

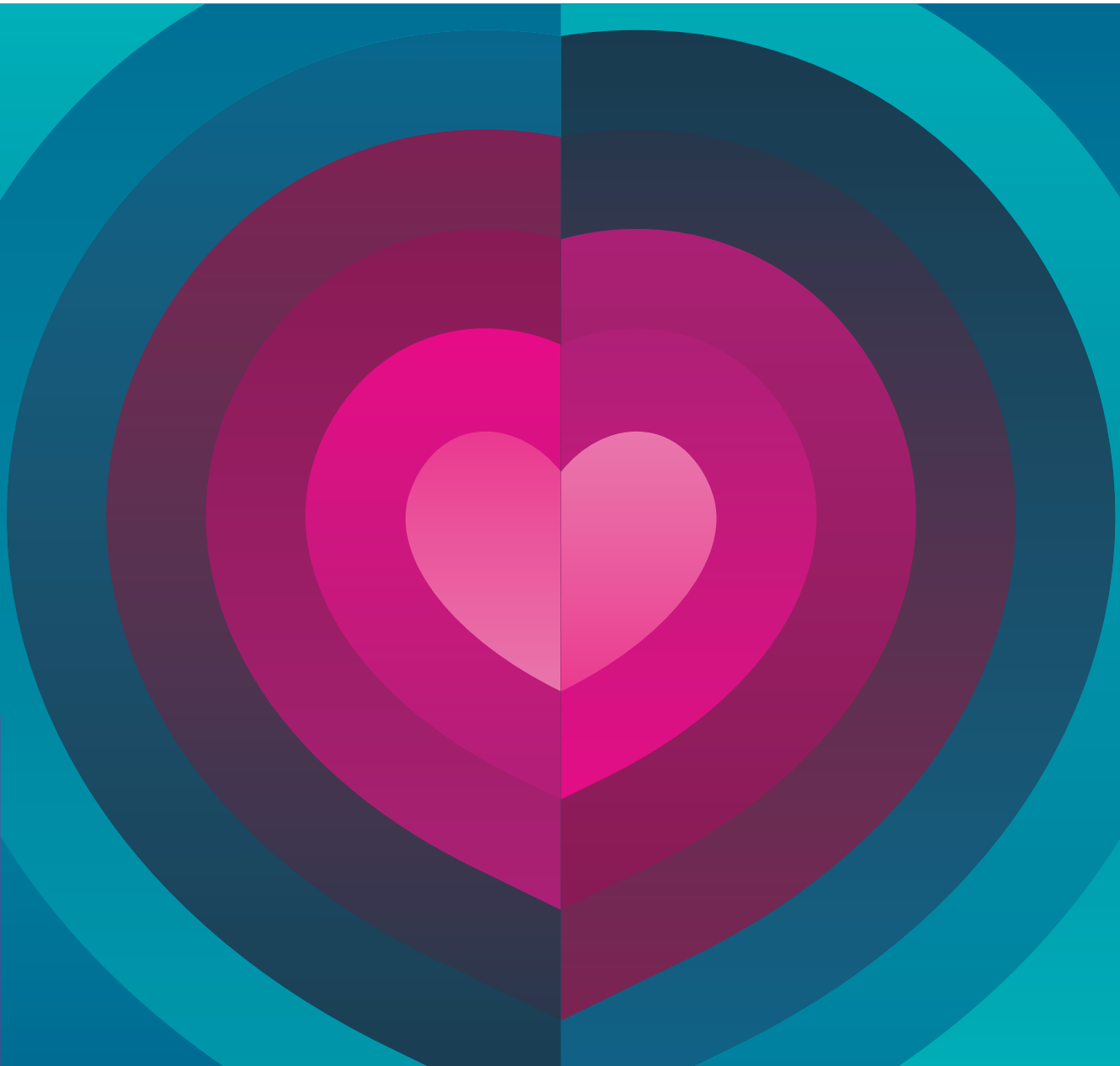


**Australian Government**  
**Australian Organ and Tissue Donation  
and Transplantation Authority**



# Annual Report

2022–23



## About us

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The Australian Organ and Tissue Donation and Transplantation Authority, more commonly known as the Organ and Tissue Authority (OTA), was established in 2009 by the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008*.

### WHAT WE DO

We deliver a nationally coordinated program to increase organ and tissue donation to improve opportunities for transplantation in Australia.

Since the national program began in 2009

 **5,904**

deceased organ donors

 **16,748**

people have received life-saving organ transplants

### WHO WE WORK WITH

Our national program is delivered in partnership with the DonateLife Network, state and territory governments, the donation and transplantation sectors, the eye and tissue sectors, hospitals, community organisations and the public.



DonateLife Network



State and territory governments



Donation and transplantation sectors



Eye and tissue sectors



Hospitals



Community organisations



Public

### THANK YOU

We thank all the generous donors and their families who have transformed the lives of people needing a transplant through organ and tissue donation.

We also acknowledge the dedication and commitment of donation specialist staff and transplantation teams. Transplantation is only possible through the donation of organs and tissues, and its life-changing benefits would not be possible without this shared commitment.

## PURPOSE

To save and improve the lives of more Australians through organ and tissue donation and transplantation

## GOALS

### Build support

More people say yes to donation

### Optimise opportunities

Donation and transplantation services deliver the best outcomes

### Enhance systems

Enable quality outcomes through information, technology and resources

## VALUES AND BEHAVIOURS

### Commitment

We are passionate about who we are, our work and our future



### Collaboration

We work together to achieve shared goals

### Excellence

We strive for the best quality national outcomes



### Integrity

We operate with trust, respect, honesty and compassion

### Innovation

We keep an open mind and have courage to make improvements



## Why is organ and tissue donation important?

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

**One organ donor can save the lives of up to 7 people and help many more through eye and tissue donation.**

The first 10 years of the national program saw a 122% increase in deceased donation rates, resulting in an 81% increase in the number of people who received an organ transplant. Since the emergence of COVID-19, the number of donors and people who have received a transplant has dropped by 15%, although there was a small increase in 2022 compared with 2021.

In 2022

**~1,800**

**people were on the waitlist for a transplant in Australia**

**~14,000**

**people on dialysis, many of whom could benefit from a kidney transplant**

### REGISTER TO BE A DONOR

We want all Australians to talk about organ and tissue donation. If you want to be a donor, make sure you tell your family and friends.

It doesn't matter how old you are, your medical history, your lifestyle, what country you're from or how healthy you are—you can still register as an organ and tissue donor.



Registering is easy and only takes one minute.

All you need is your phone, your Medicare card and one minute to register.



**Ready, set, register!**

[donatelife.gov.au](https://donatelife.gov.au)

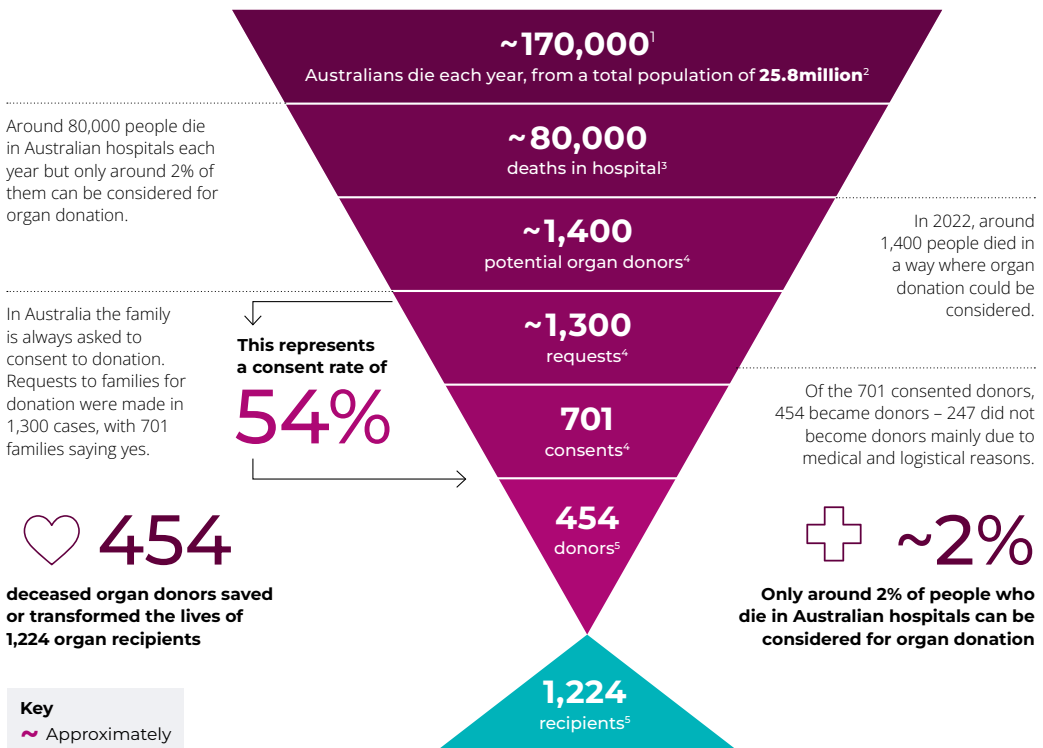
**Great registration race**  
for DonorLife week



## VERY FEW PEOPLE CAN BECOME AN ORGAN DONOR

- + A person must die in a hospital in specific circumstances, in an intensive care unit or emergency department, as organs need to be functioning well to be considered for transplantation.
- + Only around 2% of people who die in Australian hospitals meet the criteria required to be an organ donor.
- + In 2022, around 1,400 people (of the 80,000 people who died in Australian hospitals) died in a way where organ donation could be considered.
- + Requests to families for donation were made in 1,300 cases.
- + In response, 701 families said yes to donation in the hospital—representing a national consent rate of 54%—with 454 people becoming organ donors.
- + With only a small number of potential donors, it is critical that we increase consent rates to increase our donation rate.
- + There are around 1,800 Australians waitlisted for a transplant and an additional 14,000 people on dialysis—many of whom could benefit from a kidney transplant.







**Figure 1: Australia's potential deceased organ donor population and transplantation outcomes 2022**



## DECEASED ORGAN DONATION AND TRANSPLANTATION

In 2022 there was an 8% increase in deceased organ donors and a 4% increase in the number of people who received a transplant when compared to 2021.

This means that in 2022 the lives of 1,224 people needing a transplant were saved or transformed through organ donation.

2022	2021	Difference
 <b>454</b> deceased organ donors	 <b>421</b> deceased organ donors	 <b>+8%</b> deceased organ donors
 <b>1,224</b> organ transplant recipients	 <b>1,173</b> organ transplant recipients	 <b>+4%</b> organ transplant recipients



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## Letter of transmittal

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The Hon Ged Kearney MP  
Assistant Minister for Health and Aged Care  
Parliament House  
CANBERRA ACT 2600

Dear Minister

As the Accountable Authority for the Australian Organ and Tissue Donation and Transplantation Authority (Organ and Tissue Authority), I am very pleased to provide you with the Annual Report for the year ended 30 June 2023.

This report has been prepared in accordance with section 46 of the *Public Governance, Performance and Accountability Act 2013*, for presentation to Parliament.

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

In addition, I certify that for 2022–23, the Organ and Tissue Authority has:

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

Yours sincerely



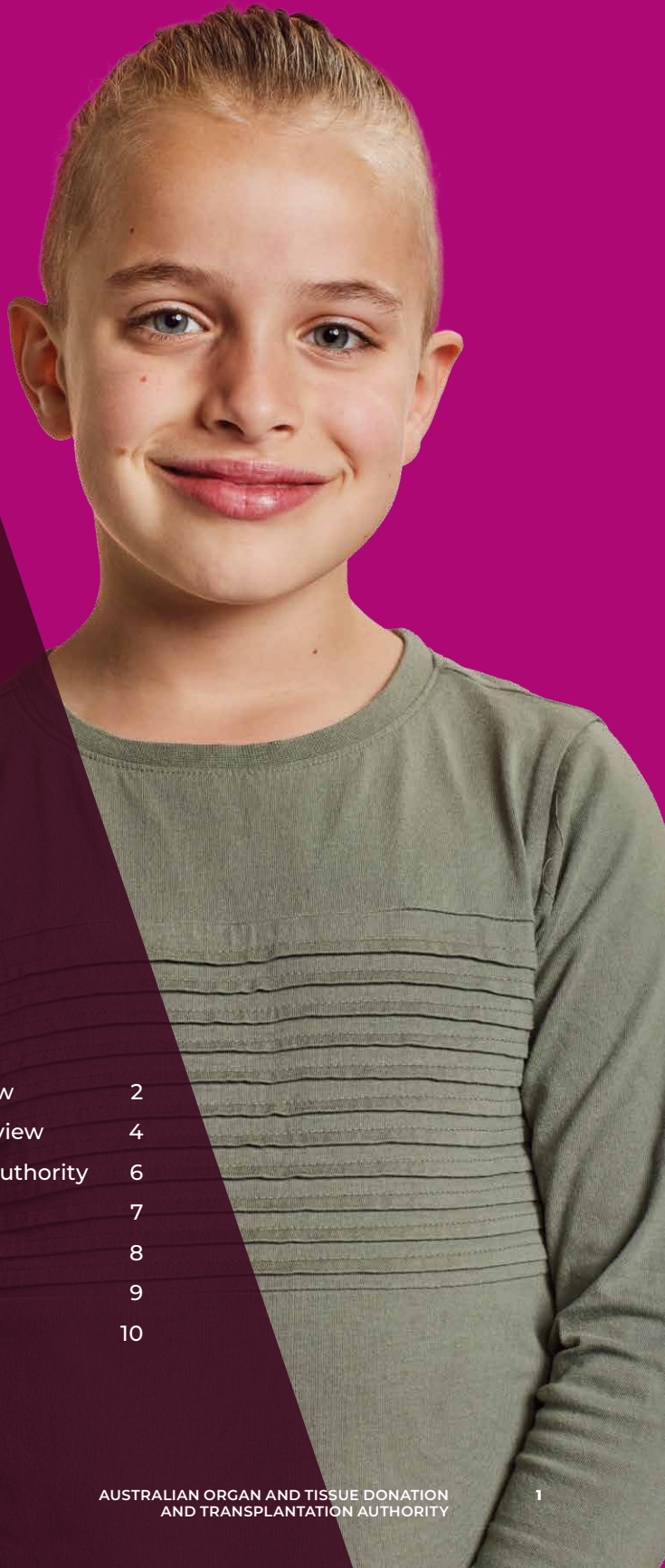
**Lucinda Barry AM**  
Chief Executive Officer  
Organ and Tissue Authority

**3 October 2023**



## HUNTER

received a liver transplant  
and was part of the 2022  
Great Registration Race for  
DonateLife Week



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## Chief Executive Officer's review

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**On behalf of the Organ and Tissue Authority (OTA), I am pleased to present the OTA's Annual Report 2022–23.**

This year has been a time of looking forward, implementing change and embedding our new 5-year strategy to return donation and transplantation activity to pre-pandemic levels, and to drive further improvements.

The OTA Strategy 2022–2027, released in August 2022, is informed by expertise and insights from our Advisory Board and our clinical committees, and the lived experience of donor families and transplant recipients. We have 3 very clear goals over the next 5 years: to build support so that more people say yes to donation; optimise opportunities for donation and transplantation services to deliver the best outcomes; and enhance systems to enable quality outcomes through information technology and resources.

In 2022, the lives of 1,224 Australians were changed when they received an organ transplant, thanks to the generosity of 454 deceased organ donors, and their families who said yes to donation. There was an 8% increase in the number of deceased organ donors and a 4% increase in the number of people who received a transplant, compared to 2021. In 2022 more than 2,300 people had their eyesight restored through a corneal transplant and over 7,400 people received a life-enhancing tissue transplant.

### **OUR 2022–23 OUTCOMES**

We met all our annual targets for donation and transplantation outcomes except for the national consent rate target of 56%, the consent rate dropped to 54% this year, down from a high of 60% in 2018.

This decline could be attributed to pressures on the health system, workforce and community by the COVID-19 pandemic, which impacted overall donation and transplantation rates.

Other countries have experienced similar decreases in consent rates coinciding with the COVID-19 pandemic.

Increasing consent rates remains one of the largest areas for future growth in Australia.

### **STRENGTHENING OUR COMMUNICATIONS AND ENGAGEMENT PROGRAM**

Building public support for organ and tissue donation so that more Australians can receive a transplant is vital towards achieving the OTA's strategy and lifting consent rates. This year, a new communication and engagement framework was developed following comprehensive research, analysis, and broad stakeholder consultation to guide future success in the program.

Over the next 5 years the framework will guide communications and engagement strategies, events and activities that build DonateLife brand awareness, increase the number of Australians registered on the Australian Organ Donor Register (AODR), and encourage family discussion about donation.

Working in partnership with DonateLife agencies, advocates and the community, there will be a focus on strengthening our integrated media and marketing strategies, optimising digital content and channels, securing strategic partnerships and supporting grass-roots community engagement and education programs.

### **DON'T DELAY, REGISTER TODAY**

Our largest public awareness initiative, The Great Registration Race for DonateLife Week 2022 kicked off in July, building momentum to DonateLife Week (Sunday 24 July to Sunday 31 July), and continuing until the end of August.

Building on the success seen in 2021, our strategy for DonateLife Week 2022 was to convey urgency and spark action: encouraging Australians to 'don't delay, register today—it takes less than 1 minute to sign up at [donatelife.gov.au](https://donatelife.gov.au) or just 3 taps in your Medicare app', as well as talk to their family about donation. We were able to achieve 60,000 new registrations on the AODR during DonateLife Week.

## OUR LEGISLATIVE FRAMEWORK

We welcomed the opportunity to provide submissions to, and appear before, 2 state parliamentary inquiries into organ and tissue donation. Public inquiries are important avenues for open dialogue and debate, promoting evidence-based decision-making about best-practice initiatives.

Over the reporting period we worked with the Department of Health and Aged Care to amend the OTA's governing legislation to better support the delivery of our public awareness, promotional, educational and commemorative activities. We also continued to work with the Department to investigate potential ways to harmonise state and territory Human Tissue Acts.

## WORKING WITH OUR NETWORK

We worked closely with states and territories to establish new funding agreements to deliver donation services in hospitals. This was also an opportune time to reflect on the staffing structure of the DonateLife Network and to embed core DonateLife agency positions to continue to deliver a nationally consistent program.

## WORKING WITH THE TRANSPLANT SECTOR

In September 2022 the Australian and New Zealand Paired Kidney Exchange (ANZKX) program conducted its first trans-Tasman exchange since borders closed because of COVID-19 in 2020. The number of living kidney donations completed through ANZKX increased by 11% compared with 2021. In 2022 there were 224 living kidney donors, including 42 through the ANZKX program.

## FINANCIAL PERFORMANCE

The OTA's operating result for 2022–23 was a deficit of \$0.111 million against a budgeted deficit of \$0.354 million. The OTA is committed to ensuring that resources are appropriately allocated to optimise our performance. We remain in a strong net asset position as at 30 June 2023, with net assets of \$2.831 million. Administered expenditure for 2022–23 was \$49.121 million towards the delivery of the national reform program, including \$46.510 million in grants expenditure, most of which supports dedicated donation specialists in hospitals and DonateLife agencies.

## LOOKING FORWARD

We're pleased to report early signs of recovery from impacts of the COVID-19 pandemic. There is still much work to do to increase organ donor and transplant recipient numbers in line with national goals, however our strategy sets a clear way forward that will help us focus our resources and priorities.

Continued focus on clinical practice in hospitals and exploration of large-scale public awareness initiatives to build support for donation will be essential to lift consent rates. We will continue to contribute expert advice informing key national documents such as the draft National Strategy for Organ and Tissue Donation, Retrieval and Transplantation and the National Eye and Tissue Sector Framework.

We will also continue to monitor the international landscape, including approaches to consent systems, registration and clinical practice and their impacts on donation and transplantation outcomes.

## ACKNOWLEDGEMENTS

In June 2023 we farewelled the outgoing Chair of the OTA Advisory Board, Dr Mal Washer. Dr Washer brought a wealth of expertise to his role, and I thank him for supporting the OTA over the past 6 years. I look forward to working with the incoming Chair, Dr Helen Szoke AO.

The positive outcomes and inspirational stories highlighted in this report would not be possible without the dedication, passion, and commitment of our OTA staff, the DonateLife Network, transplantation teams, and community advocates and volunteers.

Finally, I extend my heartfelt gratitude to all organ and tissue donors, and their families, who have transformed the lives of people needing a transplant.



**Lucinda Barry AM**  
Chief Executive Officer  
Organ and Tissue Authority

## National Medical Director's review

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**The past year has seen the operating clinical environment return to something close to the 'pre-pandemic normal'. Many of the restrictions associated with the COVID-19 pandemic have eased, family visiting access in hospitals has increased, staff furloughing has reduced, requirements for personal protective equipment have relaxed, and more flights and other transport options are available.**

### **2023 DONATION AND TRANSPLANTATION CONFERENCE – 'BACK TO THE FUTURE'**

In 2022–23 we were able to resume many face-to-face meetings, education events and other engagement opportunities. The OTA hosted its first Donation and Transplantation Conference in 4 years, with the theme 'Back to the Future' highlighting the clinical sector's desire to return donation and transplantation activity to pre-pandemic levels. The conference was attended by over 300 representatives from the donation and transplant sector, including international guest speakers.

### **FOCUS ON TRAINING AND EDUCATION**

This year the OTA worked with lead clinicians in the DonateLife Network to develop inaugural national one-day workshops for donation specialist nurses and doctors. Donation nurses new to the network had the opportunity to attend an induction workshop and develop a clearer picture of how their roles intersect with the national program and the OTA. A one-day medical donation specialist development workshop was also held, with a focus on equipping people to lead change and more effectively overcome barriers to embedding

best donation practices in hospitals. The feedback about both days has been extremely positive, and the intention is to hold these workshops twice a year.

The DonateLife web coaching program continued to expand and be well subscribed. The program is delivered virtually through live, one-on-one, simulated family donation conversations aimed at enhancing the communication skills of donation specialist nurses, especially in more challenging donation scenarios. Evaluations of the 158 sessions undertaken since 2021 continue to demonstrate the value of the program and the future potential of this training modality. In addition, the national Family Donation Conversation workshops were attended by over 400 staff in 2022, including 42 of our New Zealand colleagues.

### **ELEMENTS OF ACHIEVING BEST-PRACTICE ORGAN AND TISSUE DONATION**

In 2022 the OTA and the DonateLife agency leadership continued to support DonateLife hospitals and donation specialist staff to implement the Clinical Practice Improvement Program, which identifies the key elements that are fundamental to achieving best-practice organ and tissue donation in hospital intensive care units (ICUs) and emergency departments (EDs). Uptake of, and adherence to, agreed best-practices continues to be monitored through the DonateLife Audit, with regular key performance indicator outcome and exception reporting.

Given the small number of people who die in circumstances where organ donation is possible—currently about 1,400 per year in Australia, or approximately 2% of deaths in hospitals—it is vital that all of the steps that support donation for transplantation are undertaken optimally. A key focus is on identifying every potential donor. Hospitals are required to routinely notify DonateLife agencies or embedded hospital donation specialist staff about all patients approaching end of life in ICUs and EDs. This ensures that no-one who is potentially suitable for donation is overlooked, that individuals' end-of-life choices are respected, and that families receive appropriate information and support to consider donation.

Compliance with the requirement for routine notification continues to increase across the country. Instances where donation is not considered for someone who could donate and where the family is not approached to offer donation are now rare.

There is an appropriate continued focus on raising community awareness about donation and the importance of people registering on the AODR and letting their family know of their decision. Consent rates are much higher in these circumstances: the vast majority of families agree to donate when they know the person's donation preferences, compared with a consent rate of only 39% when they do not.

The DonateliLife Network continues to focus on the other key factors that influence consent, including ensuring that a person's registration status is checked, and this information shared with family members when donation is raised in hospital, and that donation specialist nurses are involved together with treating clinical staff in discussing donation with families. The DonateliLife Audit continues to demonstrate higher rates of consent when donation specialist nurses are involved (56% consent rate) than when treating staff alone raise donation (23%). A donation specialist nurse was involved in 80% of family donation conversations in 2022, compared with 77% in 2021.

## **IMPROVING QUALITY AND SAFETY IN ORGAN DONATION AND TRANSPLANTATION**

The Vigilance and Surveillance Expert Advisory Committee continued to identify trends and examine serious adverse events and reactions with the aim of preventing recurrences. The fourth annual Australian Vigilance and Surveillance System report was released in 2022, along with 2 communiqués for clinicians to share key learnings and inform clinical practice.

A donation and transplantation system that is safe, efficient and effective requires optimal systems and state-of-the-art technology. OrganMatch is a world-class system that facilitates compatibility matching of recipients and donors for organ transplantation in Australia. Its evolving functionality includes

portals for laboratory, donation and transplant clinician access, facilitating efficient and accurate transfer of information and decision-making, as well as providing tools for quality assurance. In 2022 the number of users of the system increased by 20%. In conjunction with LifeBlood, the OTA has continued to work on enhancements to OrganMatch. In 2022 lung and heart matching algorithms were incorporated into OrganMatch, simplifying the donation and transplantation process and significantly decreasing the time it takes to match donors and recipients.

The donation and transplantation sectors are well placed to continue to increase donation back to pre-pandemic rates and beyond, so that more Australians can receive a life-changing transplant.



**Associate Professor Helen Opdam**  
National Medical Director  
Organ and Tissue Authority

## About the Organ and Tissue Authority

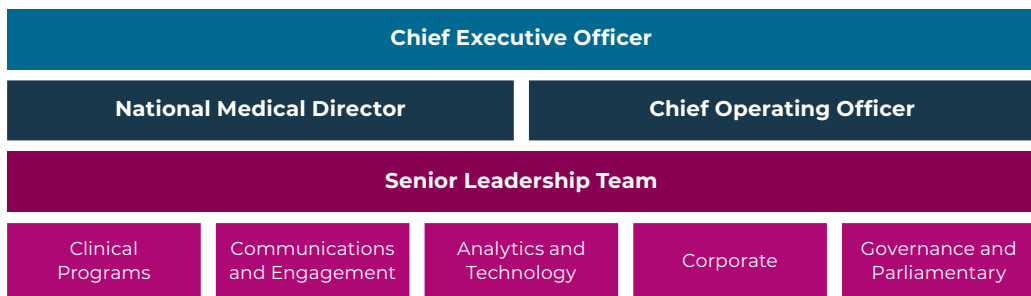
The Australian Organ and Tissue Donation and Transplantation Authority, more commonly known as the OTA, was established in 2009 by the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008* to deliver a nationally coordinated program to increase organ and tissue donation to improve opportunities for transplantation in Australia.

Our national program is delivered in partnership with the DonateLife Network, state and territory governments, the donation and transplantation sectors, the eye and tissue sectors, hospitals, community organisations and the public.

We are an extra-small agency within the Australian Government Health and Aged Care portfolio. The Hon Ged Kearney MP, Assistant Minister for Health and Aged Care, is responsible for the OTA.

### OTA STRUCTURE

Figure 2: OTA organisational structure at 30 June 2023



**Clinical Programs** supports the development and delivery of key national initiatives for the DonateLife Network and the broader clinical community across the donation, retrieval and transplantation system in Australia.

**Communications and Engagement** delivers innovative and effective communication, marketing, stakeholder and community engagement strategies to the Australian public. Through the DonateLife brand, the team's focus is building public awareness about organ and tissue donation and increasing the number of registered organ and tissue donors—which contributes to increasing the rates of organ and tissue donation in Australia.

**Analytics and Technology** delivers a range of data collection, reporting, analysis and analytics functions. The team is also responsible for the development and enhancement of key national organ donation and transplantation information systems to support real-time donation activity

and to inform policy development and program delivery. The team provides analytical support to internal and external stakeholders across all jurisdictions.

**Corporate** oversees the financial management of approximately \$56 million in Commonwealth funds annually, consistent with the *Public Governance, Performance and Accountability Act 2013*. Other responsibilities include external reporting, human resource management, risk management and property.

**Governance and Parliamentary** provides parliamentary coordination, committee governance support and enables the delivery of the OTA's accountabilities under the Commonwealth Performance Framework. The team also has responsibility for supporting the OTA's legislative requirements for freedom of information, public interest disclosure and privacy principles.

## The DonateLife Network

The Australian Government, through the OTA, provides funding to state and territory governments to deliver donation services consistent with the national program.

Each state and territory has a DonateLife agency; a clinical leadership team; and hospital-based medical and nursing donation specialist staff. Agency staff also include educators, communication officers, donor family support officers, and data and audit personnel. These teams are referred to as the DonateLife Network.

