715)	(652)	(63)
Total comprehensive income attributable to Australian Government	(715)	(652)	(63)	-	-	-	-	-	-	(715)	(652)	(63)
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 2022 attributable to Australian Government	610	561	49	619	619	-	7,089	7,089	-	8,318	8,269	49

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 2022

Cash Flow Statement for the NBA for the year ended 30 June 2022	2022 Actual \$'000	2022 Budget \$'000	2022 Variance \$'000
OPERATING ACTIVITIES			
Cash received			
Appropriations	5,513	5,513	-
Sale of goods and rendering of services	4,943	3,878	1,065
Net GST received	344	-	344
Total cash received	10,800	9,391	1,410
Cash used			
Employees	7,534	6,712	822
Suppliers	2,755	2,049	706
Interest payments on lease liabilities	9	10	(1)
Total cash used	10,298	8,771	1,527
Net cash from/(used by) operating activities	502	620	(117)
INVESTING ACTIVITIES			
Cash used			
Purchase of property, plant and equipment	886	645	241
Purchase of intangibles	-	-	-
Total cash used	886	645	241
Net cash from/(used by) investing activities	(886)	(645)	(241)
FINANCING ACTIVITIES			
Cash received			
Contributed Equity - departmental capital budget	253	645	(392)
Total cash received	253	645	(392)
Cash used			
Principal repayment of lease liabilities	932	709	223
Total cash used	932	709	223
Net cash from/(used by) financing activities	(679)	(64)	(615)
Net increase/(decrease) in cash held	(1,063)	(89)	(974)
Cash and cash equivalents at the beginning of the reporting period	8,053	8,779	(726)
Cash and cash equivalents at the end of the reporting period	6,990	8,690	(1,701)

3.1A

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

8.2B: Departmental Major Budget Variances for 2022

Explanations of major variances	Affected line items (and statement)
Statement of Comprehensive Income	
<u>Employee benefits</u>	
This variance arises from two main factors: - the recruitment of additional staff during the year, which resulted in higher average staffing levels throughout the financial year; and - the budget does not include leave expenses that were cost recovered.	<i>Employee Benefits (Statement of Comprehensive Income) (Statement of Financial Position) (Cash Flow Statement)</i>
<u>Suppliers</u>	
The small underspend against budget predominantly relates to the impact of COVID-19 on travel and training costs.	<i>Suppliers (Statement of Comprehensive Income) (Cash Flow Statement)</i>
<u>Depreciation and amortisation</u>	
This variance largely relates to the increase in depreciation on right-of-use assets due to the inclusion of the new lease from September 2021 for level 3 at 243 Northbourne Avenue which was not included in the budget.	<i>Depreciation and amortisation (Statement of Comprehensive Income) (Statement of Financial Position)</i>
<u>Own-source revenue</u>	
The budget does not include cost recovery revenue relating to the leave provisions of incoming staff.	<i>Own-source revenue (Statement of Comprehensive Income), Sale of goods and rendering of services (Cash Flow Statement)</i>
Statement of Financial Position	
<u>Cash and cash equivalents</u>	
This variance relates to additional capital spend in the current financial year funded from cash reserves and prior year appropriations.	<i>Cash and cash equivalents (Statement of Financial Position) (Cash Flow Statement)</i>
<u>Trade and other receivables</u>	
This variance is mainly a result of timing of receipt on outstanding debtors at year end and higher than anticipated appropriation receivable relating to Departmental Capital Budget (DCB) balance as at 30 June 2022.	<i>Trade and other receivables (Statement of Financial Position) (Cash Flow Statement)</i>
<u>Buildings and Lease improvements</u>	
This variance predominantly relates to: - the inclusion of new lease from September 2021 for level 3 at 243 Northbourne Avenue which was not included in the budget; and - 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>
<u>Computer software</u>	
This variance is as a result of a delay in developing or purchasing software.	<i>Non-financial assets (Statement of Financial Position)</i>
<u>Other payables and Deferred Revenue</u>	
The budget for deferred revenue was included in other payables.	<i>Payables (Statement of Financial Position)</i>
<u>Interest bearing liabilities</u>	
The significant increase in interest bearing liabilities is due to the inclusion of new lease from September 2021 for level 3 at 243 Northbourne Avenue which was not included in the budget.	<i>Interest bearing liabilities (Statement of Financial Position)</i>
Cash Flow Statement	
Variances against budget in the Cash flow statement are broadly consistent with the explanations provided for expenses. The timing of payments, particularly for suppliers, will be dependent on the receipt of the goods and services and their related invoices and so can vary between reporting periods. No budget was provided for in the Cash flow statement for the transfer of section 74 receipts to the Official Public Account.	<i>(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
for the year ended 30 June 2022

8.2C: Administered Budgetary Reports

Administered Schedule of Comprehensive Income for the NBA for the period ended 30 June 2022	2022 Actual \$'000	2022 Budget \$'000	2022 Variance \$'000
NET COST OF SERVICES			
Expenses			
Employee benefits	870	-	870
Suppliers	1,396,321	1,473,203	(76,882)
Grants - non-profit organisations	372	-	372
Depreciation and amortisation	1,932	-	1,932
Total expenses	1,399,495	1,473,203	(73,708)
Income			
Revenue			
Non-taxation revenue			
Other sources of non-taxation revenues	1,470,665	1,482,349	(11,684)
Other revenue	-	-	-
Total non-taxation revenue	1,470,665	1,482,349	(11,684)
Total revenue	1,470,665	1,482,349	(11,684)
Total income	1,470,665	1,482,349	(11,684)
Net (cost of)/contribution by services	71,170	9,146	62,024
Surplus/(Deficit)	71,170	9,146	62,024
OTHER COMPREHENSIVE INCOME			
Items not subject to subsequent reclassification to net cost of services			
Changes in asset revaluation surplus	-	-	-
Total comprehensive income/(loss)	71,170	9,146	62,024