### The DonateLife Network includes



**8**

DonateLife agencies



**260+**

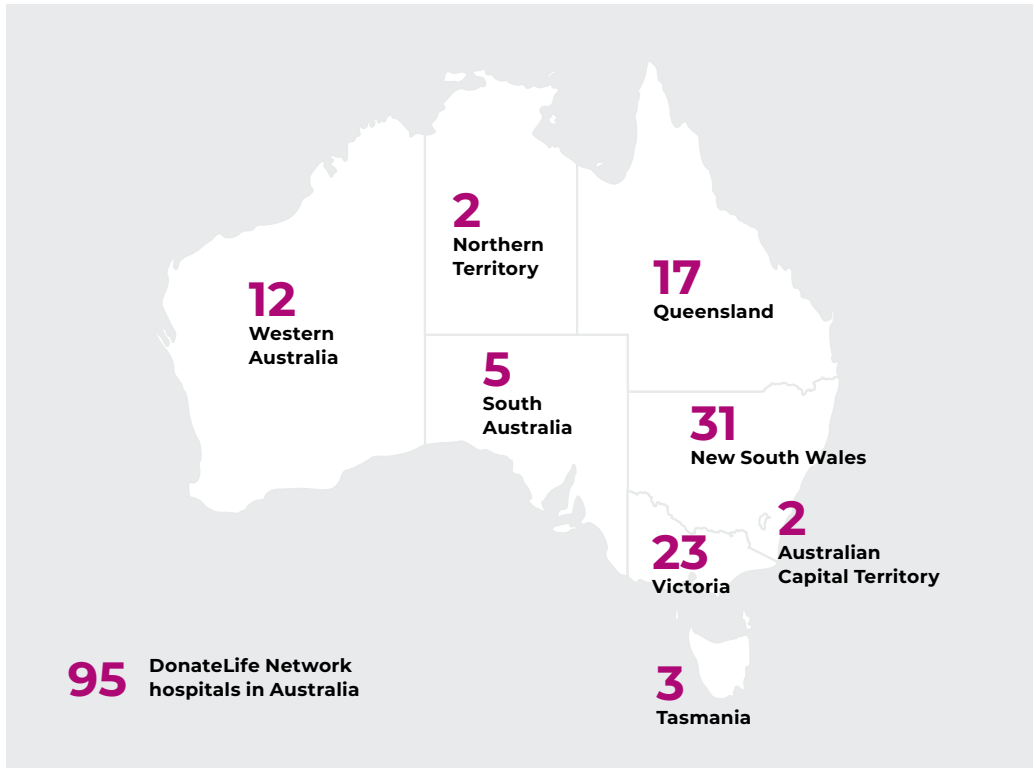
donation specialist staff



**95**

hospitals

Figure 3: DonateLife Network hospitals by jurisdiction



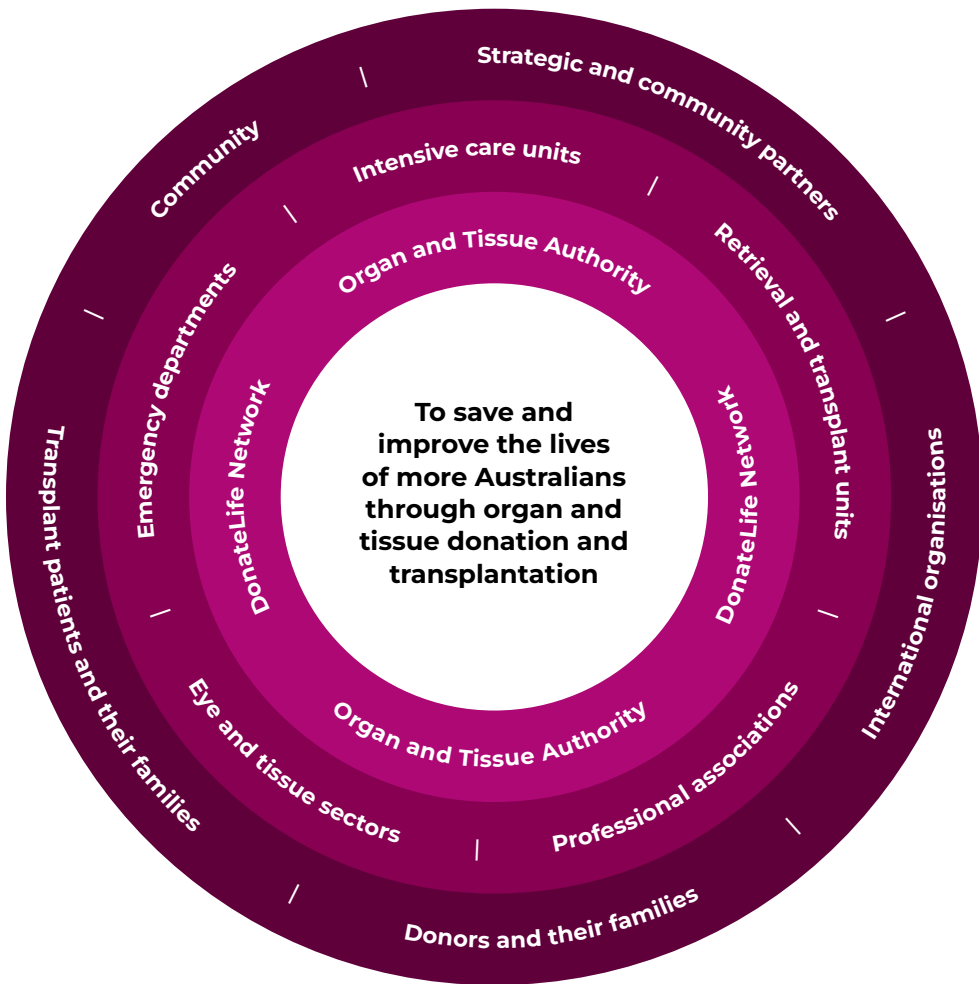
## Our stakeholders

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Collaboration is integral to increasing donation and transplantation in Australia.

The OTA and the Donatelife Network work with state and territory governments, the organ donation and transplantation clinical sectors, the eye and tissue sectors, hospitals, community organisations and the public to increase donation and transplantation in Australia.

Figure 4: Collaboration environment





## Our environment

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**Globally there is a gap between the supply of and the need for organs for transplantation. Currently there are around 1,800 Australians on the organ transplant waitlist and a further 14,000 people on dialysis, many of whom could benefit from a kidney transplant. This is due to a rising prevalence of chronic disease as well as advancements in medical technology, that means transplantation is the optimal and sometimes only treatment option for people with organ failure.**

Transplantation can save lives, restore health and improve the quality of life. It also offers significant cost benefits to the health system.

### IMPLEMENTING THE NATIONAL PROGRAM

Evidence demonstrates that a coordinated and consistent national approach across the hospital system and clinical practice, with sustained public awareness, leads to improvements in donation and transplantation rates.

Australia has an 'opt-in' donation consent system. People can register their intent to be a donor on the AODR.

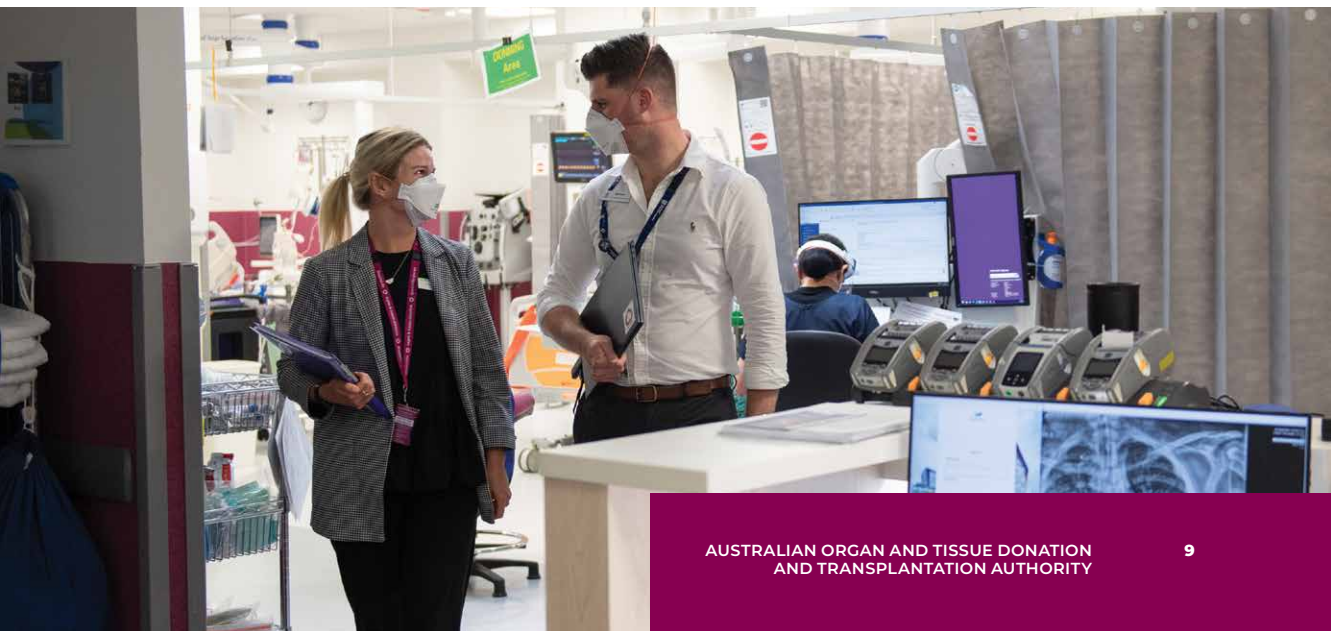
Family agreement is sought when donation is possible, so it is important that people also let those closest to them know if they want to be a donor.

The national program has been developed to prioritise continuous improvement with reference to international best-practices. The OTA continues to monitor the international landscape for emerging approaches to consent systems, registration and clinical practice, which includes expanding the pool of potential donors through new technologies and through people requesting donation in the context of voluntary assisted dying.

### RECOVERING FROM COVID-19

Despite the continued challenges brought about by the COVID-19 pandemic in 2022, including pressures in the health system, the workforce and the community, donation and transplantation outcomes improved compared with 2021.

The OTA will continue to work collaboratively with governments, the clinical sector and the community to return donation and transplantation activity to pre-pandemic levels and to drive further growth.



## Our Strategy 2022–2027

In August 2022, the OTA released its 5-year strategy. Our Strategy 2022–2027 is informed by insights from our advisory committees with clinical expertise and lived experience—including from donor families and transplant recipients.

The OTA aims to return donation and transplantation activity to pre-pandemic levels and to drive further improvements. We aim to achieve this through 3 key goals of building support across the community, optimising opportunities in the clinical sector and enhancing systems to enable quality outcomes.

### Build support

More people say yes to donation



**Raise awareness**



**Increase family discussion**



**Increase registration**

### Optimise opportunities

Donation and transplantation services deliver the best outcomes



**Identify donors & increase consent**



**Drive excellence in donation services**



**Increase safe & equitable transplantation**

### Enhance systems

Enable quality outcomes through information, technology and resources



**Monitor, collect, analyse & report national performance**



**Advance quality, safety & efficiency**



**Sustain specialist resources**

## Returning donation and transplantation activity to pre-pandemic levels



**By 2019, Australia had seen a 10-year trend of growth in donation and transplantation outcomes since the establishment of the national program in 2009. Donation rates had more than doubled—from an average of 200 a year prior to 2009 to 548 donors in 2019.**

The COVID-19 pandemic impacted the health system, the health workforce, and the community, and caused a decrease in donation and transplantation activity.

The pandemic also impacted the OTA's ability to hold its biennial Donation and Transplantation Conference—which brings together clinicians from donation and transplantation sectors.

In May 2023, the OTA hosted its first conference in 4 years, with the theme 'Back to the Future',

highlighting the sector's desire to return donation and transplantation activity to pre-pandemic levels.

The clinical conference brought together representatives from the donation and transplant sectors and had an emphasis on collaboration, providing an opportunity for professionals representing eye, tissue and organ donation and transplantation to explore and share current, new and emerging issues in the field.

Global speakers from Spain, Canada and New Zealand provided international perspectives on expanding the pool of potential donors, living donation, and opportunities to minimise compassion fatigue, burnout, and moral distress.

### CONFERENCE FOCUS AREAS:

- + continuing collaboration between the donation and transplantation sectors
- + monitoring emerging international approaches to donation
- + monitoring the benefits of new technologies including the use of machine perfusion technology
- + identifying opportunities available to increase the utilisation of extended criteria donors or organs and enhancing clinical best-practices.



**PETRA**

received a heart transplant  
and was part of the 2022  
Great Registration Race for  
DonateLife Week

**PART 2**  
**ANNUAL PERFORMANCE**  
**STATEMENTS**

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## Statement of preparation

I, the CEO, as the Accountable Authority of the Organ and Tissue Authority (OTA), present the 2022–23 performance statements of the OTA, as required under section 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013* (the PGPA Act). In my opinion, these Annual Performance Statements accurately present the OTA's performance and comply with subsection 39(2) of the PGPA Act.

The statements below report the OTA's performance against the planned performance criteria set out in the Health and Aged Care Portfolio Budget Statements 2022–23 and the OTA's 2022–23 Corporate Plan.



Yours faithfully



**Lucinda Barry AM**  
Chief Executive Officer  
Organ and Tissue Authority

**3 October 2023**

## Structure of the Annual Performance Statements

<b>We report our performance against measures as:</b>	<b>Met</b>	
	<b>Not met</b>	

The Annual Performance Statements detail results achieved against planned performance criteria set out in the OTA chapter of the Health and Aged Care Portfolio Budget Statements 2022–23 and the OTA Corporate Plan 2022–23.

The Annual Performance Statements demonstrate the link between the OTA's activities throughout the year and their contribution to achieving the OTA's purpose.

The Annual Performance Statements include:

- + national program performance including key achievements in 2022–23 and challenges
- + performance results summary
- + results against performance measures
- + analysis of performance by goal and objective

Performance measures are reported by calendar year to align with Australian and international donation and performance reporting practice. More information about the OTA's performance, including data sources for performance measure results, can be found in the 2022 Australian Donation and Transplantation Activity Report at [donatelife.gov.au/2022activityreport](https://donatelife.gov.au/2022activityreport) and the OTA's Corporate Plan 2022–23.










# Our purpose and goals

## PURPOSE

To save and improve the lives of more Australians through organ and tissue donation and transplantation









<b>Outcome 1</b> Improved access to organ and tissue transplants, including through a nationally coordinated and consistent approach and system.	<b>Program 1.1</b> A nationally coordinated system for organ and tissue donation for transplantation.
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## GOALS AND OBJECTIVES

<b>Build support</b> More people say yes to donation	<b>Optimise opportunities</b> Donation and transplantation services deliver the best outcomes	<b>Enhance systems</b> Enable quality outcomes through information, technology and resources
 <b>Raise awareness</b>	 <b>Identify donors &amp; increase consent</b>	 <b>Monitor, collect, analyse &amp; report national performance</b>
 <b>Increase family discussion</b>	 <b>Drive excellence in donation services</b>	 <b>Advance quality, safety &amp; efficiency</b>
 <b>Increase registration</b>	 <b>Increase safe &amp; equitable transplantation</b>	 <b>Sustain specialist resources</b>

## National program performance

### KEY ACHIEVEMENTS IN 2022-23

	<p><b>DonateLife Week 2022</b> Building on a very successful campaign in 2021, DonateLife Week once again urged Australians to 'Ready, Set, Register' and join The Great Registration Race for DonateLife Week. The campaign resulted in 60,000 new registrations on the Australian Organ Donor Register (AODR).</p>
	<p><b>Communications and Engagement Framework</b> The OTA finalised a refreshed DonateLife Communications and Engagement Framework. The framework, developed following consultation with our DonateLife Network, provides a work program and delivery model to support our goal of Build support.</p>
	<p><b>DonateLife specialist induction days</b> We established a national induction and orientation program for medical donation specialists and nursing donation specialists, with a focus on enhancing the capabilities of donation specialist staff across the DonateLife Network and providing a clearer picture about how their roles intersect with the national program.</p>
	<p><b>2023 Donation and Transplantation Conference</b> The OTA hosted its first Donation and Transplantation Conference in 4 years, with the theme 'Back to the Future', highlighting the desire to return donation and transplantation activity to pre-pandemic levels. The clinical conference was attended by 314 representatives from the donation and transplant sectors and included international speakers from Spain, Canada and New Zealand.</p>
	<p><b>DonateLife Network funding agreements</b> We worked closely with states and territories to establish new funding agreements (effective 1 July 2023) to deliver donation services in hospitals.</p>
	<p><b>Virtual crossmatch</b> As of February 2023, the transition to a national virtual crossmatching assessment of organ compatibility was successfully implemented. This new system replaced physical crossmatch testing and streamlines the process of identifying suitable organ recipients.</p>
	<p><b>Nationally consistent guidelines</b> The OTA continued to support the delivery of nationally consistent best-practice donation processes through the DonateLife Network, including the development of the National Organ Retrieval Theatre Guideline, a review of the Australian Donor Risk Assessment Interview (AUS-DRAI) questionnaire and new ethical guidelines for cell, tissue and organ donation and transplantation in Australia.</p>
	<p><b>First Nations Engagement</b> The OTA supported a DonateLife First Nations Engagement Group project to raise awareness, knowledge and support for organ and tissue donation across First Nations populations, which delivered cultural safety education sessions to around 40 staff from the OTA and DonateLife agencies.</p>





Since the national program began in 2009

 **5,904**

deceased organ donors

 **16,748**

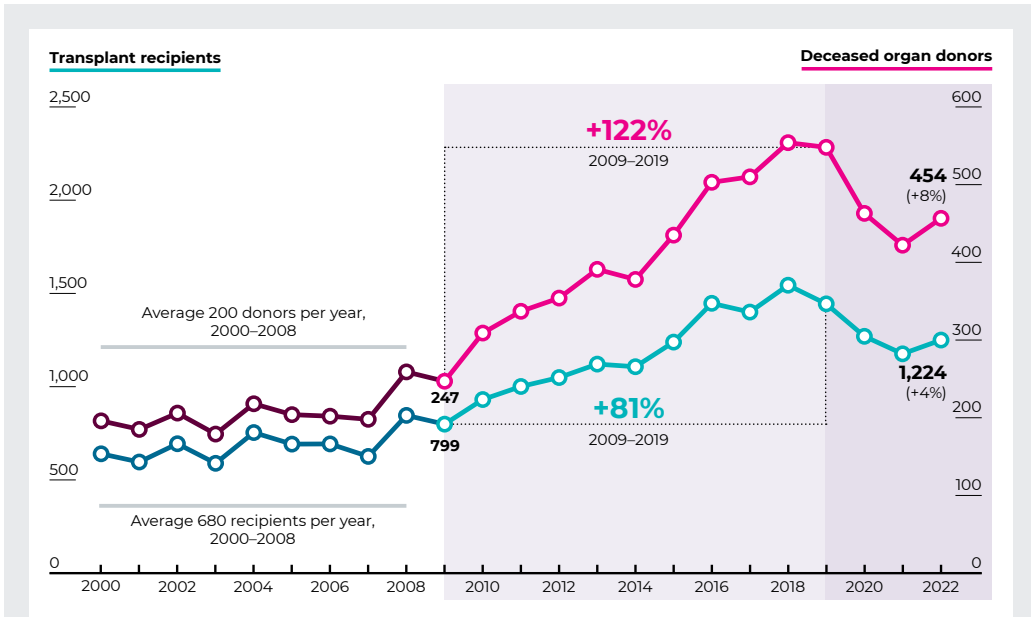
organ transplant recipients

### NATIONAL PROGRAM SINCE 2009

The first 10 years of the national program saw a 122% increase in deceased donation rates, resulting in an 81% increase in the number of people who received an organ transplant. With the emergence of COVID-19, the number of donors and people who have received a transplant has dropped by 15%.

In 2022, 1,224 Australians received an organ transplant, due to the generosity of 454 deceased organ donors and their families. This is an 8% increase (33 more) in the number of donors and 4% increase (51 more) in the number of people receiving an organ transplant, compared to 2021.

**Figure 5: Deceased organ donation and transplant recipients 2000–2022**



**Note:** The Australian Government's national program to improve opportunities for transplantation through increased organ and tissue donation began in 2009; 2020 marked the emergence of the COVID-19 pandemic in Australia.

## CHALLENGES IN 2022-23

There continues to be a gap between the supply of and the need for organs for transplantation. Currently, there are around 1,800 Australians on the organ transplant waitlist, and a further 14,000 people on dialysis, many of whom could benefit from a kidney transplant. This is due to a rising prevalence of chronic disease as well as advancements in medical technology that mean transplantation is the optimal and sometimes only treatment option for people with organ failure.

Over the past year there has continued to be a decline in the national consent rate which dropped to 54% in 2022, down from a high of 60% in 2018. This decline could be attributed to pressures on the health system, workforce and community by the COVID-19 pandemic, which impacted overall donation and transplantation rates.

Other countries have experienced similar decreases in consent rates coinciding with the COVID-19 pandemic. Increasing consent rates remains one of the largest areas for future growth in Australia.

Through the OTA Strategy 2022-2027, we have focused on continuing to work collaboratively with governments, the clinical sector and the community to return donation and transplantation activity to pre-pandemic levels by building support across the community, optimising opportunities in the clinical sector, and enhancing systems to enable quality outcomes.



## Performance results




		2022 Target	2022 Results	
<b>Increase the donation rate</b>	Deceased organ donors per million population (dpmp)	16.4 dpmp**	<b>17.5 dpmp</b>	✓
	Estimated donors per year	421	<b>454</b>	✓
<b>Increase the transplantation rate</b>	Living organ donors per million population (dpmp)	7.8 dpmp	<b>8.6 dpmp</b>	✓
	Estimated living donors per year	203	<b>224</b>	✓
	Transplants per year, from deceased and living donors	1,377	<b>1,448</b>	✓
<b>Build support</b>	Eligible Australians (16 years and over) are registered on the AODR	36%	<b>36%</b>	✓
	Registered donors have discussed donation with their family	77%	<b>77%</b>	✓
	Eligible Australians (16 years and over) are aware of the DonateLife brand	25%	<b>26%</b>	✓
<b>Optimise opportunities</b>	National organ donation consent rate	56%	<b>54%</b>	✗
	Routine notification to DonateLife of all planned end-of-life in an intensive care unit or emergency department	81%	<b>83%</b>	✓
	Donation conversations with families involve a donation specialist nurse	77%	<b>80%</b>	✓
<b>Enhance systems</b>	Hospital and jurisdictional performance data and analysis disseminated	Dashboards and tailored analysis are distributed broadly across the DonateLife Network in a variety of formats to inform and monitor hospital clinical practice		✓
	Waitlist, donation and transplantation data is publicly available	National and organ waitlist, organ donation, retrieval and transplant activity metrics are publicly available on an annual basis		✓
	Increased utilisation of donation and transplantation information systems	Establishment of OrganMatch as the central patient waitlisting, recipient matching and offer management system. National capture of an expanded range of adverse events across the sector in the Serious and Adverse Event Reporting database		✓

\*\* Performance targets have been adjusted to reflect a significant decrease in donation activity, with a gradual increase towards an agreed national target of 25 dpmp.

## BUILD SUPPORT—PERFORMANCE AGAINST OUR MEASURES

### More people say yes to donation

Sustained community support for donation is crucial to improving donation outcomes in Australia. Donation is only possible through the generosity of individuals and their families who say yes to donation, to save and transform the lives of others.

Measure	2022 Target	2022 Results	2021	2020	2019
Eligible Australians (16 years old and over) are registered on the AODR	36%	36% 	36%	34%	34%
Registered donors have discussed donation with their family	77%	77% 	New measure		
Eligible Australians (16 years and over) are aware of the DonateLife brand	25%	26% 	New measure		

### Eligible Australians are registered on the AODR

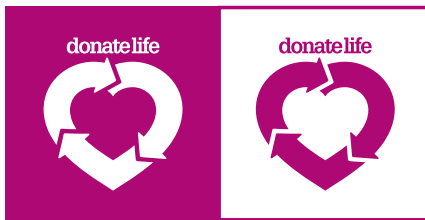
- + In 2022, there were 208,861 new registrations on the AODR—40% fewer than in 2021 (349,947). However, 2021 was an anomaly for new registrations—a record number of Australians registered as organ and tissue donors when they accessed their COVID-19 vaccination certificates through the Express Plus Medicare app.
- + There are close to 7.5 million people registered on the AODR. This is 36% of the eligible Australian population (aged 16 or over).

### Registered donors have discussed donation with their family

- + When families of potential donors are asked to consider organ and tissue donation, it comes at an intensely emotional time because they are dealing with the death of a loved one—usually an unexpected death. In Australia, families of potential donors are always asked to consent to their family member becoming a donor in hospital. When donation is a possibility, it helps when families know if they wanted to be a donor.
- + In 2022, 82% of families agreed to donation when their family member was registered to donate on the AODR. Consent for donation was given in 63% of cases when the family knew their family member wanted to be a donor. Consent dropped to only 39% when the family member was not registered and the family was unaware if they wanted to be a donor.

## Eligible Australians are aware of the brand

- + A well-recognised brand for organ donation can prompt people to sign up to be an organ donor and have a conversation with their family about their intentions. Brand recognition campaigns help to raise awareness about the importance of organ and tissue donation and to dispel myths and misconceptions while encouraging more people to become registered.
- + In 2022, 26% of eligible Australians (16 years and over) were aware of the DonateLife brand.



 **8/10**

**families gave consent for donation when their family member was a registered donor**

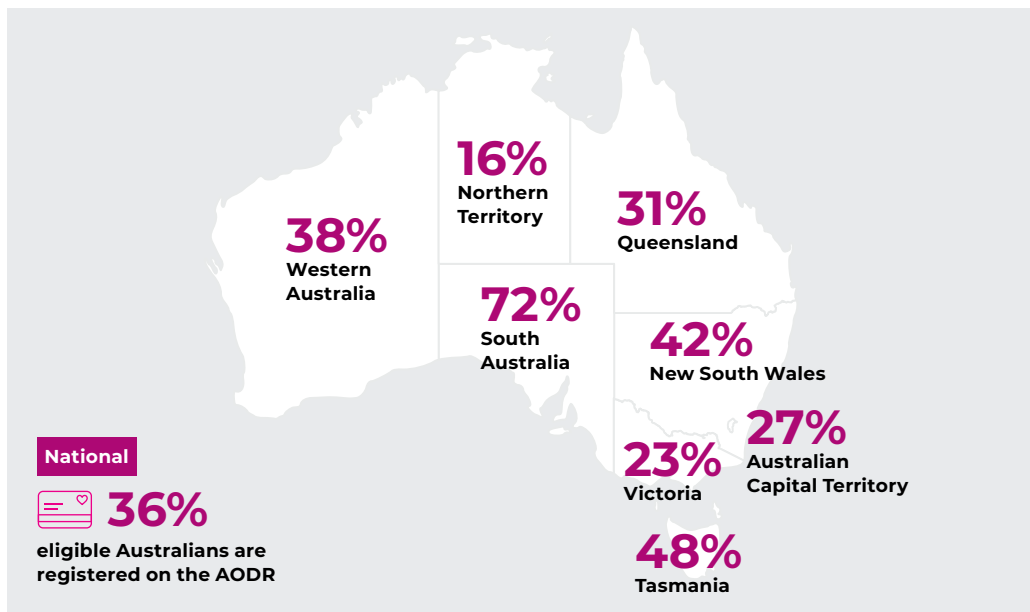
 **6/10**

**families gave consent for donation when they knew their family member wanted to be a donor**

 **4/10**

**families gave consent for donation when their family member was not registered and the family was not aware**

**Figure 6:** Percentage of population registered on the AODR in 2022



## BUILD SUPPORT—OUR ACHIEVEMENTS

### Raise awareness



#### Our objective

More Australians understand the need for organ and tissue donation and the benefits it gives to another person needing a transplant.

#### Why it's important

Access to life-changing and often life-saving transplantation depends on the willingness of people to donate and public awareness and confidence in the donation process.

### Public awareness activities

Meaningful, consistent and effective communications and engagement with the Australian public is essential to building awareness of and support for organ and tissue donation. In 2022, the OTA continued to deliver a range of public awareness activities, education and events to raise awareness and encourage family discussion about organ and tissue donation—both at a national and at a local level.