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 2022

Administered Schedule of Assets and Liabilities for the NBA as at 30 June 2022	2022 Actual \$'000	2022 Budget \$'000	2022 Variance \$'000
ASSETS			
Financial assets			
Cash and cash equivalents	182,647	194,332	(11,685)
Trade and other receivables	47,830	45,092	2,738
Other investments	138,973	142,092	(3,119)
Total financial assets	369,450	381,516	(12,066)
Non-financial assets			
Plant and equipment	10	7	3
Other intangibles	4,502	5,249	(747)
Inventories	115,177	113,529	1,648
Prepayments	60,359	58,697	1,662
Total non-financial assets	180,048	177,482	2,566
Total assets administered on behalf of Government	549,498	558,998	(9,500)
LIABILITIES			
Payables			
Suppliers	22,009	55,178	(33,169)
Deferred revenue	125,671	104,475	21,196
Total payables	147,680	159,653	(11,973)
Total liabilities administered on behalf of Government	147,680	159,653	(11,973)
Net assets/(liabilities)	401,818	399,345	2,473

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

8.2D: Administered Major Budget Variances for 2022

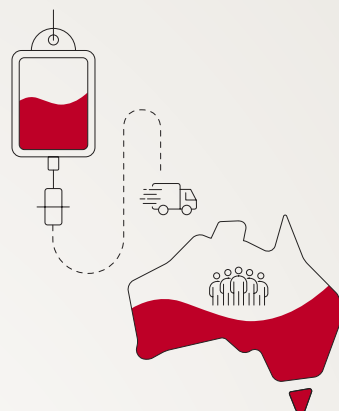
Explanations of major variances	Affected line items (and statement)
Administered Schedule of Comprehensive Income	
<u>Suppliers</u>	
This variance predominantly relates to: - the return of the Lifeblood operating surplus for 2020-21 as per the Australian Red Cross Lifeblood Output Based Funding Model; and - the net inventory movement between June 2021 and June 2022.	<i>Suppliers (Administered Schedule of Comprehensive Inc Deficit/Surplus (Administered Schedule of Comprehensive Income))</i>
<u>Other sources of non-taxation revenues</u>	
This variance predominantly relates to the return of \$13.3m to the Commonwealth, and State and Territory Governments for the 2020-21 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 \$13.3m to the Commonwealth, and State and Territory Governments for the 2020-21 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 small 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 small variance is primarily a result of higher 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 5

APPENDIXES



Appendix 1. Committee and Board member profiles

Appendix 2. Workforce statistics

Appendix 3. Fresh blood components supplied under contract by Lifeblood in 2021–22

Appendix 4. Plasma and recombinant products supplied under contract in 2021–22

Appendix 5. Mandatory reporting

Appendix 6. List of requirements

Appendix 7. Acronyms and abbreviations

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APPENDIX 1.

COMMITTEE AND BOARD MEMBER PROFILES

NBA BOARD MEMBERS

DR AMANDA RISCHBIETH – CHAIR

Dr Amanda Rischbieth has over 22 years of non-executive director experience, including chair and audit and risk roles, and was CEO of a leading health organisation for six years. She is a Non-Executive Director of Duxton Farms Ltd (ASX-DBF), a Fellow and faculty member of the Australian Institute of Company Directors, Associate Clinical Professor at the University of Adelaide, and a member of Chief Executive Women (CEW) and the International Women's Forum (IWF) Australia.

Dr Rischbieth has been a Visiting Scientist at Harvard University for over 4 years, from 2017 to 2022, after being competitively selected as one of 40 global leaders as a Harvard Advanced Leadership Fellow in 2017. She sits on the global Advisory Practitioner Council for the Harvard Business School Impact-Weighted Accounts Initiative.

She also undertakes boutique board advisory work focusing on Environmental, Social and Governance (ESG)-strategy, reporting, upskilling; Health; and Corporate Governance.

Dr Rischbieth's previous directorships include the Australian Organ and Tissue Authority, the National Heart Foundation of Australia SA, the Australian College of Critical Care Nurses (National President), the South Australian Public Health Council, the Urban Renewal Authority, the Leaders Institute of SA, and the South Australian Motor Sport Board (V8 Supercars Adelaide 500).

Her PhD in 2007 focused on intensive care decision-support systems, and earlier in her career she established and co-led an intensive care unit for 10 years. She is a former Telstra Business Women's Award Finalist in two categories. In 2018 she travelled to Sri Lanka as part of the Hands-On group, fitting 247 prosthetic hands to landmine victims during the visit.

Dr Rischbieth was appointed Chair of the NBA Board in March 2019.

MR GEOFFREY BARTLE – COMMUNITY REPRESENTATIVE

Mr Geoffrey Bartle has over 30 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
- ◆ Royal Australian College of General Practitioners – Consumer Advisor.

Mr Bartle was appointed to the NBA Board as the community representative in October 2017.

ASSOCIATE PROFESSOR ALISON STREET AO – PUBLIC HEALTH EXPERT

Associate Professor Alison Street AO is a retired haematologist affiliated with Monash University, Melbourne. Her principal areas of practice were haemostasis-thrombosis, laboratory haematology, transfusion medicine and medical education. She has been Chair of the National Blood Authority Haemovigilance Advisory Committee since 2013 and a member of the NBA Board since 2017.

She is a founding member of the Association for Haemophilia and Allied Disorders Asia Pacific and co-chair of its Education and Training Committee.

Professor Street was re-appointed to the NBA Board in March 2019.