Our activities and events are delivered in collaboration with our DonateLife Network to extend the reach into all Australian communities. It is also supported by organisations who have been awarded DonateLife Partnerships and Community Awareness Grants, alongside a vast network of passionate volunteers and advocates within the community, including donor families and transplant recipients. We were able to recommence a number of face-to-face events, as well as continuing to deliver always-on digital marketing and education.

### Digital engagement

Digital engagement remained a valuable way to build awareness, provide education and grow our advocacy network with the Australian community. Through our DonateLife channels, including [donatelifegov.au](https://donatelifegov.au) and via social media sites on Facebook, Instagram, Twitter and LinkedIn, we were able to share the stories of those people whose lives have been changed through organ and tissue donation. A total of 94,008 people visited the [donatelifegov.au](https://donatelifegov.au) registration page for the first time and there was a 43% increase in the number of times DonateLife content appeared in people's social media feeds.

**Fast fact:** In 2022, DonateLife shared 4,269 news stories through our social media channels. They were seen a total of 589.44 million times.

### First Nations engagement

In 2022, the OTA supported a DonateLife First Nations Engagement Group project to raise awareness, knowledge and support for organ and tissue donation across First Nations populations.

In March 2023, the First Nations Engagement Group, in conjunction with ABSTARR Consulting, delivered cultural safety education sessions to around 40 staff from the OTA and DonateLife agencies.

Also as part of our commitment to support engagement with First Nations peoples about organ and tissue donation, we partnered with community organisations with the support of DonateLife Partnerships and Community Awareness Grants:

- + Tonic Health Media delivered TV broadcast messaging in more than 200 Aboriginal Community Controlled Health Centres.
- + Podshape Podcasting produced a podcast series, *A gift worth giving*, hosted by proud Aboriginal and Torres Strait Islander football legend Sam Thaiday. Sam shared stories about organ and tissue donation, interviewing donor families and transplant recipients.
- + Alice Springs Hospital developed a series of short culturally safe and linguistically accessible videos, in English and 4 local Indigenous languages, that introduce organ donation to local Aboriginal communities.
- + Little Rocket, a First Nations owned marketing agency, developed educational resources including a video with Aunty Julie, who received a liver transplant and is now waiting for a kidney transplant. The resources will be distributed to stakeholders including 50 Aboriginal Community Controlled Organisations.
- + Queensland Remote Aboriginal Media distributed in-language radio advertising to raise awareness of organ and tissue donation.

## First Nations engagement

**There was a dedicated focus on First Nations engagement in 2022 across the OTA and the DonateLife Network. We delivered a number of projects to increase awareness about organ and tissue donation and transplantation within Aboriginal and Torres Strait Islander communities.**

With the establishment of a DonateLife First Nations Engagement Group in 2021, work began on a project to improve engagement of First Nations peoples in the national program.

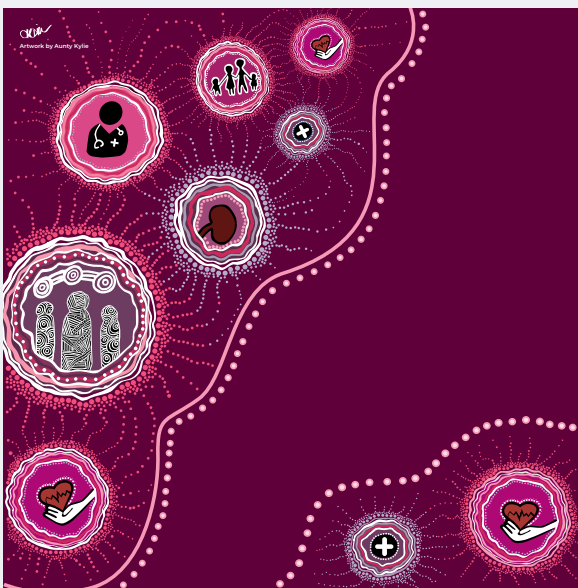
As part of this, ABSTARR Consulting was engaged to perform a cultural needs assessment and gap analysis of the OTA and DonateLife Network and provide advice on how to improve cultural safety.

To complement this, we will develop a framework or guidance document to support staff across the OTA and DonateLife Network to safely engage First Nations peoples on the topic of organ and tissue donation in the clinical and community spaces. The project is ongoing, and we look forward to listening and learning how to improve engagement with First Nations peoples.

In addition to partnering with community organisations with the support of DonateLife Partnerships and Community Awareness Grants, more localised and targeted community awareness activities, in collaboration

with Aboriginal and Torres Strait Islander communities, were undertaken across the DonateLife Network in 2022–23:

- + DonateLife Queensland commissioned Aunty Kylie Hill from Waanyi and Kalkadoon country near Mount Isa to paint artwork for use in First Nations resources, creating t-shirts, banners, tablecloths and flip books; and develop case study videos to reach into First Nations communities. The resources were launched during NAIDOC Week 2022 at an event in Cairns.
- + DonateLife Northern Territory worked with the Aboriginal Resource Development Unit of Yolgnu Women from Nungalingina College to develop resources specifically tailored to First Nations peoples to provide information about brain injury, brain death and organ donation. The resources support families who are faced with making a decision about donation.
- + DonateLife Western Australia commissioned Aboriginal artist Turid Calgaret to create artwork to be used in producing resources for hospital education. The artwork was launched during DonateLife Week 2022. Public education resources are currently being produced and set to be launched later in 2023.



*'When I saw what my husband's brother went through, with dialysis—it was heart-breaking. I said I need to tell the transplant story so our people can understand.'*

– Aunty Kylie Hill



## Increase family discussion



### Our objective

More Australians talk to their family about organ and tissue donation.

### Why it's important

In Australia, families are always asked to agree to donation. It is important registered donors have discussed their donation wishes with their family.

## Communications and Engagement Framework 2022–27

The delivery of an integrated communications and engagement program to build public support for donation is a key element of the national program. In 2022, the OTA finalised a DonateLife Communications and Engagement Framework, following research and consultation with our DonateLife Network and stakeholders. The framework provides a work program and delivery model to build support as outlined in the OTA's Strategy 2022–2027 to increase the number of Australians on the AODR, increase awareness about donation and encourage family discussion.

**Looking forward:** The OTA is working with a market researcher to gain a deeper understanding of the drivers and barriers that influence the intention-action gap between support for organ and tissue donation, registration and family discussion. The research will help inform future activities to build support and better segment our audiences by developing sophisticated personas.

## Community Awareness Grants

A key focus of our communications and engagement program is to work with strategic and community partners from across the sporting, corporate, media, healthcare, and community sectors to raise awareness about organ and tissue donation and expand reach into key target audience groups. The work they do assists in normalising the conversations in families and busting some of the myths about organ and tissue donation.

Only 10% of young people aged 16 to 25 years are registered on the AODR—a figure significantly lower than the registration rate for eligible Australians of all ages (36%). Research indicates that most young adults want to be organ donors, but they typically overestimate

how difficult it will be to join the register—a myth we wanted to focus on busting in the 2023 round of our Community Awareness Grants.

Six DonateLife community partners shared over \$368,000 in grants to deliver innovative projects aimed at boosting awareness about organ and tissue donation among young Australians across 2 categories:

- + National events: National community awareness events that reach a mass youth audience to encourage registrations on the AODR.
- + Innovative digital projects: Strategic digital activities targeting young people to encourage registrations on the AODR.

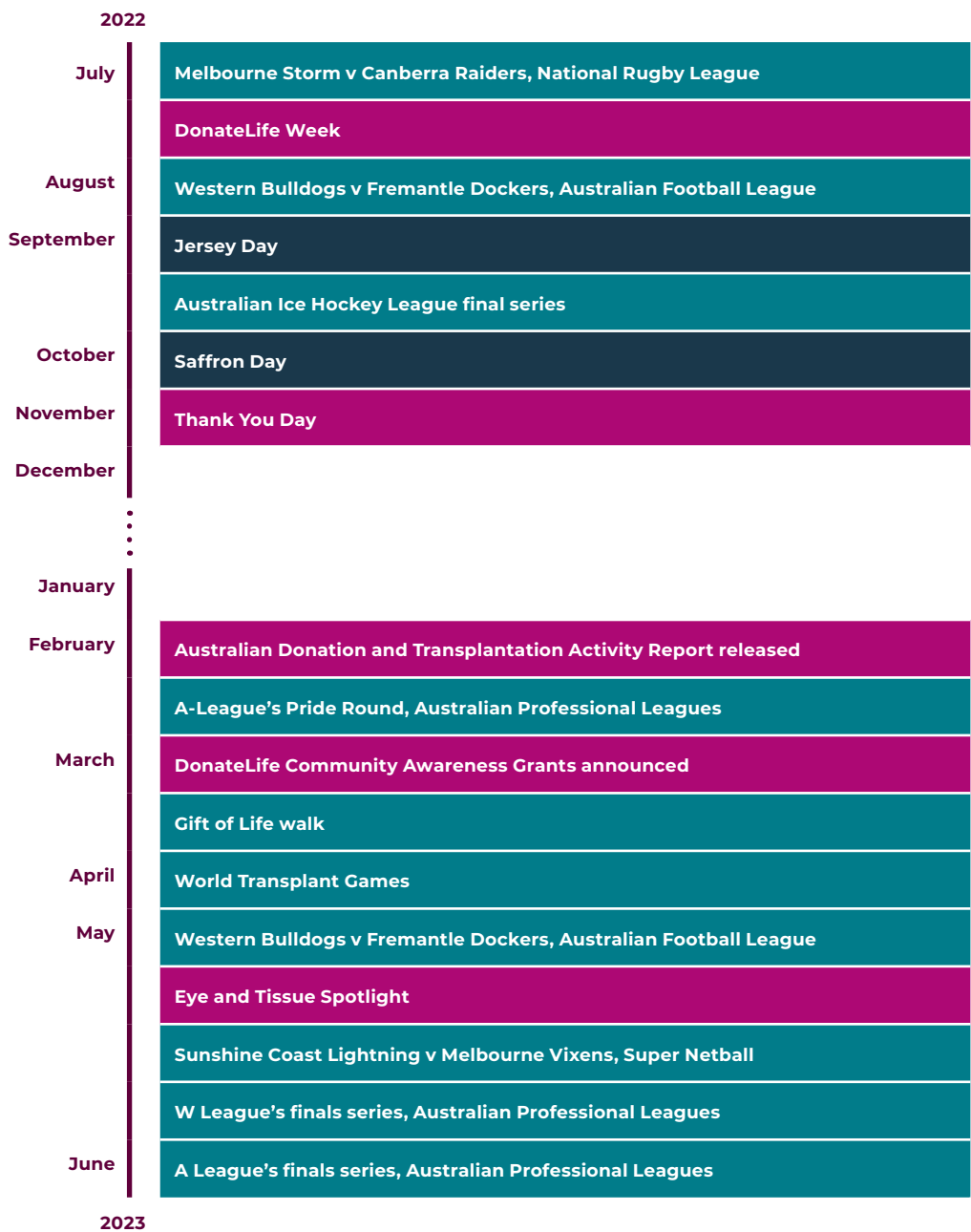
**Fast fact:** Since 2009, we have provided more than approximately \$6 million in community grants to run projects that encourage more Australians to talk with their families about organ and tissue donation and register to be a donor.

## Community education

Education about organ and tissue donation is also an important way to encourage and normalise conversations about organ and tissue donation. In October 2022 the OTA, in conjunction with Cool Australia (a 2021 Community Awareness Grant recipient), released new education resources for high school students to encourage discussion about organ and tissue donation.

The resources contain 9 lessons covering a broad range of subjects, for years 9 and 10 students. Each lesson is aligned with the Australian school curriculum and has been tested by a child and adolescent psychologist. We plan to continue to expand our available education resources to reach young Australians and increase registrations in the 16-to-24-year-old age group.

**Figure 7:** Engagement highlights for 2022–2023



**Key**

OTA led	OTA supported	OTA promoted
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## Increase registration



### Our objective

All Australians who want to be an organ and tissue donor register on the Australian Organ Donor Register.

### Why it's important

Around 4 in 5 Australians aged 16 years and over support organ and tissue donation but only 1 in 3 have registered to be a donor. Being a registered donor has a direct impact on families agreeing to donation.

## DonateLife Week: Sunday 24 July to Sunday 31 July

Our DonateLife Week awareness initiative for 2022 was held from Sunday 24 July to Sunday 31 July 2022. Building on the success of 2021, we asked Australians to join The Great Registration Race for DonateLife Week with a goal to encourage 100,000 new registrations on the AODR.

DonateLife Week awareness activities ran throughout July and August 2022. Media and PR highlights included strong and more targeted television, radio, print and online advertising; and higher digital engagement. We had a total of 4,269 media items during the campaign period, including 1,017 TV stories, 2,093 radio segments, 208 print articles and 951 online articles. In the digital media space, DonateLife made 513 social media posts, with 3.21 million people seeing our posts and 11,300 people clicking through to the registration page. We had a great engagement rate of 1.47% (industry standard 0.51%) and gained 1,773 new followers.

Over the DonateLife Week period, around 60,000 more Australians registered as organ and tissue donors. Despite increased engagement and media penetration, there were fewer registrations than in 2021 (108,952), but that can be attributed to a drop in registrations through the Medicare Express Plus app. In 2021, people were accessing the app in record numbers to download their COVID-19 vaccination certificates, and registering as donors at the same time.

The DonateLife Week 2022 highlights reel is available on the DonateLife website.

**Fast fact:** During the DonateLife Week campaign there were more than 4,200 pieces of news about the campaign across TV, radio, print and online. There was a 59% increase in TV news stories, which we know reach a big audience. Our presence on social media was also strong—3.21 million people saw our posts, up 147% from last year.

## Registration push via the Service NSW app

In November 2022 Service NSW ran a 4-week promotional campaign about organ and tissue donation which was supported by the OTA and NSW Organ and Tissue Donation Service (DonateLife NSW). The Services NSW app targeted their 5+ million customers with a 'register now' prompt feature as a button on the app's homepage carousel. Service NSW actively promoted the feature to their customers via their social media channels and the project resulted in 2,500 new registrations on the AODR.

## DonateLife Week 2022

**DonateLife Week is our annual public awareness week to encourage more Australians to sign up and support organ and tissue donation.**

Based on the success of 2021, we ran the second year of The Great Registration Race for DonateLife Week in 2022. Momentum began to build across June and July, leading into DonateLife Week (24 July–31 July), and continuing through August.

This year, using data and research, we refined the look and feel of the creative design to deliver a compelling call to action. For example, the messaging around a ‘race’ was intended to convey urgency and spark action. It was developed and tested on key audiences to ensure effectiveness, with a goal to drive new registrations on the AODR.

Our strategic partnerships within the sporting, media and community sectors extended the reach of DonateLife Week to a range of key audiences. Our 2022–23 partnerships were with Convenience Advertising, Melbourne Storm and Sunshine Coast Lightning (Storm Group), Pixel 42, Australian Professional Leagues, News Corp, Western Bulldogs and Tonic Health Media.

To promote DonateLife Week, we used targeted TV placements; DonateLife game day partnerships; digital, print and radio advertising; content development; social media engagement; research and development; ambassador outreach; and a strong media push.

A range of events and community activations supported DonateLife Week 2022 across the country. The Hon Ged Kearny MP, the Assistant Health Minister responsible for the OTA, launched the week at the Austin Hospital in Melbourne. Other DonateLife events included The Great Registration Race walk in Adelaide, an Amazing Race style event in Brisbane, and a Cycle for Life event in northern New South Wales.

More than 375 cafés participated in our ‘2 sips to register’ activation, and we distributed 720,000 stickers Australia-wide with the help of hundreds of volunteers.

We had the privilege of sharing remarkable and heartfelt stories of love, loss, resilience, hope and gratitude from donor families, transplant recipients, staff and volunteers in media and social media. Genuine, heartfelt stories are the backbone of each DonateLife Week—those affected help to raise awareness about organ and tissue donation and transplantation by bravely speaking about their personal journey.




Overall, we achieved around 60,000 new registrations on the AODR during the 2022 DonateLife Week campaign.



## OPTIMISE OPPORTUNITIES—PERFORMANCE AGAINST OUR MEASURES

### Donation and transplantation services deliver the best outcomes

Only around 2% of deaths in hospital occur in a way organ donation is medically possible, so every donation opportunity is precious. A national approach enables as many Australians as possible to have the opportunity to donate, so that more people have access to life-changing transplantation.

Measure	2022 Target	2022 Result	2021	2020	2019
National organ donation consent rate	56%	54% 	56%	58%	59%
Routine notification to DonateLife of all planned end-of-life in an intensive care unit or emergency department	81%	83% 	81%	79%	81%
Donation conversations with families involve a donation specialist nurse	77%	80% 	77%	74%	67%

### National organ donation consent rate

- + In Australia, families of potential donors are always asked to consent to their family member becoming a donor in hospital.
- + Our national consent rate dropped 2% to 54% in 2022.
- + Increasing the consent rate within the small number of potential donors is critical to further growth in donation.
- + In 2022, the impacts of COVID-19 in the hospital environment continued, with hospital visitor restrictions impacting families, requirements for family and staff to wear personal protective equipment and ongoing staffing impacts. Even in such challenging circumstances, many families were still motivated to donate and help others through donation.
- + In 2022, of the 701 consented donors, 454 proceeded to donation; and 247 did not proceed to donation, mainly for medical and logistical reasons.

### 2022: Consented donors



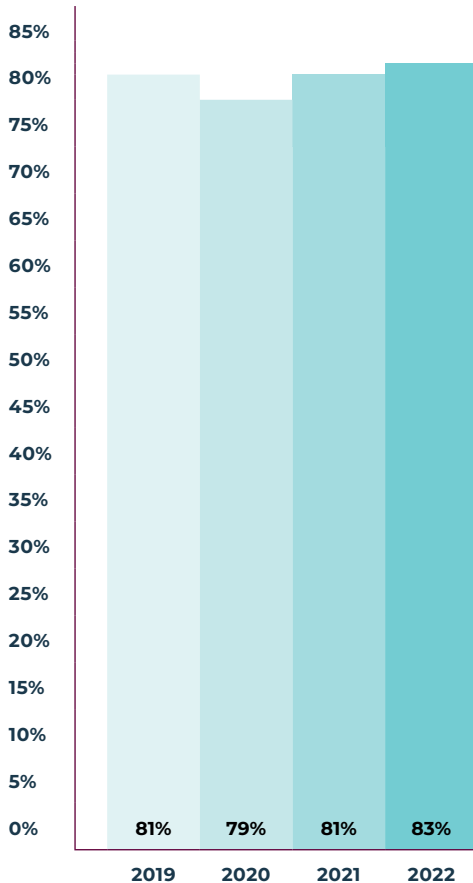
### Routine notification to DonateLife of all planned end-of-life in an intensive care unit (ICU) or emergency department (ED)

- + There are around 260 donation specialist nurses, doctors and support staff covering around 95 hospitals across Australia.
- + The donation specialists work with hospital critical care teams to ensure that, when appropriate, the opportunity for organ donation is offered to families.
- + In 2022, 83% of planned end-of-life cases that occurred in an ICU or ED were notified to DonateLife staff to explore the opportunity of donation with the family.

### Donation conversations with families involve a donation specialist nurse

- + A key factor in increasing consent is having donation raised by a donation specialist nurse and providing families with high-quality information and care during the donation process.
- + In 2022, 56% of Australian families agreed to donate when they were supported by a donation specialist nurse. This dropped to 23% when there was no donation specialist nurse involved.

Figure 8: End-of-life notification by year



In 2022:

 **6/10**

families gave consent for donation when they were supported by a donation specialist nurse

 **2/10**

families gave consent for donation when there was no donation specialist nurse involved

2022

2021

**80%** **77%**

A donation specialist nurse was involved in **80%** of family conversations about donation compared with **77%** in 2021

## OPTIMISE OPPORTUNITIES—OUR ACHIEVEMENTS

### Identify donors & increase consent



#### Our objective

DonateLife receives notification of all patients approaching end-of-life in intensive care and emergency departments for assessment for potential organ donation.

#### Why it's important

Notification to DonateLife means the opportunity to donate is explored whenever it is possible and that the wishes of individuals are respected. Suitability for donation is ascertained and the person's registration status is checked so their wishes can be made known to their family. Donation specialists assist families through providing accurate information and support, including throughout the entire process if donation proceeds.

**Fast fact:** If we can increase the consent rate, or the number of families that say yes to donation in the hospital, we will increase the overall number of donors and ultimately the number of life-saving organs available for transplantation.

### National program engagement

The process leading from donation to transplantation is complex, with many steps. In 2022, to optimise practices in donor identification, family approach, donor care and assessment, and organ acceptance, we worked with the donation sector to sustain and measure the elements of the Clinical Practice Improvement Program (CPIP) to deliver best-practice in ICUs and EDs.

#### Clinical Practice Improvement Program

DonateLife hospitals and our dedicated DonateLife staff are integral to maximising the opportunity for donation to take place. In 2022, DonateLife hospitals continued to implement the CPIP, which identifies the key elements that are fundamental to achieving best-practice organ and tissue donation in ICUs and EDs. We have continued to monitor performance against these elements, through key performance indicators included in our DonateLife Network state and territory funding agreements. Performance against these indicators was reviewed at 2 key meetings in the reporting period, with each DonateLife agency providing a comprehensive report about their performance against the CPIP, as well as performance against role expectations for key DonateLife positions.

### Hospital engagement

The COVID-19 pandemic has created significant pressures over the past 3-years, especially within the hospital environment. As we moved past the worst impacts of COVID-19 and lockdowns, we recommenced the process of face-to-face engagements with hospital executives, ICU leadership and DonateLife staff to drive a positive donation culture within hospitals, further understand their challenges and discuss state and national hospital CPIP data. We commenced the process in November with visits to the Fiona Stanley, Royal Perth and Sir Charlie Gardiner hospitals. We met with the hospitals ICU leadership and DonateLife staff at the hospitals to understand their challenges and discuss their hospital CPIP data.

We also worked closely with our DonateLife leadership team to review the DonateLife agency structure, including core positions and roles and responsibilities to enhance delivery of the nationally consistent program.

**Looking forward:** Ongoing focus on donation clinical practices in hospitals present opportunities for increased rates of donation and consent. We will continue to focus on the routine notification of all patients at end-of-life by ICUs and EDs to the DonateLife agency, the involvement of donation specialist nurses in offering donation to families, and monitoring hospitals against the CPIP.

## Living donation

**A living organ donor is someone who donates a kidney, or on rare occasions a partial liver, to another person. Receiving an organ from a living donor offers an alternative to waiting on the national transplant waitlist for an organ from a deceased donor.**

Living donors can be:

- + a blood relative of the person (parents, siblings, adult children)
- + someone who is not related by blood but knows the person, like a partner or friend
- + an anonymous donor who donates a kidney to a person on the transplant waiting list.

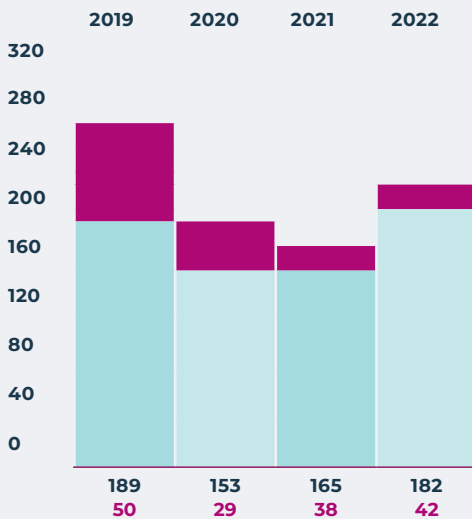
There were 224 living donors in 2022. This result is 10% higher than the 2021 outcome of 203, and approaching the 2019 outcome of 239 donors, prior to disruptions to the sector from responses to the COVID-19 pandemic.

Living kidney donation and transplantation is most often directly from a relative or close friend (directed donation).

For some patients who are eligible for a kidney transplant and have a living donor who is willing but unable to donate directly because of an incompatible blood or tissue type, donation and transplantation is facilitated through the Australian and New Zealand Paired Kidney Exchange (ANZKX) program. The ANZKX, funded by the OTA with a contribution from the New Zealand Ministry of Health, aims to increase the number of living kidney donations by matching incompatible donor and recipient pairs with other incompatible pairs across Australia and New Zealand.

The 224 living kidney donors in 2022 included 42 through the ANZKX program. This was 11% higher compared to 2021 (38).

**Figure 9: Living donors 2019–2022**



**Note:** The AKX (now ANZKX) program commenced in 2010.

**Key** | Directed | ANZKX

### 2022: Living organ donation and transplantation

**42** living organ donors through the ANZKX program

+

**182** living organ donors facilitated by individual transplant units

=

**224** living organ donors



## Drive excellence in donation services



### Our objective

Lead, implement and monitor nationally consistent best donation practice in Australia through clinical practice improvement initiatives to provide exceptional care throughout the donation process.

### Why it's important

Donation leading to transplantation is a complex process with many steps. Optimising practices in donor identification, family approach, donor care and assessment, organ allocation and retrieval are important in enabling the best outcomes for donors, their families and for those on the transplant waitlist.

## National DonateLife Family Support Service

Following donation, DonateLife offers support services and resources to families who have consented to organ and tissue donation, and families of intended donors when organ donation does not go ahead but tissue donation occurs. Donor families and those who have received a transplant can also write anonymous letters to each other. The decision to write is a very personal one. It may take some time before a donor family or recipient is ready to send and/or receive a letter. Some people may choose not to write.

In 2022, the OTA developed a video for people who have received an organ transplant and are thinking about writing to their donor's family. The video gives recipients information about the correspondence process and features a donor family and transplant recipient who share how it feels for them to receive these letters. The video is available on the DonateLife website and has been provided to transplant units across Australia.

## National DonateLife Family Support Service



**1.** Information and support provided in the ICU or ED



**2.** Phone call sharing news on the transplant



**3.** Introduction letter and resource pack



**4.** Follow-up phone call



**5.** Further contact and support (as discussed and agreed with the family)



**6.** Invitation to the DonateLife Service of Remembrance (annually or on request)



**Families are able to make contact or opt out of contact with DonateLife at any time.**

## Feedback from donor families

The OTA seeks feedback from donor families on their experience with the process of donation. Their feedback contributes to ongoing improvement of the donation service and better care and support for families before, during and after donation. Since 2010, the National Study of Family Experiences of Organ and Tissue Donation research project has collected feedback on donor family experiences of the donation process, including the immediate follow-up period. In 2022, the OTA worked to finalise the 5th and final wave of the study in this series.

## Professional education

The education and training of donation specialists, intensive care staff and other clinical staff ensures optimal donation practices. In 2022, we continued to work with our DonateLife Network and hospitals to deliver nationally consistent education and resources.

### Family Donation Conversation workshops

The Family Donation Conversation (FDC) workshops remain an important element of our education program for specialist staff to develop their skills to have an informed donation discussion with families. Over 400 staff attended the FDC workshops over the reporting period. As part of our ongoing collaboration with Organ Donation New Zealand, in September 2022 the OTA's National Training Coordinator and the National Lead Trainer ran 3 days of workshops with 42 New Zealand doctors and nurses.

### DonateLife web coaching program

Our one-on-one video coaching program, which originated in 2021 in a locked-down pandemic environment, continued strongly through 2022–23. The program is now well established, with 3 experienced coaches supporting and mentoring donation nurses through targeted role play scenarios designed to upskill them in donation conversations. So far, 158 sessions have been undertaken and evaluations continue to demonstrate the value of the program.

### DonateLife donation specialist induction days

In 2023, the OTA held its inaugural national induction and development days for medical and nursing donation specialists. These programs complement the existing state and territory specific DonateLife induction programs and the DonateLife orientation eLearning module, which provides a broad overview of the national program, the OTA and the DonateLife Network, including strategic priorities, governance structures, roles and responsibilities.

## DonateLife donation specialist induction

**Given the complexity of the organ donation process, highly professional, skilled and knowledgeable staff are needed to facilitate it. Two of the many roles that are critical to the donation process are the medical donation specialist and the donation specialist nurse.**

This year, the OTA established a national induction and orientation program for these 2 roles to enhance the capabilities of donation specialist staff across the DonateLife Network and provide a clearer picture about how their roles intersect with the national program and the role of the OTA.

In June, the inaugural Medical Donation Specialist Development Workshop was held at the OTA. The workshop brought 13 medical donation specialists from New South Wales, Victoria, Queensland and Western Australia together with a faculty of 5 senior medical donation specialist staff to discuss a range of matters, how specialists can best facilitate the opportunity for donation in the hospital environment; the

best donation practices that can be embedded within hospitals; the potential for driving change in hospitals and ways to do this, assessing donor suitability, and the use of the data that is collected across the donation sector to inform best-practices.

In addition, 20 donation specialist nurses, from the Australian Capital Territory, New South Wales, Queensland, South Australia and Victoria, attended the first Donation Specialist Nurse Induction Day at the OTA.

Discussions included the role of the donation specialist nurse and its challenges, the clinical practice improvement indicators and the how and why these are utilised and assessed, the value and role of data collection throughout the donation process and how the OTA uses data, and the opportunities for professional development for the donation specialist nurse cohort. The session also provided an opportunity for collaboration and to develop an ongoing support network amongst the group.

*'I enjoyed hearing from all speakers. The interactive games were a great way to work within our teams whilst stretching our brains and sharing experiences. Hearing about how our jobs on the floor reflect back into the national program provided inspiration and motivation.'*

– Donation Specialist Nurse  
Induction Day participant

*'This workshop was extremely beneficial. I would love to see this repeated on a regular basis as that would significantly improve the overall process. Meeting interstate specialists was fantastic. One of the best educational days that I have had for a while.'*

– Medical Donation Specialist  
Development Workshop participant



## Increase safe and equitable transplantation



### Our objective

Support the donation and transplant sectors to adopt best clinical practices, policy and technology that enables optimal organ allocation and utilisation so more people have access to life-changing transplantation.

### Why it's important

Transplantation is the best and sometimes only treatment option for organ failure, saving or enhancing the life of the recipient, and providing benefits to their family and the broader community. Supporting the sectors to adopt robust practices, policies and frameworks will improve access to and outcomes from organ transplantation.

## Best-practice donation processes and guidelines

In 2022–23 the OTA continued to support the delivery of nationally consistent best-practice donation processes through the DonateLife Network. We developed best-practice guidelines and standard operating procedures to provide support and current advice.

### Australian Donor Risk Assessment Interview (AUS-DRAI) review

Working with DonateLife and transplant specialists we commenced a review of the AUS-DRAI questionnaire—which collects critical information for the transplantation sector, determining the risk profile and medical suitability of a possible transplant—to make it less confrontational and time consuming for the families and relatives involved in the interview process.

**Looking forward:** Phase 2 of the AUS-DRAI review process will remove duplication and rephrase questions so they are current, best-practice and less confrontational to families.

### National Health and Medical Research Council (NHMRC)

We continued to work with the NHMRC to progress the drafting of new ethical guidelines for cell, tissue and organ donation and transplantation in Australia, focusing on their consistency and currency. The draft revised guidelines were provided to the Australian Health Ethics Committee and clinical sector for consideration, with a view to getting the next phase of consultation underway by the fourth quarter of 2023.

## National Organ Retrieval Theatre Guideline

In August 2022, the National Organ Retrieval Theatre Guideline Working Group was established to develop nationally consistent practices for donation specialist nurse coordinators, including the packaging and labelling of organs and vessels during the retrieval and transplantation process. Through a consultation process with the clinical sector, we aim to have the guidelines in place by late 2023.

## Australia and New Zealand Paired Kidney Exchange

The ANZKX, funded by the OTA and the New Zealand Ministry of Health, aims to increase the number of living kidney donations by matching incompatible donor and recipient pairs with other incompatible pairs across Australia and New Zealand. In September 2022, the ANZKX program conducted its first trans-Tasman exchange since COVID-19 border closures in 2020. The ANZKX has seen increased enrolment and transplantations through the reporting period—there was an 11% increase in the number of living kidney donations completed through the ANZKX compared with 2021. The first Brisbane exchange occurred in early February 2023. Work is underway with Te Whatu Ora Health New Zealand to consider expanding the program to Wellington and Christchurch.

**Looking forward:** The OTA has entered into an agreement with Transplantation Society of Australia and New Zealand (TSANZ) for a living donation project, with the aim of developing a Living Kidney Donation Strategic Workplan to optimise access and outcomes in living donor transplantation for both donors and recipients.

## Collaboration with the eye and tissue sector

Each year, thousands of Australian lives are changed through the gift of transplantation of donated tissues, including eye tissue. To increase tissue donation as part of deceased organ donation, the OTA continued to collaborate with the eye and tissue sectors, including through the OTA's Eye and Tissue Advisory Committee (ETAC). ETAC facilitates collaboration between stakeholders to increase eye and tissue donation in Australia. The Committee met 3 times over the reporting period.

For the second year, in May 2023, we held a week-long digital campaign, developed in consultation with eye and tissue sector stakeholders, to shine a spotlight on eye and tissue donation. The campaign focused on impact storytelling and busting common myths.

During the digital campaign our Facebook reach increased by 83.3%, with 30,436 people seeing our posts. Our Instagram posts reached 20,796 people, which was a 58% increase on the week before the digital campaign.

Our data shows that last year there were 1,477 deceased eye donors and 276 deceased tissue donors, as well as 2,472 living tissue donors. This meant more than 2,300 people had their eyesight restored through a corneal transplant.

Also, over 7,400 people received tissue (for example, musculoskeletal, heart valve or skin) transplants—all thanks to the life-changing gift of donation.

**Fast fact:** Tissue donation saves and transforms lives in many ways. For example, it can save burns victims, restore sight, repair heart defects in babies and adults, rebuild tendons and reconstruct bones. Around one in every 200 surgeries performed in Australia uses human tissue graft.

## Government reviews in the organ donation and transplantation sector

### National Eye and Tissue Sector Framework

On 15 August 2022, the National Eye and Tissue Sector Framework was published, providing the overarching principles and national objectives to achieve the vision that Australians have safe, equitable and ethical access to life-altering and/or life-saving eye and/or tissue transplantation. Discussions about the implementation of the framework continued through the Jurisdictional Organ and Tissue Steering Committee (JOTSC), chaired by the Department of Health and Aged Care, with representation from government officials across all jurisdictions and the OTA CEO.

### National Strategy for Organ Donation, Retrieval and Transplantation

Over the reporting period consultation continued on the National Strategy for Organ Donation, Retrieval and Transplantation, which aims to underpin policy and program delivery to provide enhanced access to transplantation for all Australians who need it. During 2022–23, the JOTSC sought feedback from key stakeholders in the organ and tissue sectors so that this strategy reflects the needs of the sectors and delivers on proposed improvements in governance arrangements across the sectors, including an expanded governance role and oversight for the OTA across retrieval and transplant.

**Looking forward:** The National Strategy for Organ Donation, Retrieval and Transplantation will be presented to jurisdictional Health Ministers for their agreement in late 2023.

## ENHANCE SYSTEMS—PERFORMANCE AGAINST OUR MEASURES

### Enable quality outcomes through information, technology and resources

Underpinning a coordinated and consistent national approach is the effective use of enabling capability—information, technology, and resources—an essential part of achieving continuous improvements in clinical practice and community awareness.

Measure	2022 Result	
Hospital and jurisdictional performance data and analysis disseminated	Dashboards and analysis for key 30 hospitals were disseminated to DonateLife agencies monthly and to all hospitals quarterly.	✓
Waitlist, donation and transplantation data is publicly available	National and organ waitlist, organ donation, retrieval and transplant activity metrics were publicly available through the Australian and New Zealand Organ Donor Registry (ANZOD) and in the Australian Donation and Transplantation 2022 Activity Report.	✓
Increased utilisation of donation and transplantation information systems	Establishment of OrganMatch as the central patient waitlisting, recipient matching and offer management system. Transplant units are progressively waitlisting patients in OrganMatch. National capture of an expanded range of adverse events across the sector in the Serious and Adverse Event Reporting database.	✓

### Hospital and jurisdictional performance data and analysis disseminated

- + We continue to evolve dashboard reporting to drive clinical best-practice across DonateLife hospitals through the collection of data to monitor, assess and inform the national program.

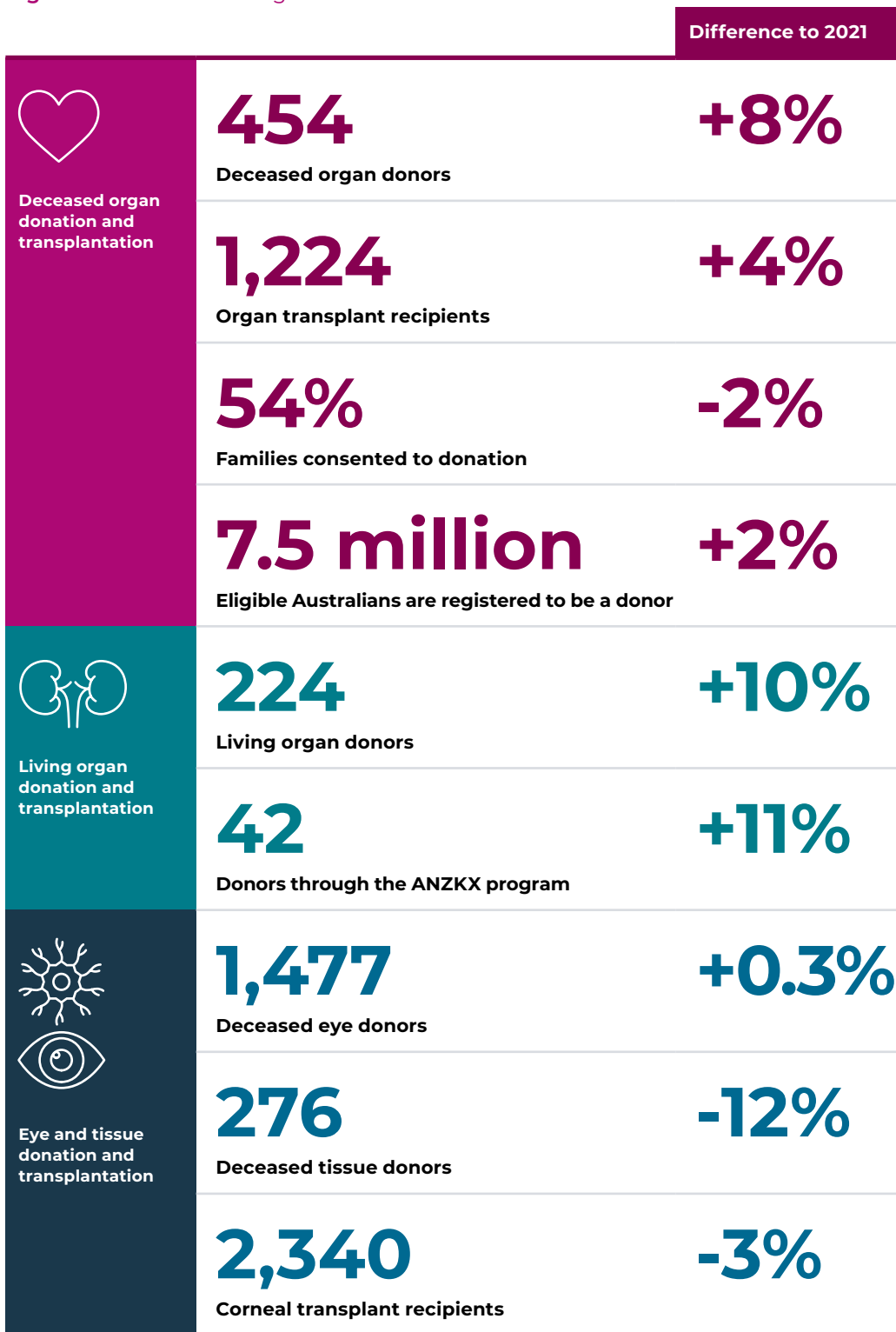
### Waitlist, donation and transplantation data is publicly available

- + Overall, there has been a 20% increase in users of the OrganMatch system over the reporting period, reflecting the improved functionality and increased efficiencies available through the system.
- + In addition, there was a total increase in patients waitlisted through OrganMatch of 2%, with some organ-specific waitlists increasing by 16% over the reporting period.

### Increased utilisation of donation and transplantation information systems

- + Every year the OTA releases an Australian Donation and Transplantation Activity Report, in collaboration with the donation and transplantation sector.
- + The report provides an annual snapshot of key metrics on organ, eye and tissue donation and transplantation—both deceased and living—as well as comparison and trend data from previous years. It also provides data on consent rates, registration rates and information about the rarity of donation.

Figure 10: 2022 data at a glance



## ENHANCE SYSTEMS—OUR ACHIEVEMENTS

### Monitor, collect, analyse & report national performance



#### Our objective

Monitor, collect, analyse and report information and data to provide evidence, support decision-making and drive continuous improvement in organ and tissue donation and transplantation.

#### Why it's important

Clinical data informs program design and delivery, which drives best clinical practices and efficiencies in donation and transplantation practices.

Data about community attitudes, beliefs and expectations is critical in addressing barriers to donation and informing the approach to increase donation consent rates.

National performance data is distributed to support strategic decision-making and continuous improvement across the donation and transplantation sectors.

### Australian Donation and Transplantation Activity Report 2022

On 21 February 2022, the OTA released the 2022 Australian Donation and Transplantation Activity Report. The report gives an annual snapshot of key metrics on organ, eye and tissue donation and transplantation—both deceased and living—as well as comparison and trend data from previous years. We release the report in collaboration with the donation and transplantation sector. The data is sourced from the DonateLife Audit, which is conducted in all hospitals in the DonateLife Network, the ANZOD and Services Australia, which manages the AODR. Population and death data is also sourced from the Australian Bureau of Statistics and the Australian Institute of Health and Welfare.

We use the data to inform ongoing improvements to donation and transplantation programs. We share it publicly so that we can be transparent about the challenges and opportunities facing the sector and to encourage people to register and talk to their families about donation.

This year was our first in-person release of the report since the COVID-19 lockdowns. We held a media event at the Royal Melbourne Hospital to coincide with the release. The Assistant Minister for Health and Aged Care, the Hon Ged Kearney MP launched the report, along with Victoria's Minister for Health, the Hon Mary-Anne Thomas, staff from DonateLife Victoria, and staff from the Royal Melbourne Hospital.

**Fast fact:** Our ongoing priority is to gather more data and increase analytics and reporting so we can drive further improvements in the donation, retrieval and transplantation sector.

### Data collection, analysis and reporting

Throughout the year we continued to collect and analyse data on organ donation and transplantation. The data is essential to inform discussions with our DonateLife teams and relevant state and territory health departments. It drives clinical best-practice across DonateLife hospitals and allows us to identify further opportunities for growth in donation and transplantation. The DonateLife hospital reporting framework includes metrics on the CPIP key performance indicators, and the routine reporting of this data assists with monitoring these metrics.



In 2022–23, our Analytics and Technology team compiled dashboard performance reports for every hospital in the DonateLife Network each quarter, and monthly for the major tertiary hospital ICUs. We shared the reports with the DonateLife agency in each state and territory and with hospital-based staff, with hospital performance discussed in detail at 6-monthly progress report meetings with each jurisdiction.

The metrics, dashboards, reports and data collection processes that underpin our reporting framework were reviewed and enhanced during the year.

This year we continued to evolve our dashboard reporting by increasing the focus on our 3 key hospital practice metrics: the routine notification of all end-of-life patients to DonateLife agencies, the routine checking of registration status of all patients before donation is discussed with their family, and the involvement of a donation specialist in donation discussions with families.

**Fast fact:** The OTA provided more than 750 dashboard reports to DonateLife agencies and hospitals over the course of the reporting year.

We continued to work closely with Australian donation and transplant outcomes registries, including Australia and New Zealand Dialysis and Transplant Registry (ANZDATA), to provide accurate data on donation and transplant activity to clinical stakeholders and the general public. We worked closely with the TSANZ to evolve data capture and reporting across the sector through engagement with the OTA Transplant Advisory Group and organ-specific working groups.

We also continued to collect an array of data on donation and transplant sector activities, including waitlist data and donation and transplant metrics through ANZOD and OrganMatch. We also provided support funding to organ transplant outcome registries to ensure extensive post-transplant monitoring data was available across the sector. In 2022–23 we delivered funding to:

- + Australia and New Zealand Dialysis and Transplant Registry (ANZDATA)
- + Australia and New Zealand Liver and Intestinal Transplant Registry (ANZLITR)
- + Australia and New Zealand Islet and Pancreas Transplant Registry (ANZIPTR)
- + Australian Corneal Graft Registry (ACGR).

Launch of the 2022 Australian Donation and Transplantation Activity Report



## The DonateLife Audit

SPOTLIGHT

**The OTA monitors, collects, analyses and reports information and data to provide evidence, support decision-making and drive continuous improvement in organ and tissue donation and transplantation, leading to better outcomes. The data informs program design and delivery, which drives best clinical practices and efficiencies in donation and transplantation practices.**

The OTA uses the DonateLife Audit to collect clinical data. The DonateLife Audit is a nationally consistent system for collecting data on all patients for whom organ donation may have been feasible within all DonateLife Network hospital ICUs and EDs. It was introduced in 2009 and has continually evolved since then.

Data from the DonateLife Audit is used to measure, monitor and report organ donation outcomes, clinical practice and the impact of clinical guidelines at the national, jurisdictional and hospital level.

The OTA disseminates individual reports to DonateLife Agencies and health departments to share with hospitals, and works with clinical and community stakeholders to identify best-practice, raise awareness and determine possible measures to overcome local barriers to organ donation.

The DonateLife Audit complements the ANZOD Registry.

The DonateLife Audit provides the OTA with the ability to assess the effectiveness of the Clinical Practice Improvement Program, as well as aspects of its performance against strategic goals and objectives and its contribution to achieving the OTA's purpose.



## Advance quality, safety and efficiency



### Our objective

The organ donation and transplantation system is safe, efficient and effective through clinical guidelines, timely surveillance practices and the adoption of state-of-the-art technology.

### Why it's important

Transplant recipients, donors and families, as well as the Australian community trust that the organ donation and transplantation system is as safe and effective as possible.

Optimal systems and state-of-the-art technology enable improvements in efficiency, equity of access, donation and transplant outcomes, and mitigation of emerging risks.

## Enhancements to OrganMatch

OrganMatch is Australia's clinical donation, laboratory and transplant system that facilitates compatibility matching of recipients and donors for organ transplantation.

In conjunction with LifeBlood, the OTA has continued to drive enhancements to OrganMatch. In December 2022, the first version of the lung-matching algorithm was implemented. This was followed by the heart-matching algorithm in February. These matching algorithms have simplified the donation and transplantation process and significantly decreased the time it takes to match donors and recipients.

We are progressing additional enhancements to streamline processes around organ offers and acceptance—for example, we are working on:

- + management of organ offer rotations, replacing the existing rotation spreadsheets currently being used
- + management of all organ offer acceptances and declines directly through OrganMatch
- + the provision of the Electronic Donor Chart to the transplant units through OrganMatch, replacing the existing PDF document upload.

## Transition to virtual crossmatch

To reduce the risk of organ rejection following a transplant, in the past the Australian organ donation and transplantation system used complement-dependent cytotoxicity (CDC) crossmatches to determine the compatibility between organ donor and transplant recipients. Internationally, CDC packs have ceased production with programs moving to conducting virtual crossmatches (VXM). VXM can provide greater detail on the compatibility of the donor organ and recipient.

Over the last year, the OTA has provided funding and support to TSANZ to transition from CDC crossmatching to a national VXM program. As of February 2023, the national VXM has been successfully running and all CDC crossmatches have ceased.

## National vigilance and surveillance system

The OTA's national Vigilance and Surveillance Expert Advisory Committee (VSEAC) monitors the performance of the Australian Vigilance and Surveillance System for Organ Donation and Transplantation, which safeguards and improves quality and safety in organ donation and transplantation. VSEAC also identifies trends and examines serious adverse events and/or reactions to avoid recurrences.

Each year VSEAC releases an annual report to offer the Australian community a clear view of vigilance and surveillance in the system and give those who need a transplant confidence that the sector is doing everything it can to make transplantation as safe as possible. In June 2023, VSEAC released its annual report for 2022. The report analysed 32 serious adverse event and/or reaction (SAER) notifications reported to the VSEAC throughout 2022. VSEAC also issued 2 communiqués to the clinical sector to drive clinical practice improvements in 2022–23.

**Looking forward:** Transparency makes for a safer system. The OTA and VSEAC continue to strongly encourage the reporting of actual or potential adverse events and reactions so that knowledge gained can help inform future advice, recommendations and guidelines.

## Electronic Donor Record

The Electronic Donor Record (EDR) is the online medical record platform used to collect and document information about a potential organ and tissue donor. Throughout the year the OTA worked on several enhancements to support clinical practice and workflows in the record:

- + we finalised the EDR Donor Chart elements within the interface. This will allow for an electronic version of the Donor Chart to be developed in OrganMatch, which can be used when making organ offers to transplant units. It will replace the current PDF document.

- + we made significant updates to the Eye Module print forms used by eye surgeons.
- + we added Strongyloides testing to the Serology page, meaning users are no longer required to manually enter test results.

## Sustain specialist resources



### Our objective

Dedicated resources are available through collective funding from the Commonwealth and state and territory governments to enable the system to have the infrastructure and expertise necessary to support donation and transplantation.

### Why it's important

Resourcing should not be a barrier to donation and transplantation. An effective system requires funding to employ specialist staff and cover associated donation and transplantation costs.

## DonateLife Network funding agreements

The OTA funds the state and territory governments to deliver organ and tissue donation services as part of the national program. The states and territories use this Commonwealth funding to employ specialist staff across the DonateLife Network and to deliver a nationally consistent organ and tissue donation service in each jurisdiction.

During the year, the OTA worked closely with the states and territories to establish new funding agreements to deliver the DonateLife Network and donation services in hospitals.

The new funding agreements came into effect from 1 July 2023 and include over \$93 million in payments to state and territory governments over the next 3 years. This will be further supplemented by activity-based Organ Donation Hospital Support Funding.

Under the funding agreements, all states and territories have agreed to maintain an organ and tissue donation service delivery model, implement agreed clinical best practice processes and the CPIP, report adverse events and reactions to the Australian Vigilance and Surveillance System for Organ Donation and Transplantation, and utilise the EDR and the DonateLife Audit.

## OrganMatch kidney allocation algorithm

**For someone who is seriously ill, an organ transplant can mean the difference between life and death. For the 1,800 Australians currently on the waitlist, and a further 14,000 on dialysis, organ transplantation can be a life-enhancing or life-saving option.**

Australia's organ waitlisting and matching system, OrganMatch, provides real-time access for clinicians to achieve the best possible matching outcomes for patients.

Allocation of donated kidneys is performed via an algorithm within OrganMatch. The kidney allocation algorithm incorporates several factors, including immunological matching and wait time, to optimise outcomes for patients and give equity of access to organ transplants.

Updates to the kidney allocation algorithm in 2021 have improved access to transplantation for highly sensitised patients and improved the allocation of well-matched kidneys to young recipients. A well-matched organ will reduce the likelihood that a patient will be highly sensitised for future transplants.

**Sensitisation:** The presence of antibodies in a transplant recipient's body, produced as an immunological response to being exposed to foreign antigens. Sensitisation can occur after being exposed to foreign antigens, such as through blood transfusions, previous organ transplant or pregnancy.

This work has gone a long way towards improving outcomes for people who had previously thought their chances of a successful transplantation were low. Since the changes to the algorithm:

- + 19 highly sensitised patients have been transplanted who had been waiting for more than 10 years
- + a further 30 sensitised patients who had been waiting for more than 5 years were also transplanted
- + more than 200 patients waitlisted for a kidney, have been allocated well-matched kidneys.

*Helena, kidney recipient*



## Financial performance

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### DEPARTMENTAL

#### Operating result

The OTA's operating result for 2022–23 was a deficit of \$0.111 million, compared with the forecast deficit of \$0.354 million, which includes unfunded depreciation and amortisation expenses. The movements in expenses were largely due to reductions in supplier expenditure and depreciation. The OTA's commitment to financial management is reflected in its financial performance and unqualified financial statements (see Part 4).

#### Departmental income

The OTA received \$6.089 million in revenue from government in 2022–23, compared with \$5.978 million in 2021–22. The increase reflects additional departmental funding received to supplement cost pressures.

#### Departmental expenses

The OTA's expenses for 2022–23 were \$6.300 million, which was an increase of \$0.703 million from 2021–22 (13% increase). The increase is the result of additional staffing and pay rises which were partially offset by a reduction in software license and maintenance fees.

#### Net asset position

Net assets increased from 2021–22 to 2022–23, driven mainly by a decrease in lease liabilities. This has been partially offset by a reduction in the value of buildings through depreciation of the right-of-use asset.

Total assets decreased by \$0.100 million to \$4.494 million (2021–22: \$4.594 million), largely due to depreciation of the right-of-use asset.

Total liabilities decreased by \$0.254 million to \$1.662 million (2021–22: \$1.916 million). The decrease is due to the reduction in lease liability on the right-of-use asset and a reduction in trade creditors and accruals at 30 June 2023.

### Capital budget

In 2022–23, the OTA received a capital budget of \$0.264 million. Capital expenditure during the year was limited to purchases of minor communications equipment and website development.

### ADMINISTERED

#### Administered income

No administered income was received during the period.

#### Administered expenses

For 2022–23, the OTA reported supplier expenses of \$2.611 million. Supplier expenses primarily related to costs associated with:

- + Electronic Donor Record licensing and support
- + increasing community awareness and education through creative material production; public relations and merchandise; and delivery of the national professional education package across Australia, including delivery of eLearning modules to our health professionals and development of a web-based platform to host professional development sessions for specialist donor coordinators who participate in donor family conversations.

Grant expenses were \$46.510 million. The OTA provided grant funding to:

- + state and territory governments for dedicated organ donation specialists in hospitals and donation agencies, and for delivery of professional education
- + public and some private hospitals to contribute to the costs associated with organ donation activity, based on actual and intended organ donors
- + deliver the Australian organ matching system, OrganMatch
- + partner with community organisations to promote family discussion, knowledge and registration on the Australian Organ Donor Register.

## Administered assets

As at 30 June 2023, the OTA held total assets of \$1.017 million, which is \$0.096 million higher than the previous year. This consists of \$0.089 million in cash holdings and \$0.795 million in GST receivable from the Australian Taxation Office.

## Administered liabilities

Total administered liabilities increased by \$1.339 million, resulting from an increase in grants payable at 30 June 2023.

## Financial statements

The OTA received an unqualified audit report from the Australian National Audit Office. The above section should be read in conjunction with the OTA's 2022–23 audited financial statements, presented in Part 4, including the independent auditor's report and statements by the Accountable Authority and the Chief Financial Officer.

**Table 1: OTA resource statement 2022–23**

	Actual available appropriation for 2022–23 (\$)	Payments made 2022–23 (\$)	Balance remaining 2022–23 (\$)
	(a)	(b)	(a)-(b)
<b>Departmental</b>			
Annual appropriations – ordinary annual services <sup>1,2</sup>	10,079,300	6,082,295	3,997,005
<b>Total departmental annual appropriations</b>	<b>10,079,300</b>	<b>6,082,295</b>	<b>3,997,005</b>
<b>Administered</b>			
Annual appropriations – ordinary annual services <sup>1</sup>	49,131,000	39,279,491	
<b>Total administered annual appropriations</b>	<b>49,131,000</b>	<b>39,279,491</b>	
<b>Total ordinary annual services</b>	<b>59,210,300</b>	<b>45,361,786</b>	
<b>Total resourcing and payments for OTA</b>	<b>59,210,300</b>	<b>45,361,786</b>	

1 *Supply Act (No.1) 2022–23 and Supply Act (No.3) 2022–23* (Supply Act). This may also include prior year departmental appropriation and section 74 retained revenue receipts.

2 Includes an amount of \$0.264 million in 2022–23 for the departmental capital budget. For accounting purposes this amount has been designated as 'contributions by owners'.

## Outcome 1

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

## Program 1.1

A Nationally Coordinated System for Organ and Tissue Donation for Transplantation

**Table 2: Expenses for Outcome 1**

	Budget <sup>1</sup> 2022-23 (\$)	Actual expenses 2022-23 (\$)	Variation 2022-23 (\$)
	(a)	(b)	(a)-(b)
<b>PROGRAM 1.1</b>			
<b>Administered expenses</b>			
Ordinary annual services (Supply Act No. 1 & 3)	49,131,000	49,120,959	10,041
<b>Departmental expenses</b>			
Departmental appropriation <sup>2</sup>	6,089,000	5,679,098	409,902
Expenses not requiring appropriation in the budget year	779,000	621,044	157,956
<b>Total for Program 1.1</b>	<b>55,999,000</b>	<b>55,421,101</b>	<b>577,899</b>
<b>Total expenses for Outcome 1</b>	<b>55,999,000</b>	<b>55,421,101</b>	<b>577,899</b>
		<b>2021-22</b>	<b>2022-23</b>
<b>Average staffing level (number)</b>		23.04	28.12

1 2022-23 October Budget.