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 to 2013, advising the Western Australian Government on science, innovation and technology. Professor Beazley currently chairs boards including 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, being responsible for public awareness and education. Professor Beazley was a Trustee of the Western Australian Museum from 1999 to 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 the 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 she 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 has received honorary doctorates from Edith Cowan University, Monash University, the Australian National University and Murdoch University.

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.

PROFESSOR CHRIS BROOK PSM – STATE AND TERRITORY REPRESENTATIVE (LARGE JURISDICTION)

The late Professor Chris Brook was a member of the Board until he sadly passed away on 4 May 2022.

Professor Brook was a senior executive in the Victorian Department of Health for 30 years, fulfilling both professional (Chief Medical Officer and Director, Public Health) and management (Regional Director, Director Acute Health, Director Rural Health and Aged Care, and Executive Director Wellbeing, Integrated Care and Ageing) roles.

Professor Brook had been part of the blood and blood policy sector since 1988 and a national champion of blood arrangements since the 1990s, including the several transformations that occurred in that time. He was especially proud of how treatment for people with haemophilia had significantly transformed in his time.

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 30 years of experience in financial services. His current roles include Chair of Zurich Financial Services Australia Ltd, Independent Non-Executive Director of Great Southern Bank and Independent Chair of the ASX-listed Elanor Investors Group.

Mr Bedbrook was a senior executive for over 20 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.

MS PENNY SHAKESPEARE – AUSTRALIAN GOVERNMENT REPRESENTATIVE

Ms Penny Shakespeare is Deputy Secretary of the Health Resourcing Group in the Commonwealth Department of Health and Aged Care. This includes responsibility for the Technology Assessment and Access Division, Medical Benefits Division, Provider Benefits Integrity and Digital Health Division and Health Workforce Division.

Since joining the department in 2006, Ms Shakespeare has held several senior leadership positions, including as First Assistant Secretary of the Technology Assessment and Access Division and of 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 Australian Capital Territory's Office of Industrial Relations.

Ms Shakespeare has a Bachelor of Laws and a Master of International Law and is admitted as a barrister and solicitor.

She was appointed to the NBA Board in August 2018.

AUDIT AND RISK COMMITTEE

MS ROSLYN JACKSON – CHAIR

Ms Roslyn Jackson was appointed as the Chair of the Audit and Risk Committee (ARC) in September 2019. 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 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 Chair of Health Education Services Australia, Director of the Australian Nursing and Midwifery Accreditation Council and Director of the Canberra Institute of Technology.

Ms Jackson attended all five ARC meetings during 2021–22 and was remunerated \$11,660.

MR GREG FRASER

Mr Greg Fraser is a Fellow of the Australian Institute of Company Directors and of 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 Australia and sits on its Audit and Risk Committee. He is also a member of the Board of Marymead CatholicCare.

Mr Fraser attended all five ARC meetings during 2021–22 and was remunerated \$5,265.

MR PAUL BEDBROOK – NBA BOARD REPRESENTATIVE

Mr Bedbrook's biography can be found under 'NBA Board members' above.

Mr Bedbrook attended all five ARC meetings during 2021–22 and was remunerated \$4,550.

APPENDIX 2.

WORKFORCE STATISTICS

TABLE 5.1 All ongoing employees 2021–22

	MALE			FEMALE			INDETERMINATE			TOTAL
	Full time	Part time	Total male	Full time	Part time	Total female	Full time	Part time	Total	
NSW	-	-	-	-	1	1	-	-	-	1
Qld	-	-	-	1	-	1	-	-	-	1
Vic	-	-	-	1	-	1	-	-	-	1
ACT	18	-	18	35	10	45	-	-	-	63
Total	18	-	18	37	11	48	-	-	-	66

TABLE 5.2 All non-ongoing employees 2021–22

	MALE			FEMALE			INDETERMINATE			TOTAL
	Full time	Part time	Total male	Full time	Part time	Total female	Full time	Part time	Total	
ACT	1	-	1	1	-	1	-	-	-	2
Total	1	-	1	1	-	1	-	-	-	2

TABLE 5.3 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	
NSW	-	-	-	-	1	1	-	-	-	1
Qld	-	-	-	-	1	1	-	-	-	1
ACT	15	-	15	38	7	45	-	-	-	60
Total	15	-	15	38	9	47	-	-	-	62

TABLE 5.4 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	
ACT	-	-	-	-	1	1	-	-	-	1
Total	-	-	-	-	1	1	-	-	-	1

TABLE 5.5 Australian Public Service Act ongoing employees 2021–22

	MALE			FEMALE			INDETERMINATE			TOTAL
	Full time	Part time	Total male	Full time	Part time	Total female	Full time	Part time	Total	
SES 1	-	-	-	2	-	2	-	-	-	2
EL 2	2	-	2	6	1	7	-	-	-	9
EL 1	8	-	8	14	5	19	-	-	-	27
APS 6	4	-	4	6	2	8	-	-	-	12
APS 5	1	-	1	4	2	6	-	-	-	7
APS 4	3	-	3	5	1	6	-	-	-	9
Total	18	-	18	37	11	48	-	-	-	66

TABLE 5.6 Australian Public Service Act non-ongoing employees 2021–22

	MALE			FEMALE			INDETERMINATE			TOTAL
	Full time	Part time	Total male	Full time	Part time	Total female	Full time	Part time	Total	
EL 1	-	-	-	1	-	1	-	-	-	1
APS 5	1	-	1	-	-	-	-	-	-	1
Total	1	-	1	1	-	1	-	-	-	2

TABLE 5.7 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	
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 5.8 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	
EL 1	-	-	-	-	1	1	-	-	-	1
Total	-	-	-	-	1	1	-	-	-	1

TABLE 5.9 Australian Public Service Act employees by employment status 2021–22

	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	1	9	-	-	-	9
EL 1	22	5	27	1	1	1	28
APS 6	10	2	12	-	-	-	12
APS 5	5	2	7	1	1	1	8
APS 4	8	1	9	-	-	-	9
Total	55	11	66	2	2	2	68

TABLE 5.10 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 5.11 Australian Public Service Act employment type by location 2021–22

	ONGOING	NON-ONGOING	TOTAL
NSW	1	-	1
Qld	1	-	1
Vic	1	-	1
ACT	63	2	65
Total	66	2	68

TABLE 5.12 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 5.13 Australian Public Service Act Indigenous employment 2021–22

	TOTAL
Ongoing	-
Non-ongoing	-
Total	-

TABLE 5.14 Australian Public Service Act Indigenous employment 2020–21

	TOTAL
Ongoing	1
Non-ongoing	-
Total	1

APPENDIX 3.

FRESH BLOOD COMPONENTS SUPPLIED UNDER CONTRACT BY LIFEBLOOD IN 2021–22

TABLE 5.15 Fresh blood components supplied under contract by Lifeblood 2021–22

PRODUCT TYPE	NAME	PRESENTATION ¹	JBC ² PRICE (\$)
Red blood cells	Whole blood (WB) red cells leucodepleted	>200ml	384.73
	WB paediatric red cells leucodepleted (set of 4)	25–100ml	445.27
	WB washed red cells leucodepleted	>130ml	434.01
Platelets	WB platelet pool leucodepleted	>160ml	258.33
	Apheresis platelet leucodepleted	100–400ml	630.19
	Paediatric apheresis platelet leucodepleted (set of 3)	40–60ml	945.36
Clinical fresh frozen plasma (FFP)	WB clinical FFP	295ml+/-10%	157.55
	WB paediatric clinical FFP (set of 4)	60–80ml	185.1
	Apheresis clinical FFP	295ml +/-10%	242.92
Cryoprecipitate	WB cryoprecipitate	30-40ml	170.59
	Apheresis cryoprecipitate	54–66ml	416.51
Cryo-depleted plasma	WB cryo-depleted plasma	215–265ml	154.52
	Apheresis cryo-depleted plasma	495–605ml	408.41
Other products	Autologous donation	n/a	146.56
	Therapeutic venesections for WB for discard	n/a	194.55
	Serum eye drops	Single collection	480.59
Plasma for fractionation	Plasma for fractionation ³	Presentation size n/a, but costed per kg	346.94

¹The presentation volume for a typical unit content is specified in the [Australian Red Cross Lifeblood Blood Component Information, 2020](#).

²JBC = Jurisdictional Blood Committee.

³Plasma for fractionation is supplied to CSL Behring (Australia) Pty Ltd for manufacturing plasma-derived products.

APPENDIX 4.

PLASMA AND RECOMBINANT PRODUCTS SUPPLIED UNDER CONTRACT IN 2021–22

TABLE 5.16 Plasma and recombinant products supplied under contract by Lifeblood 2021–22

PRODUCT TYPE	NAME	PRESENTATION	SUPPLIER	PRICE (\$)
Albumin (plasma derived – domestic)	Albumex	20% 10ml	CSL Behring (Australia) Pty Ltd	16.23 ¹
		20% 100ml		64.00 ¹
		4% 50ml		16.23 ¹
		4% 500ml		64.00 ¹
Factor VIIa (recombinant – imported)	NovoSeven	1mg	Novo Nordisk Pharmaceuticals Pty Ltd	1,351.11
		2mg		2,702.22
		5mg		6,755.55
		8mg		10,808.88
Factor VIII anti-inhibitor (plasma derived – imported)	FEIBA	500 IU	Takeda Pharmaceuticals Australia Pty Ltd	1,200.00
		1,000 IU		2,400.00
		2,500 IU		6,000.00
Factor VIII (plasma derived – domestic)	Biostate	250 IU	CSL Behring (Australia) Pty Ltd	228.32 ¹
		500 IU		456.65 ¹
		1,000 IU		913.30 ¹
Factor VIII (recombinant – imported)	Advate	250 IU	Takeda Pharmaceuticals Australia Pty Ltd	#
		500 IU		#
		1,000 IU		#
		1,500 IU		#
		2,000 IU		#
Factor VIII (recombinant – imported)	Eloctate	250 IU	Sanofi-Aventis Australia Pty Ltd	#
		500 IU		#
		1,000 IU		#
		2,000 IU		#
		3,000 IU		#