2 Departmental appropriation combines ordinary annual services (Supply Act No. 1 and 3) and retained revenue receipts under section 74 of the *Public Governance, Performance and Accountability Act 2013*.



**MANISHA**

received a kidney transplant  
and was part of the 2022  
Great Registration Race for  
DonateLife Week

**PART 3  
MANAGEMENT AND  
ACCOUNTABILITY**

+ Corporate governance	50
+ Our people	58
+ Workplace health and safety	70
+ Resource management	72

## Corporate governance

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### ACCOUNTABLE AUTHORITY

The OTA is a non-corporate Commonwealth entity. The Chief Executive Officer (CEO) is the accountable authority under the Commonwealth's *Public Governance, Performance and Accountability Act 2013* (the PGPA Act).

### EXECUTIVE

The OTA Executive consists of the CEO, the National Medical Director and the Chief Operating Officer. The Executive provides guidance and leadership on our overall direction and responsibilities.



#### **LUCINDA BARRY AM** CHIEF EXECUTIVE OFFICER

**Lucinda Barry commenced as the CEO in 2017. Lucinda has extensive experience in health care, both clinical and policy. She has held senior leadership roles within government, the public service, and health service management and delivery.**

Lucinda represents the Australian Government on a number of national and international committees, including the Australian COVID-19 Donation and Transplantation Rapid Response Taskforce; the National Indigenous Kidney Transplantation Taskforce; and the Commonwealth 'Tribute to Life' International Advisory Panel. In addition, she is a member of the Jurisdictional Organ and Tissue Steering Committee. Lucinda is the Australian Government's national media spokesperson on organ and tissue donation and is an invited speaker at national and international conferences. In the 2023 Australia Day Honours, Lucinda became a Member of the Order of Australia (AM) for her significant service to public health policy in executive roles and to medicine.



#### **ASSOCIATE PROFESSOR HELEN OPDAM** NATIONAL MEDICAL DIRECTOR

**Associate Professor Helen Opdam MBBS FRACP FCICM was appointed as the OTA National Medical Director in 2014. She is a Senior Intensive Care Specialist at the Austin Hospital in Melbourne and Director of Warringal Private Hospital ICU.**

Helen is responsible for providing expert clinical advice to the OTA CEO, DonateLife Network staff, clinical organisations, the Commonwealth Department of Health and Aged Care and other government agencies and key stakeholder groups. Helen has been involved in organ donation since 1998, initially in developing an audit to determine the potential for organ donation. She was the inaugural Victorian state medical director for organ and tissue donation at the time that the national reform to boost donation in Australia began in 2009. She is a council member and president-elect of the International Society for Organ Donation and Procurement. Helen participates on key Australian committees, including the Australian and New Zealand Intensive Care Society Death and Organ Donation Committee and the National Health and Medical Research Council Expert Advisory Group for the development of ethical guidelines for organ transplantation from deceased donors. She is a regular invited speaker at national and international conferences.



#### **BELINDA SMALL** CHIEF OPERATING OFFICER

**Belinda Small commenced as the Chief Operating Officer in 2021. She is responsible for providing direction on governance, including financial and operational issues, risk, fraud control, strategy, technology matters and people management.**

Belinda has extensive experience in leading organisational strategy, complex transformation agendas and corporate teams. She is passionate about shaping positive workplace cultures, building sustainable capability in organisations, and collaborating to achieve positive outcomes for the community. Belinda holds a Bachelor of Commerce and is certified as a change management practitioner. She has previously held positions at the Bureau of Meteorology, the Department of Health and the Department of Finance.

## AUDIT AND RISK COMMITTEE

The Audit and Risk Committee plays an essential role in the OTA's corporate governance. The committee provides assessment and advice to the CEO on the OTA's:

- + financial and performance reporting responsibilities
- + risk oversight and management
- + systems of internal control.

Our Audit and Risk Committee is established in compliance with section 45 of the PGPA Act and is chaired by an independent external member, Ms Gayle Ginnane.

During 2022–23 the other members were Mr Don Cross and Mr Robert Antich, both independent external members.

The OTA CEO, Chief Operating Officer and Chief Financial Officer, the Australian National Audit Office and our internal assurance staff are invited to attend meetings as required. The Audit and Risk Committee Charter is available at [donatelife.gov.au/OTA-Audit-and-Risk-Committee-Charter](https://donatelife.gov.au/OTA-Audit-and-Risk-Committee-Charter).

Committee members collectively have a broad range of skills and experience relevant to the operation of the OTA. In 2022–23 the committee met 4 times.

**Table 3: Audit and Risk Committee members**

Member name	Qualifications, knowledge, skills or experience
<b>Gayle Ginnane</b> Committee Chair	<p>Ms Ginnane is an experienced executive with significant board and audit committee experience. Formerly the Chief Executive Officer of the Private Health Insurance Regulator, Ms Ginnane has broad experience as a senior manager in an insurance and regulatory environment in both the public and commercial sectors and an in-depth understanding of governance and risk management. She has a degree in statistics and economics and a postgraduate degree in defence studies.</p> <p>4 meetings attended / 4 meetings total</p> <p>Total annual remuneration \$7,700 GST inclusive</p>
<b>Don Cross</b>	<p>Mr Cross is the chair or a member of several audit committees and sub-committees and was a senior partner at KPMG and a lead partner for KPMG's key strategic government accounts. Mr Cross has experience in government program delivery and reform, financial statement audit and internal audit for policy, regulatory and service delivery agencies.</p> <p>Mr Cross holds numerous qualifications and professional memberships in accounting, fraud control, business and auditing and is a Fellow of the Institute of Chartered Accountants and a Certified Practising Accountant.</p> <p>4 meetings attended / 4 meetings total</p> <p>Total annual remuneration \$7,700 GST inclusive</p>
<b>Robert Antich</b>	<p>Mr Antich has extensive experience in senior executive roles at the Australian Department of Finance and the Australian Competition and Consumer Commission. He worked for 10 years as a public and private sector legal adviser. Mr Antich has a strong background in regulatory policy and compliance frameworks, including financial frameworks (federal Budgets and appropriations), competition and consumer laws, government insurance funds and risk management.</p> <p>3 meetings attended / 4 meetings total</p> <p>Total annual remuneration \$3,341 GST inclusive</p>



OTA Advisory Board members with Assistant Minister Ged Kearney and OTA CEO Lucinda Barry

## OTA ADVISORY BOARD

The Advisory Board is responsible for advising the CEO about the objectives, strategies and policies to be followed by the OTA in the performance of its functions and organ or tissue donation and transplantation matters. It is established under the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008*. During 2022–23, the Advisory Board comprised one chair and 5 members. The Advisory Board met 5 times during the reporting period.

In 2022–23 the Advisory Board members were:

- + Dr Mal Washer (Chair)
- + Professor Carol Pollock AO (Deputy Chair)
- + Ms Margaret Kruger
- + Mr Oren Klemich
- + Ms Shelly Park
- + Mr Nicholas Brown.

The members bring a wealth of clinical, business management expertise and lived experience to the Advisory Board. Their skills and experience support the OTA in achieving its purpose and strategic performance. Biographies of the Advisory Board members are available at [donatelife.gov.au/our-board](https://donatelife.gov.au/our-board).

In June 2023 we farewelled the outgoing Chair of the OTA Advisory Board, Dr Mal Washer. Dr Washer brought a wealth of expertise to his role, and we thank him for supporting the OTA over the past 6 years.

## STAKEHOLDER COMMITTEES

Collaboration is integral to the implementation of the national program, focused on achieving a best-practice clinical system alongside increased community awareness. Our advisory committees provide input, advice and recommendations to support the delivery of the national program.

Members include representatives from the Commonwealth Department of Health and Aged Care, state and territory governments, the DonateLife Network, the broader donation and transplantation clinical sectors, the eye and tissue sectors and community organisations. All advisory committees report to the CEO.

### Purpose-specific working groups

We have a number of purpose-specific working groups established by the CEO, including:

- + Clinical Data Working Group
- + Data and Audit Working Group
- + DonateLife Communications Team
- + Education Coordinators Network
- + Electronic Donor Record Working Group
- + Eye and Tissue Communications Working Group
- + Family Support Advisory Group
- + Paediatric Working Group.

**Table 4: OTA advisory committees**

<p><b>Jurisdictional Advisory Group</b></p>	<p>The Jurisdictional Advisory Group is the key advisory committee on the national program. The group considers and makes recommendations to the OTA CEO about all aspects of the program, including strategic priorities, clinical and data governance, and program planning and resources for the DonateLife Network. The Jurisdictional Advisory Group works to ensure the national program is consistent with state and territory legislation, policies and processes. Chaired by the OTA CEO, the group comprises jurisdictional and Commonwealth health department representatives, the OTA National Medical Director, the OTA Chief Operating Officer, DonateLife state medical directors and agency managers.</p>
<p><b>Clinical Governance Committee</b></p>	<p>The Clinical Governance Committee is the key clinical advisory committee for the DonateLife Network. It is chaired by the OTA National Medical Director and comprises the OTA CEO, the DonateLife state medical directors and clinical agency managers, and representatives of both the eye and tissue professional bodies. The committee provides a forum for sharing experiences and new initiatives and agrees on practices related to the implementation of the Clinical Practice Improvement Program in DonateLife hospitals. The committee makes recommendations relating to clinical aspects of the national program. Where there are policy or funding implications, these are considered by the Jurisdictional Advisory Group.</p>
<p><b>OTA Transplant Advisory Group</b></p>	<p>The OTA Transplant Advisory Group facilitates engagement with the transplantation sector on matters relevant to the national program and provides advice to the OTA CEO on issues and emerging trends that have implications for transplantation matters more broadly. It is chaired by Professor Steve Chadban. Membership comprises the OTA National Medical Director, representatives from transplant, medical and nursing professional bodies and donation specialists, Transplant Australia and Kidney Health Australia representing consumers.</p>
<p><b>Eye and Tissue Advisory Committee</b></p>	<p>The Eye and Tissue Advisory Committee facilitates communication between the OTA, the Commonwealth Department of Health and Aged Care and the eye, tissue and organ donation sectors. This collaboration helps to improve systems and processes to increase the number of deceased eye and tissue donations for transplantation in Australia. The chair is Dr Marisa Herson and membership comprises representatives from Australian eye and tissue banks, as well as the Australian Government's Health Technology Assessment Branch and the Therapeutic Goods Administration.</p>
<p><b>Vigilance and Surveillance Expert Advisory Committee</b></p>	<p>The Vigilance and Surveillance Expert Advisory Committee monitors the performance of the Australian vigilance and surveillance system and provides advice on emerging risks identified in the organ donation and transplantation sectors. The chair is Professor Jeremy Chapman AC and membership comprises the OTA National Medical Director and high-level technical specialists with relevant expertise from key clinical stakeholders and government.</p>
<p><b>Community Engagement Group</b></p>	<p>The Community Engagement Group works collaboratively to inform communications and engagement activities undertaken as part of the national program. The group is chaired by OTA Advisory Board member Mr Oren Klemich, a donor family member. Membership comprises representatives from a broad range of community organisations. These include organisations working to promote awareness of organ and tissue donation, including target audience groups such as First Nations peoples, young people and culturally and linguistically diverse groups. The group gives the OTA a community perspective on relevant issues, emerging trends and opportunities.</p>

## Advancing paediatric organ and tissue donation for transplantation

The size of the donor and of the donated organ are important when matching donors to receiving patients. That is why, in some cases, very small children most often receive donations from other young people.

In 2022, the OTA established the Paediatric Working Group (PWG), which aims to engage with donation staff and clinical teams in paediatric ICUs across Australia.

The PWG provides a forum to discuss opportunities for advancing paediatric organ and tissue donation for transplantation, with a focus on adapting and embedding clinical best practice for organ and tissue donation in paediatric ICUs, identifying challenges and barriers to paediatric donation, and providing advice to the OTA on the *Best practice guideline for offering organ and tissue donation in Australia*.

The PWG consists of clinicians with paediatric donation specialist expertise from across the DonateLife Network. The PWG's Chair is Dr Elena Cavazzoni, and the OTA National Medical Director serves as the Deputy Chair.



Sophie, donor, with mum, Katrina

***'Knowing Sophie's generous donation has enabled many people to live a fulfilling life, warms my heart.'***

– Katrina, Sophie's mum

**Dr Elena Cavazzoni** is a senior staff specialist in paediatric intensive care at the Children's Hospital at Westmead, Sydney, as well as a DonateLife Co-State Medical Director for NSW. Elena has significant interest in palliative care, organ donation, complex communication and medical education. Her research interests include organ and tissue donation, liver transplantation, haematology and transfusion medicine, and neurocritical care.

In 2022:

- + more than 100 Australians received a life-enhancing transplant thanks to the generosity of 34 deceased paediatric organ donors
- + there were 21 children waiting for a kidney transplant
- + paediatric organ donors made up around 7% of total organ donors.

***'We cannot thank our donor family enough for saving our daughter and giving her a second chance in life.'***

– Parents of Chloe



Chloe, liver recipient

## CORPORATE PLANNING

Corporate planning aligns our activities and resources with our strategic priorities to support the achievement of our purpose.

The OTA's Strategy 2022–2027 outlines strategic goals and objectives, and performance measures.

The Corporate Plan 2022–23 was prepared in accordance with the requirements of the PGPA Act and provides further detail about the OTA's operating environment, capability and objectives.

Implementation planning is undertaken internally to enable the OTA to achieve its purpose.

Overall national program performance is reported annually in the Australian Donation and Transplantation Activity Report, available at [www.donatelife.gov.au](http://www.donatelife.gov.au). Results against performance measures are presented in the Annual Performance Statements in Part 2 of this annual report. Performance measures are reported by calendar year to align with Australian and international donation and performance reporting practice.

**Figure 11: Planning and performance reporting framework**

Planning	Performance reporting
Strategy	Australian Donation and Transplantation Activity Report
Portfolio Budget Statements	Annual Report (Annual Performance Statements)
Corporate Plan	
Operational Plans	Operational Reporting
Individual Development Plans	Performance Reviews

## RISK MANAGEMENT

The OTA's CEO, as the Accountable Authority, is responsible for risk oversight and management.

The OTA has an appropriate system of risk oversight, management and internal control consistent with section 16 of the PGPA Act, the Commonwealth Risk Management Policy and *AS/NZS ISO 31000:2018 – Risk management – principles and guidelines*.

Our risk management practices are also informed by internal assurance activities that assess the effectiveness of our current controls and whether further measures are necessary. The OTA's Audit and Risk Committee, established in compliance with section 45 of the PGPA Act, also reviews and advises on the appropriateness of the OTA's audit and risk frameworks.

The OTA strives to have a positive and effective risk culture through evidence-based decision-making, implementing improvements to better engage with risk in its day-to-day work and seizing opportunities. The OTA regularly reviews its risk management practices and behaviours to enable a supportive and collaborative workplace culture that openly discusses risk regularly, explores new ideas, and empowers everyone to act and learn from every decision.

These practices and behaviours include:

- + proactively identifying and managing risks
- + using available risk training resources and tools
- + adopting a reflective and lessons-learned attitude to risk
- + open and honest conversations about risk
- + clearly identified risk responsibilities, decision-making roles and escalation procedures
- + leaders at all levels modelling our desired risk culture.

## Risk appetite and tolerance

We face a range of risks reflecting the diversity of activities we undertake to fulfil our purpose—to save and improve the lives of more Australians through organ and tissue donation and transplantation.

To achieve our objectives, we work with the DonateLife Network, state and territory governments, the donation and transplantation clinical sectors, the eye and tissue sectors and the community to deliver the Australian Government's national program to improve organ and tissue donation and transplantation outcomes in Australia.

Our tolerance for risk is highly dependent on the activity undertaken and the views of our partners and stakeholders.

We have 4 core areas, identified as enterprise-level risks, that may impact our ability to achieve our purpose—people, engagement, delivery, and information and technology. Each has management strategies to support the OTA to mitigate these risks.

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

Our formal monitoring and reporting structures include:

- + quarterly reporting to the OTA CEO, as the Accountable Authority, and the OTA's senior leadership team on overall risk exposure and alignment with risk policy
- + quarterly risk reporting to the Audit and Risk Committee
- + reviewing project/program-specific risk assessment plans on an as-needs basis, with reporting to the Chief Operating Officer.

More frequent reporting is completed when required—for example, in response to new or emerging risk areas or significant changes in the risk environment.

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



## FRAUD CONTROL

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

We take fraudulent and corrupt conduct seriously, with a zero-tolerance approach to such behaviour. We have taken all reasonable measures to prevent, detect and deal with fraud, as required by section 10 of the Public Governance, Performance and Accountability Rule 2014, and we regularly evaluate the effectiveness of our fraud control strategies.

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

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

Training was undertaken throughout the year to ensure a base level of financial literacy and awareness of the Commonwealth Fraud Control Framework. All staff complete fraud training every 2 years.

The OTA is not aware of any allegations of fraud and there are no ongoing investigations arising from the 2022–23 financial year.

## EXTERNAL SCRUTINY

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

During 2022–23 there were:

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

## OTHER SCRUTINY

We were not required to appear before the Senate Standing Committee on Community Affairs (Senate Estimates) in 2022–23.

On 30 June 2023, the OTA provided a submission to the Senate Community Affairs Committee's inquiry into the Australian Organ and Tissue Donation and Transplantation Authority Amendment (Disclosure of Information) Bill 2023.

During 2022–23, the OTA received 59 Senate Estimates questions on notice.

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

## FREEDOM OF INFORMATION

As an agency subject to Part II of the *Freedom of Information Act 1982*, the OTA is required to publish information to the public as part of the Information Publication Scheme. All information published in accordance with these requirements is available at <https://www.donatelife.gov.au/about-us/corporate-transparency/freedom-of-information>.

## Our people

### OUR EMPLOYEE PROFILE

At 30 June 2023 the OTA had 30 employees in addition to the CEO. Our staff are located in Canberra, Melbourne and Sydney. The workforce was predominantly female (63%).

The tables on the following pages provide a breakdown of these figures by classification, gender, full-time and part-time status, ongoing and non-ongoing employment, salary ranges, location and employment arrangements. For the 2022–23 reporting period all employee figures are reported as headcount as at 30 June 2023.

In 2022–23 there were:

- + no employees who identified as being Indigenous
- + no performance payments.

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

### OUR STAFF

#### Employment type

 **28**

Ongoing

 **2**

Non-ongoing

#### Gender breakdown

 **19**

Female

 **11**

Male

#### Employment status

 **23**

Full-time

 **7**

Part-time

**Table 5:** Information about remuneration for key management personnel

	<b>Lucinda Barry</b> Chief Executive Officer	<b>Belinda Small</b> Chief Operating Officer
<b>Short-term benefits (\$)</b>		
Base salary	316,617	212,725
Bonuses	-	-
Other benefits and allowances	-	24,275
<b>Post-employment benefits (\$)</b>		
Superannuation contributions	50,520	36,552
<b>Other long-term benefits (\$)</b>		
Long service leave	6,681	5,071
Other long-term benefits	-	-
<b>Termination benefits (\$)</b>		
	-	-
<b>Total remuneration (\$)</b>		
	<b>373,818</b>	<b>278,622</b>

**Table 6:** All ongoing employees current report period (2022–23)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total	Full-time	Part-time	Total	Full-time	Part-time	Total	
NSW	0	1	1	0	0	0	0	0	0	1
VIC	0	0	0	1	0	1	0	0	0	1
ACT	7	1	8	12	6	18	0	0	0	26
<b>Total</b>	<b>7</b>	<b>2</b>	<b>9</b>	<b>13</b>	<b>6</b>	<b>19</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>28</b>

**Table 7:** All non-ongoing employees current report period (2022–23)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total	Full-time	Part-time	Total	Full-time	Part-time	Total	
ACT	1	0	1	1	0	1	0	0	0	2
<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>

**Table 8: All ongoing employees previous report period (2021-22)**

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total	Full-time	Part-time	Total	Full-time	Part-time	Total	
NSW	0	1	1	0	0	0	0	0	0	1
ACT	5	0	5	14	3	17	0	0	0	22
<b>Total</b>	<b>5</b>	<b>1</b>	<b>6</b>	<b>14</b>	<b>3</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>23</b>

**Table 9: All non-ongoing employees previous report period (2021-22)**

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total	Full-time	Part-time	Total	Full-time	Part-time	Total	
NSW	0	0	0	1	0	1	0	0	0	1
ACT	1	0	1	1	0	1	0	0	0	2
<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>

**Table 10: Australian Public Service Act ongoing employees current report period (2022-23)**

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total	Full-time	Part-time	Total	Full-time	Part-time	Total	
SES1	0	0	0	1	0	1	0	0	0	1
EL 2	4	1	5	4	0	4	0	0	0	9
EL 1	4	1	5	5	6	11	0	0	0	16
APS 5	0	0	0	2	0	2	0	0	0	2
<b>Total</b>	<b>8</b>	<b>2</b>	<b>10</b>	<b>12</b>	<b>6</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>28</b>

**Table 11: Australian Public Service Act non-ongoing employees current report period (2022-23)**

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total	Full-time	Part-time	Total	Full-time	Part-time	Total	
EL 1	1	0	1	1	0	1	0	0	0	2
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>

**Table 12:** Australian Public Service Act ongoing employees previous report period (2021–22)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total	Full-time	Part-time	Total	Full-time	Part-time	Total	
SES 1	1	0	1	1	0	1	0	0	0	2
EL 2	2	0	2	3	0	3	0	0	0	5
EL 1	2	1	3	7	3	10	0	0	0	13
APS 6	0	0	0	1	0	1	0	0	0	1
APS 5	0	0	0	1	0	1	0	0	0	1
APS 4	0	0	0	1	0	1	0	0	0	1
APS 3	0	0	0	1	0	1	0	0	0	1
<b>Total</b>	<b>5</b>	<b>1</b>	<b>6</b>	<b>15</b>	<b>3</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24</b>

**Table 13:** Australian Public Service Act non-ongoing employees previous report period (2021–22)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total	Full-time	Part-time	Total	Full-time	Part-time	Total	
EL 2	0	0	0	1	0	1	0	0	0	1
APS 5	1	0	1	0	0	0	0	0	0	1
<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>

**Table 14:** Australian Public Service Act employees by full-time and part-time status current report period (2022–23)

	Ongoing			Non-ongoing			Total
	Full-time	Part-time	Total	Full-time	Part-time	Total	
SES 1	1	0	1	0	0	0	1
EL 2	8	1	9	0	0	0	9
EL 1	10	6	16	2	0	2	18
APS 5	2	0	2	0	0	0	2
<b>Total</b>	<b>21</b>	<b>7</b>	<b>28</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>30</b>

**Table 15:** Australian Public Service Act employees by full-time and part-time status previous report period (2021–22)

	Ongoing			Non-ongoing			Total
	Full-time	Part-time	Total	Full-time	Part-time	Total	
SES 1	2	0	2	0	0	0	2
EL 2	5	0	5	1	0	1	6
EL 1	9	4	13	0	0	0	13
APS 6	1	0	1	0	0	0	1
APS 5	1	0	1	1	0	1	2
APS 4	1	0	1	0	0	0	1
APS 3	1	0	1	0	0	0	1
<b>Total</b>	<b>20</b>	<b>4</b>	<b>24</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>26</b>

**Table 16:** Australian Public Service Act employment type by location current report period (2022–23)

	Ongoing	Non-ongoing	Total
NSW	1	0	1
VIC	1	0	1
ACT	26	2	28
<b>Total</b>	<b>28</b>	<b>2</b>	<b>30</b>

**Table 17:** Australian Public Service Act employment type by location previous report period (2021–22)

	Ongoing	Non-ongoing	Total
NSW	1	1	2
ACT	23	1	24
<b>Total</b>	<b>24</b>	<b>2</b>	<b>26</b>

**Table 18:** Australian Public Service Act employment arrangements current report period (2022–23)

	SES	Non-SES	Total
Enterprise Agreement	0	24	<b>24</b>
Public Service Act 1991 24(1) Determinations	1	0	<b>1</b>
EA and approved individual flexibility arrangements	0	5	<b>5</b>
<b>Total</b>	<b>1</b>	<b>29</b>	<b>30</b>

**Table 19:** Australian Public Service Act employment salary ranges by classification level (minimum/maximum) current report period (2022–23)

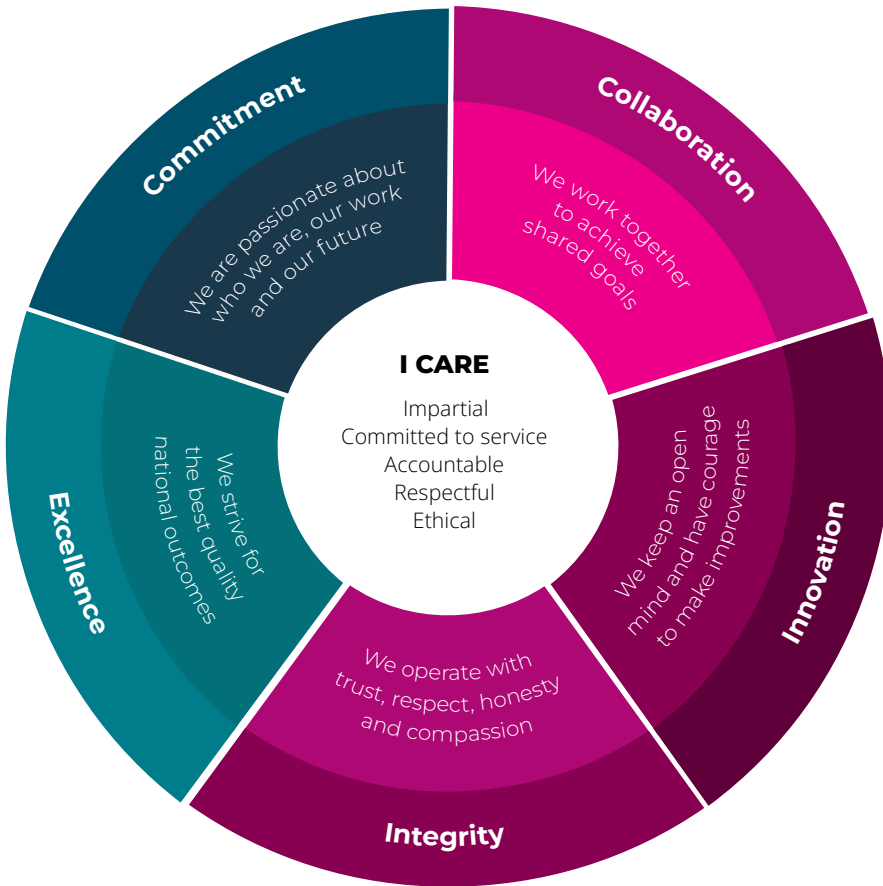
	Minimum salary	Maximum salary
SES 1	\$183,685	\$226,772
EL 2	\$133,559	\$158,125
EL 1	\$111,942	\$127,672
APS 6	\$91,093	\$102,767
APS 5	\$82,574	\$87,154
APS 4	\$75,918	\$80,216
APS 3	\$67,009	\$74,274
APS 2	\$57,985	\$63,276
APS 1	\$49,613	\$55,719
<b>Minimum/Maximum range</b>	<b>\$49,613</b>	<b>\$226,772</b>

## OUR VALUES AND BEHAVIOURS

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

In addition to the APS Values, through a collaborative process with employees, we have developed a set of values specific to the OTA, which embody what we stand for and our core principles and beliefs that guide our behaviour and decision-making.

Figure 12: The OTA and APS values





## OUR HUMAN RESOURCE FOCUS AREAS

- + We undertook a comprehensive review of the OTA's human resource policies. Through a process of consultation with our staff, we updated our suite of policies to reflect best-practice approaches and to align with changes to APS processes and guidelines.
- + The dynamic and evolving environment of the COVID-19 pandemic over the last few years highlighted the need for flexibility in working arrangements and the benefits it can offer when provided to our staff. Flexible home-based working arrangements are now offered as part of our standard working arrangements, with employees having access to 2 days per week to work from home.
- + In an increasingly competitive employment market, we have focused our efforts on implementing streamlined recruitment practices, reducing the time and effort required to find, assess and onboard new employees. From the time of advertising a role to the offer of employment, we have reduced our time frames from 5.7 weeks to 3.2 weeks—giving us the competitive advantage to secure candidates.
- + Employee engagement remained a focus, with a review of the exit interviews conducted during the reporting period determining that employees were highly engaged with the purpose of the OTA and positive about their onboarding process, the workplace culture and the work they carried out.
- + Following the results from the 2022 APS employee census we identified 4 focus areas to form our APS census action plan. We achieved 100% of our action plan goals in the 2023 census results.