PRODUCT TYPE	NAME	PRESENTATION	SUPPLIER	PRICE (\$)
Factor IX (recombinant – imported)	Alprolix	250 IU	Sanofi-Aventis Australia Pty Ltd	#
		500 IU		#
		1,000 IU		#
		2,000 IU		#
		3,000 IU		#
Factor VIII (recombinant – imported)	Xyntha	250 IU	Pfizer Australia Pty Ltd	#
		500 IU		#
		1,000 IU		#
		2,000 IU		#
		3,000 IU		#
Factor IX (plasma derived – domestic)	MonoFIX	1,000 IU	CSL Behring (Australia) Pty Ltd	913.30 ¹
Factor IX (recombinant – imported)	BeneFIX	250 IU	Pfizer Australia Pty Ltd	#
		500 IU		#
		1,000 IU		#
		2,000 IU		#
		3,000 IU		#
Factor VIII (recombinant – imported)	Adynovate	250 IU	Takeda Pharmaceuticals Australia Pty Ltd	#
		500 IU		#
		1,000 IU		#
		2,000 IU		#
				#
Emicizumab (bi-functional monoclonal antibody)	Hemlibra	30mg/1ml	Roche Australia Pty Limited	#
		60mg/0.4ml		#
		105mg/0.7ml		#
		150mg/1ml		#
				#
Factor XI (plasma derived – imported)	Factor XI	1 IU	CSL Behring (Australia) Pty Ltd	13.90
Factor XIII (plasma derived – imported)	Fibrogammin	250 IU	CSL Behring (Australia) Pty Ltd	207.02
		1,250 IU		1,035.09
Factor XIII (recombinant – imported)	NovoThirteen	2,500 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	291.13 ¹
Fibrinogen concentrate (plasma derived – imported)	RiaSTAP	1g	CSL Behring (Australia) Pty Ltd	833.93
Human C1 esterase inhibitor concentrate (plasma derived – imported)	Berinert	500 IU – IV	CSL Behring (Australia) Pty Ltd	980.76
		1,500IU – IV		2,942.26
		2,000IU – SC		2,122.41
		3,000IU – IV		3,183.60
Protein C concentrate (plasma derived – imported)	Ceprotrin	500 IU	Takeda Pharmaceuticals Australia Pty Ltd	1,075.00
		1,000 IU		2,150.00
Antithrombin III concentrate (plasma derived – domestic)	Thrombotrol VF	1,000 IU	CSL Behring (Australia) Pty Ltd	1,472.69 ¹
Intravenous IVIg (plasma derived – domestic)	Intragam 10	2.5g/25ml	CSL Behring (Australia) Pty Ltd	133.59 ¹
		10g/100ml		534.35 ¹
		20g/200ml		1,068.70 ¹
SCIg (plasma derived – domestic)	Evogam	16% 0.8g/5ml	CSL Behring (Australia) Pty Ltd	44.84 ¹
		15% 3.2g/20ml		179.35 ¹
IVIg (plasma derived – imported)	Flebogamma DIF	5% 0.5g/10ml	Grifols Australia Pty Ltd	#
		5% 2.5g/50ml		#
		5% 5g/100ml		#
		5% 10g/200ml		#
		5% 20g/400ml		#
		10% 5g/50ml		#
		10% 10g/100ml		#
10% 20g/200ml	#			
IVIg (plasma derived – imported)	Gamunex	10% 5g/ 50ml	Grifols Australia Pty Ltd	#
		10% 10g/100ml		#
		10% 20g/200ml		#

PRODUCT TYPE	NAME	PRESENTATION	SUPPLIER	PRICE (\$)
IVIg (plasma derived – imported)	Privigen	5g/50ml	CSL Behring (Australia) Pty Ltd	#
		10g/100ml		#
		20g/200ml		#
		40g/400ml		#
IVIg (plasma derived – imported)	Octagam	5g/50ml	Octapharma Australia Pty Limited	#
		10g/100ml		#
		20g/200ml		#
SCIg (plasma derived – imported)	Hizentra	1g/5ml	CSL Behring (Australia) Pty Ltd	#
		2g/10ml		#
		4g/20ml		#
		10g/50ml		#
SCIg (plasma derived – imported)	CUVITRU	1g/5ml	Takeda Pharmaceuticals Australia Pty Ltd	#
		2g/10ml		#
		4g/20ml		#
		8g/40ml		#
Normal Ig NIg (plasma derived – domestic)	Normal Ig VF	2ml (0.32gm)	CSL Behring (Australia) Pty Ltd	33.13 ¹
		5ml (0.80gm)		54.31 ¹
CMV Ig (plasma derived – domestic)	CMV Ig	1.5 million units	CSL Behring (Australia) Pty Ltd	1,259.28 ¹
Hepatitis B Ig (plasma derived – domestic)	Hepatitis B Ig	100 IU (2ml)	CSL Behring (Australia) Pty Ltd	46.03 ¹
		400 IU (5ml)		105.39 ¹
Rh (D) Ig (plasma derived – imported)	Rhophylac	1,500 IU	CSL Behring (Australia) Pty Ltd	436.39
Rh (D) Ig – VF (plasma derived – domestic)	Rh (D) Ig	250 IU	CSL Behring (Australia) Pty Ltd	31.18 ¹
		625 IU		77.92 ¹
Tetanus Ig (plasma derived – domestic)	Tetanus Ig VF	250 IU	CSL Behring (Australia) Pty Ltd	45.51 ¹
		4,000 IU		727.94 ¹
Zoster Ig (plasma derived – domestic)	Zoster Ig VF	200 IU	CSL Behring (Australia) Pty Ltd	288.62 ¹

[#]Price is confidential and cannot be disclosed.

¹Price does not include the starting plasma provided to CSL Behring (Australia) Pty Ltd by Australian Red Cross Lifeblood.

APPENDIX 5.

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 entity annual reports to disclose 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 2021–22.

The NBA did not conduct any advertising campaigns in 2021–22.

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 2021–22 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
- ◆ ensuring that through purchasing activities further improvements were made within blood product supply contracts
- ◆ having electronic document and records management systems in place.

Table 5.17 provides information on the NBA's environmental performance. The NBA continues to look at ways to further reduce its impact on the environment.

TABLE 5.17 NBA environmental performance

THEME	PERFORMANCE MEASURE	INDICATOR(S)	2020–21	2021–22
Energy efficiency	Total consumption of energy	Amount of electricity consumed (kWh)	166,284	151,538
		Amount of gas consumed (MJ)	0	0
		Amount of other fuels consumed (\$/kWh/MJ/L)	0	0
		Air travel distances (km)	11,471	23,976
	Total consumption of green energy	Amount of green energy purchased/consumed (\$/kWh)	0	0
		Greenhouse gas emissions	Amount of greenhouse gases produced (tonnes)	0
	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	1,868	1,762
Waste	Total waste production	Amount of waste produced (tonnes)	3.91	2.39
	Un-recyclable waste production	Amount of waste going to landfills (tonnes)	1.29	1.25
	Recyclable waste production (excluding office paper)	Amount of waste going to recycling facilities (tonnes)	0.24	0.069
	Paper waste production	Amount of waste paper going to recycling facilities (tonnes)	2.380	1.070
		Amount of paper sourced from recyclable sources (tonnes)	1.152	0.461
		Percentage of paper sourced from recyclable sources (%)	99.8	86.0
	Use of renewable/recyclable products	Amount of products sourced from renewable/recyclable sources (tonnes)	1.114	0.461
	Relative waste production	Amount of total waste (tonnes) per employee	0.04	0.03
Water	Total consumption of water	Amount of water consumed (L)	465,592	459,906
	Grey water/rainwater capture and use	Grey water not applicable to NBA tenancies	n/a	n/a
	Relative consumption/use of water	Amount of total water use (L) per employee	5,209	5,347