Figure 13: Our APS census action plan

Our areas of focus	Our goal	Our actions
 <b>Wellbeing</b>	A sustainable and healthy working environment that supports employees to do their best work.	<p>We maintained an annual health and wellbeing and social events program.</p> <p>We maintained flexible and hybrid working arrangements, including working from home.</p>
 <b>Leadership</b>	Leadership is effective in enabling high-performing teams.	<p>We created a leadership team identity and engaged in regular planning and strategic discussions.</p> <p>We improved communication and clarity on priorities for employees.</p> <p>We invested time for leadership development.</p>
 <b>Development</b>	Professional development is supported and builds capabilities across the organisation.	<p>Opportunities were provided to attend conferences/symposiums and network meetings.</p> <p>Training was regularly promoted and encouraged.</p> <p>Teams were encouraged to innovate and try new things to build a continuous learning mindset.</p>
 <b>Communication</b>	Employees are engaged, work together across teams, and have access to the information they need to effectively perform their role.	<p>We reviewed and improved internal communication channels, with communication across teams encouraged.</p> <p>Employees were provided with opportunities to engage with strategic priorities.</p> <p>Managers conducted regular formal and informal check-ins with staff.</p>

## 2023 APS employee census results

The results of the 2023 employee census demonstrate that we have a committed, engaged workforce whose values are aligned with the work that we do.

We are particularly proud of the results and improvement in leadership and communication as a direct result of the 2022 action plan.



# 1st out of 100

agencies for our employee engagement



# 1st out of 100

agencies for our wellbeing policy and support



# 1st out of 100

agencies for our enabling innovation

## 100%

believe strongly in the purpose and objectives of the OTA

## 100%

suggest ideas to improve our way of doing things

## 100%

agree their SES manager promotes cooperation within and between agencies

## 100%

agree their SES manager ensures that work effort contributes to the strategic direction of the agency and the APS

## PROFESSIONAL AND PERSONAL DEVELOPMENT

During 2022–23 we continued our commitment to leading and developing our employees to achieve our purpose and support the government’s priorities.

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

### Graduate program

For the first time, in 2022–23 the OTA participated in the wider APS graduate programs. We successfully hosted 2 graduates, the first as part of the Department of Health and Aged Care Graduate Program 2022 and the second from the 2023 Australian Government Graduate Program Data Stream.

Our Department of Health and Aged Care graduate joined our Communications and Engagement team for a 3-month rotation and had the opportunity to develop their stakeholder engagement skills and observe how the work of the APS directly impacts members of the community, with a focus on organ and tissue donation. Our Data Stream graduate joined the Analytics and Technology team for a 4-month rotation to build skills in data and analytics in the healthcare sector.



Michael Pettit  
Graduate—Data Stream

### A GRADUATE’S EXPERIENCE AT THE OTA

*‘Working in the OTA over the past 4 months has provided me with not only professional development, but also unexpected personal moments of reflection.’*

*‘I’ve been part of the Analytics and Technology team during my time here. I have managed 2 projects, which were to investigate: the difference between donation after neurological determination of death and donation after circulatory determination of death; and the change in the number of potential donors over the last decade. I have loved finding interesting correlations in the data and investigating what might be responsible.’*

*‘My biggest achievement while at the OTA was when I merged data from the Australian and New Zealand Intensive Care Society Database and the DonateLife Audit using probability matching.’*

*‘Personally, I now understand the life-changing impact of organ donation and the importance of the work put in by clinicians and the DonateLife Network.’*

*‘Coincidentally, I had registered on the AODR only months before joining the OTA and my donor card arrived in the mail at my family home in Melbourne. My Dad noticed and called me up to ask what it was for. That is how my family and I ended up discussing donation.’*

**Michael Pettit**  
Graduate—Data Stream

## Spark Change—Igniting the courage to change







**In a rapidly changing and dynamic environment, we made it a priority to equip our staff with the skills to navigate and adapt to change.**

In 2022, the OTA undertook a 3-month program for staff to 'Spark Change' as part of our commitment to better support our employees through the change process. Our aim was to influence the mindset of our staff to embrace change as an opportunity to grow, not something to avoid.

For each month of the program our staff focused on different areas of development including self-leadership, identifying personal values and drivers, viewing threats as opportunities, taking inspiration to implementation and taking indecision to clarity, and using courage, growth and energy to realise change.

The program included a series of workshops and weekly touchpoints with tasks and strategies for staff to take away and implement, not only in the work environment but also in their personal lives.

**Figure 14:** Key outcomes of the Spark Change program

	<b>An increased ability and willingness to take responsibility</b> (that is, to step out of victim and into creator mode)
	<b>An understanding of their personal values and drivers during change</b>
	<b>The ability to see change as an opportunity</b> (to frame change as happening for them and not to them)
	<b>Greater levels of courage, grit and energy</b>
	<b>A greater willingness to lean into the discomfort of growth</b>
	<b>Increased confidence and skills in making decisions</b>

## PERFORMANCE MANAGEMENT

All employees participate in our Performance and Development Agreement cycle. During 2022–23 an in-house training session was provided for all staff on the importance of performance discussions and how to have effective performance conversations. In addition, the OTA's Performance and Development Policy was reviewed and strengthened so that staff have access to the tools they need to assist them in their engagement with the performance discussion cycle.

This seeks to:

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

## EMPLOYMENT ARRANGEMENTS

Terms and conditions of employment for Senior Executive Service (SES) employees are provided by individual determinations made under section 24(1) of the *Public Service Act 1999*.

All terms and conditions of employment for non-SES employees are provided in our Enterprise Agreement 2016–2019, which took effect from 16 February 2016.

In January 2022 a determination was made under section 24(1) of the *Public Service Act 1999* to provide employees with increases to their existing salary ranges and their allowances under the terms of the Enterprise Agreement. An Amendment Determination was put in place in January 2023 to provide for pay rises in February 2023, and current APS-wide bargaining will determine a range of common conditions including future pay rises.

## NON-SALARY BENEFITS

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

- + influenza vaccinations
- + time off for blood donations
- + access to an Employee Assistance Program
- + flexible and hybrid working arrangements, including home-based working, flexible hours and part-time arrangements
- + a cultural or religious holidays substitution scheme
- + support for personal and professional development
- + reimbursement of costs associated with obtaining financial advice for staff undertaking voluntary retrenchment
- + reimbursement of costs associated with damage to clothing or personal effects if the damage is work related
- + organised social activities.

## Workplace health and safety

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

Consistent with the legislative requirements of the *Work Health and Safety Act 2011*, we have comprehensive work health and safety (WHS) policies and guidelines in place. We provide employees with a safe workplace by eliminating or reducing the risk of hazards, conducting regular hazard inspections, and encouraging the reporting of any incidents or hazards. There are systems in place for employees to readily report any risks, hazards, near misses, injuries or incidents, and we quickly take corrective action, including applying first aid, if required. In 2022, as a result of a proactive assessment of our WHS policies and procedures by a Comcare inspector, our WHS policy, procedures and forms were updated and circulated to all employees.

As part of our health and safety management arrangements, our Workplace Consultative Committee meets quarterly, ensuring a proactive approach to the health and safety of all employees. This enables management and employees to work together to effectively manage workplace health and safety risks and hazards. In 2022–23 a new Work Health and Safety Officer was appointed as a member of the Workplace Consultative Committee. They completed a 5-day training program in WHS prior to undertaking the role.

Workstation assessments form part of the induction process for all employees, including home-based workers, with reasonable adjustments being made to ensure work can be conducted in a comfortable and safe manner.

Staff are required to complete mandatory Safety Essentials training every 2 years.

There were no claims for injury in 2022–23 and no return-to-work programs conducted.

There were no reportable incidents lodged with Comcare during 2022–23.

**Figure 15: Health and Wellbeing Program 2023**



### **Volunteering**

Community volunteering activities supported, with up to 2 days paid leave.



### **Blood donation**

To facilitate the ability for employees to donate blood, we provide time off work for employees to attend a Red Cross Blood Service donor centre during work hours.



### **Employee assistance program (EAP)**

The EAP is a free counselling service which is available to all employees and their families. This service provides access to professional advice to help cope with life's difficult issues, as well as nutritional and financial advice. The EAP offers short-term face-to-face or telephone counselling.



### **Flexible working**

Flexible working arrangements, which relates to when we work (part-time hours, compressed working hours), are supported.



### **Hybrid working**

Hybrid working arrangements provide OTA staff with the flexibility to work in and out of the office to support their work-life balance and to enjoy collaboration and social connectivity in our office.



### **Physical activities**

The team is invited to participate in the annual Gift of Life walk held in April. During winter a fortnightly walking group is available as an opportunity for staff to get out of the office and stretch their legs.



### **Workspace software**

A rest and stretch program is installed on each computer and this instructs employees when to take breaks and how to stretch.



### **Social activities & awareness-raising events**

The OTA holds monthly morning teas, an end-of-year function and awareness-raising activities to encourage social connection within the workplace.



### **Workstation assessments**

Workstation assessments are available for new or returning employees, and for any employee who may be injured, be experiencing discomfort or have an underlying medical condition.



### **Wellbeing seminar series**

Access to wellbeing seminars is available, including Compassion Burnout; Engaging your Emotional Intelligence; Thriving Under Pressure; Dealing with Tech Stress; Healthy Brain Healthy Body; Imposter-Syndrome; and Compassionate Foundations.



### **Flu vaccinations**

Free annual flu vaccines are offered to all employees.

## Resource management

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**The OTA is an extra-small agency committed to leading the delivery of best-practice outcomes in organ and tissue donation and transplantation within the Commonwealth Resource Management Framework.**

Our staff have a number of duties outlined by the PGPA Act and have built strong processes and systems to meet these requirements. We are committed to ensuring compliance by providing internal reporting to the CEO and the Audit and Risk Committee on a regular basis.

This helps us to identify areas of concern and improve work practices. It also ensures the efficient, effective, economical and ethical use of Commonwealth resources in a way that is consistent with the policies of the Australian Government.

There were no noncompliance issues in 2022–23 that required reporting to the Assistant Minister.

### ASSET MANAGEMENT

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

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

During 2022–23 only minor capital purchases were made, consisting of enhancements to the DonateLife website, and the purchase of minor communications equipment. Further information on the value, acquisition and disposal of assets in 2022–23 can be found in Part 4, Financial statements.

### PURCHASING

In 2022–23 our purchasing policies and practices were driven by the Commonwealth Procurement Rules.

Our procurement framework continues to support efficient, effective, economical and ethical procurement outcomes by encouraging competition, value for money, transparency and accountability. During 2022–23 the OTA continued focusing on improving the practices and knowledge of staff and delegates undertaking procurement activities. This was augmented by the development of a Procurement Guide to assist staff to make sound procurement decisions in line with the Commonwealth Procurement Rules.

### AUSTRALIAN NATIONAL AUDIT OFFICE ACCESS CLAUSES

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

We did not enter into any contracts in 2022–23 that included a variation to the standard terms and conditions allowing such access.

### EXEMPT CONTRACTS

During 2022–23 we did not enter into any contracts or any standing offers that were exempt from being published on AusTender.

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



## PROCUREMENT INITIATIVES TO SUPPORT SMALL BUSINESS

The OTA 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's website.

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

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

## GRANT PROGRAMS

Funding is provided through grant programs across the clinical and community sectors. Funding provided through grants in 2022–23 included:

- + funding to state and territory governments and local area health districts for a dedicated DonateLife donation agency in each jurisdiction and the dedicated donation clinical specialists supporting the clinical program in hospitals
- + public and some private hospital support funding to remove cost barriers to organ and tissue donation
- + funding to support transplant outcome registries
- + funding for the delivery of the Australian organ matching system, OrganMatch
- + grants offered through partnerships with sporting, corporate and community organisations to support community awareness and education
- + Community Awareness Grants awarded to deliver a range of events and digital activities across Australia which help increase awareness about organ and tissue donation throughout the year. Many also get involved with DonateLife Week.

Information on grants awarded by the OTA during the period 1 July 2022 to 30 June 2023 is available at [donatelife.gov.au/our-partners](http://donatelife.gov.au/our-partners) and on the Australian Government's grant information system GrantConnect at [www.grants.gov.au](http://www.grants.gov.au).

## REPORTABLE CONTRACT DATA FOR 2022–23

The OTA is a non-corporate Commonwealth entity. During 2022–23 we did not conduct any advertising campaigns.

The OTA's 2022–23 reportable contract data is presented in Table 20.

## EXPENDITURE ON REPORTABLE NON-CONSULTANCY CONTRACTS

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.

## EXPENDITURE ON REPORTABLE CONSULTANCY CONTRACTS

During 2022–23 there were no new consultancy contracts entered into (total actual expenditure of \$0). No other consultancy contracts were active during the period.

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.

If the OTA had entered into new consultancy contracts during 2022–23, decisions would have been made in accordance with the PGPA Act and related regulations, including the Commonwealth Procurement Rules and relevant internal policies.

The OTA selects consultants through the use of panel arrangements or by making an open approach to market. The OTA primarily engages consultants when:

- + skills are unavailable within the agency
- + there is a need for specialised or professional skills
- + there is a need for independent research or assessment.

## 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 Australian Public Service Commission's State of the Service reports and the APS Statistical Bulletin. These reports are available at [www.apsc.gov.au](http://www.apsc.gov.au).

## ECOLOGICALLY SUSTAINABLE DEVELOPMENT AND ENVIRONMENTAL PERFORMANCE

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

In 2022–23 we continued our commitment to ecologically sustainable development by ensuring we effectively delivered corporate strategic priorities while minimising environmental impact. This included a considered approach to planning, implementing and monitoring our environmental performance in accordance with current legislation, whole-of-government requirements and environmental best practice.

**Table 20: Reportable non-consultancy contract data (2022–23)**

Name of organisation	Expenditure \$'000 (GST incl)
Transplant Connect (N/A US company) was engaged to provide support and maintenance for the Electronic Donor Register (EDR) and OrganMatch interface.	947
DataCom (39 135 427 075) was engaged to host the DonatLife website and associated services and provide cybersecurity services.	243
FiftyFive5 (87 142 679 221) was engaged to conduct contextual user research into attitudes and behaviours, and audience segmentation of the Australian community.	210
Upstride Creative Agency (41 538 329 686) was engaged to provide public relations and communications strategy support services.	117
Janison Solutions Pty Ltd (35 081 897 494) was engaged to provide software as a service for the DonatLife learning site.	100

**Table 21: Expenditure on reportable non-consultancy contracts current report period (2022–23)**

Name of organisation	Number	Expenditure \$'000 (GST incl)
New contracts entered into during the reporting period	23	1,042
Ongoing contracts entered into during a previous reporting period	27	1,702
<b>Total</b>	<b>50</b>	<b>2,745</b>

## AUSTRALIAN PUBLIC SERVICE NET ZERO 2030

APS Net Zero 2030 is the Government’s policy for the Australian Public Service (APS) to reduce its greenhouse gas emissions to net zero by 2030, and transparently report on its emissions. As part of this, non-corporate and corporate Commonwealth entities are required to report on their operational greenhouse gas emissions.

The Greenhouse Gas Emissions Inventory presents greenhouse gas emissions over the 2022–23 period.

Results are presented on the basis of Carbon Dioxide Equivalent (CO<sub>2</sub>-e) emissions. Greenhouse gas emissions reporting has been developed with methodology that is consistent with the Whole-of-Australian Government approach as part of the APS Net Zero 2030 policy. Not all data sources were available at the time of the report and adjustments to baseline data may be required in future reports.

**Table 22: Greenhouse Gas Emissions Inventory—Location-based method (2022–23)**

Emission source	Scope 1 kg CO <sub>2</sub> -e	Scope 2 kg CO <sub>2</sub> -e	Scope 3 kg CO <sub>2</sub> -e	Total kg CO <sub>2</sub> -e
Electricity (location-based approach)	N/A	26,317	2,163	28,480
Natural gas	N/A	N/A	N/A	N/A
Fleet vehicles	N/A	N/A	N/A	N/A
Domestic flights	N/A	N/A	68,711	68,711
Other energy	N/A	N/A	N/A	N/A
<b>Total kg CO<sub>2</sub>-e</b>	<b>N/A</b>	<b>26,317</b>	<b>70,874</b>	<b>97,191</b>

The electricity emissions reported above are calculated using the location-based approach. When applying the market-based method, which accounts for activities such as Greenpower, purchased large-scale generation certificates and/or being located in the ACT, the total emissions for electricity are below:

**Table 23: Greenhouse Gas Emissions Inventory—Market-based method (2022–23)**

Emission source	Scope 1 kg CO <sub>2</sub> -e	Scope 2 kg CO <sub>2</sub> -e	Scope 3 kg CO <sub>2</sub> -e	Total kg CO <sub>2</sub> -e
Electricity (Market-based approach)	N/A	2,150	284	2,434
Natural gas	N/A	N/A	N/A	N/A
Fleet vehicles	N/A	N/A	N/A	N/A
Domestic flights	N/A	N/A	68,711	68,711
Other energy	N/A	N/A	N/A	N/A
<b>Total kg CO<sub>2</sub>-e</b>	<b>N/A</b>	<b>2,150</b>	<b>68,996</b>	<b>71,145</b>

CO<sub>2</sub>-e = Carbon dioxide equivalent

A portrait of a man named David, smiling, wearing a blue and white checkered button-down shirt. The background is a solid blue color with a dark blue geometric shape on the left side.

**DAVID**

received a liver transplant  
and was part of the 2022  
Great Registration Race for  
DonateLife Week

## **PART 4** **FINANCIAL STATEMENTS**

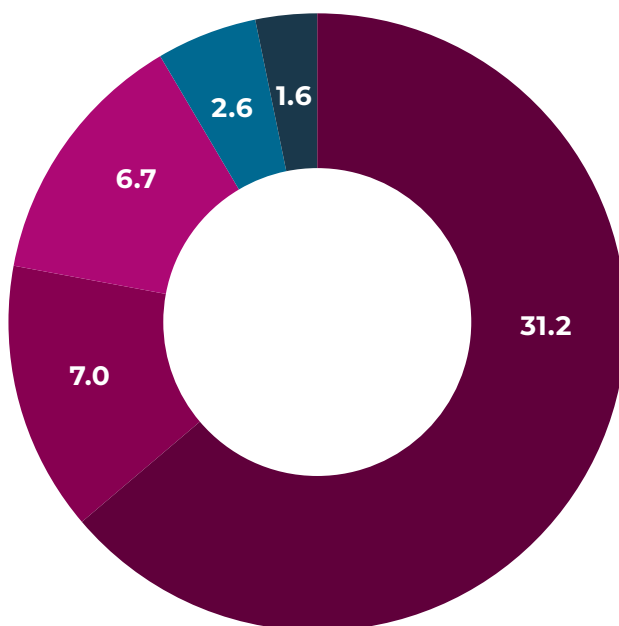
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## Financial summary

	\$m
<b>Total departmental expenditure</b>	<b>6.3</b>
<b>Total administered expenditure</b>	<b>49.1</b>

### Administered expenditure 2022-23

State and territory grants to support donation specialist staff	31.2
Supporting outcome registries and donation and transplantation systems	7.0
Organ Donation Hospital Support Funding	6.7
Other	2.6
Community awareness and education	1.6



### Statement of financial position

Total assets	4.5
Total liabilities	1.7
Total equity	2.8

## Financial statements contents

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## INDEPENDENT AUDITOR'S REPORT

### To the Assistant Minister for Health and Aged Care

#### Opinion

In my opinion, the financial statements of the Australian Organ and Tissue Donation and Transplantation Authority (the Entity) for the year ended 30 June 2023:

- (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 2023 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 2023 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

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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



Jeffrey Hobson  
Audit Principal  
Delegate of the Auditor-General

Canberra  
21 September 2023

## Statement by the Accountable Authority

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In our opinion, the attached financial statements for the year ended 30 June 2023 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 Organ and Tissue Authority will be able to pay its debts as and when they fall due.

Signed



**Ms Lucinda Barry**  
Chief Executive Officer  
Accountable Authority

20 September 2023

Signed



**Mr Mark Saunders**  
Chief Financial Officer

20 September 2023

## Financial statements

### Statement of comprehensive income

for the period ended 30 June 2023

	Notes	2023 \$	2022 \$	Original budget \$
<b>Net cost of services</b>				
<b>Expenses</b>				
Employee benefits	1.1A	4,828,814	3,681,148	4,173,000
Suppliers	1.1B	944,408	1,330,597	1,697,000
Finance costs	1.1C	2,842	5,943	14,000
Depreciation and amortisation	3.2A	521,044	500,662	669,000
Write-down and impairment of assets		3,034	78,910	-
<b>Total expenses</b>		<b>6,300,142</b>	<b>5,597,260</b>	<b>6,553,000</b>
<b>Own-source income</b>				
<b>Own-source revenue</b>				
Other revenue	1.2A	100,000	100,000	110,000
<b>Total own-source revenue</b>		<b>100,000</b>	<b>100,000</b>	<b>110,000</b>
<b>Total own-source income</b>		<b>100,000</b>	<b>100,000</b>	<b>110,000</b>
<b>Net cost of services</b>		<b>(6,200,142)</b>	<b>(5,497,260)</b>	<b>(6,443,000)</b>
Revenue from Government	1.2B	6,089,000	5,978,000	6,089,000
<b>Surplus / (Deficit)</b>		<b>(111,142)</b>	<b>480,741</b>	<b>(354,000)</b>
<b>Total comprehensive income / (loss)</b>		<b>(111,142)</b>	<b>480,741</b>	<b>(354,000)</b>

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

## Statement of financial position

as at 30 June 2023

	Notes	2023 \$	2022 \$	Original budget \$
<b>Assets</b>				
<b>Financial assets</b>				
Cash and cash equivalents	3.1A	120,825	113,226	113,000
Trade and other receivables	3.1B	3,888,442	3,472,099	3,810,000
<b>Total financial assets</b>		<b>4,009,267</b>	<b>3,585,325</b>	<b>3,923,000</b>
<b>Non-financial assets <sup>1</sup></b>				
Buildings	3.2A	170,693	529,355	150,000
Property, plant and equipment	3.2A	134,417	178,075	192,000
Computer software	3.2A	146,743	194,743	155,000
Prepayments		32,497	106,989	133,000
<b>Total non-financial assets</b>		<b>484,350</b>	<b>1,009,162</b>	<b>630,000</b>
<b>Total assets</b>		<b>4,493,617</b>	<b>4,594,487</b>	<b>4,553,000</b>
<b>Liabilities</b>				
<b>Payables</b>				
Suppliers	3.3A	51,653	150,398	151,000
Other payables	3.3B	264,847	341,281	341,000
<b>Total payables</b>		<b>316,500</b>	<b>491,679</b>	<b>492,000</b>
<b>Interest bearing liabilities</b>				
Leases	3.4A	110,289	433,895	145,000
<b>Total interest bearing liabilities</b>		<b>110,289</b>	<b>433,895</b>	<b>145,000</b>
<b>Provisions</b>				
Employee provisions	6.1A	1,235,499	990,442	990,000
<b>Total provisions</b>		<b>1,235,499</b>	<b>990,442</b>	<b>990,000</b>
<b>Total liabilities</b>		<b>1,662,288</b>	<b>1,916,016</b>	<b>1,627,000</b>
<b>Net assets</b>		<b>2,831,329</b>	<b>2,678,471</b>	<b>2,926,000</b>
<b>Equity</b>				
Contributed equity		4,205,000	3,941,000	4,205,000
Asset revaluation reserve		666,478	666,478	666,000
Accumulated deficit		(2,040,149)	(1,929,007)	(1,945,000)
<b>Total equity</b>		<b>2,831,329</b>	<b>2,678,471</b>	<b>2,926,000</b>

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

1. Right-of-use assets are included in the following line items: Buildings

## Statement of changes in equity

for the period ended 30 June 2023

Notes	2023 \$	2022	Original budget \$
<b>Contributed equity</b>			
<b>Opening balance</b>			
Balance carried forward from previous period	3,941,000	3,680,000	3,941,000
<b>Adjusted opening balance</b>	<b>3,941,000</b>	<b>3,680,000</b>	<b>3,941,000</b>
<b>Transactions with owners</b>			
<b>Contributions by owners</b>			
Departmental capital budget	264,000	261,000	264,000
<b>Total transactions with owners</b>	<b>264,000</b>	<b>261,000</b>	<b>264,000</b>
<b>Closing balance as at 30 June</b>	<b>4,205,000</b>	<b>3,941,000</b>	<b>4,205,000</b>
<b>Retained earnings</b>			
<b>Opening balance</b>			
Balance carried forward from previous period	(1,929,007)	(2,409,748)	(1,591,000)
<b>Adjusted opening balance</b>	<b>(1,929,007)</b>	<b>(2,409,748)</b>	<b>(1,591,000)</b>
<b>Comprehensive income</b>			
Deficit for the period	(111,142)	480,741	(354,000)
<b>Total comprehensive income</b>	<b>(111,142)</b>	<b>480,741</b>	<b>(354,000)</b>
<b>Closing balance as at 30 June</b>	<b>(2,040,149)</b>	<b>(1,929,007)</b>	<b>(1,945,000)</b>
<b>Asset revaluation reserve</b>			
<b>Opening balance</b>			
Balance carried forward from previous period	666,478	666,478	666,000
<b>Adjusted opening balance</b>	<b>666,478</b>	<b>666,478</b>	<b>666,000</b>
<b>Comprehensive income</b>			
<b>Closing balance as at 30 June</b>	<b>666,478</b>	<b>666,478</b>	<b>666,000</b>
<b>Total equity</b>			
<b>Opening balance</b>			
Balance carried forward from previous period	2,678,471	1,936,730	3,016,000
<b>Adjusted opening balance</b>	<b>2,678,471</b>	<b>1,936,730</b>	<b>3,016,000</b>
<b>Comprehensive income</b>			
Deficit for the period	(111,142)	480,741	(354,000)
Other comprehensive income	-	-	-
<b>Total comprehensive income</b>	<b>(111,142)</b>	<b>480,741</b>	<b>(354,000)</b>
<b>Transactions with owners</b>			
<b>Contributions by owners</b>			
Departmental capital budget	264,000	261,000	264,000
<b>Total transactions with owners</b>	<b>264,000</b>	<b>261,000</b>	<b>264,000</b>
<b>Closing balance as at 30 June</b>	<b>2,831,329</b>	<b>2,678,471</b>	<b>2,926,000</b>

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

### Accounting policy

#### Equity injections

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

## Cash flow statement

for the period ended 30 June 2023

	Notes	2023 \$	2022 \$	Original budget \$
<b>Operating activities</b>				
<b>Cash received</b>				
Appropriations		6,016,136	5,536,574	6,089,000
Net GST received		110,159	159,001	165,000
Section 74 receipts		149,364	171,681	-
<b>Total cash received</b>		<b>6,275,659</b>	<b>5,867,256</b>	<b>6,254,000</b>
<b>Cash used</b>				
Employees		(4,715,296)	(3,714,783)	(4,173,000)
Suppliers		(963,950)	(1,614,710)	(1,587,000)
Interest payments on lease liabilities		(2,842)	(5,944)	(14,000)
Section 74 receipts transferred to OPA		(149,364)	(171,451)	-
Other		(110,159)	(159,001)	(165,000)
<b>Total cash used</b>		<b>(5,941,611)</b>	<b>(5,665,889)</b>	<b>(5,939,000)</b>
<b>Net cash from operating activities</b>		<b>334,048</b>	<b>201,367</b>	<b>315,000</b>
<b>Investing activities</b>				
<b>Cash used</b>				
Purchase of buildings		(15,000)	-	-
Purchase of property, plant and equipment		(5,998)	(3,631)	(264,000)
Purchase of computer software		(52,760)	(15,818)	-
<b>Total cash used</b>		<b>(73,758)</b>	<b>(19,449)</b>	<b>(264,000)</b>
<b>Net cash used by investing activities</b>		<b>(73,758)</b>	<b>(19,449)</b>	<b>(264,000)</b>
<b>Financing activities</b>				
<b>Cash received</b>				
Contributed equity		73,758	-	264,000
<b>Total cash received</b>		<b>73,758</b>	<b>-</b>	<b>264,000</b>
<b>Cash used</b>				
Principal payments of lease liabilities		(326,449)	(336,468)	(315,000)
<b>Total cash used</b>		<b>(326,449)</b>	<b>(336,468)</b>	<b>(315,000)</b>
<b>Net cash used by financing activities</b>		<b>(252,691)</b>	<b>(336,468)</b>	<b>(51,000)</b>
<b>Net (decrease)/ increase in cash held</b>		<b>7,599</b>	<b>(154,550)</b>	<b>-</b>
Cash and cash equivalents at the beginning of the reporting period		113,226	267,776	113,000
<b>Cash and cash equivalents at the end of the reporting period</b>	3.1A	<b>120,825</b>	<b>113,226</b>	<b>113,000</b>

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

## Budget variances commentary

### Statement of comprehensive income

#### Employee benefits

The OTA increased staffing levels across the year to return closer to planned levels. A reduction in supplier expenditure allowed for growth in staff numbers and greater than budgeted employee expenditure.