GRANT PROGRAMS

Information on grants awarded by the NBA during the period 1 July 2021 to 30 June 2022 is available at www.blood.gov.au/governmental-compliance.

DISABILITY REPORTING

Australia's Disability Strategy 2021–2031 (the Strategy) is the overarching framework for inclusive policies, programs and infrastructure that will support people with disability to participate in all areas of Australian life. The Strategy sets out where practical changes will be made to improve the lives of people with disability in Australia. It acts to ensure the principles underpinning the United Nations Convention on the Rights of Persons with Disabilities are incorporated into Australia's policies and programs that affect people with disability, their families and carers. All levels of government have committed to deliver more comprehensive and visible reporting under the Strategy. A range of reports on progress of the Strategy's actions and outcome areas will be published and available at <https://www.disabilitygateway.gov.au/ads>.

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 website at www.apsc.gov.au.

FREEDOM OF INFORMATION

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.

Further information about the IPS is available at the [Office of the Australian Information Commissioner website](http://www.oia.gov.au).

A copy of the NBA IPS Plan and associated published documents are located at www.blood.gov.au/ips.

REMEDICATION OF INFORMATION PUBLISHED IN PREVIOUS ANNUAL REPORTS

Nil.

AGENCY RESOURCE STATEMENT

The agency resource statement provides details of the sources of funding for the NBA in 2021–22 together with information about special accounts balances to be carried over to 2022–23.

TABLE 5.18 Agency resource statement

	ACTUAL AVAILABLE APPROPRIATION FOR 2021–22 \$'000	PAYMENTS MADE 2021–22 \$'000	BALANCE 2021–22 \$'000
	(a)	(b)	(a) - (b)
Ordinary annual services ¹			
Departmental appropriation ²	7,420	6,081	1,339
Total	7,420	6,081	1,339
Administered expenses			
Outcome 1 ³	343	343	
Total	343	343	
Total ordinary annual services	7,763	6,427	
Special accounts ⁴			
Opening balance	146,496		
Appropriation receipts ⁵	6,109		
Non-appropriation receipts to special accounts	1,530,527		
Payments made		1,505,055	
Total special accounts	1,683,132	1,505,055	178,077
Total resourcing and payments	1,683,132	1,505,055	

¹ Appropriation Act (No. 1) 2021–22 and Appropriation Act (No. 3) 2021–22. This may also include prior year departmental appropriation and section 74 relevant agency receipts.

² Includes an amount of \$0.645 million in 2021–22 for the departmental capital budget. For accounting purposes this amount has been designated as 'contributions by owners'.

³ Includes an amount of \$nil in 2021–22 for the administered capital budget.

⁴ Does not include 'Special Public Money' held in accounts like the 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 2021–22 included above.

RESOURCES FOR OUTCOMES

Table 5.19 provides details of the total funding for each outcome approved by government for the NBA. In 2021–22 the NBA operated under a single outcome.

TABLE 5.19 Agency expenses by outcome

OUTCOME 1: AUSTRALIA'S BLOOD SUPPLY IS SECURE AND WELL MANAGED	BUDGET* 2021–22 \$'000	ACTUAL EXPENSES 2021–22 \$'000	VARIATION 2021–22 \$'000
	(a)	(b)	(a) - (b)
Program 1.1: National Blood Agreement management			
Administered expenses			
Ordinary annual services (Appropriation Bill No. 1)	343	343	-
Special accounts	1,473,203	1,424,877	48,326
Departmental expenses			
Departmental appropriation ¹	6,158	6,081	77
Special accounts	9,349	11,772	-2,423
s74 retained revenue receipts	250	321	-71
Expenses not requiring appropriation in the Budget year	664	643	21
Total for Program 1.1	1,489,967	1,444,037	45,930
Total expenses for Outcome 1	1,489,967	1,444,037	45,930
		2020–21	2021–22
Average staffing level (number)		56	60

* Full-year budget, including any subsequent adjustment made to the 2021–22 Budget at Additional Estimates.

¹ Departmental appropriation combines ordinary annual services (Appropriation Act No. 1) and revenue from independent sources.

APPENDIX 6.

LIST OF REQUIREMENTS

The following list of requirements is provided in accordance with the Department of Finance's Resource Management Guide No. 135 *Annual reports for non-corporate Commonwealth entities* as at May 2022.