#### Suppliers

A review of expenditure was undertaken which identified a number of items that could be reclassified as administered in nature. These were predominantly for software licences relating to external facing systems that were funded from an administered appropriation.

#### Depreciation and amortisation

Depreciation was less than budgeted due to a number of assets being fully depreciated or written off combined with lower than anticipated asset purchases for the year.

### Statement of financial position

#### Property, plant and equipment

Purchases of property, plant and equipment were less than estimated in budget assumptions with the replacement of many assets to occur as part of an asset refresh in conjunction with the scheduled move to a new office location.

#### Prepayments

The budget estimate included a prepayment for clinical educational software licences that has now been accounted for as an administered item following an internal review of expenditure.

#### Payables and other payables

Supplier and other payables are less than budgeted. This is due to the timing of services received and the accompanying tax invoices as well as a general strategy to pay liabilities by 30 June where possible.

#### Leases

Variance in lease liabilities is a result of opening balance estimates at the time of preparing the budget being higher than on application of AASB 16.

#### Employee provisions

Employee provisions were greater than budgeted in line with the increase in staffing that occurred during the year. This was made possible by a reduction in supplier expenditure.

### Statement of changes in equity

Variances noted are consistent with the operating result flowing through the statement of changes in equity.

### 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.

## Administered schedule of comprehensive income

for the period ended 30 June 2023

	Notes	2023 \$	2022 \$	Original budget \$
<b>Net cost of services</b>				
<b>Expenses</b>				
Suppliers	2.1A	2,611,119	1,769,306	5,249,000
Grants	2.1B	46,509,840	46,470,748	43,882,000
<b>Total expenses</b>		<u>49,120,959</u>	<u>48,240,054</u>	<u>49,131,000</u>
<b>Total revenue</b>		-	-	-
<b>Net cost of services</b>		<u>(49,120,959)</u>	<u>(48,240,054)</u>	<u>(49,131,000)</u>
<b>Deficit</b>		<u>(49,120,959)</u>	<u>(48,240,054)</u>	<u>(49,131,000)</u>
<b>Total comprehensive loss</b>		<u>(49,120,959)</u>	<u>(48,240,054)</u>	<u>(49,131,000)</u>

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



## Administered schedule of assets and liabilities

as at 30 June 2023

	Notes	2023 \$	2022 \$	Original budget \$
<b>Assets</b>				
<b>Financial assets</b>				
Cash and cash equivalents	4.1A	88,851	143,080	143,000
Trade and other receivables	4.1B	795,194	722,637	723,000
<b>Total financial assets</b>		<b>884,045</b>	<b>865,717</b>	<b>866,000</b>
<b>Non-financial assets</b>				
Prepayments		132,990	55,449	55,000
<b>Total non-financial assets</b>		<b>132,990</b>	<b>55,449</b>	<b>55,000</b>
<b>Total assets administered on behalf of Government</b>		<b>1,017,035</b>	<b>921,166</b>	<b>921,000</b>
<b>Liabilities</b>				
<b>Payables</b>				
Suppliers	4.2A	106,214	148,558	148,000
Grants	4.2B	9,887,309	8,505,783	8,546,000
<b>Total payables</b>		<b>9,993,523</b>	<b>8,654,341</b>	<b>8,694,000</b>
<b>Total liabilities administered on behalf of Government</b>		<b>9,993,523</b>	<b>8,654,341</b>	<b>8,694,000</b>
<b>Net liabilities</b>		<b>( 8,976,488)</b>	<b>( 7,733,175)</b>	<b>( 7,773,000)</b>

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

## Budget variances commentary

### Schedule of comprehensive income

#### Suppliers and grants

Suppliers and grants were in total very close to the budgeted amount reflecting a close to full spend of available appropriation.

Supplier payments appears less than budgeted (and grant payments greater than budgeted) because measure funding for the national waitlisting and matching system; Organ Match has been designated as being for supplier payments whereas actual expenditure was facilitated through grant funding.

### Schedule of assets and liabilities

#### Cash and cash equivalents

Cash is less than budgeted reflecting the inherent difficulty in predicting cash balances into the future. The balance remains very low in line with the general strategy of keeping only minimal balances on hand.

#### Other non-financial assets

Prepayments were higher than budgeted due to the reclassification of software license costs for a piece of clinical education software from Departmental to Administered following an internal review of expenditure.

#### Supplier and grants payables

Variance in supplier and grant payables compared to budget is a reflection of the timing of payments made to key suppliers and grant recipients at 30 June 2023.

## Administered reconciliation schedule

for the period ended 30 June 2023

	2023 \$	2022 \$
<b>Opening assets less liabilities as at 1 July</b>	<b>(7,733,175)</b>	(10,538,830)
Opening balance adjustment	-	946
<b>Adjusted opening assets less liabilities</b>	<b>(7,733,175)</b>	(10,537,884)
<b>Net cost of services</b>		
<b>Income</b>	-	-
<b>Expenses</b>		
Payments to entities other than corporate Commonwealth entities	(49,120,959)	(48,240,054)
<b>Transfers (to)/from the Australian Government</b>		
<b>Appropriation transfers from Official Public Account</b>		
Net GST appropriations	22,327	394,588
<b>Annual appropriations</b>		
Payments to entities other than corporate Commonwealth entities	47,855,319	50,650,174
<b>Closing assets less liabilities as at 30 June</b>	<b>( 8,976,488)</b>	( 7,733,175)

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

### Accounting policy

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

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

## Administered cash flow statement

for the period ended 30 June 2023

	Notes	2023 \$	2022 \$
<b>Operating Activities</b>			
<b>Cash received</b>			
Net GST received		925,351	1,085,054
<b>Total cash received</b>		<u>925,351</u>	<u>1,085,054</u>
<b>Cash used</b>			
Suppliers		(3,006,058)	(1,586,939)
Grants		(45,851,168)	(50,465,897)
<b>Total cash used</b>		<u>(48,857,227)</u>	<u>(52,052,836)</u>
<b>Net cash used by operating activities</b>		<u>(47,931,876)</u>	<u>(50,967,782)</u>
<b>Cash from Official Public Account</b>			
Appropriations		47,855,320	50,651,121
GST appropriation		959,667	1,310,915
<b>Total cash from Official Public Account</b>		<u>48,814,987</u>	<u>51,962,036</u>
<b>Cash to Official Public Account</b>			
Return of GST appropriations to the Official Public Account		(937,340)	(916,327)
<b>Total cash to Official Public Account</b>		<u>(937,340)</u>	<u>(916,327)</u>
<b>Net (decrease)/ increase in cash held</b>		<u>(54,229)</u>	<u>77,927</u>
Cash and cash equivalents at the beginning of the reporting period		143,080	65,153
<b>Cash and cash equivalents at the end of the reporting period</b>	4.1A	<u>88,851</u>	<u>143,080</u>

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

## Overview

The Organ and Tissue Donation and Transplantation Authority, also known as the Organ and Tissue Authority (OTA) is an Australian Government non-corporate entity that administers funds associated with the delivery of the Australian Government's national program to optimise potential organ and tissue donation for transplantation. Funding is provided to jurisdictions to deliver organ and tissue donation services in selected public and private hospitals. State and territory governments use these funds to employ specialised clinical staff - the Donate Life Network - to deliver organ and tissue donation services. The OTA's registered office is Level 3, 14 Childers Street, Canberra in the Australian Capital Territory.

### 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; 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 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.

The continued existence of the OTA is dependent on government policy and on continuing funding by Parliament for the OTA's activities and programs.

### New accounting standards

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

### Standard / Interpretation

- AASB 2021-2 Amendments to Australian Accounting Standards – Disclosure of Accounting Policies and Definition of Accounting Estimates (AASB 2021-2) and
- AASB 2021-6 Amendments to Australian Accounting Standards – Disclosure of Accounting Policies: Tier 2 and Other Australian Accounting Standards (AASB 2021-6)

### Nature of change in accounting policy, transitional provisions, and adjustment to financial statements

- AASB 2021-2 amends AASB 7, AASB 101, AASB 108, AASB 134 and AASB Practice Statement 2. The amending standard requires the disclosure of material, rather than significant, accounting policies, and clarifies what is considered a change in accounting policy compared to a change in accounting estimate.
- AASB 2021-6 amends the Tier 2 reporting requirements set out in AASB 1049, AASB 1054 and AASB 1060 to reflect the changes made by AASB 2021-2.

### Taxation

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

### Reporting of administered activities

Administered revenue, expenses, assets, liabilities and cash flows are disclosed in the administered schedules and related notes. Except where otherwise stated, administered items are accounted for on the same basis and using the same polices as for departmental items, including the application of Australian Accounting Standards.

### Events after the reporting period

#### Departmental

On 18 September 2023, the OTA entered into a seven-year lease agreement with National Mutual Life Nominees Pty Limited for a tenancy located on Level 12, 12 Moore Street, Canberra ACT 2601. The lease commences on 1 December 2023. The liability has not been recognised as the lease is yet to commence.

#### Administered

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

## Financial performance

This section analyses the financial performance of the OTA for the year ended 2023.

Note 1.1 Expenses	2023 \$	2022 \$
<b>1.1A: Employee benefits</b>		
Wages and salaries	3,641,472	2,923,168
Superannuation:		
Defined benefits plans	186,950	198,445
Defined contribution plans	475,537	324,143
Leave and other entitlements	520,510	234,374
Other employee expenses	4,345	1,018
<b>Total employee benefits</b>	<b>4,828,814</b>	<b>3,681,148</b>

### Accounting policy

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

## 1.1B: Suppliers

### Goods and services supplied or rendered

Contractors and consultants	94,432	218,591
Equipment and software	148,867	518,167
Facilities	76,444	73,789
Staff recruitment and training	44,288	140,832
Travel	99,466	49,577
Office supplies and stationery	3,340	6,746
Printing and publishing	10,963	324
Resources received free of charge	100,000	100,000
Shared services MoU	225,809	145,947
Other	95,145	58,218
<b>Total goods and services supplied or rendered</b>	<b>898,754</b>	<b>1,312,191</b>

Goods supplied	6,652	11,869
Services rendered	892,102	1,300,322
<b>Total goods and services supplied or rendered</b>	<b>898,754</b>	<b>1,312,191</b>

### Other suppliers

Low value leases	1,681	1,881
Workers compensation expenses	43,973	16,525
<b>Total other suppliers</b>	<b>45,654</b>	<b>18,406</b>
<b>Total suppliers</b>	<b>944,408</b>	<b>1,330,597</b>

The OTA has one lease commitment of low-value assets (less than \$10,000 per asset) that is a month to month lease arrangement.

### Accounting policy

#### *Short-term leases and leases of low-value assets*

The OTA has elected not to recognise right-of-use assets and lease liabilities for short-term leases of assets that have a lease term of 12 months or less and leases of low-value assets (less than \$10,000). The OTA recognises the lease payments associated with these leases as an expense on a straight-line basis over the lease term.

## 1.1C: Finance Costs

Interest on lease liabilities	2,842	5,943
<b>Total finance costs</b>	<b>2,842</b>	<b>5,943</b>

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

## Financial performance

This section analyses the financial performance of the OTA for the year ended 2023.

### Note 1.2 Own-source revenue and gains

	2023	2022
	\$	\$

#### Own-source revenue

##### 1.2A: Other Revenue

Resources received free of charge

Remuneration of auditors

	100,000	100,000
<b>Total other revenue</b>	<b>100,000</b>	<b>100,000</b>

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

##### Accounting policy

###### Resources received free of charge

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

###### Revenue

Revenue from the sale of goods and rendering of services is recognised when control has transferred to the buyer.

	2023	2022
	\$	\$

#### Revenue from Government

##### 1.2B: Revenue from Government

###### Appropriations

Departmental appropriations

	6,089,000	5,978,000
<b>Total revenue from Government</b>	<b>6,089,000</b>	<b>5,978,000</b>

##### Accounting policy

###### Revenue from Government

Amounts appropriated for departmental appropriations for the year (adjusted for any formal additions and reductions) are recognised as Revenue from Government when the OTA 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.

## Income and expenses administered on behalf of Government

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

### Note: 2.1 Administered - expenses

	2023 \$	2022 \$
<b>2.1A: Suppliers</b>		
<b>Goods and services supplied or rendered</b>		
Board fees	40,130	87,811
Contractors and consultants	348,534	485,969
Public relations and research	78,766	42,660
Travel	168,153	9,642
Software licence and maintenance	1,338,337	847,661
Other	637,199	295,563
<b>Total goods and services supplied or rendered</b>	<b>2,611,119</b>	<b>1,769,306</b>
Goods supplied	21,323	-
Services rendered	2,589,796	1,769,306
<b>Total goods and services supplied or rendered</b>	<b>2,611,119</b>	<b>1,769,306</b>
<b>Total suppliers</b>	<b>2,611,119</b>	<b>1,769,306</b>
<b>Note 2.1B: Grants</b>		
<b>Public sector</b>		
State and Territory Governments	37,911,461	35,836,576
<b>Private sector</b>		
Not-for-profit organisations	8,598,379	10,634,172
<b>Total grants</b>	<b>46,509,840</b>	<b>46,470,748</b>

#### Accounting policy

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



## Financial position

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

### Note 3.1 Financial assets

	2023 \$	2022 \$
<b>3.1A: Cash and cash equivalents</b>		
Cash on hand or on deposit	120,825	113,226
<b>Total cash and cash equivalents</b>	<b>120,825</b>	<b>113,226</b>

#### Accounting policy

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

- cash on hand; and
- 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.

### 3.1B: Trade and other receivables

#### Goods and services receivables

Other	2,304	95,034
<b>Total goods and services receivables</b>	<b>2,304</b>	<b>95,034</b>

#### Appropriation receivables

Appropriation receivable	3,876,179	3,353,550
<b>Total appropriation receivables</b>	<b>3,876,179</b>	<b>3,353,550</b>

#### Other receivables

GST receivable from the Australian Taxation Office	9,959	23,515
<b>Total other receivables</b>	<b>9,959</b>	<b>23,515</b>
<b>Total trade and other receivables (gross)</b>	<b>3,888,442</b>	<b>3,472,099</b>

<b>Total trade and other receivables (net)</b>	<b>3,888,442</b>	<b>3,472,099</b>
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No indicators of impairment were found for trade and other receivables in 2023 (2022: nil).

Credit terms for goods and services were within 30 days (2022: 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.

## Financial position continued

### Note 3.2 Non-financial assets

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

	Buildings \$	Property, plant and equipment \$	Computer software \$	Total \$
<b>As at 1 July 2022</b>				
Gross book value	1,501,750	209,131	503,802	2,214,683
Accumulated depreciation, amortisation and impairment	(972,395)	(31,056)	(309,059)	(1,312,510)
<b>Total as at 1 July 2022</b>	<b>529,355</b>	<b>178,075</b>	<b>194,743</b>	<b>902,173</b>
<b>Additions</b>				
Purchase	15,000	5,998	52,760	73,758
Revaluations and impairments recognised in other comprehensive income	-	-	-	-
Depreciation and amortisation	(74,296)	(46,622)	(100,760)	(221,678)
Disposals	-	(3,034)	-	(3,034)
Depreciation on right-of-use assets	(299,366)	-	-	(299,366)
<b>Total as at 30 June 2023</b>	<b>170,693</b>	<b>134,417</b>	<b>146,743</b>	<b>451,853</b>
<b>Total as at 30 June 2023 represented by</b>				
Gross book value <sup>1</sup>	1,516,750	207,379	556,562	2,280,691
Accumulated depreciation, amortisation and impairment	(1,346,057)	(72,962)	(409,819)	(1,828,838)
<b>Total as at 30 June 2023 represented by</b>	<b>170,693</b>	<b>134,417</b>	<b>146,743</b>	<b>451,853</b>
Carrying amount of right-of-use assets	<b>124,736</b>	-	-	<b>124,736</b>

1. Gross book value includes assets under construction amount for computer software of \$52,760 (2022: nil).

#### **Revaluations of non-financial assets and intangible assets**

All revaluations were conducted in accordance with the revaluation policy stated at Note 3.2A. OTA engaged the services of an independent valuer Jones Lang LaSalle Public Sector Valuations to conduct the desktop revaluation at 30 June 2021. No revaluation was performed for 2022-23. Management has determined that the carrying value is not materially different to the fair value for property and plant and equipment asset classes.

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

There are no contractual commitments for the acquisition of property, plant and equipment. There are no contractual commitments for the acquisition of intangible assets as at 30 June 2023 (2022: Nil).

## Financial position continued

### Accounting policy

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

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

#### Asset recognition threshold

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

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

#### 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.

#### Revaluations

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

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

#### Depreciation

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

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

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

	<u>2023</u>	<u>2022</u>
Buildings	<b>Lease term</b>	Lease term
Plant and Equipment	<b>3 to 5 years</b>	3 to 5 years

The depreciation rates for ROU assets are based on the commencement date to the earlier of the end of the useful life of the ROU asset or the end of the lease term.

## Financial position continued

### **Accounting policy continued**

#### Impairment

All assets were assessed for impairment at 30 June 2023. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

The recoverable amount of an asset is the higher of its fair value less costs to sell and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if the OTA were deprived of the asset, its value in use is taken to be its depreciated replacement cost.

#### Derecognition

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

#### Intangibles

The OTA's intangibles comprise purchased software. These assets are carried at cost less accumulated amortisation and accumulated impairment losses. Software is amortised on a straight-line basis over its anticipated useful life. The useful lives of the OTA's software are 1 to 5 years (2021-22: 1 to 5 years). All software assets were assessed for indications of impairment as at 30 June 2023.

## Financial position continued

Note 3.3 Payables	2023 \$	2022 \$
<b>3.3A: Suppliers</b>		
Trade creditors and accruals	51,653	150,398
<b>Total suppliers</b>	<b>51,653</b>	<b>150,398</b>

Settlement was usually made within 20 days.

<b>3.3B: Other payables</b>		
Salaries and wages	141,367	127,913
Superannuation	16,929	12,349
Other	106,551	201,019
<b>Total other payables</b>	<b>264,847</b>	<b>341,281</b>

### Accounting policy

Payables are recognised at the present value of expected future cashflow. Trade creditors and accruals are recognised to the extent that the goods and services have been received (irrespective of having been invoiced).

## Financial position continued

Note 3.4 Interest bearing liabilities	2023 \$	2022 \$
<b>3.4A: Leases</b>		
Lease liabilities	110,289	433,895
<b>Total leases</b>	<b>110,289</b>	<b>433,895</b>

Total cash outflow for leases for the year ended 30 June 2023 was \$326,449 (2022: \$336,468)

### Maturity analysis - contractual undiscounted cash flows

Within 1 year	110,515	326,449
Between 1 to 5 years	-	110,515
<b>Total leases</b>	<b>110,515</b>	<b>436,964</b>

The OTA in its capacity as lessee entered into a five-year non-cancellable lease at Childers Street, Canberra ACT from 1 December 2018. Lease payments are subject to annual increases in accordance with the lease agreement.

The above lease disclosures should be read in conjunction with the accompanying notes 1.1B, 1.1C and 3.2.

#### Accounting policy

For all new contracts entered into, the OTA considers whether the contract is, or contains a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'.

Once it has been determined that a contract is, or contains a lease, the lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease, if that rate is readily determinable, or the department's incremental borrowing rate.

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

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

### Note 4.1 Administered - financial assets

	2023 \$	2022 \$
<b>4.1A: Cash and cash equivalents</b>		
Cash on hand or on deposit	88,851	143,080
<b>Total cash and cash equivalents</b>	<b>88,851</b>	<b>143,080</b>

#### Accounting policy

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

- a) cash on hand; and
- 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.

### 4.1B: Trade and other receivables

#### Other receivables

GST receivable from the Australian Taxation Office	795,194	722,637
<b>Total other receivables</b>	<b>795,194</b>	<b>722,637</b>
<b>Total trade and other receivables (gross)</b>	<b>795,194</b>	<b>722,637</b>
<b>Total trade and other receivables (net)</b>	<b>795,194</b>	<b>722,637</b>

No indicators of impairment were found for trade and other receivables in 2023 (2022: nil).

Credit terms for goods and services were within 30 days (2022: 30 days).

## Assets and liabilities administered on behalf of the Government continued

Note 4.2 Administered - payables	2023 \$	2022 \$
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### 4.2A: Suppliers

Trade creditors and accruals	106,214	148,558
<b>Total suppliers</b>	<b>106,214</b>	<b>148,558</b>

Settlement was usually made within 20 days

### 4.2B: Grants

State and Territory Governments	9,555,102	8,505,783
Non-profit organisations	332,207	-
<b>Total grants</b>	<b>9,887,309</b>	<b>8,505,783</b>

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



## Funding

This section identifies the OTA's funding structure.

### Note 5.1 Appropriations

2023

2022

\$

\$

#### 5.1A: Annual Appropriations ('Recoverable GST exclusive')

##### Departmental

##### Ordinary annual services

Annual appropriation <sup>1</sup>	6,194,000	5,978,000
Receipts retained under PGPA Act - Section 74	149,364	171,681
<b>Total appropriation</b>	<b>6,343,364</b>	<b>6,149,681</b>
Appropriation applied (current and prior years)	5,898,377	5,532,351
<b>Variance<sup>2</sup></b>	<b>444,987</b>	<b>617,330</b>

##### Capital Budget

Annual departmental capital budget <sup>3</sup>	264,000	261,000
Payments for non-financial assets <sup>4</sup>	73,758	19,449
<b>Variance</b>	<b>190,242</b>	<b>241,551</b>

##### Administered

##### Ordinary annual services

Annual appropriation	49,131,000	48,281,000
<b>Total appropriation</b>	<b>49,131,000</b>	<b>48,281,000</b>
Appropriation applied (current and prior years)	47,855,319	50,650,174
<b>Variance<sup>5</sup></b>	<b>1,275,681</b>	<b>(2,369,174)</b>

1. As at 30 June 2023, \$105,000 of current year departmental annual appropriation was withheld under section 51 of the PGPA Act due to government decisions.

2. The variance of \$444,987 for departmental ordinary annual services includes the impact of appropriation withheld, a small net cash operating surplus and the timing of accruals at the start and end of the financial year.

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

4. Payments made for non-financial assets include asset purchases and capitalised expenditure.

5. The variance of \$1,275,681 for administered ordinary annual services reflects the timing of supplier and grant payments.

## Funding continued

	2023 \$	2022 \$
<b>5.1B: Unspent annual appropriations ('recoverable GST exclusive')</b>		
<b>Departmental</b>		
Appropriation Act (No.1) 2021-22	-	2,868,550
Appropriation Act (No.3) 2021-22	-	224,000
Appropriation Act (No.1) 2021-22 - Departmental Capital Budget	<b>187,242</b>	261,000
Supply Act (No.1) 2022-23	<b>12,059</b>	-
Supply Act (No.3) 2022-23	<b>3,517,878</b>	-
Supply Act (No.1) 2022-23 - Departmental Capital Budget	<b>110,000</b>	-
Supply Act (No.3) 2022-23 - Departmental Capital Budget	<b>154,000</b>	-
Cash at bank	<b>120,825</b>	113,226
<b>Total departmental</b>	<b>4,102,005</b>	<b>3,466,776</b>
<b>Administered</b>		
Appropriation Act (No.1) 2020-21	<b>1,846</b>	1,846
Appropriation Act (No.1) 2021-22	<b>40,946</b>	5,363,774
Appropriation Act (No.3) 2021-22	-	3,253,000
Supply Act (No.3) 2022-23	<b>9,851,508</b>	-
Cash at bank	<b>88,851</b>	143,080
<b>Total administered</b>	<b>9,983,151</b>	<b>8,761,700</b>

## Funding continued

Note 5.2 Net cash appropriation arrangements	2023 \$	2022 \$
<b>Total comprehensive income/(loss) as per the Statement of comprehensive income</b>	<b>(111,142)</b>	480,741
<i>Plus</i> : depreciation/amortisation of assets funded through appropriations (departmental capital budget funding and/or equity injections) <sup>1</sup>	<b>221,678</b>	201,296
<i>Plus</i> : depreciation right-of-use assets <sup>2</sup>	<b>299,366</b>	299,366
<i>Less</i> : lease principal repayments <sup>2</sup>	<b>(323,606)</b>	(330,525)
<b>Net cash operating surplus</b>	<b>86,296</b>	650,878

1. From 2010-11, the Government introduced net cash appropriation arrangements where revenue appropriations for depreciation/amortisation expenses of non-corporate Commonwealth entities and selected corporate Commonwealth entities were replaced with a separate capital budget provided through equity appropriations. Capital budgets are to be appropriated in the period when cash payment for capital expenditure is required.

2. The inclusion of depreciation/amortisation expenses related to ROU leased assets and the lease liability principal repayment amount reflects the impact of AASB 16 Leases, which does not directly reflect a change in appropriation arrangements.

## People and relationships

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

### Note 6.1 Employee provisions

	2023 \$	2022 \$
<b>6.1A: Employee provisions</b>		
Leave	1,235,499	990,442
<b>Total employee provisions</b>	<b>1,235,499</b>	<b>990,442</b>

#### Accounting policy

Liabilities for 'short-term employee benefits' and termination benefits expected within twelve months of the end of reporting period are measured at their nominal amounts.

Other long-term employee benefit liabilities are measured as net total of the present value of the defined benefit obligation at the end of the reporting period minus the fair value at the end of the reporting period of plan assets (if any) out of which the obligations are to be settled directly.

#### Leave

The liability for employee benefits includes provision for annual leave and long service leave.

The leave liabilities are calculated on the basis of employees' remuneration at the estimated salary rates that will be applied at the time the leave is taken, including the OTA's employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.

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

#### Separation and redundancy

Provision is made for separation and redundancy benefit payments. The OTA recognises a provision for termination when it has developed a detailed formal plan for the terminations and has informed those employees affected that it will carry out the terminations.

#### Superannuation

The OTA's staff are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS), or the PSS accumulation Plan (PSSap) or other superannuation funds held outside the Australian Government. The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap and other compliant superannuation funds are defined contribution schemes. The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported in the Department of Finance's administered schedules and notes.

The OTA makes employer contributions to the employees' defined benefit superannuation scheme at rates determined by an actuary to be sufficient to meet the current cost to the Government. The OTA accounts for the contributions as if they were contributions to defined contribution plans. The liability for superannuation recognised as at 30 June represents outstanding contributions for the number of days between the last pay period in the financial year and 30 June.

## People and relationships continued

### Note 6.2 Key management personnel remuneration

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the OTA, directly or indirectly, including any director (whether executive or otherwise) of that OTA. The OTA has determined the key management personnel to be the Chief Executive Officer and the Chief Operating Officer. Key management personnel remuneration is reported in the table below:

	2023 \$	2022 \$
Short-term employee benefits	553,616	599,488
Post-employment benefits	87,072	86,884
Other long-term employee benefits	11,752	10,670
<b>Total key management personnel remuneration expenses <sup>1</sup></b>	<b>652,440</b>	<b>697,042</b>

The total number of key management personnel that are included in the above table are 2 (2022: 8)<sup>2</sup>.

1. The above key management personnel remuneration excludes the remuneration and other benefits of the Portfolio and Cabinet Minister. The Portfolio Minister's remuneration and other benefits are set by the Remuneration Tribunal and are not paid by the entity.

2. From 1 November 2021, the OTA Board became an Advisory Committee with members no longer included as key management personnel.

### Note 6.3 Related Party Disclosures

#### Related party relationships:

The parent entity to OTA is the Department of Health and Aged Care. The OTA is an Australian Government controlled entity. Related parties to the OTA are key management personnel, the portfolio Minister and Executive, and other Australian Government entities.

#### Transactions with related parties:

Given the breadth of Government activities, related parties may transact with the government sector in the same capacity as ordinary citizens. These transactions have not been separately disclosed in this note.

Giving consideration to relationships with related entities, and transactions entered into during the reporting period by the OTA, it has been determined that there are no related party transactions to be separately disclosed.

## Managing uncertainties

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

### Note 7.1 Contingent assets and liabilities

#### 7.1A: Contingent asset and liabilities

##### Quantifiable contingencies

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

##### Unquantifiable contingencies

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

##### Accounting policy

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

#### 7.1B: Administered contingent liabilities and assets

##### Quantifiable administered contingencies

The OTA had no quantifiable contingencies at reporting date.

##### Unquantifiable administered contingencies

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

##### Accounting policy

###### Indemnities and/or guarantees

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

## Managing uncertainties continued

### Note 7.2 Financial instruments

2023

2022

\$

\$

#### 7.2A: Categories of financial instruments

##### Financial assets at amortised cost

Cash and cash equivalents	120,825	113,226
Trade and other receivables	2,304	95,034
<b>Total financial assets at amortised cost</b>	<b>123,129</b>	<b>208,260</b>
<b>Total financial assets</b>	<b>123,129</b>	<b>208,260</b>

##### Financial liabilities

##### Financial liabilities measured at amortised cost

Trade creditors	51,653	150,398
<b>Total financial liabilities measured at amortised cost</b>	<b>51,653</b>	<b>150,398</b>
<b>Total financial liabilities</b>	<b>51,653</b>	<b>150,398</b>

#### Accounting policy

##### Financial assets

Financial assets are classified as financial assets measured at amortised cost.

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

##### 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 on the principal outstanding amount.

Amortised cost is determined using the effective interest method.

##### Effective interest method

Income is recognised on an effective interest rate basis for financial assets that are recognised at amortised cost.

##### Impairment of financial assets

Financial assets are assessed for impairment at the end of each reporting period based on Expected Credit Losses, using the general approach which measures the loss allowance based on an amount equal to *lifetime expected credit losses* where risk has significantly increased, or an amount equal to *12-month expected credit losses* if risk has not increased.

The simplified approach for trade, contract and lease receivables is used. The approach always measures the loss allowance as the amount equal to the lifetime expected credit losses.

A write-off constitutes a derecognition event where the write-off directly reduces the gross carrying amount of the financial asset.

##### Financial liabilities

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

##### Financial liabilities at amortised cost

Other financial liabilities include supplier and other payables, which are recognised at amortised cost.

Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

## Managing uncertainties continued

### **7.2B: Net gains or losses on financial assets**

There is no interest income and expense from financial assets not at fair value through profit or loss in the years ending 30 June 2023 and 30 June 2022.

### **7.2C: Net income and expense from financial liabilities**

There is no interest income and expense from financial liabilities not at fair value through profit or loss in the years ending 30 June 2023 and 30 June 2022.



## Managing uncertainties continued

### Note 7.3: Administered financial instruments

	2023 \$	2022 \$
<b>7.3A: Categories of financial instruments</b>		
<b>Financial assets at amortised cost</b>		
<b>Loans and receivables</b>		
Cash and cash equivalents	88,851	143,080
<b>Total financial assets at amortised cost</b>	<b>88,851</b>	<b>143,080</b>
<b>Total financial assets</b>	<b>88,851</b>	<b>143,080</b>
<b>Financial liabilities</b>		
<b>Financial liabilities measured at amortised cost</b>		
Trade creditors	106,214	148,558
Grants payable	9,887,309	8,505,783
<b>Total financial liabilities measured at amortised cost</b>	<b>9,993,523</b>	<b>8,654,341</b>
<b>Total financial liabilities</b>	<b>9,993,523</b>	<b>8,654,341</b>

### 7.3B: Net gains or losses on financial assets

There is no interest income or expense from financial assets not at fair value through profit or loss in the years ended 30 June 2023 and 30 June 2022.

### 7.3C: Net gains or losses on financial liabilities

There is no interest income or expense from financial liabilities not at fair value through profit or loss in the years ended 30 June 2023 and 30 June 2022.

## Managing uncertainties continued

### Note 7.4 Fair value measurements

The following tables provide an analysis of assets and liabilities that are measured at fair value. The remaining assets and liabilities disclosed in the Statement of financial position do not apply the fair value hierarchy.

#### Accounting policy

The OTA engaged the services of an independent valuer Jones Lang LaSalle Public Sector Valuations to conduct the desktop revaluation of all non-financial assets at 30 June 2021 and has relied upon those outcomes to establish carrying amounts. An annual assessment is undertaken to determine whether the carrying amount of the assets is materially different from the fair value. Comprehensive valuations carried out at least once every three years. The independent valuer has provided written assurance to the OTA that the models developed are in compliance with AASB 13.

#### 7.4A: Fair value measurements

	Fair value measurements at the end of the reporting period	
	2023	2022
	\$	\$
<b>Non-financial assets</b>		
Buildings	45,957	105,253
Property, plant and equipment	134,417	178,075
<b>Total non-financial assets</b>	<b>180,374</b>	<b>283,328</b>

The remaining assets and liabilities reported by the OTA are not measured at fair value in the Statement of Financial Position.

## Other information

Note 8.1 Current/non-current distinction for assets and liabilities	2023	2022
	\$	\$
<b>8.1A Departmental - current/non-current distinction for assets and liabilities</b>		
<b>Assets expected to be recovered in:</b>		
<b>No more than 12 months</b>		
Cash and cash equivalents	120,825	113,226
Trade and other receivables	3,888,442	3,472,099
Other non-financial assets	32,497	88,530
<b>Total no more than 12 months</b>	<b>4,041,764</b>	<b>3,673,855</b>
<b>More than 12 months</b>		
Buildings	170,693	529,355
Property, plant and equipment	134,417	178,075
Computer software	146,743	194,743
Other non-financial assets	-	18,459
<b>Total more than 12 months</b>	<b>451,853</b>	<b>920,632</b>
<b>Total assets</b>	<b>4,493,617</b>	<b>4,594,487</b>
<b>Liabilities expected to be settled in:</b>		
<b>No more than 12 months</b>		
Suppliers	51,653	150,398
Other payables	264,847	341,281
Leases	110,289	323,607
Employee provisions	491,170	354,602
<b>Total no more than 12 months</b>	<b>917,959</b>	<b>1,169,888</b>
<b>More than 12 months</b>		
Leases	-	110,288
Employee provisions	744,329	635,840
<b>Total no more than 12 months</b>	<b>744,329</b>	<b>746,128</b>
<b>Total liabilities</b>	<b>1,662,288</b>	<b>1,916,016</b>

## Other information continued

	2023 \$	2022 \$
<b>8.1B Administered - current/non-current distinction for assets and liabilities</b>		
<b>Assets expected to be recovered in:</b>		
<b>No more than 12 months</b>		
Cash and cash equivalents	88,851	143,080
Trade and other receivables	795,194	722,637
Other non-financial assets	132,990	55,449
<b>Total no more than 12 months</b>	<b>1,017,035</b>	<b>921,166</b>
<b>Total assets</b>	<b>1,017,035</b>	<b>921,166</b>
<b>Liabilities expected to be settled in:</b>		
<b>No more than 12 months</b>		
Suppliers	106,214	148,558
Grants	9,887,309	8,505,783
<b>Total no more than 12 months</b>	<b>9,993,523</b>	<b>8,654,341</b>
<b>Total liabilities</b>	<b>9,993,523</b>	<b>8,654,341</b>

## **CHLOE**

received a corneal transplant  
and was part of the 2022  
Great Registration Race for  
DonateLife Week

## **PART 5 APPENDICES**

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## Appendix 1: Stakeholders

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The following are key stakeholders we have worked with to deliver the national program.

### GOVERNMENT

- + ACT Health
- + Australian Government Department of Health and Aged Care (including the Therapeutic Goods Administration)
- + Australian Government National Health and Medical Research Council
- + Australian Government Services Australia
- + Australian Health Ethics Committee
- + Department for Health and Wellbeing, South Australia
- + Department of Health, Tasmania
- + Department of Health, Victoria
- + Department of Health, Western Australia
- + NSW Ministry of Health
- + NT Health
- + Queensland Health

### PROFESSIONAL ASSOCIATIONS

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

### EYE AND TISSUE BANKS

#### New South Wales

- + Australian Biotechnologies
- + Australian Tissue Donation Network
- + Hunter New England Bone Bank
- + NSW Tissue Bank (previously known as Lions NSW Eye and Bone Bank)
- + Rachel Forster Bone Bank
- + Sydney Heart Valve Bank

#### Victoria

- + Barwon Health Bone Bank
- + Donor Tissue Bank of Victoria
- + Lions Eye Donation Service Victoria

#### Western Australia

- + Australian Allografts
- + Lions Eye Bank WA
- + PlusLife (Perth Bone and Tissue Bank)

#### Queensland

- + Queensland Tissue Bank

#### South Australia

- + South Australian Eye Bank
- + South Australian Tissue Bank

### COMMUNITY ENGAGEMENT AND EDUCATION

#### Community Engagement Group member organisations

- + Aussie Transplant Mates
- + Donor Mate
- + Eurobodalla Renal Support Group
- + Ethan 'Jimmy' Foundation
- + Gift of Life Incorporated
- + Gift of Life Foundation
- + Herd of Hope

- + James Ackerman Legacy
- + Kidney Health Australia
- + Liver Kids Australia Inc
- + Lucky Stars Australia Transplant Cricket Inc
- + Saffron Day (Shrimad Rajchandra Mission Dharampur)
- + The Nathan Gremmo Community Fund Inc
- + The Sweetest Gift
- + Transplant Australia

#### **DonateLife Partnerships grant recipients**

- + The A Leagues
- + Convenience Advertising
- + News Corp
- + Pixel 42
- + Tonic Health Media
- + Valimanda Group (Melbourne Storm and Sunshine Coast Lightning)
- + Western Bulldogs

#### **Community Awareness Grant recipients**

- + Gift of Life Incorporated
- + Pixel 42
- + Queensland Remote Aboriginal Media
- + Saffron Day (Shrimad Rajchandra Mission Dharampur)
- + Podshape Podcasting
- + Migration Council Australia
- + Multicultural Services Centre WA
- + Multicultural Communities Council WA
- + Southern Cross University
- + LaTrobe University
- + Alice Springs Hospital
- + DonorMate

## **DONATION AND TRANSPLANTATION OUTCOME REGISTRIES**

- + Australia and New Zealand Dialysis and Transplant Registry
- + Australia and New Zealand Islet and Pancreas Transplant Registry
- + Australia and New Zealand Liver and Intestinal Transplant Registry
- + Australia and New Zealand Organ Donation Registry
- + Australian Corneal Graft Registry

## **OTHER ORGANISATIONS**

- + Australia Post
- + Australian Red Cross Lifeblood
- + DataCom
- + Qantas
- + ShareLife
- + StarTrack
- + Transplant Connect

## **INTERNATIONAL ORGANISATIONS**

- + Canadian Blood Services
- + Commonwealth Tribute to Life
- + Donation and Transplantation Institute, Spain
- + Gift of Life Donor Program, USA
- + International Registry on Organ Donation and Transplantation
- + International Society for Organ Donation and Procurement
- + National Health Service Blood and Transplant, United Kingdom
- + Organ Donation New Zealand
- + Project Notify
- + The Spanish National Transplant Organization
- + The Transplantation Society
- + United Network for Organ Sharing, USA
- + World Health Organization

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## Appendix 3: Abbreviations

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<b>ACT</b>	Australian Capital Territory
<b>ANZKX</b>	Australian and New Zealand Paired Kidney Exchange Program
<b>AODR</b>	Australian Organ Donor Register
<b>APS</b>	Australian Public Service
<b>CEO</b>	Chief Executive Officer
<b>COVID-19</b>	SARS-CoV-2
<b>CPIP</b>	Clinical Practice Improvement Program
<b>dpmp</b>	donors per million population
<b>ED</b>	Emergency Department
<b>EDR</b>	Electronic Donor Record
<b>GST</b>	goods and services tax
<b>ICU</b>	intensive care unit
<b>JAG</b>	Jurisdictional Advisory Group
<b>MP</b>	Member of Parliament
<b>NSW</b>	New South Wales
<b>NT</b>	Northern Territory
<b>OTA</b>	Australian Organ and Tissue Donation and Transplantation Authority / Organ and Tissue Authority
<b>QLD</b>	Queensland
<b>SA</b>	South Australia
<b>SES</b>	Senior Executive Service
<b>TAS</b>	Tasmania
<b>trpmp</b>	transplant recipients per million population
<b>TSANZ</b>	Transplantation Society of Australia and New Zealand
<b>VIC</b>	Victoria
<b>VSEAC</b>	Vigilance and Surveillance Expert Advisory Committee
<b>WA</b>	Western Australia

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## Appendix 4: Glossary

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<b>Australian Donation and Transplantation Activity Report</b>	The OTA's annual report released in February that provides the donation and transplantation outcomes.
<b>Australian Organ and Tissue Donation and Transplantation Authority (OTA)</b>	A statutory body established under the <i>Australian Organ and Tissue Donation and Transplantation Authority Act 2008</i> to deliver the national program. Also known as the Organ and Tissue Authority (OTA), based in Canberra.
<b>Australian and New Zealand Paired Kidney Exchange (ANZKX) Program</b>	A paired kidney donation program between Australia and New Zealand. It aims to increase living donor kidney transplants for patients who are eligible for a kidney transplant and have a living donor who is willing but unable to donate because of an incompatible blood type or tissue type. Incompatible pairs are enrolled in the program and are matched against other incompatible pairs.
<b>Australian Organ Donor Register (AODR)</b>	The national register for Australians to record their organ and tissue donation decision.
<b>Best Practice Guideline for Offering Organ and Tissue Donation in Australia</b>	A guideline developed to outline the preferred approach when speaking with families about organ donation. The guideline includes the goals of family communication, staff roles and responsibilities, timing and elements of the family donation conversation, training requirements and review of practice.
<b>Clinical Guidelines for Organ Transplantation from Deceased Donors</b>	Guidelines developed by the Transplantation Society of Australia and New Zealand that inform eligibility and assessment criteria for organ transplantation, and protocols for the allocation of deceased donor organs to waitlisted patients.
<b>Clinical Practice Improvement Program (CPIP) Phase 4</b>	A program that comprises 7 elements of clinical strategic focus with associated reportable key performance indicators (KPIs). These KPIs are key to achieving best-practice organ and tissue donation in the intensive care and emergency department environment. The CPIP Phase 4 elements are implemented in all DonateLife hospitals and are fundamental to the work of hospital donation specialists and the DonateLife agencies.
<b>Consent rate</b>	The number of consents as a percentage of all requests made to potential deceased donor families in the hospital.
<b>DonateLife</b>	The Australian Government brand for all initiatives undertaken as part of the national program to increase organ and tissue donation for transplantation.
<b>DonateLife agencies</b>	Agencies responsible for delivering the national program in their respective state or territory. They employ specialist staff in organ and tissue donation coordination, professional education, donor family support, communications, and data and audit roles.

<b>DonateLife Audit</b>	A nationally consistent retrospective audit to collect data about hospital deaths in the context of organ donation.
<b>DonateLife Network</b>	The national network of state-based donation agencies and hospital-based staff focused on increasing organ and tissue donation.
<b>DonateLife Thank You Day</b>	A national day to acknowledge organ and tissue donors and families who agreed to donation.
<b>DonateLife Week</b>	A national awareness week promoting organ and tissue donation.
<b>Electronic Donor Record</b>	A national electronic web-based IT system for managing the donation process and offering organs for transplantation.
<b>Ethical guidelines for organ transplantation from deceased donors</b>	Guidelines that inform ethical practice and decision-making by everyone involved in assessing the eligibility of an individual for transplantation, assessing the suitability of donor organs for transplantation, and allocating organs from deceased donors.
<b>Family Donation Conversation workshop</b>	Workshop-based training that provides health professionals with the knowledge and skills to communicate with families about death and donation, and to support families to make an informed donation decision.
<b>Hospital-based staff</b>	Specialist hospital staff, including medical and nursing donation specialists, funded by the Australian Government to facilitate organ and tissue donation and to educate and support the hospital staff involved.
<b>Organ Donation Hospital Support Funding</b>	Australian Government funding provided to state and territory health departments, local health districts or individual hospitals for the bed and other infrastructure costs associated with organ donation to ensure costs are not a barrier for organ donation to proceed.
<b>OrganMatch</b>	A sophisticated software system developed by the Australian Government in partnership with the Australian Red Cross Lifeblood. This system replaces the National Organ Matching System (NOMS) and facilitates optimal matching of donor organs to transplant recipients.
<b>Portfolio Budget Statements</b>	Statements prepared by portfolios to explain the Budget appropriations in terms of outcomes and programs.
<b>Virtual crossmatch</b>	The project to transition to a national virtual crossmatch assessment of organ compatibility, replacing physical crossmatch testing and streamlining the process of identifying suitable organ recipients.

## Appendix 5: List of requirements

PGPA Rule Reference	Description	Requirement	Page
<b>17AD(g)</b>	<b>Letter of transmittal</b>		
17AI	A copy of the letter of transmittal signed and dated by accountable authority on date final text approved, with statement that the report has been prepared in accordance with section 46 of the Act and any enabling legislation that specifies additional requirements in relation to the annual report.	Mandatory	vi
<b>17AD(h)</b>	<b>Aids to access</b>		
17AJ(a)	Table of contents (print only).	Mandatory	v
17AJ(b)	Alphabetical index (print only).	Mandatory	132
17AJ(c)	Glossary of abbreviations and acronyms.	Mandatory	122–124
17AJ(d)	List of requirements.	Mandatory	125–131
17AJ(e)	Details of contact officer.	Mandatory	Inside back cover
17AJ(f)	Entity's website address.	Mandatory	Inside back cover
17AJ(g)	Electronic address of report.	Mandatory	Inside back cover
<b>17AD(a)</b>	<b>Review by accountable authority</b>		
17AD(a)	A review by the accountable authority of the entity.	Mandatory	2–3
<b>17AD(b)</b>	<b>Overview of the entity</b>		
17AE(1)(a)(i)	A description of the role and functions of the entity.	Mandatory	6
17AE(1)(a)(ii)	A description of the organisational structure of the entity.	Mandatory	6
17AE(1)(a)(iii)	A description of the outcomes and programmes administered by the entity.	Mandatory	15
17AE(1)(a)(iv)	A description of the purposes of the entity as included in corporate plan.	Mandatory	15
17AE(1)(aa)(i)	Name of the accountable authority or each member of the accountable authority.	Mandatory	50
17AE(1)(aa)(ii)	Position title of the accountable authority or each member of the accountable authority.	Mandatory	50
17AE(1)(aa)(iii)	Period as the accountable authority or member of the accountable authority within the reporting period.	Mandatory	vi

<b>PGPA Rule Reference</b>	<b>Description</b>	<b>Requirement</b>	<b>Page</b>
17AE(1)(b)	An outline of the structure of the portfolio of the entity.	Portfolio departments - mandatory	N/A
17AE(2)	Where the outcomes and programs administered by the entity differ from any Portfolio Budget Statement, Portfolio Additional Estimates Statement or other portfolio estimates statement that was prepared for the entity for the period, include details of variation and reasons for change.	If applicable, Mandatory	N/A
<b>17AD(c) Report on the Performance of the entity</b>			
<b>Annual performance Statements</b>			
17AD(c)(i); 16F	Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule.	Mandatory	14–48
<b>17AD(c)(ii) Report on Financial Performance</b>			
17AF(1)(a)	A discussion and analysis of the entity's financial performance.	Mandatory	3,46–48
17AF(1)(b)	A table summarising the total resources and total payments of the entity.	Mandatory	47–48
17AF(2)	If there may be significant changes in the financial results during or after the previous or current reporting period, information on those changes, including: the cause of any operating loss of the entity; how the entity has responded to the loss and the actions that have been taken in relation to the loss; and any matter or circumstances that it can reasonably be anticipated will have a significant impact on the entity's future operation or financial results.	If applicable, Mandatory.	N/A
<b>17AD(d) Management and Accountability</b>			
<b>Corporate Governance</b>			
17AG(2)(a)	Information on compliance with section 10 (fraud systems).	Mandatory	57
17AG(2)(b)(i)	A certification by accountable authority that fraud risk assessments and fraud control plans have been prepared.	Mandatory	vi
17AG(2)(b)(ii)	A certification by accountable authority that appropriate mechanisms for preventing, detecting incidents of, investigating or otherwise dealing with, and recording or reporting fraud that meet the specific needs of the entity are in place.	Mandatory	vi
17AG(2)(b)(iii)	A certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud relating to the entity.	Mandatory	vi

<b>PGPA Rule Reference</b>	<b>Description</b>	<b>Requirement</b>	<b>Page</b>
17AG(2)(c)	An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance.	Mandatory	50–57
17AG(2)(d)–(e)	A statement of significant issues reported to Minister under paragraph 19(1)(e) of the Act that relates to non-compliance with Finance law and action taken to remedy non-compliance.	If applicable, Mandatory	N/A
<b>Audit Committee</b>			
17AG(2A)(a)	A direct electronic address of the charter determining the functions of the entity's audit committee.	Mandatory	51
17AG(2A)(b)	The name of each member of the entity's audit committee.	Mandatory	51
17AG(2A)(c)	The qualifications, knowledge, skills or experience of each member of the entity's audit committee.	Mandatory	51
17AG(2A)(d)	Information about the attendance of each member of the entity's audit committee at committee meetings.	Mandatory	51
17AG(2A)(e)	The remuneration of each member of the entity's audit committee.	Mandatory	51
<b>External Scrutiny</b>			
17AG(3)	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny.	Mandatory	57
17AG(3)(a)	Information on judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner that may have a significant effect on the operations of the entity.	If applicable, Mandatory	N/A
17AG(3)(b)	Information on any reports on operations of the entity by the Auditor-General (other than report under section 43 of the Act), a Parliamentary Committee, or the Commonwealth Ombudsman.	If applicable, Mandatory	N/A
17AG(3)(c)	Information on any capability reviews on the entity that were released during the period.	If applicable, Mandatory	N/A
<b>Management of Human Resources</b>			
17AG(4)(a)	An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives.	Mandatory	64–69
17AG(4)(aa)	Statistics on the entity's employees on an ongoing and non-ongoing basis, including the following: (a) statistics on full-time employees; (b) statistics on part-time employees; (c) statistics on gender (d) statistics on staff location	Mandatory	59–60

<b>PGPA Rule Reference</b>	<b>Description</b>	<b>Requirement</b>	<b>Page</b>
17AG(4)(b)	<p>Statistics on the entity's APS employees on an ongoing and non-ongoing basis; including the following:</p> <ul style="list-style-type: none"> <li>+ Statistics on staffing classification level;</li> <li>+ Statistics on full-time employees;</li> <li>+ Statistics on part-time employees;</li> <li>+ Statistics on gender;</li> <li>+ Statistics on staff location;</li> <li>+ Statistics on employees who identify as Indigenous.</li> </ul>	Mandatory	58,60–62
17AG(4)(c)	Information on any enterprise agreements, individual flexibility arrangements, Australian workplace agreements, common law contracts and determinations under subsection 24(1) of the <i>Public Service Act 1999</i> .	Mandatory	63,69
17AG(4)(c)(i)	Information on the number of SES and non-SES employees covered by agreements etc identified in paragraph 17AG(4)(c).	Mandatory	63
17AG(4)(c)(ii)	The salary ranges available for APS employees by classification level.	Mandatory	63
17AG(4)(c)(iii)	A description of non-salary benefits provided to employees.	Mandatory	69
17AG(4)(d)(i)	Information on the number of employees at each classification level who received performance pay.	If applicable, Mandatory	N/A
17AG(4)(d)(ii)	Information on aggregate amounts of performance pay at each classification level.	If applicable, Mandatory	N/A
17AG(4)(d)(iii)	Information on the average amount of performance payment, and range of such payments, at each classification level.	If applicable, Mandatory	N/A
17AG(4)(d)(iv)	Information on aggregate amount of performance payments.	If applicable, Mandatory	N/A
<b>Assets Management</b>			
17AG(5)	An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities.	If applicable, mandatory	72
<b>Purchasing</b>			
17AG(6)	An assessment of entity performance against the Commonwealth Procurement Rules.	Mandatory	72



<b>PGPA Rule Reference</b>	<b>Description</b>	<b>Requirement</b>	<b>Page</b>
<b>Reportable consultancy contracts</b>			
17AG(7)(a)	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	74
17AG(7)(b)	A statement that “During [reporting period], [specified number] new reportable consultancy contracts were entered into involving total actual expenditure of \$[specified million]. In addition, [specified number] ongoing reportable consultancy contracts were active during the period, involving total actual expenditure of \$[specified million]”.	Mandatory	74
17AG(7)(c)	A summary of the policies and procedures for selecting and engaging consultants and the main categories of purposes for which consultants were selected and engaged.	Mandatory	74
17AG(7)(d)	A statement that “Annual reports contain information about actual expenditure on reportable consultancy contracts. Information on the value of reportable consultancy contracts is available on the AusTender website.”	Mandatory	74
<b>Reportable non-consultancy contracts</b>			
17AG(7A)(a)	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	74–75
17AG(7A)(b)	A statement that “Annual reports contain information about actual expenditure on reportable non-consultancy contracts. Information on the value of reportable non-consultancy contracts is available on the AusTender website.”	Mandatory	74
<b>17AD(daa) Additional information about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts</b>			
17AGA	Additional information, in accordance with section 17AGA, about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts.	Mandatory	75

PGPA Rule Reference	Description	Requirement	Page
<b>Australian National Audit Office Access Clauses</b>			
17AG(8)	If an entity entered into a contract with a value of more than \$100 000 (inclusive of GST) and the contract did not provide the Auditor-General with access to the contractor's premises, the report must include the name of the contractor, purpose and value of the contract, and the reason why a clause allowing access was not included in the contract.	If applicable, Mandatory	72
<b>Exempt contracts</b>			
17AG(9)	If an entity entered into a contract or there is a standing offer with a value greater than \$10 000 (inclusive of GST) which has been exempted from being published in AusTender because it would disclose exempt matters under the FOI Act, the annual report must include a statement that the contract or standing offer has been exempted, and the value of the contract or standing offer, to the extent that doing so does not disclose the exempt matters.	If applicable, Mandatory	72
<b>Small business</b>			
17AG(10)(a)	A statement that "[Name of entity] supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance's website."	Mandatory	73
17AG(10)(b)	An outline of the ways in which the procurement practices of the entity support small and medium enterprises.	Mandatory	73
17AG(10)(c)	If the entity is considered by the Department administered by the Finance Minister as material in nature—a statement that "[Name of entity] recognises the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury's website."	If applicable, Mandatory	73
<b>Financial Statements</b>			
17AD(e)	Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.	Mandatory	77–116
<b>Executive Remuneration</b>			
17AD(da)	Information about executive remuneration in accordance with Subdivision C of Division 3A of Part 2-3 of the Rule.	Mandatory	59

<b>PGPA Rule Reference</b>	<b>Description</b>	<b>Requirement</b>	<b>Page</b>
<b>17AD(f)</b>	<b>Other Mandatory Information</b>		
17AH(1)(a)(i)	If the entity conducted advertising campaigns, a statement that "During [reporting period], the [name of entity] conducted the following advertising campaigns: [name of advertising campaigns undertaken]. Further information on those advertising campaigns is available at [address of entity's website] and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance's website."	If applicable, Mandatory	N/A
17AH(1)(a)(ii)	If the entity did not conduct advertising campaigns, a statement to that effect.	If applicable, Mandatory	74
17AH(1)(b)	A statement that "Information on grants awarded by [name of entity] during [reporting period] is available at [address of entity's website]."	If applicable, Mandatory	73
17AH(1)(c)	Outline of mechanisms of disability reporting, including reference to website for further information.	Mandatory	74
17AH(1)(d)	Website reference to where the entity's Information Publication Scheme statement pursuant to Part II of FOI Act can be found.	Mandatory	57
17AH(1)(e)	Correction of material errors in previous annual report.	If applicable, mandatory	N/A
17AH(2)	Information required by other legislation.	Mandatory	74,76

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## ACKNOWLEDGEMENT OF COUNTRY

The Organ and Tissue Authority acknowledges Traditional Owners of Country throughout Australia and recognises the continuing connection to the land, waters and communities. We pay our respects to Aboriginal and Torres Strait Islander cultures, and to their Elders past and present.

Aboriginal and Torres Strait Islander peoples should be aware that this document may contain images or names of people who have since passed away.

## ALTERNATIVE FORMAT

This Annual Report is available electronically on the Organ and Tissue Authority's website at [donatelifelife.gov.au/strategy-and-performance](https://donatelifelife.gov.au/strategy-and-performance).

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