PGPA RULE REFERENCE	PART OF REPORT	DESCRIPTION	REQUIREMENT	PAGE
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	iii
17AD(h)	Aids to access			
17AJ(a)	Front pages	Table of contents (print only).	Mandatory	iv
17AJ(b)	Index	Alphabetical index (print only).	Mandatory	186–192
17AJ(c)	Appendix 7	Glossary of abbreviations and acronyms.	Mandatory	184–185
17AJ(d)	Appendix 6	List of requirements.	Mandatory	177–183
17AJ(e)	Front pages	Details of contact officer.	Mandatory	ii
17AJ(f)	Front pages	Entity's website address.	Mandatory	ii
17AJ(g)	Front pages	Electronic address of report.	Mandatory	ii
17AD(a)	Review by accountable authority			
17AD(a)	Part 1	A review by the accountable authority of the entity.	Mandatory	14–17
17AD(b)	Overview of the entity			
17AE(1)(a)(i)	Part 1	A description of the role and functions of the entity.	Mandatory	4
17AE(1)(a)(ii)	Part 1	A description of the organisational structure of the entity.	Mandatory	5–7
17AE(1)(a)(iii)	Part 1, 2, Appendix 5	A description of the outcomes and programmes administered by the entity.	Mandatory	3, 30, 176
17AE(1)(a)(iv)	Part 1	A description of the purposes of the entity as included in corporate plan.	Mandatory	3–4
17AE(1)(aa)(i)	Part 1	Name of the accountable authority or each member of the accountable authority	Mandatory	5
17AE(1)(aa)(ii)	Part 1	Position title of the accountable authority or each member of the accountable authority	Mandatory	5
17AE(1)(aa)(iii)	Part 1	Period as the accountable authority or member of the accountable authority within the reporting period	Mandatory	5

PGPA RULE REFERENCE	PART OF REPORT	DESCRIPTION	REQUIREMENT	PAGE
17AE(1)(b)	Part 1	An outline of the structure of the portfolio of the entity.	Portfolio departments – mandatory	5-7
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	N/A
17AD(c)	Report on the Performance of the entity			
	<i>Annual performance Statements</i>			
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	25–83
17AD(c)(ii)	<i>Report on Financial Performance</i>			
17AF(1)(a)	Part 4	A discussion and analysis of the entity's financial performance.	Mandatory	107–109
17AF(1)(b)	Part 4	A table summarising the total resources and total payments of the entity.	Mandatory	105
17AF(2)		If there may be significant changes in the financial results during or after the previous or current reporting period, information on those changes, including: the cause of any operating loss of the entity; how the entity has responded to the loss and the actions that have been taken in relation to the loss; and any matter or circumstances that it can reasonably be anticipated will have a significant impact on the entity's future operation or financial results.	If applicable, Mandatory.	N/A
17AD(d)	Management and Accountability			
	<i>Corporate Governance</i>			
17AG(2)(a)	Part 3	Information on compliance with section 10 (fraud systems)	Mandatory	94
17AG(2)(b)(i)	Part 3	A certification by accountable authority that fraud risk assessments and fraud control plans have been prepared.	Mandatory	94
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	94

PGPA RULE REFERENCE	PART OF REPORT	DESCRIPTION	REQUIREMENT	PAGE
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	94
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	87–92
17AG(2)(d) – (e)		A statement of significant issues reported to Minister under paragraph 19(1)(e) of the Act that relates to noncompliance with Finance law and action taken to remedy noncompliance.	If applicable, Mandatory	N/A
<i>Audit Committee</i>				
17AG(2A)(a)	Part 3	A direct electronic address of the charter determining the functions of the entity’s audit committee.	Mandatory	89
17AG(2A)(b)	Part 3	The name of each member of the entity’s audit committee.	Mandatory	89
17AG(2A)(c)	Part 3	The qualifications, knowledge, skills or experience of each member of the entity’s audit committee.	Mandatory	162
17AG(2A)(d)	Appendix 1	Information about the attendance of each member of the entity’s audit committee at committee meetings.	Mandatory	162
17AG(2A)(e)	Appendix 1	The remuneration of each member of the entity’s audit committee.	Mandatory	162
<i>External Scrutiny</i>				
17AG(3)	Part 3	Information on the most significant developments in external scrutiny and the entity’s response to the scrutiny.	Mandatory	93
17AG(3)(a)	N/A	Information on judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner that may have a significant effect on the operations of the entity.	If applicable, Mandatory	N/A
17AG(3)(b)	N/A	Information on any reports on operations of the entity by the AuditorGeneral (other than report under section 43 of the Act), a Parliamentary Committee, or the Commonwealth Ombudsman.	If applicable, Mandatory	N/A
17AG(3)(c)	N/A	Information on any capability reviews on the entity that were released during the period.	If applicable, Mandatory	N/A
<i>Management of Human Resources</i>				
17AG(4)(a)	Part 3	An assessment of the entity’s effectiveness in managing and developing employees to achieve entity objectives.	Mandatory	95

PGPA RULE REFERENCE	PART OF REPORT	DESCRIPTION	REQUIREMENT	PAGE
17AG(4)(aa)	Appendix 2	Statistics on the entity's employees on an ongoing and nonongoing basis, including the following: (a) statistics on fulltime employees; (b) statistics on parttime employees; (c) statistics on gender (d) statistics on staff location	Mandatory	163
17AG(4)(b)	Appendix 2	Statistics on the entity's APS employees on an ongoing and nonongoing basis; including the following: <ul style="list-style-type: none"> • Statistics on staffing classification level; • Statistics on fulltime employees; • Statistics on parttime employees; • Statistics on gender; • Statistics on staff location; • Statistics on employees who identify as Indigenous. 	Mandatory	164 165 165 164 165 166
17AG(4)(c)	Part 2, 3	Information on any enterprise agreements, individual flexibility arrangements, Australian workplace agreements, common law contracts and determinations under subsection 24(1) of the <i>Public Service Act 1999</i> .	Mandatory	80, 90, 95, 96
17AG(4)(c)(i)	Part 3	Information on the number of SES and nonSES employees covered by agreements etc identified in paragraph 17AG(4)(c).	Mandatory	96
17AG(4)(c)(ii)	Part 3	The salary ranges available for APS employees by classification level.	Mandatory	96
17AG(4)(c)(iii)	Part 3	A description of non-salary benefits provided to employees.	Mandatory	99
17AG(4)(d)(i)	N/A	Information on the number of employees at each classification level who received performance pay.	If applicable, Mandatory	N/A
17AG(4)(d)(ii)	N/A	Information on aggregate amounts of performance pay at each classification level.	If applicable, Mandatory	N/A
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	N/A
17AG(4)(d)(iv)	N/A	Information on aggregate amount of performance payments.	If applicable, Mandatory	N/A
<i>Assets Management</i>				
17AG(5)	N/A	An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities	If applicable, mandatory	N/A

PGPA RULE REFERENCE	PART OF REPORT	DESCRIPTION	REQUIREMENT	PAGE
		<i>Purchasing</i>		
17AG(6)	Part 4	An assessment of entity performance against the <i>Commonwealth Procurement Rules</i> .	Mandatory	110
		<i>Reportable consultancy contracts</i>		
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	111
17AG(7)(b)	Part 4	A statement that “ <i>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].</i> ”	Mandatory	111
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	111
17AG(7)(d)	Part 4	A statement that “ <i>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.</i> ”	Mandatory	111
		<i>Reportable non-consultancy contracts</i>		
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	112

PGPA RULE REFERENCE	PART OF REPORT	DESCRIPTION	REQUIREMENT	PAGE
17AG(7A)(b)	Part 4	A statement that “ <i>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.</i> ”	Mandatory	111
<i>17AD(daa) Additional information about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts</i>				
17AGA	Part 4	Additional information, in accordance with section 17AGA, about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts.	Mandatory	111, 112
<i>Australian National Audit Office Access Clauses</i>				
17AG(8)	Part 4	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 AuditorGeneral 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	N/A
<i>Exempt contracts</i>				
17AG(9)	N/A	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	N/A
<i>Small business</i>				
17AG(10)(a)	Part 4	A statement that “[<i>Name of entity</i>] 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	113
17AG(10)(b)	Part 4	An outline of the ways in which the procurement practices of the entity support small and medium enterprises.	Mandatory	113

PGPA RULE REFERENCE	PART OF REPORT	DESCRIPTION	REQUIREMENT	PAGE
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	113
<i>Financial Statements</i>				
17AD(e)	Part 4	Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.	Mandatory	114–155
<i>Executive Remuneration</i>				
17AD(da)	Part 3	Information about executive remuneration in accordance with Subdivision C of Division 3A of Part 23 of the Rule.	Mandatory	97
17AD(f)	Other Mandatory Information			
17AH(1)(a)(i)	N/A	If the entity conducted advertising campaigns, a statement that “During [reporting period], the [name of entity] conducted the following advertising campaigns: [name of advertising campaigns undertaken]. Further information on those advertising campaigns is available at [address of entity’s website] and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance’s website.”	If applicable, Mandatory	N/A
17AH(1)(a)(ii)	Appendix 5	If the entity did not conduct advertising campaigns, a statement to that effect.	If applicable, Mandatory	172
17AH(1)(b)	Appendix 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	174
17AH(1)(c)	Appendix 5	Outline of mechanisms of disability reporting, including reference to website for further information.	Mandatory	174
17AH(1)(d)	Appendix 5	Website reference to where the entity’s Information Publication Scheme statement pursuant to Part II of FOI Act can be found.	Mandatory	174
17AH(1)(e)	N/A	Correction of material errors in previous annual report	If applicable, mandatory	N/A
17AH(2)	Appendix 5	Information required by other legislation	Mandatory	172–176

APPENDIX 7.

ACRONYMS AND ABBREVIATIONS

ABDR	Australian Bleeding Disorders Registry
ACSQHC	Australian Commission on Safety and Quality in Health Care
ACT	Australian Capital Territory
AHPs	Australian health providers
ANAO	Australian National Audit Office
APS	Australian Public Service
ARC	Audit and Risk Committee
ASX	Australian Stock Exchange
BloodNET	Australia's online blood ordering and inventory management system
BloodSafe eLearning	transfusion practice and patient blood management education online system
BloodSTAR	Australia's blood system for tracking authorisations and reviews
BOC	Blood Operations Centre
CIDP	chronic inflammatory demyelinating polyneuropathy
Criteria	Criteria for the Clinical Use of Immunoglobulin in Australia
DAPI	discards as a percentage of net issues
FEIBA	factor VIII anti-inhibitor
FFP/FP	fresh frozen plasma/frozen plasma
FIX	factor nine
FOI Act	Freedom of Information Act
GST	goods and services tax
HAC	Haemophilia Advisory Committee
HTA	Health technology assessment
ICT	information and communications technology
ICU	intensive care unit
Ig	immunoglobulin
IPS	Information Publication Scheme
IU	international units
IVIg	intravenous immunoglobulin
JBC	Jurisdictional Blood Committee
KPI	key performance indicator
kWh	kilowatt hour
Lifeblood	Australian Red Cross Lifeblood
LIS	Laboratory Information System

MSAC	Medical Services Advisory Committee
MyABDR	A secure app for smartphones and websites for people with bleeding disorders or parents/caregivers to record home treatments and bleeds
n/a	not applicable
NaFAA	National Fractionation Agreement for Australia
NBA	National Blood Authority
NBSCP	National Blood Supply Contingency Plan
NIGAC	National Immunoglobulin Governance Advisory Committee
NPPL	National Product Price 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
PBS	Portfolio Budget Statements
PGPA Act	<i>Public Governance, Performance and Accountability Act 2013</i>
PGPA Rule	Public Governance, Performance and Accountability Rule 2014
PS Act	<i>Public Service Act 1999</i>
Red Cross	Australian Red Cross Society
SCIg	subcutaneous immunoglobulin
SES	Senior Executive Service
SMEs	small and medium enterprises
SOP	standard operating procedure
SPF	staff participation forum
SWG	specialist working group
ViP	Value in Prescribing
WB	whole blood
WHS	work health and safety

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